

The following file contains two documents:

- ❑ A memorandum to the Joint Budget Committee members dated March 17, 2011 representing "staff comebacks" concerning a the proposed closure of the Circle treatment division at the Colorado Mental Health Institute at Pueblo.
- ❑ Staff's figure setting presentation for the Department of Human Services Mental Health and Alcohol and Drug Abuse Services, dated March 9, 2011.

# M E M O R A N D U M

**TO:** Joint Budget Committee Members

**FROM:** Kevin Neimond, Joint Budget Committee Staff, 303-866-4958

**SUBJECT:** Staff Comebacks, Department of Human Services (EDO/MHADAD)

**DATE:** March 17, 2011

- When presenting figure setting two personal services line items in the Department of Human Services' Executive Director's Office, staff did not include a budget amendment submitted as part of the Governor's budget balancing proposal. The amendment seeks a 1.0 percent personal services General Fund reduction totaling \$27,463 for FY 2011-12. **Staff recommends the Committee adopt the Governor's proposal to reduce the appropriation across two line items in the Department by \$1,545 total funds (including \$1,451 net General Fund) for FY 2011-12.** Staff's calculations are found in the tables below.

Executive Director's Office, Health Insurance Portability and Accountability Act of 1996 - Security Remediation						
Item	Total Funds	GF	CF	RF	FF	FTE
FY 2010-11 Long Bill	\$393,940	\$311,385	\$377	\$82,178	\$25,629	1.0
Supplemental adjustments (S.B. 11-141)	(856)	(677)	0	(179)	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>\$393,084</b>	<b>\$310,708</b>	<b>\$377</b>	<b>\$81,999</b>	<b>25,629</b>	<b>1.0</b>
Annualize S.B. 11-141	856	677	0	179	0	0.0
Reinstate FY 10-11 State PERA Contribution	4,323	3,413	0	910	228	0.0
1.5 Percent Personal Services Base Reduction	(1,350)	(1,067)	(1)	(282)	(87)	0.0
FY 11-12 State PERA Contribution Reduction	(1,964)	(1,552)	(2)	(410)	(128)	0.0
JBC Staff Operating Expenses Reduction	(44,391)	(35,089)	(42)	(9,260)	(2,888)	0.0
<b>Figure Setting FY 2011-12 Appropriation</b>	<b>\$396,913</b>	<b>\$277,090</b>	<b>\$332</b>	<b>\$73,136</b>	<b>22,754</b>	<b>1.0</b>
<i>FY 11-12 1% Personal Services General Fund Reduction</i>	(899)	(711)	0	(188)	0	0.0
<b>Recommended FY 2011-12 Appropriation</b>	<b>\$372,413</b>	<b>\$276,379</b>	<b>\$332</b>	<b>\$72,948</b>	<b>22,754</b>	<b>1.0</b>

Executive Director's Office, CBMS Emergency Processing Unit						
Item	Total Funds	GF	CF	RF	FF	FTE
FY 2010-11 Long Bill	\$92,570	\$75,149	\$17,421	\$0	\$125,197	4.0
Supplemental adjustments (S.B. 11-141)	(639)	(639)	0	0	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>\$91,931</b>	<b>\$74,510</b>	<b>\$17,421</b>	<b>\$0</b>	<b>125,197</b>	<b>4.0</b>
Annualization of S.B. 11-141	639	639	0	0	0	0.0
Reinstate FY 10-11 State PERA Contribution	826	672	154	0	1,094	0.0
1.5 Percent Personal Services Base Reduction	(1,194)	(969)	(225)	0	(1,614)	0.0
FY 11-12 State PERA Contribution Reduction	(453)	(368)	(85)	0	(612)	0.0
<b>Figure Setting FY 2011-12 Appropriation</b>	<b>\$92,202</b>	<b>\$74,484</b>	<b>\$17,265</b>	<b>\$0</b>	<b>124,065</b>	<b>4.0</b>
<i>FY 11-12 1% Personal Services General Fund Reduction</i>	<i>(646)</i>	<i>(646)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0.0</i>
<b>Recommended FY 2011-12 Appropriation</b>	<b>\$215,168</b>	<b>\$73,838</b>	<b>\$17,265</b>	<b>\$0</b>	<b>124,065</b>	<b>4.0</b>

- ❑ The Committee "flagged" staff's recommendation to close the Circle treatment division at the Colorado Mental Health Institute at Pueblo on the first day of FY 2011-12 (July 1, 2011). Circle is a 90-day inpatient treatment program for men and women ages 18-65 who have had difficulties completing other treatment options in the community. The majority of the clients have previously been in numerous inpatient and outpatient treatment programs and have been unable to maintain sobriety outside a structured environment. Nearly 3/4 of the individuals receiving treatment services in the Circle Program have been referred to the program as a condition of probation, parole, or diversion. As stated during figure setting, **staff recommends the closure of the treatment division as of July 1, 2011. The recommendation includes a savings of \$2,229,596 total funds (including \$1,525,924 General Fund) and 27.9 FTE.**
- ❑ **Staff recommends adjusting the annualization of the FY 2010-11 supplemental action to true-up revenue at the two State mental health institutes.** Staff's adjustment results in a net zero total funds change and a decrease of \$94,200 General Fund for FY 2011-12.
- ❑ **Staff recommends that the Committee transfer the remaining two line items from the Alcohol and Drug Abuse Division's Administration Subdivision (Other Federal Grants and Indirect Cost Assessment) to the Administration section of the Office of Behavioral Health and Housing.** The Committee approved the transfer of the personal services and operating expenses line items to the Administration section of the Office of Behavioral Health and Housing during staff's figure setting presentation. However, staff overlooked the remaining two line items when making the recommendation to the Committee.

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**FY 2011-12 STAFF FIGURE SETTING  
DEPARTMENT OF HUMAN SERVICES**

**(Mental Health and Alcohol and Drug Abuse Services)**

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

**Prepared By:  
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March 9, 2011**

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**FY 2011-12 FIGURE SETTING  
STAFF PRESENTATION TO THE JOINT BUDGET COMMITTEE**

**JBC Working Document: Decisions Subject to Change**

**DEPARTMENT OF HUMAN SERVICES  
(Mental Health and Alcohol and Drug Abuse Services)**

**TABLE OF CONTENTS**

	<b>Narrative Page</b>	<b>Numbers Page</b>
(8) Mental Health and Alcohol and Drug Abuse Services		
(A) Administration	10	1
(B) Mental Health Community Programs	16	2
(C) Mental Health Institutes	24	3
(D) Alcohol and Drug Abuse Division	40	5
(E) Co-occurring Behavioral Health Services		8
Long Bill Footnotes / Requests for Information	51	N/A

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Change</b>	
	<b>Actual</b>	<b>Actual</b>	<b>Appropriation</b>	<b>OSPB Request</b>	<b>Recommendation</b>	
					<b>Requests</b>	
<b>DEPARTMENT OF HUMAN SERVICES</b>						
<b>Executive Director: Reggie Bicha</b>						
<b>(8) MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES</b>						
<b>(A) Administration</b>						
Personal Services	2,039,420	2,111,167	2,217,843	2,150,440	4,388,739	NP-4, NP-7, SBA-1
FTE	<u>21.5</u>	<u>22.7</u>	<u>25.1</u>	<u>25.1</u>	<u>55.9</u>	
General Fund	884,393	881,689	934,271	920,074	1,205,338	
Cash Funds	235,798	238,216	227,132	195,220	309,334	
Reappropriated Funds	322,923	300,460	325,996	320,509	805,007	
Federal Funds	596,306	690,802	730,444	714,637	2,069,060	
<i>For Information Only</i>						
Medicaid Reappropriated Funds	322,923	300,460	325,996	320,509	373,398	
Medicaid - General Fund therein	161,461	150,230	162,998	160,254	186,699	
Net General Fund	1,045,854	1,031,919	1,097,269	1,080,328	1,392,024	
Operating Expenses	<u>91,299</u>	<u>87,351</u>	<u>93,846</u>	<u>92,750</u>	<u>290,672</u>	
General Fund	26,944	27,392	25,847	25,847	17,365	
Cash Funds	5,777	5,777	5,777	4,681	39,772	
Reappropriated Funds	11,274	11,274	10,832	10,832	15,824	
Federal Funds	47,304	42,908	51,390	51,390	217,711	
<i>For Information Only</i>						
Medicaid Reappropriated Funds	11,274	11,274	10,832	10,832	10,832	
Medicaid - General Fund therein	5,637	5,637	5,416	5,416	5,416	
Net General Fund	32,581	33,029	31,263	31,263	22,781	
Federal Indirect Costs - FF	56,947	52,930	27,138	27,138	27,138	
Federal Programs and Grants - FF	1,291,254	708,275	2,518,447	2,517,892	2,511,904	NP-7
FTE	5.3	5.5	11.0	11.0	11.0	
Supportive Housing and Homelessness	17,879,832	17,991,801	20,059,749	20,067,600	20,049,413	NP-7
FTE	<u>23.2</u>	<u>16.3</u>	<u>19.0</u>	<u>19.0</u>	<u>19.0</u>	
General Fund	0	0	0	0	0	
Cash Funds	1,330,030	0	0	0	0	
Reappropriated Funds	1,317	0	0	0	0	
Federal Funds	16,548,485	17,991,801	20,059,749	20,067,600	20,049,413	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>OSPB Request</b>	<b>FY 2011-12 Recommendation</b>	<b>Change Requests</b>
<b>TOTAL - (A) Administration</b>	21,358,752	20,951,524	24,917,023	24,855,820	27,267,866	
FTE	50.0	44.5	55.1	55.1	85.9	
General Fund	911,337	909,081	960,118	945,921	1,222,703	
Cash Funds	1,571,605	243,993	232,909	199,901	349,106	
Reappropriated Funds	335,514	311,734	336,828	331,341	820,831	
Federal Funds	18,540,296	19,486,716	23,387,168	23,378,657	24,875,226	
<i>For Information Only</i>						
<i>Medicaid Reappropriated Funds</i>	334,197	311,734	336,828	331,341	384,230	
<i>Medicaid - General Fund therein</i>	167,098	155,867	168,414	165,670	192,115	
<i>Net General Fund</i>	1,078,435	1,064,948	1,128,532	1,111,591	1,414,818	
<b>(B) Mental Health Community Programs</b>						
<b>(1) Mental Health Services for the Medically Indigent</b>						
Services for Indigent Mentally Ill Clients	<u>39,608,620</u>	<u>39,650,775</u>	<u>39,170,328</u>	<u>39,170,328</u>	<u>39,170,328</u>	
General Fund	33,447,748	33,443,723	32,774,850	32,774,850	32,774,850	
Reappropriated Funds	0	0	161,909	161,909	161,909	
Federal Funds	6,160,872	6,207,052	6,233,569	6,233,569	6,233,569	
Medications for Indigent Mentally Ill Clients - GF	1,713,993	1,713,993	1,713,993	1,713,993	1,713,993	
Early Childhood Mental Health Services - GF	1,112,202	1,109,363	1,146,676	1,146,676	1,146,676	
Assertive Community Treatment Programs	<u>1,316,734</u>	<u>1,316,734</u>	<u>1,290,400</u>	<u>1,290,400</u>	<u>1,290,400</u>	
General Fund	658,367	658,367	645,200	645,200	645,200	
Cash Funds	658,367	658,367	645,200	645,200	645,200	
Alternatives to Inpatient Hospitalization at a Mental Health Institute - GF	3,022,489	3,112,579	3,138,615	3,138,615	3,138,615	
Enhanced Mental Health Pilot Services for Detained Youth-GF	454,734	84,203	0	0	0	
Family Advocacy Demonstration Sites - CF	149,271	142,545	196,154	0	0	
Mental Health Services for Juvenile and Adult Offenders - CF	4,111,734	4,136,840	3,812,463	3,812,463	3,455,461	
Veteran Mental Health - CF	52,488	47,106	0	0	0	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Change</b>
	<b>Actual</b>	<b>Actual</b>	<b>Appropriation</b>	<b>OSPB Request</b>	<b>Recommendation</b>
					<b>Requests</b>
<b>Subtotal - (1) Mental Health Services for the Medically Indigent</b>					
General Fund	51,542,265	51,314,138	50,468,629	50,272,475	49,915,473
Cash Funds	40,409,533	40,122,228	39,419,334	39,419,334	39,419,334
Reappropriated Funds	4,971,860	4,984,858	4,653,817	4,457,663	4,100,661
Federal Funds	0	0	161,909	161,909	161,909
	6,160,872	6,207,052	6,233,569	6,233,569	6,233,569
<b>(2) Residential Treatment for Youth (H.B. 99-1116)</b>	<u>857,220</u>	<u>1,011,487</u>	<u>976,994</u>	<u>976,994</u>	<u>976,994</u>
General Fund	402,365	530,578	560,154	560,154	560,154
Cash Funds	280,387	275,886	300,000	300,000	300,000
Reappropriated Funds	174,468	205,023	116,840	116,840	116,840
<i>For Information Only</i>					
<i>Medicaid Reappropriated Funds</i>	174,468	205,023	116,840	116,840	116,840
<i>Medicaid - General Fund therein</i>	79,106	47,636	44,878	58,420	58,420
<i>Net General Fund</i>	481,471	578,214	605,032	618,574	618,574
<b>TOTAL - (B) Mental Health Community Programs</b>	<u>52,399,485</u>	<u>52,325,625</u>	<u>51,445,623</u>	<u>51,249,469</u>	<u>50,892,467</u>
General Fund	40,811,898	40,652,806	39,979,488	39,979,488	39,979,488
Cash Funds	5,252,247	5,260,744	4,953,817	4,757,663	4,400,661
Reappropriated Funds	174,468	205,023	278,749	278,749	278,749
Federal Funds	6,160,872	6,207,052	6,233,569	6,233,569	6,233,569
<i>For Information Only</i>					
<i>Medicaid Reappropriated Funds</i>	174,468	205,023	116,840	116,840	116,840
<i>Medicaid - General Fund therein</i>	79,106	47,636	44,878	58,420	58,420
<i>Net General Fund</i>	40,891,004	40,700,442	40,024,366	40,037,908	40,037,908
<b>(C) Mental Health Institutes</b>					
Mental Health Institutes	93,651,716	0	0	0	0
FTE	<u>1,200.2</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	78,728,712	0	0	0	0
Cash Funds	6,174,965	0	0	0	0
Reappropriated Funds	8,748,039	0	0	0	0
<i>For Information Only</i>					
<i>Medicaid Reappropriated Funds</i>	4,048,839	0	0	0	0
<i>Medicaid General Fund</i>	1,726,081	0	0	0	0
<i>Net General Fund</i>	80,454,793	0	0	0	0



**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Change</b>	
	<b>Actual</b>	<b>Actual</b>	<b>Appropriation</b>	<b>OSPB Request</b>	<b>Recommendation</b>	<b>Requests</b>
Colorado Mental Health Institute - Ft. Logan	0	23,896,703	19,882,955	19,025,449	18,973,703	NP-4, NP-7,
FTE	<u>0.0</u>	<u>270.6</u>	<u>252.2</u>	<u>226.3</u>	<u>226.3</u>	SBA-1, SBA-3,
General Fund	0	20,536,761	17,885,983	16,936,818	16,897,001	BA-1, BA-5
Cash Funds	0	2,919,019	1,201,092	1,765,829	1,755,871	
Reappropriated Funds	0	440,923	795,880	322,802	320,831	
<i>For Information Only</i>						
<i>Medicaid Cash Funds</i>	0	345,126	0	0	0	
<i>Medicaid General Fund</i>	0	132,496	0	0	0	
<i>Net General Fund</i>	0	20,669,257	17,885,983	16,936,818	16,897,001	
Colorado Mental Health Institute - Pueblo	0	69,983,188	68,827,749	66,989,090	66,989,090	DI-5, NP-2,
FTE	<u>0.0</u>	<u>913.8</u>	<u>923.0</u>	<u>925.3</u>	<u>912.9</u>	NP-4, NP-7,
General Fund	0	58,269,153	57,671,404	55,894,515	55,894,515	SBA-1, SBA-4,
Cash Funds	0	5,159,092	5,617,894	5,101,260	5,101,260	BA-1, BA-5
Reappropriated Funds	0	6,554,943	5,538,451	5,993,315	5,993,315	
<i>For Information Only</i>						
<i>Medicaid Cash Funds</i>	0	3,597,183	2,916,208	4,151,186	4,151,186	
<i>Medicaid General Fund</i>	0	1,381,745	1,120,115	2,075,593	2,075,593	
<i>Net General Fund</i>	0	59,650,898	58,791,519	57,969,865	57,970,108	
General Hospital	3,252,709	678,857	0	0	0	
FTE	<u>34.2</u>	<u>1.2</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	
General Fund	3,252,709	678,857	0	0	0	
Cash Funds	0	0	0	0	0	
Reappropriated Funds	0	0	0	0	0	
<i>For Information Only</i>						
<i>Medicaid Cash Funds</i>	0	0	0	0	0	
<i>Medicaid General Fund</i>	0	0	0	0	0	
<i>Net General Fund</i>	3,252,709	678,857	0	0	0	
Educational Programs	1,075,542	879,531	344,508	115,969	133,733	NP-4, NP-7,
FTE	<u>13.4</u>	<u>8.9</u>	<u>7.7</u>	<u>2.7</u>	<u>2.7</u>	SBA-1
General Fund	105,785	134,881	21,853	19,481	19,564	
Cash Funds	147,936	122,442	122,307	0	0	
Reappropriated Funds	459,868	263,256	200,348	96,488	114,169	
Federal Funds	361,953	358,952	0	0	0	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>OSPB Request</b>	<b>FY 2011-12 Recommendation</b>	<b>Change Requests</b>
<b>TOTAL - (C) Mental Health Institutes</b>	97,979,967	95,438,279	89,055,212	86,130,508	86,096,526	
FTE	1,247.8	1,194.5	1,182.9	1,154.3	1,141.9	
General Fund	82,087,206	79,619,652	75,579,240	72,850,814	72,811,080	
Cash Funds	6,322,901	8,200,553	6,941,293	6,867,089	6,857,131	
Reappropriated Funds	9,207,907	7,259,122	6,534,679	6,412,605	6,428,315	
Federal Funds	361,953	358,952	0	0	0	
<i>For Information Only</i>						
<i>Medicaid Cash Funds</i>	4,048,839	3,942,309	2,916,208	4,151,186	4,151,186	
<i>Medicaid - General Fund therein</i>	1,726,081	1,514,241	1,120,115	2,075,593	2,075,593	
<i>Net General Fund</i>	83,813,287	81,133,893	76,699,355	74,926,407	74,886,673	
<b>(D) Alcohol and Drug Abuse Division</b>						
(1) Administration						
Personal Services	2,071,651	2,184,009	2,265,700	2,273,493	0	NP-4, NP-7,
FTE	26.2	26.9	30.8	30.8	0.0	SBA-1
General Fund	174,370	225,606	246,562	278,964	0	
Cash Funds	48,867	98,684	120,292	118,920	0	
Reappropriated Funds	490,089	489,957	496,446	489,193	0	
Federal Funds	1,358,325	1,369,762	1,402,400	1,386,416	0	
<i>For Information Only</i>						
<i>Medicaid Reappropriated Funds</i>	53,136	53,135	53,136	50,934	0	
<i>Medicaid - General Fund therein</i>	26,568	26,567	26,568	25,462	0	
<i>Net General Fund</i>	200,938	252,173	273,130	304,426	0	
Operating Expenses	190,989	166,818	206,404	206,404	0	
General Fund	0	0	0	0	0	
Cash Funds	10,288	16,635	35,091	35,091	0	
Reappropriated Funds	4,992	886	4,992	4,992	0	
Federal Funds	175,709	149,297	166,321	166,321	0	
<i>For Information Only</i>						
<i>Medicaid Reappropriated Funds</i>	952	0	952	952	0	
<i>Medicaid - General Fund therein</i>	476	0	476	476	0	
<i>Net General Fund</i>	476	0	476	476	0	
Other Federal Grants - FF	216,157	211,245	457,383	457,383	457,383	
Indirect Cost Assessment	243,972	243,723	243,723	243,723	243,723	
Cash Funds	3,529	3,280	3,280	3,280	3,280	
Federal Funds	240,443	240,443	240,443	240,443	240,443	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Change</b>
	<b>Actual</b>	<b>Actual</b>	<b>Appropriation</b>	<b>OSPB Request</b>	<b>Recommendation</b>
					<b>Requests</b>
<b>Subtotal - (1) Administration</b>	2,722,769	2,805,795	3,173,210	3,181,003	701,106
FTE	26.2	26.9	30.8	30.8	0.0
General Fund	174,370	225,606	246,562	278,964	0
Cash Funds	62,684	118,599	158,663	157,291	3,280
Reappropriated Funds	495,081	490,843	501,438	494,185	0
Federal Funds	1,990,634	1,970,747	2,266,547	2,250,563	697,826
<i>For Information Only</i>					
<i>Medicaid Reappropriated Funds</i>	54,088	53,135	54,088	51,886	0
<i>Medicaid - General Fund therein</i>	27,044	26,567	27,044	25,938	0
<i>Net General Fund</i>	201,414	252,173	273,606	304,902	0
<b>(2) Community Programs</b>					
<b>(a) Treatment Services</b>					
Treatment and Detoxification Contracts	22,943,758	23,115,961	23,179,819	23,179,819	23,179,819
General Fund	11,606,803	11,343,686	11,337,648	11,337,648	11,337,648
Cash Funds	929,719	1,156,923	1,218,518	1,218,518	1,218,518
Reappropriated Funds	275,706	267,405	275,706	275,706	275,706
Federal Funds	10,131,530	10,347,947	10,347,947	10,347,947	10,347,947
Case Management - Chronic Detox Clients	369,361	369,361	369,311	369,311	369,311
General Fund	2,478	2,478	2,428	2,428	2,428
Federal Funds	366,883	366,883	366,883	366,883	366,883
Short-Term Intensive Residential Remediation Treatment	3,297,537	3,401,037	3,340,683	3,340,683	3,340,683
General Fund	2,914,221	3,017,721	2,957,367	2,957,367	2,957,367
Cash Funds	383,316	383,316	383,316	383,316	383,316
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
High Risk Pregnant Women - RF	1,460,363	1,474,989	1,999,146	1,999,146	1,999,146
<i>For Information Only</i>					
<i>Medicaid Reappropriated Funds</i>	1,460,363	1,474,989	1,999,146	1,999,146	1,999,146
<i>Medicaid General Fund therein</i>	626,952	566,543	767,872	999,573	999,573
<i>Net General Fund</i>	626,952	566,543	767,872	999,573	999,573

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 OSP Request</b>	<b>FY 2011-12 Recommendation</b>	<b>Change Requests</b>
<b>Subtotal - (a) Treatment Services</b>	<u>28,071,019</u>	<u>28,361,348</u>	<u>28,888,959</u>	<u>28,888,959</u>	<u>28,888,959</u>	
General Fund	14,523,502	14,363,885	14,297,443	14,297,443	14,297,443	
Cash Funds	1,313,035	1,540,239	1,601,834	1,601,834	1,601,834	
Reappropriated Funds	1,736,069	1,742,394	2,274,852	2,274,852	2,274,852	
Federal Funds	10,498,413	10,714,830	10,714,830	10,714,830	10,714,830	
<i>For Information Only</i>						
<i>Medicaid Cash Funds</i>	<i>1,460,363</i>	<i>1,474,989</i>	<i>1,999,146</i>	<i>1,999,146</i>	<i>1,999,146</i>	
<i>Medicaid - General Fund therein</i>	<i>626,952</i>	<i>566,543</i>	<i>767,872</i>	<i>999,573</i>	<i>999,573</i>	
<i>Net General Fund</i>	<i>15,150,454</i>	<i>14,930,428</i>	<i>15,065,315</i>	<i>15,297,016</i>	<i>15,297,016</i>	
<b>(b) Prevention and Intervention</b>						
Prevention Contracts	<u>3,812,374</u>	<u>3,831,628</u>	<u>3,886,951</u>	<u>3,886,951</u>	<u>3,886,951</u>	
General Fund	31,154	34,061	33,649	33,649	33,649	
Cash Funds	23,132	5,000	27,072	27,072	27,072	
Federal Funds	3,758,088	3,792,567	3,826,230	3,826,230	3,826,230	
Persistent Drunk Driver Programs - CF	1,020,571	901,903	1,106,635	1,106,635	1,670,823	
Law Enforcement Assistance Fund Contracts - CF	213,934	213,216	255,000	255,000	255,000	
<b>Subtotal - (b) Prevention and Intervention</b>	<u>5,046,879</u>	<u>4,946,747</u>	<u>5,248,586</u>	<u>5,248,586</u>	<u>5,812,774</u>	
General Fund	31,154	34,061	33,649	33,649	33,649	
Cash Funds	1,257,637	1,120,119	1,388,707	1,388,707	1,952,895	
Reappropriated Funds	0	0	0	0	0	
Federal Funds	3,758,088	3,792,567	3,826,230	3,826,230	3,826,230	
<b>(c) Other Programs</b>						
Federal Grants	<u>3,067,984</u>	<u>2,974,790</u>	<u>5,063,429</u>	<u>5,063,429</u>	<u>5,063,429</u>	
Reappropriated Funds	0	0	195,500	195,500	195,500	
Federal Funds	3,067,984	2,974,790	4,867,929	4,867,929	4,867,929	
Balance of Substance Abuse Block Grant Programs	<u>7,022,832</u>	<u>7,235,208</u>	<u>6,671,360</u>	<u>6,671,360</u>	<u>6,671,360</u>	
General Fund	189,763	189,763	185,968	185,968	185,968	
Federal Funds	6,833,069	7,045,445	6,485,392	6,485,392	6,485,392	
Community Prevention and Treatment - CF	1,063,321	990,115	905,871	905,871	816,621	
Gambling Addiction Counseling Services - RF	19,197	98,768	144,727	144,727	144,727	
Rural Substance Abuse Prevention and Treatment - CF	0	0	88,443	88,443	88,443	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 OSPB Request</b>	<b>FY 2011-12 Recommendation</b>	<b>Change Requests</b>
<b>Subtotal - (c) Other Programs</b>	<u>11,173,334</u>	<u>11,298,881</u>	<u>12,873,830</u>	<u>12,873,830</u>	<u>12,784,580</u>	
General Fund	189,763	189,763	185,968	185,968	185,968	
Cash Funds	1,063,321	990,115	994,314	994,314	905,064	
Reappropriated Funds	19,197	98,768	340,227	340,227	340,227	
Federal Funds	9,901,053	10,020,235	11,353,321	11,353,321	11,353,321	
<b>Subtotal - (2) Community Programs</b>	<u>44,291,232</u>	<u>44,606,976</u>	<u>47,011,375</u>	<u>47,011,375</u>	<u>47,486,313</u>	
General Fund	14,744,419	14,587,709	14,517,060	14,517,060	14,517,060	
Cash Funds	3,633,993	3,650,473	3,984,855	3,984,855	4,459,793	
Reappropriated Funds	1,755,266	1,841,162	2,615,079	2,615,079	2,615,079	
Federal Funds	24,157,554	24,527,632	25,894,381	25,894,381	25,894,381	
<i>For Information Only</i>						
<i>Medicaid Reappropriated Funds</i>	<i>1,460,363</i>	<i>1,474,989</i>	<i>1,999,146</i>	<i>1,999,146</i>	<i>1,999,146</i>	
<i>Medicaid - General Fund therein</i>	<i>626,952</i>	<i>566,543</i>	<i>767,872</i>	<i>999,573</i>	<i>999,573</i>	
<i>Net General Fund</i>	<i>15,371,371</i>	<i>15,154,252</i>	<i>15,284,932</i>	<i>15,516,633</i>	<i>15,516,633</i>	
<b>TOTAL - (D) Alcohol and Drug Abuse Division</b>	<u>47,014,001</u>	<u>47,412,771</u>	<u>50,184,585</u>	<u>50,192,378</u>	<u>48,187,419</u>	
FTE	<u>26.2</u>	<u>26.9</u>	<u>30.8</u>	<u>30.8</u>	<u>0.0</u>	
General Fund	14,918,789	14,813,315	14,763,622	14,796,024	14,517,060	
Cash Funds	3,696,677	3,769,072	4,143,518	4,142,146	4,463,073	
Reappropriated Funds	2,250,347	2,332,005	3,116,517	3,109,264	2,615,079	
Federal Funds	26,148,188	26,498,379	28,160,928	28,144,944	26,592,207	
<i>For Information Only</i>						
<i>Medicaid Reappropriated Funds</i>	<i>1,514,451</i>	<i>1,528,124</i>	<i>2,053,234</i>	<i>2,051,032</i>	<i>1,999,146</i>	
<i>Medicaid - General Fund therein</i>	<i>653,996</i>	<i>593,110</i>	<i>794,916</i>	<i>1,025,511</i>	<i>999,573</i>	
<i>Net General Fund</i>	<i>15,572,785</i>	<i>15,406,425</i>	<i>15,558,538</i>	<i>15,821,535</i>	<i>15,516,633</i>	
<b>(E) Co-occurring Behavioral Health Services</b>						
Behavioral Health Services for Juveniles and Adults at risk or involved in the Criminal Justice System (H.B. 10-1284) - GF	0	0	334,227	334,227	1,000,000	
Substance Use Disorder Offender Services (H.B. 10-1352) - RF	0	0	0	0	1,450,000	

**FY 2011-12 Joint Budget Committee Staff Figure Setting**  
**Department of Human Services - Mental Health and Alcohol and Drug Abuse Services**

**NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Change</b>
	<b>Actual</b>	<b>Actual</b>	<b>Appropriation</b>	<b>OSPB Request</b>	<b>Recommendation</b>
					<b>Requests</b>
<b>TOTAL - (E) Co-occurring Behavioral Health Services</b>	0	0	334,227	334,227	2,450,000
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	334,227	334,227	1,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	1,450,000
Federal Funds	0	0	0	0	0
<i>For Information Only</i>					
Medicaid Reappropriated Funds	0	0	0	0	0
Medicaid - General Fund therein	0	0	0	0	0
Net General Fund	0	0	334,227	334,227	1,000,000
<b>TOTAL - (8) Mental Health and Alcohol and Drug Abuse Services</b>	218,752,205	216,128,199	215,936,670	212,762,402	214,894,278
FTE	<u>1,324.0</u>	<u>1,265.9</u>	<u>1,268.8</u>	<u>1,240.2</u>	<u>1,227.8</u>
General Fund	138,729,230	135,994,854	131,616,695	128,906,474	129,530,331
Cash Funds	16,843,430	17,474,362	16,271,537	15,966,799	16,069,971
Reappropriated Funds	11,968,236	10,107,884	10,266,773	10,131,959	11,592,974
Federal Funds	51,211,309	52,551,099	57,781,665	57,757,170	57,701,002
<i>For Information Only</i>					
Medicaid Reappropriated Funds	6,071,955	5,987,190	5,423,110	6,650,399	6,651,402
Medicaid - General Fund therein	2,626,281	2,310,854	2,128,323	3,325,194	3,325,701
Net General Fund	141,355,511	138,305,708	133,745,018	132,231,668	132,856,032

**FY 2011-12 FIGURE SETTING  
STAFF PRESENTATION TO THE JOINT BUDGET COMMITTEE**

**JBC Working Document: Decisions Subject to Change**

**DEPARTMENT OF HUMAN SERVICES  
(Mental Health and Alcohol and Drug Abuse Services)**

**(8) MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES**

The delivery of mental health and substance abuse services by the Department of Human Services is primarily carried out by the Office of Behavioral Health and Housing and its three divisions, the Division of Behavioral Health, Mental Health Institute Division, and the Division of Supportive Housing and Homeless Programs.

**(A) Administration**

**Personal Services**

*Description:* The line item includes salaries and benefits for the Office of Behavioral Health and Housing's central administration staff, as well as staff in the Division of Behavioral Health tasked with administering mental health community programs.

*Request:* The Department requests an appropriation of \$2,150,440 total funds (\$1,080,328 net General Fund) and 25.1 FTE for FY 2011-12. The request reflects a decrease of \$67,403 total funds (including \$16,941 net General Fund) compared to the current FY 2010-11 appropriation. The table below summarizes recent FTE expenditures and appropriations by position type.

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Health Professionals	9.5	8.7	8.7	8.7
Administrative Assistants	1.4	1.5	1.5	4.5
Program Assistants	1.0	1.0	1.0	3.0
General Professionals	8.8	9.9	9.9	34.0
Statistical Analysts	0.0	0.0	0.0	0.7
Management	2.0	4.0	4.0	5.0
<b>Total FTE</b>	<b>22.7</b>	<b>25.1</b>	<b>25.1</b>	<b>55.9</b>

**Recommendation: Staff recommends the Department's requested appropriation of \$4,388,739 total funds and 55.9 FTE for FY 2011-12.** Staff's recommendation consolidates this line item with the personal services line item in the Alcohol and Drug Abuse Division (ADAD) below. ADAD and the Division of Mental Health merged in 2008 into the Division of Behavioral Health (DBH) to provide more integrated oversight and administration of community-based mental health services and community-based substance use disorders treatment and prevention. Providing an appropriation for two separate line items in the DBH does not yield any benefit to the Committee, nor does it yield any benefit to the Department.

Staff's recommended appropriation of \$4,388,739 total funds for FY 2011-12 represents an overall decrease of \$94,804 total funds (including an increase of \$21,625 net General Fund). **The total funds savings and net General Fund increase will not differ if the Committee opts to reject staff's recommendation to consolidate the two line items and instead wishes to keep the line items separate.**

Cash fund sources for staff's recommendation include the Offender Mental Health Services Fund, patient revenues earned by the Mental Health Institutes, the Short-term Innovative Health Program Grant Fund, the Alcohol and Drug Abuse Community Prevention and Treatment Fund, the Law Enforcement Assistance Fund, the Persistent Drunk Driver Cash Fund, the Controlled Substances Program Fund, and the Addiction Counselor Training Fund. Reappropriated fund sources for staff's recommendation include Medicaid funds transferred from the Department of Health Care Policy and Financing (HCPF) and limited gaming revenue from the Department of Local Affairs. Federal fund sources for the recommendation include the Substance Abuse Prevention and Treatment Block Grant and Mental Health Services Block Grant from the United States Department of Health and Human Services (HHS). The table below summarizes the recommendation calculations.

<b>(A) Administration, Personal Services</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$2,217,843	\$934,271	\$227,132	\$325,996	\$730,444	25.1
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	(12,603)	(9,343)	0	(3,260)	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>2,205,240</b>	<b>924,928</b>	<b>227,132</b>	<b>322,736</b>	<b>730,444</b>	<b>25.1</b>
Restore 1% Personal Services Reduction	12,603	9,343	0	3,260	0	0.0
Restore FY 2010-11 PERA Reduction	46,813	35,110	0	11,703	0	0.0
Annualize H.B. 07-1057	(26,998)	0	(26,998)	0	0	0.0
1.5 Percent Personal Services Base Reduction	(33,565)	(14,541)	(3,002)	(5,065)	(10,957)	0.0



(A) Administration, Personal Services						
	Total	GF	CF	RF	FF	FTE
FY 11-12 State PERA Contribution Reduction	(48,005)	(20,225)	(4,914)	(7,059)	(15,807)	0.0
FY 2011-12 1% Personal Services Reduction	(13,071)	(9,694)	0	(3,377)	0	0.0
JBC Staff Behavioral Health Personal Services Consolidation	2,245,722	280,417	117,116	482,809	1,365,380	30.8
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$4,388,739</b>	<b>\$1,205,338</b>	<b>\$309,334</b>	<b>\$805,007</b>	<b>\$2,069,060</b>	<b>55.9</b>

### **Operating Expenses**

*Description:* This appropriation includes operating expenditures for the Office of Behavioral Health and Housing's central administration staff, as well as staff in the Division of Behavioral Health tasked with administering mental health community programs.

*Request:* The Department requests an appropriation of \$92,750 total funds (including \$31,263 net General Fund) for FY 2011-12. The request reflects a decrease of \$1,096 total funds compared to the current FY 2010-11 due to the sunset of the family advocacy demonstration sites program enacted via H.B. 07-1057 (Stafford/Windels).

*Recommendation:* **Staff recommends an appropriation of \$290,672 total funds (including \$22,781 net General Fund) for FY 2011-12 for this purpose.** Staff's recommendation consolidates this line item with the operating expenses line item in the Alcohol and Drug Abuse Division (ADAD) below. ADAD and the Division of Mental Health merged into the Division of Behavioral Health (DBH) in 2008 to provide more integrated oversight and administration of community-based mental health services and community-based substance use disorders treatment and prevention. Providing an appropriation for two separate operating expenses line items in the DBH does not yield any benefit to the Committee, nor does it yield any benefit to the Department.

Staff's recommended appropriation of \$290,672 total funds for FY 2011-12 represents an overall decrease of \$9,578 total funds (including \$8,482 net General Fund) compared to the current appropriation for FY 2010-11. **The total funds savings and net General Fund increase will not differ if the Committee opts to reject staff's recommendation to consolidate the two line items and instead wishes to keep the line items separate.** The table below summarizes the recommendation calculations.

<b>(A) Administration, Operating Expenses</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$93,846	\$25,847	\$5,777	\$10,832	\$51,390	0.0
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	0	0	0	0	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>93,846</b>	<b>25,847</b>	<b>5,777</b>	<b>10,832</b>	<b>51,390</b>	<b>0.0</b>
Annualize H.B. 07-1057	(1,096)	0	(1,096)	0	0	0.0
JBC Staff Operating Expenses Reduction	(8,482)	(8,482)	0	0	0	0.0
JBC Staff Behavioral Health Operating Expenses Consolidation	206,404	0	35,091	4,992	166,321	0.0
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$290,672</b>	<b>\$17,365</b>	<b>\$39,772</b>	<b>\$15,824</b>	<b>\$217,711</b>	<b>0.0</b>

### **Federal Indirect Cost**

*Description:* This line item reflects the monies anticipated to be recovered from federal sources that allow for Statewide and departmental indirect administrative costs.

*Request:* The Department requests a continuation level appropriation of \$27,138 federal funds for FY 2011-12.

*Recommendation:* **Staff recommends a continuation appropriation of \$27,138 federal funds from HUD, the Mental Health Services Block Grant, and various other federal sources for FY 2011-12. Staff also recommends that the line item be renamed to "Indirect Cost Assessment" to maintain consistency with terminology established in other subdivisions.**

### **Federal Programs and Grants**

*Description:* The Division applies for a variety of federal grants designed to enhance mental health services in Colorado. The Federal Programs and Grants line item includes special purpose demonstration projects and research program grants funded at the Division level by the federal government. Programs include county services to children from birth to age five with serious emotional disturbance and a data infrastructure project to develop comprehensive performance indicators.

*Request:* The Department requests an appropriation of \$2,517,892 federal funds and 11.0 FTE for FY 2011-12. The request reflects a decrease of \$555 federal funds compared to the current FY 2010-11 appropriation. The table below summarizes the position types of the requested FTE.

Staffing Summary	FY 2009-10 Actual	FY 2010-11 Appropriation	FY 2011-12 Request	FY 2011-12 Recommendation
Health Professionals	2.0	4.7	4.7	4.7
General Professionals	2.6	5.2	5.2	5.2
Program Assistants	0.6	1.1	1.1	1.1
Temporary Aides	0.3	0.0	0.0	0.0
<b>Total FTE</b>	<b>5.5</b>	<b>11.0</b>	<b>11.0</b>	<b>11.0</b>

**Recommendation: Staff recommends an appropriation of \$2,511,904 federal funds from HUD, the Mental Health Services Block Grant from HHS, and various other federal sources and 11.0 FTE for FY 2011-12.** The table below presents the calculations for the recommendation.

Federal Programs and Grants						
	Total	GF	CF	RF	FF	FTE
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$2,518,447	\$0	\$0	\$0	\$2,518,447	11.0
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	0	0	0	0	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>2,518,447</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,518,447</b>	<b>11.0</b>
Restore FY 2010-11 PERA Reduction	13,187	0	0	0	13,187	0.0
1.5 Percent Personal Services Base Reduction	(5,988)	0	0	0	(5,988)	0.0
FY 11-12 State PERA Contribution Reduction	(13,742)	0	0	0	(13,742)	0.0
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$2,511,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,511,904</b>	<b>11.0</b>

### **Supportive Housing and Homeless Programs**

*Description:* The Supportive Housing and Homeless Program (SHHP) provides housing subsidies to consumers through community agencies that work with persons who have special needs and persons who are homeless. In addition to serving individuals with mental illness, SHHP assists in obtaining affordable housing for persons with developmental disabilities, homeless individuals and families, families who are receiving or have received TANF, persons with disabilities who are served through the Division of Vocational Rehabilitation, youth aging out of foster care and other homeless youth, non-elderly persons with disabilities moving from nursing homes to the community and other

persons and families with special needs. All of the Supportive Housing and Homeless Programs are federally funded.

*Request:* The Department requests an appropriation of \$20,067,600 federal funds and 19.0 FTE for FY 2011-12. The request reflects an increase of \$7,851 federal funds due to a recalculation of the PERA contribution adjustment for FY 2011-12. The table below summarizes the position types of the requested FTE.

Staffing Summary	FY 2009-10 Actual	FY 2010-11 Appropriation	FY 2011-12 Request	FY 2011-12 Recommendation
Administrative Assistants	1.0	1.0	1.0	1.0
Program Assistants	1.0	1.0	1.0	1.0
General Professionals	13.3	16.0	16.0	16.0
Management	1.0	1.0	1.0	1.0
<b>Total FTE</b>	<b>16.3</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>

*Recommendation:* Staff recommends and appropriation of \$20,049,413 federal funds from HUD and 19.0 FTE for FY 2011-12. Calculations for the recommendation are shown in the table below.

Supportive Housing and Homeless Programs						
	Total	GF	CF	RF	FF	FTE
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$20,059,749	\$0	\$0	\$0	\$20,059,749	19.0
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	0					
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>20,059,749</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,059,749</b>	<b>19.0</b>
Restore FY 2010-11 PERA Reduction	30,266	0	0	0	30,266	0.0
1.5 Percent Personal Services Base Reduction	(18,187)	0	0	0	(18,187)	0.0
FY 11-12 State PERA Contribution Reduction	(22,415)	0	0	0	(22,415)	0.0
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$20,049,413</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,049,413</b>	<b>19.0</b>

Note, H.B. 11-1230 (Duran) seeks to consolidate housing assistance programs in the Department into the Department of Local Affairs (DOLA). The bill specifies that the consolidation is to occur no

later than July 1, 2011. If the legislation passes and is signed into law, the SHHP program appropriation for FY 2011-12 will be transferred to DOLA.

***(B) Mental Health Community Programs***

***(1) Mental Health Services for the Medically Indigent***

**Services for Indigent Mentally Ill Clients**

*Description:* The Department contracts with 17 community mental health centers (CMHC's) across the state to provide a variety of mental health treatments including inpatient, outpatient, emergency, and consultative and educational services to medically indigent individuals. The medically indigent are individuals whose income is less than 300.0 percent of the federal poverty level, are not eligible for Medicaid, and do not receive mental health services from any other system.

While there is statutory authority for the General Assembly to appropriate funds for medically indigent individuals with a need for mental health services, it is not an individual entitlement nor is the appropriation driven by caseload. The amount of available funding appropriated by the General Assembly determines the number of people who receive services. The State's contracted rate for the medically indigent population is a little over \$3,100 per person. The number of clients served through DHS contracts with the CMHCs has hovered around the 10,000 individuals level for the past few fiscal years. The number of indigent clients contracted for service does not include the number of clients served with other State funding sources, such as Medicaid payments made on behalf of individuals enrolled in BHOs.

The contracts that DHS enters into with the CMHCs require the CMHCs to provide services to a targeted number of indigent individuals across age categories. The table below presents the FY 2009-10 base contract numbers for each CMHC by targeted age category.

Mental Health Center	FY 2010 Contracted Service Levels by Target Age Category					Total
	Counties Served	Children	Adolescents	Adults	Older Adults	
Community Reach Center	Adams	76	67	419	39	601
Arapahoe/Douglas Mental Health Network	Douglas and Arapahoe (except the City of Aurora)	73	65	372	40	550
Asian Pacific	N/A	3	3	17	2	25
Aurora Mental Health Center	Adams and Arapahoe	55	50	304	22	431
Mental Health Center Serving Boulder and Broomfield Counties	Boulder and Broomfield	30	30	246	21	327
Centennial Mental Health Center	Logan, Sedgwick, Phillips, Yuma, Washington, Morgan, Elbert, Lincoln, Kit Carson, and Cheyenne	46	51	250	39	386
Colorado West Regional Mental Health Center	Moffat, Rio Blanco, Garfield, Mesa, Pitkin, Eagle, Grand, Jackson, Routt, and Summit	65	61	432	48	606
Jefferson Center for Mental Health	Jefferson, Gilpin, and Clear Creek	107	114	617	92	930
Larimer Center for Mental Health	Larimer	49	46	380	37	512
Mental Health Center of Denver	City and County of Denver	180	177	1,311	135	1,803
Midwestern Colorado Mental Health Center	Gunnison, Delta, Montrose, San Miguel, Ouray, and Hinsdale	26	26	169	27	248
North Range Behavioral Health	Weld	83	79	486	45	693
AspenPointe, Inc.	El Paso, Teller, and Park	107	106	613	50	876
San Luis Valley Comprehensive Community Mental Health Center	Alamosa, Saguache, Mineral, Rio Grande, Conejos, and Costilla	30	34	166	16	246
Servicios De La Raza	N/A	5	5	32	4	46
Southeast Mental Health Services	Crowley, Kiowa, Otero, Bent, Prowers, and Baca	21	25	151	25	222
Axis Health System, Inc.	Dolores, San Juan, Montezuma, La Plata, and Archuleta	36	38	228	25	327
Spanish Peaks Mental Health Center	Pueblo, Huerfano, and Los Animas	48	57	305	47	457
West Central Mental Health Center	Fremont, Custer, Chaffee, and Lake	12	12	162	27	213
<b>Total</b>		<b>1,052</b>	<b>1,046</b>	<b>6,660</b>	<b>741</b>	<b>9,499</b>

CMHCs provide a variety of services to indigent individuals. The top five most frequently delivered services by CMHCs in 2008 were:

- Case Management (23 percent)
- Individual Therapy (19 percent)
- Assessment (16 percent)
- Med Management (15 percent)
- Group Therapy (6 percent)

*Request:* The Department requests a continuation appropriation of \$39,170,328 (including \$32,774,850 General Fund) for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends the Department's continuation appropriation request of \$39,170,328 total funds for FY 2011-12.** The recommendation is comprised of \$32,774,850 General Fund, \$161,909 reappropriated funds from the Department's Division of Vocational

Rehabilitation, and \$6,233,569 federal funds from the Mental Health Services Block Grant and the Homeless Prevention Block Grant.

As was indicated in staff's briefing to the Committee in December of 2010, DBH contracted with the Western Interstate Commission for Higher Education (WICHE) to study the unmet need and disparities in care among Coloradans with serious behavioral health disorders who cannot afford to pay (living in households at or below 300.0 percent of the federal poverty level) for mental health and/or substance abuse treatment services. The Colorado Population in Need study, as the initiative is known, indicates that during FY 2006-07, 59,445 adults living in households at or below 300.0 percent of the federal poverty level had an unmet need for treatment for serious mental illness. An additional 11,660 adults living in households at or below 300.0 percent of the federal poverty level had an unmet need for co-occurring serious mental illness and substance use disorder treatment.

As the Colorado Population in Need 2009 report illustrated, many Coloradans living in households at or below 300.0 percent of the federal poverty level are not receiving services in the State behavioral health system funded by DHS and HCPF. When these individuals do not receive treatment in the State's mental health system their behavioral healthcare needs do not cease to require care. Instead, individuals have increasingly received treatment in other venues, such as hospitals, community health clinics, non-profit organizations, emergency rooms, and criminal justice systems.

The impact of providing mental health services within the criminal justice system is not limited to the State, but also impacts county governments across the state. The Denver Metro Area County Commissioners (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson Counties) are currently studying the cost impact of providing mental health services in county jails. Data collected for 2009 indicates that the seven counties expended approximately \$41.5 million dollars incarcerating and providing services to inmates with mental illness. The average cost per day for non-mentally ill inmates was \$71.31, while the average cost per day for a mentally ill inmate was \$90.58. The average length of stay for inmates with mental illness topped four times the rate of non-mentally ill inmates (97.5 days vs. 22.0 days).

It is feasible that CMHCs will begin to see a decline in the number of indigent individuals seeking treatment services as adults without dependent children become eligible for and receive Medicaid coverage in FY 2011-12. It is also feasible that components of federal healthcare reform (such as the individual insurance coverage mandate) will decrease the number of indigent individuals seeking treatment services at CMHCs. It is difficult to forecast the impact on the State's indigent care spending of increased eligibility and requirements for participation in public and private insurance plans. Staff will continue to monitor the impact of the systemic changes, and present the Committee with options for amending the appropriation for this line item as data becomes available.

For reference, if the Committee opts to not approve staff's recommendation and instead propose a percentage decrease in the General Fund appropriation for this line item, below is a table detailing the fiscal impact of a one percent, two percent, and five percent reduction in General Fund.

FY 2011-12 Line Item	Staff Recommended GF Decrease	1% Decrease in GF	2% Decrease in GF	5% Decrease in GF
Services for Indigent Mentally Ill Clients	\$0	(\$327,749)	(\$655,497)	(\$1,638,743)

At a per client rate of approximately \$3,100, each percentage point decrease in General Fund appropriations would equal a service reduction of approximately 105 individuals.

**Medications for Indigent Mentally Ill Clients**

*Description:* As part of the FY 2008-09 supplemental process, a new line item was added to the Long Bill for medications for indigent mentally ill clients in order to separate community provider and medication funding and to increase transparency. Funds may be used by the CMHCs for direct purchase of medications or to employ an individual to negotiate the purchase of medications.

*Request:* The Department requests a continuation level appropriation of \$1,713,993 General Fund for FY 2011-12.

***Recommendation:* Staff recommends a continuation level appropriation of \$1,713,993 General Fund for FY 2011-12.**

**Early Childhood Mental Health Services**

*Description:* The program supports early childhood mental health specialists in each of the 17 CMHCs and psychiatric services for children with serious emotional disturbance. The moneys build a network of professionals with knowledge and capacity to identify and provide services for early childhood mental health issues.

*Request:* The Department requests a continuation appropriation of \$1,146,676 General Fund for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

***Recommendation:* Staff recommends an appropriation of \$1,146,676 General Fund for FY 2011-12.**

**Assertive Community Treatment Programs**

*Description:* Assertive Community Treatment (ACT) is a 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 functions interchangeably to provide the treatment, rehabilitation, and support services that adults with serious mental illnesses need to live in the community and avoid contact with the criminal justice system. The line item was established in FY 2000-01 for intensive outpatient case management services for severely mentally ill adults. Approximately 120 severely and persistently mentally ill clients are provided new or enhanced



services through competitive grants to CMHCs. Currently, the Mental Health Center Serving Boulder and Broomfield Counties, the Mental Health Center of Denver, and the San Luis Valley Comprehensive Community Mental Health Center receive funds for the ACT service delivery model.

The Mental Health Center of Denver indicates that its ACT program attained significant success. Over a three year period, participants experienced a 70 percent decrease in the number of total emergency room visits after the consumers were admitted into the program. In regards to psychiatric hospitalizations, an 80 percent decrease in the number of admissions, with a 97 percent reduction in bed days was found. Furthermore reductions were also found in hospital admissions for medical purposes, where 50 percent fewer hospital admissions occurred after admission to the program.

*Request:* The Department requests a continuation appropriation of \$1,290,400 total funds (including \$645,200 General Fund) for FY 2011-12. The General Fund contribution is matched by local funds. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends an appropriation of \$1,290,400 total funds for FY 2011-12.** The recommendation is comprised of \$645,200 General Fund and \$645,200 cash funds from local sources.

#### **Alternatives to Inpatient Hospitalization at a Mental Health Institute**

*Description:* The line item represents the consolidation of several previous line items, including Alternatives to Inpatient Hospitalization at the Mental Health Institute at Pueblo, Alternatives to Inpatient Hospitalization at the Mental Health Institute at Fort Logan, the Alternatives to the Fort Logan Aftercare Program, and the Alternatives to Inpatient Hospitalization for Youth line items. As the line item name implies, the appropriation is used to fund alternative placements for people who would otherwise require hospitalization at one of the State's two mental health institutes. Services include (but are not limited to) physical therapy, behavioral programs, medication administration education and practice, occupational therapy, and other services to improve the patient's level of functioning to enhance his or her success in the community.

*Request:* The Department requests a continuation appropriation of \$3,138,615 General Fund for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends an appropriation of \$3,138,615 General Fund for FY 2011-12.** Staff notes that the Committee may seek to revisit the line item during the supplemental process in the 2012 Legislative Session to determine if funding is adequate to support the needs of individuals previously receiving services at the Therapeutic Residential Childcare Facility (TRCCF) at Fort Logan (assuming the Committee opts to accept staff's recommendation to close the TRCCF in FY 2011-12).

### **Enhanced Mental Health Services for Detained Youth**

*Description:* The Enhanced Mental Health Pilot Services for Detained Youth Program (Turnabout Program) was established by the General Assembly in FY 2005-06. The program is a collaborative effort jointly administered by DBH and the Department's Division of Youth Corrections (DYC). It was designed to meet the mental health and substance use treatment needs of detained youth who are not Medicaid eligible at pilot sites in Jefferson County and Mesa County. Services are provided by two CMHCs, the Jefferson Center for Mental Health and Colorado West Regional Mental Health Center, and include detention center based and community outpatient based services including assessments, group and individual therapy, substance use disorder treatment, case management, transition services, Functional Family Therapy, and Multi-Systemic Therapy.

*Request:* The program was phased out during the FY 2009-10 supplemental process. The Department did not seek an appropriation for FY 2011-12.

*Recommendation:* **Staff recommends no appropriation for the line item for FY 2011-12, consistent with the Committee's action during the FY 2009-10 supplemental process.**

### **Family Advocacy Demonstration Sites**

*Description:* House Bill 07-1057 (Stafford/Windels) created the program and appropriated the initial funding to support services for juvenile justice populations with mental health issues. In accordance with Section 26-22-103, C.R.S., the line item funds three demonstration programs to provide family advocate services to youth with mental health issues who are in the criminal justice system (or at risk of entering the criminal justice system) and their families via an objective party who helps the family navigate the mental health and justice systems. The aim is to integrate family advocacy into community-based systems of care. The three demonstration sites include:

- Urban: Denver Juvenile Probation;
- Suburban: 1st Judicial District Pre-trial Services; and
- Rural: Montrose County (Hilltop Community Resources).

The initiative is funded from moneys earned by the State as part of the tobacco litigation settlement, as well as local funds. Pursuant to Section 26-22-104 (6), C.R.S., participating CMHCs are required to provide money and/or services in an amount equal to 20.0 percent of the program's total cost.

Statute indicates that the program is repealed as of July 1, 2011. In the Division of Criminal Justice's (DCJ) final report in June of 2010 (Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Programs for Mental Health Juvenile Justice Population) five general findings were outlined:

- Advocacy seems most effective when assistance to program participants begins immediately following an arrest or the filing of charges;
- Language barriers were common problems when advocates were not bilingual;

- ❑ A family advocacy toolkit is being developed by the Juvenile Justice/Mental Health Committee that will provide “best practice” information to individuals who want to become family advocates;
- ❑ There is a need to develop an educational curriculum clearly describing the role and responsibilities of the family advocate; and
- ❑ Programs and staff seemed to operate most effectively when roles and responsibilities are clearly defined for each aspect of the program, including an ever-present focus on the involved families and juveniles, combined with cross-agency accountability.

The report from DCJ also indicated that "should the Family Advocacy Demonstration Program funding be discontinued after FY 2010-11, each of the demonstration sites have devised plans for sustainability of their programs."

*Request:* The Department did not request funding for the demonstration sites in FY 2011-12.

*Recommendation:* **Staff recommends that the Committee not appropriate funds for the demonstration sites in FY 2011-12.** As DCJ's report suggests, "the lack of resources afforded to the programs for participation in the evaluation, and the limited resources allotted to the multi-site evaluation, resulted in minimal empirical findings on which to base policy decisions" for the Family Advocacy Demonstration Sites program. Staff's review of the program did highlight several beneficial outcomes at each of the demonstration sites. However, from the information collected at each site, it is difficult to determine if the State should continue to invest in the program. The lack of conclusive, empirical program data, coupled with the State's FY 2011-12 budget constraints, supports staff's recommendation to the Committee to allow the program to sunset as of July 1, 2011.

### **Mental Health Services for Juvenile and Adult Offenders**

*Description:* The program was created by S.B. 07-097 (Fitzgerald/Madden), funded with tobacco litigation settlement moneys, and serves juvenile and adult offenders with mental health and substance abuse services who are involved in the criminal justice system.

Many of the 17 CMHCs across the state have designed and implement S.B. 07-097 programs in accordance with the legislation. The outcome data available for the past few years indicate the occurrence of decreased levels of incarceration, decreased levels of mental health symptom severity, decreased levels of hospitalization, decreased incarceration levels and recidivism, decreased ambulance transportation, and increases in employment and training.

*Request:* The Department requests a continuation appropriation of \$3,812,463 cash funds from the Offender Mental Health Services Fund for FY 2011-12.

*Recommendation:* **Staff recommends an appropriation of \$3,455,461 cash funds from the Offender Mental Health Services Fund for FY 2011-12.** Staff's recommendation represents a decrease of \$357,002 cash fund compared to the FY 2010-11 appropriation as a result of FY 2011-12 tobacco settlement revenue levels.

## **Veteran Mental Health**

*Description:* The line item was created by S.B. 07-146 (Morse/Rice), and it funds a three-year pilot program to provide mental health services for the families of recently discharged veterans. The legislation transferred tobacco settlement funds from the Short-Term Innovative Health Programs Grant Fund to be distributed to CMHCs in the Colorado Springs area. In accordance with Section 27-1-304, C.R.S., the purpose is to educate veterans and their families about mental health issues, to encourage the families of discharged veterans to seek mental health services, and to provide mental health services to discharged veterans who would not otherwise be able to access them. Based on total program expenditures divided by the total number of clients served, the average cost per client in FY 2007-08 was \$5,759. The high cost per client was influenced by start-up costs such as website development, staff recruitment, and community outreach. Based upon the first quarter of FY 2008-09, the Department anticipates that the per-client cost will decrease to \$792.

*Request:* Per statute, the program was repealed at the end of FY 2009-10. The Department did not request an appropriation for FY 2011-12.

***Recommendation:* Staff recommends the Committee approve the Department's request to not fund the line item for FY 2011-12.**

## ***(2) Residential Treatment of Youth (H.B. 99-1116)***

*Description:* House Bill 99-1116 (Arnold/Keller) established the Child Mental Health Treatment Act (CMHTA), which provides parents the option of mental health treatment residential services for children without requiring a dependency and neglect action. House Bill 04-1421 (Witwer/Teck) allocated tobacco settlement moneys for the implementation of and appropriation for child mental health treatment. The program provides parents the option of residential services for mental health treatment without going through the local county departments of social services or the court.

The program provides funding to assist the family in placing a child in a therapeutic residential child care facility (TRCCF) when the child is not categorically eligible for Medicaid based on income criteria or suitable for placement based on dependency and neglect criteria. Funding helps to cover the initial costs of treatment and room and board costs for the child who will subsequently be Medicaid eligible based on a disability and temporary placement in the residential treatment center.

A total of 55 children were served by the program in FY 2009-10. Of the 55, 36 were new admissions with 19 carry-overs from the prior fiscal year. The number of children served has increased every year. It is estimated that 63 children will be served by the end of FY 2010-2011. A total of 47 children have received services through January 2011 of the current fiscal year.

*Request:* The Department requests a continuation appropriation of \$976,994 (\$618,574 net General Fund) for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

**Recommendation: Staff recommends a continuation appropriation of \$976,994 total funds (\$618,574 net General Fund) for FY 2011-12.** The recommendation consists of \$560,154 General Fund, \$300,000 cash funds from the Tobacco Litigation Settlement Cash Fund, \$116,840 reappropriated funds transferred Medicaid funds transferred from HCPF.

Staff draws to the attention of the Committee that children receiving Medicaid funding for treatment services would not be eligible for Medicaid without statute allowing them to effectively become a household of one. As such, staff considers the program a State-assisted benefit to individuals otherwise not eligible for indigent or Medicaid funding. In future years, the Committee may want to determine if the program should be continued. For FY 2011-12, staff recommends a continuation appropriation because children served by the program do not have many funding options given the current economic downturn impacting their parents ability to pay for intensive treatment services. If the program is discontinued, staff fears that the primary options for eligible children would be the child welfare or juvenile justice systems, which could result in court action, incarceration, or possible relinquishment of parental custody.

***(C) Mental Health Institutes***

The Mental Health Institutes subdivision is bottom line funded with General Fund, cash funds from Medicare, other sources of patient revenues, and school districts and reappropriated funds from HCPF, the Department of Corrections, the Department of Education, and other divisions within the Department.

**Mental Health Institutes**

*Description:* DHS operates two State mental health institutes providing inpatient hospitalization for individuals with serious mental illness. The Colorado Mental Health Institute at Fort Logan (Fort Logan), located in southwest Denver County, is organized into two treatment divisions (adult and Therapeutic Residential Child Care Facility) with 114 total beds. The Colorado Mental Health Institute at Pueblo (CMHIP) is organized into five treatment divisions (adolescent, adult, geriatric, co-occurring mental illness and substance abuse disorders, and forensics) with 454 total beds. 310 of the 454 beds at CMHIP are for forensic patients placed in the legal custody of DHS by

<b>DHS Operated Mental Health Institutes</b>		
<b>Institute</b>	<b>Treatment Division</b>	<b># of Beds</b>
Fort Logan		
	Adults	94
	Therapeutic Residential Childcare Facility (TRCCF)	<u>20</u>
	<b>Total</b>	<b>114</b>
Pueblo		
	Adolescents	20
	Adults	64
	Geriatrics	40
	CIRCLE	20
	Forensics	<u>310</u>
	<b>Total</b>	<b>454</b>
<b>Total All Institutes</b>	<b>568</b>	

the courts for competency evaluations and restoration to competency services. The forensics treatment division also provides services to individuals found not guilty by reason of insanity (NGRI). The treatment division is known as the Institute for Forensic Psychiatry (IFP).

The Mental Health Institutes play an important role in the continuum of care in the mental health system in Colorado. Over time, the Institutes have moved away from housing mentally ill patients to providing active treatment in a secure setting with the goal of reintegrating severely mentally ill individuals back into the community. The majority of the patients are currently referred to the Institutes by CMHCs when the patient is too unstable for community services to be effective. The Institutes, therefore, have become the provider of short-term secure stabilization services to the state's most severely mentally ill citizens.

The table below outlines the average occupancy rate for each treatment division. The occupancy rate is determined by comparing average daily attendance (ADA) figures with total capacity for each division. The adult treatment divisions at both Fort Logan and CMHIP, as well as the IFP, Geriatric, and CIRCLE treatment divisions at CMHIP, consistently scored the highest occupancy rates of all treatment divisions across both institutes.

<b>Occupancy Rates in Colorado Mental Health Institutes (%)</b>					
	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11*</b>
<b>Fort Logan</b>					
Children**	62.9%	63.2%	55.4%	48.8%	N/A
Adolescent**	65.8	60.4	61.1	41.9	N/A
TRCCF	84.1	85.0	77.4	51.3	60.9
Geriatric**	79.2	92.2	86.7	75.4	N/A
Adult	94.2	93.8	91.6	92.1	93.9
<b>Total - Fort Logan</b>	<b>85.0%</b>	<b>86.2%</b>	<b>82.7%</b>	<b>80.0%</b>	<b>88.1%</b>
<b>Pueblo</b>					
Forensic	84.4%	89.1%	89.4%	90.3%	90.5%
Adolescent	64.3	65.0	60.0	56.1	58.4
Geriatric	90.9	93.4	88.9	85.7	89.3
Adult	94.7	96.4	98.0	90.8	85.0
Circle***	N/A	N/A	N/A	95.2	89.6
General Hospital**	46.0	50.6	35.5	15.5	N/A
<b>Total - CMHIP</b>	<b>84.5%</b>	<b>88.3%</b>	<b>87.5%</b>	<b>88.2%</b>	<b>88.2%</b>
<b>Total - all Institutes</b>	<b>84.6%</b>	<b>87.7%</b>	<b>86.2%</b>	<b>86.4%</b>	<b>88.2%</b>

\*Based on first quarter data.

\*\*Treatment division closed during FY 2009-10.

\*\*\*Prior to FY 2009-10, Circle occupancy rates were included in the Adult treatment division.

In addition to high rates of occupancy in the adult treatment divisions at Fort Logan and CMHIP and the IFP, these divisions have high numbers of admissions each year. The following table summarizes the number of inpatient admissions for all treatment divisions at Fort Logan and CMHIP.

<b>Inpatient Admissions (duplicated) at Colorado Mental Health Institutes</b>					
<b>Treatment Division</b>	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY2009-10</b>	<b>FY 2010-11*</b>
<b>Ft Logan</b>					
Children**	263	229	223	85	N/A
Adolescents**	354	320	339	124	N/A
TRCCF	10	13	19	24	8
Geriatrics**	68	46	36	9	N/A
Adult	588	545	660	630	252
<b>Total</b>	<b>1,283</b>	<b>1,153</b>	<b>1,277</b>		
<b>Pueblo</b>					
Forensics	406	433	381	465	148
Adolescents	229	223	225	259	116
Geriatrics	93	74	68	67	18
Adult	498	529	475	480	228
Circle	86	97	93	92	38
General Hospital**	402	485	315	10	N/A
<b>Total</b>	<b>1,714</b>	<b>1,841</b>	<b>1,557</b>	<b>1,373</b>	<b>548</b>

\*Based on data available through November 2010.

\*\*Treatment division closed during FY 2009-10.

The table below provides inpatient average length of stay for discharged patients by treatment division for each fiscal year from FY 2006-07 to FY 2010-11. The data do not capture length of stay figures for individuals residing within treatment divisions who have not been discharged during the fiscal years shown.

<b>Inpatient Average Length of Stay for Discharged Patients (days)</b>					
	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11*</b>
<b>Fort Logan</b>					
Children**	14.6	16.7	15.0	14.8	N/A
Adolescent**	13.4	13.1	13.4	10.4	N/A
TRCCF	367.5	371.0	487.8	192.4	192.3
Geriatric**	84.9	205.0	181.9	466.1	N/A
Adult	40.6	62.5	50.9	46.9	45.2
<b>Pueblo</b>					
Forensic	245.4	246.2	369.3	225.5	175.3
Adolescent	16.6	16.8	15.6	14.1	13.9
Geriatric	289.9	186.9	164.6	165.9	78.1
Adult	54.9	39.9	50.5	52.5	41.9
CIRCLE	78.5	73.8	73.6	75.7	71.1
General Hospital**	5.4	8.4	33.7	3.4	N/A

\*Based on data available through November 2010.

\*\*Treatment division closed during FY 2009-10.

The average length of stay at the institutes ranges from one to two days to up to 52.1 years. As of November 30, 2010, the IFP, for example, was providing mental health treatment services to 31 individuals who have been in the treatment division for 10 years or longer. The table below captures the length of stay for patients currently receiving services at Fort Logan and CMHIP.

<b>Current Inpatient Length of Stay as of November 30, 2010</b>		
<b>Treatment Division</b>	<b>Average (years)</b>	<b>Longest Tenure (years)</b>
<b>Fort Logan</b>		
TRCCF	0.4	0.6
Adult	1.6	27.1
<b>Pueblo</b>		
Forensic	4.5	52.1
Adolescent	0.1	0.3
Geriatric	5.0	39.4
Adult	0.2	5.8
CIRCLE	0.1	0.3

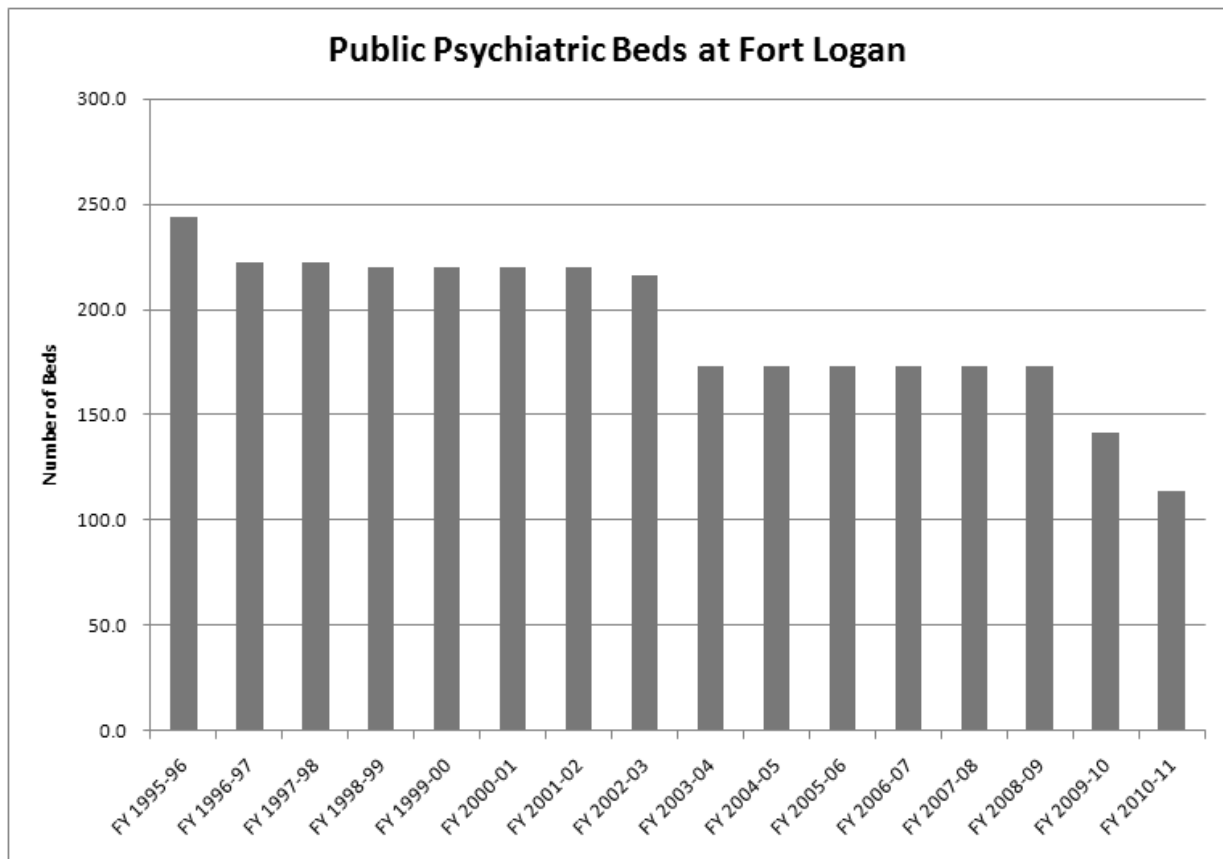


*Request:* In an effort to increase the Long Bill's transparency and facilitate the General Assembly's understanding of the Institutes, the FY 2009-10 Long Bill appropriation separated the funding for the Fort Logan and CMHIP facilities into two separate line items. Consistent with action taken by the General Assembly in FY 2004-05, each Institute line item contains funding for personal services and operating expenses. The Department requested separate appropriations for FY 2011-12 for the Fort Logan and CMHIP facilities, consistent with the Long Bill structure adopted in FY 2009-10.

**Recommendation:** Staff recommends the Committee appropriate funding for the Fort Logan and CMHIP facilities in the Mental Health Institute - Ft. Logan and Mental Health Institute - Pueblo line items, respectively.

**Mental Health Institute - Ft. Logan**

*Description:* Fort Logan is organized into two treatment divisions, adult with 94 total beds and a Therapeutic Residential Child Care Facility (TRCCF) with 20 total beds. Prior to January 1, 2010, Fort Logan operated treatment divisions for geriatric, adolescent, and child patients. Funding for these treatment divisions, and the corresponding 59 beds, was eliminated in the FY 2009-10 supplemental process. The table below summarizes the total bed count at Fort Logan over the past 15 years.



The adult treatment division provides services to patients ranging in age from 18 to 59 years. The average annual cost per bed in the adult treatment division at Fort Logan is approximately \$246,765. The treatment division is organized into the following four units:

- ❑ Adult I: 24-bed, locked, inpatient admission and evaluation unit. The multi-disciplinary treatment unit provides assessment of life skills and social supports, complete psychiatric evaluations, and discharge planning. The team also provides intermediate care and referrals to longer stay specialty teams when psychiatric evaluation indicates need.
- ❑ Adult II: 24-bed, locked, in-patient unit. The team uses Behavior Therapy techniques to help longer-stay patients change problem behaviors that have resulted in hospitalization or incarceration.
- ❑ Adult III: 25-bed, locked, inpatient admission and evaluation unit. The multi-disciplinary treatment unit provides assessment of life skills and social supports, complete psychiatric evaluations, and discharge planning. The team also provides intermediate care and referrals to longer stay specialty teams when psychiatric evaluation indicates need.
- ❑ Adult V: 21-bed, all male, locked inpatient unit that provides a long-stay, in-depth psychiatric evaluation and treatment for clients who have tendencies toward aggressive or endangering behaviors with mental illness and do not have current criminal charges.

The TRCCF treatment division, known as the Mountain Star Residential Treatment Center, is a 20 bed, unlocked, residential treatment center serving youth ages 12 to 18 referred by county departments of social services and the Department's Division of Youth Corrections (DYC). Roughly 80 percent of the referrals are from county departments of social services. DYC views the TRCCF treatment division as the placement choice for younger DYC boys and girls who demonstrate significant mental health needs. The average annual cost per bed in the treatment division is approximately \$317,501. Through January of 2011, Mountain Star was operating at 59.0 percent of capacity.

❑ **Supplemental Budget Amendment #3 - Close the 20-bed Therapeutic Residential Child Care Facility at the Colorado Mental Health Institute at Fort Logan**

*Description:* The TRCCF treatment division was originally slated for closure in FY 2010-11 as part of the Governor's Budget Reduction Proposal submitted to the Committee in August of 2009. Later, the Governor's Office reversed the August closure and requested that the TRCCF remain operational in FY 2010-11. While the TRCCF serves as a safety net for hard to serve children, it is feasible that individuals currently receiving services in the treatment division could receive similar services in the community. The Department proposes closing the TRCCF at Fort Logan effective July 1, 2011 on the grounds that the young people currently receiving services at Mountain Star can receive the same treatment options in facilities located in the community.

*Request:* Across the Department, the FY 2011-12 savings as a result of the closure would be \$1,724,600 total funds (including \$753,356 General Fund) and 29.6 FTE. The table below summarizes the budget balancing proposal.

<b>Supplemental Budget Amendment #3 - Close the 20-bed Therapeutic Residential Child Care Facility at the Colorado Mental Health Institute at Fort Logan</b>			
<b>Line Item</b>	<b>Total Funds Reduction</b>	<b>General Fund Reduction</b>	<b>FTE Reduction</b>
Health, Life, & Dental	(\$126,732)	(\$126,732)	0.0
Short-term Disability	(1,711)	(1,711)	0.0
AED/SAED	(35,273)	(35,273)	0.0
Shift Differential	(37,980)	(37,980)	0.0
Office of Operations, Personal Services	(25,236)	0	(0.9)
Office of Operations, Operating Expenses	(4,677)	0	0.0
Office of Operations, Utilities	(11,993)	0	0.0
Mental Health Institute-Ft. Logan	(1,253,639)	(455,316)	(23.7)
Mental Health Institutes, Educational Programs	(227,359)	(96,344)	(5.0)
<b>Total</b>	<b>(\$1,724,600)</b>	<b>(\$753,356)</b>	<b>(29.6)</b>

*Recommendation:* Despite the decrease in number, the State's public psychiatric beds continue to provide a valuable service in the continuum of mental health care for individuals with serious mental illnesses. Individuals served by the institutes are gravely disabled in many instances, and represent a danger to themselves or others as a result of mental illness. It is a fact that the State can save money by shuttering the TRCCF treatment division at Fort Logan, however, it must be remembered that patients at the institutes receive treatment in that setting because they have been referred there by the community mental health centers due to the acuity of their illness and the lack of suitable treatment options outside of the public psychiatric hospital treatment setting.

Staff is hesitant to recommend any additional treatment division closures at Fort Logan because it is staff's opinion that the Fort Logan facility as a whole must remain a viable safety-net option for individuals requiring intensive, inpatient treatment services that are not available elsewhere. However, **staff recommends that the Committee approve the Governor's proposal to close the TRCCF at Fort Logan effective July 1, 2011.** Staff shares the opinion with the Department that alternative and equal treatment options are available in facilities across the state.

Staff reached out to the Colorado Association of Family & Children's Agencies to ensure that adequate facilities and service levels exist in TRCCFs outside of Fort Logan. Staff received information that communities not only have comparable resources, but welcome the opportunity to fill currently vacant beds. For example, the Jefferson Hills TRCCF facility located in the Denver metro area, and within several miles of the Fort Logan facility, indicates that it has the capacity and the service options (including the recently opened New Vistas crisis stabilization program for children and adolescents) to provide services to individuals currently served by the Fort Logan TRCCF. As of March 4, 2011, the Jefferson Hills TRCCF facility in Aurora had 15 open beds out of 85 total beds.

*Request:* The Department requests an appropriation of \$19,025,449 total funds (including \$16,936,818 General Fund) and 226.3 FTE for FY 2011-12. The table below summarizes recent FTE expenditures and appropriations by position type.

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Administrative Assistants	15.5	14.2	13.2	13.2
Chaplain	1.0	1.0	1.0	1.0
Client Care Aides	0.9	0.0	0.0	0.0
Clinical Therapists	12.9	9.0	9.0	9.0
Dental Care	0.6	0.8	0.8	0.8
Diagnostic Technicians	1.0	1.0	1.0	1.0
Food Service Professionals	17.1	18.9	16.9	16.9
Equipment Operators	0.9	1.0	1.0	1.0
General Professionals	11.3	13.5	13.5	13.5
Health Care Technicians	2.7	4.1	4.1	4.1
Health Professionals	1.7	1.5	1.5	1.5
Laboratory Technicians	2.6	3.3	3.3	3.3
Management	0.6	2.0	2.0	2.0
Materials Handlers	2.0	2.0	2.0	2.0
Medical Records Technicians	4.4	4.0	4.0	4.0
Mental Health Clinicians	67.0	57.3	57.3	57.3
Mid-level Providers	6.5	6.0	6.0	6.0
Nurses	64.5	55.2	38.5	38.5

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Pharmacy Staff	6.4	6.0	5.0	5.0
Program Assistants	8.5	8.0	8.0	8.0
Psychologists	6.4	6.0	6.0	6.0
Security Staff	11.1	12.0	12.0	12.0
Social Workers/Counselors	20.6	18.2	16.9	16.9
Trainees	0.4	1.0	1.0	1.0
Teachers	0.6	2.9	0.0	0.0
Technicians	1.0	1.0	0.0	0.0
Temporary Aides	1.7	1.5	1.5	1.5
Therapists	0.7	0.8	0.8	0.8
<b>Total FTE</b>	<b>270.6</b>	<b>252.2</b>	<b>226.3</b>	<b>226.3</b>

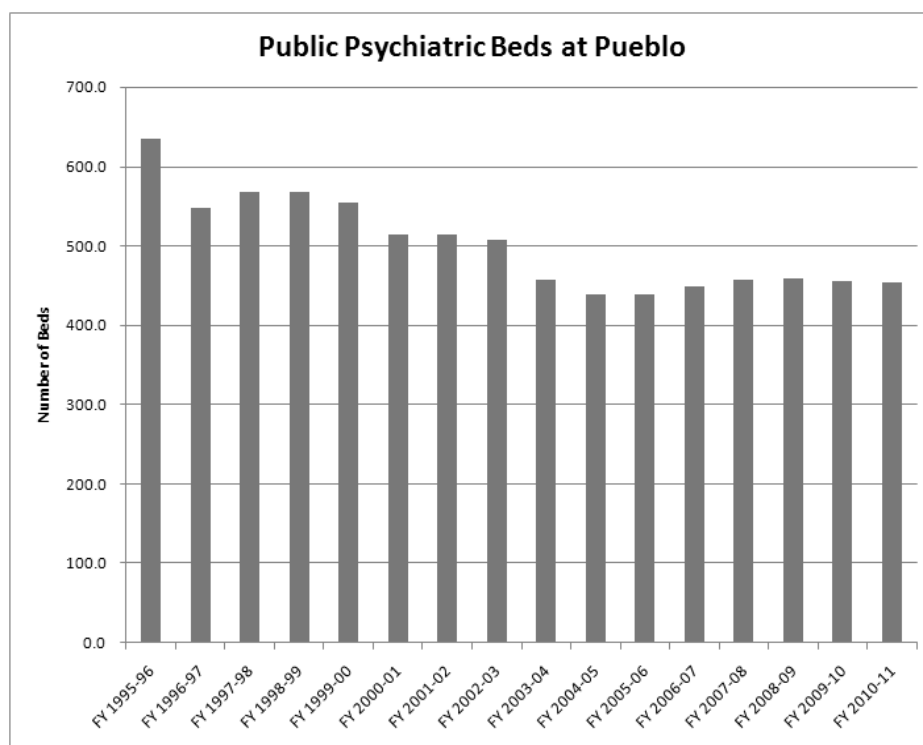
**Recommendation: Staff recommends an appropriation of \$18,973,703 total funds (including \$16,897,001 General Fund) and 226.3 FTE for FY 2011-12.** The calculations for the recommendation are shown in the table below. Staff's recommendation reflects a decrease of \$909,252 total funds (including \$988,982 General Fund) and 25.9 FTE compared to the current FY 2010-11 appropriation. Calculations for the recommendation are summarized in the table below.

<b>Mental Health Institute - Ft. Logan</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$19,882,955	\$17,885,983	\$1,201,092	\$795,880	\$0	252.2
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	35,688	(886,710)	1,064,538	(142,140)	0	1.6
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>19,918,643</b>	<b>16,999,273</b>	<b>2,265,630</b>	<b>653,740</b>	<b>0</b>	<b>253.8</b>
Restore 1% Personal Services Reduction	25,136	25,136	0	0	0	0.0
Restore FY 2010-11 PERA Reduction	437,022	437,022	0	0	0	0.0
Annualize Direct Care Shift Coverage	299,276	299,276	0	0	0	8.6
1.5 Percent Personal Services Base Reduction	(88,097)	(77,966)	(8,457)	(1,674)	0	0.0

Mental Health Institute - Ft. Logan						
	Total	GF	CF	RF	FF	FTE
0.2 Percent Personal Services Reduction	(15,634)	(13,836)	(1,501)	(297)	0	0.0
FY 11-12 State PERA Contribution Reduction	(323,011)	(290,595)	(19,503)	(12,913)	0	0.0
FY 2011-12 1% Personal Services Reduction	(25,993)	(25,993)	0	0	0	0.0
TRCCF Closure	(1,253,639)	(455,316)	(480,298)	(318,025)	0	(23.7)
JBC Staff FTE Technical True-Up	0	0	0	0	0	(12.4)
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$18,973,703</b>	<b>\$16,897,001</b>	<b>\$1,755,871</b>	<b>\$320,831</b>	<b>\$0</b>	<b>226.3</b>

### Mental Health Institute - Pueblo

*Description:* CMHIP is organized into five treatment divisions (adolescent, adult, geriatric, co-occurring mental illness and substance abuse disorders, and forensics) with 454 total beds. As mentioned previously, 310 of the 454 beds at CMHIP are for forensic patients placed in the legal custody of the Department by the criminal justice system. The treatment division is known as the Institute for Forensic Psychiatry (IFP). The table below summarizes the total bed count at CMHIP over the past 15 years.



The adult treatment division provides inpatient psychiatric evaluation and treatment to individuals ages 18 through 59 years with acute mental illness. Individualized treatment programs are created to meet the needs of each patient in the 64 bed division. The average annual cost per bed in the adult treatment division at CMHIP is approximately \$212,345.

The Circle Program treats individuals who abuse substances and have serious psychiatric disorders (co-occurring). The division has 20 beds for dually-diagnosed individuals ages 18 through 59 years. The average annual cost per bed in the Circle Program is approximately \$169,264.

The geriatric treatment division provides inpatient geropsychiatric services to persons 59 years of age and older. Hospitalization is designed to provide acute psychiatric treatment to patients with social and behavioral problems, depression, or dementia. With the closure of the Fort Logan geriatric treatment division, the CMHIP geriatric treatment division, and its 40 beds, is the only remaining unit of its kind in the Department's Institute system. The average annual cost per bed in the geriatric treatment division is approximately \$224,343.

The adolescent treatment division is a locked unit with 16 beds. The division provides inpatient psychiatric care services for older children and adolescents ages 12 through 17 years. The average annual cost per bed in the locked adolescent treatment division is approximately \$264,263.

IFP receives and treats patients referred by the courts for competency evaluations and restoration to competency services. The forensics treatment division also provides services to individuals found not guilty by reason of insanity (NGRI). The average annual cost per bed in the forensics treatment division at CMHIP is \$204,673.

❑ **Supplemental Budget Amendment #4 - Close the Circle Program at the Colorado Mental Health Institute at Pueblo**

*Description:* Circle is a 90-day inpatient treatment program for men and women ages 18-65 who have had difficulties completing other treatment options in the community. The majority of the clients have previously been in numerous inpatient and outpatient treatment programs and have been unable to maintain sobriety outside a structured environment. Nearly 3/4 of the individuals receiving treatment services in the Circle Program have been referred to the program as a condition of probation, parole, or diversion.

*Request:* During the last economic downturn (FY 2002-03) the beds available for the program decreased from 30 to 20 beds. The proposal before the Committee now eliminates the program in its entirety, effective July 1, 2011. Across the Department, the FY 2011-12 savings as a result of the closure would be \$2,229,596 total funds (including \$1,525,924 General Fund) and 27.9 FTE. The table below summarizes the budget balancing proposal.

Supplemental Budget Amendment #4 - Close the Circle Program at the Colorado Mental Health Institute at Pueblo			
Line Item	Total Funds Reduction	General Fund Reduction	FTE Reduction
Health, Life, & Dental	(\$234,580)	(\$234,580)	0.0
Short-term Disability	(1,894)	(1,894)	0.0
AED/SAED	(61,707)	(61,707)	0.0
Shift Differential	(40,457)	(40,457)	0.0
Office of Operations, Personal Services	(28,642)	0	(1.0)
Office of Operations, Operating Expenses	(3,790)	0	0.0
Mental Health Institute-Pueblo	(1,858,526)	(1,187,286)	(26.9)
<b>Total</b>	<b>(\$2,229,596)</b>	<b>(\$1,525,924)</b>	<b>(27.9)</b>

The Department indicates that it has identified several community-based options for individuals requiring an alternative to the Circle Program for obtaining treatment services. Options include Parkview Chemical Dependency Services in Pueblo, Arapahoe House in the Denver metro-area, and the Cripple Creek Rehabilitation and Wellness Center in Teller County. While programs do exist offering similar services, it is difficult to draw direct comparisons to the Circle Program due to service offerings and the length of treatment services. Most of the programs listed above offer month-long inpatient treatment services, not the 90 day inpatient service offered by the Circle Program.

*Recommendation:* It is staff's opinion that the Circle Program offers a unique service, both in its scope (co-occurring needs) and duration (90 days, inpatient). It is clear from outcome data provided by the program, as well as testimony from the Judicial Department, that the program is successful in meeting goals of patient sobriety and psychiatric stability, as well as limiting further contact with the criminal justice system. Specifically, the Judicial Department indicates that there are few or no alternatives to the Circle Program for effectively treating individuals on probation with a co-occurring diagnosis. The Department itself even recognizes that the closure of the 20 bed unit could result in increased commitments to the Department of Corrections (DOC) and increased bed days in county jails. If a probationer or parolee is ordered to Circle Program as a condition of probation or parole and he or she fails to complete the program, the court could commit them to the DOC for violating probation or parole, however, neither DOC or DHS track this information.

Despite the evidence that the Circle Program achieves measurable success, **staff recommends closing the Circle Program, effective July 1, 2011.** As the Department indicates in its request, the Circle Program does not meet the core mission of the State-run institutes of providing



inpatient, psychiatric services to indigent and Medicaid-eligible individuals. As staff indicated during the 2011 legislative session figure setting process, the CMHIP facility suffers from inadequate staff-to-patient ratios in its core treatment divisions that provide inpatient, psychiatric treatment services to indigent and Medicaid-eligible individuals (geriatrics, adults, and adolescents). It is staff's opinion that the Committee should accept the Governor's proposal to close specialty treatment divisions, like the Circle Program. The Committee and the Department should focus on a short and long-term plan to improve care to indigent and Medicaid-eligible individuals requiring the safety net that the institutes provide for intensive, inpatient, psychiatric needs. While services in the community do not mirror those of the Circle Program, it is staff's opinion that providers will tailor existing solutions to meet the needs of the Judicial Department and others seeking intensive, longer-term inpatient services for individuals requiring treatment for co-occurring disorders.

*Request:* The Department requests an appropriation of \$66,989,090 total funds (including \$57,970,108 net General Fund) and 925.3 FTE for FY 2011-12. The table below summarizes the position types of the requested FTE.

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Health Professionals	27.5	29.0	29.0	29.0
Psychologists	29.8	27.0	26.0	26.0
Social Workers/Counselors	31.0	33.6	33.6	33.6
Therapists	42.5	46.6	46.6	46.6
Lab Technicians	6.2	8.0	8.0	8.0
Pharmacists	8.0	9.0	9.0	9.0
Health Care Technicians	137.1	145.1	155.0	155.0
Mental Health Clinicians	47.7	45.0	45.0	45.0
Client Care Aides	45.1	36.1	36.1	36.1
Miscellaneous Support Staff/Technicians	25.9	23.9	25.9	25.9
Physicians	0.1	1.7	1.7	1.7
Dentists	4.0	4.0	4.0	4.0
Diagnostic Technicians	5.1	5.1	5.1	5.1
Nurses	231.5	231.9	220.0	220.0
Youth Corrections	66.4	73.4	73.4	73.4
Materials Handlers	3.7	4.0	4.0	4.0

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Administrative Assistants	41.1	47.4	47.4	47.4
Barber/Cosmetologists	2.0	2.0	2.0	2.0
Program Assistants	11.0	11.0	11.0	11.0
Legal Assistants	1.0	1.0	1.0	1.0
Police Service Professionals	21.8	23.3	23.3	23.3
General Professionals	21.2	17.1	23.7	23.7
Management	5.5	5.0	5.0	5.0
Food Service Professionals	69.6	75.8	72.5	72.5
Records Administrators	2.0	2.0	2.0	2.0
Chaplains	2.0	2.0	2.0	2.0
Rehabilitation Counselors	3.6	5.0	5.0	5.0
Teachers	6.0	8.0	8.0	8.0
Accountants	0.8	0.0	0.0	0.0
Temporary Aides	14.6	0.0	0.0	0.0
<b>Total FTE</b>	<b>913.8</b>	<b>923.0</b>	<b>925.3</b>	<b>925.3</b>

**Recommendation:** Staff recommends an appropriation of \$66,790,213 total funds (including \$57,720,398 net General Fund) and 925.3 FTE for FY 2011-12. Calculations for the staff recommendation are found in the table below.

<b>Mental Health Institute - Pueblo</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$68,827,749	\$57,671,404	\$5,617,894	\$5,538,451	\$0	923.0
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	44,061	(1,308,741)	244,330	1,108,472	0	3.7
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>68,871,810</b>	<b>56,362,663</b>	<b>5,862,224</b>	<b>6,646,923</b>	<b>0</b>	<b>926.7</b>
Restore 1% Personal Services Reduction	89,938	85,609	0	4,329	0	0.0

Mental Health Institute - Pueblo						
	Total	GF	CF	RF	FF	FTE
Restore FY 2010-11 PERA Reduction	1,159,233	1,159,233	0	0	0	0.0
Annualize Direct Care Shift Coverage	659,639	659,639	0	0	0	18.1
1.5 Percent Personal Services Base Reduction	(332,381)	(275,543)	(24,929)	(31,909)	0	0.0
0.2 Percent Personal Services Reduction	(58,507)	(48,502)	(4,388)	(5,617)	0	0.0
FY 11-12 State PERA Contribution Reduction	(1,099,998)	(921,715)	(89,724)	(88,559)	0	0.0
FY 2011-12 1% Personal Services Reduction	(92,230)	(87,876)	0	(4,354)	0	0.0
Circle Closure	(1,858,526)	(1,187,286)	(671,240)	0	0	(26.9)
DYC Transfer	(548,765)	0	0	(548,765)	0	(5.0)
JBC Staff FTE Technical True-Up	0	0	0	0	0	12.4
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$66,790,213</b>	<b>\$55,746,222</b>	<b>\$5,071,943</b>	<b>\$5,972,048</b>	<b>\$0</b>	<b>925.3</b>

### **General Hospital**

*Description:* This line item funds the personal services and operating expenses at CMHIP's General Hospital. The General Hospital is a 20-bed unit that provides both inpatient and outpatient services to CMHIP, as well as the Department of Corrections inmates on the CMHIP campus. The General Hospital closed, effective November 1, 2009.

*Request:* Per budgetary action in FY 2009-10, the General Hospital at CMHIP was closed. The Department did not seek an appropriation for FY 2011-12.

***Recommendation:* Staff recommends the Committee approve the Department's request to not appropriate funds for the General Hospital at CMHIP for FY 2011-12.**

### **Educational Programs**

*Description:* Local school districts and the Department of Education provide funding for educational services at the Institutes. The source of funding for this line item is primarily from per pupil operating revenue and special education funds transferred from the school districts.

*Request:* The Department requests \$115,969 total funds (\$19,481 General Fund) and 2.7 FTE for FY 2011-12. The table below summarizes the position types of the requested FTE.

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Dining Services	1.8	0.0	0.0	0.0
Administrative Assistants	0.6	0.0	0.0	0.0
Teachers/Aides	6.5	7.7	7.7	2.7
<b>Total FTE</b>	<b>8.9</b>	<b>7.7</b>	<b>7.7</b>	<b>2.7</b>

**Recommendation: Staff recommends an appropriation of \$133,733 total funds (including \$19,564 General Fund) and 2.7 FTE for FY 2011-12.** Note, staff's recommendation includes the recommended closure of the Fort Logan TRCCF. Calculations for staff's recommendation are found in the table below.

<b>Educational Programs</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$344,508	\$21,853	\$122,307	\$200,348	\$0	7.7
FY 2010-11 Supplemental Adjustments (S.B. 11-144)	(42)	(42)	0	0	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>344,466</b>	<b>21,811</b>	<b>122,307</b>	<b>200,348</b>	<b>0</b>	<b>7.7</b>
Restore 1% Personal Services Reduction	42	42	0	0	0	0.0
FY 11-12 State PERA Contribution Reduction	(1,055)	(103)	0	(952)	0	0.0
FY 2011-12 1% Personal Services Reduction	(42)	(42)	0	0	0	0.0
MHI Revenue Adjustment	0	94,200	(73,780)	(20,420)	0	0.0
DOE Adjustment	17,681	0	0	17,681	0	0.0
TRCCF Closure	(227,359)	(96,344)	(48,527)	(82,488)	0	(5.0)
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$133,733</b>	<b>\$19,564</b>	<b>\$0</b>	<b>\$114,169</b>	<b>\$0</b>	<b>2.7</b>

***(D) Alcohol and Drug Abuse Division***

***(1) Administration***

**Personal Services**

*Description:* The appropriation for the line item provides funds for the personal services expenses for FTE tasked with managing the General Fund appropriations, various cash funds programs, a federal block grant, multiple federal discretionary grant programs, and contracts with the four Managed Service Organizations (MSOs) that subcontract with 42 treatment providers in approximately 200 treatment sites throughout the state.

The unit also oversees and provides technical assistance to nearly 100 prevention program contracts, monitors treatment providers, collects programmatic data for State and federal reporting requirements, licenses monitoring treatment providers, and manages the involuntary commitment process for persons incapacitated due to the abuse of drugs or alcohol.

*Request:* The Department requests an appropriation of \$2,273,493 (including \$304,426 net General Fund) and 30.8 FTE for FY 2011-12. The table below summarizes the position types of the requested FTE.

<b>Staffing Summary</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Appropriation</b>	<b>FY 2011-12 Request</b>	<b>FY 2011-12 Recommendation</b>
Administrative Assistants	2.1	3.0	3.0	0.0
Program Assistants	2.8	2.0	2.0	0.0
General Professionals	20.8	24.1	24.1	0.0
Management	0.5	1.0	1.0	0.0
Statistical Analysts	0.7	0.7	0.7	0.0
<b>Total FTE</b>	<b>26.9</b>	<b>30.8</b>	<b>30.8</b>	<b>0.0</b>

***Recommendation:*** Staff recommends that this line item be eliminated and that the FTE and associated appropriations be transferred to the Division's administration personal services line item. As indicated above, ADAD and the Division of Mental Health merged in 2008 into the Division of Behavioral Health (DBH) to provide more integrated oversight and administration of community-based mental health services and community-based substance use disorders treatment and prevention. Providing an appropriation for two separate personal services line items in the DBH does not yield any benefit to the Committee, nor does it yield any benefit to the Department. The table below summarizes the recommendation calculations.

<b>(D) Alcohol and Drug Abuse Division, (1) Administration, Personal Services</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$2,265,700	\$246,562	\$120,292	\$496,446	\$1,402,400	30.8
FY 2010-11 Supplemental Adjustments (S.B. 11-141)	(2,997)	(2,466)	0	(531)	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>2,262,703</b>	<b>244,096</b>	<b>120,292</b>	<b>495,915</b>	<b>1,402,400</b>	<b>30.8</b>
Restore 1% Personal Services Reduction	2,997	2,466	0	531	0	0.0
Restore FY 2010-11 PERA Reduction	43,926	43,926	0	0	0	0.0
1.5 Percent Personal Services Base Reduction	(34,644)	(4,357)	(1,804)	(7,447)	(21,036)	0.0
FY 11-12 State PERA Contribution Reduction	(25,823)	(2,809)	(1,372)	(5,658)	(15,984)	0.0
FY 2011-12 1% Personal Services Reduction	(3,437)	(2,905)	0	(532)	0	0.0
JBC Staff Behavioral Health Personal Services Consolidation	(2,245,722)	(280,417)	(117,116)	(482,809)	(1,365,380)	(30.8)
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

**Operating Expenses**

*Description:* The appropriation for the line item funds the operating expenses of the administrative unit tasked with oversight of alcohol and drug abuse services.

*Request:* The Department requests an appropriation of \$206,404 total funds for this purpose in FY 2011-12.

*Recommendation:* **Staff recommends that this line item be eliminated and that the FTE and associated appropriations be transferred to the Division's administration operating expenses line item.** As indicated above, ADAD and the Division of Mental Health merged in 2008 into DBH to provide more integrated oversight and administration of community-based mental health services and community-based substance use disorders treatment and prevention. Providing an appropriation for two separate operating expenses line items in the DBH does not yield any benefit to the Committee, nor does it yield any benefit to the Department. The table below summarizes the recommendation calculations.

<b>(D) Alcohol and Drug Abuse Division, (1) Administration, Operating Expenses</b>						
	<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>FTE</b>
FY 2010-11 Long Bill Appropriation (H.B. 10-1376)	\$206,404	\$0	\$35,091	\$4,992	\$166,321	0.0
FY 2010-11 Supplemental Adjustments (S.B. 11-144)	0	0	0	0	0	0.0
<b>Subtotal: FY 2010-11 Appropriation</b>	<b>206,404</b>	<b>0</b>	<b>35,091</b>	<b>4,992</b>	<b>166,321</b>	<b>0.0</b>
JBC Staff Behavioral Health Operating Expenses Consolidation	(206,404)	0	(35,091)	(4,992)	(166,321)	0.0
<b>Recommended FY 2011-12 Long Bill Appropriation</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

**Other Federal Grants**

*Description:* The Department receives the majority of its substance abuse federal funding from the Substance Abuse Prevention and Treatment Block Grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). However, additional moneys from discretionary grants are awarded to the State by SAMHSA. The Department uses the funds to expand and/or enhance substance abuse prevention and treatment in state.

*Request:* The Department requests a continuation appropriation of \$457,383 federal funds for FY 2011-12.

***Recommendation:* Staff recommends a continuation appropriation of \$457,383 federal funds from various discretionary substance abuse and treatment grants for FY 2011-12.**

**Indirect Cost Assessment**

*Description:* This line item reflects the monies anticipated to be recovered from cash funds and federal funds that allow for Statewide and departmental indirect administrative costs.

*Request:* The Department requests a continuation appropriation of \$243,723 total funds for FY 2011-12.

***Recommendation:* Staff recommends a continuation appropriation of \$243,723 total funds for FY 2011-12.** The recommendation is comprised of \$3,280 cash funds from various sources and \$240,443 federal funds from the Substance Abuse Prevention and Treatment Block Grant.

## *(2) Community Programs*

### *(a) Treatment Services*

#### **Treatment and Detoxification Contracts**

*Description:* Treatment and detoxification are two different levels of care that are funded separately and have separate and distinct contract admissions requirements even though appropriated in a single line item. The Department arranges for detoxification and treatment services with one contract for each sub-state planning region.

Detoxification and shelter services serve a dual purpose by protecting individual and public health and safety, and serving as an entry point for treatment. Detoxification services are critical for law enforcement and community protection, but do not constitute treatment for substance abuse. The Division contracts with four MSOs that subcontract with local community providers to provide non-hospital detoxification services. The subcontractors accept persons who are intoxicated by alcohol or drugs for evaluation and provide services necessary to protect client and public health and safety until the blood level of the intoxicating substance(s) is zero.

The Department's Treatment Contracts purchase coordinated and comprehensive services for specific low-income populations of highest priority to the state and federal governments, as well as for clients outside the specific priority populations. The required basic treatment services in the contracts are detoxification, outpatient opioid replacement treatment, individual, group and family outpatient therapy, intensive outpatient therapy, transitional residential treatment, therapeutic community, and intensive residential treatment. Treatment services are delivered through statewide contracts with the MSOs, which subcontract with providers in six geographic regions covering the entire state.

*Request:* The Department requests a continuation appropriation of \$23,179,819 total funds (including \$11,337,648 General Fund) for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends a continuation appropriation of \$23,179,819 total funds for FY 2011-12.** The recommendation consists of \$11,337,648 General Fund, \$1,218,518 cash funds from the Drug Offender Surcharge Fund, the Persistent Drunk Driver Cash Fund, and the Adolescent Substance Abuse Prevention and Treatment Fund, \$275,706 reappropriated funds from moneys transferred from the Department of Public Safety's Division of Criminal Justice, and \$10,347,947 federal funds from the Substance Abuse Prevention and Treatment Block Grant.

#### **Case Management for Chronic Detoxification Clients**

*Description:* The case management program targets persons chronically dependent on alcohol or drug substances who do not respond successfully to conventional residential and outpatient treatment methods. The program provides them with intensive outpatient case management services. The goal



is to reduce the chronic use of detoxification services by helping individuals obtain housing, health care, mental health services, and employment or vocational support.

*Request:* The Department requests a continuation appropriation of \$369,311 total funds (including \$2,428 General Fund) for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends a continuation appropriation of \$369,311 total funds for FY 2011-12.** The recommendation is comprised of \$2,428 General Fund and \$366,883 federal funds from the Substance Abuse Prevention and Treatment Block Grant.

### **Short-term Intensive Residential Remediation and Treatment (STIRRT)**

*Description:* The Short-term Intensive Residential Remediation Treatment (STIRRT) Program is intended to reduce recidivism among adult offenders, age 18 years or older, who have been unsuccessful in community treatment for drug and alcohol abuse and continue to commit offenses. STIRRT includes two weeks of intensive treatment followed up by 9 months of continuing care. The evidence-based practice is often implemented as a last resort alternative to incarceration.

*Request:* The Department requests a continuation appropriation of \$3,340,683 total funds for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends a continuation appropriation of \$3,340,683 total funds for FY 2011-12.** The recommendation consists of \$2,957,367 General Fund and \$383,316 cash funds from Drug Offender Surcharge Fund.

### **High Risk Pregnant Women Program**

*Description:* The High Risk Pregnant Women Program (known as Special Connections) is an entitlement program funded by Medicaid and transferred to the Department from HCPF to serve pregnant women in need of substance use disorder treatment. This program was developed to produce healthy infants, to reduce or stop the substance using behavior of the pregnant woman during and after the pregnancy, and to promote and assure a safe child-rearing environment for the newborn and other children.

Low-income pregnant women, regardless of Medicaid eligibility, may receive these services from designated treatment providers throughout the state. The services include an in-depth assessment, individual and group counseling, case management services, health education, and urinalysis screening and monitoring.

In FY 2009-10, there were 243 clients enrolled in the Special Connections program. The Department traditionally contracts with 13 providers to provide Special Connection services. Due

to the closure of the Jefferson County Department of Health and Environment's Substance Abuse Counseling Program in December 2010, however, there are only 12 providers in FY 2010-11.

House Bill 04-1075 (Romanoff/Johnson) increased the post-partum benefit from 2 months to 12 months for the program. The Department expended \$433,546 on treatment services during the 2 to 12 month post-partum period (services provided for 90 women) in FY 2009-10.

*Request:* The Department requests a continuation appropriation of \$1,999,146 reappropriated Medicaid funds transferred from HCPF for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends an appropriation of \$1,999,146 reappropriated Medicaid funds transferred from HCPF (including \$999,573) for FY 2011-12.**

*(b) Prevention and Intervention*

**Prevention Contracts**

*Description:* Prevention programs provide young people, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. The Department contracts with statewide and local prevention programs by providing partial funding for services designed to prevent the illegal and inappropriate use of alcohol, tobacco and other drugs. Types of services include mentoring, tutoring, life skills training, parenting training, creative arts, education/resource centers, DUI prevention programs, and employee assistance programs. Prevention strategies used by the Department, and its contractors include:

- Information distribution regarding the nature and extent of use, abuse and its effects on individuals, families and communities;
- Substance-free activity development for community events;
- Community development, which helps groups, neighborhoods or communities plan and implement a range of prevention services;
- Prevention education, which involves a structured, formal research-based curriculum and problem identification and assessment, which determines whether substance abusing and behavior can be reversed through education; and
- Community-based efforts to establish or change written and unwritten community standards and attitudes influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs.

Funding is provided to the initiatives by a small amount of General Fund, federal funds from the Substance Abuse Prevention and Treatment Block Grant and cash funds from the Adolescent Substance Abuse Prevention Fund and Treatment Fund and the Tobacco Use Prevention Fund.

*Request:* The Department requests a continuation appropriation of \$3,886,951 total funds (including \$33,649 General Fund) for FY 2011-12. The FY 2010-11 appropriation included a two percent community provider base decrease. Thus, the continuation level request for FY 2011-12 carries forward the provider base decrease.

*Recommendation:* **Staff recommends a continuation appropriation of \$3,886,951 total funds for FY 2011-12.** The recommendation consists of \$33,649 General Fund, \$27,072 cash funds from the Adolescent Substance Abuse Prevention and Treatment Fund and the Tobacco Use Prevention Fund, and \$3,826,230 federal funds from the Substance Abuse Prevention and Treatment Block Grant.

### **Persistent Drunk Driver Programs**

*Description:* The Persistent Drunk Driver Programs are funded by the Persistent Drunk Driver Cash Fund, which consists of fees assessed against convicted drunk drivers. The fund is managed by representatives of the Departments of Revenue, Transportation, and Human Services. Funding priorities are designed to deter persistent drunk driving, and to educate the public, with an emphasis on young drivers.

*Request:* The Department requests a continuation appropriation of \$1,106,635 cash funds for FY 2011-12.

*Recommendation:* **Staff recommends an appropriation of \$1,670,823 cash funds from the Persistent Drunk Driver Cash Fund for FY 2011-12.** Staff's recommendation includes an increase of \$564,188 cash funds as a result of the Committee's action on a budget amendment submitted by the Judicial Department to consolidate the Persistent Drunk Driver Cash Fund appropriations in DBH since the Department is the administrative agency for the Persistent Drunk Drive Cash Fund. Previously the funds had been appropriated directly to the Judicial Department.

### **Law Enforcement Assistance Fund Contracts**

*Description:* The Colorado General Assembly created the Law Enforcement Assistance Fund (LEAF) in 1982 to promote the prevention of drunk driving. The fund collects a surcharge on drunk and drugged driving convictions to help pay for enforcement, laboratory charges and prevention programs. The Department receives 20 percent of the dollars specifically to establish impaired driving prevention programs.

Populations mandated under the LEAF legislation, and served through five prevention contracts, include:

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

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

The funding for the initiatives comes from a \$60 fee charged to those persons convicted of a DUI offense. These funds are distributed according to the Department of Public Health and Environment for the Implied Consent program, DHS for community prevention projects, and the Department of Transportation for grants to local law enforcement agencies. DHS is required to use these funds for a statewide program of public education on driving under the influence, including teacher training and the dissemination of educational.

*Request:* The Department requests a continuation appropriation of \$255,000 cash funds for FY 2011-12.

***Recommendation:* Staff recommends a continuation appropriation of \$255,000 cash funds from the Law Enforcement Assistance Fund for FY 2011-12.**

### ***(c) Other Programs***

#### **Federal Grants**

*Description:* The Department receives a variety of federal alcohol and drug abuse discretionary grants. The portion of federal grants anticipated to be used for administrative activities is shown in the Alcohol and Drug Abuse administration section.

*Request:* The Department requests a continuation appropriation of \$5,063,429 total funds for FY 2011-12.

***Recommendation:* Staff recommends a continuation appropriation of \$5,063,429 total funds for FY 2011-12.** The recommendation is comprised of \$195,500 reappropriated funds transferred from the Department of Public Safety and \$4,867,929 federal funds from various substance abuse prevention and treatment block grants.

#### **Balance of Substance Abuse Block Grant Programs**

*Description:* This appropriation is combined with funds appropriated for treatment and prevention contracts to provide services to meet the needs of specific populations. This flexibility is essential in meeting the five earmarked requirements of each Block Grant award (administration, drug/alcohol treatment, prevention, women's services, and HIV early intervention).

*Request:* The Department requests an appropriation of \$6,671,360 total funds for FY 2011-12 (including \$185,968 General Fund).

*Recommendation:* **Staff recommends a continuation appropriation of \$6,671,360 total funds for FY 2011-12.** The recommendation consists of \$185,968 General Fund and \$6,485,392 federal funds from the Substance Abuse Prevention and Treatment Block Grant.

### **Community Treatment and Prevention**

*Description:* During the 2007 session, the Legislature passed S.B.07-097 (Fitzgerald/Madden) and H.B. 07-1359 (Buescher/Fitzgerald), which reallocated tobacco litigation settlement funds to the Division of Alcohol and Drug Abuse to purchase additional community prevention and treatment services.

*Request:* The Department requests a continuation appropriation of \$905,871 cash funds for FY 2011-12 from the Tobacco Litigation Settlement Cash Fund.

*Recommendation:* **For FY 2011-12, staff recommends an appropriation of \$816,621 cash funds from the Tobacco Litigation Settlement Cash Fund transferred to the Alcohol and Drug Abuse Community Prevention and Treatment Fund.** The appropriation recommendation is consistent with the Committee's action on the tobacco settlement funds distribution.

### **Gambling Addiction Counseling Services**

*Description:* The program was established in H.B. 08-1314 (Primavera/Spence) to provide gambling addiction counseling to Colorado residents. Moneys from the Local Limited Gaming Impact Fund transferred to the Gambling Addiction Account for grant awards to provide gambling addiction counseling, including prevention and education, to Colorado residents. Grants are awarded to state, local, public or private entities and programs that provide gambling addiction counseling services and that utilize nationally accredited gambling addiction counselors. The Department may use a portion of the moneys in the Gambling Addiction Account to cover direct and indirect costs associated with administering the grant program. This program is repealed effective July 1, 2013.

*Request:* The Department requests a continuation appropriation of \$144,727 reappropriated funds for FY 2011-12.

*Recommendation:* **Staff recommends a continuation appropriation of \$144,727 reappropriated funds transferred from the Local Government Limited Gaming Impact Fund for FY 2011-12.**

### **Rural Substance Abuse Prevention and Treatment**

*Description:* House Bill 09-1119 (Vigil/Schwartz) created the Rural Alcohol and Substance Abuse Prevention and Treatment Program. It consists of the Rural Youth Alcohol and Substance Abuse Prevention and Treatment Project and the Rural Detoxification Project. The former provides prevention and treatment services to children ages 8 to 17 in rural areas. The latter provides treatment services to alcohol- and drug-addicted persons in rural areas. The bill defines rural areas as counties with a population of less than 30,000.

Program funding is from penalty surcharges on convictions of driving under the influence (DUI), driving while ability impaired (DWAI), habitual user of controlled substances, and underage drinking and driving (UDD). Penalty surcharges are also established for other alcohol or drug-related offenses upon conviction or a deferred sentence. The minimum penalty surcharge is \$1 and the maximum is \$10. Surcharge revenue is credited to the Rural Alcohol and Substance Abuse Cash Fund. The fund and the program sunset on July 1, 2016.

*Request:* The Department requests a continuation appropriation of \$88,443 cash funds for FY 2011-12.

***Recommendation:* Staff recommends an appropriation of \$88,443 cash funds from the Rural Alcohol and Substance Abuse Cash Fund for FY 2011-12.**

***(E) Co-occurring Behavioral Health Services***

**Behavioral Health Services for Juveniles and Adults at risk or involved in the Criminal Justice System (H.B. 10-1284)**

*Description:* House Bill 10-1284 (Massey and Summers/Romer and Spence) put in statute regulations of medical marijuana by creating a State and local medical marijuana licensing authority. Beginning on July 1, 2010, the General Assembly shall annually appropriate the first \$2.0 million in sales taxes paid by licensed persons or entities equally to DHS and HCPF to be used to provide integrated behavioral health services for juveniles and adults with substance use disorders or with substance use disorders and mental health treatment needs who are involved with, or at risk of involvement with, the criminal justice system. DHS contracts with the CMHCs and MSOs for the provision of such services.

*Request:* The Department requests a continuation appropriation of \$334,227 General Fund for FY 2011-12.

*Recommendation:* Staff recommends and appropriation of \$1,000,000 based on revenue estimates obtained for FY 2011-12 from the Department of Revenue. The Committee may wish to revisit the appropriation in the 2012 legislative session supplemental process to accommodate revenue changes that may decrease the General Fund appropriation required statutorily for this line item.

**Substance Use Disorder Offender Services (H.B. 10-1352)**

*Description:* House Bill 10-1352 (Waller/Steadman and Mitchell) made a number of changes to penalties for offenses related to controlled substances. The act is anticipated to reduce the number of offenders sentenced to prison and the length of other offenders' sentences for drug-related crimes, thus reducing state expenditures in DOC. The act directs the General Assembly to annually appropriate the General Fund savings generated by the act to the Drug Offender Surcharge Fund, and requires that such moneys be allocated to cover the costs associated with the treatment of substance abuse or co-occurring disorders of adult offenders who are assessed to be in need of treatment and who are on diversion, on probation, on parole, in community corrections, or in jail.

*Request:* The Department did not request funds for this purpose in FY 2011-12. The Department was not aware that an appropriation request was needed to access moneys from H.B. 10-1352 until the budget request process for the executive branch was nearing completion. Rather than opt to clean-up the appropriation during the 2012 legislative session appropriation process, the Judicial Department worked with Committee staff to provide information needed to address the appropriation issue during the FY 2011-12 figure setting process.

*Recommendation:* Pursuant to the Committee's action during figure setting for the Judicial Department on February 17, 2011, **staff recommends an appropriation of \$1,450,000 reappropriated funds from the Judicial Department** for substance abuse or co-occurring disorders of adult offenders who are assessed to be in need of treatment and who are on diversion, on probation, on parole, in community corrections, or in jail.

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**FY 2011-12 FIGURE SETTING  
STAFF PRESENTATION TO THE JOINT BUDGET COMMITTEE**

**JBC Working Document: Decisions Subject to Change**

**DEPARTMENT OF HUMAN SERVICES  
(Mental Health and Alcohol and Drug Abuse Services)**

**Long Bill Footnotes**

Consistent with the Committee's action during figure setting for the Judicial Department, **staff recommends the following Long Bill Footnote:**

**Department of Corrections, Management, Executive Director's Office Subprogram; Department of Human Services, Mental Health and Alcohol and Drug Abuse Services, Alcohol and Drug Abuse Division; 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 Drug Offender Surcharge Fund, 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. This footnote ensures that the various agencies that receive appropriations from these funds coordinate their annual budget requests related to these funds.

**Requests for Information**

There were no RFI's specific to this division of DHS.