

**WE ARE  
THE PEOPLE  
WHO HELP  
PEOPLE**



**COLORADO**  
Department of Human Services



**SMART Act Hearing**

January 12, 2023



## Michelle Barnes

### Executive Director

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## Agenda

- Mission, Vision, and Values
- Organizing the People and the Work
- Equity, Diversity, and Inclusion Initiatives
- Regulatory, Legislative, and Budget Agendas
- Stimulus Implementation Update
- Performance Management
  - Administrative Solutions
  - Office of Civil and Forensic Mental Health
  - Office of Economic Security
  - Office of Adult, Aging, and Disability Services
  - Office of Children, Youth, and Families

\*Behavioral Health Administration hearing, presented by BHA Commissioner Dr. Morgan Medlock, to follow the conclusion of the Office of Children, Youth, and Families.



## OUR MISSION

Together, we empower  
Coloradans to thrive.



## OUR VISION

To serve Coloradans through bold and  
innovative health and human services.



## OUR VALUES

A People-First Approach  
Balance Creates Quality of Life  
We Hold Ourselves Accountable  
Transparency Matters  
We Are Ethical  
Collaboration Helps Us Rise Together



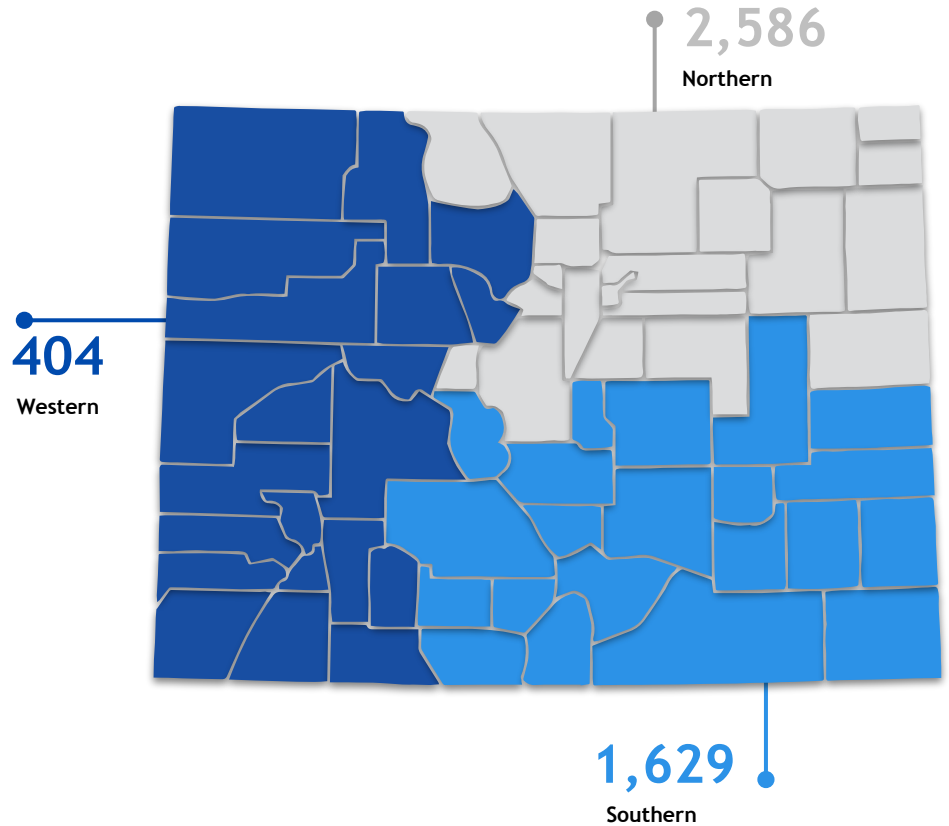
# Our Team

4,619

employees across the state  
over 60% work in direct care

## CDHS Team Members by Region

- Northern: 2,586
- Southern: 1,629
- Western: 404

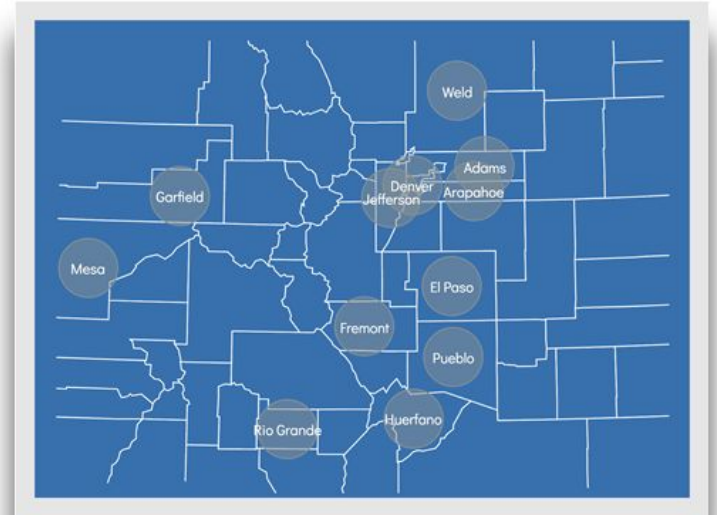


# Our Care Centers

We provide almost 2,000 beds across the state to serve our clients.

## 339 buildings in 13 counties

- 3 Regional Centers
- 40 Group Homes
- 11 Leased Properties
- 15 Youth Service Centers
- 2 Mental Health Hospitals
- 5 Veterans Community Living Centers

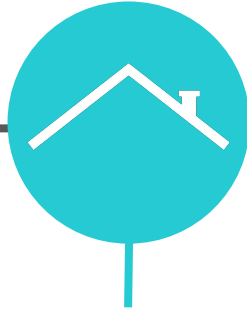


# Together, we empower Coloradans to thrive

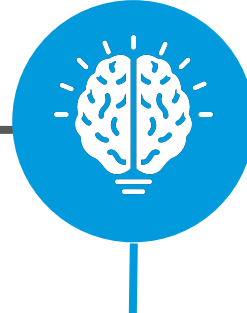
With four distinct programmatic offices, our work supports people and families at every stage of their journey through life - from early childhood to adult and aging services. Our work is driven by our values - shared principles that advance our mission and empower our team to make a difference everyday in every way.



Children, Youth and Families



Economic Security



Civil and Forensic Mental Health



Aging, Adult, and Disability Services

\*The Department's organizational chart is included as "Appendix B: Organizational Chart" at the end of this slide deck.



## Equity, Diversity and Inclusion

In accordance with the Governor's Executive Order 2020 175, the Department has implemented the following efforts in accordance with its equity, diversity, and inclusion plan:

- Seeing Improvement After Implementing Year One of Action Plan
- Year Two Focus Areas
  - Improving Staff Experiences
  - Changing our Systems to Support Our Clients/Community



# Legislative Agenda

The Department respectfully requests the General Assembly consider legislation on the following:

- Preventing Youth Homelessness
- Clarifying Foster Youth School Stability Law
- Updating Child Welfare Statutes
- Reforming Laws Regarding Competency to Stand Trial
- Eliminating Redundancy in Staffing Background Checks
- Continuing a Successful Job Placement Program
- Improving the Child Support System
- Stabilizing Funding for Child Support Families
- Improving Mandated Boards and Panels



# Regulatory Agenda

## 2022 Rules

Revised / Amended

26

New

14

Repealed

6

Reviewed

6

## 2023 Rules

Revised / Amended

23

New

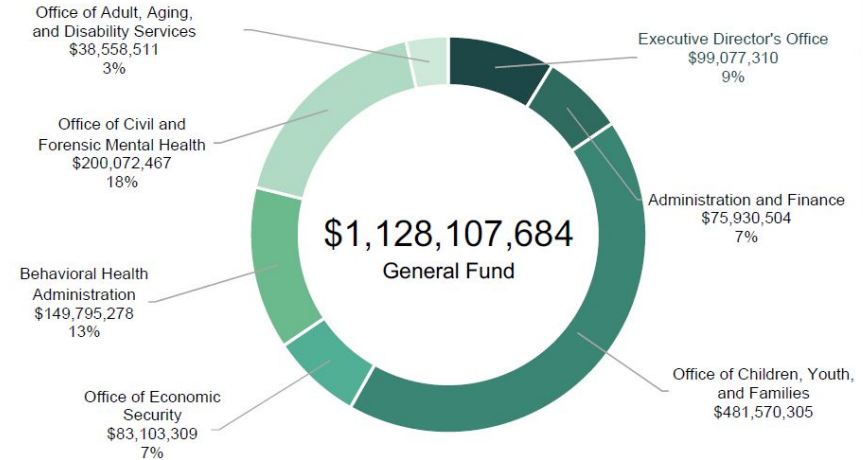
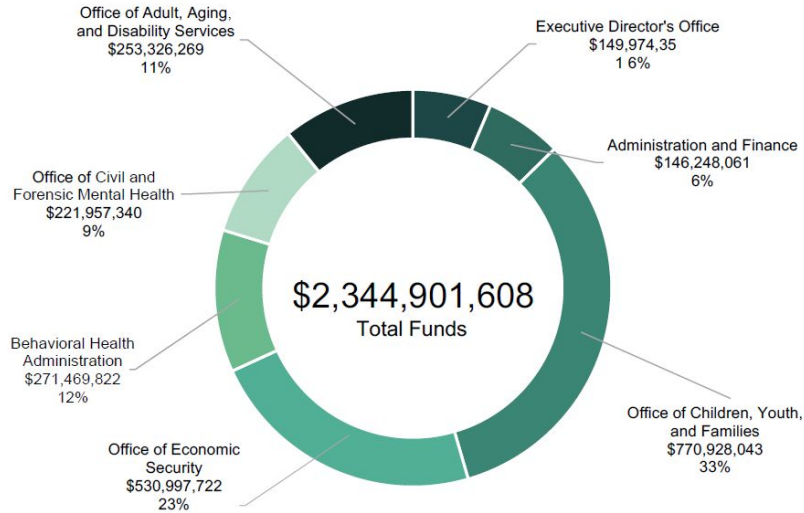
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Repealed

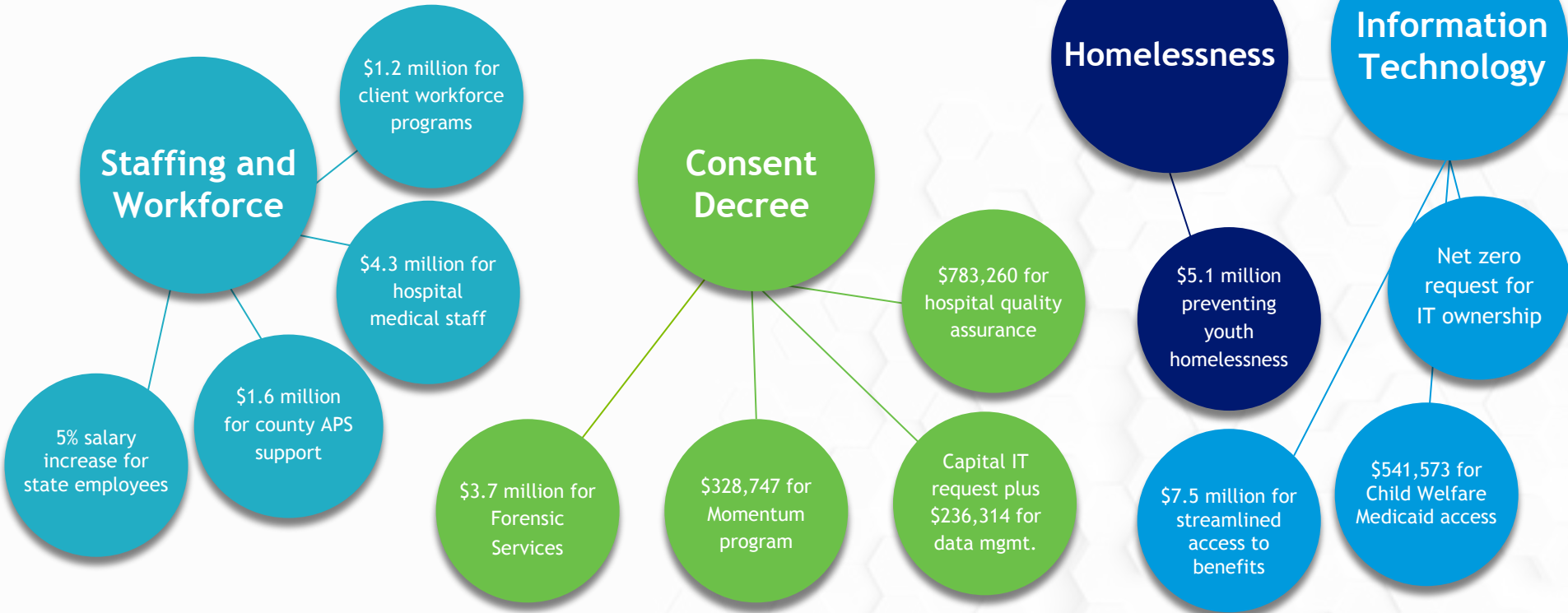
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## Request Snapshot

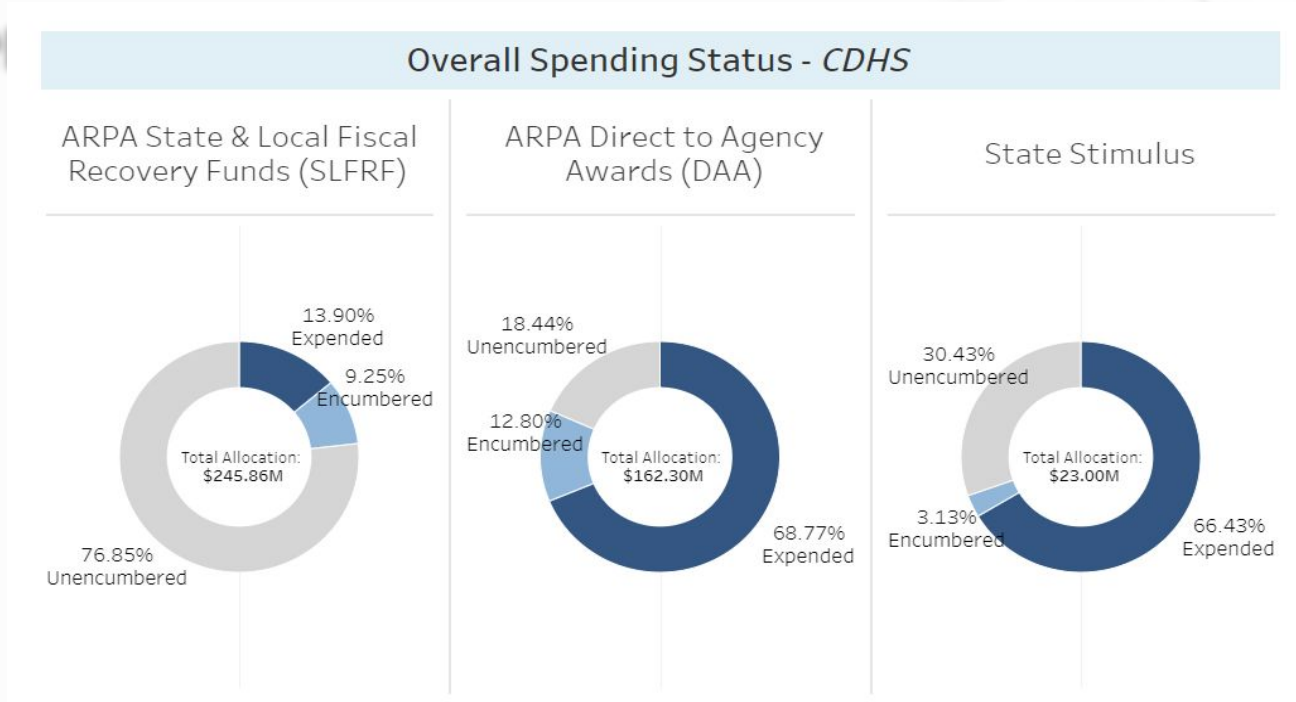
**FY 2023-24 Total Funds: \$2.3 billion**  
**FY 2023-24 General Fund: \$1.1 billion**



# Select FY 2023-24 Budget Requests



# Stimulus Funding Imple

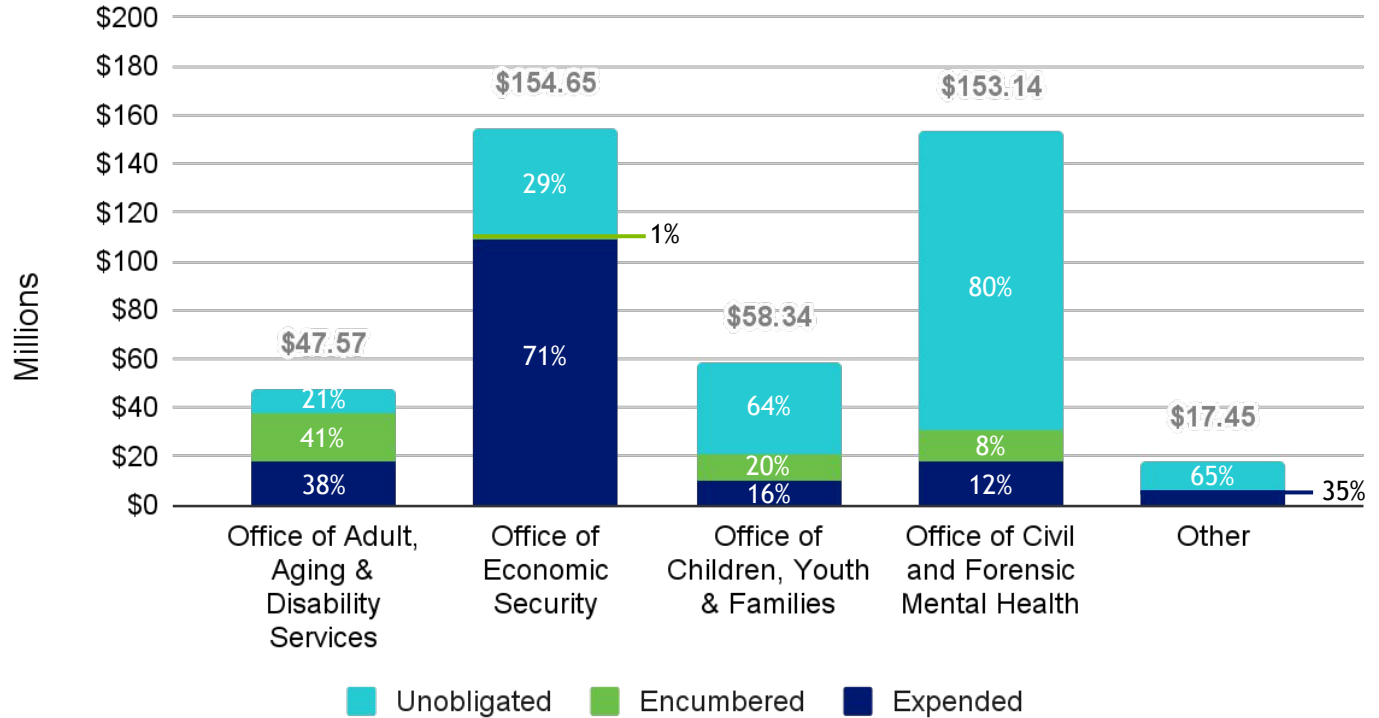


For ongoing updates to stimulus programs, please visit [coforward.colorado.gov](https://coforward.colorado.gov)

# Stimulus Spending Snapshot

## Stimulus by Office

**CDHS Total  
Awarded:  
\$431.16M\***



\* Does not include \$1.2b in stimulus-related entitlements



# Stimulus Highlights 2022 Legislative Session

## **HB22-1283 - Youth And Family Behavioral Health Care**

- Building a 16 bed neuro-psych facility for children and youth
- Increasing respite capacity for children and youth

## **HB22-1303 - Increase Residential Behavioral Health Beds**

- Increasing mental health transition capacity by 125 beds
- Building 16 additional beds for competency services

## **HB22-1386 - Competency To Proceed And Restoration To Competency**

- Contracting for additional inpatient beds for competency services and/or mental health care and treatment
- Evaluating potential renovation options for adding capacity for inpatient beds for competency services and/or mental health care and treatment

## **HB22-1380 - Critical Services For Low-income Households**

- Implementing a new work management system for processing benefits applications

## **HB22-1259 - Modifications To Colorado Works Program**

- Expanding employment opportunities for public assistance participants

## **SB22-183 - Crime Victims Services**

- Enhancing the existing domestic violence service network



# DEPARTMENT'S WILDLY IMPORTANT GOALS

Talent Recruitment and Retention

5  
Consent Decree

Connecting Clients to Housing Services



# Administrative Solutions



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# Vacancy and Turnover Rates

	Valid Positions	Vacancies (a/o Dec. 5, 2022)	Turnover (Dec 2021 - Nov 2022)
24/7 Facilities	4,063	981	41.97%
Non-24/7 Facilities	1,857	320	22.32%
<b>TOTAL</b>	<b>5,920</b>	<b>1,301</b>	

## Impacts



Competency waitlist at the Mental Health Hospitals



Contract staffing



Programming and morale within facilities

# FY 2022-23 Department Wildly Important Goal (WIG): Decrease Staff Vacancies through Recruitment and Retention

CDHS will decrease staff vacancies from 26% to 11.5% by June 30, 2023.

Reducing turnover and vacancies at CDHS will help us better serve Coloradans.

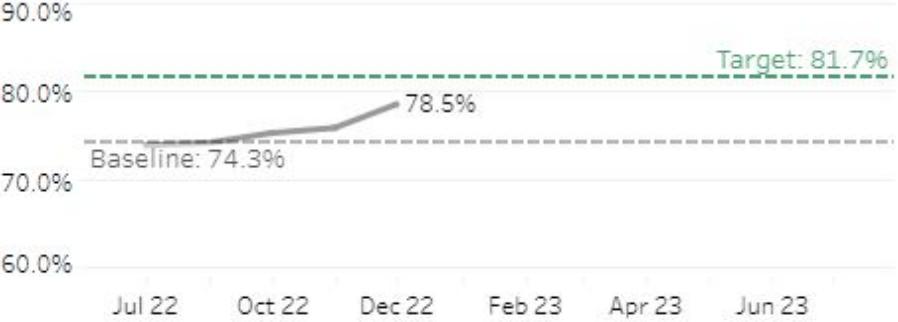


\*CDHS's Vacancy Rate as of 1/6/2023 is 21.5%

# How CDHS will accomplish this WIG

The Department will achieve this goal through the following lead indicators

Increase staff retention by 10%, from 74.3% to 81.7% by June 30, 2023.



Increase new hires by 10% from 1,903 to 2,093 by June 30, 2023.



\*New Hires as of 1/3/2023 was 1,137. CDHS is on track to meet its target.

- Compensation
  - Incentives
  - Wage Adjustments
- Employee Engagement
- Leader Development

- Compensation
  - Incentives
  - Wage Adjustments
- Referrals
- Marketing

# Office of Civil and Forensic Mental Health



**COLORADO**  
Department of Human Services



# Office of Civil and Forensic Mental Health

## Mental Health Hospitals

Provide inpatient behavioral health services for civil and forensic patients

## Forensic Services

Provide evaluation, treatment and case management to the forensic population statewide

## Mental Health Transitional Living Homes

Provide a less restrictive setting for individuals with severe mental health conditions

# FY 2022-23 Department Wildly Important Goal (WIG): Consent Decree

CDHS will increase the number of pretrial detainees restored to competency by 15% from 1,055 to 1,213 by June 30, 2023.

To address barriers to compliance with the Competency Consent Decree, the Office of Civil and Forensic Mental Health will reduce Length of Stay, increase bed capacity at State Mental Health Hospital at Fort Logan, and re-open units at the State Mental Health Hospital at Pueblo.

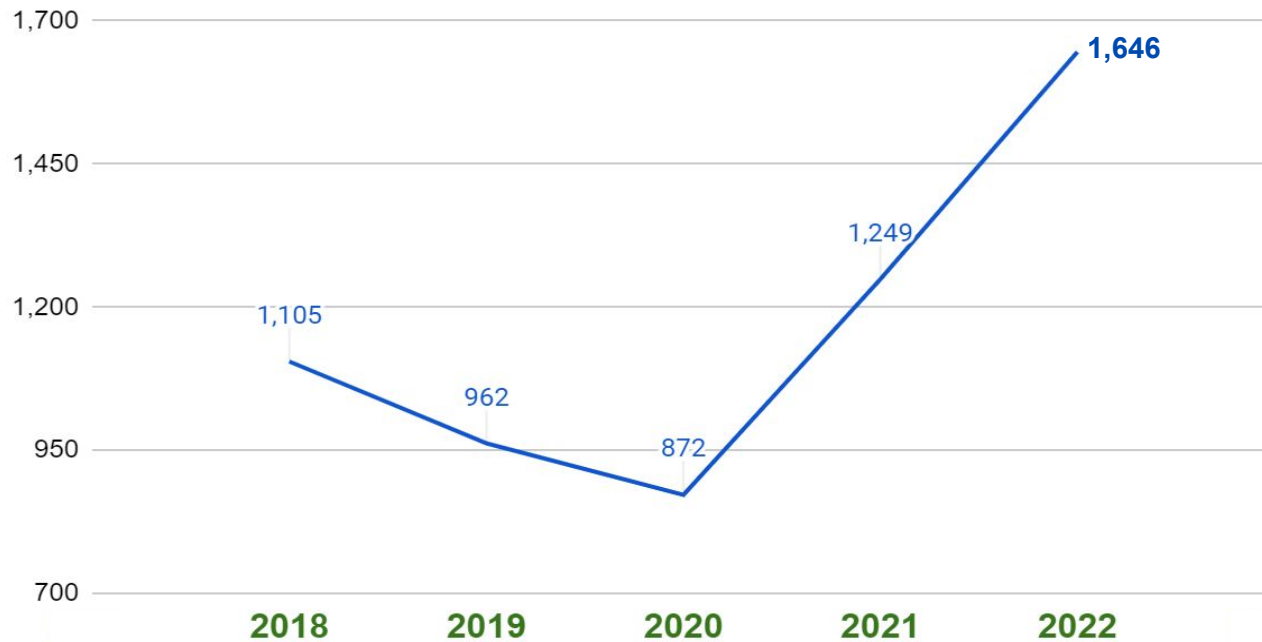


# Why is the waitlist growing?

1. **Nursing and physician staff shortages** are at a crisis level.
2. **Dramatic increase in referrals** for competency services.



## Inpatient Restoration Orders



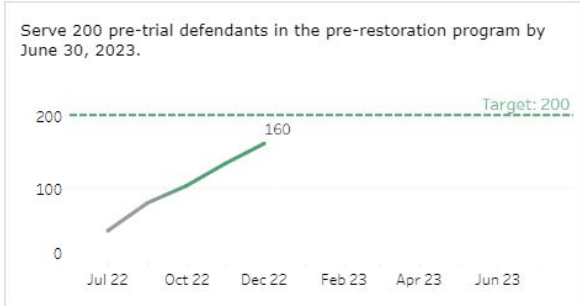
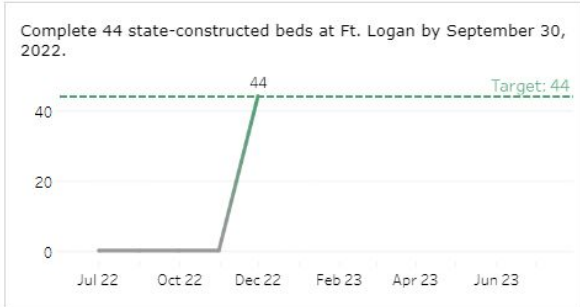
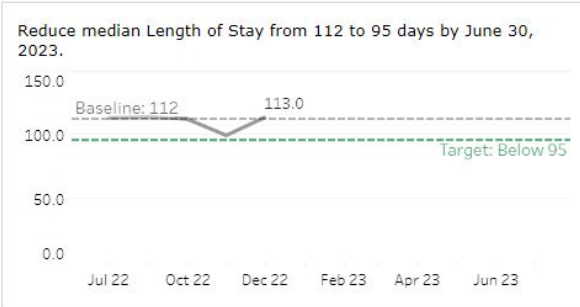
49% increase  
in inpatient  
restoration  
orders from  
FY 2018 to  
FY 2022

In the past year, **1,082 individuals** have moved off of the waitlist.

In the same amount of time, **1,153 individuals** have been added.

# How CDHS will accomplish this WIG:

The Department will achieve this goal through the following lead indicators:



# FY 2023-24 Budget Priorities

With this package of budget requests, we're focused on building strong foundations to support the core, essential work that we do.

Salary Increases for  
Medical Staff

Forensic Services Capacity

Momentum Program  
Funding

State Hospital Quality  
Assurance

Information Management  
Systems and Data Reporting

# Office of Economic Security



**COLORADO**  
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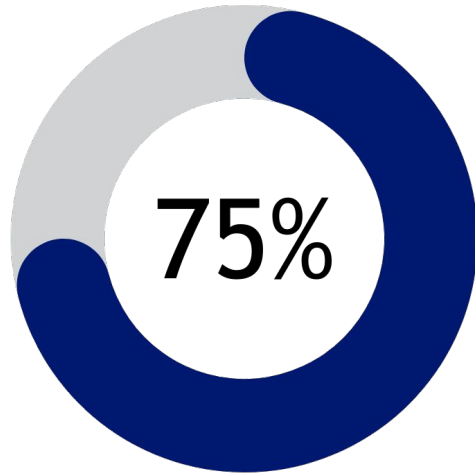
# About the Office

Food and Energy Assistance Division	Present
Supplemental Nutrition Assistance Program (SNAP)	538,171 people (281K households) monthly average; \$ 1.5 B in benefits in FFY 2022
The Emergency Food Assistance Program (TEFAP)	955,508 cases of USDA Food distributed + 3 million meals served
Commodity Supplemental Food Program (CSFP)	13,010 monthly average older adults served
National School Lunch Program- Commodities (NSLP-C)	\$33 Million annual entitlement
Pandemic - Electronic Benefits Transfer (P-EBT)	380,000 students and 80,000 children under 6; \$194 M School Year + 21-22 and Summer 2022
Low-Income Energy Assistance Program (LEAP)	84,100 households annually
Child Support Division	
Child Support Services (CSS)	128,537 cases, monthly average \$325 million collected for families in FY 2022

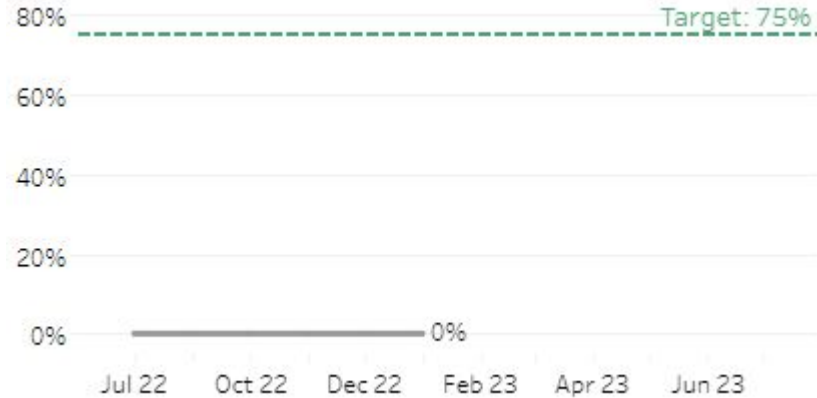
# About the Office

Division of Economic and Workforce Strategies	Present
Colorado Works - Basic Cash Assistance (BCA)	12,411 average monthly caseload \$469.17 average grant amount
Adult Financial (AF) Aid to the Needy Disabled (AND) Old Age Pension (OAP)	19,515* average monthly caseload 3,362 cases - \$248 maximum grant amount 15,491 cases - \$952 maximum grant amount
Employment Programs (Colorado Works Workforce Development, ReHIRE, STEP, Employment First)	12,820 average monthly caseload *Monthly average caseload includes individuals co-enrolled in multiple employment programs
Refugee Services	5,774 arrivals since August 2021
Staff Development Division	
Eligibility technician training	1,343 workers trained, monthly average

# FY 2022-23 Department Wildly Important Goal (WIG): Connecting Clients to Housing Services



CDHS will connect 75% of people who receive cash assistance services + self identify as unhoused or at risk of becoming unhoused to housing assistance and services through regional Continuums of Care or related providers by June 30, 2023.



Completion of this goal will ensure that over 5,000 of CDHS' applicable cases will be connected to housing assistance and services through local housing providers, while receiving ongoing services.

# The Need

Homelessness is a widespread issue in Colorado (and nationwide).

This WIG focuses on 5,000 CDHS clients who report homelessness on a monthly basis.

5000





# Implementation Efforts



+



+

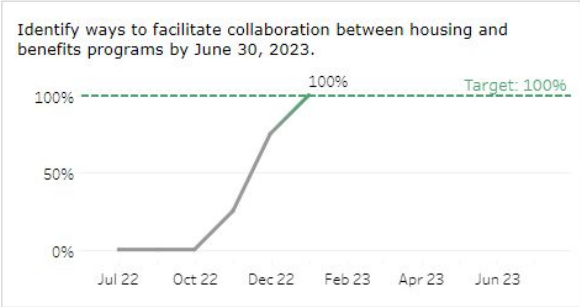
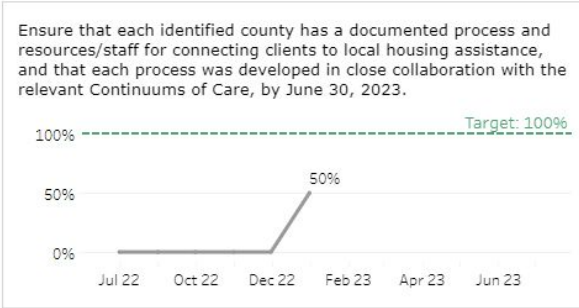


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# How CDHS will accomplish this WIG:

The Department will achieve this goal through the following lead indicators:



# Office of Adult, Aging and Disability Services



**COLORADO**  
Department of Human Services

# Office of Adult, Aging and Disability Services (OAADS)

## Divisions:

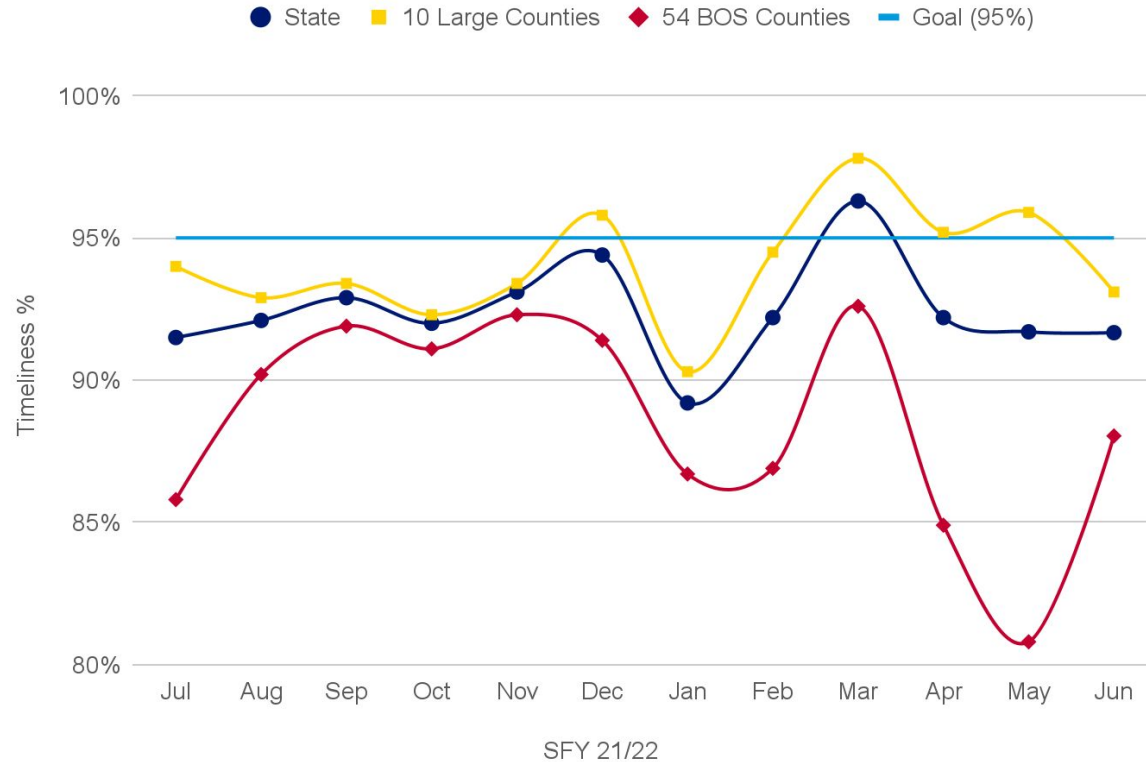
- **Aging and Adult Services** - Services for Older Adults
- **Disability Determination Services** - Our Partnership with the Social Security Administration
- **Division of Regional Centers** - For Individuals with Intellectual and Developmental Disabilities
- **Veterans Community Living Centers** - Services for our nation's veterans

## Programs:

- Colorado Commission for the Deaf, Hard of Hearing and Deafblind
- MINDSOURCE Brain Injury Network

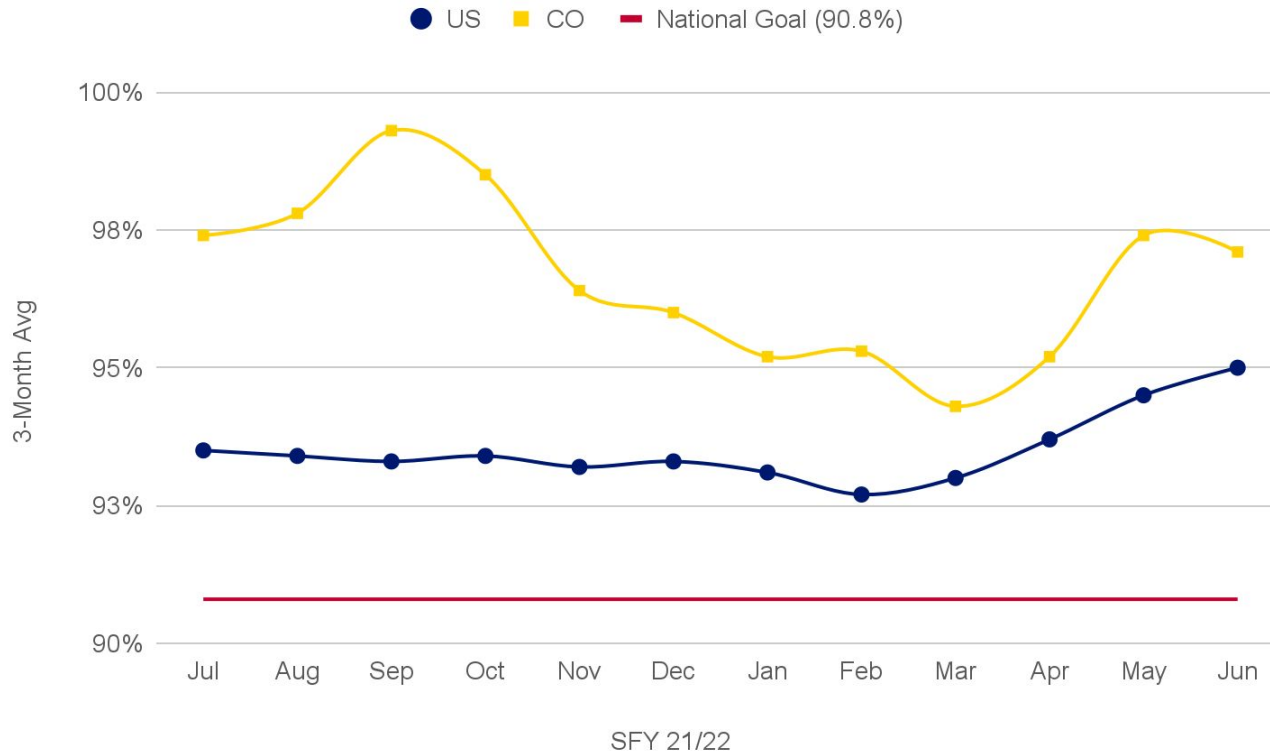
# Division of Aging & Adult Services

*Adult Protection Services - Maintain timeliness of monthly contacts at 95%*



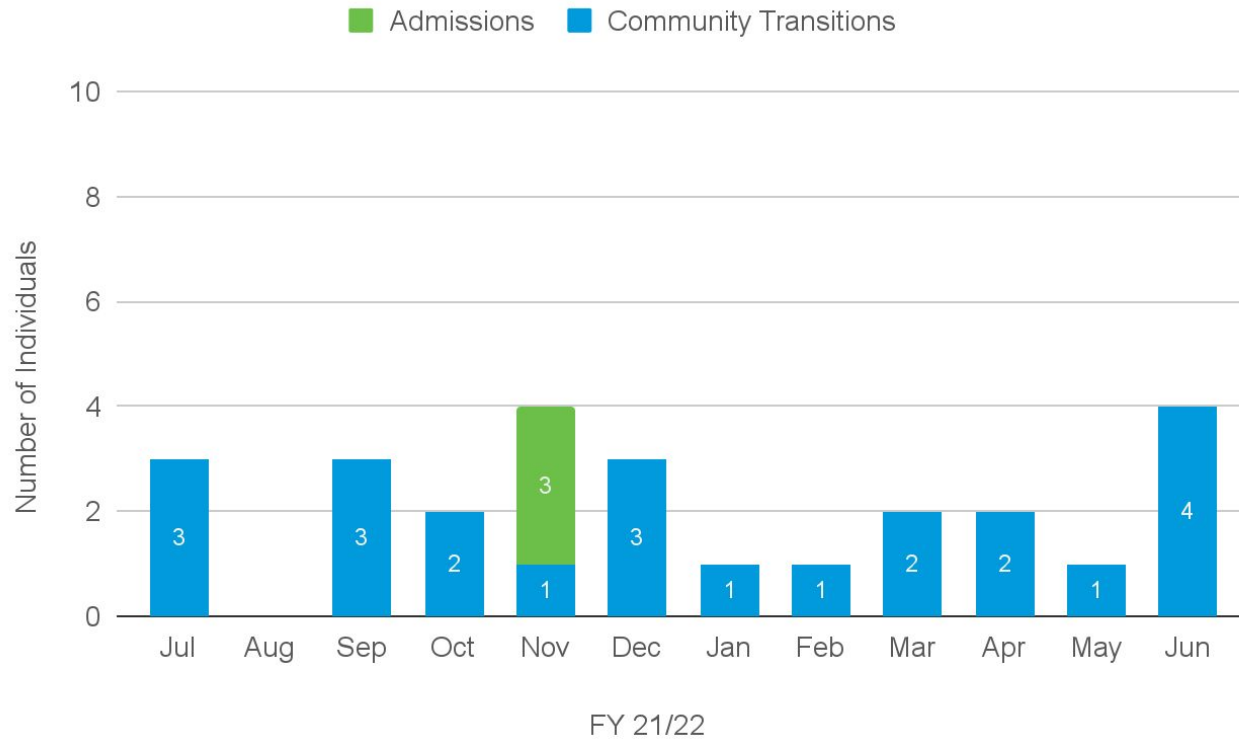
# Division of Disability Determination Services

*Maintain Accuracy of Eligibility Determinations Above 90.8%*



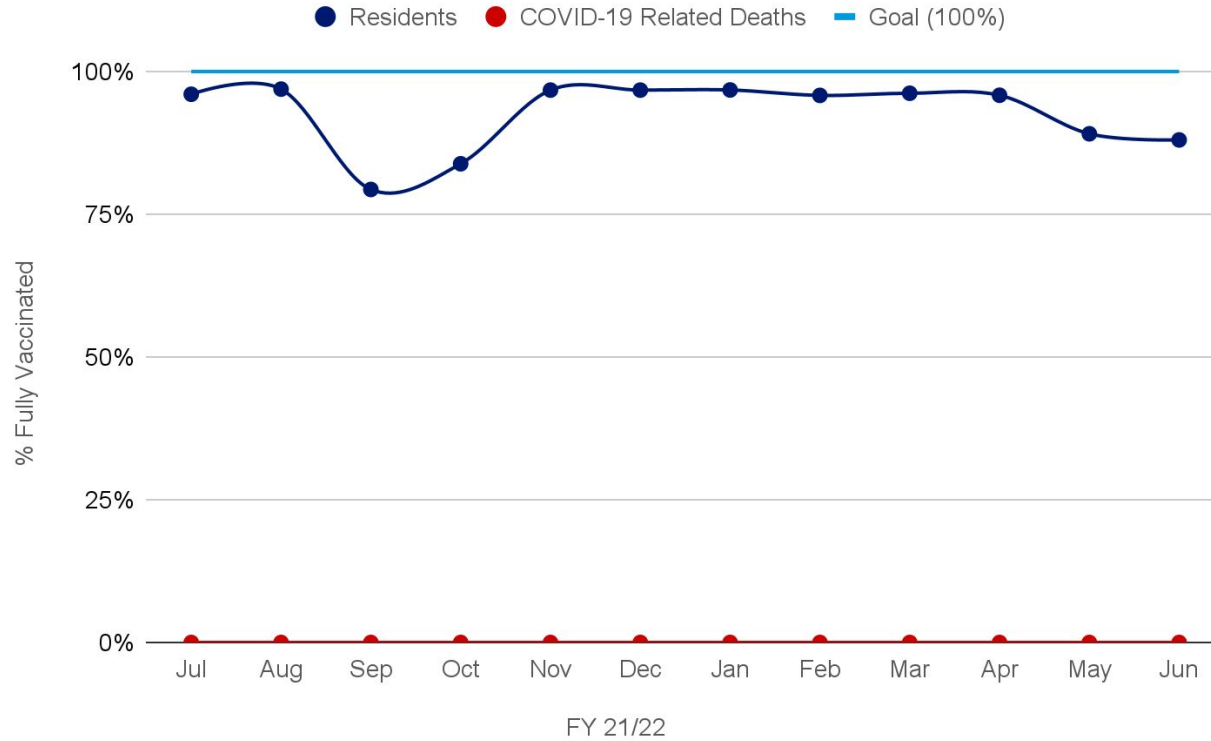
# Division of Regional Centers

## *Number of Transitions to Lower Levels of Care*



# Division of Veterans Community Living Centers

*Increase Resident COVID-19 Vaccination Rates to 100% by June 30, 2022*





# Office of Children, Youth & Families



COLORADO  
Department of Human Services



# Office of Children, Youth & Families

Our vision is to ensure children, youth, and families across Colorado are safe and thriving.

## Child Welfare

Over **34,000** maltreatment assessments. **8,598** children currently with open cases.

**Foster Care: 3,643** in out-of-home placement.

**Adoption: 399** children awaiting adoption.

## Pay for Success

Over 500 individuals and families served to date.

## Youth Services

**553** youth served each day in detention, commitment or parole.

## Implementation Science Unit

Increasing capacity to engage in program implementation, scaling, replication, and evaluation. And leveraging research findings to aid decision making and process improvement efforts.

## Community Programs

**Domestic Violence Program** funds served **18,174** individuals in FFY 21.

**3,075** youth and **1,180** adults were served by the **Colorado Sexual Health Initiative** in FFY 22.

**212** youth parole hearings plus **37** violation hearings from Dec. 2021 to Dec. 2022.

**Tony Gramsas Youth Services** current grant funding of ~\$10.5 million provides funding to 97 programs serving 48 counties, the Southern Ute Tribe, and Ute Mountain Ute Tribe.

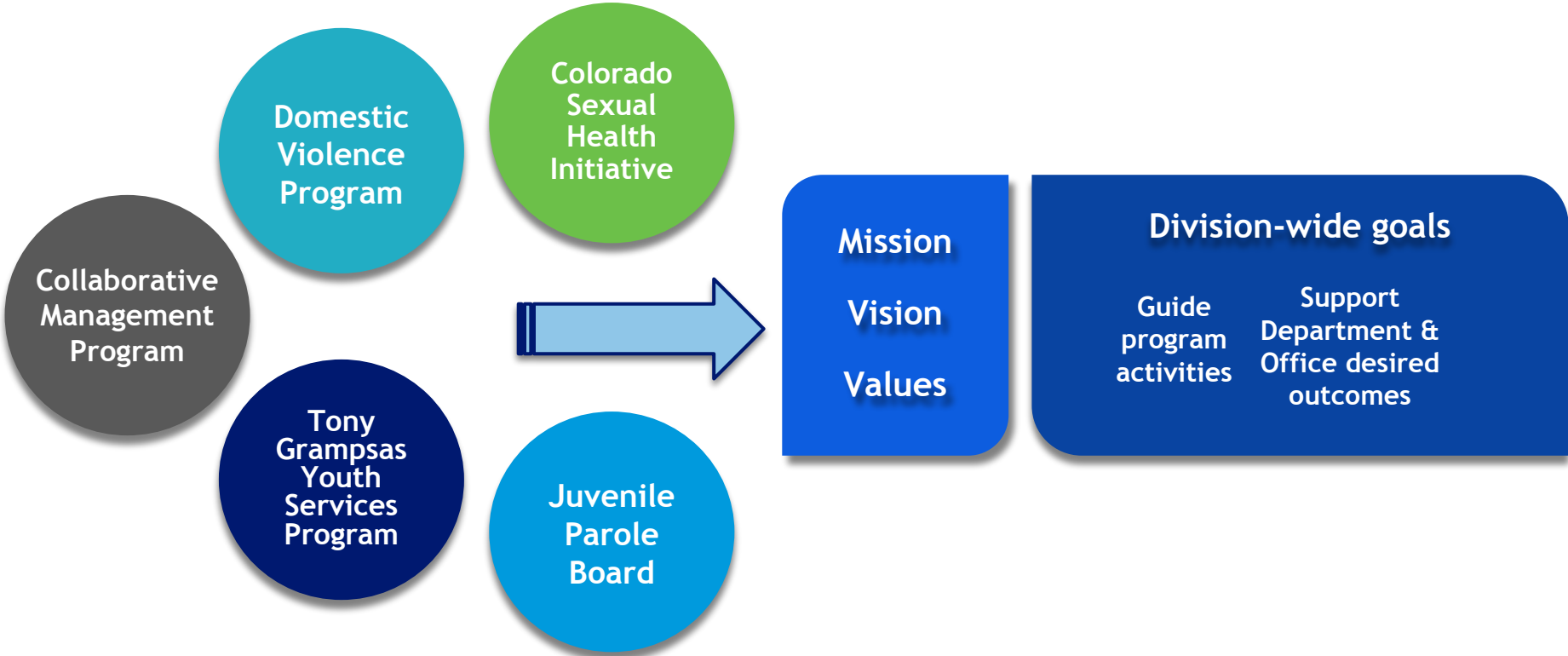
Office of Children, Youth &  
Families

# Division of Community Programs



COLORADO  
Department of Human Services

# Division of Community Programs: Update



Office of Children, Youth  
& Families

# Division of Youth Services



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Department of Human Services

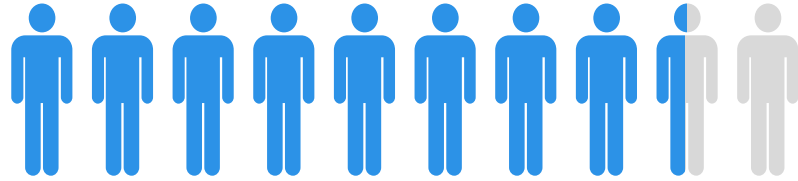


# Treatment Complexities of Newly Committed Youth



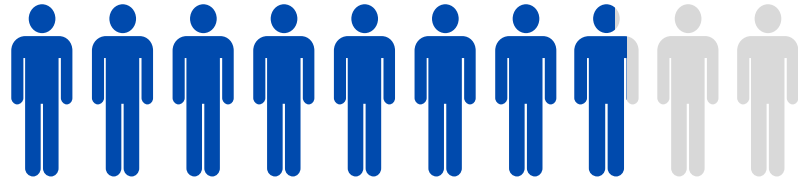
67%

Have co-occurring treatment needs (both mental health & substance abuse).



84%

Require formal mental health intervention services.



78%

Require treatment level services for substance abuse.

# Division of Youth Services Treatment Hours



**41,309**  
Treatment Hours



*(individual, group & family sessions)*



Average Treatment  
Hours per month for  
each youth

Office of Children, Youth & Families

# Division of Child Welfare



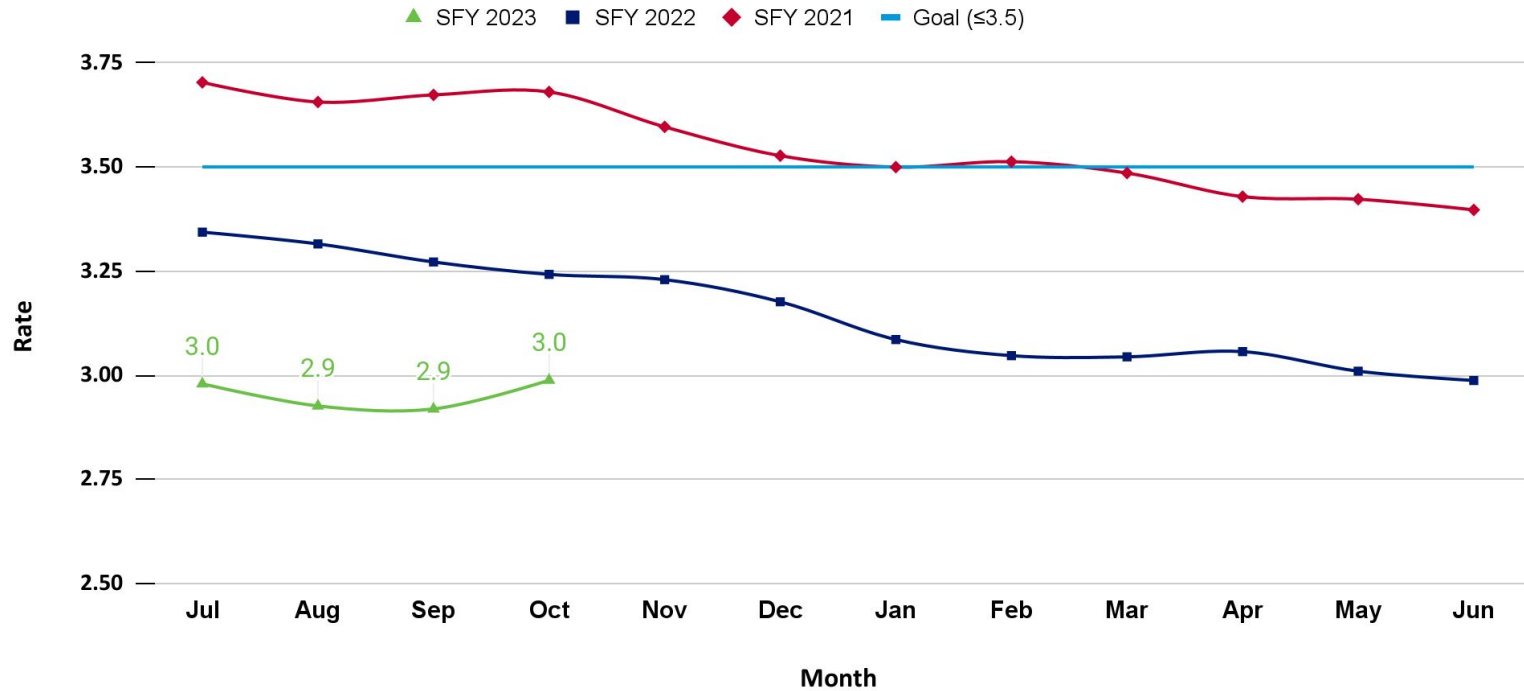
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# Division of Child Welfare-Average Daily Out-of-Home Population

Measure: decrease the average daily out-of-home population from 3.8 per 1,000 to 3.5 per 1,000 by June 30, 2022



# Preventing Youth Homelessness

Three components:

Prevent future homelessness by providing youth-specific restorative services to address these risk factors



Prevent childhood homelessness through the provision of critical services that support family stability

Prevent homelessness among youth in transition



**Thank you**  
**Questions?**





## Appendix A: Other specific-to-CDHS programmatic updates required by statute

### OFFICE OF ADULT, AGING, AND DISABILITY SERVICES

**SMART Act Requirement Name:** Strategic Investments in Aging Grant Program

**Statutory Requirement:** Section 26-11-208, C.R.S.

*(3)(b) Beginning in January 2023, and every January thereafter, the state department shall include in its report to the committees of reference pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203 information from the state office regarding the grant program, as set forth in this subsection (3), including information on the type of projects financed by grant awards, the amount of money awarded to each project, and where those projects were conducted and the program's impact on the health, equity, well-being, and security of older Coloradans.*

#### **Response:**

##### **Background**

Senate Bill 21-290 (Security for Colorado Seniors) created the Area Agency on Aging (AAA) grant program (grant program) in the department of human services' state office on aging (state office). The purpose of the grant program was to assist and support the health, well-being and security of older Coloradans through projects including:

- Community services for older Coloradans;
- Infrastructure improvements;
- Health promotion, congregate meals, and socialization activities;
- Transportation services;
- Home modification programs; and
- Implementation of evidence-based fall prevention and chronic disease management programs.

One time funding of \$15,000,000 was appropriated to the state office on July 1, 2021 for use by the grant program. The State Unit on Aging (SUA) located within the state office managed the project through a grant administrator.



The AAAs are responsible for the implementation of the Older Americans Act (OAA) and the Older Coloradans Act (OCA) across Colorado with grant program oversight by the SUA. The grant program provided services to more than 54,000 older Coloradans including: in-home services, transportation, congregate meals, home-delivered meals, caregiver services, adult day care, ombudsman, and legal assistance to help older adults age-in-place in their communities and postpone or avoid more costly placements such as assisted living facilities or nursing homes. Historically, the AAAs have not had access to flexible State funds similar to the funds made available through SB 21-290 to serve older Coloradans.

### Application Process

This grant provided an opportunity for each AAA to submit applications for funding in two rounds of applications with similar requirements except for distinctions in funding priority and the number of projects allowed. **Funding priority:** Round 1 prioritized lower funded AAA regions as determined by the state and federal funding formula; Round 2 prioritized regions not funded in Round 1 (only 3 regions were not funded in Application Round 1). **Number of projects allowed:** Round 1 allowed regions to apply for an unlimited number of projects within each application and Round 2 limited regions to five projects per application.

### Grant Awards

Funding decisions were made by two distinct panels comprised of experts from CDHS staff, external volunteers with experience supporting older Coloradans and persons with large scale grant expertise. In total, 28 applications were received from the two application rounds with total requests for \$32,997,084 in funds. All 16 Area Agencies on Aging regions applied for funds in application Round 1 and 11 regions applied for funds in application in Round 2. The grant funds were fully allocated in two application rounds. Fifteen (out of 16) AAAs received funds and 65 projects were funded across the state to serve older Coloradans.

Projects were varied and addressed the emerging and long term needs within each region. Broad project categories included:

- **New construction** - For senior centers, AAA administration buildings and outdoor space for congregate meals;
- **Renovation** of existing buildings - Replacing doors with ADA compliant doors, re-painting, new flooring, new lighting, etc.;
- **Kitchen equipment** - Commercial equipment: stoves, sinks, freezers and refrigerators;
- **Programmatic projects** - Fall prevention projects, expansion of meal sites and statewide assessment of the older adult community;
- **New vehicle(s)** - To support meal deliveries;
- **Technology upgrades** - New computers or new database management systems; and
- **Material aid vouchers** - Including home modifications, hearing aids, other material aid.

Project Type	#Projects Round 1	Amount Granted	#Projects Round 2	Amount Granted	Total Granted
Renovation of Building	18	\$2,430,660	4	\$3,371,338	\$5,801,999
New Construction	5	\$3,597,758	1	\$1,348,383	\$4,946,141
Programmatic	8	\$1,496,989	3	\$69,038	\$1,566,028
Kitchen Equipment	7	\$809,735	3	\$456,057	\$1,265,79
New Vehicle	5	\$334,996	2	\$77,673	\$412,669
Technology Upgrades	2	\$112,000	3	\$284,190	\$396,190
Material Aid Vouchers	0	\$0	4	\$161,180	\$161,180
<b>TOTAL</b>	<b>45</b>	<b>\$8,782,139</b>	<b>20</b>	<b>\$5,767,860</b>	<b>\$14,550,000</b>

### **Grant Implementation**

The success of the SB 21-290 grant program was attributable to:

- The long-standing relationship between the SUA and the AAAs for almost 50 years allowed for the AAAs to be characterized as “low-risk” contracts;
- The ability of the SUA to secure waivers from the State Controller’s Office to exceed purchase order limits and to advance payments to allow the AAAs to receive funding payments in full thus expediting the distribution and use of funds to benefit older Coloradans;
- The flexible deadlines to fulfill grant obligations that allowed regions to remain nimble in navigating fluctuating vehicle, equipment and construction costs while obtaining county or city approvals to complete projects; and
- Grant management is monitored by the SUA’s grant manager who is familiar with the project, reviewed monthly progress reports and conducted frequent on-site monitoring visits to confirm implementation benchmarks.

### **SB 22-185 Strategic Investments in Aging Cash Fund**

The grant program under SB 21-290 (26-11-108 C.R.S.) ended on December 31, 2022. Senate Bill 22-185 amended 26-11-108 C.R.S., which renamed the AAA grant program to the Strategic Investments in Aging Grant Program and extended the program to assist and support older Coloradans indefinitely. Additionally, the Strategic Investments in Aging Grant Program extends applicant eligibility beyond the AAAs to allow for a broader range of potential grant applicants. Currently there are no additional funds for the continuation of this program, but the option for future allocations remains.

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**SMART Act Requirement Name:** Lifelong Colorado Initiative  
**Statutory Requirement:** Section 26-11-302, C.R.S.

*(4) The state office, in collaboration with the commission and technical advisory committee, shall coordinate with the state department to include in its report to the committees of reference, pursuant to the “Smart measurement for accountable, responsive, and transparent (smart) government act” hearing required by section 2-7-203, information from the state office regarding the progress and barriers specific to the implementation of the strategic action plan on aging.*

**Response:**

**Background**

The Colorado Commission on Aging (CCOA) was established in legislation in 1963, two years prior to the federally mandated Older Americans Act, to provide older Coloradans opportunities to be engaged in policies that impact their lives. Throughout the years, several amendments were made to the Commission membership including adding members to the committee from each congressional district across the state and adding representation to the committee by a person living with a disability or having a family member with a disability. In 1985, a legislative declaration was added to the legislation that included the duty of the Commission to “[a]dvice and make recommendations to the state department and the state office on aging...on the problems of and programs and services for the aging and aged.”

In 2015, the Strategic Action Planning Group on Aging (SAPGA) was established with the passage of HB15-1033. SAPGA was charged with developing a comprehensive, long-term strategic plan guided by analyses of the impact of the shifting aging demographic on the economy, workforce, state and local revenue budgets, Medicaid, long-term care, transportation services and and other factors.

In 2021, the Department of Regulatory Agencies performed a sunset review of SAPGA and determined that the group had fulfilled its mission; HB22-1209 was enacted to sunset SAPGA.

**Progress and Barriers Implementing the Strategic Action Plan**

House Bill 22-1035 revised the Older Coloradans Act and the CCOA. Pursuant to HB22-1035 the CCOA will continue the efforts of SAPGA and focus on implementation of the Strategic Action Plan on Aging. Commissioners were appointed by the Governor in September 2022 and at the first meeting in November 2022 the Commission began its work on the Strategic Action Plan.

The Technical Advisory Committee within CCOA draws expertise from members representing CDHS, HCPF, CDPHE, DOLA, CDLE, and CDOT. The Technical Advisory Committee will track progress and identify barriers related to Colorado’s aging population. State agency priorities that align with the Strategic Action Plan on Aging include, CDLE’s digital equity initiatives,

CDPHE's Alzheimer's Disease and Related Dementias Center for Disease Control and Prevention grant, CDHS' aging data dashboard efforts, HCPF's direct care worker and ARPA initiatives, CDHE's health care workforce initiatives, DOLA's support of affordable and accessible housing, and CDOT's focus on cognitive impairment among drivers and mobility manager support. This Committee continues to meet with the Governor's Senior Policy Advisor on Aging to support the needs of older Coloradans.

Colorado is one of ten states participating in a Master Plan of Aging Learning Collaborative led by the Center for Health Care Strategies, West Health, and the SCAN Foundation. The technical assistance and funding support through this Collaborative supports data gathering to inform policy development and strategic investments. At the forefront of this work is a focus on the impact on Coloradans of health disparities and equity across the state.

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## OFFICE OF CHILDREN, YOUTH, AND FAMILIES

**SMART Act Requirement Name:** Child Welfare Hotline

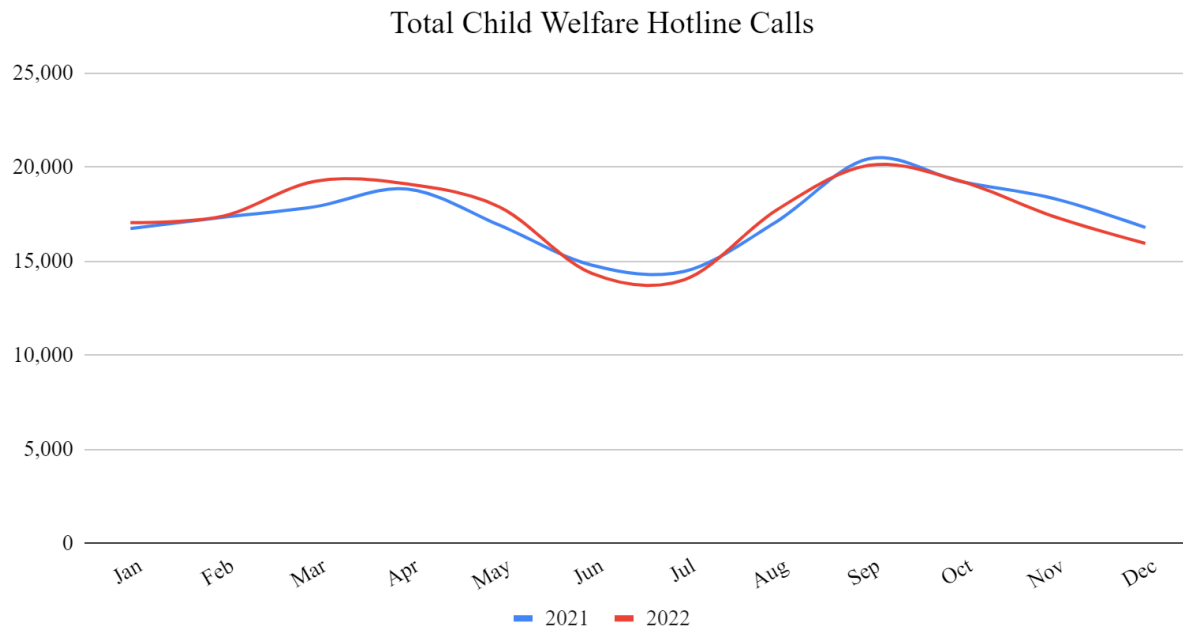
**Statutory Requirement:** Section 26-5-111, C.R.S.

*(5) The state department shall submit periodic reports to the appropriate legislative committee pursuant to the requirements of part 2 of article 7 of title 2, C.R.S., pertaining to the implementation or operation of the hotline system, the progress of implementing the hotline system, the outcomes from the operation of the hotline system, and the outcomes from the adoption of rules and practices for consistent screening, assessment, and decision-making for reports of known or suspected child abuse and neglect and for inquiries.*

The statewide child abuse and neglect reporting hotline system was implemented in 2015, including the promotion of a centralized phone number 1-844-CO-4-KIDS, through an ongoing awareness campaign. Since 2015, the Hotline County Connection Center in cooperation with the sixty-four (64) counties that provide child welfare services has ensured people across Colorado and beyond have anytime access to report known or suspected child abuse and neglect. Currently, forty-five (45) counties utilize the Hotline County Connection Center's services for full-time call coverage, and an additional ten (10) for after-hours call coverage. In 2022, the hotline system received 209,513 calls and has averaged 208,000 calls per year since its implementation.

Through the modernization of Colorado's child welfare database system known as Trails, we included in a call-taker script the Code of Colorado Regulations Volume VII required information questions (7.103 and 7.103.2) along with additional enhanced screening questions for call-taking consistency. In 2022, 113,985 calls resulted in child protection or youth in conflict referrals that county departments then reviewed for the next steps which can include assigning the referral to a caseworker for further assessment or offering the family volunteer prevention services. Our state Social Services Rules clarify expectations for county responsibilities and our Division of Child Welfare subject matter experts provide guidance and technical assistance.





Data current as of 01/05/2023, Genesys Interactive Insights.

**SMART Act Requirement Name:** Colorado State Youth Development Plan  
**Statutory Requirement:** Section 26-1-111.3, C.R.S.

*(1)(a) Subject to available funding, the state department, in collaboration with the Tony Grampsas youth services board, created in section 26-6.8-103, shall convene a group of interested parties to create a Colorado state youth development plan. The goals of the plan are to identify key issues affecting youth and align strategic efforts to achieve positive outcomes for all youth. (4) Beginning in January 2015, and every January thereafter, the department shall report progress on the development and implementation of the plan as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203, C.R.S.*

**Response:**

Statue calls for the plan to identify successful, replicable youth development strategies nationally and in Colorado. The best practice approaches for prevention and intervention include Positive Youth Development (PYD) Approach, Shared Risk and Protective Factor Approach, Two-Generation (2Gen) Approach, Equity Focus, and Wraparound and Coordinated Services and are included in the plan, which can be found on the the [Statewide Youth Development website](#), and is supported by the Tony Grampsas Youth Services (TGYS) team through the TGYS Community Engagement Specialist.

The TGYS program has utilized key indicators from the Statewide Youth Development Plan (SYDP) [Dashboard](#) to support identifying needs and gaps in service, inform funders, and support communities across Colorado to adapt and address these needs. To achieve this, the

TGYS program has:

- 1) assembled a list of statewide youth development and youth serving organizations that support the needs and gaps identified in the Dashboard,
- 2) created a map of youth serving organizations across the state,
- 3) shared youth serving organization list with stakeholders across the state via website and quarterly Statewide Regional Youth Development Events (STRYDE),
- 4) supported the creation of *Seen, Safe, and Respected: Best Practices for Serving LGBTQ+ Children and Youth in Colorado's Child Welfare System* and the Transgender and Gender-expansive Youth Bill of Rights, and
- 5) continued the TGYS three year grant opportunity for programs funding prevention services for youth crime and violence, child abuse and neglect, student dropout, and alcohol, tobacco, and other drug use.

The program has also compiled a list of current grant opportunities for youth serving organizations in coordination with statewide partners. Additionally, collaborative efforts continue across state agencies and community partners to incorporate youth and community voice throughout the program and to keep these tools updated and share the information with statewide.

Over the past year, the program has supported youth systems in embracing the best practices outlined in the Plan with an emphasis on prevention, equity, and Positive Youth Development practices. Statewide virtual trainings for Positive Youth Development and Birds and the Bees as well as PYD collaborative learning opportunities and communities of practice have been provided on an ongoing basis.

Beginning spring of 2023, TGYS will begin two new opportunities: 1) launching an annual grant to provide small dollar funding to youth and community led partnership initiatives for prevention services and 2) hosting the state PYD program which is being transferred to CDHS from CDPHE and will be located within TGYS. The PYD program will include updating the PYD training curriculum to stay in alignment with best practices, organizing and sharing statewide PYD training opportunities, and providing PYD training and learning collaborative opportunities to community partners.

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**SMART Act Requirement Name:** Prenatal Substance Exposure  
**Statutory Requirement:** Section 19-1-129, C.R.S.

*(1) The state department of human services may conduct research as related to the definition of "abuse" in section 19-1-103 concerning the incidence of prenatal substance exposure and related newborn and family health and human services outcomes as the result of a mother's lawful and unlawful intake of controlled substances. (2) Beginning in January 2021 and every two years thereafter, the state department of human services shall report the outcomes of any research conducted pursuant to subsection (1) of this section to the*

*joint health committees of the general assembly as part of its “State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act” presentation required by section 2-7-203.*

**Response:**

The Colorado Department of Human Services’ Division of Child Welfare (DCW) continues to perform research in collaboration with Colorado’s Perinatal Substance Use Data Linkage Project (led by the Colorado Action Lab), Illuminate and the SuPPoRT Steering Committee to better understand the effects of prenatal exposure, risk and protective factors associated with infant removal from the home by child welfare and opportunities to implement recommendations to strengthen families impacted by perinatal substance use disorder.

Colorado’s Perinatal Substance Use Data Linkage Project continues to study risk and protective factors associated with infant removal from the home by child welfare due to substance exposure of the newborn as well as maternal and infant mortality (Clemens, E.V., Everson, C.L. (November 4 2022). Data-Informed Recommendations for Cross-System Policy and Practice Investments. Denver, CO: Colorado Evaluation and Action Lab at the University of Denver). The most recent findings showed that in cases where prenatal substance use and/or substance exposure of a newborn was been identified, infants were more likely to be removed from the home when one or more of the following factors was also present:

- Increasing age of the pregnant person
- Lower income households
- Lower educational attainment
- Maternal-infant dyads who received no prenatal care or inadequate prenatal care
- Late preterm infants born between 35 and 36 weeks of pregnancy
- Newborns experiencing respiratory complications at birth

Data showed that since 2015 among those cases where infants were removed from the home due to parental substance use, the rate of placement in non-relative foster care has increased and the use of kinship placement has decreased.

Findings also showed protective factors that decreases odds of the infant being removed from the home due to parental substance use include:

- Pregnant persons who identified as American Indian and Native American
- Pregnant persons who were married
- Maternal-infant dyads who received WIC during pregnancy
- Deliveries paid for by private insurance

The study found no evidence of disproportionality in infant removal for black mothers when considering other factors. Analysis of disproportionality among other race/ethnic groups was not possible due to small sample sizes. To review data and project reports visit the project page at: <https://coloradolab.org/prenatal-substance-exposure/>

Based on the research and policy/practice recommendations the Department is completed the following activities:

- Informed the development of Colorado’s Perinatal Substance Use Data Linkage Project Multi-Year Strategic Research Agenda.
  - Awarded funding to explore feasibility and acceptability of a state intermediary for coordinated implementation and delivery of Plans of Safe Care in Colorado. Findings from this pilot will be used to inform future legislation and state investments that advance the health and well-being of Colorado families impacted by perinatal substance use.
  - Added the Colorado Plans of Safe Care to the referral and client details page in Trails so that all counties’ child protection departments now have access to the Plans of Safe Care to utilize at the time of hotline, referral, and assessment. The DCW team will complete an assessment on the implementation and impact of Plans of Safe Care on child welfare outcomes. Findings will be used to help inform regional child welfare practice and state efforts to improve outcomes for child welfare families impacted by perinatal substance use.
  - Continued participation in the SuPPoRT (formerly SEN) Steering Committee activities to encourage cross-system care coordination efforts.
- 

**SMART Act Requirement Name:** Adoption Assistance Update

**Requirement:** In response to recommendations 5 and 6 in the Child Protection Ombudsman’s 2017 report, the Department agreed to explore the use of predetermined maximum adoption assistance amounts. The Department further agreed that:

*The “findings of this exploration and the “agreed upon methodology would be made public and reported to the General Assembly through the Department’s SMART Act hearing.”*

**Response:**

The Division of Child Welfare partnered with county departments, the Colorado Child Protection Ombudsman Office, the Office of Child’s Representative, and adoption advocates for over a year and developed a standardized tool that will be used by all 64 counties when they are negotiating adoption subsidies. This tool was piloted by counties in 2022 and approved to be used by all counties. The use of the tool will go into rule in Spring of 2023. This tool encompasses all components of adoption subsidies, including monthly cash subsidies, Medicaid benefits, and case services for adoptive families and their child(ren).

With the conclusion of this body of work to develop a standardized methodology and tool to determine adoption assistance amounts for implementation across the state, the Department has fulfilled this request to provide updates on the development of this adoption assistance work during the SMART act and will have no further updates going forward.

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## OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

The Office did not have any specific-to-CDHS programmatic updates required by statute for January 2023.

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## OFFICE OF ECONOMIC SECURITY

**SMART Act Requirement Name:** Diaper Distribution Program

**Statutory Requirement:** Section 26-2-140, C.R.S.

*(5) For the 2021-22 state fiscal year, the state department shall submit a preliminary report, and beginning in state fiscal year 2022-23, and each fiscal year thereafter, the state department shall report to the public through the annual hearing, pursuant to the "State measurement for accountable, responsive, and transparent (smart)government act", part 2 of article 7 of title 2. At a minimum, the report must include:*

- (a) The total number of diaper distribution centers contracted with the state department pursuant to subsection (3) of this section, including any subcontractors;*
- (b) The total amount of money awarded to each diaper distribution center;*
- (c) The location of each diaper distribution center and the counties served; and*
- (d) The total number of eligible individuals who received diapering essentials each year, disaggregated by each month.*

### **Response:**

In compliance with the statutory requirements regarding implementation of the Diaper Distribution Program, per Section 26-2-140, C.R.S., the Department has compiled the following information:

- (a) In SFY 2021-2022 the Department contracted with 13 diaper distribution centers to implement the Diaper Distribution Program, as detailed in Table 1. Some of these distribution sites have expanded their reach by implementing mobile distribution to underserved areas and developing informal partnerships with other local agencies to support distribution efforts.
- (b) A total of \$1,978,854 was distributed for diapering essentials. Table 1 provides the total funds awarded to each diaper distribution center.
- (c) Services were provided statewide. Table 1 provides information regarding the locations of the distribution centers and counties served.

Table 1: Diaper Distribution Program Vendors

Vendor	# of Distribution Facilities	Location of Distribution Facilities	Counties Served	Amount Awarded
<b>A Precious Child</b>	18	Broomfield (multiple), Lakewood, Denver (multiple), Commerce City (multiple), Westminster (multiple), Brighton, Northglenn (multiple), and Boulder CO	Boulder, Broomfield, Adams, Arapahoe, Douglas, Denver, Jefferson	\$271,296.68
<b>Aspen Community Health</b>	1	Aspen, CO	Eagle, Garfield, Pitkin	\$14,225.00
<b>Bent County Public Health</b>	1	Las Animas, CO	Bent	\$5,413.00
<b>Catholic Charities of Denver (Marisol House)</b>	10	Aurora, Boulder, Denver (multiple), Eagle, Ft. Morgan, Lakewood, Ft. Collins, and Dillon, CO	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Eagle, Gilpin, Jefferson, Larimer, Morgan, Pitkin, Summit, Weld	\$461,836.00
<b>Dolores County Public Health</b>	1	Dove Creek, CO	Dolores	\$26,800.00
<b>Foodbank of Larimer County</b>	16	Loveland (multiple), Estes Park, Ft. Collins (multiple), Berthoud, Red Feather Lakes, and Wellington, CO	Larimer	\$171,800.00
<b>Gunnison County Health and Human Services</b>	1	Gunnison, CO	Gunnison, Hinsdale	\$10,011.00
<b>Lake County Public Health</b>	1	Leadville, CO	Lake	\$22,580.00
<b>Moffat County Public Health</b>	1	Craig, CO	Moffat	\$48,566.00
<b>Montezuma County Public Health</b>	1	Cortez, CO	Dolores, Montezuma	\$61,580.00
<b>Prowers County Public Health</b>	1	Lamar, CO	Prowers	\$16,000.00
<b>United Way of Weld County</b>	1	Greeley and Longmont, CO; mobile unit	Weld	\$142,080.00
<b>WeeCycle</b>	1	Aurora, CO; and mobile unit	Arapahoe, Baca, Bent, Boulder, Broomfield, Cheyenne, Delta, Denver, Dolores, Douglas, El Paso, Huerfano, Jefferson, Kiowa, Lake, Larimer, Las Animas, Logan, Morgan, Otero, Park, Prowers, Pueblo, Summit	\$726,666.66
<b>TOTALS</b>	54			\$1,978,854.34

(d) A total of 54,991 individuals were served with diapering essentials. Table 2 provides the total number of eligible individuals who received diapering essentials, disaggregated by month. Because FY 2021-22 was a start-up year for this program, no clients were served in the first few months as the program was being developed, including determining how to reach the most Coloradans via the largest geographic span. Vendors received a Purchase Order in October 2021 to begin services.

Table 2: Individuals Served

Number of Clients Served 2021-22		FY
Jul 2021	0	
Aug 2021	0	
Sep 2021	0	
Oct 2021	419	
Nov 2021	2,639	
Dec 2021	4,085	
Jan 2022	4,794	
Feb 2022	6,447	
Mar 2022	9,904	
Apr 2022	7,546	
May 2022	9,571	
Jun 2022	9,586	
<b>TOTAL</b>	<b>54,991</b>	

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**SMART Act Requirement Name:** Modifications To Colorado Works Program  
**Statutory Requirement:** Section 26-2-709.5, C.R.S.

*(3) Beginning January 2023, and each January thereafter, the state department shall submit a report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, as part of its “State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act” presentation required by section 2-7-203, on the effectiveness of the works program. To the extent practicable, the state department May request a county department to provide any information and data that May be necessary to develop the report, including information and data from exit interviews conducted by the county departments pursuant to subsection (1) of this section. Any data used must protect personal identifying information of the participants and the participants’ family members. At a minimum, the report must include:*

- (a) The total number of participants enrolled in the works program in the previous fiscal year, disaggregated by case type, race, and ethnicity;*
- (b) The total number of participants who exited and re-enrolled in the works program one or more times in the previous fiscal year, disaggregated by case type, race, and ethnicity;*
- (c) The total number of instances a participant exited and re-enrolled in the works program one or more times in the previous fiscal year, disaggregated by case type, race, and ethnicity;*

*(d) The total number of months each participant remained enrolled in the works program in the previous fiscal year, disaggregated by case type, race, and ethnicity; and*

*(e) To the extent practicable, data gathered through surveys and exit interviews with participants in the works program regarding participants' experience with the program, beliefs about the goals of the program, perceptions of how participation in the program contributed to the family goals, reasons for leaving the program, current employment status and wage rate, and supportive services provided and whether those services have been impacted by increases in basic cash assistance.*

**Response:**

In compliance with Section 26-2-709.5, C.R.S. regarding modifications to the Colorado Works program, the Department has produced a report, in partnership with a vendor, to meet this statutory requirement.

The Colorado Works report can be found [Here](#).

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**SMART Act Requirement Name:** Colorado Works Outreach and Engagement Plan

**Statutory Requirement:** Section 26-2-725, C.R.S.

*(1) No later than September 30, 2022, the state department shall develop an outreach and engagement plan to promote access to the Colorado works program for eligible persons. (5) Beginning January 2023, and each January thereafter, the state department shall include information on the implementation of the requirements in this section in its report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act".*

**Response:**

In compliance with statutory requirements in Section 26-2-725, C.R.S., the Department analyzed 17 advertising and marketing agencies with price agreements in place with the State to secure a qualified vendor to develop and implement an outreach and engagement (O&E) plan to enhance access to the Colorado Works program, as required by H.B. 22-1259. That analysis considered an array of qualifications among the vendors, including their expertise, marketing strategies, public relations, portfolio/clients served, training, core values, and business principles.

Based on this analysis, the Department selected Idea Marketing, Inc. as its vendor in July 2022. Idea Marketing has extensive experience with state government agencies and values working with low-income communities and underserved populations. The Department initiated two purchase orders with the vendor to develop program messaging and materials for the O&E plan.



As required by H.B. 22-1259, the O&E plan includes strategies to engage eligible clients across a variety of touchpoints and outlets ensuring access to a broad swath of the Colorado Works population. Overall, the vendor approached the work within an equity lens and focused on flexibility among the 64 counties. Input from a diverse group of stakeholders (representing urban and rural counties, program implementers, and clients) helped to inform the plan. Acknowledging this diversity results in a more flexible plan that can be implemented across the State with a variety of audiences. Additionally, the O&E plan acknowledges that Colorado Works programming can be sensitive, given clients' varying levels of trauma and who typically access the program during especially difficult times in their lives. Thus, the O&E plan includes strategies to engage hard-to-reach audiences in both rural and urban counties.

The Colorado Works Outreach and Engagement plan can be found [Here](#).

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**SMART Act Requirement Name:** Teen Parent Driving Instruction Course  
**Statutory Requirement:** Section 26-2-142, C.R.S.

*(5) For the 2022-23 state fiscal year, the state department shall submit a preliminary report, and beginning in state fiscal year 2023-24 and each fiscal year thereafter, shall report to the public through the annual hearing pursuant to the ""State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act"", part 2 of article 7 of title 2. At a Minimum, the report must include:*

- (a) The total number of teen parent organizations contracted with the state department pursuant to subsection (3) of this section, including any subcontractors;*
- (b) The total amount of money awarded to each teen parent organization;*
- (c) The location of each teen parent organization and the counties served;*
- (d) The total number of eligible individuals who received driver's licenses each year, disaggregated by each month; and*
- (e) The total number of eligible individuals who received training from a driver's education school, disaggregated by each month.*

**Response:**

In compliance with statutory requirements of Section 26-2-142, C.R.S., the Department has compiled the requested preliminary information pertaining to the implementation of the Teen Parent Driving Instruction Course.

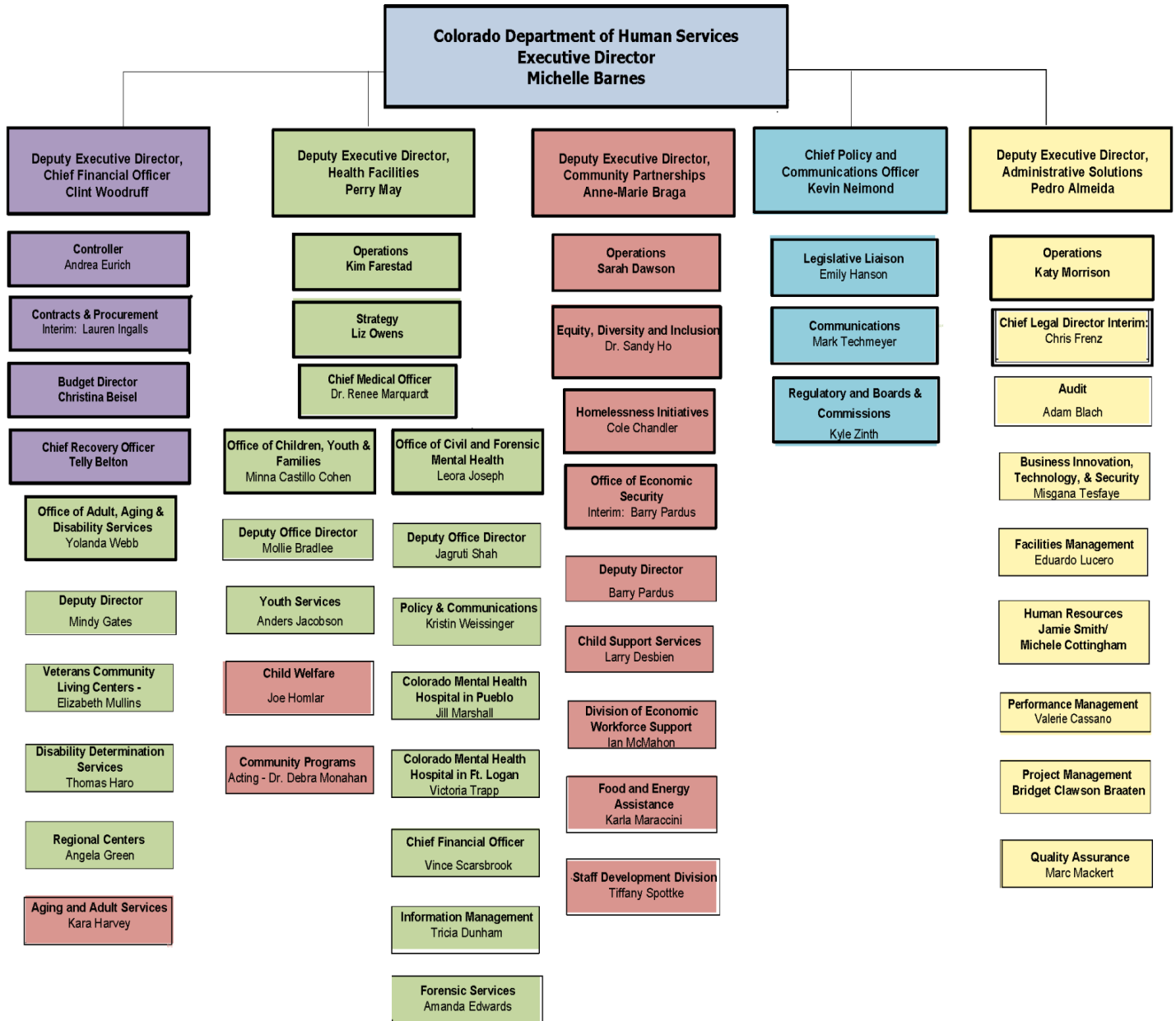
- a) The Department contracted with the Teen Parent Collaborative (TPC) to implement the Teen Parent Driving Instruction Program. The TPC is a collaboration of 175 teen parent serving organizations across Colorado. Some of the small organizations within TPC expressed concern about the administrative burden of managing a cost reimbursement model with an external entity to provide these services. To address this concern, the Department collaborated with Hope House Colorado to act as the fiscal agent on behalf of the TPC, managing a process whereby TPC agencies can

apply for funds and receive them more quickly upon delivering services. Hope House will also manage the administrative burden for organizations within the TPC.

- b) The Purchase Order with the Teen Parent Collaborative is for \$100,000.
  - c) The agencies within the Teen Parent Collaborative serve all Colorado regions and counties, with a primary focus on Metro Denver and the Front Range.
  - d) The first three months of FY 2022-23 were used to collaborate with the vendor to determine the best way to distribute the funds to reach the most clients and with the largest geographic reach. The TPC released the first application cycle to its members in October 2022 and services began in November 2022. To date, no eligible individuals have received a driver's license through this program.
  - e) Two eligible individuals received training from a driver's education school in November 2022.
-



## Appendix B: Organizational Chart





# CDHS PERFORMANCE PLAN

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**2022-2023**

**WE ARE THE PEOPLE WHO HELP PEOPLE**



**COLORADO**  
Department of Human Services





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# Who We Are

## 2022-23 Performance Plan

The Colorado Department of Human Services (the Department) collaborates with partners in State and county governments, nonprofits, advocates, community residents, providers and many others to empower Coloradans to thrive through bold and innovative health and human services.

Specifically, the Department supports and/or provides care for:

- Colorado families who need assistance with food, cash, employment or energy assistance;
- Children, youth and adults at risk of abuse or neglect;
- Individuals with developmental disabilities;
- Pre-adjudicated and committed youth in trauma-responsive environments;
- Individuals with preventive behavioral health needs;
- Individuals who need treatment for mental illness, substance use issues and/or restoration services;
- Older adults and their families who need resources to care for themselves or their elderly parents;
- Colorado's veteran heroes and their spouses; and
- Deaf, hard-of-hearing, and Deafblind Coloradans.

The Department's staff is committed to providing the right services to the right people in the right setting at the right time.



### Our Mission

Together, we empower Coloradans to thrive.



### Our Motto

We are the people who help people.



### Our Vision

To serve Coloradans through bold and innovative health and human services.



### Our Values

As diverse individuals and members of a powerful statewide team, we share common qualities and beliefs that further our mission, inspire our community, and empower one another.

## Our Values

#### **We believe in a people-first approach:**

To serve the people of Colorado, we develop a culture and work environment that creates an energized, inspired and healthy team capable of giving their best to Coloradans.

#### **Balance creates quality of life:**

We want our team to be resilient through a supportive workplace that values flexibility, health and wellness and employee engagement.

#### **We hold ourselves accountable:**

We take responsibility through our actions, programs, and results for the state of health and human services in Colorado.

#### **Transparency matters:**

We are open and honest with employees, our partners, the Coloradans we serve and the public.

#### **We are ethical:**

We abide by what is best for those we serve by doing what is right, not what is easy.

#### **Collaboration helps us rise together:**

We work together with all partners, employees, and those we serve to achieve the best outcomes for Coloradans.

# What We Do

## 2022-23 Performance Plan

### Overview

The Department is a complex organization with a variety of statutory responsibilities. The Department's FY 2022-23 appropriated operating budget, per the enacted HB 22-1329 Long Bill, is \$2,215,668,640 total funds includes \$1,1,037,249,411 in General Fund and 5,171.9 Full Time Equivalent (FTE) staff. In addition to managing State-funded programs, the Department also administers and provides oversight for a variety of federally funded programs. It is important to note the Office of Early Childhood is no longer included in the CDHS operating budget below, while the Behavioral Health Administration is included.

Additional information on the Department's management structure and individual programs is as follows.

<b>Total FTE</b>	5,171.9
<b>General Fund</b>	\$1,037,249,411
<b>Cash funds</b>	\$406,461,303
<b>Reappropriated Funds</b>	\$217,729,509
<b>Federal funds</b>	\$554,248,417
<b>Total funds</b>	\$2,215,688,640

### Senior Executive Team

## Senior Executive Team



**Michelle Barnes**

Executive Director



**Clint Woodruff**

Chief Financial Officer



**Perry May**

Deputy Executive Director  
of Health Facilities



**Anne-Marie Braga**

Deputy Executive Director  
of Community Partnerships



**Kevin Neimond**

Director of Policy and  
Legislative Affairs

The Department's Senior Executive Team is composed of the Executive Director, four Deputy Executive Directors, and the Director of Legislative Affairs. The Deputy Executive Director team is tasked with executing



the vision and directives set forth by the Executive Director and providing senior leadership over the Department's five main programmatic offices.

**Deputy Executive Director of Financial Services/Chief Financial Officer.** The Chief Financial Officer (CFO) brings strategic focus to the Department's budget management processes. The CFO is responsible for the management and oversight of our \$2.2 billion budget and management of the Division of Budget and Policy, the Division of Accounting, and the Division of Contracts and Procurement.

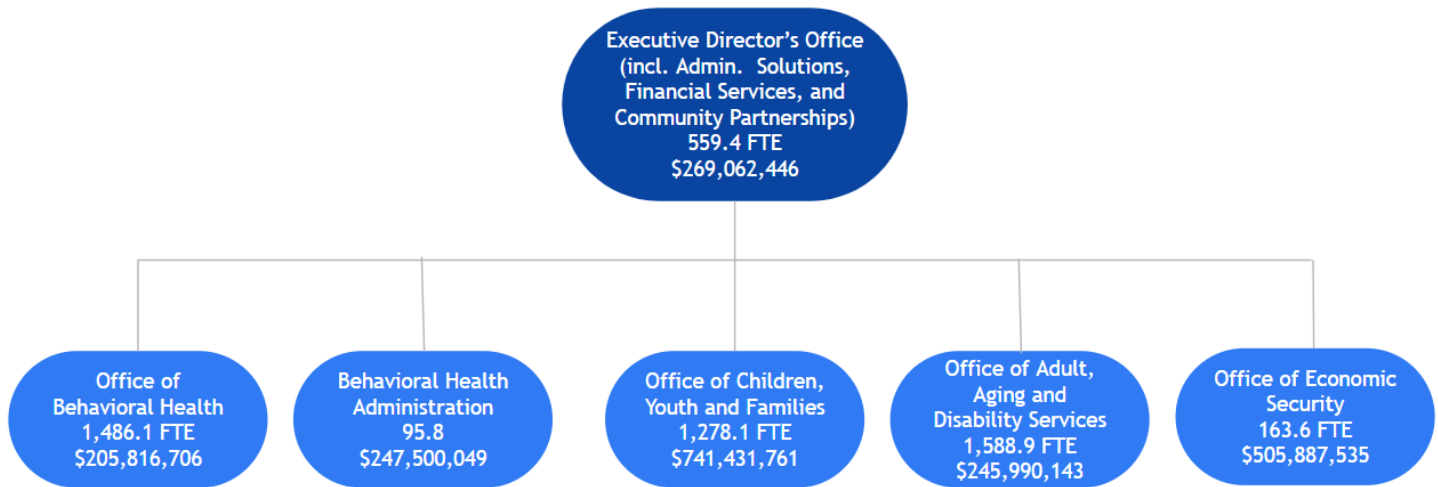
**Deputy Executive Director of Health Facilities.** The Deputy Executive Director of Health Facilities provides leadership and ensures coordination among all of the Department's 24/7 facilities, which includes the Division of Youth Services, Veterans Community Living Centers, Mental Health Institutes, Forensics, and Regional Centers.

**Deputy Executive Director of Administrative Solutions.** The Deputy Executive Director of Administrative Solutions is responsible for the management of the administrative functions of CDHS, including Human Resources, Facilities Management, Audit, Performance Management, Public Assistance Quality Assurance, Administrative Review Division, Direct Care Facilities Quality Assurance, Quality Assurance Youth Service, Business Innovation Technology and Security, Emergency Management, Project Management, Legal Affairs, and Quality Assurance.

**Deputy Executive Director of Community Partnerships.** The Deputy Executive Director of Community Partnerships builds strong relationships and provides strategic coordination to ensure the success of the whole person, whole family, whole community approach to human service delivery, while also overseeing external entities and agencies with whom the Department contracts. This role also provides senior leadership for the Office of Children, Youth and Families; Office of Economic Security; Aging and Adult Services Division; Community and Family Engagement; County and Client Services; and the Department's equity, diversity and inclusion work.

**Director of Policy and Legislative Affairs.** The Director of Policy and Legislative Affairs develops the Department's policy and legislative agenda in coordination with the Executive Director, Deputy Executive Directors, executive management team and legislative liaisons. This role is responsible for the coordination of relationships with the legislative branch, community stakeholders and counties. The Director of Policy and Legislative Affairs is responsible for the management of communications and Boards and Commissions.

## Management Offices



Source: Long Bill (FY 2022-23 Appropriation as of June 1, 2022).

Beyond the Senior Executive Team and the Executive Director's Office, which includes the Administrative Solutions team, the Financial Services team, and the Community Partnerships team, the Department is split into four management offices, each led by an office director. The intent of these eight teams is to provide a leadership structure that enables and facilitates a cross-system approach to the human services programs in Colorado. These eight teams are:

1. Administrative Solutions
2. Community Partnerships
3. Financial Services
4. Behavioral Health Administration (new)
5. Office of Adult, Aging and Disability Services
6. Office of Behavioral Health
7. Office of Children, Youth and Families
8. Office of Economic Security

The Office of Early Childhood (OEC) is in the final stages of transitioning into a separate state department and will not be included in the CDHS FY 22-23 performance plan. OEC will submit a separate performance plan beginning in FY23. The Behavioral Health Administration (BHA) is also in transition, but will be included in the CDHS performance plan in FY 22-23 (i.e., this performance plan).



**COLORADO**  
**Administrative Solutions**  
Department of Human Services

### **Administrative Solutions (AS)**

Administrative Solutions provides services that help program areas achieve their goals. It is responsible for a number of support functions to make our agency as efficient, effective and impactful as possible. Administrative Solutions comprises Human Resources, Facilities Management, Audit, Performance Management, Public Assistance Quality Assurance, Administrative Review Division, Direct Care Facilities Quality Assurance, Quality Assurance Youth Service, Business Innovation Technology and Security, Emergency Management, Project Management, Legal Affairs, and Quality Assurance.



**COLORADO**  
**Department of Human Services**  
Community Partnerships

### **Community Partnerships (CP)**

Community Partnerships builds and strengthens internal and external partnerships, while being a cross-system catalyst for people-centered solutions to support individuals, families and community partners. Community Partnerships provides strategic coordination to ensure the success of the whole person, whole family, whole community approach to human service delivery, while also overseeing external entities and agencies with whom the Department contracts. Community Partnerships provides senior leadership for the Office of Children, Youth and Families; Office of Economic Security; Aging and Adult Services Division; Community and Family Engagement; County and Client Services; and the Department's Equity, Diversity and Inclusion initiative.



**COLORADO**  
**Financial Services**  
Department of Human Services

### **Financial Services (FS)**

Financial Services is responsible for managing the Department's \$2.2 billion budget and an additional \$1.5 billion in Federal Pass-Through Dollars for direct benefits. Financial Services provides governance, oversight, training and education to the Department's programs as well as county partners. Financial Services oversees Budget and Policy, Accounting, Payroll, Contracts, and Procurement.



**COLORADO**  
**Office of Adult, Aging & Disability Services**  
Department of Human Services

### **Office of Adult, Aging and Disability Services (OAADS)**

The Office of Adult, Aging and Disability Services (OAADS) serves Colorado seniors, veterans and those with disabilities through responsive and person-centered support. OAADS elevates adults towards independence to live their best lives THEIR way. Services are provided through the Division of Regional Centers, Veterans Community Living Centers, Aging and Adult Services; including Adult Protective Services and the State Unit on Aging; Disability Determination Services and Programs including Mindsource Brain Injury Network and the Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind to insure Coloradans we serve live in the communities of their choice.



**COLORADO**  
Office of Behavioral Health  
Department of Human Services

### **Office of Behavioral Health (OBH)**

The Office of Behavioral Health provides oversight and leadership for policy development, service provision and coordination and monitoring for inpatient level of psychiatric care and forensic services across the State to include the operation of two Mental Health Institutes at Fort Logan and Pueblo and monitoring for those involved in the competency system.



**COLORADO**  
Office of Children,  
Youth & Families  
Department of Human Services

### **Office of Children, Youth and Families (OCYF)**

The Office of Children, Youth and Families (OCYF) is responsible for the coordination of quality and effective services for Colorado's most vulnerable children, youth and their families. OCYF houses three divisions, Division of Child Welfare, Division of Youth Services and the Division of Community Programs as well as Medical Oversight and Pay for Success. The Division of Community Programs includes the Colorado Sexual Health Initiative; the Domestic Violence Program; the Juvenile Parole Board; and the Tony Grampsas Youth Services Program. Additionally, legislative and finance staff are dedicated to advancing the policy and budgetary priorities of the office, and the communications team works to increase understanding of the office's impact and encourage Coloradans to become involved in strengthening families. Each team is uniquely organized and pursues defined goals to best collaborate with counties and community partners to empower people in Colorado to thrive.

### **Behavioral Health Administration**

The Behavioral Health Administration (BHA) is a new entity housed within CDHS that is empowered to lead change, to publicly hold itself and its partners accountable, and to take advantage of every opportunity to ensure Coloradans feel a sense of improved quality of life when they intersect with our system. It is instrumental in achieving the vision to have a comprehensive, equitable, affordable, effective continuum of behavioral health services that meet the needs of all Coloradans in the right place, at the right time. To ensure the needs of Coloradans' are put first, the BHA will provide transparency and accountability for our behavioral health system.

Under the BHA, data will be streamlined across State agencies, payers, sectors, and providers to illustrate a comprehensive view of what is working and where gaps remain in the behavioral health system. The BHA will define what data and metrics are necessary to monitor the behavioral health system and ensure that it is high-quality and equitable. A core function of the BHA will be setting standards for behavioral health, clinical quality standards, and accountability metrics. Because many behavioral health programs, services, and supports will continue to be administered by other Colorado departments and agencies, the BHA will promulgate rules that outline the collaborative activities and tools that will be utilized to support these essential BHA functions. A phased approach that is grounded in a multi-stakeholder roadmap for measuring and improving quality in behavioral health care will ensure that Coloradans see improvements in the system. Although housed within CDHS, the Commissioner of the BHA reports to the Governor.



**COLORADO**  
Office of Economic Security  
Department of Human Services

## Office of Economic Security (OES)

The Office of Economic Security operates programs that provide income, employment, food and support services to those in need. Divisions include Child Support Services, Employment and Benefits, Food and Energy Assistance, and the Staff Development Center.

The Division of Child Support Services helps ensure children receive regular financial support from both parents and is committed to providing family-centered services that address barriers to consistent child support payments. The Employment and Benefits Division provides innovative programming that connects people to employment and benefits services that reduce poverty, increase stability, and improve well-being. Programs include Colorado Works (TANF), Adult Financial Programs, Colorado Employment First, ReHire Colorado, and Refugee Services. The purpose of The Food and Energy Assistance Division is to safeguard health and well-being by administering programs such as the Supplemental Nutrition Assistance Program (SNAP), Electronic Benefit Transfer (EBT) program, Pandemic Electronic Benefits Transfer (P-EBT), and Low-Income Energy Assistance Program (LEAP). In addition, the Division provides Food Distribution Programs (FDP) including The Emergency Food Assistance Program, the National School Lunch Program USDA Commodities, and Everyday Eats for older adults.

The Staff Development Center works to identify essential training needs and to establish, facilitate, and maintain competency-based training programs for staff working with families who are accessing medical and other types of public assistance.

## Statewide Collaborations and Task Group Engagement

CDHS is engaged with statewide initiatives that aim to enhance service delivery, reduce program costs, and ultimately improve the lives of Coloradans. Members of the Department's leadership are currently involved in the following initiatives:

- Rural Outreach Cabinet
- IT Steering Committee
- Behavioral Health Task Force
- Education Cabinet Working Group
- Criminal Justice Cabinet Working Group
- Workforce Cabinet Working Group
- Reducing Homelessness Cabinet Working Group
- Health Cabinet Working Group

During SFY 2019-20, CDHS undertook a comprehensive strategic planning process. Based on feedback from thousands of survey responses and discussions with CDHS staff, stakeholders and partners, the strategic plan identifies key initiatives that align with our new mission, vision and values. The strategic plan, known as *Better Together*, outlines what CDHS will prioritize in 2020-23. In order to outline how CDHS will meet the objectives outlined in the *Better Together* plan, CDHS annually prepares a performance plan to outline the

goals and activities to be undertaken in the coming state fiscal year. The plan's format meets the requirements of Colorado's State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act.

**The *Better Together* Strategic Plan outlines the Department's 2020-23 strategic initiatives known as The 4 Keys\*:**



### **Key 1: Whole Person, Whole Family, Whole Community Approach**

**What is the ideal outcome?** The Department provides a collaborative, multi-disciplinary health and human services approach to Coloradans. The Department's work is integrated and cross-systems collaboration is the norm.



### **Key 2: Efficient and Effective Processes**

**What is the ideal outcome?** The Department is efficient with things and effective with people. The processes allow employees to efficiently and effectively complete work so they can focus on what matters: empowering Coloradans to thrive. Our employees are (1) excellent problem solvers, (2) improving continuously and (3) resilient.



### **Key 3: Leveraging Technology**

**What is the ideal outcome?** CDHS leaders have the leverage and knowledge to support project oversight, strategic planning, risk management and overall ownership of the IT systems that support their programs and the Department has tools to make work easier and lead to better outcomes.



### **Key 4: Making CDHS A Great Place to Work**

**What is the ideal outcome?** CDHS is an employer of choice. An employer of choice is an organization that offers great professional culture in an environment that attracts and retains the best employees. Features of the workplace environment at an employer of choice favor the well-being of employees and the clients they serve.

*\*To learn more about The 4 keys, please visit*

<https://www.colorado.gov/pacific/cdhs/better-together-strategic-plan>

## **Performance Management Strategy**

CDHS implemented C-Stat in 2012, which analyzes performance in each department program using the most currently available data. C-Stat centralizes data from programs across the Department, automates data pulling where possible, and utilizes data visualization best practices and techniques. C-Stat allows divisions within CDHS to pinpoint performance areas of strength and those in need of improvement to improve outcomes geared toward enhancing the lives of the populations that CDHS serves and allowing for the best use of dollars spent.

Through bi-monthly meetings, analysis and inquiry, and the Theory of Change Model to enhance focus on meaningful metrics, CDHS determines which processes work well and which processes need improvement. By measuring the impact of day-to-day efforts, CDHS makes informed, collaborative decisions to align efforts and resources to affect positive change.

The following measures demonstrate some of the outcomes CDHS is tracking on a monthly basis. These measures are a subset of the larger universe of measures the Department will manage in FY 2022-23 that contribute to the goals and vision outlined in the Governor's Dashboard.

## **Pandemic Performance Management**

The Performance Management Division established a new performance management function for all types of COVID relief funds. The Pandemic Performance Management work began in October 2021 which prompted the creation of a new team. PMD hired a new Pandemic Performance Supervisor and three new Pandemic Performance Analysts in early 2022. The team is tasked with enhancing and protecting the Department's vision, mission, and values by providing a risk-based and objective performance management strategy specific to pandemic-funded programs, and gaining insight to individual Offices within the Department.

The Pandemic Team actively coordinates and collaborates with the Office of Behavioral Health; Office of Early Childhood; Office of Economic Security; Office of Aging and Disability Services; and Children, Youth and Families. The team partners with the Chief Recovery Officer and office leadership to develop action plans for performance improvement and ensuring the success of initiatives to meet metric goals. The work involves utilizing in-depth knowledge of the program to:

- Implement performance management strategies for pandemic funded programs
- Provide technical assistance and data validation
- Collect, analyze and report performance data
- Identify areas in need of performance improvement efforts
- Facilitate programs to achieve their stated outcomes, goals and objectives

Pandemic Team goals include:

- Operationalize the pandemic performance management program
- Develop a proactive stakeholder engagement system
- Create a data visualization tool to inform and provide feedback on performance

The Pandemic Performance Management Team is actively coordinating to incorporate pandemic metrics and reporting into WIGs.

# Goal and Metric Overview

## 2022-23 Performance Plan

### SFY 2022-23 Cabinet Member Wildly Important Goals for CDHS

To emphasize and focus on specific areas related to The 4 Keys, the Department has developed performance measures in a few key areas that are measurable, accountable, responsive, and transparent. In FY 2022-23, the Department has the following Wildly Important Goals (WIGs):



1. **Reducing Homelessness:** CDHS will connect 75% of people who receive cash assistance through Employment and Benefits Division programs and self-identify as unhoused or are at risk of becoming unhoused to housing assistance and services through locally developed processes with the Continuums of Care by June 30, 2023. The following programs will be included:
  - a. Colorado Works serving families with low incomes,
  - b. Aid to the Needy Disabled (AND) program serving disabled individuals awaiting a determination for or receiving federal disability benefits, and
  - c. Old Age Pension (OAP) program serving individuals over 60 with low incomes.



2. **Talent Recruitment and Retention:** CDHS will decrease vacancies from 19.45% to 10.1% by June 30, 2023.





3. **Consent Decree:** Increase the number of pretrial detainees restored to competency by 15%, from 1,055 to 1,213, by June 30, 2023.

### SFY 2022-23 Cabinet Member WIG #1



#### Colorado Department of Human Services Cross-Office effort Reducing Homelessness WIG

**Why is it important?:** Homelessness is a big issue in our state. Knowing that the homeless population has doubled in the metro area, CDHS is committed to taking a lead role in proactively identifying people at risk of experiencing homelessness and connecting them to the services they need. CDHS will increase our direct role in reducing homelessness inflow.

**Strategies:**

**Performance Measure:**

**Cabinet Member WIG:** CDHS will connect 75% of people who receive cash assistance through Employment and Benefits Division programs and self-identify as unhoused or are at risk of becoming unhoused to housing assistance and services through locally developed processes with the Continuums of Care by June 30, 2023. The following programs will be included:

- Colorado Works serving families with low incomes,
- Aid to the Needy Disabled (AND) program serving disabled individuals awaiting a determination for or receiving federal disability benefits, and
- Old Age Pension (OAP) program serving individuals over 60 with low incomes.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	75%
Actual:	TBD				

**Lead Measure #1:** Hire a full-time FTE focused on homelessness prevention to coordinate efforts across CDHS offices and other state agencies, and with counties and local partners by Sept 1, 2022.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	100%	n/a	n/a	n/a
Actual:	0%				

**Lead Measure #2:** Ensure that each identified county has a documented process and resources/staff for connecting clients to local housing assistance, and that each process was developed in close collaboration with housing partners

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	100%
Actual:	0%				

**Lead Measure #3:** Identify and document the levers of control available at CDHS to help facilitate connections between EBD programs and housing assistance

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	100%
Actual:	0%				

**Lead Measure #4:** Develop a strategic plan to scale to the entire state based on outcomes.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	100%
Actual:	0%				

## SFY 2022-23 Cabinet Member WIG #2



### Colorado Department of Human Services Department-wide effort Recruitment and Retention

**Why is it important?:** Over the past two years, CDHS has experienced staffing shortages as a result of heavy workloads, the COVID-19 pandemic, unprecedented competition for quality talent, and challenges in responding to changes in the labor market in what has been termed The Great Resignation. This shortage has impacted CDHS operations.

**Strategies:** Recruitment and retention strategies include improving the employee experience and the culture of CDHS by developing career paths for our employees through leadership training; automated staffing tools; equity, diversity and inclusion programs; wellness resources and targeted employer branding to attract top talent and improve the candidate experience. The Department is excited to engage every employee in this effort through the development of new programs, engagement surveys and listening tours.

**Performance measure:** HR calculates vacancy data by pulling from HRDW (Human Resources Data Warehouse), HR's original report tool to extract data from CPPS, which is maintained by DPA. Vacant positions are only included if a post-and-fill PAF has been created for the position within a 9-month period of the position being vacant

**Cabinet Member WIG:** CDHS will decrease vacancies from 19.45% to 10.1% by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	10.1%
Actual:	19.45%				

**Lead Measure #1:** Increase staff retention by 10%, from 71.42% to 78.56% by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	78.56%
Actual:	71.42%				

**Lead Measure #2:** Increase new hires by 10% from 1,820 to 2,002 by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	2,002
Actual:	1,820				

### SFY 2022-23 Cabinet Member WIG #3



#### Colorado Department of Human Services Office of Behavioral Health (OBH) Consent Decree

**Why is it important?:** Currently there are almost 350 Coloradans waiting for competency and restoration services beyond the timeframes set in the consent decree. By coming into compliance with the consent decree, this will increase the number of individuals we can serve each year.

**Strategies:** In order to remove Coloradans from the waitlist, OBH wants to maintain a high rate of full beds providing inpatient restoration services at Colorado Mental Health Institute at Pueblo (CMHIP) and Colorado Mental Health Institute at Fort Logan (CMHIFL), as well as private hospital beds contracted with OBH. OBH will also improve staffing at CMHIs by increasing the percentage of filled positions at CMHIP and the 2 new units at CMHIFL.

**Performance measure:** The data source is the Admission to Discharge time frame collected via BEHR and Legacy Cube.

**Cabinet Member WIG:** Increase the number of pretrial detainees restored to competency by 15%, from 1,055 to 1,213, by June 30, 2023.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	1,213
Actual:	1,055				

**Lead Measure #1:** Reduce Length of Stay (LoS) from 143 to 120 days by June 30, 2023.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	120
Actual:	143				

**Lead Measure #2:** Complete 44 state-constructed beds at Ft. Logan by August of 2022, and complete 16 additional at Ft Logan by December 1st, 2024 to serve the forensic population. Adding these 60 will allow CDHS to serve 120 more people per year in an inpatient setting by July 2023.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	TBD	TBD	TBD	60
Actual:	0				

**Lead Measure #3:** Reopen 2 of the 3.5 units currently closed at CMHIP. First unit by 12/1/22, second unit by 6/1/23.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	0	1	1	2
Actual:	0				

**Lead Measure #4:** Launch pre-restoration services from 0 to 8 significant jails by June 30, 2023.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	2	4	6	8
Actual:	0				

### Other FY 2022-23 Strategic Performance Indicators



### Key 1: Whole Person, Whole Family, Whole Community Approach

#### Office of Adult, Aging and Disability Services

1. Veterans Community Living Centers — Decrease the average number of medications per resident to 14 or less division-wide.

**Why is it important?:** The issue of polypharmacy and inappropriate medication use in post-acute and long-term care has been an ongoing concern, with many nursing home residents taking 15 or more drugs. Decreasing polypharmacy rates among residents will lead to better quality of life, fewer falls and adverse drug effects, and decreased hospitalizations and medication errors.

INCREASE	SFY20	SFY21	SFY22	SFY23
Goal:	n/a	n/a	14 or less	14 or less
Actual:	n/a	n/a	17.3 *	n/a

\*Includes data from July 2021-May 2022.

#### Office of Economic Security

1. Employment and Benefits Division — Increase the percent of Colorado Works participants who enter employment from 32.8% to 35% by June 30, 2022.

There will be a methodology change to this measure in FY23. The goal of this change is to more accurately report Colorado Works employment activities to provide a clearer picture of county and statewide progress on this measure.

**Why is it important?:** Becoming employed is an important milestone for a Colorado Works participant seeking to maintain stable and high quality employment. Research indicates that having limited work experience is a barrier to employment, so helping Colorado Works clients make a connection to employment in any form can be a step toward more meaningful, sustainable, and higher wage employment. This measure assesses the Division's performance in implementing strategies to connect our Colorado Works workforce to the employment opportunities in their communities.

INCREASE	SFY20	SFY21	SFY22	SFY23
Goal:	40.0%	37.0%	35.0%	TBD
Actual:	36.2%	32.8%	30.9%*	

\*Includes data from July 2021-March 2022

2. Food and Energy Assistance Division — Increase the number of Supplemental Nutrition Assistance Program applications submitted through outreach partners from 25,665 to 29,211 by September 30, 2022.

**Why is it important?:** Approximately 1 in 3 Coloradans struggle with hunger, not always having enough money to buy food, and therefore, may struggle in school, experience poor health outcomes, or have difficulty sustaining employment. SNAP helps people afford food, providing eligible individuals with an average benefit per case of \$253.99 in food support. However, the benefit is underutilized with only 76% participation statewide. Conducting SNAP outreach is important so that those who are eligible to participate are able to leverage all available food resources. Research suggests that SNAP outreach substantially increases SNAP enrollment, especially when this outreach includes application assistance (200% increase relative to a control group in one study) and that this increase is primarily enrollment that would NOT have otherwise occurred (i.e., it is net new enrollment, NOT enrollment that would have happened anyway).

INCREASE	FFY20	FFY21	FFY22	FFY23
Goal:	17,764	22,380	29,211	TBD
Actual:	17,839	31,965	21,764*	

\*Includes data from October 2021-April 2022



## Key 2: Efficient and Effective Processes

### Process Improvement

As this is a new initiative, strategies are forthcoming. Plans are being drafted that will link the strategic plan and operations together to guide continuous improvement as we work to make CDHS offices’ goals a reality. The Process Improvement Program design will be focused on integrating process improvement into CDHS’s culture from both a grassroots and leadership-down approach. The process improvement framework will provide various tools and resources that will support CDHS in various ways — from very structured SOLVE events to adhoc improvement applications.

**Why is it important?:** Time-intensive, confusing and inefficient processes inhibit excellence and mitigate mission-critical services at CDHS. Streamlined processes lead to better understanding, consistency and employee engagement. The absence of consistent processes and practices across the Department creates misalignment and redundancy. This key initiative is about **building a culture of excellence**.

This initiative is an opportunity to demonstrate a commitment to investing in our workforce, prioritizing continuous improvement, and creating space to innovate. Achieving our goals in this area will set CDHS up for success and ensure the Department is always moving forward.

FY 2022-23 Process Improvement Initiatives	Results
Contracting and Procurement Vendor Management Maturity Assessment	TBD- In Progress, assessment developed
Veterans Community Living Center at Fitzsimons Staffing Retention Root Cause Analysis	TBD - In Progress
Veterans Community Living Center at Florence Nursing Staff Flexible Scheduling	TBD - In Progress
eClearance Process Mapping and Opportunity Identification Project	TBD- In Progress- Purpose is to develop a SIPOC (Suppliers, Inputs, Process, Outputs, and Customers) for all HR PAFs to identify areas of waste. The eClearance product owner will continue to develop on any areas of improvement as they see fit.
FY 2021-22 Process Improvement Initiatives	Results



Meeting Lean Up Initiative	Leaned up meetings at CDHS, reduced frequency, length and attendees. Identified over \$500k in wages saved and 11,000 hours.
Option #2 and Option #3 County HP Computer Reconciliation Process Map	This consult helped reconcile unreturned County HP devices from Option #2 and Option #3 counties for both CBMS and CYF programs. Improved number and timeliness of computers returned. Reductions in HP fees.
Grant Process Mapping	Helped the Governor's Office Operations team map out the grant process.
Boards and Commissions Process Map	CDHS Boards and Commissions Process Mapping, this can be used as a baseline to measure future improvements.
CBMS Process Map	Develop a process map of the CBMS systems input (from ideation through printing of correspondence).
Jabber Deskphone Replacement	Implementing Jabber will not only save CDHS an estimated \$13,000 per month, but also allows for flexibility and business continuity.
24/7 Facility Hiring RPIE	TBD - In Progress. A lean effort was completed in March which included over 90 improvement opportunities. Those efforts are being addressed and are in progress.
HP Lease Process Improvement	Completed two improvement efforts that addressed the CDHS process and County processes. Clarified the roles and responsibilities between staff and state agency partners as well as established standard operating procedures.
Employment First State Plan Lean Process	TBD - In Progress
Veterans Community Living Center at Rifle Admissions Process	Completed a current and future state map in order to prepare the incumbent Admissions Director during onboarding. Instituting improvement efforts and data collection systems to track results. Goal is to have all admissions error free by the end of FY23.
Veterans Community Living Center Physician Statement of Work Crosswalk	Standardized the required qualifications, duties, and reimbursement rates across all the VCLC facilities.
Homelake Domiciliary Program Service Analysis	Reviewed the services provided by skilled staff and needs of the residents. Reduced the hours of operation and integrated more effectively with the

	skilled nursing facility.
Veterans Community Living Center Nurse Position Description Crosswalk	Standardized the job duties, on-call status, and staff authority across each Nurse classification.

### Office of Adult, Aging and Disability Services

1. Disability Determination Services —Decrease statewide, the time a case remains in DDS custody from case assignment to clearance (closure) to 55 days or less.

**Why is it important?:** Examiner processing time demonstrates how long a case remains in DDS custody, from assignment to DDS to completion. This measure highlights the timeliness of day-to-day operations which impacts customer satisfaction and employee training needs.

INCREASE	SFY20	SFY21	SFY22	SFY23
Goal:	<= 45 or below	<= 55 or below	<= 55 or below	<= 55 or below
Actual:	41.8	43.5	59.5*	n/a

\*Data represents performance for July 2021 - April 2022.

### Office of Economic Security

1. Food and Energy Assistance Division — Maintain the percent of Supplemental Nutrition Assistance Program benefit appeal decisions completed timely in the month at 100.0% through September 30, 2022.

**Why is it important?:** SNAP households are entitled to fair hearings to dispute, or confirm, that the local county office has made a correct determination of SNAP eligibility. Federal SNAP regulations for fair hearings require that the household’s concern be heard before an impartial judge and be decided in no more than 60 days. While participating in the fair hearing process, SNAP households may be awaiting corrected benefits, reinstated benefits, or a redetermination of household eligibility; as a result, adherence to the 60-day timeframe is crucial, as delays in the timeframe may directly result in food insecurity and Program churn. Furthermore, SNAP appeals are a marker of recipient trust, or lack thereof, in the action taken by the county. By providing speedy resolution to their dispute we are able to reintroduce trust into the equation for recipients who may be wary of the process and its outcomes.

INCREASE	FFY20	FFY21	FFY22	FFY23
Goal:	100.0%	100.0%	100.0%	100.0%
Actual:	52.1%	88.1%	90.4%*	

\*This report includes data from October 2020-April 2021.



### Key 3: Leveraging Technology

In order to set up the Department for success in Key 3: Leveraging Technology, in three years, CDHS needs to “own” the risk of ineffective technology, as well as inherent risk when systems are not in compliance with security standards. As technology owners, CDHS leaders should understand and plan for information technology (IT) costs and enhance data literacy so that IT systems yield the necessary business outcomes.

Over the course of SFY 2020-21, CDHS introduced the Business Innovation, Technology, and Security (BITS) team that would lead CDHS IT Innovation and Security as well as IT and Strategic Business projects into the future. With this shift, priorities identified in last year's performance plan are no longer relevant and the BITS team has identified new priorities and strategies to achieve success in Key 3: Leveraging Technology.

As the new BITS team exits the Storming phase of team development and enters into Norming, much work has been done in establishing the team's Mission, Vision and Values. With this work completed, BITS intends to put forward a plan to staff a serious technology division that will truly take ownership of CDHS technology.

For the SFY 2022-23 Performance Plan, BITS has identified a priority to continue work on increasing the accountability and ownership of IT initiatives at CDHS.

BITS has selected the following areas as focus areas for this priority:

- Data Governance and Data Management
- Technology Staffing and Organizational Structure
- Specialized Expertise Consultants & Technical Administration
- Technology Financial Administration

BITS continues to focus on building out Key Performance Indicators (KPIs) and outcome measures for these priorities over the course of SFY 2022-23.

**Why is it important?:** Effective information technology (IT) is essential to delivering value in almost every service. Technology helps manage and improve business processes and provides meaningful data to inform decisions. Additionally, health outcomes can be improved when the right technology is leveraged at the right time. When technology hinders, all aspects of the business suffer, from customer service to employee morale to leadership decision-making.

Across the Department, offices have highlighted outdated and cumbersome technology, the need for various systems to connect across services, data security concerns, as well as systems enhancements and projects coming in late and/or over budget. Additionally, department leaders are unable to easily access program data in order to make educated, evidence-informed decisions in a timely manner.



## Key 4: Making CDHS A Great Place to Work

In order to set up the Department for success in Key 4: Making CDHS a Great Place Work, CDHS has developed a comprehensive multi-year plan that includes: improving the employee experience with improved communication, access to wellness resources, and formalized onboarding and offboarding tools; investing in leadership development; improving culture through equity, diversity and inclusion efforts; developing career paths for our employees through professional development opportunities; attracting top talent with improved marketing and community partnerships; improving the candidate experience; and ensuring adequate staffing. The Department is excited to engage every employee in this effort through the development of new programs, engagement surveys and listening tours.

During SFY 2020-21, CDHS prioritized Key 4: Making CDHS A Great Place to Work by making employee engagement a Cabinet Members WIG, improving the percentage of hired CDHS staff who have an onboarding plan, developing wellness resources, implementing a new text tool to improve communication, and increasing the number of staff who completed the Outward Mindset training.

For SFY 2021-22, CDHS is continuing to move forward on a number of initiatives, although they will not be tracked in a measure format. Below are key areas of focus for Key 4: Making CDHS A Great Place to Work.

### **Equity Diversity and Inclusion:**

CDHS is dedicated to Equity, Diversity, and Inclusion (EDI) and has robust action plans in place to enhance EDI-focused efforts, create a shift in employee culture towards inclusive hiring, performance review and career pathing practices to retain current employees and increase the diversity of our workforce at all levels. For example, we have a dedicated group of employees participating in our EDI Subcommittee, the Belonging Project which works to educate CDHS staff members and ensure that CDHS is a place for all our staff to be included, and a “Continuing the Conversation” newsletter series to share the voices and experiences of all CDHS staff including leadership.

Additionally, C-Stat recently created and implemented the EDI Equity Analysis tool to integrate a data-informed process to center equity in practice. This work was piloted with Disability Determination Services. Through C-Stat, Executive Leadership and programmatic staff are developing processes with the intended outcome of providing more equitable and inclusive programming in the communities where we serve. Additional metrics are currently being curated, with the assistance from Performance Management staff, to reflect all areas of impact within the CDHS Action Plan from leadership development to how our employees interact with community partners.

We know that one of the best ways to increase diverse perspectives and experience is by hiring team members that are more reflective of the populations served and we have made it a top priority to integrate industry best practices into our recruitment and hiring practices.

### **Career Pathing:**

The Career Pathing program provides employees the ability to chart a career development path and explore the diverse opportunities within CDHS. We take a holistic approach to empower employees to design individualized action plans using meaningful, inclusive and accessible development activities.

Utilizing a people first approach, supervisors and employees learn the necessary tools to have transparent conversations around growth and development to increase retention and engagement. The program provides: career consultation, innovative training on Stay Interviews, giving supervisors the tools to conduct proactive discussions with team members around their experience and create action plans to reduce turnover. Currently, succession planning training and resources for supervisors have been created and will be launched in June 2022 to increase internal promotional opportunities.

### **Onboarding and Offboarding:**

In reviewing the 4 Key CDHS Initiatives it was discovered that a need existed for a better and more consistent onboarding process for new employees throughout CDHS. CDHS set a wildly important goal that 20% of new employees have an onboarding plan. With further research, we concluded that at least 80% of new employees now have some sort of onboarding plan. This was an exciting discovery but we knew that we then wanted to incorporate best practices and consistency across the organization. Without a consistent onboarding process a program has a higher risk of losing great talent- something that goes against CDHS Key Initiative # 4- Making CDHS a Great Place to Work. The Onboarding Committee was formed to create a one-stop shop for programs in need of onboarding tips, tools and guidance. With information from different programs and resources the Onboarding Committee created the Onboarding Toolbox. This is a toolbox that programs, specifically supervisors, can turn to for onboarding information such as:

- The Importance of a Buddy System
- Best Practices for Successful 1-on-1's
- Onboarding New Employees: Guide for Success (a guide to walk through the employees first year within the organization)

Equally important to the onboarding of a new employee is the off-boarding of an employee. CDHS recognizes the off-boarding process should also be done consistently and with many considerations. We value the future of the exit-ing employee and want to ensure that we are being good stewards of the resources the State provides. This includes the proper disposition and allocation of employee access and information when a State employee transfers divisions or decides to retire. The Off-boarding Toolbox was created to provide exactly this type of information to help guide both Supervisors and employees through these processes and includes:

- Email templates to use when offboarding an employee
- An easy to follow guide to make exit interviews count
- An exit interview template
- A checklist for supervisors to ensure the successful off-boarding of an employee that takes into consideration the different types of separations and more

And with the recently created Employee Resource Toolbox our employees will feel supported from Onboarding, Offboarding and every step in between. The New Employee Resources Toolbox has information based on the most Frequently Asked Questions employees ask their programs and are resourced from the CDHS Intranet and placed in a "One Stop Shop" for *all* employees. It includes quick links and information on:

- Employee Benefits and PERA retirement
- Career Pathing
- A CDHS acronym dictionary that is a living document that anyone can update
- Different committees and projects that can help anyone feel that they belong and more

All employees at CDHS should feel valued and supported through each and every step of their journey with us. It is our goal that by creating the Onboarding and Offboarding Toolboxes as well as the Employee Resources Toolbox and continuing to place in them updated and useful tools for our programs to use, we will continue to make CDHS a Great Place to Work, now and for the future.

### **Wellness:**

The past few years in the pandemic environment have been tough for employees, especially those who work at our 24/7 facilities. Recognizing the need to better support our employees, we:

- Created an intranet page with robust resources on wellness
- Began offering three new open enrollment courses on emotional intelligence, resilience, and self care in times of stress.
- Created a ‘month of resilience’ with weekly challenges for employees to improve their resilience.

### **Outward Mindset:**

During SFY 2020-21, the Department exceeded the goal of training 274 staff in Outward Mindset in order to improve organizational performance and create transformational change for the clients we serve. During the year, more than 400 staff completed Outward Mindset training, with 90% of those staff being leaders with direct reports. Moving forward, CDHS plans to expand programming around Outward Mindset, including:

- Continuing outward mindset training with the intention of 50% of leaders with direct reports completing the training.
- Developing refresher content around Outward Mindset for folks across the Department
- Developing a new training that focuses on how to hire individuals with an Outward Mindset
- Developing a new training that focuses on giving both praise and criticism from an Outward Mindset.

**Why is it important?:** Highly engaged teams are passionate about their work, accomplish more than other groups and consistently deliver the best outcomes. Typically, the more engaged and loyal employees are to an organization, the better the organization performs. Focusing on hiring the best talent, improving staff engagement and ultimately creating less turnover lead to better service outcomes.

Feedback assessments and surveys reveal that the Department needs to do more to help employees feel more valued and empowered. Leveraging data into current retention and engagement rates, there is a clear opportunity to impact CDHS initiatives through a department-wide focus on making CDHS a **great place to work**.

# FY 2021-22 Performance Summary

The Department conducted a department-wide strategic planning process which led to new strategic initiatives known as The 4 Keys. The Department is taking this opportunity to align the metrics outlined in this Performance Plan with The 4 Keys. Therefore, CDHS is moving forward with new Wildly Important Goals, as outlined above.

## FY 2021-22 Wildly Important Goals Summary

- Cabinet Member WIG:** CDHS will operationalize the Behavioral Health Administration (BHA) per HB 21-1097 by June 30, 2024, with 20% complete by June 30, 2022. The BHA will lead, promote and administer Colorado's behavioral health priorities, a key step in the State's 2020 Blueprint to create "a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole person health and wellbeing."

INCREASE	SFY20 Actual	SFY21 Actual	Q1 SFY22	Q1 - Q2 SFY22	Q1 - Q3 SFY22	Q1 - Q4 SFY22
Goal:	n/a	n/a	20%	20%	20%	20%
Actual:	n/a	n/a	4.8%	10.2%	14.0%	17.0%*

\*Data represents performance for July 2021 - May 2022.

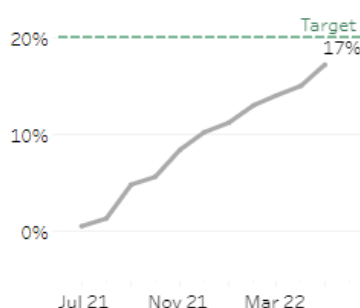
### Operationalize the Behavioral Health Administration

Average Daily Out of Home Population

Increase Child Care Capacity

### Wildly Important Goal:

CDHS will operationalize the Behavioral Health Administration (BHA) per HB 21-1097 by June 30, 2024, with 20% complete by June 30, 2022. The BHA will lead, promote and administer Colorado's behavioral health priorities, a key step in the State's 2020 Blueprint to create "a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole person health and wellbeing."

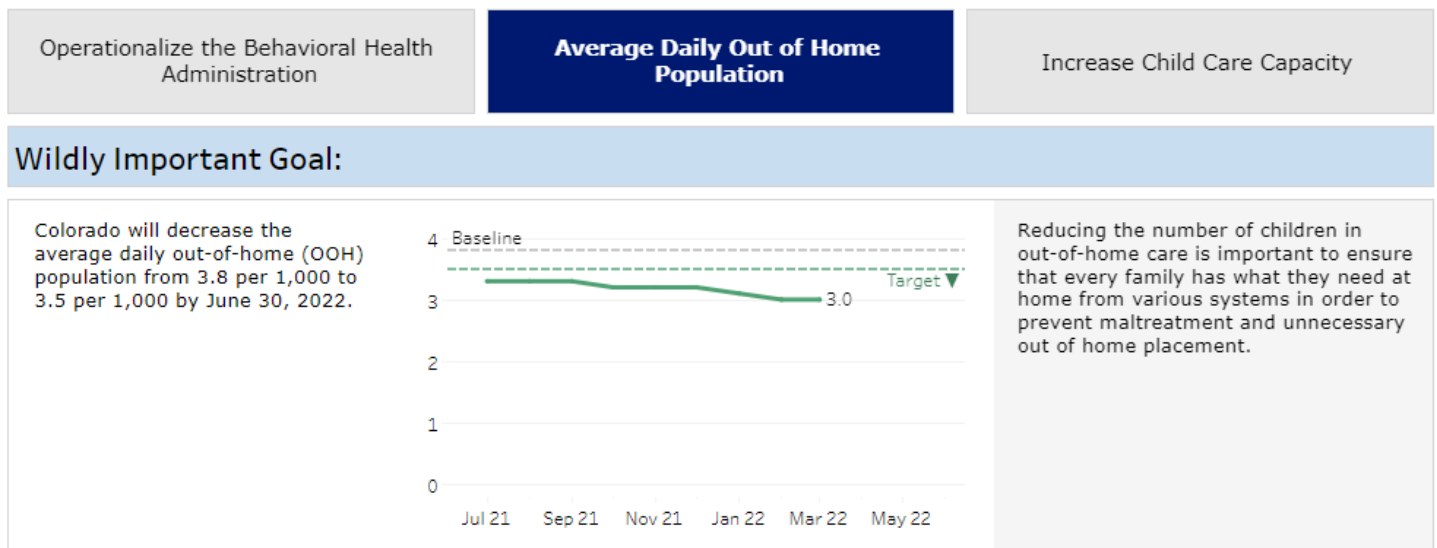


Successful completion of this goal will be the formation of a dedicated BHA to ensure a standard of high quality, integrated, people-first behavioral health care that's accessible to all Coloradans by July 1, 2024. Pursuant to HB 21-1097, the BHA will lead and promote the State's behavioral health priorities; provide the infrastructure needed to deliver on the 19 reform recommendations prioritized in the 2020 Blueprint; and be responsible for responding to the evolving needs of Colorado communities. This legislation also requires the State to make a recommendation of the BHA's permanent home by November 1, 2024.

2. **Cabinet Member WIG:** Colorado will decrease the average daily out-of-home (OOH) from 3.8 per 1,000 to 3.5 per 1,000 by June 30, 2022.

INCREASE	CY20	SFY21	Q1 SFY22	Q1 - Q2 SFY22	Q1 - Q3 SFY22	Q1 - Q4 SFY22
Goal:	<=3.8	<=3.8	<=3.5	<=3.5	<=3.5	<=3.5
Actual:	3.8	3.5	3.3	3.2	3.0*	N/A

\*Data represents performance for July 2021 - March 2022.



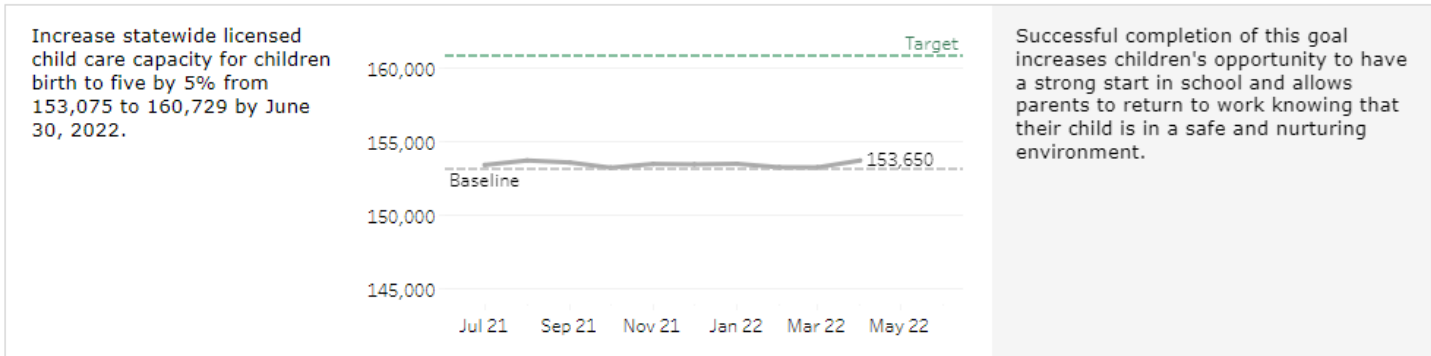
3. **Cabinet Member WIG:** Increase statewide licensed child care capacity for ages birth to five by 5% from 153,075 to 160,729 by June 30, 2022.

INCREASE	SFY20 Actual	SFY21 Actual	Q1 SFY22	Q1 - Q2 SFY22	Q1 - Q3 SFY22	Q1 - Q4 SFY22
Goal:	n/a	n/a	154,988	156,902	158,815	160,729
Actual:	n/a	153,075	153,516	153,385	153,182	154,250

\*Data represents performance for May 2022.



**Wildly Important Goal:**



# Goal and Metric Overview

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## Behavioral Health Administration

### SFY 2022-23 Cabinet Member Wildly Important Goals for the Behavioral Health Administration (BHA)

To emphasize and focus on specific areas highlighted in BHA legislation, the BHA has developed performance measures that are measurable, accountable, responsive, and transparent. In FY 2022-23, the BHA has the following Wildly Important Goals (WIG):



1. **Operationalize the Behavioral Health Administration:**
  - a. Part 1: Release BHA strategic plan, including vision, mission, values, and prioritized key actions through 2024, by January 31, 2023.
  - b. Part 2: BHA will work with counties to assess behavioral health system gaps by region; will monitor progress on promulgation of rules aimed at improving behavioral health service delivery; and will track progress and begin reporting on meeting regional behavioral health service needs,

starting in FY24.



2. **Improve Behavioral Health Access:** Implement access to care methodology for the safety net system and publicly report on baseline access metrics by June 30, 2023.



3. **Workforce Development:**
  - a. Part 1: Develop recommended strategies to address the behavioral health workforce shortage by September 1, 2022.
  - b. Part 2: To be finalized based on recommendations in the report.

## SFY 2022-23 Behavioral Health Administration Cabinet Member WIG #1



### Behavioral Health Administration Operationalize the Behavioral Health Administration

**Why is it important?:**Pre-COVID, three Coloradans died by suicide each day. The Colorado Crisis Line, the state's behavioral health hotline, has seen a more than 30% increase in total call and text volume during the pandemic. Although an estimated 1 million Coloradans have a behavioral health condition, Colorado ranks in the bottom half of states in access to care and has one of the highest suicide rates in the nation. Deaths from drug overdose also reached an all-time high in 2020, according to the Colorado Department of Public Health and Environment. House Bill 21-1097 required CDHS to submit a plan to create the BHA, including the integration or alignment with Medicaid and private insurance, by November 2021. House Bill 22-1278 establishes the functions of the BHA, including setting standards for accessibility and quality of safety net services, as well as accountability for providers. The Bill also outlines that the BHA will enter into formal agreements with State agencies for shared strategy, solutioning, data sharing and, where appropriate, the use of universal contract provisions for providers. The BHA is a new entity housed within CDHS but expected to operate as independently as possible while still relying on CDHS for administrative support. BH21-1097

requires the state to consider the BHA’s permanent home, whether that is within CDHS or elsewhere, and make a recommendation by November 2024.

The BHA is taking a multi-year phased approach to establishing the BHA. The BHA will be 20% operational as of July 1st, 2022. Successful completion of this goal will be the continued operationalization of the BHA by June 30th, 2023 to achieve the vision of behavioral health services in Colorado that are accessible, meaningful, and trusted.

For more information about the Blueprint for Reform, please visit [www.cdhs.colorado.gov/behavioral-health-reform](http://www.cdhs.colorado.gov/behavioral-health-reform).

**Strategies for success:** Strategies include establishing a strong footprint of internal and external engagement to support the ongoing change management process; continued execution of a communications plan; developing and executing a project implementation plan, and ongoing hiring for priority positions. Activities to advance these strategies include the Commissioner’s statewide tour with external stakeholders; support for leadership development; frequent communication with internal and external stakeholders through print and media; a public-facing dashboard tracking BHA's progress in implementing the Governor’s Behavioral Health Task Force’s (BHTF) 19 priorities; and ongoing strategic meetings with the BHA’s most essential partners, including CDHS and HCPF..

**Performance Measure:** Percentage completion will be tracked through strategies identified upon completion of the comprehensive implementation plan that is scheduled to be completed by June 30, 2023. There will be five lead measures to inform total progress towards the WIG.

**Cabinet Member’s WIG:** Part 1: Release BHA strategic plan, including vision, mission, values, and prioritized key actions through 2024, by January 31, 2023. Part 2: BHA will work with counties to assess behavioral health system gaps by region; will monitor progress on promulgation of rules aimed at improving behavioral health service delivery; and will track progress and begin reporting on meeting regional behavioral health service needs, starting in FY24.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23	SFY 24	SFY25
Goal:	20%	TBD	TBD	TBD	50%	100%	TBD
Actual:	20%						

**Lead Measure #1:** Launch Advisory council by Oct 1, 2022.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	100%	n/a	n/a	n/a

Actual:	n/a				
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**Lead Measure #2:** Release BHA strategic plan, including vision, mission, values, and prioritized key actions through 2024, and a criminal justice work plan by June 30, 2023 to further prevention, promotion, treatment and recovery, and equity for Coloradans.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	25%	50%	75%	100.0%
Actual:	n/a				

**Lead Measure #3:** Publish online care directory by August 31, 2022.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	100.0%	n/a	n/a	n/a
Actual:	n/a				

**Lead Measure #4:** Launch the Cabinet interagency governance council by October 1, 2022.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	50.0%	100.0%	n/a	n/a
Actual:	n/a				

**Lead Measure #5:** Develop BHE rules, standards and licensure changes by April, 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	20%	40%	70.0%	100.0%
Actual:	n/a				

## SFY 2022-23 Behavioral Health Administration Cabinet Member WIG #2



### Behavioral Health Administration Improve Behavioral Health Access

**Why is it important?:** This WIG is directly aligned with the BHTF’s goal of improving access to equitable behavioral healthcare. Timely access to equitable care is expected to improve wellbeing for marginalized communities and those experiencing geographic disparities in accessing behavioral healthcare. Access to care was identified as the #1 concern of stakeholders during the 2-year engagement process of the BHTF. There is currently no existing state model for accurately assessing access to behavioral health services.

**Strategies for success:** A newly established framework will measure access to care across three domains: (1) Provider availability and accessibility (potential access); (2) Utilization of mental health and substance use care among all Coloradans (realized access and access-related outcomes); and (3) Coloradan perceptions and experiences (based on self-reported data to provide insights about foregone or delayed care and provider-consumer interactions).

**Performance measure:** According to research by HMA, no state has developed a sure mechanism of measuring access to behavioral health care across all payers. Each domain identified under “Strategies for Success” has a measure of access to care across four levels of care delivery, from the individual and family perspective to the provider, network, and state perspective. Assessment of access to care at each level of care delivery will help the state identify where the challenges exist to develop targeted solutions.

**Cabinet Member WIG:** Implement access to care methodology for safety net system and publicly report on baseline access metrics by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23	SFY 24	SFY 25
Goal:	n/a	TBD	TBD	TBD	50%	100%	TBD
Actual:	0%						

### SFY 2022-23 Behavioral Health Administration Cabinet Member WIG #3



#### Behavioral Health Administration Workforce Development

**Why is it important?:** Supporting a diverse, culturally responsive workforce will improve engagement of all Coloradans, and especially marginalized populations, in behavioral healthcare. Reduced access to behavioral health services is inextricably linked to dire workforce shortages that have plagued our state, and the nation. According to a 2018 report, CO had 22 psychiatric workers per 100,000 residents; and more than 2.5 million Coloradans — nearly 40% of the population — live in an area with a shortage of behavioral health workers.

**Strategies for success:** BHA to create and implement a behavioral health-care provider workforce plan by September 1, 2022. The plan must include recruitment methods to increase and diversify the behavioral health workforce; prepare future provider workforce for public sector service; recruit residents of health professional shortage areas; create career advancement opportunities; and expand the peer professional workforce. DORA will make recommendations to extend credentialing requirements and address licensing challenges. The BHA to standardize workforce requirements and increase utilization of unlicensed providers; reduce administrative burden; and establish evidence-based treatment and criminal justice training curriculum and certification. The FY23 WIG focuses on workforce recruitment. The FY24 WIG will focus on workforce training and expansion.

**Performance measure:** Successful completion of this goal will prepare a behavioral health workforce to provide culturally appropriate services that meet the needs of Coloradans from diverse backgrounds. Priority populations/topics include training on justice-involved individuals, individuals with disabilities, trauma-informed care, and Native American health. This WIG addresses stakeholder concerns about the lack of a culturally competent behavioral health workforce, ranked 3rd highest behind access to care and lack of timely services, in the state’s 2020 Blueprint to Behavioral Health Reform.

**Cabinet Member WIG:** Part 1: Develop recommended strategies to address the behavioral health workforce shortage by September 1, 2022. Part 2: To be finalized based on recommendations in the report.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23	SFY24	SFY 25
Goal: 100%	n/a	20%	30%	40%	50%	100%	TBD
Actual: n/a	0%						

**Lead Measure #1:** Hire BHA Workforce Development Officer by August 31, 2022.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal: 100%	n/a	100%	n/a	n/a	n/a
Actual: n/a	0%				

**Lead Measure #2:** Complete BHA Workforce Development Plan by Sep 1, 2022.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	100%	n/a	n/a	n/a
Actual:	0%				

**Lead Measure #3 :** Launch BHA Learning Management System by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	25%	50%	75%	100.0%
Actual:	0%				



November 1, 2022

The Honorable Alec Garnett  
Speaker, Colorado House of Representatives

The Honorable Stephen Fenberg  
President, Colorado Senate

Representative Garnett and Senator Fenberg:

The Colorado Department of Human Services, in response to reporting requirements set forth in Section 2-7-203, C.R.S., respectfully submits the attached departmental regulatory agenda.

*“(4) On November 1, 2013, and each November 1 thereafter, each department shall file a departmental regulatory agenda with the staff of the legislative council, who shall distribute the departmental regulatory agenda to the applicable committee of reference prior to the departmental presentations to the committee of reference. On November 1, 2013, and each November 1 thereafter, each department shall also post its departmental regulatory agenda on the department’s website and shall submit its departmental regulatory agenda to the secretary of state for publication in the Colorado register.”*

If you have any questions, please contact me at 303-620-6450.

Sincerely,

*Kevin D. Neimond*

Kevin Neimond  
Director of Policy and Legislative Affairs





# 2023

## Regulatory **Agenda**

January 1, 2023-December 31, 2023



**COLORADO**  
Department of Human Services

## Overview

The Colorado Department of Human Services (CDHS) submits the following 2023 Regulatory Agenda in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. § 2-7-203(4). Pursuant to state law, annually by November 1, executive-branch agencies must file a Departmental Regulatory Agenda (DRA) containing:

- A list of new rules or amendments that the department or its divisions expect to propose in the next calendar year;
- The statutory or other basis for adoption of the proposed rules;
- The purpose of the proposed rules;
- The contemplated schedule for adoption of the rules; and
- An identification and listing of persons or parties that may be affected positively or negatively by the rules.

The DRA is to be filed with Legislative Council staff for distribution to committee(s) of reference, posted on the department’s web site, and submitted to the Secretary of State for publication in the Colorado Register. Each department must also present its DRA as part of its “SMART Act” hearing and presentation pursuant to Colo. Rev. Stat. § 2-7-203(2)(a)(III)(A).

The following constitutes Department of Human Services’ DRA for 2023 and is provided in accordance with Colo. Rev. Stat. § 24-7-203(2)(a)(IV):

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
SB21-137	Office of Children Youth and Families (OCYF)	12 CCR 2509-5	Resources, Reimbursement, Reporting, and Provider Requirements	To update rules to reflect changes to contracted bed programming.	§ 26-1-107(5)(b), C.R.S.; SB21-137; 26-5-117, C.R.S.	Revision	January 2023	Contracted providers; Health Care Policy and Financing (HCPF); Behavioral Health Administration (BHA); county departments of human services; CDHS; Certified Public Accountants (CPAs); youth receiving treatment in contracted beds; and youth referred to contracted beds.
SB21-199	Office of Economic Security (OES)	9 CCR 2503-5	Elimination of Lawful Presence for Old Age Pension	To comply with the intent of SB21-199, which eliminated "lawful presence" as a requirement for state funded programs. An initial rule was passed and effective July 1, 2022. However, upon further	26-1-109, C.R.S.; 26-1-111, C.R.S.; 24-76.5-103, C.R.S.	Revision	January 2023	State Board of Human Services (SBHS); County Human Services Directors Association (CHSDA); Colorado Commission on Aging (CCOA); Colorado

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
				review, additional rule updates were needed to fully comply with the intent of the legislation.				Legal Services; Disability Law Colorado; Colorado Senior Lobby; Policy Advisory Committee (PAC) & Economic Security Sub-PAC; Colorado Gerontological Society; Area Agencies on Aging (AAAs); Colorado Center on Law and Policy (CCLP); Colorado Department of Human Services Food & Energy Assistance Division; and, HCPF
	OCYF	12 CCR 2509-1	Overview of Child Welfare Services: Definitions	To update definitions that have been updated in conjunction with other rules.	26-1-107, C.R.S.;	Revision	January 2023, April 2023, June 2023	Workgroups for each affected rule.
	OCYF	12 CCR 2509-2	Review, Evaluate, and Direct (RED) Teams	To update guidance for RED teams.	19-3-308 , C.R.S.	Revision	February 2023	Includes the Child Protection Task Group.
Federal guidelines	Office of Aging, Adult, and Disability Services (OAADS)	12 CCR 2516-1	Technical Update for the CCDHHDB Communications Technology Program	To update rules in in order for the numbers to reflect the current 2022's Federal Poverty Guidelines.	Federal guidelines	Revision	February 2023	Colorado Commission for Deaf, Hard of Hearing, and DeafBlind (CCDHHDB); individuals/consumers; Advocacy Coalition for Equality Vendors; and Independent Living Centers.
	OCYF	12 CCR 2509- 2	Person Responsible for Abuse/Neglect (PRANs) under 18	To respond to requests to review rules around findings when the person responsible for abuse and neglect is under 18 years of age and the allegation results in a finding of a minor level.	26-1-107, C.R.S.;	Revision	February 2023	Work group, Child protection task group, others

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
HB 22-1278	Behavioral Health Administration (BHA)	New rule volume (or 2 CCR 502-1 or 2 CCR 502-5)	Form and Manner to Apply to Become a BHASO	To comply with HB 22-1278, which establishes that by “July 1, 2024 the [BHA] Commissioner shall select and contract with regionally based behavioral health organizations to establish, administer, and maintain adequate networks of behavioral health safety net services and care coordination.”	27-50-402(1), C.R.S.	New Rule	February 2023	All behavioral health stakeholders, including but not limited to: individuals and families with lived experience; behavioral health advocacy organizations; behavioral health providers; and any public or private agency, organization, or institution interested in applying to become a BHASO.
	OCYF	12 CCR 2509-8	Rules Regulating Residential Child Care Facilities	To update Psychiatric Residential Treatment Facilities (PRTF) section, Qualified Residential Treatment Programs (QRTP) section, staff qualifications.	26-6-909(1)	Revision	March 2023	Residential Child Care Facilities (RCCF), Colorado Department of Public Health and the Environment (CDPHE), BHA, HCPF, children/youth.
HB 22-1283	OCYF	12 CCR 2509-5	Rules Regulating Contract Respite Programs	To set criteria for admission and discharge into respite beds	26-1-107(5)(b), C.R.S. (2021)	New Rule	March 2023	County departments of human services; child placement agencies; family foster homes, youth receiving foster care services; and CDHS.
HB 22-1278	BHA	2 CCR 502-1	Behavioral Health Entity License and Safety-Net Service Provider Approval	To comply with HB 22-1278, which requires that, “No later than April 30, 2023, the BHA shall promulgate rules pursuant to section 24-4-103 providing minimum standards for the operation of behavioral health entities in this state.”	27-50-502, C.R.S.	New Rule, Revision, Repeal	March 2023	All behavioral health stakeholders, including but not limited to: individuals and families with lived experience; behavioral health advocacy organizations; behavioral health facilities and providers; and any public or private agency, organization, or institution interested in providing

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
								behavioral health services in Colorado.
	OCYF	12 CCR 2509-5	Family Preservation (CORE), Prevention Rule	To update Core rules to align with family preservation and prevention practices, and to modify rules to incorporate Family First.	26-1-107, C.R.S.;	New Rule, Revision	April 2023	Child Welfare Prevention Task Group; Child Protection Task group; Core Coordinator Group; and Prevention Implementation team
HB 22-1295	OES	9 CCR 2504-1	2023 Child Support Services Rule Change	To implement HB22-1295, to remove gendered-language, and to make technical amendments to ensure clarity and accuracy of the existing rule.	26-1-107, C.R.S.; 26-1-109, C.R.S.; 24-4-103, C.R.S.; 26-13-114, C.R.S.	Revision	April 2023	Division of Child Support Services; Office of Information and Technology; county human services directors and designees; county child support services; IV-D Administrators; The Office of Child Support Enforcement; IV-D attorneys; Judicial Department; Legal Services; and Center on Fathering.
	OCYF	12 CCR 2509-4	Core, Family Preservation	To revise rules to provide guidance for utilizing family preservation funds. Companion to rules in 12 CCR 2509-5.	26-1-107, C.R.S.	Revision	April 2023	Child Protection Task Group; Prevention Task Group; and Core coordinators group.
HB 22-1259	OES	9 CCR 2053-6	Modifications and Technical Clean-Up of the Colorado Works Program	To comply with new requirements of HB 22-1259, including establishing criteria for earned income disregard and 60 month extensions (phase 1), technical cleanup, aligning program redeterminations, and other rules to simplify eligibility processes (phase 2).	26-1-109, C.R.S.; 26-2-706(1)(b)-(d), (2)(a), (4), C.R.S.; 26-2-706.6(4)(c), C.R.S.; 26-2-707.5(2), C.R.S.; 26-2-708(5), C.R.S.; 26-2-709(1)(a),	New Rule, Revision	May 2023	County departments of human services; individuals receiving Colorado Works; human services advocacy groups; and community organizations.

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
					(1.5), C.R.S.; 26-2-711(1), C.R.S.; 26-2-712(5)(a), C.R.S.; 26-2-716(5)(a), (g), C.R.S.			
	OCYF	12 CCR 2509-2	Differential Response	To update practice guidance	19-3-308, C.R.S.	Revision	June 2023	Differential Response Leadership Council; and Child Protection Task Group.
	OCYF	12 CCR 2509-8	Quality Standards for Twenty-four (24) Hour Child Care	To update restraint and seclusion, adding definitions, adding carve out populations	C.R.S 26-6-909(1)	Revision	June 2023	Colorado Department of Education (CDE); CDPHE; BHA; HCPF; and RCCFs.
HB 22-1360	OES	9 CCR 2504-1	Child Support Incentives	To define a joint decision making process for the county and state to approve the use of federal incentives to fund enhancements to the Automated Child Support Enforcement System (ACSES).	26-13-112.5, C.R.S.; 26-1-107, C.R.S.; 26-1-109, C.R.S.; 24-4-103, C.R.S.; 26-13-114, C.R.S.	New Rule	July 2023	Division of Child Support Services; Office of Information and Technology; county human services directors and designees; county child support services; IV-D Administrators; The Office of Child Support Enforcement; IV-D attorneys; Judicial Department; Legal Services; and Center on Fathering.
	OES	10 CCR 2506-1	Supplemental Nutrition Assistance Program (SNAP) Annual Update	To complete the annual technical clean up of various aspects of the SNAP rule.	26-1-107, C.R.S.;	Revision	July 2023	County departments of human services; CCLP; and SNAP advocates.
	OCYF	12 CCR 2509-8	Rules Regulating Day Treatment Centers	To update standards to increase quality	26-6-909(1), C.R.S.	Revision	August 2023	CDE; CDHPE; CDHS; BHA; and Residential Providers

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
SB 21-216	OAADS	12 CCR 2516-1	Rural Auxiliary Services Rule	To promulgate rules for a new auxiliary services program that is available to rural areas.	26-21-106(9)(b), C.R.S.	New Rule	August 2023	Rural Auxiliary Services Advisory Council; CCDHHDB's Commission Auxiliary Service Providers; Rural Deaf, Hard of Hearing, and DeafBlind consumers Access to Equality Coalition members Professional auxiliary service training programs (individual trainers included)
	OES	10 CCR 2506-1	SNAP	To provide for the annual Cost of Living adjustments based on federal guidance.	Federal SNAP regulations	Revision	October 2023	County Departments, CCLP, SNAP advocates
	OCYF	CCR 12 2509-8	Rules Regulating Family Foster Care Homes	To update immunization and health requirements, and to align with county rule changes, general updates	26-6-909(1), C.R.S.	Revision	November 2023	County Departments of HS, CDPHE, CDE, HCPF
	OCYF	CCR 12 2509-8	General Rules for Child Care Facilities	To update background checks and training requirements	26-6-909(1)C.R.S.	Revision	November 2023	All 24 hour child care providers; CDPHE; CDE; BHA; HCPF; and CDHS.
	OES	9 CCR 2503-7	Low Income Energy Assistance Program (LEAP) Annual Updates	To make annually required updates to program rules.	26-1-107(5)(b), C.R.S.	Revision	November 2023	LEAP Counties; Goodwill Contractor for LEAP Administration and Outreach.
	OCYF	CCR 12 2509-8	Rules and Regulations for Child Placement Agencies	To updated SAFE requirements and to align same with county rules	C.R.S. 26-6-909(1)	Revision	December 2023	CDPHE; County human services departments; HCPF; and child placement agencies.
HB 22-1038	OCYF	12 CCR 2509-1;	HB22-1038 Right to Counsel for Youth Workgroup for Potential Rule Changes	To add Right to Counsel to Volume 7 to be in compliance with state statutes.	HB22-1038	New Rule, Revision	December 2023	Child welfare Sub-PAC; Permanency Task Force; Office of the Child Representative; and

Bill (if applicable)	Office	CCR	Rule Title	Purpose of Proposed Rule	Statutory or other basis for adoption or change to rule	New rule, revision, or repeal?	Anticipated Hearing	Stakeholders
		12 CCR 2509-2; 12 CCR 2509-4; 12 CCR 2509-8						Office of Respondent parent counsel.
	OAADS	12 CCR 2518-1	CAPS Checks and Staffing Agencies (TBD)	To align with potential legislation to update CAPS Checks and to expand to staffing agencies responsibilities and information sharing.	26-3.1-111, C.R.S.	New Rule	TBD	Employers; staffing agencies; and Colorado Healthcare Association.
	OAADS	12 CCR 2510-1	Volume 10	To revise and update rules for the Older Americans Act and State Funding for Senior Services Programs.	26-11-100.1 - 26-11-207, C.R.S	Revision	Late 2023	AAAs; and CCOA.



# 2022

## Regulatory Agenda **REPORT**

January 1, 2022-December 31, 2022



**COLORADO**  
Department of Human Services

## Overview

The Colorado Department of Human Services (CDHS) submits the following 2022 Regulatory Agenda Report and Results of Mandatory Review of Rules in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. § 2-7-203(4), detailing the results of the past year’s rules review activity and the results of its mandatory review of rules pursuant to Colo. Rev. Stat. § 24-4-103.3.

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
1/7/2022	12 CCR 2509-1	Severity Level for Allegations of Abuse and Neglect	New	26-1-107, C.R.S.; 19-3-216, C.R.S.	To add a definition for “medium” as it relates to the severity of an allegation of abuse and/or neglect.	Child Protection Task Group (CPTG); Child Welfare Sub-Policy Advisory Committee (PAC)	Adopted
1/7/2022	2 CCR 502-1	Addiction Counselor Training Requirements	Revised, Repealed, Reviewed	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 12-245-804(3), C.R.S.; 27-80-108(1), C.R.S.; HB 21-1305	To establish the training requirements that individuals must meet in order to be eligible for an addiction counselor licensure or certification, and to repeal the Office of Behavioral Health (OBH) rules for the addiction counselor continuing competency program.	OBH; Department of Regulatory Agencies (DORA) staff and members of DORA’s State Board of Addiction Counselor Examiners; Colorado Association of Addiction Professionals.	Adopted
1/7/2022	12 CCR 2518-1	30.920 State Level Appeals Process	New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 26-3.1-111(5); 26-3.1-111(5)(h); HB21-1132.	To comply with HB21-1132, which requires CDHS to share appeal information, to include appeal outcome, with the Colorado Department of Regulatory Agencies (DORA) for the purposes of a regulatory investigation.	Adult Protective Services (APS) Task Group; Administrative Review Division (ARD) Steering Committee; PAC; Aging and Adult Sub-PAC; and DORA	Adopted
1/7/2022	9 CCR 2503-5	Old Age Pension (OAP) and Aid to the Needy Disabled Colorado Supplement (AND-CS) Cost	Revised	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 24-4-103, C.R.S.; 26-2-111, C.R.S.; 26-2-114, C.R.S.; Colorado Constitution, Article XXIV, Section 6	To increase the Supplemental Security Income (SSI) maximum payment per month. This rule will increase the OAP grant standard to \$879 and the AND-CS grant standard to \$841 in order to pass along the \$47 COLA increase.	County Human Services Directors Association (CHSDA); Colorado Commission on Aging (CCOA); Colorado Legal Services (CLS); and Disability Law Colorado (DLC).	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status <i>Adopted/Not Adopted/Withdrawn/Ongoing</i>
		of Living Adjustment (COLA) Increase for 2022					
1/7/2022	9 CCR 2503-6	Afghanistan Non-Citizen Updates 2022 (9 CCR 2503-6)	Revised	26-1-107, C.R.S.; 24-4-103, C.R.S.; 26-1-111, C.R.S.; 26-2-709 (1.5), C.R.S.; 26-2-138(3), (4), (5), C.R.S.	To add language in order to align with federal changes, to remove overly specific language that does not identify currently eligible Afghani Special Immigrants as eligible, and to update a citation which was previously incorporated by reference.	CHSDA; CCOA; CLS; and DLC.	Adopted
1/7/2022	9 CCR 2503-3	Addition of New Eligible Categories of Afghan Population Groups	Revised	26-1-107, C.R.S.; 24-4-103, C.R.S.; 26-1-111, C.R.S.; 26-2-709 (1.5), C.R.S.; 26-2-138(3), (4), (5), C.R.S.	To ensure that the new categories of Afghan population groups and their proof of status documents are clearly reflected in the state rules.	Refugee Resettlement Agencies; Colorado Alliance for Refugee Empowerment and Success (CARES) contractors; Counties serving Colorado Refugee Services eligible populations.	Adopted
1/7/2022	12 CCR 2518-1	Expansion of CAPS Checks to DORA and the Courts	Revised	26-1-107(5)(b), C.R.S.; 26-3.1-108(1), C.R.S.; HB21-1123	To implement HB21-1123, which makes changes to the Adult Protective Services statute relating to CAPS checks.	County department directors; APS Task Group members; Aging and Adult Sub-PAC, PAC; Department of Regulatory Affairs; and Judicial.	Adopted
2/4/2022	10 CCR 2506-1	SNAP Technical Cleanup 2021	Amended, Repealed	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 26-2-301, C.R.S. 26-2-302.	To revise and improve terminology and definitions based on feedback from SNAP regulation workgroup. Also included is general technical cleanup.	SNAP applicants and recipients, CDHS SNAP program area staff, county SNAP administrators and eligibility technicians.	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
2/4/2022	12 CCR 2509-2	Plan of Safe Care Practice Guidance	New	26-1-107(5)(I-II), C.R.S.; 26-1-109(2)(a), C.R.S.; 42 U.S.C.A. § 290ee-9(a); 42 U.S.C.A. § 5106a(4)	To bring rule in alignment with Federal legislation: Comprehensive Addiction and Recovery Act (CARA) and the Child Abuse Prevention Treatment Act (CAPTA).	CPTG; county child welfare; individuals with lived experience; Sub-PAC; and CDPHE.	Adopted
2/4/2022	9 CCR 2503-5	Adult Financial Modernization - Phase II	Revised, New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 26-2-119, C.R.S.; 26-2-122.3, C.R.S.	Adds the ability for counties to make supportive payments based on a declared disaster. Increases the AND-SO grant payment. Makes Home Care Allowance (HCA) the program of last resort. Corrects the treatment of Child Support income to align with federal benefit programs.	CCLP; Economic Security Sub-PAC; and AAAs.	Adopted
2/4/2022	12 CCR 2509-7	Extended Foster Care & Re-Entry (12 CCR 2509-7)	Revised, New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.	To implement HB 21-1094, which establishes the Foster Youth in Transition Program, a youth-driven and developmentally appropriate approach to extended foster care.	Child Welfare Sub-PAC; Office of the Child's Representative (OCR); foster care providers; child placement agencies; and a youth advocacy group.	Adopted
2/4/2022 (Emergency) 4/8/2022 (Permanent)	12 CCR 2516-1	Emergency Rulemaking for the Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind's Communications Technology Program	Revised	26-1-107(5), (6), C.R.S.; 26-21-106(1)(d), (3), C.R.S.; 26-21-107.5(3), C.R.S.	To update the eligibility section of relevant rules to reflect the current 2022 Federal Poverty Guidelines.	Deaf, hard of hearing and deafblind individuals/consumers	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
3/4/2022	12 CCR 2509-1	Plan of Safe Care Practice Guidance	New	26-1-107(5)(I-II), C.R.S.; 26-1-109(2)(a), C.R.S.; 42 U.S.C.A. § 290ee-9(a); 42 U.S.C.A. § 5106a(4)	To bring rule in alignment with Federal legislation: CARA and CAPTA.	CPTG; county child welfare; individuals with lived experience; Sub-PAC; and CDPHE.	Adopted
3/4/2022	12 CCR 2509-3	Monthly Parent Contacts	New, Revised	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.	To resolve discrepancies in Child Welfare rules regarding the parent contact expectations regarding frequency and exceptions to contact.	Permanency Task Group; Child Protection Task Group; and Sub-PAC.	Adopted
3/4/2022	12 CCR 2509-10	Extended Part C Option	Revised	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 27-10.5-703 (2) & (3)(b), C.R.S.; 34 CFR §303.211	To secure additional federal Part C funding to offer extended Part C services to children with a May 1 or later birthdate.	Federal Office of Special Education Programs (OSEP); and Colorado Department of Education.	Adopted
5/6/2022	12 CCR 2509-2	Institutional Abuse	Revised, Repealed	26-1-107, C.R.S.	To provide consistency in screening, conducting assessments and further incorporating statutory changes into administrative rule. The proposed rule also includes a strikethrough of the redundant revision history of Volume 7.	Institutional Assessment Rule Workgroup, Institutional Assessment Review Team, Child Welfare Sub-PAC.	Adopted
5/6/2022	12 CCR 2509-1	Institutional Abuse	Revised, Repealed, New	26-1-107, C.R.S.	To provide consistency in screening, conducting assessments and further incorporate statutory changes into administrative rule. The proposed rule also includes a strikethrough of the redundant revision history of Volume 7.	Institutional Assessment Rule Workgroup, Institutional Assessment Review Team, Child Welfare Sub-PAC.	Adopted
5/6/2022	9 CCR 2503-9	Colorado Child Care Assistance Program Rules	Revised, Repealed, New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; SB21-199	To reduce the burden on families and reduce a county's workload since they require less verification from the family.	Counties; child care providers; and the community.	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
5/6/2022	2 CCR 502-1	Recovery Support Services Organization Medicaid Billing	Revised, New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.	To establish minimum standards that recovery support services organizations must meet to bill Medicaid.	Behavioral health stakeholders, including: Colorado Behavioral Healthcare Council; Colorado Hospital Association; Mental Health Colorado; Behavioral Health Planning and Advisory Council.	Adopted
6/3/2022	12 CCR 2516-1	Technical Update for the CCDHHDB's Grant Program	Revised	26-1-107(5)(b), C.R.S.; 26-1-111(2)(d)(I), C.R.S.; 26-21-107.5(3), C.R.S.; 26-21-107.5(1),(3) C.R.S.; 26-21-107.7(2), C.R.S.; SB21-216	To make language in the rules consistent with the CCDHHDB statute due to recent legislative changes.	CCDHHDB; CCDHHDB Grant Program Committee; Deaf, hard of hearing, and deafblind consumers.	Adopted
6/3/2022 (Emergency) 7/8/2022 (Permanent)	9 CCR 2503-5	Adult Financial Elimination of Lawful Presence	Revised, repealed	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 24-76.5-103, C.R.S.; SB21-199	To eliminate the need to collect a lawful presence affidavit for the Adult Financial programs. This change is a result of Senate Bill 21-199 which eliminates the need to verify lawful presence if not otherwise required in federal law.	The Food and Energy Assistance Division and Economic Security Sub-PAC.	Adopted
6/3/2022 (Emergency) 7/8/2022 (Permanent)	9 CCR 2503-6	Increase to Colorado Works Basic Cash Assistance 2022	Revised	26-1-107, C.R.S.; 26-2-709 (1) (a), C.R.S.	To comply with legislation requiring a 10% increase to the Colorado Works cash assistance grant effective 7/1/2022.	County Departments of Human Services, Economic Security Sub-PAC, PAC, Advocacy agencies.	Adopted
7/8/2022	12 CCR 2516-1	Legal Auxiliary Services Program Rule Updates	Revised	§ 26-1-107(5), (6), C.R.S.; § 13-90-203, C.R.S.; 24-1-120(5)(h), C.R.S.; §§ 26-21-102, 104(1), 106(4), C.R.S	To revise rules relating to court/legal qualification credentials for sign language interpreters and Communication Access Realtime Translation (CART) providers.	Legal Auxiliary Services Advisory Council (LASAC), which includes certified sign language interpreters, a CART provider, deaf and hard of hearing community	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
						representatives, and a disability law representative.	
7/8/2022	12 CCR 2516-1	Legal Auxiliary Services Program Rule Updates	Revised	§ 26-1-107(5), (6), C.R.S.; § 13-90-203, C.R.S.; 24-1-120(5)(h), C.R.S.; §§ 26-21-102, 104(1), 106(4), C.R.S	To revise rules relating to court/legal qualification credentials for sign language interpreters and Communication Access Realtime Translation (CART) providers.	Legal Auxiliary Services Advisory Council (LASAC), which includes certified sign language interpreters, a CART provider, deaf and hard of hearing community representatives, and a disability law representative.	Adopted
7/8/2022 (Emergency) 8/5/2022 (Permanent)	12 CCR 2509-8	Change of Capacities in Specialized Group Facilities	Revised, New	26-6-106(1)(a), C.R.S.; 26-6-106(1)(a), C.R.S.	To allow child placement agencies and county departments of human services to increase the capacities for children/youth being served by the Children’s Habilitation Residential Program Waiver (CHRP), in certified foster homes and licensed specialized group facilities.	County departments of human services; child placement agencies, resource agencies; and HCPF.	Adopted
9/9/2022	9 CCR 2503-7	Revisions to the Low Income Energy Assistance Program (LEAP)	Revised, New	26-1-111(2)(a), C.R.S.; 40-8.5-101, C.R.S.; 40-8.7-109, C.R.S.	To complete the annual update to the LEAP rules which includes technical clean up and changes in income limits.	Colorado Legal Services; Sub-PAC; PAC; Energy Outreach Colorado; Colorado Energy Office; County LEAP managers; and CHSDA.	Adopted
9/9/2022	10 CCR 2506-1	SNAP 4.900 Updates	Revised, New	26-1-107(5)(b), C.R.S.; 26-1-111(2)(a), C.R.S.; 26-2-104(2)(a), (b), C.R.S.; 26-2-106(1), C.R.S.; 26-2-301, C.R.S.	To align with newly issued CDHS guidance as well as introduce a new expectation for a bi-annual reporting process to confirm case corrections are complete. Minor technical clean-up.	Sub-PAC; PAC; County departments of human services.	Adopted
9/9/2022 (Emergency)	10 CCR 2506-1	FFY23 SNAP COLA and	Revised	26-1-107(5)(b), C.R.S.; 26-1-111(2)(a), C.R.S.;	To align with federally released eligibility figures effective	Office of Appeals; Sub-PAC.	Adopted

Hearing or Adoption Date	CCR Number	Rule Title	New Rule, Revised, Reviewed or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders	Status Adopted/Not Adopted/Withdrawn/Ongoing
10/7/2022 (Permanent)		Office of Appeals Update		26-2-104(2)(a), (b), C.R.S. (2021) 26-2-106(1), C.R.S.; 26-2-301, C.R.S.	10/01/2022 and recent legislative changes relating to the Office of Appeals.		
9/9/2022 (Emergency) 10/7/2022 (Permanent)	9 CCR 2503-3	Addition of new eligible categories of Ukrainian population groups	Revised	26-1-107(5)(a)(I), (b), C.R.S.; 26-1-111(2)(a), C.R.S.; 26-2-137(1)(b), C.R.S.; 26-2-138(3)-(5), C.R.S.; Pub. L. 117-128, Title IV, § 401(a), (b); 8 U.S.C. 1101; 8 U.S.C. § 1522(a)(2),(6)	To ensure that the new categories of Ukrainian population groups and the document types, necessary for proof of their status, are clearly reflected in the state rules.	Refugee Resettlement Agencies and Counties serving CRSP eligible populations.	Adopted
11/4/2022 (Emergency, Anticipated) 12/9/2022 (Permanent, Anticipated)	9CCR 2503-5	Elimination of Lawful Presence for Old Age Pension	Revised	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 24-76.5-103, C.R.S.	To eliminate the need for an applicant to be lawfully present in order to be eligible for the Old Age Pension in the Adult Financial programs.	The Food and Energy Assistance Division and Economic Security Sub-PAC.	Ongoing
12/9/2022 (Anticipated)	12 CCR 2509-3	Foster Youth in Transition Program Clean Up Rules	Revised, New	26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 19-7-315, C.R.S.; HB21-1094.	To promulgate rules for implementation of HB21-1094, which established the Foster Youth in Transition Program, a youth-driven and developmentally appropriate approach to extended foster care.	County departments of human services, OCR; Colorado Network to End Youth Homelessness; Rural Collaborative for Homeless Youth; and Project Foster Power.	Ongoing



# Results of Mandatory Review of Rules



## 2022 Results of Mandatory Review of Rules

Number (CCR) and Title (or Description)	Office	Identified Sections With Rules For Potential or Enacted Repeal, Revision, or Amendment	Did Review Result in Repeal of Entire CCR Volume?	Adoption Date (if applicable)
10 CCR 2506-1 (Food Assistance Program (Volume 4B))	OES	N/A  <b>Note:</b> CCR Section was subject to comprehensive review during the rulemaking process in 2022 as detailed in the above table.	No.	N/A
11 CCR 2508-1 (County Finance and Accounting, Executive Director Rules (Volume 5))	OAS	5.302; 5.800 (Revision)	No.	N/A
12 CCR 2509-1 (Volume 7; Child Welfare, Child Care Facilities)	OCYF	7.000.2 (Revision)  <b>Note:</b> CCR Section was subject to partial review and revision during rulemaking in 2022 as detailed in the above table.	No.	N/A
12 CCR 2509-2 (Volume 7; Child Welfare, Child Care Facilities)	OCYF	7.103.71; 7.103.8; 7.103.10; 7.104.1; 7.104.13; 7.104.14; 7.107.2; 7.110 (Revision)  <b>Note:</b> CCR Section was subject to partial review and revision during	No.	N/A

Number (CCR) and Title (or Description)	Office	Identified Sections With Rules For Potential or Enacted Repeal, Revision, or Amendment	Did Review Result in Repeal of Entire CCR Volume?	Adoption Date (if applicable)
		rulemaking in 2022 as detailed in the above table.		
12 CCR 2509-3 (Volume 7; Child Welfare, Child Care Facilities)	OCYF	N/A  <b>Note:</b> CCR Section was subject to partial review and revision during rulemaking in 2022 as detailed in the above table.	No.	N/A



Colorado General Assembly  
Joint Budget Committee

# JOINT BUDGET COMMITTEE STAFF FY 2023-24 BUDGET BRIEFING SUMMARY

## *Department of Human Services*

*Executive Director's Office, Administration and Finance, Office of Economic Security, and Office of Adults, Aging, and Disability Services*

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare programs in the state. The Department's FY 2022-23 consists of 41.4 percent General Fund, 28.4 percent cash funds, 8.5 percent reappropriated funds, and 21.7 percent federal funds.

## FY 2022-23 APPROPRIATION AND FY 2023-24 REQUEST

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION:						
H.B. 22-1329 (Long Bill)	\$2,638,145,548	\$1,141,826,416	\$462,123,650	\$225,856,891	\$808,338,591	5,332.5
Other legislation	(86,726,158)	(84,669,770)	262,569,593	(10,062,564)	(254,563,417)	(90.8)
<b>TOTAL</b>	<b>\$2,551,419,390</b>	<b>\$1,057,156,646</b>	<b>\$724,693,243</b>	<b>\$215,794,327</b>	<b>\$553,775,174</b>	<b>5,241.7</b>
FY 2023-24 REQUESTED APPROPRIATION:						
FY 2022-23 Appropriation	\$2,551,419,390	\$1,057,156,646	\$724,693,243	\$215,794,327	\$553,775,174	5,241.7
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R2 Preventing youth homelessness	5,100,837	5,049,825	0	0	51,012	7.4
R3 County adult protective services support	1,609,266	1,309,266	300,000	0	0	1.0
R4 Improving Medicaid access for child welfare	541,573	162,500	0	291,573	87,500	2.7
R5 Reforming IT project ownership	0	0	0	0	0	0.0
R6 DYS security equipment upgrades	540,600	540,600	0	0	0	0.0
R7 Improving SNAP delivery	0	0	0	0	0	5.6
R8 Forensic Services Division capacity expansion	3,704,803	3,704,803	0	0	0	23.1
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	22,491,357	13,879,529	3,290,100	446,776	4,874,952	0.0
R11 Aid for parents to make child support payments	1,140,274	0	0	0	1,140,274	1.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R13 Sustaining ReHire Colorado	102,904	102,904	0	0	0	0.0
R14 OCFMH data management and reporting	236,314	236,314	0	0	0	2.8
R15 Quality assurance budget alignments	0	0	0	0	0	0.0
R16 Juvenile justice budget alignment	0	0	0	0	0	0.0
R17 Realign child welfare hotline budget	(535,787)	(535,787)	0	0	0	0.0
R18 DYS caseload reduction for parole and transition	(700,000)	(700,000)	0	0	0	0.0
R19 DYS caseload reduction for state facilities	(1,927,398)	(1,675,864)	0	(134,557)	(116,977)	0.0
BHA-R1 Behavioral Health Administration personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0

**DEPARTMENT OF HUMAN SERVICES**

	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
Centrally appropriated line items	23,532,567	16,198,261	2,518,073	2,614,667	2,201,566	0.0
Indirect cost assessments	6,520,404	0	1,035,765	2,025,147	3,459,492	0.0
Non-prioritized requests	2,386,535	2,126,875	204,946	54,714	0	(3.5)
Technical adjustments	492,540	507,114	(90,811)	(47,220)	123,457	0.0
Annualize prior year legislation	(312,406,151)	(1,988,084)	(311,972,108)	459,017	1,095,024	11.0
Annualize prior year budget actions	(1,771,130)	5,175,193	(98,019)	(4,690,379)	(2,157,925)	9.5
<b>TOTAL</b>	<b>\$2,320,377,846</b>	<b>\$1,117,393,924</b>	<b>\$421,632,376</b>	<b>\$216,817,997</b>	<b>\$564,533,549</b>	<b>5,341.0</b>
<b>INCREASE/(DECREASE)</b>	<b>(\$231,041,544)</b>	<b>\$60,237,278</b>	<b>(\$303,060,867)</b>	<b>\$1,023,670</b>	<b>\$10,758,375</b>	<b>99.3</b>
Percentage Change	(9.1%)	5.7%	(41.8%)	0.5%	1.9%	1.9%

\* Decision items shaded in grey are not addressed in this document. These items are address by other JBC Staff briefing documents.

**R3 COUNTY ADULT PROTECTIVE SERVICES SUPPORT:** The request includes an increase of \$1.6 million total funds, including \$1.3 million General Fund and \$300,000 cash funds from local county matching funds, and 1.0 FTE in FY 2023-24 and ongoing. The Colorado Adult Protective Services Program (APS) codified in Section 26-3.1-101 et seq., C.R.S., was created to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect. The Department identifies this request as theory-informed.

**R5 REFORMING IT PROJECT OWNERSHIP:** The request includes a budget neutral transfer of \$3.7 million totals funds, including \$1.3 million General Fund, from the Payments to OIT line item to the Personal Services line item within the Administration and Finance section for FY 2023-24 and ongoing. This request would move IT project ownership and management from OIT to DHS and result in the hiring of 38.0 contract FTE. The Department identifies this request as theory-informed.

**RECOMMENDATION:** In consultation with JBC staff for Information Technology Projects and Joint Technology Committee (JTC) staff, staff recommends that the Committee refer this request to the Joint Technology Committee (JTC), pursuant to Joint Rule 45(b). **JBC staff for Information Technology Projects will present this recommendation in a single document for Committee action at a later date.** Staff further recommends that this request remain for consideration in the operating budget as submitted; however, staff requests a JTC review and recommendation as an IT-related operating request item.

**R7 IMPROVING SNAP DELIVERY:** The request includes a transfer of \$622,173 total funds, including \$311,087 General Fund, from the Electronic Benefits Transfer Service line item to the Supplemental Nutrition Assistance Program Administration line item within the Office of Economic Security, Food and Energy Assistance subdivision for FY 2023-24 and ongoing. The request also includes an increase of 5.6 FTE in FY 2023-24, annualizing to 6.0 FTE in FY 2024-25 and ongoing. The shift in funding and increase in FTE are requested to improve and bolster the administration of the Supplemental Nutrition Assistance Program (SNAP), as well as provide additional support to the State’s counties who administer the Program.

**R10 COMMUNITY PROVIDER RATE:** The request includes an increase of \$22.5 million total funds, including \$13.9 million General Fund, in FY 2023-24 and ongoing for a 3.0 percent provider rate adjustment. This request affects the Office of Children, Youth, and Families, the Office of Economic Security, the Office of Behavioral Health, and the Office of Adults, Aging, and Disability Services.

**R11 AID FOR PARENTS TO MAKE CHILD SUPPORT PAYMENTS:** The request includes an increase of \$1.1 million federal funds from the Temporary Assistance for Needy Families (TANF) Block Grant and 1.0 FTE in FY 2023-24 through FY 2026-27 to provide employment services to at least 300 low-income, non-custodial parents through the Improved Payments and Child Success (IMPACS) program. Funding for the program, operated by the Department under Sections 26-2-706 (1)(d) and 26-2-706.6 (4), C.R.S., has been provided through FY 2022-23. The Department is seeking to extend the program an additional four fiscal years to continue providing services and to collect additional programmatic data to allow for a full program evaluation. The Department identifies this request as evidence-informed.

**R13 SUSTAIN REHIRE COLORADO [REQUIRES LEGISLATION]:** The request includes an increase of \$102,904 General Fund to increase the funding for the ReHire Colorado program, authorized by Section 26-2-1101 et seq., C.R.S., to provide increased wage subsidies to program participants. Additionally, the Department requests that the Committee sponsor legislation to extend the program indefinitely; the program is set to repeal July 1, 2025. The Department identifies this request as proven.

**R15 QUALITY ASSURANCE BUDGET ALIGNMENT:** The request includes a budget neutral transfer of \$1.2 million total funds, including \$1,161,187 General Fund, and 13.0 FTE from the Office of Children, Youth, and Families to the Administration and Finance division to align the Department's budget structure with its operational structure for administrative review and quality assurance related to child welfare and youth services. This request is associated with the reorganization of the Department's Long Bill section that was approved and implemented during the 2022 legislative session.

R15 QUALITY ASSURANCE BUDGET ALIGNMENT SUMMARY						
DIVISION	SUB DIVISION	LINE ITEM	TOTAL FUNDS	GENERAL FUND	FEDERAL FUNDS	FTE
Admin/Finance	Special Purpose	Administrative Review Unit	\$517,503	\$439,613	\$77,890	6.0
Admin/Finance	Special Purpose	Quality Assurance Youth Services	721,574	721,574	0	7.0
OCYF	Div of Child Welfare	Continuous Quality Improvement	(517,503)	(439,613)	(77,890)	(6.0)
OCYF	Div of Youth Services	Program Administration	(721,574)	(721,574)	0	(7.0)
Total			\$0	\$0	\$0	0.0

**CENTRALLY APPROPRIATED LINE ITEMS:** The request includes adjustments to centrally appropriated line items:

CENTRALLY APPROPRIATED LINE ITEMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Salary survey	\$25,609,827	\$18,932,095	\$1,324,318	\$2,215,770	\$3,137,644	0.0
Payments to OIT	7,778,741	2,955,922	0	4,822,819	0	0.0
Legal services	1,414,867	843,261	0	571,606	0	0.0
Vehicle lease payments	197,251	97,245	0	100,006	0	0.0
Risk management and property adjustment	36,217	31,400	0	4,817	0	0.0
Shift differential	(2,099,941)	(1,437,060)	48,487	(468,751)	(242,617)	0.0
Workers' compensation	(1,937,783)	(1,195,612)	0	(742,171)	0	0.0
PERA Direct Distribution	(1,616,878)	0	0	(1,616,878)	0	0.0
AED	(1,577,455)	(1,267,867)	37,099	(293,451)	(53,236)	0.0
SAED	(1,577,455)	(1,267,867)	37,099	(293,451)	(53,236)	0.0
Health, life, and dental	(1,380,812)	(871,862)	1,069,955	(997,352)	(581,553)	0.0
CORE adjustment	(488,256)	(294,418)	0	(193,838)	0	0.0
Capitol Complex leased space	(386,982)	(135,444)	0	(251,538)	0	0.0
ALJ services	(362,018)	(131,775)	0	(230,243)	0	0.0
Short-term disability	(76,756)	(59,757)	1,115	(12,678)	(5,436)	0.0
<b>TOTAL</b>	<b>\$23,532,567</b>	<b>\$16,198,261</b>	<b>\$2,518,073</b>	<b>\$2,614,667</b>	<b>\$2,201,566</b>	<b>0.0</b>

**INDIRECT COST ASSESSMENTS:** The request includes net adjustments to indirect costs across the Department.

**NON-PRIORITIZED REQUESTS:** The request includes the following non-prioritized request items, which are linked to decision items in other departments and common policy decisions.

NON-PRIORITIZED REQUESTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
OIT Budget package	\$2,802,753	\$1,065,046	\$0	\$1,737,707	\$0	0.0
NP4 Records and Reports CF Solution	1,208,889	1,208,889	0	0	0	2.0
DPS Digital trunk radio	303,702	115,407	0	188,295	0	0.0
NP2 Food service inflation	273,706	0	0	273,706	0	0.0
DPA COE common policy	73,055	29,222	0	43,833	0	0.0
DPA Capitol complex staffing	46,436	19,085	0	27,351	0	0.0
DPA Transfer perf. budgeting to DPA	9,735	6,026	0	3,709	0	0.0
BHANP1 Maternity equity	(1,903,091)	0	0	(1,903,091)	0	0.0
NP8 Transfer FTE between DEC and DHS	(428,650)	(316,800)	204,946	(316,796)	0	(5.5)
<b>TOTAL</b>	<b>\$2,386,535</b>	<b>\$2,126,875</b>	<b>\$204,946</b>	<b>\$54,714</b>	<b>\$0</b>	<b>(3.5)</b>

**TECHNICAL ADJUSTMENTS:** The request includes an increase of \$492,540 total funds, including \$507,114 General Fund for technical adjustments, including for the upcoming leap year and annual depreciation-lease equivalent payments.

TECHNICAL ADJUSTMENTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Leap year	\$600,491	\$367,061	\$96,967	\$13,006	\$123,457	0.0
ADL equivalent payments	140,053	140,053	0	0	0	0.0
State Ombudsman Program	(173,289)	0	(173,289)	0	0	0.0
DYS administration	(60,226)	0	0	(60,226)	0	0.0
Administrative Review Unit	(14,489)	0	(14,489)	0	0	0.0
<b>TOTAL</b>	<b>\$492,540</b>	<b>\$507,114</b>	<b>(\$90,811)</b>	<b>(\$47,220)</b>	<b>\$123,457</b>	<b>0.0</b>

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$312.4 million total funds to reflect the FY 2023-24 impact of bills passed in previous sessions, summarized in the following table.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
HB 22-1259 Modifications to Colorado Works program	\$1,540,937	\$2,266,909	(\$1,698,606)	\$0	\$972,634	0.0
HB 22-1278 Behavioral Health Administration	1,192,353	1,192,353	0	0	0	12.1
HB 22-1374 Foster care success act	1,112,326	1,112,326	0	0	0	0.1
HB 22-1094 Foster youth in transition	843,318	421,659	0	421,659	0	0.0
HB 22-1256 Modifications to civil involuntary commitment	576,814	576,814	0	0	0	5.2
SB 22-235 County admin of public assistance programs	200,000	60,000	0	80,000	60,000	0.0
HB 22-1289 Health benefits for children	166,000	107,900	0	0	58,100	0.0
HB 22-1056 Emergency care for children	49,550	45,260	0	0	4,290	0.0
HB 22-1061 Modifications to NGRI	33,539	33,539	0	0	0	0.5
HB 22-1315 Colorado 211 collaborative funding	4,936	4,936	0	0	0	0.1
HB 22-1397 Statewide equity office	1,915	0	0	1,915	0	0.3
HB 22-1249 School security and behavioral health	0	6,000,000	(6,000,000)	0	0	0.0

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
HB 22-1281 Behavioral health-care continuum gap grant	(90,000,000)	0	(90,000,000)	0	0	(0.5)
SB 22-196 Health needs of persons in criminal justice system	(50,700,000)	0	(50,700,000)	0	0	0.0
HB 22-1303 Increase residential behavioral health beds	(47,160,741)	0	(47,160,741)	0	0	(7.0)
SB 22-181 Behavioral health workforce	(36,806,984)	0	(36,806,984)	0	0	0.0
HB 22-1386 Competency to proceed and restoration	(29,362,828)	0	(29,362,828)	0	0	0.0
HB 22-1283 Youth and family behavioral health	(19,667,949)	0	(19,667,949)	0	0	0.0
HB 22-1326 Fentanyl accountability	(13,755,154)	(10,630,154)	(3,125,000)	0	0	0.9
SB 22-177 Investments in care coordination	(12,200,000)	0	(12,200,000)	0	0	0.0
HB 22-1380 Critical services for low-income households	(6,000,000)	0	(6,000,000)	0	0	0.0
SB 22-148 CO Land-based tribe behavioral health grant	(5,000,000)	0	(5,000,000)	0	0	0.0
HB 21-1105 Low-income utility payment assistance contributions	(4,250,000)	0	(4,250,000)	0	0	0.0
HB 22-1364 Food Pantry Assistance Grant program	(3,000,000)	(3,000,000)	0	0	0	0.0
HB 22-1131 Reduce justice involvement	(105,000)	(105,000)	0	0	0	0.0
SB 22-211 Repurpose Ridge View Campus	(44,557)	(44,557)	0	0	0	(0.4)
HB 22-1378 Denver-metro regional navigation	(44,557)	0	0	(44,557)	0	(0.4)
HB 22-1099 Policies and procedures	(30,000)	(30,000)	0	0	0	0.0
HB 22-1052 Promoting crisis services	(69)	(69)	0	0	0	0.1
<b>TOTAL</b>	<b>(\$312,406,151)</b>	<b>(\$1,988,084)</b>	<b>(\$311,972,108)</b>	<b>\$459,017</b>	<b>\$1,095,024</b>	<b>11.0</b>

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The FY 2023-24 request includes a net decrease of \$1.8 million total funds, including an increase of \$5.2 million General Fund, for prior year budget actions, summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 NPBA2 COWINS Partnership Agreement	\$993,551	\$688,464	\$77,204	\$90,328	\$137,555	0.0
FY 2022-23 R6 Facilities Management Operating	747,980	5,510,168	0	(4,762,188)	0	0.0
FY 2022-23 R17 Realign child welfare hotline	457,787	457,787	0	0	0	0.0
FY 2022-23 R7 DYS phone replacement	100,000	100,000	0	0	0	0.0
FY 2022-23 BA2 Behavioral Health Safety Net	80,611	80,611	0	0	0	1.2
FY 2022-23 BA4 National School Lunch Program staffing	6,931	(42,500)	49,431	0	0	0.5
FY 2019-20 R21 Salesforce shield	6,274	729	0	5,545	0	0.0
FY 2022-23 BA5 Implementation of SAPA	3,212	3,212	0	0	0	0.1
FY 2019-20 R6 Child support employment	(1,820,720)	0	0	0	(1,820,720)	(1.0)
FY 2022-23 BA9 DYS Job readiness	(1,088,000)	(1,088,000)	0	0	0	0.0
FY 2022-23 Salary survey	(647,946)	(21,762)	(186,260)	0	(439,924)	0.0
FY 2022-23 BA6 SB 21-278 funding	(250,000)	(250,000)	0	0	0	0.0
FY 2022-23 R1 Food service & housekeeping	(170,593)	(89,713)	(38,394)	(19,083)	(23,403)	0.0
FY 2022-23 R2 CMHIFL 44 bed operating	(147,914)	(147,914)	0	0	0	8.4

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 R10 SNAP Fair Hearings Compliance	(18,466)	(9,233)	0	0	(9,233)	0.1
FY 2022-23 R4 County child welfare support	(15,712)	(13,512)	0	0	(2,200)	0.2
FY 2022-23 NP5 OIT package	(8,125)	(3,144)	0	(4,981)	0	0.0
<b>TOTAL</b>	<b>(\$1,771,130)</b>	<b>\$5,175,193</b>	<b>(\$98,019)</b>	<b>(\$4,690,379)</b>	<b>(\$2,157,925)</b>	<b>9.5</b>

## SUMMARY OF ISSUES PRESENTED TO THE JOINT BUDGET COMMITTEE

**ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS:** During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds). Through FY 2021-22, the Department has expended \$20.3 million of the \$46.0 million, or 44.1 percent, of the one-time General Fund appropriated by the General Assembly. Through FY 2021-22, the Department has expended \$41.4 million of the \$482.4 million, or 8.6 percent, of the one-time ARPA funds appropriated by the General Assembly and allocated by the Governor.

**R3 COUNTY ADULT PROTECTIVE SERVICES SUPPORT:** The Department requests an increase of \$1,609,266 total funds, including \$1,309,266 General Fund and \$300,000 cash funds from local county matching funds, and 1.0 FTE in FY 2023-24 and ongoing. The Colorado Adult Protective Services Program (APS) codified in Section 26-3.1-101 et seq., C.R.S., was created to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect.

## FOR MORE INFORMATION

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**TO READ THE ENTIRE BRIEFING:** Go to <http://leg.colorado.gov/content/budget/budget-documents> to use the budget document search tool. Select this department's name under *Department/Topic*, "Briefing" under *Type*, and select a *Start date* and *End date* to show documents released in November and December of 2022.



# JOINT BUDGET COMMITTEE



## STAFF BUDGET BRIEFING FY 2023-24

### DEPARTMENT OF HUMAN SERVICES

(Executive Director's Office, Administration and Finance, Office of Economic Security, and Office of Adults, Aging, and Disability Services)

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

PREPARED BY:  
TOM DERMODY, JBC STAFF  
DECEMBER 6, 2022

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## ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2020 and 2021 legislative sessions that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report: [https://leg.colorado.gov/sites/default/files/fy21-22apprept\\_0.pdf](https://leg.colorado.gov/sites/default/files/fy21-22apprept_0.pdf)

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

# DEPARTMENT OF HUMAN SERVICES

## DEPARTMENT OVERVIEW

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

The EXECUTIVE DIRECTOR'S OFFICE is responsible for the management and administration of the department, performing such functions as budgeting, human resources, and quality control, as well as program supervision, coordination, and evaluation. This office includes centrally appropriated line items, such as workers' compensation, legal services, administrative law judge services, and payments related to risk management.

The ADMINISTRATION AND FINANCE budgetary section is responsible for developing and maintaining the major centralized computer systems of the Department, including systems that link to all 64 counties in the state. This section supports centralized databases, and provides support and training to users, including county staff and private social service providers. IT staff resources were transferred to the Governor's Office of Information Technology (OIT) in FY 2010-11 as part of the consolidation of executive branch agency information technology personnel resources in OIT.

This section also provides department-wide facility maintenance and management, accounting, payroll, contracting, purchasing and field audits. Overall, the division operates 330 buildings and over 3.7 million gross square feet of space. It is also responsible for acquisition, operation and management of utility services, planning, design and construction of capital construction and controlled maintenance projects, and the department's commercial and vehicle leases. The office is affected by trends in utilities costs, department efficiency initiatives, and by statewide common policy decisions related to vehicle lease payments and leased space costs for buildings in the Capitol Complex.

The OFFICE OF ECONOMIC SECURITY provides income, nutritional, and support services to assist families and individuals in need. The programs administered by this unit include Colorado Works, the Colorado implementation of the federal Temporary Assistance for Needy Families (TANF) program, the federal Supplemental Nutrition Assistance Program (SNAP), child support services and enforcement, Low Income Energy Assistance Program (LEAP), which provides heating-bill assistance to needy families and individuals during the winter months, services for refugees, and disability determination services.

This office also provides the 64 county departments of human services with money to administer the Supplemental Nutrition Assistance Program (SNAP; formerly known as food stamps) and a variety of smaller programs, including child support services and the Low-income Energy Assistance Program. Additionally, this section funds the County Tax Base Relief initiative to assist counties, with the highest social services needs and lowest property tax values, meet the obligation of the local match required by the state for certain public assistance programs. The Office is responsible for the Colorado Benefits Management System (CBMS), which is the computer system used to determine a citizen's eligibility for public assistance programs like Medicaid, the Supplemental Nutrition Assistance

Program (SNAP), Temporary Assistance for Needy Families (TANF), and several others. CBMS is developed and maintained by the state for use by county social services departments and various medical assistance sites.

The OFFICE OF ADULTS, AGING, AND DISABILITY SERVICES includes Regional Centers for People with Developmental Disabilities, the Work Therapy Program, the Brain Injury Trust Fund, and Veterans Community Living Centers. Regional Centers are state operated facilities for individuals with intellectual and developmental disabilities and as such are the provider of last resort. They provide residential services, medical care, and active treatment programs based on individual assessments and habilitation plans. The Work Therapy Program provides sheltered training and employment workshops for individuals receiving services at the Colorado Mental Health Institute at Fort Logan and the Regional Centers at Grand Junction and Wheat Ridge. The Colorado Brain Injury Program provides funding for direct services for individuals with a brain injury, research related to brain injuries, and education related to brain injuries. Veterans community living centers provide skilled nursing care to honorably discharged veterans, spouses of veterans, and parents of deceased veterans who were killed in action.

This office also provides funding for assistance and support for needy elderly and disabled adult populations in Colorado. This section funds several programs, including the Old Age Pension (OAP) program, which provides cash assistance to eligible individuals age 60 and older, and the Aid to the Needy Disabled and Home Care Allowance programs, which provide cash assistance for low-income disabled adults. This section also funds the State Ombudsman Program, Adult Protective Services (APS) programs, which intervene on behalf of at-risk adults to address abuse, neglect, or exploitation and Older Americans Act services, such as home-delivered meals and transportation to medical appointments that are offered to older Coloradans across the state through the 16 regional Area Agencies on Aging (AAA).

## DEPARTMENT BUDGET: RECENT APPROPRIATIONS

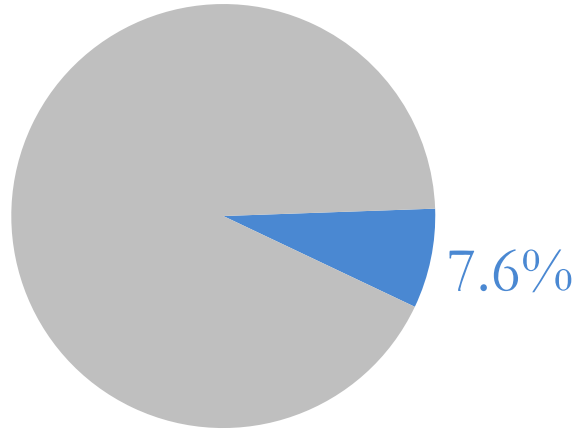
FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$1,034,930,086	\$1,111,202,446	\$1,057,156,646	\$1,117,393,924
Cash Funds	421,832,773	549,781,848	724,693,243	421,632,376
Reappropriated Funds	209,414,386	228,925,941	215,794,327	216,817,997
Federal Funds	709,092,573	1,064,621,460	553,775,174	564,533,549
<b>TOTAL FUNDS</b>	<b>\$2,375,269,818</b>	<b>\$2,954,531,695</b>	<b>\$2,551,419,390</b>	<b>\$2,320,377,846</b>
Full Time Equiv. Staff	5,181.3	5,195.6	5,241.7	5,341.0

\*Requested appropriation.

Funding for the Department of Human Services in FY 2022-23 consists of 41.4 percent General Fund, 28.4 percent cash funds, 8.5 percent reappropriated funds, and 21.7 percent federal funds.

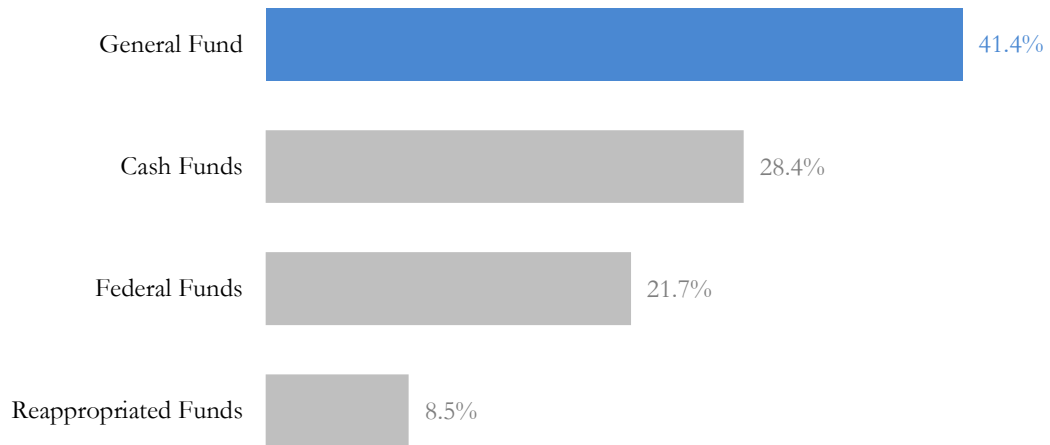
# DEPARTMENT BUDGET: GRAPHIC OVERVIEW

## Department's Share of Statewide General Fund



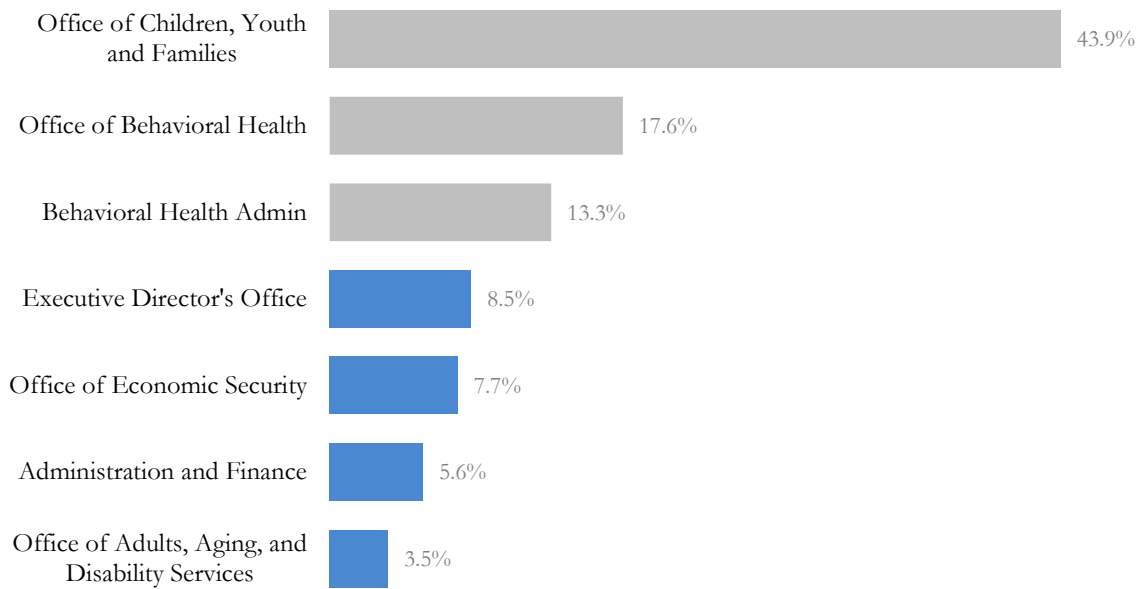
Based on the FY 2022-23 appropriation.

## Department Funding Sources



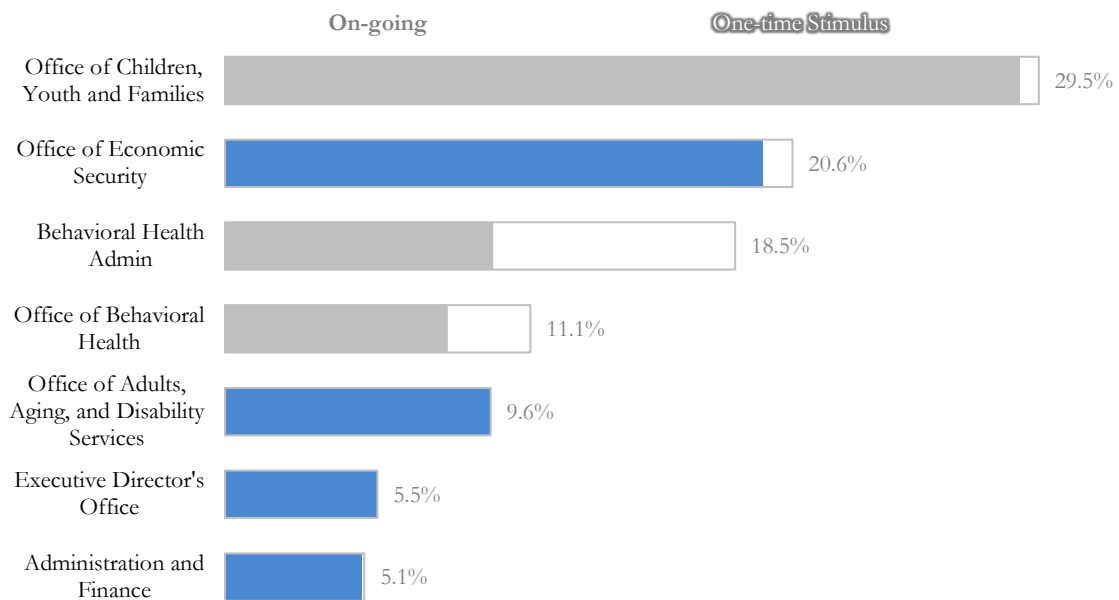
Based on the FY 2022-23 appropriation.

### Distribution of General Fund by Division



Based on the FY 2022-23 appropriation.

### Distribution of Total Funds by Division



Based on the FY 2022-23 appropriation.

## GENERAL FACTORS DRIVING THE BUDGET

### ADMINISTRATIVE DIVISIONS

Due to the large number of employees within the Department, appropriations for common employee benefits are a significant portion of the Executive Director's Office. These costs include the state contribution for the Public Employees' Retirement Association (PERA) and employee health, life and dental benefits. Additionally, the Department has a sizable appropriation for shift differential, which pays a premium to employees who work non-standard shifts in 24-hour institutional facilities. The following table compares the FY 2020-21, FY 2021-22, and FY 2022-23 appropriations for costs associated with employee benefits.

EMPLOYEE BENEFIT APPROPRIATIONS					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
<b>FY 2020-21 Appropriation (5,181.3 FTE)</b>					
Health, life, and dental	\$39,282,023	\$23,514,845	\$510,059	\$12,142,857	\$3,114,262
Short-term disability	470,820	313,062	882	137,495	19,381
State PERA contribution	28,540,160	18,962,186	55,466	8,217,080	1,305,428
Salary survey and merit pay	0	0	0	0	0
Shift differential	7,746,935	4,723,846	39,879	2,038,728	944,482
<b>FY 2020-21 Total</b>	<b>\$76,039,938</b>	<b>\$47,513,939</b>	<b>\$606,286</b>	<b>\$22,536,160</b>	<b>\$5,383,553</b>
<b>FY 2021-22 Appropriation (5,195.6 FTE)</b>					
Health, life, and dental	\$55,004,907	\$34,587,167	\$2,417,019	\$9,217,351	\$8,783,370
Short-term disability	488,186	322,309	17,818	69,799	78,260
State PERA contribution	40,164,613	26,625,280	1,132,540	7,386,851	5,019,942
Salary survey and merit pay	10,160,374	6,719,407	369,133	1,458,114	1,613,720
Shift differential	8,698,621	5,489,915	116,348	2,062,273	1,030,085
<b>FY 2021-22 Total</b>	<b>\$114,516,701</b>	<b>\$73,744,078</b>	<b>\$4,052,858</b>	<b>\$20,194,388</b>	<b>\$16,525,377</b>
<b>FY 2022-23 Appropriation (5,241.7 FTE)</b>					
Health, life, and dental	\$57,736,220	\$37,653,121	\$2,196,120	\$8,680,892	\$9,206,087
Short-term disability	521,705	357,116	19,709	66,517	78,363
State PERA contribution	36,394,516	22,837,888	1,337,982	7,166,456	5,052,190
Salary survey and merit pay	12,496,529	7,981,128	559,338	1,520,060	2,436,003
Shift differential	9,576,594	6,259,535	182,415	2,136,664	997,980
<b>FY 2022-23 Total</b>	<b>\$116,725,564</b>	<b>\$75,088,788</b>	<b>\$4,295,564</b>	<b>\$19,570,589</b>	<b>\$17,770,623</b>

### PUBLIC ASSISTANCE PROGRAMS

Public assistance programs in Colorado operate under a state-supervised, county-administered model. Under this decentralized model, the federal government provides a portion (or all) of the funding for a program (including administrative costs) to the state, which in-turn provides block grant transfers to counties to administer the program in accordance with federal and state laws, regulations, and rules.

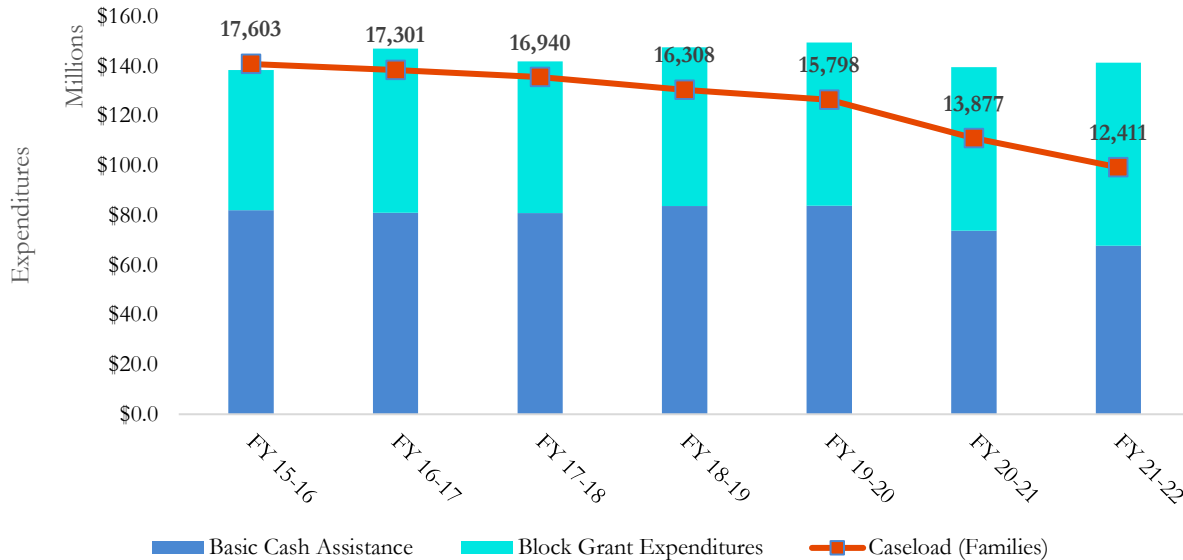
#### TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND COLORADO WORKS

The Colorado Works Program implements the federal Temporary Assistance for Needy Families (TANF) block grant program created in the 1996 welfare reform law. The program provides financial and other assistance to families to enable children to be cared for in their own homes and to assist needy parents in achieving self-sufficiency. Pursuant to federal law, the State receives a fixed amount of \$136.1 million per year in federal TANF block grant funds. The majority of the TANF funds received are allocated as block grants to counties for the provision of basic cash assistance payments



and to support related programs that assist families, including employment and training opportunities and child care assistance.

Over the last seven fiscal years, TANF expenditures have remained relatively consistent while caseload has steadily declined.



In FY 2021-22, TANF expenditures total \$140.1 million and include \$122.7 million in federal funds for County Block Grants. As seen in the previous chart, TANF caseload has steadily decreased from FY 2015-16 to FY 2021-22, with 12,411 families served in last fiscal year for which complete data is available. Basic cash assistance expenditures decreased to \$67.7 million in FY 2021-22, while and other block grant expenditures increased to \$73.6 million.

Federal law allows states to retain any unexpended TANF funds for future use in the event of an economic downturn or caseload growth. Section 26-2-721, C.R.S., allows the Department of Human Services to maintain a Long-Term Works Reserve (LTR) fund. The FY 2022-23 beginning balance in the State’s LTR totaled \$39.2 million. State statute also allows county departments of human/social services to maintain a reserve fund, up to 40.0 percent of its annual TANF block grant, or \$100,000 whichever is greater. The FY 2022-23 beginning balance of all county TANF reserves totaled \$61.0 million.

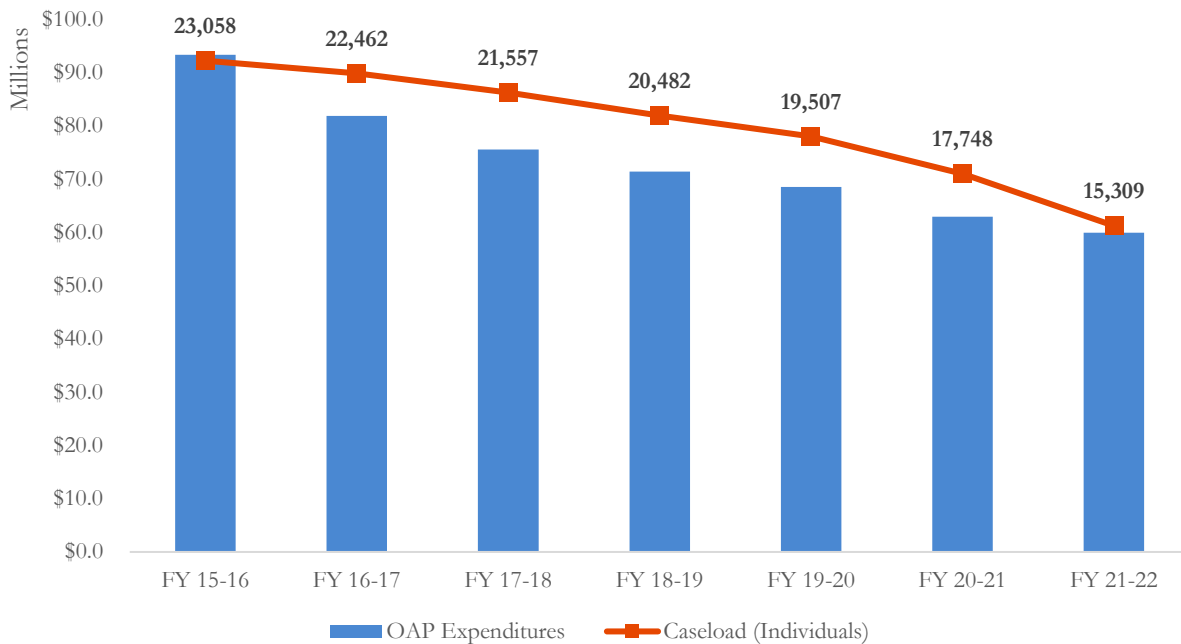
### OLD AGE PENSION PROGRAM

The Old Age Pension (OAP) Program, authorized by the State Constitution (Section 1 of Article XXIV), provides cash assistance to low-income individuals ages 60 and over. It is funded through excise and state sales taxes that are deposited into the OAP cash fund in lieu of the General Fund. Program costs are driven by the size of the benefit (i.e., grant standard) and the number of qualified individuals. The General Assembly has limited control over OAP expenditures, as the state constitution guarantees the benefit, and grant amounts are set by the State Board of Human Services. The Long Bill appropriation, \$78.9 million cash funds in FY 2022-23, reflect anticipated expenditures and is shown for informational purposes only. Expenditures for the OAP Program are driven by cost-

of-living (COLA) increases approved by the State Board of Human Services, caseload, and the grant standard.

The OAP Program total caseload decreased to 15,309 in FY 2021-22, the lowest level in the past seven years. Actual expenditures also declined in FY 2021-22 to \$59.9 million.

Old Age Pension expenditures and caseload are steadily declining.



### COMMUNITY SERVICES FOR THE ELDERLY

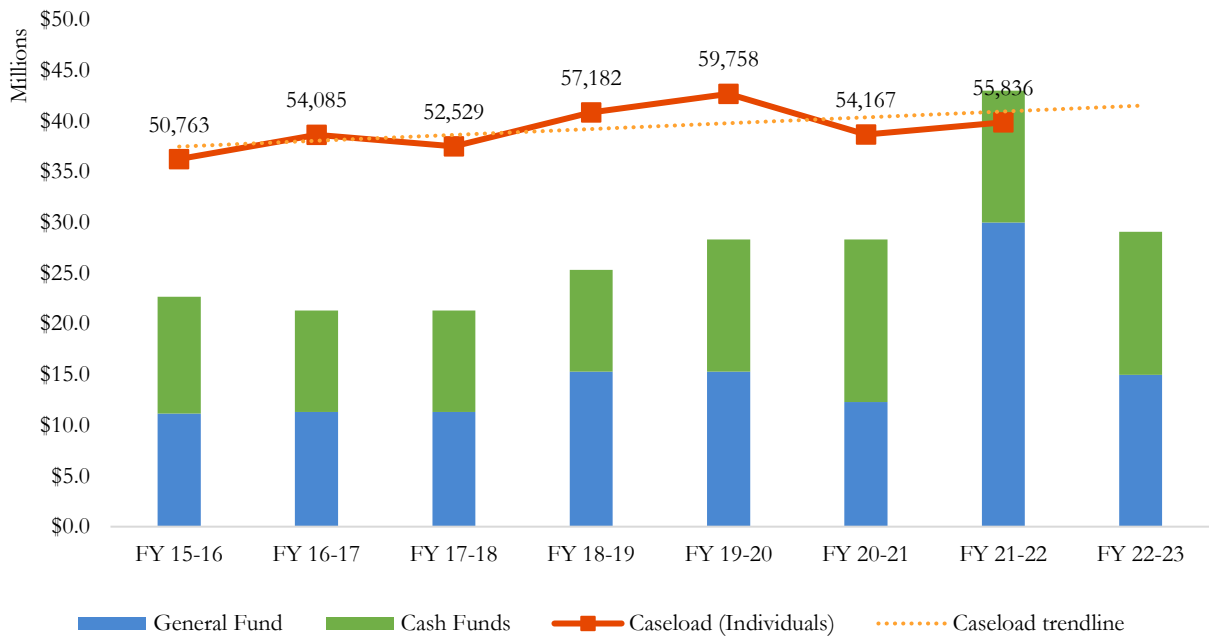
State and federal funds are distributed to Area Agencies on Aging (AAAs) for the provision of a variety of community services for the elderly such as transportation, congregate meals, home delivered meals (Meals on Wheels), and in-home support services. These services are geared toward providing seniors with the opportunity to remain in their homes and communities as long as possible.

In terms of state funds, most of the Department’s appropriations for these types of services are allocated to the State Funding for Senior Services line item. This line item receives funding through two mechanisms. First, Section 39-26-123 (3), C.R.S., annually credits \$10.0 million from state excise and sales taxes to the Older Coloradans Cash Fund. This money would otherwise be deposited in the General Fund. This amount has grown from \$3.0 million as originally set forth in H.B. 00-1072 (Older Coloradans’ Act) to its current level of \$10.0 million via S.B. 13-127 (Sales Tax Revenue To Older Coloradans Cash Fund). However, H.B. 20-1387 (Transfers From Unexpended County Reimbursements) temporarily reduced this transfer to \$8.0 million for FY 2020-21 for budget balancing purposes.

Second, in recent years the General Assembly has appropriated General Fund to support senior services. General Fund appropriations for this purpose have grown from \$0.8 million for FY 2012-13 to a high of \$30.0 million for FY 2021-22. The FY 2021-22 General Fund appropriation was made through two bills: \$15.0 million in S.B. 21-205 (Long Bill) and \$15.0 million S.B. 21-290 (Security for

Colorado Seniors), which created the Strategic Investments in Aging Grant program. The following chart shows appropriations for senior services and the state AAAs' caseload for those years for which we have actual data.

State Funding for Senior Services appropriations and caseload have fluctuated, but remained relatively steady over the last eight fiscal years, with the exception of FY 2021-22 when funding spike due to one-time General Fund appropriations.

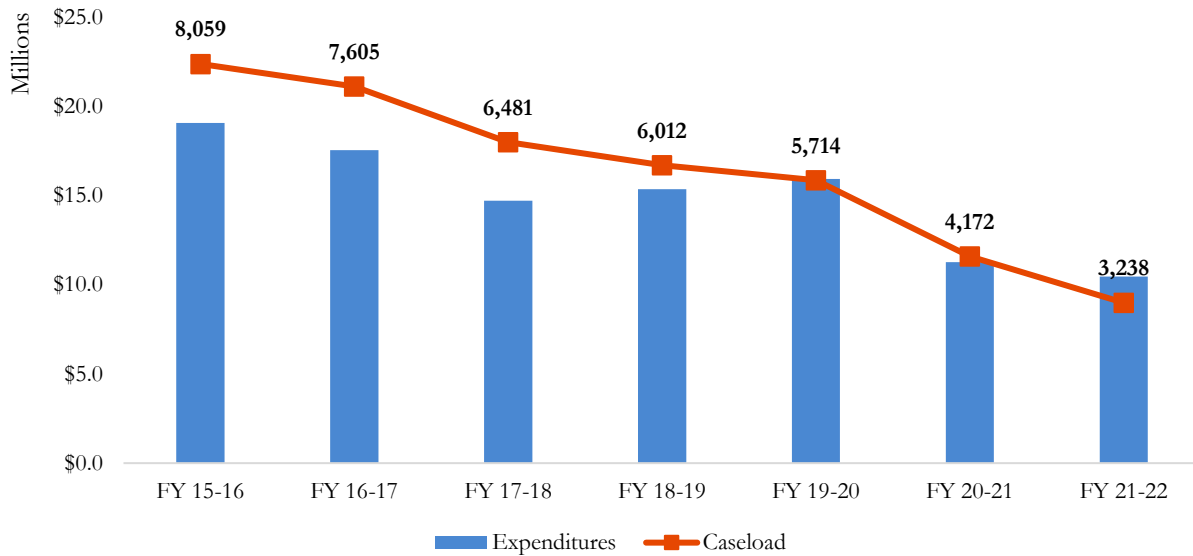


Outside of state funding for senior services, the Department also receives federal funds that it distributes to AAAs to support community-based and in-house services for older adults. The funding derives from the Older Americans Act, which Congress passed in 1965 to spur the development of community social services for older persons. Each state receives Older Americans Act funds according to a formula based on the state's share of the U.S. population age 60 and older. Colorado's share of Older Americans Act funds totals \$22.2 million in federal fiscal year 2021-22 and is projected to remain the same in federal fiscal year 2022-23.

## AID TO THE NEEDY DISABLED

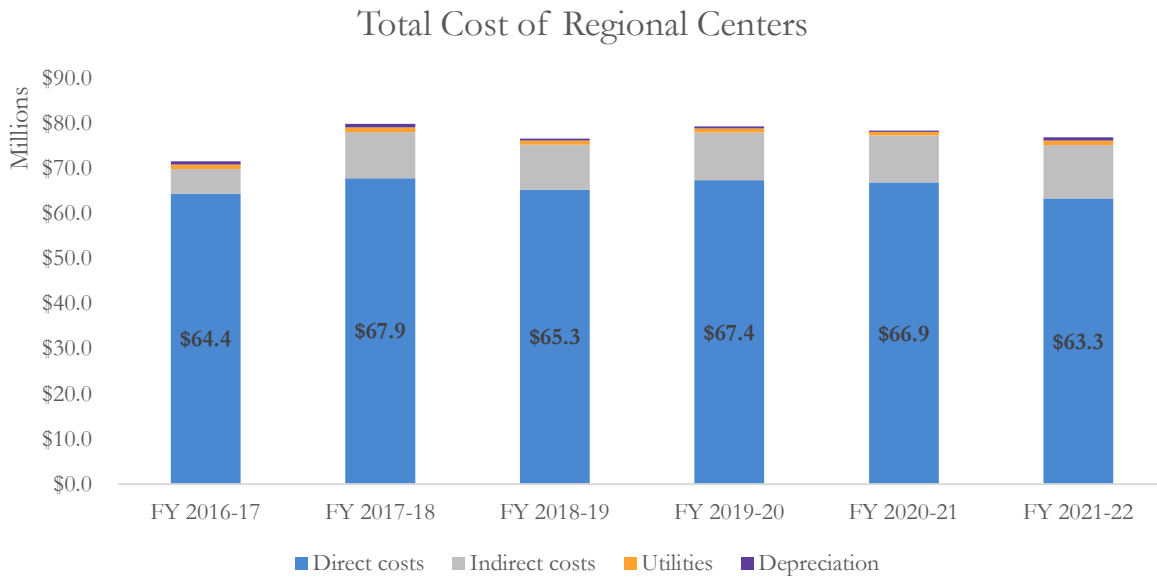
Aid to the Needy Disabled (AND) provides cash assistance to low-income Coloradans with a disability lasting six months or longer that prevents them from working, as documented by a licensed physician. For some beneficiaries, these funds supplement federal Supplemental Security Income (SSI) payments. Other beneficiaries either do not qualify for federal SSI or have pending applications for federal SSI. Funding for this program is comprised of General Fund, county matching funds, and federal reimbursements for payments to individuals who initially receive a state-only subsidy, but are ultimately deemed eligible for federal SSI. Over the last seven fiscal years, the caseload and expenditures for the Aid to the Needy Disabled Programs has declined to 3,238 cases at a cost of \$10.5 million.

Aid to the Needy Disabled Programs expenditures and caseloads are decreasing over time.



## REGIONAL CENTERS

Regional centers are state operated facilities for individuals with intellectual and developmental disabilities (IDD). They provide residential services, medical care, and active treatment programs based on individual assessments and habilitation plans. Regional center services are provided in one of two settings: large congregate residential settings on the regional center campus or group homes that serve four to eight individuals in a community setting. Regional Centers are licensed as either Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) or Adult Comprehensive Waiver Homes (waiver homes). For all the regional centers, regardless of licensure type, Medicaid pays a daily rate based on the actual cost of services and the cost of operating the facilities where services are provided. In the last four fiscal years, the total cost of the state's Regional Centers has remained relatively flat, with direct costs accounting for the majority of expenditures.



## SUMMARY: FY 2022-23 APPROPRIATION & FY 2023-24 REQUEST

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
H.B. 22-1329 (Long Bill)	\$2,638,145,548	\$1,141,826,416	\$462,123,650	\$225,856,891	\$808,338,591	5,332.5
Other legislation	(86,726,158)	(84,669,770)	262,569,593	(10,062,564)	(254,563,417)	(90.8)
<b>TOTAL</b>	<b>\$2,551,419,390</b>	<b>\$1,057,156,646</b>	<b>\$724,693,243</b>	<b>\$215,794,327</b>	<b>\$553,775,174</b>	<b>5,241.7</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$2,551,419,390	\$1,057,156,646	\$724,693,243	\$215,794,327	\$553,775,174	5,241.7
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R2 Preventing youth homelessness	5,100,837	5,049,825	0	0	51,012	7.4
R3 County adult protective services support	1,609,266	1,309,266	300,000	0	0	1.0
R4 Improving Medicaid access for child welfare	541,573	162,500	0	291,573	87,500	2.7
R5 Reforming IT project ownership	0	0	0	0	0	0.0
R6 DYS security equipment upgrades	540,600	540,600	0	0	0	0.0
R7 Improving SNAP delivery	0	0	0	0	0	5.6
R8 Forensic Services Division capacity expansion	3,704,803	3,704,803	0	0	0	23.1
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	22,491,357	13,879,529	3,290,100	446,776	4,874,952	0.0
R11 Aid for parents to make child support payments	1,140,274	0	0	0	1,140,274	1.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R13 Sustaining ReHire Colorado	102,904	102,904	0	0	0	0.0
R14 OCFMH data management and reporting	236,314	236,314	0	0	0	2.8
R15 Quality assurance budget alignments	0	0	0	0	0	0.0
R16 Juvenile justice budget alignment	0	0	0	0	0	0.0
R17 Realign child welfare hotline budget	(535,787)	(535,787)	0	0	0	0.0
R18 DYS caseload reduction for parole and transition	(700,000)	(700,000)	0	0	0	0.0
R19 DYS caseload reduction for state facilities	(1,927,398)	(1,675,864)	0	(134,557)	(116,977)	0.0
BHA-R1 Behavioral Health Administration personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
Centrally appropriated line items	23,532,567	16,198,261	2,518,073	2,614,667	2,201,566	0.0
Indirect cost assessments	6,520,404	0	1,035,765	2,025,147	3,459,492	0.0
Non-prioritized requests	2,386,535	2,126,875	204,946	54,714	0	(3.5)
Technical adjustments	492,540	507,114	(90,811)	(47,220)	123,457	0.0
Annualize prior year legislation	(312,406,151)	(1,988,084)	(311,972,108)	459,017	1,095,024	11.0
Annualize prior year budget actions	(1,771,130)	5,175,193	(98,019)	(4,690,379)	(2,157,925)	9.5
<b>TOTAL</b>	<b>\$2,320,377,846</b>	<b>\$1,117,393,924</b>	<b>\$421,632,376</b>	<b>\$216,817,997</b>	<b>\$564,533,549</b>	<b>5,341.0</b>
<b>INCREASE/(DECREASE)</b>	(\$231,041,544)	\$60,237,278	(\$303,060,867)	\$1,023,670	\$10,758,375	99.3
Percentage Change	(9.1%)	5.7%	(41.8%)	0.5%	1.9%	1.9%

\* Decision items shaded in grey are not addressed in this document. These items are address by other JBC Staff briefing documents.

**R3 COUNTY ADULT PROTECTIVE SERVICES SUPPORT:** The request includes an increase of \$1.6 million total funds, including \$1.3 million General Fund and \$300,000 cash funds from local county matching funds, and 1.0 FTE in FY 2023-24 and ongoing. The Colorado Adult Protective Services Program (APS) codified in Section 26-3.1-101 et seq., C.R.S., was created to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect. The Department identifies this request as theory-informed.

**R5 REFORMING IT PROJECT OWNERSHIP:** The request includes a budget neutral transfer of \$3.7 million total funds, including \$1.3 million General Fund, from the Payments to OIT line item to the Personal Services line item within the Administration and Finance section for FY 2023-24 and ongoing. This request would move IT project ownership and management from OIT to DHS and result in the hiring of 38.0 contract FTE. The Department identifies this request as theory-informed.

*RECOMMENDATION:* In consultation with JBC staff for Information Technology Projects and Joint Technology Committee (JTC) staff, staff recommends that the Committee refer this request to the Joint Technology Committee (JTC), pursuant to Joint Rule 45(b). **JBC staff for Information Technology Projects will present this recommendation in a single document for Committee action at a later date.** Staff further recommends that this request remain for consideration in the operating budget as submitted; however, staff requests a JTC review and recommendation as an IT-related operating request item.

**R7 IMPROVING SNAP DELIVERY:** The request includes a transfer of \$622,173 total funds, including \$311,087 General Fund, from the Electronic Benefits Transfer Service line item to the Supplemental Nutrition Assistance Program Administration line item within the Office of Economic Security, Food and Energy Assistance subdivision for FY 2023-24 and ongoing. The request also includes an increase of 5.6 FTE in FY 2023-24, annualizing to 6.0 FTE in FY 2024-25 and ongoing. The shift in funding and increase in FTE are requested to improve and bolster the administration of the Supplemental Nutrition Assistance Program (SNAP), as well as provide additional support to the State's counties who administer the Program.

**R10 COMMUNITY PROVIDER RATE:** The request includes an increase of \$22.5 million total funds, including \$13.9 million General Fund, in FY 2023-24 and ongoing for a 3.0 percent provider rate adjustment. This request affects the Office of Children, Youth, and Families, the Office of Economic Security, the Office of Behavioral Health, and the Office of Adults, Aging, and Disability Services.

**R11 AID FOR PARENTS TO MAKE CHILD SUPPORT PAYMENTS:** The request includes an increase of \$1.1 million federal funds from the Temporary Assistance for Needy Families (TANF) Block Grant and 1.0 FTE in FY 2023-24 through FY 2026-27 to provide employment services to at least 300 low-income, non-custodial parents through the Improved Payments and Child Success (IMPACS) program. Funding for the program, operated by the Department under Sections 26-2-706 (1)(d) and 26-2-706.6 (4), C.R.S., has been provided through FY 2022-23. The Department is seeking to extend the program an additional four fiscal years to continue providing services and to collect additional programmatic data to allow for a full program evaluation. The Department identifies this request as evidence-informed.

**R13 SUSTAIN REHIRE COLORADO [REQUIRES LEGISLATION]:** The request includes an increase of \$102,904 General Fund to increase the funding for the ReHire Colorado program, authorized by Section 26-2-1101 et seq., C.R.S., to provide increased wage subsidies to program participants.

Additionally, the Department requests that the Committee sponsor legislation to extend the program indefinitely; the program is set to repeal July 1, 2025. The Department identifies this request as proven.

**R15 QUALITY ASSURANCE BUDGET ALIGNMENT:** The request includes a budget neutral transfer of \$1.2 million total funds, including \$1,161,187 General Fund, and 13.0 FTE from the Office of Children, Youth, and Families to the Administration and Finance division to align the Department’s budget structure with its operational structure for administrative review and quality assurance related to child welfare and youth services. This request is associated with the reorganization of the Department’s Long Bill section that was approved and implemented during the 2022 legislative session.

R15 QUALITY ASSURANCE BUDGET ALIGNMENT SUMMARY						
DIVISION	SUB DIVISION	LINE ITEM	TOTAL FUNDS	GENERAL FUND	FEDERAL FUNDS	FTE
Admin/Finance	Special Purpose	Administrative Review Unit	\$517,503	\$439,613	\$77,890	6.0
Admin/Finance	Special Purpose	Quality Assurance Youth Services	721,574	721,574	0	7.0
OCYF	Div of Child Welfare	Continuous Quality Improvement	(517,503)	(439,613)	(77,890)	(6.0)
OCYF	Div of Youth Services	Program Administration	(721,574)	(721,574)	0	(7.0)
Total			\$0	\$0	\$0	0.0

**CENTRALLY APPROPRIATED LINE ITEMS:** The request includes adjustments to centrally appropriated line items:

CENTRALLY APPROPRIATED LINE ITEMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Salary survey	\$25,609,827	\$18,932,095	\$1,324,318	\$2,215,770	\$3,137,644	0.0
Payments to OIT	7,778,741	2,955,922	0	4,822,819	0	0.0
Legal services	1,414,867	843,261	0	571,606	0	0.0
Vehicle lease payments	197,251	97,245	0	100,006	0	0.0
Risk management and property adjustment	36,217	31,400	0	4,817	0	0.0
Shift differential	(2,099,941)	(1,437,060)	48,487	(468,751)	(242,617)	0.0
Workers’ compensation	(1,937,783)	(1,195,612)	0	(742,171)	0	0.0
PERA Direct Distribution	(1,616,878)	0	0	(1,616,878)	0	0.0
AED	(1,577,455)	(1,267,867)	37,099	(293,451)	(53,236)	0.0
SAED	(1,577,455)	(1,267,867)	37,099	(293,451)	(53,236)	0.0
Health, life, and dental	(1,380,812)	(871,862)	1,069,955	(997,352)	(581,553)	0.0
CORE adjustment	(488,256)	(294,418)	0	(193,838)	0	0.0
Capitol Complex leased space	(386,982)	(135,444)	0	(251,538)	0	0.0
ALJ services	(362,018)	(131,775)	0	(230,243)	0	0.0
Short-term disability	(76,756)	(59,757)	1,115	(12,678)	(5,436)	0.0
<b>TOTAL</b>	<b>\$23,532,567</b>	<b>\$16,198,261</b>	<b>\$2,518,073</b>	<b>\$2,614,667</b>	<b>\$2,201,566</b>	<b>0.0</b>

**INDIRECT COST ASSESSMENTS:** The request includes net adjustments to indirect costs across the Department.

**NON-PRIORITIZED REQUESTS:** The request includes the following non-prioritized request items, which are linked to decision items in other departments and common policy decisions.

NON-PRIORITIZED REQUESTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
OIT Budget package	\$2,802,753	\$1,065,046	\$0	\$1,737,707	\$0	0.0



NON-PRIORITIZED REQUESTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
NP4 Records and Reports CF Solution	1,208,889	1,208,889	0	0	0	2.0
DPS Digital trunk radio	303,702	115,407	0	188,295	0	0.0
NP2 Food service inflation	273,706	0	0	273,706	0	0.0
DPA COE common policy	73,055	29,222	0	43,833	0	0.0
DPA Capitol complex staffing	46,436	19,085	0	27,351	0	0.0
DPA Transfer perf. budgeting to DPA	9,735	6,026	0	3,709	0	0.0
BHANP1 Maternity equity	(1,903,091)	0	0	(1,903,091)	0	0.0
NP8 Transfer FTE between DEC and DHS	(428,650)	(316,800)	204,946	(316,796)	0	(5.5)
<b>TOTAL</b>	<b>\$2,386,535</b>	<b>\$2,126,875</b>	<b>\$204,946</b>	<b>\$54,714</b>	<b>\$0</b>	<b>(3.5)</b>

**TECHNICAL ADJUSTMENTS:** The request includes an increase of \$492,540 total funds, including \$507,114 General Fund for technical adjustments, including for the upcoming leap year and annual depreciation-lease equivalent payments.

TECHNICAL ADJUSTMENTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Leap year	\$600,491	\$367,061	\$96,967	\$13,006	\$123,457	0.0
ADL equivalent payments	140,053	140,053	0	0	0	0.0
State Ombudsman Program	(173,289)	0	(173,289)	0	0	0.0
DYS administration	(60,226)	0	0	(60,226)	0	0.0
Administrative Review Unit	(14,489)	0	(14,489)	0	0	0.0
<b>TOTAL</b>	<b>\$492,540</b>	<b>\$507,114</b>	<b>(\$90,811)</b>	<b>(\$47,220)</b>	<b>\$123,457</b>	<b>0.0</b>

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$312.4 million total funds to reflect the FY 2023-24 impact of bills passed in previous sessions, summarized in the following table.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
HB 22-1259 Modifications to Colorado Works program	\$1,540,937	\$2,266,909	(\$1,698,606)	\$0	\$972,634	0.0
HB 22-1278 Behavioral Health Administration	1,192,353	1,192,353	0	0	0	12.1
HB 22-1374 Foster care success act	1,112,326	1,112,326	0	0	0	0.1
HB 22-1094 Foster youth in transition	843,318	421,659	0	421,659	0	0.0
HB 22-1256 Modifications to civil involuntary commitment	576,814	576,814	0	0	0	5.2
SB 22-235 County admin of public assistance programs	200,000	60,000	0	80,000	60,000	0.0
HB 22-1289 Health benefits for children	166,000	107,900	0	0	58,100	0.0
HB 22-1056 Emergency care for children	49,550	45,260	0	0	4,290	0.0
HB 22-1061 Modifications to NGRI	33,539	33,539	0	0	0	0.5
HB 22-1315 Colorado 211 collaborative funding	4,936	4,936	0	0	0	0.1
HB 22-1397 Statewide equity office	1,915	0	0	1,915	0	0.3
HB 22-1249 School security and behavioral health	0	6,000,000	(6,000,000)	0	0	0.0
HB 22-1281 Behavioral health-care continuum gap grant	(90,000,000)	0	(90,000,000)	0	0	(0.5)

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
SB 22-196 Health needs of persons in criminal justice system	(50,700,000)	0	(50,700,000)	0	0	0.0
HB 22-1303 Increase residential behavioral health beds	(47,160,741)	0	(47,160,741)	0	0	(7.0)
SB 22-181 Behavioral health workforce	(36,806,984)	0	(36,806,984)	0	0	0.0
HB 22-1386 Competency to proceed and restoration	(29,362,828)	0	(29,362,828)	0	0	0.0
HB 22-1283 Youth and family behavioral health	(19,667,949)	0	(19,667,949)	0	0	0.0
HB 22-1326 Fentanyl accountability	(13,755,154)	(10,630,154)	(3,125,000)	0	0	0.9
SB 22-177 Investments in care coordination	(12,200,000)	0	(12,200,000)	0	0	0.0
HB 22-1380 Critical services for low-income households	(6,000,000)	0	(6,000,000)	0	0	0.0
SB 22-148 CO Land-based tribe behavioral health grant	(5,000,000)	0	(5,000,000)	0	0	0.0
HB 21-1105 Low-income utility payment assistance contributions	(4,250,000)	0	(4,250,000)	0	0	0.0
HB 22-1364 Food Pantry Assistance Grant program	(3,000,000)	(3,000,000)	0	0	0	0.0
HB 22-1131 Reduce justice involvement	(105,000)	(105,000)	0	0	0	0.0
SB 22-211 Repurpose Ridge View Campus	(44,557)	(44,557)	0	0	0	(0.4)
HB 22-1378 Denver-metro regional navigation	(44,557)	0	0	(44,557)	0	(0.4)
HB 22-1099 Policies and procedures	(30,000)	(30,000)	0	0	0	0.0
HB 22-1052 Promoting crisis services	(69)	(69)	0	0	0	0.1
<b>TOTAL</b>	<b>(\$312,406,151)</b>	<b>(\$1,988,084)</b>	<b>(\$311,972,108)</b>	<b>\$459,017</b>	<b>\$1,095,024</b>	<b>11.0</b>

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The FY 2023-24 request includes a net decrease of \$1.8 million total funds, including an increase of \$5.2 million General Fund, for prior year budget actions, summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 NPBA2 COWINS Partnership Agreement	\$993,551	\$688,464	\$77,204	\$90,328	\$137,555	0.0
FY 2022-23 R6 Facilities Management Operating	747,980	5,510,168	0	(4,762,188)	0	0.0
FY 2022-23 R17 Realign child welfare hotline	457,787	457,787	0	0	0	0.0
FY 2022-23 R7 DYS phone replacement	100,000	100,000	0	0	0	0.0
FY 2022-23 BA2 Behavioral Health Safety Net	80,611	80,611	0	0	0	1.2
FY 2022-23 BA4 National School Lunch Program staffing	6,931	(42,500)	49,431	0	0	0.5
FY 2019-20 R21 Salesforce shield	6,274	729	0	5,545	0	0.0
FY 2022-23 BA5 Implementation of SAPA	3,212	3,212	0	0	0	0.1
FY 2019-20 R6 Child support employment	(1,820,720)	0	0	0	(1,820,720)	(1.0)
FY 2022-23 BA9 DYS Job readiness	(1,088,000)	(1,088,000)	0	0	0	0.0
FY 2022-23 Salary survey	(647,946)	(21,762)	(186,260)	0	(439,924)	0.0
FY 2022-23 BA6 SB 21-278 funding	(250,000)	(250,000)	0	0	0	0.0

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 R1 Food service & housekeeping	(170,593)	(89,713)	(38,394)	(19,083)	(23,403)	0.0
FY 2022-23 R2 CMHIFL 44 bed operating	(147,914)	(147,914)	0	0	0	8.4
FY 2022-23 R10 SNAP Fair Hearings Compliance	(18,466)	(9,233)	0	0	(9,233)	0.1
FY 2022-23 R4 County child welfare support	(15,712)	(13,512)	0	0	(2,200)	0.2
FY 2022-23 NP5 OIT package	(8,125)	(3,144)	0	(4,981)	0	0.0
<b>TOTAL</b>	<b>(\$1,771,130)</b>	<b>\$5,175,193</b>	<b>(\$98,019)</b>	<b>(\$4,690,379)</b>	<b>(\$2,157,925)</b>	<b>9.5</b>

## ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds).

### SUMMARY

- Through FY 2021-22, the Department has expended \$20.3 million of the \$46.0 million, or 44.1 percent, of the one-time General Fund appropriated by the General Assembly.
- Through FY 2021-22, the Department has expended \$41.4 million of the \$482.4 million, or 8.6 percent, of the one-time ARPA funds appropriated by the General Assembly and allocated by the Governor.

### RECOMMENDATION

Staff recommends that the Committee seek updates from all departments during their budget hearings on the use of significant one-time allocations of federal and state funding.

### DISCUSSION

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated \$528.4 million in one-time funding to the Department of Human Services through appropriations and transfers. For many programs, authority was provided to expend the funds through FY 2023-24 or beyond. To assist the Committee in tracking the use of these funds, the tables below show the sum of allocations provided for FY 2020-21, FY 2021-22, and FY 2022-23 and expenditures through FY 2021-22 by the original source of the funds (General Fund, federal Coronavirus State Fiscal Recovery Funds, and other funds).

### ALLOCATION AND EXPENDITURE OF ONE-TIME GENERAL FUND

DEPARTMENT OF HUMAN SERVICES ONE-TIME GENERAL FUND			
BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
H.B. 20B-1003 Food pantry	5,000,000	4,950,000	Aids Colorado food pantries and food banks in the purchase of foods that better meet the needs of their clientele.
S.B. 21-239 2-1-1 statewide human services referral system	\$1,000,000	\$1,000,000	For a grant to the 2-1-1 Collaborative
S.B. 21-290 Security for CO seniors	15,000,000	6,820,000	Creates the Area Agency on Aging Cash Fund and is intended to support projects that help older Coloradoans including community services; infrastructure improvements; health promotion;

DEPARTMENT OF HUMAN SERVICES ONE-TIME GENERAL FUND			
BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
			transportation services; home modification; and fall prevention and chronic disease management programs.
H.B. 21-1258 Mental health screenings in school	9,000,000	5,520,000	For the Temporary Youth Mental Health Services Program.
H.B. 21-1270 SNAP employment	3,000,000	2,050,000	Funding will be used by counties and a third-party partner to provide employment support and job retention services for SNAP recipients.
H.B. 22-1326 Fentanyl	10,000,000	0	For substance use treatment and prevention services.
H.B. 22-1364 Food pantry	3,000,000	0	Aids Colorado food pantries and food banks in the purchase of foods that better meet the needs of their clientele.
<b>TOTAL</b>	<b>\$46,000,000</b>	<b>\$20,340,000</b>	

\* Highlighted bills affect the divisions of DHS covered by this briefing document.

## ALLOCATION AND EXPENDITURE OF ONE-TIME FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS (ARPA FUNDS)

DEPARTMENT OF HUMAN SERVICES ONE-TIME ARPA FUNDS			
BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-027 Emergency supplies for babies/families	\$5,000,000	\$4,674,692	For the Food Pantry Assistance Grant Program
S.B. 21-137 Behavioral Health Recovery Act	10,000,000	10,000,000	For managed service organizations for increasing access to substance use disorder treatment and recovery
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	597,862	Services for school-aged children and parents by community mental health center school-based clinicians
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	376,471	Colorado crisis system services in response to COVID-19 impacts on the behavioral health of Colorado residents
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	0	Behavioral health and substance use disorder treatment for children, youth, and their families
S.B. 21-137 Behavioral Health Recovery Act	1,000,000	556,980	Mental health awareness campaign
S.B. 21-137 Behavioral Health Recovery Act	18,000,000	1,517,481	Behavioral health workforce development program
S.B. 21-137 Behavioral Health Recovery Act	26,000,000	478,746	Behavioral health statewide care coordination infrastructure
S.B. 21-137 Behavioral Health Recovery Act	9,000,000	3,119,934	County-based Behavioral Health Grant program
S.B. 21-137 Behavioral Health Recovery Act	500,000	191,219	Guardianship services for individuals transferring out of mental health institutes
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	292,675	Jail based behavioral health services
S.B. 21-137 Behavioral Health Recovery Act	3,250,000	1,053,371	Community mental health centers for COVID-19 response

**DEPARTMENT OF HUMAN SERVICES ONE-TIME ARPA FUNDS**

BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	239,904	Pilot program for residential placement of children and youth with high acuity physical, mental, or behavioral health needs
S.B. 21-137 Behavioral Health Recovery Act	3,000,000	33	High-risk families cash fund in the Dept. of Human Services
S.B. 21-137 Behavioral Health Recovery Act	300,000	0	Office of the Ombudsman for Behavioral Health Access to Care
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	8,111,560	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund competency beds
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	1,853,982	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund residential youth beds
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	1,742,863	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund CMHIP administrative staff
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	14,824	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund department-wide staffing and retention efforts
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	6,045,200	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund department-wide booster incentives
S.B. 21-292 Federal COVID funding for victim's services	4,750,000	556,370	For the Colorado Domestic Abuse Program
S.B. 22-148 Tribal facility	5,000,000	0	For the Colorado-land Based Tribe Behavioral Health Services Grant Program.
S.B. 22-177 Care coordination	12,200,000	0	For behavioral health administration care coordination infrastructure.
S.B. 22-181 Workforce investments	36,806,984	0	For behavioral health care provider workforce development, planning, education, and related costs.
S.B. 22-183 Crime victims services	6,000,000	0	Transfer to the State Domestic Violence and Sexual Assault Services Fund, which is continuously appropriated to the Department of Human Services to reimburse a nongovernmental agency, federally recognized Indian Tribe, or coalition for services to domestic violence and sexual assault crime victims.
S.B. 22-196 Criminal justice direct investments	50,700,000	0	For behavioral health administration program costs to address health needs of persons in the criminal justice system;
H.B. 22-1243 School security/behavioral health funding	6,000,000	0	For the Temporary Youth Mental Health Services Program.
H.B. 22-1259 Modifications to CO Works	25,000,000	0	Appropriates \$3,500,000 for the Employment Opportunities With Wages program. Transfers \$21,500,000 to the Long-term Works Reserve for increases in basic cash assistance payments
H.B. 22-1281 Community Behavioral Health Grant Program	90,000,000	0	Includes \$75.0 million for the Behavioral Health Care Continuum Gap Grant

DEPARTMENT OF HUMAN SERVICES ONE-TIME ARPA FUNDS			
BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
			Program and \$15.0 million for the Substance Use Workforce Stability Grant Program
H.B. 22-1283 Youth and family residential care	54,667,949	0	Makes the following appropriations: \$11,628,023 for child welfare respite and residential programs; \$7,500,000 to expand substance use residential beds for adolescents; \$2,500,000 for the crisis response service system; \$35,000,000 for capital costs and \$539,926 for building maintenance costs for a youth neuro-psych facility at the Colorado Mental Health Institute at Fort Logan.
H.B. 22-1303 Adult residential care	57,844,419	0	Makes the following appropriations: \$3,692,111 for capital construction costs related to renovating existing properties to create mental health residential facilities; \$6,991,567 for capital construction costs related to renovation of inpatient beds at the Colorado Mental Health Institute at Fort Logan (CMHIFL); \$6,578,266 for operation of additional beds at CMHIFL; \$39,854,179 for mental health facility oversight, operating costs, contract beds, and renovation of mental health residential facilities; \$728,296 for administrative costs.
H.B. 22-1326 Fentanyl	3,000,000	0	For jail-based behavioral health services related to integrated behavioral health services.
H.B. 22-1380 Critical services for low-income households	6,000,000	0	For IT system interoperability, fuel assistance payments, and electronic benefits transfers.
H.B. 22-1386 Competency beds	28,562,828	0	To the Office of Behavioral Health for purchased inpatient bed capacity.
H.B. 22-1386 Competency beds	800,000	0	To support a feasibility study of the renovation of a facility in Adams County to provide inpatient beds for competency services.
<b>TOTAL</b>	<b>\$482,382,180</b>	<b>\$41,424,167</b>	

\* Highlighted bills affect the divisions of DHS covered by this briefing document.

## IMPLEMENTATION UPDATES AND ITEMS OF NOTE

**H.B. 20B-1003 FOOD PANTRY ASSISTANCE PROGRAM:** The Department reports that during the FY 2020-21 grant cycle for the Program 200 applications were submitted, with 181 grants being awarded.

**S.B. 21-027 (EMERGENCY SUPPLIES FOR COLORADO BABIES AND FAMILIES):** In FY 2021-22, the Department contracted the administration of the Food Pantry Assistance Program to a third-party vendor, as authorized by the bill. During the grant cycle, 207 applications were submitted, with 141 grants being awarded.

**S.B. 21-290 (SECURITY FOR COLORADO SENIORS):** This program was amended by S.B. 22-185 (Security For Colorado Seniors), changing the name to the Strategic Investments in Aging Grant Program and making the supporting cash fund continuously appropriated. The Department reports that 24 grant applications have been funded, with \$14.6 million of the funding being expended or obligated to-date.

**H.B. 21-1270 (APPROPRIATION TO DEPARTMENT OF HUMAN SERVICES FOR SUPPLEMENTAL ASSISTANCE NUTRITION PROGRAM):** In the first nine months of implementation, 2,200 clients were served. The top three direct services provided to clients by counties and third-parties were: work readiness training, job search assistance, and vocational training. The top three supports services provided to clients were: car repairs and transportation assistance, vocational training costs, and rental assistance. House Bill 22-1370 (Coverage Requirements For Health-care Products) provided the Department roll forward authority for the remaining appropriations provided through H.B. 21-1270.

**H.B. 22-1259 MODIFICATIONS TO CO WORKS:** The Department has provided the following update to the anticipated out year fiscal impacts of this bill. Changes from the initial Legislative Council fiscal note include updated caseload data, final 2023 federal Social Security Administration COLA, and draft rule changes for the earned income disregard and 60-month extension. This analysis considers spending levels above FY 2021-22 to include the 10.0 percent BCA increase, COLA, and policy changes. Any caseload fluctuations are assumed to be absorbed by the annual TANF block grant. Based on these updates, it is estimated that \$2.1 million in General Fund will be needed to cover increases to BCA and policy changes in FY 23-24.

H.B. 22-1259 FISCAL IMPACTS & ASSUMPTIONS							
FISCAL YEAR	CASELOAD	ESTIMATED BCA EXPENDITURES	10% INCREASE (INCLUDES COLA)	COLA	POLICY CHANGES	TOTAL BCA + POLICY CHANGE INCREASE	TOTAL BCA + POLICY CHANGE INCREASE (AFTER ARPA)
21-22 Base	12,527	\$76,364,592	\$0	n/a	n/a	n/a	n/a
22-23	14,449	96,923,892	8,842,788	n/a	n/a	n/a	n/a
23-24	16,000	107,328,000	9,792,000	n/a	\$6,067,666	\$15,859,666	\$3,202,454
24-25	16,000	113,714,016	10,374,624	6.0%	6,067,666	16,442,290	16,442,290
25-26	16,000	119,191,241	10,874,335	4.8%	6,067,666	16,942,001	16,942,001
26-27	16,000	122,469,000	11,173,379	2.8%	6,067,666	17,241,045	17,241,045

H.B. 22-1259 FISCAL IMPACTS OF POLICY CHANGES						
FISCAL YEAR	EARNED INCOME DISREGARD	EXTENSIONS	REDUCED SANCTIONS	DRUG FELONY ELIGIBILITY	TOTAL POLICY CHANGES	
23-24	\$1,998,984	\$2,683,200	\$312,202	\$1,073,280	\$6,067,666	
24-25	1,998,984	2,683,200	312,202	1,073,280	6,067,666	
25-26	1,998,984	2,683,200	312,202	1,073,280	6,067,666	
26-27	1,998,984	2,683,200	312,202	1,073,280	6,067,666	

H.B. 22-1259 FUNDING SOURCES			
FISCAL YEAR	ARPA	TANF	GENERAL FUND
21-22 Base	\$21,500,000	\$0	\$0
22-23	8,842,788	0	0
23-24	12,657,212	1,067,485	2,134,969
24-25	0	5,480,763	10,961,526
25-26	0	5,647,334	11,294,667
26-27	0	5,747,015	11,494,030



## ISSUE 2: R3 COUNTY ADULT PROTECTIVE SERVICES SUPPORT

The Department requests an increase of \$1,609,266 total funds, including \$1,309,266 General Fund and \$300,000 cash funds from local county matching funds, and 1.0 FTE in FY 2023-24 and ongoing. The Colorado Adult Protective Services Program (APS) codified in Section 26-3.1-101 et seq., C.R.S., was created to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect.

### SUMMARY

- From 2020-2050, the share of Colorado's total population that is 65 years or older is projected to increase from 15.1 percent to 21.1 percent, while the 0-17 (21.7 percent to 18.2 percent) and 18-64 (63.2 percent to 60.6 percent) age groupings share of the total population will both decrease.<sup>1</sup>
- Since mandatory reporting of at-risk adults experiencing mistreatment or self-neglect became State policy in FY 2014-15, the number of APS reports have increase year-over-year but APS caseload has remained relatively constant. However, case complexity and acuity have reportedly increased in that time.

### DISCUSSION

The Colorado Adult Protective Services Program (APS), codified in Section 26-3.1-101 et seq., C.R.S., was created to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect. The program is state-supervised and county-administered, like many other public assistance programs, with the Department providing oversight of the program through training, policymaking, monitoring, technical assistance, and quality assurance. The county departments of human and/or social services administer their APS programs locally, hiring and supervising the caseworkers who conduct the casework. County programs are required to adhere to principles consent, self-determination, and the least-restrictive interventions to best serve at-risk adults.

The Adult Protective Services Program is not a federally-regulated program. Each state must establish their own statutes and regulations for the operation of APS and provide the necessary funding to support the work associated with meeting those requirements. In Colorado, 80.0 percent of non-federal funding for the Program is from the General Fund and 20.0 percent is from the required county matching funds. The cash funds in the Adult Protective Services line item represent the local matching funds required to implement the program and are informational only, as indicated by the (I) notation affixed to the Long Bill appropriation. A portion of federal Title XX Social Security Block Grant funds (\$2.2 million in FY 2022-23) are designated for the APS Program.

There is a multi-step process from reporting to case management for at-risk adults experiencing mistreatment or self-neglect. Anyone may make a report to a county, though certain professions, are

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<sup>1</sup> Colorado Department of Local Affairs, State Demography Office, *State and Regional Population Estimates by Single Year of Age, 1990 to 2050*. Colorado: State of Colorado, October 2022, <https://demography.dola.colorado.gov/assets/html/sdodata.html> (accessed December 2022). Calculations by JBC staff.

strongly encouraged (Section 26-3.1-102 (1)(b), C.R.S.) or required (Section 18-6.5-108 (1)(b), C.R.S.) to report potential incidents not more than 24 hours after such observation or discovery. Law enforcement agencies are then required to provide the reported information to the county in which the at-risk adult resides. The statutory definition of an “at-risk adult” is defined in Section 26-3.1-101 (1.5), C.R.S., as:

“an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for his or her health, safety, or welfare, or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person or affairs.”

County APS staff then evaluate each report received to determine whether the criteria for further involvement is met. In order for APS to become involved, the report must:

- involve an at-risk adult and
- involve allegation(s) of mistreatment and/or self-neglect, as defined by Section 26-3.1-101 (7) and (10), C.R.S., respectively.

If a report meets these criteria, the report is assigned to an APS caseworker. If a report does not meet this criteria, the report is screened out and the county may provide a referral to other programs and services. The key components of an APS case are an investigation and an assessment, which are often conducted concurrently.

Caseworkers conducts an investigation to determine whether the alleged mistreatment, as defined by statute, occurred. If an allegation of mistreatment is substantiated based on a preponderance of the evidence, APS notifies the involved individual of their due process rights and the appeals process. Substantiated findings are subject to reporting requirements during pre-employment background checks of the APS data system (CAPS) for a prospective employee who would have direct care responsibilities for at-risk adults. While conducting an investigation, caseworkers also assess the needs of the client, including any needs unrelated to the alleged mistreatment but which may increase risk to the client’s health and safety. If an unmet need is significant, caseworkers are required to engage in case planning, which includes identifying potential services or supports that may meet the identified needs and working with the client to coordinate or provide protective services.

The General Assembly appropriated \$19.0 million total funds, including \$13.0 million General Fund, to the Adult Protective Services program in FY 2022-23. This appropriations is allocated by the Department’s Policy Advisory Committee to the 64 counties base on a formula that considers both workload data collected through CAPS<sup>2</sup> and demographic data from the American Community Survey produced by the United States Census Bureau<sup>3</sup>. The allocation formula uses each county’s populations of:

- Persons age 65+ with incomes less than 300.0 percent of the federal poverty level, and
- Persons age 18-64 with incomes less than 200.0 percent of the federal poverty level.

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<sup>2</sup> The Department utilizes data collected annually from April through March regarding the number of days that cases are open.

<sup>3</sup> The Department utilizes data from Table B17024 (<https://data.census.gov/table?q=b17024>), which provides data on age by ration of income to the federal poverty level for the last 12 months.

Depending on the size of population size of the county, each variable is weighted slightly differently. For the ten largest counties, the demographics and workload variables are weighted equally. For the rest of the State's counties, the demographics variables are weighted more heavily than the workload variables in a 55/45 split. Appendix D contains a table detailing the FY 2021-22 and FY 2022-23 APS allocations by county.

### **DEPARTMENT REQUEST**

The Department requests an increase of \$1,609,266 total funds, including \$1,309,266 General Fund and \$300,000 cash funds from local county matching funds, and 1.0 FTE in FY 2023-24 and ongoing. Of this request, \$1.5 million total funds, including \$1.2 million General Fund, has been requested for additional APS resources to be allocated to the various counties across the State. The cash funds appropriations to the Adult Protective Services line item are marked with an (I) Note and are for informational purpose only; the request presumes that counties will generate additional revenue to cover the required 20.0 percent match. The remaining \$109,226 General Fund and 1.0 FTE has been requested for additional Department resources to support the administration of APS, with the Department requesting funding above the salary range minimum for the job classification (Social Services Specialist IV) to address recruitment and retention issues.

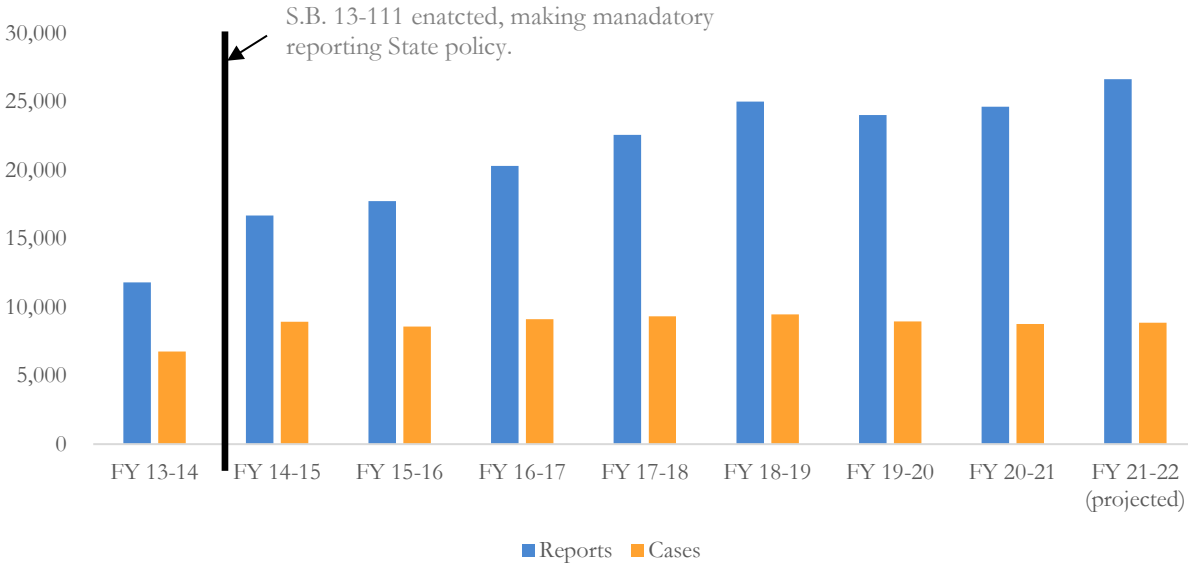
The Department has identified several programmatic changes that have occurred over the last decade that are have affected APS caseload and are the basis for this request. Senate Bill 13-111 (Require Reports Of Elder Abuse And Exploitation) created mandatory reporting requirements for at-risk elders and resulted in the creation of the Colorado APS Data System, or CAPS, to track casework data.<sup>4</sup> House Bill 17-1284 (Data System Check For Employees Serving At-risk Adults) established a requirement for certain employers to request pre-employment checks of CAPS for prospective employees with responsibilities to provide direct care to at-risk adults and required the Department to create due process for people who are substantiated in a case of mistreatment against an at-risk adult. In FY 2017-18, the General Assembly increased funding<sup>5</sup> for the Administrative Review Division (ARD), which conducts independent quality assurance reviews of the county Child Welfare Programs, to begin conducting similar reviews of county APS Programs. While these policy and program changes have led to program improvements in the quality of casework and investigations, the Department contends that these changes have also lead to an increase in workload for State and county personnel because of the embedded training, documentation, and review requirements.

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<sup>4</sup> Prior to the implementation of S.B. 13-111, APS casework data was tracked in the Colorado Benefits Management System (CBMS).

<sup>5</sup> This funding was provided through S.B. 17-254 (FY 2017-18 Long Bill) after being requested by the Department (R9 Quality assurance for adult protective services).

APS reports have increased year-over-year since FY 2013-14; however, the number cases remained relatively flat after FY 2014-15.



The overall number of APS reports has increased since the onset of mandatory reporting in FY 2014-15, while the number of APS cases has fluctuated in the same period. In FY 2021-22, counties received 26,460 reports of suspected mistreatment and/or self-neglect of at-risk adults, an increase of 59.6 percent in the number of reports since mandatory reporting became State policy. Actual APS cases saw a significant increase (32.1 percent) in the year that mandatory reporting became policy, but remained relatively stable since FY 2014-15. The number APS cases declined by 5.5 percent in the first year of the COVID-19 pandemic (FY 2019-20), but caseload is starting to increase again. The Department attributes this decline to many at-risk adults not actively engaging in their communities during the high points of the COVID-19 pandemic, resulting in fewer opportunities for others to observe or learn of suspected instances of mistreatment or self-neglect. The Department anticipates the number of APS reports and cases will continue to increase in the coming years as more at-risk adults resume community-based activities and interactions with family and friends.

To better understand how the policy and programmatic changes have affected the Department and counties’ APS workload, the Department has contracted with an independent evaluator to conduct a workload study. Preliminary results of the study suggest that the following factors have contributed to an increased workload:

- a growing need in the community for APS services;
- APS cases have become increasingly complex, time-consuming, and challenging to manage; and
- the increased burden and time needed to effectively document APS casework and meet requirements of the program.

In conjunction with this workload study, the Department reviewed county APS staffing levels. This review showed that that in FY 2021-22 more than one-third of the 60 county APS programs had less than one dedicated FTE, with over two-thirds of counties utilizing staff who are assigned to other county programs (primarily child welfare programs). Anecdotal data points to an increase in the complexity and acuity of cases as a primary driver of workload increases and resource requirements.

The Department expects to have a final report with conclusions and recommendations in December 2022.

#### *DEPARTMENT STAFFING RESOURCES*

The Department has also experienced increase in their workload as a result of the policy and programmatic changes over the last decade. As Department APS workload increase, staff are less able to proactively support counties and have had to postpone or put on hold the development of resources and training for county staff. This includes offering targeted skills training and a supervisory support initiative, as well as increasing engagement, accessibility, and quality of existing training offerings. The Department has also had to deprioritize the development of a coordinated Continuous Quality Improvement strategy to assess their practices, evaluate opportunities for improvement, and apply data gleaned from multiple sources to improve program operations.

Major responsibilities added to the workload of the Department's APS staff include:

- Conducting policy analysis, rule promulgation, and stakeholder engagement to recommend new rules to the State Human Services Board resulting from statutory changes;
- Developing and delivery of training and technical assistance regarding CAPS checks, improved investigations skills for defensible findings, due process, perpetrator notifications, confidentiality, and new CAPS system functionality to sustain the documentation needed for new procedures;
- Expansion of the APS caseworker training from a four-day training to a nine-day training to accommodate practice changes and ensure better quality of assessment, investigations, and fidelity to rule changes;
- Increased volume of questions received by APS policy staff from employers and the community related to the CAPS check process, due process notifications, and other rule changes; and
- Collaboration with ARD staff and processes, including review of ARD data, implementation of a county "QA Action Plan" process to address areas needing improvement per ARD, and efforts to increase consistent communication between units.

#### **POINT FOR CONSIDERATION**

Adult Protective Services Program expenditure data for last four fiscal years show overexpenditures, which are covered by county revenue. Given the 80/20 cost sharing between the State and counties, a portion of the requested cash funds could be considered a true-up to actual county contributions to APS funding. Will counties be able to generate enough new revenue to fully access the additional funding, particularly small and rural counties?

APPENDIX A  
NUMBERS PAGES  
(DIGITAL ONLY)

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source. *Appendix A is only available in the online version of this document.*

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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### DEPARTMENT OF HUMAN SERVICES Michelle Barnes, Executive Director

#### (1) EXECUTIVE DIRECTOR'S OFFICE

##### (A) General Administration

Personal Services	<u>1,744,585</u>	<u>2,138,681</u>	<u>2,947,557</u>	<u>3,014,244</u>	
FTE	14.3	14.3	24.0	24.3	
General Fund	879,694	1,148,292	1,601,837	1,641,809	
Cash Funds	0	0	0	0	
Reappropriated Funds	864,891	990,389	1,345,720	1,372,435	
Federal Funds	0	0	0	0	
Employment and Regulatory Affairs	<u>5,514,495</u>	<u>6,094,358</u>	<u>0</u>	<u>0</u>	
FTE	68.5	68.5	0.0	0.0	
General Fund	1,595,086	2,179,950	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	3,919,409	3,914,408	0	0	
Federal Funds	0	0	0	0	
Health, Life, and Dental	<u>36,269,584</u>	<u>46,868,903</u>	<u>57,736,220</u>	<u>56,996,646</u>	*
General Fund	23,514,845	34,587,167	37,653,121	37,433,529	
Cash Funds	510,059	2,417,019	2,196,120	3,293,658	
Reappropriated Funds	11,549,534	9,217,351	8,680,892	7,644,925	
Federal Funds	695,146	647,366	9,206,087	8,624,534	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Short-term Disability	<u>456,032</u>	<u>413,957</u>	<u>521,705</u>	<u>463,090</u>	*
General Fund	313,062	322,309	357,116	312,046	
Cash Funds	882	17,818	19,709	21,106	
Reappropriated Funds	137,495	69,799	66,517	54,977	
Federal Funds	4,593	4,031	78,363	74,961	
S.B. 04-257 Amortization Equalization Disbursement	<u>13,728,097</u>	<u>13,392,799</u>	<u>16,781,677</u>	<u>15,802,473</u>	*
General Fund	9,481,824	10,400,305	11,418,944	10,643,241	
Cash Funds	27,697	566,270	668,991	731,715	
Reappropriated Funds	4,066,948	2,290,594	2,167,647	1,898,599	
Federal Funds	151,628	135,630	2,526,095	2,528,918	
S.B. 06-235 Supplemental Amortization Equalization					
Disbursement	<u>13,728,330</u>	<u>13,392,849</u>	<u>16,781,677</u>	<u>15,802,473</u>	*
General Fund	9,480,362	10,400,305	11,418,944	10,643,241	
Cash Funds	27,769	566,270	668,991	731,715	
Reappropriated Funds	4,068,524	2,290,594	2,167,647	1,898,599	
Federal Funds	151,675	135,680	2,526,095	2,528,918	
Salary Survey	<u>0</u>	<u>8,546,654</u>	<u>12,496,529</u>	<u>25,582,328</u>	
General Fund	0	6,719,407	7,981,128	18,932,095	
Cash Funds	0	369,133	559,338	1,324,318	
Reappropriated Funds	0	1,458,114	1,520,060	2,215,770	
Federal Funds	0	0	2,436,003	3,110,145	



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
PERA Direct Distribution	<u>0</u>	<u>8,621,238</u>	<u>2,831,162</u>	<u>1,214,284</u>	
General Fund	0	5,824,670	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	2,796,568	2,831,162	1,214,284	
Federal Funds	0	0	0	0	
Temporary Employees Related to Authorized Leave	<u>0</u>	<u>0</u>	<u>1,575,727</u>	<u>1,575,727</u>	
General Fund	0	0	1,042,082	1,042,082	
Cash Funds	0	0	57,247	57,247	
Reappropriated Funds	0	0	226,133	226,133	
Federal Funds	0	0	250,265	250,265	
Shift Differential	<u>6,998,705</u>	<u>7,864,788</u>	<u>9,576,594</u>	<u>7,476,653</u>	
General Fund	4,723,846	5,489,915	6,259,535	4,822,475	
Cash Funds	39,879	116,348	182,415	230,902	
Reappropriated Funds	2,038,728	2,062,273	2,136,664	1,667,913	
Federal Funds	196,252	196,252	997,980	755,363	
Workers' Compensation	<u>8,215,160</u>	<u>8,063,425</u>	<u>9,427,784</u>	<u>7,490,001</u>	
General Fund	4,632,255	4,544,549	5,852,423	4,656,811	
Cash Funds	0	0	0	0	
Reappropriated Funds	3,582,905	3,518,876	3,575,361	2,833,190	
Federal Funds	0	0	0	0	
Operating Expenses	<u>411,562</u>	<u>449,234</u>	<u>549,011</u>	<u>524,211</u>	
General Fund	213,706	213,707	243,052	243,052	
Cash Funds	0	0	0	0	
Reappropriated Funds	197,856	235,527	305,009	280,209	
Federal Funds	0	0	950	950	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Legal Services	<u>4,130,667</u>	<u>4,097,516</u>	<u>4,346,864</u>	<u>5,761,731</u>	
General Fund	2,448,141	2,428,914	2,590,965	3,434,226	
Cash Funds	96,132	95,377	0	0	
Reappropriated Funds	1,586,394	1,573,225	1,755,899	2,327,505	
Federal Funds	0	0	0	0	
Administrative Law Judge Services	<u>829,807</u>	<u>856,423</u>	<u>1,067,699</u>	<u>705,681</u>	
General Fund	294,026	303,457	397,887	266,112	
Cash Funds	0	0	0	0	
Reappropriated Funds	535,781	552,966	669,812	439,569	
Federal Funds	0	0	0	0	
Payment to Risk Management and Property Funds	<u>1,806,920</u>	<u>3,059,147</u>	<u>3,258,393</u>	<u>3,294,610</u>	
General Fund	1,271,524	2,153,472	2,829,127	2,860,527	
Cash Funds	0	0	0	0	
Reappropriated Funds	535,396	905,675	429,266	434,083	
Federal Funds	0	0	0	0	
Office of the Ombudsman for Behavioral Health Access to Care	<u>131,214</u>	<u>129,732</u>	<u>133,417</u>	<u>133,196</u>	
FTE	1.5	1.5	1.5	1.5	
General Fund	131,214	129,732	133,417	133,196	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Statewide training	<u>0</u>	<u>0</u>	<u>0</u>	<u>73,055</u> *	
General Fund	0	0	0	29,222	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	43,833	
Federal Funds	0	0	0	0	
Necessary Expenditures due to COVID-19	<u>28,625,246</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	28,625,246	0	0	0	
<b>SUBTOTAL - (A) General Administration</b>	122,590,404	123,989,704	140,032,016	145,910,403	4.2%
<i>FTE</i>	<u>84.3</u>	<u>84.3</u>	<u>25.5</u>	<u>25.8</u>	<u>1.2%</u>
General Fund	58,979,585	86,846,151	89,779,578	97,093,664	8.1%
Cash Funds	702,418	4,148,235	4,352,811	6,390,661	46.8%
Reappropriated Funds	33,083,861	31,876,359	27,877,789	24,552,024	(11.9%)
Federal Funds	29,824,540	1,118,959	18,021,838	17,874,054	(0.8%)

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(B) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>1,161,579</u>	<u>1,529,369</u>	<u>1,028,032</u>	<u>1,133,285</u> *	
General Fund	0	0	0	0	
Cash Funds	973,369	1,345,510	839,570	927,100	
Reappropriated Funds	154,394	138,803	163,141	178,495	
Federal Funds	33,816	45,056	25,321	27,690	
<b>SUBTOTAL - (B) Indirect Cost Assessment</b>	1,161,579	1,529,369	1,028,032	1,133,285	10.2%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	973,369	1,345,510	839,570	927,100	10.4%
Reappropriated Funds	154,394	138,803	163,141	178,495	9.4%
Federal Funds	33,816	45,056	25,321	27,690	9.4%
<b>TOTAL - (1) Executive Director's Office</b>	123,751,983	125,519,073	141,060,048	147,043,688	4.2%
<i>FTE</i>	<u>84.3</u>	<u>84.3</u>	<u>25.5</u>	<u>25.8</u>	<u>1.2%</u>
General Fund	58,979,585	86,846,151	89,779,578	97,093,664	8.1%
Cash Funds	1,675,787	5,493,745	5,192,381	7,317,761	40.9%
Reappropriated Funds	33,238,255	32,015,162	28,040,930	24,730,519	(11.8%)
Federal Funds	29,858,356	1,164,015	18,047,159	17,901,744	(0.8%)

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(2) ADMINISTRATION AND FINANCE</b>					
<b>(A) Administration</b>					
Personal Services	<u>26,145,132</u>	<u>36,551,982</u>	<u>38,646,164</u>	<u>43,066,873</u> *	
FTE	409.3	409.3	486.6	484.2	
General Fund	16,191,345	19,633,715	15,557,458	23,266,271	
Cash Funds	0	0	372,264	0	
Reappropriated Funds	9,953,787	10,781,499	22,716,442	19,800,602	
Federal Funds	0	6,136,768	0	0	
Operating Expenses	<u>4,414,413</u>	<u>4,095,738</u>	<u>6,199,963</u>	<u>6,409,693</u> *	
General Fund	3,015,461	3,012,867	4,176,962	4,524,225	
Cash Funds	0	0	346,040	0	
Reappropriated Funds	1,398,952	1,082,871	1,665,974	1,883,714	
Federal Funds	0	0	10,987	1,754	
<b>SUBTOTAL - (A) Administration</b>	30,559,545	40,647,720	44,846,127	49,476,566	10.3%
FTE	<u>409.3</u>	<u>409.3</u>	<u>486.6</u>	<u>484.2</u>	<u>(0.5%)</u>
General Fund	19,206,806	22,646,582	19,734,420	27,790,496	40.8%
Cash Funds	0	0	718,304	0	(100.0%)
Reappropriated Funds	11,352,739	11,864,370	24,382,416	21,684,316	(11.1%)
Federal Funds	0	6,136,768	10,987	1,754	(84.0%)

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(B) Information Technology</b>					
Operating Expenses	<u>241,428</u>	<u>226,564</u>	<u>295,359</u>	<u>457,269</u>	
General Fund	125,705	125,706	107,371	269,281	
Cash Funds	0	0	0	0	
Reappropriated Funds	115,723	100,858	187,988	187,988	
Federal Funds	0	0	0	0	
Microcomputer Lease Payments	<u>298,500</u>	<u>272,094</u>	<u>571,919</u>	<u>571,919</u>	
General Fund	214,232	214,233	159,989	159,989	
Cash Funds	0	0	0	0	
Reappropriated Funds	84,268	57,861	411,930	411,930	
Federal Funds	0	0	0	0	
County Financial Management System	<u>1,485,066</u>	<u>1,494,325</u>	<u>1,697,283</u>	<u>1,697,283</u>	
General Fund	419,762	419,762	510,883	510,883	
Cash Funds	0	0	0	0	
Reappropriated Funds	1,065,304	1,074,563	1,186,400	1,186,400	
Federal Funds	0	0	0	0	
Client Index Project	<u>16,380</u>	<u>17,200</u>	<u>17,038</u>	<u>17,038</u>	
General Fund	6,609	6,610	6,548	6,548	
Cash Funds	0	0	0	0	
Reappropriated Funds	9,771	10,590	10,490	10,490	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Health Information Management System	<u>38,178</u>	<u>22,870</u>	<u>146,611</u>	<u>146,611</u>	
General Fund	38,178	22,870	125,000	125,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	21,611	21,611	
Federal Funds	0	0	0	0	
Payments to OIT	<u>36,272,476</u>	<u>37,876,785</u>	<u>44,326,871</u>	<u>50,794,298</u>	*
General Fund	14,497,246	15,091,952	16,822,238	19,330,186	
Cash Funds	0	0	713	706	
Reappropriated Funds	21,775,230	22,784,833	27,503,920	31,463,406	
Federal Funds	0	0	0	0	
Digital Trunk Radio Payments	<u>0</u>	<u>0</u>	<u>0</u>	<u>758,916</u>	*
General Fund	0	0	0	288,163	
Cash Funds	0	0	0	7	
Reappropriated Funds	0	0	0	470,746	
CORE Operations	<u>1,210,386</u>	<u>1,127,522</u>	<u>1,258,302</u>	<u>779,781</u>	*
General Fund	714,347	620,262	779,044	490,652	
Cash Funds	0	0	0	0	
Reappropriated Funds	496,039	507,260	479,258	289,129	
Federal Funds	0	0	0	0	
IT Systems Interoperability	<u>2,463,440</u>	<u>2,518,199</u>	<u>8,503,473</u>	<u>5,522,780</u>	
General Fund	1,698,352	1,698,352	2,135,337	2,141,862	
Cash Funds	0	0	3,000,000	0	
Reappropriated Funds	765,088	819,847	3,368,136	3,380,918	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Enterprise Content Management	<u>724,136</u>	<u>568,628</u>	<u>727,520</u>	<u>731,531</u>	
General Fund	456,764	456,764	462,614	466,625	
Cash Funds	0	0	0	0	
Reappropriated Funds	267,372	111,864	264,906	264,906	
Federal Funds	0	0	0	0	
<b>SUBTOTAL - (B) Information Technology</b>	42,749,990	44,124,187	57,544,376	61,477,426	6.8%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	0.0%
General Fund	18,171,195	18,656,511	21,109,024	23,789,189	12.7%
Cash Funds	0	0	3,000,713	713	(100.0%)
Reappropriated Funds	24,578,795	25,467,676	33,434,639	37,687,524	12.7%
Federal Funds	0	0	0	0	0.0%

### (C) Operations

Vehicle Lease Payments	<u>1,005,351</u>	<u>1,115,389</u>	<u>1,196,080</u>	<u>1,383,339</u>
General Fund	527,799	581,830	584,961	682,206
Cash Funds	0	0	9,992	0
Reappropriated Funds	477,552	533,559	601,127	701,133
Federal Funds	0	0	0	0
Leased Space	<u>1,205,462</u>	<u>1,249,291</u>	<u>1,688,328</u>	<u>1,780,728</u>
General Fund	445,092	445,093	503,379	595,779
Cash Funds	0	0	0	0
Reappropriated Funds	760,370	804,198	1,184,949	1,184,949
Federal Funds	0	0	0	0



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Capitol Complex Leased Space	<u>1,584,829</u>	<u>1,742,564</u>	<u>1,379,275</u>	<u>1,038,729</u> *	
General Fund	573,904	632,375	566,227	449,868	
Cash Funds	0	0	0	0	
Reappropriated Funds	1,010,925	1,110,189	813,048	588,861	
Federal Funds	0	0	0	0	
Annual Depreciation-Lease Equivalent Payments	<u>0</u>	<u>1,068,181</u>	<u>3,913,602</u>	<u>4,053,655</u>	
General Fund	0	1,068,181	3,913,602	4,053,655	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Utilities	<u>9,458,055</u>	<u>10,047,146</u>	<u>10,128,145</u>	<u>10,128,145</u>	
General Fund	6,797,232	6,805,165	8,283,368	8,283,368	
Cash Funds	0	0	0	0	
Reappropriated Funds	2,660,823	3,241,981	1,844,777	1,844,777	
Federal Funds	0	0	0	0	
<b>SUBTOTAL - (C) Operations</b>	13,253,697	15,222,571	18,305,430	18,384,596	0.4%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	8,344,027	9,532,644	13,851,537	14,064,876	1.5%
Cash Funds	0	0	9,992	0	(100.0%)
Reappropriated Funds	4,909,670	5,689,927	4,443,901	4,319,720	(2.8%)
Federal Funds	0	0	0	0	0.0%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(D) Special Purpose</b>					
Buildings and Grounds Rental	<u>323,643</u>	<u>415,607</u>	<u>1,195,501</u>	<u>1,195,501</u>	
FTE	6.5	6.5	6.5	6.5	
General Fund	0	415,607	0	0	
Cash Funds	323,643	0	1,195,501	1,195,501	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
State Garage Fund	<u>272,892</u>	<u>383,379</u>	<u>763,233</u>	<u>763,233</u>	
FTE	2.6	2.6	2.6	2.6	
General Fund	0	383,379	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	272,892	0	763,233	763,233	
Federal Funds	0	0	0	0	
Injury Prevention Program	<u>46,672</u>	<u>78,267</u>	<u>106,755</u>	<u>106,755</u>	
General Fund	46,672	67,090	70,251	70,251	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	11,177	36,504	36,504	
Federal Funds	0	0	0	0	
SNAP Quality Assurance	<u>1,169,253</u>	<u>1,213,277</u>	<u>1,213,439</u>	<u>1,278,956</u>	
FTE	15.3	15.3	15.3	15.3	
General Fund	588,105	606,915	599,783	622,108	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	581,148	606,362	613,656	656,848	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Administrative Review Unit	<u>2,910,893</u>	<u>3,002,569</u>	<u>3,371,975</u>	<u>3,975,117</u>	*
FTE	33.3	33.3	33.4	39.4	
General Fund	2,279,922	2,389,340	2,545,837	3,085,789	
Cash Funds	0	0	14,489	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	630,971	613,229	811,649	889,328	
Records and Reports of Child Abuse and Neglect	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,208,889</u>	*
FTE	0.0	0.0	0.0	2.0	
General Fund	0	0	0	1,208,889	
Quality Assurance Youth Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>744,083</u>	*
FTE	0.0	0.0	0.0	7.0	
General Fund	0	0	0	744,083	
Health Insurance Portability and Accountability Act of 1996 - Security Remediation	<u>150,540</u>	<u>143,744</u>	<u>225,154</u>	<u>225,154</u>	
FTE	1.0	1.0	1.0	1.0	
General Fund	110,903	110,903	113,184	113,184	
Cash Funds	0	0	0	0	
Reappropriated Funds	39,637	32,841	111,822	111,822	
Federal Funds	0	0	148	148	
2-1-1 Human Services Referral Service	<u>500,000</u>	<u>1,000,000</u>	<u>1,055,645</u>	<u>1,060,581</u>	
General Fund	500,000	1,000,000	1,055,645	1,060,581	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL - (D) Special Purpose</b>	5,373,893	6,236,843	7,931,702	10,558,269	33.1%
<i>FTE</i>	<u>58.7</u>	<u>58.7</u>	<u>59.7</u>	<u>74.8</u>	<u>25.3%</u>
General Fund	3,525,602	4,973,234	4,384,700	6,904,885	57.5%
Cash Funds	323,643	0	1,209,990	1,195,501	(1.2%)
Reappropriated Funds	312,529	44,018	911,559	911,559	0.0%
Federal Funds	1,212,119	1,219,591	1,425,453	1,546,324	8.5%
<b>(E) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>247,532</u>	<u>191,851</u>	<u>451,974</u>	<u>497,403</u> *	
General Fund	0	0	0	0	
Cash Funds	236,924	170,560	292,069	322,515	
Reappropriated Funds	10,608	21,291	34,956	38,247	
Federal Funds	0	0	124,949	136,641	
<b>SUBTOTAL - (E) Indirect Cost Assessment</b>	247,532	191,851	451,974	497,403	10.1%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	236,924	170,560	292,069	322,515	10.4%
Reappropriated Funds	10,608	21,291	34,956	38,247	9.4%
Federal Funds	0	0	124,949	136,641	9.4%
<b>TOTAL - (2) Administration and Finance</b>	92,184,657	106,423,172	129,079,609	140,394,260	8.8%
<i>FTE</i>	<u>468.0</u>	<u>468.0</u>	<u>546.3</u>	<u>559.0</u>	<u>2.3%</u>
General Fund	49,247,630	55,808,971	59,079,681	72,549,446	22.8%
Cash Funds	560,567	170,560	5,231,068	1,518,729	(71.0%)
Reappropriated Funds	41,164,341	43,087,282	63,207,471	64,641,366	2.3%
Federal Funds	1,212,119	7,356,359	1,561,389	1,684,719	7.9%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(4) OFFICE OF ECONOMIC SECURITY</b>					
<b>(A) Administration</b>					
Personal Services	<u>1,137,521</u>	<u>1,226,681</u>	<u>0</u>	<u>0</u>	
FTE	15.0	15.0	0.0	0.0	
General Fund	376,714	386,772	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	760,807	839,909	0	0	
OES Administration	<u>0</u>	<u>0</u>	<u>1,493,494</u>	<u>1,744,654</u>	
FTE	0.0	0.0	4.0	4.0	
General Fund	0	0	562,588	650,045	
Cash Funds	0	0	32,347	62,851	
Reappropriated Funds	0	0	160,000	240,000	
Federal Funds	0	0	738,559	791,758	
Operating Expenses	<u>27,883</u>	<u>17,824</u>	<u>0</u>	<u>0</u>	
General Fund	27,883	17,824	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
<b>SUBTOTAL - (A) Administration</b>	<b>1,165,404</b>	<b>1,244,505</b>	<b>1,493,494</b>	<b>1,744,654</b>	<b>16.8%</b>
FTE	<u>15.0</u>	<u>15.0</u>	<u>4.0</u>	<u>4.0</u>	<u>0.0%</u>
General Fund	404,597	404,596	562,588	650,045	15.5%
Cash Funds	0	0	32,347	62,851	94.3%
Reappropriated Funds	0	0	160,000	240,000	50.0%
Federal Funds	760,807	839,909	738,559	791,758	7.2%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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### (B) Colorado Benefits Management System

#### (1) Ongoing Expenses

Personal Services	891,511	812,220	1,009,671	1,009,886	
General Fund	411,291	384,524	455,572	455,787	
Cash Funds	47,229	36,148	70,162	70,162	
Reappropriated Funds	0	0	0	0	
Federal Funds	432,991	391,548	483,937	483,937	
Centrally Appropriated Items	107,079	123,804	117,046	117,046	
General Fund	47,346	52,812	52,812	52,812	
Cash Funds	8,438	8,134	8,134	8,134	
Reappropriated Funds	0	62,858	0	0	
Federal Funds	51,295	0	56,100	56,100	
Operating and Contract Expenses	22,627,165	20,421,766	22,883,850	21,819,772	
General Fund	11,103,669	11,457,027	10,340,603	10,342,925	
Cash Funds	517,080	416,167	1,704,407	638,007	
Reappropriated Funds	0	0	0	0	
Federal Funds	11,006,416	8,548,572	10,838,840	10,838,840	
CBMS Emergency Processing Unit	111,578	174,545	217,448	220,870	
FTE	4.0	4.0	4.0	4.0	
General Fund	57,502	81,512	84,408	87,830	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	54,076	93,033	133,040	133,040	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL -</b>	23,737,333	21,532,335	24,228,015	23,167,574	(4.4%)
<i>FTE</i>	4.0	4.0	4.0	4.0	0.0%
General Fund	11,619,808	11,975,875	10,933,395	10,939,354	0.1%
Cash Funds	572,747	460,449	1,782,703	716,303	(59.8%)
Reappropriated Funds	0	62,858	0	0	0.0%
Federal Funds	11,544,778	9,033,153	11,511,917	11,511,917	0.0%

### (2) Special Projects

#### Health Care and Economic Security Staff Development

Center	<u>329,629</u>	<u>395,316</u>	<u>508,980</u>	<u>532,534</u>	
<i>FTE</i>	11.0	11.0	11.0	11.0	
General Fund	221,494	255,456	187,064	211,853	
Cash Funds	26,934	25,078	40,762	40,633	
Reappropriated Funds	0	0	0	0	
Federal Funds	81,201	114,782	281,154	280,048	

<b>SUBTOTAL -</b>	329,629	395,316	508,980	532,534	4.6%
<i>FTE</i>	11.0	11.0	11.0	11.0	0.0%
General Fund	221,494	255,456	187,064	211,853	13.3%
Cash Funds	26,934	25,078	40,762	40,633	(0.3%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	81,201	114,782	281,154	280,048	(0.4%)

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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<b>SUBTOTAL - (B) Colorado Benefits Management</b>					
<b>System</b>	24,066,962	21,927,651	24,736,995	23,700,108	(4.2%)
<i>FTE</i>	<u>15.0</u>	<u>15.0</u>	<u>15.0</u>	<u>15.0</u>	0.0%
General Fund	11,841,302	12,231,331	11,120,459	11,151,207	0.3%
Cash Funds	599,681	485,527	1,823,465	756,936	(58.5%)
Reappropriated Funds	0	62,858	0	0	0.0%
Federal Funds	11,625,979	9,147,935	11,793,071	11,791,965	0.0%

### (C) Employment and Benefits Division

#### (I) Administration

Program Administration	<u>3,198,747</u>	<u>3,332,157</u>	<u>4,563,898</u>	<u>4,647,154</u>	
<i>FTE</i>	<u>20.0</u>	<u>20.0</u>	<u>23.0</u>	<u>23.0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	382,903	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,198,747	3,332,157	4,180,995	4,647,154	
<b>SUBTOTAL -</b>	<u>3,198,747</u>	<u>3,332,157</u>	<u>4,563,898</u>	<u>4,647,154</u>	1.8%
<i>FTE</i>	<u>20.0</u>	<u>20.0</u>	<u>23.0</u>	<u>23.0</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	0	0	382,903	0	(100.0%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	3,198,747	3,332,157	4,180,995	4,647,154	11.1%



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(II) Colorado Works Program</b>					
County Block Grants	<u>139,564,532</u>	<u>122,798,441</u>	<u>158,948,087</u>	<u>165,032,420</u>	
General Fund	0	0	0	2,266,909	
Cash Funds	10,864,544	74,512	30,749,730	34,000,427	
Reappropriated Funds	0	0	0	0	
Federal Funds	128,699,988	122,723,929	128,198,357	128,765,084	
County Training	<u>102,496</u>	<u>96,718</u>	<u>399,913</u>	<u>412,151</u>	
FTE	2.0	2.0	2.0	2.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	102,496	96,718	399,913	412,151	
Works Program Evaluation	<u>359,469</u>	<u>495,440</u>	<u>495,440</u>	<u>495,440</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	359,469	495,440	495,440	495,440	
Short-term Non-recurrent Benefits for Colorado Works					
Participants	<u>0</u>	<u>13,502,982</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	13,502,982	0	0	
<b>SUBTOTAL -</b>	140,026,497	136,893,581	159,843,440	165,940,011	3.8%
FTE	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	0.0%
General Fund	0	0	0	2,266,909	0.0%
Cash Funds	10,864,544	74,512	30,749,730	34,000,427	10.6%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	129,161,953	136,819,069	129,093,710	129,672,675	0.4%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(III) Other Employment-focused Programs</b>					
Workforce Development Council	<u>73,828</u>	<u>30,419</u>	<u>111,211</u>	<u>111,211</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	73,828	30,419	111,211	111,211	
Transitional Jobs Programs	<u>2,564,445</u>	<u>2,524,102</u>	<u>2,572,588</u>	<u>2,678,387</u>	*
FTE	2.0	2.0	2.0	2.0	
General Fund	2,564,445	2,524,102	2,572,588	2,678,387	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Child Support Services Program	<u>188,215</u>	<u>859,256</u>	<u>1,820,720</u>	<u>1,140,274</u>	*
FTE	1.0	1.0	1.0	1.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	188,215	859,256	1,820,720	1,140,274	
Food Stamp Job Search Units - Program Costs	<u>6,790,641</u>	<u>8,964,636</u>	<u>2,113,077</u>	<u>2,121,539</u>	
FTE	6.2	6.2	6.2	6.2	
General Fund	190,705	2,065,028	192,933	195,301	
Cash Funds	0	0	413,436	413,436	
Reappropriated Funds	0	0	0	0	
Federal Funds	6,599,936	6,899,608	1,506,708	1,512,802	

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Food Stamp Job Search Units - Supportive Services	<u>209,160</u>	<u>209,131</u>	<u>261,452</u>	<u>261,452</u>	
General Fund	78,435	78,424	78,435	78,435	
Cash Funds	0	0	52,291	52,291	
Reappropriated Funds	0	0	0	0	
Federal Funds	130,725	130,707	130,726	130,726	
Employment Opportunities With Wages Program	<u>0</u>	<u>1,710,477</u>	<u>5,498,286</u>	<u>2,004,706</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	3,500,000	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	1,710,477	1,998,286	2,004,706	
Refugee Assistance	<u>9,849,263</u>	<u>28,706,861</u>	<u>10,897,466</u>	<u>11,008,459</u> *	
FTE	10.0	10.0	10.0	10.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	9,849,263	28,706,861	10,897,466	11,008,459	
Teen Parent Diver's License Program	<u>0</u>	<u>0</u>	<u>100,000</u>	<u>100,000</u>	
General Fund	0	0	100,000	100,000	
<b>SUBTOTAL -</b>	19,675,552	43,004,882	23,374,800	19,426,028	(16.9%)
<i>FTE</i>	<u>19.2</u>	<u>19.2</u>	<u>19.2</u>	<u>19.2</u>	0.0%
General Fund	2,833,585	4,667,554	2,943,956	3,052,123	3.7%
Cash Funds	0	0	3,965,727	465,727	(88.3%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	16,841,967	38,337,328	16,465,117	15,908,178	(3.4%)

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(IV) Adult Financial</b>					
Program Administration	<u>0</u>	<u>0</u>	<u>507,756</u>	<u>507,756</u>	
FTE	0.0	0.0	6.9	6.9	
General Fund	0	0	378,206	378,206	
Cash Funds	0	0	129,550	129,550	
Cash Assistance Programs	<u>61,704,898</u>	<u>59,686,240</u>	<u>78,905,051</u>	<u>78,905,051</u>	
General Fund	0	0	0	0	
Cash Funds	61,704,898	59,686,240	78,905,051	78,905,051	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Refunds	<u>588,362</u>	<u>402,787</u>	<u>588,362</u>	<u>588,362</u>	
General Fund	0	0	0	0	
Cash Funds	588,362	402,787	588,362	588,362	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
OAP Burial Reimbursements	<u>918,364</u>	<u>918,364</u>	<u>918,364</u>	<u>918,364</u>	
General Fund	0	918,364	0	0	
Cash Funds	918,364	0	918,364	918,364	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
State Administration	<u>411,541</u>	<u>124,062</u>	<u>454,399</u>	<u>482,880</u>	
FTE	3.5	3.5	3.5	3.5	
General Fund	0	0	0	0	
Cash Funds	411,541	124,062	454,399	482,880	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
County Administration	<u>5,178,393</u>	<u>5,338,634</u>	<u>2,566,974</u>	<u>2,566,974</u>	
General Fund	0	0	0	0	
Cash Funds	5,178,393	5,338,634	2,566,974	2,566,974	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Administration - Home Care Allowance SEP Contract	<u>1,063,259</u>	<u>1,063,259</u>	<u>1,063,259</u>	<u>1,063,259</u>	
General Fund	1,063,259	1,063,259	1,063,259	1,063,259	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Aid to the Needy Disabled Programs	<u>9,471,248</u>	<u>8,431,306</u>	<u>13,394,238</u>	<u>13,394,238</u>	
General Fund	8,931,721	8,431,306	7,654,065	7,654,065	
Cash Funds	539,527	0	5,740,173	5,740,173	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Disability Benefits Application Assistance Program	<u>0</u>	<u>463,800</u>	<u>2,000,000</u>	<u>2,001,270</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	463,800	2,000,000	2,001,270	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Other Burial Reimbursements	<u>402,985</u>	<u>402,985</u>	<u>508,000</u>	<u>508,000</u>	
General Fund	402,985	402,985	402,985	402,985	
Cash Funds	0	0	105,015	105,015	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Home Care Allowance	<u>0</u>	<u>8,059,514</u>	<u>8,720,437</u>	<u>8,720,437</u>	
General Fund	0	8,059,514	8,218,473	8,218,473	
Cash Funds	0	0	501,964	501,964	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SSI Stabilization Fund Programs	<u>95</u>	<u>102</u>	<u>1,000,000</u>	<u>1,000,000</u>	
General Fund	0	0	0	0	
Cash Funds	95	102	1,000,000	1,000,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL -</b>	79,739,145	84,891,053	110,626,840	110,656,591	0.0%
<i>FTE</i>	<u>3.5</u>	<u>3.5</u>	<u>10.4</u>	<u>10.4</u>	<u>0.0%</u>
General Fund	10,397,965	19,339,228	19,716,988	19,718,258	0.0%
Cash Funds	69,341,180	65,551,825	90,909,852	90,938,333	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%
<b>SUBTOTAL - (C) Employment and Benefits Division</b>	242,639,941	268,121,673	298,408,978	300,669,784	0.8%
<i>FTE</i>	<u>44.7</u>	<u>44.7</u>	<u>54.6</u>	<u>54.6</u>	<u>0.0%</u>
General Fund	13,231,550	24,006,782	22,660,944	25,037,290	10.5%
Cash Funds	80,205,724	65,626,337	126,008,212	125,404,487	(0.5%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	149,202,667	178,488,554	149,739,822	150,228,007	0.3%
<b>(D) Food and Energy Assistance</b>					
Low Income Energy Assistance Program	<u>76,697,715</u>	<u>133,777,865</u>	<u>50,184,905</u>	<u>43,963,335</u>	
<i>FTE</i>	5.2	5.2	5.2	5.2	
General Fund	0	0	0	0	
Cash Funds	2,603,450	0	6,250,000	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	74,094,265	133,777,865	43,934,905	43,963,335	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Supplemental Nutrition Assistance Program					
Administration	<u>3,183,777</u>	<u>7,338,542</u>	<u>3,612,264</u>	<u>4,341,584</u> *	
FTE	15.0	15.0	15.0	20.6	
General Fund	1,178,852	1,835,788	1,746,458	2,092,618	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,004,925	5,502,754	1,865,806	2,248,966	
Supplemental Nutrition Assistance Program State Staff					
Training	<u>0</u>	<u>0</u>	<u>25,000</u>	<u>25,000</u>	
General Fund	0	0	12,500	12,500	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	12,500	12,500	
Food Distribution Program	<u>5,852,676</u>	<u>972,574</u>	<u>1,119,182</u>	<u>1,163,875</u>	
FTE	6.9	6.9	10.4	10.9	
General Fund	5,044,391	208,908	196,235	155,984	
Cash Funds	49,555	53,692	494,772	544,203	
Reappropriated Funds	0	0	0	0	
Federal Funds	758,730	709,974	428,175	463,688	
Income Tax Offset	<u>120</u>	<u>1,208</u>	<u>4,128</u>	<u>4,128</u>	
General Fund	120	604	2,064	2,064	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	604	2,064	2,064	



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Electronic Benefits Transfer Service	<u>3,544,009</u>	<u>4,765,938</u>	<u>4,751,340</u>	<u>3,167,492</u> *	
FTE	7.0	7.0	7.0	7.0	
General Fund	749,855	695,625	1,006,409	704,326	
Cash Funds	51,337	(24,671)	2,009,535	1,014,181	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,742,817	4,094,984	1,735,396	1,448,985	
Food Pantry Assistance Grant Program	<u>0</u>	<u>4,674,692</u>	<u>3,000,000</u>	<u>0</u>	
General Fund	0	0	3,000,000	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	4,674,692	0	0	
Systematic Alien Verification for Eligibility	<u>30,457</u>	<u>35,615</u>	<u>45,898</u>	<u>45,898</u>	
FTE	1.0	1.0	1.0	1.0	
General Fund	3,665	6,212	6,386	6,386	
Cash Funds	807	854	2,541	2,541	
Reappropriated Funds	20,127	21,141	28,307	28,307	
Federal Funds	5,858	7,408	8,664	8,664	
Colorado Diaper Distribution Program	<u>0</u>	<u>2,000,000</u>	<u>2,000,000</u>	<u>2,002,005</u>	
FTE	0.0	1.9	2.0	2.0	
General Fund	0	2,000,000	2,000,000	2,002,005	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL - (D) Food and Energy Assistance</b>	89,308,754	153,566,434	64,742,717	54,713,317	(15.5%)
<i>FTE</i>	<u>35.1</u>	<u>37.0</u>	<u>40.6</u>	<u>46.7</u>	15.0%
General Fund	6,976,883	4,747,137	7,970,052	4,975,883	(37.6%)
Cash Funds	2,705,149	29,875	8,756,848	1,560,925	(82.2%)
Reappropriated Funds	20,127	21,141	28,307	28,307	0.0%
Federal Funds	79,606,595	148,768,281	47,987,510	48,148,202	0.3%

### (E) Child Support Services

Automated Child Support Enforcement System	<u>7,941,962</u>	<u>7,622,592</u>	<u>9,848,237</u>	<u>9,931,376</u>	
<i>FTE</i>	16.9	16.9	22.9	22.9	
General Fund	2,631,644	2,631,644	2,800,648	2,820,047	
Cash Funds	213,502	132,973	877,141	877,141	
Reappropriated Funds	0	0	0	0	
Federal Funds	5,096,816	4,857,975	6,170,448	6,234,188	
Child Support Services	<u>7,477,902</u>	<u>6,074,525</u>	<u>7,862,767</u>	<u>8,030,453</u>	
<i>FTE</i>	24.5	24.5	31.5	31.5	
General Fund	5,487,866	4,272,701	5,759,459	5,792,827	
Cash Funds	167,790	0	182,026	182,026	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,822,246	1,801,824	1,921,282	2,055,600	
<b>SUBTOTAL - (E) Child Support Services</b>	15,419,864	13,697,117	17,711,004	17,961,829	1.4%
<i>FTE</i>	<u>41.4</u>	<u>41.4</u>	<u>54.4</u>	<u>54.4</u>	0.0%
General Fund	8,119,510	6,904,345	8,560,107	8,612,874	0.6%
Cash Funds	381,292	132,973	1,059,167	1,059,167	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	6,919,062	6,659,799	8,091,730	8,289,788	2.4%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(F) County Administration</b>					
County Administration	<u>83,391,302</u>	<u>69,169,130</u>	<u>79,336,093</u>	<u>81,716,175</u>	*
General Fund	27,844,512	28,841,760	26,409,594	27,201,881	
Cash Funds	16,678,259	0	15,867,218	16,343,235	
Reappropriated Funds	0	0	0	0	
Federal Funds	38,868,531	40,327,370	37,059,281	38,171,059	
County Tax Base Relief	<u>2,326,916</u>	<u>2,823,771</u>	<u>3,879,756</u>	<u>3,879,756</u>	
General Fund	2,326,916	2,823,771	3,879,756	3,879,756	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
County Share of Offsetting Revenues	<u>2,983,385</u>	<u>2,100,785</u>	<u>2,986,000</u>	<u>2,986,000</u>	
General Fund	0	0	0	0	
Cash Funds	2,983,385	2,100,785	2,986,000	2,986,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
County Incentive Payments	<u>4,305,561</u>	<u>4,247,701</u>	<u>4,113,000</u>	<u>4,113,000</u>	
General Fund	0	0	0	0	
Cash Funds	4,305,561	4,247,701	4,113,000	4,113,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL - (F) County Administration</b>	93,007,164	78,341,387	90,314,849	92,694,931	2.6%
<i>FTE</i>	0.0	0.0	0.0	0.0	0.0%
General Fund	30,171,428	31,665,531	30,289,350	31,081,637	2.6%
Cash Funds	23,967,205	6,348,486	22,966,218	23,442,235	2.1%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	38,868,531	40,327,370	37,059,281	38,171,059	3.0%
<b>(G) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>19,428,157</u>	<u>20,572,429</u>	<u>28,328,801</u>	<u>30,984,728</u> *	
General Fund	0	0	0	0	
Cash Funds	94,131	108,727	139,518	154,064	
Reappropriated Funds	3,044,753	2,735,179	6,871,268	7,518,072	
Federal Funds	16,289,273	17,728,523	21,318,015	23,312,592	
<b>SUBTOTAL - (G) Indirect Cost Assessment</b>	19,428,157	20,572,429	28,328,801	30,984,728	9.4%
<i>FTE</i>	0.0	0.0	0.0	0.0	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	94,131	108,727	139,518	154,064	10.4%
Reappropriated Funds	3,044,753	2,735,179	6,871,268	7,518,072	9.4%
Federal Funds	16,289,273	17,728,523	21,318,015	23,312,592	9.4%
<b>TOTAL - (4) Office of Economic Security</b>	485,036,246	557,471,196	525,736,838	522,469,351	(0.6%)
<i>FTE</i>	151.2	153.1	168.6	174.7	3.6%
General Fund	70,745,270	79,959,722	81,163,500	81,508,936	0.4%
Cash Funds	107,953,182	72,731,925	160,785,775	152,440,665	(5.2%)
Reappropriated Funds	3,064,880	2,819,178	7,059,575	7,786,379	10.3%
Federal Funds	303,272,914	401,960,371	276,727,988	280,733,371	1.4%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(7) OFFICE OF ADULTS, AGING, AND DISABILITY SERVICES</b>					
<b>(A) Administration</b>					
Administration - Old	<u>1,062,109</u>	<u>1,042,455</u>	<u>0</u>	<u>0</u>	
FTE	11.8	11.8	0.0	0.0	
General Fund	1,054,110	1,000,087	0	0	
Cash Funds	7,999	42,368	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Indirect Cost Assessment	<u>466,133</u>	<u>623,735</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	131,165	148,841	0	0	
Reappropriated Funds	334,968	0	0	0	
Federal Funds	0	474,894	0	0	
OAADS Administration	<u>0</u>	<u>0</u>	<u>1,480,739</u>	<u>1,523,094</u>	
FTE	0.0	0.0	8.9	8.9	
General Fund	0	0	643,145	685,500	
Cash Funds	0	0	318,000	318,000	
Reappropriated Funds	0	0	417,618	417,618	
Federal Funds	0	0	101,976	101,976	
<b>SUBTOTAL - (A) Administration</b>	<b>1,528,242</b>	<b>1,666,190</b>	<b>1,480,739</b>	<b>1,523,094</b>	<b>2.9%</b>
FTE	<u>11.8</u>	<u>11.8</u>	<u>8.9</u>	<u>8.9</u>	<u>0.0%</u>
General Fund	1,054,110	1,000,087	643,145	685,500	6.6%
Cash Funds	139,164	191,209	318,000	318,000	0.0%
Reappropriated Funds	334,968	0	417,618	417,618	0.0%
Federal Funds	0	474,894	101,976	101,976	0.0%

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(B) Programs and Commissions for Persons with Disabilities</b>					
Developmental Disabilities Council	<u>863,993</u>	<u>772,987</u>	<u>1,019,553</u>	<u>1,053,650</u>	
FTE	6.0	6.0	6.0	6.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	863,993	772,987	1,019,553	1,053,650	
Colorado Commission for the Deaf, Hard of Hearing, and Deafblind	<u>1,654,285</u>	<u>2,366,226</u>	<u>2,358,997</u>	<u>2,411,749</u> *	
FTE	13.3	13.3	13.3	13.3	
General Fund	103,214	103,214	103,214	103,214	
Cash Funds	0	0	0	0	
Reappropriated Funds	1,551,071	2,027,407	2,255,783	2,308,535	
Federal Funds	0	235,605	0	0	
Brain Injury Program - Appropriation to the Colorado Brain Injury Trust Fund	<u>0</u>	<u>450,000</u>	<u>450,000</u>	<u>450,226</u>	
General Fund	0	450,000	450,000	450,226	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Colorado Brain Injury Trust Fund	<u>1,975,670</u>	<u>1,378,346</u>	<u>3,513,421</u>	<u>3,531,306</u>	
FTE	1.5	1.5	1.5	1.5	
General Fund	0	0	0	0	
Cash Funds	1,975,670	1,378,346	3,063,421	3,081,306	
Reappropriated Funds	0	0	450,000	450,000	
Federal Funds	0	0	0	0	
<b>SUBTOTAL - (B) Programs and Commissions for Persons with Disabilities</b>	4,493,948	4,967,559	7,341,971	7,446,931	1.4%
<i>FTE</i>	<u>20.8</u>	<u>20.8</u>	<u>20.8</u>	<u>20.8</u>	0.0%
General Fund	103,214	553,214	553,214	553,440	0.0%
Cash Funds	1,975,670	1,378,346	3,063,421	3,081,306	0.6%
Reappropriated Funds	1,551,071	2,027,407	2,705,783	2,758,535	1.9%
Federal Funds	863,993	1,008,592	1,019,553	1,053,650	3.3%
<b>(C) Regional Centers for People with Developmental Disabilities</b>					
<b>(1) Administration</b>					
Regional Centers Electronic Health Record System	<u>371,543</u>	<u>270,621</u>	<u>698,688</u>	<u>717,205</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	371,543	270,621	698,688	717,205	
Federal Funds	0	0	0	0	
<b>SUBTOTAL -</b>	371,543	270,621	698,688	717,205	2.7%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	371,543	270,621	698,688	717,205	2.7%
Federal Funds	0	0	0	0	0.0%

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(2) Wheat Ridge Regional Center</b>					
Wheat Ridge Regional Center Intermediate Care Facility	<u>25,317,311</u>	<u>22,549,757</u>	<u>27,121,153</u>	<u>27,742,841</u>	
FTE	373.0	373.0	369.0	369.0	
General Fund	0	0	0	0	
Cash Funds	581,484	609,589	780,314	780,314	
Reappropriated Funds	24,735,827	21,940,168	26,340,839	26,962,527	
Federal Funds	0	0	0	0	
Wheat Ridge Regional Center Provider Fee	<u>1,435,612</u>	<u>1,435,612</u>	<u>1,435,612</u>	<u>1,435,612</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	1,435,612	1,435,612	1,435,612	1,435,612	
Federal Funds	0	0	0	0	
Wheat Ridge Regional Center Depreciation	<u>173,931</u>	<u>305,220</u>	<u>180,718</u>	<u>180,718</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	173,931	305,220	180,718	180,718	
Federal Funds	0	0	0	0	
<b>SUBTOTAL -</b>	26,926,854	24,290,589	28,737,483	29,359,171	2.2%
FTE	<u>373.0</u>	<u>373.0</u>	<u>369.0</u>	<u>369.0</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	581,484	609,589	780,314	780,314	0.0%
Reappropriated Funds	26,345,370	23,681,000	27,957,169	28,578,857	2.2%
Federal Funds	0	0	0	0	0.0%



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(3) Grand Junction Regional Center</b>					
Grand Junction Regional Center Intermediate Care Facility	<u>6,196,675</u>	<u>5,400,753</u>	<u>7,500,556</u>	<u>7,666,714</u>	
FTE	98.8	98.8	98.8	98.8	
General Fund	0	0	0	0	
Cash Funds	116,012	118,346	1,039,362	1,039,362	
Reappropriated Funds	6,080,663	5,282,407	6,461,194	6,627,352	
Federal Funds	0	0	0	0	
Grand Junction Regional Center Provider Fee	<u>397,734</u>	<u>406,138</u>	<u>453,291</u>	<u>453,291</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	397,734	406,138	453,291	453,291	
Federal Funds	0	0	0	0	
Grand Junction Regional Center Waiver Funding	<u>9,965,007</u>	<u>8,364,643</u>	<u>11,340,995</u>	<u>11,538,945</u>	
FTE	174.2	174.2	174.2	174.2	
General Fund	141,269	127,710	350,322	350,322	
Cash Funds	0	0	402,721	402,721	
Reappropriated Funds	9,823,738	8,236,933	10,587,952	10,785,902	
Federal Funds	0	0	0	0	
Grand Junction Regional Center Depreciation	<u>274,089</u>	<u>337,389</u>	<u>323,681</u>	<u>323,681</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	274,089	337,389	323,681	323,681	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL -</b>	16,833,505	14,508,923	19,618,523	19,982,631	1.9%
<i>FTE</i>	<u>273.0</u>	<u>273.0</u>	<u>273.0</u>	<u>273.0</u>	0.0%
General Fund	141,269	127,710	350,322	350,322	0.0%
Cash Funds	116,012	118,346	1,442,083	1,442,083	0.0%
Reappropriated Funds	16,576,224	14,262,867	17,826,118	18,190,226	2.0%
Federal Funds	0	0	0	0	0.0%
<b>(4) Pueblo Regional Center</b>					
Pueblo Regional Center Waiver Funding	<u>10,734,693</u>	<u>10,586,377</u>	<u>11,560,641</u>	<u>11,867,477</u>	
<i>FTE</i>	181.8	181.8	181.8	181.8	
General Fund	223,434	138,851	250,195	250,195	
Cash Funds	0	0	540,272	540,272	
Reappropriated Funds	10,511,259	10,447,526	10,770,174	11,077,010	
Federal Funds	0	0	0	0	
Pueblo Regional Center Depreciation	<u>118,850</u>	<u>90,491</u>	<u>187,326</u>	<u>187,326</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	118,850	0	187,326	187,326	
Federal Funds	0	90,491	0	0	
<b>SUBTOTAL -</b>	10,853,543	10,676,868	11,747,967	12,054,803	2.6%
<i>FTE</i>	<u>181.8</u>	<u>181.8</u>	<u>181.8</u>	<u>181.8</u>	0.0%
General Fund	223,434	138,851	250,195	250,195	0.0%
Cash Funds	0	0	540,272	540,272	0.0%
Reappropriated Funds	10,630,109	10,447,526	10,957,500	11,264,336	2.8%
Federal Funds	0	90,491	0	0	0.0%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(5) Work Therapy Program</b>					
Program Costs	<u>122,852</u>	<u>177,874</u>	<u>585,338</u>	<u>591,716</u>	
FTE	1.5	1.5	1.5	1.5	
General Fund	0	0	0	0	
Cash Funds	122,852	177,874	585,338	591,716	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
<b>SUBTOTAL -</b>	122,852	177,874	585,338	591,716	1.1%
<i>FTE</i>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	122,852	177,874	585,338	591,716	1.1%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%
<b>SUBTOTAL - (C) Regional Centers for People with Developmental Disabilities</b>	55,108,297	49,924,875	61,387,999	62,705,526	2.1%
<i>FTE</i>	<u>829.3</u>	<u>829.3</u>	<u>825.3</u>	<u>825.3</u>	<u>(0.0%)</u>
General Fund	364,703	266,561	600,517	600,517	0.0%
Cash Funds	820,348	905,809	3,348,007	3,354,385	0.2%
Reappropriated Funds	53,923,246	48,662,014	57,439,475	58,750,624	2.3%
Federal Funds	0	90,491	0	0	0.0%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(D) Veterans Community Living Centers</b>					
Administration	<u>2,039,507</u>	<u>0</u>	<u>1,723,048</u>	<u>1,723,048</u>	
FTE	0.0	0.0	5.0	5.0	
General Fund	0	0	0	0	
Cash Funds	2,039,507	0	1,723,048	1,723,048	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Fitzsimmons Veterans Community Living Center	<u>24,506,708</u>	<u>965,580</u>	<u>24,814,803</u>	<u>24,814,803</u>	
FTE	236.4	236.4	236.4	236.4	
General Fund	0	965,580	977,719	977,719	
Cash Funds	12,993,508	0	12,179,141	12,179,141	
Reappropriated Funds	0	0	0	0	
Federal Funds	11,513,200	0	11,657,943	11,657,943	
Florence Veterans Community Living Center	<u>12,558,427</u>	<u>513,096</u>	<u>12,802,608</u>	<u>12,802,608</u>	
FTE	135.0	135.0	135.0	135.0	
General Fund	0	513,096	523,072	523,072	
Cash Funds	8,187,327	0	7,823,446	7,823,446	
Reappropriated Funds	0	0	0	0	
Federal Funds	4,371,100	0	4,456,090	4,456,090	
Homelake Veterans Community Living Center	<u>8,688,170</u>	<u>567,049</u>	<u>8,816,903</u>	<u>8,816,903</u>	
FTE	95.3	95.3	95.3	95.3	
General Fund	0	567,049	575,451	575,451	
Cash Funds	5,747,670	0	5,257,383	5,257,383	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,940,500	0	2,984,069	2,984,069	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Homelake Military Veterans Cemetery	<u>57,543</u>	<u>38,528</u>	<u>68,381</u>	<u>69,482</u>	
FTE	0.5	0.5	0.5	0.5	
General Fund	57,543	38,528	60,716	61,817	
Cash Funds	0	0	7,665	7,665	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Rifle Veterans Community Living Center	<u>10,394,500</u>	<u>624,197</u>	<u>10,506,943</u>	<u>10,506,943</u>	
FTE	110.6	110.6	110.6	110.6	
General Fund	0	624,197	630,950	630,950	
Cash Funds	7,787,500	0	7,240,792	7,240,792	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,607,000	0	2,635,201	2,635,201	
Walsenburg Veterans Community Living Center	<u>373,985</u>	<u>0</u>	<u>373,985</u>	<u>373,985</u>	
FTE	1.0	0.0	1.0	1.0	
General Fund	0	0	0	0	
Cash Funds	373,985	0	373,985	373,985	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Appropriation to the Central Fund pursuant to Section 26-12-108 (1) (a.5), C.R.S.	<u>800,000</u>	<u>800,000</u>	<u>800,000</u>	<u>800,000</u>	
General Fund	800,000	800,000	800,000	800,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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<b>SUBTOTAL - (D) Veterans Community Living</b>					
<b>Centers</b>	59,418,840	3,508,450	59,906,671	59,907,772	NaN
<i>FTE</i>	<u>578.8</u>	<u>577.8</u>	<u>583.8</u>	<u>583.8</u>	(0.0%)
General Fund	857,543	3,508,450	3,567,908	3,569,009	0.0%
Cash Funds	37,129,497	0	34,605,460	34,605,460	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	21,431,800	0	21,733,303	21,733,303	0.0%

### (E) Disability Determination Services

Program Costs	<u>23,630,556</u>	<u>25,616,412</u>	<u>19,484,702</u>	<u>20,484,069</u>	
<i>FTE</i>	<u>121.7</u>	<u>121.7</u>	<u>121.7</u>	<u>121.7</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	23,630,556	25,616,412	19,484,702	20,484,069	
<b>SUBTOTAL - (E) Disability Determination Services</b>	23,630,556	25,616,412	19,484,702	20,484,069	5.1%
<i>FTE</i>	<u>121.7</u>	<u>121.7</u>	<u>121.7</u>	<u>121.7</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	23,630,556	25,616,412	19,484,702	20,484,069	5.1%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(F) Aging Programs</b>					
<b>(1) Adult Protective Services</b>					
State Administration	<u>978,913</u>	<u>1,152,496</u>	<u>1,348,993</u>	<u>1,385,225</u>	*
FTE	9.4	8.5	10.5	11.5	
General Fund	978,913	1,152,264	1,278,193	1,314,425	
Cash Funds	0	232	70,800	70,800	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Adult Protective Services	<u>14,489,787</u>	<u>15,958,554</u>	<u>18,990,892</u>	<u>21,176,270</u>	*
General Fund	12,405,977	12,758,620	13,008,792	14,708,322	
Cash Funds	0	0	3,798,159	4,212,104	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,083,810	3,199,934	2,183,941	2,255,844	
Adult Protective Services Data System	<u>147,304</u>	<u>187,720</u>	<u>156,154</u>	<u>156,154</u>	
General Fund	147,304	187,720	133,754	133,754	
Cash Funds	0	0	22,400	22,400	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
HB 17-1284 Records and Reports of At-Risk Adult Abuse or Neglect	<u>414,436</u>	<u>385,763</u>	<u>477,739</u>	<u>507,841</u>	
FTE	7.5	7.5	7.5	7.5	
General Fund	414,436	0	0	0	
Cash Funds	0	385,763	477,739	507,841	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL -</b>	16,030,440	17,684,533	20,973,778	23,225,490	10.7%
<i>FTE</i>	<u>16.9</u>	<u>16.0</u>	<u>18.0</u>	<u>19.0</u>	5.6%
General Fund	13,946,630	14,098,604	14,420,739	16,156,501	12.0%
Cash Funds	0	385,995	4,369,098	4,813,145	10.2%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	2,083,810	3,199,934	2,183,941	2,255,844	3.3%

### (2) Community Services for the Elderly

Program Administration	<u>0</u>	<u>0</u>	<u>1,306,987</u>	<u>1,344,011</u>
<i>FTE</i>	0.0	0.0	8.0	8.0
General Fund	0	0	323,123	330,660
Federal Funds	0	0	983,864	1,013,351
Colorado Commission on Aging	<u>67,467</u>	<u>150,752</u>	<u>0</u>	<u>0</u>
<i>FTE</i>	1.0	1.0	0.0	0.0
General Fund	15,538	72,041	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	51,929	78,711	0	0
Senior Community Services Employment	<u>757,959</u>	<u>788,644</u>	<u>861,085</u>	<u>861,085</u>
<i>FTE</i>	0.5	0.5	0.5	0.5
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	757,959	788,644	861,085	861,085



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Older Americans Act Programs	<u>19,607,765</u>	<u>39,276,301</u>	<u>20,918,207</u>	<u>20,918,207</u>	
General Fund	594,641	1,060,236	990,653	990,653	
Cash Funds	0	3	3,079,710	3,079,710	
Reappropriated Funds	0	0	0	0	
Federal Funds	19,013,124	38,216,062	16,847,844	16,847,844	
National Family Caregiver Support Program	<u>3,040,887</u>	<u>4,926,034</u>	<u>2,173,936</u>	<u>2,173,936</u>	
General Fund	142,041	142,041	142,041	142,041	
Cash Funds	0	0	423,805	423,805	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,898,846	4,783,993	1,608,090	1,608,090	
State Ombudsman Program	<u>671,282 1.0</u>	<u>650,876 1.0</u>	<u>923,570 1.0</u>	<u>750,281 1.0</u>	
General Fund	421,903	582,406	590,148	590,148	
Cash Funds	134,251	0	173,289	0	
Reappropriated Funds	1,800	1,800	1,800	1,800	
Federal Funds	113,328	66,670	158,333	158,333	
State Funding for Senior Services	<u>28,292,489</u>	<u>27,885,257</u>	<u>29,578,817</u>	<u>29,578,817</u>	
General Fund	11,803,870	14,157,320	14,487,707	14,487,707	
Cash Funds	15,657,752	12,838,137	14,091,110	14,091,110	
Reappropriated Funds	830,867	889,800	1,000,000	1,000,000	
Federal Funds	0	0	0	0	
Area Agencies on Aging Administration	<u>1,742,636</u>	<u>1,470,976</u>	<u>1,375,384</u>	<u>1,375,384</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,742,636	1,470,976	1,375,384	1,375,384	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Respite Services	<u>389,621</u>	<u>372,652</u>	<u>398,370</u>	<u>398,370</u>	
General Fund	350,000	350,000	350,000	350,000	
Cash Funds	39,621	22,652	48,370	48,370	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Strategic Action Plan on Aging	<u>0</u>	<u>0</u>	<u>99,123</u>	<u>102,335</u>	
FTE	0.0	0.0	0.9	1.0	
General Fund	0	0	99,123	102,335	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
National Aging Program Information System	<u>49,700</u>	<u>55,821</u>	<u>0</u>	<u>0</u>	
General Fund	12,425	13,955	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	37,275	41,866	0	0	
<b>SUBTOTAL -</b>	54,619,806	75,577,313	57,635,479	57,502,426	(0.2%)
<i>FTE</i>	<u>2.5</u>	<u>2.5</u>	<u>10.4</u>	<u>10.5</u>	<u>1.0%</u>
General Fund	13,340,418	16,377,999	16,982,795	16,993,544	0.1%
Cash Funds	15,831,624	12,860,792	17,816,284	17,642,995	(1.0%)
Reappropriated Funds	832,667	891,600	1,001,800	1,001,800	0.0%
Federal Funds	24,615,097	45,446,922	21,834,600	21,864,087	0.1%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL - (F) Aging Programs</b>	70,650,246	93,261,846	78,609,257	80,727,916	2.7%
<i>FTE</i>	<u>19.4</u>	<u>18.5</u>	<u>28.4</u>	<u>29.5</u>	3.9%
General Fund	27,287,048	30,476,603	31,403,534	33,150,045	5.6%
Cash Funds	15,831,624	13,246,787	22,185,382	22,456,140	1.2%
Reappropriated Funds	832,667	891,600	1,001,800	1,001,800	0.0%
Federal Funds	26,698,907	48,646,856	24,018,541	24,119,931	0.4%
<b>(G) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>14,593,266</u>	<u>15,254,502</u>	<u>17,778,804</u>	<u>19,500,074</u> *	
General Fund	0	0	0	0	
Cash Funds	4,308,764	4,312,588	4,725,638	5,218,298	
Reappropriated Funds	10,281,146	10,934,402	12,851,629	14,061,379	
Federal Funds	3,356	7,512	201,537	220,397	
<b>SUBTOTAL - (G) Indirect Cost Assessment</b>	14,593,266	15,254,502	17,778,804	19,500,074	9.7%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	4,308,764	4,312,588	4,725,638	5,218,298	10.4%
Reappropriated Funds	10,281,146	10,934,402	12,851,629	14,061,379	9.4%
Federal Funds	3,356	7,512	201,537	220,397	9.4%
<b>TOTAL - (7) Office of Adults, Aging, and Disability</b>					
<b>Services</b>	229,423,395	194,199,834	245,990,143	252,295,382	2.6%
<i>FTE</i>	<u>1,581.8</u>	<u>1,579.9</u>	<u>1,588.9</u>	<u>1,590.0</u>	0.1%
General Fund	29,666,618	35,804,915	36,768,318	38,558,511	4.9%
Cash Funds	60,205,067	20,034,739	68,245,908	69,033,589	1.2%
Reappropriated Funds	66,923,098	62,515,423	74,416,305	76,989,956	3.5%
Federal Funds	72,628,612	75,844,757	66,559,612	67,713,326	1.7%

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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### (8) OFFICE OF EARLY CHILDHOOD

Please note that this entire division was transferred to the Department of Early Childhood by H.B. 22-1295 (Department Early Childhood And Universal Preschool Program).

#### (A) Division of Early Care and Learning

Early Childhood Councils	<u>1,739,134</u>	<u>1,874,901</u>	<u>0</u>	<u>0</u>
FTE	1.0	1.0	0.0	0.0
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	1,739,134	1,874,901	0	0
Child Care Licensing and Administration	<u>10,231,956</u>	<u>10,736,789</u>	<u>0</u>	<u>0</u>
FTE	50.6	70.2	0.0	0.0
General Fund	2,773,969	2,952,805	0	0
Cash Funds	1,633,823	1,472,099	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	5,824,164	6,311,885	0	0
Child Care Assistance Program	<u>124,458,715</u>	<u>111,498,851</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	0.0	0.0
General Fund	28,190,496	29,998,226	0	0
Cash Funds	13,332,375	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	82,935,844	81,500,625	0	0

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Child Care Grants for Quality and Availability and Federal Targeted Funds Requirements	<u>64,494,738</u>	<u>27,263,124</u>	<u>0</u>	<u>0</u>	
FTE	9.0	3.0	0.0	0.0	
General Fund	48,499,743	12,882,140	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	15,994,995	14,380,984	0	0	
School-readiness Quality Improvement Program	<u>2,175,486</u>	<u>2,035,976</u>	<u>0</u>	<u>0</u>	
FTE	1.0	1.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,175,486	2,035,976	0	0	
Early Care and Education Recruitment and Retention Grant and Scholarship Program	<u>0</u>	<u>4,249,530</u>	<u>0</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	4,249,530	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Continuation of Child Care Quality Initiatives	<u>2,407,098</u>	<u>3,303,475</u>	<u>0</u>	<u>0</u>	
FTE	14.6	14.6	0.0	0.0	
General Fund	0	147,557	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,407,098	3,155,918	0	0	
Records and Reports of Child Abuse or Neglect	<u>700,977</u>	<u>222,626</u>	<u>0</u>	<u>0</u>	
FTE	9.0	9.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	700,977	222,626	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Child Care Sustainability Grant Program	<u>0</u>	<u>172,683,444</u>	<u>0</u>	<u>0</u>	
FTE	0.0	3.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	172,683,444	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Intrastate CCCAP Redistribution	<u>3,436,562</u>	<u>23,992,002</u>	0	0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,436,562	23,992,002	0	0	
Colorado Child Care Assistance Program Market Rate Study	<u>13,500</u>	<u>20,000</u>	0	0	
General Fund	13,500	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	20,000	20,000	0	0	
Child Care Services and Substance Use Disorder Treatment Pilot Program	0	<u>469,001</u>	0	0	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	469,001	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Child Care Assistance Program Support	<u>1,139,345</u>	<u>1,087,520</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,139,345	1,087,520	0	0	
Child Care Automated Tracking System	<u>2,334,762</u>	<u>2,463,091</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,334,762	2,463,091	0	0	
Employer-based Child Care Facility Grant Program	<u>8,700,000</u>	<u>456,000</u>	<u>0</u>	<u>0</u>	
General Fund	8,700,000	456,000	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Community Innovation and Resilience for Care and Learning Equity Grant Program	<u>0</u>	<u>3,872,377</u>	<u>0</u>	<u>0</u>	
FTE	0.0	1.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	3,872,377	0	0	
<b>SUBTOTAL - (A) Division of Early Care and Learning</b>	221,832,273	366,228,707	0	0	0.0%
<i>FTE</i>	<u>85.2</u>	<u>102.8</u>	<u>0.0</u>	<u>NaN</u>	0.0%
General Fund	88,177,708	46,905,729	0	0	0.0%
Cash Funds	15,667,175	1,694,725	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	118,007,390	317,628,253	0	0	0.0%
<b>(B) Division of Community and Family Support</b>					
Early Childhood Mental Health Services	<u>2,589,872</u>	<u>4,183,479</u>	<u>0</u>	<u>0</u>	
FTE	1.7	1.7	0.0	0.0	
General Fund	1,286,964	1,355,996	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,302,908	2,827,483	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Early Intervention Evaluations	<u>2,222,792</u>	<u>10,076,748</u>	0	0	
FTE	0.9	0.0	0.0	0.0	
General Fund	2,222,792	10,076,748	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Nurse Home Visitor Program	<u>22,945,234</u>	<u>22,425,519</u>	0	0	
FTE	3.0	3.0	0.0	0.0	
General Fund	0	20,616,199	0	0	
Cash Funds	20,570,209	(159,600)	0	0	
Reappropriated Funds	0	1,968,920	0	0	
Federal Funds	2,375,025	0	0	0	
Family Support Services	<u>706,310</u>	<u>1,162,884</u>	0	0	
FTE	0.5	0.0	0.0	0.0	
General Fund	706,310	1,162,884	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Community Child Abuse Prevention Services	<u>8,084,892</u>	<u>7,882,670</u>	0	0	
FTE	0.0	2.0	0.0	0.0	
General Fund	8,084,892	7,882,670	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Promoting Safe and Stable Families	<u>4,588,331</u>	<u>3,922,139</u>	0	0	
FTE	2.0	2.0	0.0	0.0	
General Fund	55,519	50,048	0	0	
Cash Funds	1,074,400	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,458,412	3,872,091	0	0	
Early Intervention Services	<u>54,526,532</u>	<u>54,666,516</u>	0	0	
FTE	7.5	7.5	0.0	0.0	
General Fund	41,210,035	36,918,733	0	0	
Cash Funds	10,106,562	10,836,119	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,209,935	6,911,664	0	0	
Colorado Children's Trust Fund	<u>1,035,582</u>	<u>1,199,304</u>	0	0	
FTE	1.5	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	246,447	246,777	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	789,135	952,527	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Home Visiting for School Readiness	<u>571,946</u>	<u>564,671</u>	<u>0</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	571,946	564,671	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Incredible Years Program	<u>846,029</u>	<u>736,120</u>	<u>0</u>	<u>0</u>	
FTE	1.1	1.1	0.0	0.0	
General Fund	846,029	0	0	0	
Cash Funds	0	736,120	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
<b>SUBTOTAL - (B) Division of Community and Family</b>					
<b>Support</b>	98,117,520	106,820,050	0	0	0.0%
FTE	<u>18.2</u>	<u>17.3</u>	<u>0.0</u>	<u>NaN</u>	0.0%
General Fund	54,984,487	78,627,949	0	0	0.0%
Cash Funds	31,997,618	11,659,416	0	0	0.0%
Reappropriated Funds	0	1,968,920	0	0	0.0%
Federal Funds	11,135,415	14,563,765	0	0	0.0%
<b>(C) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>3,743,420</u>	<u>4,739,980</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	131,650	210,110	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,611,770	4,529,870	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>SUBTOTAL - (C) Indirect Cost Assessment</b>	3,743,420	4,739,980	0	0	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	131,650	210,110	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	3,611,770	4,529,870	0	0	0.0%
<b>TOTAL - (8) Office of Early Childhood</b>	323,693,213	477,788,737	0	0	0.0%
<i>FTE</i>	<u>103.4</u>	<u>120.1</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	143,162,195	125,533,678	0	0	0.0%
Cash Funds	47,796,443	13,564,251	0	0	0.0%
Reappropriated Funds	0	1,968,920	0	0	0.0%
Federal Funds	132,754,575	336,721,888	0	0	0.0%
<b>TOTAL - Department of Human Services</b>	1,254,089,494	1,461,402,012	1,041,866,638	1,062,202,681	2.0%
<i>FTE</i>	<u>2,388.7</u>	<u>2,405.4</u>	<u>2,329.3</u>	<u>2,349.5</u>	<u>0.9%</u>
General Fund	351,801,298	383,953,437	266,791,077	289,710,557	8.6%
Cash Funds	218,191,046	111,995,220	239,455,132	230,310,744	(3.8%)
Reappropriated Funds	144,390,574	142,405,965	172,724,281	174,148,220	0.8%
Federal Funds	539,726,576	823,047,390	362,896,148	368,033,160	1.4%

## APPENDIX B FOOTNOTES AND INFORMATION REQUESTS

### UPDATE ON LONG BILL FOOTNOTES

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2022 Long Bill (H.B. 22-1329) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/hb22-1329>. The Long Bill footnotes relevant to this document are listed below.

- 43 **Department of Human Services, Executive Director's Office, Indirect Cost Assessment; Administration and Finance, Indirect Cost Assessment; Office of Children, Youth, and Families, Indirect Cost Assessment; Office of Economic Security, Indirect Cost Assessment; Behavioral Health Administration, Indirect Cost Assessment; Office of Behavioral Health, Indirect Cost Assessment; Office of Adult, Aging and Disability Services; Indirect Cost Assessment; Office of Early Childhood, Indirect Cost Assessment** -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations in these subsections among line items in these subsections

**COMMENT:** Provides transfer authority between indirect cost assessment line items within the Department to ensure sufficient collection of indirect cost revenue to cover program and departmental indirect costs.

- 46 **Department of Human Services, Office of Economic Security, Administration; and Food and Energy Assistance, Supplemental Nutrition Assistance Program Administration** -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations between these line items.

**COMMENT:** This footnote was first included for FY 2017-18 because of the addition of a line item for FY 2016-17 to the Department's Long Bill structure to capture all appropriations for the State's administrative functions associated with Supplemental Nutrition Assistance Program (SNAP). This line item was carved out of two existing line items that historically contained appropriations for administrative functions for a variety of programs, including SNAP. The appropriation splits between the line items are based on a forecast of expenditures, thus the footnote was included in the event that the expenditures varied from the forecast.

- 47 **Department of Human Services, Office of Economic Security, Colorado Benefits Management System** -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations in this subsection among line items in this subsection. The Department is also authorized to transfer up to 5.0 percent of the total appropriations in this subsection to the following line item appropriations within the Department of Health Care Policy and Financing, Executive

Director's Office, Information Technology Contracts and Projects, Colorado Benefits Management Systems, Operating and Contract Expenses and Colorado Benefits Management System, Health Care and Economic Security Staff Development Center.

**COMMENT:** This footnote was included for FY 2022-23 to allow appropriations for the Colorado Benefits Management System to be transferred (up to 5.0 percent) between the Department of Human Services and the Department of Health Care Policy and Financing. This flexibility is intended to allow the agencies to expend money for cross-department projects rather than limiting expenditures to a single department.

- 48 **Department of Human Services, Office of Economic Security, Colorado Benefits Management System, Ongoing Expenses, Operating and Contract Expenses, Operating and Contract Expenses** -- Of this appropriation, \$2,500,000 remains available for expenditure until the close of the 2023-24 state fiscal year.

**COMMENT:** This footnote was included for FY 2022-23 to allow appropriations for the Colorado Benefits Management System to be expended in FY 2023-24, as well. This flexibility is intended to allow the Department to undertake (and pay for) projects that extend beyond a 12-month timeframe.

- 49 **Department of Human Services, Office of Economic Security, Employment and Benefits Division, Colorado Works Program, County Block Grants; Child Support Services, Child Support Services; County Administration, County Incentive Payments** -- Pursuant to Sections 26-13-108 and 26-13-112.5 (2), C.R.S., the Department shall distribute child support incentive payments to counties. Further, all of the State share of recoveries of amounts of support for public assistance recipients, less annual appropriations from this fund source for state child support enforcement operations, be distributed to counties, as described in Sections 26-13-108 and 26-2-108, C.R.S. If the total amount of the State share of recoveries is greater than the total annual appropriations from this fund source, the Department is authorized to distribute to counties, for county incentive payments, the actual State share of any additional recoveries.

**COMMENT:** This footnote was included for FY 2022-23 to express legislative intent with respect to the use of the State share of child support enforcement recoveries.

- 50 **Department of Human Services, Office of Economic Security, Employment and Benefits Division, Colorado Works Program, County Block Grants** -- Pursuant to Sections 26-2-714 (7) and 26-2-714 (9), C.R.S., under certain conditions, a county may transfer federal Temporary Assistance for Needy Families (TANF) funds within its Colorado Works Program Block Grant to the federal child care development fund or to programs funded by Title XX of the federal Social Security Act. One of the conditions specified is that the amount a county transfers must be specified by the Department of Human Services as being available for transfer within the limitation imposed by federal law. The Department may allow individual counties to transfer a greater percent of federal TANF funds than the state is allowed under federal law as long as: (a) Each county has had an opportunity to transfer an amount up to the federal maximum allowed; and, (b) the total amount transferred statewide does not exceed the federal maximum.

**COMMENT:** This footnote was included for FY 2022-23 to clarify that counties may transfer TANF funds to child welfare and child care programs in excess of 30.0 percent of the county's own TANF allocation, as long as the amount transferred statewide does not exceed federal caps.

- 51 **Department of Human Services, Office of Economic Security, Employment and Benefits Division, Colorado Works Program, County Block Grants** -- The appropriation of local funds for Colorado Works program county block grants may be decreased by a maximum of \$100,000 to reduce one or more small counties' fiscal year 2022-23 targeted or actual spending level pursuant to Section 26-2-714 (8), C.R.S.

**COMMENT:** The Colorado Works Allocation Committee is authorized (Section 26-2-714 (8), C.R.S.) to mitigate (reduce) a small county's targeted and/or actual spending level, up to a maximum amount identified in the Long Bill. A small county is one with less than 0.38 percent of the total statewide Works caseload, as determined by the Department of Human Services. This footnote authorizes the Works Allocation Committee to approve a maximum of \$100,000 in mitigation.

- 52 **Department of Human Services, Office of Economic Security, Employment and Benefits Division, Colorado Works Program, County Block Grants** -- The Department may comply with the provisions of Section 26-2-714 (10), C.R.S., by reducing required county Temporary Assistance for Needy Families (TANF) maintenance of effort expenditures in the fiscal year after the State is notified that it has met federal work participation rates and qualifies for a percent reduction in the state's maintenance of effort. If the State is notified during state FY 2021-22 that it has met federal work participation rates for a prior year and therefore qualifies for a percent reduction in the state's maintenance of effort, local cash funds expenditure obligations that are established in this line item pursuant to Section 26-2-714 (6)(c)(I), C.R.S., shall be reduced by \$5,524,726.

**COMMENT:** This footnote was included for FY 2022-23 to reimburse counties when the state is notified that its federally required TANF maintenance of effort has been reduced based on the state meeting specified work participation rates.

- 53 **Department of Human Services, Office of Economic Security, County Administration, County Administration; and Office of Adult, Aging and Disability Services, Aging Programs, Adult Protective Services, Adult Protective Services** -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., any amount in the Adult Protective Services line item that is not required for the provision of adult protective services may be transferred to the County Administration line item and used to provide additional benefits under that program. Further, if county spending exceeds the total appropriations from the Adult Protective Services line item, any amount in the County Administration line item that is not required for the provision of services under that program may be transferred to the Adult Protective Services line item and used to provide adult protective services.

**COMMENT:** This footnote was included for FY 2022-23 to provide counties with flexibility to move money between two purposes, county administration and adult protective services, based on the need for such services. This footnote dates back to the first fiscal year in which the appropriation for the county administration of adult protective services was removed from



the County Administration line item and isolated in an adult protective services-specific line item. This isolation was based on a forecast for county administration and adult protective services, thus the footnote was included in the event that the expenditures varied from the forecast.

- 58 **Department of Human Services, Office of Adult, Aging and Disability Services, Regional Centers for People with Developmental Disabilities, Wheat Ridge Regional Center, Wheat Ridge Regional Center Intermediate Care Facility; and Grand Junction Regional Center, Grand Junction Regional Center Intermediate Care Facility** -- 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 appropriation for Intermediate Care Facilities between the Wheat Ridge Regional Center and the Grand Junction Regional Center.

**COMMENT:** The Department has annually transferred appropriations when necessary.

- 53 **Department of Human Services, Office of Adult, Aging and Disability Services, Regional Centers for People with Developmental Disabilities, Grand Junction Regional Center, Grand Junction Regional Center Waiver Services; and Pueblo Regional Center, Pueblo Regional Center Waiver Services** -- 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 appropriation for Regional Center waiver services between the Grand Junction Regional Center and the Pueblo Regional Center.

**COMMENT:** The Department has annually transferred appropriations when necessary.

- 54 **Department of Human Services, Office of Adult, Aging and Disability Services, Aging Programs, Community Services for the Elderly, Older Americans Act Programs, and State Funding for Senior Services** -- Amounts in the Older Americans Act Programs line item are calculated based on a requirement for a non-federal match of at least 15 percent, including a 5.0 percent state match, pursuant to Title III of the federal Older Americans Act. The Department is authorized to transfer General Fund and cash funds from the State Funding for Senior Services line item to the Older Americans Act Programs line item to comply with the 5.0 percent state match requirement for the Older Americans Act Programs. This appropriation is based on the assumption that all federal Title III funds requiring a state match that are not for purposes of administration or included in the appropriations for other line items will be expended from the Older Americans Act Programs line item.

**COMMENT:** This footnote was included for FY 2022-23 to authorize the transfer of funds from the State Funding for Senior Services line item to the Older Americans Act program line item in the event that funding is needed to meet the State match to receive federal funds.

# UPDATE ON LONG BILL REQUESTS FOR INFORMATION

The Joint Budget Committee annually submits requests for information to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as an Appendix in the annual Appropriations Report (Appendix H in the FY 2022-23 Report): <https://leg.colorado.gov/sites/default/files/fy22-23apprept.pdf>.

The requests for information relevant to this document are listed below.

## REQUESTS FOR MULTIPLE DEPARTMENTS

1 All Departments -- The Departments are requested to provide by November 1 of each fiscal year responses to the following:

- Based on the Department's most recent available record, what is the FTE vacancy and turnover rate: (1) by department; (2) by division; (3) by program for programs with at least 20 FTE, and (4) by occupational class for classes that are located within a larger occupational group containing at least 20 FTE?
- To what does the Department attribute this turnover/vacancy experience?
- Do the statewide compensation policies or practices administered by the Department of Personnel help or hinder the department in addressing vacancy or turnover issues?
- How much in vacancy savings has the Department had in each of the past five fiscal years? How has the Department utilized these funds (i.e. increasing salaries within the salary range, providing bonuses or additional pay for certain positions, hiring additional staff, etc.)? Please provide a breakdown of the expenditures from vacancy savings, including the amount and purpose, for the past five fiscal years.

**COMMENT:** The Department submitted its response as requested by November 1, 2022. The Department's annualized, year-to-date FY 2022-23 turnover rate is 7.2 percent. The Department's FY 2021-22 turnover rate was 35.1 percent. The Department reports that data for the turnover and vacancy rates by program and occupational class were not available due to limitations of the Department's database for employee information.

DEPARTMENT OF HUMAN SERVICES VACANCY RATE, AS OF SEPT. 2022			
DIVISION	TOTAL POSITIONS	VACANCIES	VACANCY RATE
Executive Director's Office	161	27	14.4%
Administration and Finance	740	153	17.1%
Office of Children, Youth and Families	1,370	367	21.1%
Office of Economic Security	204	34	14.3%
Office of Behavioral Health	1,822	525	22.4%
Office of Adult, Aging, and Disability Services	1,558	350	18.3%
Total	5,855	1,456	19.9%

The Department attributes this turnover/vacancy experience to the following factors: culture, lack of training, leadership, pay, and work life balance. The Department finds statewide compensation policies and practices helpful and believes they make the Department more competitive with the private sector.

#### *VACANCY SAVINGS AND FUND UTILIZATION*

Vacancy savings is considered as the difference between the cost to fully fund all approved positions and what is spent for personal services because positions were not filled for the duration of the year. Vacancy savings are one-time in nature, and information regarding vacancy savings is not available on a systematic basis and cannot be quantified in available record as stipulated in the first bullet of this question. Bonuses or additional pay such as overtime are mechanisms that are often used to reallocate work on a temporary basis to existing staff. This information can be found in the annual burn report as well as the Schedule 14. Vacancy savings cannot be used to hire additional permanent staff, only temporary staff. This information can be found in the Schedule 14.

Please note that Article 10 of the partnership agreement also states that "The State is committed to filling positions quickly and, when it proceeds to fill a vacant covered position through a competitive process...will normally strive to post a position within 15 days of becoming vacant." Certain necessary exceptions exist for budget management, and vacancy savings are also a tool used by State agencies to manage cash flow deficits in cash and reappropriated funds or downturns in federal funding. While this is considered vacancy savings, use of this mechanism does not result in an expenditure that can be quantified within available record on a systematic basis.

- 2 All Departments -- The Departments are requested to provide by November 1 of each fiscal year data concerning utilization of the paid family and medical leave benefit established by the State Personnel Director, including:
  - a. The number of employees utilizing the benefit each fiscal year and the total number of hours utilized by employees of the Department;
  - b. The job classes of employees utilizing the benefit in each fiscal year;
  - c. The number of temporary employees hired to fill essential positions vacated by employees on paid family and medical leave; and
  - d. The total fiscal impact of the utilization of the paid family and medical leave benefit by the Department's employees, including but not limited to the cost salaries for and training of temporary employees.

**COMMENT:** The Department submitted its response as requested by November 1, 2022. The Department reports that 1,055 employees utilized 62,605 hours of paid family and medical leave. The data was reported by job classification and level for 153 positions.

#### **REQUESTS FOR THE DEPARTMENT OF HUMAN SERVICES**

- 2 Department of Human Services, Totals -- The Department is requested to submit a report concerning the status of federal Temporary Assistance for Needy Families (TANF) funds. The requested report should include the following: (a) an analysis of the TANF Long Term Reserve,

including estimated TANF funds available for appropriation, estimated TANF appropriations by Long Bill line item, and the estimated closing Long Term Reserve balance, for the most recent actual fiscal year, the current fiscal year, and the request fiscal year; (b) an analysis of the TANF maintenance of effort (MOE) payments, showing the actual and forecasted MOE expenditures, by program, for the most recent actual fiscal year, the current fiscal year, and the request fiscal year; and (c) an analysis of the counties' TANF reserve balances that includes, for each county, for the most recent actual fiscal year, the starting TANF Reserve Account balances for the Works Program, Title XX, and Child Care Development Fund accounts, the annual TANF allocation, the total expenditures, the net transfers to child care and child welfare, any amounts remitted to the state, and the closing reserve balance for all county TANF accounts. The report should be provided to the Joint Budget Committee annually on or before November 1. An update to this information reflecting data at the close of the federal fiscal year should be provided to the Joint Budget Committee annually on or before January 1.

**COMMENT:** The Department provided the following information on November 1, 2022.

TABLE 1: TANF LONG-TERM RESERVE ANALYSIS			
TANF FUNDS AVAILABLE TO APPROPRIATE	FY 2021-22 ACTUALS	FY 2022-23 LONG BILL	FY 2023-24 PROJECTED
Prior Grant Year Funds Available (as of June 30) <sup>1</sup>	\$128,050,277	\$44,600,489	\$39,178,492
Less Minimum State LTR Balance (Quarter of Award)	(33,901,926)	0	0
State Family Assistance Grant <sup>2</sup>	135,607,703	135,607,703	135,607,703
Contingency Fund <sup>3</sup>	16,154,660	12,000,000	12,000,000
<b>Sub-total TANF Funds Available</b>	<b>\$245,910,714</b>	<b>\$192,208,192</b>	<b>\$186,786,195</b>
Less County Reserves (as of June 30)/ Net Change in out year	(61,164,675)	169,182	0
<b>Total TANF Funds Available to Appropriate</b>	<b>\$184,746,039</b>	<b>\$192,377,374</b>	<b>\$186,786,195</b>
<b>TANF Spending/Appropriations</b>			
General & Administrative & Prior Year Adjustments	\$4,319,584	\$5,892,147	\$5,892,147
OIT Common Policy	407,949	972,485	972,485
Colorado Benefits Management System	935,717	2,708,038	2,708,038
Colorado Works Administration	3,853,309	4,203,060	4,203,060
County Block Grants	122,723,929	128,198,357	128,198,357
County TANF Transfer Utilization	0	0	0
JBC Initiated Child Welfare GF Refinance	0	0	0
State Long Term Utilization (HB 18-1306)	0	2,750,328	2,750,328
<b>Total TANF Transfers to SSBG (Title XX)</b>	<b>\$0</b>	<b>\$2,750,328</b>	<b>\$2,750,328</b>
County TANF Transfer Utilization	1,189,795	0	0
State Long Term Utilization (HB 18-1162)	0	0	0
<b>Total TANF Transfers to CCDF<sup>4</sup></b>	<b>\$1,189,795</b>	<b>\$0</b>	<b>\$0</b>
County Training	121,324	399,913	412,151
Domestic Abuse Program	629,677	629,677	629,677
Works Program Evaluation	495,440	495,440	495,440
Workforce Development Council	30,419	111,211	111,211
Employment Opportunities with Wages (SB 17-292)	1,710,477	1,998,286	2,004,706
Child Support Services Program	859,256	1,820,720	0
Refugee Assistance	2,828,189	2,811,393	2,811,393
Electronic Benefits Transfer Service	38,064	205,406	205,406
System Alien Verification for Eligibility	2,421	2,421	2,421
<b>Legislative Items</b>			

TABLE 1: TANF LONG-TERM RESERVE ANALYSIS

TANF FUNDS AVAILABLE TO APPROPRIATE	FY 2021-22 ACTUALS	FY 2022-23 LONG BILL	FY 2023-24 PROJECTED
R11 Aid for parents to make child support payments	0	0	1,140,274
H.B. 22-1259 Modifications to CO Works	0	0	566,727
<b>Total TANF Spending/Appropriations</b>	<b>\$140,145,550</b>	<b>\$153,198,882</b>	<b>\$153,103,821</b>
<b>State Long-term Reserve Balance</b>	<b>\$44,600,489</b>	<b>\$39,178,492</b>	<b>\$33,682,374</b>
<b>Minimum State LTR Balance</b>	<b>\$33,901,926</b>		

<sup>1</sup>The Long-term Reserve Balance as of 6/30/2022 is included in the amount for Prior Grant Year Funds Available for FY 2021-22 which represents unobligated balances reflected on TANF ACF-196 Financial Reports for any open grant years, the fourth quarter federal award, plus budgeted amounts for the Child Care Development Fund and the Social Services Block Grant (Title XX). The estimated Long-term Reserve Balance for the beginning of FY 2021-22 is based on submitted federal fiscal reports.

<sup>2</sup> The State Family Assistance Grant amount was reduced by 0.33% for federal FY 2020 and 2021 based on direction from Administration of Children and Families.

<sup>3</sup> The federal budget for Contingency Funds is appropriated to \$598 million across all states annually. Amounts awarded to individual states fluctuate annually based on a federal calculation of need and the number of states applying and qualifying for funds. The federal government has multiple proposals to reduce or repurpose these funds, so there is no assurance funds will be available. **As there is no guarantee of federal funding of Contingency to continue nor Colorado receiving these funds, program only includes actual amounts awarded.** Since 2009, Colorado has received between \$4 million and \$15 million annually for Contingency and projects to receive \$12,000,000 in each year.

<sup>4</sup> CCDF: Child Care and Development Fund

COUNTY RESERVES

Ending Balance as of 6/30/2020	\$61,164,675
Ending Balance as of 6/30/2021	60,995,493
Net Inc/(Dec)	(\$169,182)

TABLE 2: TANF MOE ANALYSIS

MOE SOURCE	FFY2021-22 (ACTUAL)	FFY 2022-23 (PROJECTED)	FFY 2023-24 (PROJECTED)
<b>Child Welfare</b>			
Child Welfare Services Line	\$20,348,312	\$26,561,075	\$26,561,075
Family and Children's Programs (Core)	19,505,561	13,443,661	13,443,661
<b>Colorado Works</b>			
County Share Of Block Grant	17,865,008	18,662,444	18,662,444
<b>Child Care</b>			
Child Care MOE	10,681,503	10,681,503	10,681,503
County Share Of Admin Costs In Colorado Child Care Assistance Program (CCCAP)	2,146,762	2,146,762	2,146,762
<b>State Administration</b>			
General Fund Expenditures On MOE Grant	6,007,798	6,007,798	6,007,798
General Fund Used to Match TANF Dollars	0	6,007,798	6,007,798
CBMS Modernization	59,450	59,450	59,450
<b>Nurse Home Visitor Program</b>			
General Fund Expenditures	9,304,515	9,304,515	9,304,515
<b>Department of Education</b>			
GF Spent on Colorado Preschool Program (CPP) (185% of Federal Poverty Level (FPL) and below)	41,888,851	41,888,851	41,888,851
GF Spent on (CPP) for households up to \$75K (Direct Costs)	43,978,165	43,978,165	43,978,165
<b>Low Income Energy Assistance Program</b>			
Funding from Energy Outreach Colorado	1,000,000	1,000,000	1,000,000
Add'l Funding from Severance Tax Fund	0	0	0
<b>Refugee - CRSP 3rd Party</b>			
General Fund Expenditures	3,035,181	3,035,181	3,035,181
<b>Domestic Violence Program</b>			
General/Cash Fund Expenditures	416,146	629,677	629,677

TABLE 2: TANF MOE ANALYSIS

MOE SOURCE	FFY2021-22 (ACTUAL)	FFY 2022-23 (PROJECTED)	FFY 2023-24 (PROJECTED)
<b>Tax Credits</b>			
Child Care Tax Credit	5,118,908	5,118,908	5,118,908
Earned Income Tax Credit	65,760,271	70,000,000	70,000,000
<b>Other Sources</b>			
County DSS Program Exp's-TANF Elig Recip's	0	2,000,000	2,000,000
Foundation Expenditures-TANF Elig Recip's	15,429,165	14,000,000	14,000,000
ReHire	256,300	200,000	200,000
<b>Total</b>	<b>\$262,801,896</b>	<b>\$274,725,788</b>	<b>\$274,725,788</b>
Base MOE Requirement	88,395,624	88,395,624	88,395,624
Surplus/(Deficit) MOE Expenditures	\$174,406,272	\$186,330,164	\$186,330,164

- 3 Department of Human Services, Office of Adult, Aging, and Disability Services, Aging Programs, Community Services for the Elderly -- The Department is requested to submit a report by November 1 of each year on Older Americans Act Funds received and anticipated to be received, and the match requirements for these funds. The report should also specify the amount of funds, if any, that were transferred between the State Funding for Senior Services line item and the Older Americans Act Programs line item in the prior actual fiscal year to comply with federal match requirements.

**COMMENT:** The Department provided the following information on November 1, 2022. The following table shows the Older Americans Act (OAA) funds received and anticipated funds to be received, and the match requirements. No funds were transferred between the State Funding for Senior Services (SFSS) line item and the OAA Programs line item. Additionally, there were no funds from SFSS used to draw down federal funds in federal fiscal year 2021-22 (FFY 2021-22).

OLDER AMERICANS ACT FUNDING			
	TOTAL	REQUIRED MATCH	FEDERAL FUNDS
Older Americans Act Funds FFY 2021-22 (Actual)	\$26,800,267	\$4,636,310	\$22,163,957
Older Americans Act Funds FFY 2022-23 (Projected)	\$26,800,267	\$4,636,310	\$22,163,957

OLDER AMERICANS ACT FUNDS (ACTUAL RECEIVED DURING FFY 2020-21 AND PROJECTED FOR FFY 2021-22)						
PART	PART NAME	FEDERAL FUNDS	MATCH \$			TOTAL ALLOCATED
			STATE	LOCAL / IN-KIND	TOTAL	
Title IIIB <sup>1</sup>	Supportive Services	\$5,444,087	\$320,240	\$640,481	\$960,721	\$6,404,808
Title IIIC1 <sup>1</sup>	Congregate Meals	4,537,650	266,921	533,841	800,762	5,338,412
Title IIIC2 <sup>1</sup>	Home Delivered Meals	5,274,558	310,268	620,536	930,804	6,205,362
Title IIID <sup>2</sup>	Preventive Health	378,912	0	66,867	66,867	445,779
Title IIIE <sup>3</sup>	National Family Caregiver Support Program (NFCSP)	2,372,758	142,041	648,878	790,919	3,163,677
Administration	Area Agencies on Aging (AAA) <sup>3</sup>	1,958,784	0	652,928	652,928	2,611,712
	State <sup>4</sup>	1,030,940	343,647	0	343,647	1,374,587
<b>Total Title III</b>		<b>\$20,997,689</b>	<b>\$1,383,117</b>	<b>\$3,163,531</b>	<b>\$4,546,648</b>	<b>\$25,544,337</b>
Title V <sup>5</sup>	Senior Community Service	806,956	n/a	89,662	89,662	896,618
Title VII <sup>c</sup>	Elder Abuse	56,082	n/a	n/a	0	56,082
	Ombudsman	303,230	n/a	n/a	0	303,230
<b>Total Title VII</b>		<b>\$359,312</b>	<b>n/a</b>	<b>n/a</b>	<b>0</b>	<b>\$359,312</b>
<b>GRAND TOTAL</b>		<b>\$22,163,957</b>	<b>\$1,383,117</b>	<b>\$3,253,193</b>	<b>\$4,636,310</b>	<b>\$26,800,267</b>

**OLDER AMERICANS ACT FUNDS**  
(ACTUAL RECEIVED DURING FFY 2020-21 AND PROJECTED FOR FFY 2021-22)

PART	PART NAME	FEDERAL FUNDS	MATCH \$			TOTAL ALLOCATED
			STATE	LOCAL / IN-KIND	TOTAL	

<sup>1</sup> A total match of 15% is required. At least 5% match must come from the State, and the remainder to come from Local/In Kind sources.

<sup>2</sup> A total match of 15% is required. This is provided by the AAAs.

<sup>3</sup> A total match of 25% is required. There is no stipulation as to the source of the matching funds.

<sup>4</sup> A total match of 25% is required, that must come from a State funding source.

<sup>5</sup> A total match of 10% is required and is provided by the vendors.

- 5 Department of Human Services, Adult Assistance Programs -- The Department is requested to submit annually, on or before November 1, a report to that provides the cost to eliminate waitlists for each service type for services provided to older adults by the state's Area Agencies on Aging.

**COMMENT:** The Department provided the following information on November 1, 2021. The State Unit on Aging (SUA) located within the Colorado Department of Human Services works closely with the 16 Area Agencies on Aging (AAA) to gather data on the waitlists for services around the state. The following data represents the cost associated with eliminating the waitlists from FY 2021-22. To identify the total cost statewide to eliminate the waitlists for each service type, the Department calculated the cost to eliminate the waitlist for each service type at each AAA and then aggregated the results. The cost to eliminate the waitlist by service type for each AAA is based on the unduplicated count of individuals on the waitlist multiplied by the average number of units received for people receiving the service in that AAA region in FY 2021-22, multiplied by the average cost per unit of service for that AAA region in FY 2021-22.

While the number of unduplicated clients on the waitlist is consistent with last year, the cost to eliminate the waitlist has increased primarily due to raw food costs, increases in labor costs, and gas increases.

It is important to note that per 26-11-205.5(2) C.R.S., the funding provided to AAAs through the State Funding for Senior Services Long Bill line item must be disbursed to the AAAs via the federally-approved Intrastate Funding Formula (IFF). The IFF is an allocation formula based on several population demographic figures provided annually by the State Demography Office. As a result, if additional funding is appropriated to the State Funding for Senior Services (SFSS) line item, the funding will be distributed to the AAAs based on the IFF, not based on specific AAA funding needs to eliminate waitlists. For example, if the Joint Budget Committee appropriates an additional \$1 million to the SFSS line item with the intent of addressing AAA waitlists, using the IFF an AAA that receives five percent of the overall AAA allocation would receive \$50,000 of that funding and an AAA that receives 40 percent of the AAA allocation would receive \$400,000 of that funding, regardless of their waitlists needs. If both AAAs needed \$100,000 to eliminate their waitlists, one AAA would not be able to eliminate its waitlists while the other AAA would receive more funding than what is needed to eliminate its waitlists.

In addition, other factors to be considered regarding the AAA waitlists include:

- Inflation - increase in raw food costs, labor costs and gas costs have contributed to an increase in unit costs for many services.

- Regional Provider Capacity – some local service providers do not have the staff, volunteers, space, etc. to serve additional older adults.
- Level of Outreach Efforts by the AAA - if there is a waitlist for a particular service, the AAA may not promote or advertise that service because the AAA cannot serve individuals on the current waitlist.
- Specific Service Availability in Each AAA Region – not all areas of a region, particularly rural regions, are served because there is simply not enough demand for services to be cost effective for a provider to serve older adults in these locations.

Even if additional funding were provided, the barrier of provider availability in some areas of the state would need to be addressed in order to eliminate a waitlist. Finally, it is important to note that the total unduplicated number of individuals on the waitlist changes day to day, making it challenging to project where the need will be moving forward.

FY 20221-22 STATEWIDE COST TO ELIMINATE AREA AGENCY ON AGING (AAA) WAITLISTS AND UNDUPLICATED CLIENT COUNT		
SERVICE TYPE	UNDUPLICATED COUNT OF INDIVIDUALS ON WAITLIST <sup>1</sup>	TOTAL COST OF ELIMINATING WAITLIST
Case Management	55	\$106,333
In Home Services (Chore, Personal Care, Homemaker) <sup>2</sup>	2,233	1,533,813
Other (Counseling, Reassurance, Evidenced Based)	94	104,969
Home Delivered Meals	1,911	2,903,106
Material Aid (Audiology, Vision, Dental)	621	724,524
Respite Care	48	80,729
Transportation	357	147,750
<b>Total</b>	<b>5,319</b>	<b>\$5,601,224</b>

<sup>1</sup> Data from the PeerPlace and CBRES data systems, September 2022.

<sup>2</sup> Homemaker Services included food delivery during COVID per ACL instructions.

\* Many services changed provision during COVID, either increasing or decreasing.

- 9 Department of Human Services, All Divisions -- The Department is requested to provide, by November 1 of each fiscal year, a list of each transfer made in the previous fiscal year pursuant to Section 24-75-106, C.R.S. 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:** The Department provided the following information on November 1, 2022.

ATTACHMENT A: DHS/HCPF TRANSFER REQUESTS				
FISCAL YEAR	FROM AGENCY	TO AGENCY	AMOUNT	EXPLANATION/RATIONAL ALL REQUEST WERE MADE PURSUANT TO C.R.S. 24-75-106
FY 2021-22	CDHS Child Welfare Services	HCPF	\$441,298	Transfer of General Fund from DHS to HCPF, pursuant to CRS 24-75-106. This is a transfer of General Fund for over-expended costs incurred by HCPF by providing administrative case management services for children in child welfare. The funds are transferred from DHS to HCPF as a one-way transfer. This transfer is necessary because costs to the counties for administering state programs cannot be known in advance. Therefore, the funding is estimated at the beginning of the year and it is intended to be interchangeable between the agencies.



**ATTACHMENT A: DHS/HCPF TRANSFER REQUESTS**

FISCAL YEAR	FROM AGENCY	TO AGENCY	AMOUNT	EXPLANATION/RATIONAL ALL REQUEST WERE MADE PURSUANT TO C.R.S. 24-75-106
FY 2021-22	CDHS Children and Youth Mental Health Treatment Act	HCPF	56,274	Transfer of General Fund from HCPF to DHS, pursuant to CRS 24-75-106. HCPF is provided with an appropriation at the beginning of the year in order to draw down federal funds for Medicaid eligible clients. At the end of the fiscal year, any unexpended and unobligated General Fund from HCPF'S Children and Youth Mental Health Treatment Act appropriations is transferred to DHS as a one-way transfer. Any unexpended General Fund is transferred to DHS at the end of the year to cover mental health treatment costs for Children and Youth that exceed the OBH state Children's Mental Health Treatment Act Appropriations. In FY21-22, the Office of Behavioral Health at DHS has been supplementing these costs with federal funds and this transfer will help to offset a portion of these costs.
FY 2021-22	CBMS Operating and Contract Expenses	HCPF	766,158	Transfer of General Fund from HCPF to CDHS, pursuant to CRS 24-75-106. HCPF is provided with an appropriation at the beginning of the year in order to draw down federal funds for Medicaid eligible clients. At the end of the fiscal year, any unexpended and unobligated General Fund from HCPF's CBMS appropriations is transferred to CDHS as a one-way transfer. CBMS is a shared system between multiple departments. Payments for expenses are based on system usage and each department pays their share. As a result of CDHS using the system more than HCPF, costs had shifted away from HCPF to CDHS.

- 13 Department of Human Services, Services for People with Disabilities, Regional Centers for People with Developmental Disabilities -- The Department is requested to provide by November 1 of each fiscal year, the monthly census for each Regional Center by licensure type since the beginning of the fiscal year, and annual cost per capita for each Regional Center by licensure type, including the Regional Center costs for utilities, depreciation, indirect costs, and centrally appropriated personnel items.

**COMMENT:** The Department provided the following information on November 1, 2022. The following table contains the monthly census for each Regional Center by licensure type since the beginning of the Calendar Year 2022.

AVERAGE CENSUS BY REGIONAL CENTER AND LICENSE TYPE JANUARY 1, 2022 TO SEPTEMBER 30, 2022, BY MONTH									
	JAN-22	FEB-22	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG-22	SEP-22
Grand Junction Regional Center-Intermediate Care Facility	20	20	20	20	20	20	19	19	19
Grand Junction Regional Center-Home and Community Based Services Waiver	44	43	42	42	42	41	41	41	41
Pueblo Regional Center-Home and Community Based Services Waiver	47	47	47	47	46	46	44	44	44

AVERAGE CENSUS BY REGIONAL CENTER AND LICENSE TYPE									
JANUARY 1, 2022 TO SEPTEMBER 30, 2022, BY MONTH									
	JAN-22	FEB-22	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG-22	SEP-22
Wheat Ridge Regional Center-Intermediate Care Facility	94	91	91	89	87	87	85	83	82
Total	205	201	200	198	195	194	189	187	186

Source: CDHS Billing and census tracking system, AVATAR

The following table includes the average annual cost per capita (cost per person, per day) for the Regional Centers, by license type, for FY 2021-22 and FY 2022-23. Costs include direct costs, utilities, depreciation, and indirect costs, including those for centrally appropriated personnel costs. It is important to note that FY 2021-22 figures have not been audited by HCPF (pre-audit number) and FY 2022-23 figures are currently an estimate.

Average Regional Center Cost Per Capita (Cost Per Person, Per Day) and Detailed Costs By Regional Center and License Type Fiscal Years 2021-22(Pre-Audit) and 2022-23 (Estimated)			
		FY 2021-22 (Pre-Audit)	FY 2022-23 (Estimated)
Grand Junction Regional Center - Intermediate Care Facility	<i>ICF Average Cost Per Person Per Day</i>	\$1,355	\$13,254
	<i>ICF Billable Census Days</i>	7,246	7,629
	ICF Direct Costs	\$7,516,606	\$7,742,104
	Indirect Costs	2,092,908	2,155,695
	Utilities	70,394	72,506
	Depreciation	139,996	144,196
	<b>Total Cost</b>	<b>\$9,819,904</b>	<b>\$10,114,501</b>
Grand Junction Regional Center - Home and Community Based Services Waiver	<i>HCBS Waiver Average Cost Per Person Per Day</i>	\$899	\$906
	<i>HCBS Billable Census Days</i>	16,100	16,462
	HCBS Waiver Direct Costs	\$11,676,609	\$12,026,907
	HCBS Waiver Indirect Costs	2,482,875	2,557,361
	HCBS Waiver Utilities	115,369	118,830
	HCBS Waiver Depreciation	200,347	206,357
	<b>Total Cost</b>	<b>\$14,475,200</b>	<b>\$14,909,455</b>
Pueblo Regional Center - Home and Community Based Services Waiver	<i>HCBS Waiver Average Cost Per Person Per Day</i>	\$958	\$955
	<i>Billable Census Days</i>	17,105	17,666
	Direct Costs	\$13,435,981	\$13,839,061
	Indirect Costs	2,556,803	2,633,507
	Utilities	294,972	303,821
	Depreciation	90,491	93,206
	<b>Total Cost</b>	<b>\$16,378,247</b>	<b>\$16,869,595</b>
Wheat Ridge Regional Center - Intermediate Care Facility	<i>Average Cost Per Person Per Day</i>	\$1,093	\$1,120
	<i>Billable Census Days</i>	33,164	33,325
	Direct Costs	\$30,720,461	\$31,642,075
	Indirect Costs	4,698,425	4,839,378
	Utilities	514,639	530,078
	Depreciation	308,138	317,382
	<b>Total Cost</b>	<b>\$36,241,663</b>	<b>\$37,328,913</b>

Source: Information taken from the State's Accounting System, CORE, and the Regional Center billing system, AVATAR.

14 Department of Human Services, Executive Director’s Office, Special Purpose, Employment and Regulatory Affairs -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, a report including aggregate data by program area and job classification for the previous five fiscal years, including, but not limited to: employee recruitment and retention activities; time-to-fill (positions) data; staff turn-over rates; and direct care professional to client ratios.

**COMMENT:** The Department provided the following information on November 1, 2022.

EMPLOYEE RECRUITMENT AND RETENTION ACTIVITIES	
FY 2021-22	<ul style="list-style-type: none"> <li>● Residency waivers for multiple positions.</li> <li>● 81 Job Fairs year to date.</li> <li>● 8 hiring blitzes, YSSIs, Dining Services, Client Care Aides, Custodians, and Nurses. - Multiple Locations.</li> <li>● Facebook Live Streaming Events for Applicants interested in the state. Every Wednesday.</li> <li>● Increased LinkedIn presence - 2 LinkedIn recruiter seats to help source applicants to apply.</li> <li>● TA Facebook and Instagram expansion.</li> <li>● Indeed paid postings increased to drive more applicants.</li> <li>● Tapjoy mobile games app marketing efforts to drive applicants.</li> <li>● MobilizeUS Texting Tool to send out hiring event details to a pool of passive candidates and active staff who signed up for alerts.</li> <li>● Expanded efforts with Workforce Centers, Catholic Charities, and Community partnerships.</li> <li>● Day in the life videos with the comms team of workers in facilities telling their why.</li> <li>● ARPA Funds - sign-on Incentives\$2k-\$7k by identified classes, \$1k referral incentive, and \$1k retention incentive to direct care staff.</li> <li>● Pulse Surveys for ARPA Funding.</li> <li>● CDHS Engagement Efforts</li> </ul>
FY 2020-21	<ul style="list-style-type: none"> <li>● Streamlining/expediting the hiring process in CDHS internal system so hiring can occur more quickly.</li> <li>● Signing/referral bonuses at Veterans Community Living Centers and Regional Centers.</li> <li>● Contracting with staffing agencies to expand the labor pool and to fill positions during COVID.</li> <li>● Redesigned New Employee Orientation to provide the resources our employees need to work for CDHS.</li> <li>● Revised the Flex Place policy to reduce barriers by making it easier to apply for flex place, and broadened the policy to give appointing authorities a greater ability to determine the working location for employees.</li> <li>● Beginning revision of the New Leader Onboarding program to ensure our supervisors have the information and tools they need to be successful leaders at CDHS.</li> <li>● Provided additional professional development through LinkedIn Learning.</li> <li>● Continued quarterly employee engagement surveys.</li> <li>● Increased focus on retention of current staff by developing a career pathing program, and establishing a Workforce Resiliency Committee to provide support to staff</li> <li>● Launch of a “Self Care in Times of Stress” class to support employees, particularly during COVID.</li> <li>● Increased focus on equity, diversity, and inclusion efforts, including in our hiring efforts to expand the labor pool.</li> <li>● Reorganization of the HR structure into more specialized teams to provide increased guidance, consistency, and expertise to CDHS employees and leaders.</li> <li>● As part of the HR reorganization, CDHS has devoted additional resources to retention efforts, including an FTE to administer the career pathing program, an FTE to administer the CDHS performance management program, an FTE to provide assistance with team dynamics and conflict resolution, and a recognition program coordinator.</li> <li>● Improving New Employee Onboarding experience.</li> <li>● Developing and communicating about existing employee well-being resources.</li> <li>● Developing curriculum in response to the 2021 CDHS Training Needs Assessment.</li> <li>● 2021 Engagement Survey Follow-Up</li> <li>● Updating the Performance Management Program to include EDI descriptors in each</li> </ul>

EMPLOYEE RECRUITMENT AND RETENTION ACTIVITIES	
	<p>competency, a five-point rating scale, and tiered competencies.</p> <ul style="list-style-type: none"> <li>● Created a team dynamics program.</li> </ul>
FY 2019-20	<ul style="list-style-type: none"> <li>● Implementation of SkillsSurvey reference check process—which speeds up the hiring process and increases the quality of candidates hired</li> <li>● Implementation of Qualtrics for onboarding and exit surveys</li> <li>● Govern for America</li> <li>● Apprenticeship partnership with CDLE</li> <li>● Years of Service recognition program</li> <li>● Planning and design of the Making CDHS “A Great Place to Work” initiative that focuses on improving all facets of an employee’s life cycle with CDHS, from attracting and recruiting talent, onboarding, and improving culture and retention.</li> </ul>
FY 2018-19	<ul style="list-style-type: none"> <li>● MHI Compensation Initiative</li> <li>● Pilot of hiring partnership between CMHIP and HR (increase quality of candidates and decrease hiring time)</li> <li>● Improvements to personnel action request processing</li> <li>● Electronic offer letter process (decrease amount of time to hire)</li> <li>● Electronic Position Description process (decrease hiring and personnel action time to process)</li> <li>● Talent Acquisition Roadshow to educate applicants on application process</li> <li>● Hiring blitzes</li> <li>● Increased recruitment through social media, advertising and job fairs</li> <li>● Building partnerships within the community, including Colorado Workforce Centers and local colleges</li> </ul>
FY 2017-18	<ul style="list-style-type: none"> <li>● Developed and implemented mentorship program</li> <li>● Implemented Flex Place and Flex Time policies for employees</li> <li>● Developed and implemented New Leader Onboarding Program</li> <li>● Restructure of HR to better support CDHS</li> <li>● Improvements to personnel action request processing</li> <li>● Hiring blitzes</li> <li>● Increased recruitment through social media, advertising and job fairs</li> <li>● Building partnerships within community, including Colorado Workforce Centers and local colleges</li> </ul>

DHS AVERAGE TIME TO FILL A POSITION BY OPERATIONAL DIVISION (DAYS)					
	OCTOBER 1, 2017 - JUNE 30, 2018	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Aging and Adult Services	62	54	56	57	72
Business Technology	0	65	55	79	67
Child Support Services	88	77	83	0	88
Child Welfare	90	82	50	70	62
Communications	0	0	0	0	0
Community and Family Support	0	80	51	0	0
Community Behavioral Health	93	54	31	28	65
Disability Determination Services	36	72	164	57	72
Domestic Violence Program	0	0	0	0	0
Early Care and Learning	92	70	51	68	40
Employment and Benefits	0	0	0	0	0
Facilities Management	50	57	56	42	70
Financial Services	79	46	52	85	49
Food and Energy Assistance	38	43	40	62	75
Human Resources	111	64	57	41	40
Juvenile Parole Board	0	0	0	0	0
Legal Director	0	0	0	0	0
Mental Health Institutes	55	46	49	40	67
Performance and Strategic Outcomes	47	64	24	37	45
Regional Centers	71	79	47	46	40
Veterans Community Living Centers	45	60	40	56	58
Youth Services	63	50	46	46	72

### DHS STAFF TURNOVER BY DIVISION, FY 2021-22

DIVISION	TOTAL SEPARATIONS	VOLUNTARY	INVOLUNTARY	RETIRE	TURNOVER RATE
Accounting & financial svcs	25	18	2	5	20.0%
Aging and adult services	6	4	0	2	16.7%
Boards & commissions	1	1	0	0	33.3%
Budget & policy services	2	0	0	2	40.0%
Business technology svcs	4	4	0	0	16.7%
Child support services	7	5	1	1	12.3%
Child welfare services	8	8	0	0	7.5%
Client svc cntrld corspndce	0	0	0	0	0.0%
Communications director	0	0	0	0	0.0%
Community behavioral health	21	18	3	0	16.8%
Corrections	452	390	50	12	34.3%
County services	0	0	0	0	0.0%
Ded of enterprise ptrshps	0	0	0	0	0.0%
Dir ofc chldrn youth & fams	2	2	0	0	40.0%
Dir ofc cmnty acc & indpn	0	0	0	0	0.0%
Dir ofc economic security	2	1	1	0	22.2%
Dir ofc of admin solutions	1	0	0	1	14.3%
Disability determ svcs	13	10	2	1	7.4%
Division of field audits	1	1	0	0	7.7%
Domestic violence program	1	1	0	0	14.3%
Dysr-central administration ofc	8	4	2	2	12.7%
Dysr-central regional office	2	1	1	0	4.8%
Dysr-north east regional office	1	1	0	0	5.9%
Dysr-southern regional office	1	1	0	0	5.6%
Dysr-staff dvlpmnt cntr at mvysc	1	1	0	0	10.0%
Dysr-western regional office	0	0	0	0	0.0%
Emergency-safety management	1	1	0	0	20.0%
Employment & benefits svcs	3	2	1	0	6.7%
Employment affairs	25	21	4	0	24.0%
Exec dir community prtntshp	1	1	0	0	25.0%
Exec dir of operations	0	0	0	0	0.0%
Executive directors office	2	2	0	0	20.0%
Facilities management	80	64	6	10	24.2%
Facilities mgmt admin	0	0	0	0	0.0%
Facts mgmt plan tech svcs	2	2	0	0	20.0%
Food & energy assist svcs	5	4	1	0	7.9%
Juvenile parole board	0	0	0	0	0.0%
Legal	1	1	0	0	25.0%
Legislative liasion	1	1	0	0	33.3%
Mental health institutes	342	266	36	40	22.7%
Ocyf central administration ofc	0	0	0	0	0.0%
Performance management	0	0	0	0	0.0%
Procurement services	0	0	0	0	0.0%
Project management	0	0	0	0	0.0%
Qaqi administrative review	1	1	0	0	50.0%
Qual assur & qual imprvmnt	8	6	2	0	10.4%
Refugee services	0	0	0	0	0.0%
Regional centers	189	127	34	28	24.9%
Two generation strategies	0	0	0	0	0.0%
Veterans community living centers	128	95	24	9	22.2%

### DIRECT CARE STAFF TO CLIENT RATIOS<sup>1</sup>

	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Mental Health Institutes	1.7	1.7	1.6	1.5	1.6	1.6
Regional Centers	2.7	2.7	2.7	2.6	2.6	2.6
Veterans Community Living Centers	1.0	0.9	0.9	1.0	1.2	1.1

DIRECT CARE STAFF TO CLIENT RATIOS<sup>1</sup>

	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Youth Services	1.1	1.2	1.2	1.4	2.0	1.9

<sup>1</sup> Client ratio - average staff headcount divided by average client population. The annual average direct care staff headcount from CPPS. The client count is average population provided by facility leadership.

## APPENDIX C

# DEPARTMENT ANNUAL PERFORMANCE REPORT

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

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2023-24 budget request, the FY 2021-22 Annual Performance Report and the FY 2022-23 Performance Plan can be found at the following link:

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

# APPENDIX D

## FY 2021-22 AND FY 2022-23 COUNTY ALLOCATIONS FOR ADULT PROTECTIVE SERVICES

FY 2021-22 AND FY 2022-23 COUNTY ALLOCATIONS FOR ADULT PROTECTIVE SERVICES				
COUNTY	FY2021-22	FY 2022-23	ALLOCATION ANNUAL CHANGE	
Adams	\$1,213,258	\$1,210,445	(\$2,813)	(0.2%)
Alamosa	114,163	130,483	16,320	14.3%
Arapahoe	1,625,488	1,669,776	44,288	2.7%
Archuleta	78,456	77,483	(973)	(1.2%)
Baca	25,947	27,919	1,972	7.6%
Bent	30,666	30,795	129	0.4%
Broomfield	145,587	165,896	20,309	13.9%
Boulder	1,000,004	1,204,043	204,039	20.4%
Chaffee	64,787	60,142	(4,645)	(7.2%)
Cheyenne	8,849	5,727	(3,122)	(35.3%)
Clear Creek	26,952	51,355	24,403	90.5%
Conejos	48,895	42,782	(6,113)	(12.5%)
Costilla	51,851	50,187	(1,664)	(3.2%)
Crowley	23,567	26,121	2,554	10.8%
Custer	22,818	28,997	6,179	27.1%
Delta	244,940	267,758	22,818	9.3%
Denver	2,302,696	2,125,871	(176,825)	(7.7%)
Dolores	16,477	17,108	631	3.8%
Douglas	471,625	462,579	(9,046)	(1.9%)
Eagle	94,854	110,353	15,499	16.3%
Elbert	61,119	59,632	(1,487)	(2.4%)
El Paso	2,444,137	2,114,592	(329,545)	(13.5%)
Fremont	259,811	209,612	(50,199)	(19.3%)
Garfield	161,502	198,901	37,399	23.2%
Gilpin	17,560	26,091	8,531	48.6%
Grand	45,664	40,142	(5,522)	(12.1%)
Gunnison	54,211	57,994	3,783	7.0%
Hinsdale	4,371	4,801	430	9.8%
Huerfano	61,913	70,552	8,639	14.0%
Jackson	6,459	8,594	2,135	33.1%
Jefferson	1,687,507	1,628,651	(58,856)	(3.5%)
Kiowa	12,173	21,892	9,719	79.8%
Kit Carson	36,100	46,802	10,702	29.6%
Lake	32,327	26,785	(5,542)	(17.1%)
La Plata	238,424	285,329	46,905	19.7%
Larimer	1,133,904	1,230,304	96,400	8.5%
Las Animas	202,863	238,319	35,456	17.5%
Lincoln	22,954	27,983	5,029	21.9%
Logan	98,194	130,673	32,479	33.1%
Mesa	1,202,681	1,237,270	34,589	2.9%
Mineral	4,472	3,377	(1,095)	(24.5%)
Moffat	140,125	98,529	(41,596)	(29.7%)
Montezuma	135,838	124,045	(11,793)	(8.7%)
Montrose	201,553	211,852	10,299	5.1%
Morgan	191,580	203,649	12,069	6.3%
Otero	90,589	91,526	937	1.0%
Ouray	18,802	15,699	(3,103)	(16.5%)
Park	76,855	73,959	(2,896)	(3.8%)
Phillips	22,152	15,392	(6,760)	(30.5%)
Pitkin	71,862	45,960	(25,902)	(36.0%)
Prowers	94,224	91,300	(2,924)	(3.1%)



**FY 2021-22 AND FY 2022-23 COUNTY ALLOCATIONS FOR ADULT PROTECTIVE SERVICES**

COUNTY	FY2021-22	FY 2022-23	ALLOCATION ANNUAL CHANGE	
Pueblo	798,515	993,838	195,323	24.5%
Rio Blanco	37,570	21,827	(15,743)	(41.9%)
Rio Grande	48,757	55,779	7,022	14.4%
Routt	44,545	65,567	21,022	47.2%
Saguache	43,084	67,006	23,922	55.5%
San Juan	4,315	3,460	(855)	(19.8%)
San Miguel	19,804	24,680	4,876	24.6%
Sedgwick	10,489	10,103	(386)	(3.7%)
Summit	58,325	51,575	(6,750)	(11.6%)
Teller	172,773	165,765	(7,008)	(4.1%)
Washington	30,066	42,132	12,066	40.1%
Weld	873,742	1,048,584	174,842	20.0%
Yuma	32,633	34,550	1,917	5.9%
<b>Total</b>	<b>\$18,618,424</b>	<b>\$18,990,892</b>	<b>\$372,468</b>	<b>2.0%</b>



Colorado General Assembly  
Joint Budget Committee

# JOINT BUDGET COMMITTEE STAFF FY 2023-24 BUDGET BRIEFING SUMMARY

*Department of Human Services  
Office of Children, Youth and Families*

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare programs in the state. The Department's FY 2022-23 appropriation consists of 41.4 percent General Fund, 28.4 percent cash funds, 8.5 percent reappropriated funds, and 21.7 percent federal funds.

## FY 2022-23 APPROPRIATION AND FY 2023-24 REQUEST

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
H.B. 22-1329 (Long Bill)	\$2,638,145,548	\$1,141,826,416	\$462,123,650	\$225,856,891	\$808,338,591	5,332.5
Other legislation	(86,726,158)	(84,669,770)	262,569,593	(10,062,564)	(254,563,417)	(90.8)
<b>TOTAL</b>	<b>\$2,551,419,390</b>	<b>\$1,057,156,646</b>	<b>\$724,693,243</b>	<b>\$215,794,327</b>	<b>\$553,775,174</b>	<b>5,241.7</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$2,551,419,390	\$1,057,156,646	\$724,693,243	\$215,794,327	\$553,775,174	5,241.7
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R2 Preventing youth homelessness	5,100,837	5,049,825	0	0	51,012	7.4
R3 County adult protective services support	1,609,266	1,309,266	300,000	0	0	1.0
R4 Medicaid access for child welfare	541,573	162,500	0	291,573	87,500	2.7
R5 Reforming IT project ownership	0	0	0	0	0	0.0
R6 DYS security equipment upgrades	540,600	540,600	0	0	0	0.0
R7 Improving SNAP delivery	0	0	0	0	0	5.6
R8 Forensic Services Division capacity	3,704,803	3,704,803	0	0	0	23.1
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	22,491,357	13,879,529	3,290,100	446,776	4,874,952	0.0
R11 Aid for parents to make child support	1,140,274	0	0	0	1,140,274	1.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R13 Sustaining ReHire Colorado	102,904	102,904	0	0	0	0.0
R14 OCFMH data management and reporting	236,314	236,314	0	0	0	2.8
R15 Quality assurance budget alignments	0	0	0	0	0	0.0
R16 Juvenile justice budget alignment	0	0	0	0	0	0.0
R17 Realign child welfare hotline budget	(535,787)	(535,787)	0	0	0	0.0
R18 DYS parole and transition caseload	(700,000)	(700,000)	0	0	0	0.0
R19 DYS state facilities caseload	(1,927,398)	(1,675,864)	0	(134,557)	(116,977)	0.0
BHA-R1 Behavioral Health Administration personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Centrally appropriated line items	23,532,567	16,198,261	2,518,073	2,614,667	2,201,566	0.0
Indirect cost assessments	6,520,404	0	1,035,765	2,025,147	3,459,492	0.0
Non-prioritized requests	2,386,535	2,126,875	204,946	54,714	0	(3.5)
Technical adjustments	492,540	507,114	(90,811)	(47,220)	123,457	0.0
Annualize prior year legislation	(312,406,151)	(1,988,084)	(311,972,108)	459,017	1,095,024	11.0
Annualize prior year budget actions	(1,771,130)	5,175,193	(98,019)	(4,690,379)	(2,157,925)	9.5
<b>TOTAL</b>	<b>\$2,320,377,846</b>	<b>\$1,117,393,924</b>	<b>\$421,632,376</b>	<b>\$216,817,997</b>	<b>\$564,533,549</b>	<b>5,341.0</b>
<b>INCREASE/(DECREASE)</b>	<b>(\$231,041,544)</b>	<b>\$60,237,278</b>	<b>(\$303,060,867)</b>	<b>\$1,023,670</b>	<b>\$10,758,375</b>	<b>99.3</b>
Percentage Change	(9.1%)	5.7%	(41.8%)	0.5%	1.9%	1.9%

\* Decision items shaded in blue are addressed in this document. The remaining items are address by other JBC Staff briefing documents. Totals for the item descriptions below are for OCYF only, and therefore may differ from the Department totals above.

**R2 PREVENTING YOUTH HOMELESSNESS [REQUIRES LEGISLATION]:** The request includes an increase of \$5,100,837 total funds, including \$5,049,825 General Fund, and 7.4 FTE in FY 2034-24, and \$5,164,275 total funds in FY 2024-25 and ongoing to address factors contributing to youth homelessness. The request requires legislation to establish a housing voucher for foster youth. The department identified the request as evidence-informed (Step 4). *Additional information is provided in the second issue brief.*

The request includes the following components:

- \$717,688 total funds, including \$690,946 General Fund, and 2.0 FTE for program intermediaries to serve as liaisons between the Department and local service providers to increase access to prevention services included on the Family First Prevention Services Clearinghouse;
- \$1.3 million General Fund to distribute to service providers to address youth risk factors through evidence-based programs such as multisystemic therapy and skills groups;
- \$3.1 million total funds, including \$2.7 million General Fund, and 6.0 FTE to provide dedicated housing assistance for youth transitioning out of foster care and Youth Services. The request includes \$1.1 million to create and fund approximately 100 youth housing vouchers.

**R4 IMPROVING MEDICAID ACCESS FOR CHILD WELFARE YOUTH:** The request includes an increase of \$541,573 total funds, including \$162,500 General Fund, and 2.7 FTE in FY 2023-24 and \$821,637 total funds in FY 2024-25 and ongoing for dedicated staff to coordinate between the Department of Health Care Policy and Financing (HCPF) and DHS for child welfare youth. The department identified the request as theory-informed (Step 3).

DHS, HCPF, and the Office of Information Technology (OIT) conducted a root cause analysis that determined at least 1,396 child welfare youth experienced Medicaid eligibility disruptions last year. Eligibility disruptions can cause youth to experience delays and loss in access to prescriptions, treatment, and placements. The request would create three positions with expertise in child welfare, Medicaid, and the three state data systems that manage child welfare and Medicaid cases (Trails, CBMS, and MMIS) to improve Medicaid access by reducing system fragmentation. The request was a recommendation of the Medicaid Subcommittee of the Delivery of Child Welfare Services Task Force created by S.B. 18-254 (Child Welfare Reforms).

**R6 DYS SECURITY EQUIPMENT UPGRADES:** The request includes an increase of \$540,600 General Fund in FY 2023-24, and \$137,000 General Fund in FY 2024-25 and ongoing, for the one-time purchase and ongoing maintenance of security equipment. Proposed equipment expenses include 11 drug trace detectors, five digital fingerprinting machines, and one handheld x-ray. The Department currently relies on physical fingerprinting that must be mailed between the DYS and Judicial Districts.

**R10 COMMUNITY PROVIDER RATE:** The request includes an increase of \$16,813,231 total funds, including \$10,047,087 General Fund in FY 2023-24 and ongoing in OCYF for a 3.0 percent provider rate increase.

**R15 QUALITY ASSURANCE BUDGET ALIGNMENTS:** The request includes a net-zero transfer of two line items from OCYF to the Administration and Finance Division. The transfer would separate quality assurance processes from the programs they review. The transfer would not have a programmatic impact and is intended to align the Long Bill with current practice.

**R16 JUVENILE JUSTICE BUDGET ALIGNMENT:** The request includes a net-zero transfer of \$281,249 General Fund and 3.0 FTE from the Division of Child Welfare (DCW) to the Division of Youth Services (DYS). The request states that S.B. 21-071 (Limit the Detention of Juveniles) incorrectly appropriated funding for DHS in the DCW Administration line. The transfer would not have a programmatic impact and is intended to align the Long Bill with current practice.

**R17 REALIGN CHILD WELFARE HOTLINE BUDGET:** The request includes a one-time decrease of \$535,787 General Fund in FY 2023-24 to reflect cost efficiencies in DCW. The request is a continuation of a one-time decrease approved by the Committee and General Assembly during the last budget cycle. The Department states that the decrease would not have a programmatic impact, and is only requested on a one-time basis to allow for future technological improvements.

**R18 DYS PAROLE CASELOAD REDUCTION:** The request includes a decrease of \$700,000 General Fund in FY 2023-24 and ongoing to reflect a projected parole caseload decrease of 2.0 percent. The Department does not anticipate that the decrease will have an impact on services and anticipates that funding will be reverted at the end of the fiscal year if the request is not approved.

**R19 DYS CONTRACT PLACEMENT CASELOAD REDUCTION:** The request includes a decrease of \$1,927,398 total funds, including \$1,675,864 General Fund, in FY 2023-24 and FY 2024-25 to reflect decreased caseload for community contract placements. The caseload decrease results from a shift in higher acuity cases requiring State-secure rather than community placements, and the closure of Ridge View Youth Services Center, a 32-bed facility in Watkins, Colorado.

**INDIRECT COST ASSESSMENT:** The request includes a net increase of \$1,249,244 to indirect costs for OCYF.

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$9,591,829 total funds for OCYF to reflect the FY 2023-24 impact of bills passed in previous sessions, summarized in the table below.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
HB22-1374 Foster care success act	\$1,112,326	\$1,112,326	\$0	\$0	\$0	0.1
HB22-1094 Foster youth in transition	843,318	421,659	0	421,659	0	0.0
HB22-1289 Health benefits for children	166,000	107,900	0	0	58,100	0.0
HB22-1056 Emergency care for children	49,550	45,260	0	0	4,290	0.0
HB22-1283 Youth behavioral health	(11,628,023)	0	(11,628,023)	0	0	0.0
HB22-1131 Reduce justice involvement	(105,000)	(105,000)	0	0	0	0.0
HB22-1099 Policies and procedures	(30,000)	(30,000)	0	0	0	0.0
<b>TOTAL</b>	<b>(\$9,591,829)</b>	<b>\$1,552,145</b>	<b>(\$11,628,023)</b>	<b>\$421,659</b>	<b>\$62,390</b>	<b>0.1</b>

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes a net increase of \$2,819,779 total funds to reflect the FY 2023-24 impact of prior year budget actions for OCYF, summarized in the table below.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	\$3,615,704	\$3,449,853	\$82,890	\$9,161	\$73,800	0.0
FY 22-23 R17 Realign child welfare hotline	457,787	457,787	0	0	0	0.0
FY 22-23 R7 DYS phone replacement	100,000	100,000	0	0	0	0.0
FY 22-23 R1 Food service & housekeeping	0	0	0	0	0	0.0
FY 22-23 BA9 DYS Job readiness	(1,088,000)	(1,088,000)	0	0	0	0.0
FY 22-23 BA6 SB 21-278 funding	(250,000)	(250,000)	0	0	0	0.0
FY 22-23 R4 County child welfare support	(15,712)	(13,512)	0	0	(2,200)	0.2
<b>TOTAL</b>	<b>\$2,819,779</b>	<b>\$2,656,128</b>	<b>\$82,890</b>	<b>\$9,161</b>	<b>\$71,600</b>	<b>0.2</b>

**TECHNICAL ADJUSTMENTS:** The request includes a net increase of \$469,890 total funds for a leap year adjustment.

**NON-PRIORITIZED REQUESTS:** The request includes an increase of \$164,641 for the transfer of FTE from the new Department of Early Childhood to OCYF.

## SUMMARY OF ISSUES PRESENTED TO THE JOINT BUDGET COMMITTEE

**ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS:** During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds). Two bills have allocated a total of \$17.6 million ARPA funds to OCYF.

**R2 PREVENTING YOUTH HOMELESSNESS:** This issue provides background research and outlines the Department's second prioritized request, R2 Preventing Youth Homelessness.

**CHILD WELFARE REFORM:** This issue summarizes recent state and federal legislative changes impacting the Child Welfare budget.

### FOR MORE INFORMATION

**JBC STAFF ANALYST:** Emily Hansen  
(303) 866-4961  
Emily.hansen@state.co.us

**TO READ THE ENTIRE BRIEFING:** Go to <http://leg.colorado.gov/content/budget/budget-documents> to use the budget document search tool. Select this department's name under *Department/Topic*, "Briefing" under *Type*, and select a *Start date* and *End date* to show documents released in November and December of 2022.

# JOINT BUDGET COMMITTEE



## STAFF BUDGET BRIEFING FY 2023-24

### DEPARTMENT OF HUMAN SERVICES

(Office of Children, Youth and Families)

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

PREPARED BY:  
EMILY HANSEN, JBC STAFF  
DECEMBER 8, 2022

JOINT BUDGET COMMITTEE STAFF  
200 E. 14TH AVENUE, 3RD FLOOR • DENVER • COLORADO • 80203  
TELEPHONE: (303) 866-2061 • TDD: (303) 866-3472  
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## ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2021 and 2022 legislative sessions that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report:

[https://leg.colorado.gov/sites/default/files/fy21-22apprept\\_0.pdf](https://leg.colorado.gov/sites/default/files/fy21-22apprept_0.pdf)

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



# DEPARTMENT OF HUMAN SERVICES

## DEPARTMENT OVERVIEW

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare programs in the state. It supervises programs that are administered at the local level by counties and other agencies and directly operates mental health institutes, regional centers for people with developmental disabilities, and institutions for juvenile delinquents. This document focuses on one division within the Department, the Office of Children, Youth and Families (OCYF). The OCYF budget includes the following subdivisions:

- The **Division of Child Welfare** provides funding for programs that protect children from harm and assist families in caring for and protecting their children. Nearly 80.0 percent of funding in this division is allocated to counties that are responsible for administering child welfare services under the supervision of the Department. County departments receive and respond to reports of potential child abuse or neglect and provide appropriate child welfare services to the child and the family, including providing for the residential care of a child when a court determines this is in the child's best interest.
- The **Division of Youth Services** is responsible for the supervision, care, and treatment of juveniles held in secure detention facilities pre- or post-adjudication, juveniles committed or sentenced by courts, and juveniles receiving six-month mandatory parole services following commitment. The agency maintains fourteen secure facilities and augments this capacity with contracts for community placements.
- The **Community Programs** subdivision includes state funding for community-based programs that target youth and families. Programs include the Juvenile Parole Board, the Tony Grampas Youth Services Program, and the Domestic Abuse Program. The Tony Grampas program promotes prevention and education programs designed to reduce the need for state interventions.

## DEPARTMENT BUDGET: RECENT APPROPRIATIONS

### DEPARTMENT OF HUMAN SERVICES

FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$1,034,930,086	\$1,111,202,446	\$1,057,156,646	\$1,117,393,924
Cash Funds	421,832,773	549,781,848	724,693,243	421,632,376
Reappropriated Funds	209,414,386	228,925,941	215,794,327	216,817,997
Federal Funds	709,092,573	1,064,621,460	553,775,174	564,533,549
<b>TOTAL FUNDS</b>	<b>\$2,375,269,818</b>	<b>\$2,954,531,695</b>	<b>\$2,551,419,390</b>	<b>\$2,320,377,846</b>
Full Time Equiv. Staff	5,181.3	5,195.6	5,241.7	5,341.0

\*Requested appropriation.

### OFFICE OF CHILDREN, YOUTH AND FAMILIES

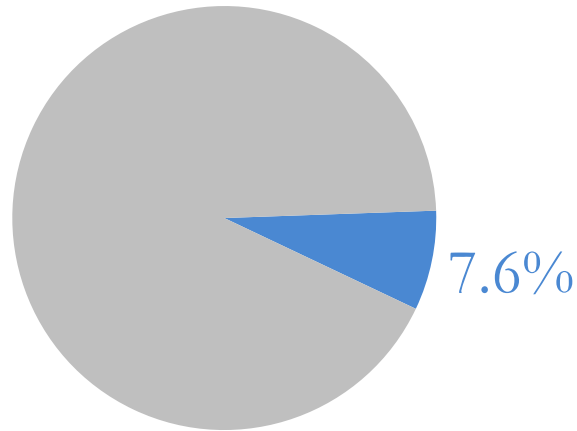
FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$412,504,599	\$443,741,315	\$464,100,161	\$480,352,654
Cash Funds	101,469,654	109,744,297	123,816,637	115,240,828
Reappropriated Funds	16,765,236	16,618,489	17,743,513	18,716,386
Federal Funds	139,614,338	139,724,852	148,218,368	153,345,780
<b>TOTAL FUNDS</b>	<b>\$670,353,827</b>	<b>\$709,828,953</b>	<b>\$753,878,679</b>	<b>\$767,655,648</b>
Full Time Equiv. Staff	1,300.3	1,269.1	1,283.0	1,282.9

\*Requested appropriation.

Funding for OCYF consists of 61.6 percent General Fund, 16.4 percent cash funds, 2.4 percent reappropriated funds, and 19.7 percent federal funds in FY 2022-23.

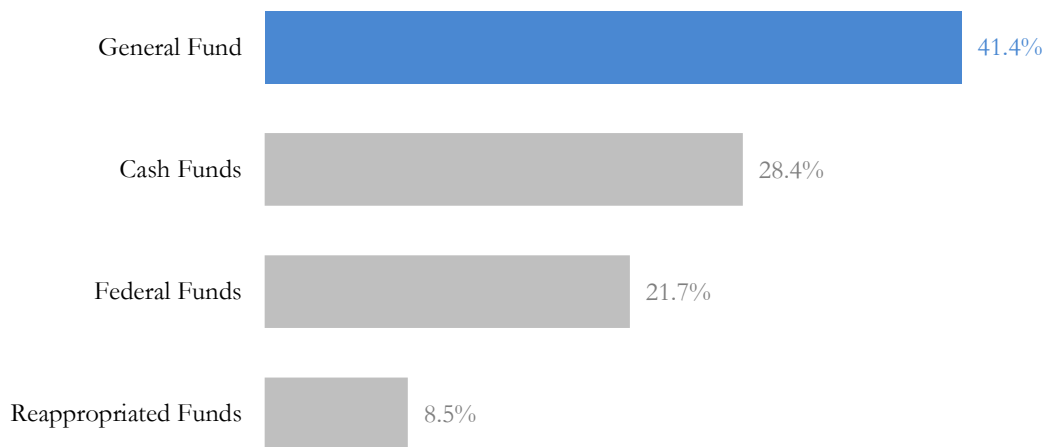
# DEPARTMENT BUDGET: GRAPHIC OVERVIEW

## Department's Share of Statewide General Fund



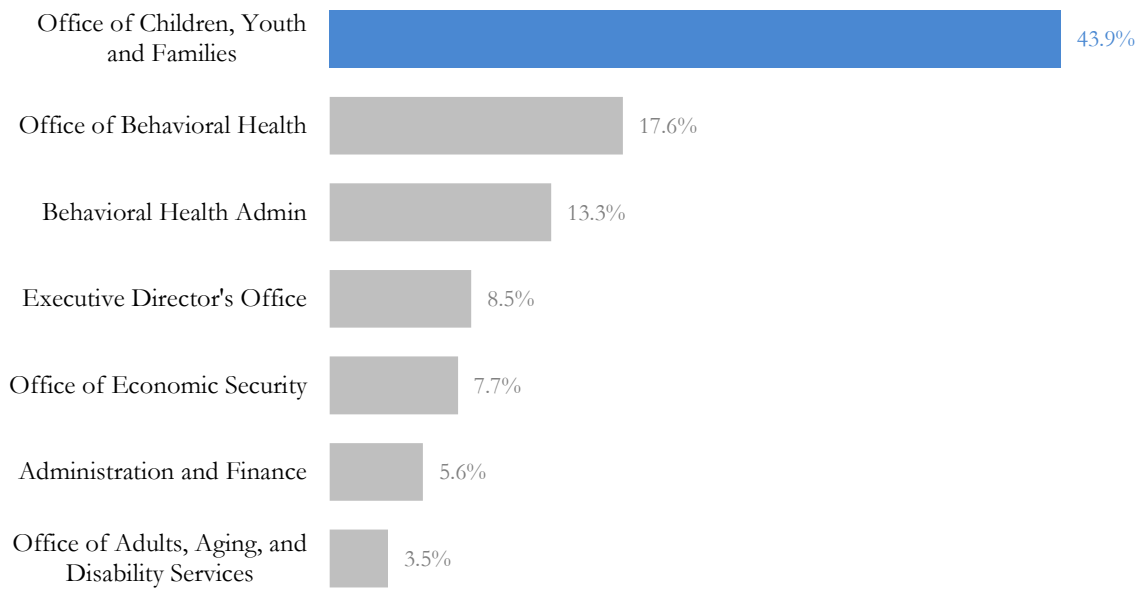
Based on the FY 2022-23 appropriation.

## Department Funding Sources



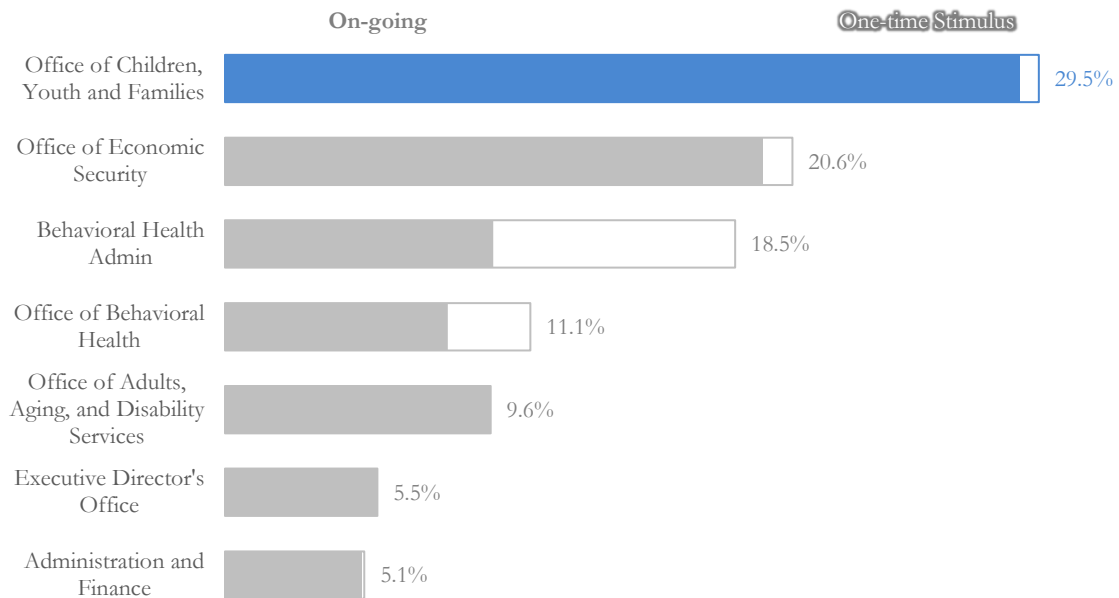
Based on the FY 2022-23 appropriation.

### Distribution of General Fund by Division



Based on the FY 2022-23 appropriation.

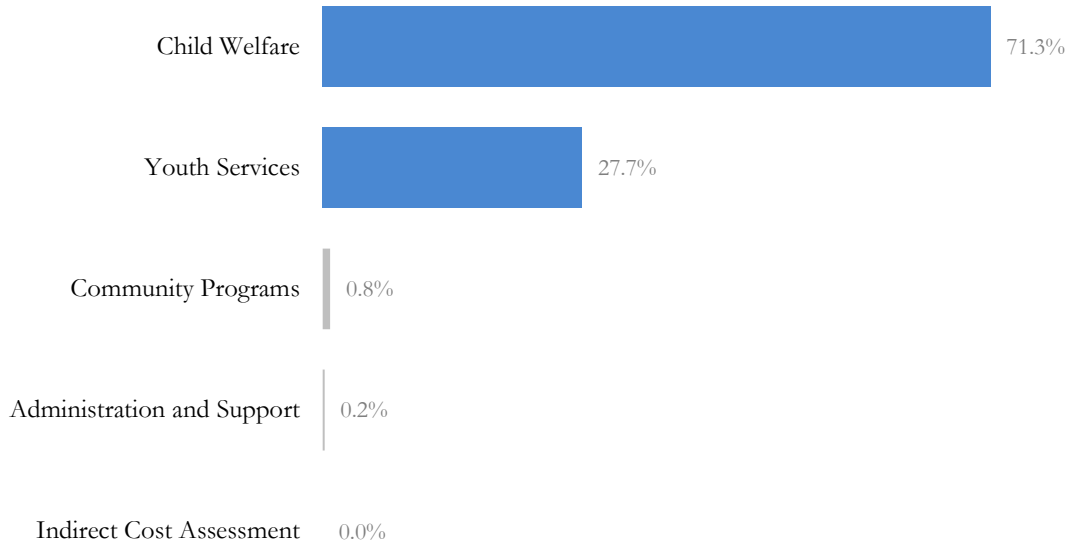
### Distribution of Total Funds by Division



Based on the FY 2022-23 appropriation.

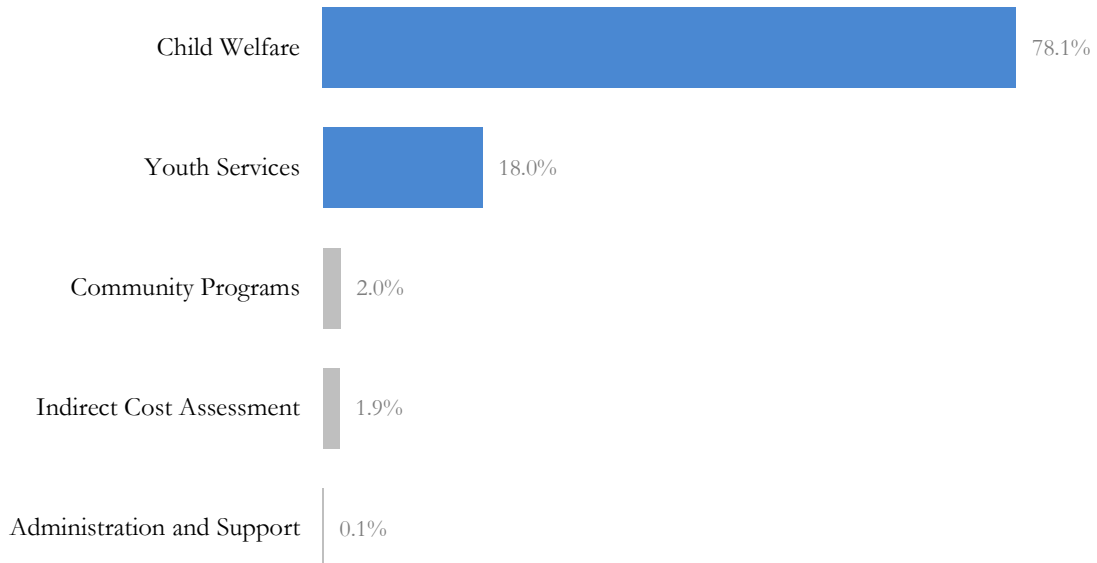
# DIVISION BUDGET: GRAPHIC OVERVIEW

## Distribution of General Fund by Subdivision



Based on the FY 2022-23 appropriation.

## Distribution of Total Funds by Subdivision



Based on the FY 2022-23 appropriation.

# GENERAL FACTORS DRIVING THE BUDGET

## CHILD WELFARE SERVICES

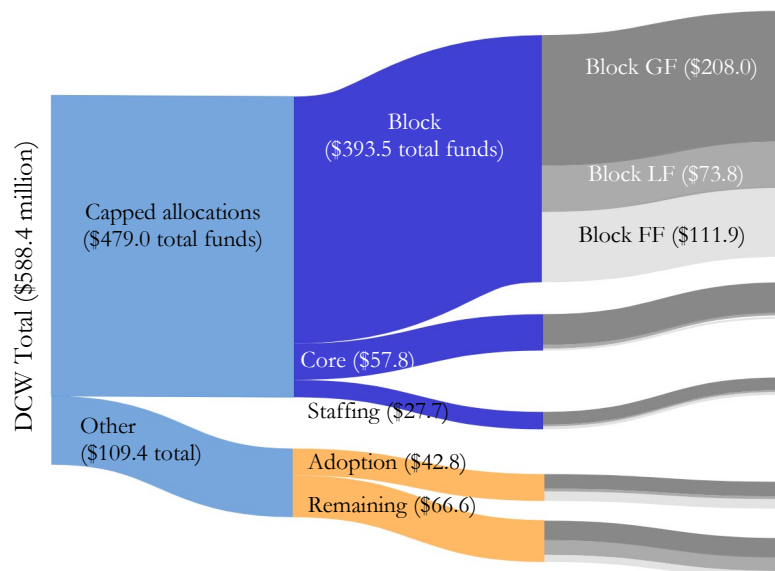
The majority of funds appropriated for child welfare are made available to county departments as three capped allocations for the provision of child welfare services. Capped allocations are distributed to counties by the Department with input from the Child Welfare Allocation Committee (CWAC). The capped allocations include Child Welfare Services, Family and Children’s Programs, and County Level Child Welfare Staffing.

**Child Welfare Services**, commonly referred to as “the Block”, is the largest allocation and provides the primary source of funds for counties to administer services. The Block consists of 20.0 percent local funds, and the remaining 80.0 percent is eligible for a 50/50 General Fund/federal funds split.

**Family and Children’s Programs**, or Core Services, was established as a result of the Child Welfare Settlement Agreement finalized in February 1995. Core Services provides supplementary funding for eight basic services that counties are required to provide. Core Services has an 80/20 General Fund/federal funds split and over-expenditures can be backfilled with the Block.

**County Level Child Welfare Staffing**, or 242 Funding, was created to provide dedicated funding for additional county staff through S.B. 15-242 (County Child Welfare Staff) following a performance audit and workload study by the Office of the State Auditor. Counties that accept an allocation from the Staffing Block Grant are required to provide a 10.0 percent match. No match is required if a county qualifies for tier 1 or tier 2 for the purpose of County Tax Base Relief. Over-expenditures can be backfilled with the Block.

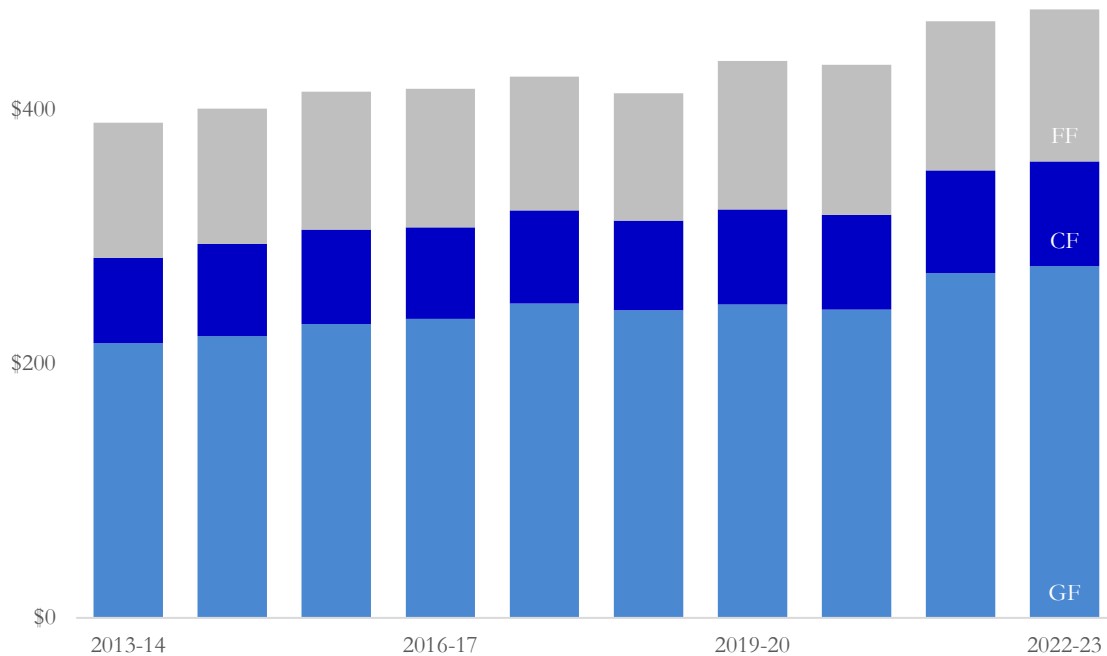
County capped allocations make up a majority of the \$588.4 million total FY 2022-23 appropriation for the Division of Child Welfare.



Increases to capped allocations have been driven by common policy increases for community provider rates. The chart below provides the history of appropriations for county block allocations by fund

source. The reduction in FY 2018-19 reflects the passage of S.B. 18-254 (Child Welfare Reforms). The Act removed funding for Adoption and Relative Guardianship Assistance subsidy expenditures from the capped allocation to a separate line item.

Increases for child welfare county capped allocations (in millions) have been driven by common policy community provider rate increases.



The majority of federal funding available for child welfare services is from Titles IV-E and IV-B of the Social Security Act and the Title XX Social Services Block Grant. Title IV-E accounted for 79.9 percent of federal funds in FY 2022-23, and entitles states to a partial reimbursement for the cost of providing foster care, adoption assistance, and kinship guardianship assistance to children who meet federal eligibility criteria. The enactment of the federal Family First Prevention Services Act of 2018 impacts services that qualify for Title IV-E funding beginning in FY 2021-22. The Act increases federal funding available for prevention services, but increases requirements for residential placements.

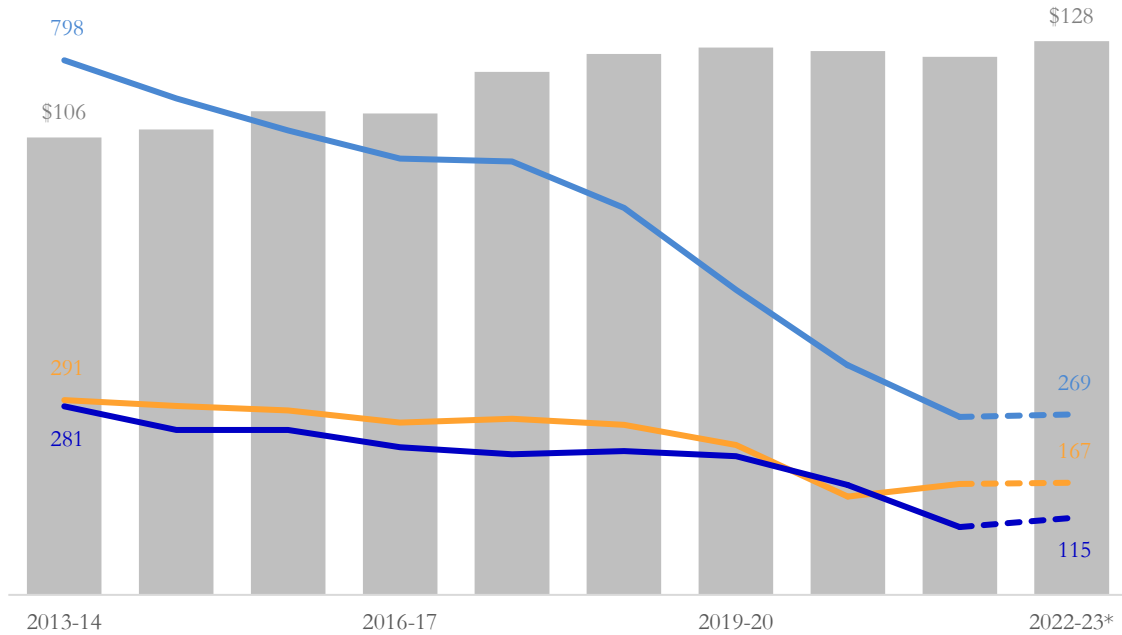
### DIVISION OF YOUTH SERVICES CASELOAD

The Division of Youth Services provides housing and treatment for juveniles in detention pre-adjudication (similar to adult jail), and commitment post-adjudication (similar to adult prison). The Division also supervises juveniles during a mandatory six-month parole period following all commitment sentences. The Division maintains fourteen secure facilities and augments this capacity with contracts for community placements. General Fund made up 94.7 percent of the Division budget in FY 2022-23.

Historically, caseload has driven appropriations. Caseload decreases continue to be the most significant changes in the Division’s budget, but have largely been offset by increases for staffing, facility improvements, and education services in recent years. Since FY 2014-15, the Division has received additional funding to add over 200 new staff positions to improve staff-to-youth ratios to create safer environments for staff and youth. Unlike fiscal years prior to FY 2014-15, this caused the

Division's budget to increase despite commitment, detention, and parole populations decreasing. In FY 2018-19, the Division received an additional \$2.6 million General Fund for 69 new security-focused positions (49.5 FTE).

Total Youth Services appropriations (in millions) have increased as the average daily population (ADP) for commitment, detention, and parole have decreased due to staffing increases.





## SUMMARY: FY 2022-23 APPROPRIATION & FY 2023-24 REQUEST

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
H.B. 22-1329 (Long Bill)	2,638,145,548	1,141,826,416	462,123,650	225,856,891	808,338,591	5,332.5
Other legislation	(86,726,158)	(84,669,770)	262,569,593	(10,062,564)	(254,563,417)	(90.8)
<b>TOTAL</b>	<b>\$2,551,419,390</b>	<b>\$1,057,156,646</b>	<b>\$724,693,243</b>	<b>\$215,794,327</b>	<b>\$553,775,174</b>	<b>5,241.7</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$2,551,419,390	1,057,156,646	\$724,693,243	\$215,794,327	\$553,775,174	5,241.7
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R2 Preventing youth homelessness	5,100,837	5,049,825	0	0	51,012	7.4
R3 County adult protective services	1,609,266	1,309,266	300,000	0	0	1.0
R4 Medicaid access for child welfare	541,573	162,500	0	291,573	87,500	2.7
R5 Reforming IT project ownership	0	0	0	0	0	0.0
R6 DYS security equipment upgrades	540,600	540,600	0	0	0	0.0
R7 Improving SNAP delivery	0	0	0	0	0	5.6
R8 Forensic Services Division capacity	3,704,803	3,704,803	0	0	0	23.1
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	22,491,357	13,879,529	3,290,100	446,776	4,874,952	0.0
R11 Aid for parents to make child support	1,140,274	0	0	0	1,140,274	1.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R13 Sustaining ReHire Colorado	102,904	102,904	0	0	0	0.0
R14 OCFMH data and reporting	236,314	236,314	0	0	0	2.8
R15 Quality assurance budget alignments	0	0	0	0	0	0.0
R16 Juvenile justice budget alignment	0	0	0	0	0	0.0
R17 Realign child welfare hotline budget	(535,787)	(535,787)	0	0	0	0.0
R18 DYS parole and transition caseload	(700,000)	(700,000)	0	0	0	0.0
R19 DYS state facilities caseload	(1,927,398)	(1,675,864)	0	(134,557)	(116,977)	0.0
BHA-R1 BHA personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
Centrally appropriated line items	23,532,567	16,198,261	2,518,073	2,614,667	2,201,566	0.0
Indirect cost assessments	6,520,404	0	1,035,765	2,025,147	3,459,492	0.0
Non-prioritized requests	2,386,535	2,126,875	204,946	54,714	0	(3.5)
Technical adjustments	492,540	507,114	(90,811)	(47,220)	123,457	0.0
Annualize prior year legislation	(312,406,151)	(1,988,084)	(311,972,108)	459,017	1,095,024	11.0
Annualize prior year budget actions	(1,771,130)	5,175,193	(98,019)	(4,690,379)	(2,157,925)	9.5
<b>TOTAL</b>	<b>\$2,320,377,846</b>	<b>\$1,117,393,924</b>	<b>\$421,632,376</b>	<b>\$216,817,997</b>	<b>\$564,533,549</b>	<b>5,341.0</b>
<b>INCREASE/(DECREASE)</b>	(\$231,041,544)	\$60,237,278	(\$303,060,867)	\$1,023,670	\$10,758,375	99.3
Percentage Change	(9.1%)	5.7%	(41.8%)	0.5%	1.9%	1.9%

\*The table above provides the totals for the entire Department, while the descriptions below describe the requested amounts specific to the Office of Children, Youth and Families alone.

**R2 PREVENTING YOUTH HOMELESSNESS [REQUIRES LEGISLATION]:** The request includes an increase of \$5,100,837 total funds, including \$5,049,825 General Fund, and 7.4 FTE in FY 2034-24, and \$5,164,275 total funds in FY 2024-25 and ongoing to address factors contributing to youth homelessness. The request requires legislation to establish a housing voucher for foster youth. The

department identified the request as evidence-informed (Step 4). *Additional information is provided in the second issue brief.*

The request includes the following components:

- \$717,688 total funds, including \$690,946 General Fund, and 2.0 FTE for program intermediaries to serve as liaisons between the Department and local service providers to increase access to prevention services included on the Family First Prevention Services Clearinghouse;
- \$1.3 million General Fund to distribute to service providers to address youth risk factors through evidence-based programs such as multisystemic therapy and skills groups;
- \$3.1 million total funds, including \$2.7 million General Fund, and 6.0 FTE to provide dedicated housing assistance for youth transitioning out of foster care and Youth Services. The request includes \$1.1 million to create and fund approximately 100 youth housing vouchers.

**R4 IMPROVING MEDICAID ACCESS FOR CHILD WELFARE YOUTH:** The request includes an increase of \$541,573 total funds, including \$162,500 General Fund, and 2.7 FTE in FY 2023-24 and \$821,637 total funds in FY 2024-25 and ongoing for dedicated staff to coordinate between the Department of Health Care Policy and Financing (HCPF) and DHS for child welfare youth. The department identified the request as theory-informed (Step 3).

DHS, HCPF, and the Office of Information Technology (OIT) conducted a root cause analysis that determined at least 1,396 child welfare youth experienced Medicaid eligibility disruptions last year. Eligibility disruptions can cause youth to experience delays and loss in access to prescriptions, treatment, and placements. The request would create three positions with expertise in child welfare, Medicaid, and the three state data systems that manage child welfare and Medicaid cases (Trails, CBMS, and MMIS) to improve Medicaid access by reducing system fragmentation. The request was a recommendation of the Medicaid Subcommittee of the Delivery of Child Welfare Services Task Force created by S.B. 18-254 (Child Welfare Reforms).

**R6 DYS SECURITY EQUIPMENT UPGRADES:** The request includes an increase of \$540,600 General Fund in FY 2023-24, and \$137,000 General Fund in FY 2024-25 and ongoing, for the one-time purchase and ongoing maintenance of security equipment. Proposed equipment expenses include 11 drug trace detectors, five digital fingerprinting machines, and one handheld x-ray. The Department currently relies on physical fingerprinting that must be mailed between the DYS and Judicial Districts.

**R10 COMMUNITY PROVIDER RATE:** The request includes an increase of \$16,813,231 total funds, including \$10,047,087 General Fund in FY 2023-24 and ongoing in OCYF for a 3.0 percent provider rate increase.

**R15 QUALITY ASSURANCE BUDGET ALIGNMENTS:** The request includes a net-zero transfer of two line items from OCYF to the Administration and Finance Division. The transfer would separate quality assurance processes from the programs they review. The transfer would not have a programmatic impact and is intended to align the Long Bill with current practice.

**R16 JUVENILE JUSTICE BUDGET ALIGNMENT:** The request includes a net-zero transfer of \$281,249 General Fund and 3.0 FTE from the Division of Child Welfare (DCW) to the Division of Youth Services (DYS). The request states that S.B. 21-071 (Limit the Detention of Juveniles) incorrectly

appropriated funding for DYS in the DCW Administration line. The transfer would not have a programmatic impact and is intended to align the Long Bill with current practice.

**R17 REALIGN CHILD WELFARE HOTLINE BUDGET:** The request includes a one-time decrease of \$535,787 General Fund in FY 2023-24 to reflect cost efficiencies in DCW. The request is a continuation of a one-time decrease approved by the Committee and General Assembly during the last budget cycle. The Department states that the decrease would not have a programmatic impact, and is only requested on a one-time basis to allow for future technological improvements.

**R18 DYS PAROLE CASELOAD REDUCTION:** The request includes a decrease of \$700,000 General Fund in FY 2023-24 and ongoing to reflect a projected parole caseload decrease of 2.0 percent. The Department does not anticipate that the decrease will have an impact on services and anticipates that funding will be reverted at the end of the fiscal year if the request is not approved.

**R19 DYS CONTRACT PLACEMENT CASELOAD REDUCTION:** The request includes a decrease of \$1,927,398 total funds, including \$1,675,864 General Fund, in FY 2023-24 and FY 2024-25 to reflect decreased caseload for community contract placements. The caseload decrease results from a shift in higher acuity cases requiring State-secure rather than community placements, and the closure of Ridge View Youth Services Center, a 32-bed facility in Watkins, Colorado.

**INDIRECT COST ASSESSMENT:** The request includes a net increase of \$1,249,244 to indirect costs for OCYF.

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$9,591,829 total funds for OCYF to reflect the FY 2023-24 impact of bills passed in previous sessions, summarized in the table below.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
HB22-1374 Foster care success act	\$1,112,326	\$1,112,326	\$0	\$0	\$0	0.1
HB22-1094 Foster youth in transition	843,318	421,659	0	421,659	0	0.0
HB22-1289 Health benefits for children	166,000	107,900	0	0	58,100	0.0
HB22-1056 Emergency care for children	49,550	45,260	0	0	4,290	0.0
HB22-1283 Youth behavioral health	(11,628,023)	0	(11,628,023)	0	0	0.0
HB22-1131 Reduce justice involvement	(105,000)	(105,000)	0	0	0	0.0
HB22-1099 Policies and procedures	(30,000)	(30,000)	0	0	0	0.0
<b>TOTAL</b>	<b>(\$9,591,829)</b>	<b>\$1,552,145</b>	<b>(\$11,628,023)</b>	<b>\$421,659</b>	<b>\$62,390</b>	<b>0.1</b>

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes a net increase of \$2,819,779 total funds to reflect the FY 2023-24 impact of prior year budget actions for OCYF, summarized in the table below.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	\$3,615,704	\$3,449,853	\$82,890	\$9,161	\$73,800	0.0
FY 22-23 R17 Realign child welfare hotline	457,787	457,787	0	0	0	0.0
FY 22-23 R7 DYS phone replacement	100,000	100,000	0	0	0	0.0
FY 22-23 R1 Food service & housekeeping	0	0	0	0	0	0.0
FY 22-23 BA9 DYS Job readiness	(1,088,000)	(1,088,000)	0	0	0	0.0

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 22-23 BA6 SB 21-278 funding	(250,000)	(250,000)	0	0	0	0.0
FY 22-23 R4 County child welfare support	(15,712)	(13,512)	0	0	(2,200)	0.2
<b>TOTAL</b>	<b>\$2,819,779</b>	<b>\$2,656,128</b>	<b>\$82,890</b>	<b>\$9,161</b>	<b>\$71,600</b>	<b>0.2</b>

**TECHNICAL ADJUSTMENTS:** The request includes a net increase of \$469,890 total funds for a leap year adjustment.

**NON-PRIORITIZED REQUESTS:** The request includes an increase of \$164,641 for the transfer of FTE from the new Department of Early Childhood to OCYF.

**OUT-YEAR GENERAL FUND REQUEST IMPACTS:** The following table describes the ongoing impacts of the FY 2023-24 requests for the following fiscal year. The out-year amounts are likely understated as common policy increases likely to occur each year are not included.

OUT-YEAR GENERAL FUND REQUEST IMPACTS						
	FY 2023-24		FY 2024-25		DIFFERENCE	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
R2 Preventing youth homelessness	\$5,049,825	7.4	\$5,109,144	8.0	\$59,319	0.6
R4 Improving Medicaid access	162,500	2.7	325,000	3.0	162,500	0.3
R6 DYS Security equipment	540,600	0.0	137,000	0.0	(403,600)	0.0
R10 Community provider rate	10,047,087	0.0	10,047,087	0.0	0	0.0
R15 Quality assurance budget alignment	0	0.0	0	0.0	0	0.0
R16 Juvenile justice budget alignment	0	0.0	0	0.0	0	0.0
R17 Realign child welfare hotline budget	(535,787)	0.0	0	0.0	535,787	0.0
R18 DYS Parole caseload	(700,000)	0.0	(700,000)	0.0	0	0.0
R19 DYS Contract placement caseload	(1,675,864)	0.0	(1,675,864)	0.0	0	0.0
<b>TOTAL</b>	<b>\$2,841,274</b>	<b>10.1</b>	<b>\$3,195,280</b>	<b>11.0</b>	<b>\$354,006</b>	<b>0.9</b>

## ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds).

### SUMMARY

- Two bills have allocated a total of \$17.6 million one-time ARPA funds to the Office of Children, Youth and Families.
- Additional legislation has allocated one-time funds to the Office of Behavioral Health and other state agencies to improve access to behavioral health resources for youth.

### DISCUSSION

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated \$528.4 million in one-time funding to the Department of Human Services through appropriations and transfers. For many programs, authority was provided to expend the funds through FY 2023-24 or beyond. To assist the Committee in tracking the use of these funds, the tables below show the sum of allocations provided for FY 2020-21, FY 2021-22, and FY 2022-23 and expenditures through FY 2021-22 by the original source of the funds (General Fund, federal Coronavirus State Fiscal Recovery Funds, and other funds).

The Office of Children, Youth and Families has not received one-time General Fund, but two bills have allocated one-time ARPA funds to the Division.

### ALLOCATION AND EXPENDITURE OF ONE-TIME FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS (ARPA FUNDS)

OFFICE OF CHILDREN, YOUTH AND FAMILIES ONE-TIME ARPA FUNDS			
BILL NUMBER /SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 22-183 Crime victims services	6,000,000	0	Transfers to the State Domestic Violence and Sexual Assault Services Fund, which is continuously appropriated to the Department of Human Services to reimburse for services to domestic violence and sexual assault crime victims.
H.B. 22-1283 Youth and family residential care	11,628,023	0	Makes the following appropriations: \$11,628,023 for child welfare respite and residential programs; \$7,500,000 to expand substance use residential beds for adolescents; \$2,500,000 for the crisis response service system; \$35,000,000 for capital costs and \$539,926 for building maintenance costs for a youth neuro-psych facility at the Colorado Mental Health Institute at Fort Logan.
<b>TOTAL</b>	<b>\$ 17,628,023</b>	<b>\$41,424,167</b>	

## IMPLEMENTATION UPDATES AND ITEMS OF NOTE

**H.B. 22-1283 YOUTH AND FAMILY RESIDENTIAL CARE:** One time ARPA funds appropriated in this legislation are intended to increase child welfare respite and residential programs. An additional \$35.0 million was allocated to create a youth neuro-psych facility at the Colorado Mental Health Institute in Fort Logan. The fiscal note for the bill indicates that long-term staffing costs for the facility will be supported with General Fund.

Several bills that allocated one-time funds to the Department are intended to improve access to behavioral health services for youth and families, but are allocated to the Office of Behavioral Health (OBH) within the Department rather than OCYF. Legislation is listed below and may be discussed further in the briefing documents for the relevant divisions.

- **H.B. 21-1258 (MENTAL HEALTH SCREENINGS IN SCHOOL):** Appropriates \$9.0 million one-time General Fund to OBH to establish a Temporary Youth Mental Health Services Program. The program reimburses providers for up to three mental health sessions with a youth and may provide additional reimbursement subject to available money. Reports indicate that \$5.5 million has been expended through FY 2021-22.
- **S.B. 21-137 (BEHAVIORAL HEALTH RECOVERY ACT):** Appropriates a total of \$114.1 million to multiple state agencies, including \$9.0 million one-time ARPA to OBH for behavioral health resources for youth. Of that amount, \$5.0 million was appropriated for a pilot program for residential placement of children and youth with high acuity physical, mental, or behavioral health needs.
- **S.B. 21-288 (AMERICAN RESCUE PLAN ACT OF 2021 CASH FUND):** Reports indicate that \$1.9 million one-time ARPA funds transferred pursuant to the bill have been expended for residential youth beds.
- **H.B. 22-1243 (SCHOOL SECURITY/BEHAVIORAL HEALTH FUNDING):** Appropriates \$6.0 million cash funds that originated as one-time ARPA to OBH for the Temporary Youth Mental Health Services Program, as well as \$2.0 million to the Department of Education for the Behavioral Health Care Professional Matching Grant Program and \$6.0 million to the Department of Public Safety for the School Security Disbursement Program.

DEPARTMENT OF HUMAN SERVICES ONE-TIME ARPA FUNDS			
BILL NUMBER / SHORT TITLE	APPROPRIATION / TRANSFER	ACTUAL EXPENDITURE THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	597,862	Services for school-aged children and parents by community mental health center school-based clinicians
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	0	Behavioral health and substance use disorder treatment for children, youth, and their families
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	239,904	Pilot program for residential placement of children and youth with high acuity physical, mental, or behavioral health needs
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	1,853,982	Residential youth beds
H.B. 22-1243 School security/behavioral health funding	6,000,000	0	For the Temporary Youth Mental Health Services Program.
<b>TOTAL</b>	<b>\$15,000,000</b>	<b>\$2,691,748</b>	

# INFORMATIONAL ISSUE: R2 PREVENTING YOUTH HOMELESSNESS

This issue provides background research and outlines the Department's second prioritized request, R2 Preventing Youth Homelessness.

## SUMMARY

- The request includes an increase of \$5.1 million total funds, including \$5.0 million General Fund, and 7.4 FTE in FY 2023-24.
- The request is designed to reduce the likelihood that children and youth experience homelessness through a three pronged approach focusing on (1) prevention services, (2) addressing risk factors, and (3) strengthening support for youth transitioning out of foster care and youth services.
- The request includes a youth housing voucher modeled after existing programs in DOLA, and anticipates implementation support from DOLA.

## DISCUSSION

Foster youth transitioning to independent adulthood are often referred to as foster youth in transition. Transition may include emancipation or youth transferring to living independently with or without support from local child welfare agencies. Research indicates that planned transitions may be essential to long-term housing stability. Foster youth in transition programs were recently expanded in the state under H.B. 21-1094 (Foster Youth in Transition). Under the bill, youth may stay or return to foster care until age 21.

A frequently cited study of youth aging out of foster care in three Midwestern states found that between 31.0-46.0 percent of participants experienced homelessness at least once by age 26.<sup>1</sup> The study results indicate that other childhood experiences, such as child abuse and economic instability, are stronger determinants of experiencing homelessness than exposure to the foster care system itself.

A study of foster youth receiving housing assistance in San Francisco found that certain experiences within foster care increase the likelihood of chronic homelessness, including multiple placements and a lack of transition planning.<sup>2</sup> Finally, a study of foster youth in Detroit found that youth in unstable housing situations were more likely to have transitioned into independence at younger ages and had experienced more placements while in foster care.<sup>3</sup> Similarly, youth in stable housing situations post-transition were less likely to have experienced restrictive placements in foster care.

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<sup>1</sup> Dworsky, A., Napolitano, L., & Courtney, M. (2013). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969135/>

<sup>2</sup> Brown, S., & Wilderson, D. (2010). [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.researchgate.net/profile/Stephanie-Brown-14/publication/227413833\\_Homelessness\\_prevention\\_for\\_former\\_foster\\_youth\\_Utilization\\_of\\_transitional\\_housing\\_programs/links/5c68c9db92851c1c9de5beb0/Homelessness-prevention-for-former-foster-youth-Utilization-of-transitional-housing-programs.pdf](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.researchgate.net/profile/Stephanie-Brown-14/publication/227413833_Homelessness_prevention_for_former_foster_youth_Utilization_of_transitional_housing_programs/links/5c68c9db92851c1c9de5beb0/Homelessness-prevention-for-former-foster-youth-Utilization-of-transitional-housing-programs.pdf)

<sup>3</sup> Fowler, P. J., Toro, P. A., & Miles, B. W. (2009). <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2008.142547>

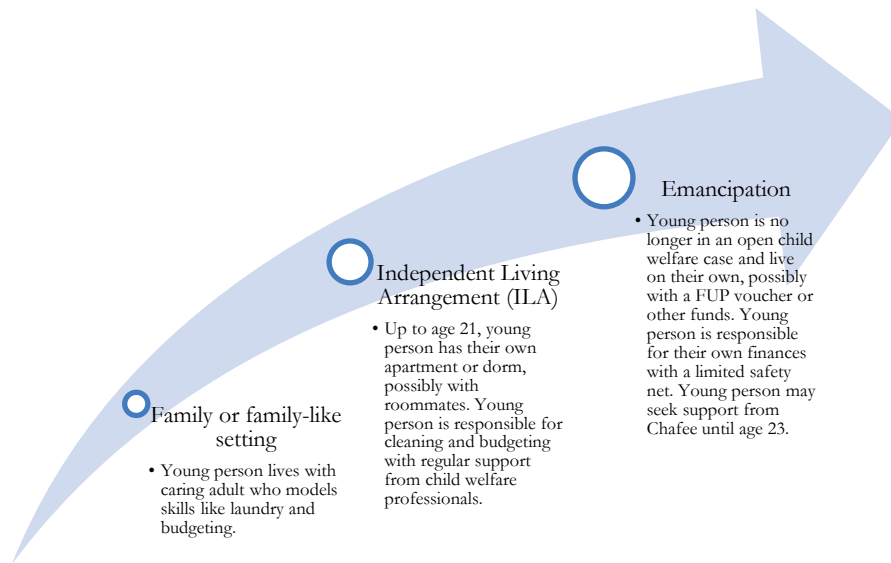
Each of the studies recommended that states increase investment in foster care transition services, particularly for youth with increased risk factors. Recommended investments include increased funding for housing assistance such as vouchers and hands-on housing search assistance, assisting youth to build financial training and assets before transition, and providing incentives for landlords and developers to create and support housing resources for transition youth.

*FORMER FOSTER CARE STEERING COMMITTEE REPORT*

The Former Foster Care Steering Committee was created by H.B. 18-1319 (Successful Adulthood Former Foster Youth). A report provided by the Steering Committee included a recommendation to build a network of housing supports for young people leaving foster care in the state.<sup>4</sup> The report also indicates that a landlord mitigation/incentive fund should be developed to assist counties in developing housing options to address landlord liability concerns such as a youth’s lack of co-signers or rental history.

The report indicates that ideally the transition out of foster care would follow the transition to adulthood experienced by non-foster youth. In their late teens, youth would experience a supportive household that models basic household and financial management. Then, youth transition to living in dorms or with roommates where responsibilities are shared and youth may return home with parents or guardians at any time. Finally, youth gain sufficient experience to live on their own.

In foster care, this process may translate to living in a family or family-like setting, transitioning into an Independent Living Arrangement (ILA) before finally reaching emancipation. ILAs are foster care placements where a young person lives on their own with supervision and support of a child welfare agency. ILAs are funded by Title IV-E, requiring an open child welfare case. Youth may therefore be faced with choosing between maintaining involvement with the child welfare system into their twenties, or transition to independence with a higher risk of homelessness. The graphic below was provided in the report to describe the appropriate continuum.



<sup>4</sup> HB 18-1319 Former Foster Care Steering Committee Final Recommendations, March, 2019. [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://co4kids.org/sites/default/files/FFCY%20Steering%20Committee%20Recommendations\\_FINAL.pdf](https://co4kids.org/sites/default/files/FFCY%20Steering%20Committee%20Recommendations_FINAL.pdf)



## **EXISTING PROGRAMS**

There are several existing state and federal programs that may provide support for foster youth in transition. Services include the federal Chafee program, the state Foster Youth in Transition program, and federal and state housing vouchers largely administered through the Department of Local Affairs.

### *CHAFFEE/FYIT*

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) is a federal program created by the Foster Care Independence Act of 1999. The federal program is a capped allocation to states to provide funding to assist youth currently or formerly in foster care with services and financial assistance to transition into adulthood. The program is the predominant resource available to assist foster youth in transition with housing stability, but services may also include assistance obtaining employment and education, financial management, and mentorship. Federal funding for Chafee has decreased from \$2.5 million to \$1.5 million in the last ten fiscal years while the number of youth eligible for services has increased.

House Bill 21-1094 (Foster Youth in Transition) created the Foster Youth in Transition (FYIT) program and aimed to supplement decreasing federal Chafee funds with state General Fund. The bill allowed youth to voluntarily continue to receive certain child welfare services until age 21. The bill included an ongoing appropriation of \$888,038 General Fund to support the program. Services may include assistance enrolling in Medicaid, obtaining employment and education, case management, and housing stability. A total of 246 youth have participated in the program since it began in June 2021, and 146 are in supervised independent living arrangements.

House Bill 21-1094 also created the Youth Transition Services Grant Program for county departments and other entities to serve youth aged 18-23 who are making the transition to adulthood. Funds are distributed by the Department with recommendations from an advisory committee.

### *HOUSING VOUCHERS*

The Division of Housing (DOH) in the Department of Local Affairs (DOLA) functions as a statewide public housing authority that primarily serves individuals and families with very low incomes, people with disabilities, and people experiencing homelessness. The Division administers a number of state and federal rental assistance programs that target different populations. Existing DOLA and U.S. Department of Housing and Urban Development (HUD) programs include:

- Foster Youth to Independence (FYI): HUD provides housing assistance to youth aged 18-24 who left foster care and are homeless or at risk of becoming homeless. The voucher is term-limited to 36 months and must be accompanied with supportive services.
- Family Unification Program (FUP): DOLA partners with DCW and local service providers to administer HUD housing choice vouchers for families where housing is an obstacle to regaining custody of their children, and youth aged 18-24 aging out of foster care.
- Continuum of Care Permanent Supportive Housing (CoC PSH): DOLA administers HUD permanent supportive housing programs funded through four CoCs to provide rental assistance and supportive services to individuals, youth, and families experiencing homelessness that have an identified disability.
- Mental Health, Homeless Solutions Program, and Recovery-Oriented Housing Program (MH-SHV, HSP-SHV, & ROHP-SHV): DOLA provides long-term rental assistance and access to supportive services for extremely low-income persons with a disabling condition and history of homelessness.

To qualify for the FUP voucher, youth must be 18-21, have been in foster care on or after their 16<sup>th</sup> birthday, and currently lack adequate housing. Lack of housing includes living in substandard or dilapidated housing, being homeless, displaced by domestic violence, living in an overcrowded unit, or living in housing not accessible due to disability. Housing assistance is limited to 18 months. Families are eligible if a child welfare agency has determined that lack of housing is a primary factor in the removal of a child. Housing assistance for families is not term-limited. Participants pay between 30-40.0 percent of their monthly-adjusted income toward rent and the balance is paid by HUD.

## **REQUEST**

The request is intended to address youth risk factors for homelessness at three different stages: (1) prevention (2) intervention, and (3) treatment.

- 1 **Preventing adverse childhood experiences:** The request includes \$717,688 total funds, including \$690,946 General Fund, and 2.0 FTE in FY 2023-24 to increase resources aimed at preventing adverse childhood experiences that increase risk factors for future homelessness. This portion of the request would build capacity for local service providers, and create two program intermediaries to serve as liaisons between the Department and local service providers. The liaisons would help support an increase in services available across the state, support data collection, and assess program success. The request would only support evidence-based practices as identified in the Family First Prevent Services Clearinghouse, allowing for federal match.
- 2 **Addressing youth risk factors:** The request includes \$1,250,000 General Fund to support evidence-based programs that target factors that increase youth's likelihood of experiencing homelessness. Funding would be distributed to local service providers that provide intervention services supported by the Family First Prevention Services Clearinghouse, such as home-based multisystemic therapy and weekly mentoring or skills groups. The request would address up-front costs for providers that are often barriers to implementing evidence-based practices, including funding to hire, train, and license staff before federal resources can be accessed.
- 3 **Increasing support for transition-age youth:** The request includes \$3.1 million total funds, including \$2.6 million General Fund, and 2.0 FTE in DCW and 4.0 FTE in DYS to provide housing assistance for youth transitioning out of foster care and DYS commitment.

This portion of the request includes \$1.4 million to increase support for the State Foster Youth Successful Transition to Adulthood grant program, and \$1.1 million to create a new youth housing voucher, including a landlord incentive fund. Eligibility for the voucher would follow the current Foster Youth in Transition (FYiT) program, as well as existing DOLA income eligibility standards. The voucher would remain available to youth up to age 26 without requiring an open FYiT case with the county.

The Department proposes that the vouchers will be distributed to individuals across the state rather than designated to specific housing projects. A specific housing project may increase

certain risk factors to youth including trafficking, while distributing to individuals allows vouchers to be used across different geographic areas of the state and will not result in loss of housing when youth age out of the program.

Calculations for the voucher are based on providing 100 vouchers at the current DOLA per voucher cost (an estimate of \$10,668 per voucher per year). The actual amount of vouchers distributed may be decreased depending on rent prices. The request is calculated based on 100 vouchers established from a few different data points. First, Mile High United Way indicates approximately 200 Colorado youth are on their community queue for housing resources. Additionally, 282 youth have transitioned from child welfare custody to adulthood in the last year. The National Youth in Transition Database (NYTD) approximates that 30.0 percent of respondent youth between the ages of 17 and 21 nationwide report being homeless. An additional 95 youth exited DYS in the last year and would be eligible for the program. Based on these numbers, 114 to 200 youth are estimated to be eligible for the program. The Department indicates that 100 vouchers could be a conservative estimate and the program could be expanded at a later time depending on demand and program success.

The request states that under existing vouchers, youth must compete with families for support, and may be required to have an open child welfare case or declare a disability to qualify. Requiring an open case creates unnecessary administrative burden and is a disincentive for youth trying to establish independence. Declaring a disability, mental health disorder, or substance abuse may also impact a youth's future ability to obtain employment.

Creating the housing voucher will require legislation. The Department has been coordinating with DOLA to design the request, and anticipates creating an Interagency agreement with DOLA to help administer the program given their existing expertise in distributing housing vouchers. The Department intends to leverage resources to support foster and DYS youth with DOLA's experience administering vouchers. The Department outlined a crosswalk of responsibilities for each agency, provided in Appendix D.

## INFORMATIONAL ISSUE: CHILD WELFARE REFORM

This issue summarizes recent state and federal legislative changes impacting the Child Welfare budget.

### SUMMARY

- The Department has not requested increases for county capped allocations beyond the community provider rate increase.
- The Committee has sponsored several bills in recent sessions to require third party analyses that estimate appropriate levels of Child Welfare funding.
- Federal funding for child welfare services has been impacted by the implementation of the Federal Family First Prevention Services Act of 2018.

### DISCUSSION

Funding for Child Welfare is currently in a state of flux, pending the yet to be determined impacts of recent state and federal legislation. The Committee will begin to receive reporting on an updated workload study and funding model early next year as required by state legislation. At the same time, the Department is in the first year of realizing federal funding impacts from the Family First Prevention Services Act. The following discussion provides background on these recent legislative changes to provide context for funding concerns that may arise from stakeholders during Figure Setting.

Child Welfare in Colorado is a state supervised, county administered system. The state distributes funding to counties with input from the Child Welfare Allocations Committee (CWAC) through capped allocations. There are three capped allocations with different state/local match rates: the Block, Core Services, and County Staffing. Core Services and County Staffing were added through legislation to address specific concerns and services previously viewed as under-allocated in the Block. The Block can be used to backfill over-expenditures in Core Services and County Staffing at the end of the fiscal year.

### STATE LEGISLATION

In recent years, the Committee has sponsored legislation to estimate the level of funding that would be required for child welfare agencies to meet state and federal requirements given existing caseload to inform proper funding levels for the capped allocations. Two bills, S.B. 21-277 and S.B. 21-278 require the Department to enter into third-party contracts to update models related to prior legislation, S.B. 15-242 and S.B. 18-254. The final reports from 2021 legislation are ongoing and results are not yet available.

#### *SENATE BILL 15-242 (COUNTY LEVEL CHILD WELFARE STAFFING)*

In February 2013, the General Assembly requested that the Office of the State Auditor (OSA) conduct an audit of OCYF. The request listed specific interest areas, including a study of the caseload for child welfare caseworkers and other frontline staff. To satisfy this request, the OSA conducted a performance audit and contracted with a third party to produce a separate workload study for county

caseworkers. At the time, the Department indicated that a workload study focusing on county child welfare caseworkers had not been performed in Colorado in 30 years.

The workload study sought to identify the level of work that is appropriate for child welfare agencies to properly fulfill state and federal rules and regulations related to child welfare. In the end, the study recommended a case to caseworker ratio of 10:1, and a caseworker to supervisor ratio of 5:1. At the time, this would require an additional 698 caseworkers across the state.

The Committee sponsored S.B. 15-242 (County Child Welfare Staff) in response to the study and a Department request to increase the funding allocated to counties specifically for the purpose of increasing the number of child welfare caseworker, case aide, and supervisor positions across the state. The bill required that funding only be used for positions created after January 1, 2015 and may not be used to provide direct services of any kind. Pre-existing county positions were required to continue to be funded through the Child Welfare Block Grant allocation. Counties that accept an allocation from the Staffing Block Grant are required to provide a 10.0 percent match to the allocated state and federal funds. No match is required if a county qualifies for tier 1 or tier 2 for the purpose of County Tax Base Relief.

After the implementation of S.B. 15-242, the Department requested annual increases for the line item, often based on a calculation of adding 100.0 FTE. JBC Staff also recommended applying Committee common policy provider rate adjustments as a cost of living adjustment. Annual increases as approved by the Committee are provided in the table below. The Committee initially approved an increased appropriation based on a calculation of 50.0 FTE for FY 2020-21, but reversed this decision for budget balancing. An increase has not occurred since FY 2019-20.

TABLE 1: COUNTY CHILD WELFARE STAFFING ANNUAL APPROPRIATION INCREASES<sup>1</sup>

	FTE UPON WHICH CALCULATION IS BASED	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROP. FUNDS	FEDERAL FUNDS
FY 2015-16 (phase 1)	100.0	\$6,064,149	\$5,428,510	\$606,415	\$0	\$29,224
FY 2016-17 (phase 2)	100.0	6,064,149	5,428,510	606,415	0	29,224
FY 2017-18 (phase 3)	67.0	4,028,061	3,625,255	402,806	0	0
FY 2018-19 (phase 4)	100.0	6,096,229	1,902,891	609,623	0	3,583,715
FY 2019-20 (phase 5)	100.0	6,170,258	4,534,025	617,026	0	1,019,207
FY 2020-21 <sup>2</sup>	0.0	0	0	0	0	0
FY 2021-22	0.0	0	0	0	0	0
FY 2022-23	0.0	0	0	0	0	0
<b>Total</b>	<b>467.0</b>	<b>\$28,422,846</b>	<b>\$20,919,191</b>	<b>\$2,842,285</b>	<b>\$0</b>	<b>\$4,661,370</b>
Total recommended by study	698.0					
Remaining positions to be funded	231.0					

<sup>1</sup> Does not reflect adjustments related to common policy provider rate increases applied to previous years or the annualization of prior year budget actions.

<sup>2</sup> The Department requested and the Committee initially approved calculations based on 50.0 FTE for FY 2020-21. This action was reversed during balancing.

The first Department request was calculated on an average caseworker salary of \$60,000 based on State compensation policies. However, the General Assembly has no authority to govern actual county FTE numbers or salary ranges. Counties often hire fewer FTE than allocated to offer higher salaries, or counties may hire the allocated FTE and offset salary differences through the Child Welfare Block Grant allocation. Therefore, the actual number of positions created within county departments since

the implementation of S.B 15-242 has varied from the total FTE upon which the appropriation was calculated. The Department does not collect data on turnover specifically related to the Staffing allocation.

TABLE 2: FTE ALLOCATIONS PURSUANT TO S.B. 15-242		
	FTE CALCULATION FOR S.B. 15-242 ALLOCATION	ACTUAL FTE ADDED USING S.B. 15-242 ALLOCATION
FY 2015-16 (phase 1)	100.0	100.0
FY 2016-17 (phase 2)	100.0	84.3
FY 2017-18 (phase 3)	67.0	66.0
FY 2018-19 (phase 4)	100.0	84.3
FY 2019-20 (phase 5)	100.0	84.0
FY 2020-21*	0.0	0.0
FY 2021-22	0.0	0.0
FY 2022-23	0.0	0.0
<b>Total Funded</b>	<b>467.0</b>	<b>418.5</b>
<hr/>		
<i>2014 Workload Recommendation</i>	<i>698.0</i>	<i>698.0</i>
<i>Total FTE Remaining</i>	<i>231.0</i>	<i>279.5</i>

*\*The Committee initially approved funding based on 50.0 FTE in FY 2020-21, but the decision was reversed during balancing.*

Each year the Department provides updated data on county child welfare worker staffing and caseload in an RFI. The 2022 report indicates that caseload is beginning to rebound following decreased reporting in 2020 and 2021 due to impacts from the COVID-19 pandemic. The provided data indicates that actual statewide caseworker and supervisor ratios now fall within the levels recommended by the 2014 workload study, but are likely to fall short if caseload continues to increase. Statewide data is provided in the table below and the data by county is provided in Appendix E.

TABLE 3: ACTUAL COUNTY STAFFING LEVELS						
	MONTHLY CASELOAD	ACTUAL CASEWORKER RATIO	ACTUAL SUPERVISOR RATIO	ACTUAL STAFFING (BLOCK, CORE, & 242)	BLOCK & CORE FTE INCREASE SINCE 2015	242 FTE INCREASE
2015				1,681	189.0	95.0
2016				2,021	71.0	184.0
2017	20,954			2,144	130.0	266.0
2018	21,896	11.5	5.5	2,155	90.0	245.0
2020	21,292	11.3	4.7	2,551	313.0	419.0
2021	19,311	8.64	5.2	2,644	384.0	450.0
<b>2022</b>	<b>20,610</b>	<b>10.67</b>	<b>4.41</b>	<b>2,273</b>	<b>400.5</b>	<b>447.6</b>

The report also indicates that 407.1 FTE are vacant across the state, indicating that half of the positions added since 2015 are not currently filled. While the salary rates used to calculate county staffing increases may be lower than the salaries actually offered by counties, salary may not be the greatest challenge for hiring. The Department notes that they are engaging in additional hiring strategies including improved partnerships with local educational institutions.

Even though counties are certainly facing child welfare workforce challenges, staff did not recommend an increase above the request in FY 2022-23 due to the outdated nature of the available data and analysis. The available data indicates that existing funding levels may adequately staff counties according to the 2014 workload study findings, but do not account for post-COVID system and workforce strains, and never adequately accounted for the actual cost for counties to hire FTE. An

updated workload study is expected to become available to the Committee in January pursuant to S.B. 21-277.

*SENATE BILL 18-254 (CHILD WELFARE REFORM)*

Senate Bill 18-254 (Child Welfare Reform) implemented many changes to the child welfare system, including requiring the Department to contract with an outside entity to develop a funding model forecasting the cost of providing services under the child welfare system beginning FY 2018-19 and every three years thereafter. The funding model was intended to eliminate the conflict of interest that exists when representatives of stakeholder groups that receive funding through allocations or contracts are involved in making funding decisions. Under the legislation, the model was required to inform the CWAC, the General Assembly, the Governor's Office, and the Department of the appropriate level of funding required to fully meet all state and federal requirements concerning the comprehensive delivery of child welfare services.

The funding model was completed by business accounting firm BerryDunn, and forecasted the needs of each county based on the average cost per child and forecasted caseload by county. The funding model determined that the necessary amount required to fully fund the child welfare system 2020 was \$506.6 million total funds. At the time, the Department estimated the total appropriations that fund child welfare services were approximately \$44.0 million total funds less than what the funding model indicated when resources provided to counties outside of the capped allocations are included.

*SENATE BILL 21-277 (CHILD WELFARE ALLOCATION FORMULA)*

During the 2021 Legislative Session, the Committee sponsored S.B. 21-277 (Child Welfare Services Allocation Formula). The bill requires the Department to contract with independent vendors to conduct an updated workload study and funding model. The Department is required to use the funding model to determine county capped allocations, as well as adoption and relative guardianship subsidies and the independent living program beginning in FY 2024-25. The funding model must be updated and reported to the Committee annually.

The Department is in the final stages of completing the workload study required by the bill. The contract was awarded to ICF Consulting and was completed this fall. ICF presented an initial report on the workload study objectives to CWAC in September. The presentation suggested that the analysis will be more sensitive to workload differences between counties based on size and geographic region than the 2014 workload study. The report is in the final stages of implementing stakeholder feedback and must be reported to the JBC by January 2023. For that reason, the report was not available to the Department in developing the budget requests for FY 2023-24, but is expected to be available to the Committee for Figure Setting decisions.

A contract for the funding model was awarded to Public Consulting Group (PCG) and is in the process of collecting data and stakeholder engagement. At the September CWAC meeting, PCG anticipated that funding model recommendations will be developed between January 1 and February 28, 2023.

While the updated analyses are pending, the bill required the Department to provide annual funding model reports each November. Each of the two reports provided in November of 2021 and 2022 have simply provided inflationary adjustments from the original BerryDunn model from S.B. 18-254.

The Department’s November 2022 report indicates that the funding model is in excess of the current allocation by \$123.1 million total funds, and in excess of actual expenditures by \$129.5 million total funds. The report also noted expenditures covered under other grants and funding sources. When these funds are included, the funding model is in excess of the allocation by \$53.1 million total funds. This is an increase of \$2.5 million from the 2021 report. The table detailing the calculations from the report is provided in Appendix F.

*SENATE BILL 21-278 (REIMBURSEMENT FOR OUT-OF-HOME PLACEMENTS)*

The Committee also sponsored S.B. 21-278, which requires the Department to contract with an independent vender in FY 2022-23 to complete an actuarial analysis for out-of-home placement provider rates and incorporating requirements of Family First. The analysis must also include out-of-home providers for DYS. Beginning FY 2024-25, the Department is required to update rate-setting methodology and implement adjusted rates subject to available appropriations.

In the meantime, PCG provided an update in 2021 to incorporate decreased staff to case ratios required by Family First and DYS providers in rate setting methodology. The study determined the new need for provider rates is \$20.0 to 21.4 million higher than the current allocation. While \$15.2 to 16.3 million of this total is for Child Welfare, the discrepancy represents a 3.2 percent increase from the base for Child Welfare provider rates, compared to an 18.3 percent increase for DYS. A summary of the results is provided in the table below. The full report is provided in Appendix G.

TABLE 4: 2021 INITIAL PROVIDER RATE STUDY			
	BASE	PROPOSED INCREASE	PERCENT DIFFERENCE
Child Welfare	\$515,112,533	\$16,325,371	3.2%
Youth Services	27,485,602	5,035,264	18.3%
<b>Total</b>	<b>\$542,598,135</b>	<b>\$21,360,635</b>	<b>3.9%</b>

**FEDERAL LEGISLATION**

The Family First Prevention Services Act (Family First, The Act) was signed into law as part of the Bipartisan Budget Act in February of 2018. Family First included reforms to Title IV-E and IV-B of the Social Security Act to provide federal funding for preventative services for the first time to incentivize keeping children and youth in the least restrictive, most family-like setting possible.

Title IV-E is the largest source of federal funding in the child welfare system. Prior to the passage of Family First unless a state was awarded a waiver, Title IV-E funds could only be used for costs associated with out-of-home placements. Under Family First, Title IV-E funds can be used for 50.0 percent federal reimbursement for evidenced-based and trauma-informed prevention services approved by the federally selected clearinghouse.

Federal reimbursement first became available to states that opted into the program on October 1, 2019. States were required to first show compliance with Family First on October 1, 2021. Obtaining federal approval of the state’s implementation plan has been an ongoing process, even after the Act has come into effect.

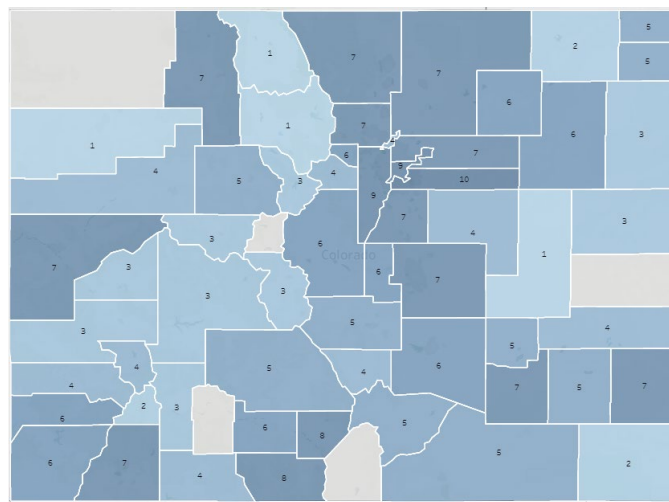
The Act identifies specific criteria concerning the level of evidence that a service must meet in order to be eligible for Title IV-E reimbursement, including, but not limited to:

- Documented benefit to families; and



- Identification in the clearinghouse of approved services as meeting a threshold defined as:
  - **Promising practice:** an independently reviewed study, using a control group and showing statistically significant results;
  - **Supported practice:** showing sustained success for at least six months after the completion of services, based on a random-controlled trial or rigorous quasi-experimental design;
  - **Well-supported practice:** showing success for more than one year after the completion of services.

Approved preventative services currently offered in the state include multisystemic therapy, family therapy and trauma-focused cognitive behavioral therapy. Some preventative services are currently under the Office of Early Childhood, including the nurse home visitor program and SafeCare. A map showing the number of eligible preventative services by county according to Department survey data is provided below.



The map provides the number of services rated by the Family First Clearinghouse as promising, supported, or well-supported by county. Counties in gray are pending survey data. The map and additional data are provided at the source linked below.

Source: *Family First Prevention Services, Colorado Department of Human Services and the Colorado Evaluation and Action Lab at the University of Denver (June, 2021)*. <https://public.tableau.com/app/profile/colorado.lab/viz/FamilyFirstPreventionServices/Dashboard1>

### RESIDENTIAL CARE FACILITIES

To receive federal reimbursement under Family First, Residential Child Care Facilities (RCCFs) in Colorado have to meet additional federal requirements to be designated as Qualified Residential Treatment Providers (QRTPs). To be designated as a QRTP, residential facilities must use trauma-informed treatment models, have nursing and clinical staff accessible 24 hours a day seven days a week, as well as be state licensed and nationally accredited.

A child/youth must receive an independent assessment by a state licensed mental health professional to be placed in a QRTP. The assessment must occur within ten business days or fifteen calendar days from referral. The court must also determine and approve the placement within 60 days for youth in child welfare, or 30 days if professionals do not agree on placement. The provider must then reassess every 90 days from the original assessment date. Children/youth can also be assessed for placement in a Psychiatric Residential Treatment Facility (PRTF) for a higher level of care. Responsibility for the

independent assessment process transfers between counties, providers, the state, and courts depending on the point in the process.

Children and youth placed with parents in a licensed family-based substance abuse treatment facility, at risk of trafficking, and children of children are exceptions to these placement criteria. Family First also requires that agencies do not enact policies that would result in an increase in the population of youth in the juvenile justice system.

#### *TITLE IV-E DRAWDOWN*

The Long Bill currently overestimates the amount of Title IV-E likely to be realized by the state and counties. This is in part due to the implementation of Family First as well as ongoing problems calculating the state's penetration rate, which reflects the percentage of children and youth who are in out-of-home placements who are IV-E eligible. The full and ongoing impact is likely unknown as the Department has only seen a few quarters of expenditure data following the implementation of Family First.

In FY 2021-22, Title IV-E was overestimated by approximately \$15.0 million. During the May 2022 quarterly meeting, the CWAC therefore voted to reduce Title IV-E appropriations to 83.0 percent of the amount provided in the Long Bill for FY 2022-23 so that counties may more accurately budget to the amount that is expected to be received.

For FY 2023-24, counties have expressed that a top budget priority should be to decrease the Title IV-E funding provided in the Long Bill to more closely align with the amount that will actually be received. Reducing the appropriation would allow counties to budget more accurately, and prevent putting CWAC in a position of reducing the allocation from the Long Bill appropriation. However, the Department has expressed hesitancy to reduce the appropriation before the full impacts of Family First are known with confidence.

APPENDIX A  
NUMBERS PAGES  
(DIGITAL ONLY)

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source. *Appendix A is only available in the online version of this document.*

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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### DEPARTMENT OF HUMAN SERVICES Michelle Barnes, Executive Director

#### (3) OFFICE OF CHILDREN, YOUTH, AND FAMILIES

##### (A) Administration

OCYF Administration	<u>0</u>	<u>0</u>	<u>866,246</u>	<u>877,192</u>	
FTE	0.0	0.0	4.0	4.0	
General Fund	0	0	852,882	863,828	
Cash Funds	0	0	4,055	4,055	
Reappropriated Funds	0	0	172	172	
Federal Funds	0	0	9,137	9,137	

<b>SUBTOTAL - (A) Administration</b>	0	0	866,246	877,192	1.3%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>4.0</u>	<u>4.0</u>	<u>0.0%</u>
General Fund	0	0	852,882	863,828	1.3%
Cash Funds	0	0	4,055	4,055	0.0%
Reappropriated Funds	0	0	172	172	0.0%
Federal Funds	0	0	9,137	9,137	0.0%

##### (B) Division of Child Welfare

Administration	<u>6,708,777</u>	<u>8,599,729</u>	<u>9,141,970</u>	<u>8,973,238</u> *	
FTE	72.0	67.5	74.5	74.5	
General Fund	5,719,002	7,345,889	7,974,754	7,521,137	
Cash Funds	0	0	0	0	
Reappropriated Funds	61,154	40,010	66,803	361,358	
Federal Funds	928,621	1,213,830	1,100,413	1,090,743	

Note: An asterisk (\*) indicates that the FY 2023-24 request for a line item is affected by one or more decision items.

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
County IT Support	<u>0</u>	<u>0</u>	<u>1,800,000</u>	<u>1,800,000</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	1,170,000	1,170,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	630,000	630,000	
Colorado Trails	<u>6,043,469</u>	<u>6,020,231</u>	<u>7,732,056</u>	<u>8,148,056</u>	*
General Fund	<u>3,957,777</u>	<u>3,971,169</u>	<u>5,018,737</u>	<u>5,289,137</u>	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	<u>2,085,692</u>	<u>2,049,062</u>	<u>2,713,319</u>	<u>2,858,919</u>	
Continuous Quality Improvement	<u>448,435</u>	<u>600,442</u>	<u>517,503</u>	<u>0</u>	*
FTE	6.0	6.0	6.0	0.0	
General Fund	426,288	426,288	439,613	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	<u>22,147</u>	<u>174,154</u>	<u>77,890</u>	<u>0</u>	
Training	<u>2,289,316</u>	<u>4,951,347</u>	<u>6,821,623</u>	<u>6,850,339</u>	
FTE	7.0	7.0	7.0	7.0	
General Fund	726,353	3,353,943	3,696,252	3,709,616	
Cash Funds	0	0	61,224	61,224	
Reappropriated Funds	0	0	0	0	
Federal Funds	<u>1,562,963</u>	<u>1,597,404</u>	<u>3,064,147</u>	<u>3,079,499</u>	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Foster and Adoptive Parent Recruitment, Training, and Support	<u>1,138,350</u>	<u>1,079,791</u>	<u>1,631,057</u>	<u>1,634,459</u>	
FTE	2.0	2.0	2.0	2.0	
General Fund	1,002,381	921,124	1,219,089	1,222,491	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	135,969	158,667	411,968	411,968	
Adoption and Relative Guardianship Assistance	<u>42,312,256</u>	<u>44,588,070</u>	<u>42,773,830</u>	<u>44,193,440</u>	*
General Fund	21,807,548	22,375,786	23,153,201	23,909,175	
Cash Funds	0	0	4,312,095	4,455,097	
Reappropriated Funds	0	0	0	0	
Federal Funds	20,504,708	22,212,284	15,308,534	15,829,168	
Child Welfare Services	<u>269,885,964</u>	<u>301,326,429</u>	<u>393,539,156</u>	<u>405,631,388</u>	*
General Fund	184,784,265	205,387,349	207,983,125	214,379,871	
Cash Funds	0	0	73,674,949	75,939,828	
Reappropriated Funds	0	13,421,808	13,690,244	14,113,853	
Federal Funds	85,101,699	82,517,272	98,190,838	101,197,836	
County Level Child Welfare Staffing	<u>23,866,583</u>	<u>24,908,341</u>	<u>27,683,668</u>	<u>28,514,178</u>	*
General Fund	19,275,468	19,757,355	20,152,502	20,757,077	
Cash Funds	0	0	2,787,923	2,871,561	
Reappropriated Funds	0	0	0	0	
Federal Funds	4,591,115	5,150,986	4,743,243	4,885,540	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Residential Placements for Children with Intellectual and Developmental Disabilities	<u>2,228,758</u>	<u>1,638,795</u>	<u>3,671,857</u>	<u>3,787,505</u> *	
FTE	1.5	1.5	2.0	2.0	
General Fund	2,214,308	1,625,521	3,656,690	3,772,765	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	14,450	13,274	15,167	14,740	
Child Welfare Prevention and Intervention Services	<u>563,250</u>	<u>0</u>	<u>598,953</u>	<u>598,953</u>	
General Fund	0	0	0	0	
Cash Funds	563,250	0	598,953	598,953	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Child Welfare Legal Representation	<u>1,159,968</u>	<u>1,120,580</u>	<u>7,024,160</u>	<u>7,024,160</u>	
General Fund	0	0	0	0	
Cash Funds	1,159,968	1,120,580	7,024,160	7,024,160	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Family and Children's Programs	<u>49,141,286</u>	<u>48,479,617</u>	<u>57,818,369</u>	<u>59,552,920</u> *	
General Fund	45,347,686	41,476,461	48,660,581	50,120,398	
Cash Funds	0	0	6,044,833	6,226,178	
Reappropriated Funds	0	0	0	0	
Federal Funds	3,793,600	7,003,156	3,112,955	3,206,344	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Performance-based Collaborative Management Incentives	<u>4,500,000</u>	<u>4,500,000</u>	<u>5,500,000</u>	<u>5,500,000</u>	
General Fund	1,500,000	1,500,000	2,500,000	2,500,000	
Cash Funds	3,000,000	3,000,000	3,000,000	3,000,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Collaborative Management Program Administration and Evaluation	<u>327,689</u>	<u>356,476</u>	<u>359,550</u>	<u>360,648</u>	
FTE	1.5	1.5	1.5	1.5	
General Fund	327,689	356,476	359,550	360,648	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Independent Living Programs	<u>2,521,576</u>	<u>4,177,926</u>	<u>2,699,709</u>	<u>2,705,155</u>	
FTE	4.0	4.0	4.0	4.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,521,576	4,177,926	2,699,709	2,705,155	
Federal Child Abuse Prevention and Treatment Act Grant	<u>703,558</u>	<u>582,017</u>	<u>497,572</u>	<u>518,170</u>	
FTE	3.0	3.0	3.0	3.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	703,558	582,017	497,572	518,170	



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Hotline for Child Abuse and Neglect	<u>2,472,453</u>	<u>2,680,482</u>	<u>2,984,047</u>	<u>2,922,965</u> *	
FTE	6.0	6.0	6.0	6.0	
General Fund	2,422,728	2,597,069	2,932,320	2,872,577	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	49,725	83,413	51,727	50,388	
Public Awareness Campaign for Child Welfare	<u>1,004,037</u>	<u>973,211</u>	<u>1,014,397</u>	<u>1,014,397</u>	
FTE	1.0	1.0	1.0	1.0	
General Fund	1,004,037	973,211	1,014,397	1,014,397	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Adoption Savings	<u>609,000</u>	<u>294,001</u>	<u>1,091,321</u>	<u>1,091,321</u>	
General Fund	0	0	0	0	
Cash Funds	609,000	294,001	1,091,321	1,091,321	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Appropriation to the Foster Youth Successful Transition to Adulthood Grant Program Fund	<u>0</u>	<u>0</u>	<u>712,950</u>	<u>1,134,609</u>	
General Fund	0	0	712,950	1,134,609	
Foster Youth Successful Transition to Adulthood Grant Program	<u>0</u>	<u>0</u>	<u>712,950</u>	<u>1,134,609</u>	
Reappropriated Funds	0	0	712,950	1,134,609	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Fostering Opportunities	<u>0</u>	<u>0</u>	<u>479,181</u>	<u>1,582,485</u>	
General Fund	0	0	479,181	1,582,485	
Preventing Youth Homelessness	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,681,203</u> *	
FTE	0.0	0.0	0.0	3.7	
General Fund	0	0	0	4,630,191	
Federal Funds	0	0	0	51,012	
Child Welfare Licensing	<u>0</u>	<u>0</u>	<u>0</u>	<u>164,641</u> *	
FTE	0.0	0.0	0.0	2.5	
Cash Funds	0	0	0	164,641	
Respite and Residential Programs	<u>0</u>	<u>0</u>	<u>11,628,023</u>	<u>0</u>	
FTE	0.0	0.0	4.0	4.0	
Cash Funds	0	0	11,628,023	0	
<b>SUBTOTAL - (B) Division of Child Welfare</b>	417,924,725	456,877,485	588,433,902	599,518,839	1.9%
<i>FTE</i>	<u>104.0</u>	<u>99.5</u>	<u>111.0</u>	<u>111.2</u>	<u>0.2%</u>
General Fund	290,515,530	312,067,641	331,122,942	345,946,574	4.5%
Cash Funds	5,332,218	4,414,581	110,223,481	101,432,963	(8.0%)
Reappropriated Funds	61,154	13,461,818	14,469,997	15,609,820	7.9%
Federal Funds	122,015,823	126,933,445	132,617,482	136,529,482	2.9%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
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### (C) Division of Youth Services

#### (I) Administration

Program Administration	<u>0</u>	<u>0</u>	<u>1,507,546</u>	<u>1,333,665</u>	
FTE	0.0	0.0	12.3	12.3	
General Fund	0	0	1,447,320	1,333,665	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	60,226	0	
Federal Funds	0	0	0	0	
Victim Assistance	<u>33,251</u>	<u>34,249</u>	<u>44,098</u>	<u>45,900</u>	
FTE	0.3	0.3	0.3	0.3	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	33,251	34,249	44,098	45,900	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Indirect Cost Assessment	<u>119,108</u>	<u>126,676</u>	0	0	
General Fund	0	0	0	0	
Cash Funds	119,108	126,676	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
<b>SUBTOTAL -</b>	152,359	160,925	1,551,644	1,379,565	(11.1%)
<i>FTE</i>	<u>0.3</u>	<u>0.3</u>	<u>12.6</u>	<u>12.6</u>	0.0%
General Fund	0	0	1,447,320	1,333,665	(7.9%)
Cash Funds	119,108	126,676	0	0	0.0%
Reappropriated Funds	33,251	34,249	104,324	45,900	(56.0%)
Federal Funds	0	0	0	0	0.0%

### (II) Institutional Programs

Program Administration	<u>0</u>	<u>0</u>	<u>73,083,169</u>	<u>75,715,664</u> *
FTE	0.0	0.0	934.0	929.0
General Fund	0	0	71,705,624	74,338,119
Cash Funds	0	0	70,000	70,000
Reappropriated Funds	0	0	1,294,469	1,294,469
Federal Funds	0	0	13,076	13,076
Medical Services	<u>13,188,931</u>	<u>12,791,872</u>	<u>13,131,503</u>	<u>13,634,740</u> *
FTE	84.2	84.2	84.2	84.2
General Fund	13,188,931	12,791,872	13,131,503	13,634,740
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Educational Programs	<u>8,406,804</u>	<u>8,431,452</u>	<u>9,555,270</u>	<u>8,742,717</u> *	
FTE	44.1	44.1	44.1	44.1	
General Fund	7,821,555	7,811,698	9,178,960	8,324,767	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	350,005	350,005	
Federal Funds	585,249	619,754	26,305	67,945	
DYC Education Support	<u>394,042</u>	<u>394,042</u>	<u>394,042</u>	<u>394,042</u>	
General Fund	394,042	394,042	394,042	394,042	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Prevention/Intervention Services	<u>21,938</u>	<u>20,385</u>	<u>50,886</u>	<u>50,886</u>	
FTE	1.0	1.0	1.0	1.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	50,886	50,886	
Federal Funds	21,938	20,385	0	0	
Personal Services	<u>66,627,887</u>	<u>67,858,713</u>	<u>0</u>	<u>0</u>	
FTE	934.0	934.0	0.0	0.0	
General Fund	66,627,887	67,858,713	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Operating Expenses	<u>4,293,456</u>	<u>4,338,719</u>	0	0	
General Fund	3,127,039	3,400,776	0	0	
Cash Funds	15,590	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,150,827	937,943	0	0	
<b>SUBTOTAL -</b>	92,933,058	93,835,183	96,214,870	98,538,049	2.4%
<i>FTE</i>	<u>1063.3</u>	<u>1063.3</u>	<u>1063.3</u>	<u>1058.3</u>	<u>(0.5%)</u>
General Fund	91,159,454	92,257,101	94,410,129	96,691,668	2.4%
Cash Funds	15,590	0	70,000	70,000	0.0%
Reappropriated Funds	0	0	1,695,360	1,695,360	0.0%
Federal Funds	1,758,014	1,578,082	39,381	81,021	105.7%

### (III) Community Programs

Program Administration	<u>0</u>	<u>0</u>	<u>7,735,023</u>	<u>8,549,078</u> *
FTE	0.0	0.0	82.2	86.9
General Fund	0	0	6,810,574	7,624,629
Cash Funds	0	0	98,734	98,734
Reappropriated Funds	0	0	164,941	164,941
Federal Funds	0	0	660,774	660,774
Purchase of Contract Placements	<u>8,877,056</u>	<u>4,965,585</u>	<u>8,511,653</u>	<u>6,824,218</u> *
General Fund	8,310,385	4,863,299	7,406,706	5,952,222
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	584,122	463,052
Federal Funds	566,671	102,286	520,825	408,944

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Managed Care Project	<u>1,322,322</u>	<u>1,427,233</u>	<u>1,557,778</u>	<u>1,608,780</u>	*
General Fund	1,322,322	1,389,855	1,519,652	1,569,405	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	37,378	38,126	39,375	
Federal Funds	0	0	0	0	
S.B. 91-94 Programs	<u>13,980,308</u>	<u>14,689,655</u>	<u>15,833,682</u>	<u>16,351,084</u>	*
General Fund	11,544,166	12,179,815	12,648,887	13,062,408	
Cash Funds	2,436,142	2,509,840	3,184,795	3,288,676	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Parole Program Services	<u>3,621,338</u>	<u>3,406,403</u>	<u>4,235,279</u>	<u>3,650,674</u>	*
General Fund	3,621,338	3,406,403	4,235,279	3,650,674	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Juvenile Sex Offender Staff Training	<u>34,399</u>	<u>41,205</u>	<u>45,548</u>	<u>45,548</u>	
General Fund	7,035	6,439	7,120	7,120	
Cash Funds	27,364	34,766	38,428	38,428	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Personal Services	<u>7,739,310</u>	<u>6,395,036</u>	0	0	
FTE	82.2	82.2	0.0	0.0	
General Fund	6,953,471	6,057,051	0	0	
Cash Funds	56,014	(87,394)	0	0	
Reappropriated Funds	314,103	133,504	0	0	
Federal Funds	415,722	291,875	0	0	
Operating Expenses	<u>516,038</u>	<u>546,367</u>	0	0	
General Fund	508,950	546,367	0	0	
Cash Funds	6,250	0	0	0	
Reappropriated Funds	838	0	0	0	
Federal Funds	0	0	0	0	
<b>SUBTOTAL -</b>	36,090,771	31,471,484	37,918,963	37,029,382	(2.3%)
FTE	<u>82.2</u>	<u>82.2</u>	<u>82.2</u>	<u>86.9</u>	5.7%
General Fund	32,267,667	28,449,229	32,628,218	31,866,458	(2.3%)
Cash Funds	2,525,770	2,457,212	3,321,957	3,425,838	3.1%
Reappropriated Funds	314,941	170,882	787,189	667,368	(15.2%)
Federal Funds	982,393	394,161	1,181,599	1,069,718	(9.5%)
<b>SUBTOTAL - (C) Division of Youth Services</b>	129,176,188	125,467,592	135,685,477	136,946,996	0.9%
FTE	<u>1,145.8</u>	<u>1,145.8</u>	<u>1,158.1</u>	<u>1,157.8</u>	(0.0%)
General Fund	123,427,121	120,706,330	128,485,667	129,891,791	1.1%
Cash Funds	2,660,468	2,583,888	3,391,957	3,495,838	3.1%
Reappropriated Funds	348,192	205,131	2,586,873	2,408,628	(6.9%)
Federal Funds	2,740,407	1,972,243	1,220,980	1,150,739	(5.8%)



## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>(D) Division of Community Programs</b>					
Juvenile Parole Board	<u>307,311</u>	<u>325,442</u>	<u>387,898</u>	<u>399,019</u>	
FTE	3.2	3.2	3.2	3.2	
General Fund	231,004	240,238	274,730	282,412	
Cash Funds	0	0	0	0	
Reappropriated Funds	76,307	85,204	113,168	116,607	
Federal Funds	0	0	0	0	
Tony Gramscas Youth Services Program	<u>9,155,126</u>	<u>9,889,296</u>	<u>11,867,673</u>	<u>11,902,072</u>	
FTE	3.0	3.0	3.0	3.0	
General Fund	1,467,475	1,717,475	3,219,206	3,220,663	
Cash Funds	7,190,652	7,701,467	8,148,639	8,180,643	
Reappropriated Funds	496,999	470,354	499,828	500,766	
Federal Funds	0	0	0	0	
Interagency Prevention Programs Coordination	<u>0</u>	<u>0</u>	<u>144,734</u>	<u>147,386</u>	
FTE	0.0	0.0	1.0	1.0	
General Fund	0	0	144,734	147,386	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Appropriation to the Youth Mentoring Services Cash Fund	<u>500,000</u>	<u>500,000</u>	<u>500,000</u>	<u>500,000</u>	
General Fund	0	0	0	0	
Cash Funds	500,000	500,000	500,000	500,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
Domestic Abuse Program	<u>734,248</u>	<u>2,132,381</u>	<u>1,910,178</u>	<u>1,961,064</u>	
FTE	2.7	2.7	2.7	2.7	
General Fund	0	0	0	0	
Cash Funds	107,571	920,635	1,280,501	1,331,387	
Reappropriated Funds	0	0	0	0	
Federal Funds	626,677	1,211,746	629,677	629,677	
<b>SUBTOTAL - (D) Division of Community Programs</b>	10,696,685	12,847,119	14,810,483	14,909,541	0.7%
<i>FTE</i>	<u>8.9</u>	<u>8.9</u>	<u>9.9</u>	<u>9.9</u>	<u>0.0%</u>
General Fund	1,698,479	1,957,713	3,638,670	3,650,461	0.3%
Cash Funds	7,798,223	9,122,102	9,929,140	10,012,030	0.8%
Reappropriated Funds	573,306	555,558	612,996	617,373	0.7%
Federal Funds	626,677	1,211,746	629,677	629,677	0.0%
<b>(E) Indirect Cost Assessment</b>					
Indirect Cost Assessment	<u>11,170,108</u>	<u>12,702,196</u>	<u>14,082,571</u>	<u>15,403,080</u> *	
General Fund	0	0	0	0	
Cash Funds	98,533	102,902	268,004	295,942	
Reappropriated Funds	14,859	8,962	73,475	80,393	
Federal Funds	11,056,716	12,590,332	13,741,092	15,026,745	
<b>SUBTOTAL - (E) Indirect Cost Assessment</b>	11,170,108	12,702,196	14,082,571	15,403,080	9.4%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	98,533	102,902	268,004	295,942	10.4%
Reappropriated Funds	14,859	8,962	73,475	80,393	9.4%
Federal Funds	11,056,716	12,590,332	13,741,092	15,026,745	9.4%

## Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	Request vs. Appropriation
<b>TOTAL - (3) Office of Children, Youth, and Families</b>	568,967,706	607,894,392	753,878,679	767,655,648	1.8%
<i>FTE</i>	<u>1,258.7</u>	<u>1,254.2</u>	<u>1,283.0</u>	<u>1,282.9</u>	<u>(0.0%)</u>
General Fund	415,641,130	434,731,684	464,100,161	480,352,654	3.5%
Cash Funds	15,889,442	16,223,473	123,816,637	115,240,828	(6.9%)
Reappropriated Funds	997,511	14,231,469	17,743,513	18,716,386	5.5%
Federal Funds	136,439,623	142,707,766	148,218,368	153,345,780	3.5%

## APPENDIX B FOOTNOTES AND INFORMATION REQUESTS

### UPDATE ON LONG BILL FOOTNOTES

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2022 Long Bill can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/hb22-1329>. The Long Bill footnotes relevant to this document are listed below.

- 43 Department of Human Services, Executive Director's Office, Indirect Cost Assessment; Administration and Finance, Indirect Cost Assessment; Office of Children, Youth, and Families, Indirect Cost Assessment; Office of Economic Security, Indirect Cost Assessment; Behavioral Health Administration, Indirect Cost Assessment; Office of Behavioral Health, Indirect Cost Assessment; Office of Adult, Aging and Disability Services, Indirect Cost Assessment; Office of Early Childhood, Indirect Cost Assessment – In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations in these subsections among line items in these subsections.

**COMMENT:** This footnote was added in 2022 and allows the Department additional flexibility to transfer funds between indirect cost lines.

- 44 Department of Human Services, Office of Children, Youth, and Families, Division of Child Welfare, Training; Foster and Adoptive Parent Recruitment, Training, and Support; Child Welfare Services; Family and Children's Programs; and Hotline for Child Abuse and Neglect -- It is the General Assembly's intent to encourage counties to serve children in the most appropriate and least restrictive manner. For this purpose, the Department may transfer funds between the specified line items in the Division of Child Welfare.

**COMMENT:** This footnote allows the Department to transfer funds between line items as necessary. A report on transfers between lines is provided by Department RFI 10.

- 45 Department of Human Services, Office of Children, Youth, and Families, Division of Youth Services, Institutional Programs, Program Administration; and Community Programs, Purchase of Contract Placements -- The Department is authorized to transfer up to \$1,000,000 of the total appropriations within the line items designated with this footnote.

**COMMENT:** This footnote was added in 2019 and allows the Department to transfer funds between line items as necessary.

## UPDATE ON LONG BILL REQUESTS FOR INFORMATION

The Joint Budget Committee annually submits requests for information to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as an Appendix in the annual Appropriations Report (Appendix H in the FY 2022-23 Report): <https://leg.colorado.gov/sites/default/files/fy22-23apprept.pdf>.

The requests for information relevant to this document are listed below.

### REQUESTS AFFECTING MULTIPLE DEPARTMENTS

- 4 Department of Health Care Policy and Financing, Medical Services Premiums; Indigent Care Program, Children's Basic Health Plan Medical and Dental Costs; Department of Higher Education, Colorado Commission on Higher Education, Special Purpose, University of Colorado, Lease Purchase of Academic Facilities at Fitzsimons; Governing Boards, Regents of the University of Colorado; Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare, Tony Grampas Youth Services Program; Office of Early Childhood, Division of Community and Family Support, Nurse Home Visitor Program; Department of Military and Veterans Affairs, Division of Veterans Affairs, Colorado State Veterans Trust Fund Expenditures; Department of Personnel, Division of Human Resources, Employee Benefits Services, H.B. 07-1335 Supplemental State Contribution Fund; Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division, Administration, General Disease Control, and Surveillance, Immunization Operating Expenses; Special Purpose Disease Control Programs, Sexually Transmitted Infections, HIV and AIDS Operating Expenses, and Ryan White Act Operating Expenses; Prevention Services Division, Chronic Disease Prevention Programs, Oral Health Programs; Primary Care Office -- Each Department is requested to provide the following information to the Joint Budget Committee by October 1, 2022 for each program funded with Tobacco Master Settlement Agreement money: the name of the program; the amount of Tobacco Master Settlement Agreement money received and expended by the program for the preceding fiscal year; a description of the program including the actual number of persons served and the services provided through the program; information evaluating the operation of the program, including the effectiveness of the program in achieving its stated goals

**COMMENT:** The Department submitted the report as requested. For more information, see the briefing on the Tobacco Master Settlement Agreement dated 11/14/22.

DEPARTMENT OF HUMAN SERVICES

- 1 Department of Human Services, Office of Children, Youth and Families, Division of Youth Services, Institutional Programs -- The Department is requested to submit a report by November 1 of each fiscal year, that includes the following monthly data for each State-owned and operated facility for the previous fiscal year:
  - a. Number of assaults by type (e.g. juvenile on staff, staff on juvenile, juvenile on juvenile);
  - b. The number and type of sexual assaults;
  - c. Number of homicides;
  - d. Number of suicides;
  - e. Number of new crimes reported to local police;
  - f. Number of direct care staff at each facility (CYSO I and II);
  - g. Ratio of direct care staff (CYSO I and II) to youth;
  - h. Direct care staffing vacancies by type (e.g. CYSO I);
  - i. Average length of service for direct care staff (CYSO I and II,);
  - j. Number of hours of missed work by all direct care facility staff and reason for absence (e.g. injury on the job, sick leave, planned absence, unplanned absence, vacation);
  - k. Amount of overtime hours worked by direct care staff and purpose (e.g. covering a shift for an absent co-worker) at each facility;
  - l. Amount of temporary help hours used for direct care purposes;
  - m. The number and type of worker’s compensation injuries that occurred; and
  - n. Amount of time missed by employees due to work-place injuries.

**COMMENT:** The Department report provided the following information on November 1:

DYS FY 2021-22 FACILITY DATA	
<b>Number of assaults</b>	
Juvenile on staff (monthly average)	14.5
Juvenile on juvenile (monthly average)	27.2
Staff on juvenile allegations (annual total)	24.0
Staff on juvenile founded (annual total)	3.0
<b>Number of fights (monthly average)</b>	34.5
<b>Number of sexual assaults</b>	
Number of allegations	32.0
Substantiated allegations (all youth-on-youth)	5.0
<b>Number of homicides</b>	0.0
<b>Number of suicides</b>	0.0
<b>Crimes reported to local police (annual total)</b>	63.0
<b>Average FTE by classification</b>	
Youth Services Specialist I	402.0
Youth Services Specialist II	125.0
Youth Services Specialist III	104.0
<b>Average length of service by classification (years)</b>	
Youth Services Specialist I	3.5
Youth Services Specialist II	6.9
Youth Services Specialist III	9.7

64.9 percent of juvenile on staff assaults were ranked level 3, or did not cause an injury that required medical attention. The juvenile on juvenile assault rate represents a 9-year low for the Division and are also most commonly level 3. The average number of direct care FTE has decreased to 631.0 from 872.2 in FY 2020-21, primarily in the Youth Services Specialist I classification. The average length of service increased for all classifications.

- 4 Department of Human Services, Office of Children, Youth and Families, Division of Youth Services, Community Programs, S.B. 91-094 Programs -- The Department is requested to submit to the Joint Budget Committee no later than November 1 of each fiscal year a report that includes the following information by judicial district and for the state as a whole: (1) comparisons of trends in detention and commitment incarceration rates; (2) profiles of youth served by S.B. 91-094; (3) progress in achieving the performance goals established by each judicial district; (4) the level of local funding for alternatives to detention; and (5) identification and discussion of potential policy issues with the types of youth incarcerated, length of stay, and available alternatives to incarceration.

**COMMENT:** The Department provided the executive summary to the report on November 1.

The summary indicated that the average statewide detention rate has declined 50.9 percent in the last ten fiscal years to a rate of 2.7 per 10,000 youth. Average statewide commitment has declined 68.6 percent in the same time period to a rate of 15.3 per 10,000 youth.

- 6 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, information on county child welfare worker staffing, including county data on: (1) caseload ratios by county; (2) actual staffing levels; (3) new hires funded by the child welfare block grant; (4) new hires funded through county level child welfare staffing funding; (5) workload and funding allocation comparisons by county for each type of block allocation; (6) performance metrics concerning the training of and support provided to case workers; (7) how each of the previous data categories support successful outcomes for children served in the child welfare system; and (8) a description of each outcome and how it is measured.

**COMMENT:** The report indicates that the JBC has approved an additional 418.5 FTE to be allocated to counties through S.B. 15-242 funding since FY 2015-16. In actuality, counties have reported creating a total of 447.6 FTE, though some of these positions may be vacant. Overall, counties report that 407.1 out of 2,272.6 FTE are vacant. The report also indicates a statewide caseworker to case ratio of 10.7:1 compared to the recommended ratio of 10:1. This is an increase from 8.6:1 in the previous fiscal year.

COUNTY STAFFING AND CASELOAD DATA FY 2020-21	
Statewide average caseload ratio (1)	10.7
Minimum - Cheyenne	1.9
Maximum - Weld	15.5

COUNTY STAFFING AND CASELOAD DATA FY 2020-21	
<b>Filled staffing total (Block, Core, and SB 15-242) (2)</b>	<b>2,272.6</b>
Vacant Staffing (Block, Core, 242)	407.1
Staffing increase funded by Block and Core since July 1, 2015 (3)	400.1
Staffing increase funded by county level child welfare staffing (4)	447.6

- 7 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare, Child Welfare Services -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, the following information for each county:
- The actual use of funds allocated to counties through the child welfare services, county staffing, and core services block allocations, including data on previous fiscal year expenses and children serviced by funding category. At minimum such data should include the following: (a) program services expenditures, including the cost of services delivered through county staff and the cost of services delivered through contract providers; and the average cost per open involvement per year; (b) out-of-home placement care expenditures and the average cost per child per day; and (c) subsidized adoption expenditures and the average payment per child per day.
  - The forecast cost, by county, of fully funding the child welfare system in the current and subsequent fiscal years as determined by the funding model required by S.B. 18-254 (Child Welfare Reforms).

**COMMENT:** The Department forecasts that the cost of fully funding the child welfare system as determined by the funding model required by SB 18-254 is \$598,007,511 for FY 2022-23 and \$618,937,774 for FY 2023-24. The report also provides the following data in response to part a:

CHILD WELFARE USE OF FUNDS DATA FY 2021-22	
a. Program services expenditures	\$212,484,491
Average per open involvement	\$13,091
b. Out-of-home placement expenditures	\$97,835,181
Average cost per day	\$73.90
c. Total annual subsidized adoption expenditures	\$48,149,410
Adoption subsidy average cost per child per day	\$13.78

- 8 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, information concerning the gross amount of payments to child welfare service providers, including amounts that were paid using child welfare block or core services allocation funds and any other revenue source. The Department is requested to identify amounts, by source, for the last two actual fiscal years.

**COMMENT:** The Department provided the following information:

GROSS AMOUNT PAID TO CHILD WELFARE SERVICE PROVIDERS		
PAYMENT	FY 2020-21	FY 2021-22
Child Welfare Block	\$99,418,587	\$97,673,413



GROSS AMOUNT PAID TO CHILD WELFARE SERVICE PROVIDERS		
PAYMENT	FY 2020-21	FY 2021-22
Core Services	29,244,597	24,969,751
Social Security Income	2,360,796	2,140,613
Provider Recovery	254,584	387,361
Child Support	1,986,736	1,465,870
Parental Fees	2,117,976	1,586,242
Other	82,827	94,427
<b>Total</b>	<b>\$135,466,103</b>	<b>\$128,317,677</b>

- 9 Department of Human Services, All Divisions -- The Department is requested to provide, by November 1 of each fiscal year, a list of each transfer made in the previous fiscal year pursuant to Section 24-75-106, C.R.S. 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:** The Department provided the following information for FY 2021-22:

FROM	PROGRAM	AMOUNT	FUND SPLIT	PURPOSE
DHS	Child Welfare Services	\$441,298	General Fund	Funding is estimated at the beginning of the year and was over-expended by HCPF for child welfare case management.
HCPF	Children and Youth Mental Health Treatment Act	56,274	General Fund	Over-estimated costs by HCPF are transferred to DHS at the end of the year for mental health treatment that exceeds OBH appropriations.
HCPF	CBMS Operating and contract	766,158	General Fund	Unexpended funds from HCPF are transferred to DHS as a result of DHS using the system more than HCPF.

- 10 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare -- 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 Long Bill Footnote 39. 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:** The relevant line item transfer authority was given in footnote 39 of S.B. 21-205 for FY 2021-22. The same footnote is number 44 for H.B. 22-1329 in FY 2022-23.

The Department made only one line item transfer related to Footnote 39 in FY 2021-22, totaling \$2,550,638 General Fund from Family and Children's Program to Child Welfare Services.

FY 2021-22 FOOTNOTE 39 TRANSFER		
TRANSFER FROM	TRANSFER TO	AMOUNT
Family and Children's Program	Child Welfare Services	\$2,550,638
<b>Total</b>		<b>\$5,242,859</b>

- 11 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare, Promoting Permanency -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, an evaluation report concerning programs funded through this line item.

**COMMENT:** The Department provided the final evaluation report for SFY 2022 for Wendy's Wonderful Kids (WWK) by the Social Work Research Center at Colorado State University and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect.

Wendy's Wonderful Kids is a national program created by the Dave Thomas Foundation to support the hiring of adoption professionals to improve permanency outcomes for children most at risk of aging out of foster care. The program was supported through a term-limited contract with the Department from a FY 2017-18 budget request. The request was approved on the condition that the program be evaluated before considering ongoing funding.

The analysis found that there was no statistical difference in outcomes between youth who participated in the program and youth who did not. However, the WWK program targets populations with permanency challenges, including youth over 15 or youth who have had multiple placements. Therefore, program representatives indicate that no difference between the sample and the general adoption population is a positive result and the study faced challenges due to the COVID-19 pandemic. The Department has not requested ongoing funding to support the program given the results of the study, and the line item attached to the program was therefore annualized out of the budget in FY 2022-23.

- 12 Department of Human Services, Office of Children, Youth and Families, Division of Child Welfare and Totals -- The Department is requested to provide a report to the Joint Budget Committee by October 1 of each fiscal year concerning the amount of federal revenues earned by the State for the previous fiscal year pursuant to Title IV-E of the Social Security Act, as amended; the amount of money that was expended for the previous state fiscal year, including information concerning the purposes of the expenditures; and the amount of money that was credited to the Excess Federal Title IV-E Reimbursements Cash Fund created in Section 26-1-111 (2)(d)(II)(C), C.R.S.

**COMMENT:** The Department provided the following information:

CHANGE IN TITLE IV-E REVENUE	
	FY 2021-22
IV-E Kinship flexibility	\$794,842
Other IV-E program expenditures	408,938
County wide cost allocation plans - pass through	1,335,239
Colorado Trails	55,548
Administrative review unit	17,741
Electronic benefits transfer service	653

CHANGE IN TITLE IV-E REVENUE	
	FY 2021-22
Child welfare administration	216,290
Continuous quality improvement	151,818
Training	172,741
Foster & adoptive parent recruitment, training	24,571
Child welfare services	5,727,083
Family and children's programs	3,209,556
Adoption and relative guardianship assistance	1,707,576
Residential placements for children with disabilities	1,771
Hotline for child abuse and neglect	32,485
Indirect cost assessment	663,765
IKA/DYC Admin	123,847
IKA/DYC Purchase of contract placement	464,385
County child welfare staffing	559,871
IT System interoperability	6,711
Trails modernization capital construction	1,225,880
<b>Total</b>	<b>\$16,901,311</b>

- 16 Department of Human Services, Office of Children, Youth, and Families, Division of Child Welfare, Performance-based Collaborative Management Incentives and Collaborative Management Program Administration and Evaluation – The Department is requested to provide to the Joint Budget Committee, by November 1 of each year, an evaluation report of the Performance-based Collaborative Management Program, including but not limited to the following factors:
- a. The Department’s process for evaluating program performance and awarding incentive funds;
  - b. The number of counties that participated in the program in FY 2021-22;
  - c. The amount of incentive funds awarded by county in FY 2021-22;
  - d. The evaluation metrics used by county for process and performance measures in FY 2021-22; and,
  - e. Data collected by the Department or provided by counties to evaluate youth outcomes in the program.

**COMMENT:** The Department response indicated that 48 counties participated in the CMP program in FY 2021-22. Incentive funds are distributed to counties in two categories, meaningful minimum and mitigation reduction and total \$4.5 million. Counties received 35.0 percent of funds through the meaningful minimum, based on county size and population served. Each CMP is required to meet three of six process measures to receive meaningful minimum funds. Any county that did not meet process goals due to impacts of the COVID-19 pandemic received a 3.0 or 6.0 percent mitigation rather than a decrease in funds. Twelve counties received mitigation funds.

Evaluation metrics include the use of evidence-based practices, agency contribution of resources, family participation in IOGs, use of continuous quality improvement, attendance by mandatory members, and evidence of cost sharing. Measured youth outcomes depending on the domain. Child welfare measures may include a new child welfare case, remaining home, placement

stability, founded assessment, and permanency. The health/mental health domain may include established linkages to substance use and mental health providers, decreases in severity, and decreases in substance use. The DYS domain may include admission to secure detention and commitment.

## APPENDIX C

# DEPARTMENT ANNUAL PERFORMANCE REPORT

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

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2023-24 budget request, the FY 2021-22 Annual Performance Report and the FY 2022-23 Performance Plan can be found at the following link:

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

## APPENDIX D R2 DOLA PROPOSAL

The following report outlines the Department's proposal for partnership with the Department of Local Affairs to implement the Department's second request, Preventing Youth Homelessness.

## Foster Youth in Transition Housing Voucher Administrative Activity Crosswalk

The crosswalk below was developed in partnership with the Colorado Department of Human Services, Office of Children Youth and Families, Division of Child Welfare and the Colorado Department of Local Affairs, Division of Housing to describe which agency will take primary responsibility for each administrative task.

Administrative Task to be Completed	CDHS/DCW Primary Responsibility	DOLA/DOH Primary Responsibility
Determines eligibility requirements for the voucher including age, income, and restrictions	✓	
Allocates case management dollars to county Chafee programs and/or Foster Youth Successful Transition to Adulthood Grant Program recipients	✓	
Partners with Case Management Agencies to develop case management expectations and sets practice standards. Oversees the agreed upon practice standards and ensures that those standards are being maintained through ongoing technical assistance.	✓	
Works with case management agencies to ensure that voucher applications are completed, voucher briefings are conducted, the housing unit is inspected and meets the appropriate housing standards, and supports the youth with the lease up process	✓	
Develops tenant selection plans and partners with DOLA/DOH to ensure they meet any applicable fair housing standards	✓	
Works with case management agencies to ensure the youth is receiving the support needed to be successful on the voucher including landlord relationships and supporting the youth in learning the skills needed to be a good tenant.	✓	
Manages payments to landlords through		✓

the Elite payment system		
Verifies eligibility and ensures that the voucher application is complete before issuing the voucher and initiating payments to landlords.		✓
Partners with CDHS to ensure the program continues to comply with any applicable superseding federal and state laws.		✓
Ongoing management of the eligibility and payment elements of the voucher program including subsequent annual reexaminations (recollecting income, asset, and expense documentation, completing annual paperwork including releases of information, recalculating rent, collecting new lease, etc. from the landlord.		✓
Approves reasonable accommodation requests if applicable		✓
Facilitates regular meetings between agencies to ensure smooth communication between the agencies, discuss problems, and discuss any vouchers that are at risk of being terminated due to the youth no longer meeting eligibility requirements.	✓	
Data and outcome tracking	✓	✓



## APPENDIX E COUNTY STAFFING REPORT

The following report provides the Department's response to RFI #6, which details the number of county FTE that have been created since the implementation of S.B. 15-242 (County Level Child Welfare Staffing). The Department is expected to provide the results of an updated workload study in January 2023 pursuant to S.B. 21-277 (Child Welfare Allocation Formula).



November 1, 2022

The Honorable Julie McCluskie  
Chair, Joint Budget Committee

Representative McCluskie:

The Colorado Department of Human Services, in response to the Long Bill FY 2022-23 Request for Information #6, respectfully submits the attached information concerning child welfare worker staffing.

*“Department of Human Services, Office of Children, Youth, and Families, Division of Child Welfare -- The Department is requested to provide to the Joint Budget Committee, by November 1 of each fiscal year, information on county child welfare worker staffing, including county data on: (1) caseload ratios by county; (2) actual staffing levels; (3) new hires funded by the child welfare block grant; (4) new hires funded through county level child welfare staffing funding; (5) workload and funding allocation comparisons by county for each type of block allocation; (6) performance metrics concerning the training of and support provided to case workers; (7) how each of the previous data categories support successful outcomes for children served in the child welfare system; and (8) a description of each outcome and how it is measured.”*

If you have any questions, please contact Kevin Neimond, CDHS’ Director of Policy and Legislative Affairs, at 303-620-6450.

Sincerely,

*Minna Castillo Cohen*

Minna Castillo Cohen  
Director, Office of Children, Youth, and Families



Division of Child Welfare  
Request for Information #6

Request for Information #6 (RFI #6) directs the following:

The Department is requested to provide to the Joint Budget Committee, by November 1 of each year, information on county child welfare worker staffing, including county data on: (1) caseload ratios by county; (2) actual staffing levels; (3) new hires funded by the child welfare block grant; (4) new hires funded through county level child welfare staffing funding; (5) workload and funding allocation comparisons by county for each type of block allocation; (6) performance metrics concerning the training of and support provided to case workers; (7) how each of the previous data categories support successful outcomes for children served in the child welfare system; and (8) a description of each outcome and how it is measured.

In FY 2015-16, the Joint Budget Committee (JBC) approved additional funding for hiring of local child welfare case workers, case aides, and supervisors in response to a study conducted by ICF International regarding Child Welfare County Workload. Table 1 shows the authorized FTE using the funding approved by the JBC through FY 2019-20. The Department did not request any additional funding for fiscal year 2020-21, 2021-22, and 2022-23.

**Table 1: FTE Allocated to Counties with Approved JBC Funding**

Year	FTE
FY 2015-16	100.00
FY 2016-17	84.25
FY 2017-18	66.00
FY 2018-19	84.25
FY 2019-20	84.00
FY 2020-21	0.00
FY 2021-22	0.00
FY 2022-23	0.00
<b>Total</b>	<b>418.50</b>

**Caseload Ratios by County (1)**

Table 2 is the recommended caseworkers, case aides, and supervisors based on the 2014 workload study completed by ICF International. The study recommended a ratio of 10:1 cases per Caseworker/Case Aide and 5:1 Caseworker/Case Aides to Supervisor. The average monthly caseload totals are based on Colorado Results Oriented Management System (ROM) data for the period July 1, 2021, through June 30, 2022. The caseload is comprised of referrals, assessments, out of home, and other than out of home cases.

**Table 2: Recommended Caseload Ratios by County**

County	Total Average Monthly Caseload	Total Recommended Caseworkers/Case Aides per Caseload (10:1)	Total Recommended Supervisors per Caseworker/Case Aides (5:1)	Total Recommended Staff Per Caseload
Adams	2,001.49	200.15	40.03	240.18
Alamosa	139.60	13.96	2.79	16.75
Arapahoe	2,438.16	243.82	48.76	292.58

County	Total Average Monthly Caseload	Total Recommended Caseworkers/Case Aides per Caseload (10:1)	Total Recommended Supervisors per Caseworker/Case Aides (5:1)	Total Recommended Staff Per Caseload
Archuleta	48.43	4.84	0.97	5.81
Baca	15.65	1.56	0.31	1.88
Bent	22.28	2.23	0.45	2.67
Boulder	1,018.59	101.86	20.37	122.23
Broomfield	137.06	13.71	2.74	16.45
Chaffee	56.44	5.64	1.13	6.77
Cheyenne	5.81	0.58	0.12	0.70
Clear Creek	20.21	2.02	0.40	2.43
Conejos	28.97	2.90	0.58	3.48
Costilla	45.30	4.53	0.91	5.44
Crowley	33.93	3.39	0.68	4.07
Custer	9.49	0.95	0.19	1.14
Delta	182.89	18.29	3.66	21.95
Denver	2,518.53	251.85	50.37	302.22
Dolores	3.66	0.37	0.07	0.44
Douglas	732.63	73.26	14.65	87.92
Eagle	103.85	10.39	2.08	12.46
El Paso	3,215.53	321.55	64.31	385.86
Elbert	59.62	5.96	1.19	7.15
Fremont	260.32	26.03	5.21	31.24
Garfield	193.97	19.40	3.88	23.28
Gilpin	17.65	1.76	0.35	2.12
Grand/Jackson*	24.56	2.46	0.49	2.95
Gunnison/Hinsdale*	27.44	2.74	0.55	3.29
Huerfano	34.70	3.47	0.69	4.16
Jefferson	1,607.67	160.77	32.15	192.92
Kiowa	7.18	0.72	0.14	0.86
Kit Carson	38.78	3.88	0.78	4.65
La Plata/San Juan*	130.97	13.10	2.62	15.72
Lake	14.12	1.41	0.28	1.69
Larimer	1,133.67	113.37	22.67	136.04
Las Animas	62.39	6.24	1.25	7.49
Lincoln	31.06	3.11	0.62	3.73
Logan	119.83	11.98	2.40	14.38
Mesa	898.82	89.88	17.98	107.86
Moffat	58.87	5.89	1.18	7.06
Montezuma	138.90	13.89	2.78	16.67

County	Total Average Monthly Caseload	Total Recommended Caseworkers/Case Aides per Caseload (10:1)	Total Recommended Supervisors per Caseworker/Case Aides (5:1)	Total Recommended Staff Per Caseload
Montrose	228.80	22.88	4.58	27.46
Morgan	132.28	13.23	2.65	15.87
Otero	105.33	10.53	2.11	12.64
Ouray	6.03	0.60	0.12	0.72
Park	57.99	5.80	1.16	6.96
Phillips	7.83	0.78	0.16	0.94
Pitkin	23.17	2.32	0.46	2.78
Prowers	63.51	6.35	1.27	7.62
Pueblo	586.52	58.65	11.73	70.38
Rio Blanco	34.16	3.42	0.68	4.10
Rio Grande/Mineral*	69.67	6.97	1.39	8.36
Routt	51.13	5.11	1.02	6.14
Saguache	24.74	2.47	0.49	2.97
San Miguel	14.08	1.41	0.28	1.69
Sedgwick	5.99	0.60	0.12	0.72
Summit	20.13	2.01	0.40	2.42
Teller	89.82	8.98	1.80	10.78
Washington	30.07	3.01	0.60	3.61
Weld	1,391.86	139.19	27.84	167.02
Yuma	28.76	2.88	0.58	3.45
<b>Statewide Total</b>	<b>20,610.86</b>	<b>2,061.09</b>	<b>412.22</b>	<b>2,473.30</b>

\*Counties work in partnership with neighboring counties to provide casework services. Responses collected from counties were reported as combined.

Table 3 shows the number of Caseworker/Case Aides and Supervisors, both filled and vacant, compared to the average monthly caseload. *These staffing levels were collected from county responses to the 2022 Child Welfare Staffing Survey.*

**Table 3: Actual Caseload Ratios by County**

County	Total Average Monthly Caseload	Total Caseworker/Case Aide + Other Staff	Total Supervisors	Ratio of Average Caseload to Actual Caseworker/Case Aide (10 is the recommendation)	Ratio of Actual Caseworkers / Case Aides per Supervisors (5 is the recommendation)
Adams	2,001.49	257.00	53.00	7.79	4.85
Alamosa	139.60	18.00	6.00	7.76	3.00
Arapahoe	2,438.16	180.50	36.00	13.51	5.01
Archuleta	48.43	16.50	3.00	2.94	5.50

County	Total Average Monthly Caseload	Total Caseworker/Case Aide + Other Staff	Total Supervisors	Ratio of Average Caseload to Actual Caseworker/Case Aide (10 is the recommendation)	Ratio of Actual Caseworkers / Case Aides per Supervisors (5 is the recommendation)
Baca	15.65	1.00	2.00	15.65	0.50
Bent	22.28	3.00	1.80	7.43	1.67
Boulder	1,018.59	84.75	16.00	12.02	5.30
Broomfield	137.06	15.00	4.00	9.14	3.75
Chaffee	56.44	5.00	1.00	11.29	5.00
Cheyenne	5.81	3.00	2.00	1.94	1.50
Clear Creek	20.21	4.00	1.00	5.05	4.00
Conejos	28.97	5.25	1.25	5.52	4.20
Costilla	45.30	12.25	3.00	3.70	4.08
Crowley	33.93	3.75	0.50	9.05	7.50
Custer	9.49	3.00	3.00	3.16	1.00
Delta	182.89	10.00	2.75	18.29	3.64
Denver	2,518.53	216.00	60.00	11.66	3.60
Dolores	3.66	1.25	0.25	2.93	5.00
Douglas	732.63	37.00	8.00	19.80	4.63
Eagle	103.85	8.00	2.00	12.98	4.00
El Paso	3,215.53	268.50	53.50	11.98	5.02
Elbert	59.62	5.00	3.00	11.92	1.67
Fremont	260.32	32.00	9.75	8.13	3.28
Garfield	193.97	20.00	5.00	9.70	4.00
Gilpin	17.65	6.00	2.00	2.94	3.00
Grand/Jackson*	24.56	2.75	0.75	8.93	3.67
Gunnison/Hinsdale*	27.44	5.00	1.00	5.49	5.00
Huerfano	34.70	8.00	1.50	4.34	5.33
Jefferson	1,607.67	139.00	28.00	11.57	4.96
Kiowa	7.18	2.50	2.00	2.87	1.25
Kit Carson	38.78	14.00	3.00	2.77	4.67
La Plata/San Juan*	130.97	19.50	4.50	6.72	4.33
Lake	14.12	3.50	1.25	4.03	2.80
Larimer	1,133.67	80.00	20.00	14.17	4.00
Las Animas	62.39	12.00	2.00	5.20	6.00
Lincoln	31.06	4.00	1.25	7.76	3.20
Logan	119.83	21.00	5.00	5.71	4.20
Mesa	898.82	82.00	15.00	10.96	5.47
Moffat	58.87	9.00	2.00	6.54	4.50
Montezuma	138.90	12.00	2.00	11.58	6.00

County	Total Average Monthly Caseload	Total Caseworker/Case Aide + Other Staff	Total Supervisors	Ratio of Average Caseload to Actual Caseworker/Case Aide (10 is the recommendation)	Ratio of Actual Caseworkers / Case Aides per Supervisors (5 is the recommendation)
Montrose	228.80	18.00	3.00	12.71	6.00
Morgan	132.28	19.50	3.50	6.78	5.57
Otero	105.33	12.00	1.00	8.78	12.00
Ouray	6.03	1.50	0.75	4.02	2.00
Park	57.99	8.00	1.00	7.25	8.00
Phillips	7.83	1.00	1.00	7.83	1.00
Pitkin	23.17	2.75	1.50	8.43	1.83
Prowers	63.51	6.50	2.25	9.77	2.89
Pueblo	586.52	84.50	12.00	6.94	7.04
Rio Blanco	34.16	11.00	3.00	3.11	3.67
Rio Grande/Mineral*	69.67	6.75	2.00	10.32	3.38
Routt	51.13	3.50	1.00	14.61	3.50
Saguache	24.74	5.50	2.25	4.50	2.44
San Miguel	14.08	1.50	0.75	9.38	2.00
Sedgwick	5.99	1.00	1.00	5.99	1.00
Summit	20.13	8.00	4.00	2.52	2.00
Teller	89.82	11.00	2.00	8.17	5.50
Washington	30.07	5.50	1.00	5.47	5.50
Weld	1,391.86	89.50	25.00	15.55	3.58
Yuma	28.76	4.66	0.93	6.17	5.01
<b>Statewide Total</b>	<b>20,610.86</b>	<b>1,931.66</b>	<b>437.98</b>	<b>10.67</b>	<b>4.41</b>

\*Counties work in partnership with neighboring counties to provide casework services. Responses collected from counties were reported as combined.

**Actual Staffing Levels and New Hires (2)(3)(4)**

Table 4 shows filled and vacant staffing levels in total and then broken down for “Total Child Welfare Staffing Increase Funded by the Child Welfare Block and Core Services” and “Total SB15-242 FTE Allocation” as of April 1, 2022. *These staffing levels were collected from county responses to the 2022 Child Welfare Staffing Survey.* The staffing levels include positions appropriated and approved by the county’s Board of County Commissioners. Some counties have reported a different amount on the survey than they have been awarded through SB15-242 in Table 1.

**Table 4: Actual Staffing Levels and New Hires**

County	Filled Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Vacant Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Total Child Welfare Staffing Increase Funded by CW Block and Core Services After July 1, 2015 to April 1, 2022	Total SB15-242 FTE Allocation (Both Filled and Vacant)
Adams	251.00	75.00	86.00	65.00

County	Filled Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Vacant Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Total Child Welfare Staffing Increase Funded by CW Block and Core Services After July 1, 2015 to April 1, 2022	Total SB15-242 FTE Allocation (Both Filled and Vacant)
Alamosa	11.50	15.50	0.50	3.00
Arapahoe	212.50	30.00	20.00	58.50
Archuleta	14.50	6.00	7.00	6.50
Baca	2.00	1.50	-	1.00
Bent	1.50	3.30	-	1.00
Boulder	98.75	8.00	-	5.00
Broomfield	19.00	1.00	0.50	1.00
Chaffee	7.75	-	3.00	1.00
Cheyenne	4.00	1.00	1.00	-
Clear Creek	5.00	2.00	3.00	-
Conejos	4.50	3.00	2.50	1.00
Costilla	10.25	6.00	7.00	6.25
Crowley	4.25	-	0.75	1.00
Custer	6.00	-	2.00	2.00
Delta	10.75	3.00	-	4.00
Denver	328.75	43.00	89.75	53.00
Dolores	1.50	-	-	0.50
Douglas	47.00	2.00	-	20.00
Eagle	12.00	-	-	1.00
El Paso	257.50	83.50	17.25	81.75
Elbert	7.50	2.00	4.00	1.00
Fremont	39.50	7.00	-	2.25
Garfield	24.00	3.00	0.25	0.75
Gilpin	7.25	2.00	4.50	2.00
Grand/Jackson	2.50	1.00	-	-
Gunnison/Hinsdale	6.00	-	-	-
Huerfano	8.00	1.50	4.00	1.00
Jefferson	167.50	21.00	16.50	32.00
Kiowa	4.50	-	2.00	1.00
Kit Carson	15.00	2.00	5.00	7.00
La Plata/San Juan	24.00	4.50	4.00	1.00
Lake	4.00	1.00	-	-
Larimer	136.50	2.00	16.00	12.00
Las Animas	9.50	7.00	5.20	1.00
Lincoln	5.25	-	-	-
Logan	20.00	6.00	1.00	1.00



County	Filled Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Vacant Staffing Levels as of April 1, 2022 (Block, Core, SB15-242)	Total Child Welfare Staffing Increase Funded by CW Block and Core Services After July 1, 2015 to April 1, 2022	Total SB15-242 FTE Allocation (Both Filled and Vacant)
Mesa	103.00	3.00	11.50	25.50
Moffat	7.00	6.00	0.50	1.00
Montezuma	14.00	-	3.00	-
Montrose	18.00	4.00	4.00	5.00
Morgan	20.50	2.50	1.50	0.50
Otero	12.00	5.00	4.00	5.00
Ouray	1.25	1.00	1.40	-
Park	8.00	2.00	4.75	-
Phillips	-	2.00	-	-
Pitkin	4.25	-	-	1.00
Prowers	6.75	3.00	-	1.00
Pueblo	92.50	16.00	6.00	5.50
Rio Blanco	7.00	7.00	6.00	4.00
Rio Grande/Mineral	8.50	0.25	-	1.25
Routt	5.50	-	2.00	-
Saguache	6.00	3.00	1.00	1.00
San Miguel	2.25	-	1.20	-
Sedgwick	2.00	-	-	2.00
Summit	10.50	2.00	6.75	-
Teller	13.00	1.50	1.50	-
Washington	5.50	1.00	1.75	2.75
Weld	128.50	4.00	40.50	16.00
Yuma	5.62	-	-	1.63
<b>Statewide Total</b>	<b>2,272.62</b>	<b>407.05</b>	<b>400.05</b>	<b>447.63*</b>

\*Some counties reported a different amount on survey than awarded FTE through SB15-242.

**Workload and Funding Allocation Comparisons by County for each type of Block Allocation (5)**

Table 5 shows the workload and funding allocation comparisons by county for the total of Child Welfare Block Allocation, Core Services Allocation and 242 New Staffing allocation. Caseload Ratios by County are the counties' percentage of the total state caseload amount.

**Table 5: Workload/Funding Comparison**

County	FY 2021-22 CW Block, Core Services and 242 Staffing Allocation Amount	Percent of Statewide Base Allocation	Total Caseload	Caseload Ratios by County
Adams	\$48,230,469	10.99%	2,001.49	9.71%

Alamosa	\$4,294,085	0.98%	139.60	0.68%
Arapahoe	\$46,745,004	10.66%	2,438.16	11.83%
Archuleta	\$941,384	0.21%	48.43	0.23%
Baca	\$361,026	0.08%	15.65	0.08%
Bent	\$673,178	0.15%	22.28	0.11%
Boulder	\$16,894,435	3.85%	1,018.59	4.94%
Broomfield	\$2,837,878	0.65%	137.06	0.67%
Chaffee	\$1,528,033	0.35%	56.44	0.27%
Cheyenne	\$251,310	0.06%	5.81	0.03%
Clear Creek	\$860,434	0.20%	20.21	0.10%
Conejos	\$1,008,439	0.23%	28.97	0.14%
Costilla	\$1,009,693	0.23%	45.30	0.22%
Crowley	\$723,631	0.16%	33.93	0.16%
Custer	\$443,816	0.10%	9.49	0.05%
Delta	\$3,386,559	0.77%	182.89	0.89%
Denver	\$55,931,764	12.75%	2,518.53	12.22%
Dolores	\$282,926	0.06%	3.66	0.02%
Douglas	\$13,536,138	3.09%	732.63	3.55%
Eagle	\$2,002,676	0.46%	103.85	0.50%
El Paso	\$63,305,085	14.43%	3,215.53	15.60%
Elbert	\$1,523,196	0.35%	59.62	0.29%
Fremont	\$5,598,106	1.28%	260.32	1.26%
Garfield	\$4,067,512	0.93%	193.97	0.94%
Gilpin	\$589,075	0.13%	17.65	0.09%
Grand	\$571,597	0.13%	24.56	0.12%
Gunnison	\$749,777	0.17%	27.44	0.13%
Hinsdale	\$61,058	0.01%	-	0.00%
Huerfano	\$1,320,744	0.30%	34.70	0.17%
Jackson	\$251,310	0.06%	-	0.00%
Jefferson	\$34,773,417	7.93%	1,607.67	7.80%
Kiowa	\$324,081	0.07%	7.18	0.03%
Kit Carson	\$758,296	0.17%	38.78	0.19%
La Plata	\$3,564,399	0.81%	130.97	0.64%
Lake	\$571,456	0.13%	14.12	0.07%
Larimer	\$24,984,588	5.70%	1,133.67	5.50%
Las Animas	\$1,615,723	0.37%	62.39	0.30%
Lincoln	\$938,745	0.21%	31.06	0.15%
Logan	\$3,342,922	0.76%	119.83	0.58%
Mesa	\$17,662,329	4.03%	898.82	4.36%
Mineral	\$75,734	0.02%	-	0.00%

Moffat	\$1,392,542	0.32%	58.87	0.29%
Montezuma	\$2,093,676	0.48%	138.90	0.67%
Montrose	\$4,879,946	1.11%	228.80	1.11%
Morgan	\$3,291,747	0.75%	132.28	0.64%
Otero	\$2,469,477	0.56%	105.33	0.51%
Ouray	\$253,206	0.06%	6.03	0.03%
Park	\$958,276	0.22%	57.99	0.28%
Phillips	\$263,611	0.06%	7.83	0.04%
Pitkin	\$543,504	0.12%	23.17	0.11%
Prowers	\$1,386,484	0.32%	63.51	0.31%
Pueblo	\$15,257,923	3.48%	586.52	2.85%
Rio Blanco	\$816,901	0.19%	34.16	0.17%
Rio Grande	\$1,450,409	0.33%	69.67	0.34%
Routt	\$1,063,033	0.24%	51.13	0.25%
Saguache	\$784,023	0.18%	24.74	0.12%
San Juan	\$53,891	0.01%	-	0.00%
San Miguel	\$414,541	0.09%	14.08	0.07%
Sedgwick	\$255,015	0.06%	5.99	0.03%
Summit	\$754,401	0.17%	20.13	0.10%
Teller	\$1,762,016	0.40%	89.82	0.44%
Washington	\$604,121	0.14%	30.07	0.15%
Weld	\$28,331,064	6.46%	1,391.86	6.75%
Yuma	\$994,421	0.23%	28.76	0.14%
<b>Totals</b>	<b>\$438,666,258</b>	<b>100.00%</b>	<b>20,610.86</b>	<b>100.00%</b>

**Training of and Support Provided to Case Workers (6)**

Table 6 shows the total statewide number of FTE trained for the past four fiscal years. The training is broken down by pre-service training and in-service training. Pre-service training is coursework or training for new workers and supervisors that must be completed before receiving certification. In-service training is coursework or training offered to anyone already in a child welfare role (caseworker, supervisor, etc.) and provides credit hours toward re-certification. This data includes session information for all in-person and classroom learning opportunities provided to child welfare staff as well as others, such as foster parents, community providers, and CDHS staff through Child Welfare Training System (CWTS). This is inclusive of “hybrid” learning experiences which may pair a facilitated session with web-based learning modules. Strictly web-based courses are excluded as they are taken at a learner’s leisure via online learning modules and are not provided by facilitators at a set-time (i.e. a session) as in-person learning and hybrid experiences are. Note that for FY 2019-20 all in-person courses moved to virtual facilitation as of mid-March 2020 due to the COVID-19 pandemic and remained as such through FY 2021-22. All formerly in-person and hybrid courses maintained their facilitated components via Zoom video-conferencing. As such, counts for these virtually facilitated sessions are also included below for FY 2019-22.

**Table 6: Statewide Total Pre-Service and In-Service Training Data**

	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Pre-service	301	314	282	324
In-service	402	430	390	359
Total In-Person	703	744	672	683

Tables 7 and 8 detail the county-specific pre-service and in-service training for the past four years for child welfare staff. This data is limited to county child welfare staff only; other learner types (e.g. foster parents, community partners, etc.) are excluded. Completions refer to any instance of a course completion and are duplicated at the learner level and are inclusive of all course types (i.e. in-person, online, hybrid, etc.). Due to the COVID-19 pandemic, there was a shift to all online courses. The courses were modified to shorter offerings to accommodate the conditions. In order for learners to hit the 40 hour requirement, learners needed more completions versus prior years causing an increase to the amount of completions for in-service training in FY 2020-21. Learners are unduplicated at the county-level per fiscal year. Note that if a learner took both in-service and pre-service courses in the same fiscal year that individual will be counted in both datasets.

**Table 7: Pre-Service Training Data**

Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
<b>Metro</b>								
Adams	353	78	269	57	184	41	189	49
Arapahoe	297	76	366	90	464	91	737	137
Broomfield	24	4	15	3	5	2	15	5
Cheyenne	1	1	3	1				
Clear Creek			7	1	5	1	24	4
Denver	494	98	414	89	499	94	607	121
Douglas	71	16	102	19	92	15	70	15
Elbert	5	1	23	4	24	5	10	3
Gilpin			43	7	10	3	4	1
Jefferson	290	60	313	54	203	35	280	55
Kit Carson	4	2	30	5	11	4	14	4
Lake	26	3					15	3
Lincoln	9	2	5	1	1	1	8	2
Park	17	3	7	1			17	4
Summit	13	3			1	1	9	3
<b>Northeast</b>								
Boulder	69	14	122	27	136	24	112	23
Jackson								
Larimer	202	45	259	56	200	39	242	49
Logan	28	8	23	5	8	1	23	5
Morgan	41	10	60	10	30	5	45	13
Phillips					6	1	5	1

Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
Sedgwick	1	1			8	1		
Washington	8	2					8	1
Weld	148	43	239	47	174	34	155	39
Yuma			12	2				
Southeast								
Alamosa	82	18	50	10	67	9	29	5
Baca	4	1	7	1				
Bent	13	3	4	1			7	1
Chaffee	13	3	4	2	42	8		
Conejos	2	1	1	1				
Costilla	13	3	3	1	9	2	3	3
Crowley	4	1	2	1			7	1
Custer	11	4						
El Paso	646	148	771	146	818	140	697	152
Fremont	44	10	86	15	42	13	85	22
Huerfano	2	2	12	3	3	3	2	2
Kiowa							6	1
Las Animas			7	1	3	1	25	6
Mineral					4	1	3	1
Otero	10	2	5	1	1	1	10	2
Prowers	26	13	20	7	32	13	30	17
Pueblo	109	27	51	14	109	25	120	26
Rio Grande	5	1	13	2				
San Juan								
Saguache					4	2	6	3
Teller	41	9	24	6	44	9	25	7
West								
Archuleta	17	5	40	7	10	2	54	12
Delta	27	5	29	6	13	3	32	6
Dolores			10	3	11	2	5	3
Eagle	10	2	2	1	1	1		
Garfield	20	5	50	7	45	10	35	8
Grand			13	3	8	1	4	1
Gunnison	3	1			9	1	14	2
Hinsdale								
La Plata	62	12	37	11	43	10	55	12

Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
Mesa	202	38	198	36	69	15	194	43
Moffat	18	3	25	5	23	5	31	6
Montezuma	35	8	47	14	15	5	24	9
Montrose	36	11	55	12	28	6	43	12
Pitkin	8	1	7	1	16	5	5	1
Rio Blanco			2	1	13	2	9	4
Routt			14	2	21	3	2	1
San Miguel	7	2	1	1	8	1		
Statewide Total	3,571	809	3,902	801	3,572	695	4,183	913

**Table 8: In-Service Training Data**

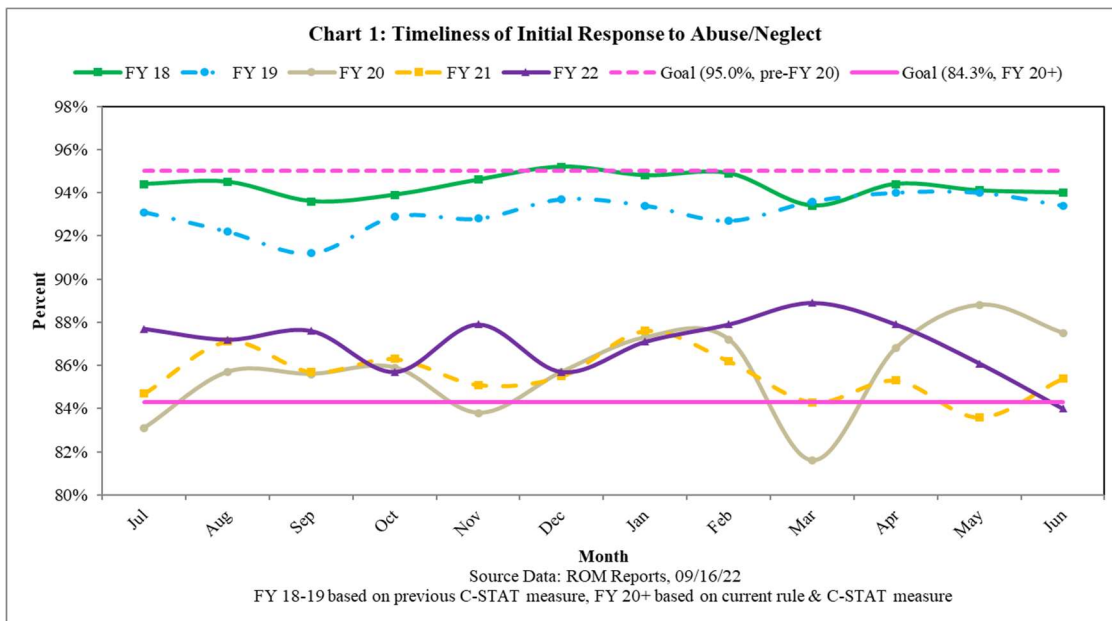
Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
Metro								
Adams	867	216	1,137	250	908	216	916	205
Arapahoe	1,009	254	1,082	264	1,430	263	1,324	280
Broomfield	81	21	105	21	124	20	136	22
Cheyenne	5	2	21	2	3	1	1	1
Clear Creek	10	4	23	4	18	3	12	4
Denver	956	320	1,327	342	1,500	309	1,361	303
Douglas	203	47	238	52	336	59	224	53
Elbert	43	5	42	8	38	8	59	9
Gilpin	15	5	51	6	28	9	35	6
Jefferson	728	191	986	228	891	185	569	168
Kit Carson	48	7	19	7	27	8	34	7
Lake	13	3	20	5	21	3	38	5
Lincoln	27	7	61	7	38	7	38	6
Park	38	8	46	8	44	8	48	9
Summit	20	6	37	7	19	5	8	6
Northeast								
Boulder	350	102	607	124	606	114	529	101
Jackson								
Larimer	496	149	599	163	647	149	368	117
Logan	80	23	152	19	134	18	89	16
Morgan	109	24	249	32	130	25	152	22

Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
Phillips	13	2	38	2	24	2	22	2
Sedgwick	23	3	19	3	11	5	13	2
Washington	20	5	41	5	31	4	19	6
Weld	605	129	694	147	913	161	756	152
Yuma	31	6	42	8	34	6	58	6
<b>Southeast</b>								
Alamosa	63	21	93	22	107	21	83	13
Baca	22	1	17	3	25	3	21	3
Bent	38	5	50	4	37	5	44	5
Chaffee	59	10	64	9	61	11	33	9
Conejos	42	5	57	7	67	5	23	4
Costilla	8	4	17	5	8	5	4	3
Crowley	17	5	72	6	24	4	11	4
Custer	14	5	40	3	39	3	10	2
El Paso	1,193	261	1,866	358	1,999	365	1,739	349
Fremont	194	42	285	45	308	41	275	42
Huerfano	41	5	64	6	75	7	70	6
Kiowa	23	3	15	2	7	2	15	3
Las Animas	87	13	79	14	25	7	44	9
Mineral					4	1		
Otero	49	12	64	10	90	10	147	11
Prowers	65	22	166	32	194	36	143	40
Pueblo	400	92	615	99	650	85	737	92
Rio Grande	17	8	41	9	35	5	37	5
Saguache	8	6	19	5	15	5	6	3
San Juan								
Teller	76	16	105	15	106	17	91	17
<b>West</b>								
Archuleta	15	8	79	13	53	12	43	12
Delta	28	8	44	13	70	11	24	12
Dolores	8	2	16	4	31	3	44	3
Eagle	53	14	87	15	80	12	77	15
Garfield	120	23	173	30	305	32	90	25
Grand	17	4	23	5	30	5	32	5
Gunnison	22	6	34	5	20	5	36	5
La Plata	72	26	140	29	143	26	117	28

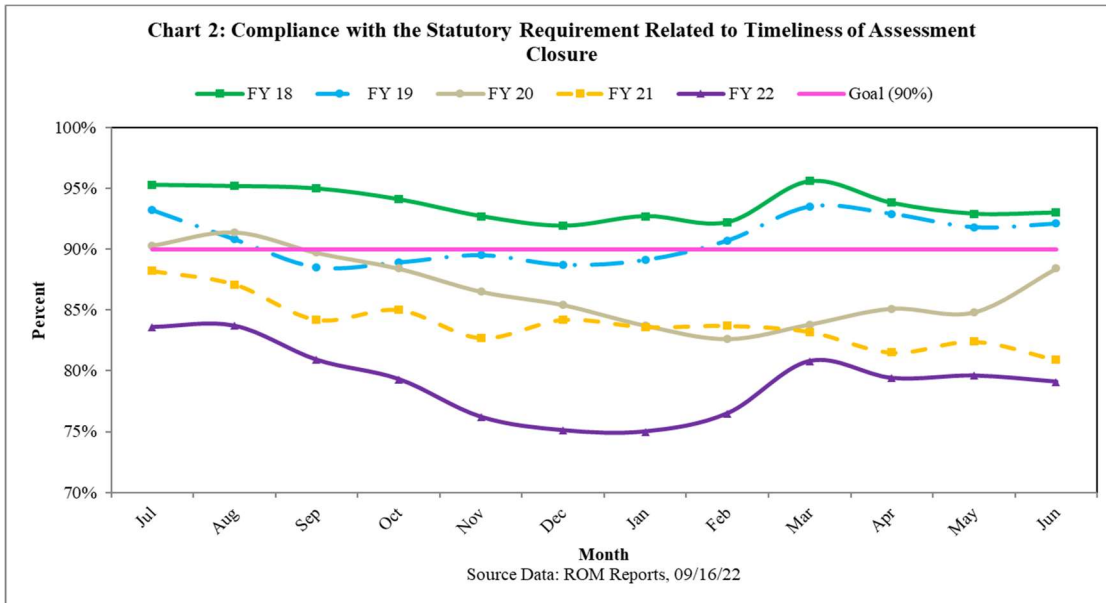
Region/ County	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners	Count of Completions	Count of Learners
Hinsdale								
Mesa	383	92	530	110	680	100	408	90
Moffat	15	7	54	10	71	10	9	5
Montezuma	77	16	67	18	75	14	63	16
Montrose	72	21	118	25	143	24	120	18
Ouray			3	1	9	2	20	1
Pitkin	3	1	22	5	16	4	35	6
Rio Blanco	27	5	35	6	49	7	11	2
Routt	19	5	35	6	15	4	32	6
San Miguel	20	6	8	2	10	2	26	3
Statewide Total	9,167	2,322	12,833	2,665	13,631	2,491	11,529	2,380

**Successful Outcomes for Children (7)**

The benchmark was changed for FY 2019-20 to 84% down from the previous year’s benchmark, set at 95% for Chart 1. The methodology for measuring the timeliness of initial response (Chart 1) has changed in the last two fiscal years, which is responsible for the lowered goal and performance. The measure was updated to ensure that timely attempts were made within the assigned time frames and subsequently until a potential victim was successfully contacted. The increases in child welfare staffing for FY 2017-18 - FY 2019-20 helped Colorado improve in the timeliness of initial response to abuse/neglect assessments and timeliness of assessment closure to reach the pre-FY 2019-20 goal. Charts 1 and 2 show the results of these C-Stat measures since FY 2017-18. The benchmark for Chart 2 did not change.







**Description of Outcomes and How They are Measured (8)**

The timeliness of initial response to abuse/neglect assessments outcome improves child safety and reduces the potential for further abuse. It is measured as follows:

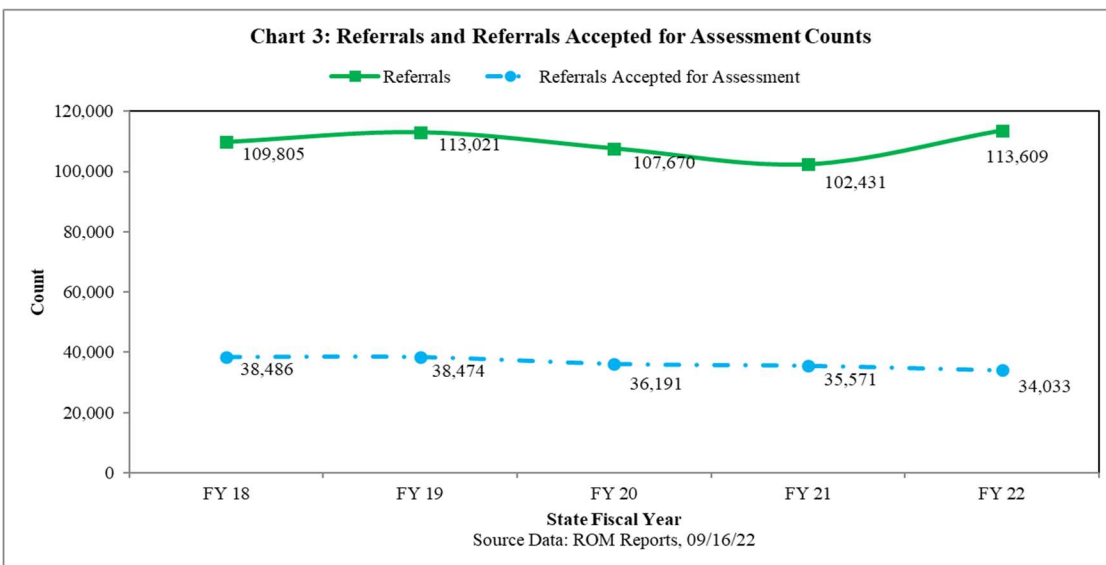
Numerator: Number of alleged victims with a timely face-to-face contact or attempted to contact as set in the rule (7.103.70).

Denominator: Number of alleged victims with a child protection assessment opened in the specified month (both Traditional and Family Assessment Response).

The compliance with the statutory requirement related to timeliness of assessment closure outcome also improves child safety and reduces the potential for further abuse. It is measured as follows:

Numerator: Number of child protection assessments closed within 60 days of referral. Denominator: Number of child protection assessments due to close during the specified month (both Traditional and Family Assessment Response)

Chart 3 does not represent a child welfare outcome, but it does demonstrate workload trends facing Colorado counties. The number of referrals accepted for assessment is declining, which could indicate less workload for counties.



## APPENDIX F FUNDING MODEL REPORT

The following report provides the Department's annual funding model update pursuant to S.B. 21-277 (Child Welfare Allocation Formula). The report is an inflationary adjustment of the prior BerryDunn model. Pursuant to the bill, the Department must provide the final results of the funding model in 2023.



November 15, 2022

The Honorable Rachel Zenzinger  
Chair, Joint Budget Committee

Senator Zenzinger:

The Colorado Department of Human Services, in response to reporting requirements set forth in Section 26-5-103.7, C.R.S., respectfully submits the attached child welfare funding model report.

*“(5) notwithstanding section 24-1-136 (11)(a)(i), on or before November 15, 2021, and on or before November 15 of each year thereafter, the state department and the child welfare allocations committee shall submit a report regarding the funding model to the joint budget committee. the report must include the following information concerning the previous fiscal year:*

- (a) The results of the funding model, including the cost per county necessary to meet all state and federal requirements for the comprehensive delivery of child welfare services;*
- (b) The difference between each county's actual allocation and the allocation amount identified by the funding model;*
- (c) The final close-out pursuant to section 26-5-104 (7) for the previous fiscal year;*
- (d) Any modifications made to the model to improve the accuracy of the data;*
- (e) A description of the incentives included in the funding model and the amount of incentives provided to each county; and*
- (f) Any other issues related to funding child welfare services identified by the child welfare allocations committee.”*

If you have any questions, please contact Kevin Neimond, CDHS' Director of Policy and Legislative Affairs, at 303-620-6450.

Sincerely,

*Minna Castillo Cohen*

Minna Castillo Cohen  
Director, Office of Children, Youth, and Families



Division of Child Welfare  
Legislative Report Child Welfare Funding Model

Legislative Report Child Welfare Services Funding Model directs the following:

(5) notwithstanding section 24-1-136 (11)(a)(i), on or before November 15, 2021, and on or before November 15 of each year thereafter, the state department and the child welfare allocations committee shall submit a report regarding the funding model to the joint budget committee. The report must include the following information concerning the previous fiscal year: (a) The results of the funding model, including the cost per county necessary to meet all state and federal requirements for the comprehensive delivery of child welfare services; (b) The difference between each county's actual allocation and the allocation amount identified by the funding model; (c) The final close-out pursuant to section 26-5-104 (7) C.R.S. for the previous fiscal year; (d) Any modifications made to the model to improve the accuracy of the data; (e) A description of the incentives included in the funding model and the amount of incentives provided to each county; and (f) Any other issues related to funding child welfare services identified by the child welfare allocations committee.

Note - This report is required to provide information regarding the child welfare funding model. At present, the funding model is being used as a reference only since it has not been recommended by the Child Welfare Allocations Committee for the use in the development of the allocation formula for FY 2022-23.

The following table shows funding and expenditure information per county for FY 2021-22. The letter descriptions below correspond to the letters in the RFI requirements.

(a) - Column (a) shows the results of the funding model, including the cost per county necessary to meet all state and federal requirements for the comprehensive delivery of child welfare services as \$561,773,143. This amount is based on the assumptions and inputs used in the original BerryDunn funding model and has been adjusted for inflation based on the CPI rates given in the Colorado Legislative Council Staff's September 2022 Economic Revenue Forecast, p. 60.

(b) - Column (b) is the difference between each county's actual allocation and the allocation amount identified by the funding model. The total difference was \$123,106,878. However, Column (d) shows that an additional \$53,106,338 was paid out to the counties through various smaller programs and grants (Chafee Independent Living Grant; Every Student Succeeds Act, Promoting Safe and Successful Families grant; Adoption and Relative Guardianship Program) which BerryDunn considered and included in Column (a). This additional amount represents approximately 43% of the difference between the BerryDunn funding model amount and the actual allocation amount. Because the original funding model amounts included payouts from these programs, it is more accurate to compare the difference between the last two columns in the table. For example, for Adams County, \$10,818,949 minus \$6,578,599, or \$4,240,350.

(c) - Column (c) shows the actual expenditures used at close-out for the three main funding streams (the Child Welfare Block, Core Services, and Senate Bill 15-242 New County Staffing) was \$414,527,667. The total close-out expenditures combined with the payouts for the smaller programs in Column (d) was \$432,298,046.

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(d) - In FY 2021-22, there were no modifications made to the funding model to improve the accuracy of the data.

(e) - The performance pool in the BerryDunn funding model was set at 2.5% of the funding model appropriation. Performance incentives were awarded based on a combination of the number of children below 200% of the federal poverty level, reductions in Out-of-Home Placements, a decrease in the number of Involvement Days per child, and an increased percentage of sustainably closed cases. No performance incentives were given in the actual allocations in FY 2021-22.

(f) - In FY 2021-22, no recommendations have been received from the Child Welfare Allocations Committee regarding the issue of funding child welfare.

County	(a) BerryDunn FY 2021-22 Funding Model Amount	FY 2021-22 Total Child Welfare Allocation	(b) Difference Between BerryDunn Funding Model and Total Allocation	(c) Final Expenditures Considered at Close-out	Difference Between Allocation and Final Expenditures Considered at Close-out	Difference Between BerryDunn Funding Model and Final Expenditures Considered at Close-out	(d) Expendi- tures Covered Under Other Grants and Funding
Adams	58,480,408	48,230,469	10,249,939	47,661,458	569,011	10,818,949	6,578,599
Alamosa	4,863,956	4,294,085	569,871	3,470,523	823,563	1,393,434	469,423
Arapahoe	57,225,756	46,745,004	10,480,752	41,464,422	5,280,582	15,761,334	5,934,656
Archuleta	1,134,642	941,384	193,258	823,925	117,459	310,717	73,957
Baca	304,685	361,026	(56,341)	303,999	57,027	686	2,161
Bent	795,805	673,178	122,627	413,450	259,728	382,355	38,443
Boulder	23,082,091	16,894,435	6,187,656	20,683,562	(3,789,127)	2,398,529	1,528,656
Broomfield	3,868,568	2,837,878	1,030,689	3,539,997	(702,119)	328,570	217,713
Chaffee	2,642,939	1,528,034	1,114,905	1,440,508	87,526	1,202,431	106,813
Cheyenne	148,194	251,310	(103,116)	128,475	122,835	19,719	755
Clear Creek	1,725,145	860,434	864,712	865,399	(4,965)	859,747	192,659
Conejos	1,170,474	1,008,439	162,035	720,151	288,288	450,323	63,293
Costilla	1,392,573	1,009,694	382,879	1,507,711	(498,018)	(115,138)	79,174
Crowley	939,648	723,631	216,018	1,006,441	(282,810)	(66,792)	128,537
Custer	479,690	443,815	35,875	172,645	271,170	307,044	-
Delta	3,912,211	3,386,559	525,652	3,835,767	(449,207)	76,445	496,467
Denver	81,672,094	55,931,764	25,740,330	60,320,591	(4,388,827)	21,351,503	8,706,671
Dolores	255,229	282,926	(27,697)	170,803	112,123	84,426	13,271
Douglas	13,985,468	13,536,137	449,332	11,044,777	2,491,359	2,940,691	1,005,885
Eagle	2,540,871	2,002,676	538,195	2,212,360	(209,684)	328,511	77,457
El Paso	80,833,868	63,305,086	17,528,782	63,443,565	(138,479)	17,390,303	6,671,202
Elbert	1,633,021	1,523,195	109,826	1,424,025	99,170	208,996	55,659
Fremont	6,988,291	5,598,107	1,390,184	4,665,616	932,490	2,322,674	697,166
Garfield	5,407,649	4,067,513	1,340,136	4,092,431	(24,919)	1,315,218	164,953
Gilpin	797,127	589,075	208,053	480,283	108,791	316,844	56,779

County	(a) BerryDunn FY 2021-22 Funding Model Amount	FY 2021-22 Total Child Welfare Allocation	(b) Difference Between BerryDunn Funding Model and Total Allocation	(c) Final Expenditures Considered at Close-out	Difference Between Allocation and Final Expenditures Considered at Close-out	Difference Between BerryDunn Funding Model and Final Expenditures Considered at Close-out	(d) Expendi- tures Covered Under Other Grants and Funding
Grand	1,012,065	571,597	440,469	686,178	(114,582)	325,887	60,313
Gunnison	1,266,274	749,776	516,498	830,863	(81,087)	435,411	17,701
Hinsdale	48,449	61,059	(12,610)	68,866	(7,807)	(20,417)	-
Huerfano	1,697,723	1,320,744	376,979	1,180,876	139,868	516,847	99,235
Jackson	35,401	251,310	(215,909)	93,235	158,075	(57,835)	3,040
Jefferson	45,077,820	34,773,417	10,304,402	34,602,150	171,267	10,475,670	4,555,323
Kiowa	484,896	324,081	160,814	218,867	105,214	266,028	47,673
Kit Carson	866,541	758,297	108,244	695,216	63,081	171,325	59,669
La Plata	4,119,101	3,564,399	554,703	2,900,717	663,682	1,218,385	266,259
Lake	809,591	571,457	238,134	583,724	(12,267)	225,868	35,973
Larimer	30,450,812	24,984,589	5,466,222	24,687,310	297,279	5,763,502	639,038
Las Animas	2,067,654	1,615,724	451,930	1,567,570	48,154	500,084	382,974
Lincoln	1,638,270	938,745	699,524	1,207,881	(269,136)	430,389	210,013
Logan	4,775,088	3,342,923	1,432,165	3,999,146	(656,223)	775,942	893,799
Mesa	24,113,326	17,662,330	6,450,996	16,694,387	967,943	7,418,939	4,249,431
Mineral	29,154	75,735	(46,581)	3,290	72,445	25,864	-
Moffat	1,811,617	1,392,542	419,075	971,344	421,198	840,273	150,349
Montezuma	2,454,004	2,093,676	360,328	2,296,132	(202,456)	157,872	137,653
Montrose	5,110,025	4,879,945	230,080	4,904,988	(25,042)	205,038	749,780
Morgan	4,153,268	3,291,747	861,521	2,754,617	537,129	1,398,650	459,744
Otero	2,719,761	2,469,476	250,286	2,078,950	390,525	640,811	364,504
Ouray	267,140	253,206	13,934	231,201	22,005	35,939	-
Park	1,287,370	958,276	329,095	1,331,115	(372,839)	(43,744)	79,253
Phillips	434,406	263,611	170,795	135,936	127,675	298,471	19,431
Pitkin	790,489	543,504	246,985	774,568	(231,064)	15,920	-
Prowers	1,659,388	1,386,485	272,904	1,063,854	322,631	595,534	63,960
Pueblo	19,328,968	15,257,924	4,071,044	13,536,968	1,720,956	5,792,000	2,749,128
Rio Blanco	1,210,190	816,901	393,290	696,325	120,575	513,865	81,511
Rio Grande	2,059,208	1,450,409	608,800	2,035,153	(584,745)	24,055	111,629
Routt	1,401,072	1,063,033	338,039	1,120,492	(57,459)	280,580	29,326
Saguache	1,018,532	784,023	234,508	914,295	(130,272)	104,237	45,144
San Juan	30,760	53,891	(23,131)	51,031	2,860	(20,271)	-
San Miguel	511,255	414,541	96,714	363,865	50,675	147,389	12,932
Sedgwick	235,633	255,016	(19,383)	174,914	80,102	60,719	-
Summit	1,269,999	754,402	515,597	1,029,462	(275,060)	240,537	5,475
Teller	2,430,423	1,762,016	668,406	2,473,276	(711,259)	(42,853)	324,981

County	(a) BerryDunn FY 2021-22 Funding Model Amount	FY 2021-22 Total Child Welfare Allocation	(b) Difference Between BerryDunn Funding Model and Total Allocation	(c) Final Expenditures Considered at Close-out	Difference Between Allocation and Final Expenditures Considered at Close-out	Difference Between BerryDunn Funding Model and Final Expenditures Considered at Close-out	(d) Expendi- tures Covered Under Other Grants and Funding
Washington	644,203	604,121	40,082	707,125	(103,004)	(62,922)	49,501
Weld	35,032,376	28,331,064	6,701,311	26,043,606	2,287,458	8,988,770	2,710,631
Yuma	1,140,487	994,422	146,065	695,666	298,756	444,821	80,619
<b>Total</b>	<b>561,773,143</b>	<b>438,666,265</b>	<b>123,106,878</b>	<b>432,298,046</b>	<b>6,368,219</b>	<b>129,475,097</b>	<b>53,106,338</b>

## APPENDIX G 2021 PROVIDER RATE STUDY

The following report provides the updated provide rate analysis based on the incorporation of decreased caseload requirements of Family First, and including DYS providers as required by S.B. 21-278 (Reimbursement for Out-of-home Placements). Pursuant to the bill, the Department must contract with an independent vendor to conduct a full update in FY 2022-23.



Date: September 1, 2021 [Fiscal Impact Amended September 17, 2021, Acronym Amended September 21, 2021]

To: Colorado Department of Human Services Office of Children, Youth and Families Division of Child Welfare (CDHS)

From: Public Consulting Group LLC (PCG)

Re: Statewide QRTP Rate Setting Recommendations

## PURPOSE AND OVERVIEW

PCG worked with CDHS to develop payments that support providers (and ultimately CDHS and children in its foster care system) in complying with new Family First Prevention Services Act (FFPSA or Family First) requirement and as dictated in Colorado Senate Bill 21-278, which states:

THE FULL IMPLEMENTATION OF THE UPDATED RATE METHODOLOGY ADJUSTMENTS MUST INCLUDE RATES FOR DIVISION OF YOUTH SERVICES OUT-OF-HOME PLACEMENT PROVIDERS AND FOR NEW OUT-OF-HOME PLACEMENT PROVIDER OPTIONS REQUIRED PURSUANT TO THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF 2018", AS DEFINED IN SECTION 26-5-101, AND AS INFORMED BY AN UPDATED ACTUARIAL ANALYSIS OF THE COSTS ASSOCIATED WITH SUCH NEW PROVIDER OPTIONS, WITH THE EXCEPTION OF THERAPEUTIC FOSTER CARE AND TREATMENT FOSTER CARE, CONDUCTED PURSUANT TO SUBSECTION (6)(g)(II)(B) OF THIS SECTION.<sup>1</sup>

This project runs from August 2, 2021 through September 30, 2021, with these calculations due September 1, 2021 followed by technical assistance to CDHS through September (which may result in an addendum to this memo or a separate memo based on CDHS feedback). Based on PCG's previous 2018 CDHS rate study, and similar engagements in other states, the project team developed cost estimates to support the conversion of several Residential Child Care Facility (RCCF) programs into Qualified Residential Treatment Programs (QRTPs). This memorandum serves as a summary of PCG's rate calculations, including sections on stakeholder engagement, rate development, rate recommendations, and fiscal impact estimates. The following grid lists the different rates PCG developed: The calculations are based on the same principles originally recommended for SFY18 but with new data as specified in this memorandum. PCG provided workbooks to CDHS that support all of the figures presented in this document.

Table 1: RCCF Calculated QRTP Rates

Rate Type	Rate Amount	\$ Difference	% Difference
Current RCCF 5:1 Day, 12:1 Overnight (BLS Salaries)	\$304.00	N/A	N/A
Calculated RCCF 4:1 Day, 6:1 Overnight with QRTP (BLS Salaries)	\$471.84	\$167.84	55%
Calculated RCCF 4:1 Day, 6:1 Overnight with QRTP (BLS/Provider Salaries)	\$485.04	\$181.04	60%

Table 2: RCCF Calculated QRTP Rates (Aftercare Component)

Rate Type	Rate Amount
Calculated Aftercare Tier 1 (BLS Salaries)	\$29.30
Calculated Aftercare Tier 2 (BLS Salaries)	\$49.70
Calculated Aftercare Tier 1 (BLS and Provider Salaries)	\$30.77
Calculated Aftercare Tier 2 (BLS and Provider Salaries)	\$50.50

## STAKEHOLDER ENGAGEMENT

The provider community was a critical voice in the development of rates and contracts that include provisions for Family First QRTP requirements. PCG facilitated interviews with two (2) providers that will be licensed as QRTPs from August 23-24, 2021. These conversations focused on statewide QRTP rate development (including to the aftercare component of QRTP). During these engagement sessions, providers were able to review rate inputs and draft models developed by PCG.

<sup>1</sup> Reimbursement For Out-of-Home Placement Services, §19-1-115 (2021).

Their feedback generally supported the methodology and resulted in direct changes to the proposed rates (in the use of some salary inputs where favorable and reasonable in the models).

## RATE DEVELOPMENT

### QUALIFIED RESIDENTIAL TREATMENT PROGRAM COSTS

To update the rates established in 2018, and incorporate the QRTP requirements, PCG:

- Gathered new program personnel salaries based on 2021 BLS data using the same methodology used in our previous rates;
- Gathered personnel salaries from two providers to develop an alternative to the BLS/provider salary driven model;
- Confirmed program tax, fringe, and operating expenses, and
- Added new operating expenses to correspond with QRTP requirements.
- Updated cost adjustment factors for immediate implementation (which is to occur no later than September 30, 2021 per Colorado Senate Bill 21-278).

The subsections below illustrate each new QRTP rate element and the sources behind the proposed figures.

#### Nursing Staff and Clinical Staff

Based on QRTP requirements, CDHS provider contracts will require all providers have access to 24/7 nursing and licensed clinical care. To benchmark the required staff salaries the project team utilized the Bureau of Labor Statistics to gather market data to determine salaries for nursing and clinical staff. This figure was then vetted through our provider outreach process. Once an hourly rate was established, the project team allocated staff hours to ensure 24/7 on-call coverage. Based on provider feedback and research on other states' processes, PCG built in 0.6 FTE (1,248 hours) per 8 licensed placements, which is a QRTP staffing figure developed by PCG based on actual provider staffing and used and/or cited in other states).

*Example Calculation for BLS Salary Benchmarks 4:1 Model:*

$$\text{Annual Nursing/Clinical Staff Expense} = (\text{Hourly Rate } (\$37.43 \text{ for RN; } \$33.26 \text{ for Clinician}) \times \text{Total Annual Hours } (1,248)) * (\text{Contract Capacity}/12)$$

#### Trauma-Informed Care Support

The proposed trauma-informed care support benchmark is one fixed amount, applied to each QRTP model. The fixed benchmark was derived from the National Council for Behavioral Health "Annual Trauma-Informed Care Learning Community" Non-Member Fee Training. This QRTP figure is used and/or cited in other states.

#### Family Engagement

Family First legislation requires that providers ensure families, caregivers, and/or supportive persons are engaged in treatment with a youth who enters their program, whenever possible. Based on discussions with Colorado providers and research into other states' practices, PCG allocated two hours per week of direct care staff time per child in the QRTP models (at the reported BLS Direct Care Salary of \$49,510, resulting in \$2,475 added per child, varying in application in the models based on the number of youth served in the model). This QRTP figure is used and/or cited in other states.

#### Accreditation

Similar to the trauma-informed care support, the costs of accreditation dues were also applied to each model as a fixed amount. The annual amount included for accreditation was calculated using the Council on Accreditation fees for a small (<=\$500,000 revenue) but specialized program (3-year membership fee annualized).

The table below provides each QRTP benchmark and model application.

Table 3. QRTP Benchmarks

#	Expense Type	Base Amount	Annual Unit	Source	Model Application
1	Nursing Staff	\$37.43/hour	On-call 24/7 0.6 FTE assumption per 12 kids served	Provider Input and Peer State Research	Varies based on # youth served
2	Clinical Staff	\$33.26/hour	On-call 24/7 0.6 FTE assumption per 12 kids served	Provider Input and Peer State Research	Varies based on # youth served
3	Trauma-Informed Care Support	\$10,000 per program	Participation in the National Council for Behavioral Health "Annual Trauma-Informed Care Learning Community" (Non-Member Fee Assumed)	National Council for Behavioral Health <a href="https://www.thenationalcouncil.org/wp-content/uploads/2016/12/TraumaInformed_1page-r-FINAL.pdf">https://www.thenationalcouncil.org/wp-content/uploads/2016/12/TraumaInformed_1page-r-FINAL.pdf</a>	Fixed
4	Family Engagement	\$2,475 per child	Assumes average of 2 hours per week of direct care staff time per child (annualized)	Provider Input and Peer State Research	Varies based on # youth served
5	Accreditation	\$4,667 per program	Annualized COA membership fee	PCG Research re: QRTP Accreditation	Fixed

### AFTERCARE

The aftercare rate model was previously developed by PCG as part of our national QRTP rate setting work. This model's inputs are based directly on another state's approach to providing aftercare services. Several considerations were discussed, and the group reached consensus on each input within the models. Tables within the appendices provide personnel and operating benchmarks for the aftercare models.

## RATE MODELS

### AFTERCARE

The Aftercare rate calculations are based on unique model budget calculations as described in the methodology above. PCG developed two different aftercare rates: Tier 1, which is comprised primarily of direct-care case management staff, and Tier 2 which is more intensive and adds more frequent face-to-face contact and also utilizes therapeutic staff. Additionally, PCG has developed two different aftercare models: one which uses BLS salaries as benchmarks and the other uses actual provider data provided to tabulate salaries. All rate models can be found in the Appendix.

### QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

The Residential Care Center Facilities' rate calculations are based on unique model budget calculations as described in the methodology above. PCG has developed two different QRTP models: one which uses BLS salaries as benchmarks and the other uses actual provider data provided to tabulate salaries. Both models assume a daytime child to staff ratio of 4:1 and overnight ratio of 6:1. These ratios account for the increased staffing levels need to oversee the higher acuity children who qualify for QRTP placement.

## FISCAL IMPACT

Based on DCW and DYS placement and utilization data from FY21 furnished by CDHS, as well as current and projected rate information, PCG calculated the overall fiscal impact to CDHS in the tables below, broken out by the impact to DCW, DYS, and the total statewide impact. FY22 QRTP costs are applied for 9 months of the fiscal year, as the QRTP rate will go into effect October 1, 2021. For FY23-FY25, PCG utilized a Cost Adjustment Factor (CAF) to project annual cost increases, which was calculated based on forecasting previous 5 fiscal years of Consumer Financial Index growth.

Table 4. DCW Fiscal Impact

Timeframe	Model	Previous FY	Q RTP Base Annual Estimate	CAF	Cost with CAF	Cost Difference from Previous FY	% Difference from Previous FY
FY22	4:1; BLS Salaries	\$33,010,004	\$53,285,115		\$48,216,338	\$15,206,333	46.07%
	4:1; BLS/Provider Hybrid Salaries	\$33,010,004	\$54,777,165		\$49,335,375	\$16,325,371	49.46%
FY23	4:1; BLS Salaries	\$48,216,338	\$53,285,115	3.30%	\$55,041,317	\$6,824,979	14.15%
	4:1; BLS/Provider Hybrid Salaries	\$49,335,375	\$54,777,165	3.30%	\$56,582,542	\$7,247,167	14.69%
FY24	4:1; BLS Salaries	\$55,041,317		3.58%	\$57,011,796	\$1,970,479	3.58%
	4:1; BLS/Provider Hybrid Salaries	\$56,582,542		3.58%	\$58,608,197	\$2,025,655	3.58%
FY25	4:1; BLS Salaries	\$57,011,796		3.79%	\$59,172,543	\$2,160,747	3.79%
	4:1; BLS/Provider Hybrid Salaries	\$58,608,197		3.79%	\$60,829,448	\$2,221,251	3.79%

Table 5. DYS Fiscal Impact

Timeframe	Model	Previous FY	Q RTP Base Annual Estimate	CAF	Cost with CAF	Cost Difference from Previous FY	% Difference from Previous FY
FY22	4:1; BLS Salaries	\$7,231,136	\$13,564,986		\$11,981,523	\$4,750,387	65.69%
	4:1; BLS/Provider Hybrid Salaries	\$7,231,136	\$13,944,822		\$12,266,401	\$5,035,264	69.63%
FY23	4:1; BLS Salaries	\$11,981,523	\$13,564,986	3.30%	\$14,012,068	\$2,030,545	16.95%
	4:1; BLS/Provider Hybrid Salaries	\$12,266,401	\$13,944,822	3.30%	\$14,404,423	\$2,138,023	17.43%
FY24	4:1; BLS Salaries	\$14,012,068		3.58%	\$14,513,700	\$501,632	3.58%
	4:1; BLS/Provider Hybrid Salaries	\$14,404,423		3.58%	\$14,920,102	\$515,678	3.58%
FY25	4:1; BLS Salaries	\$14,513,700		3.79%	\$15,063,769	\$550,069	3.79%
	4:1; BLS/Provider Hybrid Salaries	\$14,920,102		3.79%	\$15,485,574	\$565,472	3.79%

Table 6: Statewide Total Fiscal Impact

Timeframe	Model	Previous FY	Q RTP Base Annual Estimate	CAF	Cost with CAF	Cost Difference from Previous FY	% Difference from Previous FY
FY22	4:1; BLS Salaries	\$40,241,140	\$66,850,101		\$60,197,861	\$19,956,720	49.59%
	4:1; BLS/Provider Hybrid Salaries	\$40,241,140	\$68,721,987		\$61,601,775	\$21,360,635	53.08%
FY23	4:1; BLS Salaries	\$60,197,861	\$66,850,101	3.30%	\$69,053,385	\$8,855,524	14.71%
	4:1; BLS/Provider Hybrid Salaries	\$61,601,775	\$68,721,987	3.30%	\$70,986,965	\$9,385,190	15.24%
FY24	4:1; BLS Salaries	\$69,053,385		3.58%	\$71,525,496	\$2,472,111	3.58%
	4:1; BLS/Provider Hybrid Salaries	\$70,986,965		3.58%	\$73,528,299	\$2,541,333	3.58%
FY25	4:1; BLS Salaries	\$71,525,496		3.79%	\$74,236,312	\$2,710,816	3.79%
	4:1; BLS/Provider Hybrid Salaries	\$73,528,299		3.79%	\$76,315,021	\$2,786,723	3.79%

PCG is happy to provide additional information related to any of the methodologies or figures described in this memorandum.

## APPENDIX

### STAFFING BENCHMARKS

One of the major stakeholder engagement take-aways was the need for a lower staff ratio to meet QRTP standards. As a response to the provider feedback, PCG used the current 5:1 RCCF rate models and scaled the staffing to a 4:1 Direct Care ratio. The Full Time Equivalents (FTEs) for supervising and administrative staff were then scaled based on the original allocation method.

The drafted models include two options for salary inputs: BLS salaries and provider reported salaries. The Provider Hybrid model included salaries collected during the recent stakeholder engagement that were more favorable than BLS data. The table below provide staffing benchmarks for RCCF QRTP rates and Aftercare.

Table 7. RCCF QRTP 4:1 Staffing Model

Position	FTEs
Program Director	0.34
Other Clinical/Medical	1.94
Direct Care Supervisor	2.24
Direct Care Staff	11.20
Direct Care Relief/Coverage	1.72
Other Direct	0.79
Support Staff	1.59
Executive Staff	0.49
Administrative Staff	2.64

Table 8. RCCF QRTP Staff Salaries

Position	BLS Salaries (2020)	Provider Hybrid Salaries	Provider Hybrid Source
Program Director	\$88,780	\$101,852	Third Way - Treatment Leader
Other Clinical/Medical	\$109,292	\$109,292	BLS 2020
Direct Care Supervisor	\$52,780	\$65,940	Third Way - Therapist
Direct Care Staff	\$49,510	\$49,510	BLS 2020
Direct Care Relief/Coverage	\$49,510	\$49,510	BLS 2020
Other Direct	\$51,615	\$65,940	Third Way - Therapist
Support Staff	\$42,405	\$42,405	BLS 2020
Administrative Staff	\$53,810	\$53,810	BLS 2020
Executive	\$144,390	\$144,390	BLS 2020
Registered Nurse	\$77,860	\$77,860	BLS 2020
Clinical Staff	\$69,183	\$69,183	BLS 2020

Table 9. Aftercare Staffing Models

Position	FTE Tier 1	FTE Tier 2
Second-line Supervisors	0.03	0.03
First-line Supervisor	0.12	0.12
Administrative Support	0.10	0.10
Families Transition Coordinator (FTC)	0.50	0.50
Therapist	0.00	0.50
Coverage FTC	0.08	0.08
Coverage Therapist	0.00	0.08

Table 10. Aftercare Staff Salaries

Position	BLS Salaries (2020)	Provider Hybrid Salaries	Provider Hybrid Source
Second-line Supervisors	\$88,780	\$101,852	Third Way - Treatment Leader
First-line Supervisor	\$52,780	\$65,940	Third Way - Therapist
Administrative Support	\$53,810	\$53,810	BLS 2020

Families Transition Coordinator (FTC)	\$49,510	\$49,510	BLS 2020
Therapist	\$69,183	\$69,183	BLS 2020
Coverage FTC	\$49,510	\$49,510	Third Way - Therapist
Coverage Therapist	\$69,183	\$69,183	BLS 2020

**OPERATING BENCHMARKS**

The current operating expense benchmarks developed in FY18 were retained in the proposed RCCF QRTP rates. Aftercare operating expenses were developed using other state research and benchmarks and updated with Colorado figured where necessary. The tables below provide the operating expense benchmarks with corresponding sources.

*Table 11. RCCF QRTP 4:1 Rate Models Operating Expense Benchmarks*

Operating Expense	Unit	Source
Tax and Fringe	22.00%	FY16 Provider Reported Benchmarks
Operating Expenses (Shared Costs by FTE)	\$7,048	FY16 Provider Reported Benchmarks
Operating Expenses (RCCF Costs by Unit)	\$16.00	FY16 Provider Reported Benchmarks

*Table 12. Aftercare Operating Expense Benchmarks*

Operating Expense	Tier 1 Unit	Tier 2 Unit	Source
Tax and Fringe	22.00%	22.00%	FY16 Provider Reported Benchmarks
Travel	\$2,340	\$9,600	90-mile assumption per youth per month at CO state FY21 mileage reimbursement rate
Other Operating Expenses	\$26,037	\$26,037	FY16 Provider Reported Benchmarks - CPA

**COST ADJUSTMENT FACTOR**

The RCCF QRTP and Aftercare rate models include cost benchmarks from various fiscal years. As a response to the data source variation, PCG applied two different Cost Adjustment Factors (CAFs) to each model. CDHS intends to implement the updated QRTP and Aftercare rates in 2021, so all CAFs calculated the inflation factor from the data source year to 2021. BLS salaries, provider salaries, and QRTP inputs include cost figures from 2020. As a result, all personnel and QRTP expenses were marked up with a CAF accounting for 2020-2021 inflation. Operating expenses include a CAF from 2016 – 2021. Travel expenses for the Aftercare models did not include a CAF because the Colorado 2021 mileage reimbursement rate was utilized.

**RATE MODELS**

Table 15: Aftercare Tier 1 Model Calculations using BLS Salary Benchmarks

<b>Tier 1 BLS Salaries</b>				
<b>Capacity:</b>	<b>8</b>	<b>Enrollment Days:</b>	<b>2,920</b>	
	<b>Salary, Unit or %</b>	<b>FTE</b>	<b>Expense</b>	<b>Expense w/ CAF</b>
<b>Direct Care</b>				
Second-line Supervisors	\$88,780	0.03	\$2,220	\$2,220
First-line Supervisor	\$52,780	0.12	\$6,090	\$6,090
Administrative Support	\$53,810	0.10	\$5,381	\$5,381
FTC	\$49,510	0.50	\$24,755	\$24,755
Coverage FTC	\$49,510	0.08	\$3,808	\$3,808
<b>Total Program Staff</b>		<b>0.82</b>	<b>\$42,254</b>	<b>\$42,254</b>
Tax and Fringe	22.00%		\$9,296	\$9,296
<b>Total Program Personnel</b>			<b>\$51,550</b>	<b>\$53,919</b>
<b>Other Operating Expenses</b>				
Travel for Tier 1	\$2,340		\$1,350	\$1,412
Other Operating Expenses	\$26,037		\$26,037	\$30,219
<b>Total Program Operating Expenses</b>			<b>\$78,937</b>	<b>\$85,550</b>
<b>TOTAL</b>			<b>\$78,937</b>	<b>\$85,550</b>
<b>CALCULATED DAILY RATE:</b>			<b>\$27.03</b>	<b>\$29.30</b>

Table 16: Aftercare Tier 2 Model Calculations using BLS Salary Benchmarks

Tier 2 BLS Salaries				
Capacity:	8	Enrollment Days:	2,920	
	Salary, Unit or %	FTE	Expense	Expense w/ CAF
<b>Direct Care</b>				
Second-line Supervisors	\$88,780	0.03	\$2,220	\$2,220
First-line Supervisor	\$52,780	0.12	\$6,090	\$6,090
Administrative Support	\$53,810	0.10	\$5,381	\$5,381
FTC	\$49,510	0.50	\$24,755	\$24,755
Therapist	\$69,183	0.50	\$34,592	\$34,592
Coverage FTC	\$49,510	0.08	\$3,808	\$3,808
Coverage Therapist	\$69,183	0.08	\$5,322	\$5,322
<b>Total Program Staff</b>		<b>1.39</b>	<b>\$82,167</b>	<b>\$82,167</b>
Tax and Fringe	22.00%		\$18,077	\$18,077
<b>Total Program Personnel</b>			<b>\$100,244</b>	<b>\$104,851</b>
<b>Other Operating Expenses</b>				
Travel for Tier 2	\$9,600		\$9,600	\$10,041
Other Operating Expenses	\$26,037		\$26,037	\$30,219
<b>Total Program Operating Expenses</b>			<b>\$135,882</b>	<b>\$145,111</b>
<b>TOTAL</b>			<b>\$135,882</b>	<b>\$145,111</b>
<b>CALCULATED DAILY RATE:</b>			<b>\$46.53</b>	<b>\$49.70</b>

Table 17: Aftercare Tier 1 Model Calculations using Provider Salary Benchmarks

Tier 1 Provider Hybrid Salaries				
Capacity:	8	Enrollment Days:	2,920	
	Salary, Unit or %	FTE	Expense	Expense w/ CAF
<b>Direct Care</b>				
Second-line Supervisors	\$101,852	0.03	\$2,546	\$2,546
First-line Supervisor	\$65,940	0.12	\$7,608	\$7,608
Administrative Support	\$53,810	0.10	\$5,381	\$5,381
FTC	\$49,510	0.50	\$24,755	\$24,755
Coverage FTC	\$69,183	0.08	\$5,322	\$5,322
<b>Total Program Staff</b>		<b>0.82</b>	<b>\$45,613</b>	<b>\$45,613</b>
Tax and Fringe	22.00%		\$10,035	\$10,035
<b>Total Program Personnel</b>			<b>\$55,647</b>	<b>\$58,205</b>
<b>Other Operating Expenses</b>				
Travel for Tier 1	\$2,340		\$1,350	\$1,412
Other Operating Expenses	\$26,037		\$26,037	\$30,219
<b>Total Program Operating Expenses</b>			<b>\$83,035</b>	<b>\$89,836</b>
<b>TOTAL</b>			<b>\$83,035</b>	<b>\$89,836</b>
<b>CALCULATED DAILY RATE:</b>			<b>\$28.44</b>	<b>\$30.77</b>

Table 18: Tier 2 Model Calculations using Provider Salary Benchmarks



Tier 2 Provider Hybrid Salaries					
Capacity	8	Enrollment Days:		2,920	
	Salary, Unit or %	FTE	Expense	Expense w/ CAF	
<b>Direct Care</b>					
Second-line Supervisors	\$101,852	0.03	\$2,546	\$2,546	
First-line Supervisor	\$65,940	0.12	\$7,608	\$7,608	
Administrative Support	\$53,810	0.10	\$5,381	\$5,381	
FTC	\$49,510	0.50	\$24,755	\$24,755	
Therapist	\$69,183	0.50	\$34,592	\$34,592	
Coverage FTC	\$49,510	0.08	\$3,808	\$3,808	
Coverage Therapist	\$69,183	0.08	\$5,322	\$5,322	
<b>Total Program Staff</b>		<b>1.39</b>	<b>\$84,013</b>	<b>\$84,013</b>	
Tax and Fringe	22.00%		\$18,483	\$18,483	
<b>Total Program Personnel</b>			<b>\$102,495</b>	<b>\$107,206</b>	
<b>Other Operating Expenses</b>					
TOTAL	\$9,600.00		\$9,600	\$10,041	
Other Operating Expenses	\$26,037.29		\$26,037	\$30,219	
<b>Total Program Operating Expenses</b>			<b>\$138,133</b>	<b>\$147,466</b>	
TOTAL			\$138,133	\$147,466	
<b>CALCULATED DAILY RATE:</b>			<b>\$47.31</b>	<b>\$50.50</b>	

Table 19. Proposed QRTP Rate Model using BLS Salary Benchmarks

<b>RCCF (4:1 Day and 6:1 Overnight) BLS Salaries</b>				
<b>Capacity:</b>	<b>12</b>	<b>Enrollment Days:</b>	<b>4,380</b>	
	<b>Salary, Unit or %</b>	<b>FTE</b>	<b>Expense</b>	<b>Expense w/ CAF</b>
<b>Program Personnel Salaries</b>				
<i>Program Director</i>	\$ 88,780	0.34	\$ 30,388	\$ 30,388
<i>Other Clinical/Medical</i>	\$ 109,292	1.94	\$ 212,170	\$ 212,170
<i>Direct Care Supervisor</i>	\$ 52,780	2.24	\$ 118,227	\$ 118,227
<i>Direct Care Staff</i>	\$ 49,510	11.20	\$ 554,512	\$ 554,512
<i>Direct Care Relief/Coverage</i>	\$ 49,510	1.72	\$ 85,310	\$ 85,310
<i>Other Direct</i>	\$ 51,615	0.79	\$ 40,874	\$ 40,874
<i>Support Staff</i>	\$ 42,405	1.59	\$ 67,498	\$ 67,498
<i>Executive Staff</i>	\$ 144,390	0.49	\$ 70,955	\$ 70,955
<i>Administrative Staff</i>	\$ 53,810	2.64	\$ 142,157	\$ 142,157
<b>Total Program Staff</b>	<b>\$ 642,092</b>	<b>22.96</b>	<b>\$ 1,322,091</b>	<b>\$ 1,322,091</b>
<i>Tax and Fringe</i>	22.00%		\$ 290,860	\$ 290,860
<b>Total Program Personnel</b>			<b>\$ 1,612,951</b>	<b>\$ 1,687,080</b>
<b>Other Operating Expenses</b>				
<i>Operating Expenses (Shared Costs by FTE)</i>	\$ 7,048		\$ 161,851	\$ 187,843
<i>Operating Expenses (RCCF Costs by Unit)</i>	\$ 16		\$ 70,258	\$ 81,541
<i>Trauma Informed Implementation Support</i>	\$ 10,000		\$ 10,000	\$ 10,460
<i>Family Engagement</i>	\$ 2,476		\$ 2,476	\$ 2,589
<i>Accreditation</i>	\$ 4,667		\$ 4,667	\$ 4,881
<i>24/7 Nursing Staff</i>	\$ 46,716		\$ 46,716	\$ 48,863
<i>24/7 Clinical Staff</i>	\$ 41,510		\$ 41,510	\$ 43,418
<b>Total Program Operating Expenses</b>			<b>\$ 337,477</b>	<b>\$ 379,595</b>
<b>TOTAL</b>			<b>\$ 1,950,428</b>	<b>\$ 2,066,674</b>
<b>CALCULATED DAILY RATE:</b>			<b>\$ 445.30</b>	<b>\$ 471.84</b>

Table 20: QRTP Rate Model using BLS and Provider Salary Benchmarks

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<b>RCCF (4:1 Day and 6:1 Overnight) Provider Hybrid Salaries</b>					
<b>Capacity:</b>	<b>12</b>	<b>Enrollment Days:</b>		<b>4,380</b>	
	<b>Salary, Unit or %</b>	<b>FTE</b>	<b>Expense</b>		<b>Expense</b>
<b>Program Personnel Salaries</b>					
<i>Program Director</i>	\$ 101,852	0.34	\$ 34,863	\$	34,863
<i>Other Clinical/Medical</i>	\$ 109,292	1.94	\$ 212,170	\$	212,170
<i>Direct Care Supervisor</i>	\$ 65,940	2.24	\$ 147,705	\$	147,705
<i>Direct Care Staff</i>	\$ 49,510	11.20	\$ 554,512	\$	554,512
<i>Direct Care Relief/Coverage</i>	\$ 49,510	1.72	\$ 85,310	\$	85,310
<i>Other Direct</i>	\$ 65,940	0.79	\$ 52,217	\$	52,217
<i>Support Staff</i>	\$ 42,405	1.59	\$ 67,498	\$	67,498
<i>Executive Staff</i>	\$ 144,390	0.49	\$ 70,955	\$	70,955
<i>Administrative Staff</i>	\$ 53,810	2.64	\$ 142,157	\$	142,157
<b>Total Program Staff</b>	<b>\$ 682,648</b>	<b>22.96</b>	<b>\$ 1,367,387</b>	<b>\$</b>	<b>1,367,387</b>
<i>Tax and Fringe</i>	22.00%		\$ 300,825	\$	300,825
<b>Total Program Personnel</b>			<b>\$ 1,668,213</b>	<b>\$</b>	<b>1,744,881</b>
<b>Other Operating Expenses</b>					
<i>Operating Expenses (Shared Costs by FTE)</i>	\$ 7,048		\$ 161,851	\$	187,843
<i>Operating Expenses (RCCF Costs by Unit)</i>	\$ 16		\$ 70,257.81	\$	81,541
<i>Trauma Informed Implementation Support</i>	\$ 10,000		\$ 10,000	\$	10,460
<i>Family Engagement</i>	\$ 2,476		\$ 2,476	\$	2,589
<i>Accreditation</i>	\$ 4,667		\$ 4,667	\$	4,881
<i>24/7 Nursing Staff</i>	\$ 46,716		\$ 46,716	\$	48,863
<i>24/7 Clinical Staff</i>	\$ 41,510		\$ 41,510	\$	43,418
<b>Total Program Operating Expenses</b>			<b>\$ 337,477</b>	<b>\$</b>	<b>379,595</b>
<b>TOTAL</b>			<b>\$ 2,005,689</b>	<b>\$</b>	<b>2,124,476</b>
<b>CALCULATED DAILY RATE:</b>			<b>\$ 457.92</b>	<b>\$</b>	<b>485.04</b>



# JOINT BUDGET COMMITTEE STAFF FY 2023-24 BUDGET BRIEFING SUMMARY

Colorado General Assembly  
Joint Budget Committee

*Department of Human Services*  
*Behavioral Health Programs*

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare programs in the state. This briefing document concerns behavioral health services (services for people with mental health and substance use disorders), which are overseen by the Behavioral Health Administration and the Office of Behavioral Health (recently renamed by the Department as the Office of Civil and Forensic Mental Health). The Department's FY 2022-23 appropriation consists of 41.3 percent General Fund, 28.4 percent cash funds, 8.5 percent reappropriated funds, and 21.7 percent federal funds.

## FY 2022-23 APPROPRIATION AND FY 2023-24 REQUEST

Department of Human Services Behavioral Health Divisions						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
H.B. 22-1329 (Long Bill)	453,316,755	311,307,296	74,066,825	25,281,976	42,660,658	1,581.9
Other legislation	302,357,318	14,958,112	287,354,649	44,557	0	47.5
<b>TOTAL</b>	<b>\$755,674,073</b>	<b>\$326,265,408</b>	<b>\$361,421,474</b>	<b>\$25,326,533</b>	<b>\$42,660,658</b>	<b>1,629.4</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$755,674,073	326,265,408	\$361,421,474	\$25,326,533	\$42,660,658	1,629.4
<b>OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH DECISION ITEMS</b>						
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R8 Forensic Services Division capacity expansion	3,704,803	3,704,803	0	0	0	23.2
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	2,649,891	2,649,891	0	0	0	0.0
R12 Momentum Program funding	328,747	328,747	0	0	0	0.0
R14 OCFMH data management and reporting	236,314	236,314	0	0	0	2.8
<b>BEHAVIORAL HEALTH ADMINISTRATION DECISION ITEMS</b>						
BHA-R1 Behavioral Health Administration personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
<b>ANNUALIZATIONS AND OTHER ADJUSTMENTS</b>						
Annualize prior year budget actions	3,610,940	2,937,171	172,321	153,838	347,610	9.1
Indirect cost assessments	672,016	0	382,645	143,030	146,341	0.0
Technical adjustments	70,375	50,015	20,360	0	0	0.0
Annualize prior year legislation	(291,219,493)	(3,507,753)	(287,667,183)	(44,557)	0	6.0
Non-prioritized requests	(1,629,385)	0	0	(1,629,385)	0	0.0
<b>TOTAL</b>	<b>\$491,668,482</b>	<b>\$348,479,678</b>	<b>\$76,080,804</b>	<b>\$23,953,391</b>	<b>\$43,154,609</b>	<b>1,709.2</b>

Department of Human Services Behavioral Health Divisions						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>INCREASE/(DECREASE)</b>	(\$264,005,591)	\$22,214,270	(\$285,340,670)	(\$1,373,142)	\$493,951	79.8
Percentage Change	(34.9%)	6.8%	(78.9%)	(5.4%)	1.2%	4.9%

## OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH DECISION ITEMS

**R1 STATE HOSPITAL QUALITY ASSURANCE:** The request includes an increase of \$783,260 General Fund and 6.5 FTE to create a Quality Assurance Team for the state hospitals at Pueblo and Fort Logan, with the primary focus this funding on Pueblo. The increase shown here includes \$637,385 and 6.0 FTE actually requested in this division and a total of \$145,875 and 0.5 FTE for centrally appropriated amounts associated with the requested staff and an additional 0.5 FTE requested in Administration and Finance. The request responds to ongoing concerns about quality assurance at the two hospitals and challenges with remaining compliant with frequent and ongoing changes to regulatory requirements from the Centers for Medicare and Medicaid Services and the Department of Public Health and Environment (as illustrated by a July 2021 citation by the Department of Public Health and Environment for “immediate jeopardy” violations impacting client safety<sup>1</sup>). The request includes:

- \$535,260 to support the 6.5 FTE requested for the Quality Assurance Team which would include the following FTE: 1.0 health professional IV, 3.0 health professional III positions as “occurrence reporters”, 1.0 project coordinator, and 1.0 policy advisor III to coordinate policies, records, and database activities. The request also includes 0.5 FTE electronic specialist to maintain additional cameras and equipment required by the recent citations. In the findings following the July 2021 incident, CDPHE stated that the hospital at Pueblo is not appropriately staffed to perform quality assurance activities and maintain patient safety.
- \$248,000 per year for the next two years to continue to contract with a national consultant (that has assisted CMHIP in FY 2021-22 and FY 2022-23 in response to the July 2021 incident) to assist with the identification and correction of problem areas. The Department reports that in addition to assisting with the response to the July 2021 citation, the consultant has been instrumental in helping to identify areas of need and inform prompt action to address those areas before problems arise.

For more information, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R8 FORENSIC SERVICES DIVISION CAPACITY EXPANSION:** The request includes an increase of \$3.7 million General Fund and 23.2 FTE in FY 2023-24 (annualizing to \$3.7 million and 25.0 FTE in FY 2024-25 and beyond) to expand staff and capacity in the Forensic Services Division (within the OCFMH). The request responds to the ongoing increase in forensic and competency workload (see the second issue brief in this document) and proposes to add:

- 19.0 FTE clinical and administration staff for competency evaluation and restoration services. That number includes the following FTE: 1.0 to create a new deputy director position for the Forensic Services Division, 5.0 psychologist I forensic evaluators, 1.0 psychologist II evaluator supervisor, 2.0 support staff, 1.0 social worker IV program coordinator, 6.0 health professional III forensic navigators, 2.0 contract social workers for case management, and 1.0 health professional III for jail-based restoration services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to “ensure the quality of services provided by both internal staff and through contracted vendors.”

For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

<sup>1</sup> The citation included a total of six violations, four of which were “immediate jeopardy” violations that require immediate correction in order to continue participating in Medicare and Medicaid.

**R9 SALARY INCREASE FOR HOSPITAL MEDICAL STAFF:** The request includes an increase of \$1.8 million General Fund in FY 2023-24 (and ongoing) to increase contracted medical staff salaries to improve recruitment and retention of qualified psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants to serve the state hospitals in Pueblo and Fort Logan. The hospitals contract with the University of Colorado for these positions and the Department reports that the University has struggled to recruit qualified candidates for the positions at the current salaries. At the time the decision item was written, Fort Logan had a 29.4 percent vacancy rate for physicians and Pueblo's rate was 11.6 percent. The Department worked with the University and others to conduct a salary comparison and determined that the current salaries are below market rates and reports that the University's contract administrator has endorsed the increases. The Department last received a similar increase in FY 2018-19, although the salary increases were actually funded in two stages (FY 2018-19 and FY 2020-21). For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R10 COMMUNITY PROVIDER RATE:** The request includes a common policy 3.0 percent increase in community provider rates. For the OCFMH, the request equates to \$2.6 million General Fund. *Community provider rates will be addressed in more detail during the common policy presentation in January.*

**R12 MOMENTUM PROGRAM FUNDING:** The request includes an increase of \$328,747 General Fund to expand the availability of services provided through the Momentum Program. The program (operated through a contract with Rocky Mountain Human Services) provides intensive support services to allow forensic clients to receive competency services in the community rather than remaining in jail or a hospital. The contract requires the program to generally prioritize potential placements in the following order: (1) clients from the state hospitals with barriers to discharge that are preventing discharge without Momentum placement; (2) children and youth with significant placement barriers; and (3) all other clients having difficulties discharging from other hospitals or who are part of Forensic Community Based Services, Forensic Support Team, or Outpatient Community Restoration. Discharging these clients to the community with wrap-around services then makes beds available for additional clients in need of inpatient services.

Placements with existing funding have increased from 32 in FY 2020-21 to 58 in FY 2021-22. The Department estimates that the increase in funding would allow for 76 placements in FY 2023-24. For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R14 OCFMH DATA MANAGEMENT AND REPORTING:** The request includes an increase of \$236,314 General Fund and 2.8 FTE for FY 2023-24 (annualizing to \$234,038 and 3.0 FTE for FY 2024-25 and beyond) to provide staff to support information technology and data reporting systems improvements proposed through a companion information technology capital construction request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, with a briefing scheduled for December 13, 2022). The proposed system is intended to improve the efficiency of management and reporting for forensics data, protect sensitive information, and reduce the need for time-intensive and redundant data entry and management related to the forensics system. The proposed staff include 3.0 data management III positions (requested at the range minimum salary) to support the development and ongoing maintenance of the proposed system which is intended to serve both the state hospitals and the forensics programs.

For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

## BEHAVIORAL HEALTH ADMINISTRATION DECISION ITEMS

**BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL:** The request includes an increase of \$3.5 million General Fund and 31.3 FTE in FY 2023-24 (increasing to \$3.5 million and 34.0 FTE in FY 2024-25) for the next

phase of the implementation of the BHA as established in H.B. 22-1278. That legislation requires the BHA to be fully operational by July 1, 2024, and added 25.9 new FTE to the Department of Human Services for FY 2022-23 (a net increase of 14.7 FTE because it also transferred 11.2 existing FTE from the Department of Human Services to the Department of Public Health and Environment). The “base” for the FY 2023-24 appropriation adds 12.1 additional FTE to reflect the second-year impact of the bill as anticipated in the Final Legislative Council Staff Fiscal Note, for a total of 38.0 new FTE. This decision item (BHA R1) proposes an increase of an additional 31.3 FTE for FY 2023-24 to continue to build out the new agency. See the first issue brief in this document for additional discussion of this decision item.

**BHA R2 BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH:** The request includes an increase of \$5.5 million General Fund (ongoing in subsequent years) above the current FY 2022-23 appropriation for behavioral health services provided through the Children and Youth Mental Health Treatment Act (CYMHTA). The Committee approved an interim supplemental request in September to add \$3.0 million for this program in FY 2022-23 based on increasing caseload. The request for FY 2023-24 represents an increase of \$2.5 million above the amount approved by the Committee (but not yet adjusted through an actual supplemental appropriation bill) for FY 2022-23.

**BHA R3 BEHAVIORAL HEALTH LEARNING MANAGEMENT SYSTEM:** The request includes an increase of \$735,386 General Fund and 0.9 FTE in FY 2022-23 (increasing to \$755,517 and 1.0 FTE in FY 2023-24 and beyond) to support the “learning management system” that the BHA is constructing pursuant to previous legislation (S.B. 21-137 and S.B. 22-181). The Department is currently expecting to spend a total of \$11.4 million in one-time federal stimulus funding to develop the system, including:

- \$5.0 million appropriated in S.B. 21-137 as part of the \$18.0 million allocated for the Behavioral Health Workforce Development Program. That legislation requires the Department to develop an online training system that allows for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce.
- \$4.9 million appropriated in S.B. 22-181. That bill expanded the scope of the system and also required the Department to develop a criminal justice training curriculum that the Department is integrating into the main learning management system.
- \$1.5 million in stimulus block grant funding (not appropriated by the General Assembly).

The Department has contracted with the University of Colorado (who has contracted with a vendor) to build the system. The Department’s goal is to build on the core learning hub to provide a “one-stop shop” to support the needs of the behavioral health workforce. In addition to the training platform and curriculum, the Department intends to use the site as a way to connect workers to career pathways, track certifications not regulated by the Department of Regulatory Agencies (such as peer support specialists), provide tracking for continuing education and professional development credits, among other uses. Although the previous legislation provided funding for system development, the Department has not received funding for ongoing maintenance and support. This request seeks the funding and staff to maintain the system going forward.

**BHA R4 COMMUNITY PROVIDER RATE:** As with the division above, the request includes a common policy 3.0 percent increase in community provider rates for programs funded through the BHA. For this division, the request equates to \$5.2 million General Fund. *Community provider rates will be addressed in more detail during the common policy presentation in January.*

**BHA R5 TECHNICAL ADJUSTMENTS (REQUIRES LEGISLATION):** The request proposes two statutory changes related to appropriations to the BHA that the Department has framed as technical adjustments. Please note that both adjustments require legislation and the Department is not requesting these as Joint Budget Committee bills. The changes include:

- A request to remove the statutory requirement that the Care Navigation Program contractor be the same contractor as the operator of the 24-hour statewide crisis hotline. House Bill 19-1287 (Treatment for Opioids and Substance Use Disorders) established the Care Navigation Program and required that the contractor for the program be the same as the contractor for the crisis hotline. It is staff's understanding that this was because the crisis system was the most analogous system at that time. However, the Department argues that conditions have changed and is requesting flexibility to compete the contract for the navigation system.
- A request to continuously appropriate the 988 Enterprise Cash Fund (established in S.B. 21-154 (988 Suicide Prevention Lifeline Network)) to allow the Department to respond to what it reports are unpredictable fluctuations in need for the funds.

## ANNUALIZATIONS AND OTHER ADJUSTMENTS

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes a net increase of \$3.6 million total funds, including \$2.9 million General Fund, and 9.1 FTE to reflect the FY 2023-24 impact of prior year budget actions, as summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	\$3,619,294	\$2,945,525	\$172,321	\$153,838	\$347,610	0.0
FY 2022-23 BA2 Behavioral Health Safety Net	80,611	80,611	0	0	0	1.2
FY 2022-23 R2 CMHIFL 44 bed operating	(88,965)	(88,965)	0	0	0	7.9
<b>TOTAL</b>	<b>\$3,610,940</b>	<b>\$2,937,171</b>	<b>\$172,321</b>	<b>\$153,838</b>	<b>\$347,610</b>	<b>9.1</b>

**INDIRECT COST ASSESSMENTS:** The request includes an increase to these divisions' indirect cost assessments.

**TECHNICAL ADJUSTMENTS:** The request includes an increase to these divisions' indirect cost assessments.

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$291.2 million total funds (including a net decrease of \$3.5 million General Fund) and a net increase of 6.0 FTE to reflect the FY 2023-234 impact of bills passed in previous sessions, as summarized in the following table. The reduction is driven by the elimination of one-time funding provided in various 2022 bills.

ANNUALIZE PRIOR YEAR LEGISLATION					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FTE
HB22-1256 Modifications to civil involuntary commitment	\$576,814	\$576,814	\$0	\$0	5.2
HB22-1278 Behavioral Health Administration	556,674	556,674	0	0	7.6
HB22-1061 Modifications to NGRI	33,539	33,539	0	0	0.5
HB22-1249 School security and behavioral health	0	6,000,000	(6,000,000)	0	0.0
HB22-1281 Behavioral health-care continuum gap grant	(90,000,000)	0	(90,000,000)	0	(0.5)
SB22-196 Health needs of persons in criminal justice system	(50,700,000)	0	(50,700,000)	0	0.0
HB22-1303 Increase residential behavioral health beds	(46,432,445)	0	(46,432,445)	0	(7.0)
SB22-181 Behavioral health workforce	(36,806,984)	0	(36,806,984)	0	0.0
HB22-1386 Competency to proceed and restoration	(29,362,828)	0	(29,362,828)	0	0.0
HB22-1326 Fentanyl accountability	(13,755,154)	(10,630,154)	(3,125,000)	0	0.9



ANNUALIZE PRIOR YEAR LEGISLATION					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FTE
SB22-177 Investments in care coordination	(12,200,000)	0	(12,200,000)	0	0.0
HB22-1283 Youth and family behavioral health	(8,039,926)	0	(8,039,926)	0	0.0
SB22-148 CO Land-based tribe behavioral health grant	(5,000,000)	0	(5,000,000)	0	0.0
SB22-211 Repurpose Ridge View Campus	(44,557)	(44,557)	0	0	(0.4)
HB22-1378 Denver-metro regional navigation	(44,557)	0	0	(44,557)	(0.4)
HB22-1052 Promoting crisis services	(69)	(69)	0	0	0.1
<b>TOTAL</b>	<b>(\$291,219,493)</b>	<b>(\$3,507,753)</b>	<b>(\$287,667,183)</b>	<b>(\$44,557)</b>	<b>6.0</b>

**NON-PRIORITIZED REQUESTS:** The request includes a net decrease of \$1.6 million reappropriated funds associated with decision items submitted by other departments. The request includes an increase of \$273,706 reappropriated funds from the Department of Corrections associated with food services inflation which is more than offset by a decrease of \$1.9 million originating from the Department of Health Care Policy and Financing associated with that Department’s maternity equity decision item.

## SUMMARY OF ISSUES PRESENTED TO THE JOINT BUDGET COMMITTEE

**BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL:** House Bill 21-1097 (Establish Behavioral Health Administration) and House Bill 22-1278 (Behavioral Health Administration) created the Behavioral Health Administration BHA within the Department of Human Services. House Bill 22-1278 added \$3.1 million total funds (including an increase of \$3.7 million General Fund) and 25.9 new FTE for the BHA in FY 2022-23 in addition to moving some programs between the Department of Human Services and the Department of Public Health and Environment. For FY 2023-24, the BHA has submitted request R1, proposing increases of \$3.5 million General Fund and 31.3 FTE (increasing to 34.0 FTE in FY 2024-25) to support the next phase of BHA implementation. Statute requires the agency to be fully operational by July 1, 2024.

**UPDATE ON FORENSIC SERVICES AND COMPETENCY:** For over a decade, the Department of Human Services and the General Assembly have been working to address issues related to competency evaluation and restoration services, including significant additional investments during the 2022 Session. A 2019 consent decree sets requirements for the timing of evaluation and restoration services. In spite of the State’s efforts, the waitlist for competency services is at an all-time high, forcing additional time in jail for individuals awaiting services and continuing to require the maximum payment fines and fees under the consent decree. This issue brief provides an update on the actions taken during the 2022 Session, and the status of competency services, related decision items submitted for FY 2023-24, and potential costs for FY 2023-24 associated with the consent decree.

**FY 2023-24 OCFMH DECISION ITEMS:** The Department has submitted five decision items for the Office of Civil and Forensic Mental Health (OCFMH) that directly relate to the division’s workload and either maintaining or increasing capacity in the forensic behavioral health system. Totalling \$6.9 million General Fund and 32.5 FTE in FY 2023-24, the requests include resources to: (1) support a quality assurance team for the state hospital at Pueblo to improve patient safety and sustain capacity at the hospitals in response to a finding by the Department of Public Health and Environment; (2) expand capacity across multiple programs in the Forensic Services Division in response to the division’s increasing workload; (3) increase salaries for medical staff (physicians, nurse practitioners, and physician assistants) at the state hospitals to improve recruitment; (4) increase funding and capacity for the Momentum

Program which provides intensive wrap-around services for clients in the community; and (5) develop and maintain improved data and reporting systems to support the division.

**ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS:** During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds). Within those totals, \$19.0 million General Fund and \$424.0 million that originated as federal funds were directed to behavioral health programs within the Department. In addition, as of the end of FY 2021-22, the Department's behavioral health programs had received and spent \$11.7 million in federal funding allocated by the Governor (and not appropriated by the General Assembly).

## FOR MORE INFORMATION

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**TO READ THE ENTIRE BRIEFING:** Go to <http://leg.colorado.gov/content/budget/budget-documents> to use the budget document search tool. Select this department's name under *Department/Topic*, "Briefing" under *Type*, and select a *Start date* and *End date* to show documents released in November and December of 2022.

# JOINT BUDGET COMMITTEE



## STAFF BUDGET BRIEFING FY 2023-24

### DEPARTMENT OF HUMAN SERVICES

(Behavioral Health Administration and Office of Behavioral  
Health)

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

PREPARED BY:  
CRAIG HARPER, JBC STAFF  
DECEMBER 8, 2022

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## ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2020 and 2021 legislative sessions that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report:

[https://leg.colorado.gov/sites/default/files/fy21-22apprept\\_0.pdf](https://leg.colorado.gov/sites/default/files/fy21-22apprept_0.pdf)

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



# DEPARTMENT OF HUMAN SERVICES

## DEPARTMENT OVERVIEW

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State, including financial and nutritional assistance programs, child protection services, behavioral health services, and programs for older Coloradans. The Department is also responsible for inspecting and licensing childcare facilities, and for the care and treatment of individuals with mental health disorders, individuals with intellectual or developmental disabilities, and youth and young adults who are involved in the juvenile justice system. These services are provided in collaboration with county governments, not-for-profit community-based providers, and other agencies. The Department provides direct services through the operation of mental health institutes, regional centers for persons with intellectual and developmental disabilities, and institutions for juvenile and young adult offenders. This staff budget briefing document concerns the Behavioral Health Administration and the Office of Behavioral Health.

### BEHAVIORAL HEALTH ADMINISTRATION

The Behavioral Health Administration (BHA), which launched July 1, 2022, is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the state's public behavioral health system. Funding in this section supports the administration of the BHA in its leadership capacity as well as community-based prevention, treatment, and recovery support services for people with mental health and substance use disorders. This includes services for people with low incomes who are not eligible for Medicaid, as well as services for Medicaid-eligible clients that are not covered by the Medicaid program<sup>1</sup>. Prior to FY 2022-23, these functions were housed within the community-based programs in the Office of Behavioral Health (OBH). However, the establishment of the BHA in FY 2022-23 pursuant to H.B. 21-1097 (Establish Behavioral Health Administration) and H.B. 22-1278 (Behavioral Health Administration) moved those functions to the newly created BHA. Those bills also added new and expanded duties to the BHA beyond what had previously been housed within the community-based programs in OBH.

The agency continues to contract with 17 community mental health centers (Centers) across the state to provide mental health services that are not otherwise available.<sup>2</sup> Each Center is responsible for providing a set of core services, ranging from public education to inpatient services. The Office also contracts with four managed service organizations (MSOs) for the provision of substance use disorder treatment services that are not otherwise available. MSOs subcontract with local treatment providers across the state to deliver these services. In addition, the Department administers funding for programs that integrate mental health and substance use-related services. While the majority of community-based behavioral health funding is allocated to Centers and MSOs, the Department also contracts with other organizations to provide specific types of services or services targeting specific populations.

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

<sup>2</sup> The State added an 18<sup>th</sup> Center with the designation of Eagle Valley Behavioral Health as a Community Mental Health Center in October 2021 but a merger of two others as of July 1, 2022, reduced the number to 17.

By July 1, 2024, H.B. 22-1278 requires significant changes to the BHA's contracting process with the addition of Behavioral Health Administrative Service Organizations (BHASOs). That change will add a contractual layer between the BHA and providers such that the BHA will contract with the BHASOs who will then contract with providers to ensure service quality and availability in their respective regions. The BHASOs will also consolidate the existing roles of the managed service organizations (MSOs) for substance use services and the existing administrative service organizations (ASOs) for crisis services and the implementation of the Children and Youth Mental Health Treatment Act. The bill also authorizes the designation of additional providers as part of the state safety net.

## OFFICE OF BEHAVIORAL HEALTH (OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH)

With the movement of community-based programs to the BHA in FY 2022-23, the Office of Behavioral Health (which the Department of Human Services has internally renamed as the Office of Civil and Forensic Mental Health or OCFMH) now focuses on two major areas of responsibility:

First, The OCFMH administers and operates two Mental Health Institutes (state hospitals) that provide inpatient hospitalization for individuals with serious mental health disorders. One is located in Pueblo and the other is located on the Fort Logan campus in Denver. These hospitals serve three populations: (1) forensic clients with pending criminal charges who require inpatient evaluations of competency to stand trial and inpatient services to restore competency; (2) individuals who have been found not guilty by reason of insanity and require hospitalization; and (3) adults and adolescents who are referred for admission by community mental health centers, the Department's Division of Youth Services, and other health providers.

The OCFMH is also responsible for a variety of behavioral health services to forensic clients (those involved in the criminal justice system), including all issues related to competency evaluations and restoration, either in or outside of the state hospitals. This includes support and administration of services in the Mental Health Institutes, jail-based services, purchased in-patient psychiatric beds, community-based services, and outpatient competency restoration programs, in addition to work with the courts to place clients in the most appropriate services as clients move through the process.



## DEPARTMENT BUDGET: RECENT APPROPRIATIONS

### DEPARTMENT OF HUMAN SERVICES

FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$1,034,930,086	\$1,111,202,446	\$1,057,156,646	\$1,117,393,924
Cash Funds	421,832,773	549,781,848	724,693,243	421,632,376
Reappropriated Funds	209,414,386	228,925,941	215,794,327	216,817,997
Federal Funds	709,092,573	1,064,621,460	553,775,174	564,533,549
<b>TOTAL FUNDS</b>	<b>\$2,375,269,818</b>	<b>\$2,954,531,695</b>	<b>\$2,551,419,390</b>	<b>\$2,320,377,846</b>
Full Time Equiv. Staff	5,181.3	5,195.6	5,241.7	5,341.0

\*Requested appropriation.

Funding for the Department of Human Services in FY 2022-23 consists of 41.4 percent General Fund, 28.4 percent cash funds, 8.5 percent reappropriated funds, and 21.7 percent federal funds.

### BEHAVIORAL HEALTH DIVISIONS

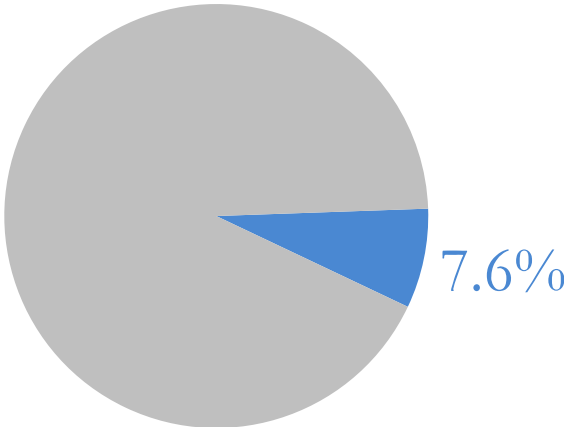
FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$255,694,282	\$284,668,739	\$326,265,408	\$347,330,713
Cash Funds	48,341,550	155,862,750	361,421,474	76,080,804
Reappropriated Funds	25,722,102	26,334,705	25,326,533	23,953,391
Federal Funds	42,361,118	42,433,562	42,660,658	43,154,609
<b>TOTAL FUNDS</b>	<b>\$372,119,052</b>	<b>\$509,299,756</b>	<b>\$755,674,073</b>	<b>\$490,519,517</b>
Full Time Equiv. Staff	1,470.8	1,486.2	1,629.4	1,708.6

\*Requested appropriation.

Funding for the behavioral health divisions (Behavioral Health Administration and the Office of Behavioral Health/OCFMH in FY 2022-23 consists of 43.2 percent General Fund, 47.8 percent cash funds (with the large increase from the prior year made up of one-time stimulus funds), 3.4 percent reappropriated funds, and 5.6 percent federal funds. Appropriations for FY 2020-21 and FY 2021-22 were entirely to the Office of Behavioral Health, while the FY 2022-23 appropriation and the FY 2023-24 request have separated community-based programs and other costs into the Behavioral Health Administration.

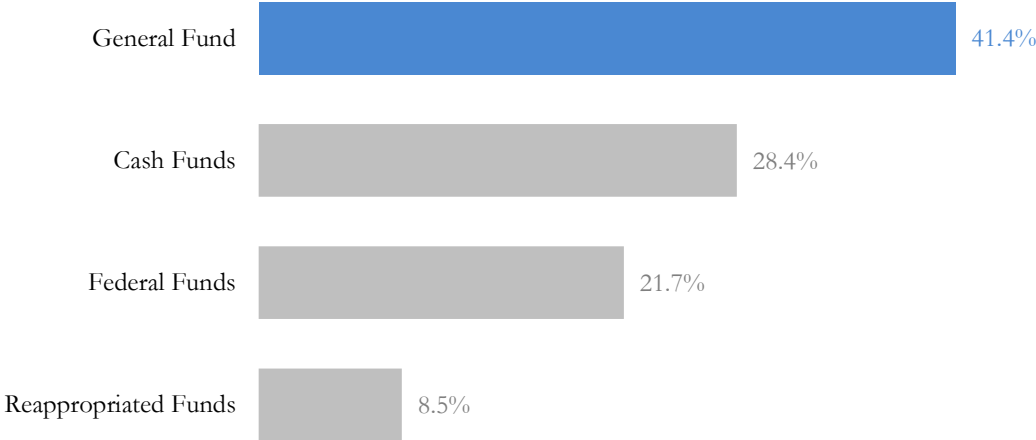
# DEPARTMENT BUDGET: GRAPHIC OVERVIEW

## Department's Share of Statewide General Fund



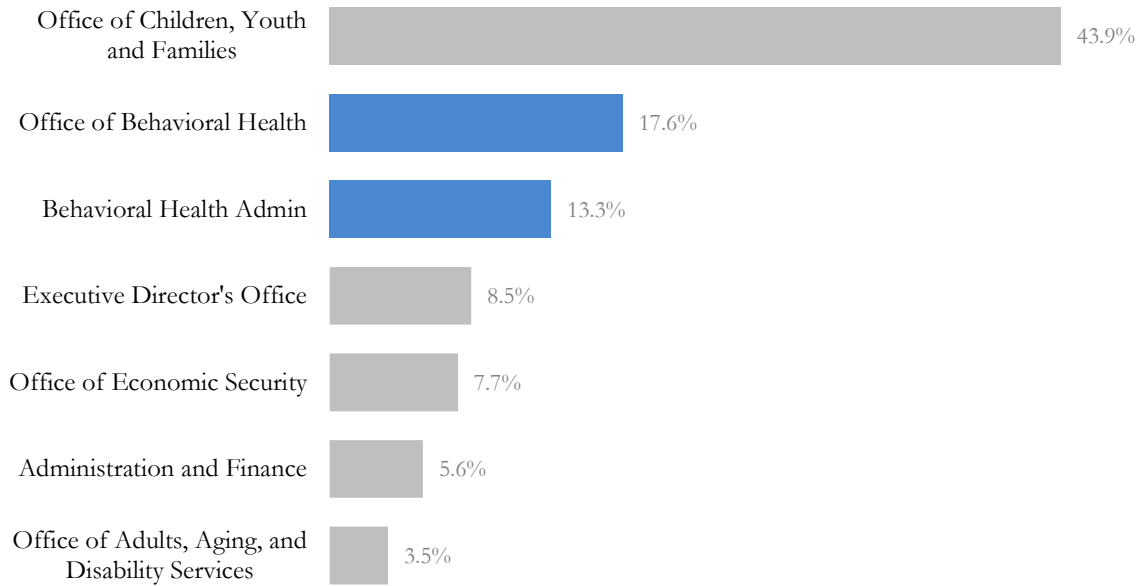
Based on the FY 2022-23 appropriation.

## Department Funding Sources



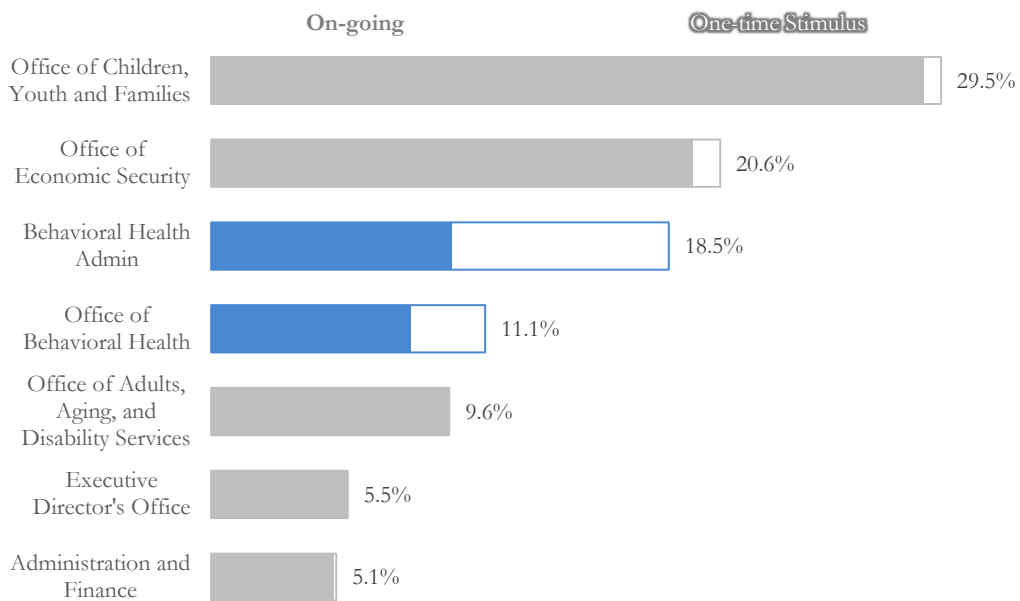
Based on the FY 2022-23 appropriation.

### Distribution of General Fund by Division



Based on the FY 2022-23 appropriation.

### Distribution of Total Funds by Division



Based on the FY 2022-23 appropriation.

## GENERAL FACTORS DRIVING THE BUDGET

The Department's behavioral health divisions, the Behavioral Health Administration (BHA) and the newly renamed Office of Civil and Forensic Mental Health (OCFMH), operate the state's public behavioral health system.

- With the launch of the BHA in FY 2022-23, that division now administers funding for community-based prevention, crisis response, treatment, and recovery support services for people with mental health and substance use disorders (referred to as "behavioral health" services).
- The OCFMH operates the state's Mental Health Institutes, which provide inpatient psychiatric hospitalization for individuals with mental health disorders as well as inpatient forensic programs serving individuals involved in the criminal justice system.

### BHA AND COMMUNITY-BASED PROGRAMS AND SERVICES

The BHA contracts with 17 community mental health centers (centers) across the state to provide mental health services that are not otherwise available. Each center is responsible for providing a set of core services, ranging from public education to inpatient services. The BHA also contracts with four managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services that are not otherwise available. MSOs subcontract with local treatment providers across the state to deliver these services. Finally, the Office also contracts with other organizations to provide certain types of treatment services or services targeting specific populations.

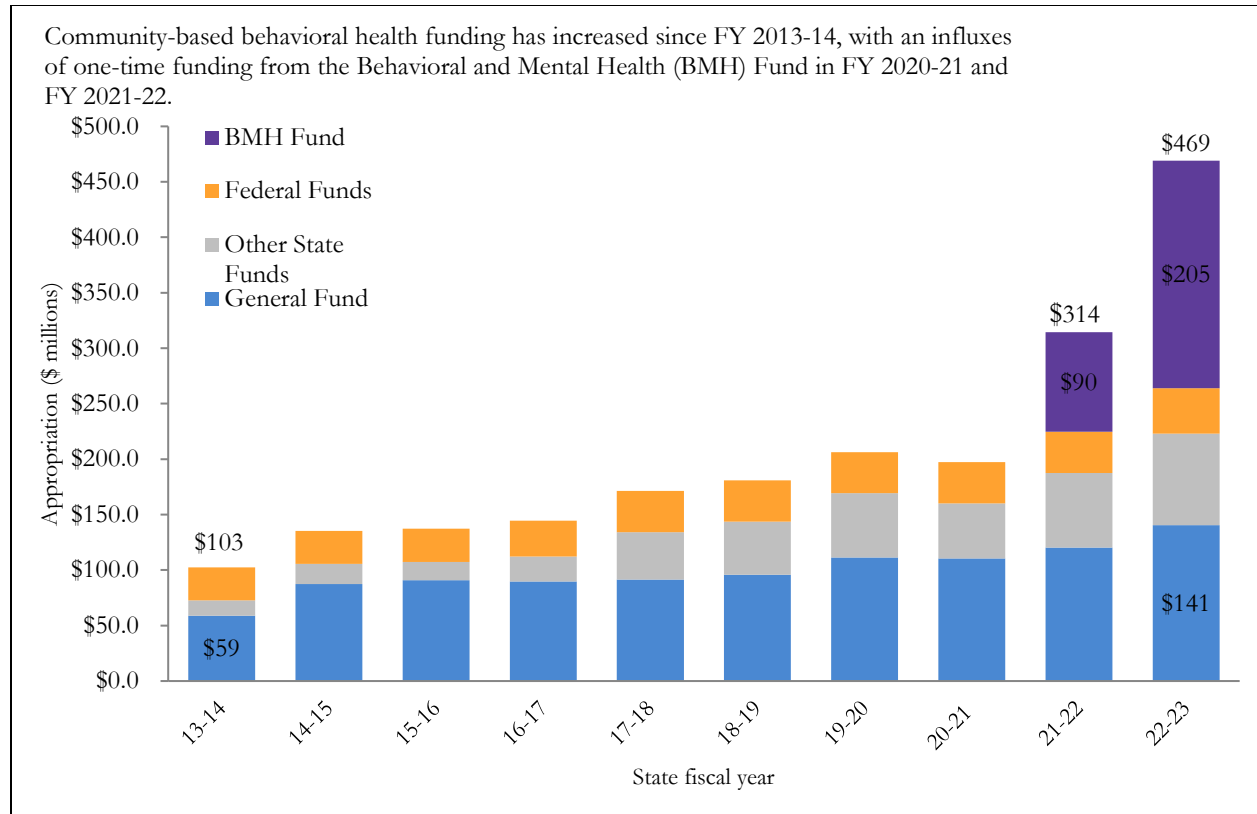
Most mental health and substance use disorder services for Medicaid-eligible clients are funded through the Department of Health Care Policy and Financing. Unlike the Medicaid program, behavioral health services provided through this department are not an entitlement. Thus, the number of individuals receiving services and the level of service provided is largely driven by the level of state and federal funds available each year. The General Assembly periodically adjusts funding for the centers, MSOs, and other community providers to account for inflationary changes and to ensure that programs are viable over the long-term. The rate changes are generally consistent with the common policy adopted by the Joint Budget Committee for a variety of community providers.

The General Assembly also appropriates additional funds for the provision of specific services or services targeting specific populations (e.g., alternative placements for people who would otherwise require hospitalization at a mental health institute, school-based behavioral health services for children, and services for juvenile and adult offenders).

General Fund appropriations provided more than half of the available funds in FY 2020-21. However, the FY 2021-22 appropriation included a one-time influx of \$89.8 million cash funds from the Behavioral and Mental Health Cash Fund, which originated as federal stimulus funds in the American Rescue Plan Act (appropriated in S.B. 21-137). Those funds are available for expenditure through FY 2022-23. Similarly, the FY 2022-23 appropriation includes \$205.2 million in one-time funding that originated as federal stimulus funds, and those funds are available through December of 2024.

Other significant sources of state funds include: the Marijuana Tax Cash Fund (MTCF), transfers from the Judicial Department from the Correctional Treatment Cash Fund, the Persistent Drunk Driver Cash Fund, and Medicaid funds transferred from the Department of Health Care Policy and Financing. Federal funds are primarily from the Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

The following chart depicts funding available for community-based behavioral health services since FY 2013-14.



### OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

The Department administers and operates two mental health institutes that provide inpatient hospitalization for individuals with serious mental health disorders. These hospitals are located in Pueblo and on the Fort Logan campus in southwest Denver and serve three populations within two categories of resources.

- “Forensic” beds include services for:
  - Individuals with pending criminal charges who require inpatient evaluations of competency to stand trial and/or inpatient services to restore competency.
  - Individuals who have been found not guilty by reason of insanity.
- “Civil” beds include services for:
  - Adults and adolescents who are referred for admission by community mental health centers, local hospitals, or the Department's Division of Youth Services.

In addition to forensic beds at the institutes, the Department contracts with two vendors for *jail based* programs for individuals requiring competency evaluations or restoration services.

- The Restoring Individuals Safely and Effectively (RISE) Program is currently operated by Correct Care, LLC, at the detention facilities in Arapahoe and Boulder counties. Originally funded in FY 2013-14 for 22 beds, RISE expanded to support 114 beds by FY 2020-21. For FY 2021-22, the Department reduced the RISE contract to 92 beds to reallocate resources based on client acuity. The Department reports that it has further reduced the RISE beds for FY 2022-23 (to 78 beds).

- The Department is supporting an additional 12 beds at the Denver Restoration Treatment Unit (DRTU) at the Denver Detention Center.

Finally, the General Assembly approved a request in March 2018 to allow the Office to expand inpatient psychiatric bed capacity by contracting with one or more private hospitals. In FY 2020-21, the Department contracted for a total of 10 beds in private hospitals. For FY 2021-22, the Department reported a total of 18 contracted beds in private hospitals (including 8 funded with state funds and 10 supported by Consent Decree fines). For FY 2022-23, the Department is using federal stimulus funds to contract for a total of 74 private beds using additional federal stimulus funds for the increased number of private beds.

The Institutes are primarily supported by General Fund appropriations. Other sources of revenue include: patient revenues (including federal Medicaid funds transferred from the Department of Health Care Policy and Financing and federal Medicare funds), funds transferred from the Department of Corrections (DOC) for food services provided to DOC facilities on the Pueblo campus, and marijuana tax revenues that support certified addiction counselors at both Institutes. Funding for the institutes 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). In FY 2018-19, the General Assembly provided \$13.0 million to increase salaries for all direct care job classifications at both institutes as part of an effort to improve employee recruitment and retention.

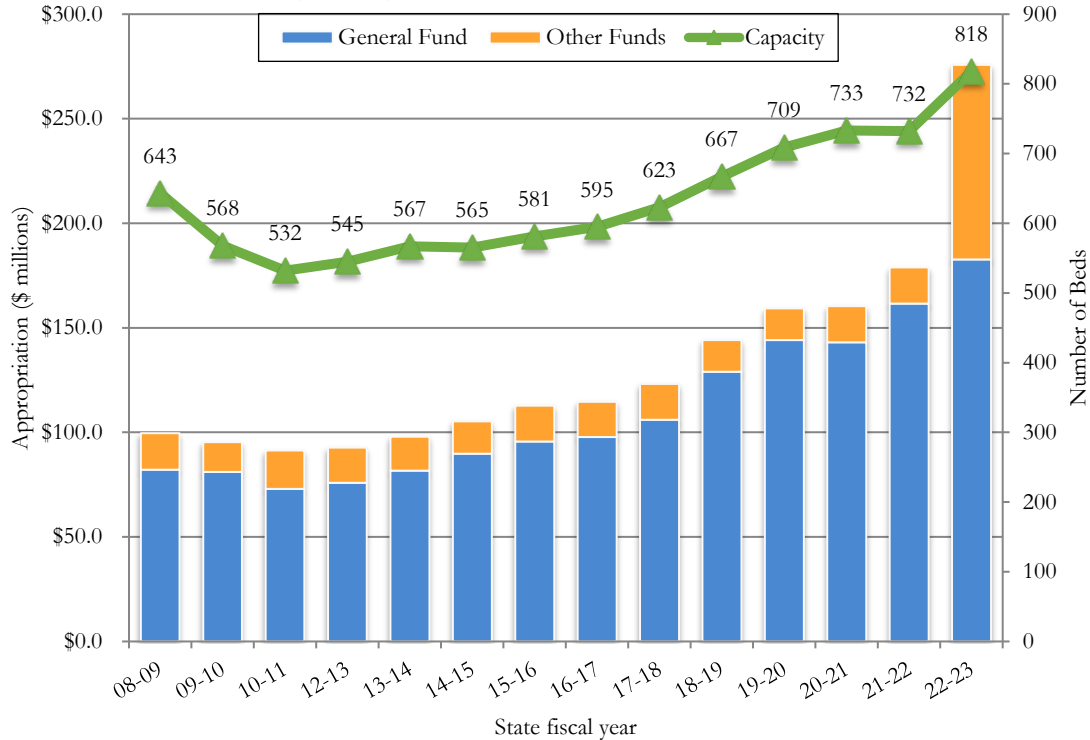
Total capacity has fluctuated with economic conditions (see chart on the following page). Total capacity of the institutes declined in FY 2003-04 during an economic downturn, increased gradually through FY 2008-09, and then declined again through the closure of certain units during the recession driven by the 2008 financial crisis and reductions in funding. However, the General Assembly subsequently worked to reverse this decline in capacity by providing funding for the Department to:

- Add contract bed capacity through the RISE Program and private hospitals.
- Expand by 20 the number of beds at the Pueblo Institute designed to serve long-term patients who are preparing to re-enter the community, thereby freeing up 20 existing adult beds in various units (although ongoing staffing challenges at Pueblo have not allowed the hospital to operate at capacity). However, it is important to note staffing shortages in the past several years have again forced the closure of multiple units at Pueblo, with current capacity down 84 beds below the “funded” amount.
- Relocate some existing programs and utilize vacant units at the Pueblo Institute to add 42 adult civil beds (with the same caution as in the previous bullet).
- Renovate and operate buildings at Fort Logan to support two new units, totaling 44 additional beds. While they had been anticipated to open in October 2022, the Department now reports that staffing challenges delayed that goal. Instead, one unit is opening in December 2022 and the Department hopes to open the other unit in summer of 2023.

During the 2022 Session, the General Assembly appropriated additional funding through H.B. 22-1303 (Increase Residential Behavioral Health Beds) to: (1) renovate an existing building at Fort Logan to provide 16 more residential beds; (2) reopen three Department of Human Services on July 1, 2023, to provide 18 additional beds; (3) contract for an additional 107 private beds beginning during FY 2022-23.

The following chart depicts recent changes in the Institutes' funding and potential/funded bed capacity. Capacity figures reflect both civil and forensic beds, including the RISE Program, funded private psychiatric beds, and the Denver Restoration Unit.

Funding and *potential* capacity decreased from FY 2008-09 to FY 2010-11 but have increased since then. Note: the capacities shown here do not reflect current unit closures driven by staffing shortages.



However, as noted above, the system is not currently operating at its “funded” capacity. The count of 818 potential beds shown for FY 2022-23 includes a total of shown above includes 106 beds that are not currently available because of staffing shortages.

The appropriations reflected in the chart above do not include amounts appropriated for capital construction, including:

- \$5.4 million appropriated in FY 2017-18 for a new high-security unit at Pueblo that became operational in FY 2020-21).
- \$17.8 million appropriated in FY 2019-20 for the renovation at Fort Logan to add the 44 beds discussed above.
- \$7.0 million appropriated in FY 2022-23 for additional renovations at Fort Logan.
- \$3.7 million appropriated in FY 2022-23 for renovation of existing group home buildings to create mental health residential facilities.

## SUMMARY: FY 2022-23 APPROPRIATION & FY 2023-24 REQUEST

Department of Human Services Behavioral Health Divisions						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
H.B. 22-1329 (Long Bill)	453,316,755	311,307,296	74,066,825	25,281,976	42,660,658	1,581.9
Other legislation	302,357,318	14,958,112	287,354,649	44,557	0	47.5
<b>TOTAL</b>	<b>\$755,674,073</b>	<b>\$326,265,408</b>	<b>\$361,421,474</b>	<b>\$25,326,533</b>	<b>\$42,660,658</b>	<b>1,629.4</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$755,674,073	326,265,408	\$361,421,474	\$25,326,533	\$42,660,658	1,629.4
<b>OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH DECISION ITEMS</b>						
R1 State hospital quality assurance	783,260	783,260	0	0	0	6.5
R8 Forensic Services Division capacity expansion	3,704,803	3,704,803	0	0	0	23.2
R9 Salary increase for hospital medical staff	1,808,328	1,808,328	0	0	0	0.0
R10 Community provider rate	2,649,891	2,649,891	0	0	0	0.0
R12 Momentum Program funding	328,747	328,747	0	0	0	0.0
R14 OCFMH data management and reporting	236,314	236,314	0	0	0	2.8
<b>BEHAVIORAL HEALTH ADMINISTRATION DECISION ITEMS</b>						
BHA-R1 Behavioral Health Administration personnel	3,478,525	3,478,525	0	0	0	31.3
BHA-R2 Behavioral health services	5,500,000	5,500,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	753,386	753,386	0	0	0	0.9
BHA-R4 BHA community provider	5,246,702	3,491,583	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
<b>ANNUALIZATIONS AND OTHER ADJUSTMENTS</b>						
Annualize prior year budget actions	3,610,940	2,937,171	172,321	153,838	347,610	9.1
Indirect cost assessments	672,016	0	382,645	143,030	146,341	0.0
Technical adjustments	70,375	50,015	20,360	0	0	0.0
Annualize prior year legislation	(291,219,493)	(3,507,753)	(287,667,183)	(44,557)	0	6.0
Non-prioritized requests	(1,629,385)	0	0	(1,629,385)	0	0.0
<b>TOTAL</b>	<b>\$491,668,482</b>	<b>\$348,479,678</b>	<b>\$76,080,804</b>	<b>\$23,953,391</b>	<b>\$43,154,609</b>	<b>1,709.2</b>
<b>INCREASE/(DECREASE)</b>	(\$264,005,591)	\$22,214,270	(\$285,340,670)	(\$1,373,142)	\$493,951	79.8
Percentage Change	(34.9%)	6.8%	(78.9%)	(5.4%)	1.2%	4.9%

### OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH DECISION ITEMS

**R1 STATE HOSPITAL QUALITY ASSURANCE:** The request includes an increase of \$783,260 General Fund and 6.5 FTE to create a Quality Assurance Team for the state hospitals at Pueblo and Fort Logan, with the primary focus this funding on Pueblo. The increase shown here includes \$637,385 and 6.0 FTE actually requested in this division and a total of \$145,875 and 0.5 FTE for centrally appropriated amounts associated with the requested staff and an additional 0.5 FTE requested in Administration and Finance. The request responds to ongoing concerns about quality assurance at the two hospitals and challenges with remaining compliant with frequent and ongoing changes to regulatory requirements from the Centers for Medicare and Medicaid Services and the Department of Public Health and Environment (as illustrated by a July 2021 citation by the Department of Public



Health and Environment for “immediate jeopardy” violations impacting client safety<sup>3</sup>). The request includes:

- \$535,260 to support the 6.5 FTE requested for the Quality Assurance Team which would include the following FTE: 1.0 health professional IV, 3.0 health professional III positions as “occurrence reporters”, 1.0 project coordinator, and 1.0 policy advisor III to coordinate policies, records, and database activities. The request also includes 0.5 FTE electronic specialist to maintain additional cameras and equipment required by the recent citations. In the findings following the July 2021 incident, CDPHE stated that the hospital at Pueblo is not appropriately staffed to perform quality assurance activities and maintain patient safety.
- \$248,000 per year for the next two years to continue to contract with a national consultant (that has assisted CMHIP in FY 2021-22 and FY 2022-23 in response to the July 2021 incident) to assist with the identification and correction of problem areas. The Department reports that in addition to assisting with the response to the July 2021 citation, the consultant has been instrumental in helping to identify areas of need and inform prompt action to address those areas before problems arise.

For more information, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R8 FORENSIC SERVICES DIVISION CAPACITY EXPANSION:** The request includes an increase of \$3.7 million General Fund and 23.2 FTE in FY 2023-24 (annualizing to \$3.7 million and 25.0 FTE in FY 2024-25 and beyond) to expand staff and capacity in the Forensic Services Division (within the OCFMH). The request responds to the ongoing increase in forensic and competency workload (see the second issue brief in this document) and proposes to add:

- 19.0 FTE clinical and administration staff for competency evaluation and restoration services. That number includes the following FTE: 1.0 to create a new deputy director position for the Forensic Services Division, 5.0 psychologist I forensic evaluators, 1.0 psychologist II evaluator supervisor, 2.0 support staff, 1.0 social worker IV program coordinator, 6.0 health professional III forensic navigators, 2.0 contract social workers for case management, and 1.0 health professional III for jail-based restoration services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to “ensure the quality of services provided by both internal staff and through contracted vendors.”

For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R9 SALARY INCREASE FOR HOSPITAL MEDICAL STAFF:** The request includes an increase of \$1.8 million General Fund in FY 2023-24 (and ongoing) to increase contracted medical staff salaries to improve recruitment and retention of qualified psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants to serve the state hospitals in Pueblo and Fort Logan. The hospitals contract with the University of Colorado for these positions and the Department reports that the University has struggled to recruit qualified candidates for the positions at the current salaries. At the time the decision item was written, Fort Logan had a 29.4 percent vacancy rate for physicians and Pueblo’s rate was 11.6 percent. The Department worked with the University and others to conduct

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<sup>3</sup> The citation included a total of six violations, four of which were “immediate jeopardy” violations that require immediate correction in order to continue participating in Medicare and Medicaid.

a salary comparison and determined that the current salaries are below market rates and reports that the University's contract administrator has endorsed the increases. The Department last received a similar increase in FY 2018-19, although the salary increases were actually funded in two stages (FY 2018-19 and FY 2020-21). For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R10 COMMUNITY PROVIDER RATE:** The request includes a common policy 3.0 percent increase in community provider rates. For the OCFMH, the request equates to \$2.6 million General Fund. *Community provider rates will be addressed in more detail during the common policy presentation in January.*

**R12 MOMENTUM PROGRAM FUNDING:** The request includes an increase of \$328,747 General Fund to expand the availability of services provided through the Momentum Program. The program (operated through a contract with Rocky Mountain Human Services) provides intensive support services to allow forensic clients to receive competency services in the community rather than remaining in jail or a hospital. The contract requires the program to generally prioritize potential placements in the following order: (1) clients from the state hospitals with barriers to discharge that are preventing discharge without Momentum placement; (2) children and youth with significant placement barriers; and (3) all other clients having difficulties discharging from other hospitals or who are part of Forensic Community Based Services, Forensic Support Team, or Outpatient Community Restoration. Discharging these clients to the community with wrap-around services then makes beds available for additional clients in need of inpatient services.

Placements with existing funding have increased from 32 in FY 2020-21 to 58 in FY 2021-22. The Department estimates that the increase in funding would allow for 76 placements in FY 2023-24. For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

**R14 OCFMH DATA MANAGEMENT AND REPORTING:** The request includes an increase of \$236,314 General Fund and 2.8 FTE for FY 2023-24 (annualizing to \$234,038 and 3.0 FTE for FY 2024-25 and beyond) to provide staff to support information technology and data reporting systems improvements proposed through a companion information technology capital construction request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, with a briefing scheduled for December 13, 2022). The proposed system is intended to improve the efficiency of management and reporting for forensics data, protect sensitive information, and reduce the need for time-intensive and redundant data entry and management related to the forensics system. The proposed staff include 3.0 data management III positions (requested at the range minimum salary) to support the development and ongoing maintenance of the proposed system which is intended to serve both the state hospitals and the forensics programs.

For additional discussion of this request, see the third issue brief in this document. The Department has identified this request as theory-informed.

## BEHAVIORAL HEALTH ADMINISTRATION DECISION ITEMS

**BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL:** The request includes an increase of \$3.5 million General Fund and 31.3 FTE in FY 2023-24 (increasing to \$3.5 million and 34.0 FTE in FY 2024-25) for the next phase of the implementation of the BHA as established in H.B. 22-1278. That legislation requires the BHA to be fully operational by July 1, 2024, and added 25.9 new FTE to

the Department of Human Services for FY 2022-23 (a net increase of 14.7 FTE because it also transferred 11.2 existing FTE from the Department of Human Services to the Department of Public Health and Environment). The “base” for the FY 2023-24 appropriation adds 12.1 additional FTE to reflect the second-year impact of the bill as anticipated in the Final Legislative Council Staff Fiscal Note, for a total of 38.0 new FTE. This decision item (BHA R1) proposes an increase of an additional 31.3 FTE for FY 2023-24 to continue to build out the new agency. See the first issue brief in this document for additional discussion of this decision item.

**BHA R2 BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH:** The request includes an increase of \$5.5 million General Fund (ongoing in subsequent years) above the current FY 2022-23 appropriation for behavioral health services provided through the Children and Youth Mental Health Treatment Act (CYMHTA). The Committee approved an interim supplemental request in September to add \$3.0 million for this program in FY 2022-23 based on increasing caseload. The request for FY 2023-24 represents an increase of \$2.5 million above the amount approved by the Committee (but not yet adjusted through an actual supplemental appropriation bill) for FY 2022-23.

**BHA R3 BEHAVIORAL HEALTH LEARNING MANAGEMENT SYSTEM:** The request includes an increase of \$735,386 General Fund and 0.9 FTE in FY 2022-23 (increasing to \$755,517 and 1.0 FTE in FY 2023-24 and beyond) to support the “learning management system” that the BHA is constructing pursuant to previous legislation (S.B. 21-137 and S.B. 22-181). The Department is currently expecting to spend a total of \$11.4 million in one-time federal stimulus funding to develop the system, including:

- \$5.0 million appropriated in S.B. 21-137 as part of the \$18.0 million allocated for the Behavioral Health Workforce Development Program. That legislation requires the Department to develop an online training system that allows for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce.
- \$4.9 million appropriated in S.B. 22-181. That bill expanded the scope of the system and also required the Department to develop a criminal justice training curriculum that the Department is integrating into the main learning management system.
- \$1.5 million in stimulus block grant funding (not appropriated by the General Assembly).

The Department has contracted with the University of Colorado (who has contracted with a vendor) to build the system. The Department’s goal is to build on the core learning hub to provide a “one-stop shop” to support the needs of the behavioral health workforce. In addition to the training platform and curriculum, the Department intends to use the site as a way to connect workers to career pathways, track certifications not regulated by the Department of Regulatory Agencies (such as peer support specialists), provide tracking for continuing education and professional development credits, among other uses. Although the previous legislation provided funding for system development, the Department has not received funding for ongoing maintenance and support. This request seeks the funding and staff to maintain the system going forward.

**BHA R4 COMMUNITY PROVIDER RATE:** As with the division above, the request includes a common policy 3.0 percent increase in community provider rates for programs funded through the BHA. For this division, the request equates to \$5.2 million General Fund. *Community provider rates will be addressed in more detail during the common policy presentation in January.*

**BHA R5 TECHNICAL ADJUSTMENTS (REQUIRES LEGISLATION):** The request proposes two statutory changes related to appropriations to the BHA that the Department has framed as technical adjustments. Please note that both adjustments require legislation and the Department is not requesting these as Joint Budget Committee bills. The changes include:

- A request to remove the statutory requirement that the Care Navigation Program contractor be the same contractor as the operator of the 24-hour statewide crisis hotline. House Bill 19-1287 (Treatment for Opioids and Substance Use Disorders) established the Care Navigation Program and required that the contractor for the program be the same as the contractor for the crisis hotline. It is staff understanding that this was because the crisis system was the most analogous system at that time. However, the Department argues that conditions have changed and is requesting flexibility to compete the contract for the navigation system.
- A request to continuously appropriate the 988 Enterprise Cash Fund (established in S.B. 21-154 (988 Suicide Prevention Lifeline Network)) to allow the Department to respond to what it reports are unpredictable fluctuations in need for the funds.

**ANNUALIZATIONS AND OTHER ADJUSTMENTS**

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes a net increase of \$3.6 million total funds, including \$2.9 million General Fund, and 9.1 FTE to reflect the FY 2023-24 impact of prior year budget actions, as summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	\$3,619,294	\$2,945,525	\$172,321	\$153,838	\$347,610	0.0
FY 2022-23 BA2 Behavioral Health Safety Net	80,611	80,611	0	0	0	1.2
FY 2022-23 R2 CMHIFL 44 bed operating	(88,965)	(88,965)	0	0	0	7.9
<b>TOTAL</b>	<b>\$3,610,940</b>	<b>\$2,937,171</b>	<b>\$172,321</b>	<b>\$153,838</b>	<b>\$347,610</b>	<b>9.1</b>

**INDIRECT COST ASSESSMENTS:** The request includes an increase to these divisions’ indirect cost assessments.

**TECHNICAL ADJUSTMENTS:** The request includes an increase to these divisions’ indirect cost assessments.

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$291.2 million total funds (including a net decrease of \$3.5 million General Fund) and a net increase of 6.0 FTE to reflect the FY 2023-234 impact of bills passed in previous sessions, as summarized in the following table. The reduction is driven by the elimination of one-time funding provided in various 2022 bills.

ANNUALIZE PRIOR YEAR LEGISLATION					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FTE
HB22-1256 Modifications to civil involuntary commitment	\$576,814	\$576,814	\$0	\$0	5.2
HB22-1278 Behavioral Health Administration	556,674	556,674	0	0	7.6
HB22-1061 Modifications to NGRI	33,539	33,539	0	0	0.5
HB22-1249 School security and behavioral health	0	6,000,000	(6,000,000)	0	0.0

ANNUALIZE PRIOR YEAR LEGISLATION					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FTE
HB22-1281 Behavioral health-care continuum gap grant	(90,000,000)	0	(90,000,000)	0	(0.5)
SB22-196 Health needs of persons in criminal justice system	(50,700,000)	0	(50,700,000)	0	0.0
HB22-1303 Increase residential behavioral health beds	(46,432,445)	0	(46,432,445)	0	(7.0)
SB22-181 Behavioral health workforce	(36,806,984)	0	(36,806,984)	0	0.0
HB22-1386 Competency to proceed and restoration	(29,362,828)	0	(29,362,828)	0	0.0
HB22-1326 Fentanyl accountability	(13,755,154)	(10,630,154)	(3,125,000)	0	0.9
SB22-177 Investments in care coordination	(12,200,000)	0	(12,200,000)	0	0.0
HB22-1283 Youth and family behavioral health	(8,039,926)	0	(8,039,926)	0	0.0
SB22-148 CO Land-based tribe behavioral health grant	(5,000,000)	0	(5,000,000)	0	0.0
SB22-211 Repurpose Ridge View Campus	(44,557)	(44,557)	0	0	(0.4)
HB22-1378 Denver-metro regional navigation	(44,557)	0	0	(44,557)	(0.4)
HB22-1052 Promoting crisis services	(69)	(69)	0	0	0.1
<b>TOTAL</b>	<b>(\$291,219,493)</b>	<b>(\$3,507,753)</b>	<b>(\$287,667,183)</b>	<b>(\$44,557)</b>	<b>6.0</b>

**NON-PRIORITIZED REQUESTS:** The request includes a net decrease of \$1.6 million reappropriated funds associated with decision items submitted by other departments. The request includes an increase of \$273,706 reappropriated funds from the Department of Corrections associated with food services inflation which is more than offset by a decrease of \$1.9 million originating from the Department of Health Care Policy and Financing associated with that Department's maternity equity decision item.

# BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL

House Bill 21-1097 (Establish Behavioral Health Administration) and House Bill 22-1278 (Behavioral Health Administration) created the Behavioral Health Administration BHA within the Department of Human Services. House Bill 22-1278 added \$3.1 million total funds (including an increase of \$3.7 million General Fund) and 25.9 new FTE for the BHA in FY 2022-23 in addition to moving some programs between the Department of Human Services and the Department of Public Health and Environment. For FY 2023-24, the BHA has submitted request R1, proposing increases of \$3.5 million General Fund and 31.3 FTE (increasing to 34.0 FTE in FY 2024-25) to support the next phase of BHA implementation. Statute requires the agency to be fully operational by July 1, 2024.

## SUMMARY

- House Bill 21-1097 and H.B. 22-1278 established the BHA within the Department of Human Services as the lead behavioral health agency for the State. While it is housed within the Department of Human Services, the Commissioner of the BHA is a cabinet-level position. The bills require the BHA to be fully operational by July 1, 2024. Thus, while H.B. 22-1278 requires a number of structural changes to the State’s behavioral health system, many of those changes may not be in place until the end of FY 2023-24.
- The FY 2022-23 Long Bill moved the existing programs, funding, and staff for community-based behavioral health services out of the Office of Behavioral Health and into a newly created division (the BHA), so the majority of the agency’s staff and funding are continuing the preexisting programs. However, H.B. 22-1278 did appropriate an additional \$3.7 million General Fund and 25.9 FTE to the BHA for FY 2022-23 to stand up the agency and its new responsibilities. The Final Legislative Council Staff Fiscal Note for H.B. 22-1278 anticipated that the changes made in FY 2022-23 would require \$5.1 million and 38.0 FTE in FY 2023-24 (an increase of \$1.4 million and 12.1 FTE above the FY 2022-23 appropriation) to “annualize” those changes. That annualization is included in the FY 2023-24 request.
- For FY 2023-24, BHA request R1 proposes an increase of \$3.5 million General Fund and 31.3 additional FTE (annualizing to 34.0 FTE in FY 2024-25) for the next phase of BHA implementation. Combined with \$5.1 million in requested “base” funding associated with the FY 2022-23 appropriation and annualization, the request represents an increase of \$8.6 million in “new” funding for the implementation of the BHA (above the programmatic funding that predated the creation of the new agency).

## RECOMMENDATION

Staff recommends discussing the BHA’s plans for implementation at the upcoming hearing. Staff recommends that the questions address the agency’s progress to date (in FY 2022-23), its plans for FY 2023-24 (including the resources requested through BHA R1), and its expectations for full implementation in FY 2024-25.

## DISCUSSION

House Bill 21-1097 required CDHS to create the BHA in collaboration with HCPF (which is a major payer for behavioral healthcare through Medicaid), the Division of Insurance (which oversees commercial insurance), and the Department of Public Health and Environment (CDPHE). The bill required the Department to develop a plan for the creation of the BHA by November 1, 2021,<sup>4</sup> and required the establishment of the BHA with specified duties by July 1, 2022.

House Bill 22-1278 established the BHA and specified the duties of the new agency as the statewide leader in behavioral health policy and services. The BHA officially launched in July 2022. However, many of the structural changes (to programs, contractual relationships, and funding) are not required until July 2024 (for FY 2024-25).

The Department estimates that the BHA is 30.0 percent operational as of October 2022 and intends to be 50.0 percent operational (based on newly hired staff) by the end of FY 2022-23. As required by the two bills, the BHA expects to be fully operational as of July 1, 2024 (with the staff requested through BHA R1 representing a component of the next phase of implementation).

### ROLE OF THE BHA

While CDHS and HCPF account for the majority of state level funding for behavioral health, the inventory informing the BHA plan identified more than 100 programs spread across 9 different state departments (at least 14 state agencies) and totaling more than \$1.5 billion in total funds.<sup>5</sup> That count does not include programs operated by local governments or other partners.

In contrast to the plan for the Department of Early Childhood, the BHA legislation did not involve large scale movements of programs between agencies. Instead, the legislation places responsibility for leadership and coordination with the BHA but leaves nearly all of the existing programs in place in their current departments, at least for the time being. The two exceptions to that theme were: (1) moving a variety of prevention-related programs from the Department of Human Services to CDPHE to centralize prevention responsibilities in that department and (2) moving licensing responsibilities for “behavioral health entities” from CDPHE to the BHA to centralize behavioral health provider licensing within the BHA. Other than those limited moves, the current plan for the BHA focuses on the BHA providing leadership, coordination, and standardization across the existing programs and agencies.

### GOVERNANCE STRUCTURE

The BHA will be housed within CDHS, at least until 2024. In terms of leadership, a cabinet-level Commissioner heads the BHA as a peer to the executive directors of other departments, with assistance and advice from an advisory council representing a broad spectrum of stakeholders in behavioral health. In turn, a variety of working groups or committees will support the Advisory Council.

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<sup>4</sup> The report is available at: <https://drive.google.com/file/d/13H2jGAApljrItLdeljywwB4PvjDNcv6-/view>

<sup>5</sup> The departments include: CDHS, HCPF, CDHPE, Corrections, Education, Judicial, Labor and Employment, and Public Safety.

## FY 2022-23 APPROPRIATIONS

The FY 2022-23 Long Bill reorganized behavioral health-related appropriations to the Department to reflect the new role of the BHA. Those changes moved \$247.5 million total funds (including \$126.4 million General Fund) from the OBH into the newly created BHA division in the Long Bill, leaving the forensic programs and the state hospitals in the OBH.

House Bill 22-1278 appropriated an additional \$3.7 million General Fund and 25.9 FTE to the BHA for FY 2022-23 to support the first phase of implementing the agency's *new* responsibilities (in addition to the programs and resources transferred from (OBH). The new appropriations in H.B. 22-1278 included funding for leadership staff and operations; finance (particularly since the BHA is operating largely independently of the finance structure in the Department); quality and standards; statewide programs, technical assistance, and innovation; strategy, planning, and engagement; and data strategy and analytics.

## FY 2023-24 REQUEST

The Committee may wish to consider the request for FY 2023-24 in two parts: (1) the continuation of phase 1 reflecting the FY 2023-24 impact of the appropriations in H.B. 22-1278; and (2) the “new” appropriations for “phase 2” requested in BHA R1.

**PHASE 1 – ANNUALIZATION OF H.B. 22-1278.** Building on the base of appropriations in H.B. 22-1278, the Final Legislative Staff Fiscal Note for that bill anticipates a need for \$5.1 million and 38.0 FTE for the FY 2023-24 impact of the appropriations provided for FY 2022-23 (an increase of \$1.4 million and 12.1 FTE above the FY 2022-23 appropriations). That amount is spared throughout multiple divisions within the Department (including the BHA and other divisions that are supporting the BHA's operations). The Department's request includes a total increase of \$1.2 million General Fund and the 12.1 FTE assumed in the Fiscal Note to “annualize” the bill. Of that total, \$556,674 General Fund and 7.1 FTE are actually within the BHA (with the entire increase requested for the Community Behavioral Health Administration Program Administration line item).

**PHASE 2 – BHA R1 AND NEW APPROPRIATIONS FOR FY 2023-24:** BHA request R1 proposes an additional increase of \$3.5 million General Fund and 31.3 additional FTE (annualizing to 34.0 FTE in FY 2024-25) for the next phase of BHA implementation. The requested staff fit into seven categories built around the BHA's additional responsibilities as defined in H.B. 22-1278. The proposed positions are briefly outlined below.

*Quality and Standards (6.0 FTE):* One focus of the BHA is evaluating and promoting the use of clinical best practices statewide. A related goal is ensuring that managed care practices in the state support access to high-quality services. The FY 2022-23 appropriation added 6.0 FTE for quality and standards work. Request R1 includes an additional 6.0 FTE, including:

- 1.0 FTE nurse consultant to provide medical consultation services to the quality and standards division and the BHA as a whole.
- 5.0 FTE project manager I positions to perform licensing duties for all licensed facility types and to support the development of the BHA's grievance policy.

*Statewide Programs, Technical Assistance, and Innovation (2.0 FTE):* House Bill 22-1278 added 5.0 FTE to provide dedicated resources for workforce development, technical assistance, and system navigation support. Request R1 seeks 2.0 FTE program manager II positions to improve and ensure collaboration



between the workforce development, care coordination, and clinical services units, as well as technical assistance provided through those programs.

*Finance (6.0 FTE):* House Bill 22-1278 provided funds for 6.0 new FTE in finance to support budgeting, accounting, contracting, grants, and provider rate analysis. Request R1 seeks 6.0 additional FTE for FY 2023-24, including:

- 1.0 FTE budget and policy analyst III to serve as the safety net budget analyst.
- 1.0 FTE budget and policy analyst V to supervise the budget unit and manage the BHA's independent (of CDHS) budget process as well as the collaborative interdepartmental behavioral health budget process.
- 1.0 FTE contract administrator III to support expanded contracting functions at the BHA, such as universal contract provisions and value-based payment requirements.
- 1.0 FTE grants specialist III to focus on additional and non-traditional behavioral health grant opportunities.
- 1.0 FTE rate/financial analyst III to provide analytical support to inform statewide multi-payer strategy.
- 1.0 FTE rate/financial analyst IV to function as the manager of rate and payment reform and financial strategy unit.

*Strategy, Planning and Engagement (5.0 FTE):* House Bill 22-1278 added 2.0 FTE to support new functions/responsibilities for the agency, including statewide grievance support, stakeholder and community engagement, and interagency relationships with the other agencies with behavioral health responsibilities. Request R1 proposes five additional FTE:

- 1.0 FTE liaison III to support coordination across BHA teams to ensure strategic planning.
- 3.0 FTE liaison IV for outreach outside of the BHA. That includes one position specifically focused on the BHA's strategy for homelessness prevention and resolution, one position specifically focused on direct engagement with the community for BHA strategic planning, and one position to support collaboration among state agencies and local governments.
- 1.0 FTE project manager II to design and implement the BHA's strategy to engage and collaborate across multiple state agencies and local governments around key behavioral health initiatives.

*Policy and External Affairs (2.0 FTE):* Request R1 seeks 2.0 positions focused on policy and external affairs, that would add to related positions in leadership and operations funded in H.B. 22-1278 (that bill funded a communications manager, a legislative liaison, a community engagement specialist, and a marketing and communications specialist). Anticipating increased involvement in legislative and policy discussions for the BHA and across partner agencies, the request for FY 2023-24 includes:

- 1.0 FTE liaison III to "drive external partnerships and administer continuous stakeholder engagement forums." The position is proposed as subject matter expert in BHA rule planning and legislative implementation.
- 1.0 FTE policy advisor IV to support continuous rule development and drive rule drafting/updating, in addition to providing behavioral health policy expertise.

*Health IT (9.0 FTE):* The BHA reports that one of the major drivers for the agency's creation was the fragmentation of data collection, systems, and processes across the behavioral health system. In response, the BHA is developing a multi-year strategy to grow and evolve the "behavioral health technology ecosystem" to collect and utilize a growing amount of data to improve services. In addition

to the existing data staff previously in OBH, H.B. 22-1278 supported an additional data manager position for FY 2022-23. Request R1 proposes 9.0 additional FTE for FY 2023-24:

- 1.0 FTE project manager II to oversee a team of specialists to incorporate data analytics into best practice dissemination and assistance.
- 4.0 FTE statistical analyst III positions to support a variety of data initiatives. One position would serve as the lead for “community-engaged and community-guided” data initiatives to incorporate disempowered and oppressed communities in the data analysis system. One position would focus on the spatial and tabular needs of the BHA, including geographic information systems and other spatial data resources. The additional two positions would support monitoring and evaluation activities.
- 1.0 FTE statistical analyst IV to oversee a team of data visualization specialists.
- 3.0 FTE data management IV positions. One would be the data standards and conversion specialist who ensures the agency is using health information standards appropriately and effectively. Another position would be a business intelligence analyst that focused on the use of information to support decision making. The final position would be a public facing product domain systems specialist/administrator.

*Operations (4.0 FTE):* House Bill 22-1278 provided funding to support an operations director and a human resources specialist. Request R1 seeks 4.0 additional FTE focused on operations:

- 1.0 FTE human resources specialist III to assist with all aspects of hiring and human resources.
- 3.0 FTE program assistant I positions to provide support for the variety of new teams at the BHA.

## POINTS TO CONSIDER

Staff will continue to work with the Department to understand workload measures and how these positions fit in with the existing BHA staff (both the FTE associated with H.B. 22-1278 and the pre-existing staff that moved from OBH to the new agency). The amount of organization and budgetary change taking place in FY 2022-23 and FY 2023-24 makes description of the “current state” of the BHA challenging because it is rapidly changing. The amount of movement also makes analysis of the (significant) incremental increase proposed in request R1 challenging.

However, it is clear that H.B. 22-1278 added significant new responsibilities to the BHA, for capacities and programs that did not exist in the Department prior to the creation of the new agency. Staff assumes that those changes will require additional staff as the BHA moves toward full implementation.

Staff also notes that the Department’s “plan” for the BHA (submitted in the fall of 2021) anticipated a need for \$3.4 million in additional funding and 40.0 FTE in FY 2023-24, similar amounts to those requested in R1. Those amounts are difficult to compare because the timing of implementation may have varied between the Department’s original plan and the final legislation. However, the request is roughly in alignment with the incremental increase that the Department had anticipated in the planning document.

## UPDATE ON FORENSIC SERVICES AND COMPETENCY

For over a decade, the Department of Human Services and the General Assembly have been working to address issues related to competency evaluation and restoration services, including significant additional investments during the 2022 Session. A 2019 consent decree sets requirements for the timing of evaluation and restoration services. In spite of the State's efforts, the waitlist for competency services is at an all-time high, forcing additional time in jail for individuals awaiting services and continuing to require the maximum payment fines and fees under the consent decree. This issue brief provides an update on the actions taken during the 2022 Session, and the status of competency services, related decision items submitted for FY 2023-24, and potential costs for FY 2023-24 associated with the consent decree.

### SUMMARY

- The Department of Human Services (DHS) is responsible for evaluating the competency of individuals charged with a crime and for providing competency restoration services when an individual is determined to be incompetent to proceed to trial. The Colorado Mental Health Institute at Pueblo (CMHIP) provides these services unless the Court authorizes these services to be provided in another setting such as in jail or in the community.
- In 2011, Disability Law Colorado brought legal action against the Department of Human Services to challenge the length of time pretrial detainees wait in Colorado jails to receive competency evaluations or competency restoration services. This legal action resulted in the current consent decree, entered into in March 2019. Thus, for over a decade, the Department of Human Services and the General Assembly have been working to address issues related to competency evaluation and restoration services, with repeated investments to expand capacity for those services at the Mental Health Institutes, in jail-based programs, and in the community.
- During the 2022 Session, the General Assembly appropriated significant additional funding for forensic and competency services, including multiple appropriations of one-time stimulus funds as well as ongoing changes (including \$11.7 million General Fund and 95.9 FTE to operate 44 new beds at Fort Logan.
- In spite of those investments, the waitlist for competency services has again been at an all-time high in the fall of 2022, and the inpatient system is operating well below its potential capacity, largely because of staffing challenges at both of the state hospitals. Unit closures at Pueblo have left 84 beds unavailable there, and Fort Logan has had to delay the opening of the two new units (and 44 beds) in the current year as a result of hiring challenges.
- The FY 2022-23 appropriation includes \$12.0 million General Fund for fines and costs associated with the consent decree. Staff and the Department expect that the State will continue to pay the maximum amount allowed under the consent decree in both FY 2022-23 and FY 2023-24. However, the Department has indicated that it expects \$12.0 million to be sufficient for FY 2023-24, with no change from the FY 2022-23 appropriation.

## RECOMMENDATION

Staff recommends that the Committee discuss the status of competency services with the Department at the upcoming hearing. Specifically, staff recommends that the Committee ask the Department to address:

- An update on system capacity, including the changes made during the 2022 session with both one-time and ongoing funding.
- The ongoing drivers of the waitlist for competency services and anticipated budgetary implications of the lack of compliance with the Consent Decree.
- Any plans to staff the Mental Health Institute at Pueblo and reopen the closed units and to staff the new units at Fort Logan.
- How the one-time investments made in the 2021 and 2022 legislative sessions fit into the Department's overall efforts to address competency, particularly in combination with the FY 2023-24 decision item requests related to competency.
- Its ongoing efforts to work cooperatively with local behavioral healthcare providers and stakeholders within the criminal justice system to implement community-based competency restoration education services that are integrated with locally available behavioral health services as required by S.B. 17-012.
- Any additional options that could allow the State to achieve compliance with the consent decree and provide competency services in a timely manner.

## DISCUSSION

For over a decade, the Department of Human Services and the General Assembly have been working to address issues related to competency evaluation and restoration services. Previous JBC Staff briefings have provided significant historical context and detail on this topic, including the General Assembly's many efforts through funding and legislation to address competency issues.<sup>6</sup>

This issue brief does not seek to repeat that historical context. Rather, this issue brief seeks to provide an update on the status of competency services and the Consent Decree with Disability Law Colorado.

## BACKGROUND

The Department of Human Services (DHS) is responsible for evaluating the competency of individuals charged with a crime and for providing competency restoration services when an individual is determined to be incompetent to proceed to trial. The Colorado Mental Health Institute at Pueblo (CMHIP) provides these services unless the Court authorizes the provision of services in another setting such as in jail or in the community.

## COMPETENCY EVALUATION

The court may order a psychiatric evaluation to determine whether an individual with pending criminal charges (the defendant) is competent to proceed at a particular stage of the criminal proceeding<sup>7</sup>. The issue of competency may be raised by the court, the defense, the prosecution, or the State Board of

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<sup>6</sup> For detailed discussions from prior years, see the issue briefs beginning on page 12 of the FY 2019-20 briefing (available at [https://leg.colorado.gov/sites/default/files/fy2019-20\\_humbrf4.pdf](https://leg.colorado.gov/sites/default/files/fy2019-20_humbrf4.pdf)) and on page 13 of the FY 2020-21 briefing (available at [https://leg.colorado.gov/sites/default/files/fy2020-21\\_humbrf3.pdf](https://leg.colorado.gov/sites/default/files/fy2020-21_humbrf3.pdf)).

<sup>7</sup> Section 16-8.5-101, et seq., C.R.S.

Parole. A defendant is determined to be "incompetent to proceed" if he or she has a mental disability or developmental disability that: (1) prevents him or her from having sufficient present ability to consult with the defense attorney with a reasonable degree of rational understanding in order to assist in the defense; or (2) prevents him or her from having a rational and factual understanding of the criminal proceedings<sup>8</sup>.

Please note that the standard for competency is lower than the standard imposed for a sanity evaluation, in part because it only measures the defendant's "present" ability rather than the defendant's mental status at the time of the crime. The competency status of a defendant can change at any time based on factors such as whether they are taking their medication consistently.

The Department of Human Services is statutorily obligated to conduct a court-ordered competency evaluation and provide a report to the court<sup>9</sup>. The evaluation can be conducted by or under the direction of the Department by a licensed physician who is a psychiatrist or a licensed psychologist. A competency evaluator is required to have some training in forensic competency assessments, or be in forensic training and practicing under the supervision of a psychiatrist or licensed psychologist who has forensic expertise.

The court is required to release the defendant on bond if the defendant is otherwise eligible for bond, and the court is required to order that the evaluation be conducted on an outpatient basis or at the place where the defendant is in custody. The court may, however, order the defendant placed in the custody of the Department to conduct an evaluation under certain circumstances. The Department refers to evaluations that occur at CMHIP, CMHIFL, within the Restoring Individuals Safely and Effectively (RISE) Program, the Denver Restoration Unit, or in private inpatient psychiatric beds as "inpatient" evaluations. An "outpatient" evaluation is also conducted by CMHIP staff or CMHIP contractors, but the evaluation is done at the county jail, prison, or juvenile detention facility where the defendant is in custody, or at another location in the community if the defendant is released on bond.

Not all competency evaluation orders result in the completion of a competency report to the court, as the competency examination order may be subsequently withdrawn by the court for a variety of reasons (e.g., the charges were dropped or new orders were issued to change the evaluation location between inpatient and outpatient settings).

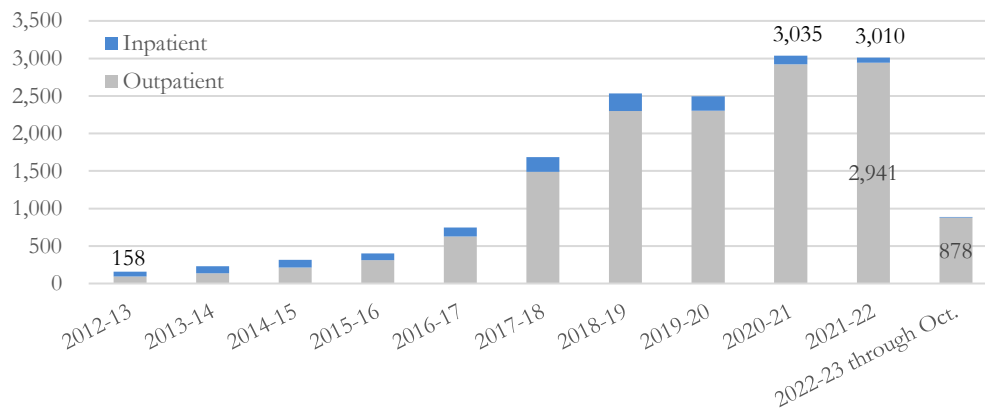
The number of court ordered competency evaluations has grown dramatically in recent years, from 158 in FY 2012-13 to 3,035 in FY 2020-21, with a small decrease to 3,010 in FY 2021-22 (see the chart on the following page). Staff notes that the vast majority of the evaluations are now provided in an outpatient setting, most often in jail, rather than transferring to CMHIP for the evaluations. In FY 2021-22, 1,894 (64.4 percent) of the 2,941 outpatient evaluations were jail-based.

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<sup>8</sup> It is staff's understanding that there is a long-standing legal recognition that a criminal trial of an incompetent defendant violates the defendant's right to due process of law and the right to have assistance of counsel for his defense.

<sup>9</sup> Please note that while H.B. 18-1109 created a process for the State Board of Parole to refer a case to the sentencing trial court for a finding of competency, the Department of Human Services is not responsible for conducting the competency evaluation and is not required to take custody of an offender for competency restoration services.

The number of court ordered competency evaluations has grown dramatically in the past 10 years, although the exams have shifted largely to outpatient settings.



### COMPETENCY RESTORATION SERVICES

If a defendant is determined competent to proceed, the court orders that the suspended proceeding continue (or, if a mistrial has been declared, the court resets the case for trial). If a defendant is determined to be incompetent to proceed, the court has several options<sup>10</sup>:

- If the defendant is charged with certain offenses (misdemeanors, misdemeanor drug offenses, or petty offenses) and is eligible for civil certification then the court shall will order dismissal of charges once the certification process is initiated. Similarly, the statute directs the court to dismiss charges when the defendant is incompetent to proceed and it is determined that restoration is unlikely.
- If the defendant is on bond or summons, the court is required to order outpatient restoration unless the Department recommends inpatient restoration services. The court must require, as a condition of bond, that the outpatient services occur.
- If the defendant is in custody on a misdemeanor, petty offense, or traffic offense, and is determined to be incompetent to proceed, the court must schedule a bond hearing within seven days of the determination, with a presumption that the court will order a personal recognizance bond and outpatient services. The statute requires the court to make “findings of fact that extraordinary circumstances exist to overcome the presumption of release by clear and convincing evidence.”
- If the court finds the defendant is not eligible for release from custody or not able to post the bond, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

It is staff's understanding that services that are provided to restore an individual's competency may differ from those provided to a patient with a different legal standing (e.g., an involuntary civil commitment), and may not necessarily address all of a patient's symptoms or mental health needs<sup>11</sup>.

<sup>10</sup> Section 16-8.5-111, C.R.S.

<sup>11</sup> In a 2003 decision [*Sell v. United States*, 539 U.S. 166 (2003)], the U.S. Supreme Court imposed limits on the right of a lower court to order the forcible administration of antipsychotic medication to a criminal defendant who had been determined to be incompetent to stand trial for the sole purpose of making them competent and able to be tried.

The Department currently utilizes a multidisciplinary team consisting a psychiatrist, psychologist, social worker, nursing staff, mental health clinicians, and other clinical disciplines. Once the defendant's multidisciplinary treatment team determines that competency has been restored, the Department conducts a competency evaluation. If the Department evaluator agrees, the Department prepares a report to the court; the court determines whether the defendant is restored to competency. At such time as the Department recommends to the court that the defendant is restored to competency, the defendant may be returned to custody of the county jail or to previous bond status and the case proceeds. The court is required to credit any time the defendant spent in confinement.

An individual may not be confined for purposes of receiving competency restoration treatment for a period in excess of the maximum term of confinement that could be imposed for the offenses with which the defendant is charged, less any earned time<sup>12</sup>. The court is required to review the case at least every three months with regard to the probability that the defendant will eventually be restored to competency and the need for continued confinement.

Current statute also specifies timelines for the recurring review of competency proceedings to assess the likelihood of successful restoration. If the court finds that there is substantial probability that the defendant will not be restored to competency within the foreseeable future, the court may order the release of the defendant from commitment through one or more of the following options<sup>13</sup>:

- Upon motion of the district attorney, the defense, or the court itself, the court may terminate the proceeding.
- The court or a party may commence a civil proceeding for involuntary commitment if the defendant meets the requirements for such commitment<sup>14</sup>.
- The court or a party may initiate an action to restrict the rights of an individual with a developmental disability who is eligible for services<sup>15</sup>.

Similar to the trend in evaluations, the number of court ordered restoration services has also increased dramatically in the past 10 years. The following chart illustrates changes in the number of court-ordered competency *restorations* since FY 2012-13, with the most significant increases occurring in the last four fiscal years. The chart breaks out the setting in which the restoration treatment was provided (inpatient includes both CMHIP and the RISE program). While the number of court orders that allow competency restoration to happen on an outpatient basis has increased, the majority (56.0 percent) were still required to be conducted on an inpatient basis in FY 2021-22.

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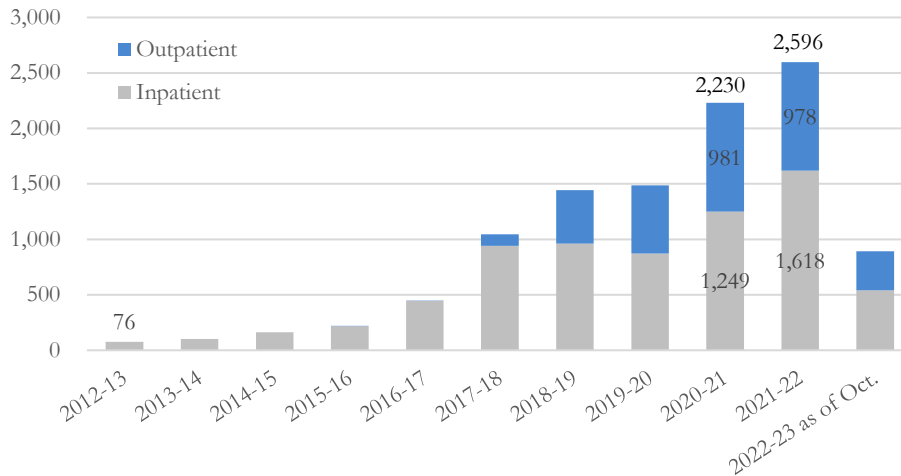
<sup>12</sup> Section 16-8.5-116 (1), C.R.S.

<sup>13</sup> Section 16-8.5 116 (2), C.R.S.

<sup>14</sup> Article 65 of Title 27, C.R.S.

<sup>15</sup> Article 10.5 of Title 27, C.R.S.

The number of court orders for restoration has also increased dramatically in recent years.



### INCREASING FUNDED CAPACITY – BUT STILL NOT MEETING DEMAND ACTIONS THROUGH FY 2021-22

The General Assembly has taken repeated actions to increase capacity for competency services in recent years.

- Those changes have included adding units at CMHIP and shifting existing capacity from civil beds to forensic beds, increasing forensic capacity but decreasing the beds and services that would otherwise have been available for civil patients. However, staff notes that the “funded capacity” at CMHIP continues to be an illusion. While the FY 2022-23 appropriation assumes that CMHIP should have 516 total beds available (including 422 forensic beds and 94 civil beds), staffing shortages have forced the complete closure of three units and partial closure of one additional unit, reducing CMHIP’s actual capacity by 84 beds in the current year.<sup>16</sup> At present, the Pueblo’s adolescent beds are the hospital’s only beds that are accessible to the public. The other civil patients all started as forensic patients but their status shifted to civil during their stay at CHMIP.
- The RISE program has also grown, from 22 beds in the initial appropriation to an upper limit of 114 by FY 2020-21. In FY 2021-22, the Department adjusted the contract to account for a bed guarantee of 92 beds to account for the program’s beds that are actually utilized and an increased bed rate from the Arapahoe County Sheriff’s Department. For FY 2022-23, the number has reduced to 78 beds.
- In addition, the Department has General Fund appropriations to cover 8 additional private psychiatric beds. In FY 2021-22, the Department also used a temporary allocation from the Consent Decree fines (as authorized by the Fines Committee) to cover an *additional* 12 private beds at a newly established Denver Restoration Unit. The Fines Committee approved the use of the consent decree funds on a time-limited basis during the pandemic, and those funds are not from the Department’s appropriations. According to the Department, those changes were necessary because increased levels of acuity were not appropriate for the available RISE beds.
- Recognizing the shortfall and growing waitlist for competency services (discussed below), the Governor’s Office also allocated \$19.7 million in federal stimulus funds from the American Rescue Plan Act of 2021 to contract for an additional 64 competency beds in private hospitals in FY 2021-22.

<sup>16</sup> One of the closed adult units has been repurposed as a medical unit for COVID-positive patients.



## **ACTIONS FROM THE 2022 LEGISLATIVE SESSION**

The General Assembly took a number of actions during the 2022 Session to add capacity related to the competency system. Major actions include:

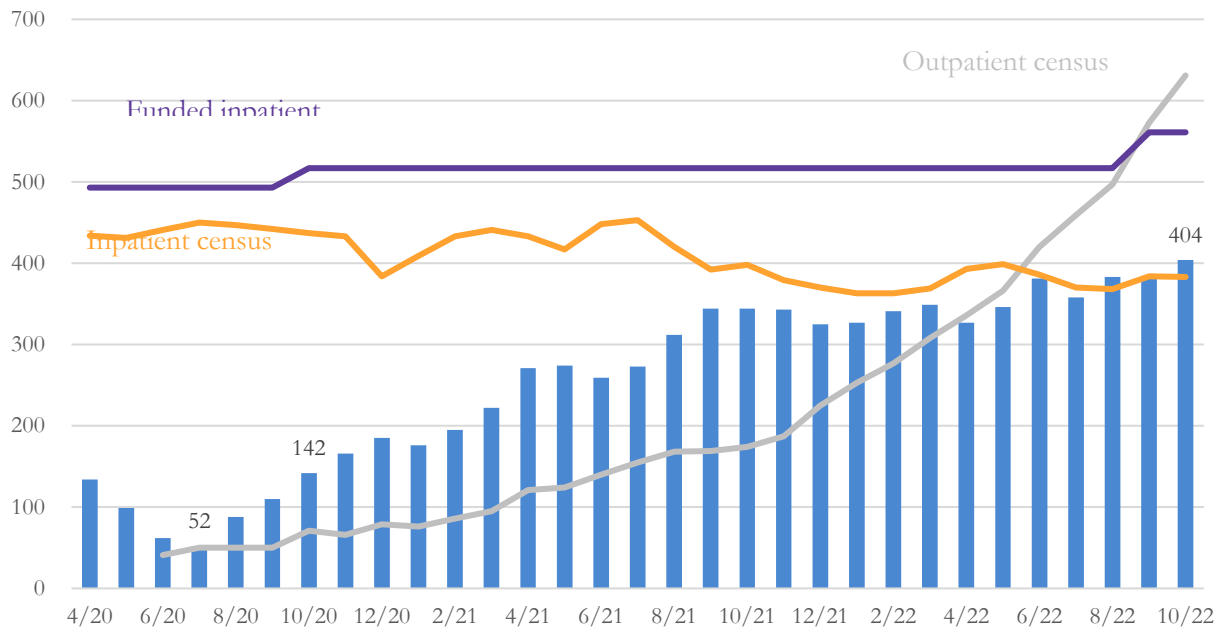
- An increase of \$11.7 million General Fund and 95.9 FTE for FY 2022-23 to staff the two new units (44 beds) at Fort Logan. While opening has been delayed by staffing challenges, the Department held an event to celebrate the opening of the first unit on December 5, 2022.
- House Bill 22-1303 (Increase Residential Behavioral Health Beds) appropriates a total of \$57.8 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal ARPA funds) to the Department of Human Services. That includes \$7.0 million for capital construction to renovate a building at Fort Logan to add at least 16 more inpatient beds and \$3.7 million for capital construction to renovate two group homes and provide mental health residential facilities, as well as operating funding for those facilities for FY 2023-24 and part of FY 2024-25. In addition, the bill also appropriates \$33.5 million to support additional contract beds. Because all of these appropriations are from the ARPA funds, they are available through December 30, 2024.
- House Bill 22-1386 (Competency to Proceed and Restoration to Competency) makes changes to statute related to competency evaluations and proceedings. The bill makes the following appropriations: (1) \$28.6 million from the Economic Recovery and Relief Cash Fund (originating as ARPA funds) for additional contract beds; and (2) \$800,000 from the Behavioral and Mental Health Cash Fund (also originating from ARPA) to conduct a feasibility study for the renovation of a hospital facility in Adams County. Those appropriations remain available through December 30, 2024.

## **CONTINUED GROWTH IN THE WAITLIST**

In spite of increasing investments in capacity for inpatient competency services, the waitlist for competency services has continued to grow since July 2020. While it is still too early to expect to see results from many of the investments made during the 2022 Session, the trend remains concerning. The chart below attempts to summarize the major relevant variables.

- As shown by the blue bars in the chart, the waitlist has grown from a low of 52 individuals awaiting services in June 2020 (when the waitlist was arguably artificially low due to COVID impacts) to more than 400 individuals as of the end of October 2022 (the waitlist bars reflect the actual waitlist as of the last day of each month).
- As shown by the various lines on the chart, the inpatient and outpatient censuses have fluctuated significantly over that period, while the waitlist has continued to grow. The inpatient census has also remained well below the system's theoretical (funded) capacity.

Following reductions to the waitlist (bars) in early 2020, it has grown to more than 400 individuals since then.



## IMPLICATIONS FOR THE CONSENT DECREE AND APPROPRIATIONS

In March 2019, DHS reached an agreement with the 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 replaces the previous Settlement Agreement. The consent decree will be legally binding and judicially enforceable through December 1, 2025 (unless the Department sustains a two-year period of compliance, in which case the Consent Decree is terminated). Until the consent decree is terminated, DHS’ compliance will be overseen by the Court and a Special Master (Groundswell Services, Inc., and its team of forensic mental health experts).

The consent decree requires CDHS to take a number of actions (for detail on the broader requirements of the decree, please see the FY 2020-21 JBC Staff Briefing Document for the Office of Behavioral Health).<sup>17</sup> Directly relevant to this discussion, the consent decree establishes a new set of timeframes for competency evaluation and restoration services and reduces those timeframes over time.

- For competency evaluations, the consent decree requires CDHS to offer admission for inpatient competency evaluations within 21 days as of June 1, 2019, and within 14 days as of July 1, 2020. For competency evaluations conducted in a county jail, DHS is required to complete the evaluation within 28 days as of June 1, 2019, and within 21 days as of July 1, 2020<sup>18</sup>.

<sup>17</sup> See discussion beginning on page 21 at: [https://leg.colorado.gov/sites/default/files/fy2020-21\\_humbrf3.pdf](https://leg.colorado.gov/sites/default/files/fy2020-21_humbrf3.pdf)

<sup>18</sup> These timeframes apply to the following 20 counties: Adams; Alamosa; Arapahoe; Boulder; Broomfield; Crowley; Custer; Denver; Douglas; El Paso; Elbert; Fremont; Huerfano; Jefferson; Larimer; Mesa; Otero; Pueblo; Teller; and Weld. The remaining counties are subject to longer timeframes associated with a “hold and wait” process that requires the sheriff to transport the individual to nearest county where services are available, with longer applicable timeframes.

- For competency restoration services, CDHS must offer inpatient treatment with seven days to pretrial detainees who have been ordered to receive inpatient restoration treatment and who: (1) appear to have a mental health disorder that results in the individual being a danger to others or to him or herself, or to be gravely disabled; or (2) have a mental health disorder and delaying hospitalization beyond seven days would cause harm to the individual or to others. For other pretrial detainees who have been ordered to receive inpatient competency restoration treatment, the consent decree establishes maximum timeframes for DHS to offer admission that start at 56 days as of June 1, 2019, and progressively decrease over time to 28 days by July 1, 2021.

**In addition, the consent decree establishes fines for each day that a pretrial detainee waits for services beyond those specified timeframes.**

- The fines range from \$100 to \$500 per detainee per day, and the consent decree capped the total amount of fines at \$10.0 million for FY 2019-20. That cap increases based on inflation in subsequent years, however, and the Department and JBC Staff anticipate that the State will owe more than \$10.0 million in FY 2022-23.
- Actual fines and costs paid for the consent decree were lower in FY 2020-21 (\$2.0 million) and FY 2021-22 (\$6.1 million) based on impacts associated with COVID-19. However, the maximum returned to the original \$10.0 million plus an inflationary increase for FY 2022-23.
- The FY 2022-23 appropriation provides \$12.0 million based on inflationary increases since 2020. At this time the Department has not requested change in funding associated with the consent decree for FY 2023-24.

Staff recommends discussing the outlook for competency proceedings with the Department at its upcoming hearing. Staff recommends that those discussions include anticipated progress based on the actions taken in the past several sessions as well as how the Department's proposed increases for FY 2023-24 fit into the picture. Based on the available information, staff and the Department agree that it appears likely that the fines and fees will reach the cap again in FY 2023-24, although the Department currently expects \$12.0 million General Fund to be sufficient to cover the fines for the year. Thus, it does not appear that a change in appropriations is necessary for FY 2023-24.

## POINTS TO CONSIDER AND FRAME OF REFERENCE

As is clear from the discussion and data above, the competency issue has remained challenging and intractable. While the State's investments have grown significantly, the waitlist and non-compliance with the consent decree have actually worsened, at least since the middle of 2020. However, staff offers the following points for the Committee's consideration, for potential discussion at the hearing, and for overall context.

First, the combination of timing and staffing challenges mean that we don't actually know what impact many of these changes will have. The General Assembly allocated large amounts of money to this problem in the 2022 Session and the impacts of those changes are not yet visible. On the other hand, the persistent and ongoing staffing challenges at the state hospitals risk undermining the State's progress because those critical pieces of the system (suited to the highest acuity and most challenging clients) cannot operate at capacity.

Second, staff thinks it is important to understand that Colorado is not unique in struggling with this specific issue. In response to a question from staff, OCFMH conducted an informal survey of every state to assess the status of competency issues across the nation. While the survey was informal and

one cannot be sure that the data and definitions are truly comparable, it is clear from the results that *many* states are struggling with this issue. (The Department's entire response to staff's question is attached as Appendix D).

The Department received responses from 42 states and the District of Columbia and collected additional information from states' judicial websites, annual reports, and other publicly available sources. Based on that informal survey:

- **Challenges and waitlists are widespread.** While comparison to any particular state is problematic based on the available information, 27 of the 42 responding states reported that they currently have waitlists. South Carolina and the District of Columbia were not included as having waitlists but did report struggling with increasing caseloads, particularly since the start of the pandemic.
- **At least nine other states reported that they currently have consent decrees in place or were in legal action that could result in a consent decree.**
- **Of the 27 states that reported waitlists, Colorado appears to be in the “middle of the pack”** in terms of both the size of the waitlist and the average waiting period for services. There were 13 states that appeared to have longer waitlists, and those states ranged in size from Kansas (roughly half of Colorado's population) to Texas (more than five times Colorado's population) and California (nearly 7 times the population). Meanwhile, some states that appear to have smaller waitlists actually seem to have longer waiting periods for services.

The Department's response also includes some additional information on policies and practices that appear to be correlated with reduced (or no) waitlists. According to the Department the following policies appear to be correlated:

- Some states have laws that always or usually divert certain misdemeanor offenses into the civil mental health system rather than the forensic/competency system. House Bill 22-1386 states a preference that some defendants (for low-level misdemeanors and petty offenses) be released on bond for outpatient services. However, that bill does not require those actions and does not divert those patients into the civil system.
- Colorado's timelines for dismissal of charges (if a defendant has not been restored to competency) are tied to maximum sentences for the alleged offenses, which the Department reports is typical in many states. However, some states such as New York and California are more rigid in their timelines for dismissal for patients that have not been restored to competency.
- Some states limit who can be directed to inpatient services, at least at first. Directing more clients to services in the community can maintain capacity for higher acuity clients and higher-level charges in the inpatient system, while allowing the population directed to the community to transition to inpatient if community-based services are unsuccessful.
- Finally, the Department has indicated that policies for court-ordered involuntary medications seem to be correlated with reduced waitlists because patients that adhere to medication plans may be restored to competency sooner, thereby maintaining “flow” in the system.

With respect to all of these policies, the Department has emphasized that balancing patient/client concerns and public safety requires a robust behavioral health system and safety net to maintain the safety of both patients and the public with additional services in the community. Looking toward the FY 2023-24 budget process, the following issue brief discusses the Department's decision items for OCFMH and competency.

## FY 2023-24 OCFMH DECISION ITEMS

The Department has submitted five decision items for the Office of Civil and Forensic Mental Health (OCFMH) that directly relate to the division's workload and either maintaining or increasing capacity in the forensic behavioral health system. Totalling \$6.9 million General Fund and 32.5 FTE in FY 2023-24, the requests include resources to: (1) support a quality assurance team for the state hospital at Pueblo to improve patient safety and sustain capacity at the hospitals in response to a finding by the Department of Public Health and Environment; (2) expand capacity across multiple programs in the Forensic Services Division in response to the division's increasing workload; (3) increase salaries for medical staff (physicians, nurse practitioners, and physician assistants) at the state hospitals to improve recruitment; (4) increase funding and capacity for the Momentum Program which provides intensive wrap-around services for clients in the community; and (5) develop and maintain improved data and reporting systems to support the division.

### SUMMARY

- The Department has submitted five decision items seeking increases in funding for OCFMH for FY 2023-24. Totalling \$6.9 million General Fund and 32.5 FTE, those items seek to maintain and/or increase capacity throughout the forensic services and competency system.
- The five items are intended to: (1) provide a quality assurance team for the state hospitals (focused primarily on Pueblo) to improve patient safety and sustain capacity; (2) expand staffing and capacity across multiple OCFMH programs in response to increasing workload; (3) increase salaries for specific medical staff (psychiatrists, internal medicine doctors, nurse practitioners, and physician assistants) at the state hospitals to improve recruitment and the ability fill those essential positions; (4) increase funding for intensive wrap-around services provided through the Momentum Program; and (5) develop and maintain improved data and reporting systems.
- Taken as a group, these decision items would impact multiple facets of the forensic/competency system. The increases would follow significant investments of one-time funds by both the General Assembly and the Governor's Office over the past two years (see the next issue brief in this document) as the State continues efforts to improve forensic services and reduce the waitlist.

### RECOMMENDATION

Staff recommends that the Committee discuss these decision items with the Department at its upcoming hearing. Staff recommends that the Committee discuss how these five decision items would interact with (and hopefully complement) the significant one-time funding provided in the past two sessions as the State works to improve forensic services for patients and reduce the competency waitlist.

### DISCUSSION

The previous issue brief outlines the ongoing challenges facing the State regarding forensic services and competency, as well as actions taken to date by the General Assembly and the Governor's Office

(using one-time funds under the control of the Governor). For FY 2023-24, the Department has proposed five decision items specific to OCFMH, totaling \$6.9 million General Fund and 32.5 FTE (see table below). The sections following the table briefly describe each decision item and its justification in relation to forensic services and competency.

FY 2023-24 OCFMH Decision Items				
	FY 2023-24		FY 2024-25	
	General Fund	FTE	General Fund	FTE
R1 State Hospital QA Funding <sup>1</sup>	\$783,260	6.5	\$783,260	6.5
R8 Forensic services division capacity expansion	3,704,803	23.2	3,697,389	25.0
R9 Salary increase for hospital medical staff	1,808,238	0.0	1,808,238	0.0
R12 Momentum Program funding	328,747	0.0	328,747	0.0
R14 OCFMH data management and reporting	236,314	2.8	234,034	3.0
<b>Total</b>	<b>\$6,861,362</b>	<b>32.5</b>	<b>\$6,851,668</b>	<b>34.5</b>
<sup>1</sup> Current expectations would reduce the amount for R1 to \$535,260 in FY 2025-26 with the elimination of \$248,000 in contract consultant funding that year.				

### REQUEST R1 – STATE HOSPITAL QUALITY ASSURANCE FUNDING

**Request:** Request R1 seeks an increase of \$783,260 General Fund and 6.5 FTE in FY 2023-25, with that same amount continuing in FY 2024-25. The request proposes to create a quality assurance team for the state hospitals at Pueblo and Fort Logan with the team FTE housed at, and nearly all of the money requested for, Pueblo (only \$50,000 is requested within the Fort Logan line items). The Department indicates that this is the minimum number of staff required by a corrective action plan negotiated with the Department of Public Health and Environment (CDPHE) for the hospital at Pueblo. The requested FTE include:

- 4.0 health professional FTE (1.0 health professional IV and 3.0 health professional III) as “occurrence reporters” and quality assurance monitors. These positions would be responsible for the actual monitoring and implementation of the hospitals’ improved quality assurance activities.
- 2.0 FTE (including a project coordinator and a policy advisor III) to maintain the hospitals’ policies and ensure compliance with what appear to be ongoing and frequent changes in regulations. These positions would track changes in law and regulations affecting the hospitals and ensure that the policies remain in alignment (and work with the occurrence reporters to ensure that the policies are actually followed and implemented with fidelity).
- 0.5 FTE electronic specialist III to maintain the expanded camera system required by the corrective action plan.

Two items of note for the request itself include:

- Under the Department’s current expectations, the total would decrease to \$535,260 and 6.5 FTE in FY 2025-26 with the termination of \$248,000 funding to support ongoing work with a national consulting firm for the next two years.
- Unlike most General Fund requests for additional FTE, the pay date shift does not apply to this request because the positions are either already hired or in the process of being hired with one-time funding in FY 2022-23.

**Justification:** The request responds to a corrective action plan agreed to by the Department of Human Services and CDPHE in response to critical incident from July 2021. On July 27, 2021, a patient at Pueblo attempted suicide by hanging and was hospitalized. On August 12, 2021, CDPHE conducted an inspection on behalf of the Center on Medicare and Medicaid Services (CMS) in

response to that incident to verify the hospital's ability to comply with the CMS "conditions of participation." That survey identified six findings related to patient safety, including four "immediate jeopardy" deficiencies that required immediate action by the hospital to address the deficiencies.<sup>19</sup>

The hospital addressed the four immediate jeopardy deficiencies over the following 16 days, during which the hospital was not allowed to admit patients. As directed by the corrective action plan, the Department immediately contracted a national consultant to inform necessary changes to policies and practices at the hospital. The hospital contracted with Chartis for that work and continues to work with the consultant to ensure compliance.

The Department applied for one-time ARPA funding from the Governor's Office for FY 2021-22 and received funding to address the issues for that year. The contract with Chartis began on September 10, 2021, less than two months after the incident in question, with an initial encumbrance of \$300,000. However, the consultant costs \$500 per hour and the contract was amended twice to increase the encumbrance to a total of \$999,500 for FY 2021-22 and further amended to add \$320,000 for FY 2022-23.

The four immediate jeopardy findings were then downgraded to "condition level deficiencies. As of October 2022, two of those condition level deficiencies remain:

- Failure to provide adequate resources for quality assurance and performance improvement activities, including an incident management system, updated video monitoring cameras, suicide mitigated doors, and adequate quality assurance monitoring for follow up to complaints (**this remaining finding is the subject of R1**).
- Locking patient bedroom doors (automatically locking doors are only permitted for seclusion/restraint rooms).

According to the Department, the services and advice of the consultant have been instrumental to addressing the deficiencies and maintaining the hospital's ability to continue to accept and serve patients. In addition to the 6.5 state FTE, the request includes \$248,000 per year for the next two years (FY 2023-24 and FY 2024-25) to retain the support of the consultants on an as-needed basis. However, at a rate of \$500 per hour and \$4,000 per day, relying on the consultants for ongoing day-to-day support is cost prohibitive and the Department is requesting the additional funding and FTE to support a quality assurance team on an ongoing basis. As noted by the department, the total request for FY 2023-24 (for 6.5 FTE *and* a continued contract for \$248,000) is less costly than 10 months of the consultant contract in FY 2021-22.

**Points to Consider:** As a major point of context, the state hospitals remain central to the Department's forensic services and are central to any efforts to comply with the consent decree. Based on the current models, any effort to reduce or eliminate the waitlist and achieve compliance with the consent decree will require maintaining services at the hospitals. Based on the response to the July 2021 incident and the resulting directed action plan, it appears that Pueblo requires a significant increase in quality assurance work to both improve patient safety and maintain the hospital's ability to

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<sup>19</sup> CMS defines three levels of deficiency: (1) immediate jeopardy requires immediate correction or the facility will be placed in a 23-day termination track; (2) condition level deficiencies indicate a critical health or safety breach and must be corrected within 30-90 days; and (3) standard level deficiencies are less emergent and can be addressed through the standard budget process.

operate. Based on the available information, staff agrees that these positions appear to be necessary for both reasons.

It is unfortunate that the Committee is in the position of evaluating positions that are already in place. Given the timing of the incident in late July 2021, staff understands that crafting a decision item for the November 1, 2021, budget request was probably not realistic. While a supplemental request for FY 2021-22 or a budget amendment for FY 2022-23 may have been feasible in January 2022, the Department secured one-time funding for the associated costs in FY 2021-22 and reports that it is still working to secure adequate funding from one-time sources for FY 2022-23. According to the Department, there is no funding available within existing resources to support these positions going forward.

### REQUEST R8 – FORENSIC SERVICES DIVISION CAPACITY EXPANSION

**Request:** Request R8 seeks an increase of \$3,704,803 General Fund and 23.2 FTE for FY 2023-24 (adjusting to \$3,697,389 and 25.0 FTE in FY 2024-25) to increase capacity in the Forensic Services Division (within OCFMH) in response to the ongoing increase in forensic/competency workload. The request includes the following increases in positions (shown as full FTE as they would be reflected in FY 2024-25):

- 19.0 FTE clinical and administration staff for evaluation and restoration services. That amount includes 1.0 new deputy director for the division, 6.0 forensic evaluators and 2.0 support staff within Court Services, 6.0 forensic navigators and 3.0 social workers in the Forensic Support Team, and a clinical masters level position in Jail-based Restoration Services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to support the division to monitor and ensure the quality of services provided by both internal staff and through contracted vendors.

**Justification:** The request responds to the ongoing increase in workload facing Forensic Services (discussed in some detail in the previous issue brief in this document). Staff has attempted to summarize the Department’s justification for the various types of positions below, by line item (note the funding amounts shown do not include centrally appropriated items such as employee benefits).

*Administration - \$101,754 and 1.0 FTE deputy director:* The Division’s workload and workforce have approximately doubled since the division was first created in 2018, which predated the consent decree. The Department argues that the additional workload, the increasing complexity of the workload, and the additional legal and policy demands on the division warrant the creation of the deputy director position to provide additional leadership and guidance to the various programs within the division. The Department has indicated that the position will be responsible for working with the human resources team on investigations, employee retention, and staff development, as well as working with the Chief Financial Officer’s office on contract issues. The Department has pointed to a particular need for leadership and guidance for jail-based and outpatient services with an emphasis on quality assurance and compliance.

*Forensic Support Team - \$1.1 million and 9.0 positions (6.0 FTE forensic navigators, 1.0 FTE social worker (program coordinator), and 2.0 contract social workers that would not actually be state FTE):* The Forensic Support Team was created in response to the consent decree in 2019 to address client needs while they are in jail awaiting services. The team is the primary point of contact for all other stakeholders in the competency process. Prior to FY 2022-23, the FTE were reflected in the Court Services line item.



However, the General Assembly moved the relevant funding and FTE into a separate “Forensic Support Team” line item in FY 2022-23 based on the distinctive functions of the staff.

- The current budget includes \$1.5 million and 19.0 FTE (16.0 FTE forensic navigators, 2.0 FTE program coordinators, and 1.0 FTE program assistant). The forensic navigators provide care coordination for competency evaluation and restoration clients who are in jail while awaiting services. In addition, the navigators provide status updates on these clients through written reports and court attendance, attending staffings to transition clients and engaging in policy committees and workgroups. The forensic navigators all work remotely as their duties are focused within 55 county jails across the state and all 22 judicial districts.
- The Department is trying to target manageable caseloads for the forensic support team and fill gaps in specific judicial districts. The team has seen a 69 percent increase in client census between July 1, 2020, and June 30, 2022. Their workload has also changed as the team has shifted from only supporting clients deemed incompetent to proceed (and awaiting services) to also supporting those in jail awaiting evaluation services.
- In addition to the costs directly related to the new FTE, the request includes \$163,951 in additional travel funding (the team has extensive travel costs to support clients in disbursed areas) and \$99,792 to support clients transitioning from incarceration with transportation vouchers, hygiene items, and, when appropriate, bridge gaps related to access to healthcare and housing.

*Court Services – \$1.7 million and 8.0 FTE (5.0 FTE forensic evaluators, 1.0 FTE forensic evaluator supervisor and 2.0 FTE support staff):* As discussed in the previous issue brief, Department staff are responsible for court ordered competency evaluations, including those conducted in inpatient settings, in jails, and in the community.

- The Department argues that the additional positions will allow for an estimated 66 additional evaluations per month (12 per month per evaluator and 6 per month for the supervisor), helping to address the increasing workload for court ordered evaluations.
- As of November 2, 2022, the Department reported that there were 6 people waiting for inpatient competency evaluations, 163 waiting for an evaluation to be conducted in jail, and 252 waiting for an outpatient evaluation.

While the Department reports that it is bringing 60-80 people off of the competency waitlist per month, the number of court orders continues to outpace those reductions, resulting in ongoing growth in the waitlist.

*Jail-based Competency Restoration Program - \$67,139 and 1.0 FTE:* The request includes an increase to support a clinical masters level position (Health Professional III) to add capacity to that program. According to the request, clinical members on this team assist in coordinating admissions to and discharges from the program, provide technical assistance and training for program start-up, audit contracted restoration programs in jails and private hospitals, and provide oversight for client care at jail-based and private hospital programs. The Department is submitting this request in response to increasing workload and in an effort to improve services in the affected programs.

*Quality Assurance (New Line Item Requested) - \$371,716 and 6.0 positions:* The Department is proposing to create a Quality Assurance, Policy, and Records Management Work Unit to support the entire Forensic Services Division. The Department argues that the additional staff are necessary to ensure the quality of services provided both through internal staff and through external (contract) vendors, particularly in light of the increasing workload and complexity of the division’s activities. The

proposed staff would set standards for documentation and services and complete quality checks of those services to assess compliance with standards and policies to mitigate risks to clients and the community. In a response to JBC Staff questions, the Department states that:

*“Our programs also do not currently have the resources to oversee quality of services or assist with standardized program audit processes or reviews of internal work quality driven by the consent decree, including continued process mapping of programs (internal and external), updating and reviewing data, and auditing the efficacy of evaluations and how this impacts the waitlist. Additionally, the Division lacks a point person to oversee the creation, renewal, and review of operational policies as well as tracking of staff training on these policies. All of these duties are currently overseen ad hoc by staff whose jobs would be full time without these additional duties and who are not necessarily trained in these types of audits, policy review, or data management. This has been problematic in Court Hearings when judges have asked for a Departmental policy or when staff inquire about what policy they should reference when working with stakeholders.”*

**Points to Consider:** This is a large request and would represent a significant increase in both funding and staff for the division. Given the ongoing challenges with the waitlist and the competency degree, as well as the various programs’ increasing workload, staff agrees that additional resources are likely to be necessary. Staff will continue to work with the Department in an effort to better understand the workload measures and assumptions for the specific positions requested.

#### REQUEST R9 – SALARY INCREASE FOR HOSPITAL MEDICAL STAFF

**Request:** Request R9 proposes an increase of \$1.8 million General Fund in FY 2023-24 and ongoing in subsequent years to support salary increases for psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants employed in the two state hospitals. These positions are actually employed on contract with the University of Colorado (CU) – and the proposed salary increases would be built into the contract with CU for FY 2023-24 and beyond. The following table shows the current and requested base salary levels for each category of impacted position. As shown in the table, the request represents an increase of approximately 10.0 percent in the base salary for every category of position. The Committee should note that this is just the base salary, excluding benefits, any contract administration fees, and any potential stipends for especially hard to fill positions.

BASE SALARY COMPARISONS FOR CU CONTRACT MEDICAL STAFF UNDER REQUEST R9						
YEARS OF EXPERIENCE	MEDICAL DOCTORS			NURSE PRACT. AND PHYS. ASSIST.		
	FY 2022-23	FY 2023-24 REQ.	PCT. CHANGE	FY 2022-23	FY 2023-24 REQ.	PCT. CHANGE
0-4	\$227,766	\$251,000	10.2%	\$124,236	\$136,660	10.0%
5-9	232,321	256,020	10.2%	126,721	139,393	10.0%
10-14	234,599	258,030	10.0%	127,963	140,760	10.0%
15-19	236,877	261,040	10.2%	129,205	142,126	10.0%
20+	239,154	263,550	10.2%	130,448	143,493	10.0%

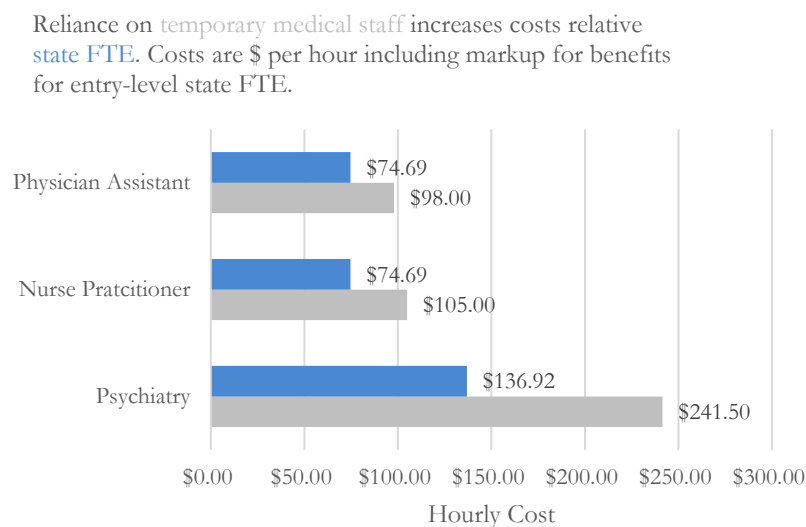
The requested salaries are based on market evaluations by the Department and CU – and the contract office at CU has approved the requested changes.

**Justification:** The Department reports that the hospitals continue to struggle to recruit and hire these critical positions and that the hospitals’ medical teams have not been fully staffed since at least April 2018. At Fort Logan, the current vacancy rate for all medical staff contracted through CU is between

35 and 40 percent, and the vacancy rate for psychiatrists is 50 percent. Pueblo has not been able to hire a new permanent psychiatrist since 2012 and reports that all of the current psychiatrists are nearing retirement.

The General Assembly approved a similar pay increase in FY 2018-19 (actually funded in two installments in FY 2018-19 and FY 2020-21). The Department reports that the last increase did improve recruitment and they were able to hire three new psychiatrists (at Fort Logan) after the second phase of the salary increase went into effect. However, that effect seems to have worn off in the face of a national provider shortage and the hospitals are again struggling to recruit and hire.

In order to keep units open, the hospitals have increasingly resorted to temporary contract staff, which come at higher cost. The following graphic shows the current (FY 2022-23) entry level salaries for each type of position (on an hourly basis) and the current cost of temporary/contract staff to cover those positions.



Even at the upper end of the salary scale (for staff with 20 or more years of experience), current pay for the CU-contracted doctors is well below the temporary cost (which applies regardless of experience). For example, psychiatrists at the hospitals with more than 20 years of experience would earn \$143.77 per hour (including benefits) in FY 2022-23, still approximately \$98 below the \$241.50 paid for temporary staff (although not all of that goes to the temporary staff because the agency withholds some costs).

In addition to the increased cost, the Department also reports that reliance on temporary medical staff impacts morale. The temporary staff earn more than permanent staff that may have more experience and are in the hospital for longer terms. In addition, the temporary staff may have black-out dates in their contracts that require time off during specific periods such as the holidays. As a result, permanent staff may be required to work less desirable (and potentially more stressful) shifts while making less money and managing consequences associated with temporary staff turnover.

**Points to Consider:** First, the hospitals simply cannot operate without direct care medical staff. These are essential positions and the Department/CU have been unable to fill them. This request reflects an ongoing challenge facing the hospitals for all types of staffing. However, it also points to specific dynamics that have come up in both of staff's site visits to Pueblo, in relation to both the medical staff affected by this request and to nursing staff.

- The two state hospitals are essential components of the behavioral health continuum, and especially for forensics (since nearly all of the beds are currently dedicated to forensic clients).
- The hospitals are already struggling to find medical staff based on available resources (with other challenges undoubtedly contributing) and facing significant vacancies.
- Those challenges have forced the hospitals to turn to temporary contract staff in order to keep units open and operating – with the temporary staff costing significantly more than the state FTE would if the hospitals could fill the positions.
- This further reduces the resources available for permanent staff and contributes to ongoing morale and patient care challenges if contract staff are paid more and have preferable schedules based on the dictates of their contracts.

#### REQUEST R12 – MOMENTUM PROGRAM FUNDING

**Request:** Request R12 proposes an increase of \$328,747 General Fund in FY 2023-24 (and ongoing) to expand the Momentum Program. Following the creation of the outpatient competency restoration program in 2018, the Department started contracting with Rocky Mountain Human Services to operate the Momentum Program in FY 2019-20 to provide intensive wrap-around services for outpatient forensic clients to improve their chances of success living in the community. The program accepted its first clients in FY 2019-20 and the first full year of operations was FY 2020-21.

Participation in the program has grown from 32 referrals in FY 2020-21 (with \$390,028 in actual expenditures) to 58 in FY 2021-22 (with \$670,373 in actual expenditures). The Department contracts with Rocky Mountain Human Services for a variety of programs, and now both OCFMH and the BHA are in the same contract. That flexibility has allowed the Department to increase funding for Momentum within the existing resources of the contract because some other programs had lower expenditures than were anticipated. However, the Department reports that increasing work with the BHA will reduce that flexibility, and the Department is targeting \$950,000 in expenditures for Momentum in FY 2023-24.

**Justification:** The Department (including both OCFMH and the BHA) contracts with Rocky Mountain Human Services for a variety of services, including the Momentum Program. Momentum provides intensive wrap-around services to forensic clients in order to allow them to live in the community with outpatient treatment. According to the Department, because of the high cost of services and the limited amount available for Momentum, it is the program of last resort as the Department attempts to serve eligible clients in the community and prevent further involvement with the criminal justice system or the need for inpatient psychiatric care.

The contract requires the program to generally prioritize potential placements in the following order:

- Clients from the state hospitals with barriers to discharge that are preventing discharge without Momentum placement.
- Children and youth with significant placement barriers.

- All other clients having difficulties discharging from other hospitals or who are part of Forensic Community Based Services, Forensic Support Team, or Outpatient Community Restoration.

It is important to note that discharging these clients from inpatient care to Momentum services then makes beds available for additional clients in need of inpatient services.

Placements with existing funding have increased from 32 in FY 2020-21 to 56 in FY 2021-22. The current contract for this year (FY 2022-23) includes 47 placements although the Department has stated that the number is difficult to predict. The Department estimates that the increase in funding would allow for 76 placements in FY 2023-24. The Department has identified this request as theory-informed.

Costs per client vary widely but the Department assumes an average cost of approximately \$12,500 per client served by Momentum based on recent years' costs. Among others, the services supported by Momentum include:

- Benefits acquisition for things such as long-term care and Social Security Disability Insurance.
- Housing assistance and temporary housing.
- Facilitation of medical and dental care.
- Support for vehicle repairs to allow clients to work and attend treatment.
- Gift cards for fuel, food, hygiene products, etc.

While the cost per client appears significant, it equates to approximately 12 days of inpatient psychiatric care for an adult at CMHIP. In that context, with the added benefit to the client of being in the community (assuming that Momentum is able to successfully support the client to stay in the community), the cost of Momentum is less striking.

**Points to Consider:** Staff notes that the program currently serves approximately 6 percent of outpatient competency clients, and while the increase from 56 clients in FY 2021-22 to 76 in FY 2023-24 is large in percentage terms (35.7 percent), the 76 clients still represent only 6.1 percent of outpatient referrals. Given the limited availability of Momentum Services, it seems especially important that the Department target those referrals to the clients that need the services the most in order to be successful in the community. Staff suggests that if the program continues to show promising results with successfully treating this population without inpatient care (and keeping that care available for even higher acuity clients) and additional clients would benefit from the program then the General Assembly may wish to consider further expansion in subsequent years.

#### REQUEST R14 – OCFMH DATA MANAGEMENT AND REPORTING

**Request:** Request R14 proposes an increase of \$236,314 General Fund and 2.8 FTE for FY 2022-23 (annualizing to \$234,038 and 3.0 FTE for FY 2023-24 and beyond) to provide staff to support information technology and data reporting systems improvement proposed through a companion information technology capital construction request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, with a briefing scheduled for December 13, 2022). That capital IT request seeks \$2.1 million General Fund for the actual system development, while this request (R14) seeks funding for the staff to support the development and ongoing maintenance of the proposed system which is intended to serve both the state hospitals and the forensics programs.

***Justification:*** The proposed systems is intended to improve the efficiency of data management and reporting for forensics data, protect sensitive information, and reduce the need for time-intensive and redundant data entry related to the forensics system. The Department reports that the current workflow requires manual data entry and “data pulls” from a number of disparate systems, requiring large amounts of forensic staff time to complete necessary reports and data analyses. The goal of the new system is to eliminate much of that redundancy and house the data in a system that will be more usable (and more useful).

As noted above, this (operating) request for 3.0 additional positions is linked to the \$2.0 million capital information technology request. Staff is not attempting to speak to the merits of the capital request but does agree that the new system will likely require additional staff for maintenance and support if approved. If effective, that would allow the existing staff to focus more on client services and spend less time on data entry and manipulation.

***Points to Consider:*** Staff will continue to work with the Department to better understand the request and the need for the upgraded system. If the Committee approves the (much larger) capital information technology request, then, based on the available information, staff expects that additional staff would make sense to support and maintain the system. Staff notes that the Department has requested the three data management III positions at the range minimum (an annual salary of approximately \$53,000). Staff appreciates that the request aligns with the Committee’s common policy regarding salaries for new FTE – but is also uncertain that the Department will be able to successfully hire and retain staff in these positions.

## ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Human Services that included \$46.0 million originating as state General Fund and \$482.4 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds). Within those totals, \$19.0 million General Fund and \$424.0 million that originated as federal funds were directed to behavioral health programs within the Department. In addition, as of the end of FY 2021-22, the Department's behavioral health programs had received and spent \$11.7 million in federal funding allocated by the Governor (and not appropriated by the General Assembly).

### SUMMARY

- During the 2021 and 2022 legislative sessions, the General Assembly allocated \$443.0 million in one-time funds to the Department of Human Services for behavioral health programs. This amount includes \$19.0 million General Fund and \$424.0 million that originated as federal stimulus funds.
- The General Fund appropriations include \$9.0 million appropriated in H.B. 21-1258 (Mental Health Screenings) for the Temporary Youth Mental Health Services Program and \$10.0 million appropriated in H.B. 22-1326 (Fentanyl) for substance use treatment and prevention services. The allocations of money that originated as federal funds span uses across the continuum of behavioral health services.
- Because the majority of the allocations are from the 2022 Session, only a small portion of that money has been spent to date.

### RECOMMENDATION

Staff recommends that the Committee seek updates from all departments during their budget hearings on the use of significant one-time allocations of federal and state funding. For the behavioral health divisions covered in this document, staff recommends that the Committee ask the Department and the Behavioral Health Administration to provide additional information on the anticipated impact of these funds on the continuum of behavioral health services in Colorado as well as the anticipated impact on competency services and the State's efforts to comply with the consent decree.

### DISCUSSION

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated \$528.4 million in one-time funding to the Department of Human Services through appropriations and transfers. For many programs, authority was provided to expend the funds through FY 2023-24 or beyond. To assist the Committee in tracking the use of these funds, the tables below show the sum of allocations provided for FY 2020-21, FY 2021-22, and FY 2022-23 and expenditures through FY 2021-22 by the original source of the funds (General Fund, federal Coronavirus State Fiscal Recovery Funds, and other funds).

ALLOCATION AND EXPENDITURE OF ONE-TIME GENERAL FUND

DEPARTMENT OF HUMAN SERVICES BEHAVIORAL HEALTH PROGRAMS ONE-TIME GENERAL FUND			
BILL NUMBER AND SHORT TITLE	APPROPRIATION/ TRANSFER OF FUNDS	ACTUAL EXPENDITURE OF FUNDS THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
H.B. 21-1258 Mental health screenings in school	9,000,000	5,520,000	For the Temporary Youth Mental Health Services Program.
H.B. 22-1326 Fentanyl	10,000,000	0	For substance use treatment and prevention services.
<b>TOTAL</b>	<b>\$19,000,000</b>	<b>\$5,520,000</b>	

ALLOCATION AND EXPENDITURE OF ONE-TIME FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS (ARPA FUNDS)

DEPARTMENT OF HUMAN SERVICES BEHAVIORAL HEALTH PROGRAMS ONE-TIME ARPA FUNDS			
BILL NUMBER AND SHORT TITLE	APPROPRIATION/ TRANSFER OF FUNDS	ACTUAL EXPENDITURE OF FUNDS THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-137 Behavioral Health Recovery Act	10,000,000	10,000,000	For managed service organizations for increasing access to substance use disorder treatment and recovery
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	597,862	Services for school-aged children and parents by community mental health center school-based clinicians
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	376,471	Colorado crisis system services in response to COVID-19 impacts on the behavioral health of Colorado residents
S.B. 21-137 Behavioral Health Recovery Act	2,000,000	0	Behavioral health and substance use disorder treatment for children, youth, and their families
S.B. 21-137 Behavioral Health Recovery Act	1,000,000	556,980	Mental health awareness campaign
S.B. 21-137 Behavioral Health Recovery Act	18,000,000	1,517,481	Behavioral health workforce development program
S.B. 21-137 Behavioral Health Recovery Act	26,000,000	478,746	Behavioral health statewide care coordination infrastructure
S.B. 21-137 Behavioral Health Recovery Act	9,000,000	3,119,934	County-based Behavioral Health Grant program
S.B. 21-137 Behavioral Health Recovery Act	500,000	191,219	Guardianship services for individuals transferring out of mental health institutes
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	292,675	Jail based behavioral health services
S.B. 21-137 Behavioral Health Recovery Act	3,250,000	1,053,371	Community mental health centers for COVID-19 response
S.B. 21-137 Behavioral Health Recovery Act	5,000,000	239,904	Pilot program for residential placement of children and youth with high acuity physical, mental, or behavioral health needs
S.B. 21-137 Behavioral Health Recovery Act	3,000,000	33	High-risk families cash fund in the Dept. of Human Services
S.B. 21-137 Behavioral Health Recovery Act	300,000	0	Office of the Ombudsman for Behavioral Health Access to Care
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	\$0	\$8,111,560	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund private competency beds



DEPARTMENT OF HUMAN SERVICES BEHAVIORAL HEALTH PROGRAMS ONE-TIME ARPA FUNDS

BILL NUMBER AND SHORT TITLE	APPROPRIATION/ TRANSFER OF FUNDS	ACTUAL EXPENDITURE OF FUNDS THROUGH FY 2022	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	\$0	\$1,853,982	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund residential youth beds
S.B. 21-288 American Rescue Plan Act of 2021 Cash Fund	0	1,742,863	Part of the \$300.0 million in ARPA funds continuously appropriated to the Governor, used to fund CMHIP administrative staff
S.B. 22-148 Tribal facility	5,000,000	0	For the Colorado-land Based Tribe Behavioral Health Services Grant Program.
S.B. 22-177 Care coordination	12,200,000	0	For behavioral health administration care coordination infrastructure.
S.B. 22-181 Workforce investments	36,806,984	0	For behavioral health care provider workforce development, planning, education, and related costs.
S.B. 22-196 Criminal justice direct investments	50,700,000	0	For behavioral health administration program costs to address health needs of persons in the criminal justice system;
H.B. 22-1243 School security and school behavioral health services funding	\$6,000,000	\$0	For the Temporary Youth Mental Health Services Program.
H.B. 22-1281 Community Behavioral Health Grant Program	90,000,000	0	Includes \$75.0 million for the Behavioral Health Care Continuum Gap Grant Program and \$15.0 million for the Substance Use Workforce Stability Grant Program
H.B. 22-1283 Youth and family residential care	43,039,926	0	Makes the following appropriations: \$7,500,000 to expand substance use residential beds for adolescents; \$2,500,000 for the crisis response service system; \$35,000,000 for capital costs and \$539,926 for building maintenance costs for a youth neuro-psych facility at the Colorado Mental Health Institute at Fort Logan.
H.B. 22-1303 Adult residential care	57,844,419	0	Makes the following appropriations: \$3,692,111 for capital construction costs related to renovating existing properties to create mental health residential facilities; \$6,991,567 for capital construction costs related to renovation of inpatient beds at the Colorado Mental Health Institute at Fort Logan (CMHIFL); \$6,578,266 for operation of additional beds at CMHIFL; \$39,854,179 for mental health facility oversight, operating costs, contract beds, and renovation of mental health residential facilities; \$728,296 for administrative costs.
H.B. 22-1326 Fentanyl	3,000,000	0	For jail-based behavioral health services related to integrated behavioral health services.
H.B. 22-1386 Competency beds	28,562,828	0	To the Office of Behavioral Health for purchased inpatient bed capacity.
H.B. 22-1386 Competency beds	800,000	0	To support a feasibility study of the renovation of a facility in Adams County to provide inpatient beds for competency services.
<b>TOTAL</b>	<b>\$424,004,157</b>	<b>\$30,133,081</b>	

IMPLEMENTATION UPDATES AND ITEMS OF NOTE

**S.B. 21-137 BEHAVIORAL HEALTH RECOVERY ACT:** The Department reports that spending for some of the programs in S.B. 21-137 is somewhat slower than expected but is generally on pace to use the funds prior to expiration. The Department expects spending for statewide care coordination infrastructure (\$26.0 million), the workforce development program (\$18.0 million), and the statewide

pilot program for residential placement of children and youth (\$5.0 million) to increase significantly in FY 2022-23. For the two larger programs, the first year was dedicated to lower-cost activities such as meeting, collaborating, and project planning, with expenditures expected to increase in FY 2022-23 with software development underway. The Department reports slow spending of the \$300,000 allocated to the Office of the Ombudsman for Behavioral Health Access to Care based on a lack of resources internally.

**S.B. 21-288 AMERICAN RESCUE PLAN ACT:** The Department received allocations (by the Governor) of \$27.0 million for private beds and \$1.8 million for the state hospitals at Pueblo and Fort Logan. For private beds, the Department expects to have 90.0 percent of the funds spent by the end of FY 2022-23, primarily for contracted civil and competency restoration beds, as well as jail-based restoration services. The money for the state hospitals was fully expended in FY 2021-22.

**H.B. 22-1283 YOUTH AND FAMILY BEHAVIORAL HEALTH CARE:** The bill includes a total of \$43.0 million in appropriations to the Department, including \$7.5 million to expand substance use residential beds, \$2.5 million for crisis response system services, and \$35.6 million associated with the construction of a new neuro-psychiatric facility at Fort Logan. The Department reports that the efforts are underway for all of these uses (no money was spent in FY 2021-22 because it is a 2022 bill), and that the neuro-psychiatric facility project is in the early stages of development.

**H.B. 22-1303 INCREASE RESIDENTIAL BEHAVIORAL HEALTH BEDS:** The bill includes a total of \$50.7 million in appropriations to the Department for a variety of uses, including capital construction funds to renovate existing group homes in Pueblo and Broomfield and to renovate a facility at Fort Logan to add 16 additional beds there (initially for competency purposes). Those projects are in the early stages of development and the Department has hired a director for the transitional step-down program. The Department (OCFMH) expects to issue a request for proposals for 107 contracted step down beds in December 2022.

**H.B. 22-1386 COMPETENCY TO PROCEED AND RESTORATION TO COMPETENCY:** The bill appropriates \$29.4 million to the Department, including \$28.6 million for purchased psychiatric bed capacity and \$800,000 for a feasibility study to renovate a facility in Adams County. The Department reports that it will begin spending down the money for purchased bed capacity in January 2023 and anticipates full spend down before the end of CY 2024.

APPENDIX A  
NUMBERS PAGES  
(DIGITAL ONLY)

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source. *Appendix A is only available in the online version of this document.*

*Note: The numbers pages are not currently available but will be updated for FY 2023-24 for figure setting purposes.*

## APPENDIX B FOOTNOTES AND INFORMATION REQUESTS

### UPDATE ON LONG BILL FOOTNOTES

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2022 Long Bill (H.B. 22-1329) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/hb22-1329>. The Long Bill footnotes relevant to this document are listed below.

- 54 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 \$545,631 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 (though subsequently adjusted) in connection with a \$500,000 General Fund increase in the appropriation for “Services for Indigent Mentally Ill Clients” to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems. This footnote was included to specify the General Assembly's intent in making the appropriation. The Department used a request for proposal process and awarded the funds to Mind Springs Health. The General Assembly amended the footnote mid-year (through S.B. 17-163) after staff became aware that the funding was unlikely to be spent based on procurement-related delays and footnote language that did not reflect the manner in which the services are being provided. Several appropriations in the behavioral health section of the Department's Long Bill appropriations were reorganized in FY 2017-18. As a result, this footnote now references the relevant funding in the “Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes” line item.

The appropriation has been increased and modified as follows:

- *FY 2017-18:* The General Assembly increased this appropriation by \$7,009 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2018-19:* The General Assembly increased this appropriation by \$5,070 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2019-20:* The General Assembly increased this appropriation by \$5,121 General Fund consistent with the statewide policy concerning community provider rates.

- *FY 2020-21*: The General Assembly increased the appropriation reflected in the footnote by \$9,827 General Fund. The Department was not in compliance with the footnote due to budget balancing reductions that impacted this line item.
- *FY 2021-22*: The General Assembly increased this appropriation by \$7,905 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2022-23*: The General Assembly increased this appropriation by \$10,699 General Fund consistent with the statewide policy concerning community provider rates.

55 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, furnishing, and equipment.

**COMMENT:** This footnote added to the FY 2021-22 Long Bill to indicate the intent of the General Assembly with respect to this appropriation. The Department reports that it is compliant with this footnote.

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

57 Department of Human Services, Office of Behavioral Health, Mental Health Institutes at Ft. Logan; Mental Health Institutes at Pueblo; Forensic Services; and Consent Decree Fines and Fees -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations in this subsection among line items in this subsection.

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

The Department reports that it is in compliance with this footnote.

## UPDATE ON LONG BILL REQUESTS FOR INFORMATION

The Joint Budget Committee annually submits requests for information to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as an Appendix in the annual Appropriations Report (Appendix H in the FY 2022-23 Report):

<https://leg.colorado.gov/sites/default/files/fy22-23apprept.pdf>

There were no requests for information directly relevant to this document for FY 2022-23.

## APPENDIX C

# DEPARTMENT ANNUAL PERFORMANCE REPORT

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

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2023-24 budget request, the FY 2021-22 Annual Report and FY 2022-23 Performance Plan can be found at the following link:

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



# APPENDIX D

## DEPARTMENT RESPONSE WITH MULTI-STATE COMPETENCY DATA

Office of Civil and Forensic Mental Health Response to JBC Staff Question seeking comparative data on competency waitlists from other states.

1. JBC Staff Question: How much of an outlier are we compared to other states in terms of waitlists and/or consent decrees?

Short Answer: Although the many variables impacting states' waitlists for competency services make side-by-side comparisons difficult, Colorado appears to be about in the middle of the other 27 states that reported having a waitlist. There are 9 states that are in a consent decree or are currently respondents in lawsuits that may result in consent decrees.

### Methodology & Sources

The Forensic Services Division in OCFMH conducted an informal survey of other states to see where Colorado fits on the national landscape of competency issues. Forty-two states and the District of Columbia responded to this informal request for information. Information was collected primarily through direct communication to OCFMH staff. Further statistics were obtained from states' judicial websites, states' annual reports, and other publicly available sources.

*Limitations:* This was an informal survey without resources for validating data or accounting for differences in state practices or reporting methods. For example, several states only had data through July 2022, while others only provided averages for their waitlists. One state's (Mississippi) waitlist number includes all individuals awaiting mental health services, not just competency services. **Accordingly, the waitlist information below provides a helpful snapshot of the national landscape when considered in totality, but it should not be used to make specific comparisons of Colorado to another state.** Many factors impact waitlists, such as the rate at which competency is raised, crime trends, demographic factors, state policies and reporting practices, and access to mental health services.

*Scope:* This informal survey only asked about the waitlist prior to treatment; it does not ask about treatment or discharge rates. It does not consider the reason a person is on the waitlist. States were asked about the length of time clients remain on the waitlist and for any narrative explanations they chose to provide. OCFMH staff also reviewed crime statistics across states and [national rankings of states](#) on access to mental health services.

### Informal Findings

Of the 42 states and the District of Columbia that responded to OCFMH staff's outreach, 27 states responded that they have a waitlist for competency services and provided the number of people on the list. Additionally, South Carolina and the District of Columbia are excluded from the table below because they did not provide a number of people on the waitlist, but representatives stated they are struggling to keep up with increasing orders for admission since the pandemic (S.C.) and have COVID-related delays for admission (D.C.). There are 9 states that are in a consent decree or are currently respondents in lawsuits that may result in consent decrees.

**Of those 28 states (including Colorado) with a known waitlist, Colorado is just about in the middle in raw numbers, with 13 states with more people on the waitlist than Colorado and 14 states with fewer than Colorado.** Waitlist numbers alone are an incomplete picture. Some states with more people on the waitlist have much shorter length of time waiting (e.g. New York), while some states with fewer people on the waitlist have longer waiting times (e.g., Alabama). See table 1 below.

The estimated national average (of 43 states who responded to our informal survey) for finding defendants incompetent following an evaluation is 50%. **Colorado is just below the national estimated average at 48% finding of incompetence for all competency evaluations.**

Waitlists are attributed to many factors such as rates of incompetence findings, criminal filings, state policies for competency, and access to mental health services. Many states noted the impacts of the COVID-19 pandemic, limited bed space in hospitals, and limited staffing resources. Given the many variables which impact states differently, and differences in state policies and reporting practices, it is difficult to draw side-by-side comparisons of one state to another or to isolate the impact of any particular variable.

Even in light of these limitations, informal observations raise several hypotheses on the impact of state policy on competency waitlists, particularly the positive impacts of a strong mental health system. In general, states with greater access to mental health services in the community seem to have lower recidivism and fewer people on the waitlist. For example, the following policies and practices appear to be correlated with reduced or no waitlists:

- Restrictions on which defendants can enter the competency system, such as certain misdemeanors always or usually being diverted to the civil mental health system.
  - Colorado law does not currently have a clear or effective path for individuals to be diverted to community-based mental health services or civil voluntary or involuntary commitment under Title 27 Article 65. This is partially a statutory issue but more fundamentally a resource issue: the behavioral health safety net established by HB 22-1278 is not required to go into effect until July 2024.

- Colorado’s HB 22-1386 is a small step in this direction by establishing a clear preference for bond and outpatient services individuals who have committed lower-level misdemeanors and petty offenses. In this way, the bill aims to reduce the waitlist for inpatient services. However, Colorado law only prefers a less restrictive involvement in the competency system for these individuals; it does not require it or divert these individuals directly to the civil system.
- Firm timelines on dismissal, i.e., if a defendant is not restored in a certain amount of time, the criminal case is dismissed.
  - Colorado has timelines on dismissal that are tied to the maximum sentence for the alleged offenses. These may be extended for good cause. Colorado’s laws in this area are aligned with typical practices across other states. Two exceptions are California and New York, where timelines tend to be applied more rigidly.
- Limitations on court orders for inpatient restoration. In one state, incompetent defendants in “victimless crime” cases begin receiving restoration services in the community for the first 90 days, after which they may be ordered to inpatient if they did not comply or need greater services.

Each of these policies and practices is, in one way or another, diverting or restricting involvement with the criminal justice system for incompetent defendants. This inherently raises concerns for individual and community safety; for these policies to be successful, it is crucial for these individuals to have adequate access to civil (up to and including involuntary commitment) and community-based behavioral health services.

A robust continuum of care (from inpatient to outpatient) is critical. The Department’s budget requests for R-12 Momentum Program Funding and R-8 Forensic Services Division Capacity Expansion both directly impact the ability for Colorado to safely serve more clients in the community. The two requests work in tandem: first, the 6.0 FTE for additional Navigators from the Forensic Services request will support individuals transitioning into the community from jails and individuals in outpatient restoration, primarily by coordinating the continuity of care until Momentum or another community agency starts services. Second, the Momentum request allows that particular program to serve additional clients. At the requested funding amount, we anticipate Momentum will serve 76 outpatient restoration clients in FY 2023-24.

Additionally, it seems that a policy or practice of court-ordered involuntary medication is correlated with lower or no waitlist. This is because defendants who adhere to their prescribed medications are more likely to be found competent in a shorter period of time, which reduces the waitlist for others.

**Table 1: Informal Survey of States: Non-Standardized Estimates of Numbers of People on a Waitlist for Competency Services**

State	Est. People on Waitlist	Estimated Average Days Waiting	Est. Population <a href="#">U.S. Census July 2021</a>	(Population Ratio to CO)
Texas	2,300	800 days	29,527,941	(5.1)
New Mexico	2,274	210 days	2,115,877	(0.4)
Mississippi	2,225*	350 days	2,949,965	(0.5)
California	1,600	144 days	39,237,836	(6.8)
New York	1,500	40 days	19,835,913	(3.4)
Kansas	720	365 days	2,934,582	(0.5)
Louisiana	616	218 days	4,624,047	(0.8)
Iowa	600	123 days	3,193,079	(0.5)
Indiana	533	253 days	6,805,985	(1.2)
Kentucky	499	180 days	4,509,394	(0.8)
Arizona	487	60 days	7,276,316	(1.3)
Florida	450	214 days	21,781,128	(3.7)
Pennsylvania	433	180 days	12,964,056	(2.2)
<b>Colorado</b>	<b>409</b>	<b>120 days</b>	<b>5,812,069</b>	<b>(1.0)</b>
North Carolina	400**	199 days	10,551,162	(1.8)
Georgia	368	220 days	10,799,566	(1.9)
Missouri	210	266 days	6,168,187	(1.1)
Washington	161	130 days	7,738,692	(1.3)
Illinois	150	2431 days	12,671,469	(2.2)
Idaho	129	180 days	1,900,923	(0.3)
Alabama	103	596 days	5,039,877	(0.9)
Michigan	90	183 days	10,050,811	(1.7)
Tennessee	90	60 days	6,975,218	(1.2)
Montana	71	125 days	1,104,271	(0.2)
Oregon	70	9 days	4,246,155	(0.7)
Nebraska	69	67 days	1,963,692	(0.3)
Alaska	56	360 days	732,673	(0.1)
Wyoming	30	90 days	578,803	(0.1)

\* Mississippi does not distinguish mental health services from competency services, so this number is much higher than other states at least in part for that reason.

\*\* This NC waitlist number is an estimate from a community partner's July 2022 report.

# JOINT BUDGET COMMITTEE



## INTERIM SUPPLEMENTAL BUDGET REQUESTS FY 2022-23

### DEPARTMENT OF HUMAN SERVICES (BEHAVIORAL HEALTH ADMINISTRATION)

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

PREPARED BY:  
CRAIG HARPER, JBC STAFF  
SEPTEMBER 22, 2022

JOINT BUDGET COMMITTEE STAFF  
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# CONTENTS

Waitlist Prevention for Children’s Behavioral Health Services.....1

## INTERIM SUPPLEMENTAL REQUESTS

### WAITLIST PREVENTION FOR CHILDREN’S BEHAVIORAL HEALTH SERVICES

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$3,000,000</b>	<b>\$3,000,000</b>
General Fund	3,000,000	3,000,000

**Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.?** [The Controller may authorize an overexpenditure of the existing appropriation if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.] **YES**

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

**Explanation:** JBC staff and the Department agree that the request is based on data that was not available when the appropriation was made and is responding to unforeseen circumstances (primarily the increasing caseload) arising while the General Assembly is not in session. Given recent increases in utilization and the foreseeable loss of one-time funds in FY 2022-23, staff suggests that at least a portion of the need for an increase for the program could have been foreseeable during the 2022 Session. However, the Department reports that much of the increase in FY 2021-22 came late in the fiscal year and was not anticipated in time to adjust the FY 2022-23 appropriation.

**DEPARTMENT REQUEST:** The Department<sup>1</sup> requests an increase of \$3,000,000 General Fund for the Children and Youth Mental Health Treatment Act (CYMHTA) line item for FY 2022-23 to respond to an increasing number of youth served through the program as well as increasing costs. The request seeks to avoid the need to create a waitlist for the program in the current year.

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

#### STAFF ANALYSIS:

#### **CHILDREN AND YOUTH MENTAL HEALTH SERVICES ACT (H.B. 99-1116 AND H.B. 18-1094)**

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<sup>2</sup>. 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 services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate. Local and state-level appeal processes are available if services are denied, and for local interagency disputes.

<sup>1</sup> In this document, “Department” refers to the Behavioral Health Administration in any discussion of FY 2022-23.

<sup>2</sup> An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, he or she may remain eligible until his or her 21<sup>st</sup> birthday.

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

- *Children who are categorically 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 Categorically Eligible for Medicaid.* If a child is at risk of being placed out of the home because they have a mental illness and they require a residential treatment level of care or equivalent community-based services, the parent or guardian may apply for such services through the local community mental health center (Center) or another mental health agency. The Center or mental health agency is required to evaluate the child or youth and clinically assess their need for mental health services.

When a child or youth is approved for funding through this program and the child or youth requires residential treatment, the child or youth 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.

When and if the 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 parental fees and CYMHTA funds. 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. Please note, however, that House Bill 18-1094 struck existing statutory language stating that, “It is the intent of the General Assembly that the portion of such expenses paid from general fund moneys shall not exceed the general fund appropriations made for such purpose in any given fiscal year”. However, it is staff’s understanding that expenditures for services covered by this line item are still subject to available appropriations because the Department does not have statutory authority to incur expenditures that exceed the appropriations from the General Fund or the Marijuana Tax Cash Fund.



The appropriation from 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 [see Section 24-75-106 (1), C.R.S.].

Finally, current law provides guidance for the Department in prioritizing which children and youth should receive services through the program based on available funding:

“It is the intent of the general assembly that subsidies provided by the state through general fund money must be used to assist the lowest income families to ensure the maximum use of appropriate least restrictive treatment services and to provide access to the greatest number of children and youth.”<sup>3</sup>

### RECENT FUNDING AND UTILIZATION

In recent years, three fund sources have supported *appropriations* for this line item: (1) General Fund, (2) Marijuana Tax Cash Fund, and (3) transfers from HCPF that originate as General Fund and federal Medicaid funds (which have been relatively low in recent years). As shown in the following table, *appropriations* for the program have increased from \$1.6 million total funds (\$1.2 million General Fund) in FY 2017-28 to \$3.2 million total funds (\$2.6 million General Fund) in FY 2022-23. The largest increase in appropriations was in FY 2018-19 and was associated with the expansion of eligibility in H.B. 18-1094.

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Total	\$1,618,833	\$3,014,675	\$3,089,001	\$3,054,427	\$3,129,788	\$3,193,404
General Fund	1,189,272	2,480,818	2,544,664	2,516,052	2,578,953	2,630,532
Cash Funds (MTCF)	304,205	407,247	417,727	413,031	423,357	431,824
Reappropriated from HCPF	125,356	126,610	126,610	125,344	127,478	131,048

Since FY 2018-19, however, the program has only received appropriated increases associated with the common policy community provider rate which would imply a relatively steady caseload. However, as shown in the graph on the following page, utilization (shown as the annual census of individual youth served) has increased significantly in that period, and the Department (now the BHA as of FY 2022-23) has supplemented the program’s appropriations with significant funding from other federal and state sources in order to cover the increasing costs associated with that caseload.

- In FY 2019-20, the Department “repurposed” \$511,689 General Fund to support the program, using funds appropriated to the Mental Health Community Programs and Behavioral Health Crisis Response System Services line items. The Department’s budget documents reflect those expenditures in the original line items, although the Department has determined that the expenditures were associated with services provided under the CYMHTA.
- In FY 2020-21, the Department shifted \$2.1 million in federal Mental Health Block Grant Funds from other line items to this program. The Department has indicated that the large balance was available that year because of decreased utilization and expenditures for other programs and services, most likely because of reduced availability during the first full fiscal year of the pandemic. The Department also reports that it added \$648,708 that year from one-time stimulus funds.

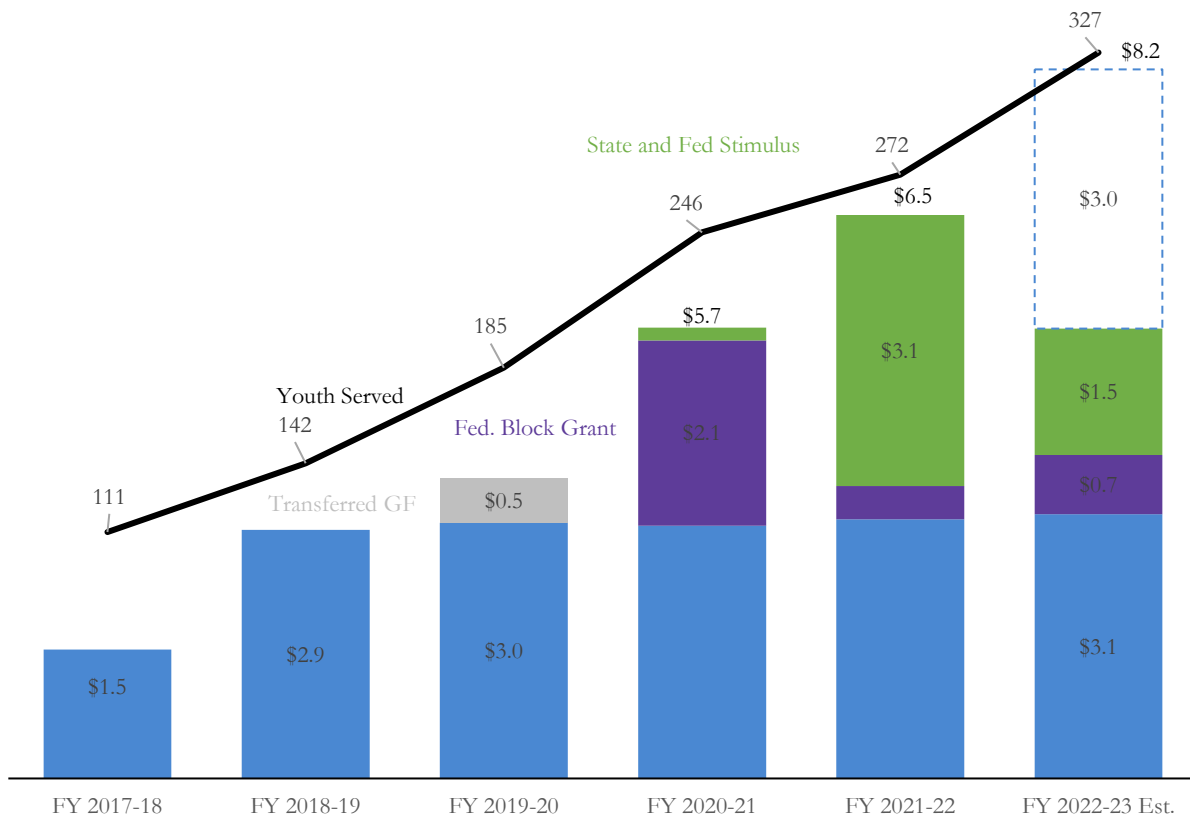
<sup>3</sup> See Sec. 27-67-106 (3), C.R.S.

Combined with the appropriated funds, the Department spent a total of \$5.7 million on the program in FY 202-21 (\$2.7 million more than reflected in the appropriation).

- In FY 2021-22, the Department dedicated \$3.1 million in federal and state stimulus funds in addition to continuing to use to use \$386,114 in standard block grant funds for the CYMHTA, for a total of \$6.5 million in expenditures (more than double the program’s appropriation).
- For the current year, the Department reports that it is using \$1.5 million in state and federal stimulus funds and \$683,114 from the standard block grant, making a total of \$5.2 million available for expenditure when combined with the \$3.2 million appropriation. However, the Department is currently estimating that avoiding a waitlist for the program in FY 2022-23 would require a total of \$8.2 million, resulting in the supplemental request for \$3.0 million General Fund.

The Committee should note that the majority of the stimulus funding is from the federal COVID-19 Community Mental Health Block Grant. Those funds expire March 14, 2023.

State appropriations (\$ in millions) for the CYMHTA have remained relatively flat since FY 2018-19. Increasing utilization (line) has driven up costs, with the Department supporting those costs with other funds.



As a result, while the program has looked like a roughly \$3.0 million program for the Committee’s purposes, it has actually grown to \$6.5 million in expenditures in FY 2021-22 and the Department estimates that it will require a total of \$8.2 million in the current year to avoid implementing a waitlist.

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## DRIVERS OF INCREASING UTILIZATION AND COSTS

Based on discussions with BHA staff and external stakeholders, it appears that increasing utilization (from 111 youth served in FY 2018-19 to 272 in FY 2021-22 and an estimated 327 in FY 2022-23) is the primary driver of the increase in cost, although the cost per client is also increasing. Those discussions have highlighted several factors that appear to have contributed to increasing utilization of the program. Staff does not have information to analyze the relative impacts of the factors.

- *Eligibility Expansion in FY 2018-19:* As noted above, H.B. 18-1094 expanded eligibility for the program to include clients between 18 and 21 years of age, as long as they were enrolled before the age of 18. That change drove much of the increase in funding from FY 2017-18 to FY 2018-19. However, the number of clients over the age of 18 actually decreased from 38 in FY 2020-21 to 36 in FY 2021-22, and this population does not appear to account for the ongoing increases in participation.
- *COVID-19 Impact:* All parties appear to agree that the COVID-19 pandemic has affected youth behavioral health, including demand for this program. The Department saw a large increase in participation in FY 2020-21, which aligns with the initial impacts of the pandemic. As noted above, in that year COVID-19 also appears to have played a role in making additional block grant funds available to support the program. If the pandemic were the major driver of the increasing use of the program then the Committee might expect to see decreasing use in future years. However, staff notes that the Department currently expects use to continue to increase.
- *Shift to Administrative Service Organizations to Manage the Program:* In FY 2019-20, the Department transitioned the contract to operate the CYMHTA from direct contracts with the community mental health centers (CMHCs) to contracts with the regional administrative service organizations (ASOs). The ASOs then contract for services in their regions, either with the CMHCs or with other providers. It is staff's understanding that the Department made the change in part because some CMHCs elected not to support the program and also in an effort to raise awareness and utilization of the program. Those efforts appear to have worked, as participation has increased significantly since then.
- *Family Systems Navigator:* House Bill 18-1094 also provided funding for an additional family systems navigator to assist families under the Act. As with the shift to the ASOs, the Department has indicated that the added support may also have increased utilization.

In addition to increasing utilization, the Department reports that costs per client have also increased as a result of increased length of treatment across the continuum (drive by acuity) and increasing rates (as set by the Board of Human Services for Room and Board and the Department of Health Care Policy and Financing for treatment). As a result, the increase in total cost (35 percent from FY 2021-22 to the projection for FY 2022-23) exceeds the anticipated 20.0 percent increase in utilization. Average annual cost per client increased from roughly \$20,000 in FY 2018-19 to more than \$23,000 in FY 2020-21. The Department currently estimates costs of approximately \$25,000 per client in FY 2022-23.

## FY 2022-23 INTERIM SUPPLEMENTAL REQUEST

In response to the increasing costs of the program and the loss of availability of additional funding, in August 2022 the Department asked the ASOs for financial projections of the cost to serve children and youth in their current caseloads. Based on that survey, the Department estimates a need for \$8.2 million to support the program in FY 2022-23 and avoid the need for a waitlist. As shown in the graphic on the previous page, that would require an additional \$3.0 million General Fund based on the amounts that the Department has dedicated to the program in the current year.

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The request anticipates that denying the funding would require a waitlist of 37 children and youth in September 2022. The Department also estimates that the waitlist would grow to approximately 40 individuals by the end of December 2022 and 70 by the end of the fiscal year.

### **KEY QUESTIONS FOR CONSIDERATION**

Staff offers two questions for the Committee's consideration.

*Is a waitlist for this program acceptable?* Staff's recommendation to approve the request is based on an assumption that the Committee and the General Assembly intend to avoid creating a waitlist for this program. That assumption is based on three factors:

- The General Assembly approved a supplemental increase of \$524,864 General Fund in FY 2017-18 in order to reduce the need for a waitlist in that year.
- The program serves a vulnerable population of children and families. Instituting a waitlist would delay services, increasing the risk of child welfare involvement as well as other (potentially costlier) services.
- The General Assembly has taken steps in recent years to improve access to behavioral health services, including the creation of the BHA. Avoiding a waitlist for this program appears to be consistent with those goals.

However, staff notes that CYMHTA is not an entitlement program and, as noted above, statute does provide guidance on the prioritization of clients if there is not sufficient funding to cover all participants. Thus, the Committee could deny some or all of the request and remain consistent with statute.

*Is the request necessary as an interim supplemental?* The Committee may also wish to consider whether an interim supplemental is necessary or if the request could wait for the "regular" supplemental process in January. Staff and the Department agree that the available funding would likely allow the Department to avoid creating a waitlist while waiting for a regular supplemental bill in the 2023 Session. However, the Department could not serve the anticipated caseload for the remainder of the fiscal year and would risk having to terminate services for many clients when the funding was depleted. According to the Department, it is important for the CYMHTA to serve clients from admission to discharge and to avoid breaks in services that may be unsafe for children and families. In addition, the Department notes that terminating payment for services that are underway could have ethical implications, forcing providers to choose between providing services free of charge, charging the family out of pocket, or potentially contacting child welfare services to report medical neglect if the family stops treatment due to the termination of funding. Based on those concerns, a prioritized waitlist would appear to be preferable to breaks in services. If the Committee intends to avoid implementing a waitlist, then staff agrees that an interim supplemental is warranted.

### **LOOKING FORWARD**

Staff notes that the supplemental request anticipates continued growth in the CYMHTA caseload. Thus, if the General Assembly intends to continue to avoid a waitlist then that will require additional increases in funding. The data provided in the request project an increase from 327 clients in FY 2022-23 to 360 in FY 2023-24 and 396 in FY 2024-25, with estimated costs growing from \$8.2 million in FY 2022-23 to \$9.3 million in FY 2023-24 and \$10.3 million in FY 2024-25.

- The Department has indicated that it will continue to allocate federal block grant dollars to this program but staff and the Department agree that additional state funding would be necessary both

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to cover the increase in costs and to backfill the one-time funding that the Department has used to support the program since FY 2020-21.

- Staff also notes that the Department's projections assume a flat cost per client (\$26,000 per client per year) through FY 2024-25. Staff suspects that this assumption is overly optimistic. If caseload continues to grow then staff anticipates that total costs will exceed the Department's estimates.

Finally, staff will work with the Department to improve the process for appropriations for this program going forward. Staff understands the unique circumstances of the past several years, including the combination of factors that have increased utilization of the CYMHTA and the availability of significant one-time funds to support increases in cost. The Department has used those one-time funds to reduce the need for additional appropriations since FY 2019-20. However, it puts the Committee and the General Assembly in an unfortunate position to suddenly find out that a program with \$3.1 million in appropriations actually cost more than \$6.0 million last year and that costs continue to rise.

Staff notes that the CYMHTA annual legislative reports have reflected expenditures above the appropriated amounts in FY 2019-20 and FY 2020-21.<sup>4</sup> However, the actual expenditures reported through the annual budget documents have not shown the additional expenditures under this line item. As a result, neither have the JBC Staff documents.

Staff agrees that, at least for the foreseeable future, avoiding a waitlist for this program (should the General Assembly decide to do so) would require additional funding. Avoiding significant and foreseeable midyear increases will require changes in the budgeting process to align appropriations with updated caseload projections. Given the increasing costs anticipated in the interim supplemental request, staff assumes that the FY 2023-24 request will include updated projections, and presumably a decision item if the Department seeks to fund the entire caseload. Staff will work with the Department to update estimates of anticipated costs for FY 2023-24 for figure setting and to improve the transparency of funding for CYMHTA to align with actual expenditures under the program.

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<sup>4</sup> The annual legislative reports are available at: <https://bha.colorado.gov/behavioral-health/cymhta>