

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA NP-01 Maternity Equity

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,903,091	\$0	\$1,903,091	(\$1,903,091)	(\$1,903,091)
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$1,903,091	\$0	\$1,903,091	(\$1,903,091)	(\$1,903,091)
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,903,091	\$0	\$1,903,091	(\$1,903,091)	(\$1,903,091)
05. Behavior Health Administration, (C)	FTE	0.0	0.0	0.0	0.0	0.0
Substance Use Treatment and Prevention Services, (C)	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
Substance Use Treatment and Prevention Services - High Risk Pregnant Women Program	RF	\$1,903,091	\$0	\$1,903,091	(\$1,903,091)	(\$1,903,091)
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Human Services Non-Prioritized Request	Interagency Approval or Related Schedule 13s:	Impacts HCPF Medicaid

COVER PAGE	
Schedule 13 - Exec Nov 1	
<p>DESCRIPTION: SUMMARY OF INDIVIDUAL FUNDING REQUEST. The Schedule 13 is a standard infoAdvantage report that is used with all requests. It is a summary report. Budget amounts, supplemental requests, and 1331 supplemental requests. This schedule provides data on the requested incremental change in spending authority and FTE. It also identifies which line items are affected.</p>	
<p>Report Performance</p> <p>This section will show you how the report performed. If you require troubleshooting assistance, a copy of the cover page will be necessary. Please use the Helpful Links and Contact PB Help Desk sections on the right.</p>	
<p>Selected Reports</p> <p>--- Query Name SF 00 --- Enter Cabinet (One Letter Code): I Decision Item Req Code: 18010 --- Query Name SF 060 --- Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTTY --- Query Name SF 010 020 --- Enter Cabinet (One Letter Code): I --- Query Name SD CVApp --- Enter Cabinet (One Letter Code): I --- Query Name Prog_Base --- Enter Cabinet (One Letter Code): I</p>	
<p>Summary of Each Query</p> <p>--- Query Name SF 00 --- --- Query Properties: Universal PB - Budget Form Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 3 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Parent Program Name, Budget Line Parent Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_REQUESTS, SD_RV_REQUESTS_ED) AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Parent Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTY))</p> <p>--- Query Name SF 060 --- --- Query Properties: Universal PB - Budget Form Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 3 Number of rows: 3 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Parent Program Name, Budget Line Parent Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_CV_SUPPLEMENTALS, SD_CV_SUPPLEMENTAL_ED) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Parent Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTY))</p> <p>--- Query Name SF 010 020 --- --- Query Properties: Universal PB - Budget Form Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 4 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Parent Program Name, Budget Line Parent Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_BASE_ADJ, SD_ADMIN_ONLY_1) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Parent Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTY))</p> <p>--- Query Name SD CVApp --- --- Query Properties: Universal PB - Budget Data Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 3 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Time Period Code Equal CV_APPR AND Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 6 AND Program External Level Equal 7 AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3)</p> <p>--- Query Name Prog_Base --- --- Query Properties: Universal PB - Budget Data Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 4 Number of rows: 4 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 6 AND Program External Level Equal 7 AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3 AND Time Period Code In List (CV_APPR, RV_BASE))</p> <p>--- Query Name Prog_VLVS --- --- Query Properties: Universal PB - Budget Data Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 1 Number of rows: 1,188 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Program Code, Program Name, Parent Prog Code, Parent Prog Name Filters: Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 6 AND Program External Level Equal 7)</p> <p>--- Query Name Time Period Labels --- --- Query Properties: Universal PB - Budget Data Last Refresh Date: 10/27/22 1:13 PM Last Execution Duration: 1 Number of rows: 18 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Time Period Code, Time Period Report Column Label 1, Time Period Report Column Label 2, Time Period Report Column Label 3 Filters: Time Period Code In List (CV_APPR, RV_BASE, RV_M0V1, YR2))</p>	

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- August 2021
- Rebuilt with new cover page

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Filter on Stock/Parent/Program/Line/Case:
Budget Request Code is Not Null

--- Filter on Report Cover Page ---
No Filter on Cover Page

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA R-01 Behavioral Health Administration Personnel

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$106,245,027	\$0	\$102,673,973	\$3,478,525	\$3,514,920
	FTE	116.4	0.0	130.6	31.3	34.0
Total of All Line Items Impacted by Change Request	GF	\$67,099,230	\$0	\$65,523,247	\$3,478,525	\$3,514,920
	CF	\$5,359,718	\$0	\$6,661,233	\$0	\$0
	RF	\$13,935,533	\$0	\$12,439,861	\$0	\$0
	FF	\$19,850,546	\$0	\$18,049,632	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$57,736,219	\$0	\$56,355,407	\$345,112	\$375,122
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$37,653,120	\$0	\$36,781,258	\$345,112	\$375,122
General Administration - Health, Life, And Dental	CF	\$2,196,120	\$0	\$3,266,075	\$0	\$0
	RF	\$8,680,892	\$0	\$7,683,540	\$0	\$0
	FF	\$9,206,087	\$0	\$8,624,534	\$0	\$0
	Total	\$521,705	\$0	\$456,923	\$3,413	\$3,710
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$357,116	\$0	\$305,744	\$3,413	\$3,710
General Administration - Short-Term Disability	CF	\$19,709	\$0	\$20,906	\$0	\$0
	RF	\$66,517	\$0	\$55,312	\$0	\$0
	FF	\$78,363	\$0	\$74,961	\$0	\$0
	Total	\$16,781,677	\$0	\$15,609,714	\$106,670	\$115,946
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$106,670	\$115,946
General Administration - Amortization	CF	\$668,991	\$0	\$725,454	\$0	\$0
Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
	Total	\$16,781,677	\$0	\$15,609,714	\$106,670	\$115,946
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$106,670	\$115,946
General Administration - S.B. 06-235	CF	\$668,991	\$0	\$725,454	\$0	\$0
Supplemental Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
	Total	\$14,423,749	\$0	\$14,642,215	\$2,916,660	\$2,904,196
	FTE	116.4	0.0	130.6	31.3	34.0
05. Behavior Health Administration, (A)	GF	\$6,251,106	\$0	\$7,543,725	\$2,916,660	\$2,904,196
Community Behavioral Health Administration, (1)	CF	\$1,805,907	\$0	\$1,923,344	\$0	\$0
Community Behavioral Health Administration - Program Administration	RF	\$852,830	\$0	\$882,845	\$0	\$0
	FF	\$5,513,906	\$0	\$4,292,301	\$0	\$0

Auxiliary Data

Requires Legislation? NO

Type of Request? Human Services Prioritized Request

**Interagency Approval or
Related Schedule 13s:**

No Other Agency Impact

COVER PAGE	
Schedule 13 - Exec Nov 1	
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<p>Selected Reports</p> <p>*** Query Name SF 00 *** Enter Cabinet (One Letter Code): I Decision Item Req Code: 18011 Review Duplicate Row: ON</p> <p>*** Query Name SF 060 *** Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTTY Review Duplicate Row: ON</p> <p>*** Query Name SF 010 020 *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name SD CV Appr *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name Prog_Base *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p>	
<p>Summary of Each Query</p> <p>*** Query Name SF 000 ***</p> <p>*** Query Properties: Universal PS - Budget Form Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 3 Number of rows: 7 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Ln Parent Fund Type Code, But Ln Fund Type Code, But Ln Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Ln Bill Number Code, Posted at But Ln Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Ln Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_REQUESTS; SD_RV_REQUESTS; 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060_CV_SUPPLEMENTAL; EO) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Program Extm Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Ln Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Ln Parent Fund Type Extm Level Equal 1 AND But Ln Fund Type Code Extm Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTTY))</p> <p>*** Query Name SF 010 020 ***</p> <p>*** Query Properties: Universal PS - Budget Form Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 3 Number of rows: 153 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Ln Parent Fund Type Code, But Ln Fund Type Code, But Ln Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Ln Bill Number Code, Posted at But Ln Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Ln Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_BASE; AD; ADMIN_ONLY; 1) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Program Extm Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Ln Fund Type Consolidation Code In List (DPL;D054 AND But Ln Parent Fund Type Extm Level Equal 1 AND But Ln Fund Type Code Extm Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2)</p> <p>*** Query Name SD CV Appr ***</p> <p>*** Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 2 Number of rows: 109 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Time Period Code Equal CV_APPR AND Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Program External Level Equal 7 AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3 AND Time Period Code In List (CV_APPR; RV_BASE))</p> <p>*** Query Name Prog_Base ***</p> <p>*** Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 3 Number of rows: 201 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Program External Level Equal 7 AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3 AND Time Period Code In List (CV_APPR; RV_BASE))</p> <p>*** Query Name Prog_VLVS ***</p> <p>*** Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 1 Number of rows: 1185 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Program Code, Program Name, Parent Prog Code, Parent Prog Name Filters: Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 5 AND Program External Level Equal 7)</p> <p>*** Query Name Prog_VL14 ***</p> <p>*** Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 1 Number of rows: 1185 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Program Code, Program Name, Parent Prog Code, Parent Prog Name Filters: Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 4 AND Program External Level Equal 7)</p> <p>*** Query Name Time Period Labels ***</p> <p>*** Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:04 AM Last Execution Duration: 1 Number of rows: 18 Review Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Time Period Code, Time Period Report Column Label 1, Time Period Report Column Label 2, Time Period Report Column Label 3 Filters: Time Period Code In List (CV_APPR; RV_BASE; RV_M0V1; VR2))</p>	

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- August 2021
- Rebuilt with new cover page

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*** Filter on Report Schedule 13 ***

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*** Filter on Report Cover Page ***

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Department Priority: R-01
Request Detail: Behavioral Health Administration Personnel

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation ¹	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$247,500,049	\$3,478,525	\$3,514,920
FTE	95.8	31.3	34.0
General Fund	\$126,421,165	\$3,478,525	\$3,514,920
Cash Funds	\$65,966,006	\$0	\$0
Reappropriated Funds	\$12,452,220	\$0	\$0
Federal Funds	\$42,660,658	\$0	\$0

Summary of Request

The Behavioral Health Administration (BHA) requests \$3,478,525 General Fund and 31.3 FTE in FY 2023-24 and \$3,514,920 General Fund and 34.0 FTE in FY 2024-25 and ongoing to support continued implementation of a multi-year behavioral health system reform effort led by the General Assembly, Governor Polis, and the BHA. The BHA is a new, cabinet-level entity responsible for leading the coordination and collaboration of Colorado's behavioral health system. When fully operational, the BHA will provide cross-system, cross-payer oversight and support of the State's behavioral health system. The BHA will bring new functionality to the administration of behavioral health in the State. In addition to functionality - such as consumer navigation supports, cross-sector policy alignment, and analytics - the BHA brings improved system transparency and accountability through an innovative networked governance structure that brings consumers and local entities to the forefront of state policy making. The BHA is currently in its first year of operations and is anticipated to be fully operational by July 1, 2024. The existing funding for the BHA is to operate at initial capacity for FY 2022-23, but does not provide additional ramp-up funding for FY 2023-24 and beyond to be fully operational.

¹ The BHA's total appropriation is based on the Long Bill for FY 2022-23 and will be annualized in out years for special bills.



Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 27-50, C.R.S.

Current Program

As a result of HB21-1278, the Behavioral Health Administration (BHA) officially launched on July 1, 2022. It is a new cabinet member-led agency, housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is 30% operational as of October 2022 and is expected to be 50% operational by July 2023.

Leading up to the launch of the BHA in July 2022, several initiatives were completed:

- Most of the Department of Human Services Community Behavioral Health staff within the Office of Civil and Forensic Mental Health (OCFMH) transitioned to the BHA. This move represents the staff who were supporting behavioral health programs for non-Medicaid medically indigent people in Colorado.²
- The BHA launched its new website, as well as finalized its purpose (“All people in Colorado deserve to experience whole-person health”), vision (“Behavioral health services in Colorado are accessible, meaningful, and trusted”), mission (“Co-create a people-first behavioral health system that meets the needs of all people in Colorado”) and values (truth, equity, collaboration, community-informed practice, and generational impact).
- The Commissioner of the BHA launched a statewide tour to hear from stakeholders and everyday Coloradans, and also met with each of her peers on the Governor’s Cabinet.
- The BHA announced the members of its Advisory Council, a group of people with lived expertise who will ensure there is public accountability and transparency through reviewing the BHA’s public-facing transparency activities.
- The BHA launched its public-facing care directory, OwnPath.co. This is an online platform where people can seek services by identifying what they are experiencing, where they live, and how far they are willing to travel.
- The BHA developed a methodology to measure access to care across payers. Once implemented in early 2023, the BHA will be able to demonstrate the extent to which there are equitable, positive, Coloradan-centered outcomes, using both existing and new metrics of access.

² Office of Civil and Forensic Mental Health (OCFMH), formally known as the Office of Behavioral Health (OBH) is still an office within CDHS and includes the state hospitals and Forensics.



Throughout FY 2022-23, the BHA plans to do the following:

- Complete a strategy to address the behavioral health workforce shortage and begin implementation of identified tactics [completed as of September 1, 2022].
- Complete its strategic plan for the next 2-3 years.
- Finalize formal agreements with the 13 state agencies that “touch” behavioral health to clarify roles and responsibilities, establish a framework for how to work together, identify activities and deliverables to support core functions of the behavioral health system, outline distinct opportunities for partnership, and provide a mechanism to track roles and ensure responsibilities are met.
- Offer a needs assessment tool for counties to identify the gaps in care/services in their communities.
- Engage stakeholders in the major rewrite of behavioral health rules.
- Plan for the launch of the regional Behavioral Health Administrative Service Organizations (BHASOs), which is a complete overhaul of the State’s behavioral health safety net system that will go into effect in July 2024, as outlined in HB22-1278.
- Complete the MMIS (Medicaid Management Information System) Integration with HCPF.
- Evaluate opportunities for behavioral health services payment reform focused on quality and efficiency.

Problem or Opportunity

One in three adults had symptoms of anxiety or depression in June 2022. In 2020, 24.8 Coloradans died for every 100,000 residents from drug poisoning or overdose deaths. Even before the pandemic, Colorado residents had higher rates of mental illness than the rest of the country. In 2019, 33.8% of high school students in Colorado felt sad or hopeless, and 7% attempted suicide. According to a recent survey completed by The Colorado Health Foundation, 61% of Coloradans say they have experienced mental health strain such as anxiety, depression, loneliness, or stress in the last year (2021-2022).

In 2022, the General Assembly established the Behavioral Health Administration (BHA) through HB22-1278. This bill outlines major BHA statutory responsibilities that require additional staff to meet the statutory obligations in the Bill. The bill greatly increases behavioral health system collaboration, planning, and analysis beyond current staffing levels. As this is unprecedented legislation and a fluid approach to developing, evaluating, and improving the behavioral health system, the BHA needs additional FTE to meet the following new responsibilities:

- Planning and development of a Behavioral Health Safety Net for Colorado.
- Increased and improved behavioral health coordination with county governments.
- Cross-agency behavioral health coordination and improvement for services and financing
- Strengthening the behavioral health workforce including training, education and technical assistance.
- Increased community stakeholder engagement, monitoring, and evaluation, especially for individuals who have been marginalized and have complex co-occurring behavioral



health and other aggravating risk factors including poverty, lack of housing, and unstable support networks.

The BHA is the first entity of its type in Colorado that will lead the efforts across all payers to ensure there is a people-first behavioral health system that meets the needs of all people in Colorado. As part of this system-level change, new staff are necessary to navigate, strategize, and reform Colorado's complex behavioral health system. In 2021, a financial analysis was done that found that Colorado has \$1.4 billion in behavioral health funding, spread across 13 different agencies and over 120 programs. Over \$825 million of those dollars are non-Medicaid community behavioral health funds. Over half of the programs are less than \$10 million, meaning that the State dedicates significant administrative overhead to administer relatively small programs. Coloradans will benefit when public monies are used more efficiently, eventually leading to more funding for direct service delivery. Additionally, with over 120 programs, scattered across various state agencies, using different methodologies and procedures for determining eligibility and payment for services, there are excess administrative costs and administrative burden for providers. Providers are spending an inordinate amount of time on data submissions, reports, and other paperwork because the different funding sources do not share a standardized platform for data collection. A single fiscal-management system can be used to account for all publicly funded services. Without additional investment in this area, the State would be unable to consolidate the various disparate eligibility and claims processes. HCPF received funding in FY 2021-22 to initiate a three-pronged approach to connect its eligibility processing, claims processing, and data reporting systems to all the State's behavioral health programs, starting with those within the BHA. To maintain the functionality of the system for the BHA's use, additional FTE are needed for implementation and ongoing support.

Recent legislation such as SB19-222 and HB22-1278 has charged the BHA with overhauling the State's behavioral health safety net system. There is, however, much more work to be done. Not only is the BHA the single entity responsible for driving coordination and collaboration across state agencies, it is also responsible for coordinating and collaborating across all payers. Cross-payer accountability was one of the main drivers for creating a BHA. The BHA will assess population needs regardless of payer, looking at a person's challenges in care in the commercial market and in the safety net. The BHA will recommend financial allocation of funds to improve gaps in the continuum for all payers, and can inform benefits and build capacity where gaps exist such as care coordination for those with commercial insurance.

Navigating the complexities of the behavioral health care system, specifically knowing where and how to secure services in times of escalating need, was a problem identified by Coloradans and Governor Polis' Behavioral Health Task Force. Therefore, a significant role of the BHA is assisting Coloradans in accessing services, identifying providers, and understanding processes such as commitment procedures. The BHA navigation support will include technology resources as well as access to live support. As part of this work, the BHA will build connections to existing structures, such as DOI for individuals covered by commercial insurances and HCPF for connection to Medicaid and its intermediaries. A priority for the navigation will be the ability to address diverse cultures and linguistic needs, and provide information in multiple formats



including for those with vision and hearing impairments and other disabilities. Through this process, the BHA will identify systemic problems that impede access to care and develop strategies to address them.

Transparent accountability of the behavioral health system to Colorado stakeholders is paramount to the success of the BHA. To support accountability the BHA must monitor and act upon a set of metrics measuring ongoing success. These measures must include both process measures (i.e., the BHA is fulfilling its role and responsibilities) and outcome measures (i.e., the BHA is achieving the desired impact on the behavioral health and wellness of Coloradans). The structure supporting a data-driven and accountable system is supported by the standard setting outlined in the formal agreement and master contract tools of the BHA, as they will include expectations for consistent data metric definitions, consistent data sharing standards, and data flow to a single data warehouse to ensure confidence in both the content and quality of the data. In addition, the BHA will support ongoing implementation with the Office of eHealth Innovation (OeHI).

Proposed Solution and Anticipated Outcomes

Full implementation of the BHA is central to the success of behavioral health reform in Colorado; improving the State's ability to manage a complex system while increasing accountability and transparency across all payers is a prerequisite for systemic change. To continue implementation of the new functionality of the BHA, additional ongoing resources are needed. The Department requests an increase of \$3.48M General Fund and 31.3 FTE in FY 2023-24 and \$3.51M General Fund and 34.0 FTE in FY 2024-25 and ongoing. The components of the BHA that the request would support and the resources needed to implement the functionality of the BHA to fidelity are described in detail in the following sections. Absent these resources, the BHA cannot fully support the changes needed across the entire behavioral health system.

To estimate the resources needed to continue successful implementation of the BHA with the functionality for a true cross-sector, cross-payer BHA, existing resources were compared against the anticipated level of resources. The functional areas and incremental resource needs are described below.

Quality and Standards

The BHA will add resources focused on evaluating and promoting use of clinical best practices statewide. Additionally, the BHA will have resources dedicated to ensuring managed care practices in the State support access to high-quality services. These resources would collaborate extensively with HCPF and DOI to ensure data-informed decision making and stakeholder input is reflected in state policy related to the oversight of managed care entities. Additional resources here would support the BHA's licensing responsibility and provide further statewide grievance support (analysis, resolution, and future policy recommendations to remediate trends in grievances).



A total of 6.0 new FTE would support Quality and Standards. These positions will generally support the team’s compliance capabilities, clinical expertise, and cross-departmental collaboration.

Title	FTE	Description
NURSE CONSULTANT	1.0	Provide medical consultation services to the Quality and Standards Division and BHA as a whole
PROJECT MANAGER I	5.0	Perform licensing duties for all licensed facility types and support the BHA’s grievance policy development

Statewide Programs, Technical Assistance, and Innovation

The BHA has a suite of programs including Adult Treatment & Recovery (ATR), Children Youth & Family (CYF), Criminal Justice Services (CJ), and Workforce Development (WFD). The BHA will add dedicated resources with a focus on oversight and collaboration across technical assistance, care coordination, and navigation.

A total of 2.0 new FTE would support Statewide Programs, Technical Assistance, and Innovation. As the BHA continues to take shape, specific duties and responsibilities for these roles will be finalized. Based on current needs, the BHA anticipates that these roles will support the team’s collaboration and work with stakeholders.

Title	FTE	Description
PROJECT MANAGER II	2.0	These positions will help tie the efforts of Workforce Development, Care Coordination (CC) and Clinical Services/Programs, and relevant technical assistance and ensure collaboration. They will coordinate the implementation of legislative programs through their direct oversight of the Directors of ATR, CYF, CJ, CC, WFD to have cross-team coordination.



Finance

Finance includes a variety of functions such as budgeting, accounting, contracting, grants, and provider rate analysis. Of these functions, provider rate analysis is a new scope that is key to understanding and driving multi-payer fiscal policy and utilization trends, as well as making recommendations to changes in policy and payment arrangements to promote improved access and quality. The BHA will need 6.0 FTE to support the Finance team's increased budgeting, contracting, analytical, and rate setting capacity across the State's behavioral health continuum.

Title	FTE	Description
BUDGET & POLICY ANLST III	1.0	Safety net budget analyst
BUDGET & POLICY ANLST V	1.0	Supervisor of budget unit and manage BHA's independent budget process as well as the collaborative interdepartmental behavioral health budget process
CONTRACT ADMINISTRATOR III	1.0	Supports expanded contracting function at BHA, such as universal contract provisions and value-based payment requirements
GRANTS SPECIALIST III	1.0	Focus on additional and non-traditional behavioral health grant opportunities (i.e. philanthropic, gifts, grants, donations, etc.) for the behavioral health system as well as increased grant responsibilities for BHA
RATE/FINANCIAL ANLYST III	1.0	Provide analytical support to inform statewide multi payer strategy
RATE/FINANCIAL ANLYST IV	1.0	Manager of rate and payment reform/financial strategy unit



Strategy, Planning, and Engagement

This area supports primarily new state functionality. Resources here would be dedicated to stakeholder and community engagement, ensuring local and consumer perspectives are elevated and well represented in future state policy. Interagency liaisons will ensure cohesive collaborative strategy development and implementation across the many agencies that interact with the behavioral health system.

A total of 5.0 new FTE would support Strategy, Planning, and Engagement. These positions will provide critical interagency liaison work with other departments and support this Division’s engagement and strategic planning work.

Title	FTE	Description
LIAISON III	1.0	This position will support coordination across BHA teams to ensure comprehensive and effective BHA strategic planning
LIAISON IV	3.0	<p>One of these positions will help design and implement the BHA’s strategy related to homelessness prevention and resolution. This position will identify existing and new opportunities to engage people with lived experience to guide the development of agency-wide goals, priorities and strategies in this area. This position will focus on the intersection of homelessness and behavioral health, including strategies to prevent people from becoming newly homeless, as well as efforts throughout the continuum of approaches to address and resolve active homelessness.</p> <p>Another position will be focused on opportunities to engage directly with the community and identify a strategy to receive and incorporate community feedback into BHA strategic planning and programs.</p> <p>The third position will support efforts to collaborate among state agencies and local governments.</p>
PROJECT MANAGER II	1.0	This position will design and implement the BHA’s strategy to engage and collaborate across multiple state agencies and local governments around key behavioral health initiatives.



Policy and External Affairs

This area drives all legislative- and policy-related decisions for the BHA, and ensures that there is consistent and effective external communication. As the BHA develops its own budget and legislative priorities, it will need to expand its policy and legislative team. Additionally, the BHA will become more involved with legislative and budgeting priorities across state agencies. An additional 2.0 FTE would help manage these priorities comprehensively for the State of Colorado.

Title	FTE	Description
LIAISON III	1.0	This position will connect BHA policy initiatives by driving external partnerships and administer continuous stakeholder engagement forums. This position will be a subject matter expert in BHA rule planning and legislative implementation to drive continuous BHA rule-rewrite stakeholder meetings and support engagement of elected officials and legislative committees to understand and connect legislative branch plans, priorities, and initiatives with the BHA’s vision for Colorado’s behavioral health system. This legislative engagement will further support the BHA in proactively meeting the BHA’s charge, granted by 27-50-102(2), to create a coordinated, cohesive, and effective behavioral health system in Colorado.
POLICY ADVISOR IV	1.0	This position will support continuous rule development and drive rule drafting/updating. Additionally, this position will provide behavioral health policy expertise to support both internal and external engagement and accountability. They will support BHA initiatives, such as universal contracting provisions, legislative implementation, and legislative initiatives to advance behavioral health services.



Health IT

One of the major drivers for the creation of the BHA was the fragmentation of data collection systems, processes, and sources of truth across the State’s behavioral health landscape. The BHA has a multi-year strategy for rapidly growing and evolving a modern behavioral health technology ecosystem in Colorado that provides people-first behavioral health services. The plan includes building personnel expertise, building infrastructure, and partnering with other state agencies to advance the BHA’s ability to obtain the “right data,” combine and analyze data across payers and agencies, and improve the State’s ability to make data-driven decisions for behavioral health.

A key initiative for the BHA is the implementation of a centralized fiscal payment management system for behavioral health services leveraging HCPF technology investments, including MMIS. The additional FTE requested will elicit business requirements for BHA claims and encounter processing, as well as user stories, use cases, and test scenarios in order for the BHA to monitor contract and data submission compliance. Other analysts will evaluate project documentation, perform system testing, analyze current system functionality, and review data to assess the impact of the policy change on both internal and external systems and operational processes.

As the BHA becomes the entity monitoring and evaluating the effectiveness of the behavioral health system in Colorado, a significant amount of data will become available, along with additional opportunities for evaluation and analysis. Additional FTE will ensure that the BHA can maintain comprehensive data analytics to monitor the effectiveness and outcomes of the behavioral health system in Colorado.

A total of 9.0 new FTE will support Health IT. These positions will support the collaborative MMIS project with the Department of Health Care Policy and Financing as well as provide robust analytics regarding system effectiveness and equity within Colorado.

Title	FTE	Description
PROJECT MANAGER II	1.0	This position would oversee a team of specialists who would work across the agency to ensure the BHA incorporates best practices in specialty, non-traditional, and/or emerging practices. Specialists include data visualization, data dissemination, participatory action methods & qualitative analytics, geospatial analyses, and psychosocial statistics.
STATISTICAL ANALYST III	4.0	One of these positions will serve as the Lead for Community-Engaged and Community-Guided data initiatives which will establish community-focused monitoring, evaluation, accountability, and evaluation praxis that incorporates local structurally disempowered and oppressed communities into all stages of the analytic process to co-produce actionable and sustainable solutions that increase and



		<p>maintain community resilience to achieve behavioral health equity.</p> <p>The second position will execute spatial and tabular data needs of the Agency, including maintaining ESRI Enterprise data, SQL Server geodatabase and other spatial data resources. They will develop capacity of staff to conduct basic geospatial analyses as part of routine operations.</p> <p>The additional positions will support monitoring, evaluation, accountability, and learning efforts across a range of public health projects; and investigate and identify opportunities to address health inequities.</p>
STATISTICAL ANALYST IV	1.0	<p>This position will oversee a team of data visualization specialists, including those focused on public and external data dissemination</p>
DATA MANAGEMENT IV	3.0	<p>One position will be the data standards and conversion specialist who ensures the BHA is using health information standards appropriately and effectively. They are familiar with all relevant health information standards and data conversion principles and processes. They understand health information data flows, and the interrelationships between systems both internal and external to the BHA, providing guidance related to the structure of information when implementing new systems and interoperability with BH provider electronic health records (EHRs). They are forward-thinking and fully understand and plan for health informatics trends and how they will impact the way that data is stored and used in the BHA, agency partners, and local providers.</p> <p>Another position is a business intelligence analyst that understands the clinical and technical areas of the organization, but more importantly, understands how information is required at the management and health system levels in order to support decision making. They educate stakeholders on organizational information analysis topics including data holdings, de-identification, access, and extraction.</p> <p>The third position is a public facing product domain systems specialist/administrator who evaluates</p>



		<p>information needs and identifies solutions to meet those needs using their deep knowledge of how products were designed and fit into the broader behavioral health tech ecosystem. They identify and document system interdependencies and are able to communicate clearly and concisely on complex and/or technical topics with members of the product team and stakeholders. Day-to-day responsibilities include monitoring the health of tech products and supporting the product team and stakeholders in understanding system capabilities. There will be three product managers, one for each product team.</p>
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Operations

These are operational support staff that are necessary to support the growing functions and growing number of personnel at the BHA. These additional 4.0 FTE will support all teams across the BHA.

Title	FTE	Description
HUMAN RESOURCES SPEC III	1.0	One position to assist with all aspects of hiring and human resources for the BHA (e.g., writing PDs, conducting preliminary qualifications review, compensation analysis, etc.)
PROGRAM ASSISTANT I	3.0	Additional program assistants to support the growing teams at the BHA. There are new divisions and units that require program assistants.

Evidence-Continuum

As an Administration, the BHA strives to support both evidence-based best practices, and community-informed practices. These practices run the gambit on the evidence-based continuum of SB21-284. Fully staffing the BHA to adequately address the behavioral health reforms across Colorado will yield more evidence-based and community informed practices.

The BHA, in coordination with other state agencies, will collect and evaluate data on whether the program objectives are being achieved, as measured by the accountability metrics defined by the BHA. Access to safety net services will also begin to be measured in FY23. Appropriately staffing the BHA will help achieve behavioral health reforms, which will have a positive effect on the health outcomes experienced by all Coloradans. The BHA believes the cost/benefit ratio of this proposed intervention to be budget negative; the resources required to appropriately staff the BHA to implement the BHA reforms are likely to avoid significant future costs by increasing outpatient services and other high-value low-cost claims, while simultaneously



reducing the volume of high-cost inpatient services, as well as the unquantifiable cost of human suffering that results from untreated behavioral health conditions. To measure the impact of the BHA reform interventions, the Department would collaborate with DHS, HCPF, and DOI to carry out the appropriate evaluation to compare the State’s performance in meeting the reform goals of the BHA.

Promoting Equitable Outcomes

The BHA acknowledges that some populations have not only been underserved, but have faced greater barriers, harm, and lack of access to necessary behavioral health services based on their identity/identities. The BHA will have FTE who are focused on working with priority populations, including people experiencing homelessness and people who have a co-occurring disability, as well as Native Americans.

The BHA exists to ensure everyone has equitable opportunities to achieve mental wellness. In launching the methodology to measure access to care, the BHA will establish a realistic baseline of access to cultural and linguistically effective mental health and substance use care from which to measure improvement. This methodology will also allow the BHA to identify opportunities for improvement through the assessment of gaps in access for Coloradans of varying severity of need, ability to pay, race, gender identity, age, functional ability, justice-involved, language spoken, geographic location, or sexual orientation. FTE focused on working with priority populations can implement initiatives to improve access for those communities.

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible)
The Governor’s Behavioral Health Task Force identified the following underserved populations: people of color; people with traumatic brain injuries (TBI); veterans; LGBTQ+ communities; people with disabilities; deaf, hard of hearing, and deaf blind Coloradans; older	<ul style="list-style-type: none"> Over 16% of people who identify as Black or African American reported experiencing a mental health condition in the past year. In 2019, 33.8% of high school students in Colorado felt sad or hopeless, and 7% attempted suicide. More than 4 out of 5 (84%) lesbian, gay, bisexual, transgender and queer (LGBTQ) Coloradans reports they have experienced mental health strain. 59% of people with disabilities and 62% of LGBTQ people say it was a challenge to find a mental health 	In launching the methodology to measure access to care, the BHA will establish a realistic baseline of access to cultural and linguistically effective mental health and substance use care from which to measure improvement. This methodology will also allow the BHA to identify opportunities for improvement through the assessment of gaps in access for Coloradans of varying severity of need, ability to



adults; and American Indian/Alaska Native people.	provider who would be understanding of their background or experiences. <ul style="list-style-type: none"> 60% of respondents with unstable housing reported consistent poor mental health days. 	pay, race, gender identity, age, functional ability, justice-involved, language spoken, geographic location, or sexual orientation.
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Assumptions and Calculations

The following table illustrates the assumptions related to the FTE in this request. All positions have been calculated using the minimum salary for each classification.

Behavioral Health Administration Operational Personnel Assumptions and Calculations FY 2023-24 and FY 2023-24			
Item	FY 2023-24	FY 2023-24	Description
Total Salary Cost (includes salary, Medicare, PERA)	\$2,409,678	\$2,619,215	31.3 FTE in FY 2023-24 annualized to 34.0 FTE in FY 2024-25
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$561,865	\$610,724	Common Policy
Total One-Time Operating Costs	\$224,000	\$0	Common Policy
Total Ongoing Operating Costs	\$282,982	\$284,981	Common Policy*
Total	\$3,478,525	\$3,514,920	
*It should be noted that in the ongoing operating expenses, there is \$160,000 for leased space, \$50,000 for ongoing costs to support the Behavioral Health Administration Advisory Council, and \$49,991 for software, staff training, and travel and event/conference attendance.			



Assumptions and Calculations Summary Table					
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25?
Total Funds	\$247,500,049	\$250,978,574	\$3,478,525	\$251,014,969	Yes
General Fund	\$126,421,165	\$129,899,690	\$3,478,525	\$129,936,085	Yes
Cash Fund (Various)	\$65,966,006	\$65,966,006	\$0	\$65,966,006	No
Reappropriated Funds	\$12,452,220	\$12,452,220	\$0	\$12,452,220	No
Federal Funds	\$42,660,658	\$42,660,658	\$0	\$42,660,658	No

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA R-02 Children's Behavioral Health Services - CYMHTA

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,193,404	\$0	\$3,193,404	\$5,500,000	\$5,500,000
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,630,532	\$0	\$2,630,532	\$5,500,000	\$5,500,000
	CF	\$431,824	\$0	\$431,824	\$0	\$0
	RF	\$131,048	\$0	\$131,048	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,193,404	\$0	\$3,193,404	\$5,500,000	\$5,500,000
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based	GF	\$2,630,532	\$0	\$2,630,532	\$5,500,000	\$5,500,000
Mental Health Services - Children and Youth	CF	\$431,824	\$0	\$431,824	\$0	\$0
Mental Health Treatment Act	RF	\$131,048	\$0	\$131,048	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

COVER PAGE	
Schedule 13 - Exec Nov 1	
<p>DESCRIPTION: SUMMARY OF INDIVIDUAL FUNDING REQUEST. The Schedule 13 is a standard infoAdvantage report that is used with all requests. It is a summary report. Budget amounts, supplemental requests, and 1331 supplemental requests. This schedule provides data on the requested incremental change in spending authority and FTE. It also identifies which line items are affected.</p>	
<p>Report Performance</p> <p>This section will allow you to view the report performance. If you require troubleshooting assistance, a copy of this cover page will be necessary. Please use the Helpful Links and Contact PB Help Desk sections on the right.</p>	
<p>Selected Reports</p> <p>*** Query Name SF 00 *** Enter Cabinet (One Letter Code): I Decision Item Req Code: 18013 Review Duplicate Row: ON</p> <p>*** Query Name SF 060 *** Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTY Review Duplicate Row: ON</p> <p>*** Query Name SF 010 020 *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name SD CV Appr *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name Prog_Base *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p>	
<p>Summary of Each Query</p> <p>*** Query Name SF 000 ***</p> <p>*** Query Properties: Universal PS - Budget Form Last Refresh Date: 10/25/22 10:39 AM Last Execution Duration: 1 Number of rows: 1 Retrieve Duplicate Row: ON</p> <p>*** Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, Budget Line Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_REQUESTS, SD_RV_REQUESTS_ED) AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Program External Level Equal 6 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND But Lr Fund Type Code External Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (18013))</p> <p>*** Query Name SF 060 ***</p> <p>*** Query Properties: Universal PS - 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- August 2021
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Department Priority: R-02
Request Detail: Children's Behavioral Health Services - CYMHTA

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$3,193,404	\$5,500,000	\$5,500,000
FTE	0.0	0.0	0.0
General Fund	\$2,630,532	\$5,500,000	\$5,500,000
Cash Funds	\$431,824	\$0	\$0
Reappropriated Funds	\$131,048	\$0	\$0
Federal Funds	\$0	\$0	\$0

Summary of Request

The Behavioral Health Administration (BHA) requests \$5.5M General Fund for FY 2023-24 and subsequent fiscal years to support the department’s ability to meet the demand for Children and Youth Mental Health Treatment Act (CYMHTA) services and reduce the need for a waitlist. These services support families with children as an alternative to child welfare involvement when a dependency and neglect action is not warranted. This request is vital in order to limit the occurrences of children needing to enter the child welfare system. 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.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	NA	No	Section 27-67-101, C.R.S.

Current Program

The Children and Youth Mental Health Treatment Act (CYMHTA), authorized under Section 27-67-101, C.R.S., provides mental health treatment services to families with children as an alternative to child welfare involvement when a dependency and neglect action is not warranted. The program provides services to families with private insurance (in which the relevant benefit is excluded) or no insurance who cannot access the necessary treatment. Medicaid recipients are statutorily ineligible for the program. CYMHTA served 272 youth in FY 2021-22; a sharp increase compared to previous years (FY 2018-19: 142; FY 2019-20: 185; FY 2020-21: 246). Although utilization has increased, the program has only received appropriation increases associated with the common policy community provider rate, which has not been in proportion to the increase in utilization.

Families may request an assessment under CYMHTA, which is paid for using program funds. Based on the assessment, treatment services are recommended, and funding is subsequently available to assist with a family's out of pocket expenses. To be eligible for CYMHTA, the child or youth must require a level of care that is provided in a residential treatment program or that is provided at home through community-based programs such as intensive in-home treatment, equine therapy, applied behavioral analysis, mentoring/peer support, and respite. Additionally, the child or youth must be younger than eighteen years of age at the time of assessment, although they may continue to remain eligible for services until their 21st birthday.

Although CYMHTA does not cover services for Medicaid recipients, CYMHTA provides an objective third-party clinical review for Medicaid members when residential treatment has been denied by the Regional Accountable Entity (RAE). This service is free of charge to Medicaid families, using CYMHTA funds, and provides a family with a second opinion the Administrative Law Judge (ALJ) shall take into account as part of their reconsideration and decision of the Medicaid request.

CYMHTA uses its funding for robust clinical care coordination for every youth starting with the initial assessment and continuing through discharge. CYMHTA Clinical Care Coordination includes:

- Connecting the family to the most appropriate funding stream for the clinical recommendations from the assessment. Appropriate funding means exploring private insurance benefits first for all or some of the recommended treatment services.
- Providing a list of possible treatment providers and assisting the family in identifying the providers who can best meet their needs.
- Making referrals to treatment providers under CYMHTA funding.

- Connecting the family to other needed resources such as food banks, educational advocates and long term resources such as Medicaid Waivers and Community Center Boards (CCBS).
- Ongoing assessment of treatment services and utilization of the Child and Adolescent Needs and Strengths tool (CANS).
- Ongoing monitoring of treatment and providers to ensure treatment needs identified are being addressed, progress is being made, and barriers overcome. This allows the Administrative Service Organizations to provide quality assurance and improvement regarding CYMHTA treatment providers.
- Ongoing formal notification to the parents/legal guardians regarding the clinical recommendations and changes, available treatment providers, and appeal rights.

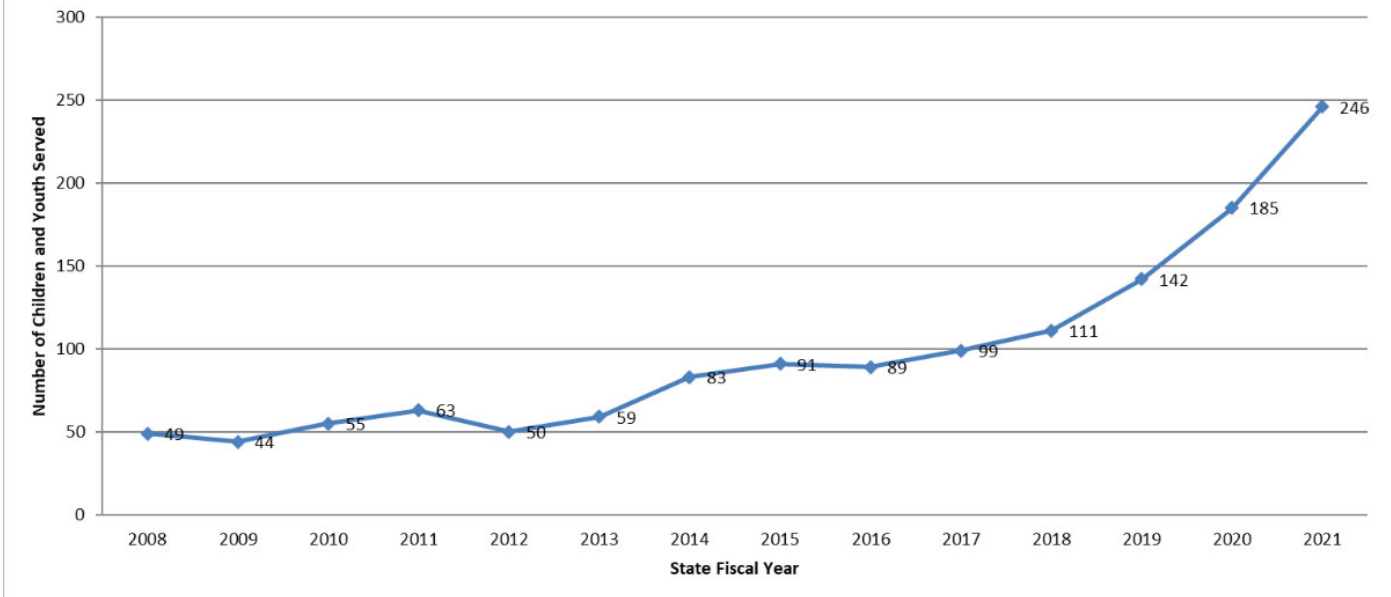
Problem or Opportunity

Accessing and affording high-intensity mental health treatment for children that allow for a family to remain intact can be challenging. CYMHTA is designed to provide necessary residential and community-based treatment so families can remain intact while avoiding unnecessary child welfare involvement. The program has been highly successful, however, funding has not been able to keep up with the demand and utilization of services. The major factors related to the increased spending include:

1. Increased utilization of CYMHTA by over 47% from FY 2019-20 to FY 2021-22;
2. An increase in the length of treatment across the continuum of care using CYMHTA funding due to acuity; and
3. Significantly increased rates when CYMHTA youth transition from Residential Children Care Facilities (RCCF) to Qualified Residential Treatment Program (QRTP) and Psychiatric Residential Treatment facility (PRTF). Rates for room and board are set by CDHS, and Treatment Rates are set by HCPF. These residential programs (24/7 facilities) are designed to provide behavioral health treatment to children and youth who need intensive psychiatric care.

The following graphic illustrates the growth in demand for these services since 2016.

The Children and Youth Mental Health Treatment Act Yearly Census per State Fiscal Year



The following table summarizes the FY 2022-23 appropriations and projected expenditures for services based on the current youth caseload. The BHA expects demand for CYHMTA services to remain elevated (compared to previous fiscal years) in FY24 and beyond.

Item	Amount	Description
FY 2022-23 Appropriation	\$3.1M	General Fund
FY 2022-23 1331 Appropriation	\$3.0M	General Fund
Discretionary Stimulus Block Grant and Regular Block Grant Funds for CYMHTA	\$2.1 M	HR-133 COVID-19 Community Mental Health Block Grant & Regular Community Mental Health Block Grant
Total Funds Available	\$8.2M	
Projected Expenditures	\$8.2M	Projected service cost for expected FY22-23 case load

Historical expenditures have been offset by a combination of available unallocated Mental Health Block grant dollars, CARES ACT funding, Senate Bill 137/ARPA, and Mental Health Block Grant stimulus, as shown in the table below. While these funds have been available to ensure the provision of CYMHTA services in the past, these additional funding streams are temporary and the BHA is not expecting as much of these funds to be available beginning in FY 2022-23.

Funding Source	FY19	FY20	FY21	FY22
<i>Appropriated funding</i>				
General Fund	\$ 2,523,324	\$ 2,544,664	\$ 2,516,052	\$ 2,578,953
Marijuana Tax Cash Fund	\$ 364,741	\$ 417,727	\$ 413,031	\$ 423,357
<i>Supplemental discretionary funding</i>				
Repurposed General Fund		\$ 511,689		
Mental Health Block Grant			\$ 2,144,968	\$ 386,114
SB21-137 State Stimulus & HR-133 COVID-19 Mental Health Block Grant Stimulus			\$ 150,000	\$ 3,137,341
CARES Act - COVID 19 Fund Allocation for Behavioral Health (HB 20-1411)			\$ 498,708	
Total	\$ 2,888,065	\$ 3,474,080	\$ 5,722,759	\$ 6,525,765

Without additional funding, children and youth will either be put on a waitlist for treatment or seek assistance through child welfare services and the courts. Implementing a waitlist will further exacerbate the behavioral health crisis for children and youth in Colorado.

Proposed Solution and Anticipated Outcomes

The CYMHTA program has a robust network and process to ensure that children receive adequate care. The issue is that the demand has risen to unprecedented levels. More and more children are being referred to CYMHTA and are becoming eligible for CYMHTA-funded services than was projected when the appropriation was set. Due to the significant and unplanned increase in referrals, the BHA is seeking the funds to ensure youth are not placed on a waitlist for services.

This request for \$5.5M General Fund represents the gap between current appropriation levels and the projected annual expense for FY 2024-24 based upon FY 2021-22 end-of-year utilization and expense as well as projected FY 2022-23 utilization and expense.

The primary consequence of not funding this request is that the CYMHTA program will have to implement a waitlist, which will delay providing treatment to children and increase the

risk of child welfare involvement. Functionally, this could involve children and youth sitting in emergency rooms waiting, youth discharged from hospitals without robust treatment service plans, and county departments of human services/child welfare opening unnecessary Dependency and Neglect actions against parents/legal guardians to assist in acute treatment costs. Dependency and Neglect actions can have negative impacts regarding parents' places of employment and other children in the home.

The state is at risk of a lawsuit by one of these groups, or one or more individuals, if a waitlist is implemented. Litigation could be initiated pursuant to either the statute itself, C.R.S. 27-67-101, *et. seq.*, or potentially under the U.S. Supreme Court case *Olmstead v. L.C.*, a U.S. Supreme Court case regarding discrimination under the Americans with Disabilities Act (ADA) against people with disabilities.

Evidence-Continuum

Questionnaire data for FY 2020-21 indicates that 72% percent of youth supported by CYMHTA who were discharged in FY 2020-21 had a reduced risk of involvement with Child Welfare and/or Division of Youth Services. For those youth who were discharged in FY 2020-21, 86.1% of children and youth did not have involvement with the county department or the Division of Youth Services (DYS) at the time of discharge.

In FY 2020-21, of the 88 youth who were discharged from CYMHTA funding, 79% of them had a reduced risk of out-of-home placement through the county department and/or Division of Youth Services (DYS). At the time of discharge from CYMHTA-funded treatment, 76% completed the majority of their identified goals. Discharge from the program does not equate to completed treatment. A child who completes treatment or shifts to a different funding mechanism to support their treatment is reflected as a program discharge.

Program Objective	To ensure that children receive appropriate mental health services without child welfare involvement		
Outputs being measured	# of children discharged # of children admitted # units of services funded/provided		
Outcomes being measured	Risk of child welfare involvement Risk of out-of-home placement Completion of care plan goals		
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial
Results of Evaluation	Further Information provided in this section's narrative	NA	NA

SB21-284 Evidence Category and Evidence Continuum Level	Step 3
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Promoting Equitable Outcomes

Children with complex needs are a [priority population](#) for the behavioral health system in Colorado, as identified in the [2020 Statewide Behavioral Health Needs Assessment](#). Across stakeholders in Colorado, the most significant feedback was the need for greater access to outpatient services. For many, this is an insurance barrier with individuals with commercial insurance describing a lengthy and at times “crazy-making process” of having to work off a list of networked providers who have long waits for new patients.

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Private/ Commercial insurance families who have complex behavioral needs that would otherwise turn to child welfare for treatment	Commercial insurance may not offer comprehensive or timely coverage to meet all the needs of children with complex mental health needs, resulting in families having to access the child welfare system or pay out of pocket for needed treatment.	<p>There are times that a CYMHTA Assessment is provided and treatment recommendations made and the treatment is available under private insurance, private pay, or other funding streams (i.e. agencies who offer scholarships or have access to other endowments/ grants to help private pay families).</p> <p>For the many families who are not able to access these alternative and limited funding streams, CYMHTA fills the gap for those children/youth who have an identified need through an assessment, identified risk of out of home placement and no alternative funder.</p>

Assumptions and Calculations

The following table illustrates the historical spending for the CYMHTA program and the projected expense for FY 2022-23 and beyond.

Table 3: Outpatient Clients and Momentum Clients - Actual and Projected					
Fiscal Year	Annual Census	Percent Increase from Prior Year	Annual Expense	Percent Increase from Prior Year	Cost Per Member
FY 2019-20	185	30%	\$3.5 million	50%	\$19K
FY 2020-21	246	33%	\$5.7 million	59%	\$23K
FY 2021-22	272	11%	\$6.5 million	14%	\$24K
FY 2022-23	327 (projected)	20% (projected)	\$8.2 million (projected)	26% (projected)	\$25K (projected)
FY 2023-24	340 (projected)	6% (projected)	\$8.7 million (projected)	6% (projected)	\$25K (projected)
FY 2024-25	340 (projected)	0% (projected)	\$8.7 million (projected)	0% (projected)	\$25K (projected)

The greater increase in expense as compared to increase in census for FY 2022-23 is because costs for providing services have increased. A few examples are highlighted below.

Psychiatric Residential Treatment Facility (PRTF)

90% increase from FY 2020-21 to FY 2022-23

- FY 2020-21 - \$402.21 per day
- FY 2022-23 - \$765.00 per day

Residential Children Care Facilities (RCCF) and Qualified Residential Treatment Program (QRTP)

35.6% increase in room and board from FY 2020-21 to FY 2022-23

- FY 2020-21 - \$229.07 per day
- FY 2022-23 - \$304.54 per day

Supplemental, 1331 Supplemental

N/A

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA R-03 Behavioral Health Learning Management System (LMS)

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$106,245,027	\$0	\$102,673,973	\$753,386	\$755,517
	FTE	116.4	0.0	130.6	0.9	1.0
Total of All Line Items Impacted by Change Request	GF	\$67,099,230	\$0	\$65,523,247	\$753,386	\$755,517
	CF	\$5,359,718	\$0	\$6,661,233	\$0	\$0
	RF	\$13,935,533	\$0	\$12,439,861	\$0	\$0
	FF	\$19,850,546	\$0	\$18,049,632	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$57,736,219	\$0	\$56,355,407	\$10,150	\$11,033
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$37,653,120	\$0	\$36,781,258	\$10,150	\$11,033
General Administration - Health, Life, And Dental	CF	\$2,196,120	\$0	\$3,266,075	\$0	\$0
	RF	\$8,680,892	\$0	\$7,683,540	\$0	\$0
	FF	\$9,206,087	\$0	\$8,624,534	\$0	\$0
	Total	\$521,705	\$0	\$456,923	\$122	\$133
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$357,116	\$0	\$305,744	\$122	\$133
General Administration - Short-Term Disability	CF	\$19,709	\$0	\$20,906	\$0	\$0
	RF	\$66,517	\$0	\$55,312	\$0	\$0
	FF	\$78,363	\$0	\$74,961	\$0	\$0
	Total	\$16,781,677	\$0	\$15,609,714	\$3,824	\$4,157
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$3,824	\$4,157
General Administration - Amortization	CF	\$668,991	\$0	\$725,454	\$0	\$0
Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
	Total	\$16,781,677	\$0	\$15,609,714	\$3,824	\$4,157
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$3,824	\$4,157
General Administration - S.B. 06-235	CF	\$668,991	\$0	\$725,454	\$0	\$0
Supplemental Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
	Total	\$14,423,749	\$0	\$14,642,215	\$7,676	\$735
	FTE	116.4	0.0	130.6	0.0	0.0
05. Behavior Health Administration, (A)	GF	\$6,251,106	\$0	\$7,543,725	\$7,676	\$735
Community Behavioral Health Administration, (1)	CF	\$1,805,907	\$0	\$1,923,344	\$0	\$0
Community Behavioral Health Administration - Program Administration	RF	\$852,830	\$0	\$882,845	\$0	\$0
	FF	\$5,513,906	\$0	\$4,292,301	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$0	\$0	\$0	\$727,790	\$735,302
05. Behavior Health Administration, (A)	FTE	0.0	0.0	0.0	0.9	1.0
Community Behavioral Health Administration, (1) Community Behavioral Health Administration - Behavioral Health Workforce Learning Management System	GF	\$0	\$0	\$0	\$727,790	\$735,302
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data	
Requires Legislation?	NO
Type of Request?	Human Services Prioritized Request
	Interagency Approval or Related Schedule 13s:
	No Other Agency Impact

COVER PAGE	
Schedule 13 - Exec Nov 1	
<p>DESCRIPTION: SUMMARY OF INDIVIDUAL FUNDING REQUEST. The Schedule 13 is a standard infoAdvantage report that is used with all requests. It is a summary report that provides details on the requested incremental change in spending authority and FTE. It also identifies which line items are affected.</p>	
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<p>Selected Reports</p> <p>*** Query Name SF 00 *** Enter Cabinet (One Letter Code): I Decision Item Req Code: 18014 Review Duplicate Row: ON</p> <p>*** Query Name SF 060 *** Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTTY Review Duplicate Row: ON</p> <p>*** Query Name SF 010 020 *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name SD CV Appr *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name Prog_Base *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p>	
<p>Summary of Each Query</p> <p>*** Query Name SF 00 ***</p> <p>*** Query Properties: *** Universal PS - Budget Form Last Refresh Date: 10/25/22 9:09 AM Last Execution Duration: 3 Number of rows: 8 Review Duplicate Row: ON</p> <p>*** Query Definition: *** Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_REQUESTS, SD_RV_REQUESTS_ED) AND: Header Parent Organization Code In List () AND: Header Organization External Level Equal 2 AND: Budget Line Program Consolidation Code Equal PROGRAM_ALL AND: Budget Line Program External Level Equal 6 AND: Budget Line Program External Level Equal 7 AND: But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND: But Lr Parent Fund Type External Level Equal 1 AND: But Lr Parent Fund Type External Level Equal 3 AND: Budget Line Fund Consolidation Code Equal ALL_FUNDS AND: Budget Line Fund External Level Equal 2 AND: Budget Request Code Equal (18014)))</p> <p>*** Query Name SF 060 ***</p> <p>*** Query Properties: *** Universal PS - Budget Form Last Refresh Date: 10/25/22 9:09 AM Last Execution Duration: 1 Number of rows: 0 Review Duplicate Row: ON</p> <p>*** Query Definition: *** Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_CV_SUPPLEMENTALS, SD_CV_SUPPLEMENTAL_ED) AND: Header Org Consolidation Code Equal ALL_ORGS AND: Header Parent Organization Code In List () AND: Header Organization External Level Equal 2 AND: Budget Line Program Consolidation Code Equal PROGRAM_ALL AND: Budget Line Program External Level Equal 6 AND: Budget Line Program External Level Equal 7 AND: But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND: But Lr Parent Fund Type External Level Equal 1 AND: But Lr Parent Fund Type External Level Equal 3 AND: Budget Line Fund Consolidation Code Equal ALL_FUNDS AND: Budget Line Fund External Level Equal 2 AND: Budget Request Code Equal (EMPTTY)))</p> <p>*** Query Name SF 010 020 ***</p> <p>*** Query Properties: *** Universal PS - 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- August 2021
- Rebuilt with new cover page

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Department Priority: R-03
Request Detail: Behavioral Health Learning Management System (LMS)

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$9,856,674	\$753,386	\$755,517
FTE	0.0	0.9	1.0
General Fund	\$0	\$753,386	\$755,517
Cash Funds	\$9,856,674	\$0	\$0
Reappropriated Funds	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0

Summary of Request

The Behavioral Health Administration (BHA) requests \$753,386 General Fund and 0.9 FTE in FY 2023-24 and \$755,517 General Fund and 1.0 FTE in FY2024-25 and ongoing for maintenance and development of the behavioral health workforce Learning Management System (LMS). In 2021, the General Assembly appropriated \$18.0 million in American Rescue Plan Act (ARPA) funding for workforce development, with \$5 million of this going to the LMS. The LMS scope was expanded through SB22-181 during the 2022 legislative session. This legislation provided an additional \$2.9 million in ARPA funding to build and enhance the system for FY 2022-23 and FY 2023-24. An additional \$1.9 million was also appropriated in SB22-181 to develop a criminal justice training curriculum that will be embedded into LMS over two fiscal years. The platform will be live by June 2023 with at least three completed training topics, and more will follow through the end of 2024. When fully operational, the LMS will support 10,000+ unique learners each year. This system allows behavioral health professionals to access free technical training so they can deliver the highest quality, most culturally competent treatment services to their clients. The existing funding supports infrastructure and development costs, and the requested funding will support ongoing maintenance costs associated with the LMS system.



Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 27-60-112, C.R.S.

Current Program

During the 2021 legislative session, the Office of Behavioral Health received comprehensive funding to implement a menu of systemic changes for the State’s behavioral health system. One component of this funding was \$18.0 million from the Behavioral and Mental Health Cash Fund to address workforce development, including the necessary creation of an online learning tool to provide workforce training. This system, the Learning Management System, is a critical piece of the Behavioral Health Administration’s workforce development, particularly as it pertains to rural communities.

The system is currently being created pursuant to following legislative requirements:

- Senate Bill 22-181: \$4,856,674 (ARPA)
- Senate Bill 21-137: \$5,000,000 (ARPA)

In addition to the appropriated funding from SB22-181 and SB21-137, the BHA has dedicated \$1.5 million in additional discretionary stimulus block grant funding towards the LMS system for the next two fiscal years. As this is one-time funding, it will be used for infrastructure and development costs and does not address additional system upkeep and management.

The LMS is a centralized system for behavioral health education and training. This system allows behavioral health professionals and other roles to access free standardized training modules to enhance their competencies and develop a culturally responsive understanding of the behavioral health system.

Current training topics to be completed include:

- Supporting Children, Youth, and their Families in Crisis [5 Modules]
- Cultural and Clinical Competency: Foundational Concepts [9 Modules]
- Cultural Responsiveness: Core Concepts for Priority Populations [12 Modules]
- The criminal justice training curriculum is currently in the planning phases and will be completed by FY24

The LMS system is a significant improvement for professionals working in the State’s behavioral health care system. The design and implementation of this system is critical to building the State’s behavioral health workforce. However, funding for ongoing content development and



maintenance is necessary to provide professionals with the latest technical training so that clients accessing services in the behavioral health system receive the highest quality care.

It should be noted that the BHA is simultaneously working alongside other state agencies to expand telehealth capacity and remove barriers to online training access. As noted in the [BHA Workforce Report](#), Colorado will soon receive funding through the State Digital Equity Planning Grant Program, which dedicates \$60 million for states and territories to develop state digital equity plans. The State Digital Capacity Grant Program will be released sometime in 2023, and will dedicate \$1.44 billion to be distributed over 5 years to support the implementation of the digital equity plans developed under the Planning Grant.

Problem or Opportunity

In 2022, the General Assembly established the Behavioral Health Administration (BHA) through HB22-1278. This bill outlines major BHA statutory responsibilities, including the administration of the Behavioral Health-Care Workforce Development Program (Section 27-60-112, C.R.S.). In this bill, the General Assembly outlined the importance of developing, training, and maintaining an effective behavioral health system workforce.

Additionally, workforce shortages are permeating critical industries in the State of Colorado. According to the [2021 Talent Pipeline Report](#), labor market shortages created hiring challenges across the State in 2021, and many of the State's top jobs required some sort of credential or training. These challenges extend into the behavioral health field. The need for behavioral health care is greatly outpacing additions to the behavioral health workforce, with the behavioral health workforce shortage affecting more people than primary care and dental workforce shortages combined.¹ The 2020 Behavioral Health Needs Assessment identified that financial and resource challenges related to addressing training needs are resulting in high staff turnover and provider burnout. The Needs Assessment highlighted the effectiveness of behavioral health workforce training and expansion programs implemented by other states with large rural and frontier communities. These needs are likely more acute due to the impact of the COVID-19 pandemic on in-person training accessibility, which then directly affects the provision of adequate care and building a comprehensive behavioral health workforce.

To rectify this challenge, the General Assembly provided the Behavioral Health Administration with multiple tranches of funds to develop an online training system and curriculum for behavioral health. The funding provided in SB21-137 and SB22-181 was for the creation of the system, not the ongoing maintenance and updating necessary to keep the education and training opportunities reflective of best practices. Since the investment in developing the LMS was made using one-time ARPA funds, there is a need for a long-term sustainable funding source to keep the established system operational. Without this funding, the system will not be

¹ Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA. Page 39.



able to support ongoing maintenance and provide the continuous training necessary to support a statewide behavioral health workforce.

Previous efforts to address the State's behavioral health workforce have been fragmented. Colorado's system of care grant, COACT, provided funding for the Cross System Training Initiative. This system helped inform LMS, and funding from COACT helped support the LMS implementation. This program funding is due to sunset, so it cannot support any ongoing needs of the LMS system. Other approaches, particularly those focused on crisis interventions, have highlighted the need for learning modules and workforce competencies. Crisis intervention is a specialized niche within the behavioral health spectrum of care, and for FY 2021-22 the Office of Behavioral Health requested funding to enhance training opportunities for crisis responders for children, youth, and families. However, this approach was not comprehensive in addressing the myriad of workforce challenges that the State's behavioral health system faces, as crisis responders represent only a subset of all behavioral health providers.

Proposed Solution and Anticipated Outcomes

The Behavioral Health Administration's proposed solution is \$753,386 General Fund and 0.9 FTE in FY 2023-24 and \$755,517 General Fund and 1.0 FTE in FY2024-25 and ongoing to support the routine maintenance and enhancement of LMS. As there is no operational funding currently embedded in the existing programmatic resources, this solution will allow for the BHA to continue to support training opportunities that provide the most recent evidence-based and culturally competent information to the workforce across the State. It will enhance the services delivered and, most importantly, it will support the ongoing behavioral health workforce needs. A strong behavioral health workforce is critical in achieving the BHA's vision that behavioral health services in Colorado are accessible, meaningful, and trusted.

The LMS is one component of the BHA's workforce strategic plan as reflected in the BHA Workforce Report. By tracking the number of users and number of trainings completed, the BHA will continually modify workforce investments (including new modules) to meet the demands of a fluid labor market. Providing ongoing operations and maintenance funding will signal to individuals that LMS is an important tool for professional development, and to providers that the BHA is a trusted partner in addressing critical workforce shortages. The BHA is working with CCCS, CDHE, and CDLE to align LMS offerings with current and future career pathways so that these free, non-credit trainings will synergize with degrees and post-secondary credentials.

The primary consequence of not funding this request is that the LMS system will cease to be viable in the future, and the funding used to build the system will not have been used with fidelity. Without the ability to update learning modules and increase training opportunities for families, clinicians, and behavioral health staff, the behavioral health workforce will have to rely on traditional avenues for training which have not proven responsive to changes in needs over time. This funding is necessary to sustain the long-term viability of LMS as a workforce development training tool to support a robust behavioral health workforce across Colorado.



Promoting Equitable Outcomes

At the moment, there are serious equity concerns in the behavioral health workforce. People across the State deserve access to culturally responsive behavioral health services, but the traditional pipelines for the behavioral health workforce reflect systemic inequalities. Therefore, the workforce is not representative of the State’s demographics or needs.

The BHA envisions a future where the people of Colorado receive equitable behavioral health care across the lifespan. To support this goal, the LMS is an opportunity to create an innovative behavioral health learning nexus that will become the definitive source connecting people and knowledge across Colorado. The learning platform aims to increase the capacity and skills of providers to provide culturally responsive care and better serve individuals with complex needs by building the capacity of providers to view these needs through resilience-informed approaches. Through collaboration with statewide organizations, this learning academy will be accessible by community navigators, first responders, indigenous leadership, peer specialists, public guardians, law enforcement, and other allied health roles to collectively move the workforce towards the vision of a comprehensive system that provides equitable behavioral health care.

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals experiencing behavioral health concerns who lack access to providers	Stigma impacts the ability for individuals to seek services and how providers respond when delivering services.	Dedicated investments to behavioral health training and resources, such as the LMS, reduce the stigma associated with individuals who seek services. Additionally, a readily accessible and free training curriculum provides further information to individuals, families, caregivers, and clinicians regarding appropriate delivery of services.
All underrepresented groups	The current behavioral health workforce does not align with the State’s demographics, and culturally responsive care is inaccessible for many in need.	The 2020 Statewide Behavioral Health Needs Assessment identified the clear lack of behavioral health providers who reflect their communities. This need can be addressed by a more expansive training option focused on the needs of priority populations, which can be updated consistently.



Assumptions and Calculations

The following table illustrates the assumptions and calculations for the ongoing costs associated with the Learning Management System. This includes 1.0 FTE for a behavioral health professional versed in system requirements, behavioral health education and content development, and program management. Many of the assumptions built into this request are based on current system costs. As the LMS is still in development the actual costs may vary, but this is the best estimate available at this time.

Behavioral Health Administration Learning Management System Assumptions and Calculations FY 2023-24 and FY 2023-24			
Item	FY 2023-24	FY 2023-24	Description
Learning Management System training and course updates	\$600,000	\$600,000	Four Courses. Each course has 3 modules. \$50k/Module. 12 modules X \$50K/Module
Additional User Licenses	\$22,500	\$22,500	Based on past experience, staff currently estimate that 1,500 additional licenses may be needed each year to support workforce and public needs. The estimated cost is \$15 per license.
Software Costs	\$13,200	\$13,200	Yearly software and web-based support services have cost approximately \$13,200 for existing services.
Platform Fee	\$5,700	\$5,700	This cost estimate is based on current system costs.
Personal Services (Salary, PERA (11.40%), Medicare (1.45%))	\$86,390	\$93,902	.92 FTE in FY 2022-23 annualized to 1.0 FTE in FY 2023-24
Operating/Capital	\$7,676	\$735	Common Policy
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$17,920	\$19,480	Common Policy
Total	\$753,386	\$755,517	



Assumptions and Calculations Summary Table					
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25?
Total Funds	\$9,856,674	\$10,610,060	\$753,386	\$10,612,191	Yes
General Fund	\$0	\$753,386	\$753,386	\$755,517	Yes
Cash Funds	\$9,856,674	\$9,856,674	\$0	\$9,856,674	No

	Project Manager II
Total FTE	0.92
Total Salary Cost (includes salary, Medicare, PERA)	\$86,390
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$17,920
Total One-time Operating Costs	\$7,000
Total Ongoing Operating Costs	\$676
Total Costs	\$111,986

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA R-04 Community Provider Rate

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$233,756,527	\$0	\$218,264,338	\$5,246,702	\$5,246,702
	FTE	6.4	0.0	6.4	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$126,917,825	\$0	\$116,917,825	\$3,491,583	\$3,491,583
	CF	\$60,876,541	\$0	\$60,884,352	\$1,751,187	\$1,751,187
	RF	\$9,641,299	\$0	\$9,641,299	\$3,932	\$3,932
	FF	\$36,320,862	\$0	\$30,820,862	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$36,855,599	\$0	\$36,855,599	\$858,481	\$858,481
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Community Programs	GF	\$28,616,022	\$0	\$28,616,022	\$858,481	\$858,481
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$8,239,577	\$0	\$8,239,577	\$0	\$0
	Total	\$17,481,813	\$0	\$17,481,813	\$524,454	\$524,454
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Services - ACT Programs and Other Alternatives to the MHIs	GF	\$17,481,813	\$0	\$17,481,813	\$524,454	\$524,454
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$5,910,980	\$0	\$5,910,980	\$177,329	\$177,329
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Services - Mental Health Services for Juvenile and Adult Offenders	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$5,910,980	\$0	\$5,910,980	\$177,329	\$177,329
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$3,193,404	\$0	\$3,193,404	\$95,803	\$95,803
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Services - Children and Youth Mental Health Treatment Act	GF	\$2,630,532	\$0	\$2,630,532	\$78,916	\$78,916
	CF	\$431,824	\$0	\$431,824	\$12,955	\$12,955
	RF	\$131,048	\$0	\$131,048	\$3,932	\$3,932
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$631,309	\$0	\$631,309	\$18,939	\$18,939
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Services - Family First Prevention Services Act	GF	\$631,309	\$0	\$631,309	\$18,939	\$18,939
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,953,200	\$0	\$2,953,200	\$75,600	\$75,600
05. Behavior Health Administration, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Community-based Mental Health Services, (B) Community-based Mental Health Services - Veteran Suicide Prevention Pilot Program	GF	\$2,953,200	\$0	\$2,953,200	\$75,600	\$75,600
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$49,775,222	\$0	\$39,775,222	\$611,584	\$611,584
05. Behavior Health Administration, (C)	FTE	2.1	0.0	2.1	0.0	0.0
Substance Use Treatment and Prevention Services, (C)	GF	\$23,417,500	\$0	\$13,417,500	\$402,525	\$402,525
	CF	\$7,164,255	\$0	\$7,164,255	\$209,059	\$209,059
	RF	\$0	\$0	\$0	\$0	\$0
Treatment and Prevention Services - Treatment and Detoxification Programs	FF	\$19,193,467	\$0	\$19,193,467	\$0	\$0
	Total	\$16,122,754	\$0	\$16,122,754	\$483,683	\$483,683
05. Behavior Health Administration, (C)	FTE	0.0	0.0	0.0	0.0	0.0
Substance Use Treatment and Prevention Services, (C)	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$16,122,754	\$0	\$16,122,754	\$483,683	\$483,683
	RF	\$0	\$0	\$0	\$0	\$0
Treatment and Prevention Services - Increasing Access to Effective Substance Use Disorder Serv	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$5,940,149	\$0	\$5,940,149	\$18,346	\$18,346
05. Behavior Health Administration, (C)	FTE	0.0	0.0	0.0	0.0	0.0
Substance Use Treatment and Prevention Services, (C)	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,552,331	\$0	\$2,552,331	\$18,346	\$18,346
	RF	\$0	\$0	\$0	\$0	\$0
Treatment and Prevention Services - Community Prevention and Treatment Programs	FF	\$3,387,818	\$0	\$3,387,818	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,663,955	\$0	\$4,663,955	\$94,763	\$94,763
05. Behavior Health Administration, (C)	FTE	0.0	0.0	0.0	0.0	0.0
Substance Use Treatment and Prevention Services, (C)	GF	\$3,158,782	\$0	\$3,158,782	\$94,763	\$94,763
Substance Use Treatment and Prevention Services - Offender Services	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$1,505,173	\$0	\$1,505,173	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$32,134,712	\$0	\$29,634,712	\$889,041	\$889,041
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$25,497,236	\$0	\$25,497,236	\$764,917	\$764,917
Integrated Behavioral Health Service - Behavioral Health Crisis Response System	CF	\$4,137,476	\$0	\$4,137,476	\$124,124	\$124,124
Services	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,500,000	\$0	\$0	\$0	\$0
	Total	\$565,936	\$0	\$565,936	\$16,978	\$16,978
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$0	\$0	\$0	\$0	\$0
Integrated Behavioral Health Service - Behavioral Health Crisis Response System	CF	\$565,936	\$0	\$565,936	\$16,978	\$16,978
Secure Transportati	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$4,012,250	\$0	\$4,012,250	\$120,368	\$120,368
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$3,662,625	\$0	\$3,662,625	\$109,879	\$109,879
Integrated Behavioral Health Service - Behavioral Health Crisis Response System	CF	\$349,625	\$0	\$349,625	\$10,489	\$10,489
Telephone Hotline	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$7,563,171	\$0	\$7,563,171	\$226,895	\$226,895
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$7,563,171	\$0	\$7,563,171	\$226,895	\$226,895
Integrated Behavioral Health Service - Community Transition Services	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$7,511,687	\$0	\$7,511,687	\$218,812	\$218,812
05. Behavior Health Administration, (D)	FTE	2.3	0.0	2.3	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$1,620,579	\$0	\$1,620,579	\$45,662	\$45,662
Integrated Behavioral Health Service - Criminal Justice Diversion Programs	CF	\$5,891,108	\$0	\$5,891,108	\$173,150	\$173,150
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$19,082,614	\$0	\$16,082,614	\$272,326	\$272,326
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$9,077,536	\$0	\$9,077,536	\$272,326	\$272,326
Integrated Behavioral Health Service - Jail-based Behavioral Health Services	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$7,005,078	\$0	\$7,005,078	\$0	\$0
	FF	\$3,000,000	\$0	\$0	\$0	\$0
	Total	\$7,452,745	\$0	\$7,452,745	\$193,583	\$193,583
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$607,520	\$0	\$607,520	\$18,226	\$18,226
Integrated Behavioral Health Service - Circle Program and Other Rural Treatment Programs for People	CF	\$5,845,225	\$0	\$5,845,225	\$175,357	\$175,357
	RF	\$1,000,000	\$0	\$1,000,000	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$11,905,027	\$0	\$11,912,838	\$349,717	\$349,717
05. Behavior Health Administration, (D)	FTE	2.0	0.0	2.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$0	\$0	\$0	\$0	\$0
Integrated Behavioral Health Service - 988 Crisis Hotline	CF	\$11,905,027	\$0	\$11,912,838	\$349,717	\$349,717
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	Impacts HCPF Medicaid

COVER PAGE
Schedule 13 - Exec Nov 1
<p>Description: SUMMARY OF INDIVIDUAL FUNDING REQUEST. The Schedule 13 is a standard infoAdvantage report that is used with all requests for funding. It includes items: budget allocations, supplemental requests, and 1331 supplemental requests. This schedule provides data on the requested incremental change in spending authority and FTE. It also identifies which line items are affected.</p>
Report Performance
<p>This section will allow you to view the report performed. If you require troubleshooting assistance, a copy of this cover page will be necessary. Please use the Helpful Links and Contact PB Help Desk sections on the right.</p>
<p>Selected Reports:</p> <p>*** Query Name SF 030 *** Enter Cabinet (One Letter Code): I Decision Item Req Code: 1824 Review Duplicate Row: ON</p> <p>*** Query Name SF 060 *** Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTTY Review Duplicate Row: ON</p> <p>*** Query Name SF 010 020 *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name SD CVApp *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p> <p>*** Query Name Prog_Base *** Enter Cabinet (One Letter Code): I Review Duplicate Row: ON</p>
Summary of Each Query
<p>*** Query Name SF 030 ***</p> <p>Query Properties: Universal PS - Budget Form Last Refresh Date: 10/25/22 9:11 AM Last Execution Duration: 3 Number of rows: 26 Review Duplicate Row: ON</p> <p>Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Parent Program Name, Budget Line Parent Program Short Name, Budget Line Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_RV_REQUESTS; SD_RV_REQUESTS; ED) AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Parent Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND But Lr Fund Type Code External Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (1824))</p>
<p>*** Query Name SF 060 ***</p> <p>Query Properties: Universal PS - Budget Form Last Refresh Date: 10/25/22 9:11 AM Last Execution Duration: 1 Number of rows: 0 Review Duplicate Row: ON</p> <p>Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List (SD_CV_SUPPLEMENTALS; SD_CV_SUPPLEMENTALS; ED) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Parent Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND But Lr Fund Type Code External Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTTY))</p>
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<p>*** Query Name SD CVApp ***</p> <p>Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:11 AM Last Execution Duration: 2 Number of rows: 45 Review Duplicate Row: ON</p> <p>Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Time Period Code Equal CV_APPR AND Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Program External Level Equal 7 AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Fund Type Code Equal TOTAL AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3)</p>
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<p>*** Query Name Prog_VLVS ***</p> <p>Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:11 AM Last Execution Duration: 1 Number of rows: 185 Review Duplicate Row: ON</p> <p>Query Definition: Result Objects: Program Code, Program Name, Parent Prog Code, Parent Prog Name Filters: Program Consolidation Code Equal PROGRAM_ALL AND Parent Prog External Level Equal 5 AND Program External Level Equal 7)</p>
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<p>*** Query Name Time Period Labels ***</p> <p>Query Properties: Universal PS - Budget Data Last Refresh Date: 10/25/22 9:11 AM Last Execution Duration: 1 Number of rows: 18 Review Duplicate Row: ON</p> <p>Query Definition: Result Objects: Time Period Code, Time Period Report Column Label 1, Time Period Report Column Label 2, Time Period Report Column Label 3 Filters: Time Period Code In List (CV_APPR; RV_BASE; RV_MV1; RV2))</p>
Report Errors
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<p>*** Filter on Report Cover Page ***</p> <p>No Filter on Cover Page</p>

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Department Priority: R-04
Request Detail: BHA Community Provider Rate

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$233,756,527	\$5,246,702	\$5,246,702
FTE	6.4	0.0	0.0
General Fund	\$126,917,825	\$3,491,583	\$3,491,583
Cash Funds	\$60,876,541	\$1,751,187	\$1,751,187
Reappropriated Funds	\$9,641,299	\$3,932	\$3,932
Federal Funds	\$36,320,862	\$0	\$0

Summary of Request

The Behavioral Health Administration (BHA) requests an increase of \$5,246,702 total funds including \$3,491,583 General Fund, \$1,751,187, cash funds, and \$3,932 reappropriated funds in FY 2023-24 and ongoing to provide a three percent (3%) provider rate increase for community-based behavioral health providers.



Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	N/A

Current Program

Provider rate adjustments apply to community programs and services provided by contracted providers or county staff. Within the BHA, this community provider rate has been applied to community mental health providers, community substance abuse providers, crisis service providers, and other similar providers.

Problem or Opportunity

For FY 2022-23, the General Assembly established a community provider rate increase of 2.0 percent, which includes the community providers who receive funds from the BHA. Despite this increase, record high inflation continues to make it increasingly difficult for provider organizations to offer competitive salaries that attract and retain staff to provide needed behavioral health services throughout the State. Similarly, the costs of supplies and other components of health service delivery are becoming increasingly unaffordable.

Proposed Solution and Anticipated Outcomes

The Behavioral Health Administration (BHA) requests an increase of \$5,246,702 total funds including \$3,491,583 General Fund, \$1,751,187, cash funds, and \$3,932 reappropriated funds in FY 2023-24 and ongoing to provide a three percent (3%) provider rate increase for contracted provider services.

The Department proposes an across-the-board provider rate increase for all providers that receive funds from the BHA, as all community programs and services offered by contracted providers or county staff face similar cost pressures. The 3.0% provider rate increase will enable the providers to address the rising costs of labor and supplies.



Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
N/A	N/A	After analysis of the expected outcomes of this decision item, the Department believes that this budget request is equity-neutral.

Assumptions and Calculations

Community provider rates were calculated using a three percent (3%) increase based on the FY 2022-23 appropriation. For line items that include costs for more programs or services beyond community-based provider rates (e.g., 9-8-8 National Suicide Prevention Personal Services), the 3% increase was only applied to the portion of the line item that supports community-based providers.

Assumptions and Calculations Summary Table					
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25?
Total Funds	\$233,756,527	\$239,003,229	\$5,246,702	\$239,003,229	Yes
General Fund	\$126,917,825	\$130,409,408	\$3,491,583	\$130,409,408	Yes
Cash Fund	\$60,876,541	\$62,627,728	\$1,751,187	\$62,627,728	Yes
Reappropriated Funds	\$9,641,299	\$9,645,231	\$3,932	\$9,645,231	Yes
Federal Funds	\$36,320,862	\$36,320,862	\$0	\$36,320,862	No

Department of Human Services

Funding Request for the FY 2023-24 Budget Cycle

Request Title

BHA R-05 BHA Technical Adjustments

Dept. Approval By: _____

Supplemental FY 2022-23

OSPB Approval By: Megan Davisson

Budget Amendment FY 2023-24

X

Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,012,250	\$0	\$4,012,250	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$3,662,625	\$0	\$3,662,625	\$0	\$0
	CF	\$349,625	\$0	\$349,625	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,012,250	\$0	\$4,012,250	(\$334,410)	(\$334,410)
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$3,662,625	\$0	\$3,662,625	(\$334,410)	(\$334,410)
Integrated Behavioral Health Service - Behavioral Health Crisis Response System Telephone Hotline	CF	\$349,625	\$0	\$349,625	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

	Total	\$0	\$0	\$0	\$334,410	\$334,410
05. Behavior Health Administration, (D)	FTE	0.0	0.0	0.0	0.0	0.0
Integrated Behavioral Health Service, (D)	GF	\$0	\$0	\$0	\$334,410	\$334,410
Integrated Behavioral Health Service - Care Coordination	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	YES		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

COVER PAGE
Schedule 13 - Exec Nov 1
<p>DESCRIPTION: SUMMARY OF INDIVIDUAL FUNDING REQUEST. The Schedule 13 is a standard infoAdvantage report that is used with all requests for funding. It includes items: budget allocations, supplemental requests, and 1331 supplemental requests. This schedule provides data on the requested incremental change in spending authority and FTE. It also identifies which line items are affected.</p>
Report Performance
<p>This section will allow you to view the report performance. If you require troubleshooting assistance, a copy of the cover page will be necessary. Please see the Helpful Links and Contact PB Help Desk sections on the right.</p>
Selected Reports
<p>--- Query Name SF 00 --- Enter Cabinet (One Letter Code): I Decision Item Req Code: 18015 --- Query Name SF 060 --- Enter Cabinet (One Letter Code): I Supplemental Req Code: EMPTY --- Query Name SF 010 020 --- Enter Cabinet (One Letter Code): I --- Query Name SD CV Appr --- Enter Cabinet (One Letter Code): I --- Query Name Prog_Base --- Enter Cabinet (One Letter Code): I</p>
Summary of Each Query
<p>--- Query Name SF 00 --- --- Query Properties: Universal PS - Budget Form Last Refresh Date: 10/26/22 11:28 AM Last Execution Duration: 3 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List ([SD_RV_REQUESTS; SD_RV_REQUESTS; ED]) AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND But Lr Fund Type Code External Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (18015))</p>
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<p>--- Query Name SF 010 020 --- --- Query Properties: Universal PS - Budget Form Last Refresh Date: 10/26/22 11:28 AM Last Execution Duration: 3 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Budget Layout Code, Header Organization Code, Budget Request Code, Budget Request Name, Header Org Name, Budget Line Program Code, Budget Line Program Name, Budget Line Program Short Name, Budget Line Fund Program Code, Budget Line Fund Program Name, Budget Line Fund Program Short Name, But Lr Parent Fund Type Code, But Lr Fund Type Code, But Lr Fund Type Name, Budget Line Fund Code, Budget Line Fund Name, Posting Amount 1, Posted at But Lr Bill Number Code, Posted at But Lr Bill Number Name, Posting Column 1 Name, Posting Amount 2, Budget Request Selection Field 1, Budget Request Selection Field 2, Budget Request Selection Field 3, But Lr Parent Fund Type Name Filters: Budget Layout Code In List ([060_CV_SUPPLEMENTALS; 060_CV_SUPPLEMENTAL; EO]) AND Header Org Consolidation Code Equal ALL_ORGS AND Header Parent Organization Code In List () AND Header Organization External Level Equal 2 AND Budget Line Program Consolidation Code Equal PROGRAM_ALL AND Budget Line Program External Level Equal 6 AND Budget Line Program External Level Equal 7 AND But Lr Fund Type Consolidation Code Equal FUND_TYPE_CON AND But Lr Parent Fund Type External Level Equal 1 AND But Lr Fund Type Code External Level Equal 3 AND Budget Line Fund Consolidation Code Equal ALL_FUNDS AND Budget Line Fund External Level Equal 2 AND Budget Request Code Equal (EMPTY))</p>
<p>--- Query Name SD CV Appr --- --- Query Properties: Universal PS - Budget Data Last Refresh Date: 10/26/22 11:28 AM Last Execution Duration: 1 Number of rows: 2 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Organization Code, Program Code, Parent Prog Code, Fund Type Code, Budget Data, Time Period Code, Organization Name, Time Period Name, Parent Prog Name, Program Name Filters: Time Period Code Equal CV_APPR AND Organization Consolidation Code Equal ALL_ORGS AND Parent Org Code In List () AND Organization External Level Equal 2 AND Program Consolidation Code Equal PROGRAM_ALL AND Program External Level Equal 6 AND Program External Level Equal 7 AND Program Code In List ([SD_CV064]) AND Fund Type Consolidation Code Equal FUND_TYPE_CON AND Parent Fund Type Code Equal TOTAL AND Fund Type External Level Equal 3 AND Time Period Code In List ([CV_APPR; RV_BASE]))</p>
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<p>--- Query Name Time Period Labels --- --- Query Properties: Universal PS - Budget Data Last Refresh Date: 10/26/22 11:28 AM Last Execution Duration: 1 Number of rows: 18 Retrieve Duplicate Row: ON</p> <p>--- Query Definition: Result Objects: Time Period Code, Time Period Name, Parent Prog Code, Parent Prog Name Period Report Column Label 3 Filters: Time Period Code In List ([CV_APPR; RV_BASE; RV_M0V1; YR2]))</p>
Report Errors
<p>--- Filter on Report Schedule 13 --- No Filter on Budget Request Code Filter on Section Header/Program Code: ZembaCheck SECTION Not Equal ALLColumnsEmpty Filter on Stock/Parent/Program Line/Case: Budget Request Code is Not Null</p>
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Department Priority: R-05
Request Detail: BHA Technical Adjustments

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$4,012,250	\$0	\$0
FTE	0.0	0.0	0.0
General Fund	\$0	\$0	\$0
Cash Funds	\$3,662,625	\$0	\$0
Reappropriated Funds	\$349,625	\$0	\$0
Federal Funds	\$0	\$0	\$0

Summary of Request

The Behavioral Health Administration (BHA) requests two net zero budget adjustments that impact the Care Navigation Program and the 988 National Suicide Prevention Lifeline. These include:

- Removal of the requirement that the Care Navigation Program contractor is the same as the 24-hour telephone crisis hotline contractor, and transfer of \$334,410 from the Behavioral Health Crisis Response System Telephone Hotline line item to a new care coordination line item. This will allow the BHA the flexibility to determine which entity is best situated to provide care navigation services.
- Continuous appropriation of the 988 Crisis Enterprise Cash Fund to ensure the Enterprise Board can spend the revenue generated by the call surcharge to accomplish the purposes of the 988 legislation, which include funding the 988 Crisis Hotline and corresponding mobile response.

These adjustments are necessary for executing a sustainable spectrum of care across Colorado’s behavioral health system.



Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 27-80-119, C.R.S. Section 27-64-104, C.R.S.

Current Program

Care Navigation Program

The Care Navigation Program is required to include care navigation services in 24-hour telephone crisis services pursuant to Section 27-60-103, C.R.S. The Care Navigation Program was created to help coordinate care for individuals awaiting residential or outpatient services so that those dealing with a substance abuse disorder would be able to access treatment as quickly as possible, mitigating life or death situations for the individual. These care navigation services provided include: independent screening of treatment needs, identification of appropriate treatment options, and determination regarding availability of treatment options.

988 National Suicide Prevention Lifeline

On October 17, 2020, Congress passed the "National Suicide Hotline Designation Act of 2020", designating "988" as the three-digit number for the national suicide prevention lifeline to aid rapid access to suicide prevention and mental health support services. On June 28, 2021, Governor Polis signed SB21-154, establishing parameters for Colorado to implement 988 as the three-digit number for crisis response services in Colorado in order to comply with federal regulations; improve quality and access to behavioral health crisis services, especially for underserved and rural populations; and reduce stigma surrounding suicide, mental health, and substance use conditions. SB21-154 also established the 988 Crisis Hotline Enterprise. The 988 Enterprise funds the 988 Crisis Hotline, which provides crisis outreach, stabilization, and acute care to individuals calling the hotline from any jurisdiction in Colorado twenty-four hours a day, seven days a week.

The 988 Enterprise generates revenue via telephone surcharges of \$0.18, increasing to \$0.27 in January 2023, per transaction per month for 5.8 million telephone users. The revenues accumulate in the 988 Crisis Hotline Cash Fund, which is the sole funding source to operate the National Suicide Hotline. Additionally, the BHA received two federal grants to assist in the start-up of the 988 Crisis Hotline in FY 2022-23. The table below represents one-time federal funding that the BHA utilized or is projected to utilize for the hotline:



988 One-time Federal Funds for Start-up Activities For FY 2021-22 through FY 2022-23			
Item	FY 2021-22	FY 2022-23	Description
Vibrant	\$130,000	\$0	End Date June 30, 2022
SAMHSA 988 Implementation Grant	\$0	\$2,458,104	Budget Period Start Date 04/30/2022 - End Date 04/29/2023
Total	\$130,000	\$2,458,104	

Per SECTION 1. 27-64-103 (4)(a)(b), the Enterprise Board of Directors (appointed by the Governor), in collaboration with the Public Utilities Commission, meets annually and establishes the amount of the 988 Surcharge, which is not to exceed \$0.30 per phone. The Enterprise Board and Public Utilities Commission oversee this program to ensure all program costs are covered by adopting adequate telephone surcharge rates.

On July 16, 2022 the 988 contractor began operating the hotline and has already had a significant impact. The 988 line handles over 4,000 calls per week at an average of over 16 minutes per call. Since it has just gotten off the ground, the 988 line is not currently marketed widely by the BHA. However, the BHA will soon begin marketing for the 988 line, which will have direct implications on utilization.

Problem or Opportunity

Care Navigation Program

When the care navigation program was first established with HB 19-1287, the best fit for the care navigation program was to coordinate the program with the existing twenty-four hour telephone crisis service operator. At the time, the crisis service telephone service was the most analogous operation to the care navigation program and would encompass many of the individuals in need of urgent care navigation services.

With recent legislation, SB 21-137, SB 22-177, and HB 22-1278, the BHA is tasked with establishing and developing a comprehensive behavioral health care coordination infrastructure. To address whole-person care, the BHA is expanding care navigation to encompass the entire continuum of care and submitting a legislative proposal to change the care navigation program requirements to separate the care navigation contractor from the twenty-four hour telephone crisis service operator, and allow for the BHA to identify a contractor that is best situated to provide these care coordination services in alignment with



other care coordination initiatives. As care coordination becomes a permanent and delineated focus for the BHA, the BHA would like to carve out care coordination specifically as a distinct line item in the long bill. This would include leveraging and moving the existing care coordination funding for the care navigation program into this new line item.

988 National Suicide Prevention Lifeline

When SB21-154 was passed, federal standards for implementing the 988 service continuum were in the development phase. In Spring 2022, Colorado was informed by Substance Abuse and Mental Health Services Administration (SAMHSA) that States will be held accountable for a less than one minute hotline response rate for 90% of its 988 calls. These new standards were not factored into the original SB21-154 Fiscal Note, which contemplated an 80% answer rate with no time limit. The federal standard is based upon timely emergency response times similar to the 911 emergency response system, which is important to prevent and/or reduce suicides and dispatch mobile crisis units to provide timely care to individuals in a behavioral health crisis.

Currently, Enterprise fund surcharge projections are based on the assumption that 5.8 million telephones will be charged at a rate of \$0.18 per transaction per month. This will be increased to \$0.27 per transaction per month beginning in January 2023. The expectation from SAMHSA is that states will be able to meet incremental 988 answer rate improvement expectations, with 90% of calls answered within 59 seconds in FY 2022-23 and 95% of calls answered within 30 seconds and 90% answered in 15 seconds in FY 2023-24. In order to meet those expectations, additional funds will be necessary and spending will fluctuate. The BHA is working with SAMHSA, the 988 contractor, and mobile crisis providers to continue to refine cost estimates to meet these new expectations. Matching the flexibility for revenue generation with continuously appropriated spending authority will optimize Colorado’s usage of the enterprise funds.

Proposed Solution and Anticipated Outcomes

Care Navigation Program

Current State	Opportunity	Impact
27-80-119. The Care Navigation Program contractor is defined as the Crisis Hotline.	SB 21-137, SB 22-177, and HB 22-1278, established the development of a Behavioral Health Care Coordination infrastructure. Ensuring that care navigation funding is	BHA will determine which contractor is best situated to provide care navigation services in alignment with other care coordination initiatives.



	<p>appropriated in a separate care coordination budget line allows for more appropriate disbursement of funding.</p>	
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The proposed change will remove the requirement that the care navigation program contractor is the same as the 24-hour telephone crisis hotline contractor. This will allow the BHA the flexibility to determine which entity is best situated to provide care navigation services. This request will transfer \$334,410 from the 5(D) Long Bill Behavioral Health Crisis Response System Telephone Hotline line item to a new 5(D) line item named Care Coordination.

988 National Suicide Prevention Lifeline

Current State	Opportunity	Impact
<p>27-64-104. 988 Crisis Hotline Enterprise revenue is subject to annual appropriation by the General Assembly even though the Enterprise Board and PUC set the annual fee.</p>	<p>In alignment with how other Enterprises operate in Colorado, update the statutory language in 27-64-104(3) to allow for money in the 988 Crisis Hotline Fund to be “continuously appropriated to the enterprise” to accomplish the purposes outlined for the Crisis Hotline Enterprise.</p>	<p>Allows the BHA to access the funds set by the 988 Enterprise Board and the Public Utilities Commission to meet the intent of the Crisis Hotline Enterprise.</p>

988 Crisis Hotline Enterprise Cash Fund revenue is subject to annual appropriation by the General Assembly. In alignment with how most other enterprises operate in Colorado¹, the proposed update to the statutory language in 27-64-104(3) will allow for continuous appropriation of money in the 988 Crisis Hotline Fund to the Crisis Hotline Enterprise. Continuous appropriation will ensure the Enterprise Board can spend the revenue generated by the annually adjusted fee to accomplish the purposes of the 988 legislation, which include funding the 988 Crisis Hotline and corresponding mobile response.

¹ Other enterprises with cash funds being “continuously appropriated” include: Community Access Enterprise [24-38.5-303(5)(a)]; Air Quality Enterprise [25-7-103.5(4)(c)]; Clean Fleet Enterprise [25-7.5-103(5)(a)]; Air Pollution Mitigation Enterprise [43-4-1303]; Statewide Bridges Enterprise [43-4-805].



Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
<p>This request will benefit all Coloradans. However, research suggests a lack of behavioral health services has a disproportionately negative impact on people of color.</p>	<p>Nearly half (47.3%) of Coloradans who said they did not get needed mental health care cited stigma as a reason in 2019. There are countless reasons a person can be reluctant to seek care, but for people of color, cultural factors can make the stigma around mental health especially difficult to overcome².</p>	<p>The most recent data available from the Centers for Disease Control and Prevention (CDC) show that in 2018, Colorado had one of the 10 highest age-adjusted suicide death rates in the nation, at 21.9 deaths per 100,000 people. Higher-than-national rates of death by suicide have been a consistent trend in Colorado¹.</p> <p>The 988 line allows for further awareness of real-time mental health and crisis resources. The Enterprise fund provides critical funding to respond appropriately to those in crisis or other forms of mental health distress 24/7.</p>

Assumptions and Calculations

This request does not contain any budget increases, so there are no calculations. The information referenced within the request is based upon prior legislation and appropriated amounts, as documented below:

- [HB 19-1287](#): \$334,410 appropriated from the Marijuana Tax Cash Fund through FY24. The purpose of this appropriation is for contracted staff to operate the care navigation program required under the bill. These costs assume that additional contract staff will be used at the hotline to perform care coordination duties and to connect clients with the behavioral health ombudsman.
- [SB 21-154](#): (3) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY, THE ENTERPRISE MAY EXPEND MONEY FROM THE FUND FOR THE PURPOSES OUTLINED IN SECTION 27-64-103 (4)(c) AND (4)(d).

² <https://www.coloradohealthinstitute.org/research/stigma-systemic-barriers-mental-health-care>