

**WE ARE  
THE PEOPLE  
WHO HELP  
PEOPLE**



**COLORADO**  
Department of Human Services



**SMART Act Hearing**

January 19, 2024

# Agenda

---

- **Mission, Vision, and Values**
- **Organizing the People and the Work**
- **Equity, Diversity, and Inclusion Initiatives**
- **Departmental Goals**
- **Regulatory, Legislative, and Budget Agendas**
- **Stimulus Implementation Update**



## OUR MISSION

Together, we empower  
Coloradans to thrive.



## OUR VISION

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

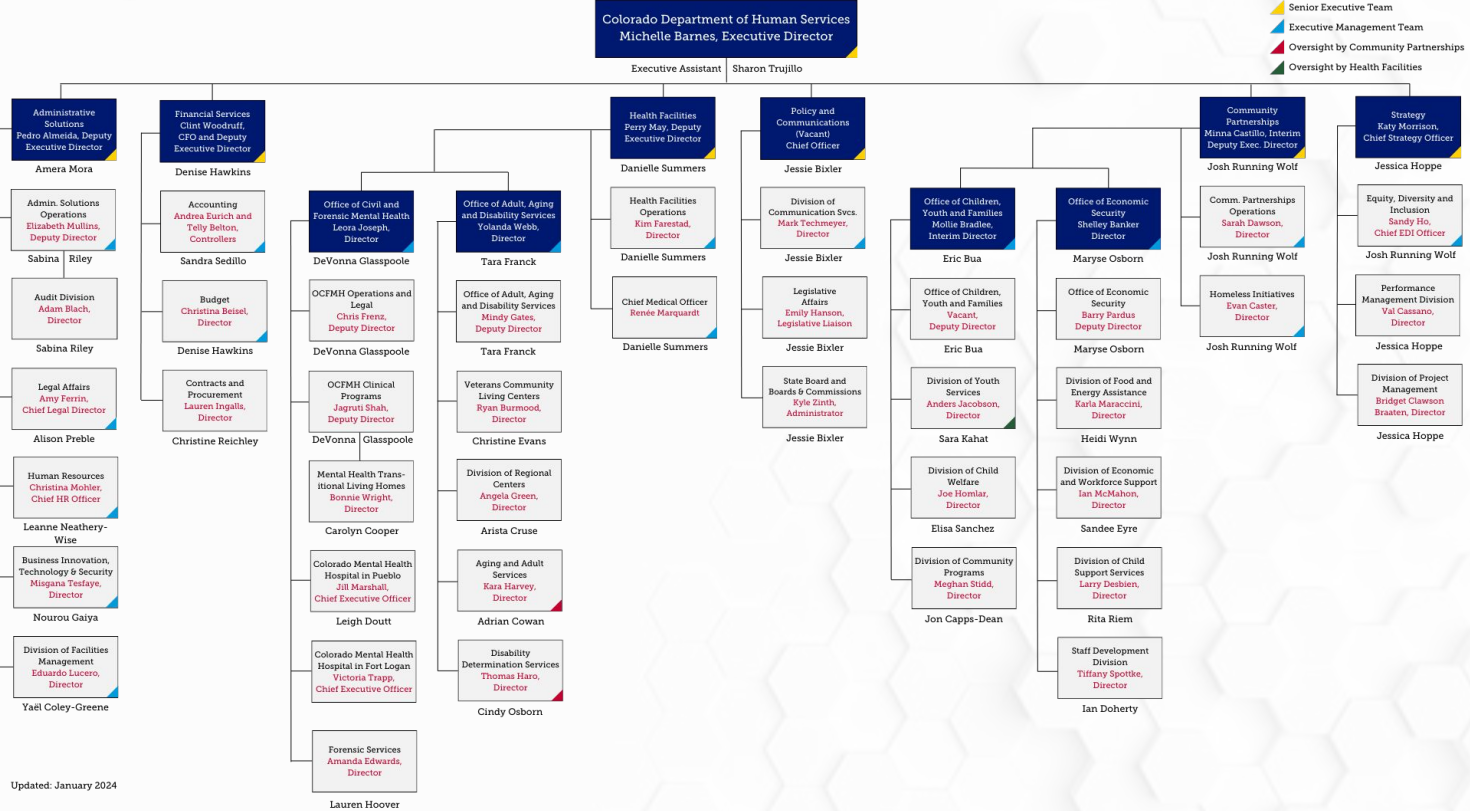


## OUR VALUES

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



# Our Organizational Structure



Updated: January 2024



# Together, we empower Coloradans to thrive

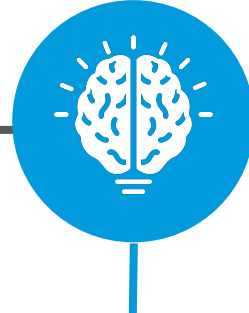
With four distinct programmatic offices, our work supports people and families at every stage of their journey through life - from childhood to adult and aging services. Our work is driven by our values - shared principles that advance our mission and empower our team to make a difference everyday in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



Children, Youth and Families



Economic Security



Civil and Forensic Mental Health



Adult, Aging, and Disability Services

\*The Department's organizational chart is included as "Appendix B: Organizational Chart".

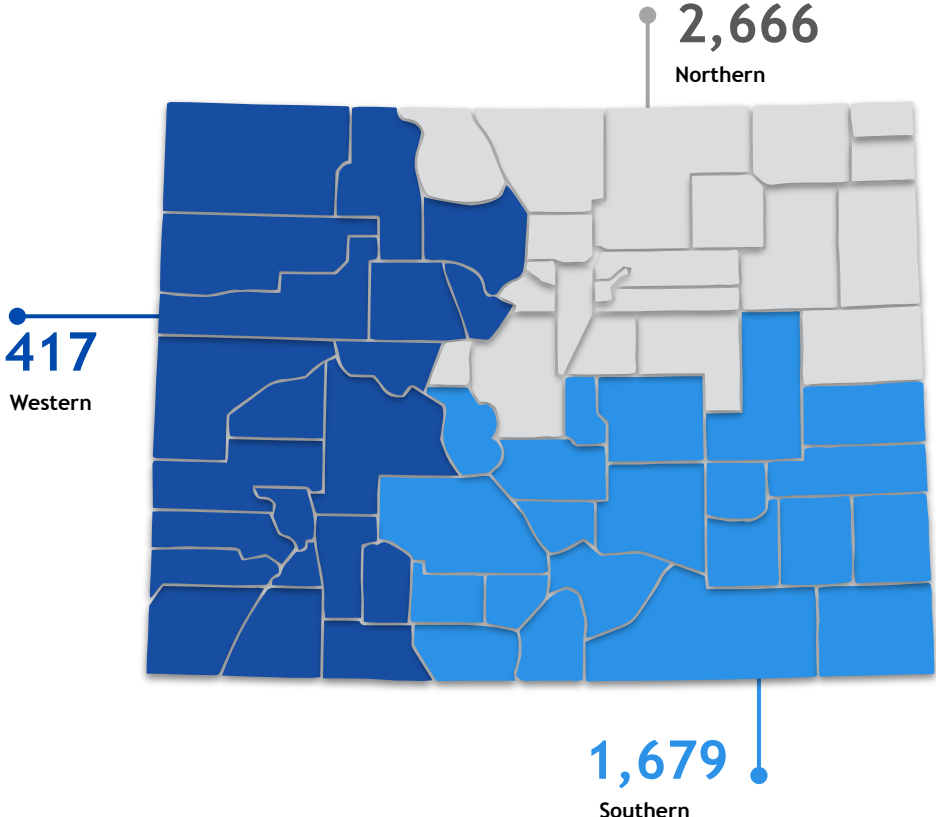
# Our Team

**4,762**

employees across the state

**3,864 (81%)**

work within 24/7 facilities



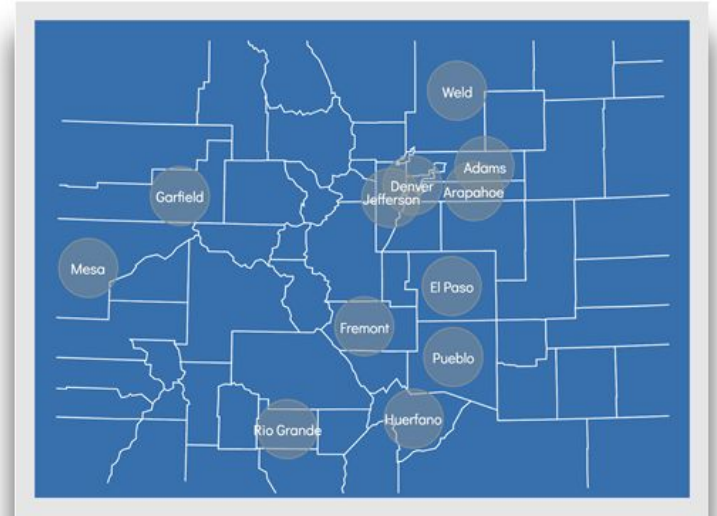
As of December 2023

# Our Care Centers

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

## 337 buildings in 12 counties


- 3 Regional Centers
- 40 Group Homes
- 14 Youth Service Centers
- 2 Mental Health Hospitals
- 5 Veterans Community Living Centers





# Results Driven Management System

RDMS is a commitment CDHS has made to strengthen how we run the organization in order to fulfill our vision.



**Results:**

|  |   |  |  |                                  |
|--|---|--|--|----------------------------------|
| Vacancies                                | Employee Engagement                                 | Diversity of Applicant Pool                        | Equitable Career Growth Opportunities              | Equitable Access to Our Services |
| Community Stakeholder Engagement         | Spending to Plan                                    | Percent of Measures in Green                       | Internal Customer Satisfaction                     | Mental Health Waiver             |
| Reduction of Reentry Due to Maltreatment | Timeliness of Delivering Right Setting (Admissions) | # of People Waiting for Right Setting (Admissions) | # of People Waiting for Right Setting (Discharges) | Initiative Success               |

### Five Key Goals

- We support the well-being and safety of Coloradans.
- We have a great place to work.
- We strive for operational efficiency.
- We are inclusive of everyone.
- We challenge ourselves to innovate.

### Our Mission

Together, we empower Coloradans to thrive.


### Our Vision

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

### Our Values

People-first approach. Balance. Accountability. Transparency. Ethical. Collaboration.

### Senior Executive Team



**Michelle Barnes**  
Executive Director

**Perry May**, Deputy ED Health Facilities  
**Wesley Castle-Cohen**, Deputy ED Community Participation  
**Robin Almeida**, Deputy ED Administrative Solutions  
**Chris Woodoff**, Chief Financial Officer  
**Sharon**, Director Policy & Legislative Affairs  
**Ruby Morrison**, Chief Strategy Officer

### OPERATING PROCESSES

| Perry May   | Perry May   | Wesley Castle-Cohen  | Wesley Castle-Cohen  | Perry May   | Wesley Castle-Cohen  | Perry May   | Wesley Castle-Cohen  |
|---|---|--|--|---|--|---|--|
| 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation |

### SUPPORTING PROCESSES

| Michelle Barnes   | Christina Holder  | Wesley Castle-Cohen  | Chris Woodoff  | Chris Woodoff  | Mark Tschetter   | Any Ferns  | Wesley Castle-Cohen  | Ed Lorenz  |
|---|---|--|--|--|--|--|--|--|
| 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Strategic Planning<br>2. Financial Management<br>3. Information Systems<br>4. Human Resources<br>5. Compliance & Risk Management | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation | 1. Client Assessment & Care Planning<br>2. Care Coordination<br>3. Clinical Services<br>4. Quality Improvement<br>5. Research & Innovation |



# Results Driven Management System

## Results

Vacancies

Employee Engagement

Diversity of Applicant Pool

Equitable Career  
Growth Opportunities

Equitable Access to Our  
Services

Community Stakeholder  
Engagement

Spending to Plan

Percent of Measures in  
Green

Internal Customer  
Satisfaction

Mental Health Waitlist

Reduction of Reentry Due  
to Maltreatment

Timeliness of Delivering  
Public Assistance

# of People Waiting for Right  
Setting (Admissions)

# of People Waiting for Right  
Setting (Discharges)

Initiative Success



# Results Driven Management System

## Operating Processes

| OP.1 | OP.2 | OP.3 | OP.4 | OP.5 | OP.6 | OP.7 | OP.8 |
|------|------|------|------|------|------|------|------|
|      |      |      |      |      |      |      |      |

OP. 9: Treating Patients Referred by Criminal Court

OP. 10: Treating Inpatient/Residential Severe Mental Illness

Perry May

|  |                                       |
|--|---------------------------------------|
| Time-to-Evaluation (in and out of custody) | # of people on civil waitlist         |
| Length of Wait                             | # of people on Discharge Barrier List |
| Length of Stay                             | # of discharges                       |
| Bed Utilization                            |                                       |

1. Receiving order for evaluation
2. Completing evaluation & sending report to court
3. Receiving from court order/findings
4. Coordinating restoration program
5. Facilitating transition, intervention & restoration
6. Providing restoration services
7. Re-evaluating as ordered by court until legal-status change

1. Receiving mental health hold order or referral
2. Admitting to hospital or MHTL homes
3. Assessing and treatment planning
4. Treating
5. Reporting and documenting
6. Planning transition and discharge

OP.11

# Results Driven Management System

## SP. 2: Recruiting, Retaining & Developing Staff

Christina Mohler  
Chief Human Resources Officer

1. Recruiting & hiring
2. Developing skills/training
3. Engaging employees
4. Enhancing organizational culture
5. Providing policies, procedures & compliance
6. Managing employee performance

SP.1

Time to Hire

Training Satisfaction-General

Training Satisfaction-Learning

Customer Satisfaction

## Supporting Processes

SP.3

SP.4

SP.5

SP.6

SP.7

SP.8

SP.9



# Equity, Diversity and Inclusion

Keeping our promises and delivering on our **EDI Action Plan**:

- Year Two Key Goals Achieved
  - Transparency and Accountability
  - Employee Engagement and Retention
  - Representation and Leadership
- Moving forward with RDMS
  - Community Stakeholder Engagement
  - Diversity of Applicant Pool
  - Career Growth and Development
  - Equitable Access/Delivery of Services



# DEPARTMENT'S WILDLY IMPORTANT GOALS

Consent Decree

5 Housing Services Connection Initiative

Residential Treatment for Youth

# What is Competency?

Competency is a legal construct that refers to an individual's current capacity to function meaningfully and knowingly in a legal proceeding.

Competency services are about due process in criminal cases, *not* about holistic mental health treatment.

Competency can be raised at any point in criminal proceeding.





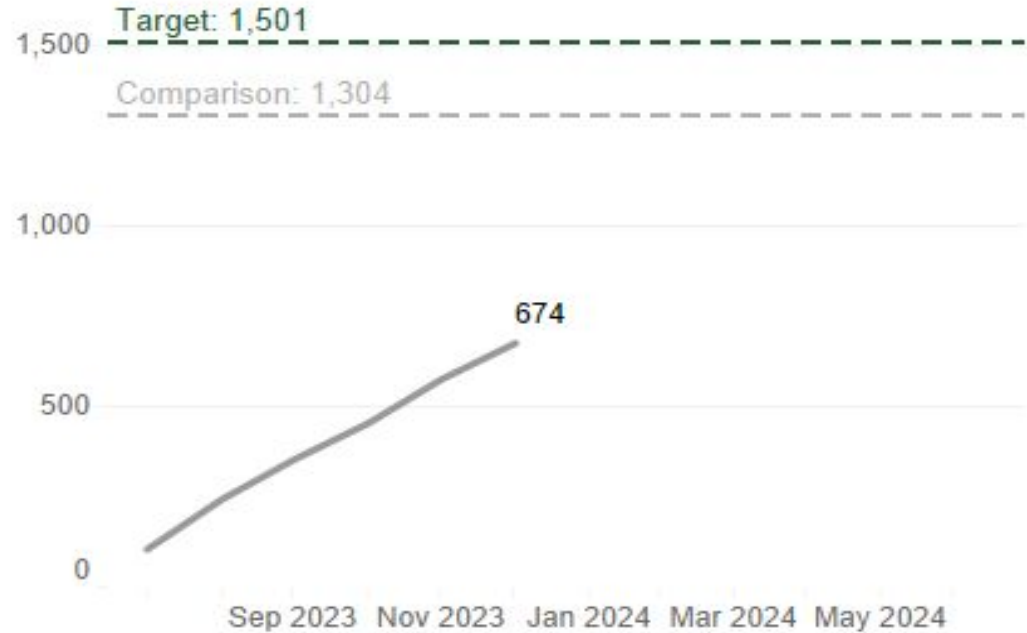
# The Consent Decree

- CDHS was sued in 2011 for failure to provide timely competency evaluations and restoration treatment which has created a significant waitlist of pretrial detainees.
- CDHS has been subject to requirements resulting from the lawsuit since then and is currently under a 2019 consent decree.
- **CDHS was in compliance in 2020 with admission timeframes - the waitlist fell to 49 individuals with the full capacity of beds open.**

# FY 2023-24 Department Wildly Important Goal (WIG): Consent Decree

CDHS will increase the number of pretrial detainees restored to competency by 15% from 1,304 to 1,501 by June 30, 2024.

Successful completion of this goal will result in 197 pretrial detainees restored to competency. Currently there are 458 Coloradans suffering from serious mental illness in jail. They are waiting for competency and restoration services at the state hospital. As a result, the state is under a consent decree and paying 12 million dollars a year in fines. Additionally, this results in a significant human impact; individuals who are suffering are not able to get the treatment they deserve.



# CDHS Homelessness Initiatives Strategic Framework



## PREVENT

Delivering high-quality human services in a culturally responsive way helps prevent Coloradans from ever experiencing homelessness.



## IDENTIFY & CONNECT

Quickly identifying and connecting Coloradans to housing resources ensures they can receive human services from a safe, stable place.

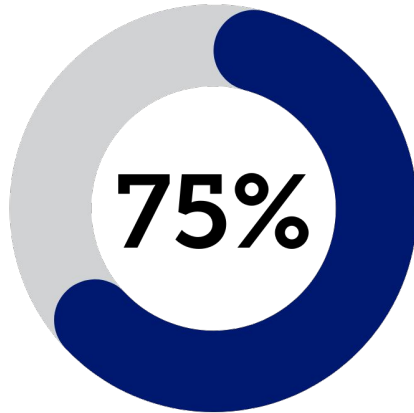


## STABILIZE & SUSTAIN

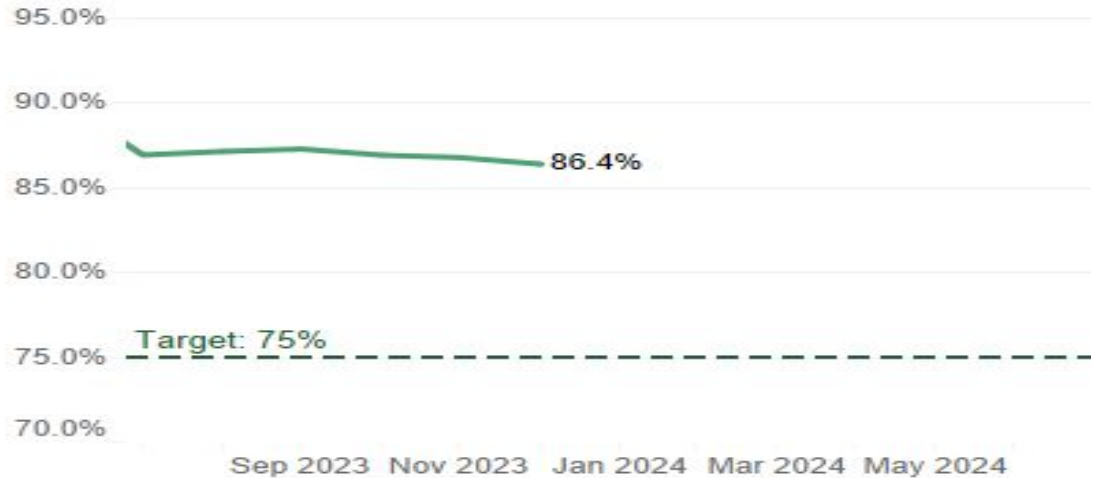
Wrapping around Coloradans with comprehensive and high-quality human services helps people exit homelessness and remain stably housed.



# FY 2023-24 Department Wildly Important Goal (WIG): Housing Services Connection Initiative



CDHS will connect 75% of people receiving cash assistance who self-identify as unhoused or at risk of housing instability to housing resources through the regional Continuums of Care or related providers by June 30, 2024.



Successful completion of this goal will ensure that individuals who are unhoused/at risk of homelessness will be connected to housing assistance and services and on the path to rehousing/housing retention.

# Treatment Settings for Youth with High Acuity Needs

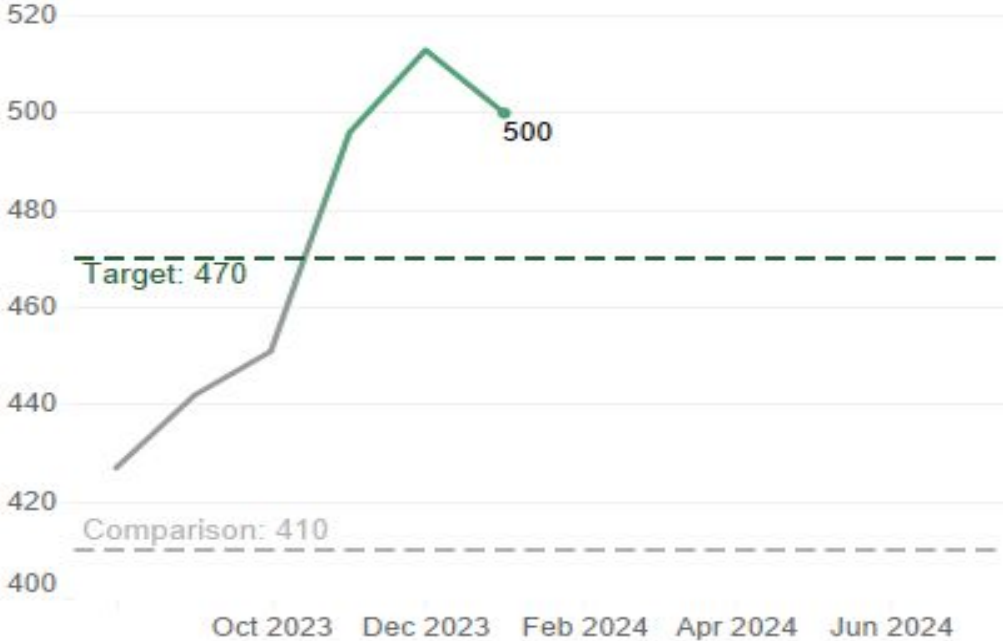
Children and youth considered “high acuity” require more intensive services, treatment, and staffing than has historically been available in Colorado.

| Family-like settings  | Specialized group settings  | Short-term stabilization  | Treatment focused settings  |
|---|---|---|---|
| <ul style="list-style-type: none"><li>• Kinship placements (certified or non-certified)</li><li>• Family foster homes</li><li>• Professional foster parents</li><li>• Therapeutic foster homes</li><li>• Treatment foster homes</li></ul> | <ul style="list-style-type: none"><li>• Supervised independent living settings</li><li>• Residential care and support services to survivors or those at risk of sex trafficking</li><li>• Settings providing prenatal, postpartum or parenting supports</li></ul> | <ul style="list-style-type: none"><li>• Assessment and stabilization</li><li>• Respite, foster</li><li>• Respite, transitioning from facility</li></ul> | <ul style="list-style-type: none"><li>• Qualified Residential Treatment Programs (QRTPs)</li><li>• Psychiatric Residential Treatment Facilities (PRTFs)</li><li>• Division of Youth Services Facilities</li></ul> |

# FY 2023-24 Department Wildly Important Goal (WIG): Residential Treatment for Youth

CDHS will increase the number of treatment beds for High Needs Youth from 410 to 470 beds by June 30, 2024.

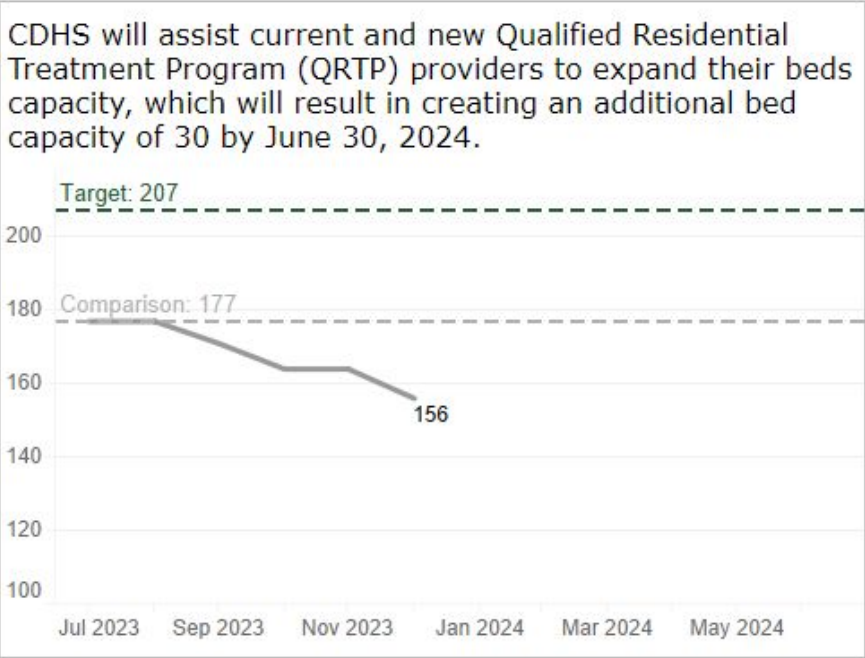
Successful completion of this goal will result in a greater number and variety of treatment beds available for youth with high acuity needs. Colorado continues to lack enough of the right types of therapeutic options for children with highly complex medical and behavioral health needs.





# How CDHS will accomplish this WIG

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



# Regulatory Agenda

## 2023 Rules

Revised / Amended

29

New

17

Repealed

10

Reviewed

5

## 2024 Rules

Revised / Amended

23

New

6

Repealed

3

# Legislative Agenda

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

- Summer EBT
- Supporting Domestic Violence Survivors to Stabilize Housing
- Allowing Flexibility Regarding Child Support Referrals for Children Placed in Foster Care
- Updating Statute to Reflect Current Language and Practices in Forensics and Mental Health
- Safety and Security at PRTFs Meeting Enhanced Criteria
- DOC Convicted and Sentenced Individuals in DYS Custody

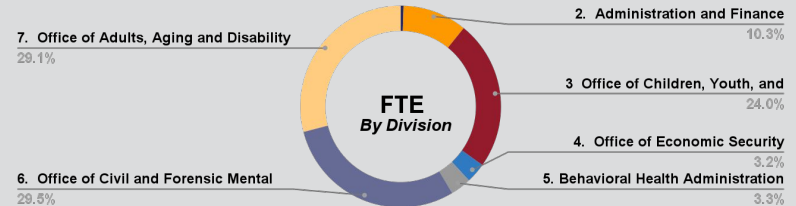
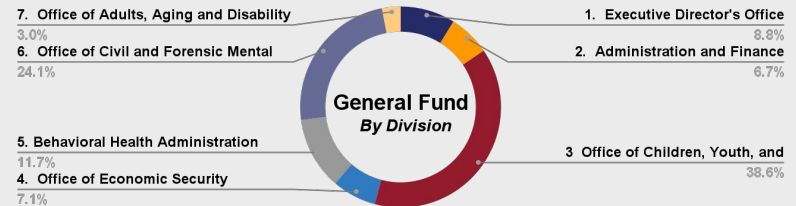
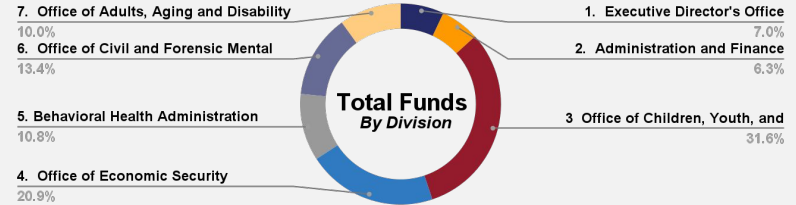
## Other Priorities

- High-Acuity Crisis for Children & Youth
- Kinship Foster Care Homes

# FY 2024-25 Budget Request

## Request Snapshot

FY 2024-25 Total Funds: \$2.5 billion  
 FY 2024-25 General Fund: \$1.3 billion  
 Total FY 2024-25 Request: \$93.6 million



# FY 2024-25 Budget Requests

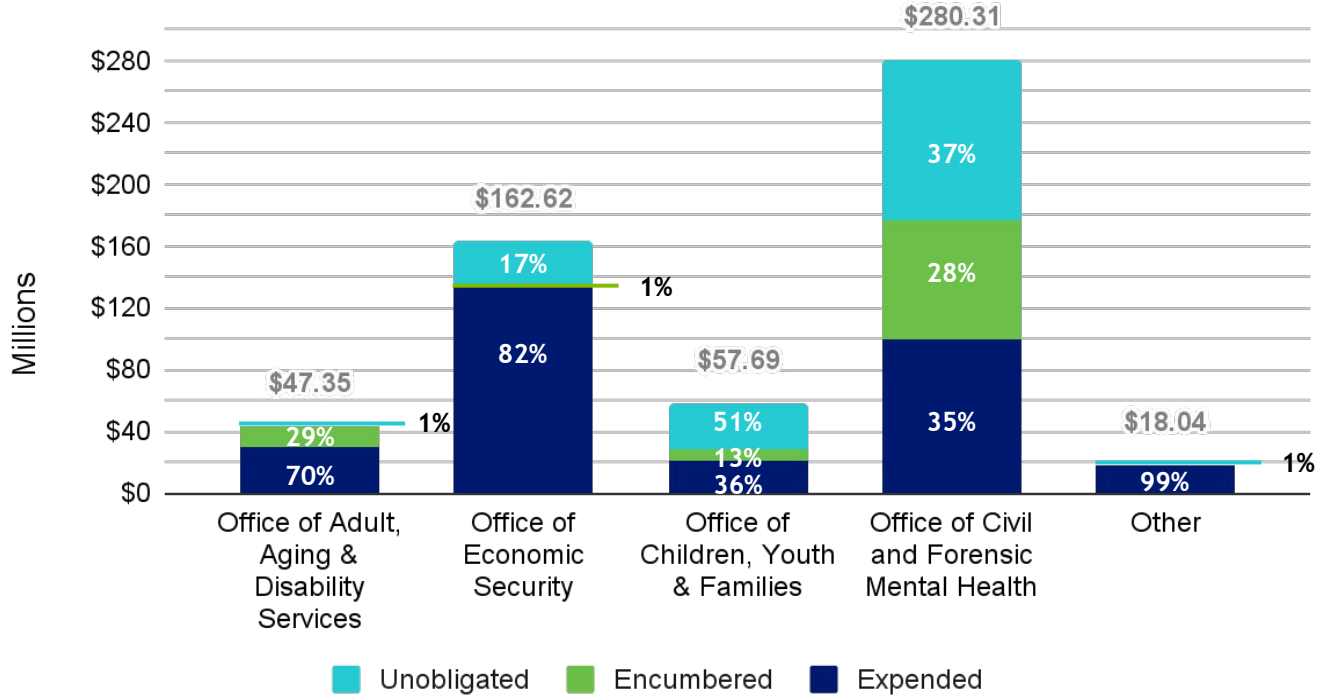
- R-01:** Increase Psychiatric Beds to Reduce the Competency Restoration Waitlist and Comply with the Consent Decree, \$75M General Fund
- R-02:** Reducing Youth Crime and Violence, \$2.7M Marijuana Tax Cash Fund
- R-03:** Supporting CDHS Human Resources, \$1M total funds, \$0.6M General Fund
- R-04:** Reduction to the Division of Regional Centers Reappropriated Funds, \$2M total funds
- R-05:** Right-sizing the Home Care Allowance Appropriation, \$4.2M total funds, \$4M General Fund
- R-06:** Accommodating Federal Fee Increases to Verify Immigration Status, \$84K total funds, \$14K General Fund
- R-07:** Line Item Cleanup to Create Office Budget Efficiency, net-zero
- R-08:** Provider Rate Increase, \$18M total funds, \$10M General Fund

- BA-01:** Extending Colorado Works STEP, \$2M TANF
- BA-02:** Legal Representation CF Spending Authority, \$0.5M federal/cash funds
- BA-03:** Excess Federal Title IV-E CF Spending Authority, \$0.3M federal/cash funds

# Stimulus Spending Snapshot

## Stimulus by Office

**CDHS Total Awarded: \$566M\***



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



# Stimulus Efforts

## Impacts to the spend rate:



Program design of new projects take a bit longer

Example: Domestic Violence Flex Fund project required front end program development and training to ensure all expenses were eligible under SLFRF.



Capital construction and IT projects takes a lot of planning before

Example: Fort Logan- G Wing and Neuropsych facilities are in the design phase of project. Funds will be fully encumbered when contracts are executed for construction phase of project.



Workforce shortages both internally and with our community partners

Example: Delayed project starts related to recruitment of staff and failed RFPs.

# Stimulus Efforts

## Available for reinvestment:



\$10.8 million for Mental Health Transition Living Homes (HB22-1303)  
Reason: Medicaid Match, delays in contacts, lower demand for capital funds



\$8M for Residential (Respite) Services for Youth (HB22-1283)  
Reason: Multiple rounds of failed RFPs resulted in delayed contracting



\$.5M for Survivor Support Capacity at Culturally Specific Organizations  
Reason: Challenges and delays in contracting with a community partner with concerns on timing and SLFRF requirements. GF made available for the same purpose.



\$2.3M Capital/OCFMH (2022 Long Bill- HB22-1329)  
Reason: duplicate funds from HB22-1303

# THANK YOU

[CDHS 2023-24 Performance Plan](#)

[Dashboard](#)

**Point of Contact:**

*Emily Hanson, CDHS Legislative Liaison*

*emily.hanson@state.co.us*