

The following file contains two documents:

- A memorandum to the Joint Budget Committee members dated January 22, 2014. This memorandum provides additional information and a revised staff recommendation for the Department of Human Services' Supplemental Request #12 – Behavioral Health Crisis Response System Delay.
- A document dated January 22, 2014, titled " Supplemental Requests for FY 2012-13 and FY 2013-14: Department of Human Services (Behavioral Health Services Only)". This document includes staff recommendations related the Department's supplemental requests concerning the Office of Behavioral Health.

# MEMORANDUM

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**TO:** Joint Budget Committee

**FROM:** Carolyn Kampman, JBC Staff

**SUBJECT:** Additional Information Concerning the Department of Human Services' Supplemental Request #12 – Behavioral Health Crisis Response System Delay

**DATE:** January 22, 2014

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The JBC staff document titled "Supplemental Requests for FY 2012-13 and FY 2013-14: Department of Human Services (Behavioral Health Services Only)", dated January 22, 2014, includes a description of the Department's supplemental request #12 [the discussion begins on page 10]. The Department requests reductions totaling \$10,131,955 General Fund for FY 2013-14 due to delays in the implementation of a behavioral health crisis response system pursuant to S.B. 13-266. Staff recommended approving this request, and staff further recommended reducing the appropriation for Community Transition Services by \$813,709 General Fund to reflect anticipated expenditures given implementation delays.

The staff recommendation was based on the implementation dates that were provided by the Department last Fall and the caseload and per unit costs that were used to calculate the initial appropriations. This memorandum includes updated information that has been provided by the Department concerning the implementation of these initiatives.

## **Updated Information Provided by Department Staff**

### *Assertive Community Treatment*

The Department indicates that it completed negotiations with the community mental health centers (CMHCs) on December 23, 2013, and the CMHC's began providing the additional assertive community treatment services on January 1, 2014. Thus, the Department anticipates spending the full FY 2013-14 appropriation of \$1,974,981 for the CMHCs to serve 429 additional clients at risk of institutionalization for six months (at an annual rate of \$9,207.37 per client). Based on this updated information, **staff now recommends maintaining the existing appropriation for these services** (rather than reducing the appropriation by \$329,164).

### *Alternative Living Residence*

The Department indicates that it is working with stakeholders and expects to have additional information and service implementation details for the legislature before figure setting (scheduled for March 5, 2014). Staff's initial recommendation for a \$338,577 reduction was based on a vendor beginning to provide services to 32 individuals on February 1, 2014, at a rate of \$347.83 per client per day. Based on the Department's updated information, it appears unlikely that services will begin February 1. Thus, staff believes that the initial recommendation is conservative and does not overstate the likely reversion from the appropriation for this service component.

January 22, 2014

*Intensive Case Management Services and Wrap-around Services*

The Department indicated the following: (1) the RFP for seven transition specialists and for wraparound funding was posted on December 20, 2013; (2) the Department expects to finalize the award and start the contract on February 15, 2014; and (3) the Department expects services to clients to begin March 3, 2014. Based on this updated information, **staff recommends a slightly smaller reduction in the funding for the transition specialists to reflect the February 15 contract start date** (a reduction of \$61,250 rather than \$81,667). Staff continues to recommend a \$64,301 reduction in the appropriation for wrap-around services as this amount is consistent with the March 3 start date for services to clients.

**Revised Staff Recommendation for S12:** Based on the updated information provided by the Department, staff recommends a reduction of \$464,128 in the General Fund appropriation for Community Transition Services (rather than \$813,709). As detailed in the following table, **staff now recommends General Fund reductions totaling \$10,596,084**. If information becomes available in the future that indicates that the Department will revert more of the appropriation than reflected in staff's revised recommendation, staff will bring this information to the Committee's attention.

<b>S12 Behavioral Health Crisis Response System Delay: REVISED Staff Recommendation</b>			
	<b>Appropriation</b>	<b>Anticipated Expenditures</b>	<b>Supplemental Recommendation</b>
<b>S.B. 13-266</b>			
State Program Coordinator - Personal Services and Operating Expenses	\$72,933	\$72,933	\$0
<i>Number of months of services</i>	9	4	
Crisis Response System - Stabilization Units, Mobile Response, Respite Services, and Marketing	\$17,672,420	\$8,498,133	(\$9,174,287)
Crisis Response System - Telephone Hotlines	<u>2,046,675</u>	<u>1,089,006</u>	<u>(957,669)</u>
Subtotal	19,792,037	9,660,076	(10,131,956)
<b>Community Transition Services</b>			
<i>Number of months of services</i>	6	6	
Assertive Community Treatment	1,974,981	1,974,981	(0)
<i>Number of months of services</i>	6	5	
Alternative Living Residences	2,031,350	1,692,773	(338,577)
<i>Number of months of services</i>	6	4.5	
Intensive Case Management	245,000	183,750	(61,250)
<i>Number of months of services</i>	6	4	
Wrap-around Services	<u>192,845</u>	128,544	(64,301)
Subtotal	4,444,176	3,980,048	(464,128)
<b>Total</b>	<b>\$24,236,213</b>	<b>\$13,640,124</b>	<b>(\$10,596,084)</b>
NOTE: Revisions are highlighted.			

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**SUPPLEMENTAL REQUESTS FOR FY 2012-13  
AND FY 2013-14**

**DEPARTMENT OF HUMAN SERVICES**

**(Behavioral Health Services Only)**

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

**Prepared By:  
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January 22, 2014**

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## **DEPARTMENT OF HUMAN SERVICES**

### **Department Overview**

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The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare activities of the State. The Department is also responsible for inspecting and licensing child care facilities. The Department operates two mental health institutes, three regional centers for persons with developmental disabilities, and ten institutions for juvenile delinquents. The Department also contracts for community-based behavioral health services for indigent individuals, contracts with community centered boards for services for persons with developmental disabilities, and contracts for the supervision and treatment of delinquent juveniles.

This staff document concerns the Office of Behavioral Health, which is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the State's public behavioral health system. Funding in this section supports community-based mental health and substance use disorder services for indigent individuals who are not eligible for Medicaid<sup>1</sup>. Funding in this section also supports administration and operation of the State's two mental health institutes, which provide inpatient hospitalization for individuals with serious mental illness. The institutes serve three populations: (a) individuals with pending criminal charges who require evaluations of competency to stand trial and those requiring services to restore competency; (b) individuals who have been found to be not guilty by reason of insanity; and (c) adults and adolescents who are referred for admission by the community mental health centers, county departments of social services, or the Division of Youth Corrections.

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

## Summary: FY 2012-13 Appropriation and Recommendation

Department of Human Services: Recommended Changes for FY 2012-13						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
<b>FY 2012-13 Appropriation</b>						
FY 2012-13 Appropriation	<u>\$198,183,081</u>	<u>\$131,593,922</u>	<u>\$17,369,647</u>	<u>\$13,783,520</u>	<u>\$35,435,992</u>	<u>1,230.0</u>
<b>Current FY 2012-13 Appropriation</b>	<b>\$198,183,081</b>	<b>\$131,593,922</b>	<b>\$17,369,647</b>	<b>\$13,783,520</b>	<b>\$35,435,992</b>	<b>1,230.0</b>
<b>Recommended Changes</b>						
Current FY 2012-13 Appropriation	\$198,183,081	131,593,922	\$17,369,647	\$13,783,520	\$35,435,992	1,230.0
Previously approved interim supplemental – Projected FY 2012-13 over-expenditures at the mental health institutes	<u>1,004,500</u>	<u>(360,000)</u>	<u>644,500</u>	<u>720,000</u>	<u>0</u>	<u>0.0</u>
<b>Recommended FY 2012-13 Appropriation</b>	<b>\$199,187,581</b>	<b>\$131,233,922</b>	<b>\$18,014,147</b>	<b>\$14,503,520</b>	<b>\$35,435,992</b>	<b>1,230.0</b>
<b>Recommended Increase/(Decrease)</b>	\$1,004,500	(\$360,000)	\$644,500	\$720,000	\$0	0.0
Percentage Change	0.5%	(0.3%)	3.7%	5.2%	0.0%	0.0%
<b>FY 2012-13 Executive Request</b>						
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

### Request/Recommendation Descriptions

**Previously approved interim supplemental – Projected FY 2012-13 over-expenditures at the mental health institutes:** The Committee approved this supplemental request in June 2013. The Department requested adjustments to four line item appropriations and the addition of a new line item appropriation to avoid projected over expenditures by the two mental health institutes in FY 2012-13. The required increases were financed through transfers from under-expended line items and additional Medicare and Medicaid revenue.

## Summary: FY 2013-14 Appropriation and Recommendation

Department of Human Services: Recommended Changes for FY 2013-14						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
<b>FY 2013-14 Appropriation</b>						
SB 13-230 (Long Bill)	\$208,295,172	\$141,435,991	\$17,368,821	\$14,350,731	\$35,139,629	1,234.7
Other legislation	<u>16,854,754</u>	<u>16,784,754</u>	<u>0</u>	<u>70,000</u>	<u>0</u>	<u>0.7</u>
<b>Current FY 2013-14 Appropriation</b>	<b>\$225,149,926</b>	<b>\$158,220,745</b>	<b>\$17,368,821</b>	<b>\$14,420,731</b>	<b>\$35,139,629</b>	<b>1,235.4</b>

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<b>Department of Human Services: Recommended Changes for FY 2013-14</b>						
	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FTE</b>
<b>Recommended Changes</b>						
Current FY 2013-14 Appropriation	\$225,149,926	158,220,745	\$17,368,821	\$14,420,731	\$35,139,629	1,235.4
S5 Mental health institutes medical services	1,329,390	1,329,390	0	0	0	0.0
S7 Mental health institutes revenue adjustment	0	1,868,032	(2,091,431)	223,399	0	0.0
S12 Behavioral health crisis response system delay	(10,945,664)	(10,945,664)	0	0	0	0.0
Staff-initiated 1 Technical correction to Long Bill footnote	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
<b>Recommended FY 2013-14 Appropriation</b>	<b>\$215,533,652</b>	<b>\$150,472,503</b>	<b>\$15,277,390</b>	<b>\$14,644,130</b>	<b>\$35,139,629</b>	<b>1,235.4</b>
<b>Recommended Increase/(Decrease)</b>	(\$9,616,274)	(\$7,748,242)	(\$2,091,431)	\$223,399	\$0	0.0
Percentage Change	(4.3%)	(4.9%)	(12.0%)	1.5%	0.0%	0.0%
<b>FY 2013-14 Executive Request</b>	<b>\$216,347,361</b>	<b>\$151,286,212</b>	<b>\$15,277,390</b>	<b>\$14,644,130</b>	<b>\$35,139,629</b>	<b>1,235.4</b>
Request Above/(Below) Recommendation	\$813,709	\$813,709	\$0	\$0	\$0	0.0

### Request/Recommendation Descriptions

**S5 Mental health institutes medical services:** The request includes an increase of \$1,329,390 General Fund for the mental health institutes, including: (1) an increase of \$2,257,186 for contract medical staff, contract medical services, catastrophic medical expenses, and related ancillary services; and (2) a decrease of \$927,796 General Fund for the purchase of medications for patients. The recommendation includes the requested adjustments.

**S7 Mental health institutes revenue adjustment:** The request includes adjustments to appropriations for the mental health institutes to reflect updated revenue estimates and to ensure that both institutes have sufficient revenues to cover FY 2013-14 operational expenses. These adjustments require an increase of \$1,979,029 General Fund, including \$1,868,032 for the Department of Human Services and \$110,997 for the Department of Health Care Policy and Financing. The recommendation includes the requested adjustments.

**S12 Behavioral health crisis response system delay:** The request includes reductions totaling \$10,131,955 General Fund for FY 2013-14 due to a delay in the implementation of a behavioral health crisis response system pursuant to S.B. 13-266. The recommendation includes the requested reductions, as well as further reductions totaling \$813,709 General Fund to reflect delays in the implementation of the Department's plan to provide intensive behavioral services and supports for individuals transitioning from the mental health institutes to the community.

**Staff-initiated 1 Technical correction to Long Bill footnote:** The recommendation includes a technical correction to a Long Bill footnote to correctly reference the relevant line item appropriation and to correct a grammatical error.

## Prioritized Supplemental Requests

### SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #5 MENTAL HEALTH INSTITUTES MEDICAL SERVICES

	Request	Recommendation
<b>Total</b>	<b><u>\$1,329,390</u></b>	<b><u>\$1,329,390</u></b>
FTE	0.0	0.0
General Fund	1,329,390	1,329,390
Cash Funds	0	0
Federal Funds	0	0

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff and the Department agree that this request is the result of new data.	

**Department Request:** The Department requests an increase of \$1,329,390 General Fund for the mental health institutes, including: (1) an increase of \$2,257,186 for contract medical staff, contract medical services, catastrophic medical expenses, and related ancillary services; and (2) a decrease of \$927,796 General Fund for the purchase of medications for patients.

**Staff Recommendation:** Staff recommends approving the request.

### Staff Analysis:

#### *Background Information – Outside Medical Care*

The mental health institutes are responsible for providing the proper behavioral and medical treatment necessary to promote a patient's best health outcomes and recovery. This includes arranging medical treatment for physical ailments or injuries that occur during a patient's stay that the institutes are not equipped or licensed to provide. The institutes contract with local hospitals and medical providers to provide services such as medical resonance imaging (MRI), radiology, cardiology, laboratory tests, computed tomography (CT) scans, and inpatient surgical and medical procedures. Outside medical costs also include related ancillary services such as ambulance services, sitters<sup>2</sup>, lab services, and interpreter services.

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<sup>2</sup> A "sitter" is required to attend to the patient 24 hours per day for the duration of the hospital stay.

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While Medicaid is the primary payer of mental health services in community settings, most services provided by the institutes are ineligible for Medicaid funding. Since 1965, federal law has not allowed Medicaid reimbursements for patients aged 21 through 64 served by institutes of mental disease (IMD). This IMD applies to both mental health institutes.

The institutes work with local medical providers and negotiate rates for services. Due to the relatively low number of patients and the low Medicaid reimbursement rate, most providers will not contract with the institutes for the Medicaid rate. As a result, the institutes generally pay the lesser of actual charges for services or a negotiated rate that is approximately 160 percent of the Medicaid rate.

*Department Request*

The Department requests an increase of \$1,329,390 General Fund for the mental health institutes for FY 2013-14, including an increase of \$2,257,186 for personal services and a reduction of \$927,796 General Fund for pharmaceuticals. These adjustments, along with similar adjustments that have been requested for FY 2014-15, are detailed in the following table. A description of each component follows the table.

<b>Supplemental Request Priority 5: Mental Health Institutes Medical Services</b>						
<b>Line Item</b>	<b>FY 2013-14</b>			<b>FY 2014-15</b>		
	<b>Fort Logan</b>	<b>Pueblo</b>	<b>Total</b>	<b>Fort Logan</b>	<b>Pueblo</b>	<b>Total</b>
Personal Services:						
Catastrophic medical expenses	\$0	\$633,711	\$633,711	\$0	\$0	\$0
Contract medical services	43,685	46,157	89,842	0	0	0
Laboratory tests, ambulance services, sitters, and translators	43,048	63,503	106,551	0	0	0
Contract medical staff	56,835	1,268,620	1,325,455	102,122	1,397,704	1,499,826
On-call/ on-duty pay	<u>101,627</u>	<u>0</u>	<u>101,627</u>	<u>101,627</u>	<u>0</u>	<u>101,627</u>
Subtotal: Personal Services	245,195	2,011,991	2,257,186	203,749	1,397,704	1,601,453
Pharmaceuticals	115,499	(1,043,295)	(927,796)	198,083	(849,000)	(650,917)
<b>Total Requested Change</b>	<b>\$360,694</b>	<b>\$968,696</b>	<b>\$1,329,390</b>	<b>\$401,832</b>	<b>\$548,704</b>	<b>\$950,536</b>

Personal Services

The Personal Services line item appropriation for each institute covers employee compensation, as well as contractual expenses for medical and other services that are not performed by institute employees. If these types of expenses are higher than anticipated, the institutes may be required to hold staff positions vacant in order to cover the additional costs. This affects the institutes' ability to efficiently fill positions and to maintain the staffing levels necessary to promote the health and recovery of their patients.

*Catastrophic medical expenses (\$633,711).* The Department indicates that beginning in July 2013 a critically ill patient at the Pueblo institute required a surgical procedure related to an aortic valve stem. The cost for this one procedure was \$112,859 after negotiated discounts were applied. In addition, the Pueblo institute has an additional \$119,000 in medical invoices related to patients who have received critical care at local hospitals. The outstanding invoices, in

conjunction with monthly expenditures to date, create a projected FY 2013-14 over expenditure of \$633,711.

*Contract medical services (\$89,842).* Both institutes utilize contracted medical services to operate on-site medical clinics. The clinics provide care to the patients in medical specialty areas including dermatology, podiatry, optometry, and urology. Utilization of the clinics is dependent upon patient need. Additionally, the institutes use contracted medical providers to deliver electroencephalography (EEG) readings, radiology services, pathology services, and anesthesiology. The overall projected FY 2013-14 over expenditure for these services at both institutes is \$89,842.

*Laboratory tests, ambulance services, sitters, and translators (\$106,551).* The Department indicates that both institutes continue to incur on-going costs and increased utilization related to outside laboratory tests, ambulance services, sitters, and translation services. The Department projects an over expenditure of \$106,551 for these services, including the following:

- \$38,954 for interpreter services;
- \$25,000 for sitter services;
- \$21,331 for laboratory services; and
- \$21,266 for ambulance services.

With respect to interpreter services, the Fort Logan institute has had a high number of patients who require hearing interpreter services or language interpreter services in a variety of languages. To date for FY 2013-14, the cost of interpreter services has ranged from \$795 in August to \$28,564 in October. The Department projects an over expenditure of \$38,954 for interpreter services.

The Department is also projecting higher than anticipated expenditures for services that are connected to patients' access to outside medical care. The projected over expenditures for sitter services, laboratory services, and ambulance services total \$67,597.

*Contract medical staff (\$1,325,455).* Both institutes contract with the University of Colorado-Denver (UCD) for staff physicians and mid-level medical professionals to provide on-site medical care to patients. The Fort Logan institute also contracts with several medical staffing agencies for nursing staff to cover shifts, off-grounds coverage, and scheduling shortages caused by modified duty, training, and sick and annual leave. The FY 2013-14 supplemental request includes \$1,325,455 to cover increases in contract medical staff utilization and contract rates, including \$787,809 for physicians and \$537,646 for nurses and other medical providers. The Department is requesting continuation of this increase in FY 2014-15.

The requested amount includes funding for a 3.0 percent increase in contract rates. Following several years in which the UCD contract physician pay has remained flat, UCD requested that contract physician pay be increased in FY 2013-14 by an amount commensurate with the salary increases that were provided for state employees. Given the increasing challenge of recruiting and retaining quality contract physicians and mid-level providers through UCD, and Department

agreed to increase the contract rates by a maximum of 3.0 percent for FY 2013-14. The institutes have not historically included UCD contract staff in the Department's request for provider rate increases, so it is requesting a mid-year increase for FY 2013-14. For FY 2014-15, the Department requests an increase of \$174,370 to provide another 1.5 percent contract rate increase. In the future, the Department plans to include UCD provider rate increases as part of the Department's annual provider rate increase request.

*On-call/ on-duty pay (\$101,627).* Physician coverage is required at both institutes 24 hours a day. Contracted on-call or on-duty pay is used to provide physician coverage at night, on weekends and on holidays. The Fort Logan institute has been increasingly challenged to hire physicians to provide this critical coverage, and has been forced to recruit and hire resident physicians-in-training. Even among the resident physicians-in-training, the turnover is very high and fewer resident physicians are applying at the institute. The Fort Logan institute generally offers \$40-45 per hour for on-call or on-duty pay. The Department indicates that within the metro area, the average hourly rate for on-call/on-duty physicians paid by hospitals, acute psychiatric hospital units, emergency rooms, and urgent care facilities is \$100. In order to ensure adequate coverage, the Fort Logan institute needs to offer a more competitive rate. The Department requests \$101,627 to increase the hourly rate by \$25. The Department requests continuation of this funding in FY 2014-15.

#### Pharmaceuticals

The Pharmaceuticals line item appropriation for each institute covers the cost of purchasing medications for institute patients, including psychiatric medications, over-the-counter medications, and medications for specific medical conditions. The Department indicates that pharmaceutical expenses are difficult to forecast due to changing patient needs, variability in prescription drug prices, and changes in the availability of generic medications.

The Department is requesting an increase of \$115,499 to cover higher than anticipated pharmaceutical expenses at the Fort Logan institute for two primary reasons.

- In FY 2012-13, Fort Logan institute received pharmaceutical vouchers for Risperdal Consta (approved for treatment of schizophrenia and for the maintenance treatment of Bipolar I Disorder). Since the introduction of Invega Sustenna (a newer schizophrenia medication supplied through the same company), the vouchers for Risperdal Consta are no longer available.
- The generic long acting Prolixin is no longer available and the company is not sure when it will become available again. This has increased the usage of non-generic medications.

For FY 2014-15, the Department is requesting that this increase be sustained plus an additional 6.5 percent increase to cover projected medical inflation.

The Department is also requesting a decrease of \$1,043,295 to reflect lower projected pharmaceutical expenses at the Pueblo institute. This under expenditure is primarily due to the availability of generic atypical antipsychotic medications. The Department has reduced its request for pharmaceuticals for the Pueblo institute for FY 2014-15 by \$849,000.

*Staff Recommendation*

Staff recommends making the requested adjustments to ensure that both institutes have sufficient funding to cover medical expenditures, and to reallocate funds among line items to better reflect anticipated expenditures.

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #7  
MENTAL HEALTH INSTITUTES REVENUE ADJUSTMENT**

	Request	Recommendation
<b>Total</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
FTE	0.0	0.0
General Fund	1,868,032	1,868,032
Cash Funds	(2,091,431)	(2,091,431)
Reappropriated Funds	223,399	223,399
Federal Funds	0	0
<i>Net General Fund</i>	<i>1,979,029</i>	<i>1,979,029</i>

\*Net General Fund equals the General Fund appropriation to the Department of Human Services plus the General Fund appropriation component of moneys reappropriated to the Department of Human Services by the Department of Health Care Policy and Financing.

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff and the Department agree that this request is the result of new data.	

**Department Request:** The Department requests adjustments to appropriations for the mental health institutes to reflect updated revenue estimates and to ensure that both institutes have sufficient revenues to cover operational expenses. These adjustments require a total increase of \$1,979,029 General Fund.

**Staff Recommendation:** Staff recommends that the Committee approve the request.

**Staff Analysis:** The mental health institutes at Fort Logan and Pueblo receive revenues from various sources, including: patient payments (typically from disability benefits); Medicare; Medicaid; commercial insurance (e.g., Blue Cross, Kaiser); and other State agencies (e.g., the Departments of Corrections and Education) to pay for the cost of patient care. The Department typically submits a supplemental request and a budget amendment each year to adjust revenue sources based on the patient mix and any changes to Medicare and Medicaid reimbursements.

For FY 2013-14, the Department requests an adjustment for the two mental health institutes to reflect updated revenue estimates. As detailed in the following table, the request equals a net

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change of zero total funds for the FY 2013-14 Human Services budget, and an increase of \$221,994 total funds (including \$110,997 General Fund) for the FY 2013-14 Health Care Policy and Financing (HCPF) budget. The result is an overall General Fund increase of \$1,979,029.

<b>FY 2013-14 Mental Health Institutes Revenue Adjustment Request</b>			
	<b>Fort Logan</b>	<b>Pueblo</b>	<b>Total</b>
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
General Fund	258,823	1,609,209	1,868,032
Cash Funds	(238,049)	(1,853,382)	(2,091,431)
Reappropriated Funds	(20,774)	244,173	223,399
<i>Net General Fund</i>	<i>258,823</i>	<i>1,720,206</i>	<i>1,979,029</i>

\*Net General Fund equals the General Fund appropriation to the Department of Human Services plus the General Fund appropriation component of moneys reappropriated to the Department of Human Services from the Department of Health Care Policy and Financing.

The request includes a companion budget amendment to reflect the same revenue adjustments in the FY 2014-15 appropriation.

The Department's initial revenue estimate was based on revenues earned the previous 12 months (October 2012 through September 2013). This supplemental request is based on revenues earned from July 2013 through November 2013. The following table details the changes in estimated earned revenue.

<b>FY 2013-14 Mental Health Institutes' Requested/Recommended Revenue Changes</b>	
<b>Reason for Adjustment</b>	<b>Amount</b>
Decrease in revenue from Medicare A and B claims based on patient mix, eligible Medicare benefits, number of billable days, and rate changes	(\$2,196,493)
Increase in revenue from patient fees, commercial insurance, court payments, and Medicare Part D revenue from prescription drug plans	105,062
<b>Total Cash Funds</b>	<b>(2,091,431)</b>
Increase in revenue from Medicaid fee-for-service payments made to the institutes for the provision of services for the Division of Youth Corrections and the Institute for Forensic Psychiatry at the Pueblo institute	221,994*
Decrease in Medicaid capitation revenue from Behavioral Health Organizations (BHOs) due to a decrease in the number of billable days at the Pueblo institute	(3,614)
Increase in revenue transferred from the Department of Education for students receiving services at the Pueblo institute due to an increase in the number of student days	5,019
<b>Total Reappropriated Funds</b>	<b>\$223,399</b>
<b>Total Adjusted Earned Revenue</b>	<b>(\$1,868,032)</b>

\*Please note that this amount includes \$110,997 General Fund in the HCPF budget.

As detailed in the above table, the cash fund appropriations to the institutes for FY 2013-14 overstate current revenue estimates by \$2,091,431, and the reappropriated funds reflected in the FY 2013-14 appropriation understate current revenue estimates by \$223,399. Thus, the Department anticipates that the institutes will require an additional \$1,868,032 General Fund for FY 2013-14 to prevent an operating shortfall of \$1,868,032.

*Staff Recommendation*

Staff recommends that the Committee approve the Department's request to reflect updated projections of revenues and ensure that both institutes have sufficient funding to cover operating expenses.

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**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #12  
BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM DELAY**

	Request	Recommendation
<b>Total</b>	<b><u>(\$10,131,955)</u></b>	<b><u>(\$10,945,665)</u></b>
FTE	0.0	0.0
General Fund	(10,131,955)	(10,945,665)
Cash Funds	0	0
Reappropriated Funds	0	0
Federal Funds	0	0

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff and the Department agree that this request is the result of an unforeseen contingency.	

**Department Request:** The Department requests reductions totaling \$10,131,955 General Fund for FY 2013-14 due to delays in the implementation of a behavioral health crisis response system pursuant to S.B. 13-266.

**Staff Recommendation:** Staff recommends that the Committee approve the request. In addition, staff recommends that the Committee reduce the General Fund appropriation for Community Transition Services for FY 2013-14 by a total of \$813,709 to reflect anticipated expenditures given implementation delays. Please note that staff's recommendation is based on information available as of the date this document was published (January 20, 2014). If information becomes available that indicates it is likely that the Department will revert more or less of the funds appropriated in S.B. 13-266 and in the Long Bill for Community Transition Services, staff will bring this information to the Committee's attention.

## **Staff Analysis:**

### *Background Information – Senate Bill 13-266*

In response to a budget request submitted by the Department of Human Services last year (R3C), the General Assembly passed S.B. 13-266. This act directs the Department to issue a request for proposal (RFP) to entities with the capacity to create a coordinated and seamless behavioral health crisis response system to provide crisis intervention services for communities throughout the state. The act defines "crisis intervention services" to mean an array of integrated services that are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency.

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

- A twenty-four-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals.
- Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.
- Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis.
- Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements.
- A public information campaign.

The act appropriates a total of \$19,792,028 General Fund and 0.9 FTE to the Department for FY 2013-14, including:

- \$17,672,420 for crisis stabilization units, mobile response, respite services, and marketing;
- \$2,046,675 for crisis response system telephone hotlines; and
- \$72,933 and 0.9 FTE for administrative expenses.

Funding for the contracted services was provided for nine months, and the new staff position was funded for 11 months (due to the paydate shift).

As described in staff's December 10, 2013, budget briefing document, none of the crisis response system contracts have been awarded. On November 1, 2013, the Department issued a statement that the RFP for combined services was "a failed solicitation" based on an independent, comprehensive review by the Department of Personnel and Administration (DPA). Subsequently, based on a DPA review of the RFPs for marketing and the 24/7 hotline, the Department determined that these were also failed solicitations. A new RFP for combined services was completed and released on November 22, 2013, and new RFPs for the 24/7 hotline and for marketing were released December 6, 2013. As of last December, the Department anticipated that the combined services contract would be awarded by January 31, 2014, and that all contracts for the crisis response system would be signed and the system will begin operations in March 2014.

However, Crisis Access, LLC (the bidder that was initially awarded the combined services contract) protested the Department's decision to cancel the initial solicitation and to initiate a new solicitation. The DPA denied this protest, and Crisis Access appealed this denial on December 5, 2013. At a hearing on January 9, 2014, Denver District Judge Herbert Stern did not rule on Crisis Access' request for an injunction but he "strongly suggested" that the Department of Human Services wait to announce contract awards pursuant to the second solicitation. A hearing is scheduled for mid-February to consider the request for a preliminary injunction enjoining the Department from continuing with the new crisis services RFP.

*Background Information – Funding for Community Transition Services*

In response to a budget request submitted by the Department of Human Services last year (R3B), the General Assembly appropriated \$4.4 million General Fund for FY 2013-14 to provide intensive behavioral services and supports for individuals transitioning from the mental health institutes to the community. As detailed in the following table, the \$4.4 million was intended to support: assertive community treatment, alternative living residences, intensive case management services, and wrap-around services for six months in FY 2013-14 and for a full 12 months in FY 2014-15.

<b>Community Transition Services Funding Components</b>		
	<b>FY 2013-14</b>	<b>FY 2014-15</b>
Assertive community treatment	\$1,974,981	\$3,949,962
Alternative living residences	2,031,350	4,062,700
Intensive case management	245,000	490,000
Wrap-around services	192,845	385,690
Provider rate increase, FY 2014-15	<u>0</u>	<u>133,325</u>
<b>Total General Fund</b>	<b>\$4,444,176</b>	<b>\$9,021,677</b>

Each component is described below, along with information about the implementation status. Please note that the dates listed below were provided by the Department last Fall for purposes of staff's December 10, 2013, Budget Briefing document (see pages 20 through 23). As of the date this document was published (January 20, 2014), staff does not have any updated information concerning the timing and details of the Department's contracts related to this appropriation.

- **Assertive Community Treatment:** Assertive Community Treatment (ACT) provides clinical, emergency, rehabilitation, and support in the community in a way that emphasizes outreach, relationship building, individual-based services, and recovery. Funding for ACT was significantly increased to serve individuals transitioning from the Institutes and to assist communities with reducing hospitalizations. The Department planned to directly contract with the 17 community mental health centers (CMHCs) and thus was not required to prepare an RFP for this portion of the initiative. The Department completed negotiations with the CMHCs and all contracts were anticipated to be signed by mid-December 2013. The CMHCs are anticipated to begin providing ACT to 429 additional clients at risk of institutionalization in February 2014 at a rate of \$9,207.37 per client per year.
  
- **Alternative Living Residence:** The step-down residential and short-term residential services component of this initiative will be targeted to 32 individuals within the group of new ACT clients who have an impaired ability to live independently. Clients will receive room and board, protective oversight, personal services, and social care. The Department has been reviewing potential service options in light of the *Olmstead* decision since other states have recently added less restrictive housing for similar individuals. The *Olmstead* decision requires states to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs and the federal Department of Justice is aggressively enforcing it. The Department planned to issue an RFP in December 2013, make a vendor award by January 31, 2014, and have the vendor begin providing services in February 2013 at a rate of \$347.83 per client per day. To staff's knowledge, no RFP has been released to date.
  
- **Intensive Case Management Services and Wrap-around Services:** Transition specialist services under this contract will include assisting with client transition from hospitalization, benefit acquisition, and coordinating various services and funding sources for the 429 clients added in ACT. The Department planned to issue an RFP for seven transition specialists and for wrap-around funding in November 2013, and for services to begin in March 2014. It was anticipated that seven transition specialists would be contracted at an annual rate of \$70,000 per specialist, and wrap-around services to assist with overcoming barriers to re-entry into the community would be provided for 52 of the clients added in ACT. Wrap-around services are anticipated to include: individualized mentoring; funding for structured activities (recreation, education and training); transportation to promote engagement in treatment and community integration; substance use testing; smoking cessation; respite care for the caretakers of clients; and other individualized treatment services to address other community placement barriers. The Department estimated costs of \$618 per client per month.

*JBC Staff Supplemental Recommendations: FY 2013-14  
Staff Working Document – Does Not Represent Committee Decision*

*Staff Recommendation*

The following table details staff's recommendations for S12.

<b>S12 Behavioral Health Crisis Response System Delay: Staff Recommendation</b>			
	<b>Appropriation</b>	<b>Anticipated Expenditures</b>	<b>Supplemental Recommendation</b>
<b>S.B. 13-266</b>			
State Program Coordinator - Personal Services and Operating Expenses	\$72,933	\$72,933	\$0
<i>Number of months of services</i>	9	4	
Crisis Response System - Stabilization Units, Mobile Response, Respite Services, and Marketing	\$17,672,420	\$8,498,133	(\$9,174,287)
Crisis Response System - Telephone Hotlines	<u>2,046,675</u>	<u>1,089,006</u>	<u>(957,669)</u>
Subtotal	19,792,037	9,660,076	(10,131,956)
<b>Community Transition Services</b>			
<i>Number of months of services</i>	6	5	
Assertive Community Treatment	1,974,981	1,645,817	(329,164)
Alternative Living Residences	2,031,350	1,692,773	(338,577)
<i>Number of months of services</i>	6	4	
Intensive Case Management	245,000	163,333	(81,667)
Wrap-around Services	<u>192,845</u>	<u>128,544</u>	<u>(64,301)</u>
Subtotal	4,444,176	3,630,467	(813,709)
<b>Total</b>	<b>\$24,236,213</b>	<b>\$13,290,543</b>	<b>(\$10,945,665)</b>

With respect to the appropriation in S.B. 13-266, staff does not have any information as of the date this document was published (January 20, 2014) to indicate whether the Department has changed its plans concerning the timing of contract awards pursuant to the second round of RFPs. Based on the information available at this time, staff recommends approving the Department's supplemental request. If information becomes available that indicates it is likely that the Department will revert even more of the appropriation in S.B. 13-266 than reflected in this supplemental request, staff will bring this information to the Committee's attention.

Staff's calculation of the anticipated expenditures from the appropriations in S.B. 13-266 are consistent with the Department's supplemental request. The request is based on the assumption that services will begin March 1, 2014. Consistent with the Legislative Council Staff fiscal note for S.B. 13-266, the anticipated expenditures continue to include start-up costs totaling \$881,575 in FY 2013-14.

In addition, please note that the Legislative Council Staff fiscal note for S.B. 13-266 assumed that \$600,000 would be expended for the marketing component of the crisis response system in both FY 2013-14 and FY 2014-15, even though the contract was only anticipated to be in place for nine months in FY 2013-14. The Department indicates that it still plans to award a full \$600,000 to the vendor for marketing in FY 2013-14, even though the contract is now only

anticipated to be effective for four months. The Department's goal is to focus on awareness in FY 2013-14 and the full funding would allow the vendor to "saturate the market".

Staff's calculations of anticipated expenditures from the Long Bill appropriation for Community Transition Services are based on the implementation dates that were provided by the Department last Fall and the caseload and per unit costs that were used to calculate the initial appropriation. If information becomes available that indicates it is likely that the Department will revert more or less of the appropriation than reflected in staff's recommendation, staff will bring this information to the Committee's attention.

## Non-prioritized Supplemental Requests

### JBC STAFF-INITIATED SUPPLEMENTAL #1 TECHNICAL CORRECTION TO LONG BILL FOOTNOTE

	Request	Recommendation
<b>Total</b>	N/A	\$0

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff is recommending this change due to a technical error in drafting the FY 2013-14 Long Bill.	

**Department Request:** The Department did not request this change. However, the Department is aware of and supports staff's recommendation.

The FY 2013-14 Long Bill includes a new \$500,000 General Fund appropriation with a corresponding footnote to specify the General Assembly's intent that the moneys be used to provide a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley. However, this footnote is referenced to the Co-occurring Behavioral Health Services section of the FY 2013-14 Long Bill, which includes three line item appropriations: (1) \$3,013,790 transferred from the Judicial Department for substance use disorder services for offenders; (2) \$4,444,176 General Fund for community-based services for individuals transitioning from the mental health institutes to the community; and (3) a new \$500,000 General Fund appropriation titled "Co-occurring Behavioral Health Services". It is staff's understanding that the Committee intended that this footnote apply only to the latter line item.

The Department is administering this funding in a manner consistent with the Committee's intent. Specifically, the Department awarded these funds to Crossroads' Turning Point, Inc. (CTP), a partner in Signal Behavioral Health Network, Inc., as a result of the request for proposal process. CTP is expected to use the funds for co-occurring substance use and mental health treatment services, including outpatient-based services with a combination of individual and

group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy, substance use testing, and other similar services. CTP will be required to provide these services in southern Colorado and the Arkansas Valley in accordance with State regulations and reporting requirements. The Department should be able to provide data next year concerning the adolescents, transition-aged youth, and adults with mental health and substance related disorders served to inform the Committee about the impact of this new line item appropriation.

**Staff Recommendation:** Staff recommends amending the Long Bill footnote to correctly reference only the \$500,000 appropriation, and correct a grammatical error as follows:

**29 Department of Human Services, Behavioral Health Services, Co-occurring Behavioral Health Services, CO-OCCURRING BEHAVIORAL HEALTH SERVICES --** It is the intent of the General Assembly THAT this appropriation be used for the purpose of providing a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley.

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**PREVIOUSLY APPROVED INTERIM SUPPLEMENTAL  
 PROJECTED FY 2012-13 OVER-EXPENDITURES AT THE MENTAL  
 HEALTH INSTITUTES**

FY 2012-13	Previously Approved
<b>Total</b>	<b><u>\$1,004,500</u></b>
General Fund	(360,000)
Cash Funds	644,500
Reappropriated Funds	720,000
<i>Net General Fund*</i>	<i>\$0</i>

\*Net General Fund equals the General Fund appropriation to the Department of Human Services plus the General Fund appropriation component of moneys reappropriated to the Department of Human Services from the Department of Health Care Policy and Financing.

**Summary:** The Committee approved this supplemental request in June 2013. The Department requested adjustments to four line item appropriations and the addition of a new line item appropriation to avoid projected over expenditures by the two mental health institutes in FY 2012-13. The required increases are financed through transfers from under-expended line items and additional Medicare and Medicaid revenue. The following table details the appropriation adjustments and the new appropriation approved by the Committee for the Department of Human Services.

*JBC Staff Supplemental Recommendations: FY 2013-14*  
*Staff Working Document – Does Not Represent Committee Decision*

<b>Department of Human Services</b>				
<b>JBC Approved Adjustments to FY 2012-13 Appropriations</b>				
<b>Division, Line Item</b>	<b>Total</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reapprop. Funds</b>
Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes, Mental Health Institute – Ft. Logan Personal Services	\$816,100	\$317,000	\$499,100	\$0
Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes, Mental Health Institute – Ft. Logan Pharmaceuticals	(317,000)	(317,000)	0	0
Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes, Mental Health Institute – Pueblo Personal Services	617,800	(107,000)	4,800	720,000
Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes, Mental Health Institute – Pueblo Pharmaceuticals	(253,000)	(253,000)	0	0
Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes, Medicaid Repayment (new line item)	140,600	0	140,600	0
<b>Total FY 2012-13 Adjustments</b>	<b>\$1,004,500</b>	<b>(\$360,000)</b>	<b>\$644,500</b>	<b>\$720,000</b>

The rules governing interim supplementals in Section 24-75-111 (5), C.R.S., require the Committee to introduce all interim supplementals that it approves. Staff will include the above FY 2012-13 adjustments in the Department’s supplemental bill for the 2014 legislative session.

## Statewide Common Policy Supplemental Requests

These requests are not prioritized and are not analyzed in this packet. The JBC will act on these items later when it makes decisions regarding common policies.

<b>Department's Portion of Statewide Supplemental Request</b>	<b>Total</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reapprop. Funds</b>	<b>Federal Funds</b>	<b>FTE</b>
Mail, postage, and envelope supplemental	\$1,014	\$913	\$101	\$0	\$0	0.0
<b>Department's Total Statewide Supplemental Requests</b>	<b>\$1,014</b>	<b>\$913</b>	<b>\$101</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

**Staff Recommendation:** The staff recommendation for these requests is pending Committee approval of common policy supplementals. Staff asks permission to include the corresponding appropriations in the Department's supplemental bill when the Committee approves this common policy supplemental. If staff believes there is reason to deviate from the common policy, staff will appear before the Committee later to present the relevant analysis.

**JBC Staff Supplemental Recommendations - FY 2013-14**  
**Staff Working Document - Does Not Represent Committee Decision**

**Appendix A: Number Pages**

	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2013-14 Requested Change</b>	<b>FY 2013-14 Rec'd Change</b>	<b>FY 2013-14 Total W/ Rec'd Change</b>
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**DEPARTMENT OF HUMAN SERVICES**  
**Reggie Bicha, Executive Director**

**S5 Mental health institutes medical services**

**(8) OFFICE OF BEHAVIORAL HEALTH**

**(C) Mental Health Institutes**

Mental Health Institute - Ft. Logan Personal Services	<u>18,927,495</u>	<u>18,074,275</u>	<u>245,195</u>	<u>245,195</u>	<u>18,319,470</u>
FTE	224.4	216.4	0.0	0.0	216.4
General Fund	16,140,698	15,833,822	245,195	245,195	16,079,017
Cash Funds	2,734,268	2,187,924	0	0	2,187,924
Reappropriated Funds	52,529	52,529	0	0	52,529
Mental Health Institute - Ft. Logan Pharmaceuticals	<u>805,441</u>	<u>1,155,027</u>	<u>115,499</u>	<u>115,499</u>	<u>1,270,526</u>
General Fund	667,543	1,017,128	115,499	115,499	1,132,627
Cash Funds	107,007	107,007	0	0	107,007
Reappropriated Funds	30,891	30,892	0	0	30,892
Mental Health Institute - Pueblo Personal Services	<u>65,591,227</u>	<u>63,953,167</u>	<u>2,011,991</u>	<u>2,011,991</u>	<u>65,965,158</u>
FTE	954.7	955.4	0.0	0.0	955.4
General Fund	53,694,988	51,238,570	2,011,991	2,011,991	53,250,561
Cash Funds	6,745,490	6,493,976	0	0	6,493,976
Reappropriated Funds	5,150,749	6,220,621	0	0	6,220,621
Mental Health Institute - Pueblo Pharmaceuticals	<u>2,930,675</u>	<u>4,029,321</u>	<u>(1,043,295)</u>	<u>(1,043,295)</u>	<u>2,986,026</u>
General Fund	2,321,479	3,385,632	(1,043,295)	(1,043,295)	2,342,337
Cash Funds	297,405	297,405	0	0	297,405
Reappropriated Funds	311,791	346,284	0	0	346,284

***JBC Staff Supplemental Recommendations - FY 2013-14***  
***Staff Working Document - Does Not Represent Committee Decision***

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	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2013-14 Requested Change</b>	<b>FY 2013-14 Rec'd Change</b>	<b>FY 2013-14 Total W/ Rec'd Change</b>
<b>Total for S5 Mental health institutes medical services</b>	88,254,838	87,211,790	1,329,390	1,329,390	88,541,180
<i>FTE</i>	<u>1,179.1</u>	<u>1,171.8</u>	<u>0.0</u>	<u>0.0</u>	<u>1,171.8</u>
General Fund	72,824,708	71,475,152	1,329,390	1,329,390	72,804,542
Cash Funds	9,884,170	9,086,312	0	0	9,086,312
Reappropriated Funds	5,545,960	6,650,326	0	0	6,650,326

**JBC Staff Supplemental Recommendations - FY 2013-14**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2013-14 Requested Change	FY 2013-14 Rec'd Change	FY 2013-14 Total W/ Rec'd Change
<b>S7 Mental health institutes revenue adjustment</b>					
<b>(8) OFFICE OF BEHAVIORAL HEALTH</b>					
<b>(C) Mental Health Institutes</b>					
Mental Health Institute - Ft. Logan Personal Services	<u>18,927,495</u>	<u>18,074,275</u>	<u>0</u>	<u>0</u>	<u>18,074,275</u>
FTE	224.4	216.4	0.0	0.0	216.4
General Fund	16,140,698	15,833,822	258,823	258,823	16,092,645
Cash Funds	2,734,268	2,187,924	(238,049)	(238,049)	1,949,875
Reappropriated Funds	52,529	52,529	(20,774)	(20,774)	31,755
Mental Health Institute - Pueblo Personal Services	<u>65,591,227</u>	<u>63,953,167</u>	<u>0</u>	<u>0</u>	<u>63,953,167</u>
FTE	954.7	955.4	0.0	0.0	955.4
General Fund	53,694,988	51,238,570	1,614,228	1,614,228	52,852,798
Cash Funds	6,745,490	6,493,976	(1,853,382)	(1,853,382)	4,640,594
Reappropriated Funds	5,150,749	6,220,621	239,154	239,154	6,459,775
Mental Health Institute - Pueblo Educational Programs	<u>433,739</u>	<u>138,640</u>	<u>0</u>	<u>0</u>	<u>138,640</u>
FTE	2.2	2.7	0.0	0.0	2.7
General Fund	38,214	39,574	(5,019)	(5,019)	34,555
Reappropriated Funds	99,066	99,066	5,019	5,019	104,085
Federal Funds	296,459	0	0	0	0

***JBC Staff Supplemental Recommendations - FY 2013-14***  
***Staff Working Document - Does Not Represent Committee Decision***

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	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2013-14 Requested Change	FY 2013-14 Rec'd Change	FY 2013-14 Total W/ Rec'd Change
<b>Total for S7 Mental health institutes revenue adjustment</b>	84,952,461	82,166,082	0	0	82,166,082
<i>FTE</i>	<u>1,181.3</u>	<u>1,174.5</u>	<u>0.0</u>	<u>0.0</u>	<u>1,174.5</u>
General Fund	69,873,900	67,111,966	1,868,032	1,868,032	68,979,998
Cash Funds	9,479,758	8,681,900	(2,091,431)	(2,091,431)	6,590,469
Reappropriated Funds	5,302,344	6,372,216	223,399	223,399	6,595,615
Federal Funds	296,459	0	0	0	0

**JBC Staff Supplemental Recommendations - FY 2013-14**  
**Staff Working Document - Does Not Represent Committee Decision**

	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2013-14 Requested Change</b>	<b>FY 2013-14 Rec'd Change</b>	<b>FY 2013-14 Total W/ Rec'd Change</b>
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**S12 Behavioral health crisis response system delay**

**(8) OFFICE OF BEHAVIORAL HEALTH**

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

Community Transition Services	4,444,176	0	(813,709)	3,630,467	
General Fund	4,444,176	0	(813,709)	3,630,467	
Crisis Response System - Telephone Hotlines	<u>2,046,675</u>	<u>(957,669)</u>	<u>(957,669)</u>	<u>1,089,006</u>	
General Fund	2,046,675	(957,669)	(957,669)	1,089,006	
Crisis Response System - Stabilization Units, Mobile Response, Respite Services, and Marketing	<u>17,672,420</u>	<u>(9,174,286)</u>	<u>(9,174,286)</u>	<u>8,498,134</u>	
General Fund	17,672,420	(9,174,286)	(9,174,286)	8,498,134	

<b>Total for S12 Behavioral health crisis response system delay</b>	24,163,271	(10,131,955)	(10,945,664)	13,217,607	
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	
General Fund	24,163,271	(10,131,955)	(10,945,664)	13,217,607	

<b>Totals Excluding Pending Items</b>					
<b>HUMAN SERVICES</b>					
<b>TOTALS for ALL Departmental line items</b>	1,973,827,981	2,214,378,373	(8,802,565)	(9,616,274)	2,204,762,099
<i>FTE</i>	<u>4,193.5</u>	<u>4,874.9</u>	<u>0.0</u>	<u>0.0</u>	<u>4,874.9</u>
General Fund	642,920,871	724,844,518	(6,934,533)	(7,748,242)	717,096,276
Cash Funds	341,644,206	358,900,608	(2,091,431)	(2,091,431)	356,809,177
Reappropriated Funds	441,136,150	519,799,788	223,399	223,399	520,023,187
Federal Funds	548,126,754	610,833,459	0	0	610,833,459