

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**FY 2015-16 STAFF BUDGET BRIEFING  
DEPARTMENT OF HUMAN SERVICES**

**(Behavioral Health Services Only)**

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

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December 9, 2014**

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## 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 assistance payments, the Supplemental Nutrition Assistance Program (food stamps), child welfare services, rehabilitation programs, and programs for older Coloradans. The Department is also responsible for inspecting and licensing child care facilities. The Department operates two Mental Health Institutes, three regional centers for persons with intellectual and developmental disabilities, and ten institutions for delinquent juveniles. The Department also contracts with community-based organizations for: behavioral health services that are not otherwise available, services for persons with intellectual and developmental disabilities, and the supervision and treatment of delinquent juveniles.

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

### Department Budget: Recent Appropriations

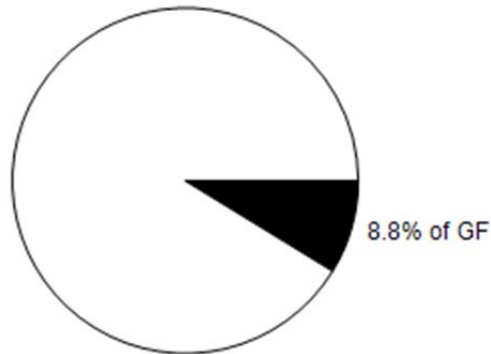
Funding Source	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16 *
General Fund	\$645,580,781	\$719,197,941	\$782,001,699	\$807,015,538
Cash Funds	340,677,547	358,243,248	347,236,592	345,960,572
Reappropriated Funds	485,925,073	497,587,819	144,373,402	139,475,327
Federal Funds	<u>615,983,428</u>	<u>612,167,352</u>	<u>627,661,954</u>	<u>625,274,913</u>
<b>Total Funds</b>	<b>\$2,088,166,829</b>	<b>\$2,187,196,360</b>	<b>\$1,901,273,647</b>	<b>\$1,917,726,350</b>
Full Time Equiv. Staff	4,872.8	4,879.0	4,906.1	5,038.9

\*Requested appropriation.

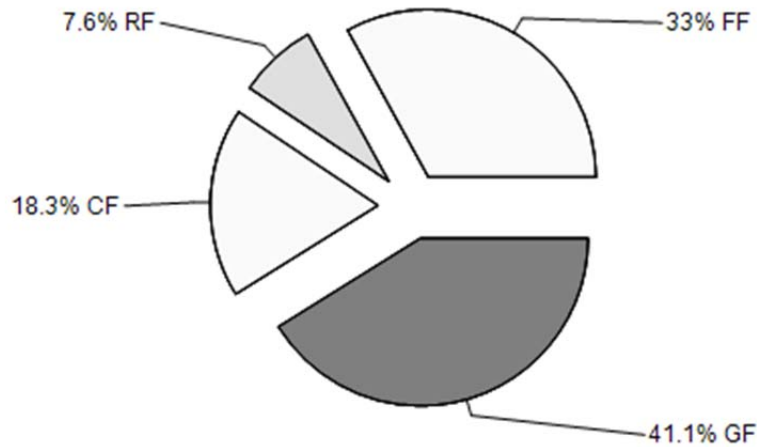
<sup>1</sup> Mental health and substance use disorder services for Medicaid-eligible clients are primarily funded through the Department of Health Care Policy and Financing.

## Department Budget: Graphic Overview

**Department's Share of Statewide  
General Fund**

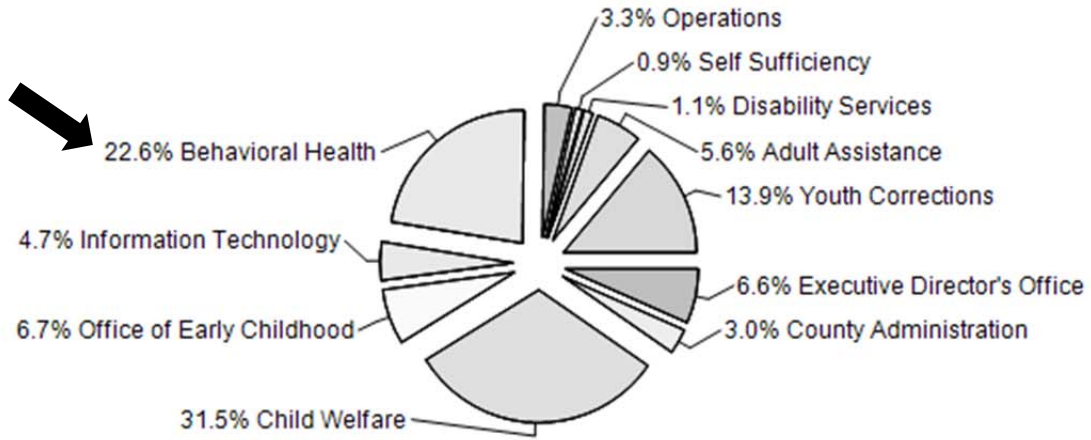


**Department Funding Sources**

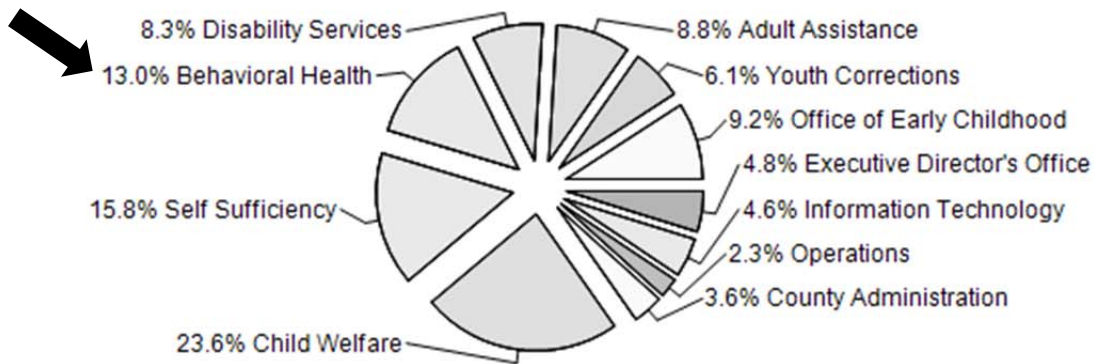


All charts are based on the FY 2014-15 appropriation.

**Distribution of General Fund by Division**



**Distribution of Total Funds by Division**



All charts are based on the FY 2014-15 appropriation

## General Factors Driving the Budget

The FY 2015-16 request for the Behavioral Health Services section of the Department of Human Services budget consists of 73.3 percent General Fund, 6.3 percent cash funds, 6.4 percent reappropriated funds, and 14.0 percent federal funds. Cash funds primarily include patient revenues earned by the Mental Health Institutes (including Medicaid and Medicare funds), marijuana tax revenues, and tobacco litigation settlement moneys that are credited to the Offender Mental Health Services Fund. Reappropriated funds primarily reflect transfers from the Department of Health Care Policy and Financing (which originate as General Fund and federal Medicaid funds) and the Judicial Branch (which originate as General Fund and drug offender surcharge revenues). Federal funds primarily include the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Services Block Grant.

### Community-based Programs and Services

The Office of Behavioral Health contracts with 17 community mental health centers (CMHCs) across the state to provide mental health services that are not otherwise available. Each CMHC is responsible for providing a set of core services, ranging from public education to inpatient services. Each CMHC has access to a certain number of inpatient beds at one of the Mental Health Institutes, and is responsible for managing admissions to the allotted beds for adults within their service area. The Office 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. 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 CMHCs and MSOs, the Department also contracts with other organizations to provide specific types of services or services targeting specific populations.

Mental health and substance use disorder services for Medicaid-eligible clients are primarily funded through the Department of Health Care Policy and Financing. Unlike the Medicaid program, the behavioral health services funded 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 state and federal available each year. The General Assembly periodically adjusts funding for CMHCs, MSOs, and other community providers to account for inflationary changes, to ensure that programs are viable over the long-term, and based on available revenues. The rate changes are generally consistent with the common policy adopted by the Joint Budget Committee for a variety of community providers. The following table lists community provider rate changes for behavioral health providers from FY 2006-07 through FY 2014-15.

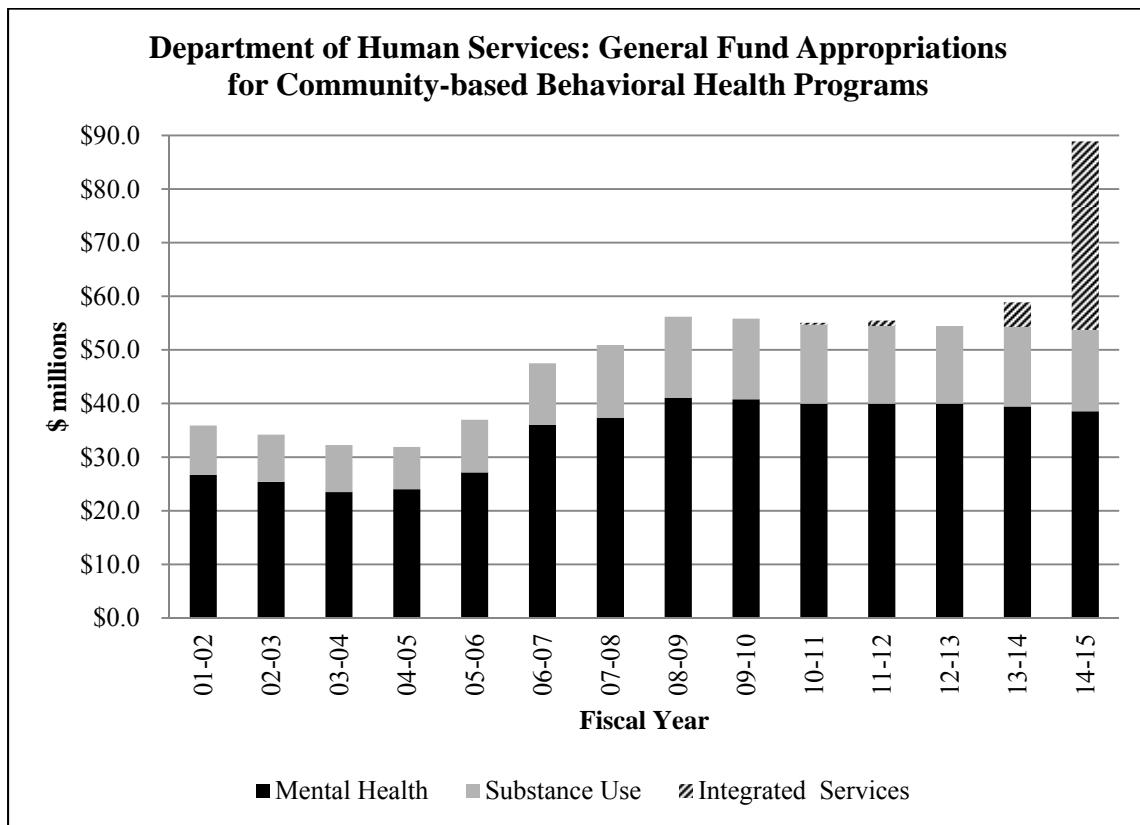
Changes in Community Provider Rates									
	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Rate Change	3.25%	1.50%	1.50%	0.00%	-2.00%	0.00%	0.00%	2.00%	2.50%

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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).

The following chart depicts *General Fund* appropriations for community-based behavioral health services from FY 2001-02 through FY 2014-15. The significant increases provided for FY 2013-14 and FY 2014-15 primarily relate to the creation of a statewide behavioral health crisis response system and an effort to expand CMHCs' capacity to deliver behavioral health stabilization services to individuals who would otherwise require treatment at the Mental Health Institutes.

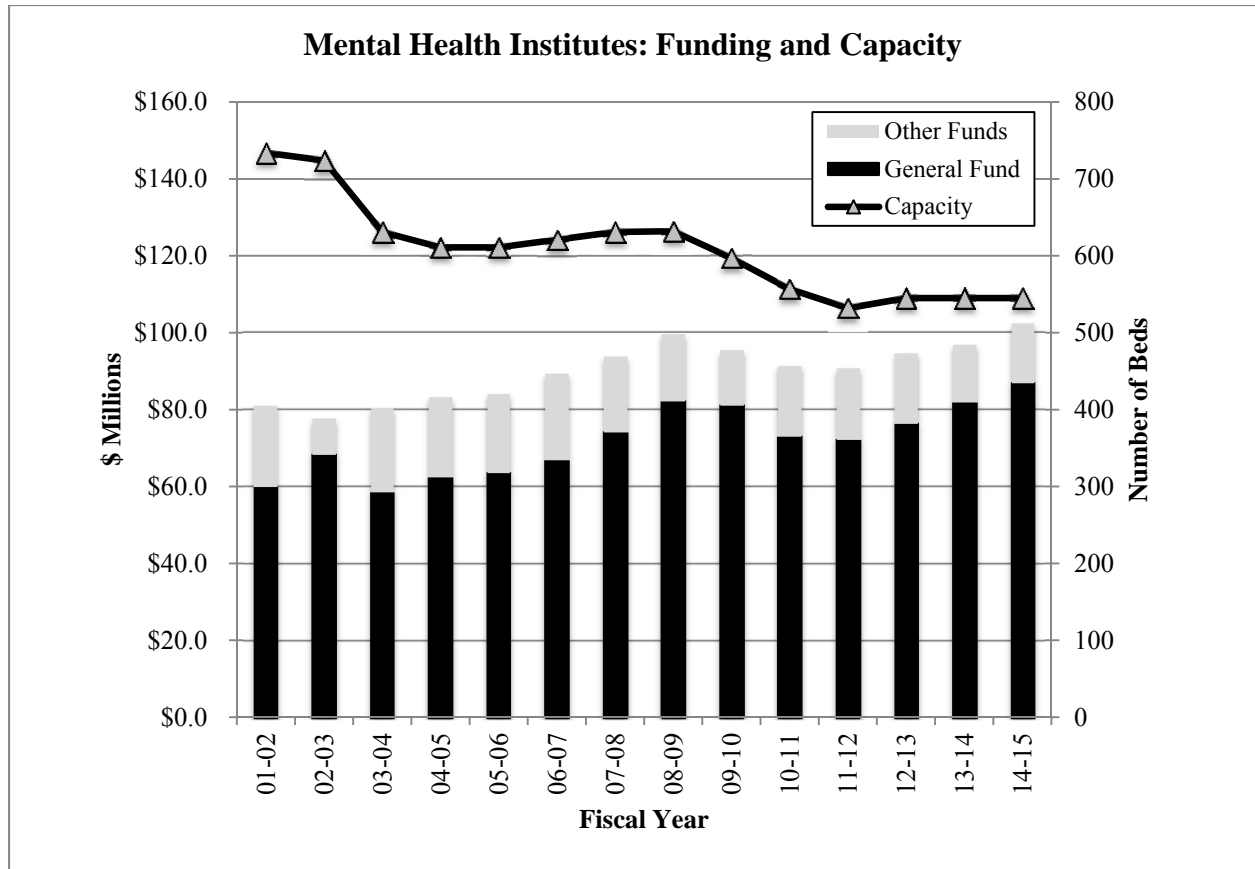


In addition to General Fund appropriations depicted above (\$88.9 million for FY 2014-15), the Office administers funds from the federal Mental Health Services Block Grant, the federal Substance Abuse Prevention and Treatment Block Grant, moneys transferred from the Department of Health Care Policy and Financing, moneys transferred from the Judicial Branch, marijuana tax revenues, and tobacco settlement moneys that are credited to the Offender Mental Health Services Fund. These other fund sources are anticipated to provide an additional \$48.2 million to support community-based behavioral health services in FY 2014-15.

### Mental Health Institutes

The Department administers and operates two Mental Health Institutes that provide inpatient hospitalization for up to 545 individuals with serious mental illness. One Institute is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. The Institutes serve three populations: (1) individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency; (2) individuals who have been found not guilty by reason of insanity; and (3) adults and adolescents who are referred for admission by community mental health centers, county departments of social services, or the Department's Division of Youth Corrections. The resources for first two populations are referred to as "forensic" beds, and the resources for the third population are referred to as "civil" beds.

The Institutes are primarily supported by General Fund appropriations. Other sources of revenue include: patient revenues (including federal Medicare funds and federal Medicaid funds transferred from the Department of Health Care Policy and Financing), and funds transferred from the Department of Corrections (DOC) for food services provided to DOC facilities located on the Pueblo campus. 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). The graph below depicts changes in the Institutes' bed capacity since FY 2001-02, along with associated funding.





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As depicted in the above chart, the total capacity of the Institutes has declined by 189 beds (34.7 percent) since FY 2001-02. The most recent closures approved by the General Assembly include closure of the children's, adolescent, and geriatric treatment divisions at Fort Logan (in FY 2009-10) and the closure of the therapeutic residential childcare facility treatment division at Fort Logan (in FY 2011-12).

Please note that the Department's Office of Behavioral Health is conducting a comprehensive study to assess the current and future behavioral health needs of the state, including the need for both civil and forensic beds at the Institutes. The Western Interstate Commission for Higher Education (WICHE) was selected through a competitive bid process to conduct this study. The Office indicates that study will be completed April 2015. *[For more information, see the issue brief titled, "New Mental Health Institute Treatment Unit (R1)".]*

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**Summary: FY 2014-15 Appropriation & FY 2015-16 Request**

<b>Department of Human Services (Behavioral Health Services Only)</b>						
	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FTE</b>
<b>FY 2014-15 Appropriation</b>						
HB 14-1336 (Long Bill)	\$243,876,116	\$177,077,005	\$15,825,917	\$15,741,517	\$35,231,677	1,241.2
Other legislation	<u>3,538,250</u>	<u>0</u>	<u>3,538,250</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
<b>TOTAL</b>	<b>\$247,414,366</b>	<b>\$177,077,005</b>	<b>\$19,364,167</b>	<b>\$15,741,517</b>	<b>\$35,231,677</b>	<b>1,241.2</b>
<b>FY 2015-16 Requested Appropriation</b>						
FY 2014-15 Appropriation	\$247,414,366	\$177,077,005	\$19,364,167	\$15,741,517	\$35,231,677	1,241.2
R1 New MHI treatment unit	2,614,238	2,614,238	0	0	0	36.7
R13 Circle program	225,000	225,000	0	0	0	0.0
R14 Institute equipment replacement	1,711,403	1,711,403	0	0	0	0.0
R15 Food inflation	28,128	28,128	0	0	0	0.0
R20 Community provider rate	914,451	891,840	6,746	15,865	0	0.0
Non-prioritized requested changes	185,305	0	0	185,305	0	0.0
Centrally appropriated line items	2,474,742	2,416,619	0	24,909	33,214	0.0
Annualize prior year legislation	(3,500,000)	0	(3,500,000)	0	0	0.0
Annualize prior year budget actions	<u>(390,091)</u>	<u>(390,091)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3.2</u>
<b>TOTAL</b>	<b>\$251,677,542</b>	<b>\$184,574,142</b>	<b>\$15,870,913</b>	<b>\$15,967,596</b>	<b>\$35,264,891</b>	<b>1,281.1</b>
<b>Increase/(Decrease)</b>	\$4,263,176	\$7,497,137	(\$3,493,254)	\$226,079	\$33,214	39.9
Percentage Change	1.7%	4.2%	(18.0%)	1.4%	0.1%	3.2%

**Description of Requested Changes**

**R1 New MHI treatment unit:** The request includes \$2,614,238 General Fund and 36.7 FTE for FY 2015-16 to operate a new treatment unit at the Colorado Mental Health Institute at Pueblo (CMHIP) for patients previously transferred to the Department of Corrections (DOC) because such patients were determined to be too dangerous to be safely confined at the CMHIP. *[For more information, see the issue brief titled, "New Mental Health Institute Treatment Unit (R1)".]*

**R13 Circle program:** The request includes a one-time appropriation of \$225,000 General Fund to allow the Department to contract with a vendor to analyze the potential for the Circle program to operate as an autonomous program, separate from CMHIP. The Circle program is an intensive treatment program that serves men and women who suffer from co-occurring mental health and substance use disorders.

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**R14 Institute equipment replacement:** The request includes a one-time appropriation of \$1,711,403 General Fund for a variety of equipment replacements, repairs, and minor renovations at both Mental Health Institutes.

**R15 Food inflation:** The Department's overall request includes \$91,723 for an estimated 3.0 percent increase in the raw food costs incurred by Department facilities that serve meals to clients and residents. With respect to the Behavioral Health Services section, the request includes \$28,128 General Fund for both Mental Health Institutes.

**R20 Community provider rate:** The Department's overall request includes \$7.2 million (including \$4.2 million General Fund) for a 1.0 percent community provider rate increase. With respect to the Behavioral Health Services section, the request includes \$914,451 total funds, including: \$374,459 for mental health community programs; \$166,437 for substance use treatment and prevention; \$345,477 for integrated behavioral health services; and \$28,078 for contract personnel at the Mental Health Institutes.

**Non-prioritized requested changes:** The request includes a total of \$185,305 reappropriated funds transferred from the Department of Corrections (DOC). This amount corresponds to two DOC budget requests:

- DOC R6: \$51,130 for an estimated 3.0 percent increase in the raw food costs incurred by the CMHIP to provide meal services to DOC facilities on the CMHIP campus (La Vista Correctional Facility, San Carlos Correctional Facility, and the Youthful Offender System); and
- DOC R7: \$134,175 for the DOC's share of building repair and maintenance, equipment replacement, and variable mileage expenses for facilities on the CMHIP campus (including the three facilities listed above plus the Southern Transportation Unit).

**Centrally appropriated line items:** The request includes adjustments to centrally appropriated line items for merit pay and salary survey. With respect to the Behavioral Health Services section, this adjustment reflects the allocation of FY 2014-15 salary increases to each respective line item that supports employee salaries (primarily for staff at the Mental Health Institutes).

**Annualize prior year legislation:** The request includes several adjustments related to prior year legislation. With respect to the Behavioral Health Services section, the request for FY 2015-16 eliminates the following cash fund appropriations from the Marijuana Tax Cash Fund that were included in S.B. 14-215 (Disposition of Legal Marijuana Related Revenue) for FY 2014-15:

- \$2,000,000 for the expansion and enhancement of jail-based behavioral health services; and
- \$1,500,000 for the provision of substance use disorder treatment services for adolescents and pregnant women.

*[For more information, see the issue brief titled, "Implementation of S.B. 14-215".]*

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**Annualize prior year budget actions:** The request includes adjustments related to several prior year budget actions. With respect to the Behavioral Health Services section, the request includes the following:

- FY 2014-15 budget request priority #11: Increase of \$149,909 General Fund and 3.2 FTE to purchase and implement a modern, comprehensive, and fully automated electronic health record system at the Mental Health Institutes; and
- FY 2014-15 budget request priority #15: Reduction of \$540,000 General Fund (from \$750,000 to \$210,000) in the appropriation that provides state funding to support mental health first aid instructor and certification courses. *[For more information about funding for Mental Health First Aid training, see Appendix C, Long Bill footnote #38 and Request for Information #2.]*

## **Issue: New Mental Health Institute Treatment Unit (R1)**

The Department requests \$2.6 million General Fund and 36.7 FTE for FY 2015-16 for a new security-enhanced treatment unit that was recently created at the Colorado Mental Health Institute at Pueblo. This new unit now houses patients that were previously transferred from the Institute to a correctional facility for safety reasons.

### **SUMMARY:**

- Current law authorizes the Mental Health Institutes to transfer a patient to the Department of Corrections (DOC) if he or she is too dangerous to be safely confined at the Institute.
- The Department of Human Services, in coordination with the DOC and the Governor's Office, evaluated this transfer authority and determined that this practice is unacceptable. These transfers ceased as of June 2014.
- The Department has taken actions to vacate an existing eight-bed unit at the Colorado Mental Health Institute at Pueblo (CMHIP), modify the space, hire additional staff, and transfer five patients back from the DOC's San Carlos Correctional Facility. The Department indicates that it has not yet determined whether additional funding is needed to cover the associated expenditures for FY 2014-15.
- The Department is requesting a total of \$2,614,238 General Fund and 36.7 FTE for FY 2015-16 to staff and operate the new security-enhanced treatment unit that has been created to house the patients returned from DOC.
- The Department has contracted for a study to assess the current and future behavioral health needs of the state, including the need for civil and forensic beds at the Mental Health Institutes. The study is scheduled to be completed April 23, 2015.

### **RECOMMENDATION:**

Staff recommends that the Committee ask the Department to discuss at its behavioral health hearing why it elected to move forward with this policy change and to commit the necessary resources to create and staff the new security-enhanced treatment unit before the behavioral health system study is completed and before the General Assembly has had an opportunity to evaluate the fiscal and statewide implications of the policy change.

**DISCUSSION:**

**Statutory Authorization to Transfer Patients**

Current law authorizes the Mental Health Institutes to transfer a patient to the Department of Corrections (DOC) if he or she is too dangerous to be safely confined at the Institute [see Section 17-23-103, C.R.S.]:

"(1) A person alleged to be so dangerous that he cannot be safely confined in the Colorado mental health institute at Pueblo or Fort Logan shall be entitled to:

(a) Written notice of the facts upon which the allegation of dangerousness is based;

(b) A hearing on the issue of his dangerousness before an impartial hearing body prior to transfer; however, if an emergency transfer for safety or security reasons is effected before a hearing can be had, the hearing shall be held within a reasonable time after such transfer;

(c) An opportunity to call witnesses and present evidence in his own behalf when permitting him to do so will not be unduly hazardous to institutional security or safety;

(d) A written statement by the hearing body as to the evidence relied on and the reasons for any finding that he is so dangerous that he cannot be safely confined in the Colorado mental health institute at Pueblo or Fort Logan and is recommended for transfer to a correctional facility in the department;

(e) Assistance of legal counsel provided by the state if the patient is indigent and the opportunity for assistance of legal counsel retained by the patient if he is not indigent.

(2) The department shall provide patients transferred to a correctional facility with psychiatric care and treatment substantially equivalent to that provided patients confined at the Colorado mental health institute at Pueblo or Fort Logan."

The Department provided the following table detailing the number of patients recently transferred from CMHIP to DOC under the above provision. Over the past five fiscal years, a total of eight patients have been transferred pursuant to this provision. These transfers ceased as of June 2014.

<b>CMHIP TO DOC</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>
Number of Patients Transferred from CMHIP to DOC	2	1	1	3	1
The average length of stay (days) for patients at DOC	116	*	*	652	1,141

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

Current law also authorizes the DOC to transfer an inmate who has a mental illness and who cannot be safely confined in a correctional facility to a Mental Health Institute [see Section 17-23-101, C.R.S.]:

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"(1) The executive director [of DOC], in coordination with the executive director of the department of human services, is empowered to transfer an inmate who has a mental illness or developmental disability and cannot be safely confined in a correctional facility to an appropriate facility operated by the department of human services for observation and stabilization. The costs associated with care provided in the facility operated by the department of human services shall continue to be charged to the department of human services.

(2) (Deleted by amendment, L. 2000, p. 846, § 43, effective May 24, 2000.)

(3) Except when a person is serving a sentence to the department concurrently with a commitment to the department of human services, a person who is adjudged to have a mental illness by a court of competent jurisdiction shall not be transferred to any correctional facility, except upon a finding that the person is so dangerous that he or she cannot be safely confined in the Colorado mental health institute at Pueblo or Fort Logan. A hearing on the dangerousness of the patient shall be conducted pursuant to the provisions of section 17-23-103."

The Department provided the following table detailing the number of inmates recently transferred from DOC to CMHIP under the above provision. Over the past five fiscal years, a total of 245 inmates have been transferred pursuant to this provision.

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

Finally, the Department provided the following table to summarize the net impact of these two statutory provisions on the number of patients at the CMHIP. Based on the most recent transfer data, a policy of ceasing these transfers will have a small positive impact on CMHIP's census (freeing up about one bed). However, as described more fully below, based on the acuity level of the patients that were previously transferred to DOC, the policy change significantly increases the staffing resources required for CMHIP.

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

**Recent Department Policy Changes and Actions**

*Policy Change.* The Department of Human Services, in coordination with the DOC and the Governor's Office, evaluated the first provision cited above which allows individuals who have not been criminally convicted or sentenced to be transferred to a correctional facility. The Department determined that this practice is unacceptable and is potentially a violation of these individuals' civil rights. The Department states that while these individuals' due process rights

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were protected based on the statutory authority for the transfer, the transfers could have resulted in a lawsuit against the State. Action was taken to immediately cease these transfers and develop a more appropriate setting to provide treatment to these individuals.

*Modifications to Existing Treatment Unit.* The Department decided to repurpose an existing eight-bed treatment unit within a 24-bed wing in the Robert L. Hawkins High Security Forensic Institute building at CMHIP to house the CMHIP patients that had previously been transferred to DOC. There were six individuals on that unit who had to be moved. The Department indicated that two offenders were returned from CMHIP back to DOC, and four patients were relocated to other units at CMHIP. These moves occurred from June 9 to June 23, 2014.

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

In order to facilitate a safe return of these patients, the Department paid a contractor to make modifications to an existing eight-bed treatment unit within the high security forensics building at CMHIP. This unit is "hardened", meaning it consists of brick walls, institutional grade doors and windows, and enhanced security monitoring systems. However, the unit needed to be modified to ensure that the space was appropriate to house the individuals that were previously transferred to DOC for safety reasons. Some of these modifications are listed below:

- Windows in the patient rooms were hardened with additional window framing and shatterproof glass;
- Cameras and audio equipment were installed in patient rooms which are wired back to the central nursing station;
- The fire extinguisher box was integrated into a concrete wall;
- A fully padded room was designed for individuals in the midst of a total psychotic state to deescalate;
- Doors on patient rooms were modified for a pass through tray slot;
- Signage for bathrooms and patient rooms were removed which included patching and painting walls;
- Carpet in the quiet living room was removed and replaced with vinyl flooring;
- Drinking fountain was upgraded to a 14 gauge stainless steel fountain and modified to mitigate self-harm hazards;
- A customized therapeutic treatment table was designed and built in the quiet living area for programming;
- Existing furniture was removed and flooring was replaced in the seclusion room; and
- A full code review was completed due to the change of the intended use of the unit.



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Unit modifications were completed by September 2014 at a cost of \$183,086<sup>2</sup>. The Department indicates that the funds that were utilized would otherwise have been used to address grounds keeping, housekeeping, and floor maintenance at the Department's facilities. The Department indicates that while the new security-enhanced treatment unit ("E2") can accommodate this patient population in the short-term, it does have structural limitations, such as not having a restroom in each patient room. This requires two additional safety officers to escort a patient for restroom breaks, in addition to any other movement within the unit.

*Transfer of Patients from DOC.* Between September 23 and October 3, 2014, five patients (including four patients who are civil commitments and one who is a legal commitment of "not guilty by reason of insanity") were transferred from the DOC's San Carlos Correctional Facility back to CMHIP. The E2 milieu is based on Dialectical Behavioral Therapy, which is designed to increase coping and problem-solving skills and stabilize psychiatric disorders. As patients in E2 progress, they will have the opportunity to be transferred to other less restrictive units at CMHIP. The E2 unit has an enhanced staffing ratio as the patient population is highly acute, assaultive, and aggressive. Specifically, E2 is staffed with 20.4 FTE security officers, 15.3 FTE nurses, 1.0 FTE psychologist, and a part-time (0.5 FTE) contract psychiatrist. The Department's request indicates that posting and hiring for the newly required positions occurred from June to September of 2014. The Department indicates that it has not yet determined whether additional funding is needed and will be requested for FY 2014-15 for the new unit.

**Department Request for FY 2015-16**

For FY 2015-16, the Department requests \$2,614,238 General Fund and 36.7 FTE to operate the new E2 treatment unit at CMHIP. The request is based on the following additional staff:

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

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

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<sup>2</sup> These expenditures were paid from the Office of Operations, Operating Expenses line item appropriation for FY 2014-15.

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<b>Treatment Unit E2 Summary</b>		
<b>Additional Details:</b>	<b>FY 2015-16</b>	<b>FTE</b>
<b>Personal Services</b>		
Public Safety FTE	\$1,207,078	20.4
Nursing FTE	1,050,312	15.3
Program FTE	87,335	1.0
Shift Differential	115,383	
Contract Services (Psychiatrist)	117,289	
<b>Total Personal Services</b>	<b>2,577,397</b>	<b>36.7</b>
<b>Operating Expenses</b>	<b>36,841</b>	
<b>Total Request</b>	<b>\$2,614,238</b>	

**Mental Health System Study**

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

This study is expected to achieve a number of objectives, including the following:

- Assess the need for both civil and forensic beds at both Institutes, considering existing and projected wait lists, the number of behavioral health clients in hospital emergency departments, community need (*e.g.*, underserved, unserved, and homeless individuals), and other relevant factors.
- Analyze the projected impact of increasingly court-ordered evaluation and competency restorations on civil bed availability at the Institutes.
- Provide an inventory of existing state and community behavioral health resources, including the identification of the existing continuum of care bridging state and community resources.
- Identify existing service gaps in the continuum of care for all age ranges, including service gaps related to other payer sources, such as Medicaid, Medicare, and other third-party payers such as private insurance carriers.
- Assess the degree to which current system resources effectively serve specific populations in need (*e.g.*, adult, geriatric, individuals with dementia or traumatic brain injuries, indigent individuals, severely and persistently mentally ill individuals). Address child and adolescent behavioral health services including its connection with child welfare, juvenile justice, and education.
- Evaluate the degree to which Colorado sentencing reforms related to drug possession have and will expand the need for mental health, substance, and co-occurring disorders services.
- Provide recommendations as how to best align existing resources with future planning, so as to strategically maximize state resources.

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The Department indicates that the component of this study that concerns the Institutes is scheduled for completion this month (December 2014). The Department indicates that the study will assist it in determining the most appropriate long-term solution for patients deemed too dangerous for other units at the Institutes, jail admission patients, and DOC offenders. The Department indicates that initial discussions have identified a potential long-term solution could include expanding the high security forensics building at CMHIP to include a 21-bed unit, including two eight-bed units for jail admission patients and DOC offenders, and one five-bed unit for patients deemed too dangerous for other units at CMHIP. Preliminary estimates indicate that this would take 18-24 months for planning and design, and cost \$3.5 million for construction. The Department anticipates requesting funding for facilities and operational program plans next year for FY 2016-17, and then submitting a capital construction request in November 2016 so that construction could begin in July 2017.

## **Issue: Status of Major Behavioral Health Initiatives**

In response to the Department's November 2012 budget request, the General Assembly authorized and funded three major initiatives to strengthen Colorado's behavioral health system. The implementation of many of these initiatives was delayed during FY 2013-14, and FY 2014-15 represents the first full year of funding for most components. This issue brief provides a status update on the Department's implementation of each initiative.

### **SUMMARY:**

- During the 2013 legislative session, the General Assembly took several actions to strengthen Colorado's behavioral health system, authorizing and providing funding for the Department of Human Services to: (1) create a statewide behavioral health crisis response system; (2) expand the capacity of community-based organizations to effectively serve individuals who would otherwise require treatment at the Mental Health Institutes; and (3) create a jail-based program to restore competency for defendants who have been determined by the court to be incompetent to proceed in their criminal cases.
- The General Assembly appropriated \$26.2 million General Fund for these initiatives in FY 2013-14, based on most components being implemented for only a portion of the fiscal year. However, due to unanticipated implementation delays, these appropriations were reduced to \$6.3 million and actual expenditures only totaled \$5.1 million.
- For FY 2014-15, the General Assembly has appropriated a total of \$37.2 million General Fund for these three initiatives based on a full 12 months of services. The crisis response hotline, assertive community treatment services, intensive case management and wrap-around services, and the jail-based competency restoration program were all operational before July 1, 2014. However, the two largest components of these initiatives -- most crisis response system services and residential services for individuals with severe and persistent mental illness, were not scheduled to begin until December 1, 2014.

### **DISCUSSION:**

During the 2013 legislative session, the General Assembly took several actions to strengthen Colorado's behavioral health system, including the following three initiatives:

- The creation of a statewide coordinated and seamless behavioral health crisis response system as authorized by S.B. 13-266;
- The expansion of community mental health centers' capacity to deliver behavioral health stabilization services to individuals who would otherwise require treatment at the Mental Health Institutes; and
- A contract for a 20-bed jail-based program to restore competency for defendants who have been determined by the court to be incompetent to proceed in their criminal cases.

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For FY 2014-15, the General Assembly has appropriated a total of \$37,155,662 General Fund for the above three initiatives. This issue brief provides a status update on the Department's implementation of each initiative.

**1. Crisis Response System (FY 2014-15 Appropriation: \$25,539,606 General Fund)**

Senate Bill 13-266

In response to a budget request submitted by the Department of Human Services, the General Assembly passed S.B. 13-266. This act directed the Department to issue a request for proposal (RFP) to entities with the capacity to create a coordinated and seamless behavioral health crisis response system to provide crisis intervention services for communities throughout the state. The act defines "crisis intervention services" to mean an array of integrated services that are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency. Thus, the system needs to have the capacity to serve children, adolescents, and adults, regardless of their ability to pay, and to respond to both mental health and substance use disorder crises.

The system created through the RFP must be based on the following principles:

- Cultural competence;
- Strong community relationships;
- The use of peer support;
- The use of evidence-based practices;
- Building on existing foundations with an eye toward innovation;
- Utilization of an integrated system of care; and
- Outreach to students through school-based clinics.

The components of the system are required to reflect a continuum of care from crisis response through stabilization and safe return to the community, with adequate support for transitions to each stage. Specific components of the system are to include the following:

- A twenty-four-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing crisis situations and making the appropriate referrals.
- Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.
- Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a timely response to a behavioral health crisis.

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- Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements.
  
- A public information campaign.

The act authorizes the Department to solicit and accept separate proposals for each of the five components. The act allows the Department to give priority to entities that have demonstrated partnerships with Colorado-based resources, and emphasizes the importance of an applicant's ability to coordinate closely with community mental health organizations that provide services regardless of the source of payment, such as behavioral health organizations, community mental health centers, regional care collaborative organizations, substance use treatment providers, and managed service organizations.

System Implementation

Senate Bill 13-266 anticipated services being in place by January 1, 2014, and thus provided six months of funding for most services. The Department awarded contracts for three RFPs that were issued in July 2013, but subsequently determined that all three RFPs were failed solicitations. The Department issued new RFPs and awarded the associated contracts. However, those contracts were delayed due to a lawsuit filed by one of the bidders.

All contracts are currently in place. The two contracts for the telephone hotline and marketing are statewide, and were finalized in April and June of 2014, respectively. There are four contracts covering walk-in, stabilization, mobile, residential, and respite services, with each contract covering a different region of the state. All four of these contracts were finalized in August 2014, with services scheduled to begin on or before December 1, 2014. The table on the following page details the vendor for each contract, the counties that are included in each of the four regions, expenditures incurred in FY 2013-14, and awards for FY 2014-15. Appendix F provides a listing of the physical locations of Walk-in Crisis Centers statewide.

For FY 2013-14, the General Assembly initially appropriated a total of \$19,719,095 for the new crisis system. Following three mid-year appropriation adjustments to reflect implementation delays, the final appropriations totaled \$1,305,246. Actual expenditures for FY 2013-14 fell \$45,547 short of the appropriation. For FY 2014-15, the General Assembly appropriated a total of \$25,539,606. Based on contract awards, it appears that expenditures will fall \$1,434,289 short of appropriations.

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<b>Contracts for Behavioral Health Crisis Response System</b>						
<b>Vendors</b>			<b>System Component</b>	<b>Counties in Region</b>	<b>FY 2013-14 Expenditures</b>	<b>FY 2014-15 Award 1/</b>
<b>Name</b>	<b>Description</b>	<b>Owner/Member Organizations</b>				
Metro Crisis Services, Inc	Hotline / Call Center	N/A	Hotline / Warm line services	Statewide (64 Counties)	\$659,699	\$2,298,405
Cactus Marketing Communications, Inc.	Marketing / Advertising Agency	N/A	Public Information and Educational Marketing Campaign	Statewide (64 Counties)	600,000	600,000
Northeast Behavioral Health, LLC	Consortium of Current Community Mental Health Centers	North Range Behavioral Health, Touchstone Health Partners, and Centennial Mental Health Center.	Regional Crisis Services (stabilization, mobile, and respite/residential)	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma (12 Total)	0	4,403,656
AspenPointe, Inc. (Operating as Southern Colorado Crisis Connection)	Consortium of Current Community Mental Health Centers	AspenPointe in Partnership with SyCare, LCC. SyCare is comprised of San Luis Valley Behavioral Health Group, Inc., Southeast Health Group, Spanish Peaks Behavioral Health Center, and West Central Mental Health Center.	Regional Crisis Services (stabilization, mobile, and respite/residential)	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Park, Prowers, Pueblo, Rio Grande, Saguache, and Teller (22 Total)	0	3,889,640
West Slope Casa, LLC	Consortium of Current Community Mental Health Centers	Colorado West, Inc. (dba Mind Springs), Midwestern Colorado Mental Health, Inc., and Southwest Colorado Mental Health Center (dba Axis Health System, Inc.).	Regional Crisis Services (stabilization, mobile, and respite/residential)	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit (21 Total)	0	4,403,656
Community Crisis Connection, LLC.	Consortium of Current Community Mental Health Centers	Arapahoe/Douglas Mental Health Network, Aurora Mental Health Center, Community Reach Center, Jefferson Center for Mental Health, Mental Health Partners, and the Mental Health Center of Denver.	Regional Crisis Services (stabilization, mobile, and respite/residential)	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson (9 Total)	0	8,509,960
<b>Total</b>					<b>\$1,259,699</b>	<b>\$24,105,317</b>

1/ Contract award amounts for FY 2014-15 are based on finalized contracts.

**2. Community Transition Services (FY 2014-15 Appropriation: \$9,110,561 General Fund)**

This line item, first included in the FY 2013-14 Long Bill in response to a budget request from the Department, provides funding for intensive behavioral health services and supports for individuals transitioning back to the community from the Mental Health Institutes. For FY 2013-14, the General Assembly initially appropriated a total of \$4,444,176 General Fund to support four types of services: assertive community treatment, alternative living residences, intensive case management services, and wrap-around services. The initial FY 2013-14 appropriation was intended to cover six months of services. Due to implementation delays for three of the four services, this appropriation was reduced. The FY 2014-15 appropriation covers a full 12 months of services for all four components.

<b>Community Transition Services Funding Components</b>			
<b>Description</b>	<b>FY 2013-14</b>		<b>FY 2014-15 Appropriation 1/</b>
	<b>Initial Appropriation</b>	<b>Final Appropriation</b>	
Assertive community treatment	\$1,974,981	\$1,974,981	\$4,048,711
Alternative living residences	2,031,350	678,964	4,164,268
Intensive case management	245,000	183,750	502,250
Wrap-around services	<u>192,845</u>	<u>128,544</u>	<u>395,332</u>
<b>Total General Fund</b>	<b>\$4,444,176</b>	<b>\$2,966,239</b>	<b>\$9,110,561</b>

1/ Amounts for FY 2014-15 include a 2.5 percent provider rate increase.

The implementation status of each of the above components is described below.

Assertive Community Treatment

Assertive Community Treatment (ACT) is an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness. The ACT model includes a mobile mental health unit that provides the treatment, rehabilitation, and support services that adults with serious mental illness need to live successfully in the community. ACT teams provide services in a way that emphasizes outreach, relationship building, individualization of services, and recovery. A pre-existing appropriation in the Mental Health Community Programs section provides funding for three CMHC's to serve approximately 120 severely and persistently mentally ill clients. The additional funding for this component is intended to expand the statewide capacity of CMHCs to serve clients at risk of institutionalization. The Department has allocated the available funding among sixteen CMHCs. The funding in this new line item, combined with the funding provided through the pre-existing ACT appropriation, provides all 17 CMHCs with funding to provide ACT services to approximately 549 clients who would otherwise require institutionalization.

Alternative Living Residence

This component was initially intended to provide step-down and short-term residential services for 32 of the new ACT clients who have an impaired ability to live independently. Clients were to



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receive room and board, protective oversight, personal services, and social care in two 16-bed residential facilities. The Department subsequently changed its approach to a “money follows the individual” concept whereby a contractor brokers the needed residential and/or wrap-around services for an individual ideally close to their home community. As a result, the Department did not spend any of the moneys that were appropriated for this purpose for FY 2013-14 (\$678,964). The Department has selected Behavioral Healthcare, Inc. (the BHO for Adams, Arapahoe, and Douglas counties) as the contractor to administer this funding. Most recently, the Department estimated that the contract would be executed by December 1, 2014. As of the writing of this document, staff has not yet seen the finalized contract. The FY 2014-15 appropriation is based on paying an average of \$347.83 per day for 32 clients for a full year. Given that services have not been provided for at least five months of the fiscal year, staff anticipates that this appropriation could be reduced by at least \$1,735,112 for FY 2014-15.

Intensive Case Management Services and Wrap-around Services

The additional funding supports seven Transition Specialists who provide *intensive case management services* to assist patients at the Mental Health Institutes with their transition to the community. This component is intended to eliminate barriers that have prevented some patients from transitioning to the community, and reduce the need to re-hospitalize these individuals. Transition specialists work with transitioning individuals 30 days prior to discharge from the Institutes and up to 60 days after the return to their communities.

Some of these clients will also receive *wrap-around services*, including:

- individualized mentoring;
- funding for structured activities (recreation, education and training);
- transportation to promote engagement in treatment and community integration;
- substance use testing;
- smoking cessation;
- respite care for the caretakers of clients; and
- other individualized treatment services to address other community placement barriers.

The existing appropriation was intended to support wraparound services for 52 individuals at a cost of about \$634 per client per month. This line item is intended to cover services that are not covered by Medicaid, the federal Veterans Administration, or other payer sources, and those that are not "clinically justified" but are necessary for these individuals to live successfully in the community.

The Department finalized its contract with Behavioral Healthcare, Inc., to administer this funding on 4/21/14. For FY 2013-14, only \$17,484 was expended under the contract. The contracted amount for FY 2014-15 is \$875,691, an amount slightly less than anticipated in the appropriation.

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**3. Jail-based Competency Restoration Program (FY 2014-15 Appropriation: \$2,505,495 General Fund)**

The court may order a psychiatric evaluation to determine whether an individual with pending criminal charges is competent to stand trial. If the court then determines that the individual is incompetent to proceed (ITP) to trial, services are provided to restore competency. In response to a budget request from the Department, a line item was first included in the FY 2013-14 Long Bill to fund a 22-bed jail-based restoration program for defendants who have been determined by the court to be incompetent to proceed in their criminal cases. It is staff's understanding that this initiative was intended to address legal concerns as well as a problem that had been affecting local jails. Jails were holding a large number of individuals who were waiting to be admitted to the Colorado Mental Health Institute at Pueblo (CMHIP) for a competency evaluation or for services to restore competency. In FY 2011-12, the average wait time to be admitted to CMHIP exceeded 50 days and the maximum wait time for competency restoration services reached 215 days. A related lawsuit settlement requires the Department to admit jailed individuals awaiting inpatient competency evaluations and restorations within 28 days, which required the CMHIP to utilize some civil beds for forensic patients. This initiative was intended to add capacity for forensic patients in order to reduce the wait-time for these defendants and to restore capacity for civil patients.

The Department provided the following data concerning the need for competency evaluations and services to restore competency. In FY 2009-10, a total of 547 individuals received these services. While the number declined in FY 2010-11, it has steadily increased in each subsequent fiscal year, reaching 727 in FY 2013-14. In the first four months of this fiscal year, 416 individuals have received these services.

<b>Table 1</b>							
<b>Bed Days Utilized by Competency Exam and Restoration Patients at CMHIP by Fiscal Year</b>							
A	B	C	D	E	F	G	H
Fiscal Year (FY)	Setting	Commitment	Patient Days	Avg. Daily Census	Total Avg. Census Combined	Total Number of Patients Served	Avg. Patient Days per Patient Served
<b>FY 2009-10</b>	Inpatient	Competency Exam	9,989	27.4		264	37.8
<b>FY 2009-10</b>	Inpatient	ITP Restoration	37,943	104.0		283	134.1
<b>TOTAL FY 2009-10</b>					<b>131.4</b>	<b>547</b>	
<b>FY 2010-11</b>	Inpatient	Competency Exam	8,087	22.2		198	40.8
<b>FY 2010-11</b>	Inpatient	ITP Restoration	39,715	108.8		269	147.6
<b>TOTAL FY 2010-11</b>					<b>131</b>	<b>467</b>	
<b>FY 2011-12</b>	Inpatient	Competency Exam	8,510	23.3		265	32.1
<b>FY 2011-12</b>	Inpatient	ITP Restoration	45,551	124.5		349	130.5
<b>TOTAL FY 2011-12</b>					<b>147.8</b>	<b>614</b>	
<b>FY 2012-13</b>	Inpatient	Competency Exam	11,145	30.5		281	39.7
<b>FY 2012-13</b>	Inpatient	ITP Restoration	49,370	135.3		376	131.3
<b>TOTAL FY 2012-13</b>					<b>165.8</b>	<b>657</b>	

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Table 1							
Bed Days Utilized by Competency Exam and Restoration Patients at CMHIP by Fiscal Year							
A	B	C	D	E	F	G	H
Fiscal Year (FY)	Setting	Commitment	Patient Days	Avg. Daily Census	Total Avg. Census Combined	Total Number of Patients Served	Avg. Patient Days per Patient Served
FY 2013-14	Inpatient	Competency Exam	11,097	30.4		282	39.4
FY 2013-14	RISE (Geo Care)	Competency Exam	27	0.1		1	27.0
<i>Subtotal Competency</i>						283	
FY 2013-14	Inpatient	ITP Restoration	45,493	124.6		386	117.9
FY 2013-14	RISE (Geo Care)	ITP Restoration	2,381	10.3		58	41.1
<i>Subtotal ITP Restoration</i>						444	
<b>TOTAL 2013-14</b>						<b>165.4</b>	<b>727</b>
FY 2014-15	Inpatient	Competency Exam	4,057	33.0		126	
<i>Subtotal Competency</i>						126	
FY 2014-15	Inpatient	ITP Restoration	18,528	150.6		254	
FY 2014-15	RISE (Geo Care)	ITP Restoration	1,831	14.9		36	
<i>Subtotal ITP Restoration</i>						290	
<b>TOTAL FY 2014-15 through 10/31/14</b>						<b>198.5</b>	<b>416</b>

Notes:

ITP – Incompetent to Proceed to trial

The first RISE admission was on November 11, 2013.

The increase in beds used for competency restoration, FY 2009-10 (104.0) to FY 2014-15(165.5) is **61.5**.

The decrease in the number of days to restore competency inpatients at CMHIP, FY 2009-10 (134.1) to FY 2013-14 (117.9) is **16.2**.

Column I, Average Patient Days per Patient Served, does not contain data for FY2014-15 to date. This is due to the number of Patient Days, and Total Number of Patients Served including both those patients who are discharged and those who are still receiving care. Averaging the Patient Days per Patient Served will not result in an accurate output.

The Department contracted with GEO Care, LLC, to provide these services at the Arapahoe County Detention Facility in Centennial. The first admission to the program, which is called Restoring Individuals Safely and Effectively or "RISE", occurred November 11, 2013. RISE generally serves men from the Denver metro area who: do not have significant medical needs identified; do not have significant medication compliance issues; and are likely to be restored in a relatively short period of time. As indicated in the blue font in the table above, the RISE program served 59 patients in FY 2013-14 and has served 36 patients in the first four months of FY 2014-15. Expenditures in FY 2013-14 fell \$630,199 short of the appropriation (\$2,054,819).

The RISE program is less expensive than CMHIP. Specifically, in FY 2013-14 the contracted rate for RISE was \$292 per patient-day; the comparable cost of CMHIP's forensic unit was \$636 per patient-day. This resulted in a cost-savings of \$344 per patient-day in FY 2013-14, or a total of \$828,352. As contemplated by the program design and the types of patient referrals, the RISE program achieves competency restoration within a shorter time frame than CMHIP: 41.1 average days per patient in FY 2013-14 compared to 117.9 average days per patient at CMHIP. Please note

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that CMHIP has successfully reduced the average time to achieve competency for the patients that receive competency restoration services at CMHIP by 12.1 percent since FY 2009-10 (from 134.1 days to 117.9 days).

The creation of the RISE program and changes within the CMHIP have increased the number of individuals receiving competency evaluations and being restored to competency and generally reduced wait times. However, due to the growing demand for these services, the desired goal of freeing up beds for civil patients has not been achieved. As noted in the previous issue brief, the Department's Office of Behavioral Health has contracted for a comprehensive study to assess the current and future behavioral health needs of the state. This study will include an analysis of the projected impact of the growing number of court-ordered evaluation and competency restorations on civil bed availability at the Institutes. The results of the study are scheduled to be completed April 23, 2015.

## **Issue: Implementation of S.B. 14-215**

The Department's FY 2015-16 request includes continuation funding for two of six programs that were funded through S.B. 14-215 (Disposition of Legal Marijuana Related Revenue). Approval of this request, as submitted, would require a statutory change.

### **SUMMARY:**

- Senate Bill 14-215 allocated \$7.6 million from marijuana tax revenues to support six programs in the Department in FY 2014-15. These programs concern behavioral health services, the Division of Child Welfare, and the Division of Youth Corrections.
- For FY 2015-16, the Department proposes continuing funding for two of the six programs: \$2.0 million for the Tony Grampas Youth Services Program and \$2.0 million for the Circle Program at the Colorado Mental Health Institute at Pueblo.
- The Governor's FY 2015-16 proposal related to marijuana revenues reflects the continued *transfer* of marijuana tax revenues to the General Fund to support the Circle program, rather than a direct appropriation of these cash funds to support the program. Approval of this proposal would require a statutory change to reverse changes made in S.B. 14-215.

### **RECOMMENDATION:**

In order to inform the Committee's decisions about the allocation of marijuana tax revenues for FY 2015-16, staff recommends that the Committee ask the Department to respond to the following questions at its behavioral health services hearing:

- What factors did the Department consider when deciding which programs should continue to be supported by marijuana tax revenues in FY 2015-16? Specifically, why is the Department proposing continuing MTCF allocations for the Circle program and the Tony Grampas Youth Services Program, and eliminating allocations for jail-based behavioral health services, substance use disorder treatment services for adolescents and pregnant women, and S.B. 91-94 programs?
- What would be the impact of discontinuing marijuana tax revenue funding for latter three programs listed above?
- Was the Department's proposal to continue transferring moneys from the Marijuana Tax Cash Fund (MTCF) to the General Fund rather than directly appropriating moneys from the MTCF for the Circle Program simply an oversight, or is there a compelling policy reason to make statutory changes to continue this practice?

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**DISCUSSION:**

**Senate Bill 14-215/ DHS Budget Request for FY 2015-16**

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

<b>S.B. 14-215: Appropriations to Department of Human Services</b>				
<b>Permissible Use from MTCF</b>	<b>Section, Line Item</b>	<b>FY 2014-15 Appropriation</b>	<b>FY 2015-16 Request</b>	<b>Annual Change</b>
<b><u>Behavioral Health Services</u></b>				
To expand the provision of jail-based behavioral health services in underserved counties and to enhance the provision of jail-based behavioral health services to offenders transitioning from jail to the community to ensure continuity of care.	Integrated Behavioral Health Services, Jail-based Behavioral Health Services	\$2,000,000	\$0	(\$2,000,000)
For the provision of substance use disorder treatment services for adolescents and pregnant women.	Substance Use Treatment and Prevention, Treatment and Detoxification Contracts	1,500,000	0	(1,500,000)
To provide inpatient treatment for adults who suffer from co-occurring disorders at the Colorado Mental Health Institute at Pueblo	Mental Health Institutes, Mental Health Institute at Pueblo ("Circle Program") 1/	0	2,000,000	2,000,000
<b><u>Division of Child Welfare</u></b>				
For community-based programs to provide marijuana prevention and intervention services to youth.	Tony Gramscas Youth Services Program	2,000,000	2,000,000	0
To provide child welfare training specific to issues arising from marijuana use and abuse.	Training	100,000	0	(100,000)
<b><u>Division of Youth Corrections</u></b>				
For local judicial-district based programs to provide marijuana prevention and intervention services to pre-adjudicated and adjudicated youth.	Community Programs, S.B. 91-94 Programs	2,000,000	0	(2,000,000)
<b>Total</b>		<b>\$7,600,000</b>	<b>\$4,000,000</b>	<b>(\$3,600,000)</b>

1/ The Department is not requesting a direct \$2.0 million cash funds appropriation from the MTCF for the Circle Program. Instead, the Governor's budget request proposes a \$2.0 million transfer from the MTCF to the General Fund for FY 2015-16.

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

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**Behavioral Health Service-related Programs**

Jail-based Behavioral Health Services

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

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

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

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

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

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



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

- Providing resources and tools for deputies to manage inmates and reduce disciplinary incidents;
- Reducing inmates' length of stay in jail;
- Making use of inmates' time in jail, while they are captive and sober, to make change happen and begin treatment before trial or before their release;
- Reducing recidivism and re-incarceration rates; and
- Encouraging coordination and collaboration between local jails, local community mental health centers, and other community providers to more effectively target resources and collectively meet the needs of individuals who are involved in the criminal justice system.

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

Treatment Services for Adolescents and Pregnant Women

The Department receives an annual appropriation for substance use treatment and detoxification services that are otherwise not available for people with low income. The Office of Behavioral Health contracts with four managed service organizations (MSOs) for the provision of these services in seven catchment areas. The MSOs then subcontract with local treatment providers to deliver these services. The contracts the Office enters into with MSOs require an emphasis on providing services to: persons involuntarily committed by the courts; pregnant women and women with dependent children; adult and adolescent intravenous drug users; drug-dependent adults and adolescents with human immunodeficiency virus (HIV) or tuberculosis; and uninsured individuals.

For FY 2014-15, the General Assembly appropriated \$23.6 million for treatment and detoxification services. In addition, S.B. 14-215 included an appropriation of \$1.5 million for treatment services for adolescents and pregnant women. It is staff's understanding that the Department expanded their annual contracts with MSOs to include this additional funding. Each MSO essentially has an allotment from the \$1.5 million that can be drawn down as additional adolescent and pregnant clients are served. The Department can adjust allotments among the MSOs if necessary based on actual billings.

Circle Program

*Background Information – Circle Program.* The "Circle" program, located at the Colorado Mental Health Institute at Pueblo, is an intensive treatment program that serves men and women who suffer from co-occurring mental health and substance use disorders. This program offers a 90-day inpatient (but unlocked) therapeutic community setting that addresses mental illness, chemical dependence, personality disorders, and criminal behavior. This program admits adults who have been unsuccessful in other inpatient or outpatient substance abuse programs; many receive treatment through Circle as a condition of legal charges related to substance abuse. This program is currently classified as an Institute for Mental Disease (IMD), which prohibits it from receiving revenue from the Medicaid program, except in very limited circumstances. The Circle program is currently supported by about \$2.0 million, including 87 percent General Fund and 13 percent from patients and their insurance companies.

*Background Information – SBIRT Program.* Screening, Brief Intervention, and Referral for Treatment for substance abuse (SBIRT) is an optional service covered under the state's Medicaid Program and funded through the Department of Health Care Policy and Financing.

*Marijuana-related Revenue Support for Circle and SBIRT.* Prior to S.B. 14-215, statute required the State Treasurer to annually transfer the first \$2.0 million of sales tax revenues attributable to medical marijuana to the General Fund. This annual transfer was intended to offset General Fund expenditures for both the DHS Circle program and the HCPF SBIRT program. These programs are supported by General Fund appropriations, so these transfers were intended to make the General Fund "whole".

Senate Bill 14-215 continues these transfers for FY 2013-14 and FY 2014-15, and eliminates these transfers starting in FY 2015-16. Instead, the act authorizes the General Assembly to appropriate moneys from the MTCF to support the Circle program. Thus, S.B. 14-215 was intended to continue using \$2.0 million in marijuana tax revenues to offset General Fund expenditures related to certain substance use-related services. However, the changes in S.B. 14-215 were intended to simplify the funding process, make it more transparent, and address concerns about direct appropriations of marijuana tax revenues to HCPF to match federal Medicaid funds. The Department of Human Services indicated that the Circle program was projected to cost approximately \$2.0 million in FY 2015-16. Thus, starting in FY 2015-16, S.B. 14-215 eliminates the link between marijuana tax revenues and the SBIRT program. It was anticipated that starting in FY 2015-16 the Circle program would be supported by a direct appropriation from the MTCF.

*Governor's Proposal for FY 2015-16.* The Governor's letter to the Committee, dated November 3, 2014, indicates a plan to continue the annual transfer of \$2.0 million from the MTCF to the General Fund for the Circle and SBIRT programs. The Department of Human Services' request for FY 2015-16 continues the current practice of supporting the Circle program through General Fund appropriations. If the Committee approves this request, a statutory change is required to reverse the changes made in S.B. 14-215 and resume these annual transfers starting in FY 2015-16, and authorize the use of moneys in the MTCF for the SBIRT program.

**Staff Recommendations**

In order to inform the Committee's decisions about the allocation of marijuana tax revenues for FY 2015-16, staff recommends the Committee ask the Department to respond to the following questions at its hearing concerning behavioral health services:

- What factors did the Department consider when deciding which programs should continue to be supported by marijuana tax revenues in FY 2015-16? Specifically, why is the Department proposing continuing MTCF allocations for the Circle program and the Tony Grampsas Youth Services Program, and eliminating allocations for jail-based behavioral health services, substance use disorder treatment for adolescents and pregnant women, and S.B. 91-94 programs?
- What would be the impact of discontinuing marijuana tax revenue funding for latter three programs listed above?
- Was the Department's proposal to continue transferring moneys from the Marijuana Tax Cash Fund (MTCF) to the General Fund rather than directly appropriating moneys from the MTCF for the Circle Program simply an oversight, or is there a compelling policy reason to make statutory changes to continue this practice?

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**Appendix A: Number Pages**

	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Actual</b>	<b>FY 2014-15 Appropriation</b>	<b>FY 2015-16 Request</b>	<b>Request vs. Appropriation</b>
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**DEPARTMENT OF HUMAN SERVICES**

**Reggie Bicha, Executive Director**

**(8) BEHAVIORAL HEALTH SERVICES**

The Office of Behavioral Health is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the State's public behavioral health system. Funding in this section supports community-based mental health and substance use disorder services that are not otherwise available. [Most mental health and substance use disorder services for Medicaid-eligible individuals are funded through the Department of Health Care Policy and Financing (HCPF).] Funding in this section also supports administration and operation of the State's two Mental Health Institutes. This section is primarily supported by General Fund, the federal Substance Abuse Prevention and Treatment Block Grant, transfers from HCPF (originating as General Fund and federal Medicaid funds), Mental Health Institute patient revenues, the federal Mental Health Services Block Grant, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), tobacco litigation settlement moneys that are credited to the Offender Mental Health Services Fund, and marijuana tax revenues.

**(A) Community Behavioral Health Administration**

Funding in this section supports staff who administer community-based mental health and substance use disorder services. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, the federal Mental Health Services Block Grant, General Fund, and transfers from HCPF (originating as General Fund and federal Medicaid funds).

Personal Services	<u>4,116,344</u>	<u>4,110,516</u>	<u>4,771,833</u>	<u>4,931,808</u>
FTE	48.5	49.5	58.6	58.6
General Fund	1,215,101	1,264,817	1,323,620	1,425,472
Cash Funds	261,839	209,395	318,090	318,090
Reappropriated Funds	728,069	663,540	837,178	862,087
Federal Funds	1,911,335	1,972,764	2,292,945	2,326,159

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	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	Request vs. Appropriation
Operating Expenses	<u>260,889</u>	<u>270,638</u>	<u>290,180</u>	<u>290,180</u>	
General Fund	18,729	24,381	19,679	19,679	
Cash Funds	18,664	13,736	36,524	36,524	
Reappropriated Funds	16,245	12,715	16,266	16,266	
Federal Funds	207,251	219,806	217,711	217,711	
Federal Programs and Grants	<u>90,035</u>	<u>133,850</u>	<u>2,567,997</u>	<u>2,567,997</u>	
FTE	1.1	0.5	1.5	1.5	
Federal Funds	90,035	133,850	2,567,997	2,567,997	
Other Federal Grants	<u>195,993</u>	<u>284,128</u>	<u>0</u>	<u>0</u>	
FTE	1.7	2.3	0.0	0.0	
Federal Funds	195,993	284,128	0	0	
Indirect Cost Assessment	<u>419,837</u>	<u>278,719</u>	<u>270,861</u>	<u>270,861</u>	
Cash Funds	1,985	1,410	3,280	3,280	
Federal Funds	417,852	277,309	267,581	267,581	
<b>SUBTOTAL - (A) Community Behavioral Health</b>					
<b>Administration</b>	5,083,098	5,077,851	7,900,871	8,060,846	2.0%
FTE	<u>51.3</u>	<u>52.3</u>	<u>60.1</u>	<u>60.1</u>	0.0%
General Fund	1,233,830	1,289,198	1,343,299	1,445,151	7.6%
Cash Funds	282,488	224,541	357,894	357,894	0.0%
Reappropriated Funds	744,314	676,255	853,444	878,353	2.9%
Federal Funds	2,822,466	2,887,857	5,346,234	5,379,448	0.6%

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	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	Request vs. Appropriation
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**(B) Mental Health Community Programs**

This section provides funding to support mental health services delivered through Colorado's community mental health centers. This section is primarily supported by General Fund, the federal Mental Health Services Block Grant, and tobacco litigation settlement moneys that are credited to the Offender Mental Health Services Fund.

Services for Indigent Mentally Ill Clients	<u>39,473,229</u>	<u>39,129,072</u>	<u>36,916,080</u>	<u>37,221,286</u>	*
General Fund	32,774,850	33,029,170	30,520,602	30,825,808	
Reappropriated Funds	0	0	161,909	161,909	
Federal Funds	6,698,379	6,099,902	6,233,569	6,233,569	
Medications for Indigent Mentally Ill Clients	<u>1,713,993</u>	<u>1,705,423</u>	<u>1,528,453</u>	<u>1,543,738</u>	*
General Fund	1,713,993	1,705,423	1,528,453	1,543,738	
School-based Mental Health Services	<u>1,146,676</u>	0	<u>1,192,973</u>	<u>1,192,973</u>	
General Fund	1,146,676	0	1,192,973	1,192,973	
Assertive Community Treatment Programs	<u>1,290,400</u>	<u>658,104</u>	<u>1,349,114</u>	<u>1,362,606</u>	*
General Fund	645,200	658,104	674,557	681,303	
Cash Funds	645,200	0	674,557	681,303	
Alternatives to Inpatient Hospitalization at a Mental Health Institute	<u>3,138,615</u>	<u>3,201,657</u>	<u>3,281,698</u>	<u>3,314,515</u>	*
General Fund	3,138,615	3,201,657	3,281,698	3,314,515	
Mental Health Services for Juvenile and Adult Offenders	<u>3,360,423</u>	<u>3,297,287</u>	<u>3,268,850</u>	<u>3,268,850</u>	
Cash Funds	3,360,423	3,297,287	3,268,850	3,268,850	

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	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Actual</b>	<b>FY 2014-15 Appropriation</b>	<b>FY 2015-16 Request</b>	<b>Request vs. Appropriation</b>
Mental Health Treatment Services for Youth (H.B. 99-1116)	<u>903,334</u>	<u>922,172</u>	<u>1,065,828</u>	<u>1,073,487</u> *	
General Fund	559,106	622,172	644,270	650,713	
Cash Funds	300,000	300,000	300,000	300,000	
Reappropriated Funds	44,228	0	121,558	122,774	
Mental Health First Aid	<u>0</u>	<u>266,730</u>	<u>750,000</u>	<u>210,000</u>	
General Fund	0	266,730	750,000	210,000	
<b>SUBTOTAL - (B) Mental Health Community Programs</b>	51,026,670	49,180,445	49,352,996	49,187,455	(0.3%)
<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	39,978,440	39,483,256	38,592,553	38,419,050	(0.4%)
Cash Funds	4,305,623	3,597,287	4,243,407	4,250,153	0.2%
Reappropriated Funds	44,228	0	283,467	284,683	0.4%
Federal Funds	6,698,379	6,099,902	6,233,569	6,233,569	0.0%

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**(C) Substance Use Treatment and Prevention**

This section provides funding to support community-based substance use disorder services not otherwise available. This section also includes funding for pregnant women in need of substance use disorder treatment (including women who are eligible for Medicaid), as well as funding for a variety of substance abuse prevention programs. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, General Fund, transfers from HCPF (which originate as General Fund and federal Medicaid funds), transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenues), and marijuana tax revenues.

**(I) Treatment Services**

Treatment and Detoxification Contracts	<u>22,760,820</u>	<u>30,414,104</u>	<u>25,126,051</u>	<u>23,744,586</u>	*
General Fund	11,337,648	11,550,713	11,853,511	11,972,046	
Cash Funds	331,144	331,216	1,859,905	359,905	
Reappropriated Funds	760,238	760,150	1,064,688	1,064,688	
Federal Funds	10,331,790	17,772,025	10,347,947	10,347,947	
 Case Management for Chronic Detoxification Clients	 <u>369,311</u>	 <u>369,359</u>	 <u>369,421</u>	 <u>369,446</u>	 *
General Fund	2,428	2,476	2,538	2,563	
Federal Funds	366,883	366,883	366,883	366,883	
 Short-term Intensive Residential Remediation and Treatment (STIRRRT)	 <u>3,340,683</u>	 <u>3,407,498</u>	 <u>3,521,839</u>	 <u>3,552,778</u>	 *
General Fund	2,957,367	3,018,432	3,093,893	3,124,832	
Cash Funds	0	0	0	0	
Reappropriated Funds	383,316	389,066	427,946	427,946	
 High Risk Pregnant Women Program	 <u>1,052,271</u>	 <u>1,138,015</u>	 <u>1,464,861</u>	 <u>1,479,510</u>	 *
Reappropriated Funds	1,052,271	1,138,015	1,464,861	1,479,510	



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	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Actual</b>	<b>FY 2014-15 Appropriation</b>	<b>FY 2015-16 Request</b>	<b>Request vs. Appropriation</b>
<b>SUBTOTAL -</b>	27,523,085	35,328,976	30,482,172	29,146,320	(4.4%)
<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	14,297,443	14,571,621	14,949,942	15,099,441	1.0%
Cash Funds	331,144	331,216	1,859,905	359,905	(80.6%)
Reappropriated Funds	2,195,825	2,287,231	2,957,495	2,972,144	0.5%
Federal Funds	10,698,673	18,138,908	10,714,830	10,714,830	0.0%

**(II) Prevention and Intervention**

Prevention Contracts	<u>3,874,879</u>	<u>5,390,967</u>	<u>3,982,355</u>	<u>3,982,700</u> *	
General Fund	33,649	33,649	34,490	34,835	
Cash Funds	15,000	21,378	121,635	121,635	
Federal Funds	3,826,230	5,335,940	3,826,230	3,826,230	
Persistent Drunk Driver Programs	<u>1,666,771</u>	<u>1,662,028</u>	<u>2,035,823</u>	<u>2,035,823</u>	
Cash Funds	1,666,771	1,662,028	2,035,823	2,035,823	
Law Enforcement Assistance Fund Contracts	<u>100,000</u>	<u>100,000</u>	<u>255,000</u>	<u>255,000</u>	
Cash Funds	100,000	100,000	255,000	255,000	
<b>SUBTOTAL -</b>	5,641,650	7,152,995	6,273,178	6,273,523	NaN
<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	33,649	33,649	34,490	34,835	1.0%
Cash Funds	1,781,771	1,783,406	2,412,458	2,412,458	0.0%
Federal Funds	3,826,230	5,335,940	3,826,230	3,826,230	0.0%

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	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	Request vs. Appropriation
<b>(III) Other Programs</b>					
Federal Grants	<u>5,184,573</u>	<u>5,380,355</u>	<u>2,625,422</u>	<u>2,625,422</u>	
FTE	1.1	0.0	0.0	0.0	
Reappropriated Funds	0	0	0	0	
Federal Funds	5,184,573	5,380,355	2,625,422	2,625,422	
Balance of Substance Abuse Block Grant Programs	<u>9,192,718</u>	<u>343,319</u>	<u>6,679,822</u>	<u>6,681,766</u>	*
General Fund	185,926	189,688	194,430	196,374	
Federal Funds	9,006,792	153,631	6,485,392	6,485,392	
Community Prevention and Treatment	<u>798,282</u>	<u>782,400</u>	<u>817,217</u>	<u>817,217</u>	
Cash Funds	798,282	782,400	817,217	817,217	
Rural Substance Abuse Prevention and Treatment	<u>88,443</u>	<u>88,443</u>	<u>151,243</u>	<u>151,243</u>	
Cash Funds	88,443	88,443	151,243	151,243	
Gambling Addiction Counseling Services	<u>57,021</u>	<u>65,949</u>	<u>100,000</u>	<u>100,000</u>	
Reappropriated Funds	57,021	65,949	100,000	100,000	
<b>SUBTOTAL -</b>	15,321,037	6,660,466	10,373,704	10,375,648	0.0%
FTE	<u>1.1</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	185,926	189,688	194,430	196,374	1.0%
Cash Funds	886,725	870,843	968,460	968,460	0.0%
Reappropriated Funds	57,021	65,949	100,000	100,000	0.0%
Federal Funds	14,191,365	5,533,986	9,110,814	9,110,814	0.0%

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	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	Request vs. Appropriation
<b>SUBTOTAL - (C) Substance Use Treatment and Prevention</b>	48,485,772	49,142,437	47,129,054	45,795,491	(2.8%)
<i>FTE</i>	<u>1.1</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	14,517,018	14,794,958	15,178,862	15,330,650	1.0%
Cash Funds	2,999,640	2,985,465	5,240,823	3,740,823	(28.6%)
Reappropriated Funds	2,252,846	2,353,180	3,057,495	3,072,144	0.5%
Federal Funds	28,716,268	29,008,834	23,651,874	23,651,874	0.0%

**(D) Integrated Behavioral Health Services**

This section provides funding for: a statewide behavioral health crisis response system; behavioral health services and supports for individuals transitioning from the Mental Health Institutes to the community; and community-based mental health and substance use disorder services for offenders and other specialized populations. This section is supported by General Fund, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), and marijuana tax revenues.

Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	<u>0</u>	<u>0</u>	<u>22,568,741</u>	<u>22,794,428</u> *
General Fund	0	0	22,568,741	22,794,428
Crisis Response System - Telephone Hotline	<u>0</u>	<u>659,699</u>	<u>2,355,865</u>	<u>2,379,424</u> *
General Fund	0	659,699	2,355,865	2,379,424
Crisis Response System - Marketing	<u>0</u>	<u>600,000</u>	<u>615,000</u>	<u>615,000</u>
General Fund	0	600,000	615,000	615,000
Community Transition Services	<u>0</u>	<u>2,437,827</u>	<u>9,110,561</u>	<u>9,201,667</u> *
General Fund	0	2,437,827	9,110,561	9,201,667

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Jail-based Behavioral Health Services	<u>1,819,900</u>	<u>2,999,779</u>	<u>5,578,522</u>	<u>3,578,522</u>	
Cash Funds	0	0	2,000,000	0	
Reappropriated Funds	1,819,900	2,999,779	3,578,522	3,578,522	
Rural Co-occurring Disorder Services	<u>0</u>	<u>324,200</u>	<u>512,500</u>	<u>517,625</u> *	
General Fund	0	324,200	512,500	517,625	
<b>SUBTOTAL - (D) Integrated Behavioral Health Services</b>	1,819,900	7,021,505	40,741,189	39,086,666	(4.1%)
<b>FTE</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	4,021,726	35,162,667	35,508,144	1.0%
Cash Funds	0	0	2,000,000	0	(100.0%)
Reappropriated Funds	1,819,900	2,999,779	3,578,522	3,578,522	0.0%

**(E) Mental Health Institutes**

The Department administers and operates two Mental Health Institutes providing inpatient hospitalization for individuals with serious mental illness. The Institutes provide comprehensive psychiatric, psychological, rehabilitation, and therapeutic care. This section is primarily supported by General Fund, patient revenues (including federal Medicare funds and transfers from HCPF that originate as General Fund and federal Medicaid funds), and funds transferred from the Department of Corrections (DOC) for food services provided by CMHIP to DOC facilities located on the Pueblo campus.

**(1) Mental Health Institute - Ft. Logan**

Personal Services	<u>18,927,495</u>	<u>18,367,445</u>	<u>18,043,492</u>	<u>18,597,036</u> *
FTE	224.4	229.1	217.5	218.5
General Fund	16,140,698	16,385,815	16,061,862	16,318,098
Cash Funds	2,734,268	1,949,875	1,949,875	2,180,609
Reappropriated Funds	52,529	31,755	31,755	98,329
Contract Medical Services	<u>0</u>	<u>0</u>	<u>1,269,465</u>	<u>1,269,465</u>
General Fund	0	0	1,269,465	1,269,465

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	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Actual</b>	<b>FY 2014-15 Appropriation</b>	<b>FY 2015-16 Request</b>	<b>Request vs. Appropriation</b>
Operating Expenses	<u>1,041,385</u>	<u>1,146,270</u>	<u>1,067,055</u>	<u>1,995,738</u> *	
General Fund	882,102	986,987	907,646	1,995,738	
Cash Funds	123,601	123,601	123,727	0	
Reappropriated Funds	35,682	35,682	35,682	0	
Pharmaceuticals	<u>805,441</u>	<u>1,131,750</u>	<u>1,353,110</u>	<u>1,353,110</u>	
General Fund	667,543	993,851	1,215,211	1,353,110	
Cash Funds	107,007	107,007	107,007	0	
Reappropriated Funds	30,891	30,892	30,892	0	
<b>SUBTOTAL -</b>	<b>20,774,321</b>	<b>20,645,465</b>	<b>21,733,122</b>	<b>23,215,349</b>	<b>6.8%</b>
<b>FTE</b>	<u>224.4</u>	<u>229.1</u>	<u>217.5</u>	<u>218.5</u>	<u>0.5%</u>
General Fund	17,690,343	18,366,653	19,454,184	20,936,411	7.6%
Cash Funds	2,964,876	2,180,483	2,180,609	2,180,609	0.0%
Reappropriated Funds	119,102	98,329	98,329	98,329	0.0%

**(2) Mental Health Institute - Pueblo**

Personal Services	<u>65,591,227</u>	<u>65,082,366</u>	<u>65,849,334</u>	<u>70,346,006</u> *
FTE	954.7	993.1	959.9	998.8
General Fund	53,694,988	56,493,778	54,744,339	59,083,133
Cash Funds	6,745,490	5,640,594	4,640,594	5,341,434
Reappropriated Funds	5,150,749	2,947,994	6,464,401	5,921,439
Contract Medical Services	<u>0</u>	<u>0</u>	<u>3,589,425</u>	<u>3,589,425</u>
General Fund	0	0	3,589,425	3,589,425

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Operating Expenses	<u>4,858,475</u>	<u>5,262,458</u>	<u>5,293,919</u>	<u>6,322,454</u> *	
General Fund	2,647,509	4,425,217	3,963,118	4,320,537	
Cash Funds	403,362	345,086	403,435	0	
Reappropriated Funds	1,807,604	492,155	927,366	2,001,917	
Pharmaceuticals	<u>2,930,675</u>	<u>3,304,236</u>	<u>3,180,321</u>	<u>3,180,321</u>	
General Fund	2,321,479	2,660,547	2,536,632	3,180,321	
Cash Funds	297,405	297,405	297,405	0	
Reappropriated Funds	311,791	346,284	346,284	0	
Educational Programs	<u>433,739</u>	<u>361,632</u>	<u>138,640</u>	<u>138,640</u>	
FTE	2.2	2.2	2.7	2.7	
General Fund	38,214	34,555	6,431	6,431	
Reappropriated Funds	99,066	104,085	132,209	132,209	
Federal Funds	296,459	222,992	0	0	
Jail-based Competency Restoration Program	<u>0</u>	<u>1,424,610</u>	<u>2,505,495</u>	<u>2,529,889</u> *	
FTE	0.0	1.0	1.0	1.0	
General Fund	0	1,424,610	2,505,495	2,529,889	
Circle Program Business Plan Analysis	<u>0</u>	<u>0</u>	<u>0</u>	<u>225,000</u> *	
General Fund	0	0	0	225,000	
<b>SUBTOTAL -</b>	<b>73,814,116</b>	<b>75,435,302</b>	<b>80,557,134</b>	<b>86,331,735</b>	<b>7.2%</b>
<b>FTE</b>	<b>956.9</b>	<b>996.3</b>	<b>963.6</b>	<b>1002.5</b>	<b>4.0%</b>
General Fund	58,702,190	65,038,707	67,345,440	72,934,736	8.3%
Cash Funds	7,446,257	6,283,085	5,341,434	5,341,434	0.0%
Reappropriated Funds	7,369,210	3,890,518	7,870,260	8,055,565	2.4%
Federal Funds	296,459	222,992	0	0	0.0%

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<b>SUBTOTAL - (E) Mental Health Institutes</b>	94,588,437	96,080,767	102,290,256	109,547,084	7.1%
<i>FTE</i>	<u>1,181.3</u>	<u>1,225.4</u>	<u>1,181.1</u>	<u>1,221.0</u>	<u>3.4%</u>
General Fund	76,392,533	83,405,360	86,799,624	93,871,147	8.1%
Cash Funds	10,411,133	8,463,568	7,522,043	7,522,043	0.0%
Reappropriated Funds	7,488,312	3,988,847	7,968,589	8,153,894	2.3%
Federal Funds	296,459	222,992	0	0	0.0%
<b>TOTAL - (8) Behavioral Health Services</b>	201,003,877	206,503,005	247,414,366	251,677,542	1.7%
<i>FTE</i>	<u>1,233.7</u>	<u>1,277.7</u>	<u>1,241.2</u>	<u>1,281.1</u>	<u>3.2%</u>
General Fund	132,121,821	142,994,498	177,077,005	184,574,142	4.2%
Cash Funds	17,998,884	15,270,861	19,364,167	15,870,913	(18.0%)
Reappropriated Funds	12,349,600	10,018,061	15,741,517	15,967,596	1.4%
Federal Funds	38,533,572	38,219,585	35,231,677	35,264,891	0.1%

NOTE: An asterisk (\*) indicates that the FY 2015-16 request for this line item is affected by one or more decision items.

## **Appendix B:** **Recent Legislation Affecting Department Budget**

### **2014 Session Bills**

**S.B. 14-021 (Persons with Mental Illness Criminal Justice):** Renames and extends the repeal date of the Legislative Oversight Committee, task force, and cash fund from July 1, 2015, to July 1, 2020. Expands Task Force membership by adding two new members from the Office of the Child's Representative and the Office of the Alternate Defense Counsel. Allows members of the Committee to receive compensation and reimbursement for expenses directly related to fulfilling their duties. Specifies areas of study for the task force which include but are not limited to: housing for a person with mental illness after his or her release from the criminal justice system; medication consistency, delivery, and availability; best practices for suicide prevention, within and outside of correctional facilities; treatment of co-occurring disorders; awareness and training for enhanced staff safety; and enhanced data collection. Appropriates \$3,746 General Fund to the Department for FY 2014-15.

**S.B. 14-129 (Marijuana Criminal Provision Clean Up):** Makes changes to a number of laws related to criminal penalties for offenses involving marijuana, including adding consumption and possession of marijuana and possession of marijuana paraphernalia to the crime of underage possession or consumption of alcohol and changing the associated penalty structure. Appropriates \$4,120 cash funds from the Marijuana Cash Fund to the Department of Revenue for FY 2013-14 to make related changes to its driver license system, and appropriates \$4,120 reappropriated funds to the Governor's Office of Information Technology for the provision of computer center services to the Department of Revenue. Appropriates \$38,250 cash funds from the Adolescent Substance Abuse Prevention and Treatment Fund to the Department of Human Services for FY 2014-15 for treatment, detoxification, and prevention contract services.

**S.B. 14-215 (Disposition of Legal Marijuana Related Revenue):** Creates the Marijuana Tax Cash Fund (MTCF) and directs that all sales tax moneys collected by the state starting in FY 2014-15 from retail and medical marijuana be deposited in the MTCF instead of the Marijuana Cash Fund. Specifies permissible uses of moneys in the MTCF, including the following purposes relevant to the Department of Human Services (DHS):

- To provide inpatient treatment for adults who suffer from co-occurring disorders at the Colorado Mental Health Institute at Pueblo (i.e., the "Circle Program");
- For community-based programs to provide marijuana prevention and intervention services to youth;
- For local judicial-district based programs to provide marijuana prevention and intervention services to pre-adjudicated and adjudicated youth;
- To expand the provision of jail-based behavioral health services in underserved counties and to enhance the provision of jail-based behavioral health services to offenders transitioning from jail to the community to ensure continuity of care;



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- For the provision of substance use disorder treatment services for adolescents and pregnant women; and
- To provide child welfare training specific to issues arising from marijuana use and abuse.

Under current law, the State Treasurer is required to annually transfer the first \$2.0 million of sales tax revenues attributable to medical marijuana to the General Fund. These transfers are intended to offset General Fund expenditures for two programs: (1) The DHS' Circle Program; and (2) Screening, brief intervention, and referral for treatment for substance abuse ("SBIRT"), an optional service covered under the State's Medicaid program and funded through the Department of Health Care Policy and Financing. This act continues these transfers for FY 2013-14 and FY 2014-15, and eliminates these transfers starting in FY 2015-16. Instead, the bill authorizes the General Assembly to appropriate moneys from the MTCF for the Circle Program.

With respect to the Department of Human Services, appropriates a total of \$7,600,000 from the MTCF for FY 2014-15, including:

- \$2.0 million for the Tony Grampsas Youth Services Program for programs specifically related to the prevention and intervention of adolescent and youth marijuana use;
- \$2.0 million for the expansion and enhancement of jail-based behavioral health services;
- \$2.0 million for SB 91-94 programs related to the provision of marijuana prevention and intervention services to pre-adjudicated and adjudicated youth;
- \$1.5 million for the provision of substance use disorder treatment services for adolescents and pregnant women; and
- \$100,000 for child welfare training specific to issues arising from marijuana use and abuse.

**S.B. 14-223 (Payment of Claims in Connection with Lower North Fork Wildfire):** Approves payment to claimants in connection with Lower North Fork wildfire. With respect to the Department of Human Services, reduces appropriations for FY 2013-14 that were initially made through S.B. 13-266 by a total of \$4,281,893 General Fund.

### **Relevant Bills From Previous Sessions**

**S.B. 13-200 (Expand Medicaid Eligibility):** Expands Medicaid eligibility for adults to 133 percent of the federal poverty level (FPL). The newly eligible populations affected by this change include adults without dependent children with incomes from 11 percent through 133 percent of the FPL and parents with incomes from 101 percent through 133 percent of the FPL. With respect to the Department of Human Services, reduces appropriations for community-based mental health services by \$651,875 General Fund for FY 2013-14.

**S.B. 13-266 (Coordinated Behavioral Health Crisis Response):** Directs the Department to issue a request for proposals to entities with the capacity to create a statewide coordinated and seamless behavioral health crisis response system. Proposals will be accepted for each of five specific components of a crisis system: a 24-hour crisis telephone hotline, walk-in crisis services and crisis stabilization units, mobile crisis services, residential and respite crisis services, and a public information campaign. Appropriates \$19,792,028 General Fund and 0.9 FTE to the Department for FY 2013-14 for implementation of the five components.

## **Appendix C: Update on Long Bill Footnotes & Requests for Information**

The following Long Bill Footnotes (LBF) and Requests for Information (RFI) relate to behavioral health services administered by the Department of Human Services and are included in this Appendix:

### Mental Health Community Programs

LBF #38 and RFI #2 – Mental Health First Aid

### Substance Use Treatment and Prevention

LBF #39 and RFI #14 – Treatment and Detoxification Contracts – Strategies for Self-improvement and Change (SSC) curriculum

LBF #40 – Treatment and Detoxification Contracts – Incentive-based payments

RFI #1 – Cash funds that are utilized by multiple state agencies

### Integrated Behavioral Health Services

LBF #41 – Rural Co-occurring Disorder Services

### Mental Health Institutes

LBF #42 – Authority to transfer funds between line item appropriations

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## **Long Bill Footnotes**

**38 Department of Human Services, Behavioral Health Services, Mental Health Community Programs, Mental Health First Aid** -- It is the intent of the General Assembly that this appropriation be used for the purpose of augmenting existing contracts with the approved agencies as specified in Section 27-66-104, C.R.S., in order to train additional Mental Health First Aid instructors and to certify educators, first responders, and military service personnel in Mental Health First Aid.

**Comment:** This footnote was first included in H.B. 14-1238, the supplemental bill for the Department for FY 2013-14, and was continued in the FY 2014-15 Long Bill. The purpose of the footnote was to express the General Assembly's intent that the Department simply augment existing contracts, rather than using a request for proposal process, to administer the funding that has been provided for Mental Health First Aid training and certification.

In April 2014, the Department awarded a contract to the Colorado Behavioral Healthcare Council (CBHC) and the Mental Health First Aid Colorado initiative to manage the \$266,730 that was appropriated mid-year for FY 2013-14.

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For FY 2014-15, the Department chose to use an RFP process. The contract was ultimately awarded to CBHC and the Mental Health First Aid Colorado initiative. The \$750,000 appropriation for FY 2014-15 was awarded in three parts:

- \$107,756 was awarded through a two-month extension of the FY 2013-14 contract (for July and August of 2014).
- There was a brief period in September 2014 where there was a small gap in funding that resulted from the finalization of the RFP and issuance of an interim purchase order.
- \$154,479 was awarded through an interim purchase order for the period October 1 through December 31, 2014.
- The remaining \$487,765 will be contracted out for the period from January 1 through June 30, 2015.

**Staff recommends that the Committee ask the Department to discuss, at its hearing concerning behavioral health services, whether it plans to use an RFP process for awarding the \$210,000 General Fund that has been requested for this line item for FY 2015-16.**

**39 Department of Human Services, Behavioral Health Services, Substance Use Treatment and Prevention, Treatment Services, Treatment and Detoxification Contracts** -- It is the intent of the General Assembly that the department continue to use moneys appropriated in this line item to support the use of the Strategies for Self-improvement and Change curriculum for both residential treatment and substance use disorder outpatient treatment.

**Comment:** This footnote was first included in H.B. 14-1336, the FY 2014-15 Long Bill. This footnote expresses the General Assembly's intent that the Department continue to allow providers to use funding made available through this line item continue for Strategies for Self-improvement and Change (SSC) curriculum in both residential and outpatient settings. Please see RFI #14, below, for further information and the Department's position on this issue.

**40 Department of Human Services, Behavioral Health Services, Substance Use Treatment and Prevention, Treatment Services, Treatment and Detoxification Contracts** -- It is the intent of the General Assembly that the department continue to use this appropriation to fund the provision of substance use disorder treatment and detoxification services consistent with existing contract requirements. It is further the intent of the General Assembly that the Department refrain from withholding base funding from contractors for the purpose of making subsequent incentive-based payments until the Department has: (a) clearly identified the performance measures and procedures that will be used to implement performance-based payments; and (b) provided contractors with a reasonable period of time to make the data system and programmatic changes that may be necessary to achieve the Department's desired performance goals.

**Comment:** This footnote was first included in H.B. 14-1336, the FY 2014-15 Long Bill. This footnote expresses the General Assembly's intent that the Department not move

forward with certain changes to its contracts with Managed Service Organizations (MSOs) until certain actions are taken. Staff has provided below information that has been provided by MSOs, providers, and the Colorado Behavioral Healthcare Council about the proposed contract changes. **Staff recommends that the Committee ask the Department to discuss, at its hearing concerning behavioral health services, the status and impact of these contract changes.**

As described in the "General Factors Driving the Budget" section of this document, the Department's Office of Behavioral Health (OBH) contracts with four managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services not otherwise available to people with low income in seven state regions. MSOs subcontract with local treatment providers to deliver these services. These providers vary significantly in size, ranging from a small provider with one location that might serve fewer than 130 individuals in a year to a large provider with 13 locations serving more than 23,000 individuals in a year.

Historically, reimbursement to the MSOs has been based on the number of admissions per region, including the number of admissions for certain targeted populations. In the Fall of 2013 the OBH and MSOs began negotiating the contracts for FY 2014-15 that include agreed-upon performance measures with the goals of enhanced accountability and beginning to pay for quality instead of quantity. OBH initially proposed that up to 30 percent of the base MSO funding would be dependent on meeting certain quality-related metrics. OBH and MSOs ultimately agreed that 10 percent of the contract amount would be withheld each quarter; these amounts will be subsequently paid depending on the ability of MSO providers in each region to meet or exceed certain performance measures.

Generally, MSOs and providers are supportive of contracts that require accountability and improve service quality and patient outcomes. However, providers and CBHC have identified the following concerns about the Department's proposed contract changes:

#### Relationships

- The OBH initially did not solicit stakeholder feedback regarding the contract changes. Providers would like to understand how this effort fits into the Department's larger vision. CBHC indicates that meaningful and ongoing stakeholder participation in this process will result in greater positive outcomes for OBH, providers, and clients.
- One MSO indicated that it was hard to determine who they were negotiating with – OBH or the division within the Department that is responsible for performance contracting.

#### Risks to a Fragile System

- The 10 percent withhold will put more \$2.0 million of funding for MSOs at risk in a system that providers perceive to be underfunded.

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- The goals are undefined and too high in some cases, especially for small providers with a small "n" that can skew performance results.
- Withheld funds will be reimbursed to providers that earn such funds 150 days after the start of a quarter (three months of client services during the quarter and two months of data collection and analysis after the close of the quarter). Many treatment providers struggle to manage the cash flow that results from this new structure. Staff salaries constitute the largest portion of a provider's budget, causing some providers to borrow money to make payroll and avoid laying off staff.
- If a provider is not able to manage the cash flow and needs to lay off staff, the ability to provide accessible, quality care will likely decline and reduce the likelihood of meeting the required performance measures.
- CBHC and MSOs have proposed allowing the MSOs to manage the full contract funding amount. This would allow MSOs to monitor the fiscal health of the providers in their network and manage the cash flow as they deem appropriate, while holding providers accountable to the agreed-upon performance measures. The MSOs would then either return the unearned funds to the State or use these funds for technical assistance to improve performance.

Timing

- The Department is increasing demands on providers for system modifications and reporting functionality at the same time as the contract changes without providing funding to support the required infrastructure changes.
- Due to implementation of the enhanced substance use disorder benefit for Medicaid clients in January 2014 and the rapid expansion of the Medicaid-eligible population since January 2014, many providers have struggled to complete the necessary administrative and system changes necessary to successfully receive reimbursement for services provided to Medicaid clients.

**41 Department of Human Services, Behavioral Health Services, Integrated Behavioral Health Services, Rural Co-occurring Disorder Services** -- It is the intent of the General Assembly that this appropriation be used for the purpose of providing a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley.

**Comment:** This line item appropriation was first included in the FY 2013-14 Long Bill to provide funding for a full continuum of co-occurring behavioral health services to adolescents and adults in southern Colorado and the Arkansas Valley. It is staff's understanding that this appropriation was provided based on data that demonstrated a gap in the service delivery system for southern Colorado related to the co-occurring, dually diagnosed population -- primary substance use and secondary mental health (Axis I) anxiety

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and depression. A corresponding footnote like the one above was included to specify the General Assembly's intent in making the appropriation.

The Department awarded these funds to Crossroads' Turning Point, Inc. (CTP), a partner in Signal Behavioral Health Network, Inc., as a result of the request for proposal process. The counties in sub-state planning area #4 benefit from this appropriation, including: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache. The Department indicates that specific treatment clinics are located in Alamosa, Lamar, La Junta, Pueblo, and Walsenburg.

The services CTP provides include residential and outpatient based services with a combination of individual and group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy, substance use testing, and other similar services. The contract specifies quality measures and a client goal for CTP. The Department indicates that it will be tracking specific outcome data for both mental health and substance use treatment, including reduction in symptom severity, reduction in drug use, and treatment engagement. The Department plans to make this information available in October 2014 to track the progress of this funding stream.

- 42** **Department of Human Services, Behavioral Health Services, Mental Health Institutes -** In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 10.0 percent of the total appropriations in this subsection among line items in this subsection.

**Comment:** This footnote was first included in H.B. 14-1336, 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.

## Requests for Information

### *Requests Applicable to Multiple Departments*

- 1. Department of Corrections, Management, Executive Director's Office Subprogram; Department of Human Services, Behavioral Health Services, Substance Use Treatment and Prevention; and Division of Youth Corrections; Judicial Department, Probation and Related Services; and Department of Public Safety, Division of Criminal Justice; and Colorado Bureau of Investigation** -- State agencies involved in multi-agency programs requiring separate appropriations to each agency are requested to designate one lead agency to be responsible for submitting a comprehensive annual budget request for such programs to the Joint Budget Committee, including prior year, request year, and three year forecasts for revenues into the fund and expenditures from the fund by agency. The requests should be sustainable for the length of the forecast based on anticipated revenues. Each agency is still requested to submit its portion of such request with its own budget document. This applies to requests for appropriation from: the Offender Identification Fund, the Sex Offender Surcharge Fund, the Persistent Drunk Driver Cash Fund, and the Alcohol and Drug Driving Safety Program Fund, among other programs.

**Comment:** This request for information is intended to ensure that Departments coordinate requests that draw on the same cash fund. Each Department is required to include, as part of its budget request, a Cash Fund Report (schedule 9) for each cash fund it administers to comply with the statutory limit on cash fund reserves, and to allow both the Office of State Planning and Budgeting and the Joint Budget Committee to make informed decisions regarding the utilization of cash funds for budgeting purposes. For funds that are shared by multiple departments, the department that administers the fund is responsible for coordinating submission of expenditure and revenue information from all departments to construct a schedule 9 that incorporates all activity in the fund.

Two of the funds that are referenced in this RFI and pertain to this department are listed below, with a brief explanation of fund revenues and authorized expenditures.

*Persistent Drunk Driver Cash Fund [Section 42-3-303 (1), C.R.S.]* - This fund consists of penalty surcharge fees paid by persons convicted of DUI, DUI per se, or DWAI, as well as a person who is a habitual user of a controlled substance who is convicted of a misdemeanor for driving a vehicle. Moneys in the Fund are subject to annual appropriation to:

- pay the costs incurred by the Department of Revenue concerning persistent drunk drivers;
- pay for costs incurred by the Department of Revenue for computer programming changes related to treatment compliance for persistent drunk drivers;
- support programs that are intended to deter persistent drunk driving or intended to educate the public, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving;

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- pay a portion of the costs of intervention and treatment services for persistent drunk drivers who are unable to pay for such services;
- assist in providing court-ordered alcohol treatment programs for indigent and incarcerated offenders;
- assist in providing approved ignition interlock devices for indigent offenders; and
- assist in providing continuous monitoring technology or devices for indigent offenders.

While fees are collected by the courts, budget instructions issued by the OSPB identify the Department of Human Services as the lead agency for reporting purposes.

For FY 2014-15, a total of \$2,327,044 is appropriated from this fund to the Department of Human Services, including the following:

- \$2,035,823 for Persistent Drunk Driver Programs
- \$265,000 for Treatment and Detoxification Contracts
- \$26,221 for Office of Behavioral Health administrative expenses.

In addition, the Department of Revenue spends \$2,000 annually from this fund.

The schedule submitted by the Department of Human Services indicates that the Fund balance was \$1,712,167 at the end of FY 2013-14 – well in excess of the statutory reserve balance of 16.5 percent of expenditures. However, the Committee approved a staff recommendation last Spring to increase the annual appropriation from this fund by \$365,000 for three years, starting in FY 2014-15, to reduce the fund balance by \$1,095,000 (thus leaving a balance of about 16.5 percent of base annual expenditures).

*Alcohol and Drug Driving Safety Program Fund [Section 42-4-1301.3 (4) (a), C.R.S.] - Section 42-4-1301.3, C.R.S., sets forth sentencing guidelines for persons convicted of driving under the influence (DUI), persons convicted of driving while ability impaired (DWAI), and persons who are habitual users of a controlled substance who are convicted of driving a vehicle. The Judicial Department is required to administer an Alcohol and Drug Driving Safety (ADDS) Program in each judicial district. This program is to provide: (1) pre-sentence and post-sentence alcohol and drug evaluations of all persons convicted of driving violations related to alcohol or drugs; and (2) supervision and monitoring of those persons whose sentences or terms of probation require completion of a program of alcohol and drug driving safety education or treatment.*

The ADDS Program Fund consists of assessments designed to ensure that the ADDS Program is self-supporting. Assessments include fees paid by individuals for alcohol and drug evaluations, as well as inspection fees paid by approved alcohol and drug treatment facilities. The evaluation fee was increased from \$181 to \$200 in FY 2007-08. Moneys in the Fund are subject to annual appropriation to the Judicial Department and the Department of Human Services' Office of Behavioral Health for the administration of the ADDS Program. These two departments are required to propose changes to these assessments as required to ensure that the ADDS Program is financially self-supporting. Any adjustment in



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the assessments approved by the General Assembly is to be "noted in the appropriation...as a footnote or line item related to this program in the general appropriations bill".

The Judicial Department receives a direct appropriation from the Fund to support probation programs (\$5,113,342 for FY 2014-15), and a portion of this funding is transferred to the Department of Human Services for the administration of alcohol and drug abuse services (\$449,094 for FY 2014-15). However, fund revenues are not currently sufficient to support these appropriations, so a program restriction of \$2,600,000 has been put in place for the Judicial Department for FY 2014-15. Budget instructions issued by the OSPB identify the Judicial Department as the lead agency for reporting purposes. This is consistent with S.B. 98-25, which transferred responsibility for the administration of ADDS programs in each judicial district from the Division of Alcohol and Drug Abuse in the Department of Human Services to the Judicial Department.

*Requests Applicable to the Department of Human Services*

2. **Department of Human Services, Behavioral Health Services, Mental Health Community Programs, Mental Health First Aid** -- The Department is requested to provide, by November 1, 2014, a report concerning the expenditure and impact of state funds to support mental health first aid training. The Department is requested to include information concerning the number of instructors that were trained and the number of educators, first responders, and military service personnel who were certified as a result of FY 2013-14 expenditures. The Department is also requested to provide information about planned expenditures for FY 2014-15.

**Comment:** The Department provided the report as requested. The Department expended the full appropriation for FY 2013-14 (\$266,730 General Fund). The members of the Mental Health First Aid Colorado Advisory Committee used a statewide competitive selection process to identify the highest caliber candidates from urban, rural, and frontier communities to be trained as new Mental Health First Aid (MHFA) and Youth MHFA instructors. As anticipated, a total of *90 new instructors were trained* from April to June. These new instructors come from 41 different organizations based in 31 urban, rural, and frontier counties; they have the capacity to provide MHFA courses in all 64 counties. Some instructors earned specialty designations to deliver tailored MHFA modules for public safety, veterans, rural, and Spanish-speaking audiences. New instructors include the first deaf youth MHFA instructor in the nation, and peer providers from the Veterans Administration to expand reach into the military community.

*A total of 1,454 individuals were trained in MHFA and Youth MHFA certification courses, including 938 from April 7 through June 30 (the term of the contract). On May 14, over 300 participants from a variety of organizations gathered at Arapahoe Community College to celebrate Mental Health Month and Children's Mental Health Awareness Day. The event was supported by this appropriation and included free MHFA certification courses.*

For FY 2014-15, it was originally anticipated that the \$750,000 appropriation would allow for 180 new instructors to be trained and 6,750 individuals to be certified. The Department's

response includes a detailed budget for FY 2014-15. In July and August of 2014, 1,287 individuals were certified in MHFA. No training services were funded in September due to the RFP process. The contractor is now estimating that 198 instructors will be trained and 5,982 individuals will be certified in FY 2014-15.

- 14. Department of Human Services, Behavioral Health Services, Substance Use Treatment and Prevention, Treatment Services, Treatment and Detoxification Contracts** – The Department is requested to provide by November 1, 2014, a report describing the measurable outcomes it uses to determine: (a) the effectiveness of the Strategies for Self-improvement and Change (SSC) treatment curriculum and modality; and (b) whether to continue using a portion of this appropriation to support SSC for residential treatment and substance use disorder outpatient treatment.

**Comment:** The Department submitted a response as requested.

(a) With respect to measurable outcomes, the Department indicates that because this program is administered in the criminal justice system, it does not collect or have data to report on specific Colorado outcomes. Thus, the Department is unable to use measurable data to evaluate the effectiveness of the curriculum at this time but will work to determine how to measure the curriculum's efficacy in Colorado. However, the Department notes that the U.S. Department of Justice cites this curriculum as a nationally validated and evidence based practice. The Department highlights the following findings for the use of SSC in Colorado:

- SSC treatment has been successfully presented in a variety of settings, including jail, prison, residential treatment, therapeutic community, and outpatient settings with positive provider ratings of program effectiveness across all settings. Seventy percent of providers rated SSC as being a great benefit to clients who achieved a high completion rate for the programs to which they were assigned.
- Providers reported that 50 to 56 percent of outpatient clients maintained substance abstinence during SSC, and 60 percent of outpatients were rated as abstaining from any criminal conduct during SSC.
- Providers rated 80 percent of SSC clients as having "fair" to "good" prognosis in the areas of alcohol and other drug use and criminal conduct.
- An average of 75 to 80 percent of SSC clients reported that their cognitive and behavioral control over alcohol and other drug use as well as criminal thinking and conduct improved during SSC.

(b) With respect to using a portion of the Treatment and Detoxification Contracts line item appropriation to support SSC for residential treatment and substance use disorder outpatient treatment, the Department indicates that while it supports the use of SSC curriculum in both residential and outpatient treatment settings, it does not recommend using this particular appropriation to cover the expense of the curriculum *within the residential setting*. The Department explains that SSC curriculum for residential services is covered by the enhanced rate paid by the Department of Public Safety, Office of Community Corrections. The

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agencies that comprise the Correctional Treatment Board have agreed to collaborate and coordinate coverage of the funding that each agency receives from the Correctional Treatment Cash Fund. Thus, the Department has clarified in the statement of work for a proposed contract with Managed Service Organizations that funding from the Treatment and Detoxification Contracts line item is only to be used for *outpatient care*.

## **Appendix E: SMART Act 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 by November 1 of each year. This report is to include a summary of the Department's performance plan and most recent performance evaluation. The report dated November 10, 2014 is attached for consideration by the Joint Budget Committee in prioritizing the Department's budget requests.



## Department of Human Services Annual Performance Report

### Strategic Policy Initiatives

The Department of Human Services has identified several strategic policy initiatives for FY 2014-15 and beyond. For this evaluation report, the Department selected a few initiatives that best capture some of the Department's strategic and operational priorities and reflect the overall direction as identified by Department leadership. The initiatives also provide context for much of the day-to-day work, which is highlighted in the measures section of the report. Additional detail for these, and other, strategic policy initiatives is available in the Department's Performance Plan, which may be accessed [here](#).

#### Thrive in the community

**Expand community living options for all people served by the Department** - Colorado continues its rich tradition of innovation in its services to elderly individuals and those with disabilities, mental illnesses, or substance use disorders. The Department remains committed to decreasing the number of people housed in public institutions through the development of community resource networks and high-quality community-based services. These services enable individuals to thrive in the setting of their choice.

**To ensure child safety through improved prevention, access and permanency** - Colorado is committed to ensuring that children living anywhere in Colorado should be in safe and permanent settings. Furthermore, the Department is committed to ensuring that children are entitled to the same level of protection from abuse and neglect everywhere in Colorado.

#### Achieve economic security through meaningful work

**To achieve economic security for more Coloradans through employment and education** - The Department remains focused on making public benefits more effective and increasing access to public benefits when eligible. There is increased emphasis on employment and how to transform the Colorado Works program to be, first and foremost, about supporting individuals to prepare for, attain, and retain employment to support their families. The Department is committed to assisting citizens served through its many programs to gain and retain employment, as well as, enhance employment opportunities over time.

#### Prepare for educational success throughout their lives

**To improve kindergarten readiness through quality early care and learning options for all Coloradans** - As the Office of Early Childhood enters the third year since its creation in 2012, it remains focused on supporting the parents of young children to ensure educational success. The two divisions in the Office of Early Childhood work collaboratively to champion the needs of young children in Colorado through their work with community partners, including Nurse Family Partnership, Head Start, child care providers, Early Childhood Councils, Family Resource Centers, and the Children's Trust Fund. The Office is committed to increasing high-quality access for children and ensuring that children receive early intervention services that are timely and appropriate.

**To return youth committed to the Division of Youth Corrections (DYC) to the community better prepared to succeed through education received while in the custody of the Department** - The Division of Youth Corrections provides educational services to youth residing in state-operated facilities and those placed in contract residential programs. In 2014, subject matter experts have been hired and hardware purchased to lay the foundation for improving the DYC educational infrastructure. In addition to the services provided to youth in state-operated and contract programs, DYC also assists youth in connecting with community services and institutions upon parole. Division of Youth Corrections' client manager parole officers work collaboratively with local school districts, alternative schools, community colleges, and private providers of tutoring services to ensure youth are placed in the appropriate school setting to meet their needs.



# Department of Human Services Annual Performance Report

## Operational Measures

### Thrive in the community

Measure	FY12 Actual	FY13 Actual	FY14 Actual	1-Year Goal	3-Year Goal
Percentage of infants and toddlers with growth in skills	65.6%	81.0%	76.4%	85.0%	85.0%
Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure	61.2%	73.7%	86.1%	92.0%	95.0%
Percentage of children and youth in congregate care settings	23.3%	23.0%	20.6%	18.4%	15.0%
Percentage of youth who do not recidivate in residential placements	99.6%	99.9%	100%	98.0%	98.0%
Length of time to transition to community setting (i.e., goal is 60 days)	76	92	114	60	60
Percentage of Veteran's Community Living Centers residents without falls	81.0%	79.0%	80.0%	88.0%	88.0%
Percentage of timely responses to adult protection inquiries (i.e., Emergency/24 Hour or Non-emergency/3 Business Days)	77.0%	91.0%	95.2%	90.0%	90.0%
Percentage of persons treated who show reduced mental health symptoms	52.6%	53.6%	56.7%	67.0%	67.0%

### Achieve economic security through meaningful work

Measure	FY12 Actual	FY13 Actual	FY14 Actual	1-Year Goal	3-Year Goal
Attainment of successful employment*	2,496	2,957	1,604	2,959	2,960
Accuracy percentage of initial eligibility decisions	97.9%	95.1%	97.5%	97.0%	97.0%
Collection percentage of current child support due	62.8%	62.7%	63.4%	65%	66%
Percentage of monthly Food Assistance expedited applications processed within seven calendar days	85.4%	91.03%	90.0%	95.0%	95.0%
Percentage of Monthly Food Assistance recertification applications processed within 60 days	74.2%	88.76%	87.2%	95.0%	95.0%
Percentage of Colorado Works participants gaining employment	N/A	21.26%	18.68%	25.0%	35.0%
Percentage of Old Age Pension and Aid to the Needy Disabled applications processed within 60 and 45 days, respectively	89.6%	90.1%	95.0%	95.0%	95.0%

\*In May 2013, the Division of Vocational Rehabilitation instituted a full Order of Selection waiting list. This ultimately reduced the number of active cases to be worked, and has therefore, contributed to the reduction of successful employment outcomes this year.



## Department of Human Services Annual Performance Report

### Prepare for educational success throughout their lives

Measure	FY12 Actual	FY13 Actual	FY14 Actual	1-Year Goal	3-Year Goal
Percentage of children utilizing Colorado Child Care Assistance Program in top-rated facilities	N/A	N/A	20.7%	34.0%	34.0%
Percentage of youth enrolled in education or employed at discharge	62.9%	70.0%	78.0%	85.0%	85.0%

## Appendix F: Behavioral Health Crisis Response System - Walk-in Crisis Center Locations

Physical Location	Focus of Care	24/7 Coverage Plan
<b>2551 W 84<sup>th</sup> Avenue</b> <b>Westminster, CO 80031</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center <b>Adult Crisis Stabilization Unit-</b> 16 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Psychiatrists, Case Managers</li> </ul>
<b>2206 Victor Street</b> <b>Aurora, CO 80045</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center <b>Adult Crisis Stabilization Unit-</b> 16 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Psychiatrists, Case Managers</li> </ul>
<b>1290 Potomac Street</b> <b>Aurora, CO 80012</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center <b>Child/Adol Crisis Stabilization Unit-</b> 8 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services- Current RCCF licensing</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Psychiatrists, Case Managers</li> </ul>
<b>421 Zang Street</b> <b>Lakewood, CO 80228</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center <b>Child/Adol Crisis Stabilization Unit-</b> 8 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services- Current RCCF licensing</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Psychiatrists, Case Managers</li> </ul>
<b>6581 S Santa Fe Drive</b> <b>Littleton, CO 80120</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center <b>Adult Crisis Stabilization Unit-</b> 16 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Psychiatrists, Case Managers</li> </ul>



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<b>Physical Location</b>	<b>Focus of Care</b>	<b>24/7 Coverage Plan</b>
<b>1333 Iris Avenue</b> <b>Boulder, CO 80304</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center	<ul style="list-style-type: none"> <li>• 24/7 Walk-in Crisis services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Case Managers</li> </ul>
<b>4353 E Colfax Avenue</b> <b>Denver, CO 80220</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center	<ul style="list-style-type: none"> <li>• 24/7 Walk-in Crisis services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Case Managers</li> </ul>
<b>12055 W 2<sup>nd</sup> Place</b> <b>Lakewood, CO 80228</b>  <b>Metro Denver Region</b>	Walk-in Crisis Center	<ul style="list-style-type: none"> <li>• 24/7 Walk-in Crisis services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Nurses, Case Managers</li> </ul>
<b>1302 Chinook Lane</b> <b>Pueblo, CO 81001</b>  <b>Southeast Region</b>	Walk-in Crisis Center <b>Adult Crisis Stabilization Unit-</b> 14 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• 24/7 Nursing supports</li> <li>• 24/7 Peer supports</li> <li>• Additional non-24/7 include Psychiatrists, MD/RN, Case Managers</li> </ul>
<b>115 S Parkside Drive</b> <b>Colorado Springs, CO 80910</b>  <b>Southeast Region</b>	Walk-in Crisis Center <b>Adult Crisis Stabilization Unit-</b> 16 beds	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• 24/7 Nursing supports</li> <li>• 24/7 Peer/Paraprofessional supports</li> <li>• Additional non-24/7 include Psychiatrists, MD/RN, Case Managers</li> </ul>

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Physical Location	Focus of Care	24/7 Coverage Plan
<p><b>515 28 ¾ Road</b>  <b>Grand Junction, CO 81501</b></p> <p><b>West Slope Region</b></p>	<p>Walk-in Crisis Center  <b>Adult/Child/Adol Crisis</b>  <b>Stabilization Unit-11 beds</b></p>	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Manager Consultation</li> <li>• 24/7 Peer supports</li> </ul>
<p><b>525 West Oak Street</b>  <b>Fort Collins, CO 80521</b></p> <p><b>Northeast Region</b></p>	<p>Walk-in Crisis Center</p>	<ul style="list-style-type: none"> <li>• 24/7 Walk-in Crisis services</li> <li>• 24/7 Therapeutic + Nursing care</li> <li>• 24/7 Psychiatric, Medical + Administrative Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Care coordination</li> </ul>
<p><b>928 12<sup>th</sup> Street</b>  <b>Greeley, CO 80631</b></p> <p><b>Northeast Region</b></p>	<p>Walk-in Crisis Center</p>	<ul style="list-style-type: none"> <li>• 24/7 Walk-in Crisis services</li> <li>• 24/7 Therapeutic + Nursing Care</li> <li>• 24/7 Psychiatric, Medical + Administrative Consultation</li> <li>• Additional non-24/7 include Peer Support Specialists, Care coordination</li> </ul>
<p><b>1140 M Street</b>  <b>Greeley, CO 80631</b></p> <p>(Services cease at this temporary location in March/April 2015. Services will be relocated to Riverside Avenue in Fort Collins.)</p> <p><b>Northeast Region</b></p>	<p><b>Adult Crisis Stabilization Unit-</b>  <b>16 beds – CLINICIAN REFERRAL ONLY; NOT CONSUMER-FACING</b>  <b>Detox-23 beds</b></p>	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Administrative Consultation</li> <li>• 24/7 Therapeutic Care</li> <li>• Additional non-24/7 include Peer Support Specialists, Psychiatrists, Case Managers</li> </ul>

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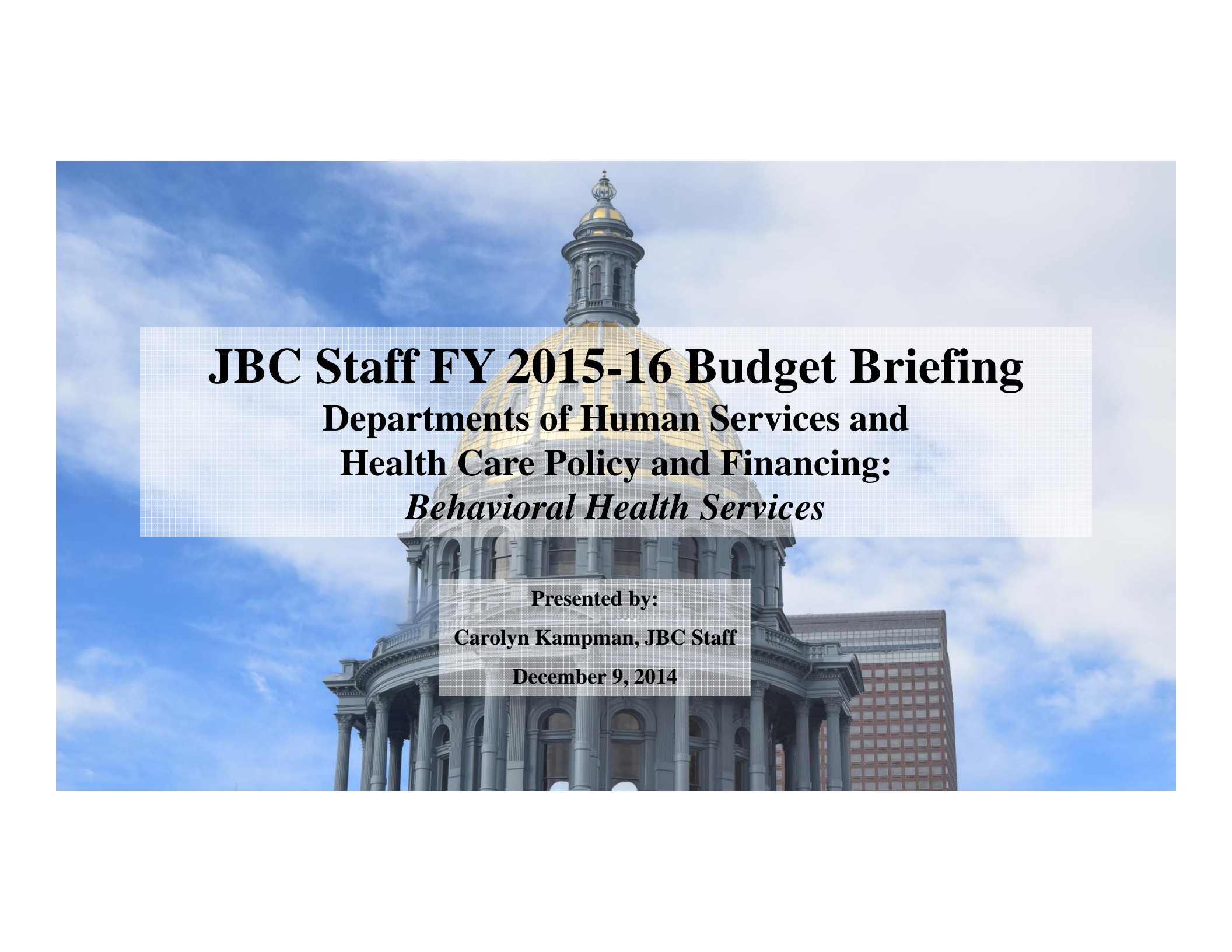
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<b>Physical Location</b>	<b>Focus of Care</b>	<b>24/7 Coverage Plan</b>
<p><b>1217 Riverside Avenue</b>  <b>Fort Collins, CO 80524</b></p> <p>(To open March/April 2015)</p>   <p><b>Northeast Region</b></p>	<p>Walk-in Crisis Center  <b>Adult Crisis Stabilization Unit-</b>            10 beds</p>	<ul style="list-style-type: none"> <li>• 24/7 CSU services</li> <li>• 24/7 Psychiatric + Administrative Consultation</li> <li>• 24/7 Therapeutic + Nursing Care</li> <li>• Additional non-24/7 include Peer Support Specialists, MD/RN, Psychiatrists, Case Managers</li> </ul>

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## Appendix G: Summary of Behavioral Health Requests for the Department of Human Services and the Department of Health Care Policy and Financing

Total Appropriations for Behavioral Health Programs: FY 2014-15 and FY 2015-16 Request						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
<b>FY 2014-15 Appropriation</b>						
Department of Human Services (DHS), Behavioral Health Services	\$247,414,366	\$177,077,005	\$19,364,167	\$15,741,517	\$35,231,677	1,241.2
Department of Health Care Policy and Financing (HCPF), Behavioral Health Community Programs	<u>557,158,663</u>	<u>176,454,409</u>	<u>4,534,586</u>	<u>0</u>	<u>376,169,668</u>	<u>0.0</u>
<b>TOTAL</b>	<b>804,573,029</b>	<b>353,531,415</b>	<b>23,898,753</b>	<b>15,741,517</b>	<b>411,401,345</b>	<b>1,241.2</b>
<b>FY 2015-16 Request</b>						
DHS, Behavioral Health Services	251,677,542	184,574,142	15,870,913	15,967,596	35,264,891	1,281.1
HCPF, Behavioral Health Community Programs	<u>632,754,887</u>	<u>195,333,576</u>	<u>4,969,081</u>	<u>0</u>	<u>432,452,230</u>	<u>0.0</u>
<b>TOTAL</b>	<b>\$884,432,429</b>	<b>\$379,907,718</b>	<b>\$20,839,994</b>	<b>\$15,967,596</b>	<b>\$467,717,121</b>	<b>1,281.1</b>
<b>DHS: Increase/(Decrease)</b>	\$4,263,176	\$7,497,137	(\$3,493,254)	\$226,079	\$33,214	39.9
Percentage Change	1.7%	4.2%	(18.0%)	1.4%	0.1%	3.2%
<b>HCPF: Increase/(Decrease)</b>	\$75,596,224	\$18,879,167	\$434,495	\$0	\$56,282,562	0.0
Percentage Change	13.6%	10.7%	9.6%	n/a	15.0%	n/a
<b>TOTAL: Increase/(Decrease)</b>	<b>\$79,859,400</b>	<b>\$26,376,303</b>	<b>(\$3,058,759)</b>	<b>\$226,079</b>	<b>\$56,315,776</b>	<b>39.9</b>
Percentage Change	9.9%	7.5%	(12.8%)	1.4%	13.7%	3.2%



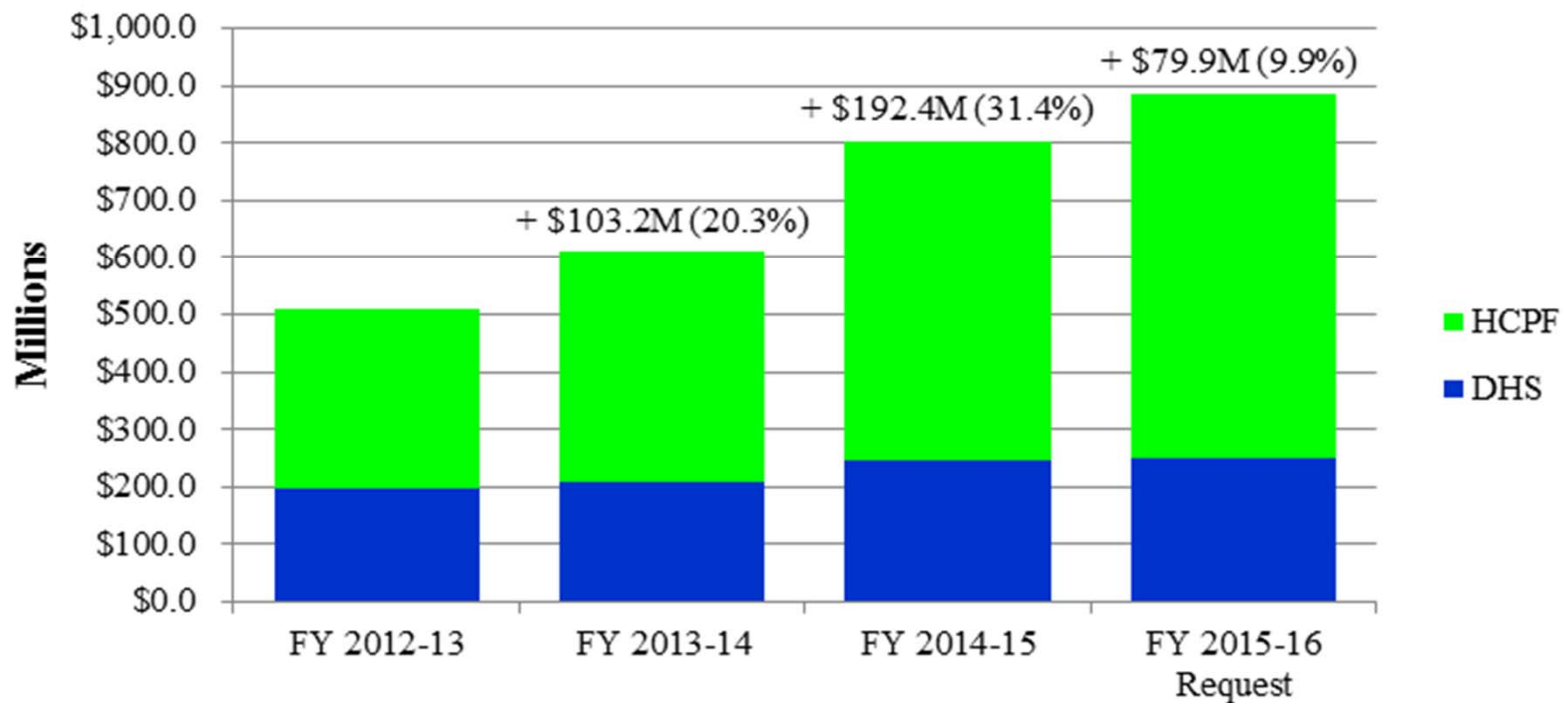
**JBC Staff FY 2015-16 Budget Briefing**  
**Departments of Human Services and**  
**Health Care Policy and Financing:**  
*Behavioral Health Services*

**Presented by:**

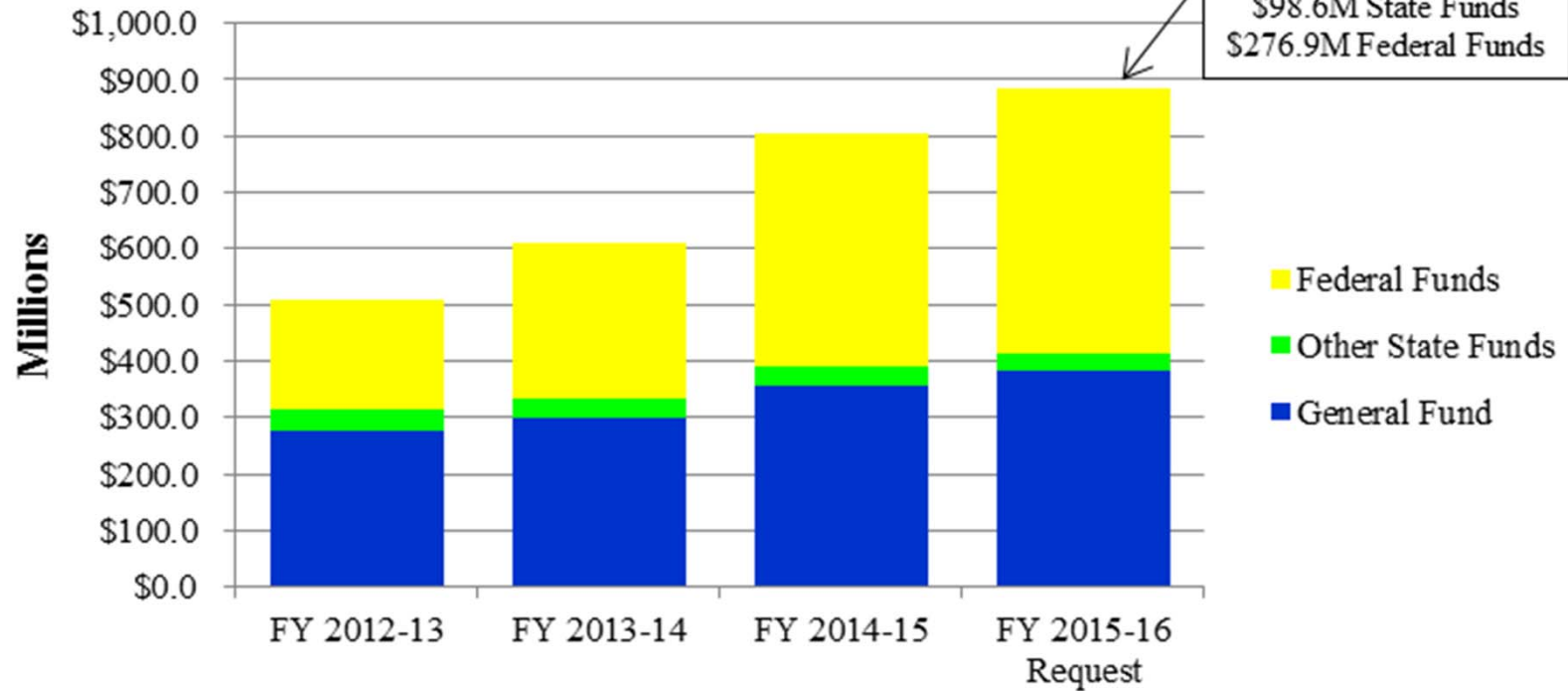
**Carolyn Kampman, JBC Staff**


**December 9, 2014**

### Recent Appropriations for Behavioral Health Services, by Department



### Recent Appropriations for Behavioral Health Services, by Fund Source





**JBC Staff FY 2015-16 Budget Briefing**  
**Department of Human Services:**  
*Behavioral Health Services*

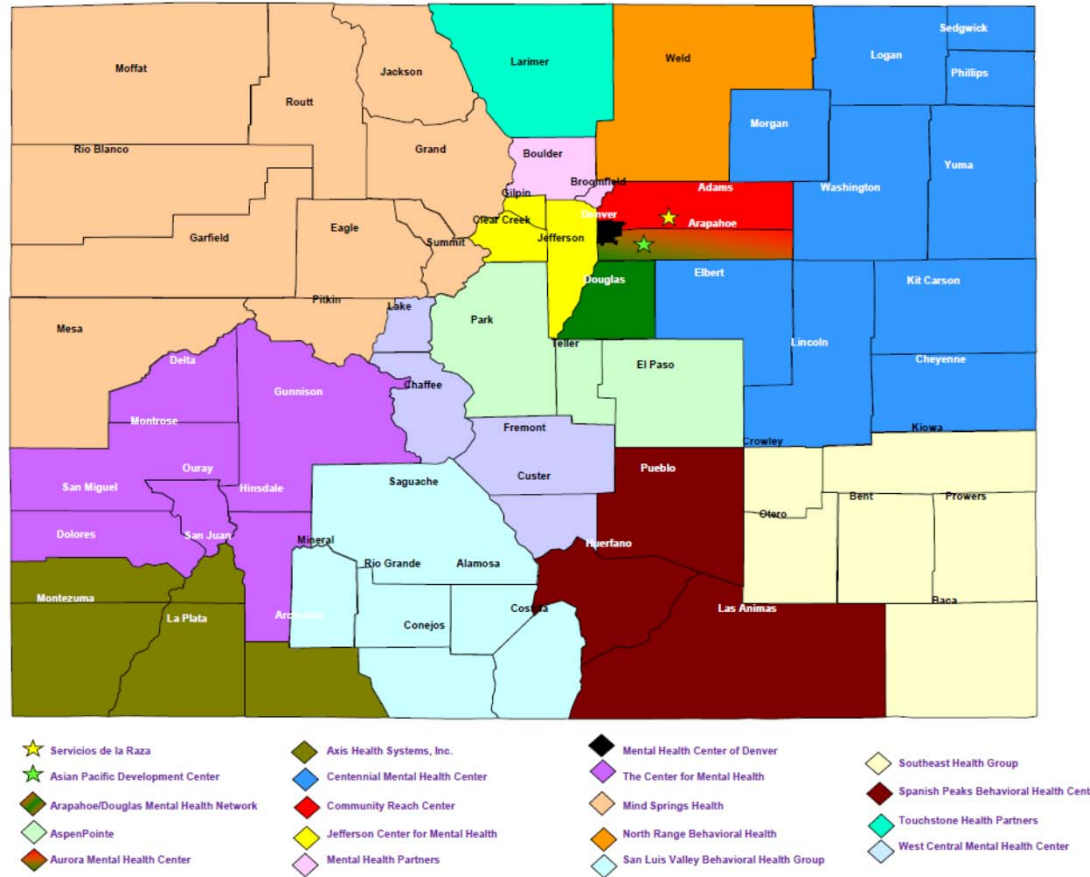
**Presented by:**

**Carolyn Kampman, JBC Staff**

**December 9, 2014**

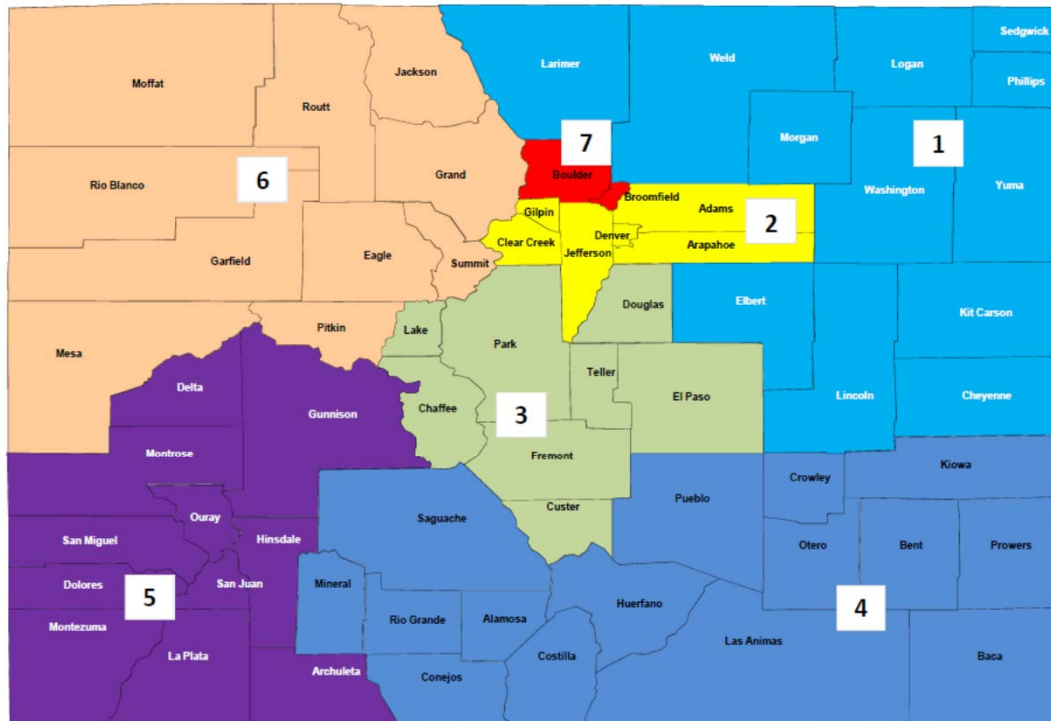


# Community Mental Health Centers by County Served



Source: Colorado Behavioral Healthcare Council

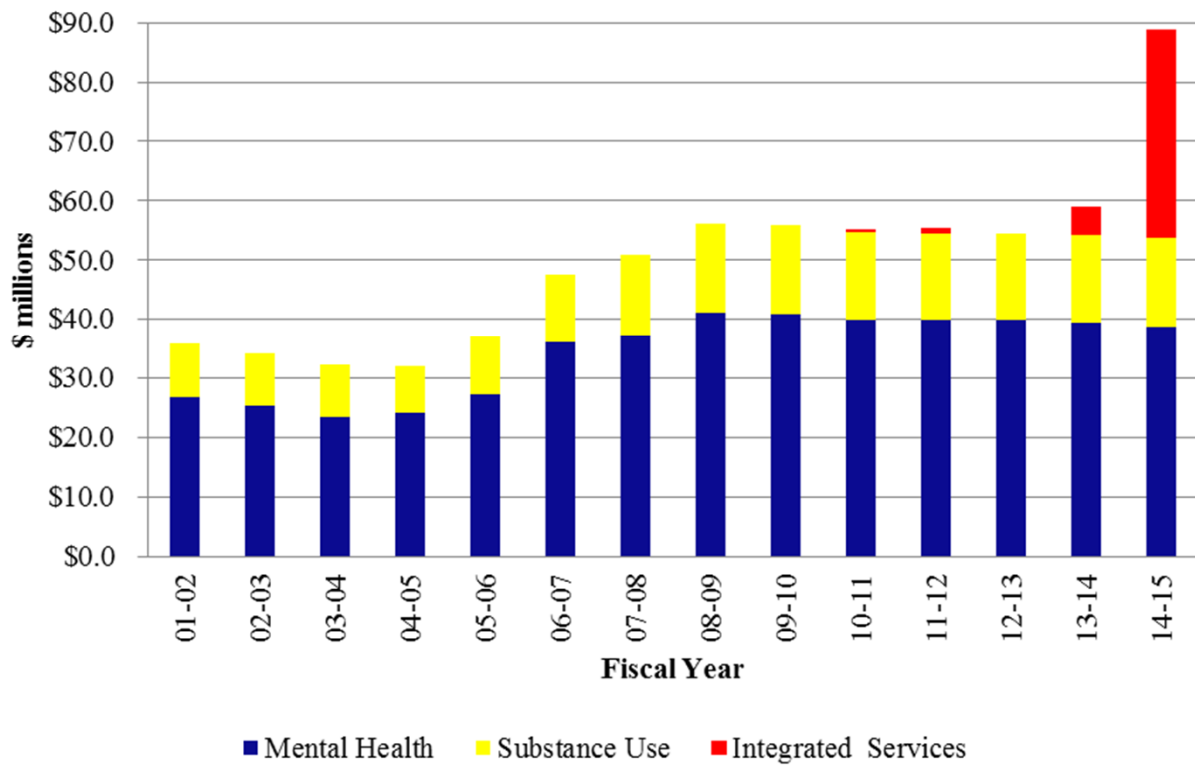
# Managed Service Organization Catchment Areas



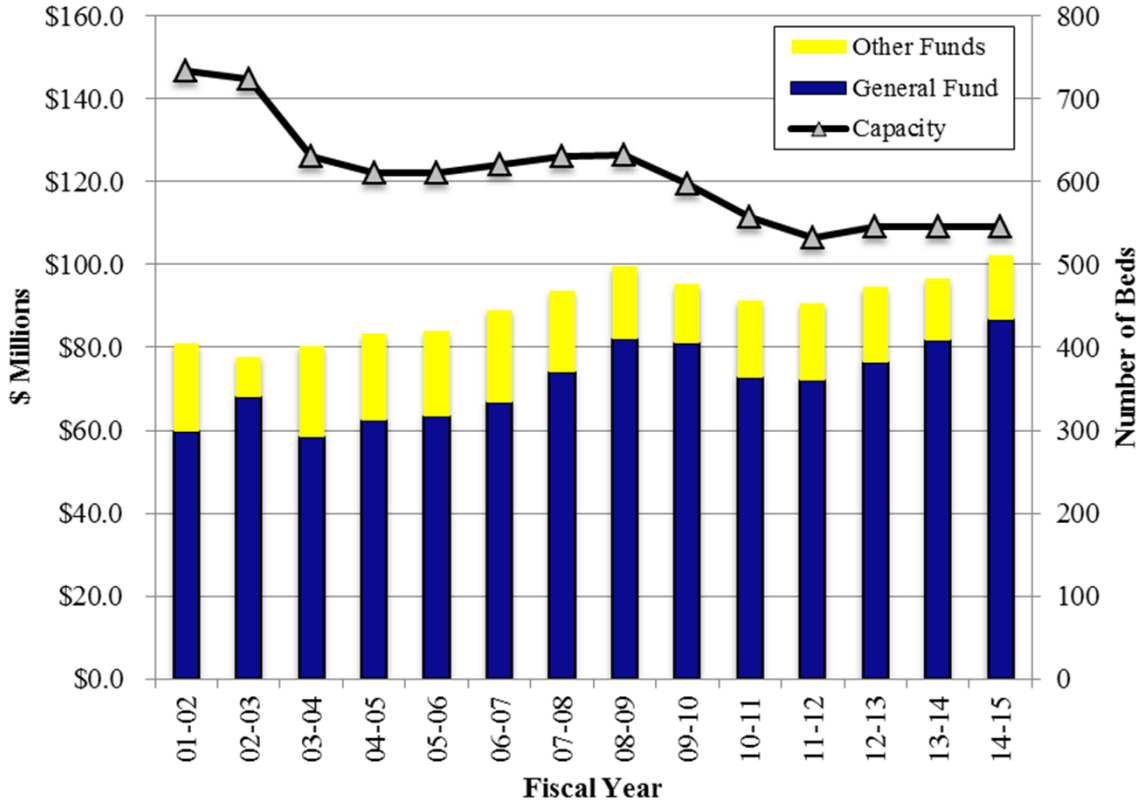
MSO	SSPA
Boulder County Public Health	7
AspenPointe	3
Signal Behavioral Health Network, Inc.	1, 2, 4
West Slope Casa, LLC	5, 6

Source: Colorado Behavioral Healthcare Council

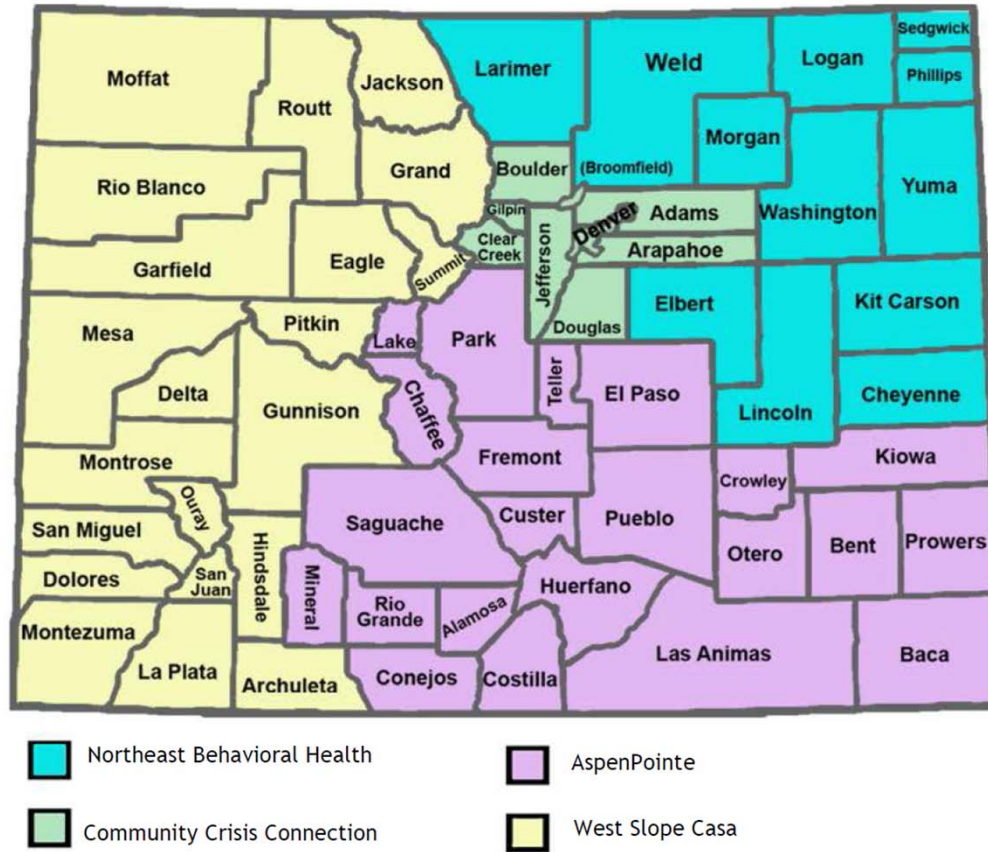
### Department of Human Services: General Fund Appropriations for Community-based Behavioral Health Programs



### Mental Health Institutes: Funding and Capacity

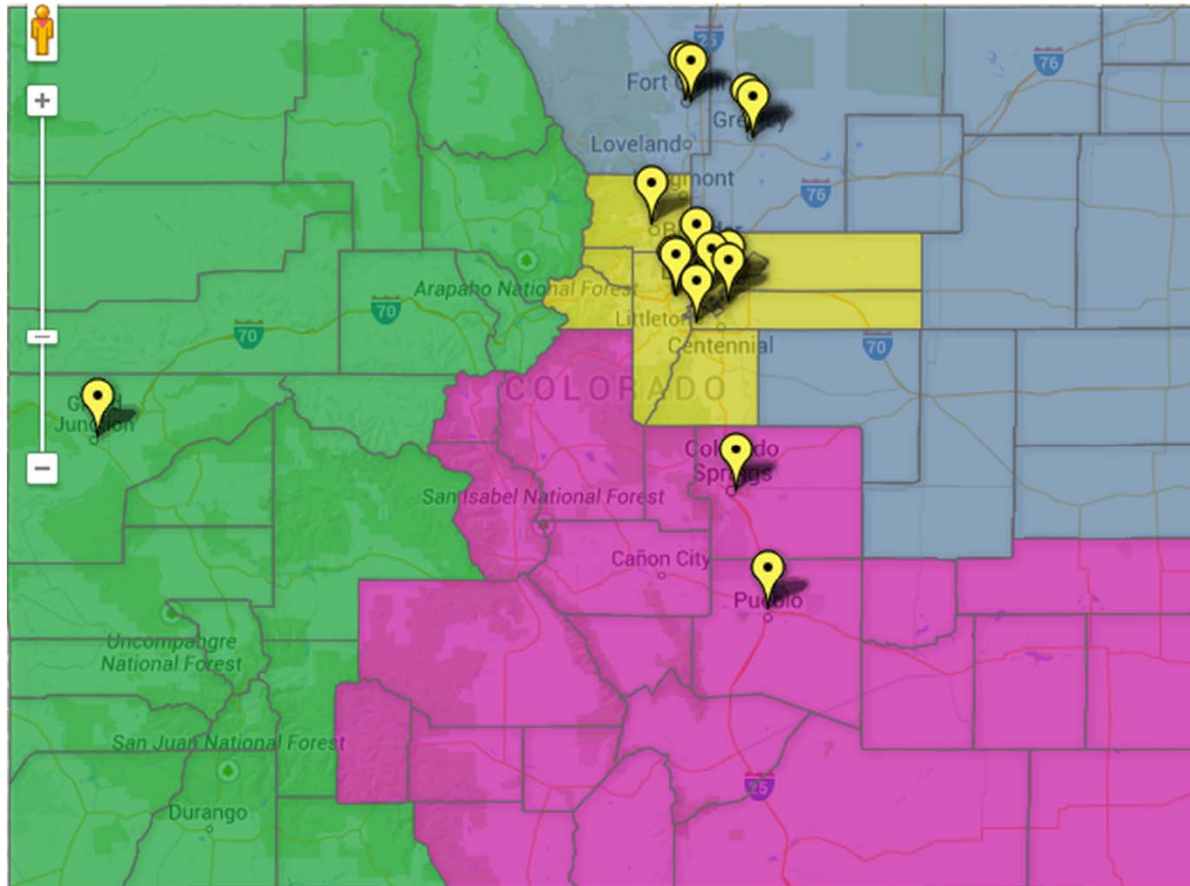


# Behavioral Health Crisis System Regions



Source: Department of Human Services

## Behavioral Health Crisis System Walk-in Centers



Source: Department of Human Services