

JOINT BUDGET COMMITTEE



STAFF FIGURE SETTING FY 2024-25

DEPARTMENT OF HUMAN SERVICES

(Behavioral Health Administration, Office of Behavioral
Health/Office of Civil and Forensic Mental Health, and
Behavioral Health Ombudsman)

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

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HOW TO USE THIS DOCUMENT

The Department Overview contains a table summarizing the staff recommended incremental changes followed by brief explanations of each incremental change. A similar overview table is provided for each division, but the description of incremental changes is not repeated, since it is available under the Department Overview. More details about the incremental changes are provided in the sections following the Department Overview and the division summary tables.

Decision items, both department-requested items and staff-initiated items, are discussed either in the Decision Items Affecting Multiple Divisions or at the beginning of the most relevant division. Within a section, decision items are listed in the requested priority order, if applicable.

In some of the analysis of decision items in this document, you may see language denoting certain 'levels of evidence', e.g. theory-informed, evidence-informed, or proven. For a detailed explanation of what is meant by 'levels of evidence', and how those levels of evidence are categorized, please refer to Section 2-3-210 (2), C.R.S.

DEPARTMENT OVERVIEW

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State. The Department is responsible for the care and treatment of individuals with mental health disorders, individuals with intellectual or developmental disabilities, and youth and young adults who are involved in the juvenile justice system. These services are provided in collaboration with county governments, not-for-profit community-based providers, and other agencies. The Department provides direct services through the operation of mental health hospitals, regional centers for persons with intellectual and developmental disabilities, and institutions for juvenile and young adult offenders. This staff figure setting document reflects staff recommendations specific to the Behavioral Health Administration and the Office of Behavioral Health.

BEHAVIORAL HEALTH ADMINISTRATION

The Behavioral Health Administration (BHA) launched July 1, 2022 and is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the state's public behavioral health system. Funding in this section supports the administration of the BHA as well as community-based prevention, treatment, and recovery support services for people with mental health and substance use disorders. This includes services for people with low incomes who are not eligible for Medicaid, as well as services for Medicaid-eligible clients that are not covered by the Medicaid program¹. Prior to FY 2022-23, these functions were housed within the Office of Behavioral Health (OBH). However, the establishment of the BHA pursuant to H.B. 21-1097 (Establish Behavioral Health Administration) and H.B. 22-1278 (Behavioral Health Administration) moved those functions to the newly created BHA. Those bills also added new and expanded duties to the BHA beyond what had previously been housed within the community-based programs in OBH.

OFFICE OF BEHAVIORAL HEALTH

With the movement of community-based programs to the BHA in FY 2022-23, the Office of Behavioral Health (which the Department of Human Services has internally renamed as the Office of Civil and Forensic Mental Health or OCFMH) now focuses on two major areas of responsibility.

First, OCFMH administers and operates two state mental health hospitals that provide inpatient hospitalization for individuals with serious mental health disorders. One is located in Pueblo and the other is located on the Fort Logan campus in Denver. These hospitals serve three populations:

- Forensic clients with pending criminal charges who require inpatient evaluations of competency to stand trial and inpatient services to restore competency.
- Individuals who have been found not guilty by reason of insanity and require hospitalization.
- Adults and adolescents who are referred for admission by community mental health centers, the Department's Division of Youth Services, and other health providers.

OCFMH is also responsible for a variety of behavioral health services to forensic clients (those involved in the criminal justice system), including competency evaluations and restoration, either in or outside of the state hospitals. This includes support and administration of services in the hospitals,

¹ Most mental health disorder and substance use disorder services for Medicaid-eligible clients are funded through the Department of Health Care Policy and Financing.

jail-based services, purchased in-patient psychiatric beds, community-based services, and outpatient competency restoration programs, in addition to work with the courts to place clients in the most appropriate services as clients move through the process.

Some behavioral health functions and programs administered by the BHA and the OCFMH do receive funding through the Medicaid program, including:

- Community behavioral health administration (BHA).
- Behavioral health services for youth and pregnant women (BHA).
- The Mental Health Institutes (OCFMH).

The federal Medicaid funds that support these programs and any state matching funds are first appropriated to the Department of Health Care Policy and Financing (HCPF), then appropriated a second time to the Department of Human Services for each relevant program (reflected as reappropriated funds). Within the HCPF budget, these funds are reflected in the last section, Department of Human Services Medicaid-Funded Programs. The staff recommendations for these specific line items are also included in this document.

SUMMARY OF STAFF RECOMMENDATIONS

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$2,349,420,362	\$998,710,391	\$557,393,208	\$219,355,902	\$573,960,861	5,320.3
Other legislation	23,870,592	15,726,450	4,698,436	224,702	3,221,004	25.0
H.B. 24-1187 (Supplemental)	66,379,932	60,880,388	2,846,621	897,686	1,755,237	0.5
TOTAL	\$2,439,670,886	\$1,075,317,229	\$564,938,265	\$220,478,290	\$578,937,102	5,345.8
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$2,439,670,886	\$1,075,317,229	\$564,938,265	\$220,478,290	\$578,937,102	5,345.8
R1 Inpatient competency resources	60,406,356	60,406,356	0	0	0	3.4
R2 Tony Grampas increase	3,745,354	4,090,294	(344,940)	0	0	(4.5)
R3 Human resources support	672,161	400,504	0	271,657	0	8.3
R4 Regional Centers Medicaid reduction	(2,200,000)	0	0	(2,200,000)	0	0.0
R5 Home Care Allowance reduction	(6,612,415)	(6,368,103)	(244,312)	0	0	0.0
R6 SAVE federal fee increase	84,175	14,019	0	52,038	18,118	0.0
R7 OCFHM line item cleanup	0	0	0	0	0	0.0
R8 Provider rate adjustment	22,832,269	13,503,235	4,754,446	387,187	4,187,401	0.0
BHOCO R1 Ombudsman staffing	341,682	341,682	0	0	0	3.3
BA1 Extend CO Works STEP	2,000,000	0	0	0	2,000,000	0.0
BA2 Legal representation spending authority	501,707	0	501,707	0	0	0.0
BA3 Federal Title IV-E spending authority	288,175	0	288,175	0	0	0.0
Targeted one-time compensation for select 27/7 facilities staff	0	0	0	0	0	0.0
Committee initiated child welfare county staffing	9,048,817	8,143,935	904,882	0	0	0.0
Staff-initiated adoption increase	10,295,100	4,632,795	1,029,510	0	4,632,795	0.0
Staff-initiated State & County SNAP resources	17,241,903	5,213,122	3,406,192	0	8,622,589	2.0
Staff-initiated CCDHHDB annualization	500,000	500,000	0	0	0	0.0
Staff-initiated consent decree adjustment	230,000	230,000	0	0	0	0.0
Staff-initiated Tobacco Master Settlement adjustment	(272,116)	0	(272,116)	0	0	0.0
Centrally appropriated line items	53,847,355	31,866,441	2,552,670	10,533,934	8,894,310	0.0
Indirect cost assessments	3,339,922	0	405,406	1,440,845	1,493,671	0.0
Non-prioritized requests	2,867,643	1,080,164	500,003	1,251,091	36,385	0.0
Technical adjustments	2,788,538	4,214,350	(96,967)	762,898	(2,091,743)	0.0
Annualize prior year legislation	(42,179,925)	(38,591,281)	(9,708,429)	(1,045,912)	7,165,697	51.7
Annualize prior year budget actions	(26,122,952)	120,038,732	(134,130,172)	(2,294,831)	(9,736,681)	8.9
TOTAL	\$2,553,314,635	\$1,285,033,474	\$434,484,320	\$229,637,197	\$604,159,644	5,418.9
INCREASE/(DECREASE)	\$113,643,749	\$209,716,245	(\$130,453,945)	\$9,158,907	\$25,222,542	73.1
Percentage Change	4.7%	19.5%	(23.1%)	4.2%	4.4%	1.4%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$5,117,878)	\$11,751,271	(\$4,995,107)	\$1,955,959	(\$13,830,001)	57.1

DESCRIPTION OF INCREMENTAL CHANGES

R1 INPATIENT COMPETENCY RESOURCES: The recommendation includes an increase of \$60.4 million General Fund in FY 2024-25, and \$55.4 million General Fund in FY 2025-26, to increase resources for inpatient competency restoration services. The recommendation includes all components of the request besides resources for agency staffing related to maintaining two units the Department opened in Pueblo in 2023, and therefore reflects fewer beds than the request. Staff would

recommend decreasing amounts related to continuing contract agency staffing if the Committee considers increases for nurse compensation beyond what is included in the base compensation request.

DHS R2/BHA NP5 TONY GRAMPAS INCREASE: The Department request includes a net increase of \$1.7 million cash funds from the Marijuana Tax Cash Fund (MTCF), including an increase of \$3.6 million for the Tony Grampas Youth Services Program, offset by a combination of one-time and ongoing decreases of \$2.0 million to multiple line items in the Office of Children, Youth and Families, the Behavioral Health Administration, and the Office of Civil and Forensic Mental Health.

The BHA reductions are reflected as a separate non-prioritized request. The Committee has delayed action on the Tony Grampas increase, but staff recommends approval of the requested behavioral health decreases and associated FTE that are intended to reflect expected reversions.

R7 OCFMH LINE ITEM CLEANUP: The recommendation includes a net-zero technical adjustment to move an appropriation from H.B. 22-1061 (Modifications to Not Guilty by Reason of Insanity) from an administrative line item to program line items.

R8 PROVIDER RATE ADJUSTMENT: The recommendation includes an increase of \$5.8 million total funds, including \$3.9 million General Fund, in FY 2024-25 and ongoing to reflect Committee action on a 2.5 percent common policy community provider rate.

BHOCO R1 OMBUDSMAN STAFFING: The recommendation includes an increase of \$341,682 General Fund and 3.3 FTE in FY 2024-25 and \$407,869 General Fund and 3.5 FTE in FY 2025-26 and ongoing to increase staffing for the Behavioral Health Ombudsman.

STAFF-INITIATED CONSENT DECREE ADJUSTMENT: The recommendation includes an increase of \$230,000 General Fund in FY 2024-25 and ongoing to account for an inflationary adjustment for consent decree fines.

NON-PRIORITIZED REQUESTS: The recommendation includes a net decrease of \$597,442 total funds for the agencies discussed in this document to reflect the impact of decisions made in other agencies as detailed in the table below.

NON-PRIORITIZED REQUESTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
NPBA3 Corrections food inflation	\$402,558	\$0	\$0	\$402,558	\$0	0.0
NP5 DHS R2 Reducing youth crime	(1,000,000)	0	(1,000,000)	0	0	0.0
TOTAL	(\$597,442)	\$0	(\$1,000,000)	\$402,558	\$0	0.0

TECHNICAL ADJUSTMENTS: The recommendation includes technical adjustments as detailed in the table below, and includes a spending authority increase from the Correctional Treatment Cash Fund from the Judicial Department to reflect the FY 2024-25 Correctional Treatment Board Funding Plan.

TECHNICAL ADJUSTMENTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Correctional treatment cash fund adjustment	\$1,806,682	\$0	\$0	\$1,806,682	\$0	0.0

TECHNICAL ADJUSTMENTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Leap year adjustment	(70,375)	(50,015)	(20,360)	0	0	0.0
TOTAL	\$1,736,307	(\$50,015)	(\$20,360)	\$1,806,682	\$0	0.0

ANNUALIZE PRIOR YEAR LEGISLATION: The recommendation reflects a decrease of \$37.1 million total funds for the agencies discussed in this document to reflect the FY 2024-25 impact of legislation passed in prior years as detailed in the table below.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
HB 22-1303 Residential beds	\$22,627,215	\$15,471,637	\$0	\$0	\$7,155,578	38.4
HB 23-1003 School mental health	2,322,406	2,322,406	0	0	0	1.0
HB 22-1256 Involuntary commit	1,036,454	1,036,454	0	0	0	0.4
SB 22-196 Justice health needs	457,076	457,076	0	0	0	0.0
HB 23-1138 Adult competency	325,429	325,429	0	0	0	2.7
HB 22-1281 Continuum grant	322,320	322,320	0	0	0	4.0
SB 22-181 Behav health workforce	277,353	277,353	0	0	0	0.0
SB 22-177 Care coordination	275,333	275,333	0	0	0	3.0
HB 22-1283 Youth BH	0	0	0	0	0	0.0
HB 24-1187 Supplemental	(58,370,015)	(57,967,379)	(22,035)	(371,298)	(9,303)	0.0
HB 22-1243 School security and BH	(6,000,000)	(6,000,000)	0	0	0	(1.0)
HB 23-1153 BH Pathways	(300,000)	(160,000)	(140,000)	0	0	0.0
HB 22-1326 Fentanyl	(50,000)	0	(50,000)	0	0	0.0
TOTAL	(\$37,076,429)	(\$43,639,371)	(\$212,035)	(\$371,298)	\$7,146,275	48.5

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The recommendation reflects an increase of \$7.7 million total funds for the agencies discussed in this document to reflect the FY 2024-25 impact of budget actions approved in prior years as detailed in the table below.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Prior year salary survey	\$7,247,032	\$6,444,003	\$429,186	\$23,038	\$350,805	0.0
FY 2023-24 BHA R1 Admin	395,257	395,257	0	0	0	6.3
FY 2023-24 R1 Hospital quality	109,402	109,402	0	0	0	0.0
FY 2023-24BHA R3 LMS	1,512	1,512	0	0	0	0.1
FY 2023-24 BA1 Statewide ARPA	0	130,129,154	(130,129,154)	0	0	0.0
FY 2023-24 R8 Forensic capacity	(9,312)	(9,312)	0	0	0	2.3
FY 2023-24 R14 OCFMH Data	(3,396)	(3,396)	0	0	0	0.3
TOTAL	\$7,740,495	\$137,066,620	(\$129,699,968)	\$23,038	\$350,805	9.0

MAJOR DIFFERENCES FROM THE REQUEST

The staff recommendation is \$26.8 million total funds and \$27.5 million General Fund lower than the Department's request for these two divisions. The most significant differences between the recommendation and the request are described below.

- The recommendation includes Committee action on an increased common policy community provider rate of 2.5 percent.
- The recommendation includes an increase of \$264,404 General Fund and 2.3 FTE for the Behavioral Health Ombudsman above the request.

- The recommendation includes a decrease of \$14.8 million General Fund for R1 Inpatient competency resources related to contract staffing to maintain two units at Pueblo.
- The recommendation does not include some General Fund and FTE annualizations for ARPA legislation included in the base request.
- The recommendation includes an inflationary adjustment for consent decree fines and fees.
- The recommendation includes a decrease of 5.4 FTE related to the decreases associated with the Tony Gramscas request.

DECISION ITEMS AFFECTING MULTIPLE DIVISIONS

→ DHS R2/BHA NP5 TONY GRAMPSAS INCREASE

REQUEST: The Department request includes a net increase of \$1.7 million cash funds from the Marijuana Tax Cash Fund (MTCF), including an increase of \$3.6 million for the Tony Gramscas Youth Services Program, offset by a combination of one-time and ongoing decreases of \$2.0 million to multiple line items in the Office of Children, Youth and Families, the Behavioral Health Administration, and the Office of Civil and Forensic Mental Health.

RECOMMENDATION: Staff recommends approval of the requested decreases associated with the BHA and OCFMH, as well as a decrease of 5.4 FTE for the Mental Health Hospitals in Fort Logan and Pueblo.

ANALYSIS: The Committee delayed action on the request as part of the figure setting for the Office of Children, Youth and Families for budget balancing and questioned some of the details of the requested reductions. The Department indicates that the requested reductions reflect potential reversions and are not anticipated to have programmatic impacts. Some decreases in the Office of Children, Youth and Families and the BHA are requested on a one-time basis, while all decreases for OCFMH are requested on an ongoing basis. Requested decreases by line item are provided in the table below.

REQUESTED MTCF REDUCTIONS		
	FY 2024-25	FY 2025-26
Office of Children, Youth and Families		
SB 91-094 Programs	(\$614,475)	\$0
Office of Civil and Forensic Mental Health		
Ft. Logan Personal Services	(\$94,985)	(\$94,985)
Ft. Logan Operating Expenses	(1,982)	(1,982)
Pueblo Personal Services	(243,223)	(243,223)
Pueblo Operating Expenses	(4,750)	(4,750)
<i>Subtotal</i>	<i>(\$344,940)</i>	<i>(\$344,940)</i>
DHS Subtotal	(\$959,415)	(\$344,940)
Behavioral Health Administration		
Treatment and Detoxification Programs	(\$500,000)	\$0
Criminal Justice Diversion Programs	(100,000)	0
Circle Program/Rural Treatment	(400,000)	(150,000)
<i>BHA Subtotal</i>	<i>(\$1,000,000)</i>	<i>(\$150,000)</i>
TOTAL	(\$1,959,415)	(\$494,940)

The reductions are proposed to balance the impact of the requested increase and are likely not necessary if the Committee does not approve an increase from the MTCF. During the previous staff presentation, the Committee questioned why personal services reductions in OCFMH do not include associated FTE decreases. The Department indicates that the reductions can be associated with 1.2 FTE at Fort Logan, and 4.2 FTE at Pueblo. Staff therefore recommends a decrease of 5.4 FTE if the Committee approves the reductions. The authorized FTE at both hospitals far exceeds actual staffing levels, and any reductions are therefore not expected to impact the actual amount of State FTE at the hospitals.

Reported reversions in the BHA are also significantly higher than some of the requested decreases. Actual expenditure reports for FY 2022-23 indicate a cash fund reversion of \$2.5 million for Treatment and Detoxification Programs, compared to the requested one-time decrease of \$500,000. The BHA indicates that the FY 2022-23 reversion was unusually high due to the influx of ARPA funds. With the end of the public health emergency and decreases in Medicaid enrollment, the BHA anticipates fully expending resources for Treatment and Detox in FY 2024-25.

The Committee also questioned the current General Fund and cash funds appropriations that support the Tony Gramscas program. In FY 2023-24, the appropriation consists of \$3.7 million General Fund, \$1.6 million from the Marijuana Tax Cash Fund, and \$6.7 million from the Youth Services Program Cash Fund, which is supported by revenues from the Tobacco Master Settlement Agreement. The request reflects a 219.7 percent increase in the MTCF appropriation for the line item. A General Fund increase of the same amount reflects a 96.6 percent increase over the base General Fund appropriation.

The Youth Services Program Cash Fund receives 7.5 percent of the total amount of Tobacco Master Settlement Agreement funds received in the prior fiscal year (Section 24-75-1104.5 (1.7)(e), C.R.S.). The spending authority for the cash fund is therefore adjusted annually during figure setting to reflect the most recent revenue forecasts. Legislation would be required to change the funding distributed to the Tony Gramscas program, and would come at the cost of other programs supported by this fund source. Programs supported by Tobacco MSA include but are not limited to the nurse home visitor program, the Children's Basic Health Plan Trust, the University of Colorado Health Sciences Center, and the Colorado Autism Treatment Fund.

RECOMMENDATION

Staff recommends approval of the requested reductions for OCFMH and the BHA regardless of whether the Committee considers an increase for the Tony Gramscas program. Staff further recommends a decrease of 5.4 FTE at the Mental Health Hospitals associated with the personal services reductions. Staff does not recommend approval of the requested decrease associated with S.B. 91-094 Programs in the Office of Children, Youth and Families as the decrease exceeds reversions and therefore could have a programmatic impact on juvenile justice diversion funding.

→ R8 PROVIDER RATE ADJUSTMENT

REQUEST: The request includes an increase of \$4.6 million total funds, including \$3.1 million General Fund for FY 2024-25 and ongoing in the BHA and OCFMH for a 2.0 percent provider rate increase.

RECOMMENDATION: The Committee has approved a 2.5 percent common policy provider rate increase. The staff recommendation reflects the common policy decision with increases for the affected line items provided in the table below. A 2.5 percent common policy reflects an increase of \$1.2 million total funds, including \$771,461 General Fund, over the request for these divisions.

BEHAVIORAL HEALTH COMMUNITY PROVIDER RATE ADJUSTMENTS FY 2024-25					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
Behavioral Health Administration					
Mental Health Community Programs	\$736,863	\$736,863	\$0	\$0	\$0
ACT Programs	450,157	450,157	0	0	0
Juvenile and Adult Offenders	152,208	0	152,208	0	0
Children and Youth Mental Health Act	207,441	192,917	11,149	3,375	0
Family First Prevention Services Act	16,256	16,256	0	0	0
Veteran Suicide Prevention Pilot	75,720	75,720	0	0	0
Treatment and Detoxification	524,942	345,501	179,441	0	0
Increasing Access to Effective Substance Use Disorder Services	415,161	0	415,161	0	0
Community Prevention and Treatment Programs	15,747	0	15,747	0	0
Offender Services	81,339	81,339	0	0	0
Crisis Response System	763,094	656,554	106,540	0	0
Crisis Response Secure Transportation	14,573	0	14,573	0	0
Crisis Response Telephone Hotline	94,704	85,702	9,003	0	0
Community Transition Services	194,752	194,752	0	0	0
Criminal Justice Diversion	237,545	89,072	148,473	0	0
Jail-based Behavioral Health	177,487	177,487	0	0	0
Circle Program	166,668	15,674	150,994	0	0
Care Coordination	8,611	8,611	0	0	0
988 Hotline	302,059	0	302,059	0	0
<i>BHA Subtotal</i>	<i>\$4,635,327</i>	<i>\$3,126,605</i>	<i>\$1,505,348</i>	<i>\$3,375</i>	<i>\$0</i>
Office of Civil and Forensic Mental Health					
Ft. Logan Personal Services	\$142,580	\$48,269	\$94,311	\$0	\$0
Pueblo Personal Services	422,832	93,965	328,867	0	0
Court Services	69,871	69,871	0	0	0
Forensic Community-based Services	37,400	37,400	0	0	0
Jail-based Competency Restoration	311,526	311,526	0	0	0
Purchased Psychiatric Bed Capacity	80,829	80,829	0	0	0
Outpatient Competency Restoration	88,852	88,852	0	0	0
<i>OCFMH Subtotal</i>	<i>\$1,153,890</i>	<i>\$730,712</i>	<i>\$423,178</i>	<i>\$0</i>	<i>\$0</i>
TOTAL	\$5,789,217	\$3,857,317	\$1,928,526	\$3,375	\$0

ANALYSIS: The Committee typically makes a determination each year on a common figure setting policy to be applied for all community provider rate increases across all relevant programs. This common policy applies to selected line items in the Department of Human Services that are used to fund services that might otherwise be delivered by state FTE.

➔ STATEWIDE S1 DELAYED ARPA ROLL-FORWARD SUPPLEMENTAL REQUESTS

On February 5, 2024, the Committee considered ARPA reduction and roll-forward requests from Departments including the BHA and Human Services. The Committee approved some requests, and delayed others for additional information. Both agencies responded to Committee questions during a

hearing on February 8, 2024. Hearing responses are provided in Appendix B for the Committee's reference. The following table outlines the Committee's current action on ARPA requests.

COMMITTEE ACTION AND REQUEST SUMMARY				
AGENCY	BILL	ROLL-FORWARD	REDUCTION	ACTION
BHA	SB 22-148	\$5,000,000	\$0	Approved
BHA	HB 22-1243	0	480,000	Approved
BHA	HB 22-1281	56,800,000	0	Approved
BHA	HB 22-1326	1,400,000	0	Approved
DHS	SB 22-183	Withdrawn	495,000	Approved
DHS	HB 22-1329	0	2,341,663	Approved
<i>Subtotal</i>		<i>\$63,200,000</i>	<i>\$3,316,663</i>	
BHA	SB 22-177	\$12,200,000	\$0	Delayed
BHA	SB 22-181	32,249,839	1,719,334	Delayed
BHA	SB 22-196	31,913,485	0	Delayed
BHA/DHS	HB 22-1283	34,097,884	7,800,000	Delayed
DHS	HB 22-1303*	21,879,367	32,686,915	Delayed
<i>Subtotal</i>		<i>\$132,340,575</i>	<i>\$42,206,249</i>	
TOTAL		\$195,540,575	\$45,522,912	

Colorado received \$3.8 billion in federal Coronavirus State and Local Fiscal Recovery Funds from the American Rescue Plan Act of 2021 (ARPA funds) that under federal law must be obligated by December 31, 2024 and expended by December 31, 2026. The Governor's Office has proposed multiple budget changes in the 2024 legislative session, including requests to roll-forward and/or reduce spending authority for some ARPA programs.² All expenditures after the close of FY 2023-24 are expected to be swapped with one-time General Fund to continue programs through 2026 while still adhering to federal spending timelines for ARPA funds. JBC common policy is to approve roll-forward requests when statutory provisions reflect legislative intent to extend a program past the existing appropriation deadline.

Staff mostly recommends approval of the request, with a few differences from the request or prior presentation.

- Following the prior Committee discussion, Staff recommends that the BHA and DHS be required to report on project status to the Joint Technology Committee and Capital Development Committees related to S.B. 22-177, H.B. 22-1283, and H.B. 22-1303. It does not appear to be common practice for projects to be reported to the CDC unless there are problems that require a change to spending authority. However, the Committee expressed interest in additional oversight and Staff agrees that all Committees should be aware of ongoing project status. Staff does not recommend additional presentations in the 2023 Session, but recommends ongoing annual reporting until projects are complete.
- Staff does not recommend approval of \$2.5 million roll-forward for the BHA related to crisis services from H.B. 22-1283 as the BHA has indicated to JBC and LCS Staff that ARPA funds are expected to be fully expended by the close of the fiscal year.

² Funding that is rolled-forward beyond the December 31, 2024 obligation deadline will be converted to General Fund through separate action.

- 3 While roll-forward is requested for all projects through December 2026, staff only recommends roll-forward through the end of FY 2024-25 for H.B. 22-1303 as the roll-forward is related to projects expected to be complete by June 2025. If projects are not complete within the expected timeline, the Department should have to request additional roll-forward authority to align with the anticipated timeline. However, it remains unclear to staff how roll-forward authority will be implemented from a technical perspective. If roll-forward authority is granted in a single omnibus bill rather than incremental changes to each prior session bill, Staff would recommend providing consistent roll-forward timelines for all requests.
- 4 The Department request for H.B. 22-1303 was adjusted as part of the Department's ARPA hearing. The bill included ARPA funds for operating costs in FY 2023-24 for the capital projects that are not yet operational. The Department has now identified those reversion amounts for reduction and reinvestment. Staff does not believe that the same issue applies to H.B. 22-1283.
- 5 **Staff requests permission to work with Office of Legislative Legal Services (OLLS) Staff to draft any programmatic statutory changes** that may be necessary to effectuate approved roll-forward requests. While OLLS is drafting legislation related to the ARPA swap, OLLS does not believe authority has been approved to draft programmatic changes. Staff requests permission to draft changes to align with Committee action as necessary, and expects that changes span multiple Departments outside of this presentation. Staff is currently aware of changes required for the BHA, Early Childhood, Labor, and Public Health and Environment related to changes pending or approved by the Committee.

S.B. 22-177 (INVESTMENTS IN CARE COORDINATION INFRASTRUCTURE)

BHA S.B. 22-177 (CARE COORDINATION INFRASTRUCTURE)					
PROJECT	APPROPRIATION	EXPENDITURE	ENCUMBERED	ROLL FORWARD	REDUCTION
Care coordination infrastructure	\$12,200,000	\$31,730	\$0	\$12,200,000	\$0

Repeal Date: None

Existing Spending Authority: December 30, 2024

Requested Roll-forward: December 31, 2026

Recommendation: Approval of the request with reporting to the JTC.

The bill requires that the BHA work with the Department of Health Care Policy and Financing (HCPF) to develop a cloud-based care coordination system no later than July 1, 2024. The BHA states that spending of SB 21-137 was prioritized because the funds had an earlier spend deadline of June 2024, compared to the December 2024 deadline in SB 22-177.

During the hearing, the BHA indicated that SB 21-137 appropriated a total of \$84.7 million ARPA funds to the BHA for 16 different projects. Development of care coordination infrastructure accounted for one project and \$26.0 million of the appropriation. Senate Bill 22-177 added four requirements for the care coordination infrastructure beyond what was originally required by S.B. 21-137. Changes include that the platform support providers who do not have electronic health records, support services that are funded through Medicaid and private insurance, capabilities for people and providers to connect directly with the BHA and BHASOs, and outcomes reporting.

The BHA provided a product delivery roadmap that incorporates iterative feedback from providers for development through the end of FY 2025-26. The BHA indicates that BHASOs were always anticipated to be a user of the technology, and extended spending authority will better align with the implementation of the BHASO structure. However, the overall request has more to do with the prioritization of spending down SB 21-137, which focused on technology resources for individuals, before layering on additional functionality requirements from SB 22-177, which focuses on technology resources for providers.

To align with the Committee's prior discussions, staff recommends approval of the request with a letter to the Joint Technology Committee recommending that the BHA present annually on project status and the care coordination infrastructure generally through at least 2026.

[S.B. 22-181 \(BEHAVIORAL HEALTHCARE WORKFORCE\)](#)

BHA S.B. 22-181 (BEHAVIORAL HEALTHCARE WORKFORCE)					
PROJECT	APPROPRIATION	EXPENDED	ENCUMBERED	ROLL FORWARD	REDUCTION
Workforce expansion	\$17,786,654	\$140,000	\$2,230,000	\$16,368,697	\$0
Peer support	5,928,337	0	0	5,928,337	0
Learning academy	4,856,674	0	0	4,856,674	0
Retention grants	4,500,000	370,000.00	260,000.00	3,300,000	0
Aide program	3,735,319	20,000	150,000	1,796,130	1,719,334
TOTAL	\$36,806,984	\$530,000	\$2,640,000	\$32,249,838	\$1,719,334

Repeal Date: **September 1, 2024**

Existing Spending Authority: December 30, 2024

Requested Roll-forward: December 31, 2026

Recommendation: Approval of the request, including statutory change to extend the repeal date to January 1, 2027.

The bill includes a total appropriation of \$72.0 million cash from the Behavioral and Mental Health Cash Fund. Of this amount, \$36.8 million is appropriated to the BHA, while \$20.0 million is appropriated to the Department of Public Health and Environment (CDPHE), and \$15.2 million is appropriated to the Department of Higher Education. The bill provides spending authority through June 30, 2024. For the BHA appropriation, the Executive Branch reports \$532,535 has been expended and \$2.6 million is encumbered. The Executive Branch has identified \$1.7 million from the bill to be reduced and used for other purposes.

The BHA indicates that 24 grant awards have been issued under the bill, and contracts are currently under negotiation. Specific grant awardees and amounts were provided in the hearing response in Appendix B. Without extended spending authority, awardees will only have until the end of the current fiscal or calendar year to spend awards. The bill does not include a timeline for expenditures, but all but one section of the appropriations clause is tied to statute that repeals September 1, 2024 (Section 27-60-305, C.R.S.).

The hearing responses indicate that the spending timeline has been slower than anticipated in the legislation due to stakeholder engagement that included settling on topics and course development, procurement procedure development and approval through Treasury, and required collaboration with other state agencies, providers, employers, schools, and communities.

Approval of the request will require legislation to extend the repeal date of the program. Because the request extends beyond the repeal date, the roll-forward request does not appear to align with legislative intent for the program timeline. However, denying the roll-forward request will limit the time for grant awardees to spend funds and limit services provided to the people of Colorado as intended by the General Assembly. The request overlaps with roll-forward authority that has been requested and approved for the same bill from the Department of Higher Education. No request has been submitted related to the CDPHE appropriation.

[S.B. 22-196 \(HEALTH NEEDS OF PERSONS IN CRIMINAL JUSTICE\)](#)

BHA S.B. 22-196 (HEALTH NEEDS OF PERSONS IN CRIMINAL JUSTICE)						
PROJECT	APPROPRIATION	EXPENDITURE	ENCUMBERED	ROLL FORWARD	REDUCTION	REMAINDER
Intervention detection and redirection grant	\$50,700,000	\$126,798	\$24,677,942	\$31,913,485	\$0	\$18,659,717

Repeal Date: January 31, 2027

Existing Spending Authority: December 30, 2024

Requested Roll-forward: December 31, 2026

Recommendation: Approval of the request.

The bill includes an appropriation of \$61.4 million to six departments, including \$50.7 million from the Behavioral and Mental Health Cash Fund to the BHA to create the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program. The program can support a wide range of purposes, including pre-arrest diversion, post-arrest treatment, and capital projects. Executive Branch reports indicate that \$126,798 has been expended, and \$24.7 million has been encumbered.

The program repeals in January 2027, and the BHA was required to begin accepting applications no later than December 31, 2022. The BHA indicates that all funds have been awarded to 29 subrecipients with 28 contracts fully executed as of December 2023. The Department allocated \$35.2 million for expenditure by the grant recipients in FY 2023-24, and \$14.4 million in FY 2024-25.

The hearing responses from BHA indicate that the bill required an extensive evaluation committee consisting of 13 uncompensated members from specific backgrounds and professions. Formation of the committee and scheduling meetings therefore required more time than anticipated in crafting the legislation. The BHA was also required to develop the grant for small, grassroots organizations that are not typically contracted with the BHA. The application therefore required partnership with other organizations to develop, review, and edit. In the end, 175 proposals were received and reviewed, with awards made to 109. This marked a 30.0 percent increase to the BHA's overall contract volume.

H.B. 22-1283 (YOUTH AND FAMILY BEHAVIORAL HEALTH CARE)

BHA/DHS H.B. 22-1283 (YOUTH AND FAMILY BEHAVIORAL HEALTHCARE)					
PROJECT	APPROPRIATION	EXPENDITURE	ENCUMBERED	ROLL FORWARD	REDUCTION
Fort Logan youth neuro-psych unit	\$35,539,926	\$350,000	\$1,500,000	\$30,697,884	\$0
In-home youth respite	11,628,023	70,000	0	0	7,800,000
Residential youth substance treatment	5,000,000	830,000	4,170,000	2,200,000	0
Crisis system	2,500,000	0	2,050,000	1,200,000	0
TOTAL	\$54,667,949	\$1,250,000	\$7,720,000	\$34,097,884	\$7,800,000

Repeal Date: July 1, 2028, None.

Sections related to one-time funding repeal September 2027, there is not otherwise a repeal date associated with the youth neuro-psych unit.

Existing Spending Authority: December 30, 2024

Requested Roll-forward: June 30, 2026 and December 31, 2026

Recommendation: Approval of roll-forward for the Fort Logan youth neuro-psych unit and youth substance treatment with annual reporting on the Fort Logan unit to the CDC, and denial of roll-forward for crisis systems.

The bill included a total appropriation of \$54.7 million from the Behavioral and Mental Health Cash Fund to the Department of Human Services with spending authority through December 30, 2024. Appropriations included \$11.6 million for child welfare residential programs, \$5.0 million to the BHA for adolescent substance use residential treatment beds, \$2.5 million to the BHA for crisis response services, \$35.0 million for capital construction to construct a new youth neuro-psych unit at Fort Logan. Executive Branch reports indicate that \$1.2 million has been expended and \$5.6 million has been encumbered.

The fiscal note appears to assume that all projects under the bill are expected to be ongoing programs supported with General Fund beginning in FY 2024-25. The Department has not requested ongoing funding for respite beds, or the BHA substance use treatment and crisis system support. The Committee could choose to appropriate General Fund for contract respite beds in FY 2024-25, but the Department appears to have had trouble finding providers and does not appear to intend to continue the program beyond June 30, 2024.

Fort Logan Neuro-Psych

The bill includes a \$35.0 million capital construction appropriation to build a new youth neuro-psych unit at Fort Logan. The fiscal note assumes capital construction costs will be supported with ARPA funds through FY 2023-24, and staffing costs for the new unit will begin in FY 2024-25 supported with General Fund. The Department indicates that the new unit is still in the design phase but anticipates that the unit will open in the summer of 2025. The project requires an extended spending timeline, but is expected to remain within budget at this time. The Department has requested the General Fund annualization for staffing costs as part of the FY 2024-25 budget, but agrees with JBC staff that full year funding is not appropriate based on the phase of the project.

In the hearing response, the Department indicates that the bill was not referred to the Capital Development Committee and they have therefore not presented to the CDC on the project. However, the project has otherwise followed normal procedures with the Office of the State Architect (OSA). The OSA first reviewed the project as early as June 2022 and the project is included in annual status reports to OSA. The Department currently expects the project to be complete in January 2026, which is a six-month delay from when the Department presented to the Committee.

In-home Youth Respite

The bill includes \$11.6 million for in-home youth respite care. The Department indicates that this is a unique service type and they received no responses for service providers after three rounds of RFPs. The fiscal note assumed an ongoing annual cost of \$1.6 million, with costs after 2024 assumed to be General Fund. The Department has identified the first two years of unspent funds due to failed RFPs for reinvestment, which has been approved by the Committee. The Department indicates that roll-forward authority is not requested for this portion of the appropriation as all existing contracts end June 30, 2024.

Residential Youth Substance Treatment

The bill includes \$5.0 million for youth substance treatment beds through the BHA. The fiscal note assumed the appropriation would support 8 to 15 beds, and ongoing costs would be addressed through the budget process. If the BHA intended to spend funds over four fiscal years, the roll-forward request is in line with two years of expenditures. The Department indicates that 3 beds have been contracted with Denver Health, with capacity to expand to 21 beds for youth experiencing acute withdrawal as needed. Funding has also supported a project at Jefferson Hills that has struggled to be implemented due to understaffing. The BHA indicates that staffing is expected to improve following sign-on bonuses, and 16 beds are expected to open in the Spring of 2024. The BHA further indicates that the funding does not overlap with resources contemplated in H.B. 24-1038 (High-acuity Youth).

Crisis System

The bill includes \$2.5 million for crisis system services. The bill includes language stating that money appropriated for crisis system services must continue statewide access to crisis system services for children and youth until June 30, 2026. The fiscal note assumes that any costs beginning in FY 2024-25 would be a General Fund obligation. The BHA has not requested the General Fund annualization associated with this cost.

House Bill 24-1019 (Crisis Resolution Team Program) has been referred to House Appropriations, and includes an ongoing \$2.5 million General Fund appropriation for the crisis program. The fiscal note indicates that the BHA has communicated that existing ARPA funds will be fully expended by the end of FY 2023-24, and General Fund is necessary to continue the program.

The BHA hearing response states the following:

“These funds do not overlap with HB 24-1019. BHA’s current program projections project that the CRT program costs \$2.5 million a year to operate and the ARPA funds will be fully expended at the end of FY 2023-24. The request for roll forward is to align the spending authority with the legislative program authority, which goes through 2026. Additionally, this request is meant to ensure that, if for any reason, funds are not fully expended in FY 2023-24, all outstanding funds can continue to be utilized to support the CRT pilot program in alignment with the intent of these funds.”

The BHA has indicated to both Legislative Council Staff and the Committee that ARPA funds are expected to be fully expended by the close of FY 2023-24. The current spending authority exists through December 30, 2024. **Staff therefore recommends denial of the roll-forward request for this portion of the bill.**

[H.B. 22-1303 \(RESIDENTIAL BEHAVIORAL HEALTH BEDS\)](#)

DHS H.B. 22-1303 (RESIDENTIAL BEHAVIORAL HEALTH BEDS)					
PROJECT	APPROPRIATION	EXPENDITURE	ENCUMBERED	ROLL FORWARD	REDUCTION
Transitional living homes (contract beds)	\$33,484,921	\$0	\$4,720,000	\$11,185,761	\$22,299,160
Fort Logan unit	13,933,981	170,000	1,150,000	5,221,734	6,578,266
State residential facilities	10,425,517	520,000	450,000	5,471,872	3,809,489
TOTAL	\$57,844,419	\$690,000	\$6,320,000	\$21,879,367	\$32,686,915

Repeal Date: None.

Existing Spending Authority: December 30, 2024

Requested Roll-forward: December 31, 2026

Recommendation: Staff recommends approval of the updated request with annual reporting on capital projects to the CDC.

The bill includes multiple appropriations to increase residential behavioral health beds managed by the Office of Civil and Forensic Mental Health (OCFMH). The bill includes three projects that are referred to by different names. Some projects are coming in above cost, while others are below the cost estimate that informed the fiscal note.

Fort Logan Unit

The bill includes capital and operating appropriations of \$13.9 million to open a new 16 bed unit at Fort Logan through the renovation of an existing building. This project is also referred to as the Geriatric Wing, or G-Wing. The Department estimates that the project is running \$11.4 million over the appropriation due to unanticipated structural problems with the existing building. The Committee has already approved supplemental action to increase the capital appropriation associated with this project. Beds are expected to serve forensic clients until the competency waitlist declines, at which point the unit may serve civil patients.

The Department indicates that the bill was not referred to the Capital Development Committee, but the CDC has discussed the project this year as the Department submitted supplemental requests related to changing project expenditures and timelines as contemplated in this request. The project has otherwise followed normal standards for review by the Office of the State Architect.

The hearing responses also indicate that the Department identified an additional \$6.6 million for reinvestment. The original appropriation included funding for operations assuming the project would be complete in FY 2023-24. Since the project is ongoing, those operational appropriations will not be spent and can be made available for other priorities.

Transitional Living Homes – Private Contracts

The bill requires that the Departments of Human Services and Health Care Policy and Financing coordinate to establish a minimum of 125 mental health residential beds throughout the state. The bill includes an appropriation of \$33.5 million for the purpose of contracting for beds, and supporting renovations at private facilities. OCFMH indicates that they have managed to open 140 beds under cost as the need for private facility renovations was not realized. The Executive Branch has requested a reduction to account for this difference that has been approved by the Committee.

Transitional Living Homes - State Residential Beds

The bill includes \$10.4 million to establish a new residential placement type to serve individuals with mental health disorders who do not need the full support of the state hospital, but are in need of a long-term residential setting. Services may include assistance with medication, intensive case management, life skills training, and non-medical transportation. The bill was expected to support 18 beds at existing state properties from closed regional centers. The fiscal note assumed costs would transition to General Fund beginning in FY 2024-25.

The Department's hearing response indicates that roll-forward authority is requested as homes are currently under construction. However, the Department also identified that the bill included \$3.8 million for operating costs in FY 2023-24 that will not be spent since the homes are not constructed. The \$3.8 million is in addition to other reductions approved by the Committee and is available to be used for other purposes.

ANNUALIZATIONS OF PRIOR YEAR LEGISLATION

The Department's November request includes the out-year impact of legislation passed in prior years, typically referred to as annualizations of prior year legislation. Annualizations are included in the base budget and line item detail and are reviewed by JBC Staff. However, annualizations are not typically a decision item actively considered by the Committee unless technical concerns arise, as they are intended to align the base budget with actions the General Assembly has already approved.

The Department's November request includes annualizations that align with the fiscal notes of the related legislation, and would typically be in line with correct practice. However, some annualizations do not reflect the current implementation status of the bill.

The Department's November request includes General Fund increases to annualize [H.B. 22-1283 \(Family and Youth Behavioral Health Care\)](#) and [H.B. 22-1303 \(Increase Residential Behavioral Health Beds\)](#) aligned with the FY 2024-25 impact provided in the associated fiscal notes. However, the

annualizations are not aligned with the current implementation status of the legislation. Both bills included capital appropriations to construct new units at Fort Logan. The fiscal note assumed that both units would be completed and operational by FY 2024-25, and therefore assumed General Fund would be required to support staffing costs. The assumption was mostly based on required ARPA spending timelines rather than the normal timeline for completing capital projects.

Both units are currently in the design phase and have not yet begun construction. The Department estimates that construction for the H.B. 22-1303 unit is expected to be complete June 2025, while the H.B. 22-1283 is not expected to be complete until January 2026. The Department indicates that two months of training is required for new staff. Therefore, hiring for the H.B. 22-1303 unit is expected to begin in April to have a fully staffed and trained unit by June.

The Committee could choose not to appropriate any funding for FY 2024-25 assuming that the projects will run behind schedule and will not be operational before the close of the fiscal year. If the Committee chooses not to appropriate any funding for FY 2024-25 and the unit is successfully completed in June, the Committee risks a four-month period between when the unit is complete and when it is operational.

STAFF RECOMMENDATION

The staff recommendation for each bill is provided in the table below. Both bills include other components not associated with the construction of Fort Logan units. Staff recommends approval of other amounts associated with H.B. 22-1303 that are in line with current Department operations and the fiscal note for the bill. Staff recommends partial year funding of the H.B. 22-1303 unit and no funding associated with the H.B. 22-1283 unit, as well as an RFI for the Department to report on the status of the projects to facilitate supplemental adjustments as necessary.

DEPARTMENT TOTAL - 1283/1303 ANNUALIZATIONS				
	TOTAL FUNDS	GENERAL FUND	FEDERAL FUNDS	FTE
HB 22-1283	\$0	\$0	\$0	0.0
HB 22-1303	22,627,215	15,471,637	7,155,578	38.4
Total	\$22,661,281	\$15,505,703	\$7,155,578	38.4

The Department is not confident that the project status will be known with any more confidence to allow for a supplemental adjustment. Staff believes that it is more prudent to budget for the units to open this fiscal year and consider a mid-year cut if necessary than to not account for staffing costs now and consider a supplemental increase if construction is still on track. Staff will continue to work with the Department during the supplemental and figure setting process next year to assess appropriate funding adjustments as necessary.

Staff recommends the following RFI to assess project status and potentially facilitate mid-year adjustments.

“Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Fort Logan – The Department is requested to provide by November 1, 2024 information on the current status of capital projects authorized by H.B. 22-1283 (Youth and Family Behavioral Health Care) and H.B. 22-1303, including the estimated timeline for project completion, and the estimated timeline for hiring new staff. Projects should include the youth

neuro-psych facility established by H.B. 22-1283, and the G-wing renovation and State Residential Group Home beds established by H.B. 22-1303.”

HOUSE BILL 22-1283

The Department request includes \$12.1 million General Fund related to the annualization of the bill. The bill includes multiple components, including contracted respite beds in the Division of Child Welfare, youth Substance Use Disorder treatment beds and crisis system services in the BHA, as well as the additional unit at Fort Logan. The Committee has considered reductions and roll-forward requests related to the DCW and BHA amounts.

The fiscal note indicates that General Fund annualizations were expected to support respite beds and crisis services on an ongoing basis, expected to be \$5.3 million in FY 2024-25 split between ARPA funds and General Fund. The Department has only requested a \$340,660 annualization in DCW, and has submitted a request to reduce the ARPA respite care appropriation. Staff therefore assumes that the Department does not intend to continue the program as anticipated in the fiscal note, and the Committee should consider whether and how the respite program should continue if it was the General Assembly’s intent that it be ongoing.

Staff anticipates that crisis funding will continue under the BHA through separate legislation. The remainder of the fiscal note is related to staffing the Fort Logan unit that is not expected to open until 2026. **Staff therefore recommends no appropriation related to the annualization of H.B. 22-1283, which is a \$12.1 million General Fund reduction from the request.**

House Bill 22-1303

The bill consisted of three projects: the renovation of a unit at Fort Logan (16 beds), Group Homes/State Residential Facilities (18 beds), and Contract Beds (106 beds). The group homes and contracted beds are more frequently referred to as Mental Health Transitional Living Homes, and included the renovation of existing state regional centers (18 beds) as well as contracts with private facilities (107 beds). While the Department anticipates that the G-wing unit will not be operational until June 2025, Transitional Living Homes are expected to be operational between July and September of 2024. Therefore, to hire and train staff the Department anticipates that a full year of funding is necessary to support the Transitional Living Homes, which make up a majority of the annualization.

The fiscal note anticipated a General Fund annualization of \$3.1 million in FY 2024-25 for the staffing costs associated with the G-wing, assuming that half of the year would be supported with ARPA funds and half General Fund. As has occurred with other Fort Logan units, the Department used staffing ratios for a civil unit rather than a forensic unit when estimating the fiscal note. The cost of appropriately staffing the unit is therefore underestimated in the fiscal note.

The Department assumes that an appropriation of \$2,271,798 General Fund is necessary to hire and train staff if the unit opens in June. Staff has included this amount in the funding recommendation for Fort Logan, assuming that it is better budgeting practice to account for that cost now and reduce mid-year depending on project status, rather than consider a mid-year increase. However, the Committee could choose to appropriate a smaller amount, or no General Fund at assuming the project may not be completed on the current timeline. The staff recommendation for the annualization of H.B. 22-1303 by line item is provided in the table below.

H.B. 22-1303 ANNUALIZATION REQUEST AND RECOMMENDATION					
		REQUEST		RECOMMENDATION	
		General Fund	FTE	General Fund	FTE
Admin & Finance					
	Personal Services	\$140,482	3.3	\$0	0.0
	Operating Expenses	134,610	0.0	0	0.0
	Vehicle lease payments	4,996	0.0	0	0.0
	<i>Subtotal</i>	<i>\$280,088</i>	<i>3.3</i>	<i>\$0</i>	<i>0.0</i>
BHA					
	Community BHA Program Admin	\$93,409	1.0	\$93,409	1.0
Fort Logan					
	Personal Services	\$4,501,208	58.2	\$2,271,798	14.6
	Operating Expenses	308,570	0.0	0	0.0
	Contract Medical Services	146,620	0.0	0	0.0
	Pharmaceuticals	227,760	0.0	0	0.0
	<i>Subtotal</i>	<i>\$5,184,158</i>	<i>58.2</i>	<i>\$2,271,798</i>	<i>14.6</i>
Forensic Services					
	Court Services	\$98,124	1.0	\$98,124	1.0
Mental Health Transitional Homes					
	Mental Health Transitional Homes	\$12,599,486	21.8	\$12,599,486	21.8
	TOTAL	\$18,255,265	85.3	\$15,062,817	38.4

BHA ANNUALIZATIONS

The recommendation also includes a decrease of 9.0 FTE in the BHA related to the annualizations of S.B. 22-181 and S.B. 22-196 included in the base request. The FTE amounts are aligned with the fiscal notes, but the BHA request assumed the FTE had been removed in the prior year budget along with the associated ARPA funds. However, staff determined that the FTE were not removed from the base budget related to these bills and the requested increase would therefore be duplicative.

(1) EXECUTIVE DIRECTOR'S OFFICE

The Executive Director's Office is the central administrative office responsible for general department policy, budgeting, public information, human resources, internal audits, and outreach to county departments of human services. This office also includes appropriations for various boards and commissions and for entities that provide separate quality assurance, oversight, or policy direction for human services programs. This document includes a recommendation for one such line item that relates to behavioral health services. The remaining line item appropriations for this office are covered in the figure setting document presented by Tom Dermody on February 15, 2024.

DECISION ITEMS – EXECUTIVE DIRECTOR'S OFFICE

→ BHOCO R1 BEHAVIORAL HEALTH OMBUDSMAN INCREASE

REQUEST: The Department request includes an increase of \$94,418 General Fund and 1.0 FTE in FY 2024-25, and \$87,418 General Fund and 1.0 FTE in FY 2025-26 and ongoing, for the Office of the Behavioral Health Ombudsman. The request is the continuation of a Supplemental request approved by the Committee and partially continues one-time ARPA funds with ongoing General Fund.

RECOMMENDATION: Staff recommends an increase of \$341,682 General Fund and 3.3 FTE in FY 2024-25, and \$407,869 General Fund and 3.5 FTE in FY 2024-25 and ongoing.

ANALYSIS: The Behavioral Health Ombudsman is referred to as Office of Ombudsman for Behavioral Health Access to Care in statute (Section 27-80-303, C.R.S.), but is publically known as the Behavioral Health Ombudsman of Colorado (BHOCO). The Ombudsman was established through [H.B. 18-1357 \(Behavioral Health Care Ombudsperson Parity Reports\)](#) and is a Type 1 entity, indicating that the Office operates independently of DHS and the BHA outside of limited administrative support.

The Department of Human Services may, but is not required to provide funding to the Ombudsman (Section 27-80-303 (1)(c), C.R.S.). The FY 2023-24 Long Bill included an appropriation of \$133,196 General Fund and 1.5 FTE for the Ombudsman. The Office also received \$300,000 in ARPA funds through [S.B. 21-137 \(Behavioral Health Recovery Act\)](#) with spending authority for the funds extended through FY 2023-24. The Ombudsman utilized ARPA funds to support additional part-time FTE and develop a case management system, but indicates that ARPA funds have been fully expended.

The statutory role of the Ombudsman includes the following responsibilities (Section 27-80-303 (3), C.R.S.).

- Interact with consumers and providers with concerns or complaints to help resolve behavioral health care access and coverage issues;
- Identify, track, and report concerns, complaints, and potential violations of state or federal rules, regulations, or statutes to the appropriate regulatory or oversight agency;
- Receive and assist consumers and providers in reporting concerns and filing complaints relating to inappropriate care, emergency mental health holds, or certifications for short- and long-term treatment;

- Provide information to help consumers obtain behavioral health care;
- Develop points of contact for referrals to other state and federal agencies; and,
- Provide information to help consumers or providers file appeals or complaints with the appropriate entities, including insurers and other state and federal agencies.

The Office states that day-to-day work aims to help consumers and providers navigate behavioral health access and coverage issues, file complaints, gather data, and report findings to the General Assembly, Governor's Office, and the public. The Ombudsman conducts intakes for people receiving insufficient behavioral health care despite immediate risk of harm to themselves or others. The Office notes that they are receiving an increasing number of requests from government agencies to participate in complex cases.

The Ombudsman is required to provide an annual report to the General Assembly, most recently published in September 2023 for FY 2022-23.³ The report identifies three systemic barriers to behavioral health care in the state, outlined below.

- 1 Ambiguous single and sustainable points of entry to care.
- 2 Limited resources including funding, case management, and number of providers.
- 3 Gaps between short-term crisis stabilization and long-term care.

The most prominent gaps in long-term care identified by the Ombudsman include adults discharged from short-term crisis residential facilities to homelessness, and cases involving children under the age of 21. The Office notes that for adults there is frequently a gap between the treatment need identified by providers and the funding approved by payors. For children, the Office is frequently involved in cases for youth who have been therapeutically and payor approved for residential treatment, but no appropriate facility exists or waitlists for placement exceed weeks and months. Children are therefore discharged from short-term, temporary care even though they are approved for residential care and discharge is deemed unsafe by the provider and guardians due to threat of harm to themselves or others. In 2023, 90.0 percent of youth cases involved youth who were in a hospital with no available placements or community-based wraparound services.

The request indicates that caseload has increased since the Office began. The Office averaged 16 new cases per month in 2020, compared to 27 new cases per month in 2023. This marks a 68.8 percent increase over three years managed by 1-3 part time staff depending on fluctuating funding levels. The Office currently reports 156 open cases, with half being "high intensity." High intensity cases typically require 1-5 hours of communication per day, and may take 2-6 months of active casework to identify post-hospitalization care. Each case can take 10-30 hours of initial intake work in the first month, with ongoing follow up until the case is resolved. The Office is actively engaged with federal and state agencies, RAEs, community providers, hospitals, and families to establish appropriate care, and is therefore filling the behavioral healthcare gaps between HCPF and the BHA that continue to persist.

Each week, the intake specialist and ombudsman hold case review meetings to discuss the needs, intensity level, and next steps for each new and existing case. Cases typically include people seeking care on behalf of themselves or others, or providers with concerns about mental health parity, access, or coverage concerns. People are typically reaching out after having extensive contact with other

³ [Behavioral Health Ombudsman Annual Report, 2023.](#)

government agencies with their needs going unaddressed. The Office indicates that many cases are not resolved within a month. In January, the Office closed 6 cases and opened 25.

While the phone number for the Office is publically available online, the Office indicates that they have never actively marketed their service because they have never been able to meet the caseload demand that has occurred organically. The Office may triage what statutory responsibilities they prioritize based on available funding. The Annual Report indicates that the Office is currently prioritizing case management, systems improvements, and continued collaboration with governmental agencies.

ARPA FUNDS

The BHOCO was appropriated \$300,000 that originated from the American Rescue Plan Act of 2021 (ARPA) through S.B. 21-137 rolled forward through FY 2023-24. The Office's Annual Report indicates that funds were utilized to support two part-time staff, and implement a new case management system. The Office states that they were able to successfully reduce response times with the increased funding even though caseload increased during the same time period.

ARPA funds combined with the existing General Fund appropriation allowed the Office to support four staff on a mostly part-time basis. Without additional investments, the Office will not be able to continue current operations levels and be reduced to 1.5 FTE to manage statewide behavioral health access complaints. The Office indicates that current practice is to allocate hours to staff on a weekly basis depending on how much funding is available. This practice does not allow for reliable public service, or competitive hiring and compensation.

CHILD PROTECTION OMBUDSMAN

The creation of the Behavioral Health Ombudsman was in part modeled after the Child Protection Ombudsman (CPO) within the Judicial Department. The CPO serves as an independent agency to investigate complaints and grievances about child protection services, make recommendations about system improvements, and serve as a resource for persons involved in the child welfare system.

[Senate Bill 10-171 \(Creation of the Child Protection Ombudsman\)](#) originally created the CPO in the Department of Human Services and included an appropriation of \$175,000 General Fund to contract with a public agency or nonprofit to establish the CPO. [Senate Bill 15-204 \(Autonomy of Child Protection Ombudsman\)](#) moved the CPO to the Judicial Department with 2.2 FTE in the first year, and 4.3 FTE on an ongoing basis. The CPO has increased to a total appropriation of \$2.2 million General Fund and 12.0 FTE in FY 2023-24.

Both the Child Protection Ombudsman and the Behavioral Health Ombudsman were established with the purpose of holding government agencies accountable for service provision. While there is similarity in the purpose of the offices, there are also differences in operations. The CPO has a more investigatory role that focuses on legal recourse for events that happened in the past. In contrast, the BHOCO conducts intakes for people who are currently receiving insufficient behavioral health care. The role of CPO appears to have a larger scope, but the role of the BHOCO appears to be much more time sensitive.

RECOMMENDATION

Staff recommends an increase of \$341,682 General Fund and 3.3 FTE in FY 2024-25, and \$407,869 General Fund and 3.5 FTE in FY 2025-26 and ongoing. The increase reflects a total appropriation of

5.0 FTE in the out-year. The recommendation can be scaled up or down, but is intended to more closely align the Behavioral Health Ombudsman with the original appropriation provided to the Child Protection Ombudsman. Positions include a Deputy Ombudsman and Intake and Communications specialists. The Office indicates that additional staff would primarily allow the office to increase the number and timeliness of cases reviewed, but may also allow the Office to increase public awareness and reporting of their services.

The Office estimates that an increase of \$184,920 General Fund and 2.0 FTE is necessary to continue ARPA temporary funded staff. At the current funding level of 1.5 FTE, capacity is restricted by the basic administrative tasks required to manage an office. The Office estimates that 80 hours/month is currently invested in meeting statutory requirements outside of case management. At such low staffing levels, each additional FTE is expected to have a significant impact on capacity.

LINE ITEM DETAIL – EXECUTIVE DIRECTOR’S OFFICE

(B) SPECIAL PURPOSE

OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE

House Bill 18-1357 created the Office of the Ombudsman for Behavioral Health Access to Care (Office), and requires the Commissioner of Insurance to report annually on insurance carrier compliance with mental health parity requirements⁴. Statute requires the Office to operate independently of DHS and with complete autonomy. Prior to FY 2022-23, the Office operated pursuant to a memorandum of understanding with the Department of Human Services (DHS) that defined the roles of DHS and the Office. Senate Bill 21-137 (Behavioral Health Recovery Act) eliminated the requirement for a memorandum of understanding and outlined the specific roles of the DHS Office of Behavioral Health in support of the Office, including support with administration such as personnel matters, recruiting, payroll, benefits, budget submission, accounting, facilities, and other supports that “will help maintain the independence of the office.”

The DHS Executive Director and the Commissioner of Insurance are required to appoint liaisons to the Ombudsman to receive reports of concerns, complaints, and potential violations. The duties of the Ombudsman include:

- Resolving access and coverage issues.
- Monitoring concerns, complaints, and potential violations of state or federal rules, regulations, or law.
- Receiving and reporting concerns and complaints relating to inappropriate care.
- Providing information to help consumers obtain behavioral health care.
- Developing appropriate points of contact for referrals.
- Assisting in filing appeals or complaints.
- Reporting every September 1 to the Governor, the DHS Executive Director, the BHA Commissioner, the Commissioner of Insurance, and the House and Senate Health committees.

⁴ The federal Mental Health Parity and Addiction Equity Act of 2008 requires that certain health insurers provide mental health or substance use disorder benefits comparable to medical and surgical benefits. These provisions are also included in Colorado law [Section 10-16-104 (5.5), C.R.S.].

Statute specifies that the Office may seek gifts, grants, and donations to support the operations of the Office. The Department may, but is not required, to provide funding for the Office (Section 27-80-303 (1)(c), C.R.S.). The FY 2021-22 Long Bill included a continuation appropriation of \$131,287 General Fund and 1.5 FTE to support the Office. For FY 2021-22, S.B. 21-137 added \$300,000 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal funds from the Coronavirus State Fiscal Recovery Fund) to assist the Office in resolving access and coverage concerns for patients and providers. The appropriation was identified as one-time in nature but provided authority for the Office to spend the money in either FY 2021-22 or FY 2022-23. The Office received a continuation level of General Fund and 1.5 FTE in FY 2022-23 and FY 2023-24.

STATUTORY AUTHORITY: Section 27-80-301, et seq., C.R.S. [Behavioral Health Access to Care Ombudsman Act]; Section 24-1-120 (12), C.R.S. [Creation within the Department of Human Services].

REQUEST: The Office requests \$217,683 General Fund and 2.5 FTE. The request reflects an increase from BHA R1 Ombudsman staffing.

STAFF RECOMMENDATION: **The staff recommendation is provided in the table below** and includes adjustments for prioritized requests.

EXECUTIVE DIRECTOR'S OFFICE, GENERAL ADMINISTRATION, OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$133,196	\$133,196	\$0	\$0	\$0	1.5
H.B. 24-1187 (Supplemental)	\$36,205	\$36,205	\$0	\$0	\$0	0.5
TOTAL	\$169,401	\$169,401	\$0	\$0	\$0	2.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$169,401	\$169,401	\$0	\$0	\$0	2.0
BHA R1 Ombudsman staffing	341,682	341,682	0	0	0	3.3
Annualize prior year budget actions	7,209	7,209	0	0	0	0.0
Annualize prior year legislation	(36,205)	(36,205)	0	0	0	(0.5)
TOTAL	\$482,087	\$482,087	\$0	\$0	\$0	4.8
INCREASE/(DECREASE)	\$312,686	\$312,686	\$0	\$0	\$0	2.8
Percentage Change	184.6%	184.6%	0.0%	0.0%	0.0%	140.0%
FY 2024-25 EXECUTIVE REQUEST	\$217,683	\$217,683	\$0	\$0	\$0	2.5
Request Above/(Below) Recommendation	(\$264,404)	(\$264,404)	\$0	\$0	\$0	(2.3)

(5) BEHAVIORAL HEALTH ADMINISTRATION

The General Assembly added this section to the FY 2022-23 Long Bill to support the Behavioral Health Administration established pursuant to H.B. 21-1097 (Establish Behavioral Health Administration) and H.B. 22-1278 (Behavioral Health Administration). Aligning with the responsibilities of the BHA as outlined in H.B. 22-1278, the Committee-approved Long Bill reorganization for FY 2022-23 moved most of the line items that were reflected in the Office of Behavioral Health (other than those associated with forensic services and the mental health institutes) into the newly created BHA division/section of the Long Bill.

BEHAVIORAL HEALTH ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$271,646,176	\$150,324,359	\$67,654,605	\$10,585,680	\$43,081,532	154.1
Other legislation	(1,775,122)	(1,775,122)	0	0	0	2.0
H.B. 24-1187 (Supplemental)	20,669	0	11,038	328	9,303	0.0
TOTAL	\$269,891,723	\$148,549,237	\$67,665,643	\$10,586,008	\$43,090,835	156.1
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$269,891,723	\$148,549,237	\$67,665,643	\$10,586,008	\$43,090,835	156.1
R8 Provider rate adjustment	4,635,328	3,126,605	1,505,348	3,375	0	0.0
Technical adjustments	1,777,875	(8,447)	(20,360)	1,806,682	0	0.0
Annualize prior year budget actions	1,378,229	676,497	327,889	23,038	350,805	6.4
Indirect cost assessments	149,732	0	82,141	3,150	64,441	0.0
Non-prioritized requests	(1,000,000)	0	(1,000,000)	0	0	0.0
Annualize prior year legislation	(960,889)	(890,220)	(61,038)	(328)	(9,303)	11.1
TOTAL	\$275,871,998	\$151,453,672	\$68,499,623	\$12,421,925	\$43,496,778	173.6
INCREASE/(DECREASE)	\$5,980,275	\$2,904,435	\$833,980	\$1,835,917	\$405,943	17.5
Percentage Change	2.2%	2.0%	1.2%	17.3%	0.9%	11.2%
FY 2024-25 EXECUTIVE REQUEST	\$274,952,350	\$150,843,431	\$68,190,891	\$12,421,250	\$43,496,778	182.6
Request Above/(Below) Recommendation	(\$919,648)	(\$610,241)	(\$308,732)	(\$675)	\$0	9.0

INFORMATIONAL ITEMS

→ CORRECTIONAL TREATMENT CASH FUND ADJUSTMENTS

The BHA's base request includes adjustments related to the Correctional Treatment Cash Fund that are indicated as a technical adjustment. The request aligns with the FY 2024-25 funding plan from the Correctional Treatment Board,⁵ and the General Assembly may have limited authority to change the use of funds. Staff therefore does not recommend any difference from the request, but is bringing the adjustments to the Committee's attention for informational purposes as it reflects a \$2.5 million increase for Jail-based Behavioral Health Services not included in a prioritized request. Adjustments by line item are provided in the table below.

⁵ [Correctional Treatment Board FY 2024-25 Funding Plan.](#)

CORRECTIONAL TREATMENT CASH FUND ADJUSTMENTS			
	FY 2023-24 BASE	FY 2024-25 ADJUSTMENT	FY 2024-25 TOTAL
Offender Services	\$1,505,173	(\$400,000)	\$1,105,173
Jail-based Behavioral Health Services	7,005,078	2,502,400	9,507,478
Circle Program & Other Rural Treatment	1,000,000	(295,718)	704,282
Total	\$9,510,251	\$1,806,682	\$11,316,933

The Correctional Treatment Cash Fund is created in the Judicial Department and consists of a surcharge paid by convicted drug offenders, as well as appropriations from the General Fund and Marijuana Tax Cash Fund (Sections 18-9-103 (3.5)(b), (c), and (4)(a), and 39-28.8-501 (2)(b)(IV)(D), C.R.S.). Cash fund reports from Judicial indicate revenue of \$24.1 million in FY 2022-23. The fund supports 1.0 FTE in Judicial, and the remainder is allocated by the Correctional Treatment Board.

The Board consists of representatives from the Courts, the State Public Defender, District Attorneys, County Sheriffs, and the Departments of Corrections, Public Safety, and Human Services. The fund may be used to serve adults and juveniles across the continuum of criminal justice involvement, with the largest appropriations being for probation in the Judicial Department, Community Corrections in Public Safety, Parole in Corrections, and Jail-based Behavioral Health in the BHA.

The BHA indicates that [H.B. 22-1326 \(Fentanyl Accountability\)](#) provided one-time funding to implement Medication Assisted Treatment (MAT) in county jails. In FY 2023-24, 49 jails were receiving MAT services with 35 being part of the one-time expansion. The BHA has therefore requested ongoing support for the program from the Correctional Treatment Cash Fund through the Correctional Treatment Board beginning FY 2024-25. The BHA anticipates that the program will continue to expand to all 52 jails that participate in the jail-based services with sufficient funding.

Decreases represent historic funding under-utilization used to offset the increase for MAT services. The BHA indicates that eligibility for the Circle Program is decreasing due to Medicaid expansion, resulting in decreased expenditures. The request aligns with the Correctional Treatment Board FY 2024-25 Funding Plan, and the General Assembly may have limited authority to adjust the funding amounts. Staff is therefore bringing the technical adjustment to the Committee's attention, but recommends approval of the adjustment. The Committee would be approving the technical adjustment by approving the line item detail and base appropriations for the BHA.

→ LEGISLATIVE PLACEHOLDERS

The Governor's November and January Letters include legislative placeholders for behavioral health. Staff does not recommend designating placeholders at this time, but is providing an informational update for the Committee as many of the bills have been introduced and are receiving attention related to the fiscal impact.

I MATTER: The Governor's January Letter includes a placeholder of \$6.0 million General Fund to continue the I Matter program set to repeal June 30, 2024. The program currently provides up to 6 free therapy sessions for youth. [Senate Bill 24-001 \(Continue Youth Mental Health Services Program\)](#) has been introduced and referred to the Senate Appropriations Committee. The bill currently has a fiscal note requiring an appropriation of \$11,074,762 million General Fund to the BHA.

The fiscal note assumes a higher cost than the legislative placeholder because H.B. 23-1003 established a mental health screening program in public schools. Legislative Council Staff and JBC Staff therefore agree that the screenings are expected to increase utilization of the I Matter Program. The General Assembly could choose to appropriate less than the fiscal note, and the program will operate within those appropriations. If the fiscal note assumptions are correct, a lower appropriation could result in a waitlist for the program.

BEHAVIORAL HEALTHCARE CONTINUUM GAP GRANT: The Governor’s November Letter includes two placeholders for the grant program, one indicating \$8.0 million General Fund and another consisting of \$8.0 million ARPA funds repurposed from other programs. The grant program was established by H.B. 22-1281 (Behavioral Healthcare Continuum Gap Grant), which included an appropriation of \$90.0 million ARPA funds and was included in the statewide ARPA roll-forward request. The Committee has approved roll-forward spending authority of \$56.8 million related to the original program. The placeholder anticipates that the funding would add an unnamed capital project under the existing grant program.

[House Bill 24-1176 \(Behavioral Health Grant for Capital Project\)](#) establishes capital projects as an allowable use of the grant funds. The fiscal note indicates that no appropriation is required to implement the bill, but the General Assembly could choose to appropriate funds to the BHA to support additional projects, and specifies that the BHA has requested \$8.0 million to support a new capital project under the bill. The bill has been referred to the House Appropriations Committee and has not been heard by the Capital Development Committee, though Staff does not anticipate that the capital project is related to the renovation or construction of a State building.

The identified reversions and reductions identified to support an ARPA placeholder are provided in the table below. However, staff is unsure if an ARPA placeholder is still contemplated given outstanding decisions related to the ARPA swap. The Committee has approved the reduction associated with the I Matter program and assumes that some of the additional reinvestments originate from BHA appropriations under H.B. 22-1283 not requested or approved by the Committee.

BH CONTINUUM GAP GRANT ARPA REINVESTMENT	
PROGRAM IDENTIFIED FOR REINVESTMENT	AMOUNT (MILLIONS)
Colorado crisis system services for youth (reversion)	\$2.6
Community mental health centers - COVID 19 mental health (reversion)	1.0
Community mental health centers - COVID 19 PPE (reversion)	0.3
Community transition services for guardianship (reversion)	0.01
County based behavioral health grant program	1.7
Early childhood mental health consultation	0.2
Healthcare professionals training on opioid risks and alternatives (reversion)	0.1
I Matter Program	0.5
Jail based behavioral health services	0.3
Local Public Health Agency (LPHA) (reversion)	0.03
Mental health treatment for children, youth, and families	0.4
CTC/EITC Outreach (reversion)	0.2
San Miguel county-based behavioral grant program (reversion)	0.2
Substance use disorder treatment for children, youth, and families (reversion)	0.7
Total ARPA reinvestment identified for BH Continuum Gap Grant	\$8.0

→ COMMUNITY SAFETY NET PROVIDER REPORTED SHORTFALL

Community Mental Health Centers (CMHCs) are the behavioral health safety net providers in the state of Colorado. CMHCs are required to provide 24/7 crisis response services, and cannot turn patients away due to insurance coverage. CMHCs receive a majority of funding from Medicaid through Behavioral Health Capitated Payments under the Department of Health Care Policy and Financing (HCPF), but also receive supplemental funding from the BHA intended to support patients who are uninsured or underinsured.

CMHCs set annual budgets based on the HCPF Behavioral Health forecast. For FY 2023-24, disenrollments from the end of the COVID-19 public health emergency have exceeded the rate forecasted by HCPF. The February forecast indicates a decrease of \$108.8 million total funds, including a decrease of \$19.2 million General Fund, in FY 2023-24 for Behavioral Health. Because the forecast is down, CMHCs are anticipated to be serving fewer clients than anticipated and should therefore have lower costs. However, CMHCs have budgeted to last year's forecast, and may be forced to lay off staff or reduce services to meet the updated forecast.

Theoretically, CMHCs could be serving the same number of patients, but a decreasing amount of Medicaid patients and higher amount of otherwise insured or uninsured patients. CMHCs have submitted a letter to the JBC, HCPF, and the BHA requesting additional funds, up to \$30.0 million General Fund, under the BHA to support increased amounts of uninsured patients resulting from the greater than expected Medicaid disenrollments.

HCPF is in the process of reconsidering behavioral health rates related to the disenrollments, and a determination is expected to be made between the time this document is submitted and presented. Staff is raising the issue since additional funding is requested under the BHA, but recommends holding the discussion until the figure setting presentation for HCPF Behavioral Health when the forecast is known with greater certainty.

LINE ITEM DETAIL — BEHAVIORAL HEALTH ADMINISTRATION

(A) COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION

Funding in this section supports the administration of community-based mental health and substance use disorder programs and services. This section is primarily supported by General Fund, the federal Substance Abuse Prevention and Treatment Block Grant, the federal Community Mental Health Services Block Grant, a transfer from the Judicial Department for the Alcohol and Drug Driving Safety Program, transfers from HCPF (originating as General Fund and federal Medicaid funds), and the Marijuana Tax Cash Fund.

PROGRAM ADMINISTRATION

This line item provides funding for the personnel and professional services as well as the operating expenses required to administer the Behavioral Health Administration. The FY 2022-23 Long Bill consolidated what had previously been separate personal services and operating expenses line items under the Community Behavioral Health Administration section of the Office of Behavioral Health into this new line item within the BHA.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-50-101, et seq., C.R.S. [Behavioral Health Administration]; Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-105, C.R.S.; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-80-201, et seq., C.R.S. [Colorado Licensing of Controlled Substances Act]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund for substance-use related services and for behavioral health services for persons involved in the criminal justice system]

REQUEST: The BHA requests \$19,605,565 total funds, including \$11,848,344 General Fund and 172.7 FTE. Adjustments consist only of annualizations for prior year budget actions and legislation.

RECOMMENDATION: **The staff recommendation is provided in the table below.** The recommendation includes a reduction of 9.0 FTE from the request related to the annualization of S.B. 22-181 and S.B. 22-196. The annualization includes a General Fund appropriation to continue the administration of the one-time ARPA grant programs established by the bills in line with the fiscal note. However, the associated FTE were not removed from the base appropriation when ARPA funds were removed and therefore do not need to be added to the FY 2024-25 appropriation.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, PROGRAM ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$16,623,497	\$9,525,007	\$1,923,344	\$882,845	\$4,292,301	143.3
Other legislation	\$475,278	\$475,278	\$0	\$0	\$0	2.0
TOTAL	\$17,098,775	\$10,000,285	\$1,923,344	\$882,845	\$4,292,301	145.3
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$17,098,775	\$10,000,285	\$1,923,344	\$882,845	\$4,292,301	145.3
Annualize prior year budget actions	1,333,716	674,985	284,888	23,038	350,805	6.3
Annualize prior year legislation	1,173,074	1,173,074	0	0	0	12.1
TOTAL	\$19,605,565	\$11,848,344	\$2,208,232	\$905,883	\$4,643,106	163.7
INCREASE/(DECREASE)	\$2,506,790	\$1,848,059	\$284,888	\$23,038	\$350,805	18.4
Percentage Change	14.7%	18.5%	14.8%	2.6%	8.2%	12.7%
FY 2024-25 EXECUTIVE REQUEST	\$19,605,565	\$11,848,344	\$2,208,232	\$905,883	\$4,643,106	172.7
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	9.0

BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM

This line item is created in response to the enactment of H.B. 19-1287 (Treatment For Opioids And Substance Use Disorders). The bill enacted several initiatives to improve access to behavioral health and substance use disorder treatment. These initiatives include the Behavioral Health Capacity Tracking System, a centralized, web-based system to track bed space use and availability at crisis stabilization units, acute treatment units, community mental health centers, and hospitals. The system

is intended to provide real-time data that is accessible to health care professionals, law enforcement, court personnel, and the public. Prior to FY 2022-23, the line item was located in the Information Technology Services section of the Executive Director’s Office.

STATUTORY AUTHORITY: Sections 27-60-104.5 (3), C.R.S.

REQUEST: The BHA requests a continuation appropriation of \$42,611 cash funds from the Marijuana Tax Cash Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

BEHAVIORAL HEALTH WORKFORCE LEARNING MANAGEMENT SYSTEM

This line item was created in FY 2023-24 to support the learning management system required by S.B. 21-137 (Behavioral Health Recovery Act) and S.B. 22-18 (Behavioral Health-care Workforce). Senate Bill 21-137 required the BHA to develop an online training system for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce through the Workforce Development Program created in that bill. Senate Bill 22-181 renamed the system as the “Learning Management System,” expanded the scope to include a process to “track, store, and create reports concerning the training and continuing education in the curriculum...and to track providers’ completion of in-person and virtual training.”

STATUTORY AUTHORITY: Sections 27-60-112, C.R.S.

REQUEST: The BHA requests \$740,935 General Fund and 1.0 FTE. Adjustments consist only of the annualization of the FY 2023-24 budget request that created the line item.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, BEHAVIORAL HEALTH WORKFORCE LEARNING MANAGEMENT SYSTEM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$739,423	\$739,423	\$0	\$0	\$0	0.9
TOTAL	\$739,423	\$739,423	\$0	\$0	\$0	0.9
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$739,423	\$739,423	\$0	\$0	\$0	0.9
Annualize prior year budget actions	1,512	1,512	0	0	0	0.1
TOTAL	\$740,935	\$740,935	\$0	\$0	\$0	1.0
INCREASE/(DECREASE)	\$1,512	\$1,512	\$0	\$0	\$0	0.1
Percentage Change	0.2%	0.2%	0.0%	0.0%	0.0%	11.1%
FY 2024-25 EXECUTIVE REQUEST	\$740,935	\$740,935	\$0	\$0	\$0	1.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

(B) COMMUNITY-BASED MENTAL HEALTH SERVICES

This section provides funding to support mental health services that are delivered through community mental health centers and other local mental health providers. This section is primarily supported by General Fund, the federal Community Mental Health Services Block Grant, and the Marijuana Tax Cash Fund.

MENTAL HEALTH COMMUNITY PROGRAMS

This line item was created in the FY 2017-18 Long Bill as part of a restructuring for the Office of Behavioral Health (with the consolidation of funding from four previous line items) and was moved into the newly created Behavioral Health Administration section of the Long Bill in FY 2022-23. The line item supports contracts for the provision of mental health services for low-income individuals. Prior to the creation of the BHA, the Office of Behavioral Health contracted with community mental health centers (CMHC) across the state to provide mental health services that are not otherwise available. The BHA is in the process of developing a new structure for safety net providers. Beginning in January 2024, providers could apply for designation as a comprehensive or essential provider.

COMPREHENSIVE PROVIDERS are expected to be paid using a prospective payment system (PPS) through HCPF beginning July 1, 2024. The PPS is expected to cover the costs of required services and be a highly competitive payment structure for safety net providers. Comprehensive providers are required to provide the following services by the BHA:

- Emergency and 24/7 crisis;
- Outpatient;
- Intensive outpatient;
- Recovery support;
- Care management;
- Outreach, engagement, and education; and,
- Outpatient competency restoration.

ESSENTIAL PROVIDERS are required to provide one or more, but not all, of the services required of comprehensive providers. Essential providers are expected to receive an enhanced match rate for these services, but will not be eligible for the more competitive prospective payment system.

The HCPF rates are expected to be approved by the Centers for Medicare & Medicaid Services (CMS) in April 2024, and were not available to providers who were asked to declare a comprehensive or essential status in January 2024. The purpose of the new structure is to allow more safety net providers to enter the market in addition to CMHCs. Providers are concerned that rates will not support additional providers entering the market and drive CMHCs out of business.

Historically, each CMHC had access to a certain number of inpatient beds at one of the state Mental Health Hospitals, and was responsible for managing admissions to the allotted beds for adults within their service area. However, the number of beds available for these civil patients has been negatively impacted by the increasing number of court orders for inpatient competency evaluations and restorations. If a safety net provider requires inpatient beds for adults within their service area, it must now purchase the services directly from other public or private hospitals.

Unlike the Medicaid program, funding for mental health services provided by the BHA are not an entitlement. Thus, the number of individuals receiving services and the level of services provided is directly affected by the level of available funding appropriated by the General Assembly. This line item is primarily supported by General Fund and the federal Community Mental Health Services Block Grant block grant. Federal funds are allocated to each safety net provider for the provision of mental health services to indigent mentally ill clients and for other specified services and/or targeted populations. The community provider rate is applied to the full General Fund portion of this appropriation, for direct client services provided by safety net providers.

STATUTORY AUTHORITY: Section 27-65-101, et seq., C.R.S. [Care and treatment of persons with mental illness]; Section 27-66-101, et seq., C.R.S. [Community mental health services].

REQUEST: The BHA requests \$38,303,570 total funds, including \$30,063,993 General Fund. Adjustments consist only of a General Fund increase for the common policy community provider rate (2.0 percent).

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH COMMUNITY PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$37,714,080	\$29,474,503	\$0	\$0	\$8,239,577	0.0
TOTAL	\$37,714,080	\$29,474,503	\$0	\$0	\$8,239,577	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$37,714,080	\$29,474,503	\$0	\$0	\$8,239,577	0.0
R8 Provider rate adjustment	736,863	736,863	0	0	0	0.0
TOTAL	\$38,450,943	\$30,211,366	\$0	\$0	\$8,239,577	0.0
INCREASE/(DECREASE)	\$736,863	\$736,863	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.5%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$38,303,570	\$30,063,993	\$0	\$0	\$8,239,577	0.0
Request Above/(Below) Recommendation	(\$147,373)	(\$147,373)	\$0	\$0	\$0	0.0

ASSERTIVE COMMUNITY TREATMENT PROGRAMS AND OTHER ALTERNATIVES TO THE MENTAL HEALTH INSTITUTES

This line item was created in the FY 2017-18 Long Bill as part of a restructuring of the Office of Behavioral Health section of the Long Bill and was moved into the Behavioral Health Administration section in FY 2022-23. The line item supports intensive outpatient case management services for severe and persistent mental health disorders, including “Assertive Community Treatment” (ACT). ACT is an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness through the community mental health centers. The ACT model includes a multi-disciplinary mobile mental health team that conducts outreach and engagement with clients to provide the treatment, rehabilitation, and support services that adults with serious mental illnesses need to live successfully in the community.

This line item also supports alternative placements for individuals who would otherwise require hospitalization at one of the mental health institutes. Funding is allocated among Centers to provide the following types of services:

- Inpatient hospitalization capacity.
- Acute treatment unit and residential treatment capacity.
- Medication and medication administration.
- Intensive therapy and case management.
- Mentoring services.
- Other services to improve the patient’s level of functioning to enhance his or her success in the community.

Funding covers services for clients who are not eligible for Medicaid and services that are not covered by Medicaid for Medicaid-eligible clients (e.g., residential room and board expenses). The community provider rate is applied to the total appropriation for direct client services provided by community mental health centers.

STATUTORY AUTHORITY: Section 27-65-111, C.R.S. [Certification on an outpatient basis]; 27-66-101, et seq., C.R.S. [Community mental health services].

REQUEST: The BHA requests \$18,366,392 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, ACT PROGRAMS AND OTHER ALTERNATIVES TO THE MHIS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$18,006,267	\$18,006,267	\$0	\$0	\$0	0.0
TOTAL	\$18,006,267	\$18,006,267	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, ACT PROGRAMS AND OTHER ALTERNATIVES TO THE MHIS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 Appropriation	\$18,006,267	\$18,006,267	\$0	\$0	\$0	0.0
R8 Provider rate adjustment	450,157	450,157	0	0	0	0.0
TOTAL	\$18,456,424	\$18,456,424	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$450,157	\$450,157	\$0	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$18,366,392	\$18,366,392	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$90,032)	(\$90,032)	\$0	\$0	\$0	0.0

MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT OFFENDERS

The line item provides funding for Community Mental Health Centers to provide case management services, wrap-around services, medications, and treatment services for juvenile and adult offenders who have mental health problems and are involved in the criminal justice system. Each CMHC may determine how funds are utilized. Many CMHCs have chosen to use this allocation to support co-responder models (similar to programs authorized by S.B. 17-207 and funded through the Criminal Justice Diversion Programs line item) or to support problem-solving courts that focus on individuals with mental health disorders. Prior to FY 2016-17, this line item was supported by Tobacco Master Settlement Agreement revenues that were annually transferred to the Offender Mental Health Services Fund based on a statutory formula. House Bill 16-1408 eliminated this transfer, and this line item is now supported by the Marijuana Tax Cash Fund.

Prior to FY 2017-18, this line item provided funding for 11 of the 17 CMHCs. In FY 2017-18, the appropriation was increased to restore historic appropriations and expand funding to all 17 CMHCs. This line item also became subject to the annual community provider rate increases in FY 2017-18. The community provider rate is applied to the total base appropriation for direct client services provided by CMHCs.

STATUTORY AUTHORITY: Section 27-66-104, C.R.S. [Types of services purchased]; H.B. 16-1408 authorized the use of Marijuana Tax Cash Fund for this program but did not include conforming amendments to Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund].

REQUEST: The BHA requests \$6,210,075 cash funds from the Marijuana Tax Cash Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

***RECOMMENDATION:* The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT OFFENDERS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$6,088,309	\$0	\$6,088,309	\$0	\$0	0.0
TOTAL	\$6,088,309	\$0	\$6,088,309	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$6,088,309	\$0	\$6,088,309	\$0	\$0	0.0
R8 Provider rate adjustment	152,208	0	152,208	0	0	0.0
TOTAL	\$6,240,517	\$0	\$6,240,517	\$0	\$0	0.0
INCREASE/(DECREASE)	\$152,208	\$0	\$152,208	\$0	\$0	0.0
Percentage Change	2.5%	0.0%	2.5%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$6,210,075	\$0	\$6,210,075	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$30,442)	\$0	(\$30,442)	\$0	\$0	0.0

CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

The Children and Youth Mental Health Treatment Act (CYMHTA), as amended by H.B. 18-1094, provides funding for mental health treatment services for children and youth under age 21⁶. The program is designed to make services available for children and youth who are at risk of out-of-home placement, but a dependency and neglect action is neither appropriate nor warranted. Services may include mental health treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate. Local and state-level appeal processes are available if services are denied, and for local interagency disputes.

The CYMHTA applies to two groups of children, with different application and payment processes for each group.

- *Children who are categorically Medicaid-eligible and have a covered mental health diagnosis.* A parent or guardian of a Medicaid-eligible child may apply for residential treatment through the local regional accountable entity (RAE). If the child is determined to require a residential level of care, the RAE is responsible for covering the residential treatment costs.
- *Children Who Are NOT Categorically Eligible for Medicaid.* If a child is at risk of being placed out of the home because they have a mental illness and they require a residential treatment level of care or equivalent community-based services, the parent or guardian may apply for such services through the local community mental health center (CMHC) or another mental health agency. The Center or mental health agency is required to evaluate the child or youth and clinically assess their need for mental health services.

When a child or youth is approved for funding through this program and the child or youth requires residential treatment, the child or youth may become eligible for Medicaid funding through the federal supplemental security income (SSI) eligibility process. If a child has been in

⁶ An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, youth may remain eligible until their 21st birthday.

residential services for more than 30 days, or is expected to remain in residential services for more than 30 days, the child can qualify for SSI due to being considered a “household of one” per the federal Social Security Administration. Once a child obtains SSI, the child automatically acquires fee-for-service Medicaid. Medicaid funding pays for the treatment costs of residential services, but does not fund room and board costs.

Due to federal regulations, the SSI benefit is paid directly to the child or payee (typically the parent) to fund a portion of the residential room and board rate. The parent will then give all but \$30 of the SSI award to the residential provider. SSI awards vary based on the child’s treatment location and family income, ranging from \$30 to \$700 per month.

Private insurance benefits must be exhausted prior to accessing any public benefits. In addition, the parents are responsible for paying a portion of the cost of services that is not covered by private insurance or by Medicaid funding; the parent share is based on a sliding fee scale that is based on child support guidelines.

When and if the child is in residential care and funded by the CYMHTA, expenses are covered by parental fees, SSI benefits (if benefits are approved), and CYMHTA funds. If the child or youth is placed in a psychiatric residential treatment facility, treatment expenses are covered by a Medicaid per diem rate and “room and board” expenses are covered by parental fees and CYMHTA funds. If the child is in non-residential care, expenses are covered by SSI benefits, parental fees, and CYMHTA funds.

Expenditures for services covered by this line item are subject to available appropriations. House Bill 18-1094 struck existing statutory language that stated, “It is the intent of the General Assembly that the portion of such expenses paid from general fund moneys shall not exceed the general fund appropriations made for such purpose in any given fiscal year”. However, it appears that expenditures for services covered by this line item are still subject to available appropriations because the Department does not have statutory authority to incur expenditures that exceed the appropriations from the General Fund or the Marijuana Tax Cash Fund. The appropriation from Medicaid funds, however, may be over expended pursuant to Section 24-75-109 (1)(a), C.R.S. In addition, the two departments have the authority to transfer General Fund appropriations between the two agencies when required by changes in the amount of federal Medicaid funds earned based on the services provided through this program [see Section 24-75-106 (1), C.R.S.].

Appropriations consist of General Fund, cash funds from the Marijuana Tax Cash Fund, and Medicaid funds reappropriated from the Department of Health Care Policy and Financing that originate as General Fund and federal funds. The community provider rate is applied to the General Fund and cash fund appropriations for direct client services provided by residential and outpatient providers.

STATUTORY AUTHORITY: Section 25.5-5-307, C.R.S. [Child mental health treatment and family support program]; Section 27-67-101 et seq., C.R.S. [Children and Youth Mental Health Treatment Act]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

REQUEST: The BHA requests \$8,455,159 total funds, including \$7,863,781 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: The staff recommendation is included in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$8,297,597	\$7,716,663	\$445,954	\$134,980	\$0	0.0
TOTAL	\$8,297,597	\$7,716,663	\$445,954	\$134,980	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$8,297,597	\$7,716,663	\$445,954	\$134,980	\$0	0.0
R8 Provider rate adjustment	207,441	192,917	11,149	3,375	0	0.0
Technical adjustments	(8,390)	(7,215)	(1,175)	0	0	0.0
TOTAL	\$8,496,648	\$7,902,365	\$455,928	\$138,355	\$0	0.0
INCREASE/(DECREASE)	\$199,051	\$185,702	\$9,974	\$3,375	\$0	0.0
Percentage Change	2.4%	2.4%	2.2%	2.5%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$8,455,159	\$7,863,781	\$453,698	\$137,680	\$0	0.0
Request Above/(Below)						
Recommendation	(\$41,489)	(\$38,584)	(\$2,230)	(\$675)	\$0	0.0

FAMILY FIRST PREVENTION SERVICES ACT

This line item was created in the FY 2021-22 Long Bill to support certain Office of Behavioral Health activities associated with the Family First Prevention Services Act and initially funded in S.B. 20-162 (Changes Related to Federal Family First Policy). To meet federal requirements, the Department must develop and maintain a statewide network of qualified individuals to assess children placed in Qualified Residential Treatment Programs (QRTPs). The assessments, which include a face-to-face meeting with the child or youth and obtaining necessary information from other parties such as the family, schools, child welfare agencies, Division of Youth Services, guardians ad litem, etc., must be completed within 14 days of referral. The qualified individual must then complete a report and send it to the Department for final quality assurance review before submission to the court official who makes the final determination for QRTP placement.

The BHA has obtained federal approval to procure and oversee the QRTP assessment process on behalf of the Office of Children, Youth and Families, which otherwise oversees the child welfare system. This line item supports payments for these assessments.

STATUTORY AUTHORITY: Section 19-1-115, C.R.S.; Section 26-5-102 and 104, C.R.S.

REQUEST: The BHA requests \$663,253 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, FAMILY FIRST PREVENTION SERVICES ACT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$650,248	\$650,248	\$0	\$0	\$0	0.0
TOTAL	\$650,248	\$650,248	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$650,248	\$650,248	\$0	\$0	\$0	0.0
R8 Provider rate adjustment	16,256	16,256	0	0	0	0.0
TOTAL	\$666,504	\$666,504	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$16,256	\$16,256	\$0	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$663,253	\$663,253	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$3,251)	(\$3,251)	\$0	\$0	\$0	0.0

BEHAVIORAL HEALTH VOUCHERS

This line item was created in the FY 2022-23 Long Bill to support the behavioral health voucher program created in S.B. 21-137. The bill requires the Department to contract with a nonprofit organization that is primarily focused on serving agricultural and rural communities to provide vouchers to individuals in those communities in need of behavioral health services. The bill requires the nonprofit to:

- Contract with licensed behavioral health-care providers that have completed training on cultural competencies specific to agricultural and rural communities to provide services under the program. The bill requires at least 60.0 percent of money received for the contract to be used for direct behavioral health-care services.
- Develop training materials and train behavioral health-care providers on cultural competencies specific to the agricultural and rural community lifestyle.

The bill requires the General Assembly to appropriate \$50,000 per year for the program beginning in FY 2021-22 (Section 27-60-110 (3), C.R.S.).

STATUTORY AUTHORITY: Section 27-60-110, C.R.S.

REQUEST: The BHA requests a continuation appropriation of \$50,000 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.** Statute (Sec. 27-60-110 (3), C.R.S.) requires an appropriation of \$50,000 per year for the program. As the Long Bill is written to current law, staff believes that any change to that amount would require legislation to modify the statutory requirement.

VETERAN SUICIDE PREVENTION PILOT PROGRAM

This line item was created in the FY 2022-23 Long Bill to support the veteran suicide prevention pilot program created in S.B. 21-129 (Veteran Suicide Prevention Pilot Program). The program is intended to reduce the suicide rate among veterans in El Paso County by providing free behavioral health services. The bill requires the Department to contract with a nonprofit or educational organization to administer the pilot program and requires the program to:

- Provide a single phone number or offer electronic means of contacting the program.
- Provide treatment for conditions experienced by veterans that may contribute to suicidal ideation.
- Develop an individualized treatment plan for each veteran accessing services under the program.

The initial program is for El Paso County and is authorized to serve up to 700 individuals. Subject to available appropriations, the Department may expand the program to other areas of the state or to serve more than 700 veterans. The common policy community provider rate has been applied to the line item, with the exception of amounts utilized for marketing and program evaluation costs.

STATUTORY AUTHORITY: Section 26-1-142, C.R.S.

REQUEST: The BHA requests \$3,089,376 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, VETERAN SUICIDE PREVENTION PILOT PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$3,028,800	\$3,028,800	\$0	\$0	\$0	0.0
TOTAL	\$3,028,800	\$3,028,800	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$3,028,800	\$3,028,800	\$0	\$0	\$0	0.0
R8 Provider rate adjustment	75,720	75,720	0	0	0	0.0
TOTAL	\$3,104,520	\$3,104,520	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$75,720	\$75,720	\$0	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$15,144)	(\$15,144)	\$0	\$0	\$0	0.0

(C) SUBSTANCE USE TREATMENT AND PREVENTION SERVICES

This section provides funding to support substance use disorder services that are delivered through local community providers, as well as gambling addiction services. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, General Fund, the Marijuana Tax Cash Fund, transfers from HCPF (which originate as General Fund and federal Medicaid funds), and transfers from the Judicial Department (which originate as General Fund and drug offender surcharge revenues), and court fines and fees.

TREATMENT AND DETOXIFICATION PROGRAMS

This line item was created in FY 2017-18 as part of a Long Bill restructuring that consolidated funding from two prior line item appropriations:

- The Treatment and Detoxification Contracts line item, excluding funding that was transferred from the Judicial Department through the Correctional Treatment Cash Fund; and
- Case Management for Chronic Detoxification Contracts.

The consolidated line item supports contracts for the provision of treatment and detoxification services that are not otherwise available. The BHA currently contracts with three managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services in seven catchment areas.⁷ The MSOs subcontract with local treatment providers with locations around the state to deliver the services. The contracts the BHA enters into with MSOs require an emphasis on providing services to: persons involuntarily committed by the courts; pregnant women and women with dependent children; adult and adolescent intravenous drug users; drug-dependent adults and adolescents with human immunodeficiency virus (HIV) or tuberculosis; and uninsured individuals.

The Department arranges for detoxification and treatment services with one contract for each catchment area. However, treatment and detoxification are two different levels of care that have separate and distinct contract admissions requirements.

- *Non-hospital detoxification services.* Individuals who are intoxicated by alcohol or drugs are evaluated and provided services necessary to protect client and public health and safety until the blood level of the intoxicating substance(s) is zero. 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.
- *Treatment.* Basic treatment services include: outpatient opioid replacement treatment; individual, group, and family outpatient therapy; intensive outpatient therapy; transitional residential treatment; therapeutic community, and intensive residential treatment.

Unlike the Medicaid program, substance use disorder services provided through the MSO contracts are not an entitlement. Thus, the number of individuals receiving services is directly affected by the level of appropriated funding.

⁷ Prior to FY 2022-23, the Department had contracted with four MSOs. However, West Slope Casa (which served much of the Western Slope) has closed.

Appropriations consist of General Fund, cash funds from the Marijuana Tax Cash Fund and the Adolescent Substance Abuse Prevention Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate is applied to the General Fund and Marijuana Tax Cash Fund portions of the appropriation for direct client services provided by MSOs and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 16-11.5-102, C.R.S. [Substance use in the criminal justice system]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment]; Section 27-82-201, et seq., C.R.S. [Maternal and child health pilot program]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders].

REQUEST: The BHA requests \$40,310,674 total funds, including \$14,096,426 General Fund and 2.1 FTE. The request includes cash funds from the Adolescent Substance Abuse Prevention Fund in the calculation for the common policy increase for the Marijuana Tax Cash Fund.

RECOMMENDATION: **The staff recommendation is included in the table below and includes Committee action on a 2.5 percent common policy community provider rate.** Consistent with prior years, the common policy increase is only applied to General Fund and Marijuana Tax Cash Fund amounts.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, TREATMENT AND DETOXIFICATION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$40,386,806	\$13,820,025	\$7,373,314	\$0	\$19,193,467	2.1
TOTAL	\$40,386,806	\$13,820,025	\$7,373,314	\$0	\$19,193,467	2.1
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$40,386,806	\$13,820,025	\$7,373,314	\$0	\$19,193,467	2.1
R8 Provider rate adjustment	524,942	345,501	179,441	0	0	0.0
Non-prioritized requests	(500,000)	0	(500,000)	0	0	0.0
TOTAL	\$40,411,748	\$14,165,526	\$7,052,755	\$0	\$19,193,467	2.1
INCREASE/(DECREASE)	\$24,942	\$345,501	(\$320,559)	\$0	\$0	0.0
Percentage Change	0.1%	2.5%	(4.3%)	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$40,310,674	\$14,096,426	\$7,020,781	\$0	\$19,193,467	2.1
Request Above/(Below) Recommendation	(\$101,074)	(\$69,100)	(\$31,974)	\$0	\$0	0.0

INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES (S.B. 16-202)

Senate Bill 16-202 required each of the State's designated regional managed service organizations (MSOs) to assess the sufficiency of substance use disorder services in its geographic region, and prepare a community action plan to address the most critical service gaps. The assessment was to consider the service needs for different populations, and to assess the continuum of substance use disorder services, including prevention, early intervention, treatment, and recovery support services.

A single, consolidated Community Assessment Report was prepared by Keystone Policy Center. This consolidated report, and the MSO community action plans for each region are available on the Colorado Behavioral Healthcare Council (CBHC) website⁸.

The act requires the Department to allocate money that is annually appropriated from the Marijuana Tax Cash Fund to the MSOs based on the Department's allocation of the federal Substance Abuse Prevention and Treatment Block Grant. The act allows MSOs, by consensus, to recommend changes to the allocation methodology. Each MSO is authorized to use its annual allocation over a two-year period to implement its community action plan and increase access to substance use disorder services for populations in need of such services within its region (including start-up costs and other expenses necessary to expand capacity).

The community provider rate is applied to the total appropriation for direct client services provided by MSOs and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 27-80-107.5, C.R.S. [Increasing access to effective substance use disorder services]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

REQUEST: The BHA requests \$16,938,566 cash funds from the Marijuana Tax Cash Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$16,606,437	\$0	\$16,606,437	\$0	\$0	0.0
TOTAL	\$16,606,437	\$0	\$16,606,437	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$16,606,437	\$0	\$16,606,437	\$0	\$0	0.0
R8 Provider rate adjustment	415,161	0	415,161	0	0	0.0
TOTAL	\$17,021,598	\$0	\$17,021,598	\$0	\$0	0.0
INCREASE/(DECREASE)	\$415,161	\$0	\$415,161	\$0	\$0	0.0
Percentage Change	2.5%	0.0%	2.5%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$16,938,566	\$0	\$16,938,566	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$83,032)	\$0	(\$83,032)	\$0	\$0	0.0

⁸ See: <https://www.cbhc.org/news/substance-use-disorder-community-assessment-sb-16-202-report/>

PREVENTION PROGRAMS

This line item funds prevention programs to provide youth, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. Prior to FY 2022-23, the Department (Office of Behavioral Health) contracted 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.

Beginning in FY 2022-23, H.B. 22-1278 transferred the prevention functions and responsibilities from the Department of Human Services to the Department of Public Health and Environment (CDPHE) to centralize prevention activities in CDPHE. That bill eliminated the General Fund appropriation to the Department of Human Services for those programs and instead appropriated those funds directly to CDPHE. However, the cash and federal funds appropriations are specific to the Department of Human Services, and those funds are still reflected as appropriations to the Department of Human Services and reappropriated to CDPHE to support the actual service costs.

Appropriations consist of cash funds from the Adolescent Substance Abuse Prevention Fund and the Cigarette, Tobacco, and Nicotine Use Prevention Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate is applied to the cash fund appropriations.

STATUTORY AUTHORITY: Section 18-13-122 (18), C.R.S. [Adolescent Substance Abuse Prevention and Treatment Fund]; Section 44-7-107, C.R.S. [Cigarette, Tobacco Product, and Nicotine Product Use by Minors Prevention Fund]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment].

REQUEST: The BHA requests \$6,383,188 total funds. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: **Staff and the BHA agree that the community provider rate was mistakenly applied to the line item and should not be included in the appropriation.** Staff therefore recommends a continuation appropriation of \$6,382,165 total funds. Details are provided in the table below.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, PREVENTION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
TOTAL	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
R8 Provider rate adjustment	0	0	0	0	0	0.0
TOTAL	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
INCREASE/(DECREASE)	\$0	\$0	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, PREVENTION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2024-25 EXECUTIVE REQUEST	\$6,383,188	\$0	\$52,172	\$0	\$6,331,016	0.0
Request Above/(Below) Recommendation	\$1,023	\$0	\$1,023	\$0	\$0	0.0

COMMUNITY PREVENTION AND TREATMENT PROGRAMS

This line item provides funding for the purchase of community services for the prevention and treatment of alcohol and drug abuse. House Bill 22-1278 transferred substance use prevention programs to the Colorado Department of Public Health and Environment (CDPHE). However, the BHA continues to administer cash funds and federal funds that have both prevention and treatment components. The BHA executes an interagency agreement with CDPHE to implement prevention services associated with the cash funds and federal funds that the BHA administers. The funding in the line item comes from a variety of sources and supports multiple purposes, described below.

The *Federal Grants* section reflects a variety of federal alcohol and substance use discretionary grants as well as the substance abuse prevention and treatment block grant.

The *Persistent Drunk Driver Programs* are designed to deter persistent drunk driving and to educate the public, with an emphasis on young drivers. The funding, which originates as surcharges of \$100 to \$500 for persons convicted of DUI, DUI per se, or DWAI that are credited to the Persistent Drunk Driver Cash Fund, is appropriated to the BHA but administered through an interagency contract with CDPHE to support persistent drunk driver prevention contracts. Money in the Persistent Drunk Driver Cash Fund is subject to annual appropriation to pay for the following:

- To support programs that are intended to deter persistent drunk driving or intended to educate the public (with particular emphasis on the education of young drivers) regarding the dangers of persistent drunk driving.
- To pay a portion of the costs for intervention or treatment services statutorily required for a persistent drunk driver who is unable to pay for the required intervention or treatment services;
- To assist in providing court-ordered alcohol treatment programs for indigent and incarcerated offenders.
- To assist in providing approved ignition interlock devices for indigent offenders.
- To assist in providing continuous monitoring technology or devices for indigent offenders.
- Costs incurred by the Department of Revenue concerning persistent drunk drivers, including costs associated with the revocation of a driver's license and computer programming changes.

Money is directly appropriated to the Department of Revenue and to the Department of Human Services (DHS); a portion of the money appropriated to DHS is transferred to the Judicial Department's Probation unit.

The *Law Enforcement Assistance Fund (LEAF)* is supported by revenue from a \$90 surcharge on drunk and drugged driving convictions. Money in this fund supports enforcement, laboratory charges, and prevention programs. The BHA annually receives 20 percent of LEAF revenues that are available after appropriations are made to the Department of Public Health and Environment (for evidential

breath alcohol testing and implied consent specialists) and to the Department of Public Safety's Colorado Bureau of Investigation (for toxicology laboratory services). These funds are to be used to establish a statewide program for the prevention of driving after drinking, which includes:

- Educating the public in the problems of driving after drinking.
- Training of teachers, health professionals, and law enforcement in the dangers of driving after drinking.
- Preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior.
- Preparing and disseminating education curriculum materials thereon for use at all levels of school specifically to establish impaired driving prevention programs.

The BHA, through CDPHE, allocates available funds through five separate contracts targeted as the following audiences:

- General population as a whole.
- Teachers of young people and young adults.
- Health professionals.
- Local law enforcement.
- 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 *Rural Substance Abuse Prevention and Treatment* section receives funding from penalty surcharges (ranging from a minimum of \$1 to a maximum of \$10) on convictions of driving under the influence (DUI), driving while ability impaired (DWAI), habitual user of controlled substances, and underage drinking and driving. Penalty surcharges are also established for other alcohol or drug-related offenses upon conviction or a deferred sentence. Statute credits the surcharge revenues to Rural Alcohol and Substance Abuse Cash Fund to support the program.

The BHA allocates 75.0 percent of these funds to treatment programs administered by the BHA and 25.0 percent to CDPHE for substance use prevention services. House Bill 09-1119 defines a "rural area" as a county with a population of less than 30,000. The program consists of two components:

- Half of the available funds support the Rural Youth Alcohol and Substance Abuse Prevention and Treatment Project, which provides prevention and treatment services to children ages eight to 17 in rural areas.
- The remaining half of the funds support treatment services for persons addicted to alcohol or drugs. These funds are allocated to MSOs in six of the seven MSO regions (all except Boulder) to support detoxification facilities in rural counties.

Appropriations consist of cash funds from the LEAF fund, Persistent Drunk Driver Cash Fund, Rural Alcohol and Substance Abuse Cash Fund, and the Marijuana Tax Cash Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate has historically been applied to the Marijuana Tax Cash Fund appropriation for direct client services provided by MSOs and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 27-80-106, C.R.S. [Alcohol and substance use – purchase of prevention and treatment services]; Section 27-80-109, C.R.S. [Alcohol and substance use – coordination of state and federal funds and programs]; Section 27-80-117, C.R.S. [Rural Substance Abuse Prevention and Treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 42-3-303, C.R.S. [Persistent Drunk Driver Programs]; Sections 43-4-402 (2)(a) and 43-4-404 (3), C.R.S. [Law Enforcement Assistance Fund].

REQUEST: The BHA requests a continuation appropriation of \$5,958,495 total funds. In both FY 2023-24 and FY 2024-25, the BHA did not request that the community provider rate be applied to the line item even though it was previously included in the common policy.

RECOMMENDATION: The staff recommendation is provided in the table below and includes an increase to apply the 2.5 percent common policy community provider rate to the Marijuana Tax Cash Fund appropriation consist with staff recommendations and Committee action in prior years. Staff confirmed with the BHA that the provider rate should apply to the line item and was mistakenly excluded from the request.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, COMMUNITY PREVENTION AND TREATMENT PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$5,958,495	\$0	\$2,570,677	\$0	\$3,387,818	0.0
TOTAL	\$5,958,495	\$0	\$2,570,677	\$0	\$3,387,818	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$5,958,495	\$0	\$2,570,677	\$0	\$3,387,818	0.0
R8 Provider rate adjustment	15,747	0	15,747	0	0	0.0
TOTAL	\$5,974,242	\$0	\$2,586,424	\$0	\$3,387,818	0.0
INCREASE/(DECREASE)	\$15,747	\$0	\$15,747	\$0	\$0	0.0
Percentage Change	0.3%	0.0%	0.6%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$15,747)	\$0	(\$15,747)	\$0	\$0	0.0

HOUSING ASSISTANCE FOR INDIVIDUALS WITH A SUBSTANCE USE DISORDER

This line item was created in the FY 2022-23 Long Bill to support the Housing Assistance Program created in S.B. 21-137. The program provides temporary financial housing assistance to individuals with a substance use disorder (SUD) who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for an individual's SUD.

Senate Bill 21-137 appropriated \$4.0 million General Fund for this program in FY 2021-22 and directs the General Assembly to appropriate that amount annually on an ongoing basis.

STATUTORY AUTHORITY: Section 27-80-125, C.R.S. [Housing assistance for individuals with a substance use disorder].

REQUEST: The BHA requests \$4,003,504 General Fund and 1.0 FTE. Adjustments consist only of the annualization for the prior year salary survey.

RECOMMENDATION: Staff recommends an appropriation of \$4,000,000 General Fund and 1.0 FTE, with no change from the FY 2022-23 appropriation (and no change from the original appropriation as provided in S.B. 21-137) consistent with staff recommendations and Committee action in prior years. The statute (Sec. 27-80-125 (5), C.R.S.), as enacted in S.B. 21-137, specifically requires an appropriation of \$4,000,000 per year for the program. As the Long Bill is written to current law, staff believes that increasing the appropriation above that amount would require legislation to modify the statutory requirement.

OFFENDER SERVICES

This line item was created in the FY 2017-18 Long Bill as part of a restructuring for the Office of Behavioral Health and moved in to the BHA section for FY 2022-23. The Department uses this funding to contract with local treatment providers who offer two types of treatment programs, described below.

The *Strategic Individualized Remediation Treatment (STIRT)* program is intended to reduce recidivism among adult offenders who are at high risk of incarceration (either in county jail or in the Department of Corrections) due to continued criminogenic, substance abuse and/or mental health concerns. The program serves adults who:

- Have severe substance abuse or a co-occurring mental health disorder;
- Have one or more misdemeanor or felony convictions;
- Are assessed as needing intensive levels of treatment; and
- Are at risk of having probation or parole revoked and of being incarcerated.

STIRT includes three weeks of intensive residential treatment, followed by continuing care in an outpatient setting for up to nine months (or longer based on individual needs). Clients are primarily referred from probation, drug courts, the Department of Corrections/parole, and community corrections.

The *Strategies for Self-improvement and Change (SSIC)* program is a three-phase program designed to motivate change in adults (individuals 18 or older) who have a history of criminal behavior and substance abuse. The phases include: (1) challenge to change; (2) commitment to change; and (3) taking ownership of change. According to the Department, there are currently four providers delivering SSIC under Signal Behavioral Health and one provider on the Western Slope.

Appropriations consist of General Fund and reappropriated funds originating from the Correctional Treatment Cash Fund in the Judicial Department. The community provider rate is applied to the full General Fund portion of this appropriation for direct client services provided by Community Mental Health Centers.

STATUTORY AUTHORITY: Section 16-11.5-102, C.R.S. [Substance abuse in the criminal justice system]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Maternal and child health pilot program]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders].

REQUEST: The BHA requests \$4,423,789 total funds, including \$3,318,616 General Fund. The request reflects a reduction from the prior year appropriation, including an increase for the common policy community provider rate and reduction of reappropriated funds from the Correctional Treatment Cash Fund. The reduction is not included as a prioritized request, but is reflected as a technical adjustment in the BHA request.

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, OFFENDER SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$4,758,718	\$3,253,545	\$0	\$1,505,173	\$0	0.0
TOTAL	\$4,758,718	\$3,253,545	\$0	\$1,505,173	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$4,758,718	\$3,253,545	\$0	\$1,505,173	\$0	0.0
R8 Provider rate adjustment	81,339	81,339	0	0	0	0.0
Technical adjustments	(400,000)	0	0	(400,000)	0	0.0
TOTAL	\$4,440,057	\$3,334,884	\$0	\$1,105,173	\$0	0.0
INCREASE/(DECREASE)	(\$318,661)	\$81,339	\$0	(\$400,000)	\$0	0.0
Percentage Change	(6.7%)	2.5%	0.0%	(26.6%)	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$4,423,789	\$3,318,616	\$0	\$1,105,173	\$0	0.0
Request Above/(Below) Recommendation	(\$16,268)	(\$16,268)	\$0	\$0	\$0	0.0

RECOVERY RESIDENCE CERTIFICATION

This line item was created in the FY 2022-23 Long Bill to support the Recovery Residence Certification program established in S.B. 21-137. By January 1, 2022, the bill required the Department to use a competitive procurement process to select a “recovery residence certifying body” to:

- Certify recovery residences pursuant to Section 25-1.5-108.5, C.R.S.
- Educate and train recovery residence owners and recovery residence staff on best practices, including practices related to culturally responsive and trauma-informed care.

The bill appropriates \$200,000 General Fund for this purpose in FY 2021-22 and directs the General Assembly to appropriate that amount annually in subsequent years.

STATUTORY AUTHORITY: Section 27-80-122, C.R.S.

REQUEST: The BHA requests a continuation appropriation of \$200,000 General Fund.

RECOMMENDATION: **Staff recommends approval of the request**, which aligns with the statutory direction (Sec. 27-180-122 (2), C.R.S.) for the annual appropriation.

FENTANYL EDUCATION PROGRAM

This line item was created in FY 2023-24 to support ongoing costs of the fentanyl education program required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to develop a fentanyl education program for individuals that are convicted of certain offenses related to fentanyl and that are receiving treatment in a residential or community-based treatment facility. The bill also requires those individuals to complete the program and requires the program to include information regarding:

- The nature and addictive elements of synthetic opiates.
- Their dangers to a person's life and health.
- Access to and administration of opiate antagonists and non-laboratory detection tests.
- Laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose.

The bill requires appropriations to support the program from the Correctional Treatment Cash Fund and included an appropriation of \$150,000 from that source for the initial development of the program in FY 2022-23. The Final Legislative Council Staff Fiscal Note for H.B. 22-1326 anticipated an ongoing cost of \$25,000 per year to update the program annually.

STATUTORY AUTHORITY: Section 27-80-128, C.R.S.

REQUEST: The Department requests a continuation appropriation of \$25,000 cash funds from the Correctional Treatment Cash Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

STUDY ON HEALTH EFFECTS OF CRIMINAL PENALTIES

This line item was created in FY 2023-24 to support the study of the health effects of criminal penalties for fentanyl offenses required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to contract with an independent entity by November 1, 2022, to conduct a study of the health effects of the criminal penalties associated with the bill and specifies requirements for the study. The bill requires the independent contractor to complete the study by December 31, 2024.

STATUTORY AUTHORITY: Section 27-50-802, C.R.S.

REQUEST: The BHA requests an appropriation of \$202,963 cash funds from the Correctional Treatment Cash Fund, including a decrease to reflect partial year funding for the study.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, STUDY ON THE HEALTH EFFECTS OF CRIMINAL PENALTIES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$252,963	\$0	\$252,963	\$0	\$0	0.5
TOTAL	\$252,963	\$0	\$252,963	\$0	\$0	0.5
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$252,963	\$0	\$252,963	\$0	\$0	0.5
Annualize prior year legislation	(50,000)	0	(50,000)	0	0	0.0
TOTAL	\$202,963	\$0	\$202,963	\$0	\$0	0.5
INCREASE/(DECREASE)	(\$50,000)	\$0	(\$50,000)	\$0	\$0	0.0
Percentage Change	(19.8%)	0.0%	(19.8%)	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$202,963	\$0	\$202,963	\$0	\$0	0.5
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

(D) INTEGRATED BEHAVIORAL HEALTH SERVICES

This section provides funding for programs that integrate mental health and substance use disorder services, including:

- a behavioral health crisis response system;
- community-based mental health and substance use disorder services for individuals involved in or at risk of involvement in the criminal or juvenile justice systems;
- behavioral health services and supports for individuals transitioning from the mental health institutes to the community; and
- behavioral health services for adolescents and adults with co-occurring mental health and substance use disorders.

This section is supported by General Fund, the Marijuana Tax Cash Fund, and transfers from the Judicial Department (originating as General Fund, drug offender surcharge revenues, and cash funds from the Marijuana Tax Cash Fund).

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SERVICES

This is the first of four line items associated with the behavioral health crisis response system that was authorized through S.B. 13-266. 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. This line item provides funding for a collection of integrated services to respond to and assist individuals experiencing a behavioral health emergency, including the following:

- 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.

Senate Bill 17-207 eliminated, effective May 1, 2018, the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allows a person experiencing a mental health crisis to be taken to an emergency medical services facility if a facility that has been approved by DHS is not available. This act made a number of changes regarding the State's coordinated behavioral health crisis response system (crisis system) including the following:

- Requires all crisis system walk-in centers, acute treatment units, and crisis stabilization units to be able to adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services as authorized by the act;
- Requires the Department to ensure that crisis system mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours;
- Requires the Department to ensure that crisis system contractors are responsible for community engagement, coordination, and system navigation for key partners including criminal justice agencies, emergency departments, hospitals, primary care facilities, and walk-in centers;
- Requires the Department to ensure consistent training for professionals who have regular contact with individuals experiencing a behavioral health crisis, and to explore solutions for addressing secure transportation of individuals placed on a 72-hour treatment and evaluation hold;
- Allows certain licensed advanced practice nurses to determine that a person in custody as a result of an emergency mental health hold can be discharged or referred for further care and treatment in another setting;
- Modifies reporting requirements related to behavioral health crisis services; and
- Requires that each July 1, every emergency medical services facility that has treated a person taken into emergency custody for a mental health hold provide an annual report to the Department including specified and confidential aggregated service information.

The community provider rate is applied to the full appropriation for direct client services provided by Administrative Service Organizations (ASO).

STATUTORY AUTHORITY: Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-103 (1)(b)(II), (III) and (IV), C.R.S. [Crisis system service components]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

REQUEST: The BHA requests an appropriation of \$31,134,228 total funds, including \$26,787,396 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRISIS RESPONSE SYSTEM - WALK-IN, STABILIZATION, MOBILE, RESIDENTIAL, AND RESPITE SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$30,523,753	\$26,262,153	\$4,261,600	\$0	\$0	0.0
TOTAL	\$30,523,753	\$26,262,153	\$4,261,600	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$30,523,753	\$26,262,153	\$4,261,600	\$0	\$0	0.0
R8 Provider rate adjustment	763,094	656,554	106,540	0	0	0.0
TOTAL	\$31,286,847	\$26,918,707	\$4,368,140	\$0	\$0	0.0
INCREASE/(DECREASE)	\$763,094	\$656,554	\$106,540	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	2.5%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$31,134,228	\$26,787,396	\$4,346,832	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$152,619)	(\$131,311)	(\$21,308)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION PROGRAM

Senate Bill 17-207 eliminated, effective May 1, 2018, the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allows a person experiencing a mental health crisis to be taken to an emergency medical services facility if a facility that has been approved by the Department is not available. This act made a number of changes regarding the State's coordinated Behavioral Health Crisis Response System including the following requirements:

- All crisis system walk-in centers, acute treatment units, and crisis stabilization units must be able to adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services as authorized by the act;
- Crisis System mobile response units must be available to respond to a behavioral health crisis anywhere in the state within two hours; and
- Crisis System contractors are responsible for community engagement, coordination, and system navigation for key partners including criminal justice agencies, emergency departments, hospitals, primary care facilities, and walk-in centers.

The act also requires the Department, and now BHA, to "explore solutions for addressing secure transportation of individuals placed on a seventy-two-hour treatment and evaluation hold" [Section 27-60-104 (7), C.R.S.]. The BHA is also required to report on the program as part of annual SMART Act hearings.

This line item was added in the FY 2019-20 Long Bill to provide sufficient funding to allow for a meaningful evaluation of the pilot program. The General Assembly eliminated funding for the program in FY 2020-21 as a budget balancing action but restored an appropriation of \$554,839 cash funds from the Marijuana Tax Cash Fund for FY 2021-22.

Originally called the Behavioral Health Crisis Response System Secure Transportation Pilot Program, the FY 2022-23 Long Bill eliminated “Pilot” from the line item title.

STATUTORY AUTHORITY: Section 27-60-104 (7), C.R.S.

REQUEST: The BHA requests an appropriation of \$594,572 cash funds from the Marijuana Tax Cash Fund.

***RECOMMENDATION:* The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$582,914	\$0	\$582,914	\$0	\$0	0.0
TOTAL	\$582,914	\$0	\$582,914	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$582,914	\$0	\$582,914	\$0	\$0	0.0
R8 Provider rate adjustment	14,573	0	14,573	0	0	0.0
TOTAL	\$597,487	\$0	\$597,487	\$0	\$0	0.0
INCREASE/(DECREASE)	\$14,573	\$0	\$14,573	\$0	\$0	0.0
Percentage Change	2.5%	0.0%	2.5%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$594,572	\$0	\$594,572	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$2,915)	\$0	(\$2,915)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM TELEPHONE HOTLINE

This is the third of four line items that provide funding for the behavioral health crisis response system authorized through S.B. 13-266. This line item supports a twenty-four-hour telephone crisis service that is staffed by skilled peer and clinical professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals. The hotline vendor responds to phone calls, texts, and instant messages (chats). The line item is supported primarily by General Fund but also receives an appropriation from the Marijuana Tax Cash Fund.

The community provider rate is applied to the full appropriation for direct client services provided by Rocky Mountain Crisis Partners.

STATUTORY AUTHORITY: Section 27-60-103 (1)(b)(I), C.R.S.

REQUEST: The BHA requests an appropriation of \$3,863,938 total funds, including \$3,496,622 General Fund. Adjustments consist only of the community provider rate (2.0 percent).

***RECOMMENDATION:* The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRISIS RESPONSE SYSTEM - TELEPHONE HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$3,788,175	\$3,428,061	\$360,114	\$0	\$0	0.0
TOTAL	\$3,788,175	\$3,428,061	\$360,114	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$3,788,175	\$3,428,061	\$360,114	\$0	\$0	0.0
R8 Provider rate adjustment	94,705	85,702	9,003	0	0	0.0
TOTAL	\$3,882,880	\$3,513,763	\$369,117	\$0	\$0	0.0
INCREASE/(DECREASE)	\$94,705	\$85,702	\$9,003	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	2.5%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$3,863,938	\$3,496,622	\$367,316	\$0	\$0	0.0
Request Above/(Below)						
Recommendation	(\$18,942)	(\$17,141)	(\$1,801)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PUBLIC INFORMATION CAMPAIGN

This is the final line item that provides funding for the behavioral health crisis response system as authorized in S.B. 13-266. This line item supports a contract with Cactus Marketing Communications Inc., for a public information campaign.

Senate Bill 13-266 (Coordinated Behavioral Health Crisis Response) required the Department's contracting process for the crisis response system to include a public information campaign and appropriated \$600,000 General Fund for this purpose beginning in FY 2013-14. The General Assembly continued that level of funding through FY 2019-20 but then eliminated for FY 2020-21 as a budget balancing action. However, the FY 2021-22 Long Bill restored the full appropriation of \$600,000 for FY 2021-22. House Bill 22-1052 (Promoting Crisis Services to Students) increased the appropriation by \$192,075 General Fund ongoing to provide crisis services outreach kits to every school in Colorado.

STATUTORY AUTHORITY: Section 27-60-103 (1)(b)(V), C.R.S., and 27-60-104 (10), C.R.S. [Behavioral Health Crisis Response System]

REQUEST: The BHA requests a continuation appropriation of \$792,075 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

COMMUNITY TRANSITION SERVICES

This line item has historically provided funding for the provision of intensive behavioral health services and supports for individuals with serious mental illness who transition from a State Mental Health Hospital back to the community, or who require more intensive services in the community to help avoid institutional placement.

This line item currently supports the "Money Follows the Individual" program. The Department initially contracted with Behavioral Healthcare Inc. (BHI, the behavioral health organization for Adams, Arapahoe, and Douglas counties) for the provision of intensive case management services to assist Institute patients with their transition to the community, as well as individuals with serious mental illness who require more intensive services within the community to avoid an institutional placement. This work required BHI staff to work with the Hospitals and community organizations and agencies⁹ to provide a client-centered continuum of services for clients who are difficult to discharge from the institutes and clients that have a history of behavioral health-related hospitalizations. BHI staff worked with transitioning individuals 30 days prior to discharge from the institutes and up to 60 days after the return to their communities.

Funding was also provided for residential and wrap-around services that are not covered by Medicaid or other payer sources such as: sex offender risk assessments; care manager (such as additional staffing at a nursing home); guardianship services; payeeship services to assist a client with financial management; individualized peer mentoring; home modifications; temporary rental assistance; and other individualized supportive services to assist the client in transitioning to the community.

The Department rebid this contract and awarded funding to Rocky Mountain Human Services. The Department indicates that the individuals served to date often face barriers to obtaining housing, lack of skills for independent living, and have been a behavioral disturbance in their community. This program has generally focused on serving adults with diagnoses such as bipolar, schizoaffective disorder, and schizophrenia. The Department recently renamed this the "Momentum Program", and expanded it to serve other populations requiring intensive and innovative case management services (including children and youth). The Department indicates that this program helps to reduce the criminalization of individuals with a behavioral health disorder. Please note that eligible clients include defendants who are deemed incompetent to proceed to trial.

Senate Bill 18-270 established the statewide Community Transition Specialist Program to coordinate referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists. The act requires the Office of Behavioral Health, and now BHA, to collect information concerning current practices, criteria, procedures, and system capacity for providing follow-up care for high-risk individuals after release or discharge. Given that the act essentially expanded the services that have been historically funded by this line item, the new funds were appropriated to this same line item.

The community provider rate is applied to the full appropriation for direct client services provided by Rocky Mountain Human Services.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Community Transition Specialist Program [Section 27-66.5-101, et seq., C.R.S.]

REQUEST: The BHA requests an appropriation of \$7,945,867 General Fund. Adjustments consist only of the common policy community provider rate (2.0 percent).

⁹ These local organizations and agencies may include: community mental health centers; behavioral health organizations; regional care collaborative organizations; nursing homes; residential facilities; and housing agencies.

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, COMMUNITY TRANSITION SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$7,790,066	\$7,790,066	\$0	\$0	\$0	0.0
TOTAL	\$7,790,066	\$7,790,066	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$7,790,066	\$7,790,066	\$0	\$0	\$0	0.0
R8 Provider rate adjustment	194,752	194,752	0	0	0	0.0
TOTAL	\$7,984,818	\$7,984,818	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$194,752	\$194,752	\$0	\$0	\$0	0.0
Percentage Change	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$7,945,867	\$7,945,867	\$0	\$0	\$0	0.0
Request Above/(Below)						
Recommendation	(\$38,951)	(\$38,951)	\$0	\$0	\$0	0.0

CRIMINAL JUSTICE DIVERSION PROGRAMS

This line item was first included in the FY 2017-18 Long Bill to support community-based initiatives to divert individuals with behavioral health problems from the criminal justice system, along with related departmental administrative costs, including the following:

- *Law Enforcement Assisted Diversion (LEAD)* pilot programs in four communities (Alamosa and the San Luis Valley, Denver, Longmont, and Pueblo), involving collaborative partnerships between law enforcement, district attorneys' offices, sheriffs, treatment providers, and other community stakeholders to divert individuals with behavioral health disorders and associated technical assistance.
- An evaluation of the LEAD pilot programs concluded in FY 2021-22. In FY 2022-23, the BHA continued to contract for ongoing data collection, IT assistance, and database programming to continue improving the reporting of outcomes and efficacy of the LEAD programs.
- *Co-responder programs*, which pair law enforcement with behavioral health clinicians, most often by creating local partnerships between law enforcement and behavioral health agencies. This funding supports such programs in the cities of Broomfield, Denver, Greeley/Evans, Grand Junction, Longmont, Arvada, Canon City, Vail, and Westminster, as well as El Paso, Larimer, Pitkin, Boulder, Douglas, and Summit counties.
- BHA oversight of the LEAD pilot and co-responder programs, as well as technical assistance and associated evaluation.

The community provider rate is applied to the full appropriation for direct client services but excluding the Department's personnel and operating costs associated with the state FTE.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-

81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]

REQUEST: The BHA requests an appropriation of \$9,837,273 total funds, including \$3,737,498 General Fund and 2.3 FTE.

RECOMMENDATION: The staff recommendation is included in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRIMINAL JUSTICE DIVERSION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$9,730,499	\$3,666,241	\$6,064,258	\$0	\$0	2.3
TOTAL	\$9,730,499	\$3,666,241	\$6,064,258	\$0	\$0	2.3
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$9,730,499	\$3,666,241	\$6,064,258	\$0	\$0	2.3
R8 Provider rate adjustment	237,545	89,072	148,473	0	0	0.0
Annualize prior year budget actions	16,739	0	16,739	0	0	0.0
Non-prioritized requests	(100,000)	0	(100,000)	0	0	0.0
TOTAL	\$9,884,783	\$3,755,313	\$6,129,470	\$0	\$0	2.3
INCREASE/(DECREASE)	\$154,284	\$89,072	\$65,212	\$0	\$0	0.0
Percentage Change	1.6%	2.4%	1.1%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$9,837,273	\$3,737,498	\$6,099,775	\$0	\$0	2.3
Request Above/(Below) Recommendation	(\$47,510)	(\$17,815)	(\$29,695)	\$0	\$0	(0.0)

JAIL-BASED BEHAVIORAL HEALTH SERVICES

This line item supports the provision of jail-based behavioral health services (JBBS) to offenders. The programs supported by this line item screen for and provide care for adult jail inmates with a substance use disorder, including individuals who have a co-occurring mental health disorder. In addition, programs provide continuity of care within the community after the inmate's release from jail. These substance use disorder services are supported by reappropriated funds transferred from the Judicial Department from moneys available in the Correctional Treatment Cash Fund (CTCF).

Senate Bill 18-250 formally established this program in statute, expanded the program to include mental health services, and provides additional funding for these services and for state and local program administration.

The Department contracts with county sheriffs' departments to administer these funds, and some counties collaborate with neighboring county sheriff departments. Sheriff departments work with local community providers who are licensed by the Department to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release. Most programs have at least a clinician position to offer screenings, assessment, and treatment in the jail, as well as a case manager position dedicated to transitional care and a seamless re-entry in treatment

services in the community. Treatment providers screen all inmates for presence of substance use disorders, mental health disorders, trauma, and traumatic brain injury, and identify inmates with active duty or veteran military status. The staff work with inmates prior to release to develop a plan to meet their basic needs (e.g., housing, food, medication, transportation, employment) and maintain sobriety. The staff continue to work with inmates following their release to ensure successful re-entry and transition to community recovery resources. The overall goal is to target resources to meet offender's needs, engage them in the community, and prevent their return to jail.

The community provider rate is applied to this line item for direct client services provided through county jails.

STATUTORY AUTHORITY: Section 27-60-106, C.R.S. [Jail-based behavioral health services program]; Section 18-19-103 (5)(c) and (d)(V), C.R.S. [Use of Correctional Treatment Cash Fund for offenders in a county jail]

REQUEST: The BHA requests an appropriation of \$16,748,929 total funds, including \$7,241,451 General Fund. Adjustments include the common policy community provider rate (2.0 percent) and an increase of \$2,502,400 reappropriated funds from the Correctional Treatment Cash Fund reflected as a technical adjustment.

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, JAIL-BASED BEHAVIORAL HEALTH SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$16,354,940	\$9,349,862	\$0	\$7,005,078	\$0	0.0
Other legislation	(2,250,400)	(2,250,400)	0	0	0	0.0
TOTAL	\$14,104,540	\$7,099,462	\$0	\$7,005,078	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$14,104,540	\$7,099,462	\$0	\$7,005,078	\$0	0.0
Technical adjustment	2,502,400	0	0	2,502,400	0	0.0
R8 Provider rate adjustment	177,487	177,487	0	0	0	0.0
TOTAL	\$16,784,427	\$7,276,949	\$0	\$9,507,478	\$0	0.0
INCREASE/(DECREASE)	\$2,679,887	\$177,487	\$0	\$2,502,400	\$0	0.0
Percentage Change	19.0%	2.5%	0.0%	35.7%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$35,498)	(\$35,498)	\$0	\$0	\$0	0.0

CIRCLE PROGRAM AND OTHER RURAL TREATMENT PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS

The BHA contracts with managed service organizations (MSOs) to administer the Circle Program and Other Rural Treatment Programs. The following sections further describe the Community Based Circle Program and the Other Rural Treatment Programs for People with Co-occurring Disorders.

Community Based Circle Program

This program supports intensive treatment programs for individuals with co-occurring mental health and substance use disorders. This program was previously operated on the campus of the Colorado Mental Health Hospital in Pueblo (CMHHIP). In FY 2017-18, the General Assembly approved a Department proposal to convert the program to a community-based model. The Department contracted with the MSO for the southeast region, Signal Behavioral Health Network, to establish a community-based Circle Program in Pueblo. Signal subcontracted with Crossroads' Turning Point Inc., to establish and operate a 16-bed program that focuses on serving those who are "justice involved". The new community-based program was licensed in December 2018 and began serving clients in January 2019. At present, there are three state-funded circle programs operating in Colorado, each with 16 beds:

- Crossroads' Turning Points in Pueblo (opened FY 2018-19)
- Summitstone Garcia House in Fort Collins (opened FY 2020-21)
- Mind Springs Health in Grand Junction (opened FY 2020-21)

Rural Co-occurring Disorder Services

Since FY 2013-14, this program has supported a full continuum of co-occurring behavioral health services for adolescents and adults in southern Colorado and the Arkansas Valley. It is staff's understanding that this appropriation was initially added based on data that demonstrated a gap in the service delivery system for southern Colorado related to the co-occurring, dually diagnosed population -- primary substance use and secondary mental health (Axis I) anxiety and depression.

Starting in FY 2018-19, the Department contracted with MSOs to ensure coverage in southern Colorado and the Arkansas Valley:

- Signal Behavioral Health Network administers services for the southeast region, which includes: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache Counties. Signal subcontracts with Crossroads' Turning Points and San Luis Valley Behavioral Health Group (a community mental health center) to provide services in this region.
- West Slope Casa, LLC, administered services in the southwest region of the state through December 31, 2022, and Rocky Mountain HMO took over the same region effective January 1, 2023. The southwest region includes: Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, and San Miguel Counties. Axis Health Systems, Inc. (a community mental health center) subcontracts to provide the services in this region.

These programs serve both civil clients and those who are involved in the criminal justice system. The services provided in both regions include residential and outpatient based services with a combination of individual and group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy (MAT), substance use testing, and other similar services.

Staff understands that Medicaid currently only covers the cost of outpatient treatment, so this line item covers the additional costs of room and board, treatment costs that are not covered by Medicaid, and wraparound services that ensure a client's successful transition to outpatient treatment.

The provider rate is applied to the General Fund and MTCF appropriation for services provided by Managed Service Organizations.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol and substance use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

REQUEST: The BHA requests an appropriation of \$7,083,945 total funds, including \$638,286 General Fund. Adjustments include the common policy community provider rate (2.0 percent) and a decrease in reappropriated funds from the Correctional Treatment Cash Fund reflected as a technical adjustment.

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CIRCLE PROGRAM AND OTHER RURAL TREATMENT PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$7,666,745	\$626,978	\$6,039,767	\$1,000,000	\$0	0.0
TOTAL	\$7,666,745	\$626,978	\$6,039,767	\$1,000,000	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$7,666,745	\$626,978	\$6,039,767	\$1,000,000	\$0	0.0
R8 Provider rate adjustment	166,668	15,674	150,994	0	0	0.0
Non-prioritized requests	(400,000)	0	(400,000)	0	0	0.0
Technical adjustments	(316,135)	(1,232)	(19,185)	(295,718)	0	0.0
TOTAL	\$7,117,278	\$641,420	\$5,771,576	\$704,282	\$0	0.0
INCREASE/(DECREASE)	(\$549,467)	\$14,442	(\$268,191)	(\$295,718)	\$0	0.0
Percentage Change	(7.2%)	2.3%	(4.4%)	(29.6%)	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$7,083,945	\$638,286	\$5,741,377	\$704,282	\$0	0.0
Request Above/(Below) Recommendation	(\$33,333)	(\$3,134)	(\$30,199)	\$0	\$0	0.0

RECOVERY SUPPORT SERVICES GRANT PROGRAM

The General Assembly added this line item to the FY 2022-23 Long Bill to support the Recovery Support Services Grant Program created in S.B. 21-137. Initiated in FY 2021-22, the program provides grants to “recovery community organizations” to provide recovery-oriented services to individuals with a substance use disorder (SUD) or co-occurring substance use and mental health disorder (co-occurring disorder). The bill directs the Department to promulgate rules as necessary to implement the program and to distribute the grant funds to the managed service organizations (MSOs). Recovery community organizations then apply to the MSOs to actually receive the funds (awarded in accordance with the rules promulgated by the Department). The bill authorizes recovery community organizations to use the funds to:

- Offer opportunities for individuals with an SUD or a co-occurring disorder to engage in activities focused on mental or physical wellness or community service.
- Provide guidance to individuals with SUD or co-occurring disorders and their family members on navigating treatment, social service, and recovery support systems.
- Help those individuals to connect with resources needed to initiate and retain recovery.
- Assist in establishing and sustaining a social and physical environment supportive of recovery.
- Provide local and state recovery resources.
- Provide recovery support services for caregivers and families of individuals recovering from an SUD or co-occurring disorder.

The bill specifies that the General Assembly shall appropriate \$1,600,000 million General Fund annually to support the program, beginning in FY 2021-22.

STATUTORY AUTHORITY: Section 27-80-126, C.R.S. [Recovery support services grant program]

REQUEST: The Department requests \$1,611,579 General Fund and 1.0 FTE. The request includes an increase of \$11,579 General Fund to annualize FY 2023-24 salary survey appropriations.

RECOMMENDATION: Staff recommends an appropriation of \$1,600,000 General Fund and 1.0 FTE, with no change from the FY 2023-24 appropriation, consistent with staff recommendations and Committee action in prior years. The statute (Sec. 27-80-126 (8), C.R.S.) specifically requires an appropriation of \$1,600,000 per year for the program. As the Long Bill is written to current law, staff believes that increasing the appropriation above that amount would require legislation to modify the statutory requirement.

TEMPORARY YOUTH MENTAL HEALTH SERVICES PROGRAM

The Department is requesting the creation of this line item to support the Temporary Youth Mental Health Services Program (also known as “I Matter”) created in H.B. 21-1258 (Rapid Mental Health Response for Colorado Youth) and then extended in H.B. 22-1243 (School Security and School Behavioral Health Services Funding). The program reimburses mental health counselors for providing up to six mental health sessions for each child or youth (defined as someone no more than 18 years old or up to 21 years old if that individual is receiving special education services) that is screened into the program. The bill requires the Department to develop a process to select providers, determine a reasonable reimbursement rate, and implement a statewide public awareness outreach campaign. The

bill also requires the Department to enter into an agreement with a vendor to create or use an existing web based portal¹⁰ that:

- Includes an age-appropriate mental health screening.
- Allows providers to register and share appointment availability.
- Connects youth to providers who will accept the youth's insurance.
- Allows youth to schedule an appointment regardless of insurance status.

House Bill 21-1258 authorized the program through June 30, 2022, and appropriated \$9.0 million General Fund to support the program in FY 2020-21 and FY 2021-22. House Bill 22-1243 extended the program through June 30, 2024 and appropriated \$6.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus fund) for FY 2022-23. Those funds are available to the Department through June 30, 2024.

STATUTORY AUTHORITY: Section 27-60-109, C.R.S. [Temporary Youth Mental Health Services Program]

REQUEST: The Department does not request an appropriation for FY 2024-25 as the program is set to sunset June 30, 2024.

RECOMMENDATION: **Staff recommends approval of the request, removing the line item as there is not existing statutory authority to continue the program.** The program could be continued through S.B. 24-001 (Continue Youth Mental Health Services Program). Any associated appropriation is expected to be included in that legislation rather than the Long Bill, since the Long Bill is written to current law.

988 CRISIS HOTLINE

The General Assembly added this line item to the FY 2022-23 Long Bill to support the 988 Crisis Hotline authorized in S.B. 21-154 (988 Suicide Prevention Lifeline Network). The bill creates the 988 Crisis Hotline Enterprise within the Department of Human Services and requires the enterprise to:

- Impose a 988 surcharge and a prepaid wireless 988 charge.
- Fund the 988 crisis hotline.
- Work with third parties to provide crisis outreach, stabilization, and acute care.
- Authorize and issue revenue bonds payable from the newly created 988 Crisis Hotline Cash Fund.

By July 1, 2022, the bill requires the enterprise to contract with a nonprofit to provide intervention and crisis care coordination for individuals calling the 988 hotline. The bill requires that nonprofit to have an agreement with the national 988 hotline, meet national suicide lifeline guidelines, deploy mobile response units and co-responder programs, coordinate access to walk-in centers, and provide follow-up services.

The bill creates the 988 Crisis Hotline Cash Fund to receive money collected from the phone surcharges and required the enterprise to set the surcharge in collaboration with the Public Utilities Commission (PUC) by October 1, 2021 (taking effect January 1, 2022). The bill limits the surcharge

¹⁰ The portal is available at: <https://imattercolorado.org/>

to no more than \$0.30 per month for 9-8-8 access and \$0.30 per prepaid wireless transaction. In September 2021, the enterprise set the rate for 2022 at \$0.18 per month and \$0.18 per prepaid wireless transaction.

STATUTORY AUTHORITY: Section 27-64-101, et seq., C.R.S. [988 Crisis Hotline Enterprise]; Section 40-17.5-101, et seq., C.R.S. [988 Surcharge and Prepaid Wireless 988 Charge for the 988 Crisis Hotline]

REQUEST: The BHA requests an appropriation of \$12,530,464 cash funds from the 988 Crisis Hotline Cash Fund. Adjustments include annualization of the prior year salary survey and community provider rate (2.0 percent).

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, 988 CRISIS HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$12,262,555	\$0	\$12,262,555	\$0	\$0	2.0
TOTAL	\$12,262,555	\$0	\$12,262,555	\$0	\$0	2.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$12,262,555	\$0	\$12,262,555	\$0	\$0	2.0
R8 Provider rate adjustment	302,059	0	302,059	0	0	0.0
Annualize prior year budget actions	26,262	0	26,262	0	0	0.0
TOTAL	\$12,590,876	\$0	\$12,590,876	\$0	\$0	2.0
INCREASE/(DECREASE)	\$328,321	\$0	\$328,321	\$0	\$0	0.0
Percentage Change	2.7%	0.0%	2.7%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$12,530,464	\$0	\$12,530,464	\$0	\$0	2.0
Request Above/(Below)						
Recommendation	(\$60,412)	\$0	(\$60,412)	\$0	\$0	0.0

MEDICATION CONSISTENCY AND HEALTH INFORMATION EXCHANGE

Senate Bill 17-019 requires the Department, in consultation with the Department of Corrections (DOC), to promulgate rules that require providers under each department's authority and allow public hospitals and licensed private hospitals to use an agreed upon medication formulary. The formulary is intended to promote continuity of care across criminal justice agencies and health care providers. To ensure medication consistency for persons with mental health disorders in the criminal and juvenile justice systems, the act requires DHS' Division of Youth Services, DOC, counties, community mental health centers, and other providers to share patient-specific mental health care and treatment information.

The Department initially consulted with the E-Health Commission, the Colorado Regional Health Information Organization (COHRIO), the Quality Health Network (QHN), and the Governor's Office of Information Technology. Based on these discussions, the Department determined that more planning should occur in order to address the varying needs of the 57 county jails, the community

mental health centers, four state agencies, and other criminal justice and behavioral health systems. Due to the various types of systems and technological capacity, the Department proposed a phased pilot program that involves jails with different existing technology and capacity.

In FY 2018-19, the Department conducted an evaluation to document program implementation and measure preliminary outcomes. According to the Department, the evaluation covered the challenges of implementation, the program's benefits, including early impacts on jail operations, and jail-based patient outcomes. In part based on that evaluation, the program has received additional funding from the Marijuana Tax Cash Fund to support expansion.

The Department reports that improved data integration is allowing it to monitor a variety of measures for this population, including emergency room utilization and physical health inpatient admission and that the integration has improved medication consistency during incarceration and transition periods (as intended). The Department's ongoing monitoring includes the following measures: emergency room utilization, psychiatric and physical inpatient admissions, criminal recidivism efforts, improved treatment outcomes, information access, and cost reductions. According to the Department, participating jails have reported improved treatment planning based on better information, improved work flow, and improved discharge planning and community transitions.

STATUTORY AUTHORITY: Section 27-70-101, et seq., C.R.S. [Medication consistency for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund]

REQUEST: The Department requests a continuation appropriation of \$760,700 cash funds from the Marijuana Tax Cash Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

CARE COORDINATION

This line item was created in FY 2023-24 to support the Care Coordination Program that had previously been funded through the Behavioral Health Crisis Response System Telephone Hotline line item. Prior statute (Sec. 27-80-119 (4), C.R.S.) required the contractor that provides the crisis hotline system to operate the Care Navigation Program initially created in H.B. 19-1287 (Treatment for Opioids and Substance Use Disorders). However, recent legislation (S.B. 21-137, S.B. 22-177, and H.B. 22-1278) has tasked the BHA with establishing and developing a comprehensive care coordination infrastructure. Given the expanding role, the Department requested eliminating the statutory requirement that the crisis hotline contractor also provide the coordination services and creating a new line item specific to this program.

The community provider rate is applied to the full appropriation for direct client services but excluding the Department's personnel and operating costs associated with the state FTE.

STATUTORY AUTHORITY: Section 27-60-103, C.R.S. [Behavioral health crisis response system]

REQUEST: The Department requests an appropriation of \$1,753,053 General Fund. The request includes an increase of \$1,400,000 for the annualization of H.B. 22-1256 (Involuntary Commitment), which is aligned with the fiscal note for the bill.

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CARE COORDINATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$344,442	\$344,442	\$0	\$0	\$0	0.0
TOTAL	\$344,442	\$344,442	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$344,442	\$344,442	\$0	\$0	\$0	0.0
Annualize prior year legislation	1,400,000	1,400,000	0	0	0	0.0
R8 Provider rate adjustment	8,611	8,611	0	0	0	0.0
TOTAL	\$1,753,053	\$1,753,053	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$1,408,611	\$1,408,611	\$0	\$0	\$0	0.0
Percentage Change	409.0%	409.0%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$1,751,331	\$1,751,331	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$1,722)	(\$1,722)	\$0	\$0	\$0	0.0

(E) INDIRECT COST ASSESSMENT

INDIRECT COST ASSESSMENT

This line item reflects the money anticipated to be recovered from cash and federal fund sources that allow for statewide and departmental indirect administrative costs.

STATUTORY AUTHORITY: Colorado Fiscal Rules #8-3; Section 24-75-1401, C.R.S. [Indirect Costs Excess Recovery Fund]

REQUEST: The Department requests \$3,787,628 total funds.

RECOMMENDATION: Staff recommends approval of the request and requests permission to update amounts as necessary to align with Committee final action.

(6) OFFICE OF BEHAVIORAL HEALTH

Prior to the creation of the Behavioral Health Administration, behavioral health programs in the Department were under the Office of Behavioral Health. With the movement of community-based programs to the BHA, the Department internally re-named the Office of Behavioral Health to the Office of Civil and Forensic Mental Health (OCFMH) to more accurately reflect the programming remaining within the Office. The Office is still referred to as the Office of Behavioral Health (OBH) within the Long Bill.

The Office is primarily responsible for operation of the two Mental Health Hospitals that provide inpatient hospitalization for individuals with serious mental health disorders. One Institute is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. The Institutes serve three populations:

- (1) individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency;
- (2) individuals who have been found not guilty by reason of insanity; and
- (3) adults and adolescents who are referred for admission by Centers, the Department's Division of Youth Services, and other health providers.

In addition, the Office is responsible for services to forensic clients through the Forensic Services Administration and a variety of related programs. Finally, this section of the Long Bill includes appropriations for fines and fees associated with the Consent Decree for competency services.

In addition to General Fund, this Office is primarily supported by the following fund sources:

- transfers from the Department of Health Care Policy and Financing, which originate as General Fund and federal Medicaid funds;
- patient revenues earned by the Mental Health Institutes (including private insurance payments, as well as Medicaid and Medicare funds);
- transfers from the Judicial Department, which originate as General Fund, drug offender surcharge revenues, and the Marijuana Tax Cash Fund; and
- marijuana tax revenues.

OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$219,583,924	\$67,658,275	\$138,628,995	\$13,296,654	\$0	1,527.9
H.B. 24-1187 (Supplemental)	58,349,346	57,967,379	10,997	370,970	0	0.0
Other legislation	2,550,400	2,410,400	140,000	0	0	0.0
TOTAL	\$280,483,670	\$128,036,054	\$138,779,992	\$13,667,624	\$0	1,527.9
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$280,483,670	\$128,036,054	\$138,779,992	\$13,667,624	\$0	1,527.9
R1 Inpatient competency resources	60,406,356	60,406,356	0	0	0	3.4
R2 Tony Grampsas increase	(344,940)	0	(344,940)	0	0	(5.4)
R7 OCFHM line item cleanup	0	0	0	0	0	0.0
R8 Provider rate adjustment	1,153,890	730,712	423,178	0	0	0.0
Staff initiated consent decree adjustment	230,000	230,000	0	0	0	0.0

OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Indirect cost assessments	165,653	0	81,838	83,815	0	0.0
Non-prioritized requests	402,558	0	0	402,558	0	0.0
Technical adjustments	(41,568)	(41,568)	0	0	0	0.0
Annualize prior year legislation	(36,115,540)	(42,749,151)	(150,997)	(370,970)	7,155,578	37.4
Annualize prior year budget actions	6,362,266	136,390,123	(130,027,857)	0	0	2.6
TOTAL	\$312,702,345	\$283,002,526	\$8,761,214	\$13,783,027	\$7,155,578	1,565.9
INCREASE/(DECREASE)	\$32,218,675	\$154,966,472	(\$130,018,778)	\$115,403	\$7,155,578	38.0
Percentage Change	11.5%	121.0%	(93.7%)	0.8%	#DIV/0!	2.5%
FY 2024-25 EXECUTIVE REQUEST	\$341,309,808	\$311,694,626	\$8,676,577	\$13,783,027	\$7,155,578	1,614.9
Request Above/(Below) Recommendation	\$28,607,463	\$28,692,100	(\$84,637)	\$0	\$0	49.0

DECISION ITEMS – OFFICE OF BEHAVIORAL HEALTH/OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

➔ DHS R1 INPATIENT COMPETENCY RESOURCES

REQUEST: The request includes an increase of \$75.2 million General Fund and 3.4 FTE in FY 2024-25, and \$70.1 million General Fund in FY 2025-26 and ongoing, for continued and increased resources for inpatient competency restoration.

RECOMMENDATION: Staff recommends an increase of \$60.4 million General Fund and 3.4 FTE in FY 2024-25, with potential adjustments pending Committee decisions on nurse compensation. The recommendation includes amounts associated with contract nurses, private hospital beds, and increased staffing ratios at Fort Logan. The recommendation does not include amounts associated with contract staff to open two additional units at Pueblo.

TABLE 1: REQUEST COMPONENTS BY FISCAL YEAR		
	REQUEST	RECOMMENDATION
Maintain contract staffing*	\$23,358,358	\$23,358,358
Maintain private hospital contracts (61 beds)	25382100	25,382,100
Add private hospital contracts (19 beds)	7905900	7,905,900
Open Pueblo RNRU unit (39 beds)	7125994	0
Open Pueblo E2 unit (21 beds)	7656853	0
Increase FL F3 unit staff ratio (22 beds)	3816466	3,816,466
Total	\$75,245,671	\$60,462,824
<i>Beds</i>	<i>162</i>	<i>102</i>

*Staff recommends decreasing the amount for contract staffing if the Committee approves additional funding related to nurse compensation above what is included in the base compensation plan.

ANALYSIS: The Department operates the Colorado Mental Health Hospitals in Pueblo and Fort Logan (CMHHIP and CMHHIFL). The hospitals serve civil and forensic patients. All patients at Pueblo originate as forensic patients, while Fort Logan primarily serves civil patients. The following section provides additional background that has been discussed in prior staff presentations.

Civil patients are voluntarily or involuntarily committed to the Department's care without a criminal charge. The Department must maintain 94 civil beds at Fort Logan as part of a consent

decree described later in this section. It is staff's understanding that a majority of voluntary civil patients originated as involuntary, but became voluntary during their stay. The Department estimates that 90.0 percent of civil patients at Fort Logan in December 2023 were involuntary. Involuntary commitments require a psychiatric evaluation and court certification for short- or long-term treatment (Section 27-65-106 (6)(a), C.R.S. and Section 27-65-109 (1), C.R.S.).

Forensic patients include individuals with pending criminal charges who have been court ordered for inpatient competency evaluations or competency restoration services, and patients who have been found not guilty by reason of insanity. A patient may originate as forensic but remain in the Department's care as a civil patient after criminal proceedings resolve.

The Department is responsible for evaluating the competency of individuals charged with a crime and providing competency restoration services when an individual is determined to be incompetent to proceed to trial. The state mental health hospitals provide these services unless the Court authorizes the provision of services in another setting such as in a jail or in the community.

COMPETENCY EVALUATION

In legal proceedings, competency refers to an individual's ability to aid and assist in their own trial. Competency may be called into question at any point by the defense, prosecution, or court in a criminal case, but is most often raised by the defense in pre-trial hearings.¹¹ *Dusky v. United States* established a defendant's right to competency evaluation prior to a case moving to trial. When competency is raised, the court orders a forensic evaluation and legal proceedings are suspended until the evaluation is complete. The question of competency can therefore interrupt the right to a speedy trial.

Competency evaluations can be court ordered to be completed in an inpatient state hospital, jail, or community-based setting. Evaluations must be completed by a licensed psychiatrist or psychologist trained in forensic competency (Section 16-8.5-101 (3), C.R.S.). Evaluations consist of a review of case discovery, a brief client history, and a competency specific mental exam. The exam pertains specifically to the individual's factual knowledge of legal proceedings, and ability to make reasoned decisions to assist in their own defense rather than a comprehensive mental health exam.

A defendant is determined to be "incompetent to proceed" if they have a mental disability or developmental disability that: (1) prevents them from having sufficient present ability to consult with the defense attorney with a reasonable degree of rational understanding in order to assist in the defense; or (2) prevents them from having a rational and factual understanding of the criminal proceedings (Section 16-8.5-101 (12), C.R.S.). The standard for competency is lower than the standard imposed for a sanity evaluation, in part because it only measures the defendant's "present" ability rather than the defendant's mental status at the time of the crime. Competency can change at any time based on factors such as whether the defendant is taking prescribed medication consistently.

The evaluator must make a report to the court once the evaluation is complete. The judge makes the final decision of whether the defendant is competent to proceed based on the evaluators report. Not all competency evaluation orders result in the completion of a competency report, as the competency examination order may be withdrawn for a variety of reasons (e.g., the charges were dropped or new orders were issued to change the evaluation location from inpatient and outpatient). The court may

¹¹ Office of Behavioral Health. https://leg.colorado.gov/sites/default/files/images/understanding_competency_one-pager.pdf

order additional evaluations, but second evaluations are not performed or paid for by the Department (Section 16-8.5-101 (18), C.R.S.).

COMPETENCY RESTORATION SERVICES

If a defendant is determined competent to proceed, court proceedings may continue. If a defendant is determined to be incompetent to proceed, the court may pursue services to restore competency before proceeding with the trial. Restoration services focus on barriers to competency identified in the evaluation, including education or access to medication. Services may vary based on location, type of crime committed, need of the patient, and the judge. **Restoration services may or may not include mental health treatment, and do not include long-term comprehensive care.**

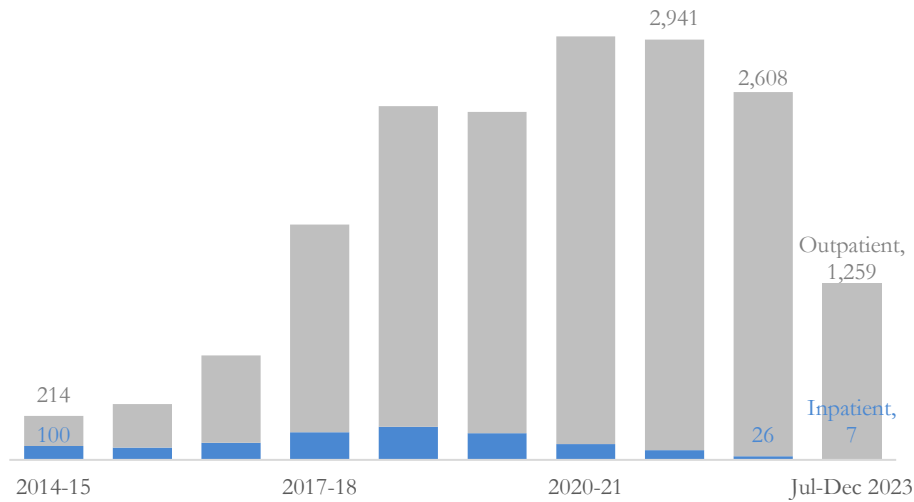
Once the defendant's treatment team determines that competency has been restored, the Department conducts a competency evaluation. If the Department evaluator agrees, the Department prepares a report to the court and the court determines whether the defendant is restored to competency. When the Department recommends to the court that the defendant is restored to competency, the defendant may be returned to custody of the county jail or to previous bond status and the case proceeds.

An individual may not be confined for purposes of receiving competency restoration treatment for a period in excess of the maximum term of confinement that could be imposed for the offenses with which the defendant is charged, less any earned time (Section 16-8.5-116 (1), C.R.S). The court is required to review the case at least every 91 days with regard to the probability that the defendant will eventually be restored to competency and the need for continued confinement. When the duration of restoration services exceeds the maximum term of confinement, the defendant will be released from treatment without competency being restored. The Department estimates that 41.0 percent of inpatient and 50.0 percent of outpatient individuals ordered to receive services are restored to competency.

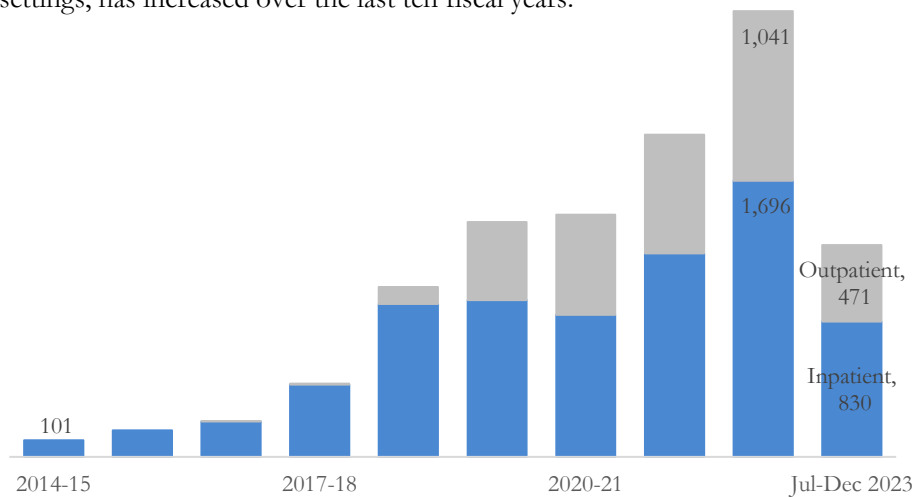
CASELOAD

Caseload for competency evaluations and restoration services is driven by court orders that are outside of the Department's control. While caseload has increased dramatically in recent years, the most recent data provided by the Department reflects a slight decreasing trend. Inpatient services refer to evaluations and restoration services provided at the state or private hospitals. Outpatient refers to services conducted at a jail, prison, youth detention center, or in the community. Annual court orders for competency evaluations and restoration services are provided in the charts below. Only six months of data is provided for FY 2023-24, but reported numbers for both evaluations and restoration services are slightly lower than mid-year data from FY 2022-23.

Court ordered competency evaluations peaked in FY 2020-21.



Court ordered restoration services, and the proportion addressed in outpatient settings, has increased over the last ten fiscal years.



The waitlist for competency restoration services varies on a daily basis. The Department reports that 391 individuals are on the waitlist as of January 9, 2024. The average time on the waitlist is 105-115 days, but the range of time spent on the waitlist varied from 50-387 days in November of 2023. The Department provided additional data as part of the Hearing responses, provided in Appendix B.

The waitlist for restoration services peaked at 464 patients in February, 2023, and was 390 as of January 9, 2024.



CONSENT DECREE

The Department reached an agreement with plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for court-ordered competency services in March 2019. The parties filed the agreement in federal court in the form of a consent decree. The consent decree is legally binding and judicially enforceable through December 1, 2027. However, the consent decree would be terminated if the Department sustained a two-year period of compliance. Until the consent decree is terminated, compliance is overseen by the Court and a Special Master (Groundswell Services, Inc., and its team of forensic mental health experts).

The consent decree establishes a set timeframe for competency evaluation and restoration services. Admission for inpatient evaluation must occur within 14 days, and evaluations conducted in a county jail are required within 21 days. Inpatient restoration services must be offered within 7 days to patients who have or appear to have a mental health disorder that results in the individual being a harm to themselves or others, or delaying hospitalization would cause harm to themselves or others. These patients are statutorily referred to as “Tier 1” patients, while other patients are “Tier 2” (Section 16-8.5-102 (19), C.R.S.). Restoration services for Tier 2 patients must be offered within 28 days. The average wait time for Tier 1 patients is 115 days, and 105 days for Tier 2 patients.

The Department must pay fines for each day of violation of these timeframes as part of the consent decree, varying from \$100 to \$500 per day depending on the case conditions. However, fines are capped to an annual amount adjusted for inflation each year. Fines were capped to \$12.0 million General Fund in FY 2023-24, but the Department estimates that fines would have totaled \$65.2 million in FY 2022-23 in absence of the cap. The request emphasizes that funding increases could reduce the waitlist and end the consent decree early. However, the Department is also concerned that without significant investment, litigation could be reopened and the Special Master could lift the annual capped fine.

Fines are awarded by the Colorado Fines Committee through a grant process to support behavioral health and competency services. Reporting indicates that a total of \$41.3 million in fines has been received by the Fines Committee. Of that amount, \$31.4 million has been allocated and \$16.2 million expended as of September 30, 2023. Fines have supported a range of programs, including competency

dockets, housing, Sheriff's Offices, assisted living programs, community mental health centers, and Denver Health.¹² Awards have ranged from \$17,850 to \$3.5 million.

COMPENSATION AND CONTRACT STAFFING

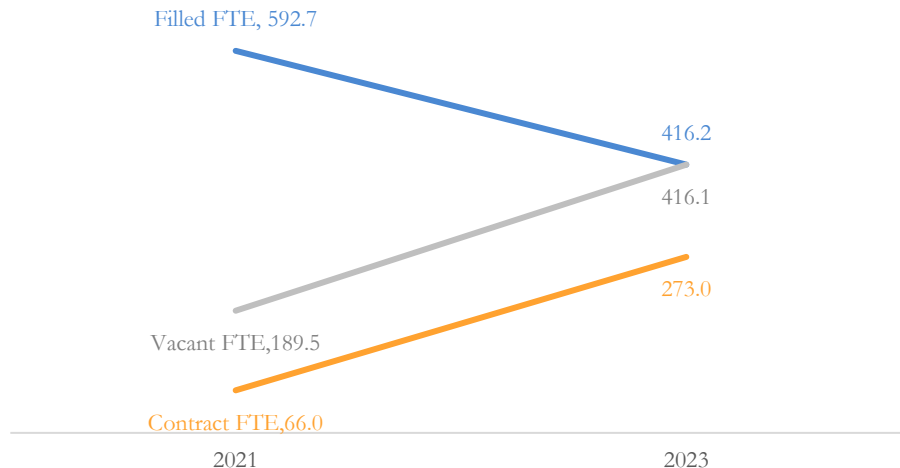
The Department has increasingly relied on contract agencies for nurses and direct care staff in recent years. Contract staff are paid at higher rates with more scheduling autonomy than state FTE. Therefore, the reliance on contract staffing comes at a higher General Fund cost and further contributes to lower staff morale and high turnover. The Department reported that the salary for a state Nurse I FTE was \$38.93 per hour in FY 2022-23 (\$50.61 with benefits), compared to \$109 per hour that must be paid by the Department to an agency for a contract nurse.

Importantly, the hourly contract rate does not reflect take home pay for contract nurses. Agency overhead costs are included in the hourly cost to the Department, and the actual take home pay for contract nurses is unknown. Different agencies bill different rates on different billing cycles, potentially resulting in unknown cost fluctuations for the Departments. Job postings for contract nurse positions indicate that the hourly rate may be similar to what is offered by the Department or even less, but the agency offers large incentives and stipends to increase overall pay.

The Department frequently notes that retirement benefits and job stability that used to incentivize state employment are no longer competitive with higher base compensation available through private hospitals and contract agencies, particularly for people newly entering the job market. The private market is also more agile than the state compensation system, and any incentives offered by the State may quickly be outpaced.

The request indicates that 35.1 percent of direct care staff left Pueblo between July 2021 and April 2023. Actual expenditure reports indicate that Nurse I FTE at Pueblo decreased from 173.9 in FY 2020-21 to 54.3 in FY 2022-23. At the same time, contract staffing positions have increased from 66.0 positions in 2021 to 273.0 in 2023. The total filled, vacant, and contracted FTE at the state hospitals in this timeframe are provided in the chart below.

The state hospitals currently have a 50.0 percent vacancy rate, and increases in contract staff have increased at a similar rate as vacancies since 2021.



¹² [Fines Committee Awards, 2023.](#)

There are multiple limitations to the consideration of targeted compensation increases to improve hiring at the state hospitals. First, contract staff and state FTE for the state hospitals are funded by the same line items. Therefore, the General Assembly cannot meaningfully decrease funding for contract staffing to increase funding for state FTE. The General Assembly can increase the Department's salary survey line that is intended to provide salary increases throughout the Department. However, the General Assembly does not have authority over how those funds may be distributed outside of including a footnote specifying intent.

The General Assembly has consistently approved targeted salary increases related to direct care positions at the state hospitals. Targeted increases do not appear to have been sufficient to provide lasting improved hiring for the State. Recent targeted increases are provided in the table below. The FY 2018-19 increase was a Long Bill amendment that included a footnote indicating the General Assembly's intent that the increase support all direct care staff, but no specific job classifications were indicated. All other amounts are associated with Department requests or the total compensation plan.

TABLE 2: RECENT TARGETED SALARY INCREASES		
	TARGETED POSITION	INCREASE
2017-18	Nurses	2,978,791
2018-19	Direct care staff	10,650,207
2019-20	Direct care and contract staff	16,757,694
2020-21	Psychologists	540,984
2022-23	Food service and housekeeping	593,760
2023-24	Direct care staff	4,689,034
2024-25	Nurses	4,748,541
TOTAL		\$40,959,011

Adjustments in the table above reflect total funds for the entire Department. The table only includes budget actions for targeted salary increases, and does not include across the board increases in the base compensation plan. Many increases are specific to the state hospitals, but the actions in FY 2019-20, and FY 2022-23 through FY 2024-25 include all nurses and direct care staff under the Department and cannot be separated out to determine the specific impact related to the state hospitals. While an increase for psychologists appears to have been retained in FY 2020-21, the Committee did approve a \$14.5 million General Fund reduction to the personal services lines for the state hospitals for budget balancing that was restored in FY 2021-22.

The Department has also utilized one-time ARPA funds to support incentive payments for nurses and other direct care staff. The Department hiring incentives started at \$1,000 before increasing to \$7,000 and eventually \$14,000. The Department indicates that incentives were increased because no hiring improvements were realized until the \$14,000 incentive. Incentives will end once ARPA funds are exhausted, anticipated before the end of the current fiscal year.

PRIVATE HOSPITAL BEDS

The Department began contracting with private hospitals for inpatient restoration treatment beds following a FY 2018-19 budget request. The appropriation included \$3.2 million General Fund for a new Purchased Psychiatric Bed Capacity line item intended to support 10 private hospital beds in the Denver metro area. This appropriation is increased each year by the common policy community provider rate and included \$3.5 million General Fund in FY 2023-24.

House Bill 22-1386 (Competency to Proceed and Restoration Competency) also included a one-time appropriation of \$28.6 million ARPA funds to support additional private hospital competency restoration treatment beds. Executive Branch indicate that \$21.7 million has been expended, and 100.0 percent has been expended or encumbered. The Department reports that 61 private hospital beds were supported with ARPA funds in FY 2023-24, and an additional 8 beds were supported with the existing General Fund appropriation. On average, the private hospital beds serve 3 patients per year. Therefore, the Department estimates that inpatient capacity will decrease by 203 patients per year if long-term funding is not established and the contracts end when ARPA funding expires in 2024.

The Supplemental increase approved by the General Assembly included a total of \$11.9 million General Fund to continue and increase existing private hospital contracts. Of this amount, \$10.6 million was intended to continue support for the ARPA contracted beds through the end of the current fiscal year. The remaining \$1.3 million was intended to add an additional 19 beds, for a total of 80 private contract beds.

The FY 2024-25 request includes \$33.3 million General Fund to continue the 80 beds approved in the Supplemental request on an ongoing basis. The amount assumes a \$1,200 daily rate that the Department developed in consultation with potential providers. The original ARPA contracts assumed a \$1,000 daily rate. The calculation also assumes a 95.0 percent occupancy rate based on the current contracts, as the Department only pays the daily rate when the bed is occupied. The personnel costs alone for the requested additional state beds reflect a daily cost of \$675.

The Department indicates that there is potential for additional contracts subject to available appropriations. Based on the Department's calculations, each bed costs \$416,100 per year. Advocates indicate that community-based beds would come at a lower cost to the State. Staff does not disagree, but private hospital beds are assumed to serve higher acuity patients than may be appropriate for community placement. It is important to note that private hospitals and community providers may also turn patients away, leaving the state hospitals to serve the highest acuity patients.

REQUEST

The Department request includes multiple components outlined in the table below. The Committee and General Assembly approved the FY 2023-24 Supplemental amounts as requested. An action on one portion of the request or the Supplemental does not require that the Committee approve or deny any other portion of the FY 2024-25 request. The request reflects a 25.3 percent increase for the Office of Civil and Forensic Mental Health from the FY 2023-24 appropriation.

TABLE 3: REQUEST COMPONENTS BY FISCAL YEAR			
	FY 2023-24	FY 2024-25	FY 2025-26
Maintain contract staffing	\$32,622,146	\$23,358,358	\$18,256,015
Maintain private hospital contracts (61 beds)	10,546,900	25,382,100	25,382,100
Add private hospital contracts (19 beds)	1,321,260	7,905,900	7,905,900
Open Pueblo RNRU unit (39 beds)	7,125,994	7,125,994	7,125,994
Open Pueblo E2 unit (21 beds)	4,818,576	7,656,853	7,656,853
Increase FL F3 unit staff (22 beds)	1,532,503	3,816,466	3,816,466
Total (162 beds)	\$57,967,379	\$75,245,671	\$70,143,328

OPEN PUEBLO UNITS

The request includes \$14.8 million to staff two units the Department opened in 2023. The General Assembly approved partial year funding for FY 2023-24 to maintain the units as part of the

supplemental. The funding is expected to support 60 beds and 162 clients per year, representing a daily rate of \$675 for the personnel costs alone. The request assumes that the units will be entirely staffed through contract agencies. The requested amount is therefore associated with an additional 88.1 positions in FY 2024-25 and ongoing, but there are no associated FTE included for this portion of the request.

The estimated cost of staffing the units with State FTE is \$8.5 million General Fund in FY 2024-25, \$6.3 million lower than the request. The Department request prioritizes increasing capacity in an effort to decrease the waitlist. **Staff is concerned that the Department is proposing opening additional units given the difficulty staffing existing unit. Staff therefore does not recommend approval of the funding associated with additional units,** but would recommend approval of the amounts as requested if the Committee aligns with the Department in maximizing capacity.

INCREASE FORT LOGAN STAFFING RATIO

The request includes an increase of \$3.8 million General Fund and 3.4 FTE in FY 2024-25 to increase staffing at two units at Fort Logan to align with third party staffing recommendations. Chartis is a third-party consultant approved by the Department of Public Health and Environment to evaluate standards of care at the state hospitals as part of a FY 2022-23 budget request. Chartis found that at times Fort Logan has a staffing ratio of 1 RN to 24 patients, compared to a recommended level of 1 RN to 8 patients. Chartis further recommended 3 mental health clinicians per unit.

Implementation of the recommendation includes funding for an additional 24 positions, including 6.8 RNs and 17.2 mental health clinicians. The request assumes that 3.4 mental health clinicians will be State FTE, and the remainder of positions will be contract agency staff. The estimated cost of staffing the units entirely with State FTE is \$2.3 million General Fund, \$1.5 million below the request. Staff recommends approval of the request to appropriately staff existing units. If the request is not approved, the Department would have to continue operations with known liability, or close the units.

PRIVATE HOSPITAL CONTRACTS

The request includes \$33.3 million General Fund to contract with private hospitals for 80 inpatient restoration beds. Private hospital contracts come at a higher cost to the state, but beds are reliably available. In the State hospitals, small changes in staffing can result in the closure of an entire unit. The cost of State beds is also subject to the rates of contract agencies, which appear to have high volatility and are subject to competition with private hospitals. Contracts for private hospital beds are expected to be annual contracts with known costs.

Staff recommends approval of the request to reliably increase capacity. This portion of the request is scalable up or down. The Committee could decrease the number of contract beds to make General Fund available for other purposes, including State nurse compensation or community-based behavioral health resources.

TABLE 4: COST OF ADDITIONAL BEDS	
	GENERAL FUND
10	\$4,161,000
20	8,322,000
30	12,483,000
40	16,644,000
50	20,805,000

TABLE 4: COST OF ADDITIONAL BEDS

	GENERAL FUND
60	24,966,000
70	29,127,000
80 (Request)	33,288,000
90	37,449,000
100	41,610,000

MAINTAIN CONTRACT STAFFING

The request includes \$23.4 million General Fund for nurse contract staffing. The cost of maintaining contract staffing is assumed to decrease each year as the Department aims to improve hiring each year through increases built into the State compensation plan for nurses. The current contract cost for FY 2023-24 is based on FY 2022-23 costs offset by vacancy savings as detailed in the tables below.

TABLE 5: CURRENT CONTRACT STAFFING COST

	PUEBLO	FORT LOGAN	TOTAL	HOURLY RATE	TOTAL COST
CNAs	74	13	87	\$65	\$12,892,043
RNs	94	34	128	114	33,388,493
LPNs	24	3	27	80	4,976,197
Social Worker/Clinical Therapist	30	3	33	54	4,118,400
	222	53	275		\$55,375,133

TABLE 6: REQUESTED CONTRACT FUNDING

Maintained contract staffing	\$55,375,133
Vacancy Savings	(19,320,448)
Total request	\$36,054,685

The FY 2023-24 and FY 2024-25 compensation package includes 8.0 percent non-base building salary increases for nurses in addition to the 3.0 across the board increase. The Department estimates that this increase will result in a 12.5 percent reduction to vacant positions each year, resulting in lower contract costs as outlined in the table below.

TABLE 7: ONGOING CONTRACT COST

	BASE	FY 2023-24	FY 2024-25	FY 2025-26
Current Contract Cost	\$36,054,685	\$36,054,685	\$36,054,685	\$36,054,685
Savings from decreased vacancies	0	(3,432,539)	(12,696,327)	(17,798,670)
Total	\$36,054,685	\$32,622,146	\$23,358,358	\$18,256,015
Assumed nurses hired	0.0	52.0	45.5	39.8
Assumed remaining vacancies	416.1	364.1	318.6	278.8
Assumed vacancy rate	50.0%	43.7%	38.3%	33.5%

The hiring assumptions included in the request would require the Department to hire 137.3 nurses by 2026. If hiring is not improved to the extent assumed by the request, the Department may have to close units to operate under existing appropriations or over-expend even if the requested increase is approved. Staff has explored the cost of many different approaches to increase compensation presented in a separate memo, with the goal of improving State hiring and retention.

The Department indicates that the first hiring improvements post-pandemic only occurred after \$14,000 ARPA hiring bonuses were awarded. Staff assumes that continuing hiring bonuses would

continue to improve State hiring. Staff is also concerned that the Department's assumption that hiring will continue to improve after hiring bonuses end, and is therefore concerned that the offsets for contract staffing assumed in the request will not be realized without sustained bonus.

Private hospitals and contract agencies can likely outbid State incentives, which may also have the effect of driving up State costs for contracts. Unlike base building compensation increases, incentives would allow the State to be similarly agile in adjusting the amount of incentive available to individuals based on the current market. If the Committee chooses to support increased compensation for medical positions, staff would recommend decreasing the amount to maintain contracts associated with this request by proportions informed by the assumptions used in the Department request.

STAFF RECOMMENDATION

Staff recommends approval of all components of the request except supporting additional contract staff to maintain two Pueblo units opened in 2023. If the Committee considers compensation increases for nurses above the base compensation request, staff would recommend decreasing the resources for contract staff included in the request. Request and recommendation details are provided in the table below.

TABLE 8: REQUEST COMPONENTS BY FISCAL YEAR		
	REQUEST	RECOMMENDATION
Maintain contract staffing*	\$23,358,358	\$23,358,358
Maintain private hospital contracts (61 beds)	25382100	25,382,100
Add private hospital contracts (19 beds)	7905900	7,905,900
Open Pueblo RNRU unit (39 beds)	7125994	0
Open Pueblo E2 unit (21 beds)	7656853	0
Increase FL F3 unit staff ratio (22 beds)	3816466	3,816,466
Total	\$75,245,671	\$60,462,824
<i>Beds</i>	<i>162</i>	<i>102</i>

→ DHS R7 OCFMH LINE ITEM ADJUSTMENTS

REQUEST: The request includes a net zero technical adjustment to correct an appropriation made in [H.B. 22-1061 \(Modifications to Not Guilty by Reason of Insanity\)](#).

RECOMMENDATION: Staff recommends approval of the request.

ANALYSIS: House Bill 22-1061 included an appropriation of \$868,271 General Fund and 2.0 FTE to OCFMH in FY 2022-23, and an ongoing appropriation of \$941,099 General Fund. The appropriations clause included multiple line items that support the Mental Health Hospital in Pueblo, as well as forensic services administration. The bill allows the court to release certain individuals found not guilty by reason of insanity on bond, establishes new information to be included in evaluations, and requires annual evaluations for individuals found not guilty for reason of insanity in inpatient care.

The request indicates that the Department made a technical error in the fiscal note submission that resulted in the appropriation being directed to forensic services administration rather than the programs that provide services under the bill. The request transfers the existing appropriation from the administration line item to the court services and forensic community-based services line items.

Staff agrees that the adjustment aligns with the original intent of the bill and recommends approval of the request.

→ STAFF INITIATED CONSENT DECREE INFLATION ADJUSTMENT

Due to timing constraints, the Department is not able to accurately request inflationary adjustments necessary to support consent decree fine payments. Staff recommends an increase of \$230,000 to account for the adjustment.

BACKGROUND

The Department reached an agreement with plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for court-ordered competency services and entered into a consent decree in March 2019. The consent decree establishes set timeframes for competency evaluations and restoration services. The consent decree is legally binding and judicially enforceable through December 1, 2027 or until the Department sustains two years of compliance, whichever comes first. Compliance is overseen by the court and a Special Master (Groundswell Services, Inc. and its team of forensic mental health experts).

The consent decree establishes a set timeframe for competency evaluation and restoration services. Admission for inpatient evaluation must occur within 14 days, and evaluations conducted in a county jail are required within 21 days. Inpatient restoration services must be offered within 7 days to patients who have or appear to have a mental health disorder that results in the individual being a harm to themselves or others, or delaying hospitalization would cause harm to themselves or others. These patients are statutorily referred to as “Tier 1” patients, while other patients are “Tier 2” (Section 16-8.5-102 (19), C.R.S.). Restoration services for Tier 2 patients must be offered within 28 days. The average wait time for Tier 1 patients is 115 days, and 105 days for Tier 2 patients.

Fines accrue monthly and are deposited into a trust account created for the purpose of funding non-Department mental health services. Funding is awarded through a grant process by the Colorado Fines Committee, which consists of representatives from the Plaintiff, the Department, and the Special Master. Reporting indicates that a total of \$41.3 million in fines has been received by the Fines Committee. Of that amount, \$31.4 million has been allocated and \$16.2 million expended as of September 30, 2023. Fines have supported a range of programs, including competency dockets, housing, Sheriff’s Offices, assisted living programs, community mental health centers, and Denver Health.¹³ Awards have ranged from \$17,850 to \$3.5 million.

Fines are capped annually, but the Department estimates that fines would have totaled \$65.2 million in FY 2022-23 in absence of the cap. The cap was originally \$10.9 million General Fund, and is regularly adjusted for inflation. The amount for fines and fees is appropriated in a separate line item, and totaled \$12.0 million General Fund in FY 2023-24.

Inflationary adjustments are based on January Denver-Aurora-Lakewood CPI, and are therefore typically not available to the Department to submit a November or January prioritized request. It has therefore been typical practice for JBC Staff to initiate inflationary adjustments for the line item in consultation with the Department.

¹³ [Fines Committee Awards, 2023.](#)

STAFF RECOMMENDATION

Staff recommends an inflationary increase of \$230,000 General Fund to the Consent Decree Fines and Fees line item, for a total appropriation of \$12.2 General Fund in FY 2024-25 and ongoing. The increase reflects a 3.5 percent inflationary increase for fines above the FY 2023-24 estimated fines.

The consent decree does not specify at what point in the year the inflationary rate should be captured to adjust fines. The cap also operates from June to May rather than the July to June fiscal year. Therefore, there is some amount of uncertainty for estimated fines. The General Assembly has typically appropriated a round number for this line item, with large increases every few years. The Staff recommendation aligns with the Department's estimates for FY 2024-25 fines, as well as the LCS and U.S. Bureau of Labor Statistics 2024 Denver-Aurora-Lakewood CPI. Calculations are provided in the table below.

CONSENT DECREE FINES AND FEES ADJUSTMENT		
	FY 2023-24	FY 2024-25
Fines	\$11,480,560	\$11,882,380
Special Master Fees	338,109	338,108
Trustee Fees	6,609	6,840
Total	\$11,825,278	\$12,227,328
Appropriation	\$12,000,000	\$12,230,000
Difference	174,722	2,672

LINE ITEM DETAIL — OFFICE OF BEHAVIORAL HEALTH/OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

(A) ADMINISTRATION

Funding in this section supports the administration of the Office of Behavioral Health (also known as the Office of Civil and Forensic Mental Health). Funding is primarily General Fund.

ADMINISTRATION

This line item provides funding for personnel and operating expenses required to administer the OCFMH. The FY 2022-23 Long Bill consolidated what had previously been separate personal services and operating expenses line items into a new single line item.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103 [Establishment of Mental Health Institute at Pueblo]; Section 27-94-102 and 103, C.R.S. [Establishment of mental health center at Fort Logan]; Section 16-8-106, C.R.S. [Competency examinations and report]; Section 16-8.5-101 et seq., C.R.S.

REQUEST: The Department requests an appropriation of \$1,019,199 total funds, including \$812,773 General Fund and 4.0 FTE. Adjustments reflect the annualization of prior year legislation and salary survey.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

OFFICE OF BEHAVIORAL HEALTH, ADMINISTRATION, OBH ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$719,199	\$719,199	\$0	\$0	\$0	4.0
Other legislation	\$300,000	\$160,000	\$140,000	\$0	\$0	0.0
TOTAL	\$1,019,199	\$879,199	\$140,000	\$0	\$0	4.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$1,019,199	\$879,199	\$140,000	\$0	\$0	4.0
Annualize prior year budget actions	93,574	93,574	0	0	0	0.0
Annualize prior year legislation	(300,000)	(160,000)	(140,000)	0	0	0.0
TOTAL	\$812,773	\$812,773	\$0	\$0	\$0	4.0
INCREASE/(DECREASE)	(\$206,426)	(\$66,426)	(\$140,000)	\$0	\$0	0.0
Percentage Change	(20.3%)	(7.6%)	(100.0%)	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$812,773	\$812,773	\$0	\$0	\$0	4.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

ELECTRONIC HEALTH RECORD AND PHARMACY SYSTEM

The Department has implemented a fully automated electronic health records system for the two state-owned and operated mental health hospitals (Fort Logan and Pueblo). The system is integrated with all clinical, operational, and financial modules and systems and is compliant with federal "meaningful use" requirements. The project replaced a number of separate health information and billing systems. This line item provides an appropriation for software licenses and maintenance, system hosting and support, and ongoing development and enhancement of the system.

STATUTORY AUTHORITY: Section 26-1-105, C.R.S.

REQUEST: The Department requests a continuation appropriation of \$2,403,802 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

(B) MENTAL HEALTH INSTITUTES

The Department administers and operates two mental health hospitals that provide inpatient hospitalization for individuals with serious mental health disorders. One institute is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. The institutes serve three populations:

- Individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency;
- Individuals who have been found not guilty by reason of insanity; and
- Adults and adolescents who are referred for admission by community mental health centers, local hospitals, or the Department's Division of Youth Services.

The resources for the first two populations are referred to as "forensic" beds, and the resources for the third population are referred to as "civil" beds.

The institutes are: licensed by the Department of Public Health and Environment; certified by the federal Center for Medicare and Medicaid Services to participate in those federal two programs; and accredited by the Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States.

The Department also contracts with a vendor to operate a *jail-based* program for individuals requiring competency evaluations or restoration services. This program is called the Restoring Individuals Safely and Effectively (RISE) Program, and is currently operated by Correct Care, LLC, within the Arapahoe County Detention Facility in Centennial.

In addition to funding the RISE Program and private psychiatric beds, the General Assembly has worked to reverse decline in capacity by providing funding to relocate some existing programs at Pueblo to address safety risks in the 20-bed adolescent program, and to expand by 20 the number of beds within the existing facility to serve long-term patients who are preparing to re-enter the community. These new beds freed up 20 existing adult beds in various units. In addition, the General Assembly has funded the construction of two new units (a total of 44 beds) at Fort Logan, although only one of those units has opened to date because of staffing challenges. During the 2022 Session, H.B. 22-1283 (Youth and Family Behavioral Health Care) appropriated \$35.0 million cash funds from the Behavioral and Mental Health Cash Fund, which originates as American Rescue Plan Act (ARPA) funds, for the construction of a 16-bed youth (under age 21) neuro-psychiatric unit at Fort Logan. House Bill 22-1303 (Increase Residential Behavioral Health Bed Capacity) appropriated an additional \$33.5 million ARPA funds to renovate and open a 16-bed unit at Ft. Logan, contract for at least 18 group home beds, and contract for at least 107 transitional living beds. Finally, H.B. 22-1386 (Competency to Proceed and Restoration to Competency) appropriated \$29.4 million ARPA funds for 61 private hospital inpatient restoration beds.

The hospitals are primarily supported by General Fund appropriations. Other sources of revenue include: patient revenues (including federal Medicaid funds transferred from the Department of Health Care Policy and Financing and federal Medicare funds), funds transferred from DOC for food services provided to DOC facilities on the Pueblo campus, and marijuana tax revenues that support certified addiction counselors at both institutes. Funding for the institutes is affected by capacity, personnel costs, and operational costs (including medication expenses and the cost of purchasing medical services from local hospitals and medical providers). The hospitals were refinanced with \$130.1 million ARPA funds on a one-time basis in FY 2023-24.

(1) MENTAL HEALTH INSTITUTE AT FT. LOGAN

PERSONAL SERVICES

This line item provides funding for Mental Health Hospital in Ft. Logan (CMHHIFL) employee salaries and wages, as well as the associated State contribution to the Public Employees Retirement Association (PERA) and the State share of federal Medicare taxes. This line item also includes funding for contract medical services and medical staff (employed through an interagency agreement with the University of Colorado at Denver) and contract trauma-informed care peer support specialists.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102 and 103, C.R.S. [CMHIFL]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S.

[Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. The provider rate does not apply to contract nurses in FY 2024-25 as contract costs are addressed in a prioritized request.

REQUEST: The Department requests an appropriation of \$52,379,298 total funds, including \$50,572,693 General Fund and 376.0 FTE, including adjustments for prioritized requests.

RECOMMENDATION: The staff recommendation is provided in the table below and reflects adjustments for prioritized requests.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$34,968,701	\$1,930,778	\$32,943,497	\$94,426	\$0	314.3
H.B. 24-1187 (Supplemental)	\$10,867,940	\$10,867,940	\$0	\$0	\$0	0.0
TOTAL	\$45,836,641	\$12,798,718	\$32,943,497	\$94,426	\$0	314.3
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$45,836,641	\$12,798,718	\$32,943,497	\$94,426	\$0	314.3
R1 Inpatient competency resources	11,590,431	11,590,431	0	0	0	3.4
Annualize prior year budget actions	1,299,879	32,511,660	(31,211,781)	0	0	0.1
R8 Provider rate adjustment	142,580	48,269	94,311	0	0	0.0
Annualize prior year legislation	(8,187,322)	(8,187,322)	0	0	0	14.6
R2 Tony Grampas increase	(94,985)	0	(94,985)	0	0	(1.2)
TOTAL	\$50,587,224	\$48,761,756	\$1,731,042	\$94,426	\$0	331.2
INCREASE/(DECREASE)	\$4,750,583	\$35,963,038	(\$31,212,455)	\$0	\$0	16.9
Percentage Change	10.4%	281.0%	(94.7%)	0.0%	0.0%	5.4%
FY 2024-25 EXECUTIVE REQUEST	\$52,379,298	\$50,572,693	\$1,712,179	\$94,426	\$0	376.0
Request Above/(Below) Recommendation	\$1,792,074	\$1,810,937	(\$18,863)	\$0	\$0	44.8

CONTRACT MEDICAL SERVICES

This line item covers the costs of outside medical expenses for Ft. Logan patients.

The provider rate is not applied to this line item because contract medical services are based on bids and negotiated via a competitive solicitation for a five-year term. Prices are associated with Medicare pricing are typically fixed.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

REQUEST: The Department requests an appropriation of \$961,917 General Fund, including an increase of \$146,620 General Fund to annualize H.B. 22-1303.

RECOMMENDATION: The staff recommendation is included in the table below and removes the annualization of prior year legislation as it is associated with funding beds that are not yet constructed.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, CONTRACT MEDICAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$815,297	\$815,297	\$0	\$0	\$0	0.0
TOTAL	\$815,297	\$815,297	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$815,297	\$815,297	\$0	\$0	\$0	0.0
Annualize prior year legislation	0	0	0	0	0	0.0
TOTAL	\$815,297	\$815,297	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$0	\$0	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$146,620	\$146,620	\$0	\$0	\$0	0.0

OPERATING EXPENSES

This line item covers the general operating expenses of the CMHHIFL, including: food; medical/laboratory supplies; custodial and laundry supplies; telephone and IT expenses; office equipment; and maintenance.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL]

REQUEST: The Department requests an appropriation of \$13,962,221 total funds, including \$13,822,688 General Fund. The request includes an increase of \$12,090,425 General Fund to annualize H.B. 22-1283 and H.B. 22-1303.

RECOMMENDATION: The staff recommendation is included in the table below and removes the annualization of prior year legislation as it is associated with funding beds that are not yet constructed.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$1,880,448	\$1,738,933	\$117,612	\$23,903	\$0	0.0
TOTAL	\$1,880,448	\$1,738,933	\$117,612	\$23,903	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$1,880,448	\$1,738,933	\$117,612	\$23,903	\$0	0.0
Annualize prior year legislation	0	0	0	0	0	0.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year budget actions	(6,670)	(6,670)	0	0	0	0.0
R2 Tony Grampasas increase	(1,982)	0	(1,982)	0	0	0.0
TOTAL	\$1,871,796	\$1,732,263	\$115,630	\$23,903	\$0	0.0
INCREASE/(DECREASE)	(\$8,652)	(\$6,670)	(\$1,982)	\$0	\$0	0.0
Percentage Change	(0.5%)	(0.4%)	(1.7%)	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$13,962,221	\$13,822,688	\$115,630	\$23,903	\$0	0.0
Request Above/(Below) Recommendation	\$12,090,425	\$12,090,425	\$0	\$0	\$0	0.0

CAPITAL OUTLAY

This line item provides funding for the replacement of equipment and furnishings and minor facility renovations.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

REQUEST: The Department requests a continuation appropriation of \$112,916 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

PHARMACEUTICALS

This line item covers the cost of purchasing medication for Ft. Logan patients. The pharmacy is responsible for dispensing general over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

REQUEST: The Department requests an appropriation of \$1,934,767 total funds, including \$1,818,159 General Fund. The request includes an increase of \$227,760 General Fund to annualize H.B. 22-1303.

RECOMMENDATION: **The staff recommendation is included in the table below and removes the annualization of prior year legislation as it is associated with funding beds that are not yet constructed.**

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
TOTAL	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
Annualize prior year legislation	0	0	0	0	0	0.0
TOTAL	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
INCREASE/(DECREASE)	\$0	\$0	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$1,934,767	\$1,818,159	\$94,036	\$22,572	\$0	0.0
Request Above/(Below) Recommendation	\$227,760	\$227,760	\$0	\$0	\$0	0.0

(2) MENTAL HEALTH INSTITUTE AT PUEBLO

PERSONAL SERVICES

This line item provides funding for Mental Health Institute at Pueblo (CMHIP) employees' salaries and wages, as well as the associated State contribution to the Public Employees Retirement Association (PERA) and the State share of federal Medicare taxes. This line item also includes funding for contract medical services and the medical staff (employed through an interagency agreement with the University of Colorado at Denver) and contract trauma-informed care peer support specialists.

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. The FY 2024-25 request does not include nurses as contracting costs are addressed in a prioritized request.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests an appropriation of \$140,903,145 total funds, including \$128,687,051 General Fund and 1,063.2 FTE. The request includes funding for prioritized requests.

RECOMMENDATION: The staff recommendation is provided in the table below and includes adjustments for prioritized requests.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - PUEBLO, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$105,962,493	\$3,758,619	\$94,332,938	\$7,870,936	\$0	1,063.1
H.B. 24-1187 (Supplemental)	\$35,360,633	\$35,231,279	\$0	\$129,354	\$0	0.0
TOTAL	\$141,323,126	\$38,989,898	\$94,332,938	\$8,000,290	\$0	1,063.1
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$141,323,126	\$38,989,898	\$94,332,938	\$8,000,290	\$0	1,063.1
R1 Inpatient competency resources	15,527,925	15,527,925	0	0	0	0.0
Annualize prior year budget actions	4,317,036	94,523,695	(90,206,659)	0	0	0.1
R8 Provider rate adjustment	422,832	93,965	328,867	0	0	0.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - PUEBLO, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Non-prioritized requests	133,235	0	0	133,235	0	0.0
Annualize prior year legislation	(35,360,633)	(35,231,279)	0	(129,354)	0	0.0
R2 Tony Grampas increase	(243,223)	0	(243,223)	0	0	(4.2)
TOTAL	\$126,120,298	\$113,904,204	\$4,211,923	\$8,004,171	\$0	1,059.0
INCREASE/(DECREASE)	(\$15,202,828)	\$74,914,306	(\$90,121,015)	\$3,881	\$0	(4.1)
Percentage Change	(10.8%)	192.1%	(95.5%)	0.0%	0.0%	(0.4%)
FY 2024-25 EXECUTIVE REQUEST	\$140,818,578	\$128,668,258	\$4,146,149	\$8,004,171	\$0	1,063.2
Request Above/(Below) Recommendation	\$14,698,280	\$14,764,054	(\$65,774)	\$0	\$0	4.2

CONTRACT MEDICAL SERVICES

This line item covers the costs of outside medical expenses for Pueblo patients.

The provider rate is not applied to this line item because contract medical services are based on bids and negotiated via a competitive solicitation for a five-year term. Prices are associated with Medicare pricing and are typically fixed.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

REQUEST: The Department requests a continuation appropriation of \$2,784,664 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

OPERATING EXPENSES

This line item covers the general operating expenses of Pueblo, including: food; medical/laboratory supplies; custodial and laundry supplies; telephone and IT expenses; office equipment; and maintenance.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests an appropriation of \$8,568,451 total funds, including \$4,395,918 General Fund. Adjustments include prioritized requests and the annualization of prior year budget actions, including the FY 2023-24 one-time ARPA refinance of the state hospitals.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - PUEBLO, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$8,310,548	\$4,402,588	\$399,905	\$3,508,055	\$0	0.0
H.B. 24-1187 (Supplemental)	\$232,900	\$0	\$0	\$232,900	\$0	0.0
TOTAL	\$8,543,448	\$4,402,588	\$399,905	\$3,740,955	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$8,543,448	\$4,402,588	\$399,905	\$3,740,955	\$0	0.0
Non-prioritized requests	269,323	0	0	269,323	0	0.0
Annualize prior year legislation	(232,900)	0	0	(232,900)	0	0.0
Annualize prior year budget actions	(6,670)	(6,670)	0	0	0	0.0
R2 Tony Grampasas increase	(4,750)	0	(4,750)	0	0	0.0
TOTAL	\$8,568,451	\$4,395,918	\$395,155	\$3,777,378	\$0	0.0
INCREASE/(DECREASE)	\$25,003	(\$6,670)	(\$4,750)	\$36,423	\$0	0.0
Percentage Change	0.3%	(0.2%)	(1.2%)	1.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

CAPITAL OUTLAY

This line item provides funding for the replacement of equipment and furnishings and minor facility renovations.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

REQUEST: The Department requests a continuation appropriation of \$324,068 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

PHARMACEUTICALS

This line item covers the cost of purchasing medication for Pueblo patients. The pharmacy is responsible for dispensing general over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

REQUEST: The Department requests a continuation appropriation of \$4,714,182 total funds, including \$4,480,700 General Fund.

RECOMMENDATION: **Staff recommends approval of the request.**

EDUCATIONAL PROGRAMS

This line item supports Pueblo staff and operating expenses associated with educational programs. Patients under age 21 receive educational services. These services include educational testing and assessment, treatment planning, special education, GED training and testing, and career education. This line item is supported by reappropriated funds transferred from the Facility Schools Funding line item in the Department of Education, and General Fund.

STATUTORY AUTHORITY: Section 22-54-129, C.R.S. [Facility school funding]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

REQUEST: The Department requests a continuation appropriation of \$236,402 total funds, including \$31,094 General Fund and 2.7 FTE.

RECOMMENDATION: **Staff recommends approval of the request.**

(D) FORENSIC SERVICES

This subsection was first included in the FY 2018-19 Long Bill (with funds transferred from various line items in the previous Mental Health Institutes subsection and from the Community Behavioral Health Administration subsection) to support operational and programmatic funding related to court-ordered services for forensic clients. Forensic clients are individuals who are diagnosed with mental health disorders, involved with the criminal justice system, and either currently incarcerated or living in the community.

FORENSIC SERVICES ADMINISTRATION

This line item supports management and support staff. Some positions are specific to forensic services, and others are staff who support all hospital functions and are thus allocated across all three subsections.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

REQUEST: The Department requests an appropriation of \$1,279,624 General Fund and 15.9 FTE.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SERVICES ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$1,366,301	\$602,254	\$764,047	\$0	\$0	16.2
TOTAL	\$1,366,301	\$602,254	\$764,047	\$0	\$0	16.2

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SERVICES ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$1,366,301	\$602,254	\$764,047	\$0	\$0	16.2
Annualize prior year budget actions	61,109	825,156	(764,047)	0	0	0.2
R7 OCFHM line item cleanup	(147,786)	(147,786)	0	0	0	(0.5)
TOTAL	\$1,279,624	\$1,279,624	\$0	\$0	\$0	15.9
INCREASE/(DECREASE)						
	(\$86,677)	\$677,370	(\$764,047)	\$0	\$0	(0.3)
Percentage Change	(6.3%)	112.5%	(100.0%)	0.0%	0.0%	(1.9%)
FY 2024-25 EXECUTIVE REQUEST						
	\$1,279,624	\$1,279,624	\$0	\$0	\$0	15.9
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	(0.0)

FORENSIC SUPPORT TEAM

The General Assembly added this line item to the FY 2022-23 Long Bill to support the Forensic Support Team, which the Department reports was created and funded in response to the consent decree in S.B. 19-223 (Consent Decree). Prior to FY 2022-23, the amounts supporting this team were included in the Court Services line item (discussed below).

The Forensic Support Team includes forensic navigators, the care coordinators responsible for monitoring pretrial defendants who have been found to be incompetent to proceed and are awaiting admission to inpatient restoration services (as compared to the actual evaluators (psychologists) that are proposed to remain in the Court Services line item). According to the Department, the navigators continuously monitor the acuity levels of defendants and, when appropriate, make recommendations to the court to consider outpatient restoration services or the potential to resolve the charges. As such, the navigators are the primary point of contact for judicial stakeholders tracking defendants' progress toward competency.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

REQUEST: The Department requests an appropriation of \$2,518,734 General Fund and 28.0 FTE.

RECOMMENDATION: **Staff recommends approval of the request.** Details are provided in the table below.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SUPPORT TEAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$2,441,519	\$999,600	\$1,441,919	\$0	\$0	27.2
TOTAL	\$2,441,519	\$999,600	\$1,441,919	\$0	\$0	27.2
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$2,441,519	\$999,600	\$1,441,919	\$0	\$0	27.2

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SUPPORT TEAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year budget actions	77,215	1,519,134	(1,441,919)	0	0	0.8
TOTAL	\$2,518,734	\$2,518,734	\$0	\$0	\$0	28.0
INCREASE/(DECREASE)	\$77,215	\$1,519,134	(\$1,441,919)	\$0	\$0	0.8
Percentage Change	3.2%	152.0%	(100.0%)	0.0%	0.0%	2.9%
FY 2024-25 EXECUTIVE REQUEST	\$2,518,734	\$2,518,734	\$0	\$0	\$0	28.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

COURT SERVICES

This line item supports staff who administer and deliver services related to court-ordered exams and evaluations of competency, sanity, and other mental conditions, including the costs directly related to the evaluators (psychologists and those actually conducting the competency exams). The community provider rate is applied to contracted vendors for this line item.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

REQUEST: The Department requests an appropriation of \$8,877,265 General Fund and 67.6 FTE.

RECOMMENDATION: The staff recommendation is provided in the table below and reflects Committee action on a 2.5 percent common policy community provider rate.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, COURT SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$8,279,764	\$3,114,103	\$5,165,661	\$0	\$0	65.4
TOTAL	\$8,279,764	\$3,114,103	\$5,165,661	\$0	\$0	65.4
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$8,279,764	\$3,114,103	\$5,165,661	\$0	\$0	65.4
Annualize prior year budget actions	390,694	5,556,355	(5,165,661)	0	0	0.7
Annualize prior year legislation	98,124	98,124	0	0	0	1.0
R8 Provider rate adjustment	69,871	69,871	0	0	0	0.0
R7 OCFHM line item cleanup	52,786	52,786	0	0	0	0.5
TOTAL	\$8,891,239	\$8,891,239	\$0	\$0	\$0	67.6
INCREASE/(DECREASE)	\$611,475	\$5,777,136	(\$5,165,661)	\$0	\$0	2.2
Percentage Change	7.4%	185.5%	(100.0%)	0.0%	0.0%	3.4%
FY 2024-25 EXECUTIVE REQUEST	\$8,877,265	\$8,877,265	\$0	\$0	\$0	67.6
Request Above/(Below) Recommendation	(\$13,974)	(\$13,974)	\$0	\$0	\$0	(0.0)

FORENSIC COMMUNITY-BASED SERVICES

This line item supports staff who provide case management and support for individuals found not guilty by reason of insanity (NGRI) who are transitioning from the mental health institutes to a community-based outpatient setting. The community provider rate is applied to the value of vendor contracts.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

REQUEST: The Department requests an appropriation of \$4,439,893 General Fund and 20.4 FTE.

RECOMMENDATION: The recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC COMMUNITY-BASED SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$4,221,728	\$2,983,938	\$1,237,790	\$0	\$0	20.4
TOTAL	\$4,221,728	\$2,983,938	\$1,237,790	\$0	\$0	20.4
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$4,221,728	\$2,983,938	\$1,237,790	\$0	\$0	20.4
Annualize prior year budget actions	95,245	1,333,035	(1,237,790)	0	0	0.0
R7 OCFHM line item cleanup	95,000	95,000	0	0	0	0.0
R8 Provider rate adjustment	37,400	37,400	0	0	0	0.0
Technical adjustments	(2,000)	(2,000)	0	0	0	0.0
TOTAL	\$4,447,373	\$4,447,373	\$0	\$0	\$0	20.4
INCREASE/(DECREASE)	\$225,645	\$1,463,435	(\$1,237,790)	\$0	\$0	0.0
Percentage Change	5.3%	49.0%	(100.0%)	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$7,480)	(\$7,480)	\$0	\$0	\$0	0.0

JAIL-BASED COMPETENCY RESTORATION PROGRAM

Since FY 2013-14, this line item has provided funding for a jail-based competency restoration program for defendants who have been determined by the court to be incompetent to proceed in their criminal cases. The Department has contracted with Wellpath (formerly known as Correct Care, LLC, and GEO Care), to provide these services at the Arapahoe County Detention Facility in Centennial. This program is called the Restoring Individuals Safely and Effectively or "RISE" Program. The RISE Program generally serves individuals who: do not have significant medical needs identified; do not have significant medication compliance issues; and are likely to be restored in a relatively short period of time. The community provider rate is applied to the value of vendor contracts.

STATUTORY AUTHORITY: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP].

REQUEST: The Department requests an appropriation of \$17,050,457 General Fund and 5.3 FTE.

RECOMMENDATION: **The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.**

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, JAIL-BASED COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$14,558,326	\$14,558,326	\$0	\$0	\$0	5.2
Other legislation	\$2,250,400	\$2,250,400	\$0	\$0	\$0	0.0
TOTAL	\$16,808,726	\$16,808,726	\$0	\$0	\$0	5.2
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$16,808,726	\$16,808,726	\$0	\$0	\$0	5.2
R8 Provider rate adjustment	311,526	311,526	0	0	0	0.0
Annualize prior year budget actions	23,478	23,478	0	0	0	0.1
Technical adjustments	(30,968)	(30,968)	0	0	0	0.0
TOTAL	\$17,112,762	\$17,112,762	\$0	\$0	\$0	5.3
INCREASE/(DECREASE)	\$304,036	\$304,036	\$0	\$0	\$0	0.1
Percentage Change	1.8%	1.8%	0.0%	0.0%	0.0%	1.9%
FY 2024-25 EXECUTIVE REQUEST	\$17,050,457	\$17,050,457	\$0	\$0	\$0	5.3
Request Above/(Below) Recommendation	(\$62,305)	(\$62,305)	\$0	\$0	\$0	0.0

PURCHASED PSYCHIATRIC BED CAPACITY

This line item provides funding to allow the Office to expand inpatient psychiatric bed capacity by contracting with private for-profit or not-for-profit hospitals in the Denver metropolitan area. The community provider rate is applied to the value of vendor contracts.

In addition, for FY 2022-23, H.B. 22-1386 (Competency to Proceed and Restoration to Competency) provided a one-time appropriation of \$28,562,828 cash funds from the Behavioral and Mental Health

Cash Fund (originating as federal stimulus funds) to support increased capacity. Those funds are available to the Department through December 30, 2024 but are expected to be fully expended before the end of the fiscal year.

STATUTORY AUTHORITY: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

REQUEST: The Department requests an appropriation of \$36,860,026 General Fund and 1.0 FTE.

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, PURCHASED PSYCHIATRIC BED CAPACITY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
H.B. 24-1187 (Supplemental)	\$11,868,160	\$11,868,160	\$0	\$0	\$0	0.0
S.B. 23-214 (Long Bill)	\$3,515,710	\$3,515,710	\$0	\$0	\$0	1.0
TOTAL	\$15,383,870	\$15,383,870	\$0	\$0	\$0	1.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$15,383,870	\$15,383,870	\$0	\$0	\$0	1.0
R1 Inpatient competency resources	33,288,000	33,288,000	0	0	0	0.0
R8 Provider rate adjustment	80,829	80,829	0	0	0	0.0
Annualize prior year budget actions	253	253	0	0	0	0.0
Annualize prior year legislation	(11,868,160)	(11,868,160)	0	0	0	0.0
Technical adjustments	(8,600)	(8,600)	0	0	0	0.0
TOTAL	\$36,876,192	\$36,876,192	\$0	\$0	\$0	1.0
INCREASE/(DECREASE)	\$21,492,322	\$21,492,322	\$0	\$0	\$0	0.0
Percentage Change	139.7%	139.7%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$36,860,026	\$36,860,026	\$0	\$0	\$0	1.0
Request Above/(Below) Recommendation	(\$16,166)	(\$16,166)	\$0	\$0	\$0	0.0

OUTPATIENT COMPETENCY RESTORATION PROGRAM

This line item supports contracts for community-based competency restoration education services, related case management services, and associated administrative and training expenses. Senate Bill 17-012 required the Office of Behavioral Health to develop standardized juvenile and adult curricula for the educational component of competency restoration services by December 1, 2017, and the act included funding for this purpose. The community provider rate is applied to the value of vendor contracts.

STATUTORY AUTHORITY: Section 27-60-105, et seq., C.R.S. [Outpatient restoration to competency services]

REQUEST: The Department requests an appropriation of \$4,490,063 General Fund and 3.0 FTE.

RECOMMENDATION: The staff recommendation is provided in the table below and includes Committee action on a 2.5 percent common policy community provider rate.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, OUTPATIENT COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$4,393,616	\$4,393,616	\$0	\$0	\$0	3.0
TOTAL	\$4,393,616	\$4,393,616	\$0	\$0	\$0	3.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$4,393,616	\$4,393,616	\$0	\$0	\$0	3.0
R8 Provider rate adjustment	88,852	88,852	0	0	0	0.0
Annualize prior year budget actions	25,366	25,366	0	0	0	0.0
TOTAL	\$4,507,834	\$4,507,834	\$0	\$0	\$0	3.0
INCREASE/(DECREASE)	\$114,218	\$114,218	\$0	\$0	\$0	0.0
Percentage Change	2.6%	2.6%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$4,490,063	\$4,490,063	\$0	\$0	\$0	3.0
Request Above/(Below) Recommendation	(\$17,771)	(\$17,771)	\$0	\$0	\$0	0.0

QUALITY ASSURANCE

This line item was added in the FY 2023-24 resulting from budget request to establish a Quality Assurance Program.

STATUTORY AUTHORITY: Section 16-8.5-122, et seq., C.R.S. [Forensic evaluator training].

REQUEST: The Department requests an appropriation of \$389,428 General Fund and 6.0 FTE.

RECOMMENDATION: **STAFF RECOMMENDS APPROVAL OF THE REQUEST.** DETAILS ARE PROVIDED IN THE TABLE BELOW.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, QUALITY ASSURANCE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$397,671	\$397,671	\$0	\$0	\$0	5.4
TOTAL	\$397,671	\$397,671	\$0	\$0	\$0	5.4
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$397,671	\$397,671	\$0	\$0	\$0	5.4
Annualize prior year budget actions	(8,243)	(8,243)	0	0	0	0.6
TOTAL	\$389,428	\$389,428	\$0	\$0	\$0	6.0
INCREASE/(DECREASE)	(\$8,243)	(\$8,243)	\$0	\$0	\$0	0.6
Percentage Change	(2.1%)	(2.1%)	0.0%	0.0%	0.0%	11.1%
FY 2024-25 EXECUTIVE REQUEST	\$389,428	\$389,428	\$0	\$0	\$0	6.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

(E) CONSENT DECREE FINES AND FEES**CONSENT DECREE FINES AND FEES**

Added for FY 2020-21, this line item provides funding for expected fines and fees accrued as part of the Consent Decree resulting from the *Center for Legal Advocacy (d/b/a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)* lawsuit.

In March 2019, DHS reached an agreement with the plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for court-ordered competency services. The parties filed the agreement in federal court in the form of a consent decree. The consent decree resolves the lawsuit and replaces the existing Settlement Agreement. The consent decree will be legally binding and judicially enforceable through December 1, 2025 unless the Department sustains a two-year period of compliance, in which case the Consent Decree is terminated. Until the consent decree is terminated, compliance is overseen by the Court and a Special Master (Groundswell Services, Inc., and its team of forensic mental health experts).

Among other provisions, the consent decree also establishes a new set of timeframes for competency evaluation and restoration services, and it establishes fines for each day a pretrial detainee waits more than the prescribed timeframes. The fines range from \$100 to \$500 per detainee per day, and the consent decree caps the total amount at \$10.0 million for the period June 1, 2019, to May 31, 2020. This \$10.0 million limit increases for each subsequent 12-month period based on the CPI-U. Any fines will be submitted to the Special Master and deposited into a trust account for the purpose of funding “non-Department mental health services”. A court-appointed administrator manages the account, and a committee consisting of representatives from DLC, DHS, and the Special Master, makes decisions concerning payments from the account.

The Department paid the maximum of \$10.0 million in fines in FY 2019-20. Payments were reduced to \$2.0 million for FY 2020-21 and then increased to \$6.0 million for FY 2021-22 (but were still capped below the maximum under the consent decree) based on the impact of COVID-19. The appropriation rebounded to \$12.0 million for FY 2022-23 with the expiration of those limits.

REQUEST: The Department requests continuation funding of \$12,000,000 General Fund.

RECOMMENDATION: Staff recommends an appropriation of \$12,230,000 General Fund to account for fine inflationary adjustments. Details are provided in the table below.

OFFICE OF BEHAVIORAL HEALTH, CONSENT DECREE FINES AND COSTS, CONSENT DECREE FINES AND COSTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION						
S.B. 23-214 (Long Bill)	\$12,000,000	\$12,000,000	\$0	\$0	\$0	0.0
TOTAL	\$12,000,000	\$12,000,000	\$0	\$0	\$0	0.0
FY 2024-25 RECOMMENDED APPROPRIATION						
FY 2023-24 Appropriation	\$12,000,000	\$12,000,000	\$0	\$0	\$0	0.0
Staff initiated consent decree adjustment	230,000	230,000	0	0	0	0.0
TOTAL	\$12,230,000	\$12,230,000	\$0	\$0	\$0	0.0

OFFICE OF BEHAVIORAL HEALTH, CONSENT DECREE FINES AND COSTS, CONSENT DECREE FINES AND COSTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
INCREASE/(DECREASE)	\$230,000	\$230,000	\$0	\$0	\$0	0.0
Percentage Change	1.9%	1.9%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 EXECUTIVE REQUEST	\$12,000,000	\$12,000,000	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$230,000)	(\$230,000)	\$0	\$0	\$0	0.0

(F) MENTAL HEALTH TRANSITIONAL LIVING HOMES

The Department requests a new subdivision and line item related to Mental Health Transitional Living Homes established by H.B. 22-1303 (Increase Residential Behavioral Health Beds). Renovation of existing facilities to establish the beds was supported in the bill with an appropriation of \$39.9 million cash funds from the Mental and Behavioral Health Cash Fund, which originate as American Rescue Plan Act funds. The Department request to establish a new line item for the ongoing appropriation aligns with the original appropriation structure established by JBC Staff in the bill.

MENTAL HEALTH TRANSITIONAL LIVING HOMES

STATUTORY AUTHORITY: Section 27-71-103, C.R.S.

REQUEST: The Department requests \$19,755,064 total funds, including \$12,599,486 General Fund and 21.8 FTE to annualize H.B. 22-1303.

RECOMMENDATION: Staff recommends approval of the request. The Department indicates that the Transitional Living Homes are expected to open between July and September, and therefore require the full year of requested funding to hire and train staff. The Committee may revisit the approved appropriation during supplementals if the projects do not open in the expected timeframe.

(G) INDIRECT COST ASSESSMENT

INDIRECT COST ASSESSMENT

This line item reflects the money anticipated to be recovered from cash and federal fund sources that allow for statewide and departmental indirect administrative costs.

STATUTORY AUTHORITY: Colorado Fiscal Rules #8-3; Section 24-75-1401, C.R.S. [Indirect Costs Excess Recovery Fund]

REQUEST: The Department requests an appropriation of \$3,635,215 total funds.

RECOMMENDATION: Staff recommends approval of the request and requests permission to adjust the appropriation to align with Committee final action.

HCPF - (7) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS, (F) OFFICE OF BEHAVIORAL HEALTH – MEDICAID FUNDING

Division (7) within the Colorado Department of Health Care Policy and Financing (HCPF) includes Medicaid funds appropriated for programs administered by the Department of Human Services (DHS). The four line items in this section of this document, which appear in the Long Bill in HCPF Section (7), support the DHS programs covered in this document.

LINE ITEM DETAIL — DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS, BEHAVIORAL HEALTH ADMINISTRATION – MEDICAID-FUNDING

COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION

This line item reflects the amount of Medicaid funds appropriated for the personal services and operating expenses for the Behavioral Health Administration’s Community Behavioral Health Administration section.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-60-101, et seq., C.R.S. [Behavioral health crisis response system]; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]

REQUEST: The Department requests \$552,950 total funds, which includes an increase of \$8,648 to reflect the estimated allocation of FY 2023-24 salary survey appropriations.

RECOMMENDATION: **Staff recommends approval of the request** to align with the recommendations in the Behavioral Health Administration. Staff requests permission to adjust this appropriation to align with the Committee’s final action on the Department of Human Services.

CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

This line item reflects the amount of Medicaid funds appropriated for the Children and Youth Mental Health Treatment Act. This program is administered by DHS, and it provides funding for mental health treatment services for children and youth under age 21¹⁴. The program is designed to make services available for children and youth who are at risk of out-of-home placement, but a dependency and neglect action is neither appropriate nor warranted. Services may include mental health treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate.

¹⁴ An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, he or she may remain eligible until his or her 21st birthday.

The CYMHTA applies to two groups of children, with different application and payment processes for each group.

- *Children who are categorically Medicaid-eligible and have a covered mental health diagnosis.* A parent or guardian of a Medicaid-eligible child may apply for residential treatment through the local regional accountable entity (RAE). If the child is determined to require a residential level of care, the RAE is responsible for covering the residential treatment costs.
- *Children Who Are NOT Categorically Eligible for Medicaid.* If a child is at risk of being placed out of the home because they have a mental illness and they require a residential treatment level of care or equivalent community-based services, the parent or guardian may apply for such services through the local community mental health center (Center) or another mental health agency. The Center or mental health agency is required to evaluate the child or youth and clinically assess their need for mental health services.

When a child or youth is approved for funding through this program and the child or youth requires residential treatment, the child or youth may become eligible for Medicaid funding through the federal supplemental security income (SSI) eligibility process. If a child has been in residential services for more than 30 days, or is expected to remain in residential services for more than 30 days, the child can qualify for SSI due to being considered a “household of one” per the federal Social Security Administration. Once a child obtains SSI, the child automatically acquires fee-for-service Medicaid. Medicaid funding pays for the treatment costs of residential services, but does not fund room and board costs.

Due to federal regulations, the SSI benefit is paid directly to the child or payee (typically the parent) to fund a portion of the residential room and board rate. The parent will then give all but \$30 of the SSI award to the residential provider. SSI awards vary based on the child’s treatment location and family income, ranging from \$30 to \$700 per month.

Private insurance benefits must be exhausted prior to accessing any public benefits. In addition, the parents are responsible for paying a portion of the cost of services that is not covered by private insurance or by Medicaid funding; the parent share is based on a sliding fee scale that is based on child support guidelines.

When and if the child is in residential care and funded by the CYMHTA, expenses are covered by parental fees, SSI benefits (if benefits are approved), and CYMHTA funds. If the child or youth is placed in a psychiatric residential treatment facility, treatment expenses are covered by a Medicaid per diem rate and “room and board” expenses are covered by parental fees and CYMHTA funds. If the child is in non-residential care, expenses are covered by SSI benefits, parental fees, and CYMHTA funds.

STATUTORY AUTHORITY: Section 25.5-5-307, C.R.S. [Child mental health treatment and family support program]; Section 27-67-101 et seq., C.R.S. [Children and Youth Mental Health Treatment Act]

REQUEST: This Department requests \$137,680 total funds, which includes an increase of \$2,700 total funds for the provider rate increase as applied in the Department’s request.

RECOMMENDATION: Staff recommends an appropriation of \$138,355 total funds to reflect Committee action on a 2.5 percent common policy provider rate increase. Staff requests permission to adjust this appropriation to align with the Committee’s decisions in the Department of Human Services.

LINE ITEM DETAIL — DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS, OFFICE OF BEHAVIORAL HEALTH – MEDICAID-FUNDING

MENTAL HEALTH INSTITUTES

This line item reflects the amount of Medicaid funds appropriated for fee-for-service payments to the Colorado Mental Health Hospitals. These Medicaid funds support personal services, operating expenses, and pharmaceutical expenses associated with inpatient psychiatric services for Medicaid-eligible “forensic” patients (i.e., individuals who are admitted to the Institutes through the criminal or juvenile justice system) who are under the age of 21 or over the age of 64.

Services Not Covered By This Line Item

Please note that the state hospitals bill regional accountable entities (RAEs) for services provided to Medicaid-eligible patients who are under the age of 21 or over the age of 64, and who are referred to the Institutes from a community mental health center or another health care provider (and are thus classified as “civil” patients).

For Medicaid-eligible patients age 21 through 64, Colorado Medicaid rules do not allow the state hospitals to receive any Medicaid funding, whether the patient is classified as civil or forensic.

STATUTORY AUTHORITY: Section 25.5-5-202 (1)(a), (i), and (j), C.R.S.; 10 CCR 2505-10 8.212.4.A1. [Medical Services Board rules concerning the inpatient psychiatric hospital services benefit, which excludes services to adults ages 21 through 64 who receive services through a State Institute of Mental Disease]

REQUEST: This Department requests \$8,320,198 total funds. The request only reflects a net-zero change to annualize the enhanced public health emergency match rate in FY 2023-24.

RECOMMENDATION: Staff recommends approval of the request. Staff requests permission to adjust this appropriation to align with the Committee final action on the Department of Human Services.

LONG BILL FOOTNOTES AND REQUESTS FOR INFORMATION

LONG BILL FOOTNOTES

Staff recommends **REMOVING** the following footnote:

- 53a Department of Human Services, Behavioral Health Administration -- It is the General Assembly's intent that the Behavioral Health Administration continue to contract for behavioral health services based on the pre-existing service areas relevant to each contracted service through the end of the 2023-24 state fiscal year.

COMMENT: This footnote was added through a Long Bill amendment in 2023. The Committee could retain the amendment and update the fiscal year if the General Assembly's intent has not changed. However, staff finds that the footnote would be substantive law if enforced, and may not align with BHASO implementation.

Staff recommends **CONTINUING** the following footnotes as amended:

- 54 Department of Human Services, Behavioral Health Administration, Community-based Mental Health Services, Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes -- It is the General Assembly's intent that ~~\$562,000~~ **\$576,050** of this General Fund appropriation be allocated to a community mental health center in western Colorado for the purpose of providing behavioral health services for individuals who seek care from the emergency department of a regional medical center and who are diagnosed with physical health conditions that may be exacerbated by co-occurring mental health conditions.

COMMENT: This footnote was first included in the FY 2016-17 Long Bill in connection with a \$500,000 General Fund increase in the appropriation for "Services for Indigent Mentally Ill Clients" to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems. This footnote was included to specify the General Assembly's intent in making the appropriation. The Department used a request for proposal process and awarded the funds to Mind Springs Health. The General Assembly amended the footnote mid-year (through S.B. 17-163) after staff became aware that the funding was unlikely to be spent based on procurement-related delays and footnote language that did not reflect the manner in which the services are being provided. The appropriation has been increased and modified as follows:

- *FY 2017-18:* The General Assembly increased this appropriation by \$7,009 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2018-19:* The General Assembly increased this appropriation by \$5,070 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2019-20:* The General Assembly increased this appropriation by \$5,121 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2020-21:* The General Assembly increased this appropriation by \$9,827 General Fund consistent with the statewide policy concerning community provider rates.

- *FY 2021-22:* The General Assembly increased this appropriation by \$7,905 General Fund consistent with the statewide policy concerning community provider rates (1.5 percent).
- *FY 2022-23:* The General Assembly increased this appropriation by \$10,699 General Fund consistent with the common policy concerning community provider rates (2.0 percent).
- *FY 2023-24:* The General Assembly increased this appropriation by \$16,369 General Fund consistent with the common policy concerning community provider rates (3.0 percent).
- *FY 2024-25:* The recommended amount above includes an increase of \$14,050 General Fund consistent with the common policy concerning community provider rates (2.5 percent).

- 55 Department of Human Services, Behavioral Health Administration, Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs -- It is the General Assembly's intent that this appropriation be used to provide services and to expand access to residential treatment services for individuals with substance use disorders, including initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishings, and equipment.

COMMENT: This footnote was added to the FY 2022-23 Long Bill expressing the General Assembly's intent with regard to the use of funds in the Treatment and Detoxification Programs line item.

- 55a Department of Human Services, Behavioral Health Administration, Integrated Behavioral Health Services, Criminal Justice Diversion Programs -- It is the General Assembly's intent that that ~~an increase of \$2,000,000 General Fund appropriated to this line item be used to support the expansion of co-responder programs.~~

COMMENT: This footnote was added through a Long Bill amendment in 2023. Staff recommends continuing the footnote assuming the General Assembly's intent has not changed, but recommends removing language referencing an increase as the FY 2024-25 line item does not include an increase for this purpose. The Committee could remove the footnote, and/or the associated funding if intent has changed. The amendment did not specify whether the increase was intended to be one-time or ongoing.

- 56 Department of Human Services, Behavioral Health Administration, Integrated Behavioral Health Services, Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders -- It is the General Assembly's intent that this appropriation be used to: support the community-based Circle Program; support the provision of a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley; and expand access to residential treatment services in one or more rural areas of Colorado for individuals with co-occurring mental health and substance use disorders. It is also the General Assembly's intent that the appropriation may be used to provide services and to cover initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishing, and equipment.

COMMENT: This footnote states the General Assembly's intent regarding the use of funds in the Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders line item. The General Assembly consolidated two previously existing footnotes in FY 2018-19 when the previous line items were combined to create this one.

- 57 Department of Human Services, Office of Behavioral Health, Mental Health Institutes -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 5.0 percent of the total appropriations in this subsection among line items in this subsection.

COMMENT: This footnote provides the Department with the authority to transfer up to 5.0 percent of total appropriations in the Mental Health Institutes subsection of the Long Bill among line items in that subsection. This footnote was first included in the FY 2014-15 Long Bill. The FY 2014-15 Long Bill included two format changes to maintain a transparent delineation of expenditures at the mental health institutes while allowing the Department more flexibility to manage these appropriations and minimize the number mid-year appropriation adjustments.

- First, funding for outside medical expenses was removed from the Personal Services line items for each Institute and placed in a two new line item appropriations for "Contract Medical Services" – one for each Institute.
- Second, the above footnote was added to allow the Department to transfer up to 10 percent of the total appropriations in the Mental Health Institutes subsection of the Long Bill, starting in FY 2014-15.

In FY 2018-19, the Long Bill format was modified further to include appropriations related to forensic services in a separate subsection.

In FY 2019-20, this footnote was modified to reduce the transfer authority from 10.0 percent to 5.0 percent to reflect historic transfers ranging from 1.6 percent (\$12.3 million in FY 2017-18) to 3.7 percent (\$11.3 million in FY 2015-16).

REQUESTS FOR INFORMATION

Staff recommends **ADDING** the following requests for information.

- 1 Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Fort Logan – The Department is requested to provide by November 1, 2024 information on the current status of capital projects authorized by H.B. 22-1283 (Youth and Family Behavioral Health Care) and H.B. 22-1303, including the estimated timeline for project completion, and the estimated timeline for hiring new staff. Projects should include the youth neuro-psych facility established by H.B. 22-1283, and the G-wing renovation and State Residential Group Home beds established by H.B. 22-1303.
- 2 Department of Human Services, Office of Civil and Forensic Mental Health, Consent Decree Fines and Fees – The Department is requested to provide by November 1 of each fiscal year, the actual monthly fines and fees paid by the Department in the prior fiscal year related to the Consent Decree resulting from the *Center for Legal Advocacy (d/b/a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)*.

- 3 Department of Human Services, Office of Civil and Forensic Mental Health – The Department is requested to provide, by November 1 of each fiscal year, the following monthly data for the prior fiscal year related to competency caseload:
- The number of court ordered competency evaluations;
 - The number of people on the competency restoration wait list;
 - The average wait time for competency evaluation;
 - The range of wait time for competency evaluation;
 - The average wait time for outpatient competency restoration services;
 - The range of wait time for outpatient competency restoration;
 - The average wait time for inpatient competency restoration services;
 - The range of wait time for inpatient competency restoration services; and
 - Estimated number of inpatient competency restoration beds.

Staff recommends **CONTINUING** the following requests for information.

- 1 Department of Human Services, Behavioral Health Administration -- The Department is requested to provide the following information no later than ~~the submission of the~~ November 1, 2023, budget request: (1) THE NUMBER OF COMPREHENSIVE AND ESSENTIAL PROVIDERS; (2) the amount of funding distributed to each comprehensive safety net provider under each programmatic contract for ~~FY 2020-21, FY 2021-22, and FY 2022-23, AND FY 2023-24~~, as well as the estimated amounts for ~~FY 2023-24~~ FY 2024-25; (3) a summary of the methodology for the allocation of such funds among the comprehensive safety net providers, and how any such allocations have changed over that period, including with the addition of new comprehensive safety net providers; and (4) a description of how the Department expects any such allocations to change in ~~FY 2024-25~~ with the implementation of the Behavioral Health Administrative Service Organizations. In addition, the response should include information on how the system going forward will account for additional comprehensive and essential safety net providers.

COMMENT: This request was added in 2023 to provide additional transparency into the allocation of the BHA's various funding streams among comprehensive safety net providers. Given the General Assembly's goal of adding safety net providers (both comprehensive and essential as outlined in H.B. 22-1278), staff recommends that the Committee continue the footnote, updating the relevant fiscal years.

- 2 Department of Corrections; Department of Human Services; Judicial Department; Department of Public Safety; and Department of Transportation -- 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 Alcohol and Drug Driving Safety Program Fund, the Law

Enforcement Assistance Fund, the Offender Identification Fund, the Persistent Drunk Driver Cash Fund, and the Sex Offender Surcharge Fund, among other programs.

APPENDIX A: NUMBERS PAGES

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
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DEPARTMENT OF HUMAN SERVICES
Michelle Barnes, Executive Director

(5) BEHAVIORAL HEALTH ADMINISTRATION

(A) Community Behavioral Health Administration

Program Administration	<u>0</u>	<u>14,120,364</u>	<u>17,098,775</u>	<u>19,605,565</u>	<u>19,605,565</u>
FTE	0.0	95.8	145.3	172.7	163.7
General Fund	0	6,251,106	10,000,285	11,848,344	11,848,344
Cash Funds	0	1,533,863	1,923,344	2,208,232	2,208,232
Reappropriated Funds	0	354,645	882,845	905,883	905,883
Federal Funds	0	5,980,750	4,292,301	4,643,106	4,643,106
Behavioral Health Capacity Tracking System	<u>0</u>	<u>0</u>	<u>42,611</u>	<u>42,611</u>	<u>42,611</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	42,611	42,611	42,611
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Workforce Learning Management System	<u>0</u>	<u>0</u>	<u>739,423</u>	<u>740,935</u>	<u>740,935</u>
FTE	0.0	0.0	0.9	1.0	1.0
General Fund	0	0	739,423	740,935	740,935

NOTE: An asterisk (*) indicates that the line item is affected by one or more requests for FY 2024-25.

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (A) Community Behavioral Health					
Administration	0	14,120,364	17,880,809	20,389,111	20,389,111
<i>FTE</i>	<u>0.0</u>	<u>95.8</u>	<u>146.2</u>	<u>173.7</u>	<u>164.7</u>
General Fund	0	6,251,106	10,739,708	12,589,279	12,589,279
Cash Funds	0	1,533,863	1,965,955	2,250,843	2,250,843
Reappropriated Funds	0	354,645	882,845	905,883	905,883
Federal Funds	0	5,980,750	4,292,301	4,643,106	4,643,106

(B) Community-based Mental Health Services

Mental Health Community Programs	<u>50,181,013</u>	<u>51,124,291</u>	<u>37,714,080</u>	<u>38,303,570</u>	<u>38,450,943</u> *
General Fund	27,974,291	28,616,022	29,474,503	30,063,993	30,211,366
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	22,206,722	22,508,269	8,239,577	8,239,577	8,239,577
ACT Programs and Other Alternatives to the MHIs	<u>17,139,032</u>	<u>17,481,813</u>	<u>18,006,267</u>	<u>18,366,392</u>	<u>18,456,424</u> *
General Fund	17,139,032	17,481,813	18,006,267	18,366,392	18,456,424
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Mental Health Services for Juvenile and Adult Offenders	<u>5,745,906</u>	<u>5,910,980</u>	<u>6,088,309</u>	<u>6,210,075</u>	<u>6,240,517</u> *
General Fund	0	0	0	0	0
Cash Funds	5,745,906	5,910,980	6,088,309	6,210,075	6,240,517
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Children and Youth Mental Health Treatment Act	<u>3,058,584</u>	<u>6,048,856</u>	<u>8,297,597</u>	<u>8,455,159</u>	<u>8,496,648</u> *
General Fund	2,635,227	5,617,032	7,716,663	7,863,781	7,902,365
Cash Funds	423,357	431,824	445,954	453,698	455,928
Reappropriated Funds	0	0	134,980	137,680	138,355
Federal Funds	0	0	0	0	0
Family First Prevention Services Act	<u>335,339</u>	<u>631,309</u>	<u>650,248</u>	<u>663,253</u>	<u>666,504</u> *
General Fund	335,339	631,309	650,248	663,253	666,504
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Vouchers	<u>50,000</u>	<u>49,831</u>	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>
General Fund	50,000	49,831	50,000	50,000	50,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Veteran Suicide Prevention Pilot Program	<u>1,400,000</u>	<u>2,953,200</u>	<u>3,028,800</u>	<u>3,089,376</u>	<u>3,104,520</u> *
General Fund	1,400,000	2,953,200	3,028,800	3,089,376	3,104,520
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (B) Community-based Mental Health Services	77,909,874	84,200,280	73,835,301	75,137,825	75,465,556
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	49,533,889	55,349,207	58,926,481	60,096,795	60,391,179
Cash Funds	6,169,263	6,342,804	6,534,263	6,663,773	6,696,445
Reappropriated Funds	0	0	134,980	137,680	138,355
Federal Funds	22,206,722	22,508,269	8,239,577	8,239,577	8,239,577

(C) Substance Use Treatment and Prevention Services

FY 2017-18 Long Bill Structure

Treatment and Detoxification Programs	<u>45,863,638</u>	<u>54,839,980</u>	<u>40,386,806</u>	<u>40,310,674</u>	<u>40,411,748</u> *
FTE	2.1	0.8	2.1	2.1	2.1
General Fund	14,771,360	15,301,518	13,820,025	14,096,426	14,165,526
Cash Funds	2,673,403	6,222,496	7,373,314	7,020,781	7,052,755
Reappropriated Funds	0	0	0	0	0
Federal Funds	28,418,875	33,315,966	19,193,467	19,193,467	19,193,467
Increasing Access to Effective Substance Use Disorder Services	<u>8,705,822</u>	<u>17,397,132</u>	<u>16,606,437</u>	<u>16,938,566</u>	<u>17,021,598</u> *
General Fund	0	0	0	0	0
Cash Funds	8,705,822	17,397,132	16,606,437	16,938,566	17,021,598
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Prevention Contracts	<u>5,564,801</u>	<u>6,818,698</u>	<u>6,382,165</u>	<u>6,383,188</u>	<u>6,382,165</u> *
General Fund	36,828	0	0	0	0
Cash Funds	27,025	9,744	51,149	52,172	51,149
Reappropriated Funds	0	0	0	0	0
Federal Funds	5,500,948	6,808,954	6,331,016	6,331,016	6,331,016
Community Prevention and Treatment Programs	<u>2,450,605</u>	<u>2,233,232</u>	<u>5,958,495</u>	<u>5,958,495</u>	<u>5,974,242</u>
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	0	0	0	0	0
Cash Funds	2,450,605	2,233,232	2,570,677	2,570,677	2,586,424
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	3,387,818	3,387,818	3,387,818
Housing Assistance for Individuals with a Substance use Disorder	<u>3,093,595</u>	<u>4,390,630</u>	<u>4,000,000</u>	<u>4,003,504</u>	<u>4,000,000</u>
FTE	0.0	0.5	1.0	1.0	1.0
General Fund	3,093,595	4,390,630	4,000,000	4,003,504	4,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Offender Services	<u>4,251,699</u>	<u>4,021,790</u>	<u>4,758,718</u>	<u>4,423,789</u>	<u>4,440,057</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	2,940,606	2,853,778	3,253,545	3,318,616	3,334,884
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,311,093	1,168,012	1,505,173	1,105,173	1,105,173
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Recovery Residence Certification Program	<u>175,354</u>	<u>224,646</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>
General Fund	175,354	224,646	200,000	200,000	200,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Fentanyl Education Program	<u>0</u>	<u>150,000</u>	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>
General Fund	0	0	0	0	0
Cash Funds	0	150,000	25,000	25,000	25,000
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Study on the Health Effects of Criminal Penalties	<u>0</u>	<u>200,000</u>	<u>252,963</u>	<u>202,963</u>	<u>202,963</u>
FTE	0.0	0.0	0.5	0.5	0.5
General Fund	0	0	0	0	0
Cash Funds	0	200,000	252,963	202,963	202,963
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Managed Service Organization Regional Evaluations	<u>0</u>	<u>316,250</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	316,250	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - FY 2017-18 Long Bill Structure	70,105,514	90,592,358	78,570,584	78,446,179	78,657,773
<i>FTE</i>	<u>2.1</u>	<u>1.3</u>	<u>3.6</u>	<u>3.6</u>	<u>3.6</u>
General Fund	21,017,743	23,086,822	21,273,570	21,618,546	21,700,410
Cash Funds	13,856,855	26,212,604	26,879,540	26,810,159	26,939,889
Reappropriated Funds	1,311,093	1,168,012	1,505,173	1,105,173	1,105,173
Federal Funds	33,919,823	40,124,920	28,912,301	28,912,301	28,912,301
SUBTOTAL - (C) Substance Use Treatment and Prevention Services	70,105,514	90,592,358	78,570,584	78,446,179	78,657,773
<i>FTE</i>	<u>2.1</u>	<u>1.3</u>	<u>3.6</u>	<u>3.6</u>	<u>3.6</u>
General Fund	21,017,743	23,086,822	21,273,570	21,618,546	21,700,410
Cash Funds	13,856,855	26,212,604	26,879,540	26,810,159	26,939,889
Reappropriated Funds	1,311,093	1,168,012	1,505,173	1,105,173	1,105,173
Federal Funds	33,919,823	40,124,920	28,912,301	28,912,301	28,912,301

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
(D) Integrated Behavioral Health Services					
Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	<u>29,048,088</u>	<u>29,634,712</u>	<u>30,523,753</u>	<u>31,134,228</u>	<u>31,286,847</u> *
General Fund	25,049,266	25,497,236	26,262,153	26,787,396	26,918,707
Cash Funds	3,998,822	4,137,476	4,261,600	4,346,832	4,368,140
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Crisis Response System Secure Transportation Program	<u>554,839</u>	<u>401,842</u>	<u>582,914</u>	<u>594,572</u>	<u>597,487</u> *
General Fund	0	0	0	0	0
Cash Funds	554,839	401,842	582,914	594,572	597,487
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Crisis Response System - Telephone Hotline	<u>3,605,807</u>	<u>3,623,434</u>	<u>3,788,175</u>	<u>3,863,938</u>	<u>3,882,880</u> *
General Fund	3,590,807	3,623,434	3,428,061	3,496,622	3,513,763
Cash Funds	15,000	0	360,114	367,316	369,117
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Crisis Response System - Marketing	<u>600,000</u>	<u>792,075</u>	<u>792,075</u>	<u>792,075</u>	<u>792,075</u>
General Fund	600,000	792,075	792,075	792,075	792,075
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Community Transition Services	<u>7,414,874</u>	<u>7,563,171</u>	<u>7,790,066</u>	<u>7,945,867</u>	<u>7,984,818</u> *
General Fund	7,414,874	7,563,171	7,790,066	7,945,867	7,984,818
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Criminal Justice Diversion Programs	<u>7,204,588</u>	<u>6,870,981</u>	<u>9,730,499</u>	<u>9,837,273</u>	<u>9,884,783</u> *
FTE	2.3	0.7	2.3	2.3	2.3
General Fund	1,572,904	1,556,480	3,666,241	3,737,498	3,755,313
Cash Funds	5,631,684	5,314,501	6,064,258	6,099,775	6,129,470
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Jail-based Behavioral Health Services	<u>14,587,605</u>	<u>16,038,875</u>	<u>14,104,540</u>	<u>16,748,929</u>	<u>16,784,427</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	7,370,295	9,033,797	7,099,462	7,241,451	7,276,949
Cash Funds	0	0	0	0	0
Reappropriated Funds	7,217,310	7,005,078	7,005,078	9,507,478	9,507,478
Federal Funds	0	0	0	0	0
Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders	<u>7,108,857</u>	<u>6,268,800</u>	<u>7,666,745</u>	<u>7,083,945</u>	<u>7,117,278</u> *
General Fund	526,981	607,520	626,978	638,286	641,420
Cash Funds	5,008,662	5,213,646	6,039,767	5,741,377	5,771,576
Reappropriated Funds	1,573,214	447,634	1,000,000	704,282	704,282
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Recovery Support Services Grant program	<u>1,356,271</u>	<u>1,621,034</u>	<u>1,600,000</u>	<u>1,611,579</u>	<u>1,600,000</u>
FTE	0.0	0.7	1.0	1.0	1.0
General Fund	1,356,271	1,621,034	1,600,000	1,611,579	1,600,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Temporary Youth Mental Health Services Program	<u>5,515,752</u>	<u>0</u>	<u>6,000,000</u> 1.0	<u>0</u> 0.0	<u>0</u> 0.0
General Fund	5,515,752	0	6,000,000	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Care Coordination	<u>0</u>	<u>0</u>	<u>344,442</u>	<u>1,751,331</u>	<u>1,753,053</u> *
General Fund	0	0	344,442	1,751,331	1,753,053
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
988 Crisis Hotline	<u>3,861,043</u>	<u>9,894,591</u>	<u>12,262,555</u>	<u>12,530,464</u>	<u>12,590,876</u> *
FTE	0.0	1.6	2.0	2.0	2.0
General Fund	0	0	0	0	0
Cash Funds	3,861,043	9,894,591	12,262,555	12,530,464	12,590,876
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
School Mental Health Screening Program	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,536,706</u>	<u>2,536,706</u>
General Fund	0	0	0	2,536,706	2,536,706

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Mental Health Awareness Campaign (S.B. 21-137)	<u>596,689</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	596,689	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Statewide Care Coordination Infrastructure (S.B. 21-137)	<u>578,139</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	578,139	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
County-based Behavioral Health Grant Program (S.B. 21-137)	<u>231,721</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	231,721	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health-care Workforce Development Program (S.B. 21-137)	<u>1,527,683</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	1,527,683	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (D) Integrated Behavioral Health					
Services	85,208,967	83,331,304	95,946,464	97,191,607	97,571,930
<i>FTE</i>	<u>2.3</u>	<u>3.0</u>	<u>6.3</u>	<u>5.3</u>	<u>5.3</u>
General Fund	52,997,150	50,294,747	57,609,478	56,538,811	56,772,804
Cash Funds	23,421,293	25,583,845	30,331,908	30,441,036	30,587,366
Reappropriated Funds	8,790,524	7,452,712	8,005,078	10,211,760	10,211,760
Federal Funds	0	0	0	0	0
(E) Indirect Cost Assessment					
Indirect Cost Assessment	<u>0</u>	<u>2,844,287</u>	<u>3,658,565</u>	<u>3,787,628</u>	<u>3,787,628</u> *
General Fund	0	0	0	0	0
Cash Funds	0	1,898,396	1,953,977	2,025,080	2,025,080
Reappropriated Funds	0	6,407	57,932	60,754	60,754
Federal Funds	0	939,484	1,646,656	1,701,794	1,701,794
SUBTOTAL - (E) Indirect Cost Assessment					
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	0	1,898,396	1,953,977	2,025,080	2,025,080
Reappropriated Funds	0	6,407	57,932	60,754	60,754
Federal Funds	0	939,484	1,646,656	1,701,794	1,701,794
TOTAL - (5) Behavioral Health Administration					
<i>FTE</i>	<u>4.4</u>	<u>100.1</u>	<u>156.1</u>	<u>182.6</u>	<u>173.6</u>
General Fund	123,548,782	134,981,882	148,549,237	150,843,431	151,453,672
Cash Funds	43,447,411	61,571,512	67,665,643	68,190,891	68,499,623
Reappropriated Funds	10,101,617	8,981,776	10,586,008	12,421,250	12,421,925
Federal Funds	56,126,545	69,553,423	43,090,835	43,496,778	43,496,778

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
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(6) OFFICE OF BEHAVIORAL HEALTH

(A) Administration

Personal Services	<u>9,185,437</u>	<u>712,007</u>	0	0	0
FTE	85.1	14.1	0.0	0.0	0.0
General Fund	2,653,423	712,007	0	0	0
Cash Funds	1,479,231	0	0	0	0
Reappropriated Funds	213,734	0	0	0	0
Federal Funds	4,839,049	0	0	0	0
OBH Administration	<u>0</u>	<u>0</u>	<u>1,019,199</u>	<u>812,773</u>	<u>812,773</u>
FTE	0.0	0.0	4.0	4.0	4.0
General Fund	0	0	879,199	812,773	812,773
Cash Funds	0	0	140,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Electronic Health Record and Pharmacy System	<u>2,122,425</u>	<u>2,075,147</u>	<u>2,403,802</u>	<u>2,403,802</u>	<u>2,403,802</u>
General Fund	2,122,425	2,075,147	2,403,802	2,403,802	2,403,802
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Operating Expenses	<u>360,842</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	50,160	0	0	0	0
Cash Funds	44,821	0	0	0	0
Reappropriated Funds	6,122	0	0	0	0
Federal Funds	259,739	0	0	0	0
SUBTOTAL - (A) Administration	11,668,704	2,787,154	3,423,001	3,216,575	3,216,575
FTE	<u>85.1</u>	<u>14.1</u>	<u>4.0</u>	<u>4.0</u>	<u>4.0</u>
General Fund	4,826,008	2,787,154	3,283,001	3,216,575	3,216,575
Cash Funds	1,524,052	0	140,000	0	0
Reappropriated Funds	219,856	0	0	0	0
Federal Funds	5,098,788	0	0	0	0

(B) Mental Health Institute - Ft. Logan

Personal Services	<u>22,203,086</u>	<u>33,124,142</u>	<u>45,836,641</u>	<u>52,379,298</u>	<u>50,587,224</u> *
FTE	169.9	208.9	314.3	376.0	331.2
General Fund	20,584,895	31,531,849	12,798,718	50,572,693	48,761,756
Cash Funds	1,547,155	1,497,867	32,943,497	1,712,179	1,731,042
Reappropriated Funds	71,036	94,426	94,426	94,426	94,426
Federal Funds	0	0	0	0	0
Contract Medical Services	<u>1,310,537</u>	<u>1,519,456</u>	<u>815,297</u>	<u>961,917</u>	<u>815,297</u>
General Fund	1,310,537	1,519,456	815,297	961,917	815,297
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Operating Expenses	<u>1,107,421</u>	<u>1,819,406</u>	<u>1,880,448</u>	<u>13,962,221</u>	<u>1,871,796</u> *
General Fund	974,784	1,680,741	1,738,933	13,822,688	1,732,263
Cash Funds	108,734	114,762	117,612	115,630	115,630
Reappropriated Funds	23,903	23,903	23,903	23,903	23,903
Federal Funds	0	0	0	0	0
Capital Outlay	<u>117,883</u>	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>
General Fund	117,883	112,916	112,916	112,916	112,916
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>1,150,013</u>	<u>1,474,080</u>	<u>1,707,007</u>	<u>1,934,767</u>	<u>1,707,007</u>
General Fund	1,033,405	1,357,472	1,590,399	1,818,159	1,590,399
Cash Funds	94,036	94,036	94,036	94,036	94,036
Reappropriated Funds	22,572	22,572	22,572	22,572	22,572
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (B) Mental Health Institute - Ft.					
Logan	25,888,940	38,050,000	50,352,309	69,351,119	55,094,240
<i>FTE</i>	<u>169.9</u>	<u>208.9</u>	<u>314.3</u>	<u>376.0</u>	<u>331.2</u>
General Fund	24,021,504	36,202,434	17,056,263	67,288,373	53,012,631
Cash Funds	1,749,925	1,706,665	33,155,145	1,921,845	1,940,708
Reappropriated Funds	117,511	140,901	140,901	140,901	140,901
Federal Funds	0	0	0	0	0

(C) Mental Health Institute - Pueblo

Personal Services	<u>97,724,759</u>	<u>117,380,918</u>	<u>141,323,126</u>	<u>140,818,578</u>	<u>126,120,298</u> *
FTE	800.0	756.9	1,063.1	1,063.2	1,059.0
General Fund	86,773,192	106,324,737	38,989,898	128,668,258	113,904,204
Cash Funds	3,511,957	3,309,068	94,332,938	4,146,149	4,211,923
Reappropriated Funds	7,439,610	7,747,113	8,000,290	8,004,171	8,004,171
Federal Funds	0	0	0	0	0
Contract Medical Services	<u>2,729,032</u>	<u>3,550,458</u>	<u>2,784,664</u>	<u>2,784,664</u>	<u>2,784,664</u>
General Fund	2,729,032	3,550,458	2,784,664	2,784,664	2,784,664
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Operating Expenses	<u>8,005,815</u>	<u>7,412,663</u>	<u>8,543,448</u>	<u>8,568,451</u>	<u>8,568,451</u> *
General Fund	4,429,692	3,751,788	4,402,588	4,395,918	4,395,918
Cash Funds	395,155	395,155	399,905	395,155	395,155
Reappropriated Funds	3,180,968	3,265,720	3,740,955	3,777,378	3,777,378
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Capital Outlay	<u>275,911</u>	<u>375,945</u>	<u>324,068</u>	<u>324,068</u>	<u>324,068</u>
General Fund	275,911	375,945	324,068	324,068	324,068
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>4,617,619</u>	<u>5,170,630</u>	<u>4,714,182</u>	<u>4,714,182</u>	<u>4,714,182</u>
General Fund	4,384,137	4,937,148	4,480,700	4,480,700	4,480,700
Cash Funds	195,861	195,861	195,861	195,861	195,861
Reappropriated Funds	37,621	37,621	37,621	37,621	37,621
Federal Funds	0	0	0	0	0
Educational Programs	<u>153,943</u>	<u>126,547</u>	<u>236,402</u>	<u>236,402</u>	<u>236,402</u>
FTE	2.7	0.0	2.7	2.7	2.7
General Fund	31,094	31,094	31,094	31,094	31,094
Cash Funds	0	0	0	0	0
Reappropriated Funds	95,582	80,868	205,308	205,308	205,308
Federal Funds	27,267	14,585	0	0	0
SUBTOTAL - (C) Mental Health Institute - Pueblo	113,507,079	134,017,161	157,925,890	157,446,345	142,748,065
FTE	<u>802.7</u>	<u>756.9</u>	<u>1,065.8</u>	<u>1,065.9</u>	<u>1,061.7</u>
General Fund	98,623,058	118,971,170	51,013,012	140,684,702	125,920,648
Cash Funds	4,102,973	3,900,084	94,928,704	4,737,165	4,802,939
Reappropriated Funds	10,753,781	11,131,322	11,984,174	12,024,478	12,024,478
Federal Funds	27,267	14,585	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
(D) Forensic Services					
Forensic Services Administration	<u>988,331</u>	<u>1,167,746</u>	<u>1,366,301</u>	<u>1,279,624</u>	<u>1,279,624</u> *
FTE	13.9	8.9	16.2	15.9	15.9
General Fund	988,331	1,167,746	602,254	1,279,624	1,279,624
Cash Funds	0	0	764,047	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Forensic Support Team	<u>0</u>	<u>1,495,996</u>	<u>2,441,519</u>	<u>2,518,734</u>	<u>2,518,734</u>
FTE	0.0	18.3	27.2	28.0	28.0
General Fund	0	1,495,996	999,600	2,518,734	2,518,734
Cash Funds	0	0	1,441,919	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Court Services	<u>9,462,682</u>	<u>8,978,501</u>	<u>8,279,764</u>	<u>8,877,265</u>	<u>8,891,239</u> *
FTE	77.1	49.9	65.4	67.6	67.6
General Fund	9,462,682	8,978,501	3,114,103	8,877,265	8,891,239
Cash Funds	0	0	5,165,661	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Forensic Community-based Services	<u>2,558,313</u>	<u>2,970,739</u>	<u>4,221,728</u>	<u>4,439,893</u>	<u>4,447,373</u> *
FTE	20.4	16.6	20.4	20.4	20.4
General Fund	2,558,313	2,970,739	2,983,938	4,439,893	4,447,373
Cash Funds	0	0	1,237,790	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
Jail-based Competency Restoration Program	<u>13,036,958</u>	<u>13,303,990</u>	<u>16,808,726</u>	<u>17,050,457</u>	<u>17,112,762</u> *
FTE	4.3	4.3	5.2	5.3	5.3
General Fund	13,036,958	13,303,990	16,808,726	17,050,457	17,112,762
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Purchased Psychiatric Bed Capacity	<u>3,260,977</u>	<u>32,206</u>	<u>15,383,870</u>	<u>36,860,026</u>	<u>36,876,192</u> *
FTE	1.0	0.0	1.0	1.0	1.0
General Fund	3,260,977	32,206	15,383,870	36,860,026	36,876,192
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Outpatient Competency Restoration Program	<u>3,511,186</u>	<u>2,551,274</u>	<u>4,393,616</u>	<u>4,490,063</u>	<u>4,507,834</u> *
FTE	1.0	4.6	3.0	3.0	3.0
General Fund	3,511,186	2,551,274	4,393,616	4,490,063	4,507,834
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Quality Assurance	<u>0</u>	<u>0</u>	<u>397,671</u> 5.4	<u>389,428</u> 6.0	<u>389,428</u> 6.0
General Fund	0	0	397,671	389,428	389,428
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (D) Forensic Services	32,818,447	30,500,452	53,293,195	75,905,490	76,023,186
<i>FTE</i>	<u>117.7</u>	<u>102.6</u>	<u>143.8</u>	<u>147.2</u>	<u>147.2</u>
General Fund	32,818,447	30,500,452	44,683,778	75,905,490	76,023,186
Cash Funds	0	0	8,609,417	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

(E) Consent Decree Fines and Costs

Consent Decree Fines and Costs	<u>6,068,923</u>	<u>11,134,173</u>	<u>12,000,000</u>	<u>12,000,000</u>	<u>12,230,000</u>
General Fund	6,068,923	11,134,173	12,000,000	12,000,000	12,230,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

SUBTOTAL - (E) Consent Decree Fines and Costs	6,068,923	11,134,173	12,000,000	12,000,000	12,230,000
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	6,068,923	11,134,173	12,000,000	12,000,000	12,230,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
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(F) Residential Behavioral Health Beds

Residential Bed Program	<u>0</u>	<u>0</u>	<u>0</u>	<u>19,755,064</u>	<u>19,755,064</u>
FTE	0.0	0.0	0.0	21.8	21.8
General Fund	0	0	0	12,599,486	12,599,486
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	7,155,578	7,155,578

SUBTOTAL - (F) Residential Behavioral Health Beds	<u>0</u>	<u>0</u>	<u>0</u>	<u>19,755,064</u>	<u>19,755,064</u>
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>21.8</u>	<u>21.8</u>
General Fund	0	0	0	12,599,486	12,599,486
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	7,155,578	7,155,578

(G) Indirect Cost Assessment

Indirect Cost Assessment	<u>5,709,747</u>	<u>1,645,564</u>	<u>3,489,275</u>	<u>3,635,215</u>	<u>3,635,215</u> *
General Fund	0	0	0	0	0
Cash Funds	3,177,648	1,645,564	1,946,726	2,017,567	2,017,567
Reappropriated Funds	1,519,464	0	1,542,549	1,617,648	1,617,648
Federal Funds	1,012,635	0	0	0	0

JBC Staff Figure Setting - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Actual	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2024-25 Recommendation
SUBTOTAL - (G) Indirect Cost Assessment	5,709,747	1,645,564	3,489,275	3,635,215	3,635,215
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	3,177,648	1,645,564	1,946,726	2,017,567	2,017,567
Reappropriated Funds	1,519,464	0	1,542,549	1,617,648	1,617,648
Federal Funds	1,012,635	0	0	0	0
TOTAL - (6) Office of Behavioral Health	195,661,840	218,134,504	280,483,670	341,309,808	312,702,345
<i>FTE</i>	<u>1,175.4</u>	<u>1,082.5</u>	<u>1,527.9</u>	<u>1,614.9</u>	<u>1,565.9</u>
General Fund	166,357,940	199,595,383	128,036,054	311,694,626	283,002,526
Cash Funds	10,554,598	7,252,313	138,779,992	8,676,577	8,761,214
Reappropriated Funds	12,610,612	11,272,223	13,667,624	13,783,027	13,783,027
Federal Funds	6,138,690	14,585	0	7,155,578	7,155,578
TOTAL - Department of Human Services	428,886,195	493,223,097	550,375,393	616,262,158	588,574,343
<i>FTE</i>	<u>1,179.8</u>	<u>1,182.6</u>	<u>1,684.0</u>	<u>1,797.5</u>	<u>1,739.5</u>
General Fund	289,906,722	334,577,265	276,585,291	462,538,057	434,456,198
Cash Funds	54,002,009	68,823,825	206,445,635	76,867,468	77,260,837
Reappropriated Funds	22,712,229	20,253,999	24,253,632	26,204,277	26,204,952
Federal Funds	62,265,235	69,568,008	43,090,835	50,652,356	50,652,356

APPENDIX B: ARPA RESPONSES

BHA/DHS ARPA ROLL FORWARD REQUEST COMEBACK QUESTIONS

22-177 – DELAYED ACTION

Does the BHA need the entire \$12.2 million requested to be rolled forward to complete the cloud based care coordination project?

Yes. BHA needs the entire \$12.2 million requested to be rolled forward in order to complete the cloud based care coordination and other requirements that are tasked to BHA in SB22-177.

SB 22-177 added the following requirements to the state's behavioral health care coordination infrastructure beyond what was originally required via SB 21-137:

- A platform to support behavioral health providers who do not have Electronic Health Records in engaging in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform.
- Technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance
- Technology capabilities so that people and providers could engage directly with BHA navigators to find behavioral health services and BHA's Behavioral Health Administrative Services Organizations
- Collection and reporting of outcomes of individuals who were assisted via care coordination infrastructure

The additions above recognize that effective care coordination infrastructure is responsive to the complex and substantive work of providers and navigators in Colorado when guiding and monitoring individuals through the process of care. It requires both a robust set of technology tools to ensure data from one care event can be effectively tied to another care event in a person's current episode of care. It also requires that the appropriate individuals and entities charged with guiding and tracking care have access to the tools and their workflow needs are supported effectively. These tools avoid inefficient faxing workflows, hours on calls trying to find available resources and manual spreadsheets to manage and track client care events.

BHA has a strong plan for executing on care coordination infrastructure requirements added to legislation via SB 22-177, and it is imperative that the full \$12.2 million initially allocated be extended through the end of 2026 to execute on this plan. BHA has and plans to continue following modern software delivery best practices with direct support and guidance from OIT's Colorado Digital Services team when delivering care coordination infrastructure additions included in SB 22-177.

There has been a substantial and time-intensive up-front investment in both the engagement of people and providers and underlying data-sharing infrastructure. This also means BHA intentionally focused on developing capabilities from SB 21-137 before layering on capabilities reflected in SB 22-177; BHA is being a thoughtful steward of funds awarded to care coordination infrastructure to build it right, even if it has taken more time than the legislature initially anticipated. Just as we are on track to fully spend down and deliver on care coordination capabilities that have benefited hundreds of thousands of people seeking care in Colorado from SB 21-137 by June 30, 2024, so too is BHA poised to deliver improved referral capabilities between behavioral health providers and navigators by December 31, 2026 via SB 22-177.

Below is a summary, grouped by major requirement added from SB 22-177 on BHA's execution and spend plan:

Major requirement	BHA's Plan
A platform to support behavioral health providers who do not have Electronic Health Records in engaging in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform.	<p>This work will be completed in three phases:</p> <p>Phase 1 (FY24 Q4 - April to June 2024): Develop and launch platform where hospital and in-patient behavioral health providers can find an available provider and complete a referral for transition to in-patient care. This will cost approximately \$2.5M, including vendors supplying platform/software licensing and augmented engineering for platform configuration and custom build support.</p> <p>Phase 2 (FY25 Q2 October to December 2024): Outreach to and train select providers based on Phase 1 use case. Goal to have 75% saturation in in-patient providers participating in behavioral health safety net, mandated to use the tool and 30% saturation in emergency rooms. Make functionality adjustments based on provider feedback. Expand functionality to support referrals for stepping down from in-patient to select outpatient behavioral health services. This will cost approximately \$2.5M, including vendors supplying application workflow development, project management, and program coordination support and training.</p> <p>Phase 3 (FY26 Q4 April to June 2026): Broad outreach and training to behavioral health providers. Goal to have 60% saturation in all behavioral health providers and 85% saturation in providers participating in behavioral health safety net. Fully incorporate referrals to social determinants of health supports leveraging the Office of eHealth Innovation's Social-Health Information Exchange Infrastructure. This will cost approximately \$3.5M, including vendors supplying data integration, application workflow development, project management, and program coordination support.</p>



	<p>For a breakdown of the specific deliverables underpinning these phases, please refer to the Delivery Roadmap, provided within the last prompt related to SB 22-177 regarding project status.</p>
Technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance	<p>FY25 Q2 - October to December 2024: Intentional outreach to approved safety net providers (most, if not all, of which will be Medicaid providers) to onboard to the provider platform. This will cost approximately \$1M, including vendors supplying application development, marketing and communication services, project management, and program coordination support and training.</p> <p>FY26 Q3 - January to March 2026: Develop integrations for HCPF to check for prior authorization for services as part of e-referrals. This streamlines and incentivizes use by Medicaid providers. This will cost approximately \$400K, including vendors supplying data integration, application workflow development, project management and program coordination..</p> <p>These planned deliverables are visualized on the Delivery Roadmap provided below in their associate FY and quarters.</p>
Technology capabilities so that people and providers could engage directly with BHA navigators to find behavioral health services and BHA's Behavioral Health Administrative Services Organizations	<p>FY26 Q2 - October to December 2025: Incorporate of workflows that support people engaging with BHA's navigators and state-managed service providers via OwnPath and the provider platform. Goal to have all BHA's Behavioral Health Administrative Services Organizations incorporated to all care coordination use cases in the provider platform. Make functionality adjustments based on provider and user feedback. This will cost approximately \$1.2M, including vendors supplying data integration, application workflow development, project management, and program coordination support and training.</p> <p>This planned deliverable is visualized on the Delivery Roadmap provided below under FY26 Q2.</p>
Collection and reporting of outcomes of individuals who were assisted via	<p>FY26 Q2 - October to December 2025: Incorporation and integration of all data from provider platform efforts to the BHA Data Lakehouse and updated within master data management practices; analytics and data science engineering development to iteratively provide reporting on each specific type of care supported by the care coordination efforts and outcomes</p>



care coordination infrastructure	<p>detailed above (hospital/in-patient; safety-net; social determinants of health; medicaid; private insurance; BHASO). This will cost approximately \$1.1M, including vendors supplying data integration, application workflow development, project management, data analysis and program coordination support and training.</p> <p>This planned deliverable is visualized on the Delivery Roadmap provided below under FY26 Q2.</p>
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What amount of the funds expended from SB 21-137 supported the development of a cloud based care coordination system?

\$26 million dollars was allocated to BHA in SB 21-137 to develop the care coordination infrastructure.

Summary:

SB 21-137 appropriated \$84.7M to BHA across 16 different projects. Only one SB21-137 project is related to investment in the care coordination infrastructure, and that project provided BHA with \$26M. As of the most recent CO Forward data from Dec 30, the BHA has expended \$14.48M, has encumbered \$6.16M in contracts, and has budgeted \$5.4M for planned use by OIT for IT professional services.

The impact of BHA's care coordination infrastructure investments to date has been significant. BHA has a robust and detailed plan for fully realizing the Colorado legislature's vision for all Coloradans having access to a high-quality behavioral health care system that includes a full continuum of behavioral health treatment services. The legislature's goal of ensuring individuals can get the care they need when they need it relies on improvements in care coordination to better support access to behavioral health services. That work is precisely what the BHA is in the process of delivering. In Appendix 1, we explain how we will spend down the remainder of SB 21-137 and how we use SB 22-177 to expand use of this technology to a broad array of behavioral health providers to support people across the state in need of behavioral health support.

Has the project been reviewed by the Joint Technology Committee?

No, BHA does not believe SB-22-177 was reviewed by the Joint Technology Committee.

Related projects have been reviewed. This funding (SB-22-177) along with SB 21-137, HB 22-1278, and Capital Construction IT Funding Extension contain funding for a cohesive set of interconnected technology initiatives, which together have the goal of establishing a systems-wide model for organizing and implementing care coordination and behavioral health data infrastructure. On January 11, 2024, BHA presented the Capital Construction IT Funding Extension tranche of work at the Joint Technology Committee. BHA's work was noted by some legislators as embodying

agile, human-centered, and iterative operational approaches, and potentially an example of best practices applied in government technology deployment.

Was the incorporation of BHASOs part of the original design of the project? If not, when did it become clear that BHASOs needed to be included and their inclusion was in conflict with existing spending authority deadlines?

Yes, Senate Bill 22-177 specifically refers to BHASOs and the design of this project has always included integration with BHASOs.

Background: The care coordination infrastructure was originally designed and continues to be focused on identifying and getting individuals the right care at the right time. In order to ensure that the solutions BHA invests in reflect the articulated needs of providers, a group of 472 providers across Colorado were engaged in setting the vision and direction for proposed care coordination technology investments, in this instance, bed tracking and referrals for inpatient care. This work provides an initial foundation for supporting referrals between different care settings, different levels of care, and transition into inpatient/residential /or step down or step out to out-patient services, and related social determinants of health related supports.

As described in SB22-177, though the BHASOs will not be the only users of this technology, the BHASOs have always been intended as one of the end-users for this technology. BHASOs will have an important role in helping coordinate care for individuals and families who interact with certain safety net services. As such, our request better aligns spending authority with the ability to implement new changes alongside the implementation of the BHASOs and learn from their experience as an end-user of this technology. It was always clear that the BHASOs needed to be included from their initial conceptualization, as the fundamental objective of this work is to reduce fragmentation. As the BHA engaged further with the care coordination work through FY24, the BHA recognized a need to re-align to the new BHASO timelines.

It is important to note that the changing BHASO timelines is not the only or predominant reason for the request for an extension. As described in response to an earlier question regarding SB 22-177 spend down plan, in order to successfully implement large scale changes in care coordination infrastructure, BHA prioritized foundational functionality from SB 21-137 that are primarily for use by people in Colorado prior to layering on additional functionality required by SB22-177 that is more oriented towards providers and navigators.

Please provide any additional information about the current status of the project and expenditures, including the timelines for any existing contracts and project completion.

With regard to current status and expenditures, this has been described in narrative format within BHA's responses to the questions above.

With regard to timelines for existing contracts: we have vetted timelines to ensure work can be completed if granted an extension. BHA developed the product roadmap and plans, and we selected vendors who can deliver on the timelines outlined below. We are confident that the contracting approach and project plans are in a place to deliver on the goals and delivery timelines outlined in the delivery roadmap below.

The table on the next page lists the functionality delivered or to-be-delivered per quarter (2024-2026); this includes items presented [in the chart above](#) outlining Major Requirements, and the BHA's plan to meet those requirements.

Delivery roadmap (2024, 2025, 2026)

Q1 FY24 JUL - SEP	Q2 FY24 OCT - DEC	Q3 FY24 JAN - MAR	Q4 FY24 APR - JUN	Q1 FY25 JUL - SEP	Q2 FY25 OCT - DEC	Q3 FY25 JAN - MAR	Q4 FY25 APR - JUN	Q1 FY26 JUL - SEP	Q2 FY26 OCT - DEC	Q3 FY26 JAN - MAR	Q4 FY26 APR - JUN
Provider Services Portal <ul style="list-style-type: none"> Referrals Discovery [DONE] Adjacent / Dependency Efforts <ul style="list-style-type: none"> Creation of a data lakehouse [DONE] Ingestion of client & provider data to support referrals system [DONE] Establish MDM architecture in BHA data lakehouse [DONE] Define Service Delivery Model for New Data Source Intake Requests [DONE] 	Provider Services Portal <ul style="list-style-type: none"> Referrals Build Phase I [DONE] Broader Referrals Platform Phase I Launch Prep [DONE] Referrals Platform Usability Testing [DONE] Adjacent / Dependency Efforts <ul style="list-style-type: none"> License types (Safety Net, BHE, 27-65) [DONE] 	Provider Services Portal <ul style="list-style-type: none"> Complete Referrals Platform Build Lookup / Bed Capacity Updates Phase 1 [IN-PROGRESS] Provider Update Portal <ul style="list-style-type: none"> Complete Provider Update Portal (PUP) MVP [IN-PROGRESS] Public Tooling <ul style="list-style-type: none"> Complete referrals/care coordination Discovery Research [IN-PROGRESS] OwnPath <ul style="list-style-type: none"> Improve wayfinding for Health First Colorado [DONE] 	Provider Services Portal <ul style="list-style-type: none"> Complete Referrals Platform Build Phase 2 (Additional functionality) Data Collection <ul style="list-style-type: none"> Performance Management MVP Data Structure Performance Management Public Dashboard Data Infrastructure <ul style="list-style-type: none"> Complete Identity Resolution Next Phase Implementation Complete Identity Resolution MVP Interoperability <ul style="list-style-type: none"> Complete EHR / EMR Discovery Single Sign On Research Data Exchange Strategy Research Provider Update Portal <ul style="list-style-type: none"> Release PUP V2 Complete PUP Framework Share with OeHi OwnPath <ul style="list-style-type: none"> Iterative improvements to the Telehealth representation on OwnPath Consume Data Directories from RAEs 	Data Collection <ul style="list-style-type: none"> Performance Management Scale Out Interoperability <ul style="list-style-type: none"> EHR Integration Strategy OwnPath <ul style="list-style-type: none"> Launch updated/improved data, including new provider types and BHASOs Provider Update Portal <ul style="list-style-type: none"> Iterations on PUP V2 	Provider Services Portal <ul style="list-style-type: none"> Complete Referral Packet / Consent Functionality Phase II wave of providers onboarded Outreach to approved safety net providers Interoperability <ul style="list-style-type: none"> Complete EHR / EMR Integration [Proof of Concept] OwnPath <ul style="list-style-type: none"> Implement new wayfinding support for high-priority tasks Engagement with BHASOs Provider Update Portal <ul style="list-style-type: none"> Develop scope for PUP V3 	Provider Services Portal <ul style="list-style-type: none"> BHASOs on Referral Platform Data Collection <ul style="list-style-type: none"> BHASOs on Perf Management BHASOs on CCAR/DACO DS 837s available for BHASOs Interoperability <ul style="list-style-type: none"> Complete HIE Integration (Moved from FY24 Q4) Complete SHIE Integration (Moved from FY24 Q4) Document SHIE Integration Strategy (Q3 25) Expanded EHR/EMR Integration OwnPath <ul style="list-style-type: none"> Update content strategy and revised information architecture for people seeking care Provider Update Portal <ul style="list-style-type: none"> Develop timelines for scaling PUP for broader adoption in collaboration with OeHi's strategy 	Provider Services Portal <ul style="list-style-type: none"> Secure file transfer BHASO referrals data Discovery Phase III wave of providers onboarded OwnPath <ul style="list-style-type: none"> Update stakeholder engagement strategy with focus on People with Lived Experience and Providers Provider Update Portal <ul style="list-style-type: none"> Iterative PUP V3 scope to align with OeHi timelines Strategic Scale <ul style="list-style-type: none"> BHASOs Workflow Discovery 	Provider Services Portal <ul style="list-style-type: none"> Enhanced consent mechanism BHASO Referrals dashboard Interoperability <ul style="list-style-type: none"> EMR Integration for referral Packet Discovery OwnPath <ul style="list-style-type: none"> Publish performance data supporting decision-making for people seeking care Provider Update Portal <ul style="list-style-type: none"> BHASO data elements incorporated 	Provider Services Portal <ul style="list-style-type: none"> Incorporation and integration of all data from provider platforms into lakehouse and MDM practices Waitlist functionality BHASO Care Coordination use cases Interoperability <ul style="list-style-type: none"> Expanded EMR integration options Expand SHIE pathway functionality and data tracking OwnPath <ul style="list-style-type: none"> Develop curated service pathways for high priority user journeys 	Provider Services Portal <ul style="list-style-type: none"> Expand to all providers across the State Phase IV wave of providers onboarded Interoperability <ul style="list-style-type: none"> EMR Integration for Referral Packet HCPF Integration OwnPath <ul style="list-style-type: none"> Develop content and data syndication policies Provider Update Portal <ul style="list-style-type: none"> Opt in option for all providers across the state 	Provider Services Portal <ul style="list-style-type: none"> In-platform messaging BHASO messaging tool Available for all providers across the state Interoperability <ul style="list-style-type: none"> API management layer OwnPath <ul style="list-style-type: none"> Publish omni-channel care navigation strategy



SB 22-196

1. Describe stakeholdering and any other process that resulted in funds not being expended in an earlier timeline;

Stakeholdering: In Fall 2022 BHA conducted early research with a community partner to inform the initial strategy for the grant.

Other Processes: The statute for SB-196 required an extensive evaluation committee of thirteen individuals from very specific backgrounds and professions, including a public defender, a prosecutor, two clinicians with experience treating individuals involved in the criminal justice system, a person with lived experience in the criminal justice system, among eight other individuals. This was an unprecedented size for an evaluation committee and recruiting, organizing, and scheduling for this committee took time. Further, the statute forbade BHA from providing compensation for participation on the committee, which created challenges, especially for individuals with lived experience. Formation of this committee took significantly longer than the other grants because of these challenges. Regular committees are not mandated in composition by statute, are made of closer to five individuals, and BHA is able to provide compensation for individuals' time for non-government employees, which greatly increases people's ability and willingness to participate. This challenge delayed SB196's Notice of Award by about a month compared to the 1281 grants.

Additionally, BHA received legislation for all three HB 22-1281 grants (Substance Use Workforce, Children Youth and Families, and Community Investment Grants), and SB 22-196 Criminal Justice Early Intervention grants, at the same time, in July 2022. These grant programs totaled over \$135 million and involved creation of four fully novel scopes of work and new customized competitive solicitations. Because these solicitations were meant to grant funds beyond the regular reach of BHA - to small, independent, grassroots organizations serving their own communities - BHA made special efforts to design the solicitations to be as accessible and community-friendly as possible. This involved creation of special application documents to simplify the process and level the playing field for organizations without dedicated grant writing departments. BHA also put the grant documents through multiple reviews for readability and accessible language. In Fall 2022, BHA conducted early research with a community partner to inform the initial strategy for the grant. Even with these special considerations, all grants were posted by December 8, 2022.

A total of 175 proposals were received across the four grants, all of which had to be individually evaluated both by scoring committee members and by BHA and CDHS procurement staff. A total of 109 proposals were awarded across the four grants, all of which needed to move through the budget and clearance approval processes at the same time. This was an immediate 30% increase to BHA's total contract volume, all being processed in the same time period, and this new contract load was equal to about 30% of BHA's contract volume for an entire year prior to the receipt of these funds. Multiple BHA staff members were fully dedicated to this effort for several months. Even so, the development, evaluation, and execution of these grants was necessarily staggered in time due to the realities of time and resource constraints.



The table below addresses the following questions for SB22-196 grants:

2. The date(s) grant awardees were notified of awards;
3. The date(s) contracts were first sent to awardees;
4. The deadline for contracts to be signed, if applicable;
5. The date(s) contracts were or are expected to be signed by both the awardee and the BHA;
6. The end date for existing contracts;
7. Amount allocated for contracts that are currently signed;
8. Amount allocated for contracts that are currently unsigned;
9. The most up-to-date expenditures and encumbrances;
10. Estimated expenditures by the end of the 2024 calendar year;
11. The end date for awardees to spend funds under current spending authority; and
12. The end date for awardees to spend funds under requested roll-forward.

	Awardees Notified of Intent to Award	Contracts first sent to awardees *this is initial contract review for the vendors and is not when the contract is executed	All contracts to be fully executed (signed by awardee and BHA)	End date for existing contract	Amount encumbered under executed contracts (Dec 2023)	Amount expended (Dec 2023)	Amount committed to Year 2 awards for July 2024 contracts	End date for awardees to spend under current authority	End date for awardees to spend under requested roll-forward
Criminal Justice Early Intervention	May 2023	June 2023	28 out of 29 executed by Nov 2023 The last contract was executed in Feb 2024	June 2024, with renewal planned for July 2024 - Dec 30, 2024	\$33.11M	\$1.80M	\$14.4M	Dec 2024	Dec 2026

*Note: There are no deadlines for contracts to be signed. Each project has different negotiating timelines depending on the complexity of the project.



22-196 – DELAYED ACTION

Why is spending authority requested through December 2026 when the agency's response indicates that grant awards are only through FY 2024-25?

The SB 22-196 grant program required significant effort to develop. The entire first year of these grant programs was dedicated to program requirements and scope of work development, Request for Application (RFA) development, evaluation and scoring, duplication of benefit verification with various Colorado state agencies, budget negotiation and, finally, contract execution. The earliest contracts for these grant programs were executed effective July 1, 2023, providing at most a year and a half of funding, given the current spending authority limitations.

BHA only made awards pursuant to current statutory timelines, which is why grant awards have only been made through FY 2024-25. However, these grant awards can be easily extended past FY 2024-25 if extended spending authority were to be approved. Many grant applicants submitted budgets and expressed a desire for a longer time frame in order to make their work under these grant funds successful. Extending the timeframe will greatly increase grantees' success rates for hiring positions to staff their new programs, as applicants will be more willing to take a position that is available for longer; and it will ensure that funds are fully expended as intended with the maximum impact for individuals needing services. Additionally, a significant amount of these awarded funds are related to capital expenditures which, when planned intentionally, require a longer timeframe with consideration for planning, contracting, supply, and construction where applicable. A limited spending authority may restrict the number of individuals intended to be served and may create challenges in successful completion of necessary capital expenditures.

SB22-196 funds programs and strategies that prevent people with behavioral health needs from becoming involved in the criminal justice system or redirect individuals in the criminal justice system with behavioral health needs to appropriate services. We've seen a number of bills this session that are continuing to address this problem, and the 29 unique organizations across the state that have been awarded these funds have designed diverse and impactful projects that we want to help see to the finish line. These include funding for co-responder programs in six counties across the state, supporting the development of recovery residence services in communities, especially rural and frontier communities, that have never had these services before, and more.

Please describe the process for the State Controller to review and approve contracts, and whether existing contracts align with existing spending authority.

The State Controller is only involved with "high-risk" contracts. BHA contracts, including our ARPA grant program contracts, generally are not required to go through State Controller review and approval. BHA contracts are signed between CDHS Controller, Vendor Designee, and BHA Commissioner. All contracts align with existing spending authority. Additionally, there are mechanisms in the CORE accounting system which prevents us from acting outside of existing spending authority.



PLEASE PROVIDE THE FOLLOWING DETAILS FOR SB 22-181.

1. Describe stakeholdering and any other process that resulted in funds not being expended in an earlier timeline;

New team: As Workforce Development is a new team created at the establishment of the BHA, SB 22-181 granted 3.0 FTE for BHA to “create and begin to implement a behavioral health workforce plan to expand and strengthen Colorado’s behavioral health care provider workforce to serve children, youth and adults” by September 20, 2022. As such, the first steps before expending SB 22-181 funding were to operationalize a new Workforce Development team while also developing the first state-wide behavioral health workforce strategic plan with extensive stakeholdering. To address the complex barriers leading to Colorado’s workforce shortage, the strategic plan outlined a multi-faceted approach to impact all stages of the workforce development ecosystem. Each distinct initiative required extensive planning stages with stakeholders to develop the community-informed approach needed for far-reaching systems change.

Complexity of activities: These initiatives to expand and diversify the workforce are wide-ranging: providing multiple grant opportunities to employers & community based organizations; developing a new entry level role - the qualified behavioral health assistant; launching a free statewide learning hub for behavioral health training to increase cultural responsiveness; and creating more accessible and affordable educational and career pathways into behavioral health.

Extensive stakeholdering: To successfully implement these initiatives, BHA maintains frequent and ongoing collaboration with agency partners as well as extensive stakeholdering with community members, providers, and employers.

- To achieve behavioral health workforce systems change, Behavioral Health workforce priorities were identified and determined based on the appropriations within SB 22-181, with recommendations from the Behavioral Health Transformational Task Force and Behavioral Health Workforce Taskforce, and participatory stakeholder and community workgroups convened during Summer 2022.
- The workgroups included participants from 12 state agencies, including many participants from previous behavioral health task forces. The workgroups focused on identifying and developing actionable projects and initiatives to carry out the intention of SB 22-181 in building a diverse behavioral health workforce that creates improved access to equitable behavioral health services for all people of Colorado at each stage of life. This included identifying existing efforts that could be expanded and built upon in order to magnify their impact in ways that align with the purpose of this legislation, and developing new initiatives that will significantly impact the workforce in order to improve the behavioral health of all people in our state. The final prioritization was vetted and approved by each workgroup and



a larger group of internal stakeholders, with further input and comment via public stakeholder meetings held in August 2022.

- To inform the \$5.9 million in peer support workforce funding allocations, the BHA engaged peer support specialists in multiple conferences and stakeholder meetings. BHA held behavioral health workforce listening sessions, presented at the Colorado Consortium for Prescription Drug Abuse Prevention Annual Meeting breakout on Recommendations for Advancing Colorado's Peer Support Professional Workforce, and facilitated two peer-focused listening sessions in November and December 2022 to hear from the peer support community about its priorities to strengthen its current and future workforce. BHA's Peer Support Steering committee and Quarterly Peer Support Collaboration Meetings helped in the development of an appropriate RFA to meet the peer workforce needs. These grants will train and expand the peer support workforce that use their lived experience to guide others on their recovery journey.
- The upcoming Work-based Learning Innovation grant application was identified after stakeholdering with behavioral health learners, providers, employers, and community-based organizations about the most critical workforce needs. During these conversations, stakeholders shared the need for more systemic changes, such as diversifying the workforce as well as standardizing additional entry-level positions to serve on Medicaid-reimbursed teams that then lead to more advanced behavioral health career pathways. BHA partnered with the community college system and department of higher education on the creation of a stackable microcredential, the qualified behavioral health assistant (QBHA) role, which was mandated in SB 22 181. These microcredentials will allow individuals to enter the workforce more quickly, increasing access to services by allowing certain clinical and non-clinical services to be provided by workers in entry-level roles. The new microcredential curriculum was recently approved by the community college system, and subsequently BHA has begun work to implement this role and encourage adoption by employers through work-based learning integration.
- As part of this microcredential implementation, BHA will support 4 school districts and 2 postsecondary education providers in developing a school based mental health professional P-TECH program (Pathways in Technology Early College High Schools) that would allow for students to earn education credentials and progress through the Behavioral Health pathway while doing structured, supported, work-based learning in support of school and district needs. This collaborative work with state agency partners and local education providers will allow students to take an additional 2 years of high school to obtain an associates degree in behavioral health for free.
- Stakeholders stressed that the pathway to licensure is expensive and inaccessible to those from historically disadvantaged communities. BHA is partnering with the National Center for the Apprenticeship Degree and MSU Denver to pioneer a Masters in Social Work Apprenticeship Degree Pathway, beginning with candidates enrolled in the Advanced



Standing masters program that culminates in a license in Social Work, ultimately creating a first-in-the-country Apprenticeship Degree program in behavioral health, furthering Colorado's reputation as a national leader in apprenticeships and behavioral health workforce development. Candidates pursuing an Apprenticeship Degree should have little-to-no-debt upon graduation (a key component of the Apprenticeship Degree model) and have the ability to earn a wage working close to full-time during their apprenticeship period.

- All of BHA's efforts that required creating pathways, such as the QBHA, developing career pathway buildouts between secondary and post-secondary programs, and the development of non-licensed opportunities for entry level positions required coordination with secondary and postsecondary institutions. The timelines necessary for curriculum to be developed, approved, added to course offerings, and eligible for financial aid where applicable all need longer timelines to construct. Additionally, staffing and scheduling requirements within the educational structures can, and often do, require greater logistical coordination. For example, in order to have a course offering for a secondary school, the curriculum must be approved in the fall the year prior to the offering. Such time constraints add time considerations for successful completion of these projects.

The table below addresses the following questions for SB22-181 grants:

2. The date(s) grant awardees were notified of awards;
3. The date(s) contracts were first sent to awardees;
4. The deadline for contracts to be signed, if applicable;
5. The date(s) contracts were or are expected to be signed by both the awardee and the BHA;
6. The end date for existing contracts;
7. Amount allocated for contracts that are currently signed;
8. Amount allocated for contracts that are currently unsigned;
9. The most up-to-date expenditures and encumbrances;
10. Estimated expenditures by the end of the 2024 calendar year;
11. The end date for awardees to spend funds under current spending authority; and
12. The end date for awardees to spend funds under requested roll-forward.



	Awardees Notified of Intent to Award	Contracts first sent to awardees* *this is initial contract review for the vendors and is not when the contract is executed	All contracts to be fully executed (signed by awardee and BHA)	End date for existing contract	Amount encumbered under executed contracts (Dec 2023)	Amount expended (Dec 2023)	Amount awarded not yet under executed contract	End date for awardees to spend under current authority	End date for awardees to spend under requested roll-forward
Behavioral Health Workforce Recruitment & Retention Grants (NEI110)	Sept 2023	October 2023	All Contracts are expected to be fully executed by Feb/Mar 2024	Dec 2024	\$3.91M	\$0.02M	\$6M	Dec 2024	Dec 2026
Career Pipeline Development (Portion of RRI120: Behavioral Health Care Workforce: Workforce Expansion)	Sept 2023	November 2023	All Contracts are expected to be fully executed by Feb/Mar 2024	Dec 2024	\$0	\$0	\$3.6M	Dec 2024	Dec 2026
Behavioral Health Workforce Peer Support Professionals (RRI110)	Feb 2024 (by 2/14/24)	Contracting to begin upon notification of awards	Not yet applicable	Dec 2024	\$0	\$0	\$5.0M	Dec 2024	Dec 2026
Work Based Learning Initiatives (Portion of RRI120: Behavioral Health Care Workforce: Workforce Expansion)	N/A- RFA to be posted in Q1 2024	Contracting to begin upon notification of awards	Not yet applicable	Dec 2024	\$0	\$0	\$0	Dec 2024	Dec 2026

*Note: There are no deadlines for contracts to be signed. Each project has different negotiating timelines depending on the complexity of the project.



22-181 – DELAYED ACTION

Please provide all grant awardees.

Behavioral Health Workforce Recruitment & Retention Grants

Grantee	Total Budget
Rocky Mountain Crisis Partners	\$249,810.00
SAFY	\$131,330.00
Mental Health Partners	\$250,000.00
Rocky Mountain Behavioral Health	\$37,400.00
Counseling and Education Center	\$86,576.00
DCAC	\$32,014.00
Invest in Kids	\$244,700.00
Mind Springs Health, Inc	\$179,180.00
Jefferson Center for Mental Health	\$250,000.00
Gateway to Success	\$249,228.00
SummitStone Health Partners	\$250,000.00
Shiloh House	\$200,452.00
Hilltop Community Resources	\$250,000.00
Summit Community Care Clinic	\$250,000.00
Diversus Health	\$247,596.00
Rocky Mountain Clinics	\$199,100.00
Community Reach Center	\$127,371.00
Tennyson Center	\$249,975.00
Maria Droste Services of Colorado, Inc	\$223,449.00
Mental Health Colorado	\$201,300.00
Health Services District of NLC	\$187,057.00
Running Creek Counseling	\$87,560.00
Thriving Families	\$238,920.00



Sobriety House	\$105,319.00
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Career Pipeline Development

Grantee	Total Budget
Clinica Campesina Family Health Services dba Clinica Family Health	\$119,151.00
Jefferson County Public Schools	\$32,000.00
Poudre School District	\$232,041.00
"I Have A Dream" Foundation - Colorado DBA Colorado "I Have A Dream" Foundation	\$283,590.00
SummitStone Health Partners	\$299,999.00
Colorado Springs School District 11	\$299,936.00
Jewish Family Service of Colorado, Inc. (JFS)	\$194,741.00
Colorado Association of Alcohol and Drug Service Providers, DBA Colorado Providers Association	\$106,603.00
Young African Americans for Social and Political Activism DBA Young Aspiring Americans for Social and Political Activism (YAASPA)	\$299,920.00
Gunnison Valley Health Foundation	\$144,600.00
Collective Health Partners, LLC	\$224,000.00
Mental Health Center of Boulder County Inc., dba Mental Health Partners	\$300,000.00
Droste Services of Colorado DBA Maria Droste Counseling Center	\$299,660.00
Cornerstone Programs Corp dba Community Counseling Services	\$299,993.00
Arapahoe Mental Health Center Inc DBA AllHealth Network	\$112,057.00
San Luis Valley Community Mental Health Center, Inc. DBA: San Luis Valley Behavioral Health Group (SLVBHG)	\$95,000.00
Alta Vista Center for Autism dba Firefly Autism	\$293,114.00

Behavioral Health Workforce Peer Support Professionals

- Notice of Award is anticipated to release by Monday, February 12. In total, these grants will be an investment of \$5 million in the peer support workforce. These grants will support over 300 new peer support specialists being added to the behavioral health workforce.



In addition to these grants,

BHA has executed contracts with the following organizations to implement additional SB 22-181 initiatives:

- University of Colorado (CU)
 - Hummingbird initiative career pipeline development (\$2.9M)
 - Curriculum for justice involved (\$1.9M)
 - Mental health / substance use training and peer supervisor training (\$2.9M)
- Strategic Plan Development and Implementation Support
 - Envision Strategy Group (\$40,000)
 - Inclusive Design Group (\$40,000)
- Research on Qualified Behavioral Health Assistant and Bachelor's of Social Work
 - Western Interstate Commission on Higher Education (\$60,000)

BHA intends to execute contracts to implement the following additional SB 22-181 initiatives:

- Creation of a Youth Mental Health Corps (\$1.6M)
 - Serve Colorado
- Build out of an apprenticeship degree in social work (\$500,000/yr)
 - National Center for the Apprenticeship Degree (Reach University)
 - MSU Denver
- Implementation of qualified behavioral health assistant role (\$900,000)
 - P-TECH program funding to 4 school districts and 2 postsecondary education providers to allow students to earn behavioral health microcredentials debt-free

Other responses indicated that awards included amounts for FY 2024-25. Please provide the grant awards by fiscal year.

For the Recruitment & Retention and Career Pipeline grants, the grantees proposed budgets for the full period of the execution date (between December 2023 and February 2024) through December 30, 2024, and BHA executed contracts for the full period ending in December of 2024.

The BHA indicated that the request will require statutory change to extend the program. Please provide the program repeal date the BHA would need to implement the roll-forward request.

The BHA is requesting that the program repeal date align with the statutory spending timelines for the behavioral health and mental health cash fund, which is December 2026.

Please specifically describe why funds have not been expended and when the BHA decided to pursue roll-forward authority since the program repeals in September 2024.



The efforts of SB 22-181 are meant to be large-scale systems transformation workforce development initiatives, which has required significant time for planning and development. The spending has been slower-to-date due to the following reasons:

- The initial years of the Workforce Development Program was based upon stakeholder engagement and planning, which led to the decision for the topics of the initial Learning Management System (LMS) courses. Spending was lower in the first year of this project due to these less expensive planning activities, however, has greatly picked up now that we have entered into development of the LMS courses, as well as executed the awards for workforce capacity building grants.
- For grant opportunities (Retention and Recruitment, Career Pipeline Development, Peer Workforce, and Work-Based Learning Innovation opportunities) which will be made available over the course of FY 2023-24. There are complex procurement responsibilities such as developing detailed procedures related to program and budgetary approvals to ensure alignment with Treasury's Final Rule, identifying grant review committees with the capacity to engage in complex reviews, and detailed applicant budget reviews to confirm eligible and reasonable expenses, which all have contributed to delays to disperse grant funds. While implementation for the aforementioned grant program funds have been slower than anticipated, the initial emphasis on planning and development, application review and negotiation, and subrecipient monitoring preparation will help pave the way for responsible spending on sustainable and meaningful programs as intended by legislation.
- Many of the workforce strategy programs (creation of a qualified behavioral health assistant role, developing an apprenticeship degree in social work, career pipeline development work) required extensive collaboration with state agencies, employers, providers, and community stakeholders to ensure that the workforce strategic initiatives best meet Colorado's needs. The spend timelines for these implementation initiatives have needed to align with school year timelines. After the strategy has been finalized, BHA is working closely with partners to implement these large-scale system change projects.

22-1283 – ROLL FORWARD DELAYED ACTION

BHA: Residential Substance Use Treatment Beds for Children and Youth

The bill includes \$5.0 million for youth substance treatment beds. Currently, three beds have been contracted with Denver Health for high acuity, short-term withdrawal management services, with capacity to expand to 21 beds for youth experiencing acute withdrawal as needed. Funding has also supported a project at Jefferson Hills that has struggled to be implemented due to understaffing. The BHA indicates that staffing is expected to improve following sign-on bonuses, and 16 beds are expected to open in the Spring of 2024. These services are distinct from the investments in residential care for youth with high-acuity needs that are included in HB24-1038.

BHA: Crisis Services

Please describe the BHA's plan for expending the \$1.2 million requested to be rolled forward.



HB 22-1283 formalized Crisis Resolution Teams (CRT) and provided funding for Crisis Response Teams, continuing the pilot originally created by funding from SB 21-137. Pursuant to this statute, BHA has operated a crisis resolution team pilot in 21 counties and the city of Colorado Springs since 2022. This program is designed to provide intensive stabilization services to youth and their families with high-acuity needs experiencing a behavioral health crisis. Families are typically referred to this program after an encounter with the crisis system through a walk-in center, mobile crisis response, or an emergency department, when it has been determined that a child is safe to remain at home. Five teams across Colorado provide these intensive in-home services to families for 4-6 weeks, and to date the program has had a 96% success rate at keeping kids safely in their homes and avoiding the need to transition to residential or inpatient treatment.

These funds that we are requesting to roll forward will be used to continue to support the Crisis Resolution Team (CRT) pilot programs that BHA has launched across Colorado. These funds cover program costs that include staffing, operating costs, vehicle expenses, and training materials.

Please describe whether the request overlaps with HB 24-1019 (Crisis Resolution Team Program). Why did the BHA indicate to Fiscal Note staff that ARPA funds for crisis services will be fully expended in FY 2023-24, but indicate in the request that roll-forward authority is needed beyond the 2024 calendar year?

These funds do not overlap with HB 24-1019. BHA's current program projections project that the CRT program costs \$2.5M a year to operate and the ARPA funds will be fully expended at the end of FY 2023-24. The request for roll forward is to align the spending authority with the legislative program authority, which goes through 2026. Additionally, this request is meant to ensure that, if for any reason, funds are not fully expended in FY 2023-24, all outstanding funds can continue to be utilized to support the CRT pilot program in alignment with the intent of these funds.

Appendix 1

Additional information about SB21-137 projects and implementation:

BHA engaged OIT's Colorado Digital Service (CDS) and OIT's Chief Technology Office team to ensure that investments made to care coordination infrastructure were rooted firmly in the needs of people and behavioral health providers in Colorado and implemented using best practices for technology-in-government. CDS has provided product management, human-centered design, and technical leadership over the past two years, and BHA plans to continue to do so if SB 22-177 appropriation is extended. BHA has consistently engaged people and providers in learning about their needs and baking those requirements into the products we build; this process of speaking with target users, understanding their needs, building solutions to meet their needs, then further improving the product based on their feedback is how we ensure technology products reflect the needs of people in Colorado. We have also designed our care coordination infrastructure to be fully integrated into Colorado's broader healthcare IT ecosystem and the state's Health IT Roadmap; this means we have intentionally laid a strong foundation in terms of data standards and governance to support its adoption by various agencies and local providers and we have focused on modern, modular technology where individual components of the state's behavioral health care coordination infrastructure can be securely combined, refined and evolved without incurring technical debt.

The following highlights several key milestones and accomplishments in developing the state's behavioral health care coordination infrastructure, funded through SB 21-137 as of February 2024:

- Recommendations from people in Colorado seeking behavioral health services, and behavioral health providers coordinating care, on what people in Colorado need to find the right behavioral health services at the right time and what providers need to effectively navigate people to care with minimal administrative burden. Feedback from real OwnPath users included gratitude for being given the “opportunity to have a voice in this process”; CAPand quotes like:
 - “I'm really, *really* excited about this website and I'm really happy that I got to participate [in shaping future iterations of OwnPath]”.
 - “I appreciate all of the resources that you guys have made available to me.”
 - “Thank you so much for offering this! This is amazing and I am so happy you care.”
 - “Thank you for this resource.”
- Based on these recommendations, BHA launched the initial version of OwnPath in July 2022; OwnPath is a mobile-friendly website designed to help people in need or caring for someone in need of a behavioral health service a way to find the help they need. They can look up providers based on critical criteria for care, including languages spoken, populations served and insurance accepted. With this, the people of Colorado have a resource to access care- this is step one towards support, recovery, or crisis mitigation. Since it was launched, **over 250,000 people have used OwnPath** to search for behavioral health care; we have sustained web traffic over time, which demonstrates that people in Colorado are searching for care options online and look to BHA to help guide their search. While OwnPath feels



simple by design – a key need of people seeking behavioral health care is to not feel more overwhelmed in the process! – there are many features packed into it to help Coloradans navigate naturally to the right kinds of care; for example, people who have Medicaid can both search for services near them, filter those by providers who accept Medicaid, and learn how to connect to their Regional Accountable Entity (RAE) all in the same, short encounter on OwnPath.

- BHA's initial version of OwnPath was reflective of providers directly licensed and regulated by BHA to ensure the quality of providers listed. BHA continues to work to expand provider types and incorporation that are vetted for both quality and service capability. BHA's collaboration with the Office of eHealth Innovation to develop a provider directory – a key component of the state's Health IT Roadmap – is an example of this expansion effort. The provider directory establishes a single location where providers can review and prepare the information about their services that are surfaced on OwnPath. This advancement not only allows the expansion of additional providers but also creates the opportunity for real time information updates about provider services and availability. These capabilities is key to a cohesive care coordination infrastructure that research with people with lived experience and community stakeholders (both clinical provider and person in need of care) have advocated for and requested.
- Through this investment, Colorado has effectively leapfrogged other states. In testing, providers have indicated their excitement to use the tool and that they see the value it holds for **making referrals, growing their own practices, and building community**. They also expressed enthusiasm for the ability to tell people in Colorado that their clinic provides culturally competent care to several communities, a data set that doesn't exist in many state public directories. BHA's efforts on the "OwnPath Profile" will yield higher-quality data by creating an easier way for providers to update their information. It will also improve the information about a provider or facility that the public has access to because there will now be a mechanism in place for providers to add behavioral health-specific information (e.g., populations served, languages served, accessibility, service types) that gets the public closer **to finding the right service, the first time** during the delicate time of seeking care.
- Whether a person is self-searching or using care coordination services, the BHA has built robust, user-driven, data-informed tools, building on best-in-class data infrastructure that is enabling care coordination that was not previously possible. To enable Care Coordination, OwnPath, OwnPath Profile, mandated reporting, and alignment with the State's Health IT Roadmap, the BHA has invested in building a flexible, modular, and scalable data collection and storage infrastructure, often referred to as "the BHA Data Lakehouse" (a combination of modern Data Lake and traditional Data Warehouse). This work has also included significant efforts to build robust data standardization as we seek to integrate data and reporting from the 75 different programs that were consolidated into the BHA. This foundational work sets us up to enable services for the people in Colorado which were never possible before, while reducing both burden on providers, and operational costs to the State. With the data infrastructure we have built, and the roadmap we have laid out, the BHA's care coordination team will be able to see all the touchpoints an individual has had with the behavioral health system - including involuntary hospitalization, all encounters with



providers, and eventually their social determinants of health. We will be able to see where the system is and is not working for an individual and make targeted referrals - to facilities we know have capacity thanks to our capacity tracking and referrals work - and we will be able to analyze how the system is performing as a whole to inform policy and program changes through performance monitoring data. This system is being integrated with HCPF's data systems to ensure we are able to provide services to Medicaid members and providers, and will be integrated with Health Information Exchanges and Electronic Medical Records to ensure we are able to work across payers - including public, private, and self pay.

- In addition, we have invested in research with providers of all sizes and technological capabilities and have undertaken significant reform of the burden we place on providers. We have engaged with over 500 behavioral health providers including clinicians and care navigators across the state throughout multiple research efforts that directly informed our system design that ensures providers of any type or size are able to use this infrastructure to support furthering patient access to appropriate care. To provide an example of specific numbers for just one research initiative, for Referrals, 23 providers were engaged, in addition to 13 subject matter expert interviews within the State, and 5 focus groups with cross-agency groups.
- Research and analysis referenced above across every type of behavioral health provider in Colorado (and was completed using 137 funding) indicated the need for solutions that meet providers of any size or level of technological sophistication. The funding provided through 177 ensures that we build out infrastructure pathways for all provider type needs. For our larger providers, we will finish developing and then enabling direct care coordination and data integration via the HIE, SHIE, and EHR systems that already exist across the State. For our smaller and less technologically supported providers, we will finish establishing pathways for participation in data and information exchange that diminishes burden both financial and administrative- while ensuring their ability to participate in care coordination activities. The time to build and roll out these developments with the extension of time for 177 funding expenditure ensures all providers whether they utilize electronic health records systems or not to actively participate in the care coordination infrastructure.
- From July through October of 2023 BHA completed extensive user research and technology prototyping with behavioral health providers on their needs when coordinating care, with an early focus on transitions in in-patient care out of an emergency and into a residential setting. This research has highlighted the challenges providers frequently experience while transferring or referring people in their care to another provider, especially when the person's need for more or less intense/acute care has occurred (i.e. they need to "step-down" or "step-up" in care). We engaged with 23 providers and service organizations in Colorado across a variety of geographies, behavioral health settings, services offerings, technical resourcing levels and population expertise in hour long interviews where we discussed their referral processes and their vision of opportunities for improvement. After concluding our interviews, we also followed up with providers with a survey to further evaluate our hypotheses and fill remaining knowledge gaps. Additionally, we held in-depth conversations with 13 stakeholders within BHA and OIT, 5 group cross-agency interviews (including HCPF, OeHI, RAEs, CYF), and conducted secondary research using existing

documentation, past improvement project plans, and the current BHA technology ecosystem. Based on this research, the referrals platform’s “minimal viable product” (MVP) has been under development and will be iteratively released to providers beginning in July of 2024. This release will focus on the MVP version of a referral platform – a well-built, well-organized tool to search, assess, and communicate. This will include:

- Standardized, anonymized “Preliminary Profiles” for clients
- Ability to initiate referral requests
- A standardized set of rejection rationales
- Streamlined client escalation process

Broader mission-critical referral functionality will be addressed through the requested SB 22-177 funds to ensure that client consent, the optimal exchange of client information, and longitudinal client journeys to support care coordination are incorporated into the platform.

BHA has garnered significant momentum through all of the major milestones described above. We continue to be on track to accomplish the following via SB 21-137 care coordination infrastructure funds by June 2024:

- With the remaining SB 21-137 funds, BHA will continue to coordinate and collaborate with HCPF, DORA and the Division of Insurance to align our care coordination efforts with ongoing efforts and existing systems. Below is an example of the deep collaboration underway:
 - BHA is enabling new ways of coordinating care for individuals across payers, providers, and systems via our data lakehouse infrastructure which serves as a hub or secure “traffic controller” of sorts for data use across various state and provider systems. We are currently working on making enrichment of state and provider systems external to BHA using valuable and high-impact provider information such as insurance providers offered, licensing info, and services provided to the public on OwnPath available via API. This means that when someone is looking for care on OwnPath, they will have a higher number of potential resources returned (improved data and search) and a higher likelihood of identifying and accessing to the right kind of care, **demonstrating progress towards the State’s vision to ensure that no individual in Colorado is left without a place to turn when seeking care.** The process of executing on this work requires investment in *data normalization and ingestion*; in the same way in an Excel spreadsheet, one must determine what format they want the numbers to be in and how many decimal places they will track towards, each piece of data needs to be mapped towards a standard format for it to be easily pulled into the database to be used by our systems. This effort is extensive as we look towards the over 9,000 known behavioral health providers and over 20 potential data sets that we are considering as in scope.
 - The data lakehouse and its continued development through 177 funding will create the ability to understand client episodes of care while navigating through different community systems. Historically, data for different community supports (ex: SUD treatment, MH care) was siloed and spoke “different languages” (ex: data was



structured in incompatible ways at a system level, client identifiers varied based on where they were receiving care). The data lakehouse allows BHA to translate these different languages into a common language to gain a more holistic view of client experiences as they move through care continuums. **The continuation of development of this infrastructure through the extension of 177 funding directly relates to the requirements of 177 that the BHA care coordination cloud based solution facilitates the ability to document referrals and the transfers of care between community-based service providers.**

- OwnPath and OwnPath Profile are enabling people in Colorado to find the care they need, and the data set that is powering many other aspects of our coordinated care system. We are unifying multiple datasets and organizing them within a single location. This has taken significant effort, but has been greatly accelerated and supported by our core data modeling work. Now that we have unified our two largest data sets, OwnPath Profile is engaging the provider ecosystem directly in updating quality of care information to enrich the data the State and insurance companies have about providers in new ways. That data is then available via an API - an Application Programming Interface¹ - which allows multiple different systems such as OwnPath, the referrals system, or the Data Lakehouse to access the most up to date information on all of our behavioral health providers in a secure, efficient, manner. Getting this data, organizing it, and making it available via API is currently in final phases of “alpha” testing with real providers and is on target for a FY23 Q4 launch.
- Additionally, as the BHA’s programs expand, so too does the opportunity for members of the public and providers to engage in the behavioral health system, so the BHA will leverage *internal stakeholder interviews* to continuously learn about programs and services that need to be considered in our care coordination infrastructure. This feedback from real people directly informs the work priorities for OwnPath until June 2024; in addition to the aforementioned ongoing work to enhance the scope services users can search on OwnPath, the team is also prioritizing user-driven to deliver a series of iterative improvement to how OwnPath performs — simply, OwnPath is being responsive to feedback from real users, and these items are priorities for development between now and June 2024.
- In leveraging the tooling that we have started to build with the SB 21-137 funds, BHA will continue to develop the centralized referral platform. The platform will provide broader visibility to the range of behavioral health care options available for providers looking to place a client, starting with BHA licensed inpatient and residential facilities. The platform will include behavioral health inpatient/residential facilities’ current capacity and intake processes. Beyond enabling initial contact between providers looking for a facility and those receiving requests, a unique value this platform can offer is embedding state care

¹ APIs, Application Programming Interfaces (how computers talk to each other) shepherd data from one system to another; the best analogy for an API is a zipline, where only the individuals who have signed the waiver are permitted to step up to the platform, they must then be secured in to the harness and are pointed in a very specific direction towards the platform on the other side. In this analogy the data is the person on the zipline; only data that has been actively consented to by clients or through data sharing agreements can be shared from one system to another and, data must be sent only to the specific intended location with the right security parameters in place. APIs will allow the BHA to securely gather and distribute high quality provider and resource information across the care coordination infrastructure (e.g. to OwnPath, the Referrals Platform, the Provider Update Portal).



coordination support where facility seekers can ask for state assistance directly in the context of their referral workflow. In addition to reducing administrative tasks for facility seekers, this also enables the state care coordination team to have immediate visibility into the work already done on behalf of an individual seeking care. This structure reduces repeated data entry and outreach work, while also informing the care coordination team's approach to support the individual in need of placement.

- The iterative approach to adding value to the referrals platform will include building out the following:
 - In-platform messaging for providers and care navigators to securely communicate throughout the process. This communication is currently done through an inefficient combination of phone calls and faxes.
 - Secure file transfer (HIPAA compliant) that will allow providers to send client packets to the receiving provider. This is currently most often done through a process involving a fax and a follow up phone call.
 - Waitlist functionality to ensure individuals waiting for care are on a shared list for providers to reference as bed availability opens up. This is currently managed manually by providers, only for their own site.
 - Enhanced consent mechanism that aligns with our Statewide Consent Management approach as outlined by OeHi.
 - EMR integrations that enable providers to pass information securely directly into an electronic medical record system. This is currently done by manually re-entering client information into each system.
- Our ultimate direction and relative prioritization against this list (or other identified areas) will be informed by what we continue to learn from providers and users of the platform.

JBC Questions - BHA/DHS ARPA ROLL FORWARD REQUEST COMEBACK QUESTIONS

22-1283 – ROLL FORWARD DELAYED ACTION, REDUCTION APPROVED

DHS: Fort Logan Youth Neuro-Psych

1. Has the project been reviewed by the Capital Development Committee?

CDHS has not done a formal presentation for the CDC on this project. The Department cannot speak to whether the CDC has reviewed the project independent of a CDHS presentation.

2. To what extent has the project followed normal capital development procedures regardless of whether it was reviewed by the CDC? Is the State Architect tracking the projects? When was the State Architect engaged in project development?

Once HB 22-1283 was passed, the agency immediately followed all State requirements including coordination with the Office of the State Architect (OSA), as well as following all required procurement and contract requirements for a project of this type. The State Architect was made aware of the project as early as June 2022 and subsequently reviewed and approved the required SC4.1 (Construction Project Application) for this project on August 10th, 2022, which outlined the project budget.

As required by OSA procedure, once the project was approved through HB 22-1283, CDHS began coordination and notification with all parties (the State's Building Delegate, the State Architect, and CDHS) by reporting the project as an active project in the required Capital Construction/Capital Renewal Project Status Report, as part of the required annual document that is submitted to OSA.

3. Please describe the current state of the project and estimated timeline to complete, and have an operational unit.

This project is currently finishing up Schematic Design and has an estimated completion date for the summer of 2025.

4. Why is the Department requesting roll-forward authority through December 2026 if the project is expected to be complete in the summer of 2025?

In order to account for any delays in construction, and to align with other rollforward requests, the Department requested roll-forward through the end of the eligible ARPA timelines in December 2026. We anticipate spending to be complete before that time, but believe it is prudent to build in flexibility given the current variable nature of the construction industry.

DHS: In-home youth respite

5. Why is roll-forward authority not requested for this portion of the bill if \$3.7 million remains unexpended after current expenditures and the approved reduction?

The remaining dollars are utilized for contracts with three vendors: Shiloh House, Southern Peaks, and Kids Crossing. All three agreements are projected to spend their funds within the current contract term, ending on 6/30/2024. Roll-forward authority for the unspent funds is not requested due to the strong likelihood that contractors would be unable to or willing to operationalize additional respite beds. This continues to be a space where, while we are on track to meet the statutory intention for the remainder of the ARPA period, providers are hesitant to contract for respite services, especially in the residential space. Residential providers have several state contracting options currently in place, including state-contracted PRTF beds, state-contracted QRTP beds, and state-contracted respite beds. The areas of highest need remain PRTF and QRTP, and providers are therefore more likely to focus on transitioning existing beds under those services. As such, roll-forward authority is unlikely to result in additional capacity, and runs the risk of returning funds at a later date, beyond when they can be feasibly reinvested.

22-1303 – ROLL FORWARD AND REDUCTIONS APPROVED

Fort Logan

6. Has the Fort Logan G-wing project been reviewed by the Capital Development Committee?

The CDC considered and recommended a supplemental request related to the G-Wing project on January 11. That discussion included a presentation by CDHS which discussed progress and the need for the supplemental.

7. To what extent has the project followed normal capital development procedures regardless of whether it was reviewed by the CDC? Is the State Architect tracking the projects? When was the State Architect engaged in project development?

Once HB 22-1303, was passed the agency immediately followed all State requirements including coordination with the Office of the State Architect (OSA) as well as following all required procurement and contract requirements relative to a project of this type. The State Architect was made aware of the project as early as June 2022 and subsequently reviewed and approved the required SC4.1 (Construction Project Application) for this project on August 10th, 2022, that outlined the project budget.

As required by OSA procedure, once the project was approved through HB 22-1303 CDHS began coordination and notification with all parties by reporting the project as an

active project in the required Capital Construction/Capital Renewal Project Status Report, as part of the required annual document that is submitted to OSA.

8. Please describe the current state of the project and estimated timeline to complete, and have an operational unit.

This project is currently completing Design Development and will begin the next step of contractually establishing the guarantee maximum price (GMP). Construction will begin late spring/early summer 2024. This project has an estimated construction completion date of June 2025.

Upon further review of our rollforward request for this project, we believe that only a portion of the requested amount is needed. This is needed to complete construction, which is still underway. The original appropriation also included \$6.6 million of operating dollars, with the assumption that the unit would be fully operational in FY 2023-24. Due to delays in construction, the homes will not be operational in this fiscal year, and that \$6.6 million can be reinvested.

Transitional Living Homes

9. How many beds is the reduced appropriation expected to support? Are those beds ongoing or anticipated to end in 2024?

The reduced appropriation will support 164 total beds. While H.B. 22-1303 requires at least 125 beds, we anticipate opening 140 contracted beds plus 24 state-run beds. All will be ongoing, which aligns with the provisions and fiscal note for H.B. 22-1303.

State Residential Beds

10. What is the current status of the state residential beds? Why is roll-forward authority needed for this project?

The state residential beds for the Mental Health Transitional Living (MHTL) Homes programs are currently undergoing renovation. According to the latest update in January 2024, it is anticipated that these renovations will be finished by late summer of 2024. After the renovations are completed, these homes will undergo the licensing process. Once licensed, they will be prepared to accommodate clients for services.

Upon further review, we believe that only a portion of the rollforward requested is needed. This is needed to complete construction, which is still underway. The original appropriation also included \$3.8 million of operating dollars, with the assumption that the homes would be fully operational in FY 2023-24. Due to delays in construction, the homes will not be operational in this fiscal year, and that \$3.8 million can be reinvested.

11. How many facilities and beds are expected to be supported as part of the project, and how many facilities and beds were expected to be supported in the 2022 Long Bill capital project the Committee approved to reduce?

With regards to the Mental Health Transitional Living (MHTL) Homes, the Department will have three (3) state-run homes with 24 state-run beds, as outlined in HB 22-1303, and twelve (12) contracted homes throughout the state with 140 contracted beds. The total number of beds expected is 164 across the state-run and contracted MHTL Homes, exceeding the 125 required by HB 22-1303.

The 2022 Long Bill capital project would have included 48 state-run beds in five (5) vacant buildings throughout the state. This project was based on the original capital construction submitted by the Department. Since that time, it was determined that only the 24 beds in three facilities would meet the program's transitional care treatment standards, and that two of the originally identified facilities were not suitable.