

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Corrections

Request Title

NP-01 CDOC-CDHS Interagency Agreement True-up

Dept. Approval By: Heleen Wadko

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Eric R. Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$6,723,115	\$0	\$7,056,426	\$682,085	\$682,085
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$6,467,078	\$0	\$6,787,659	\$682,085	\$682,085
	CF	\$256,037	\$0	\$268,767	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,496,531	\$0	\$4,829,842	\$11,866	\$11,866
	FTE	0.0	0.0	0.0	0.0	0.0
(1) Management, (A) Executive Director's Office Subprogram - Leased Space	GF	\$4,240,494	\$0	\$4,561,075	\$11,866	\$11,866
	CF	\$256,037	\$0	\$268,767	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$1,545,553	\$0	\$1,545,553	\$347,811	\$347,811
(2) Institutions, (B) Maintenance Subprogram, (1) Maintenance Subprogram - Purchase Of Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$1,545,553	\$0	\$1,545,553	\$347,811	\$347,811
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

	Total	\$681,031	\$0	\$681,031	\$322,408	\$322,408
(2) Institutions,	FTE	0.0	0.0	0.0	0.0	0.0
(H) Youthful	GF	\$681,031	\$0	\$681,031	\$322,408	\$322,408
Offender System	CF	\$0	\$0	\$0	\$0	\$0
Subprogram -	RF	\$0	\$0	\$0	\$0	\$0
Purchase of	FF	\$0	\$0	\$0	\$0	\$0
Services						

CF Letternote Text Revision Required?	Yes	<u> </u>	No	<u> x </u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<u> </u>	No	<u> x </u>	
FF Letternote Text Revision Required?	Yes	<u> </u>	No	<u> x </u>	
Requires Legislation?	Yes	<u> </u>	No	<u> X </u>	
Type of Request?	Department of Corrections Non-Prioritized Request				
Interagency Approval or Related Schedule 13s:	Department of Human Services				

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-01 Resources for Administrative Courts

Dept. Approval By:

Melissa Wawchuk

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Eric H. Baker 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$580,181	\$0	\$639,920	\$6,176	\$6,176
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$370,647	\$0	\$408,811	\$3,946	\$3,946
	CF	\$17,163	\$0	\$18,930	\$183	\$183
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$192,371	\$0	\$212,179	\$2,047	\$2,047

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$580,181	\$0	\$639,920	\$6,176	\$6,176
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$370,647	\$0	\$408,811	\$3,946	\$3,946
Administration - Administrative Law	CF	\$17,163	\$0	\$18,930	\$183	\$183
Judge Services	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$192,371	\$0	\$212,179	\$2,047	\$2,047

CF Letternote Text Revision Required? Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required? Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	
FF Letternote Text Revision Required? Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	
Requires Legislation?	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
Type of Request?	Department of Human Services Non-Prioritized Request		
Interagency Approval or Related Schedule 13s:	Department of Personnel and Administration		

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Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-02 Annual Vehicle Request

Dept. Approval By: Melissa Wavelit

Supplemental FY 2016-17

X

Change Request FY 2017-18

OSPB Approval By: Erin Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$1,138,312	\$0	\$1,138,312	(\$87,131)	(\$87,131)
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$589,053	\$0	\$589,053	(\$44,437)	(\$44,437)
	CF	\$76,798	\$0	\$76,798	(\$6,099)	(\$6,099)
	RF	\$296,459	\$0	\$296,459	(\$22,654)	(\$22,654)
	FF	\$176,002	\$0	\$176,002	(\$13,941)	(\$13,941)

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$1,138,312	\$0	\$1,138,312	(\$87,131)	(\$87,131)
FTE		0.0	0.0	0.0	0.0	0.0
03: Office of Operations, (A)	GF	\$589,053	\$0	\$589,053	(\$44,437)	(\$44,437)
Administration - Vehicle Lease Payments	CF	\$76,798	\$0	\$76,798	(\$6,099)	(\$6,099)
	RF	\$296,459	\$0	\$296,459	(\$22,654)	(\$22,654)
	FF	\$176,002	\$0	\$176,002	(\$13,941)	(\$13,941)

CF Letternote Text Revision Required?	Yes	No	<u>X</u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	No	<u>X</u>	
FF Letternote Text Revision Required?	Yes	No	<u>X</u>	
Requires Legislation?	Yes	No	<u>X</u>	
Type of Request?	Department of Human Services Non-Prioritized Request			
Interagency Approval or Related Schedule 13s:	Department of Personnel and Administration			

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Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-03 OIT Secure CO and Deskside

Dept. Approval By: Melissa Wawchik

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Erin W. Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,090,080	\$0	\$24,517,184	\$688,706	\$1,046,713
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$12,939,609	\$0	\$13,169,021	\$681,819	\$1,036,246
	CF	\$364,484	\$0	\$370,946	\$0	\$0
	RF	\$765,483	\$0	\$779,055	\$6,887	\$10,467
	FF	\$10,020,504	\$0	\$10,198,162	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,090,080	\$0	\$24,517,184	\$688,706	\$1,046,713
	FTE	0.0	0.0	0.0	0.0	0.0
02. Office of Information Technology Services, (A)	GF	\$12,939,609	\$0	\$13,169,021	\$681,819	\$1,036,246
Information Technology - Payments to OIT	CF	\$364,484	\$0	\$370,946	\$0	\$0
	RF	\$765,483	\$0	\$779,055	\$6,887	\$10,467
	FF	\$10,020,504	\$0	\$10,198,162	\$0	\$0

CF Letternote Text Revision Required?	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	
Requires Legislation?	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s:	Office of Information Technology			

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Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-04 DOC Mother Baby Unit

Dept. Approval By:

Melissa Wardet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Eric M. Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$5,427,539	\$0	\$5,411,898	(\$29,419)	(\$29,419)
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
	CF	\$324,685	\$0	\$324,685	\$0	\$0
	RF	\$2,242,630	\$0	\$2,242,630	(\$29,419)	(\$29,419)
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$5,427,539	\$0	\$5,411,898	(\$29,419)	(\$29,419)
	FTE	0.0	0.0	0.0	0.0	0.0
08, Behavioral Health Services, (E)	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
Mental Health Institutes, (2) Mental Health Institutes - Pueblo - Operating Expenses	CF	\$324,685	\$0	\$324,685	\$0	\$0
	RF	\$2,242,630	\$0	\$2,242,630	(\$29,419)	(\$29,419)
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input checked="" type="checkbox"/>	No	

(8) Office of Behavioral Health; (E) Mental Health Institutes; (2) Mental Health Institute at Pueblo - Letternote b: Of this amount, \$6,693,980 shall be from patient revenues, \$2,281,498 shall be transferred from the Department of Corrections, \$368,000 shall be transferred from the Judicial Department, and \$153,189 shall be transferred from the Department of Education. For informational purposes only, the entire amount of patient revenues is estimated to be from Medicaid funds transferred from the Department of Health Care Policy and Financing.

FF Letternote Text Revision
Required?

Yes _____ No X

Requires Legislation?

Yes _____ No X

Type of Request?

Department of Human Services Non-Prioritized Request

Interagency Approval or Related Schedule
13s: Other

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-05 DOC Food Inflation

Dept. Approval By: Melissa Wardet

Supplemental FY 2016-17

X

Change Request FY 2017-18

OSPB Approval By: Grant N. Schell 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$5,427,539	\$0	\$5,411,898	\$42,650	\$42,650
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
	CF	\$324,685	\$0	\$324,685	\$0	\$0
	RF	\$2,242,630	\$0	\$2,242,630	\$42,650	\$42,650
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$5,427,539	\$0	\$5,411,898	\$42,650	\$42,650
	FTE	0.0	0.0	0.0	0.0	0.0
08. Behavioral Health Services, (E) Mental Health	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
Institutes, (2) Mental Health Institutes - Pueblo - Operating Expenses	CF	\$324,685	\$0	\$324,685	\$0	\$0
	RF	\$2,242,630	\$0	\$2,242,630	\$42,650	\$42,650
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	No	X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	X	No	

(8) Office of Behavioral Health; (E) Mental Health Institutes; (2) Mental Health Institute at Pueblo- Letternote b: Of this amount, \$6,693,980 shall be from patient revenues, \$2,353,567 shall be transferred from the Department of Corrections, \$368,000 shall be transferred from the Judicial Department, and \$153,189 shall be transferred from the Department of Education. For informational purposes only, the entire amount of patient revenues is estimated to be from Medicaid funds transferred from the Department of Health Care Policy and Financing.

FF Letternote Text Revision
Required?

Yes No

Requires Legislation?

Yes No

Type of Request?

Department of Human Services Non-Prioritized Request

Interagency Approval or Related Schedule
13s: Other

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-06 HCPF Oversight of Department Resources

Dept. Approval By: <u>Melissa Wardlet</u>	Supplemental FY 2016-17
	<input checked="" type="checkbox"/> Change Request FY 2017-18
OSPB Approval By: <u>Erin H. Kelly 10/26/16</u>	<input type="checkbox"/> Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request Continuation
	Total	\$59,654,140	\$0	\$59,496,208	\$80,628 \$82,024
	FTE	62.6	0.0	62.6	0.9 1.0
Total of All Line Items Impacted by Change Request	GF	\$38,301,838	\$0	\$38,305,755	\$80,628 \$82,024
	CF	\$1,396,849	\$0	\$1,226,356	\$0 \$0
	RF	\$11,816,431	\$0	\$11,818,727	\$0 \$0
	FF	\$8,139,022	\$0	\$8,145,370	\$0 \$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request Continuation
	Total	\$32,736,387	\$0	\$32,736,387	\$7,927 \$7,927
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0 0.0
Administration - Health, Life, And Dental	GF	\$22,142,423	\$0	\$22,142,423	\$7,927 \$7,927
	CF	\$543,180	\$0	\$543,180	\$0 \$0
	RF	\$6,909,927	\$0	\$6,909,927	\$0 \$0
	FF	\$3,140,857	\$0	\$3,140,857	\$0 \$0
	Total	\$404,087	\$0	\$404,087	\$105 \$114
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0 0.0
Administration - Short-Term Disability	GF	\$273,968	\$0	\$273,968	\$105 \$114
	CF	\$8,271	\$0	\$8,271	\$0 \$0
	RF	\$74,665	\$0	\$74,665	\$0 \$0
	FF	\$47,183	\$0	\$47,183	\$0 \$0
	Total	\$10,526,999	\$0	\$10,526,999	\$2,753 \$3,003
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0 0.0
	GF	\$7,138,906	\$0	\$7,138,906	\$2,753 \$3,003

Administration - Amortization	CF	\$210,806	\$0	\$210,806	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0

Total		\$10,417,342	\$0	\$10,417,342	\$2,753	\$3,003
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$7,064,543	\$0	\$7,064,543	\$2,753	\$3,003
Administration - S.B. 06-235 Supplemental	CF	\$208,610	\$0	\$208,610	\$0	\$0
Equalization	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
Disbursement	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0

Total		\$5,270,642	\$0	\$5,133,433	\$61,437	\$67,027
08. Behavioral Health Services, (A) Community	FTE	62.6	0.0	62.6	0.9	1.0
	GF	\$1,659,469	\$0	\$1,663,386	\$61,437	\$67,027
Behavioral Health Administration, (1) Administration - Personal Services	CF	\$383,805	\$0	\$234,035	\$0	\$0
	RF	\$878,854	\$0	\$881,150	\$0	\$0
	FF	\$2,348,514	\$0	\$2,354,862	\$0	\$0

Total		\$298,683	\$0	\$277,960	\$5,653	\$950
08. Behavioral Health Services, (A) Community	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$22,529	\$0	\$22,529	\$5,653	\$950
Behavioral Health Administration, (1) Administration - Operating Expenses	CF	\$42,177	\$0	\$21,454	\$0	\$0
	RF	\$16,266	\$0	\$16,266	\$0	\$0
	FF	\$217,711	\$0	\$217,711	\$0	\$0

CF Letternote Text Revision Required?	Yes	No	X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	No	X	
FF Letternote Text Revision Required?	Yes	No	X	
Requires Legislation?	Yes	No	X	
Type of Request?	Department of Human Services Non-Prioritized Request			
Interagency Approval or Related Schedule 13s:	Department of Health Care Policy and Financing			

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-07 FMAP Adjustments

Dept. Approval By: Melissa Wacht Supplemental FY 2016-17
 Change Request FY 2017-18
 OSPB Approval By: Eric M. Smith 10/27/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$269,728,905	\$0	\$586,880,456	\$0	\$0
	FTE	2,358.4	0.0	2,359.1	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$315,545,277	\$0	\$0
	CF	\$76,030,382	\$0	\$76,239,627	\$0	\$0
	RF	\$89,928,307	\$0	\$90,206,742	\$0	\$0
	FF	\$103,770,216	\$0	\$104,888,810	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,090,080	\$0	\$28,017,136	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
02. Office of Information Technology Services, (A) Information Technology - Payments to OIT	GF	\$12,939,609	\$0	\$15,048,966	\$0	\$0
	CF	\$364,484	\$0	\$423,901	\$0	\$0
	RF	\$765,483	\$0	\$890,288	\$0	\$0
	FF	\$10,020,504	\$0	\$11,654,001	\$0	\$0
	Total	\$24,000,899	\$0	\$24,306,636	\$0	\$0
	FTE	422.2	0.0	422.2	0.0	0.0
03. Office of Operations, (A) Administration - Personal Services	GF	\$13,722,827	\$0	\$13,910,679	\$0	\$0
	CF	\$2,285,779	\$0	\$2,299,023	\$0	\$0
	RF	\$6,704,280	\$0	\$6,773,624	\$0	\$0
	FF	\$1,288,013	\$0	\$1,323,110	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$1,138,312	\$0	\$1,138,312	\$0	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0
03. Office of Operations, (A)	GF	\$589,053	\$0	\$589,053	\$0	\$0	\$0
Administration - Vehicle Lease Payments	CF	\$76,798	\$0	\$76,798	\$0	\$0	\$0
	RF	\$296,459	\$0	\$296,459	\$0	\$0	\$0
	FF	\$176,002	\$0	\$176,002	\$0	\$0	\$0
	Total	\$9,418,424	\$0	\$9,418,424	\$0	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0
03. Office of Operations, (A)	GF	\$7,820,907	\$0	\$7,820,907	\$0	\$0	\$0
Administration - Utilities	CF	\$50,000	\$0	\$50,000	\$0	\$0	\$0
	RF	\$1,547,517	\$0	\$1,547,517	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$350,945,409	\$0	\$350,945,409	\$0	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0
05. Division of Child Welfare - Child Welfare Services	GF	\$179,826,207	\$0	\$180,376,207	\$0	\$0	\$0
	CF	\$65,171,137	\$0	\$65,171,137	\$0	\$0	\$0
	RF	\$15,197,702	\$0	\$15,197,702	\$0	\$0	\$0
	FF	\$90,750,363	\$0	\$90,200,363	\$0	\$0	\$0
	Total	\$1,078,847	\$0	\$1,078,847	\$0	\$0	\$0
08. Behavioral Health Services, (B)	FTE	0.0	0.0	0.0	0.0	0.0	0.0
Mental Health Community Program, (1)	GF	\$655,223	\$0	\$655,223	\$0	\$0	\$0
Community Program - Mental Health Treatment Services for Youth	CF	\$300,000	\$0	\$300,000	\$0	\$0	\$0
	RF	\$123,624	\$0	\$123,624	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$1,600,000	\$0	\$1,600,000	\$0	\$0	\$0
08. Behavioral Health Services, (C)	FTE	0.0	0.0	0.0	0.0	0.0	0.0
Substance Use Treatment and Prevention, (1)	GF	\$0	\$0	\$0	\$0	\$0	\$0
Treatment Services - High Risk Pregnant Women Program	CF	\$0	\$0	\$0	\$0	\$0	\$0
	RF	\$1,600,000	\$0	\$1,600,000	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$70,348,261	\$0	\$69,965,888	\$0	\$0
08. Behavioral	FTE	985.4	0.0	986.1	0.0	0.0
Health Services, (E)	GF	\$61,307,220	\$0	\$60,924,847	\$0	\$0
Mental Health	CF	\$2,658,908	\$0	\$2,658,908	\$0	\$0
Institutes, (2)	RF	\$6,382,133	\$0	\$6,382,133	\$0	\$0
Mental Health	FF	\$0	\$0	\$0	\$0	\$0
Institutes - Pueblo -						
Personal Services						
	Total	\$5,427,539	\$0	\$5,411,898	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
08. Behavioral	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
Health Services, (E)	CF	\$324,685	\$0	\$324,685	\$0	\$0
Mental Health	RF	\$2,242,630	\$0	\$2,242,630	\$0	\$0
Institutes, (2)	FF	\$0	\$0	\$0	\$0	\$0
Mental Health						
Institutes - Pueblo -						
Operating Expenses						
	Total	\$3,783,371	\$0	\$3,783,371	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
08. Behavioral	GF	\$3,165,707	\$0	\$3,165,707	\$0	\$0
Health Services, (E)	CF	\$254,851	\$0	\$254,851	\$0	\$0
Mental Health	RF	\$362,813	\$0	\$362,813	\$0	\$0
Institutes, (2)	FF	\$0	\$0	\$0	\$0	\$0
Mental Health						
Institutes - Pueblo -						
Pharmaceuticals						
	Total	\$2,078,001	\$0	\$2,214,585	\$0	\$0
	FTE	21.3	0.0	21.3	0.0	0.0
08. Behavioral	GF	\$0	\$0	\$0	\$0	\$0
Health Services, (E)	CF	\$2,060,680	\$0	\$2,197,264	\$0	\$0
Mental Health	RF	\$17,321	\$0	\$17,321	\$0	\$0
Institutes, (2)	FF	\$0	\$0	\$0	\$0	\$0
Mental Health						
Institutes - Pueblo -						
Circle Program						
	Total	\$25,037,293	\$0	\$25,068,728	(\$1,435,612)	\$0
	FTE	373.0	0.0	373.0	0.0	0.0
09. Services for	GF	\$0	\$0	\$0	\$0	\$0
People with	CF	\$779,589	\$0	\$779,589	\$0	\$0
Disabilities, (A)	RF	\$24,257,704	\$0	\$24,289,139	(\$1,435,612)	\$0
Regional Centers -	FF	\$0	\$0	\$0	\$0	\$0
Developmental						
Disabilities Services,						
(1) Wheat Ridge						
Regional Center -						
Wheat Ridge						
Regional Center						
Intermediate Care						
Facility						

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,435,612	\$0	\$1,435,612	\$1,435,612	\$0
09. Services for People with Disabilities, (A)	FTE	0.0	0.0	0.0	0.0	0.0
Regional Centers - Developmental Disabilities Services, (1) Wheat Ridge Regional Center - Wheat Ridge Regional Center Provider Fee	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$1,435,612	\$0	\$1,435,612	\$1,435,612	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$150,000	\$0	\$150,000	\$0	\$0
09. Services for People with Disabilities, (A)	FTE	0.0	0.0	0.0	0.0	0.0
Regional Centers - Developmental Disabilities Services, (1) Wheat Ridge Regional Center - Wheat Ridge Regional Center Depreciation	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$150,000	\$0	\$150,000	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$6,737,880	\$0	\$6,749,354	(\$453,291)	\$0
09. Services for People with Disabilities, (A)	FTE	98.8	0.0	98.8	0.0	0.0
Regional Centers - Developmental Disabilities Services, (2) Grand Junction Regional Center - Grand Junction Regional Center Intermediate Care Facility	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$712,070	\$0	\$712,070	\$0	\$0
	RF	\$6,025,810	\$0	\$6,037,284	(\$453,291)	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$453,291	\$0	\$453,291	\$453,291	\$0
09. Services for People with Disabilities, (A)	FTE	0.0	0.0	0.0	0.0	0.0
Regional Centers - Developmental Disabilities Services, (2) Grand Junction Regional Center - Grand Junction Regional Center Provider Fee	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$453,291	\$0	\$453,291	\$453,291	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$10,051,713	\$0	\$10,068,654	\$0	\$0
09. Services for People with Disabilities, (A) Regional Centers - Developmental Disabilities Services, (2) Grand Junction Regional Center - Grand Junction Regional Center Waiver Services	FTE	174.2	0.0	174.2	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$398,264	\$0	\$398,264	\$0	\$0
	RF	\$9,653,449	\$0	\$9,670,390	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$515,997	\$0	\$515,997	\$0	\$0
09. Services for People with Disabilities, (A) Regional Centers - Developmental Disabilities Services, (2) Grand Junction Regional Center - Grand Junction Regional Center Depreciaton	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$515,997	\$0	\$515,997	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$10,847,648	\$0	\$10,871,904	\$0	\$0
09. Services for People with Disabilities, (A) Regional Centers - Developmental Disabilities Services, (3) Pueblo Regional Center - Pueblo Regional Center Waiver Services	FTE	181.8	0.0	181.8	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$539,856	\$0	\$539,856	\$0	\$0
	RF	\$10,307,792	\$0	\$10,332,048	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$436,036	\$0	\$436,036	\$0	\$0
09. Services for People with Disabilities, (A) Regional Centers - Developmental Disabilities Services, (3) Pueblo Regional Center - Pueblo Regional Center Depreciaton	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$436,036	\$0	\$436,036	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$7,816,722	\$0	\$7,833,315	\$0	\$0
	FTE	101.7	0.0	101.7	0.0	0.0
11. Division of Youth Corrections,	GF	\$6,799,347	\$0	\$6,815,940	\$0	\$0
(C) Community Programs - Personal Services	CF	\$50,833	\$0	\$50,833	\$0	\$0
	RF	\$305,768	\$0	\$305,768	\$0	\$0
	FF	\$660,774	\$0	\$660,774	\$0	\$0
	Total	\$544,372	\$0	\$544,372	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Corrections,	GF	\$530,618	\$0	\$530,618	\$0	\$0
(C) Community Programs - Operating Expenses	CF	\$2,448	\$0	\$2,448	\$0	\$0
	RF	\$11,306	\$0	\$11,306	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$23,418,063	\$0	\$23,418,063	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Corrections,	GF	\$21,443,175	\$0	\$21,443,175	\$0	\$0
(C) Community Programs - Purchase of Contract Placements	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$1,100,328	\$0	\$1,100,328	\$0	\$0
	FF	\$874,560	\$0	\$874,560	\$0	\$0
	Total	\$1,454,624	\$0	\$1,454,624	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Corrections,	GF	\$1,419,372	\$0	\$1,419,372	\$0	\$0
(C) Community Programs - Managed Care Pilot Project	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$35,252	\$0	\$35,252	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required	Yes	No	X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	No	X	
FF Letternote Text Revision Required	Yes	No	X	
Requires Legislation?	Yes	No	X	
Type of Request?	Department of Human Services Non-Prioritized Request			
Interagency Approval or Related Schedule	Department of Health Care Policy and Financing			

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

NP-08 DOC Maintenance Operating

Dept. Approval By: Melissa Woodlet Supplemental FY 2016-17
 X
 OSPB Approval By: Erin M. Kelly 10/27/16 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17	FY 2017-18		FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$3,728,566	\$0	\$3,691,360	\$99,591	\$99,591
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,715,802	\$0	\$2,678,596	\$0	\$0
	CF	\$11,422	\$0	\$11,422	\$0	\$0
	RF	\$846,073	\$0	\$846,073	\$99,591	\$99,591
	FF	\$155,269	\$0	\$155,269	\$0	\$0

Line Item Information	Fund	FY 2016-17	FY 2017-18		FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$3,728,566	\$0	\$3,691,360	\$99,591	\$99,591
FTE		0.0	0.0	0.0	0.0	0.0
03. Office of Operations, (A) Administration - Operating Expenses	GF	\$2,715,802	\$0	\$2,678,596	\$0	\$0
	CF	\$11,422	\$0	\$11,422	\$0	\$0
	RF	\$846,073	\$0	\$846,073	\$99,591	\$99,591
	FF	\$155,269	\$0	\$155,269	\$0	\$0

CF Letternote Text Revision Required?	Yes	<u> </u> No	<u> </u> X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<u> </u> X	<u> </u> No	
FF Letternote Text Revision Required?	Yes	<u> </u> No	<u> </u> X	
Requires Legislation?	Yes	<u> </u> No	<u> </u> X	
Type of Request?	Department of Human Services Non-Prioritized Request			
Interagency Approval or Related Schedule 13s:	Department of Corrections			

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Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-01 DYC Facility Staffing Phase 3 of 3

Dept. Approval By: Melissa Wauchock Supplemental FY 2016-17
 OSPB Approval By: Eric N. Smith 10/26/16 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$106,656,130	\$0	\$108,189,230	\$5,010,631	\$8,157,750
	FTE	845.6	0.0	878.0	80.6	137.0
Total of All Line Items Impacted by Change Request	GF	\$87,850,739	\$0	\$89,383,839	\$5,010,631	\$8,157,750
	CF	\$970,867	\$0	\$970,867	\$0	\$0
	RF	\$12,261,511	\$0	\$12,261,511	\$0	\$0
	FF	\$5,573,013	\$0	\$5,573,013	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$32,736,387	\$0	\$32,736,387	\$642,102	\$1,086,024
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Health, Life, And Dental	GF	\$22,142,423	\$0	\$22,142,423	\$642,102	\$1,086,024
	CF	\$543,180	\$0	\$543,180	\$0	\$0
	RF	\$6,909,927	\$0	\$6,909,927	\$0	\$0
	FF	\$3,140,857	\$0	\$3,140,857	\$0	\$0
	Total	\$404,087	\$0	\$404,087	\$6,378	\$10,829
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Short-Term Disability	GF	\$273,968	\$0	\$273,968	\$6,378	\$10,829
	CF	\$8,271	\$0	\$8,271	\$0	\$0
	RF	\$74,665	\$0	\$74,665	\$0	\$0
	FF	\$47,183	\$0	\$47,183	\$0	\$0
	Total	\$10,526,999	\$0	\$10,526,999	\$167,832	\$284,981
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$7,138,906	\$0	\$7,138,906	\$167,832	\$284,981

Administration - Amortization	CF	\$210,806	\$0	\$210,806	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0

Total		\$10,417,342	\$0	\$10,417,342	\$167,832	\$284,981
U1. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - S.B. 06-235	GF	\$7,064,543	\$0	\$7,064,543	\$167,832	\$284,981
Supplemental Equalization	CF	\$208,610	\$0	\$208,610	\$0	\$0
Disbursement	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0

Total		\$48,863,616	\$0	\$50,396,716	\$3,746,030	\$6,360,785
11. Division of Youth Corrections, (B) Institutional Programs - Personal Services	FTE	845.6	0.0	878.0	80.6	137.0
	GF	\$48,863,616	\$0	\$50,396,716	\$3,746,030	\$6,360,785
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Total		\$3,707,699	\$0	\$3,707,699	\$280,457	\$130,150
11. Division of Youth Corrections, (B) Institutional Programs - Operating Expenses	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$2,367,283	\$0	\$2,367,283	\$280,457	\$130,150
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$1,340,200	\$0	\$1,340,200	\$0	\$0
	FF	\$216	\$0	\$216	\$0	\$0

CF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule	None				



Cost and FTE

- The Department requests \$5,010,631 total funds/General Fund and 80.6 FTE in FY 2017-18 and \$8,157,750 total funds/General Fund and 137.0 FTE in FY 2018-19 and ongoing to appropriately staff State-operated Youth Corrections facilities based on national standards, reduce violence and injuries, increase safety and security, and enhance staff and youth engagement.
- This is an increase over the FY 2017-18 base of 10.3%.

Current Program

- The Division of Youth Corrections (DYC) provides a continuum of residential services that encompass juvenile detention, commitment and parole at ten State-owned secure facilities.
- FY 2014-15 and FY 2015-16 has yielded lower fights and assaults, but the Division continues to serve complex youth which tend to elevate the number of fights and assaults in facilities.

Problem or Opportunity

- The Division has submitted requests and received additional funding in FY 2014-15, FY 2015-16 and FY 2016-17 which increased staffing by 144.0 FTE.
- Two years ago, the Division began to move away from a concept of a “critical post” to a direct-care staffing ratio, which accounts for the staffing level required for operational needs within a facility such as supervision of visits, medical needs, court appointments, management of youth with elevated needs and transportation.
- This is the third and final phase of staffing requests to achieve a ratio in all facilities which is not greater than 1 staff to 8 youth during waking hours and 1 staff to 16 youth during sleeping hours.

Consequences of Problem

- Failure to adequately staff secure facilities may ultimately lead to a degradation of services that could be manifested in an increased number of violent and self-harming acts, youth and staff injuries, and an overall unsafe environment.
- Colorado will not be in adherence to the Department of Justice Prison Rape Elimination Act (PREA) standards, which outlines appropriate staff to youth ratios.

Proposed Solution

- The Department requests \$5,010,631 total funds/General Fund and 80.6 FTE in FY 2017-18 to support safe environments in State-operated secure facilities.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-01
Request Details: DYC Facility Staffing Phase 3 of 3

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
DYC Facility Staffing Phase 3 of 3	\$5,010,631	\$5,010,631	80.6

Problem or Opportunity:

The Department requests \$5,010,631 total funds/General Fund and 80.6 FTE in FY 2017-18 and \$8,157,750 total funds/General Fund and 137.0 FTE in FY 2018-19 and ongoing to continue to appropriately address staff to youth ratios in order to mitigate safety and security issues for youth and staff within the State-operated youth corrections facilities. This funding request is the third and final phase of additional staffing for the Department's Division of Youth Corrections' (DYC) ten State-operated facilities. The Joint Budget Committee approved previous funding for 144.0 FTE in FY 2014-15, FY 2015-16 and FY 2016-17.

This request is intended to address ongoing safety and security issues within DYC State-operated facilities to reduce fights, assaults, and youth and staff injuries. As will be discussed in further detail later in this request, the historical staffing framework for the Division's State-operated facilities has resulted in inadequate resources to successfully supervise youth in a manner that maintains a safe and secure environment for all youth and staff. The Department also has a capital request for the fourth phase of facility refurbishments that are necessary for increased security and safety. Both requests highlight the Department's emphasis on safety for youth and staff.

For the purposes of this request, direct staff supervision is defined as security staff who are physically located in the same room, and within reasonable hearing distance of the youth.

Supporting Research/Authority

Research conducted in the mid 1960's to early 1970's in California looked directly at group size as it related to staff's abilities to interact with youth and the behaviors of youth in those groups. Jesness (1972) found that staff with fewer residents had the, "opportunity to develop supportive individual relationships with residents." In contrast, staff with larger resident populations were found to use military-style regimentation, frequent use of punishment, and reliance on more peer-directed groups to control other residents.

This same research found that youth exposed to smaller group sizes were able to spend more time focusing on post-release issues, and had a 26% improved recidivism rate over the control group within 15 months of release. Youth with a mental health diagnosis show a parole violation rate of 30% as compared with the

61% mental health classified youth assigned to a larger unit. This is relevant given that FY 2015-16 data shows that 51.3% of NYC youth in secure placement have been found to have a mental health component.

Increased staffing allows for the NYC to provide a well-functioning milieu, a strong learning environment, professional relationships with youth, and appropriate levels of programming that enhance skill development in the youth served. All of these factors combined support a safe and secure environment.

In addition to improving the safety and security of facilities, increased staffing also meets the mandate from the Prison Rape Elimination Act (PREA) of 2003 (PL 108-79) as well as the Department of Justice (DOJ) PREA Standards (28 CFR Part 115) that require that by October 2017 the Department has a staffing pattern that is determined by staff to youth ratios. Specifically, the standard states “Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours” (PREA standard §115.313).

In consideration of safety and security issues, and continuing with the phased approach to ensure adequate staff is available to supervise youth on all shifts, the Department is proposing to increase NYC staff. With the 53 positions funded for FY 2014-15, 22 new positions for FY 2015-16 and 69 positions funded for FY 2016-17, the NYC still needs 136 positions as shown in Table 1. Additionally the Department is requesting one General Professional III Human Resources staff to handle the increase recruitment and hiring of 136 direct care staff as well as personnel activities such as support performance evaluations, grievances, transfers, promotions and disciplinary actions.

Table 1: Summary of Positions Needed

Need by Category	Total Positions Needed	Less Previously Funded FTE			Remaining Need
		FY 2014-15	FY 2015-16	FY 2016-17	
Direct Care Staff	257	32	22	68	135
Supervisors	21	20	0	0	1
Support	2	1	0	1	0
Total FTE	280	53	22	69	136
Plus: General Professional III Human Resources staff					1
Total FY 2017-18 Request					137

Detention and Commitment: Current and Future Need for Secure Capacity

The following section provides context for NYC’s State-operated facilities structure as well as background for future capacity needs. NYC operates ten secure residential facilities. These facilities serve two distinct populations of youth: detained and committed.

Detention Capacity

Detained youth are held in detention for short term stays under the jurisdiction of the juvenile court. Juvenile detention facilities are situated in geographically accessible locations to ensure access by all Judicial Districts. Detention beds are statutorily capped at 382, which are allocated to Judicial Districts through a formula.

Commitment Capacity

DYC also serves youth committed to the custody of the Department for an average of 18-24 months in length.

The Department analyzed the characteristics of youth entering the commitment system to project the percent of the total population who will require secure residential treatment based primarily upon security classification (offense, treatment needs, run history, and other factors). The proportion of the population requiring secure residential treatment has risen from 36% at the close of FY 2010-11 to a current level of 49% for FY 2015-16. While DYC has seen a reduction in the total number of commitment beds needed over the past several years, DYC has experienced an increase in the number of youth who need secure bed placement as opposed to a community placement.

For FY 2015-16, 38% of new commitments were committed for person offenses such as assault, menacing, sexual assault, robbery, and weapon related charges. In the same time period, 66% of new commitments have a prior out of home placement, while 45% have had two or more prior placements. Historically, between 70-80% of all youth committed to the Department also have significant histories of running from placements or homes. The decision to place committed youth in a secure placement at a State facility is based on several factors including offense type, run history, failure in prior out of home placements and treatment issues that include but are not limited to assaultive/aggressive behavior, mental health issues, substance abuse issues and sex-offense specific issues.

Current Secure Facility Staffing Levels

Current staffing results in a variety of staffing ratios dependent upon the size and configuration of units in a particular facility. Some facilities have units with 20 beds, while others have units with 8, 12 or 14 beds. The characteristics of the population, including gender, age, and offense type affects the configuration of youth in units, sometimes resulting in one unit running at a level above the stated capacity. For example, a 20 bed unit may have 22 youth or a 12 bed unit may have 14 youth.

Data published in the November 2015 Request For Information (RFI) to the Joint Budget Committee, showed DYC was running at staffing ratios ranging from 1:8.54 up to 1:22.43 youth to staff during sleeping hours and a range of 1:8.54 to 1:12.91 during waking hours. This data was the average for January 2015 through September 2015. A sufficient number of staff does not currently exist to develop those supportive individual relationships, identified in research stated previously. Nor do the staffing levels meet the minimum staffing ratio of 1:8 during waking hours set by the U.S. Department of Justice. These waking ratios do not vary based on activity.

Staffing Levels and Adequate Supervision to Maintain Safety and Security

The shift from critical post staffing models to a ratio based model for the purposes of enhancing safety, security, and programming also presented an opportunity for the Department to increase safety, reduce assaults and fights, reduce the use of seclusion and restraint as well as enhance school safety. The ratio based model more appropriately reflects the level of resources needed to effectively and safely supervise and care for youth entering the detention and commitment system.

The incorporation of additional staffing helped to support the mission of the Department and affected safety and security. While all facilities saw an infusion of new staff, many were allocated where the need for relief was greatest. For example, in a number of facilities staff was designated for the night shift where increased supervision was needed. In facilities where the greatest need was on day and evening shifts, there was a notable reduction on the level of violence. Eight out of ten facilities have experienced a

reduction in the average number of assaults and fights per month since the increase of staff as illustrated by Table 2. The multi-purpose facilities provide both detention and commitment services.

Table 2: Fights and Assaults

			Fight/Assault Rates (AVG Monthly Bed Day Rate)			
Facility	Type	Capacity	July14-June15	July15-March16	Percent Change	Interpretation
Adams	Detention	30	0.21	0.10	-55%	Performance Improved
Zebulon Pike	Commitment	36	0.48	0.25	-48%	Performance Improved
Grand Mesa	Multi-Purpose	67	0.20	0.13	-36%	Performance Improved
Gilliam	Detention	64	0.78	0.52	-33%	Performance Improved
Mount View	Multi-Purpose	105	0.64	0.45	-29%	Performance Improved
Pueblo	Detention	28	0.51	0.36	-29%	Performance Improved
Lookout	Commitment	130	0.46	0.39	-16%	Performance Improved
Marvin Foote	Detention	61	0.73	0.69	-5%	Performance Improved
Spring Creek	Multi-Purpose	80	0.81	0.81	0%	Performance Unchanged
Platte Valley	Multi-Purpose	103	0.41	0.50	21%	Performance Declined
STATE TOTAL			0.53	0.45	-15%	

Current Vacancies in DYC

The Division reviewed reasons for staff vacancies from October 2015 through January 2016 and noted some trends within the Correctional Youth Security Officer (CYSO) I category. Nearly one fourth (23.5%) of these vacancies are due to promotions to other positions in the Division. Transfers, either to another agency or facility, account for 13.3%. Resignations, terminations and demotions are the balance at 63.2%, with a bulk of these being resignations. The Division is continuing to aggressively recruit for open positions and is filling all existing vacancies within a facility before creating any new positions that were approved with FY 2016-17 funding.

It should be noted that DYC assumes a vacancy rate of approximately 5% or 29 positions as normal attrition. To mitigate for the effect of these vacancies on facility staffing, the Division created 29 additional unfunded positions to keep up with the normal rate of attrition. The Division's 572 CYSO I and CYSO II positions are maintained to equal the 543 positions that are funded within the appropriation. This is illustrated by Table 3.

Table 3: DYC Planned Staffing and Vacancy

Planned Staffing			
Position Type	Actual Positions	Less Anticipated Vacancy	Budgeted Positions
CYSO I	483.0	(24.40)	458.6
CYSO II	89.0	(4.50)	84.5
Total	572.0	(28.90)	543.1
Vacancy Rate		-5.1%	

Annual turnover among juvenile detention workers was reported to be almost 20%, according to a 1993 study by T. A. Wright. Additionally, a 2011 study by Minor et.al. determined that approximately a quarter of newly hired staff resigned from state-operated juvenile correctional facilities within the first year of being hired and trained.

DYC has averaged 55.2 vacancies for the fiscal year FY 2015-16, which is 10.2% of total positions in direct care. This means any given month, the Division has approximately 10% of direct care positions unfilled. The actual number of unique separations for the same year totaled 158 which is an attrition rate of 27.7% against the total of 572 positions. This is slightly higher than the national study quoted from 1993.

The FY 2016-17 figure setting document for DYC noted that DYC was averaging 49.5 vacancies out of 483 total positions in CYSO I positions and 7.3 out of 89 total CYSO II positions for October 2015 through January 2016. These figures combined for an average of 57 vacancies during that time period, of which 29 positions were unfunded. This equates to 28 positions above the planned attrition rate. Of those 57 positions, 53 were filled, however with the normal cycle of attritions and new hires, as of May 2016 the Division had 58.2 vacant positions. The figure and table that follow illustrate the flow of filled and unfilled positions by month, as well as whether or not they are funded. Appendix A, attached at the end of this document, shows all vacant positions by facility and class by month, these vacancies include the 29 unfunded positions. Appendix A demonstrates the net amount of vacancies each month after attrition and new hires.

Figure 1: Monthly DYC Positions Filled and Vacant

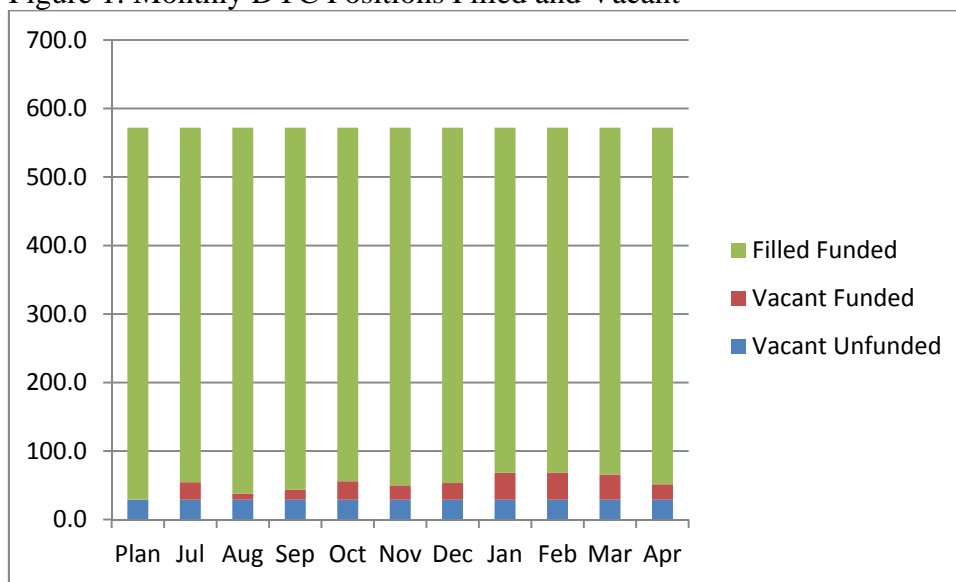


Table 4 provides the actual data points used in Figure 1. This table details vacancy experienced each month above the planned 29.0 vacant positions.

Table 4: Data for Figure 1 Monthly DYC Positions Filled and Vacant

Category	Plan	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Vacant Unfunded	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0
Vacant Funded	0	25.5	8.8	14.6	26.9	20.8	24.2	39.3	39.7	36.8	22.5	29.2
Filled Funded	543.0	517.5	534.2	528.4	516.1	522.2	518.8	503.7	503.3	506.2	520.5	513.8
Total Position Count	572.0	572.0	572.0	572.0	572.0	572.0	572.0	572.0	572.0	572.0	572.0	572.0
Total Vacant both funded and unfunded		54.5	37.8	43.6	55.9	49.8	53.2	68.3	68.7	65.8	51.5	58.2

Current Hiring Plans for new FTE appropriated for FY 2016-17

The Division is ensuring that existing vacant positions at the end of FY 2015-16 are being filled prior to creating and filling the new FTE appropriated. The Division has outlined a hiring plan as a guide, pending successful hiring of existing open positions which is shown in Table 5. An emphasis is being placed on facilities where fights and assaults are the highest.

Table 5: Current Hiring Plan for FY 2016-17 Funded FTE

New Hires by Month	CYSO I					CYSO II					Total
	Spring Creek	Lookout Mountain	Gilliam	Platte Valley	Subtotal	Spring Creek	Lookout Mountain	Gilliam	Platte Valley	Subtotal	
August			2		2	1			1	2	4
September					0	2	2		1	5	5
October					0	1	2		2	5	5
November	4	4		3	11	1	2		1	4	15
December	4	5		4	13		1			1	14
January	4	5		4	13					0	13
February	3	5		4	12					0	12
Actual New Positions	15	19	2	15	51	5	7	0	5	17	68

Proposed Solution:

The Department requests \$5,010,631 total funds/General Fund and 80.6 FTE in FY 2017-18 and \$8,157,750 total funds/General Fund, 137.0 FTE in FY 2018-19 and ongoing to continue to appropriately address staff to youth ratios in order to mitigate safety and security issues for youth and staff within State-operated facilities.

In order to meet the nationally adopted staffing ratios to effectively and safely supervise youth in DYC detention and commitment systems, the Department is proposing the following solution.

Elements of the Proposal

- In designing a solution, the Department recognizes that the demands of operating a secure facility often require staff who are supervising youth to be pulled off coverage. These demands include but are not limited to such activities as: transporting one or more youth to a medical appointment, moving youth to and from visits with family and external service providers (transition), or to provide transition activities such as working to secure employment or enroll in educational services. While these demands are operationally critical, they decrease the number of staff supervising the majority of the youth and thus impacts safety. Therefore, this request includes positions intended to cover operational “posts”.
- The Department would deploy new staff based upon a ramp up schedule as well as a review of current data and youth populations. A hiring plan can be found in Table 5.

Staffing Request

- An additional 102 direct care supervision (CYSO I) and 33 senior level direct care supervision (CYSO II) positions, fully annualized in FY 2018-19, to be compliant with nationally recognized ratios.
- One additional CYSO III Supervisor to maintain span of control.

- One additional GP III Human Resources Generalist in the Office of Administrative Solutions, Employment Affairs Division to administer hiring, and various personnel functions related to supporting the additional 136 staff.

Equation of Posts to FTE

Direct Care and Operational Posts that must be staffed 24 hours a day, 7-days a week require 5.2 FTE to cover all shifts. Supervisors and support posts do not require 24/7 coverage. Table 6 shows the conversion between FTE and the shift relief factor, not the staggered hiring plan for the requested 137.0 FTE that is shown in Table 7.

Table 6: Equation of Posts to FTE

Type of Staff	Posts	Relief Factor	Annualized positions	Prorated FTE for FY 2017-18
CYSO I	19.62	5.2	102	59.8
CYSO II	6.35	5.2	33	19.0
CYSO III	1	n/a	1	0.9
GP III	1	n/a	1	0.9
Total Positions / FTE			137.0	80.6

The staggered hiring plan for these requested positions is show in Table 7.

Table 7: Hiring Plan

Hiring plan	Number of Hires			
	CYSO I	CYSO II	CYSO III	GP III
Beginning July 2017				
July	12	3	1	1
Aug	12	3		
Sept	11	4		
Oct	11	4		
Nov	11	4		
Dec	11	4		
January	11	4		
February	11	4		
March	12	3		
April	0	0		
May	0	0		
June	0	0		
Hired at End of FY 17-18	102	33	1	1
Total Positions Hired	137			

Alternatives Considered

The Department reviewed a variety of possible configurations for different capacity levels by living unit and the resulting staff requirements. These are summarized below along with non-financial impacts and consequences. (These options are to be looked at separately and are not a comparison from one to the other.)

Option 1: Increase staffing levels in a phased approach. (This option is the Department's preferred option, this funding request.) It will increase:

- safety of the facility by reducing fights and assaults, and reducing injuries to staff and youth;
- staff based upon Department of Justice standards while assuming that staffing for classroom instruction is viewed in aggregate;
- staff to address operational capacity needs; and
- supervisory staff to meet needs of new direct care staff.

Pros of Option 1 are:

- Direct staff coverage to meet appropriate staffing levels.
- Increased coverage to improve supervision of youth and decrease the likelihood of assaults and fights.
- Allows for staffing and operational coverage to ensure youth/staff ratios are maintained. (Staff are not pulled from supervision to move youth to and from visits, transport to medical appointments, conduct transition activities, and other duties).

Cons of Option 1 are:

- Cost of additional FTE.

Option 2: Decrease the need for additional staff through maintaining the same number of youth in fewer living units. This option relies upon double-bunking a portion of youth in State-operated facilities. For example, a pod designed for 12 youth would require 2.0 staff during waking hours. To maximize the efficiency of the 2.0 staff- the pod would be utilized at 16 youth. This would require 4 rooms to be double bunked, affecting 8 youth.

Pros of Option 2 are:

- Results in cost savings through artificially increasing pod sizes to ensure efficient staff to youth ratios.

Cons of Option 2 are:

- This practice would conflict with the foundational principles of providing safe and secure environments. Proper room assignment is critical, ensuring youth who have met certain criteria are not double bunked. The vast majority of youth in the Division are classified as not being eligible for a roommate.
- Compromise safety and security through overcrowding living units designed for a particular size population. This is compounded by the need to separate youth of differing gangs, different ages and gender, potential victims from victimizers, as well as court orders to separate co-defendants.

Option 3: Do not increase staff levels.

Pros of Option 3 are:

- The State does not incur additional costs to support increased FTE to staff Division of Youth Corrections' State-operated facilities.

Cons of Option 3 are:

- The Department will not have the ability to effectively reduce assaults, fights, and the use of restraint and seclusion.

- The Department will not have the ability to provide the supervision necessary to reduce/eliminate incidents of sexual misconduct in State-operated facilities.
- Increased youth capacity results in additional facility strain.
- The Department will not meet PREA requirements for staffing by October 1, 2017 potentially putting the State at risk of federal grant penalties.

Anticipated Outcomes:

The outcome of increased staffing in NYC State-operated facilities directly links to the Department's performance improvement efforts. The Department projects increased staffing will also have a positive outcomes for youth. Through the infusion of staff, youth will have greater access to programs and services tailored to their individual treatment needs. The Division also expects that State facilities will experience a greater retention rate of security staff. Through increased staffing patterns, staff will have support "on-the-floor" that will translate to feeling safe, being better equipped to hold youth accountable and a stronger sense of helping youth to achieve positive outcomes, thus equating to a higher degree of job satisfaction.

Outcomes of Increased Staffing

- Provide the necessary sight and sound supervision of youth to reduce/eliminate physical and sexual incidents.
- Provide a safe environment for youth, staff and school personnel.
- Provide the necessary resources for full implementation of the Division's behavior management program, facility-wide Positive Behavioral Interventions and Supports.
- Increase opportunities to utilize motivational interviewing techniques with youth in the moment.
- Decrease the response time for incidents and crises.
- Provide the resources necessary for full engagement of families of youth in the detention and commitment systems. This includes but is not limited to increased visits, increased phone contact, increased facility activities, and orientation processes for families in each facility.

The Department believes that setting staff ratios at the levels prescribed by the Department of Justice and supported in research will improve the safety of youth and staff as indicated by continuing the:

- Decrease of the number of assaults and fights in State-operated facilities.
- Reduction of the use of restraint and seclusion.
- Reduction of the number of injuries to youth from fights, assaults and restraints.
- Reduction of the number of injuries to staff from assaults or restraints thereby reducing the number of and amount of Workers Compensation claims.

The Department will phase in new staff at each of its ten NYC State-operated facilities over the fiscal year. This process will allow the facilities to manage recruitment and training of new employees without over burdening the Department's current human resources system.

Assumptions and Calculations:

Table 8 shows the calculation of salary, benefits, and other costs associated with the FTE.

Table 8: FTE Costs

Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
CYSO III	\$4,099	0.9	\$44,269	1.0	\$49,188
PERA			\$4,493		\$4,993
AED			\$2,213		\$2,459
SAED			\$2,213		\$2,459
Medicare			\$642		\$713
STD			\$84		\$93
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, ## FTE		0.9	\$61,841	1.0	\$67,832
Classification Title	Monthly	FTE		FTE	
GP III - Human Resources	\$4,028	0.9	\$43,502	1.0	\$48,336
PERA			\$4,415		\$4,906
AED			\$2,175		\$2,417
SAED			\$2,175		\$2,417
Medicare			\$631		\$701
STD			\$83		\$92
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 2, ## FTE		0.9	\$60,908	1.0	\$66,796
Subtotal Personal Services		1.8	\$122,750	2.0	\$134,628
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	1.8	\$900	2.0	\$1,000
Telephone Expenses	\$450	1.8	\$810	2.0	\$900
PC, One-Time	\$1,230	2.0	\$2,460	-	
Office Furniture, One-Time	\$3,473	2.0	\$6,946	-	
Other					
Other					
Other					
Other					
Subtotal Operating Expenses			\$11,116		\$1,900
TOTAL REQUEST		1.8	\$133,866	2.0	\$136,528

Table 8: FTE Costs (Continued)

Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
CYSO I	\$3,374	59.8	\$2,421,182	102.0	\$4,129,776
PERA			\$245,750		\$419,172
AED			\$121,059		\$206,489
SAED			\$121,059		\$206,489
Medicare			\$35,107		\$59,882
STD			\$4,600		\$7,847
Health-Life-Dental			\$475,631		\$808,573
Subtotal Position 1, ## FTE		59.8	\$3,424,388	102.0	\$5,838,228
Classification Title	Monthly	FTE		FTE	
CYSO II	\$3,718	19.0	\$847,704	33.0	\$1,472,328
PERA			\$86,042		\$149,441
AED			\$42,385		\$73,616
SAED			\$42,385		\$73,616
Medicare			\$12,292		\$21,349
STD			\$1,611		\$2,797
Health-Life-Dental			\$150,617		\$261,597
Subtotal Position 2, ## FTE		19.0	\$1,183,036	33.0	\$2,054,744
Subtotal Personal Services		78.8	\$4,607,424	135.0	\$7,892,972
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	78.8	\$39,400	135.0	\$67,500
Telephone Expenses	\$450	78.8	\$35,460	135.0	\$60,750
PC, One-Time	\$1,230	27.0	\$33,210	-	
Office Furniture, One-Time	\$3,473	27.0	\$93,771	-	
Digital Trunk Radios	\$2,500	27.0	\$67,500	27.0	
Subtotal Operating Expenses			\$269,341		\$128,250
Total This Page		78.8	\$4,876,765	135.0	\$8,021,222
Total Prior Page		1.8	133,865.6	2.0	136,528.0
Total REQUEST		80.6	5,010,631.0	137.0	8,157,750.0
	<i>General Fund</i>		\$5,010,631		\$8,157,750

Table 9 provides a breakout of the affected Long Bill line items.

Table 9: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Health, Life, and Dental	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$32,736,387	\$22,142,423	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$642,102	\$642,102	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$33,378,489	\$22,784,525	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$443,922	\$443,922	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$33,822,411	\$23,228,447	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$33,822,411	\$23,228,447	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Short-term Disability	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$404,087	\$273,968	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$6,378	\$6,378	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$410,465	\$280,346	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$4,451	\$4,451	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$414,916	\$284,797	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$414,916	\$284,797	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,526,999	\$7,138,906	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$167,832	\$167,832	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,694,831	\$7,306,738	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$117,149	\$117,149	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,811,980	\$7,423,887	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,811,980	\$7,423,887	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,417,342	\$7,064,543	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$167,832	\$167,832	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,585,174	\$7,232,375	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$117,149	\$117,149	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,702,323	\$7,349,524	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,702,323	\$7,349,524	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	

Table 9: Long Bill Summary (Continued)

Table 9: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (11) (B) - Division of Youth Corrections, Institutional Programs - Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$48,863,616	\$48,863,616	\$0	\$0	\$0	\$0	\$0	\$0	845.6	
Requested Funding (or Spending Authority)	\$3,746,030	\$3,746,030	\$0	\$0	\$0	\$0	\$0	\$0	80.6	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$52,609,646	\$52,609,646	\$0	\$0	\$0	\$0	\$0	\$0	926.2	
FY 2018-19 Annualization of Prior Year Funding	\$2,614,755	\$2,614,755	\$0	\$0	\$0	\$0	\$0	\$0	56.4	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$55,224,401	\$55,224,401	\$0	\$0	\$0	\$0	\$0	\$0	982.6	
FY 2019-20 Total Requested Appropriation	\$55,224,401	\$55,224,401	\$0	\$0	\$0	\$0	\$0	\$0	982.6	
Line Item: (11) (B) - Division of Youth Corrections, Institutional Programs - Operating Expenses	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$3,707,699	\$2,367,283	\$0	\$1,340,200	\$216	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$280,457	\$280,457	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$3,988,156	\$2,647,740	\$0	\$1,340,200	\$216	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	(\$150,307)	(\$150,307)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$3,837,849	\$2,497,433	\$0	\$1,340,200	\$216	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$3,837,849	\$2,497,433	\$0	\$1,340,200	\$216	\$0	\$0	\$0	0.0	

Appendix A: Charts on Vacancy

DYC FY 2015-16 All vacancies- planned and unplanned through May 2016											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
ADAMS	1.0	1.0	1.6	0.0	1.5	1.6	1.7	0.5	0.0	0.0	0.0
CORR/YTH/CLIN SEC OFF I	1.0	1.0	1.6	0.0	0.5	1.3	1.7	0.2	-1.0	0.0	0.0
CORR/YTH/CLIN SEC OFF II	0.0	0.0	0.0	0.0	1.0	0.3	0.0	0.3	1.0	0.0	0.0
GRAND MESA	2.0	2.0	1.0	4.8	4.5	4.6	3.0	3.6	1.4	1.0	1.9
CORR/YTH/CLIN SEC OFF I	2.0	2.0	1.0	2.8	2.6	2.6	3.0	3.6	1.4	1.0	1.9
CORR/YTH/CLIN SEC OFF II	0.0	0.0	0.0	2.0	1.9	2.0	0.0	0.0	0.0	0.0	0.0
GILLIAM	1.4	1.0	4.0	5.6	5.7	4.4	5.6	6.0	4.7	4.5	3.7
CORR/YTH/CLIN SEC OFF I	0.4	0.0	3.0	5.6	5.7	4.4	3.6	5.9	4.7	4.5	2.7
CORR/YTH/CLIN SEC OFF II	1.0	1.0	1.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	1.0
LOOKOUT MOUNTAIN	12.6	8.0	10.0	9.7	6.2	7.9	11.9	15.3	14.7	13.8	14.7
CORR/YTH/CLIN SEC OFF I	9.6	6.0	9.0	7.8	4.2	5.9	9.9	14.3	14.7	13.8	14.7
CORR/YTH/CLIN SEC OFF II	3.0	2.0	1.0	1.9	2.0	2.0	2.0	1.0	0.0	0.0	0.0
M. FOOTE	7.0	7.0	3.5	5.4	7.3	7.3	8.6	6.9	6.0	5.3	6.6
CORR/YTH/CLIN SEC OFF I	5.0	5.0	2.5	4.4	6.3	6.3	6.8	4.9	4.0	5.3	6.6
CORR/YTH/CLIN SEC OFF II	2.0	2.0	1.0	1.0	1.0	1.0	1.7	2.0	2.0	0.0	0.0
MOUNT VIEW	10.0	7.0	9.7	9.2	9.8	9.4	11.0	11.5	11.7	8.5	14.3
CORR/YTH/CLIN SEC OFF I	9.0	6.0	7.7	9.2	9.8	9.4	11.0	11.5	11.7	7.7	13.3
CORR/YTH/CLIN SEC OFF II	1.0	1.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	1.0
PLATTE VALLEY	11.3	3.5	6.6	7.5	5.6	4.7	10.1	6.9	7.7	9.1	7.7
CORR/YTH/CLIN SEC OFF I	10.3	2.5	6.6	5.5	4.6	2.7	9.1	7.2	7.7	9.1	6.5
CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	2.0	1.0	2.0	1.0	-0.3	0.0	0.0	1.3
PUEBLO	0.0	0.0	1.9	3.1	3.0	4.3	4.8	4.0	3.2	2.0	0.0
CORR/YTH/CLIN SEC OFF I	0.0	0.0	1.9	3.0	3.0	4.3	4.8	5.0	4.2	3.0	1.0
CORR/YTH/CLIN SEC OFF II	0.0	0.0	0.0	0.1	0.0	0.0	0.0	-1.0	-1.0	-1.0	-1.0
SPRING CREEK	7.2	7.0	2.7	8.0	5.0	7.3	8.5	11.1	12.2	5.1	8.4
CORR/YTH/CLIN SEC OFF I	6.2	6.0	2.7	8.0	4.0	6.9	8.6	11.7	11.4	6.2	9.4
CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	0.0	1.0	0.4	-0.1	-0.5	0.8	-1.1	-1.0
ZEB PIKE	2.0	1.3	2.6	2.6	1.2	1.7	3.1	2.8	4.1	2.2	0.7
CORR/YTH/CLIN SEC OFF I	2.0	1.3	2.6	2.6	1.2	1.7	3.1	2.8	4.1	2.2	0.7
CORR/YTH/CLIN SEC OFF II	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Division Total	54.5	37.8	43.6	55.9	49.8	53.2	68.3	68.7	65.8	51.5	58.2
Less Planned Unfunded Vacancy	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0	-29.0
Net Vacancy	25.5	8.8	14.6	26.9	20.8	24.2	39.3	39.7	36.8	22.5	29.2

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-02 DYC 24 Hour Medical Coverage

Dept. Approval By: Melissa Wavelet

OSPB Approval By: Eric R. Schmit 10/26/16

Supplemental FY 2016-17
 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$60,664,226	\$0	\$60,423,782	\$1,990,931	\$4,109,471
	FTE	36.0	0.0	36.0	16.1	38.0
Total of All Line Items Impacted by Change Request	GF	\$43,199,251	\$0	\$42,958,807	\$1,990,931	\$4,109,471
	CF	\$970,867	\$0	\$970,867	\$0	\$0
	RF	\$10,921,311	\$0	\$10,921,311	\$0	\$0
	FF	\$5,572,797	\$0	\$5,572,797	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$32,736,387	\$0	\$32,736,387	\$142,689	\$309,160
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Health, Life, And Dental	GF	\$22,142,423	\$0	\$22,142,423	\$142,689	\$309,160
	CF	\$543,180	\$0	\$543,180	\$0	\$0
	RF	\$6,909,927	\$0	\$6,909,927	\$0	\$0
	FF	\$3,140,857	\$0	\$3,140,857	\$0	\$0
	Total	\$404,087	\$0	\$404,087	\$1,946	\$4,578
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Short-Term Disability	GF	\$273,968	\$0	\$273,968	\$1,946	\$4,578
	CF	\$8,271	\$0	\$8,271	\$0	\$0
	RF	\$74,665	\$0	\$74,665	\$0	\$0
	FF	\$47,183	\$0	\$47,183	\$0	\$0

	Total	\$10,526,999	\$0	\$10,526,999	\$51,207	\$120,475
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,138,906	\$0	\$7,138,906	\$51,207	\$120,475
Administration - Amortization	CF	\$210,806	\$0	\$210,806	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0
<hr/>						
	Total	\$10,417,342	\$0	\$10,417,342	\$51,207	\$120,475
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,064,543	\$0	\$7,064,543	\$51,207	\$120,475
Administration - S.B. 06-235	CF	\$208,610	\$0	\$208,610	\$0	\$0
Supplemental Equalization	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
Disbursement	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0
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	Total	\$6,579,411	\$0	\$6,338,967	\$1,743,882	\$3,554,783
11. Division of Youth Corrections, (B) Institutional Programs - Medical Services	FTE	36.0	0.0	36.0	16.1	38.0
	GF	\$6,579,411	\$0	\$6,338,967	\$1,743,882	\$3,554,783
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule 13s:	None				



Cost and FTE

- The Department of Human Services requests \$1,990,931 total funds/General Fund for FY 2017-18 for 16.1 FTE and \$4,109,471 total funds/General Fund for 38.0 FTE for FY 2018-19 and ongoing to provide increased coverage for medical services for all Division of Youth Corrections (DYC) State-operated facilities, including providing psychiatric services in the eight State-operated detention facilities.
- This is an increase of 30.3% over the FY 2016-17 appropriation.

Current Program

- The Department provides twenty-four hours per day, seven-days per week supervision and care for juveniles in the detention and commitment system residing in ten State-owned and operated facilities.
- Services include but are not limited to medical, dentistry, and psychiatric services.

Problem or Opportunity

- Under the Department's current funding, nursing resources are only available five-days per week, eight hours per day. The 2014 Office of the State Auditor (OSA) performance audit identified multiple areas for improvement in regard to medical services.
- Psychiatric services are unavailable for detained juveniles in eight DYC facilities.
- The Department is pursuing accreditation by the National Commission on Correctional Health Care (NCCCHC), which requires a significantly greater degree of on-site medical coverage than currently available.

Consequences of Problem

- Direct care staff will continue to be the primary response to medical issues when medical staff are not present - evenings, overnight and weekends. Trained direct-care staff will continue to administer medications to juveniles when no medical staff is present. Both factors present high liability for the Department.

Proposed Solution

- The Department requests \$1,990,931 total funds/General Fund and 16.1 FTE in FY 2017-18 to increased medical services in the ten State-owned and operated facilities and provide psychiatric services in the eight detention facilities beginning January 2018.
- As a result medical professionals would be present to address routine and emergent medical needs for all youth in State-operated facilities twenty-four hours per day, seven-days per week at eight facilities where youth are not admitted during sleeping hours.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-02
Request Details: *DYC 24 Hour Medical Coverage*

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
DYC 24 Hour Medical Coverage	\$1,990,931	\$1,990,931	16.1

Problem or Opportunity:

The Department of Human Services requests \$1,990,931 total funds/General Fund and 16.1 FTE for FY 2017-18 and \$4,109,471 total funds/General Fund and 38.0 FTE for FY 2018-19 and ongoing to provide increased coverage for medical care at all Division of Youth Corrections (DYC) State-operated facilities. DYC provides twenty-four hour per day, seven-day per week supervision and care for juveniles in the detention and commitment system. This includes medical, dentistry, and psychiatric services on an emergency basis in ten State-operated facilities. However, on-site medical resources are not available seven-days per week, and only average eight hours per day in these facilities. There is higher risk of inadequate care during crises when no medical professional is on-site, also presenting a higher medical liability to the Department. In addition, with current resources, key components of care cannot be efficiently delivered seven-days per week, including executing physician orders and medication administration by medical personnel.

Twenty-four hour per day medical services are necessary in detention facilities based upon the flow and timing of admissions and the types of conditions presented. Juveniles are arrested at all times of the day or night, and therefore presented for admission at any time. Examples of the conditions of juveniles upon admission include but are not limited to: detoxing from heroin or methamphetamine, insulin dependent diabetics, or juveniles with seizure disorders. Currently line staff are the only on-site resources for these juveniles when they arrive after hours. Staff are responsible for the identification of medical issues, having the skill to know what symptoms to be aware of and then they must rely upon on-call medical professionals for guidance. Intakes that occur during the night mean that juveniles are admitted, and soon after they are put to bed. If an issue arises that does not meet the need for emergency services, there are no medical staff on-site to provide any type of treatment nor are there staff available to respond to the facility.

The Department currently provides the medical services outlined below to juveniles in the ten State-operated facilities, both committed and detained, eight-hours per day, five-days per week.

Figure A provides a comprehensive comparison of this request and the DYC Detention Mental Health request, to clearly identify the differences between the two requests.

Figure A: Comparison of the DYC 24 Hour Medical Coverage and DYC Detention Mental Health Requests

	R-02-DYC 24 Hour Medical Coverage	R-03-DYC Detention Mental Health
Population Served by the Request	1) Serves juveniles in both DYC detention and commitment facilities. 2) Includes services at ten State-operated facilities.	1) Serves juvenile in only DYC detention facilities. 2) Includes services at eight detention State-operated facilities.
Services Provided	1) Expansion of the number of days and hours medical coverage is provided. 2) Psychiatric services include assessing youth who may need psychotropic medications, prescribing medications if required, and providing on-going follow-up.	1) This request includes an expansion licensed mental health providers who provide direct services. These services include crisis intervention, brief individual counseling, brief family counseling, psychoeducational group facilitation, clinical consultation for direct care staff, Prison Rape Elimination Act (PREA) interviews, suicide precaution monitoring assessments and oversight, coordination of psychiatric hospitalization and development and oversight of special management programs.
Service Availability	Expand medical coverage from Monday-Sunday for 12 hours per day at commitment facilities and 24 hours for detention facilities. In addition, on-site psychiatry coverage on Monday-Friday from 8:00 am to 5:00 pm.	Contract additional licensed mental health providers from Monday-Friday for 10 hours per day.
Contracted or State FTE	1) State FTE Mid-Level Provider - 1.9 FTE, annualized to 4.5FTE Nurses - 14.2 FTE, annualized to 33.5 FTE 2) Contracted Psychiatry - 99 hours per week for eight detention facilities.	1) Contracted Mental health staff - 10 hours per day at eight detention facilities.

Primary Care

Primary care is provided under the direction of the Primary Care Provider contractor in order to effectively evaluate and treat the health needs of DYC juveniles, including consultation as needed, and on-call services by the appointed Medical Authority for detained and committed juveniles. This includes preventive services such as initial screening, routine immunizations, mandatory testing for general health welfare, and periodic physical assessments.

Services beyond basic primary care differ for detained and committed juveniles. Detained juveniles are limited to emergency services including ambulance and emergency room related services.

The following services for committed juveniles are arranged for detained youth on occasion, while there is no specific funding source the medical necessity requires intervention.

Services for Commitment Juveniles

1. Specialty Care - includes services to treat illness or injury that are requested by the Primary Care Provider. They are performed on an inpatient or outpatient basis.
 - a. Diagnostic services - lab work, radiology, etc.
 - b. Therapeutic services - range of treatment services, for example, chemotherapy, occupational therapy.
 - c. Surgical Services - hospital services, physician and anesthesia services.
2. Vision Care - periodic eye exams, refractions, glasses.
3. Hearing Care - examinations, bilateral hearing aids when applicable.
4. Dental Care - initial exams, extractions, cleanings, fillings, etc.

Hospital costs for detained juveniles are paid by General Fund as a payor of last resort. For committed juveniles, hospitalization costs not designated as inpatient are paid by General Fund. Costs for inpatient stays greater than twenty-three hours are paid by Medicaid funds. Juveniles who require urgent care are transported to the emergency room by DYC staff members. DYC facilities call 911 during emergencies. This shift in policy allowed the Department to realize savings, which it was able to redirect into providing

additional psychiatric services for committed youth. This utilization of funding allowed the Department to prevent additional expenditures, which would have been reflected in this request.

When necessary, the Department, utilizes General Fund designated for committed youth medical services to cover some detention medical expenses. This includes paying for psychotropic medications, covering emergency services, and covering other outside medical needs when there is no other source of funding.

Although the Department does not currently have the resources to provide all detained juveniles with psychiatric services, it does assist in obtaining psychiatric medications for youth that would be harmed by a break in medication routine. Juveniles admitted to one of the Department's juvenile detention facilities may present various scenarios related to psychiatric disorders and treatment histories. Juveniles may be admitted while concurrently receiving services from a community-based psychiatrist or a psychiatrist employed by a residential treatment facility. Such services often involve the prescription of psychotropic medications and monthly sessions to evaluate and monitor the effectiveness and potential side effects of the medication.

Once admitted to a State-operated facility, community-based psychiatrists are not able or willing to continue providing services. In most cases, there are several legitimate reasons that make service continuation impractical. Psychiatrists are unwilling to continue services when the juvenile may not be returning to the respective treatment facility where the doctor is employed or their practice does not allow them to travel to the facility. The result is that services stop, and juveniles no longer have access to medications and the appropriate follow-up care necessary. The Department's Division of Youth Corrections does not have the resources to acquire the services of psychiatrists who would be able to bridge the gap in services during detention stays for juveniles and ensure they are able to receive medications and follow-up care.

Juveniles may also arrive at admissions without a history of psychiatric intervention, yet quickly demonstrate behaviors that warrant a psychiatric assessment. The Department is currently not resourced to provide an assessment, and for those juveniles who will stay beyond the typical 15 or so days, appropriate follow-up care.

The delivery of health services for juveniles is predicated upon a constitutional right to care firmly established by the U.S. Supreme Court in *Estelle v. Gamble (1976)* (Fagan and Ax, 2011; Scott, 2005, 2010; Slate et al., 2013). The National Commission on Correctional Health Care (NCCHC, 2015) asserts through the access to care standard (Y-A-01) that juveniles should have access to care to meet their serious health needs. Unreasonable barriers to access to care should be removed, including "having an understaffed, underfunded, or poorly organized system with the result that is not able to deliver appropriate and timely care for patients' serious health needs" (p. 3).

In 2000, the Society for Adolescent Medicine recognized that juveniles entering incarcerated settings often lack comprehensive health care and have health needs that have been neglected. Among the population is an elevated incidence of engagement in high-risk behaviors, including, but not limited to, substance abuse, early sexual activity, violence, weapon use, and gang involvement. In addition to the aforementioned behaviors, incarcerated juveniles (Society for Adolescent Medicine, 2000, p. 73) have a high rate of incidence of certain medical conditions, including seizure disorders, respiratory disease, nutritional deficiencies, and orthopedic, skin, and dental problems. Juveniles also present as high risk for disorders that place them at risk for behavior problems resulting in the need for medical care, such as depression, and have an increased likelihood of accidental or self-harm.

Continuity of care suffers when medical personnel are not available seven-days per week, and the infrastructure is lacking to ensure access to care twenty-four hours per day when needed. Poor coordination can result, leaving the juvenile at risk of not having adequate follow-up care in the community.

The Society of Adolescent Medicine and the National Commission on Correctional Health Care (NCCHC) believes that medical personnel in correctional settings should take an active role in ensuring the unimpeded access to healthcare for all juvenile detainees, and as such, have endorsed the following (SAM, 2000; NCCHC, 2015):

- Correctional settings are obligated to provide unimpeded access to health care services.
- Medical and dental care must address emergent (life- or organ-threatening), acute (new onset), and chronic (pre-existing) conditions in juveniles.

Effective delivery of care cannot be accomplished within current resources. Office of Juvenile Justice and Delinquency Prevention (OJJDP, 1996) formally recognized the need for daily access to medical personnel for the purpose of evaluation and treatment.

The Office of the State Auditor (OSA) conducted a performance audit of the Department's Division of Youth Corrections' medication management practices in 2014 that resulted in the following central findings directly relevant to expanding medical care in the ten secure State-operated facilities:

1. Following established guidelines for medical and psychiatric care, including explicit guidelines for establishing psychiatric diagnoses and conducting baseline testing and monitoring of psychotropic medication use.
2. Ongoing maintenance of a registry (i.e., tracking system) of committed juveniles with asthma, diabetes, and other selected complex conditions, and a mechanism to monitor compliance with evidence-based practices for these conditions.
3. Conduct peer review of selected cases and assure that no one reviews his/her own care.
4. Execute a uniform means of documenting the execution of each prescriber order.
5. Ensuring that prescriber orders that are written in progress notes in Trails or on paper are executed.
6. Transcribing and executing physician orders within twenty-four hours.
7. Conducting direct observation of juveniles swallowing medications, including additional steps to use in cases where juveniles have been found "cheeking" medications.
8. Inventorying controlled substances that comply with Department policies and state and federal law by medical personnel.

The audit report states, "Youth in the juvenile justice system are a unique and vulnerable population. A youth entering a juvenile justice system may have acute or chronic mental health conditions, such as attention deficit/hyperactivity disorder or learning disability; a physical injury or limitation; a recent history of drug abuse; and/or other complex needs" (pg. 9). The audit reflects the types of issues faced by Division of Youth Corrections detention facilities. Juveniles are admitted at all hours of the day and night, weekday and weekend. They often present with a variety of medical issues that require the attention of a medical professional. More and more frequently, juveniles are admitted detoxifying from serious substances such as heroin and methamphetamine. In recent years, juveniles sometimes arrive at facilities having been released from a hospital, with a gunshot wound that requires ongoing medical attention. If a juvenile is admitted on a Friday evening or a Saturday morning, under the current nursing structure, they will not receive attention until the following Monday morning.

The OSA audit also identified the administration of medication as a major area of focus for committed juveniles. The same issues apply to detained juveniles. Currently, some staff are trained to administer medications.

The Department is working toward accreditation through the National Commission on Correctional Health Care (NCCHC). NCCHC provides the Department with assurance through an external peer review that the Division is meeting national standards of care for juveniles in confinement. The benefits include promoting an efficient and well-managed health care delivery system, continuous improvement strategies, ongoing recommendations for efficiencies, and provides an expert, independent assessment of the service delivery system, and finally, helps protect against adverse health events for juveniles, decreasing liability to the State. Accreditation through NCCHC will require expanded access to medical care. This will immediately impact the ability to provide more timely screening and evaluation services, access to nursing staff, increased access to sick call services, increased medication administration by qualified medical personnel, increased communication with facility staff, and evaluation of emergent health care needs twenty-four hours per day, seven-days per week. Providing expanded medical services as described in this request to all juveniles in NYC State-operated facilities will be a requirement for accreditation through the National Commission for Correctional Health Care.

This request is focused solely on an increase in the times on-site medical services are available to detained and committed juveniles and on procuring contract psychiatric services for detained juveniles.

Proposed Solution:

The Department of Human Services requests \$1,990,931 total funds/General Fund and 16.1 FTE for FY 2017-18, to provide increased coverage for medical care at all NYC State-operated facilities. The requested funds are a 30.3% increase over the FY 2016-17 appropriation and annualizes to \$4,109,471 total funds/General Fund and 38.0 FTE in FY 2018-19 and ongoing.

Funding this request will result in twenty-four hours per day, seven-days per week medical coverage at the eight NYC detention facilities and twelve-hours per day coverage at the two NYC commitment only facilities and the provision of contracted psychiatric services to detained juveniles beginning January 2018. The implementation of these services is based on hiring all nurses and mid-level providers by January 2018. The nurses and mid-level providers would be State FTE positions, whereas the psychiatric services would be contracted positions. Table 1 provides a comparison of the current medical services available to the proposed medical service availability in the committed and detained facilities.

Table 1: Comparison of Current Medical Services Availability to Proposed Availability

	Current On-Site Medical Services		Proposed On-Site Medical Services	
	Committed	Detained	Committed	Detained
Days Per Week	5	5	7	7
Hours Per Day	8	8	12	24

Medical professionals will be present to address routine and emergent medical needs for juveniles during all hours. The staffing pattern will allow nursing staff to administer morning and evening medication passes, eliminating the need for trained direct-care staff to administer medications for the two primary

medication passes. In addition, the staffing pattern will provide medical attention for juveniles who are admitted to detention and are detoxing from substances such as heroin and methamphetamine.

The staffing pattern also includes:

- One Nurse V position who would have overall responsibility for the clinical operations at all facilities, reporting to the current operations position. Mid-level providers at each facility would report to this person, thus streamlining the supervisory structure and line of accountability for the delivery of health services. This represents a change from the current model of clinic oversight by the facility director and places the overall responsibility for medical care directly on the qualified professionals.
- One Nurse III to act as the lead for the NCCHC accreditation process in the initial year and ongoing. Maintaining NCCHC documentation for ongoing accreditation requires effort above and beyond the initial implementation of new policy and procedures. Accreditation is obtained by each facility. Each facility will require oversight specific to the standards, including maintenance of proper documentation, policy review and updates. The employee would be responsible for ongoing training, quality improvement processes, and regular auditing related to the accreditation process across ten facilities.

Support for the model includes recognition by the U.S. Department of Justice (1996) that an effective service delivery system requires the right organizational structure. This includes evolving from a model that is based in supervisory authority for medical personnel residing at each facility. The proposed model centralizes supervision, accountability, and liability for the delivery of health services, allowing for a physician serving as the single health authority oversight of medical personnel. Standards of care require that a responsible health authority have autonomy for medical decisions at each site, separate from facility administration. This allows adequate and appropriate delivery of care without interference from non-medical administrative staff. The model allows for the appropriate level of oversight regarding clinical decision-making.

In addition, increased funding will allow the Department to meet the psychiatric needs of juvenile detainees. The creation of a psychiatric component to detention mental health bridges the gap in services during a detention stay and provides initial assessment and treatment for juveniles who were not engaged with psychiatric services prior to admission. Elements of this service include continuing psychotropic medications for youth on such medication at admission, assessment of youth demonstrating behaviors that appear to warrant intervention, prescription of medication to youth who demonstrate clinical need, follow-up for youth who remain in detention longer than the 15-day average, and transition to community resources upon release.

Psychiatry services will include functions that cannot be performed by Masters level behavioral health specialists. These services include evaluating, treating and monitoring juveniles entering detention who require psychotropic medications. This includes overseeing scheduled testing for side-effects of medication, and assisting in any transition to community providers that may be necessary at discharge. Psychiatry services coordinate with contract behavioral health staff but are not in a position to provide the types of direct therapeutic services. These two functions complement one another but are not interchangeable. Masters level and doctoral level psychologists and social workers are not by licensure able to evaluate and prescribe medications.

Other Alternatives:

Option: Seven-days per week, twenty-four hours per day medical care in detention facilities, with no psychiatric services in year one. Psychiatric services added in year two.

FY 2017-18: Seven-day per week, twenty-four per day medical care for detention and commitment facilities. No psychiatric care for detainees.

Total Cost: \$1,557,806 General Fund and 16.1 FTE

FY 2018-19: Psychiatric services added for detainees.

Total Cost: \$4,109,471 General Fund and 38.0 FTE

Table 2 provides a comparison of the current request and an alternative option broken out by General Fund and FTE for FY 2017-18, FY 2018-19 and ongoing.

Table 2: Comparison of Alternatives

ALTERNATIVE	FY 2017-18		FY 2018-19 and Ongoing	
	FTE	General Fund	FTE	General Fund
Full Decision Item	16.1	\$1,990,931	38.0	\$4,109,471
Option – No Psychiatry Services in Year One	16.1	\$1,557,806	38.0	\$4,109,471

Anticipated Outcomes:

The Department anticipates the following outcomes as a result of expanded medical care in the Division of Youth Corrections:

1. Completed health assessments within 7 calendar days of admission.
2. Oral Screening within 7 calendar days of admission.
3. Oral examination within 60 days of admission.
4. Oral hygiene/preventative oral education within fourteen days of admission.
5. Access to care seven days per week, minimum of twelve hours per day.
6. Medical records reflective of a problem list.
7. Timely documentation (e.g., corresponding subjective objective assessment plan (SOAP) note within seventy-two hours of receiving sick slips).
8. Timely evaluation of all juveniles for injury after physical management.
9. Decreased medication errors.
10. Timely identification and provision of care for chronic disease management.
11. Physician orders executed within twenty-four hours.
12. Informed consent for every juvenile completed.
13. Psychiatric services for detained youth at the eight DYC detention facilities.

Assumptions and Calculations:

- A staffing plan was developed that allows for coverage twenty-four hours per day, seven-days per week at eight facilities and twelve-hours per day, seven-days per week at two facilities.
- Contracted psychiatry costs are estimated with a January 2018 implementation.
- Mid-level provider positions have been estimated using Department of Corrections (DOC) hiring salaries rather than minimum based upon the Department's experience in attracting mid-level providers to NYC secure facilities. The Department has experienced losing staff during the hiring process, based upon the DOC paying mid-level providers approximately \$1,000 per month above the base of the range.
- The Nurse V position is based on hiring in October 2017 in order to begin project planning, implementation and hiring plans for startup in January 2018. All other positions are estimated on a January hire date.
- Nurse Practitioners will act as the primary provider. Hours for these positions were minimized without compromising the quality of care. Refer to Table 4 for FTE calculation details.
- Shift differential for weekend, overnight and holiday for medical personnel are 14% for overnight shifts and 8% for weekend and holiday shifts. Refer to Table 5 for shift differential calculation details.
- Additional Physician oversight would be required and would be contracted at an additional cost of \$75,000 annually.

Table 3: Projected Psychiatric Hours Required at Each NYC Detention Facility

Facility	Capacity	Psychiatric Hours Required All hours projected at \$175 per hour	Projected Annual Contract Amount
Adams	30	10 hours per week	\$87,500
Gilliam	64	15 hours per week	\$131,250
Grand Mesa	27	10 hours per week	\$87,500
Marvin Foote	61	15 hours per week	\$131,250
Mount View	41	12 hours per week	\$105,000
Platte Valley	64	15 hours per week	\$131,250
Pueblo	28	10 hours per week	\$87,500
Spring Creek	51	12 hours per week	\$105,000
Total	366		\$866,250

Refer to Table 3 for the projected psychiatric hours required at each NYC detention facility. Calculations for the number of psychiatry hours per facility is based on the assumption that approximately 30% of the juveniles (based on capacity) will need direct service from a psychiatrist. These contracted psychiatry costs are estimated with a January 2018 implementation.

This projection is supported in the literature where as high as 37% of youth entering detention report prior use of psychotropic medications and may need evaluation (Desai, Goulet, Robbins, Chapman, Migdole & Hoge, 2006; Flood, 2015). NYC data indicates on average 24-28% of youth are on at least one psychotropic medication. Psychiatrists also participate in Multi-Disciplinary Team (MDT) meetings and other staffing when needed. The use of 30% allows for fluctuation in the population and for other direct service time that is in addition to individual sessions.

Summary of Request:

Summary of Medical Costs	FY 2017-18	FY 2018-19
FTE Costs	\$1,584,021	\$3,279,794
Plus Shift Differential	\$34,063	\$68,127
Increase in Contracted Physician Services	\$37,500	\$75,000
Less Contracted Services Grand Mesa	(\$97,778)	(\$179,700)
Psychiatry Costs	\$433,125	\$866,250
Total Medical Costs	\$1,990,931	\$4,109,471

Summary of FTE	Full Year	Full Year
Mid-Level Provider (MLP)	1.88	4.5
Nurse I	13.13	31.5
Nurse V	0.42	1.0
Nurse III	0.67	1.0
Total FTE	16.1	38.0

Table 4: FTE Calculations

Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
Mid Level Provider	\$7,194	1.9	\$161,866	4.5	\$388,476
PERA			\$16,429		\$39,430
AED			\$8,093		\$19,424
SAED			\$8,093		\$19,424
Medicare			\$2,347		\$5,633
STD			\$308		\$738
Health-Life-Dental			\$15,854		\$39,636
Subtotal Position 1, ## FTE		1.9	\$212,990	4.5	\$512,761
Classification Title	Monthly	FTE		FTE	
Nurse I	\$4,952	13.1	\$779,946	31.5	\$1,871,856
PERA			\$79,165		\$189,993
AED			\$38,997		\$93,593
SAED			\$38,997		\$93,593
Medicare			\$11,309		\$27,142
STD			\$1,482		\$3,557
Health-Life-Dental			\$110,981		\$253,670
Subtotal Position 2, ## FTE		13.1	\$1,060,877	31.5	\$2,533,404
Subtotal Personal Services		15.0	\$1,273,868	36.0	\$3,046,165
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	15.0	\$7,500	36.0	\$18,000
Telephone Expenses	\$450	15.0	\$6,750	36.0	\$16,200
PC, One-Time	\$1,230	36.0	\$44,280	-	
Office Furniture, One-Time	\$3,473	36.0	\$125,028	-	
Subtotal Operating Expenses			\$183,558		\$34,200
TOTAL THIS PAGE		15.0	\$1,457,426	36.0	\$3,080,365

Table 4: FTE Calculations (Continued)

Classification Title	Monthly	FTE		FTE	
Nurse V	\$6,722	0.7	\$53,803	1.0	\$80,664
PERA			\$5,461		\$8,187
AED			\$2,690		\$4,033
SAED			\$2,690		\$4,033
Medicare			\$780		\$1,170
STD			\$102		\$153
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, ## FTE		0.7	\$73,453	1.0	\$106,167
Classification Title	Monthly	FTE		FTE	
Nurse III	\$5,709	0.4	\$28,545	1.0	\$68,508
PERA			\$2,897		\$6,954
AED			\$1,427		\$3,425
SAED			\$1,427		\$3,425
Medicare			\$414		\$993
STD			\$54		\$130
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 2, ## FTE		0.4	\$42,691	1.0	\$91,362
Subtotal Personal Services		1.1	\$116,144	2.0	\$197,529
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	1.1	\$550	2.0	\$1,000
Telephone Expenses	\$450	1.1	\$495	2.0	\$900
PC, One-Time	\$1,230	2.0	\$2,460	-	
Office Furniture, One-Time	\$3,473	2.0	\$6,946	-	
Subtotal Operating Expenses			\$10,451		\$1,900
TOTAL THIS PAGE		1.1	\$126,595	2.0	\$199,429
TOTAL FTE EXPENSES 24 HR MEDICAL		16.1	\$1,584,021	38.0	\$3,279,794

Table 5: Shift Differential Calculations

Shift Relief Factor:			
Over nights	14%		14%
Weekend Holidays	8%		8%
Weekly hours estimate:			
MLP hourly salary	\$ 41.50	Nurse I hourly salary	\$ 28.57
Over nights	0	Over nights	448.00
Weekend hours per week	208.00	Weekend hours per week	240.00
Weekend:			
Shift Diff Cost MLP	\$ 647.46	Shift Diff Cost RN	\$ 514.25
at 52 Weeks	\$ 33,668	at 52 Weeks	\$ 26,741
Holiday		Holidays - hours total	2080
	\$ -	at Shift Diff	\$ 4,456.80
Over night			
Shift Diff Cost MLP	\$ -	Shift Diff Cost RN	\$ 62.72
at 52 Weeks	\$ -	at 52 Weeks	\$ 3,261.44
Total Shift Differential Costs	\$ 33,668		\$ 34,459
			\$ 68,127
Total Shift Differential Costs- Implementation Year			\$ 34,063

Table 6 shows the impact of this movement between the line items.

Table 6: Long Bill Line Item Summary

Table 6: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Health, Life, and Dental	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$32,736,387	\$22,142,423	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$142,689	\$142,689	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$32,879,076	\$22,285,112	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$166,471	\$166,471	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$33,045,547	\$22,451,583	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$33,045,547	\$22,451,583	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	

Table 6: Long Bill Line Item Summary (Continued)

Table 6: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Short-term Disability	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$404,087	\$273,968	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$1,946	\$1,946	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$406,033	\$275,914	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$2,632	\$2,632	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$408,665	\$278,546	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$408,665	\$278,546	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement										
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,526,999	\$7,138,906	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$51,207	\$51,207	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,578,206	\$7,190,113	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$69,268	\$69,268	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,647,474	\$7,259,381	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,647,474	\$7,259,381	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement										
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,417,342	\$7,064,543	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$51,207	\$51,207	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,468,549	\$7,115,750	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$69,268	\$69,268	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,537,817	\$7,185,018	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,537,817	\$7,185,018	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Line Item: (11) (B) Division of Youth Corrections, Institutional Programs, Medical Services										
Line Item: (11) (B) Division of Youth Corrections, Institutional Programs, Medical Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,579,411	\$6,579,411	\$0	\$0	\$0	\$0	\$0	\$0	36.0	
Requested Funding (or Spending Authority)	\$1,743,882	\$1,743,882	\$0	\$0	\$0	\$0	\$0	\$0	16.1	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$8,323,293	\$8,323,293	\$0	\$0	\$0	\$0	\$0	\$0	52.1	
FY 2018-19 Annualization of Prior Year Funding	\$1,810,901	\$1,810,901	\$0	\$0	\$0	\$0	\$0	\$0	21.9	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,134,194	\$10,134,194	\$0	\$0	\$0	\$0	\$0	\$0	74.0	
FY 2019-20 Total Requested Appropriation	\$10,134,194	\$10,134,194	\$0	\$0	\$0	\$0	\$0	\$0	74.0	

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-03 DYC Detention Mental Health

Dept. Approval By:

Melissa Wardet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Erin M. Bell 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$6,579,411	\$0	\$6,338,967	\$1,011,954	\$1,011,954
	FTE	36.0	0.0	36.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$6,579,411	\$0	\$6,338,967	\$1,011,954	\$1,011,954
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$6,579,411	\$0	\$6,338,967	\$1,011,954	\$1,011,954
	FTE	36.0	0.0	36.0	0.0	0.0
11. Division of Youth Corrections, (B) Institutional Programs - Medical Services	GF	\$6,579,411	\$0	\$6,338,967	\$1,011,954	\$1,011,954
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request	
Interagency Approval or Related Schedule	None	

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Cost and FTE

- The Department of Human Services requests \$1,011,954 total funds/General Fund in FY 2017-18 and ongoing for the purposes of increasing contracted resources to provide mental health services to detained juveniles including psychiatric services.
- The requested funds are an increase of 15.4% over the FY 2016-17 appropriation.

Current Program

- The Department provides secure detention services in eight State-operated facilities to pre-adjudicated and sentenced juveniles. These eight facilities maintained an Average Daily Population (ADP) of 275.0 for FY 2015-16.
- Limited services currently provided through contracts include suicide precaution monitoring, crisis intervention, brief counseling, consultation, and Prison Rape Elimination Act (PREA) interviews.
- General Fund of \$437,238 is allocated to provide basic services through existing contracts. No Department FTE are allocated to these efforts.

Problem or Opportunity

- The provision of mental health services to youth in the custody of the Division of Youth Corrections is an area of liability for the Department. Delivery of mental health services to youth is predicated upon a constitutional right to care (*Estelle v. Gamble 1976*).
- National Commission on Correctional Health Care (NCCHC) Standards (Y-A-01) assert that juveniles have access to care to meet their serious mental health needs.

Consequences of Problem

- Juveniles will continue to experience inadequate mental health care. Barriers to adequate care will continue and include understaffed and underfunded contracts, no access to psychiatric services and a poorly organized system.

Proposed Solution

- The Department requests \$1,011,954 total funds/General Fund for the purpose of contracting for resources to provide appropriate behavioral health services to detained youth across eight facilities.
- Contracts will be resourced to provide necessary services to meet the needs of the youth. This includes direct intervention, suicide precaution, special management plans, case manage/coordinate appointments for medication evaluations, ongoing review, transition plans and consult with detention staff.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-03
Request Detail: *DYC Detention Mental Health*

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
DYC Detention Mental Health	\$1,011,954	\$1,011,954

Problem or Opportunity:

The Department of Human Services requests \$1,011,954 total funds/General Fund in FY 2017-18 and ongoing for the purposes of increased contract resources to provide mental health therapeutic services to detained juveniles. The requested funds are an increase of 15.4% over the FY 2016-17 appropriation and annualizes to \$1,011,954.

The Department's Division of Youth Corrections is the statutorily authorized agency for the provision of juvenile detention services. The Department operates eight secure facilities across the State serving all 22 Judicial Districts. The average daily population for detention in FY 2015-16 was 275.0. Of more critical importance, juvenile detention facilities have served 3,677 unique juveniles during this period.

Approximately 43% of juveniles admitted to detention in FY 2015-16 were released in the first 5 days. Another 24% left at the end of 15 days and the remaining 33% had lengths of stay between 14 days to over one year. More importantly, when reviewed in actual numbers, 815 youth were in detention between one and three months, while 71 youth had a length of stay between three and six months. There are a significant number of juveniles who stay in detention for longer periods of time, often requiring greater services.

Current General Fund appropriation of \$437,238 to the Department's Division of Youth Corrections (DYC) provides limited services in each of the detention facilities. In light of the described length of stay in detention, services are primarily focused on psychoeducation, stabilization and crisis intervention. Short stays also prohibit the provision of in-depth substance abuse counseling. Current services include response to mental health crisis, suicide precaution monitoring, brief counseling, Prison Rape Elimination (PREA) interviews, participation in the development and oversight of special management programs and a level of consultation for detention staff. Currently, the Department contracts with Community Mental Health Centers or private agencies to provide this limited level of services. The level of services available through these contracts is limited and inadequate to meet the needs of the population of detained juveniles with mental health needs. The current level of funding was established over 10 years ago and was not designed to ensure coverage for the entire range of mental health and psychiatric care that youth present today.

The repercussions of not providing adequate psychiatric care are experienced on two levels. First, facility milieus are negatively affected when youth with severe mental health needs are not receiving medication

evaluations and subsequently prescribed medication. Youth with untreated psychiatric needs often have greater difficulty managing their behaviors. Secondly, there are repercussions on a system level. Primarily on a case by case basis, juvenile justice professionals have become involved to ensure a particular youth gets the services they need, but the approach is not systematic and does not ensure adequate care.

The current level of funding was predicated upon a belief that a portion of juveniles in detention were eligible for Medicaid and that Community Mental Health Centers (as contractors) would be able to bill Medicaid for a portion of the cost of services. It was estimated that approximately 25% of detainees would be eligible for Medicaid. Therefore, General Fund was appropriated for approximately 75% of the need, with the remaining 25% to be funded by Medicaid with Mental Health Center responsibility to oversee any application of Medicaid dollars. The estimation was based upon a focus on crisis intervention (addressing youth in crisis, suicide precaution monitoring, special management programs).

It was later learned that Medicaid cannot be used for juveniles who reside in secure residential facilities, i.e. incarceration. The Department has recently confirmed that this prohibition remains. Therefore, this has resulted in facilities operating with 75% of the 2005 estimation of mental health resources.

Figure A provides a comprehensive comparison of the NYC 24 Hour Medical Coverage request and this request, to clearly identify the differences between the two requests.

Figure A: Comparison of the NYC 24 Hour Medical Coverage and NYC Detention Mental Health Requests		
	R-02-NYC 24 Hour Medical Coverage	R-03-NYC Detention Mental Health
Population Served by the Request	1) Serves juveniles in both NYC detention and commitment facilities. 2) Includes services at ten State-operated facilities.	1) Serves juvenile in only NYC detention facilities. 2) Includes services at eight detention State-operated facilities.
Services Provided	1) Expansion of the number of days and hours medical coverage is provided. 2) Psychiatric services include assessing youth who may need psychotropic medications, prescribing medications if required, and providing on-going follow-up.	1) This request includes an expansion licensed mental health providers who provide direct services. These services include crisis intervention, brief individual counseling, brief family counseling, psychoeducational group facilitation, clinical consultation for direct care staff, Prison Rape Elimination Act (PREA) interviews, suicide precaution monitoring assessments and oversight, coordination of psychiatric hospitalization and development and oversight of special management programs.
Service Availability	Expand medical coverage from Monday-Sunday for 12 hours per day at commitment facilities and 24 hours for detention facilities. In addition, on-site psychiatry coverage on Monday-Friday from 8:00 am to 5:00 pm.	Contract additional licensed mental health providers from Monday-Friday for 10 hours per day.
Contracted or State FTE	1) State FTE Mid-Level Provider - 1.9 FTE, annualized to 4.5FTE Nurses - 14.2 FTE, annualized to 33.5 FTE 2) Contracted Psychiatry - 99 hours per week for eight detention facilities.	1) Contracted Mental health staff - 10 hours per day at eight detention facilities.

National Standards, Commitment and Detention Service Equity

Widely accepted national standards from the National Commission for Correctional Health Care (NCCCHC) require that juvenile detainees receive the services appropriate to their level of need. This includes assessments of newly admitted juveniles within an hour of admission when an initial screen identifies an area of concern. NCCCHC standards also make no distinction between juveniles who are detained and those who are committed to the custody of State juvenile corrections systems. The Department’s current ability to provide services to detainees is vastly inferior to the services provided in the commitment system. Committed juveniles are provided with primary therapists, as well as the full range of psychiatric care. Often times in multi-purpose facilities (those serving both detained and committed populations), juveniles

with similar issues are receiving a different standard of care based upon whether they are detained or committed. This can be significant for those juveniles who have extended stays awaiting disposition on serious offenses. The Department's behavioral health resources for the commitment system are not sufficient to cover both committed and detained juveniles.

In response to the Office of the State Auditor's 2014 Performance audit of medication management practices in the Division of Youth Corrections, the Department's response included a commitment to accreditation through NCCHC. The General Assembly appropriated funds for the Department to pursue accreditation. The inadequacy of current detention mental health services is an identified barrier to achieving accreditation.

The Family Connection

The Department's goals and objectives include a focus on engaging, strengthening and supporting families. DYC's inability to provide services to the families of detainees with mental health needs is an identified area of concern. Juveniles with mental health needs who are admitted to detention often have families who are in need of support, guidance, community resources and at times, brief therapeutic interventions (family therapy). Under the current resource structure, the Division's ability is significantly limited.

The Community Connection

The Department has sought and developed contracts with local Community Mental Health Centers to provide the services described previously. This approach is a calculated response to the knowledge that a large proportion (actual data is unavailable) of juveniles are either on Medicaid or are likely to qualify for Medicaid. Detained juveniles will, for the most part, return to their home communities in need of services, this includes mental health services. The Community Mental Health Centers are likely be the provider of services to this population. A key element of the Department's approach to detention mental health is effective transition planning and connection to sustainable community resources. Therefore, in addition to providing services to detainees, the Department's plan for detention mental health focuses on ensuring juveniles are connected to those sustainable resources normally accessed through Community Mental Health Centers.

Liability

The inadequacy in funding mental health services for detained youth is an area of liability to the Department. The delivery of mental health services to these youth is predicated upon a constitutional right to care established by the U.S. Supreme Court (*Estelle v. Gamble* 1976). In addition, the NCCHC asserts that juveniles should have access to care to meet their serious mental health needs. Common areas of concern in detention mental health care in the DYC detention facilities include those related to suicide prevention and precaution monitoring, accessibility of psychiatric services, and inadequate transition planning.

There is no statutory requirement for Community Mental Health Centers to provide services to detained juveniles.

Proposed Solution:

The Department of Human Services requests \$1,011,954 total funds/General Fund in FY 2017-18 and ongoing for the purposes of increased contract resources to provide mental health therapeutic services to detained juveniles. The requested funds are an increase of 15.4% over the FY 2016-17 appropriation and annualizes to \$1,011,954.

The Department is proposing increased funding to provide mental health therapeutic services to fully meet the needs of juveniles in the Division of Youth Corrections' eight detention facilities. This request increases the amount of time contracted licensed mental health clinicians are on-site with expanded availability to provide the services previously noted. These services include but are not limited to crisis intervention, brief individual therapy, group facilitation, consultation, Prison Rape Elimination Act interviews, suicide precaution monitoring assessments and oversight, coordination of hospitalization and development and oversight of special management programs. The increased capacity allows the Department to meet the needs of all juveniles rather than only those who may present the greatest need.

An important element of the proposed solution is the consultation that contract mental health clinicians provide direct-care staff in detention facilities. Aside from this limited number of positions, the Department's eight State-operated facilities have no mental health staff to call upon for assistance in planning interventions for juveniles who require attention outside normal behavioral programming.

Finally, the addition of resources will allow contracted clinicians to provide enhanced services to the families of juveniles with mental illness, improve the level and types of screening, assessment and evaluation of mental health functioning, work in a more integrative manner with facility medical staff, and provide cognitive-behavioral psychoeducational groups to detained juveniles.

The provision of the full range of mental health services to detained juveniles is generally in alignment with the Department's Performance Plan. Specifically, this request aligns with the Department's priority "To ensure child safety through improved prevention, access and permanency." Improved mental health treatment for detained youth results in overall improved safety and functioning both while in the detention setting and upon return to the community.

Contract behavioral health staff will coordinate with contract psychiatrists in the care and treatment of juveniles in detention. Contract behavioral health staff cannot provide services specific to the evaluation and prescription of psychotropic medications. In addition, the prescription of such medications require a medical doctor to follow the juvenile to ensure identification of any adverse reactions. The proposed contract behavioral health staff will provide services the psychiatrist does not. These include those mentioned earlier, and are focused on brief therapies for youth and families, crisis intervention, and ongoing consultation with direct-care staff in strategies to most effectively engage juveniles.

If this proposal is funded, the Department has several options available to contract for these services. In some locations agreements with Community Mental Health Centers may be enhanced, while at other sites a Request for Proposal may be issued. A key aspect of providing this service is the connection to community resources. This means that the Department will be seeking a contractor that demonstrates the ability to efficiently and effectively connect youth and families to sustainable community mental health services.

Other Options

The Department has considered other options for providing services. These include creating efficiencies through contracts for multiple facilities or proposing the State create FTE to provide these services.

This request is focused on the understanding that the provision of services is community centered. The Department is proposing creating services that connect juveniles to longer term solutions. Using single entities to provide services may create some efficiencies; however, such a model subverts the essential foundation of locally driven solutions. For example, a single metro area provider could serve Gilliam Youth Services Center (YSC), Mount View YSC, and Marvin Foote YSC. Each of these facilities is

currently in a different county – Gilliam/Denver, Mount View/Jefferson, and Marvin Foote/Arapahoe. Families will be in the same position as they were when their son or daughter was admitted to the facility. The other DYC detention facilities are located in different communities across the State – Grand Junction, Greeley, Brighton, Colorado Springs and Pueblo, further exacerbating the issue of community connections. In addition, by necessity, these positions become integrated into the day to day operations of the facilities through working with staff and juveniles on suicide precaution monitoring, developing and monitoring special management plans, and consulting with staff on difficult situations. The staff often need to be available to assist in responding to in the moment crises. Although currently they are not available to do this all the time, the need continues to exist.

Creating State FTE to serve this population would also subvert the underlying goal of ensuring juvenile/family connections with community resources and likely increase the cost to the State in the long-term.

This solution to contract services provides the needed and appropriate services to detained juveniles and their families, ensures connection to home communities, enhances State and local partnerships, does not include increases in State FTE and limits the State’s liability for the provision of care to juveniles in the physical custody of the Department’s Division of Youth Corrections.

Anticipated Outcomes:

The overall anticipated outcome of this request will be therapeutic mental health services to juveniles detained in the Department’s DYC eight secure detention facilities.

Juveniles receive the appropriate and necessary level of crisis intervention services, brief therapy, suicide precaution monitoring assessments and oversight, special management plan development and oversight, group facilitation, conducting PREA interviews, case management and coordination of hospitalizations.

Providing equal access to appropriate therapeutic mental health services significantly reduces the Department’s liability in this area. Additionally, this step is a critical component of accreditation by the NCCHC.

Assumptions and Calculations:

In order to calculate the resources required to meet the full needs of detained youth, the Department reviewed the current level of funding and worked with facility directors and service providers to determine specific areas of responsibility currently covered, gaps in services, facility capacity and a set number of contract FTE per facility.

The Development of Contract FTE Required to Meet the Needs of Detained Youth

- The proposed FTE are based upon a comparison of the services provided to committed youth. The activities associated with long-term treatment are removed leaving the same activities that a mental health clinician in a committed or detained facility will have to accomplish.
- Through review of committed behavioral health specialists’ workload, the Department calculates that the workload of a detention mental health clinician to be higher than that of a committed youth clinician. A committed behavioral health staff carries an average caseload of approximately 10 youth. In detention, a full-time mental health clinician would carry a caseload of approximately 14 youth.

- Table 1 demonstrates the breakdown by facility of the need for mental health clinicians (and does not include psychiatric services) in detention facilities using a caseload of 14 youth per clinician.

Table 1: Mental Health Clinician Need by Detention Facility

Facility	Facility Capacity	Caseload of 14 Juveniles Per Clinician
Adams	30	2.1 FTE
Gilliam	64	4.6 FTE
Grand Mesa	27	1.9 FTE
Marvin Foote	61	4.4 FTE
Mount View	41	2.9 FTE
Platte Valley	64	4.6 FTE
Pueblo	28	2.0 FTE
Spring Creek	51	3.6 FTE
Total	366	26.1 FTE

In an effort to right size FTE allocations, the above calculations have been used to create three groups of facilities based upon capacity and assigned an FTE allocation to each group. This method offers a leveling of the FTE amounts and does not overestimate the need.

In addition, the current number of FTE providing mental health services in each facility has been subtracted at the bottom of Table 2, showing the total number requested.

Table 2: Contract FTE Mental Health Clinicians Needed for State-Operated Detention Facilities

Group	Capacity	Facilities	Contract FTE Needed for each Facility	Sum of Contract FTE for Facility Group	Current Contract FTE for Facility Group	Total Contract Request for Facility Group
Small	27-30	Adams, Grand Mesa, Pueblo	2.0	6.0	1.3	4.7
Mid-Size	41	Mount View	3.0	3.0	0.8	2.2
Large	51-64	Gilliam, Marvin Foote, Platte Valley, Spring Creek	4.0	16.0	4.5	11.5
Total				25.0	6.6	18.4

Cost of Contract FTE to Provide Detention Mental Health Services

- The method is based upon the average cost of contracted services through the Community Mental Health Centers or private agencies. Total cost of services is based on 25 contracted FTE at \$57,968 for a total of \$1,449,193 and is broken out by facility below.

Table 3: Current and Proposed Contracted FTE

Facility	Capacity	Proposed FTE	Current FTE	Requested FTE	Current Funding	Total Cost	Requested Funding
Adams	30	2.0	0.4	1.6	\$18,085	\$115,935	\$97,850
Gilliam	64	4.0	0.85	3.15	\$58,007	\$231,871	\$173,864
Grand Mesa	27	2.0	0.25	1.75	\$18,200	\$115,935	\$97,735
Marvin Foote	61	4.0	2	2	\$113,023	\$231,871	\$118,848
Mount View	41	3.0	0.75	2.25	\$80,955	\$173,903	\$92,948
Platte Valley	64	4.0	0.65	3.35	\$57,170	\$231,871	\$174,701
Pueblo	28	2.0	0.73	1.27	\$34,782	\$115,935	\$81,153
Spring Creek	51	4.0	1	3	\$57,016	\$231,871	\$174,855
Total	366	25.0	6.6	18.4	\$437,238	\$1,449,192	\$1,011,954

Table 4 provides a line item summary of the request.

Table 4: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (11) (B) Division of Youth Corrections, Institutional Programs, Medical Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,579,411	\$6,579,411	\$0	\$0	\$0	\$0	\$0	\$0	36.0	
Requested Funding (or Spending Authority)	\$1,011,954	\$1,011,954	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Sechedule 13
FY 2017-18 Total Requested Appropriation	\$7,591,365	\$7,591,365	\$0	\$0	\$0	\$0	\$0	\$0	36.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Sechedule 13
FY 2019-19 Total Requested Appropriation	\$7,591,365	\$7,591,365	\$0	\$0	\$0	\$0	\$0	\$0	36.0	
FY 2019-20 Total Requested Appropriation	\$7,591,365	\$7,591,365	\$0	\$0	\$0	\$0	\$0	\$0	36.0	

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-04-County Administration

Dept. Approval By:

Melissa Wawel

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Erin H. Bell 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$56,384,304	\$0	\$56,384,304	\$16,666,666	\$16,666,666
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$19,666,869	\$0	\$19,666,869	\$5,000,000	\$5,000,000
	CF	\$10,436,967	\$0	\$10,436,967	\$3,333,333	\$3,333,333
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$26,280,468	\$0	\$26,280,468	\$8,333,333	\$8,333,333

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$56,384,304	\$0	\$56,384,304	\$16,666,666	\$16,666,666
	FTE	0.0	0.0	0.0	0.0	0.0
04. County Administration, (A)	GF	\$19,666,869	\$0	\$19,666,869	\$5,000,000	\$5,000,000
Administration - County	CF	\$10,436,967	\$0	\$10,436,967	\$3,333,333	\$3,333,333
Administration	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$26,280,468	\$0	\$26,280,468	\$8,333,333	\$8,333,333

CF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request		
Interagency Approval or Related Schedule 13s:	None		

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Cost and FTE

- Department of Human Services requests \$16,666,666 total funds including \$5,000,000 General Fund, \$3,333,333 cash funds, and \$8,333,333 federal funds in FY 2017-18 and beyond for the purpose of increasing funding for County Administration of public assistance programs. The cash funds are local funds.
- This request represents a 29.6% increase over the FY 2016-17 appropriation.

Current Program

- Various human services programs are administered at the county level. These programs include Food Assistance, Adult Cash Assistance, Child Support Services and Low Income Energy Assistance Programs.
- Per 26-1-1222(3)(C) C.R.S. (2016) county administrative expenditures are defined as salaries (including benefits) of county staff who are engaged in the delivery of human services programs, travel expenses to perform related duties, and office equipment and supplies.

Problem or Opportunity

- County Administration data from FY 2015-16 shows that 45 counties overspent their FY 2015-16 allocations by a total of \$6,048,275 total funds after adjustments made during the county settlement process.
- Further analysis illustrates that the County Administration appropriation has been overspent each year since FY 2011-12 ranging from \$3.9 million in FY 2014-15 to \$8.1 million in FY 2012-13.

Consequences of Problem

- Without increasing funding for County Administration, the counties will continue to incur these costs and overspend the appropriation.

Proposed Solution

- The Department of Human Services requests \$16,666,666 total funds including \$5,000,000 General Fund, \$3,333,333 cash funds, and \$8,333,333 federal funds in FY 2017-18 and beyond for the purpose of increasing funding for County Administration of public assistance programs. The cash funds are local funds.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-04
Request Detail: County Administration

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Cash Funds	Federal Funds
<i>County Administration Funding</i>	\$16,666,666	\$5,000,000	\$3,333,333	\$8,333,333

Problem or Opportunity:

The Department of Human Services requests \$16,666,666 total funds including \$5,000,000 General Fund, \$3,333,333 cash funds, and \$8,333,333 federal funds in FY 2017-18 and beyond for the purpose of increasing funding for County Administration of public assistance programs. The cash funds are local funds and the federal funds are from various federal grants. This request represents a 29.6% increase over the FY 2016-17 appropriations.

Background

The County Administration appropriation provides funding for 64 county human and social services departments to administer the following programs: Food Assistance, Adult Cash Assistance Programs (except for Old Age Pension), Child Support Services, and the Low Income Energy Assistance Program. 26-1-122(3) (C) C.R.S. (2016), generally defines county expenditures that qualify as administration. According to the statute administration costs include:

Salaries of the county director and employees of the county department staff engaged in the performance of assistance payments, food stamps, and social services activities; the county's payments on behalf of such employees for old age and survivor's insurance or pursuant to a county officers' and employees' retirement plan and for any health insurance plan, if approved by the state department; the necessary travel expenses of the county board and administrative staff of the county department in the performance of their duties; necessary telephone and telegraph; necessary equipment and supplies; necessary payments for postage and printing; including the printing and preparation of county warrants required for the administration of the county department; and other such administrative costs as may be approved by the state department; but advancements for office space, utilities, and fixtures may be made from state funds only if federal matching funds are available.

Based on the 2007 County Workload Study county administration costs include labor and non-labor costs. For the 2007 Study labor costs were defined as follows¹:

- Application initiation – introduction & informal discussion with the client, explanation of the application process, discussion and capture of client information, noticing, document verification and filing of documentation
- Interactive Interview: introduction and informal discussion, captures client information, data entry of client information, noticing, document verification and filing of documentation
- Eligibility Determination and Benefit Calculations (EDBC) Wrap-up and Authorization – activities of Wrap-up, Authorization and review of Benefit Issuance information includes introduction & informal discussion with the client, explanation of the eligibility determination (approval/denial) and benefits calculations
- Appeals and Hearings – activities related to appeals and hearings related to eligibility determination, including but not limited to preparation and attendance of the hearing
- Make a Referral – time spent referring clients to other programs, including internal, external and fraud referrals, providing information, collecting information, data entry, and conducting research on behalf of the client in support of a referral
- Applying Sanctions – manually applied sanctions entered by the technician/worker
- Investigation, Claims Research, Establishment, and Recovery (Benefit Recovery) – Activities related to overpayment investigation, claims research, establishment, and recovery, including both fraud investigation and benefit recovery
- Eligibility Recertification – Activities related to introduction & informal discussion with the client, explanation of the recertification process, discussion and capture of client information, data entry of client information, noticing, document verification and filing of documentation, and explanation of the eligibility determination, eligibility denial and benefit calculation
- Medicaid and Food Stamps Periodic/Income Reporting – Program-required periodic reporting for ongoing cases, including specifically the ‘input received periodic reports’ window. Discussion with the client, explanation of the reporting process, discussion and capture of client information, data entry of client information, noticing, document verification and filing of documentation, and explanation of the eligibility determination (approval/denial) and benefit calculation
- Change in Circumstances Reported by the Client – Discussion with the client, capture of client information, data entry of client information, noticing, document verification and filing of documentation, and explanation of the eligibility determination (approval/denial) and benefit calculation
- Client Communications and Information – Time spent communicating with clients that would generally not be included as part of another activity
- Alerts Management – Administrative time spent associated with viewing and clearing alerts
- Case Review – Time spent reviewing a case or client information that is not related to normal processing related to another activity
- Activates for programs outside the study – All activities related to the processing and management of cases within programs outside of the study including Low Income Energy Assistance, Colorado Refugee Services Program, Child Welfare, Child Support Enforcement, Child Care, General Assistance and Public Health Programs
- Reports Management – Activities related to the creation review and distribution of ad-hoc management reports created through Business Objects as well as other system generated reports
- Administrative Support Activities – Time spent doing non-client or non-case related activities

¹ Information from the 2007 Colorado Work Load Study Activity List Dictionary excluded Adult Protective Services since it was moved into a separate appropriation effective FY 2011-12

- Seeking/Receiving Assistance – time spent seeking assistance both solicited and un-solicited
- Management Activities – Time spent managing operations and supporting staff
- Lunch – hours spent on lunch break
- Breaks – all time during normal work hours spent not doing work that can be considered a short break including water, coffee, and bathroom breaks
- Time Off – time during normal work hours not doing work that can be considered a long break for vacation, sick leave, a doctor’s appointment, or general time off
- Training – Time spent doing activities related to training or participating in learning programs, or assisting new employees when they are stuck or need help
- Meetings – Time spent during normal work hours in office, county, or other sanctioned meetings.
- Materials Development & Outreach – Time spent developing training, policy or documentation materials – and conducting informational sessions with the community, service organizations, and other agencies
- Non-Activity Specific Reading –Time spent reviewing new, old, or existing regulations, policy manuals, or rules that is not directly related to another activity
- Travel (Job-Related) – Traveling between work locations, and to and from home visits, court hearings, regional meetings, or other client visits requiring travel
- Benefit Issuance/EBT Activities – embossing/creation of new and replacement EBT cards
- Inter-County Transfers – Administrative activities related to sending or receiving client cases between counties
- Other – Any activity that is deemed not inclusive in any of the defined activities

The non-labor costs can be subdivided as follows.

- Capital outlay – motor vehicle equipment, special computer hardware, office furniture and equipment
- Contract expenses
- Operating expenses – equipment maintenance, auto supplies and services, equipment rentals, insurance, office supplies, finger prints, etc.
- Personal Services expenses – salaries, dental, health and life insurance, unemployment compensation, etc.
- Cost of office space – utilities, ground maintenance, building supplies, building insurance, etc.
- Travel expenses – miles, lodging, meals, etc.

Table A: Historical County Administration Appropriations FY 2007-08 through FY 2016-17 reflects the historical Department of Human Services County Administration appropriations since FY 2006-07; it does not reflect County Administration funding appropriated to and allocated by the Department of Health Care Policy and Financing. It should be noted that prior to FY 2013-14 Adult Protective Services was included in the County Administration appropriation.

Based on the table, funding for County Administration has increased by 81% from FY 2007-08 to FY 2016-17 with significant increases in FY 2009-10, FY 2013-14 and FY 2014-15. Increases in the latter years are largely attributable to the increase in funding for Adult Protective Services programs.

Table A: Historical County Administration Appropriations FY 2007-08 through FY 2016-17

Fiscal Year	Line Item	Total Funds	General Fund	Cash Funds	Federal Funds	Source
2016-17	Total	\$ 74,303,309	\$ 31,937,203	\$ 14,044,609	\$ 28,321,497	
	County Administration	\$ 56,384,304	\$ 19,666,869	\$ 10,436,967	\$ 26,280,468	HB 16-1405 FY 2016-17 Long Bill
	Adult Protective Services	\$ 17,919,005	\$ 12,270,334	\$ 3,607,642	\$ 2,041,029	HB 16-1405 FY 2016-17 Long Bill
2015-16	Total	\$ 71,488,343	\$ 29,685,229	\$ 13,481,617	\$ 28,321,497	
	County Administration	\$ 56,384,304	\$ 19,666,869	\$ 10,436,967	\$ 26,280,468	HB 16-1242 FY 2015-16 Supplemental Bill
	Adult Protective Services	\$ 15,104,039	\$ 10,018,360	\$ 3,044,650	\$ 2,041,029	HB 16-1242 FY 2015-16 Supplemental Bill
2014-15	Total	\$ 71,370,718	\$ 29,097,801	\$ 13,444,379	\$ 28,828,538	
	County Administration	\$ 57,441,793	\$ 19,938,121	\$ 10,662,504	\$ 26,841,168	SB 15-149 FY 2014-15 Supplemental Bill
	Adult Protective Services	\$ 13,928,925	\$ 9,159,680	\$ 2,781,875	\$ 1,987,370	SB 15-149 FY 2014-15 Supplemental Bill
2013-14	Total	\$ 58,335,727	\$ 22,437,470	\$ 10,837,381	\$ 25,060,876	
	County Administration	\$ 49,814,777	\$ 17,604,170	\$ 9,137,101	\$ 23,073,506	HB 14-1238 FY 2013-14 Supplemental Bill
	Adult Protective Services	\$ 8,520,950	\$ 4,833,300	\$ 1,700,280	\$ 1,987,370	HB 14-1238 FY 2013-14 Supplemental Bill
2012-13	Total	\$ 50,116,107	\$ 19,823,382	\$ 9,193,456	\$ 21,099,269	
	County Administration	\$ 50,116,107	\$ 19,823,382	\$ 9,193,456	\$ 21,099,269	SB 13-091 FY 2012-13 Supplemental Bill
2011-12	Total	\$ 50,116,105	\$ 19,823,380	\$ 9,193,456	\$ 21,099,269	
	County Administration	\$ 50,116,105	\$ 19,823,380	\$ 9,193,456	\$ 21,099,269	HB 12-1186 FY 2011-12 Supplemental Bill
2010-11	Total	\$ 50,116,105	\$ 19,823,380	\$ 9,193,456	\$ 21,099,269	
	County Administration	\$ 50,116,105	\$ 19,823,380	\$ 9,193,456	\$ 21,099,269	SB 11-141 FY 2010-11 Supplemental Bill
2009-10	Total	\$ 51,138,883	\$ 20,227,939	\$ 9,381,078	\$ 21,529,866	
	County Administration	\$ 51,138,883	\$ 20,227,939	\$ 9,381,078	\$ 21,529,866	HB 10-1302 FY 2009-10 Supplemental Bill
2008-09	Total	\$ 40,938,883	\$ 16,227,939	\$ 7,781,078	\$ 16,929,866	
	County Administration	\$ 40,938,883	\$ 16,227,939	\$ 7,781,078	\$ 16,929,866	SB 09-189 FY 2008-09 Supplemental Bill
2007-08	Total	\$ 40,938,983	\$ 16,227,939	\$ 7,781,078	\$ 16,929,966	
	County Administration	\$ 40,938,983	\$ 16,227,939	\$ 7,781,078	\$ 16,929,966	HB 08-1287 FY 2007-08 Supplemental Bill

Table B: Comparison of County Administration Expenditures, Appropriations, and Allocations for FY 2011-12 through FY 2015-16 illustrates the historical over expenditures for County Administration funding from 2011-12 through FY 2015-16 varying from over expenditures of \$3.1 million to \$8.1 million.

Table B: Comparison of County Administration Expenditures, Appropriations, and Allocations for FY 2011-12 through FY 2015-16					
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Total Appropriation	\$ 50,116,105	\$ 50,116,107	\$ 61,085,727	\$ 71,370,718	\$ 71,488,343
Total Allocation	\$ 50,116,105	\$ 49,814,777	\$ 61,085,727	\$ 70,370,538 ^{<1>}	\$ 70,488,343 ^{<1>}
Total Expenditures	\$ 72,268,544	\$ 75,296,880	\$ 74,163,956	\$ 80,432,286	\$ 88,248,544
Over expenditure (Expenditures minus Allocation)	(\$ 22,152,439)	(\$ 25,482,103)	(\$ 13,078,229)	(\$ 10,061,748)	(\$ 17,760,201)
Adjusted Over expenditure	(\$ 7,044,776)	(\$ 8,128,843)	(\$ 3,111,315)	(\$ 3,899,419)	(\$ 6,048,275)
^{<1>} The difference between the Appropriation and Allocation in FY 2014-15 and FY 2015-16 is the \$1.0 million held out of the allocation for Emergency Adult Protective Services.					

FY 2015-16 Appropriation and Expenditures

Based on the FY 2015-16 year end close the counties spent 123% of the appropriation resulting in an over expenditure of \$17,760,201. However, during the year end settlement process after mitigation and accounting adjustments the counties were over spent by \$6,048,275.

The FY 2015-16 allocations (County Administration and Adult Protective Services) and expenditures by county is shown in Table C: FY 2015-16 Allocation and Expenditures by County. Based on this table 45 counties fully spent their allocation. Of the counties overspent, the ten large counties² accounted for \$16,276,434 of the over expenditure. Of this amount Boulder, Denver, El Paso and Weld counties accounted for \$13.7 million of the over expenditure.

Table D illustrates the historical (over)/under expenditures by county for FY 2011-12 through FY 2015-16.

² The large ten counties are; Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Mesa, Pueblo, and Weld.

Table C: County Administration FY 2015-16 Expenditures

<i>County -</i>	<i>CDHS County Administration Allocation</i>	<i>CDHS Expenditures</i>	<i>CDHS (Over)/Under Expenditures</i>	<i>APS Administration Allocation</i>	<i>APS Expenditures</i>	<i>APS (Over)/Under Expenditures</i>	<i>Combined County Administration Allocation</i>	<i>Combined County Administration Expenditures</i>	<i>Combined (Over)/Under Expenditures</i>	<i>Information Only Total County Share of Over Expenditures (AR + AV)</i>
(C)	(D)	(E)	(I)	(J)	(K)	(L)	(M)	(N)	(AU)	
Adams	\$5,047,781	\$6,190,791	\$(1,143,009)	\$1,012,063	\$832,509	\$179,553	\$6,059,844	\$7,023,300	\$(963,456)	\$545,087
Alamosa	\$505,149	\$529,764	\$(24,615)	\$98,366	\$163,550	\$(65,183)	\$603,515	\$693,314	\$(89,799)	\$47,428
Arapahoe	\$5,920,972	\$5,706,216	\$214,756	\$1,253,900	\$1,020,110	\$233,791	\$7,174,873	\$6,726,326	\$448,547	\$-
Archuleta	\$137,890	\$155,348	\$(17,458)	\$48,980	\$62,906	\$(13,925)	\$186,871	\$218,254	\$(31,383)	\$15,286
Baca	\$75,022	\$118,030	\$(43,008)	\$19,566	\$15,690	\$3,876	\$94,587	\$133,719	\$(39,132)	\$23,403
Bent	\$124,484	\$167,396	\$(42,912)	\$21,150	\$20,537	\$613	\$145,634	\$187,932	\$(42,298)	\$24,273
Boulder	\$2,218,130	\$5,240,222	\$(3,022,092)	\$735,804	\$858,748	\$(122,944)	\$2,953,934	\$6,098,970	\$(3,145,037)	\$2,038,213
Chaffee	\$233,703	\$262,079	\$(28,376)	\$68,441	\$56,394	\$12,047	\$302,144	\$318,473	\$(16,329)	\$-
Cheyenne	\$56,223	\$58,135	\$(1,912)	\$6,021	\$4,173	\$1,848	\$62,244	\$62,307	\$(64)	\$-
Clear Creek	\$115,842	\$110,998	\$4,844	\$20,096	\$15,101	\$4,995	\$135,938	\$126,099	\$9,839	\$-
Conejos	\$195,159	\$204,625	\$(9,465)	\$32,324	\$26,399	\$5,926	\$227,484	\$231,023	\$(3,540)	\$-
Costilla	\$134,707	\$197,925	\$(63,218)	\$28,705	\$19,273	\$9,433	\$163,412	\$217,197	\$(53,785)	\$31,800
Crowley	\$84,693	\$136,771	\$(52,078)	\$17,130	\$11,386	\$5,743	\$101,822	\$148,157	\$(46,335)	\$28,166
Custer	\$56,223	\$58,031	\$(1,808)	\$22,635	\$6,749	\$15,886	\$78,858	\$64,780	\$14,077	\$-
Delta	\$507,443	\$475,898	\$31,545	\$293,146	\$245,280	\$47,866	\$800,588	\$721,178	\$79,411	\$-
Denver	\$9,667,575	\$16,383,171	\$(6,715,596)	\$1,876,635	\$2,560,734	\$(684,099)	\$11,544,210	\$18,943,906	\$(7,399,696)	\$4,727,607
Dolores	\$56,223	\$76,734	\$(20,511)	\$6,903	\$4,189	\$2,713	\$63,126	\$80,923	\$(17,797)	\$9,227
Douglas	\$880,304	\$764,057	\$116,246	\$273,410	\$166,280	\$107,130	\$1,153,714	\$930,338	\$223,376	\$-
Eagle	\$344,593	\$525,781	\$(181,187)	\$86,642	\$94,120	\$(7,478)	\$431,235	\$619,901	\$(188,666)	\$117,478
Elbert	\$123,023	\$173,003	\$(49,980)	\$45,453	\$22,940	\$22,513	\$168,476	\$195,943	\$(27,468)	\$12,885
El Paso	\$6,777,433	\$8,841,904	\$(2,064,470)	\$1,458,285	\$1,188,478	\$269,807	\$8,235,718	\$10,030,382	\$(1,794,664)	\$1,063,939
Fremont	\$741,637	\$792,854	\$(51,217)	\$248,531	\$158,975	\$89,556	\$990,168	\$951,829	\$38,339	\$-
Garfield	\$728,877	\$1,162,467	\$(433,590)	\$141,283	\$130,023	\$11,261	\$870,160	\$1,292,490	\$(422,329)	\$265,785
Gilpin	\$71,039	\$119,183	\$(48,144)	\$14,972	\$20,533	\$(5,561)	\$86,011	\$139,717	\$(53,705)	\$33,553
Grand	\$114,893	\$146,943	\$(32,050)	\$24,545	\$16,793	\$7,752	\$139,438	\$163,736	\$(24,298)	\$11,398
Gunnison	\$239,246	\$204,048	\$35,198	\$47,017	\$64,809	\$(17,792)	\$286,263	\$268,858	\$17,406	\$-
Hinsdale	\$0	\$113	\$(113)	\$-	\$14	\$(14)	\$0	\$127	\$(127)	\$84
Huerfano	\$187,082	\$160,461	\$26,622	\$33,826	\$23,494	\$10,332	\$220,908	\$183,955	\$36,953	\$-
Jackson	\$56,223	\$24,268	\$31,955	\$4,401	\$2,115	\$2,286	\$60,624	\$26,383	\$34,241	\$-

Table C: County Administration FY 2015-16 Expenditures

<i>County -</i>	<i>CDHS County Administration Allocation</i>	<i>CDHS Expenditures</i>	<i>CDHS (Over)/Under Expenditures</i>	<i>APS Administration Allocation</i>	<i>APS Expenditures</i>	<i>APS (Over)/Under Expenditures</i>	<i>Combined County Administration Allocation</i>	<i>Combined County Administration Expenditures</i>	<i>Combined (Over)/Under Expenditures</i>	<i>Information Only Total County Share of Over Expenditures (AR + AV)</i>
Jefferson	\$3,814,808	\$5,312,593	\$(1,497,785)	\$1,266,634	\$1,080,646	\$185,988	\$5,081,442	\$6,393,238	\$(1,311,797)	\$791,379
Kiowa	\$56,223	\$56,757	\$(534)	\$5,021	\$4,673	\$348	\$61,244	\$61,430	\$(186)	\$-
Kit Carson	\$111,049	\$139,196	\$(28,146)	\$20,005	\$11,719	\$8,287	\$131,055	\$150,914	\$(19,860)	\$8,190
Lake	\$127,673	\$187,965	\$(60,292)	\$18,440	\$19,408	\$(968)	\$146,113	\$207,373	\$(61,260)	\$37,305
La Plata	\$534,916	\$665,684	\$(130,767)	\$194,824	\$272,609	\$(77,785)	\$729,740	\$938,292	\$(208,552)	\$125,659
Larimer	\$2,746,414	\$3,397,341	\$(650,927)	\$900,626	\$804,348	\$96,278	\$3,647,040	\$4,201,689	\$(554,649)	\$310,097
Las Animas	\$324,696	\$316,097	\$8,599	\$95,220	\$68,510	\$26,711	\$419,916	\$384,607	\$35,310	\$-
Lincoln	\$95,331	\$138,809	\$(43,477)	\$22,134	\$10,331	\$11,803	\$117,466	\$149,140	\$(31,674)	\$17,535
Logan	\$302,886	\$296,912	\$5,974	\$92,557	\$128,780	\$(36,223)	\$395,443	\$425,692	\$(30,248)	\$8,186
Mesa	\$1,974,127	\$2,301,164	\$(327,036)	\$811,099	\$682,817	\$128,282	\$2,785,226	\$2,983,980	\$(198,754)	\$83,841
Mineral	\$0	\$690	\$(690)	\$-	\$97	\$(97)	\$0	\$787	\$(787)	\$521
Moffat	\$211,252	\$287,280	\$(76,028)	\$38,838	\$15,010	\$23,828	\$250,090	\$302,290	\$(52,200)	\$28,662
Montezuma	\$424,489	\$463,292	\$(38,803)	\$110,722	\$78,816	\$31,906	\$535,211	\$542,108	\$(6,897)	\$-
Montrose	\$729,144	\$554,999	\$174,145	\$251,664	\$246,292	\$5,373	\$980,809	\$801,291	\$179,518	\$-
Morgan	\$453,427	\$341,607	\$111,820	\$130,968	\$195,841	\$(64,872)	\$584,395	\$537,448	\$46,947	\$-
Otero	\$455,555	\$631,705	\$(176,150)	\$145,382	\$108,990	\$36,392	\$600,937	\$740,695	\$(139,758)	\$81,653
Ouray	\$56,223	\$76,468	\$(20,245)	\$11,872	\$6,140	\$5,732	\$68,095	\$82,608	\$(14,513)	\$6,456
Park	\$169,680	\$177,095	\$(7,415)	\$44,090	\$27,755	\$16,334	\$213,770	\$204,850	\$8,920	\$-
Phillips	\$58,513	\$75,390	\$(16,877)	\$21,842	\$15,658	\$6,184	\$80,355	\$91,047	\$(10,693)	\$2,455
Pitkin	\$79,601	\$173,119	\$(93,518)	\$44,983	\$65,423	\$(20,440)	\$124,585	\$238,542	\$(113,958)	\$73,109
Prowers	\$321,906	\$348,417	\$(26,512)	\$62,618	\$74,213	\$(11,594)	\$384,524	\$422,630	\$(38,106)	\$14,913
Pueblo	\$3,209,423	\$3,417,036	\$(207,612)	\$788,856	\$603,040	\$185,816	\$3,998,279	\$4,020,076	\$(21,797)	\$-
Rio Blanco	\$77,264	\$163,982	\$(86,719)	\$16,035	\$12,322	\$3,712	\$93,298	\$176,305	\$(83,006)	\$53,064
Rio Grande	\$370,294	\$326,167	\$44,127	\$50,830	\$28,989	\$21,841	\$421,124	\$355,156	\$65,968	\$-
Routt	\$179,363	\$315,484	\$(136,121)	\$46,953	\$43,045	\$3,907	\$226,316	\$358,529	\$(132,214)	\$83,403
Saguache	\$166,283	\$143,414	\$22,869	\$31,381	\$28,782	\$2,599	\$197,664	\$172,196	\$25,468	\$-
San Juan	\$56,223	\$27,165	\$29,058	\$2,054	\$1,031	\$1,023	\$58,278	\$28,196	\$30,082	\$-
San Miguel	\$68,729	\$91,226	\$(22,497)	\$12,588	\$9,532	\$3,056	\$81,317	\$100,758	\$(19,441)	\$9,755
Sedgwick	\$56,223	\$70,293	\$(14,070)	\$16,847	\$16,528	\$318	\$73,070	\$86,821	\$(13,752)	\$5,594
Summit	\$233,739	\$248,110	\$(14,371)	\$44,749	\$73,198	\$(28,449)	\$278,489	\$321,308	\$(42,820)	\$21,247

Table C: County Administration FY 2015-16 Expenditures

<i>County -</i>	<i>CDHS County Administration Allocation</i>	<i>CDHS Expenditures</i>	<i>CDHS (Over)/Under Expenditures</i>	<i>APS Administration Allocation</i>	<i>APS Expenditures</i>	<i>APS (Over)/Under Expenditures</i>	<i>Combined County Administration Allocation</i>	<i>Combined County Administration Expenditures</i>	<i>Combined (Over)/Under Expenditures</i>	<i>Information Only Total County Share of Over Expenditures (AR + AV)</i>
Teller	\$307,400	\$277,705	\$29,695	\$101,189	\$106,117	\$(4,928)	\$408,589	\$383,821	\$24,767	\$-
Washington	\$58,628	\$92,077	\$(33,449)	\$20,009	\$20,881	\$(872)	\$78,637	\$112,958	\$(34,321)	\$20,511
Weld	\$2,713,190	\$4,110,545	\$(1,397,355)	\$588,440	\$526,008	\$62,432	\$3,301,629	\$4,636,553	\$(1,334,923)	\$833,766
Yuma	\$130,948	\$169,861	\$(38,913)	\$41,185	\$20,634	\$20,552	\$172,133	\$190,495	\$(18,362)	\$5,321
Broomfield	\$307,112	\$558,410	\$(251,298)	\$113,154	\$86,433	\$26,721	\$420,266	\$644,842	\$(224,576)	\$141,609
TOTALS	\$56,384,304	\$74,941,266	\$(18,556,962)	\$14,104,039	\$13,306,918	\$797,121	\$70,488,343	\$88,248,184	\$(17,760,201.35)	\$11,759,841

Table D: Historical County (Over)/Under expenditure for County Administration FY 2011-12 through FY 2015-16					
	FY2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
COUNTY	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures
Adams	\$ (2,817,152.66)	\$ (2,548,731.25)	\$ (303,421.62)	\$ 103,449.09	\$ (963,470.63)
Alamosa	\$ 120,474.15	\$ 18,155.49	\$ (77,019.75)	\$ (33,768.64)	\$ (89,798.54)
Arapahoe	\$ (420,669.56)	\$ (1,242,050.91)	\$ 1,021.80	\$ 598,054.79	\$ 448,487.04
Archuleta	\$ 11,588.45	\$ 1,841.59	\$ (10,427.37)	\$ (3,585.97)	\$ (31,383.36)
Baca	\$ (8,905.66)	\$ (41,500.53)	\$ (45,811.64)	\$ (61,811.25)	\$ (39,131.80)
Bent	\$ (8,622.26)	\$ (36,141.16)	\$ (18,123.48)	\$ (19,288.97)	\$ (42,298.32)
Boulder	\$ (3,466,133.72)	\$ (2,612,293.77)	\$ (2,078,170.42)	\$ (2,341,615.62)	\$ (3,145,036.68)
Chaffee	\$ (102,493.37)	\$ (119,226.77)	\$ (51,835.78)	\$ (3,988.32)	\$ (16,329.06)
Cheyenne	\$ (43.63)	\$ 3,068.08	\$ 1,477.87	\$ 10,362.06	\$ (63.62)
Clear Creek	\$ 21,388.81	\$ 9,552.83	\$ (6,294.64)	\$ (23,172.16)	\$ 9,823.86
Conejos	\$ 35,832.39	\$ (5,309.59)	\$ (32,596.35)	\$ 24,788.71	\$ (3,539.66)
Costilla	\$ (106,310.20)	\$ (51,015.38)	\$ (75,951.64)	\$ (64,211.56)	\$ (53,785.37)
Crowley	\$ (32,432.89)	\$ (32,361.96)	\$ (28,004.71)	\$ (32,632.55)	\$ (46,335.27)
Custer	\$ 11,362.12	\$ 10,909.34	\$ 4,649.56	\$ 190.12	\$ 14,077.43
Delta	\$ 52,030.02	\$ (13,390.07)	\$ 26,512.62	\$ 129,785.53	\$ 79,395.81
Denver	\$ (9,628,354.68)	\$ (10,339,449.61)	\$ (6,154,508.34)	\$ (6,267,303.22)	\$ (7,399,770.54)
Dolores	\$ 10,793.91	\$ 7,869.30	\$ 4,202.10	\$ 2,383.15	\$ (17,797.42)
Douglas	\$ 29,552.06	\$ 243,255.70	\$ 39,169.76	\$ 298,431.24	\$ 223,346.24
Eagle	\$ (86,418.23)	\$ (195,047.87)	\$ (117,779.20)	\$ (98,285.72)	\$ (188,680.54)
Elbert	\$ 13,104.06	\$ (63,575.77)	\$ 26,214.52	\$ 12,400.35	\$ (27,467.61)
El Paso	\$ (254,822.86)	\$ (640,298.54)	\$ (422,481.59)	\$ (1,160,705.37)	\$ (1,794,678.61)
Fremont	\$ (121,803.73)	\$ (111,847.97)	\$ (60,622.96)	\$ 85,911.17	\$ 38,338.93
Garfield	\$ (205,452.12)	\$ (356,312.55)	\$ (381,590.45)	\$ (354,266.74)	\$ (422,329.30)
Gilpin	\$ (50,052.79)	\$ (30,443.70)	\$ (21,523.13)	\$ (33,060.95)	\$ (53,705.29)
Grand	\$ 9,641.78	\$ 6,062.37	\$ (63,954.29)	\$ (38,590.53)	\$ (24,298.01)
Gunnison	\$ 7,206.21	\$ 14,799.22	\$ (18,686.89)	\$ (18,248.44)	\$ 17,278.84
Hinsdale	\$ -	\$ -	\$ -	\$ -	\$ -
Huerfano	\$ 15,138.02	\$ (17,699.14)	\$ (14,616.58)	\$ 36,538.17	\$ 36,953.41
Jackson	\$ 53,960.93	\$ 57,634.92	\$ 33,821.44	\$ 30,991.65	\$ 34,240.71
Jefferson	\$ (1,453,319.25)	\$ (1,218,072.01)	\$ (283,225.88)	\$ (23,042.12)	\$ (1,311,826.56)
Kiowa	\$ 3,452.54	\$ 14,091.31	\$ (19,350.12)	\$ 1,629.11	\$ (185.98)
Kit Carson	\$ (31,387.21)	\$ (24,218.94)	\$ (18,028.67)	\$ (10,978.90)	\$ (19,859.60)
Lake	\$ (27,088.75)	\$ (24,897.46)	\$ (72,006.49)	\$ (38,268.20)	\$ (61,275.40)
La Plata	\$ (88,354.97)	\$ (183,545.29)	\$ (142,893.36)	\$ (138,947.31)	\$ (208,552.23)
Larimer	\$ (1,682,048.22)	\$ (1,810,396.81)	\$ (728,439.50)	\$ (141,840.25)	\$ (554,648.90)
Las Animas	\$ (4,100.87)	\$ (80,136.56)	\$ (28,297.66)	\$ 18,724.98	\$ 35,309.93
Lincoln	\$ (38,588.22)	\$ (43,035.29)	\$ (13,945.20)	\$ (32,407.53)	\$ (31,674.32)
Logan	\$ (95,835.25)	\$ (121,172.30)	\$ (77,017.48)	\$ (3,749.41)	\$ (30,248.35)

Table D: Historical County (Over)/Under expenditure for County Administration FY 2011-12 through FY 2015-16					
	FY2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
COUNTY	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures	(Over)/Under Expenditures
Mesa	\$ (32,144.50)	\$ (280,028.84)	\$ (76,856.41)	\$ 229,673.07	\$ (198,754.48)
Mineral	\$ -	\$ -	\$ -	\$ -	\$ -
Moffat	\$ (48,993.33)	\$ (65,584.31)	\$ (56,396.89)	\$ (64,181.25)	\$ (52,200.04)
Montezuma	\$ 170,308.59	\$ 127,233.84	\$ 72,551.97	\$ 36,385.18	\$ (6,897.10)
Montrose	\$ 52,726.79	\$ 61,898.02	\$ 16,494.41	\$ 205,166.26	\$ 179,517.80
Morgan	\$ 192,550.99	\$ 136,390.92	\$ (89,563.25)	\$ 48,408.22	\$ 46,947.27
Otero	\$ 39,822.31	\$ (45,735.05)	\$ (123,815.20)	\$ (83,970.18)	\$ (139,757.78)
Ouray	\$ (17,609.63)	\$ (14,980.63)	\$ (14,839.30)	\$ (28,807.48)	\$ (14,513.38)
Park	\$ (53,116.24)	\$ (27,553.91)	\$ (10,810.58)	\$ 9,959.52	\$ 8,919.57
Phillips	\$ (26,258.14)	\$ (46,851.86)	\$ (41,260.50)	\$ (31,419.67)	\$ (10,692.92)
Pitkin	\$ (171,512.62)	\$ (124,326.25)	\$ (69,890.33)	\$ (38,309.10)	\$ (113,972.78)
Prowers	\$ (111,622.53)	\$ (144,811.20)	\$ (85,879.39)	\$ (4,898.03)	\$ (38,121.21)
Pueblo	\$ 255,425.62	\$ (73,167.89)	\$ 304,573.91	\$ 404,705.59	\$ (21,796.75)
Rio Blanco	\$ (98,304.22)	\$ (125,282.79)	\$ (82,873.98)	\$ (103,937.98)	\$ (83,021.17)
Rio Grande	\$ 230,998.73	\$ 184,737.21	\$ 85,135.22	\$ 65,810.59	\$ 65,180.77
Routt	\$ (24,575.56)	\$ (45,648.24)	\$ (64,687.50)	\$ (66,748.41)	\$ (132,213.62)
Saguache	\$ 6,374.25	\$ (10,761.56)	\$ (6,464.30)	\$ 24,166.11	\$ 25,467.77
San Juan	\$ 50,607.27	\$ 54,746.47	\$ 34,472.55	\$ 31,106.60	\$ 30,081.79
San Miguel	\$ (25,380.94)	\$ (16,369.79)	\$ (8,213.54)	\$ (38,461.58)	\$ (19,440.58)
Sedgwick	\$ (24,504.45)	\$ (35,490.70)	\$ (21,140.73)	\$ (5,335.47)	\$ (13,751.70)
Summit	\$ 5,708.96	\$ 9,351.44	\$ (4,501.33)	\$ (42,627.42)	\$ (42,819.66)
Teller	\$ (53,975.75)	\$ (51,658.77)	\$ 902.65	\$ (1,966.12)	\$ 24,767.42
Washington	\$ (4,628.54)	\$ (12,934.05)	\$ (39,274.36)	\$ (26,191.73)	\$ (34,320.63)
Weld	\$ (1,646,045.71)	\$ (2,388,398.56)	\$ (1,459,641.47)	\$ (880,940.62)	\$ (1,334,938.28)
Yuma	\$ (71,788.57)	\$ (68,986.12)	\$ (45,748.43)	\$ (33,965.28)	\$ (18,376.59)
Broomfield	\$ (65,434.31)	\$ (76,150.24)	\$ (60,946.29)	\$ (75,239.58)	\$ (224,576.30)
Total	\$ (21,806,237.18)	\$ (24,655,293.91)	\$ (13,078,228.59)	\$ (10,061,748.37)	\$ (17,760,201.35)

Rising Costs of County Administration

Information from the counties suggests that the rising costs are due to increased caseloads that have increased more than projected due to the implementation of the Affordable Care Act and increasing costs of doing business.

Since FY 2012-13 the Department has contracted with the Change & Innovation Agency (CIA) to implement Business Process Reengineering (BPR) in the ten largest counties. The ten large counties have all implemented some iteration of Business Process Reengineering. While the Change & Innovation Agency (CIA) completed some work in all counties, not all counties opted for the full package of assistance available or maintained fidelity to the recommended model. Counties that chose not to take advantage of CIA's services used their own resources to redesign processes. Table D: County Implementation of Business Process Reengineering. The following table illustrates the implementation of BPR and work completed by CIA in each of the ten large counties.

Table D: County Implementation of Business Process Reengineering			
County	Assessment	Implementation of BPR	Post Implementation Review
Adams	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
Arapahoe	County assessment (CIA)	Process redesign (County)	Post-Implementation Review (CIA)
Boulder	County assessment (CIA)	Process redesign (County)	
Denver	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
El Paso	County assessment (CIA)	Radical process redesign and implementation (some programs by CIA and some programs on their own)	N/A
Jefferson	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
Larimer	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
Mesa	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
Pueblo	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)
Weld	County assessment (CIA)	Radical process redesign and implementation (CIA)	Post-Implementation Review (CIA)

Additionally, five Supervisory Academies to be delivered by CIA are pending: three were scheduled in September 2016 and two more will be completed by the end of the fiscal year. These academies are customized, three-day training sessions specifically geared to supervisors and managers in county offices – who have faced the most significant changes to their day-to-day jobs, managing processes rather than employees – to shore up processes, learn strategies to manage staff and workflow, and increase performance. Other than these pending Supervisory Academies and Post-Implementation Review in Pueblo, there are no current plans to offer CIA's Business Process Reengineering services to any additional counties as funds are not appropriated or otherwise available for this work.

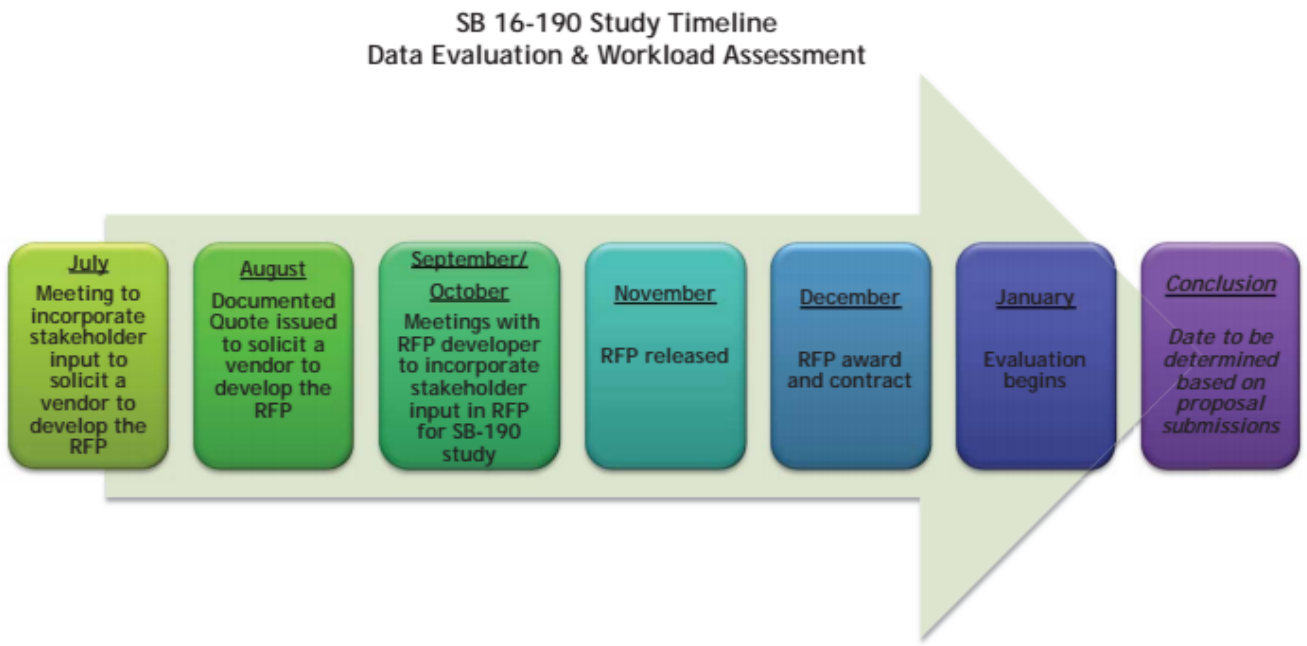
By removing bottlenecks in the process and avoiding rework, Business Process Reengineering should translate to effective deployment of resources to complete the work at hand on any given day. However, the Department does not have access to data that would show the effect of BPR on individual counties' costs and/or cost savings. Based on CIA's initial assessments in county offices, their formulas concluded that adequate staff was available in every county in order to complete the volume of work in the county.

SB 16-190: Concerning Improving the Process for County Administration of Public Assistance Programs, and, in Connection Therewith, Making and Reducing Appropriations

The General Assembly passed SB 16-190 (Concerning Improving the Process for County Administration of Public Assistance Programs, and, in Connection Therewith, Making and Reducing Appropriations) during the 2016 legislative session. The legislation provided the Department with \$550,000 total funds for the purpose of collecting and analyzing data related to the administration of public assistance programs. These public assistance programs include: food assistance, Medicaid, Children's Basic Health Plan, Colorado Works (TANF), Programs for the Aid to the Needy Disabled, Old Age Pension Program and long term care services.

The Department is working with external stakeholders including hiring a vendor to collect and analyze the data, program stakeholders and program administrators. The Department in collaboration with county departments is also directed to design a continuous quality improvement program to improve the administration of public assistance programs.

As of September 2016, three work groups have been established to accomplish the work outlined in SB 16-190 with the initial meeting with stakeholders occurring in July 2016. Colorado is on schedule to meeting the requirements of SB 16-190 and has prepared the following timeline to ensure completion of the project specific to the Data Evaluation and Workload Assessment component of the legislation as follows:



Based on Table D county administration expenditures are rising and have been since at least FY 2011-12, as a result the Department requests funding for in FY 2017-18 to support continued efforts by the counties to administer public assistance programs in a timely manner. The SB 16-190 Study is not expected to be complete until late FY 2016-17 or early FY 2017-18 based on the current timeline. Based on a September 2016 survey of the counties, rising costs are attributable to the following:

- Salary/Benefits/Overtime of County Staff - County Response Rate: 25/35 (71%)
 1. Increasing wages and benefits to provide competitive pay to attract/retain qualified staff.
 2. Higher cost of living in comparison to other areas in the State.
 3. Overtime paid to existing county employees to meet caseload demands.
- Increased Caseload Growth - County Response rate: 19/35 (54%)
- Timeliness/Accuracy - County Response Rate: 12/35 (30%)
- Health Care/Insurance Premium Increases - County Response Rate: 6/35 (17%)

Without increased funding counties may continue to loose trained staff, not be able to meet timeliness and accuracy requirements and client’s applications may become backlogged further negatively affecting the timely administration of public assistance benefits.

Proposed Solution:

The Department of Human Services requests \$16,666,666 total funds including \$5,000,000 General Fund, \$3,333,333 cash funds, and \$8,333,333 federal funds in FY 2017-18 and beyond for the purpose of increasing funding for County Administration of public assistance programs. The cash funds are local funds. This request represents a 29.6% increase over the FY 2016-17 appropriations.

Anticipated Outcomes:

County Departments will be able to support the administration of public assistance programs in light of rising costs and caseloads.

Assumptions and Calculations:

Table E: FY 2017-18 County Administration Request illustrates the FY 2017-18 County Administration base request, this request and the total requested funds. The requested \$16,666,666 total funds are based on the FY 2015-16 over expenditure of \$17.7 million as shown in Table B.

Table E: FY 2017-18 County Administration Request					
County Administration	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2016-17 Appropriation	\$ 56,384,304	\$ 19,666,869	\$ 10,436,967	\$ -	\$ 26,280,468
FY 2017-18 Base Request	\$ 56,384,304	\$ 19,666,869	\$ 10,436,967	\$ -	\$ 26,280,468
FY 2017-18 R-3 County Administration Funding	\$ 16,666,666	\$ 5,000,000	\$ 3,333,333	\$ -	\$8,333,333
FY 2017-18 County Administration Request	\$ 73,050,970	\$ 24,666,869	\$ 13,770,300	\$ -	\$ 34,613,801

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-05 County Child Welfare Staff - Phase 3

Dept. Approval By: Melissa Wavelit Supplemental FY 2016-17
 OSPB Approval By: Frank N. [Signature] 10/26/16 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$18,255,253	\$0	\$17,856,311	\$4,070,574	\$3,780,574
	FTE	7.0	0.0	7.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$13,807,897	\$0	\$13,448,426	\$3,661,197	\$3,400,197
	CF	\$1,210,060	\$0	\$1,170,071	\$407,057	\$378,057
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,237,296	\$0	\$3,237,814	\$2,320	\$2,320

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$6,709,605	\$0	\$6,710,663	\$58,000	\$58,000
	FTE	7.0	0.0	7.0	0.0	0.0
05. Division of Child Welfare - Training	GF	\$3,462,477	\$0	\$3,463,006	\$49,880	\$49,880
	CF	\$37,230	\$0	\$37,241	\$5,800	\$5,800
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,209,898	\$0	\$3,210,416	\$2,320	\$2,320
	Total	\$11,545,648	\$0	\$11,145,648	\$4,012,574	\$3,722,574
	FTE	0.0	0.0	0.0	0.0	0.0
05. Division of Child Welfare - County Child Welfare Staffing	GF	\$10,345,420	\$0	\$9,985,420	\$3,611,317	\$3,350,317
	CF	\$1,172,830	\$0	\$1,132,830	\$401,257	\$372,257
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$27,398	\$0	\$27,398	\$0	\$0

CF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail. ^d Of the amount, \$2,958,822 (I) shall be from Title IV-E of the Social Security Act and \$255,716 shall be from the Title XX Social Services Block Grant.
RF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule	None				



Cost and FTE

- The Department of Human Services requests \$4,070,574 total funds (\$3,661,197 General Fund, \$407,057 cash funds, and \$2,320 federal funds) for FY 2017-18; and \$3,780,574 total funds (\$3,400,197 General Fund, \$378,057 cash funds, and \$2,320 federal funds) in FY 2018-19 and beyond to increase county child welfare staffing in response to a workload study performed by the Colorado Office of the State Auditor (OSA).
- This request represents a 35% increase over the FY 2016-17 appropriation.

Current Program

- The Department's Division of Child Welfare provides services to protect children from harm and assists families in caring for and protecting their children. The Division's programs comprise Colorado's effort to meet the needs of children who must be placed or are at risk of placement outside of their homes for reasons of protection or community safety.

Problem or Opportunity

- The OSA workload study conducted in 2014 determined that counties need 650 additional child welfare staff to meet program goals and achieve outcomes. Additionally, the 2016 Division of Child Welfare Caseload Study, contracted through ICF International, supported the determination that counties need additional staff and provided a tool to quantify county level staffing needs.
- While 100 county positions were funded in FY 2015-16 and 84.25 in FY 2016-17, the current staffing level does not meet the current workload for Colorado case workers and supervisors.
- Increased staffing allows county workers more time to work with children, youth and families to provide quality case management services such as more oversight of treatment plans and more frequent family engagement.

Consequences of Problem

- High staff turnover and a lack of sufficient staff, would affect the ability to deliver quality services, or could lead to a degradation of services affecting safety measures, continuity, and quality.
- Increased volumes of work can affect the quality of work and services provided to children and families as workers have inadequate time to perform all necessary tasks of case management.

Proposed Solution

- The Department requests \$4,070,574 total funds as the third phase of a multi-phased approach to support counties in hiring additional staff for a manageable number of cases and to expand the reach of recruitment of qualified child welfare candidates, which will benefit children and families.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-05
Request Detail: County Child Welfare Staff – Phase 3

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Cash Funds	Federal Funds
County Child Welfare Staff – Phase 3	\$4,070,574	\$3,661,197	\$407,057	\$2,320

Problem or Opportunity:

The Department of Human Services requests \$4,070,574 total funds (\$3,661,197 General Fund, \$407,057 cash funds, and \$2,320 federal funds) for FY 2017-18; and \$3,780,574 total funds (\$3,400,197 General Fund, \$378,057 cash funds, and \$2,320 federal funds) in FY 2018-19 and beyond to increase county staffing in response to a workload study performed by the Colorado Office of the State Auditor (OSA) in 2014. The cash funds are local matching funds.

Additional County Child Welfare Staff

This is Phase 3 of a multi-phase approach for county staffing to meet the current child welfare workload in the State. In FY 2015-16, Senate Bill 15-242 (SB 15-242) was passed and \$6,408,147 total funds (\$5,714,028 General Fund, \$606,415 cash funds and \$87,704 federal funds) were appropriated to the Department, of which \$6,064,149 was allocated to counties to hire 100 child welfare supervisors, case managers, and case aide positions.

Funding was also provided in SB 15-242 for a caseload study. As part of the process to determine the need for county child welfare staff, the Department surveyed the counties regarding their child welfare staff positions. Through this study and survey it was determined that counties would need an additional 480 staff.

In accordance with SB 15-242, funding for county staff is allocated by the Child Welfare Allocation Committee. In FY 2016-17 additional funds of \$11,545,658 total funds (\$10,345,420 General Fund, \$1,172,830 cash funds and \$27,398 federal funds) were appropriated to annualize funding provided in FY 2015-16 and for Phase 2 of the additional county staff in FY 2016-17.

While 100 county child welfare positions were made available in the first phase of increasing county staffing levels and 84.25 additional county child welfare positions in the second phase, through Senate Bill 16-201, the current staffing level still does not meet the current workload for Colorado child welfare staff. The OSA workload study focused on the amount of time staff spent on each child welfare case. The workload study was designed to establish a comprehensive picture of the State's child welfare operations, to understand how these operations affect various county needs, and to account for differences in cases and

services, such as case complexities and the varying lengths of time needed to provide different services. The work performed at the counties for the provision of child welfare services ranges from referrals, ongoing case management, out of home (OOH) services, administration, documentation, adoptions, and licensing. It has been at least 30 years since this type of study has been completed.

SB 15-242 also provided \$195,050 to contract for an external study concerning the child welfare caseload by county, as opposed to the OSA’s workload study which provided estimated hours per case by services for county child welfare case workers. The 2016 Child Welfare Caseload Study built upon the workload study results, and defined the impact of additional child welfare staff, as well as provided a framework for requesting additional resources. This study created the Colorado Division of Child Welfare Case Worker Allocation Tool (DCAT). The caseload study further supported the need for more county child welfare staff and the DCAT tool provides a framework for determining the allocation of appropriated funds to the counties.

The OSA workload study revealed that county case workers are working on average 44.6 hours per week, while supervisors/managers/executives are working on average 48 hours per week. County child welfare employees spent most of their time on ongoing and OOH services, averaging 7.2 hours per child receiving ongoing or OOH services. Time spent on screening is the second highest amount of hours worked by county staff on child welfare services. The high volume of screenings contributes to a county case worker spending 38% of their time documenting referrals and case related work into Trails, Colorado's child welfare case management system.

The amount of time spent working on case related services are in line with other State child welfare studies; however, the workload study shows that Colorado case workers and supervisors manage more cases than compared to the national average and there were few differences between urban and rural counties. Overall, workers reported that the volume of work can have a significant impact on staff because of inadequate time to engage with client families, inadequate time to perform all necessary tasks or quality work, and a consistent feeling of being behind on work and never caught up. Approximately two-thirds of workers describe their volume of assigned work as “heavy and often unmanageable”. An increased workload can significantly affect employee morale and job satisfaction, as well as staff retention and turnover. Increased volumes of work can also impact the quality of work and services provided to children and their families. These issues are magnified if a supervisor has to dedicate time to case work, and is unable to provide support, mentoring and guidance to staff.

Table 1 shows funding received and future needs based on the findings identified from the workload and caseload studies.

Table 1: County Staffing Needs					
Fiscal Year	Total Funds	General Fund	Cash Funds	Federal Funds	Positions
FY 2015-16	\$6,064,149	\$5,428,510	\$606,415	\$29,224	100.0
FY 2016-17	\$5,481,499	\$4,916,910	\$566,415	(\$1,826)	84.3
FY 2017-18 (requested)	\$4,070,574	\$3,661,197	\$407,057	\$2,320	58.0
Remaining Cost and Positions *	\$20,172,909	\$17,348,701	\$2,017,291	\$806,917	367.8
Total Funding for Recommended Need	\$35,789,131	\$31,355,318	\$3,597,178	\$836,635	610.0

* Future years include one-time costs. Total cost is based on estimates from counties receiving funding in FY 2016-17.

In addition to the results of the workload study and caseload study, data for the Department’s draft of the 2017 Annual Progress and Services Report (APSR) for Federal Well-Being Outcomes is showing unfavorable results. APSR was submitted for federal approval to the Administration for Children and

Families on June 30, 2016 for review and is anticipated to be approved by September 30, 2016. The three federal well-being outcomes and the various measures under each outcome are as follows:

- **Outcome 1: Families have enhanced capacity to provide for their children's needs.**
To determine if families have enhanced capacity to provide for their children's needs, case workers visit with the child, parents, kin, school counselors, foster parents and other out of home providers. Therefore, the measures under this outcome focus primarily on engagement efforts with those involved in the case. For Outcome 1, Colorado's performance in FFY 2014 is largely consistent with FFY 2013. The Division of Child Welfare staff monitor quarterly monthly case worker visit data reports and share this information with county departments of human and social services. An important factor that impacts the frequency and quality of case worker visits with the child is insufficient staffing and case worker turnover throughout the State. Funding for new county staff has helped to close the staffing gaps identified in the 2014 workload study. As additional new case workers are hired, trained, and begin case work, Colorado will continue to see improved performance, as captured in the Department's monthly C-Stat reports and the Administrative Review Division (ARD) qualitative case reviews.
- **Outcome 2: Children receive appropriate services to meet their educational needs.**
The measures under this outcome focus primarily on educational stability, including whether a young child is enrolled in early education and whether an older youth is on track to graduate and/or complete high school. The absence of school stability within the foster care population is often cited as a barrier to academic achievement and progress toward high school graduation. In September 2014 the University of Northern Colorado submitted a trend study, *Every Transition Counts*, to the Department and the Department of Education (CDE) that showed on-time graduation rates for foster youth were far below their peers without foster care involvement. According to the study, in 2013-14, of 4,400 students in foster care enrolled in a Colorado school by October 1, 53.3% changed schools one or more times that school year. The study also showed, over the past few years, on-time graduation rates for Colorado students in foster care have ranged from 27.5% to 30%, which is well below the graduation rates for the State as a whole. An additional 7.1% to 13.8% of students in foster care earn an equivalency diploma (e.g., GED).

For Outcome 2, Colorado did not meet any of the goals. Enrollment in Head Start or another early childhood education program increased over the previous year. Efforts to improve in this outcome are underway and include the adoption of the Blueprint for Change: Education Success for Children in Foster Care (prompted by the University of Northern Colorado study mentioned above) and implementation of a pilot program to test strategies that will improve educational outcomes for children and youth in foster care. These efforts target systemic barriers that affect educational outcomes as well as case specific barriers that affect the educational attainment of students in foster care. New child welfare staff are necessary to help reduce the overall volume of work for existing case workers. Per the aforementioned workload study, case workers' volume of work can have a significant affect because of inadequate time to engage with client families and inadequate time to perform all necessary tasks or quality work, such as the ability for case workers to focus efforts on improving the education outcomes of children/youth on their caseloads.

- **Outcome 3: Children receive adequate services to meet their physical and mental health needs.**
The measures under this outcome focus primarily on whether a child/youth received necessary care to meet his/her dental, medical, and mental health needs. For Outcome 3, Colorado met one out of five measures. The State continues to excel at assessing the mental health needs of children and

youth in foster care. The Department is partnering with Colorado's Foster Care Coordinators group to identify barriers to providing initial and ongoing health care for children and youth in foster care. Issues identified include inconsistent documentation of health care visits and limited access to medical records. The Department will partner with the Administrative Review Division, the Continued Quality Improvement (CQI) workgroup, and county staff to investigate these issues through Colorado's CQI process. New case workers will allow for more consistent documentation of health care visits and assist with access to medical records.

Proposed Solution:

The Department of Human Services requests \$4,070,574 total funds (\$3,661,197 General Fund, \$407,057 cash funds, and \$2,320 federal funds) for FY 2017-18; and \$3,780,574 total funds (\$3,400,197 General Fund, \$378,057 cash funds, and \$2,320 federal funds) in FY 2018-19 and beyond to increase county child welfare staffing.

Under the current Child Welfare infrastructure, the Department estimates that it would take three more years for counties to increase capacity to the staffing level recommended in the workload and caseload studies. Based on this estimation, the Department requests funding to increase the work force by approximately 58 FTE in FY 2017-18. This request is for new county child welfare staff only and not to supplement other county costs.

The hiring of additional staff will result in better management of a more appropriate number of cases in accordance with caseload, and workload study recommendations. Funding for counties to hire additional staff will allow for better management and a more appropriate number of cases in accordance with workload and caseload study recommendations. By adding more staff, the counties would be able to continue implementing best practices.

If this Phase 3 funding request is not approved, the county departments will continue to see high case worker turnover, low employee morale, high costs for training, a limited pool of qualified applicants for child welfare positions, and unmet needs for the vulnerable children of Colorado.

Anticipated Outcomes:

The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) issued a final report in 2016 making recommendations for reducing child fatalities resulting from abuse and neglect. One of the key findings is that a number of children who die were not known to child protective services (CPS) but were seen by other professionals such as health care staff, highlighting the importance of coordinated and multisystem efforts.

CPS agencies play a critical role, but waiting until a severe injury has occurred to allow CPS to intervene misses numerous opportunities to protect these children. By combining a proactive approach to child safety by providing counties flexibility to hire other professional staff offers a more strategic approach.

With the increase of staff for the counties, the Department can better serve children in need of care in Colorado. Counties would have the resources to hire additional case workers, supervisors, and case aides. Case aides are able to assist with family visitation, filing, transcription, and transportation of children and family.

Additional case workers and related staff are expected to reduce adverse effects, leading to higher employee morale, job satisfaction, and staff retention and caseload continuity.

Counties began hiring additional child welfare staff less than a year ago and there has not been sufficient time to adequately measure the long-term affect the additional staff will have on these issues. A generalized 3-month delay exists from the onboarding of new county child welfare case workers before they are full case-carrying case workers. New case workers and supervisors need to attend six weeks of training and complete on-the-job training by shadowing an experienced case worker and/or supervisor before they are ready to carry a full caseload. However, data shows that the child welfare staff counties have hired thus far are having a positive impact on a number of the Department's C-Stat Safety Measures.

Table 2 shows a comparison of C-Stat Safety Measure results over time (Source: Results Oriented Management (ROM), June 23, 2016).

Table 2: Comparison of C-Stat Safety Measures

Measure	C-Stat Goal	JUL 2014	JUL 2015	MAR 2016
Timeliness of Initial Response to Abuse/Neglect Assessments	90%	87.20%	89.80%	90.20%
Compliance with the Statutory Requirement Related to Timeliness of Assessment	90%	88.50%	89.10%	91.60%

Assumptions and Calculations:

Table 3 provides a line item summary of the request.

Table 3: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20									
Line Item: (5) Division of Child Welfare, County Level Child Welfare Staffing	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$11,545,648	\$10,345,420	\$1,172,830	\$0	\$27,398	\$0	\$0	\$0	
Requested Funding (or Spending Authority)	\$4,012,574	\$3,611,317	\$401,257	\$0	\$0	\$0	\$0	\$0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$15,558,222	\$13,956,737	\$1,574,087	\$0	\$27,398	\$0	\$0	\$0	
FY 2018-19 Annualization of Prior Year Funding	(\$290,000)	(\$261,000)	(\$29,000)	\$0	\$0	\$0	\$0	\$0	
FY 2019-19 Total Requested Appropriation	\$15,268,222	\$13,695,737	\$1,545,087	\$0	\$27,398	\$0	\$0	\$0	
FY 2019-20 Total Requested Appropriation	\$15,268,222	\$13,695,737	\$1,545,087	\$0	\$27,398	\$0	\$0	\$0	

Line Item: (5) Division of Child Welfare, Training	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,709,605	\$3,462,477	\$37,230	\$0	\$3,209,898	\$0	\$0	\$0	
Requested Funding (or Spending Authority)	\$58,000	\$49,880	\$5,800	\$0	\$2,320	\$0	\$0	\$0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$6,767,605	\$3,512,357	\$43,030	\$0	\$3,212,218	\$0	\$0	\$0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2019-19 Total Requested Appropriation	\$6,767,605	\$3,512,357	\$43,030	\$0	\$3,212,218	\$0	\$0	\$0	
FY 2019-20 Total Requested Appropriation	\$6,767,605	\$3,512,357	\$43,030	\$0	\$3,212,218	\$0	\$0	\$0	

In Colorado, counties are responsible for approximately twenty percent of the cost of child welfare services, with state and federal share making up the remaining eighty percent. A county that qualifies as Tier 1 or Tier 2 for purposes of the County Tax Base Relief Fund, as defined in 26-1-126 C.R.S. (2016), is funded at one hundred percent of state and federal funds for the purposes of funding new county child welfare staff effective January 1, 2015. The General Assembly approved a 90/10 split in FY 2015-16 for Phase One of the funding, as well as in the FY 2016-17 Phase 2 funding. This request reflects the same 90/10 split.

Tables 4 and 5 summarize the costs of the county staff for FY 2017-18, FY 2018-19 and ongoing. Salaries are based on average county salaries provided in the county survey.

Table 4: FY 2017-18 Costs for County Staff							
Child Welfare Staff	Number of Staff	Salaries and Ongoing Expenses	One-time Expenses	Total Cost	General Fund	Cash Funds	Federal Funds *
Supervisors	15.7	\$1,317,962	\$78,300	\$1,396,262	\$1,256,636	\$139,626	\$0
Caseworkers and Case Aides	42.3	\$2,404,612	\$211,700	\$2,616,312	\$2,354,681	\$261,631	\$0
Training costs (\$1,000 X 116 positions)	58.0	\$58,000	\$0	\$58,000	\$49,880	\$5,800	\$2,320
Total FY 2017-18 Request	58.0	\$3,780,574	\$290,000	\$4,070,574	\$3,661,197	\$407,057	\$2,320

* Because Colorado has a Title IV-E Waiver, it is unable to earn federal funding for these staff.

Table 5: FY 2018-19 Costs for County Staff Ongoing							
Child Welfare Staff	Number of Staff	Salaries and Ongoing Expenses	Total Cost	General Fund	Cash Funds	Federal Funds *	
Supervisors	15.7	\$1,317,962	\$1,317,962	\$1,186,166	\$131,796	\$0	
Caseworkers and Case Aides	42.3	\$2,404,612	\$2,404,612	\$2,164,151	\$240,461	\$0	
Training costs (\$1,000 X 116 positions)	58.0	\$58,000	\$58,000	\$49,880	\$5,800	\$2,320	
Total	58.0	\$3,780,574	\$3,780,574	\$3,400,197	\$378,057	\$2,320	

* Because Colorado has a Title IV-E Waiver, it is unable to earn federal funding for these staff.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-06 Department Indirect Costs

Dept. Approval By: Melissa Woodlet Supplemental FY 2016-17
 Change Request FY 2017-18
 OSPB Approval By: [Signature] 10/27/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$48,090,979	\$0	\$52,323,772	\$3,075,587	\$3,075,587
	FTE	422.2	0.0	422.2	6.9	6.9
Total of All Line Items Impacted by Change Request	GF	\$26,662,436	\$0	\$28,959,645	\$3,514,960	\$3,514,960
	CF	\$2,650,263	\$0	\$2,722,924	(\$40,435)	(\$40,435)
	RF	\$7,469,763	\$0	\$7,664,092	\$1,552,417	\$1,552,417
	FF	\$11,308,517	\$0	\$12,977,111	(\$1,951,355)	(\$1,951,355)

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,090,080	\$0	\$28,017,136	\$1	\$1
	FTE	0.0	0.0	0.0	0.0	0.0
02. Office of Information Technology Services, (A)	GF	\$12,939,609	\$0	\$15,048,966	\$2,275,811	\$2,275,811
	CF	\$364,484	\$0	\$423,991	(\$40,435)	(\$40,435)
	RF	\$765,483	\$0	\$890,268	\$251,237	\$251,237
	FF	\$10,020,504	\$0	\$11,654,001	(\$2,486,612)	(\$2,486,612)
	Total	\$24,000,899	\$0	\$24,306,636	\$3,075,586	\$3,075,586
	FTE	422.2	0.0	422.2	6.9	6.9
03. Office of Operations, (A) Administration - Personal Services	GF	\$13,722,827	\$0	\$13,910,679	\$1,239,149	\$1,239,149
	CF	\$2,285,779	\$0	\$2,299,023	\$0	\$0
	RF	\$6,704,280	\$0	\$6,773,824	\$1,301,180	\$1,301,180
	FF	\$1,288,013	\$0	\$1,323,110	\$535,257	\$535,257

CF Letternote Text Revision Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
See Table K for detail of letternote revisions.					
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule 13s	None				



Cost and FTE

- The Department of Human Services requests \$3,075,586 total funds, including increases of \$3,514,960 General Fund and \$1,552,417 reappropriated funds offset by reductions of \$40,435 cash funds and \$1,951,355 federal funds in FY 2017-18 and beyond to address the budget shortfall related to the Department’s indirect and administrative costs. This request affects line items in the Executive Director’s Office, Office of Operations, and Office of Information Technology.

Current Program

- The Department charges individual programs indirect costs to support central service administrative functions, including the Executive Director’s Office and central support functions.
- Central support indirect costs are: (a) costs that are reasonable and allowable; (b) costs that are a legitimate cost of doing business; and (c) costs that cannot be directly identified with a single program or area, such as Accounting, Contracts, Procurement, and Human Resources.

Problem or Opportunity

- Historically, the Department has funded its indirect costs using year-end accounting adjustments, converting Medicaid Funds to General Fund, POTS transfers, and transferring Child Welfare Funds.
- The transfer of the Division of Vocational Rehabilitation from the Department of Human Services to the Department of Labor and Employment in FY 2015-16 resulted in a loss of funding to support overall central service administrative functions and central support functions.
- As a result, the Department has been evaluating opportunities to maximize the collection of funds to support indirect costs and developed a comprehensive solution to the issue.
- Through analysis, the Department reviewed all programs with limitations on the amount of indirect costs that can be charged to federal grants and determined that federal sources have been maximized with four exceptions: Temporary Aid for Needy Families (TANF), Child Care Development Fund (CCDF), and Child Welfare Title IV-B, Title XX of the Social Security Act and Medicaid.
- However, these same programs and the Regional Centers have not been able to collect sufficient revenues to fund their allocated indirect costs. This results in a gap of \$10.0 million total funds.

Consequences of Problem

- Without approval of this request, the Department will not be able to fund all of its current central support services that are typically covered through indirect revenues.

Proposed Solution

- The Department of Human Services requests a net increase of \$3,075,586 total funds and Long Bill letter note changes to address the budget shortfall related to indirect and administrative costs.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding

Request / November 1, 2016

Department Priority: R-06
Request Detail: Departmental Indirect Costs

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
Departmental Indirect Costs	\$ 3,075,586	\$ 3,514,960	6.9

Problem or Opportunity:

The Department of Human Services requests \$3,075,586 total funds, including \$3,514,960 General Fund, (\$40,435) cash funds, \$1,552,417 reappropriated funds, and (\$1,951,355) federal funds in FY 2017-18 to appropriately fund the Department's indirect and administrative costs. This request also includes changes to letter notes in the Department's appropriations, affecting Child Care Development Funds (CCDF), Temporary Assistance for Needy Families (TANF), and Regional Centers to accurately reflect indirect and administrative costs incurred by these programs to support operations. Specifically, this request proposes to address the following:

- Indirect Costs: Public Assistance Programs
- Indirect Costs: Regional Centers
- Office of Information Technology Cost Increases and Funding Splits
- Additional Pressure on Indirect Costs

The Department charges individual programs indirect costs to support central service administrative functions, including the Executive Director's Office and centralized functions. Indirect costs include central support services and direct office overhead costs from benefitting programs. Central support indirect costs are (a) costs that are reasonable and allowable; (b) costs that are a legitimate cost of doing business; and (c) costs that cannot be directly identified with a single program or area. For example, this would include employees in Accounting, Contracts, Procurement, and Human Resources who help support multiple Offices within the Department. Direct office overhead is the cost of personal services and operating expenses associated with Office-specific personnel including the Office Director, Deputy Office Director, the assigned Budget Analyst, the assigned C-Stat Performance Analyst, and other Office-specific administrative positions. Additionally, the programs incur direct administrative costs to support their programs.

For FY 2016-17, the Department projects that it will collect a total of \$55,230,831 excluding Office of Information Technology (OIT) costs, in indirect cost recoveries from federally funded programs. This revenue will be used to offset General Fund in the various Offices with central support services and direct office overhead costs. Table A: FY 2015-16 Cost Allocation Percentage by Benefiting Program for Indirect Costs shows the allocation of indirect cost recoveries for each benefitting program (Office) by funding

source (or program source) for FY 2015-16. It also shows the percentage of the total indirect costs that were allocated to each funding source in FY 2015-16.

Table A: FY 2015-16 Cost Allocation Percentage by Benefiting Program for Indirect Costs¹		
Office	Funding Source/Program	Percent Indirect Costs
Department-wide	Medicaid (50%)	6%
Department-wide	District Pools	1%
Department-wide	State Programs	2%
Office of Behavioral Health	Alcohol and Drug Abuse Division (ADAD)	1%
Office of Behavioral Health	Mental Health Community Programs	1%
Office of Behavioral Health	Mental Health Institutes	21%
Office of Community Access and Independence	Aging	0%
Office of Community Access and Independence	Aging & Adult Services (III,V)	1%
Office of Community Access and Independence	Disability Determination Services	2%
Office of Community Access and Independence	Veterans Community Living Centers	2%
Office of Community Access and Independence	Regional Centers	12%
Office of Community Access and Independence	Vocational Rehabilitation (transferred to CDLE as of July 1, 2016)	4%
Office of Children, Youth, and Families	Child Support Enforcement Title IV-D	4%
Office of Children, Youth, and Families	Child Welfare IV-B	1%
Office of Children, Youth, and Families	Child Welfare IV-E	6%
Office of Children, Youth, and Families	Child Welfare-Child Abuse	0%
Office of Children, Youth, and Families	Division of Youth Corrections (DYC)	10%
Office of Children, Youth, and Families, Office of Early Childhood, Office of Community Access and Independence	Title XX	7%
Office of Early Childhood	Early Child Care	3%
Office of Economic Security	Adult Financial Services & OAP	0%
Office of Economic Security	Food Assistance (SNAP)	9%
Office of Economic Security	Low Income Energy Assistance (LEAP)	1%
Office of Economic Security	Refugees	0%
Office of Economic Security	Temporary Assistance for Needy Families (TANF)	6%
All Offices	Total	100%

¹These are projections based on actual data from FY 2013-14. These amounts can change based on program actual expenditures in FY 2014-15 and FY 2015-16.

Analysis of Indirect Costs

Historically, the Department has addressed these longstanding indirect cost concerns using the following:

- Year-end accounting adjustments.
- Conversion of Medicaid Funds to General Fund, which is not expected to be an option in FY 2016-17 as the Regional Centers implement actual cost-based billing.
- POTS transfers.
- Federal Child Welfare Funds transfer – used for the first time in FY 2014-15.

These methods are no longer adequate to address the problem, which for FY 2017-18 totals \$10.0 million¹. The Department’s Office of Administrative Solutions and Office of Performance and Strategic Outcomes has identified other solutions to maximize the indirect fund sources, by increasing the collection of these funds to support central service administrative functions of the Department. Through this analysis the Department reviewed all programs with limitations on the amount of indirect costs that can be charged against their respective federal grants and determined that federal funding sources have been maximized with four exceptions. These four exceptions include Temporary Aid for Needy Families (TANF), Child Care Development Fund (CCDF), Child Welfare Title IV-B, and Title XX of the Social Security Act.

Table B: Indirect Caps for Federal Programs provides a summary of the Department’s analysis.

Table B: Indirect Caps for Federal Programs		
Program	Admin Cap	Indirects Limited by Cap?
Title III – Aging	Yes-5%	Has not limited amount of indirects collected
Mental Health Block Grant	Yes-5%	Has not limited amount of indirects collected
Substance Abuse Block Grant	Yes-5%	Has not limited amount of indirects collected
Independent Living Service Grant-Voc Rehab	Yes-5%	Has not limited amount of indirects collected
Child Welfare Title IV-B	Yes-10%	Has not limited amount of indirects collected
Temporary Aid for Needy Families	Yes-15%	Not yet hit, however indirect costs are limited based on the appropriation
Personal Responsibility Education Program (PREP)	No Cap	Has not limited amount of indirects collected
Low Energy Assistance Program	Yes-10%	Has not limited amount of indirects collected
Child Care Development Fund	Yes-5%	Hit the cap in FY 2013-14, and exceeded in FY 2014-15 by 3/31/15
Maternal, Infant, Early Childhood Home Visit	Yes-10%	Has not limited the amount of indirects collected
Early Intervention	No Cap	Limited by the amount of matching General Fund
The Emergency Food Assistance Program (TEFAP) - Donated Foods	No Cap	Limited by the amount of matching General Fund
Title XX of the Social Security Act	No Cap	Has not limited amount of indirects collected

Indirect Costs: Public Assistance Programs

Based on further review, in FY 2014-15 and FY 2015-16, the following four programs were not able to collect federal revenues sufficient to fund their portion of Departmental indirect costs: Temporary Aid for Needy Families (TANF), Child Care Development Fund (CCDF), Child Welfare Title IV-B, Title XX of the Social Security Act and Medicaid. Table C1: FY 2014-15 Indirect Cost Allocation by Federal Funding Source and Table C2: FY 2015-16 Indirect Cost Allocation by Federal Funding Source illustrate the amount of indirect costs allocated to each program area, a Long Bill cap if applicable, what was able to be

¹ See Table E, Total of \$8,247,507 plus Table H Total of \$1,094,283 plus Table I Total of \$680,123. Sum is \$10,021,913.

collected and the variance of the collection (which totaled \$771,237 in FY 2014-15 and \$1,303,005 in FY 2015-16).

Table C1: FY 2014-15 Indirect Cost Allocation by Federal Funding Source					
Program Area	A. Indirect and Admin Costs Allocated	B. Allowable Revenue Per Long Bill	C. Collected	D. Variance Allocated - Collected (A-C)	E. Variance Allocated - Allowable (A-B)
Child Care Development Fund	\$5,178,858	\$4,207,711	\$4,475,232	\$703,626	\$971,147
TANF	\$3,492,053	\$3,063,794	\$3,424,442	\$67,611	\$428,259
Title IV-B	\$727,665	Not Specified	\$727,665	\$0	\$0
Title XX	\$4,298,319	Not Specified	\$4,298,319	\$0	\$0

Table C2: FY 2015-16 Indirect Cost Allocation by Federal Funding Source					
Program Area	A. Indirect Costs Allocated	B. Allowable Revenue Per Long Bill	C. Collected	D. Variance Allocated - Collected (A-C)	E. Variance Allocated - Allowable (A-B)
Child Care Development Fund	\$4,345,009	\$4,330,653	\$4,330,653	\$14,356	\$14,356
TANF	\$4,419,804	\$3,131,155	\$3,131,155	\$1,288,649	\$1,288,649
Title IV-B	\$422,820	Not Specified	\$422,820	\$0	\$0
Title XX	\$5,125,347	Not Specified	\$5,125,347	\$0	\$0

Additionally, the Department has determined that Child Welfare, specifically Title IV-B and Title XX of the Social Security Act funding has not contributed to the indirect cost allocation since at least 2003 with the exception of FY 2014-15 and 2015-16. It is important to note that the allocation of indirect costs in FY 2014-15 and FY 2015-16 was not done until after the county close out process was completed and all counties were made whole.

Indirect Costs: Regional Centers

Further research suggests that the Department is not able to fully charge the Regional Centers for their indirect costs. Based on information from FY 2009-10 to FY 2014-15, the Regional Centers have indirect costs averaging \$6.4 million annually but are only able to address an average of \$5.1 million. This results in an average deficit of \$1.3 million per year. Table D: Regional Center Indirect Transfers and Cost Comparison illustrates historical indirect costs and funding needed to fully cover their actual indirect costs.

Table D: Regional Center Indirect Transfers and Cost Comparison			
Fiscal Year	Indirects on Cost Report	444 Transfer	Excess/(Deficit) of Costs
2009-10	\$ 6,605,004	\$ 5,136,889	\$ 1,468,115
2010-11	\$ 6,117,611	\$ 5,344,300	\$ 773,311
2011-12	\$ 6,314,317	\$ 4,858,982	\$ 1,455,335
2012-13	\$ 6,612,259	\$ 4,894,152	\$ 1,718,107
2013-14	\$ 6,342,938	\$ 4,965,299	\$ 1,377,639
2014-15	\$ 6,351,490	\$ 5,336,919	\$ 1,014,571
2015-16 ¹	N/A	N/A	N/A
Average	\$ 6,390,603	\$ 5,089,424	\$ 1,301,180

¹ FY 2015-16 data will not be complete until the cost report is submitted on November 30, 2016.

Table E: Comparison of FY 2015-16 Indirect Costs by Program Area and Proposed Solutions to Maximize Collection, illustrates the limitations related to the Temporary Assistance for Needy Families, Child Care Development Funds, and the Regional Centers. These three are limited in their allocation of indirect costs due to letter notes within the Department’s appropriations. The restriction on the Regional Centers also affects the Department of Health Care Policy and Financing (HCPF).

Table E: Comparison of FY 2015-16 Indirect Costs by Program Area and Proposed Solution to Maximize Collection					
Program	Limitation	Indirect Costs Allocation (SHOULD)	Indirect Costs Collected (ALLOWED)	How much is resolved by Request?	Request
TANF	Federal TANF funds are capped in the Long Bill. ¹	\$4,419,804	\$3,131,155	\$1,288,649	Revise the TANF letter note to fully collect the TANF revenues.
CCDF	Federal CCDF are capped in the Long Bill.	\$4,345,009	\$4,330,653	\$14,356	Revise the CCDF letter note to fully collect the CCDF revenues.
Child Welfare (Title IV-B and Title XX)	Policy decision dating to at least 2003 to not charge indirect costs to Child Welfare.	\$5,643,322 ²	\$0	\$5,643,322	Based on statutory authority, the Department will use funds for Department indirect costs from the Child Welfare appropriation prior to the Child Welfare Allocation Committee Allocation process.
Regional Centers	Regional Center indirect costs are capped in the Long Bill due to letter note restrictions and spending authority restrictions in the HCPF appropriations.	\$ 6,390,603 ³	\$ 5,089,424	\$ 1,301,180	Revise the Regional Center letter notes to fully collect revenue.
Total		\$20,798,738	\$12,551,232	\$8,247,507	

¹ Historically Temporary Aid for Needy Families (TANF) was also capped, but the cap was adjusted to accommodate indirect costs in FY 2014-15. To prevent the reoccurrence of limited use of TANF for indirect costs, the TANF letter note should be updated similar to CCDF.

² Indirect costs were allocated to Child Welfare funding for the first time in FY 2014-15 since at least 2003. This was done after counties were made whole; this adjustment may not be possible in future years based on the year-end close methodology.

³Based on FY 2014-15 data since FY 2015-16 data will not be complete until the cost report is submitted on November 30, 2016.

The Department plans to use funds for Department indirect costs from the Child Welfare appropriation, prior to the Child Welfare Allocation Committee Allocation process. This was previously done after the year end county settlement process in FY 2014-15 and FY 2015-16. As noted previously, Child Welfare has not contributed to the indirect cost allocation since at least 2003 with the exception of FY 2014-15 and 2015-16, causing other programs within the Department to subsidize the Child Welfare share of indirect costs.

OIT Cost Increases and Funding Splits

Additionally, the Department reviewed its historical Office of Information Technology (OIT) related appropriation and allocation by fund source. Since FY 2009-10 the OIT Common Policy-related appropriations have increased by 92.7%. The largest increases year over year occurred in FY 2010-11 and FY 2014-15. Table F1: Historical OIT Appropriation including General Fund illustrates the increase in costs and shift from the General Fund to other fund sources from 64% General Fund in FY 2009-10 to 54% in FY 2016-17. It should be noted that while the appropriations have shifted from General Fund to other fund sources, the Department cannot earn sufficient cash, reappropriated or federal revenues to fully support the OIT costs.

Table F1: Historical OIT Appropriation including General Fund								
OIT Common Policy Lines	FY 2009-10		FY 2010-11		FY 2011-12		FY 2012-13	
Final Appropriation	HB 10-1302		SB 11-141		HB 12-1186		SB 13-091	
Totals by Fiscal Year	\$13,612,142		\$17,914,932		\$19,077,292		\$20,612,355	
Percent Increase Over Prior Year			31.61%		6.49%		8.05%	
General Fund	\$8,695,253	64%	\$10,204,966	57%	\$10,750,746	56%	\$11,073,313	54%

OIT Common Policy Lines	FY 2013-14		FY 2014-15		FY 2015-16		FY 2016-17	
Final Appropriation	HB 14-1238		SB 15-149		HB 16-1242		HB 16-1405	
Totals by Fiscal Year	\$20,619,018		\$26,185,236		\$25,122,963		\$24,090,080	
Percent Increase Over Prior Year	0.03%		27.00%		-4.06%		-4.00%	
General Fund	\$11,188,827	54%	\$14,042,009	54%	\$13,534,199	54%	\$12,939,609	54%

Table F2: Rebalancing of OIT Fund Splits illustrates the FY 2017-18 base request for OIT Common Policy funding and the adjusted base request adjusted by the rebalancing of funding based on historical funding and available funding sources. In FY 2017-18, there will be a total shortfall of \$2,527,047 in cash and federal revenue, requiring an increase of \$2,275,811 General Fund and \$251,237 reappropriated funds.

Table F2: Rebalancing of OIT Fund Splits			
OIT Common Policy Lines	FY 2017-18 Base Request	Adjusted base request	Delta
<i>Purchase of Services-Computer Center/Payments to OIT</i>	\$ 24,090,080	\$ 24,090,080	\$ -
General Fund	\$ 12,939,609	\$ 15,215,420	\$ 2,275,811
Cash Funds	\$ 364,484	\$ 324,049	\$ (40,435)
Reappropriated Funds	\$ 765,483	\$ 1,016,720	\$ 251,237
Federal Funds	\$ 10,020,504	\$ 7,533,892	\$ (2,486,612)

Additional Pressure on Indirect Costs

While the Department's ability to collect indirect costs has been limited in the five program areas previously discussed, two additional dynamics have compounded the issue and added increasing pressure on the Department's ability to collect indirect costs. These include the transfer of the Division of Vocational Rehabilitation to the Department of Labor and Employment and a subsequent adjustment to the Department's Office of Operations federal funds resulting in a reduction of \$2,417,080 to support the Department's indirect costs.

1. Transfer of the Division of Vocational Rehabilitation to the Department of Labor and Employment (CDLE) Effective July 1, 2016, Pursuant to SB 15-239: Historically, DVR has played a significant role in the Department's federally approved Public Assistance Cost Allocation Plan (PACAP). This Plan allows the Department to collect allowable revenue from federal sources and use it to support State indirect costs that would otherwise be supported with General Fund. As a result of the transfer, Colorado Department of Human Services (CDHS) lost the ability to collect indirect revenues used to fund a portion of the Department's central support services and direct office overhead. As part of its FY 2016-17 budget request, the Department requested \$1,094,283 General Fund and \$642,674 federal funds to offset the loss of the indirect

revenues. This request was consistent with the Departmental difference included in the SB 15-239 fiscal note. The Joint Budget Committee (JBC) denied the request and comeback.

2. Office of Operations Long Bill Adjustment: During the figure setting process, the JBC reduced the Office of Operations (Office of Administrative Solutions) by an additional 10.0 FTE and \$680,123 federal funds related to the transfer of 3.4 FTE for administrative support to the Department of Labor and Employment.

Transfer of the Division of Vocational Rehabilitation

DVR uses General Fund to draw down a 78.7% federal fund match rate from Section 110 and Section 203 Federal Vocational Rehabilitation Funds. Table G: FY 2016-17 Projected Indirect Cost Overview of DVR and Other CDHS Programs shows the projected cost and percent allocation of indirect costs between DVR and the Department’s other benefitting programs. Specifically, \$2,092,543 of the Department’s total indirect costs were allocated to DVR. This represents 4% of the Department’s total cost allocation structure.

Table G: FY 2016-17 Projected Indirect Cost Overview of DVR and Other CDHS Programs					
Funding Source/ Program	Indirect Costs Allocation Structure Within CDHS	General Fund	Cash and Reappropriated Funds	Federal Funds	% Costs Allocated
Other CDHS Programs	\$53,287,174	\$32,202,994	\$10,966,237	\$10,117,943	96%
DVR	\$2,092,543	\$460,360	\$0	\$1,632,183	4%
CDHS Total	\$55,379,717	\$32,663,354	\$10,966,237	\$11,750,126	100%

Though the Department is transferring many of its DVR programs to CDLE, the indirect costs incurred department-wide will remain the same. In accordance with the PACAP, the Department will continue to fund its central support services and direct office overhead positions, as salaries for these positions will remain the same. Therefore, the \$2,092,543 of indirect costs previously allocated to DVR must now be absorbed by the Department’s remaining programs or funded by General Fund.

The remaining Department programs will not earn enough indirect revenue to fully offset the decrease in General Fund and federal fund indirect cost recoveries that were allocated to DVR. Table H: FY 2016-17 Projected Indirect Cost Allocation Structure With the Transfer of DVR shows the projected indirect costs allocated to DVR and what portion can be absorbed throughout the remaining CDHS programs with federal revenue for indirect costs. Ultimately, the Department projects a \$1,094,283 shortfall in indirect and direct overhead costs related to the transfer of DVR. As a result, without additional resources, the Department may over-expend many of its programs’ personal services line items that have indirect overhead charges allocated to them.

Table H: FY 2016-17 Projected Indirect Cost Allocation Structure With the Transfer of DVR¹				
Funding Source/ Program	Total Indirect Overhead Costs Allocated	General Fund	Cash and Reappropriated Funds	Federal Funds
DVR	(\$2,092,543)	(\$460,360)	\$0	(\$1,632,183)
Remaining CDHS Programs (reallocate)	\$998,260	\$460,360	\$0	\$537,900 ²
CDHS Total (shortfall)	(\$1,094,283)	\$0	\$0	(\$1,094,283)
¹ The amounts are projections based on actual data from FY 2013-14. These amounts can change based on program actual expenditures in FY 2014-15 and FY 2015-16. ² Remaining programs within CDHS can potentially collect \$537,900 in additional federal indirect revenue to help offset the federal fund impact from the transfer of DVR.				

Office of Operations Long Bill Adjustment

The FY 2016-17 R-9 Indirect Cost Recovery Offset for DVR Transfer to CDLE was a budget request for General Fund as a result of the transfer of the Division of Vocational Rehabilitation (DVR) to CDLE, Table H. The request contained an error in the funds transferred to CDLE to support DVR. Table I: FY 2016-17 Error Resulting in a Reduction to the Office of Operations that follows illustrates what was in the request, what *should* have been in the request and the action taken during figure setting. The result of the figure setting action was an additional reduction of 6.9 FTE and \$680,123 federal funds from the CDHS Office of Operations.

Table I: FY 2016-17 Error Resulting in a Reduction to the Office of Operations					
Action	Total Funds	General Fund	Federal Fund	FTE	Notes
FY 2016-17 Budget Request Indirect Cost Recovery Offset for DVR Transfer to CDLE	(\$ 184,074)	(\$ 184,074)	\$0	(3.4)	The request reflected a reduction of General Fund only
Revised Request	(\$ 184,074)	(\$39,208)	(\$ 144,866)	(3.4)	Request should have reflected 21.3% General Fund and 78.7% federal funds
Figure setting Action	(\$ 864,197)	(\$184,074)	(\$ 680,123)	(10.3)	The \$184,074 General Fund was used as a match for the federal funds
Difference between the Revised Request and Action	\$ 680,123	(\$ 144,866)	(\$ 535,257)	(6.9)	Calculation: Revised Request minus Figure setting Action

Proposed Solution:

The Department of Human Services requests \$3,075,586 total funds, including \$3,514,960 General Fund, (\$40,435) cash funds, \$1,552,417 reappropriated funds, and (\$1,951,355) federal funds in FY 2017-18 to address the Department's indirect and administrative costs shortfall. This request also includes changes to letter notes in the Department's appropriations, including Child Welfare, Child Care Development Funds, Temporary Assistance for Needy Families and Regional Centers to accurately reflect indirect costs incurred by these programs to support administrative costs.

Table J: Summary of Changes by Long Bill Line Item									
Portion of Request	Long Bill Line Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE	Letter note	Reference
Public Assistance Programs	Office of the Executive Director, Personal Services	\$0	\$0	\$0	\$0	\$0	0.0	Increase TANF Letter note in EDO, see Table K.	Table C2
	Office of Operations, Personal Services	\$0	\$0	\$0	\$0	\$0	0.0	Increase CCDF Letter note in Operations, see Table K.	Table C2
Regional Centers	Office of Operations, Personal Services	\$1,301,180	\$0	\$0	\$1,301,180	\$0	0.0	Increase the Regional Center Letter note in Operations, see Table K.	Table D
OIT Costs	Office of Information Technology, Purchase of Services-Computer Center/Payments to OIT	\$0	\$ 2,275,811	\$ (40,435)	\$ 251,237	\$ (2,486,612)	0.0	Rebalance the letter notes, see Table K.	Table F2
DVR Request	Office of Operations, Personal Services	\$1,094,283	\$1,094,283	\$0	\$0	\$0	0.0	None	Table H
DVR – Error, Office of Operations Long Bill Adjustment	Office of Operations, Personal Services	\$ 680,123	\$ 144,866	\$0	\$0	\$ 535,257	6.9	Increase federal funds letter note, see Table K.	Table I
	Total Adjustments	\$ 3,075,586	\$ 3,514,960	\$ (40,435)	\$ 1,552,417	\$ (1,951,355)	6.9		

Table K: Requested Letter Note Revisions provides the letter note changes by Long Bill line item.

Table K: Requested Letter Note Revisions		
Long Bill Line Item	Table J Adjustment	Letter note
(1) Executive Director's Office, (A) General Administration, Total	Public Assistance Programs – TANF Adjustment	^c Of this amount, it is estimated that \$707,332 \$1,995,981 shall be from the Temporary Assistance for Needy Families Block Grant, \$411,825 shall be from Child Care Development Funds, \$261,097 shall be from federal cost allocation recoveries, \$240,604 shall be from the Substance Abuse Prevention and Treatment Block Grant, and \$6,649,485 shall be from various sources of federal funds.
(2) Office of Information Technology Services, (A) Information Technology Services	OIT Costs	<p>^a Of these amounts, an estimated \$647,220 shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, and estimated \$106,267 shall be transferred from the Mental Health Institutes, an estimated \$12,021 shall be transferred from the Department's Regional Centers, an estimated \$9,590 shall be transferred from the Division of Youth Corrections, and an estimated \$261,384 \$512,621 shall be from various sources of reappropriated funds.</p> <p>^b Of these amounts, an estimated \$3,628,390 shall be from the Child Care Development Funds, an estimated \$2,419,600 shall be from the Temporary Assistance for Needy Families Block Grant, an estimated \$2,061,477 shall be from the U.S. Department of Agriculture for the Supplemental Nutrition Assistance Program, and estimated \$1,646,774 shall be from Title IV-E of the Social Security Act, an estimated \$79,637 shall be from the federal Substance Abuse Prevention and Treatment Block Grant, an estimated \$71,829 shall be from Title III Older Americans Act Funds, and an estimated \$6,404,563 \$3,917,951 shall be from various sources of federal funds</p> <p>^c Of this amount, an estimated \$122,686 shall be from patient revenues collected by the Mental Health Institute's, an estimated \$2,698 shall be from the Records and Reports Fund created in Section 19-1-307(2.5) C.R.S., and an estimated \$518,353 \$477,918 shall be from various sources of cash funds.</p>
(3) Office of Operations, (A) Administration	Public Assistance Programs – CCDF Adjustment Regional Centers DVR Error (Office of Operations Long Bill Adjustment)	<p>^b Of this amount, an estimated \$5,656,943 shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, \$1,391,041 shall be transferred from the Department of Corrections, \$318,456 shall be from patient revenues collected by the Mental Health Institutes that represent Medicaid revenue earned from behavioral health organizations through Behavioral Health Capitation Payments, \$800,000 shall be from the Central Fund for Veterans Community Living Centers, \$340,000 shall be from federal Medicaid indirect costs transferred from the Department of Health Care Policy and Financing, and an estimated \$990,350 shall be from various sources of reappropriated funds. Of the amount of Medicaid funds transferred from the Department of Health Care Policy and Financing, an estimated \$5,150,923 \$6,452,103 shall be from revenues earned by the Regional Centers and an estimated \$506,020 shall be from revenues earned by the Mental Health Institutes.</p> <p>^c Of this amount, \$760,920 shall be from the Social Security Administration for disability determination services, \$422,263 \$436,619 shall be from Child Care Development Funds, \$246,194 shall be from the Substance Abuse Prevention and Treatment Block Grant, \$69,568 shall be from the U.S. Department of Health and Human Services, Office of Refugee Resettlement, \$4,223 shall be from the Temporary Assistance for Needy Families Block Grant, and \$1,593,616 \$2,128,873 shall be from various sources of federal funds.</p>

Anticipated Outcomes:

The requested funding will allow the Department to continue to fund all of its indirect costs for central support services and direct office overhead costs. The Department will continue to be able to provide the same level of efficient, elegant, and effective services to all of its programs.

As Table L: Department Administrative Staff Comparison FY 2016-17 illustrates the Department staff to activity ratios are not comparable. In particular the table illustrates the Department's Procurement staff to Procurement transactions is greater than that of many other departments.

Table L: Administrative Staff Comparison FY 2016-17					
Department	FTE<1,2>	Total Funds	Acct Staff to Transaction Ratio	Procurement Ratio	HR Staff to FTE Ratio
Transportation	3,327	\$ 1,404,629,871	1:1,666	1:73	1:90
Higher Education <3>	24,492	\$ 4,076,057,002	1:28,078	1:1	1:12,246
Human Services <4>	4,794	\$ 1,902,561,730	1:11,266	1:1,787	1:150
Local Affairs	174	\$ 306,112,580	1:107,916	1:7,241	1:97
Public Health and Environment	1,312	\$ 563,473,936	1:14,059	1:500	1:120
Health Care Policy & Fin	440	\$ 9,116,880,878	1:25,217	1:63	1:49
Labor and Employment	1,280	\$ 244,151,762	1:107,916	1:12,314	1:712
Personnel and Administration	422	\$ 190,212,511	1:8,400	1:3,374	1:141
<1> FTE and Total Funds Data pulled from FY2016 - 17 Appropriations Report <2> All other information is self-reported <3> Includes Colorado Commission on Higher Education Administrative Staff, Gear Up and the Division of Private Occupational Schools <4> CDHS Data Pull: July 1, 2016 -August 22, 2016 (FY 2016-17). HR Transactions/Day including weekends (401/53 days from 8/1 to 8/22) - 7.566037736. HR Transactions - 2761.603774					

Assumptions and Calculations:

The cost assumptions are based on the Department's FY 2015-16 Indirect Cost Allocation Plan. Calculations are provided in the narrative. See specifically:

- Table E: Comparison of FY 2015-16 Indirect Costs by Program Area and Proposed Solution to Maximize Collection.
- Table F2: Rebalancing of OIT Fund Splits.
- Table H: FY 2016-17 Projected Indirect Cost Allocation Structure With the Transfer of DVR.
- Table I: FY 2016-17 Error Resulting in a Reduction to the Office of Operations.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-07 Child Welfare Oversight and Technical Assistance

Dept. Approval By: Melissa Wavellet

OSPB Approval By: Erin P. Smith 10/27/16

Supplemental FY 2016-17
 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$12,833,773	\$0	\$12,853,219	\$320,830	\$328,096
FTE		72.3	0.0	72.3	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$8,488,455	\$0	\$8,504,062	\$266,289	\$272,320
	CF	\$37,230	\$0	\$37,241	\$0	\$0
	RF	\$142,640	\$0	\$143,008	\$0	\$0
	FF	\$4,165,448	\$0	\$4,168,908	\$54,541	\$55,776

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$6,124,168	\$0	\$6,142,556	\$320,830	\$328,096
FTE		65.3	0.0	65.3	3.7	4.0
05. Division of Child Welfare - Administration	GF	\$5,026,978	\$0	\$5,041,056	\$266,289	\$272,320
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$142,640	\$0	\$143,008	\$0	\$0
	FF	\$956,550	\$0	\$958,492	\$54,541	\$55,776
Total		\$6,709,605	\$0	\$6,710,663	\$0	\$0
FTE		7.0	0.0	7.0	(3.7)	(4.0)
05. Division of Child Welfare - Training	GF	\$3,462,477	\$0	\$3,463,006	\$0	\$0
	CF	\$37,230	\$0	\$37,241	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,209,898	\$0	\$3,210,416	\$0	\$0

CF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule	None				



Cost and FTE

- The Department of Human Services requests \$320,830 total funds (\$266,289 General Fund and \$54,541 federal funds) in FY 2017-18 and \$328,096 total funds (\$272,320 General Fund and \$55,776 federal funds) in FY 2018-19 and beyond to contract for oversight and technical assistance due to increased county staffing levels appropriated by the Legislature in response to a Workload Study performed by the Colorado Office of the State Auditor (OSA) in 2014 and the Child Welfare Caseload Study performed by ICF International in 2016.

Current Program

- The Department's Division of Child Welfare provides services to protect children from harm and assists families in caring for and protecting their children. The Division's programs comprise Colorado's effort to meet the needs of children who must be placed or are at risk of placement outside of homes for reasons of protection or community safety.
- State Child Welfare staff monitor county programs in the areas of compliance, outcomes measurements, budget, and training needs. They also provide consultation, technical assistance, and direction for county directors and county program staff about challenges, deficiencies, efficiencies and effectiveness of each program.

Problem or Opportunity

- The 2014 OSA Workload Study determined that counties need additional staff to meet program goals and achieve outcomes. The 2016 ICF International Child Welfare Caseload Study supported this need and provided a tool to quantify county level staffing needs.
- The Legislature appropriated funding to increase county child welfare staffing levels in FY 2015-16 and FY 2016-17.
- Increased funding is needed to contract for services that provide additional technical assistance and oversight to counties as their staffing levels increase.

Consequences of Problem

- Current State staff are stretched to meet the increased needs of rising county staffing levels.
- The Department's ability to monitor or consult county program staff and activities is limited.

Proposed Solution

- The Department requests \$320,830 total funds (\$266,289 General Fund and \$54,541 federal funds) to contract services to meet the technical assistance and oversight needs of increased county child welfare staffing levels.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-07

Request Detail: Child Welfare Oversight and Technical Assistance

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Federal Funds
Child Welfare Oversight and Technical Assistance	\$320,830	\$266,289	\$54,541

Problem or Opportunity:

The Department of Human Services requests \$320,830 total funds (\$266,289 General Fund and \$54,541 federal funds) in FY 2017-18 and \$328,096 total funds (\$272,320 General Fund and \$55,7768 federal funds) in FY 2018-19 and beyond to contract services to provide oversight and technical assistance to increased county staffing levels appropriated by the Legislature.

The Colorado Office of State Auditor October 2014 Child Welfare Performance Audit found deficiencies in the Department’s oversight of, and guidance for, county departments of human/social services. In addition, the Child Welfare Caseload Study in 2016 showed the counties to be under staffed and in need of over 600 additional FTE to administer the child welfare services needed by Colorado’s children and families.

To address the audit findings and workload identified, the Legislature has responded to the need for improved child welfare outcomes by approving an increase equivalent to 184.25 case-carrying staff for county Child Welfare agencies in the past two years. The emphasis on improving current programs and the addition of several new programs has created an administrative burden on the Department’s Division of Child Welfare (DCW). However, there has been no corresponding increase in funding for the Department’s DCW services or staff, which is ultimately responsible for Colorado’s child welfare outcomes.

The emphasis on improving current programs, the addition of several new programs, and the addition of new county staff have created an administrative burden on the Department. In June 2016, Public Financial Management, Inc. (PFM) performed a workload assessment for the Department.

PFM concluded that, in some key operational areas, the Department lacks the staff capacity to properly oversee and assist counties in addressing current and upcoming challenges. Specifically, PFM identified a need for staff to execute high-priority central operations and to support counties prior to the federal Children and Families Service Review (CFSR) in 2017 and successfully implement the resulting Program Improvement Plan (PIP) to avoid federal financial penalties. These include a need for:

- Staff to provide sufficient, coordinated and effective assistance to counties in order to ensure successful use and implementation of new initiatives and improved practice, with adequate capacity to address problem areas and compliance risks,
- Additional staff to implement Continuous Quality Improvement efforts,

- Staff to address primary child welfare risks in Colorado,
- Staff to ensure effective use of prevention resources
- Capacity to proactively analyze C-Stat data and address issues before they become critical,
- The ability to effectively monitor child abuse hotline activity and county follow-up,
- Reducing staff turnover and reliance on institutional knowledge, and
- Sufficient time for collaboration across programs and units to ensure cohesive policies and system-wide approach to child welfare.

PFM also concluded the Department's existing quantitative metrics indicate that Colorado falls short in terms of both program and technical assistance staffing in relation to comparable (state supervised, county administered) states.

Based on their findings from the workload assessment, PFM made the following recommendations:

1. The number of State Child Protective Services staff is not sufficient to provide both county technical assistance and program implementation as identified in the 2014 Child Welfare Performance Audit.

PFM recommends the creation of a separate technical assistance unit dedicated to providing support to counties around child protective services, permanency, and youth services programs, working proactively with counties to improve performance toward specific metrics, providing on-the-ground support for new and ongoing programs and initiatives, and implementing Continuous Quality Improvement strategies.

- a. Using technical assistance (TA) staffing levels, TA staff responsibilities, and ratio of TA staff to children served in comparable states, along with current estimates of technical assistance provided by the Department program staff, the recommendation is that Colorado add a minimum of 8 technical assistance staff and one supervisor, with a goal of ultimately increasing the number by 10 to 13 technical assistance staff.
 - b. A recommendation to hire out-stationed TA staff based on the needs of county and regional needs. This staff will provide ongoing training and support to ensure consistency of guidance and policy.
2. Due to their "dual roles" in both programs and county technical assistance, the Department's DCW program staff are struggling to maintain the level of effort and involvement needed to successfully design and implement state child welfare initiatives, including those that are needed to comply with federal legislation.

PFM recommends maintaining the current level of program staff in Child Welfare's Child Protection Services, Youth Services, and Permanency Units. The removal of technical assistance as a job requirement will increase their ability to focus proactively on implementing and maintaining programs, pursuing continuous quality improvement and best practice implementation, and analyzing data to understand and improve child welfare outcomes. PFM does not recommend decreasing program staff in response to adding technical assistance staff.

3. The Hotline Unit is a relatively new and evolving unit striving to reduce risk by incorporating practice elements through the review of pending calls while working closely with counties to provide reliable technology and hotline resources. The risks to this unit in its current organization

are a reliance on the institutional knowledge and technical expertise of the unit manager, and the commitment of the Department to review and provide feedback on pending calls increases the Department's risk should an incident arise from a pending call that was not reviewed.

PFM recommends adding two staff to Child Welfare's Hotline Unit. One is to have a Deputy position to learn from the Manager in preparation for transition, emphasis on technical understanding, monitoring/implementation of vendor contract, and decisions around future use of the vendor contract to provide additional support. The other position is a Call Monitor to provide support on monitoring/reviewing pending calls while freeing up existing staff time to focus on policy and county hotline practice improvement.

4. Child Welfare's Placement Monitoring is an area of risk. The number of monitors is insufficient to adequately monitor out-of-home placement providers, with the largest current risks being the high volume of critical incidents that need to be reviewed as well as the inability to monitor screen outs.

PFM recommends adding a 24-Hour Monitoring Specialist to provide additional support for Stage II investigations (including sufficiently detailed reports and follow up to insure providers are implementing necessary improvements), and increase capacity to review critical incidents and screen outs. PFM also recommends the following:

- a. Align requested legislation with staffing needs necessary to appropriately and comprehensively implement new programs, initiatives, and rule changes;
- b. Use timesheets/time studies and internal performance goals/stats for improved quantitative staffing metrics and understanding of requirements and demands for project and staff time;
- c. Seek opportunities for contracted staff/vendors (National Youth in Transition Database, Human Trafficking, Hotline, IT, expanded training needs); and
- d. Review and update policies and processes to identify opportunities for increased efficiency.

In response to the PFM workload assessment, the Department has reviewed existing and vacant positions to determine if any positions are related to non-statutorily mandated services, and if so, if those positions can be reallocated to fulfill some of the recommendations identified by PFM. Two vacant FTE have been shifted and repurposed to better service and meet the county technical assistance needs identified in the workload assessment. Yet, as observed by PFM, hiring of more staff and additional reduction of workload is needed to mitigate risk and reduce existing staff turnover.

Additionally, programs are either not being implemented as well as they can be, and/or counties are not receiving the necessary level of support and oversight. Both of these conditions result in inadequate performance towards Colorado achieving its child welfare goals. This is particularly an issue for counties that are struggling to meet specific goals or metrics or are in the midst of, or at risk of receiving, a Performance Improvement Plan.

In summary, the PFM Group found that the following items/areas are not being done due to lack of adequate staffing:

- Proactive analysis of C-Stat data to catch issues before they become critical,
- Program monitoring and training,

- Technical assistance to counties for best practice improvements and to review county data to identify problem areas and compliance risks, and
- Cross-training of program staff to reduce reliance on institutional knowledge.

As a State supervised, county administered Child Welfare system, the Department is ultimately responsible for ensuring that the State meets and exceeds federal goals for the safety, permanency, and well-being of Colorado’s children. The Department needs additional funding to provide technical assistance and oversight to counties in order to ensure that the State meets its statutory obligations.

Through the workload assessment conducted by the PFM Group, the Department will also be exploring any areas of work the Division of Child Welfare can stop doing to maximize efficiency (i.e., consider stopping areas of work that are not already mandated through federal law or state statute).

Proposed Solution:

The Department requests \$320,830 total funds (\$266,289 General Fund and \$54,541 federal funds) in FY 2017-18 and \$328,096 total funds (\$272,320 General Fund and \$55,776 federal funds) in FY 2018-19 and beyond to contract services. These contracted services will provide supervision and oversight of county departments of human and/or social services. As recommended by the workload assessment, the Department requests funding that is equivalent to four designated technical assistance specialists to provide general child welfare technical assistance, monitoring, and supervision of counties’ activities.

With this funding, the Department proposes to shift existing current workload and services provided by the Training Unit to contracted services. This will allow reallocation of duties of current State Child Welfare staff in the Training Unit to be re-deployed to provide increased technical assistance, monitoring, and supervision of counties’ activities specific to child protective services, permanency services, and well-being outcome measures.

The Department provides training through its Division of Child Welfare Training Academy to:

- new and ongoing county departments of human and/or social services child welfare staff;
- child placement and residential treatment service providers;
- supportive services providers (e.g., domestic abuse counselors, substance use disorder counselors, mental health practitioners, developmental disabilities counselors and law enforcement officers);
- first responders and mandatory reporters; and
- Division of Child Welfare staff.

All staff hired by the counties must meet state requirements as outline in the Colorado Code of Regulations, 12-CCR-2509-1 Rule 7.000.61, et. seq., and Section 26-5-109, C.R.S. (2016). The Training Academy provides the majority of this training. Training is designed to meet competency and best practice standards and federal requirements that enable the State to claim federal Title IV-E reimbursement. Approximately 85 percent of the training and curriculum is developed and conducted by outside contractors, which includes departments of social work at several colleges and universities, as well as for profit training providers.

Table 1 provides the number and type of positions the Division will contract for.

Table 1: Number and Type of Contracted Staff

Unit	Number of Positions	Title of Position
Training	1.0	Workforce Development Specialist
	1.0	Youth Workforce Development Specialist
	1.0	Management Development Specialist
	1.0	Certification Specialist
Total Contracted Staff	4.0	

Anticipated Outcomes:

The Department will be properly funded to fulfill its statutory requirement of providing Colorado’s 64 counties with oversight, guidance and the technical assistance that they need to better ensure the State meets and exceeds its federal goals for safety, permanency, and well-being of Colorado’s children and families.

Assumptions and Calculations:

To shift current workload and services provided by the Training Unit to contracted services, the Department proposes to move the cost of four FTE in the Training line item to the Administration line item.

Table 2 shows the impact of this movement between the line items.

Table 2: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (5) Administration	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,124,168	\$5,025,978	\$0	\$142,640	\$955,550	\$142,640	\$71,320	\$71,320	65.3	
Request FTE Transfer from Training line	\$320,830	\$266,289	\$0	\$0	\$54,541	\$0	\$0	\$0	3.7	Request to Transfer GP IV's from Training line (\$266,289 GF, \$54,541 FF and 3.7 FTE)
FY 2017-18 Total Requested Appropriation	\$6,444,998	\$5,292,267	\$0	\$142,640	\$1,010,091	\$142,640	\$71,320	\$71,320	69.0	
Request FTE Transfer from Training line, Annualized	\$7,266	\$6,031	\$0	\$0	\$1,235	\$0	\$0	\$0	0.3	Request to Transfer GP IV's from Training line, Annualized
FY 2019-19 Total Requested Appropriation	\$6,452,264	\$5,298,298	\$0	\$142,640	\$1,011,326	\$142,640	\$71,320	\$71,320	69.3	
FY 2019-20 Total Requested Appropriation	\$6,452,264	\$5,298,298	\$0	\$142,640	\$1,011,326	\$142,640	\$71,320	\$71,320	69.3	

Line Item: (5) Training	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,709,605	\$3,462,477	\$37,230	\$0	\$3,209,898	\$0	\$0	\$0	7.0	
Requested Funding (or Spending Authority)	\$320,830	\$266,289	\$0	\$0	\$54,541	\$0	\$0	\$0	0.0	
Request FTE Transfer to Administration line	(\$320,830)	(\$266,289)	\$0	\$0	(\$54,541)	\$0	\$0	\$0	(3.7)	Request to Transfer GP IV's to Administration line (\$266,289 GF, \$54,541 FF and 3.7 FTE)
FY 2017-18 Total Requested Appropriation	\$6,709,605	\$3,462,477	\$37,230	\$0	\$3,209,898	\$0	\$0	\$0	3.3	
FY 2018-19 Annualization of Prior Year Funding	\$7,266	\$6,031	\$0	\$0	\$1,235	\$0	\$0	\$0	0.0	
Request FTE Transfer to Administration line, Annualized	(\$7,266)	(\$6,031)	\$0	\$0	(\$1,235)	\$0	\$0	\$0	(0.3)	Request to Transfer GP IV's to Administration line, Annualized
FY 2019-19 Total Requested Appropriation	\$6,709,605	\$3,462,477	\$37,230	\$0	\$3,209,898	\$0	\$0	\$0	3.0	
FY 2019-20 Total Requested Appropriation	\$6,709,605	\$3,462,477	\$37,230	\$0	\$3,209,898	\$0	\$0	\$0	3.0	

The cost for the oversight and technical assistance is equivalent to four General Professional IV State FTE positions. Table 3 shows the calculation of salary, benefits, and other costs associated with those FTE to be contracted.

Table 3: Shift 4.0 GP IV's from Training to Administration Line

Expenditure Detail		FY 2017-18		FY 2018-19	
<i>Personal Services:</i>					
Classification Title	Monthly	FTE		FTE	
GENERAL PROFESSIONAL IV	\$5,005	3.7	\$220,220	4.0	\$240,240
PERA			\$22,352		\$24,384
AED			\$11,011		\$12,012
SAED			\$11,011		\$12,012
Medicare			\$3,193		\$3,483
STD			\$418		\$456
Health-Life-Dental			\$31,709		\$31,709
Subtotal Position 1, ## FTE		3.7	\$299,914	4.0	\$324,296
<i>Operating Expenses:</i>					
		FTE		FTE	
Regular FTE Operating	\$500	3.7	\$1,850	4.0	\$2,000
Telephone Expenses	\$450	3.7	\$1,665	4.0	\$1,800
PC, One-Time	\$1,230	3.7	\$4,551	-	
Office Furniture, One-Time	\$3,473	3.7	\$12,850	-	
Subtotal Operating Expenses			\$20,916		\$3,800
<u>TOTAL REQUEST</u>		3.7	<u>\$320,830</u>	4.0	<u>\$328,096</u>
	<i>General Fund:</i>		\$266,289		\$272,320
	<i>Cash funds:</i>				
	<i>Reappropriated Funds:</i>				
	<i>Federal Funds:</i>		\$54,541		\$55,776

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-08: Crisis Services System Enhancements

Dept. Approval By:

Melissa Waudet

Supplemental FY 2016-17

Change Request FY 2017-18

OSP8 Approval By:

Eric N. L. 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$0	\$0	\$8,143,816	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$8,143,816	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,395,915	\$0	\$2,395,915	\$600,000	\$600,000
08. Behavioral Health Services, (D) Integrated	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$2,395,915	\$0	\$2,395,915	\$600,000	\$600,000
Behavioral Health Services - Crisis Response System - Telephone Hotline	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

	Total	\$600,000	\$0	\$600,000	\$300,000	\$300,000
08. Behavioral Health Services, (D) Integrated	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$600,000	\$0	\$600,000	\$300,000	\$300,000
Behavioral Health Services - Crisis Response System - Marketing	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

	Total	\$5,147,901	\$0	\$5,147,901	(\$900,000)	(\$900,000)
08. Behavioral Health Services, (D) Integrated	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$5,147,901	\$0	\$5,147,901	(\$900,000)	(\$900,000)

Behavioral Health Services - Community Transition Services	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	No	X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	No	X	
FF Letternote Text Revision Required?	Yes	No	X	
Requires Legislation?	Yes	No	X	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s:	None			



Cost and FTE

- The Department requests a decrease of \$900,000 General Fund in the Community Transition Services Long Bill line item and an increase of \$900,000 General Fund to the Colorado Crisis Response System for a net \$0 transfer of General Fund in FY 2017-18 and beyond to enhance the current Colorado Crisis Services (CCS) system.

Current Program

- As a part of Governor Hickenlooper's 2013 Strengthening Behavioral Health Initiative, \$25 million was appropriated on an ongoing basis to create a comprehensive statewide crisis response system: a statewide hotline/warm line, service provision through four regional contracts, and an associated statewide marketing campaign.

Problem or Opportunity

- After two years of implementation, the Department has a better understanding of the gaps in services offered. The Department has the opportunity to establish best practices to ensure continuity of care between services, enhance its statewide reach, and ensure access for all Coloradans.
- The Crisis Response System hotline/warm line capabilities are currently not sufficient to meet demand. Call volume between March and August 2016 increased by 18% (1,963 calls) and is projected to continue increasing. Additionally, increased call duration trends because of the "warm hand off" to a service provider are driving a need for more staff to meet national standards of care.
- While there has been increased utilization of the crisis hotline, there is still not statewide recognition and understanding of the system and how it may interface with other resources. The current CCS marketing contractor struggles to provide statewide, ongoing marketing exposure.

Consequences of Problem

- The Crisis Response System hotline/warm line service will not be able to maintain service quality or keep up with increasing demand. Call abandonment rates (which increased from 2.1% in June 2015 to 5.2% in June 2016), average call wait times (which increased from 11.3 seconds in June 2015 to 30.7 seconds in June 2016), and staff turnover (currently at 47%) will continue to increase. Timeliness and quality are critical when serving individuals experiencing a mental health crisis.

Proposed Solution

- Currently, the Department projects it will not spend \$900,000 General Fund in the Community Transition Services Long Bill line item. The Department is requesting to redirect these funds to the Crisis Response System to increase crisis hotline contracted staffing to keep near national standards of care (\$600,000) and to increase marketing funds to further enhance visibility and educate the public about the Crisis Response System (\$300,000), thereby further increasing hotline utilization.
- These enhancements result in a net \$0 General Fund impact. No additional FTE are requested.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-08
Request Detail: Crisis Services System Enhancements

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Crisis Services System Enhancements	\$0	\$0

Problem or Opportunity:

The Department requests a decrease of \$900,000 General Fund in the Community Transition Services Long Bill line item and an increase of \$900,000 General Fund to the Colorado Crisis Response System for a net \$0 transfer of General Fund in FY 2017-18 and beyond in order to implement enhancements to the current Colorado Crisis Services System.

As a part of Governor Hickenlooper's 2013 Strengthening Behavioral Health Initiative: a Plan to Safeguard All Coloradans, \$25 million in General Fund was appropriated to create a comprehensive statewide crisis response system. These funds, along with other funding sources, support three components: a statewide behavioral health crisis hotline/warm line, regional service provision (including mobile response, walk-in/crisis stabilization units, and respite care), and an associated statewide marketing campaign. Approximately 30% of the crisis services provided by the four regions are funded by other funding sources, which includes Medicare, Medicaid, and third party private insurance. Specifically, Medicaid accounts for approximately 90% of the revenue offsets to crisis services that are reported by regional contractors to the Department.

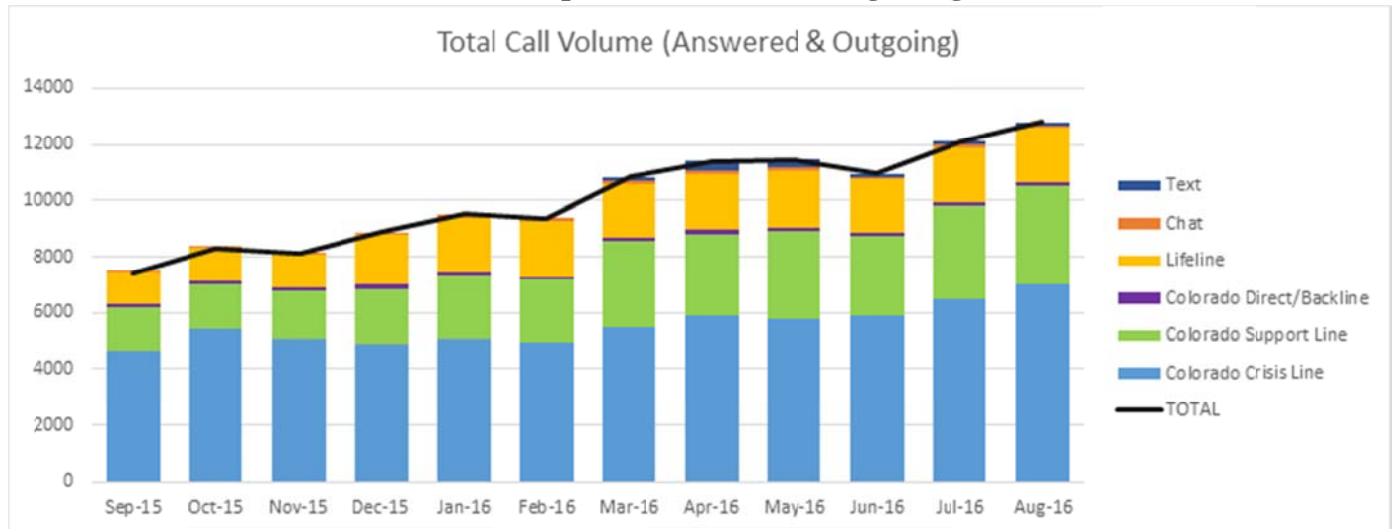
After two years of implementation of the statewide crisis response system, the Department is better equipped to understand the gaps in services offered. The Department now has the opportunity to establish best practices to ensure continuity of care between service deliveries, enhance its statewide reach, and ensure access for all Coloradans. The Department recommends improving the Crisis Response System hotline/warm line capabilities and increasing marketing efforts to create greater awareness of the Crisis Response System and to enhance the continuum of care.

Colorado Crisis Services (CCS) currently provides statewide behavioral health crisis response services through four regional service providers and a statewide crisis hotline/warm line. While the current system provides a much-needed array of services to individuals in need, the system does not have sufficient resources to meet best practices, most specifically, sufficient access and continuity of care.

Hotline Call Volume and Duration

The Crisis Response System hotline/warm line capabilities are currently not sufficient to meet the increase in projected utilization. Exhibit A illustrates how call volume has consistently increased on a monthly basis. Specifically, call volume between March 2016 and August 2016 has increased by 18% (1,963 calls). Additionally, call duration trends are also creating the need for increased staffing as well as support costs for increased phone, data utility costs and accompanying information technology services costs.

**Exhibit A: Colorado Crisis Services System Monthly Call Volume
For the Period September 1, 2015 through August 2016**



Source: Metro Crisis Services dba: Rocky Mountain Crisis Services Partners database for the period September 1, 2015 through August 31, 2016

Call duration has on average increased nearly 4 minutes a call (8 minutes to 13 minutes) for the period June 2016 through August 2016. The average duration of the crisis calls are longer (13 minute average) than national call data (8 minute national norm as identified by the National Council on Behavioral Health). This increase may be related to increasing program ramp up and public usage. Additionally, the Crisis hotline/warm line is experiencing longer call durations as hotline staff stay on the line with clients until first responders or mobile crisis services arrive (a “warm handoff”). Finally, the Department’s Crisis Response System hotline/warm line contractor reports that the severity of calls may be a partial cause of the increase in call duration.

Other indicators that demonstrate the need for more staff include the following:

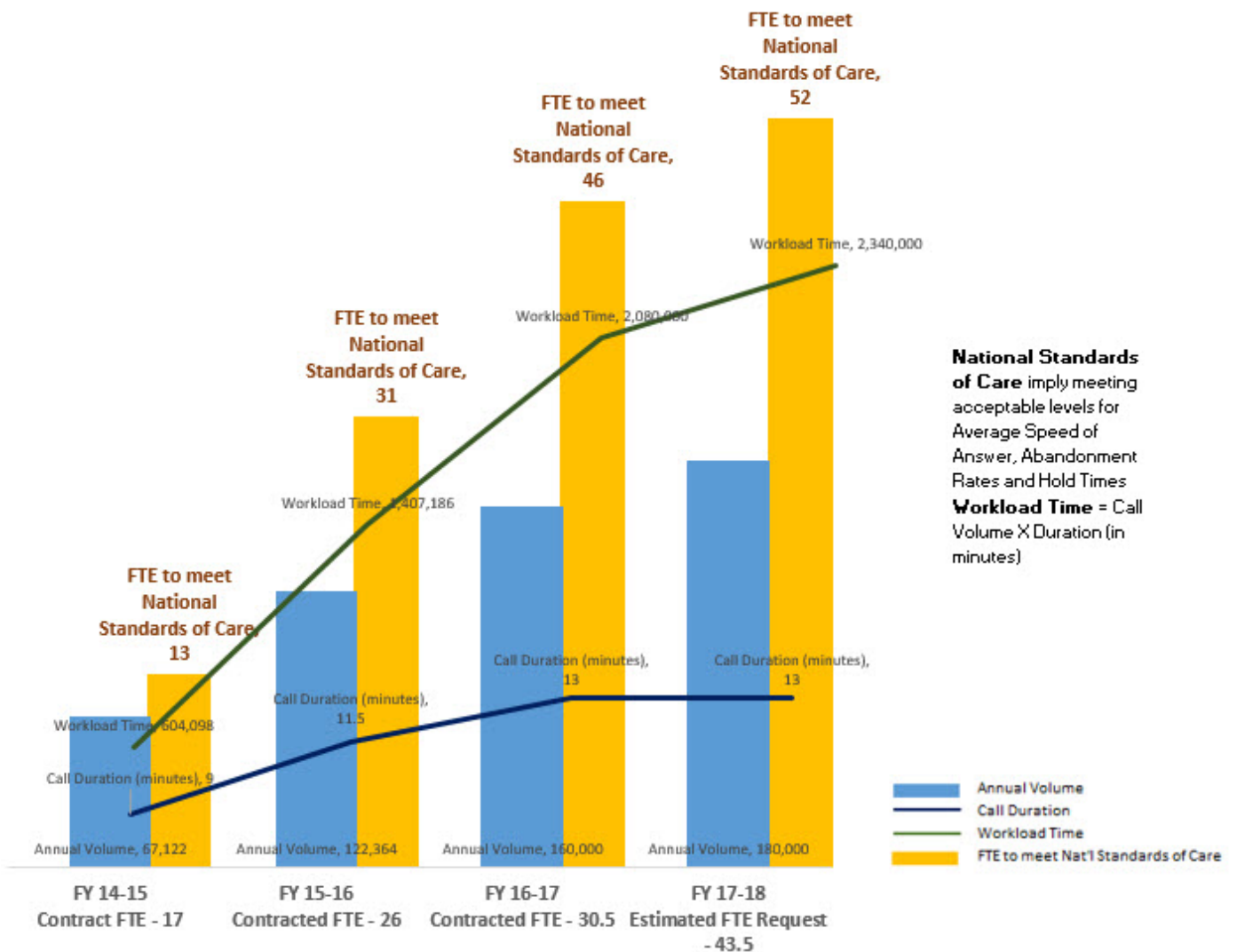
- Call abandonment rates have increased from 2.1% in June of 2015 to 5.2% in June of 2016.
- Average call wait times have increased from 11.3 seconds in June of 2015 to 30.69 seconds in June of 2016.
- A 47% staff turnover rate for the contractor’s counselor and peer staff from June 2015 to June 2016.

The Department anticipates that marketing resources granted through this request will also drive need for greater hotline/warm line capacity. If the current level of staffing does not increase to meet projected demand, it is anticipated the following negative outcomes will occur:

- The impact on hotline/warm line staff may increase staff turnover due to the stress of less recovery time between calls;
- A continued increase in call abandonment rate and increased wait time for consumers; and
- A decrease in follow-up calls to assure that crisis consumers received follow-up care.

Exhibit B illustrates the variance between the national FTE standards of care compared to Colorado’s current and requested FTE staffing levels for the Crisis Response System hotline.

Exhibit B: Colorado Crisis Services System Staffing Levels Compared to National Standards of Care*



Source: Metro Crisis Services dba: Rocky Mountain Crisis Services Partners database as of October 10, 2016.

*National Suicide Prevention Lifeline and American Association of Suicidology

Crisis Services Marketing

Marketing funds are insufficient to effectively reach the general public and target audiences to inform and educate regarding how to access services within the Crisis Response System. While there has been increased utilization of the crisis hotline, there is still not statewide recognition and understanding of the system and how it may interface with other resources. The current CCS marketing contractor struggles to provide statewide, ongoing marketing exposure due to its minimal budget, which in turn limits any further development of the CCS campaign strategy and ultimately, its visibility to the public.

Comparatively, within the State of Colorado, the CCS Marketing campaign's budget is almost half that of similar public awareness campaigns. For example, within the Department of Human Services – Division of Child Welfare, the public awareness marketing campaign's budget is approximately \$1.4 million. Initial success of Child Welfare's marketing campaign delivered 63.5 million impressions, with Spanish-language media representing 15-20% of that total annually. Cactus Communications, the vendor that holds the marketing contract for Colorado Crisis Services, completed an annual report of its contract activities on October 4, 2016, which provides information on the type of media purchased with the existing \$600,000 appropriation.

Proposed Solution:

The Department requests a net \$0 transfer of General Fund in FY 2017-18 and beyond to implement enhancements to the current Colorado Crisis Services system. The proposed enhancements include:

- Improving the Crisis Response System hotline/warm line capabilities, and
- Increasing marketing efforts and reach.

These recommendations will focus on continuity of care from the first call for services through the crisis hotline/warm line to the development of follow-up services, as well as targeted marketing efforts. These enhancements, all involving ongoing funding (no additional FTE are requested), will improve crisis services statewide. The Department anticipates it will continue to utilize Medicaid and third party insurance to offset costs related to the delivery of crisis services.

Enhancing Current Crisis Services Hotline/Warm line

The Department requests an increase to the Crisis Response System hotline appropriation by \$600,000 General Fund. This will increase the contractor's call staff by 13.0 full time equivalents (FTE). All of the proposed FTE will be direct hotline/warm-line staff. Currently, the Department funds the contractor to provide 37.5 total FTE, of which 30.5 FTE are direct hotline/warm-line staff FTE. This will allow the contractor to continue to meet the increase in demand and significant increase in volume (approximately 500 contacts/month) which is pushing the capacity of the current staffing levels. Additional funding will allow the contractor's performance and quality of service to continue to meet the American Association of Suicidology standards of care which includes staffing at levels to ensure that clients receive:

- Thorough safety assessments;
- Appropriate warm hand off to the appropriate level of care; and
- Follow-up with clients and providers to facilitate on-going support, treatment and safety of the clients.

Additionally, this funding will allow the contractor to obtain the necessary professional staff to maintain the speed of which crisis calls are answered. This includes maintaining or improving hold times and mitigating an increase in call abandonment rates.

Crisis Services Marketing

The Department requests an increase to the Crisis Response System marketing appropriation by \$300,000 General Fund, bringing the appropriation to a total amount of \$900,000 General Fund. The Department requests that a targeted marketing campaign be conducted to law enforcement, fire/paramedics and 911 dispatches in an effort to direct appropriate utilization of behavioral health crisis services to specialized treatment providers and avoid unnecessary utilization of higher cost levels of care such as emergency departments and inpatient treatment. Additionally, the Department will further develop standardized marketing materials across the State and targeted marketing materials to support and educate communities about appropriate utilization of the Crisis Response System hotline, walk-in and crisis stabilization services.

The current marketing budget for CCS is \$600,000 for a statewide marketing scope. Based on the objectives of Colorado Crisis Services, the State contractor recommends a media budget that will allow for additional bursts of media at key times throughout the year, including television, radio, outdoor and online marketing in both English and Spanish. Funds will also be develop of new, targeted messaging to populations and groups that currently under-utilize the program, such as Latinos, other ethnic minorities, and military service members, veterans, and their families.

Anticipated Outcomes:

This request will help to keep Colorado in alignment with national standards of care in order to preserve the quality of the service calls and keep up with increasing demand. The increased marketing budget will enhance visibility to and understanding of the public, further increasing utilization of the Colorado Crisis Services system. Other outcomes that will be achieved include lower staff turn-over, better recruiting outcomes, and providing for the staffing capacity to meet the growing Colorado population. Failure to fund this request will result in the continuation of the afore-mentioned system problems, including reduced Crisis Response System hotline/warm line service quality and a lack of effective and publicly-visible crisis marketing campaign messaging about available crisis services.

The Department's current contractual measures for CCS services track several of the outcomes related to this request. As such, existing evaluation measures that would have definitive outcomes include a decrease in hotline/warm line call abandonment rates and wait times. . Given that providers frequently cite insufficient staff resources as the reason that clients are not seen in a timely manner, the Department expects that increasing staff resources for the hotline/warm line will help to improve the timeliness of services received by Coloradans.

Assumptions and Calculations:

As part of this request, the Department requests to re-purpose \$900,000 of unobligated General Fund from the 8(D) Integrated Behavioral Health Services Transition Services Long Bill line item to offset the funds requested to implement the Department's request. The Department has these unobligated funds due to contract modifications with Behavioral Health Care, Inc. As a result, the Department has the opportunity to redirect \$900,000 General Fund to another area of crisis response services that needs additional funding for services.

Table A illustrates the costs associated with implementation of the three components requested to enhance the Colorado Crisis Services System.

Table A: Crisis Services Enhancement Cost Estimates	FY 2017-18	FY 2018-19
Marketing for additional TV, radio, outdoor and other media	\$300,000	\$300,000
Additional Hotline/Warm line Staffing and Operating costs to address increase from Marketing/demand. See Table B for detail of Hotline/Warm line costs.	\$600,000	\$600,000
Sub Total:	\$900,000	\$900,000
<i>Less: Unobligated General Funds from Transition Services Line Item</i>	<i>(\$900,000)</i>	<i>(\$900,000)</i>
Net Request for Crisis Services Enhancement	\$0	\$0

Table B illustrates the anticipated costs to increase contracted staff by 13.0 FTE for Crisis Response System hotline/warm line services.

Table B – Crisis Response System hotline/warm line Cost Estimates	FY 2017-18	FY 2018-19
Bachelor Level Triage Specialist (12.0 FTE (contracted); 12 Full Time) @ \$43,750 including a \$35,000 annualized salary and \$8,750 in benefits	\$525,000	\$525,000
Bachelor Level Triage Specialist (1.0 FTE (contracted); 2 Part Time) @ \$40,250 including a \$35,000 annualized salary and \$5,250 in benefits	\$40,250	\$40,250
<i>Subtotal Personnel Costs</i>	<i>\$565,250</i>	<i>\$565,250</i>
\$184.62/year per FTE (13.0 FTE total) - general office supplies to support operating needs of additional staff.	\$2,400	\$2,400
Additional 100 hours of IT Services (100/hr.) for greater phone and data infrastructure maintenance (\$10,000) and server impact; \$3,000 for phone headset replacement with 24/7 utilization (20 headsets @ 150/each)	\$13,000	\$13,000
\$9,000 in additional call utility costs (\$0.012 per min for 750,000 min); \$3,600 in additional call translation services (\$1.45/min for 2,500 min); \$750 for email exchange of new staff (\$55/user)	\$13,350	\$13,350
<i>Subtotal Operating</i>	<i>\$28,750</i>	<i>\$28,750</i>

Indirect Expenses 1% of Personnel and Operating	\$6,000	\$6,000
Total	\$600,000	\$600,000

Table C illustrates the total costs of the request and the corresponding Long Bill line item affected.

Table C: Costs by Long Bill Line Item in FY 2017-18	
Line Items Affected in Long Bill Section FY 2017-18 (8) Behavioral Health Services	General Fund
(D) Integrated Behavioral Health Services, Community Transition Services	(\$900,000)
(D) Integrated Behavioral Health Services, Crisis Response System- Telephone Hotline	\$600,000
(D) Integrated Behavioral Health Services, Crisis Response System- Marketing	\$300,000
Total Funding Request	\$0

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-09 State Quality Assurance for Adult Protective Services

Dept. Approval By: Melissa Wawel Supplemental FY 2016-17
 Change Request FY 2017-18
 OSPB Approval By: Erin M. Kelly 10/27/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$57,269,101	\$0	\$61,258,637	\$428,410	\$435,991
FTE		32.7	0.0	32.7	4.6	5.0
Total of All Line Items Impacted by Change Request	GF	\$39,033,671	\$0	\$43,816,527	\$428,410	\$435,991
	CF	\$970,867	\$0	\$461,150	\$0	\$0
	RF	\$10,921,311	\$0	\$10,783,784	\$0	\$0
	FF	\$6,343,252	\$0	\$6,197,176	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$32,736,387	\$0	\$35,302,885	\$39,636	\$39,636
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$22,142,423	\$0	\$25,082,461	\$39,636	\$39,636
Administration - Health, Life, And Dental	CF	\$543,180	\$0	\$211,979	\$0	\$0
	RF	\$6,909,927	\$0	\$7,185,387	\$0	\$0
	FF	\$3,140,857	\$0	\$2,823,058	\$0	\$0
Total		\$404,087	\$0	\$412,283	\$550	\$599
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$273,968	\$0	\$296,109	\$550	\$599
Administration - Short-Term Disability	CF	\$8,271	\$0	\$4,630	\$0	\$0
	RF	\$74,665	\$0	\$62,195	\$0	\$0
	FF	\$47,183	\$0	\$49,349	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$10,526,999	\$0	\$11,178,199	\$14,492	\$15,769
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,138,906	\$0	\$8,013,260	\$14,492	\$15,769
Administration - Amortization	CF	\$210,806	\$0	\$121,344	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,766,585	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,277,010	\$0	\$0
Total		\$10,417,342	\$0	\$11,178,199	\$14,492	\$15,769
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,064,543	\$0	\$8,008,972	\$14,492	\$15,769
Administration - S.B. 06-235	CF	\$208,610	\$0	\$123,197	\$0	\$0
Supplemental Equalization	RF	\$1,958,054	\$0	\$1,769,617	\$0	\$0
Disbursement	FF	\$1,186,135	\$0	\$1,276,413	\$0	\$0
Total		\$2,439,709	\$0	\$2,442,494	\$276,612	\$277,907
FTE		26.2	0.0	26.2	3.7	4.0
01. Executive Director's Office, (B)	GF	\$1,669,254	\$0	\$1,671,148	\$276,612	\$277,907
Special Purpose - Administrative Review Unit	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$770,455	\$0	\$771,346	\$0	\$0
Total		\$744,577	\$0	\$744,577	\$82,628	\$86,311
FTE		6.5	0.0	6.5	0.9	1.0
10. Adult Assistance Programs, (E) Adult Protective Services - State Administration	GF	\$744,577	\$0	\$744,577	\$82,628	\$86,311
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule	None				



Cost and FTE

- The Colorado Department of Human Services requests \$428,410 total funds/General Fund and 4.6 FTE for the State Administration of the Adult Protective Services line item in FY 2017-18. This annualizes to \$435,991 and 5.0 FTE in FY 2018-19 and beyond.

Current Program

- The Adult Protective Services (APS) program protects some of our most vulnerable citizens from abuse, neglect, and exploitation. Pursuant to §26-1-111(1), C.R.S., the Department is “charged with the administration or supervision of all the public assistance and welfare activities of the State, including but not limited to ... social services, child welfare services, rehabilitation, and programs for the aging and for veterans, which activities as enumerated are declared to be state as well as county purposes.” And per §26-3.1-104, C.R.S., counties are responsible for receiving reports, conducting assessments, investigating allegations, and implementing protective services as needed.

Problem or Opportunity

- Senate Bill 13-111 created mandatory reporting for at-risk elders effective July 1, 2014, resulting in an increase in reports received by county APS programs. Reports have grown statewide from 11,818 in FY 2013-14 to 16,696 in FY 2014-15, or an increase of 44%. Open cases also increased during that time period from 6,760 to 8,932 open cases, or 32%.
- The SB 15-109 Task Force projected reports to increase by another 30% by expanding mandatory reporting to adults with Intellectual and Developmental Disabilities (IDD) starting July 1, 2016.
- Current State APS staffing levels do not allow for oversight of county APS programs as required in statute, and the Department does not have capacity for sufficient quality assurance of casework. Currently the APS program is able to dedicate only 0.5 FTE of its 6.5 FTE to quality assurance.

Consequences of Problem

- There is a risk to the State and vulnerable adults if funding is not provided for additional quality assurance of the APS program. During a recent review of four counties, only 31% of the sample met the standard of 90% compliance for quality casework, and 41% had a failing score.
- These results raise concern about the extent to which other county casework complies with State APS statutes, rules, regulations and policies. Some counties’ casework is not reviewed for several years and large counties do not receive follow up on critical issues identified during their reviews.

Proposed Solution

- Adding additional quality assurance staff is critical to ensure proper oversight and technical assistance for APS caseworkers statewide, to ensure the quality of practice and service delivered to our most vulnerable citizens, and meet national best practices.



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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-9

Request Detail: State Quality Assurance for Adult Protective Services

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
State Quality Assurance for Adult Protective Services	\$428,410	\$428,410	4.6

Problem or Opportunity:

The Department of Human Services requests \$428,410 General Fund for the purpose of funding three Quality Assurance Reviewers, one Quality Assurance Supervisor/Manager, and one APS program specialist to provide follow up technical assistance to counties. According to the National Center on Elder Abuse, every year an estimated five million older Americans are victims of elder abuse, neglect, or exploitation. In addition, experts believe that for every case of elder abuse or neglect reported; as many as 23 cases go unreported. Further, financial exploitation of at-risk adults is becoming a bigger concern. It is estimated that older adults in the U.S. lose at least \$2.6 billion annually due to elder financial abuse and exploitation. However, while elder abuse is a growing problem both nationally and in Colorado, there are currently no federal laws, regulations, programs, or ongoing funding available for protective services for at-risk adults. Instead, states are responsible for developing statutes, regulations, programs and funding to address the problem of elder abuse and exploitation.

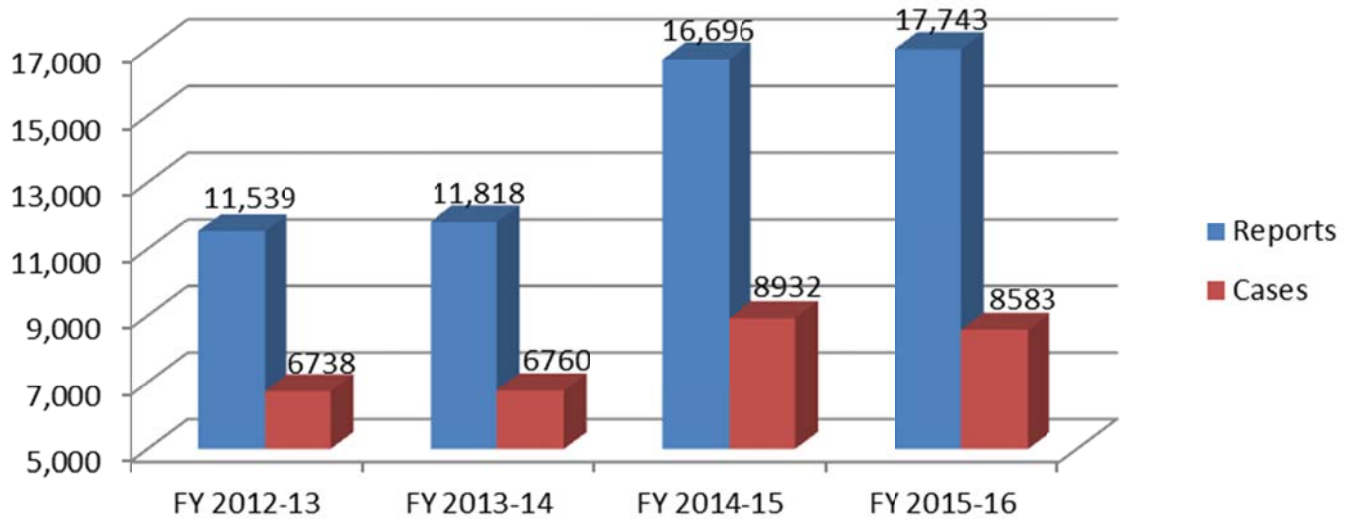
The Adult Protective Services (APS) program located within the Colorado Department of Human Services (Department) offers protective services to prevent, reduce, or eliminate the current or potential risk of mistreatment, exploitation, or self-neglect to at-risk adults in Colorado. The APS program in Colorado is state-supervised and county-administered. Specifically, as stated in Section 26-1-111(1), C.R.S. (2016), the Department is “charged with the administration or supervision of all the public assistance and welfare activities of the State, including but not limited to ... social services, child welfare services, rehabilitation, and programs for the aging and for veterans, which activities as enumerated are declared to be state as well as county purposes.” And, by statute, county departments of human and social services (Counties) are responsible for: receiving reports of mistreatment, exploitation, and self-neglect of at-risk adults; conducting assessments to determine whether an investigation is warranted; investigating allegations as deemed necessary; and implementing protective services as needed (Section 26-3.1-104, C.R.S. 2016).

APS is a growing field with increased public awareness of the need to protect vulnerable adults from abuse, neglect and exploitation. In addition, the number of reports of suspected abuse, neglect and exploitation and the number of open APS cases has increased in Colorado in recent years due to the implementation of mandatory reporting. As a result, it is imperative that the Department has the capacity to effectively oversee and monitor APS cases to ensure the program is having its intended effect on behalf of this at-risk population.

Increase in Reports

APS caseloads in Colorado have increased significantly over the past few years and are expected to continue to increase in the future. Mandatory reporting by certain professionals who suspect abuse, neglect, or exploitation of at-risk elders went into effect in Colorado on July 1, 2014. Since that time, the APS program has experienced a 45 percent increase in the number of reports received by County APS programs. The number of reports in FY 2014-15 increased to 16,696, up from 11,818 reports in FY 2013-14. The number of open cases increased in FY 2014-15 to 8,932 from 6,760 in FY 2013-14. The increase resulted in a permanent change in the number of APS cases counties serve. Please see the *APS Reports and Cases FY 2012-13 through FY 2015-16* for details on the number of cases and reports by year.

APS Reports and Cases FY 2012-13 through FY 2015-16



In addition, mandatory reporting for certain professionals was expanded starting July 1, 2016 to include suspected abuse, neglect, and exploitation of at-risk adults with Intellectual and Developmental Disabilities (IDD). The SB 15-109 Task Force projected that an additional 30 percent increase in reports to counties will be experienced from this expansion. As a result, of these increases in reports, the SB 15-109 Task Force recommended, the Department requested, and the General Assembly approved an increase in funding levels for County APS programs to hire additional staff to support this increased need. Funding increased through a FY 2015-16 supplemental that was for \$938,322 and funding was provided for \$3,753,289 in FY 2016-17 and beyond. The SB 15-109 Task Force also made a recommendation for and the Department requested additional state funding and FTE for the State APS program for quality assurance oversight and monitoring in the amount of \$37,806 in FY 2015-16 supplemental and \$160,650 in FY 2016-17 and beyond. Additional resources and FTE were not provided.

National Research

According to research conducted as part of the U.S. Department of Health and Human Services, Administration for Community Living's Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems, quality assurance is a critical component of APS programs. While practices related to quality assurance vary widely by state, the Guidelines state that roughly 70 percent of all APS programs in the country have some sort of quality assurance activity and recommends that each state should have a quality assurance program for reviewing casework. For example, Arizona has a separate unit within their Department that oversees the APS program dedicated to conducting quality assurance of the APS casework, which includes a manager and three full time quality assurance specialists. Currently, Colorado

has 0.5 State FTE dedicated to conducting quality assurance activities, which is not sufficient to operate a comprehensive quality assurance program as the research suggests is effective.

Based on meetings and work with the CDHS Administrative Review Division, which is responsible for quality assurance reviews for Child Protective Services, estimates were developed. This includes estimates of the number of cases that would need to be reviewed each year for a statistically valid sample statewide and the number of FTE needed to review a statistically valid number of cases each year. The Department concluded it would need three quality assurance staff to do the reviews, one manager, and one staff dedicated to doing the technical assistance required to follow up on problems found during the quality assurance (QA) reviews.

A comprehensive quality assurance program would include a statistically valid sample of cases for each county statewide each year. That would enable findings to be generalized both for each individual county and be able to tell for the whole state the level of compliance with statute, rule and policy requirements, just by reviewing a sample of cases, instead of all cases. Another key component of this request to ensure a comprehensive QA program is the one FTE dedicated to providing follow up technical assistance on the QA reviews. This position would be dedicated to ensuring that caseworkers have the training, information, and technical assistance they need to resolve problems discovered during QA reviews.

Comparison with Child Protective Services

To better assess the need for resources for the APS program, the Department conducted a comparison of the capacity and resources of the APS program with the Department’s Child Protective Services (CPS) program. CPS is similar to APS in its operation and goal to provide protective services to a vulnerable population and is state-supervised and county-administered. Both programs conduct training of county caseworkers, provide technical assistance to the county caseworkers, and are responsible for oversight and monitoring. A key component of oversight is ensuring quality casework is being completed and it complies with rules, regulations, and statutes. The goal is to ensure vulnerable populations are receiving appropriate protective services from the counties.

Table 1 demonstrates the disparity in funding and FTE capacity for monitoring and oversight. To summarize, CPS receives more funding and staff for this purpose, although CPS receives only five times as many reports and conducts just three times as many investigations.

Table 1: Comparison of CPS and APS Data for Reports, Cases, Funding and FTE			
Item to be Compared	Colorado CPS	Colorado APS	Comparison Ratio
# Reports of Suspected Mistreatment	83,305	17,000	5:1
# Open Cases for investigation and provision of protective services	32,000	9,000	3:1
Quality Assurance, Monitoring, Oversight Funding in Long Bill	\$ 2,439,709	\$ 45,737	53:1
Quality Assurance, Monitoring, oversight FTE	26.2	.5	52:1

Relative to CPS, APS is understaffed and underfunded. Specifically, compared to the CPS total budget of about \$481 million, the total budget for APS for State and County is just below \$19 million. The CPS budget is nearly 26 times that of the APS budget. While it is true that CPS has a great deal of federal funding and APS has no dedicated federal funding for the program, \$265 million of the CPS budget is General Fund compared to APS which has approximately \$17 million General Fund. In terms of the ability

to conduct oversight and monitoring, CPS has 153 State FTE and contractors to conduct training, oversight, quality assurance, technical assistance, and data system support and maintenance. This is more than 23 times the current six State FTE that serve the same purposes within APS.

Administrative Review Division

The Administrative Review Division (ARD) within the Quality Assurance/Quality Improvement Division is responsible for overseeing and monitoring county casework for CPS. ARD has 26.2 FTE dedicated to conducting ongoing quality assurance reviews of CPS cases. ARD conducts reviews on a statistically valid sample of cases for each county and ARD is able to review cases in every county each year.

Currently there is no equivalent of the ARD for APS cases and the APS program does not have dedicated staff for quality assurance. Rather, State APS utilizes approximately half the time of one APS program staff member to conduct reviews. As a result, APS conducted reviews of 75 APS cases in four counties in FY 2015-16, compared to the thousands of cases reviewed for CPS each year. This does not result in statistically significant findings that can be extrapolated to the entire State, and the results of the reviews for the four counties could not be generalized to findings for each county's APS program. As a result, to ensure APS clients and cases receive the same level of monitoring and oversight, the Department proposes the creation of a separate unit within the existing ARD with dedicated staff to review a statistically valid sample of APS case in each county every year.

Quality Concerns

There is a risk to the State and vulnerable adults if funding is not provided for additional quality assurance of the APS program. A major reason why the Department has prioritized the need for additional oversight and monitoring of county APS cases is the problems identified during the recent review of four counties. Only 31 percent of the sample met the standard of 90 percent compliance for quality casework, and 41 percent of the cases reviewed received a failing score of less than 70 percent compliance for quality of casework. These results raised concern about the extent to which other county casework complies with State APS statutes, rules, regulations and policies.

There is a significant risk to vulnerable adults if APS cases are not being worked and documented in compliance with these requirements, yet the Department does not have the capacity to conduct quality assurance reviews to ensure their compliance. The Department expects to reach 12 counties in FY 2016-17 and that would not reflect a statistically valid sample. At that rate, the program would review all counties in approximately 5 years. This request would allow all counties to be sampled every year, similar to the process used for CPS.

Since the Department does not receive sufficient annual funding to support the level of State APS staffing and resources needed to provide effective oversight and monitoring of county APS programs, vulnerable adults may be at-risk of not receiving the quality casework and protective services they need. The Department currently has 6.5 FTE within its State APS program to oversee and monitor this program. State APS staff is responsible for providing training, technical assistance, data system management, and quality assurance. These 6.5 FTE are capable of handling the training and technical assistance, but they are not able to provide sufficient monitoring and oversight of county APS casework to ensure APS cases are conducted effectively and provide feedback to counties on how they can improve.

Additional quality assurance staff is critical for the Department to provide the oversight and assistance needed to county APS caseworkers. Specifically, five additional FTE are needed for the State APS program to ensure quality, effective services at the local level. Another change that has led to an increased need for

quality assurance staff for the APS program is the implementation of the new Colorado APS data system (CAPS) on July 1, 2014. The new State APS data system now allows State APS staff to see the entire case record. And in the two years since CAPS came online it has revealed a number of problem areas and gaps in the investigation and assessment of the client's needs, which leads to gaps in protective service delivery and case practice. These areas of concern were not known to the State prior to implementing CAPS. Now these identified gaps underscore the value and necessity of quality assurance activities. Without adequate quality assurance, these shortcomings would be left unaddressed and vulnerable adults left at risk of continued mistreatment.

Proposed Solution:

The Department requests \$428,410 additional General Fund and 4.6 FTE for State Administration of the Adult Protective Services (APS) line item in FY 2017-18 and annualizing to \$435,991 and 5.0 FTE in FY 2018-19 and beyond. This funding corresponds to three Quality Assurance Reviewers, one Quality Assurance Supervisor/Manager, and one APS program specialist to provide follow up technical assistance to counties. The Department is using the General Professional IV level, as the staff that do the QA reviews for Child Welfare in the ARD Division are General Professional IVs. Four of the quality assurance staff will be housed in the Department's Office of Performance and Strategic Outcomes/Administrative Review Division and will conduct formal case reviews whose results can be extrapolated by individual county and statewide with reasonable confidences and statistically valid data. The fifth quality assurance FTE would be located in the Office of Community Access and Independence/APS program unit, to provide follow up support and monitoring to counties not meeting compliance standards. This position would also identify trends and concerns across counties and develop and facilitate training statewide to address those trends.

Anticipated Outcomes:

It is anticipated that four new quality assurance FTE will be housed independently from the APS unit in the Department's Office of Performance and Strategic Outcomes in the Administrative Review Division (ARD) where CPS currently has their quality assurance activities. The new FTE located within the ARD for the APS program will be utilized by the State to conduct statistically valid quality assurance reviews of APS cases throughout the State similar to that of the Child Protective Services Program's Administration Review Division. Feedback from county human and social services department representatives indicates that they would like to see the APS quality assurance located within the ARD. They also expressed that the process mirror child welfare because it provides valuable feedback on how to improve casework and ensure they meet requirements and comply with regulations.

Similar to the CPS process, the results of these reviews will be provided to the county departments as part of annual formal reviews and to the APS program unit to inform them of the results. The new quality assurance FTE in the APS unit will develop and monitor individual county action plans and performance improvement plans so that these gaps and shortfalls can be addressed accordingly. This position would also identify trends across multiple counties and develop statewide strategies for addressing those trends. Examples include 1) identifying changes to training curriculum, 2) developing and delivering subject matter specific webinars, 3) addressing issues at the regional meetings with APS supervisors and through the quarterly training meeting with all APS staff, 4) adding information to the weekly email updates, and 5) conducting additional programmatic reviews.

The additional staffing is critical to the success of APS programs around the State. Without this funding, counties will go years between reviews and there is strong potential for at-risk adults to continue to be at-risk of ongoing mistreatment. Other programs within the Department have shown the value of regular

quality assurance reviews to the quality and consistency of casework practice. This outcome supports the Department's Strategic Policy Initiative of helping people to thrive in the community of their choice.

Assumptions and Calculations:

Table 3 shows the number of reviews needed to conduct a statistically valid sample in each county across a one year time period. As shown below, approximately three FTE are needed to conduct the quality assurance reviews for APS cases and one FTE is needed to manage the staff and meet with County Directors. In addition, one FTE is needed in the APS unit to provide follow up technical assistance to counties.

Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20					
Line Item: (10)Adult Assistance Programs; (E) Adult Protective Services, State Administration	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2016-17 Appropriation (HB 16-1405)	\$744,557	\$744,557	\$0	\$0	\$0
Requested Funding (or Spending Authority)	\$97,445	\$97,445	\$0	\$0	\$0
FY 2017-18 Total Requested Appropriation	\$842,002	\$842,002	\$0	\$0	\$0
Requested Funding (or Spending Authority)	\$4,450	\$4,450			
FY 2018-19 Total Requested Appropriation	\$846,452	\$846,452	\$0	\$0	\$0
FY 2019-20 Total Requested Appropriation	\$846,452	\$846,452	\$0	\$0	\$0
Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20					
Line Item: (1)Executive Director's Office; (B) Special Purpose, Administrative Review Unit	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2016-17 Appropriation (HB 16-1405)	\$2,439,709	\$1,669,254	\$0	\$0	\$770,455
Requested Funding (or Spending Authority)	\$330,965	\$330,965	\$0	\$0	\$0
FY 2017-18 Total Requested Appropriation	\$2,770,674	\$2,000,219	\$0	\$0	\$770,455
Requested Funding (or Spending Authority)	\$3,131	\$3,131			
FY 2018-19 Total Requested Appropriation	\$2,773,805	\$2,003,350	\$0	\$0	\$770,455
FY 2019-20 Total Requested Appropriation	\$2,773,805	\$2,003,350	\$0	\$0	\$770,455
FY 2019-20 Total Requested Appropriation	\$2,773,805	\$2,003,350	\$0	\$0	\$770,455

Table 3 - QA FTE Needed for Department's Office of Performance Strategic Outcomes*						
Activity	Statistically Valid Sample Size for Case Reviews	Number of Counties for Activity	Weeks per Month	Hours per Sample, Counties, or Weeks	Hours Per Month Per Activity (Sample/# Counties x Review Hours/# Counties)	Notes
Sampling cases, determining sample size, randomizing cases. ¹		5		0.5	3	Reviewer
Formal case reviews, including making notes on case record, completing scorecard, and a secondary review. ²	195			1.5	293	Reviewer
Review scores with county, allow for appeal of review (can be done via webinar to minimize time). ³	195			0.5	98	Reviewer
Draft reports of findings of formal case reviews, including individual worker findings and aggregate county data. ⁴		5		1.5	8	Supervisor
Meeting with County Director and administrators to go over findings.		5		1	5	Supervisor
Final report of findings and developing action plan by county.		5		0.5	3	Supervisor
All supervisory duties, including supervision of the reviewer, training, other meetings, general functions, etc. [25 hrs./wk x 4.33 wks./mo.]			4.33	25	108	Supervisor
Total Reviewer hours per month					394	
Total Supervisor hours per month					124	
Total Reviewer FTE needed Total hours/120 hours of review per month (3.28 FTE, rounded down to 3.25)					3.25	
Total Supervisor FTE needed Total hours/160 hours of supervision per month (0.78 FTE, rounded down to 0.75)					0.75	
*Assumes 15 days available per month for reviewing cases, which is the method ARD currently uses for CPS. Remaining working days per month are set aside for supervision, training, meetings, and personal time off.						
¹ Five counties/mo. based on current ARD methodology						
² Average of 39 case reviews/mo./county is the statistically valid sample size, based on current ARD methodology						
³ Five counties/mo./39 cases/county based on current ARD methodology						
⁴ Five counties/mo. Based on current ARD methodology						

Table 4 shows the combined cost for the five FTE requested: three QA reviewers, one QA manager, and one APS specialist to conduct follow up with counties. Costs for four of these positions is at the minimum for a General Professional IV level. Based on Child Welfare's experience, hiring below this level will not result in staff qualified to conduct high-quality reviews. The manager was calculated at the minimum for a General Professional V level.

Table 4: FTE Personal Services and Operating Calculations

Item	FY 2017-18	FY 2018-19
FTE	4.6	5.0
Salaries (including Medicare and PERA)	\$323,475	\$351,968
AED	\$14,492	\$15,769
SAED	\$14,492	\$15,769
STD	\$550	\$599
HLD	\$39,636	\$39,636
Operating Expenses	\$28,265	\$4,750
Other Operating: Employee Travel	\$7,500	\$7,500
Total	\$428,410	\$435,991

FTE Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.

Expenditure Detail		FY 2017-18		FY 2018-19	
<i>Personal Services:</i>					
	Classification Title	Monthly Salary	FTE		FTE
	GENERAL PROFESSIONAL IV	\$5,005	3.7	\$222,222	4.0
	PERA			\$22,556	\$24,384
	AED			\$11,111	\$12,012
	SAED			\$11,111	\$12,012
	Medicare			\$3,222	\$3,483
	STD			\$422	\$456
	Health-Life-Dental			\$31,709	\$31,709
	Subtotal Position 1, ## FTE		3.7	\$302,353	4.0
					\$324,296
	Classification Title	Monthly Salary	FTE		FTE
	GENERAL PROFESSIONAL V	\$6,262	0.9	\$67,630	1.0
	PERA			\$6,864	\$7,627
	AED			\$3,381	\$3,757
	SAED			\$3,381	\$3,757
	Medicare			\$981	\$1,090
	STD			\$128	\$143
	Health-Life-Dental			\$7,927	\$7,927
	Subtotal Position 2, ## FTE		0.9	\$90,292	1.0
	Subtotal Personal Services		4.6	\$392,645	5.0
					\$423,741
<i>Operating Expenses:</i>					
			FTE		FTE
	Regular FTE Operating Expenses	\$500	5.0	\$2,500	5.0
	Telephone Expenses	\$450	5.0	\$2,250	5.0
	PC, One-Time	\$1,230	5.0	\$6,150	-
	Office Furniture, One-Time	\$3,473	5.0	\$17,365	-
	Other: Travel	\$1,500	5.0	\$7,500	5.0
	Other				
	Other				
	Other				
	Subtotal Operating Expenses			\$35,765	\$12,250
	TOTAL REQUEST		4.6	\$428,410	5.0
					\$435,991
	<i>General Fund:</i>			<i>\$428,410</i>	<i>\$435,991</i>

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-10 Mental Health Institutes Security Enhancements

Dept. Approval By: Melissa Wavellet Supplemental FY 2016-17
 Change Request FY 2017-18
 OSPB Approval By: Grant K. ... 10/26/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$6,493,817	\$0	\$6,478,176	\$609,307	\$34,788
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$3,762,270	\$0	\$3,746,629	\$609,307	\$34,788
	CF	\$461,438	\$0	\$461,438	\$0	\$0
	RF	\$2,270,109	\$0	\$2,270,109	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,066,278	\$0	\$1,066,278	\$322,718	\$31,708
	FTE	0.0	0.0	0.0	0.0	0.0
08. Behavioral Health Services, (E) Mental Health Institutes, (1) Mental Health Institutes - Ft. Logan - Operating Expenses	GF	\$902,046	\$0	\$902,046	\$322,718	\$31,708
	CF	\$136,753	\$0	\$136,753	\$0	\$0
	RF	\$27,479	\$0	\$27,479	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$5,427,539	\$0	\$5,411,898	\$286,589	\$3,080
	FTE	0.0	0.0	0.0	0.0	0.0
08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo - Operating Expenses	GF	\$2,860,224	\$0	\$2,844,583	\$286,589	\$3,080
	CF	\$324,685	\$0	\$324,685	\$0	\$0
	RF	\$2,242,630	\$0	\$2,242,630	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

FF Letternote Text Revision Required Yes No

Requires Legislation? Yes No

Type of Request? Department of Human Services Prioritized Request

Interagency Approval or Related Schedule None



Cost and FTE

- The Department requests \$609,307 General Fund in FY 2017-18, and \$34,788 General Fund in FY 2018-19 and ongoing for security enhancements at the Colorado Mental Health Institutes.
- This represents a 9.4% increase above the Mental Health Institute (MHI) FY 2016-17 Operating Expenses allocation.

Current Program

- The Colorado Mental Health Institute at Pueblo (CMHIP) operates 449 inpatient psychiatric beds, and the Colorado Mental Health Institute at Fort Logan (CMHIFL) operates 94 inpatient psychiatric beds for adults.
- Referrals to the MHIs come from the State's Community Mental Health Centers, local hospitals, and courts.

Problem or Opportunity

- In FY 2015-16, both Mental Health Institutes experienced "lock down" situations as a result of armed and dangerous fugitives either on or near the Institutes' grounds.
- Security staff at the Mental Health Institutes would benefit from training and additional resources in order to stay current on security protocols, such as Active Shooter Training. The nurse station at the Advanced Cognitive Behavioral Unit at CMHIP is not enclosed and poses a Health Insurance Portability and Accountability Act (HIPAA) and security risk.
- Other improvements are also needed, such as metal detectors, replacement cameras with better capabilities, and proximity readers for doors, providing a log of who is entering and exiting.

Consequences of Problem

- Without current training, the security staff at the Mental Health Institutes will lack the most up-to-date skill tactics needed to ensure safety in today's environment.
- This additional security related items are necessary to maintain safety at the Mental Health Institutes, and will provide additional deterrence, monitor common areas, high sensitivity areas and external points of entry for increase hospital and patient safety and security.

Proposed Solution

- The request will add \$286,589 General Fund to the operating budget at CMHIP and \$322,718 General Fund to the operating budget at CMHIFL. This is a mainly a one-time request, with a total of \$34,788 General Fund ongoing to maintain the security cameras in FY 2018-19 and beyond.
- The security enhancements will provide the security staff with the essential training necessary for the job, as well as enhance security in critical areas of the Institutes. Staff accountability is also increased, and potential liability is reduced with the ability to record interactions between staff and patients.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-10

Request Detail: Mental Health Institutes Security Enhancements

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Mental Health Institutes Security Enhancements	\$609,307	\$609,307

Problem or Opportunity:

The Department requests \$609,307 General Fund in FY 2017-18, and \$34,788 General Fund in FY 2018-19 and beyond in order to address security staff training and security enhancements at the Colorado Mental Health Institutes (MHIs). This request is in response to “lock down” situations at both MHIs over the past year and other escalating security risks.

The Mental Health Institutes are in need of security staff training materials, security staff training, and additional security improvements. These requests are outside of the Institutes’ operating and capital outlay budget allocations. This request largely addresses the training needs of the MHI security staff, specifically active shooter situations. In addition to the training classes and materials, ballistic armor and wireless headsets are requested to assist in providing the security staff with additional protection and technology in the event of a situation of a more serious nature. Lastly, security cameras, a nursing station modification, metal detector and proximity card reader are included in this request to address other Institute security needs.

Security Staff Training and Equipment

Security staff at the Mental Health Institutes require training and materials in order to stay current on security protocols, such as active shooter training. Mental Health Institute security staff have often purchased training materials using their own personal funds in order to be equipped to do their job.

The security staff at the Institutes respond to numerous situations throughout the year. At the Colorado Mental Health Institute at Pueblo (CMHIP), the hospital police unit has responded to approximately 200 traffic related incidents (Driving Under the Influence [DUI], speeding, careless driving, failure to yield, motor vehicle accidents, etc.) during the time period of April 2015 to April 2016. While they assisted city and county law enforcement agencies with issues around the CMHIP campus, this placed the campus at risk for an active shooter, person(s) with a gun, or high risk situation four times between April 2015 to April 2016. CMHIP hospital police have also been on stand-by for personnel meetings 20 times between April 2015 to April 2016, and have been on stand-by for patients entering the Court Services unit for outpatient evaluations 30 times between April 2015 to April 2016.

The Colorado Mental Health Institute at Fort Logan (CMHIFL) security staff responded to 47 calls for service outside of the Institute in FY 2014-15. This included suspicious persons, traffic accidents, and DUIs. In FY 2015-16, CMHIFL experienced a “lock down” situation after an armed robbery and pursuit occurred in the nearby area.

Mental Health Institute Security Risks

The Advanced Cognitive Behavioral Unit (ACBU) at CMHIP provides treatment services to patients who have a primary Axis I diagnosis (personality disorder) with Axis II diagnosis (major mental illness) components. This ACBU experiences heavy foot traffic in and out of the Unit due to patient preparation for community reintegration. The Nurse Station on ACBU is not enclosed, and poses a Health Insurance Portability and Accountability Act (HIPAA) and security risks/vulnerability. Patients can hear Institute staff phone conversations regarding other patient specifics, overall hospital operations, and sometimes staff’s personal information. The Nurse Station is built similar to a walk up counter, where if a patient was to peer over he/she could potentially see confidential documents as well.

The front door at CMHIFL is monitored by a contracted security company, and individuals are not patted down or wanded for metal items or dangerous contraband. A metal detector is an effective security measure to assist the security staff with screening those who enter CMHIFL. A “prox card” to enter doors with proximity readers will provide an automated log of individuals who are entering and exiting the Institute and will limit the need for issuing keys. CMHIFL has many doors, some of which are not in plain sight. Therefore, it is difficult to monitor every individual who is entering and exiting CMHIFL at any given time.

Proposed Solution:

The Department requests \$609,307 General Fund in FY 2017-18, and \$34,788 General Fund in FY 2018-19 and beyond to address security staff training and security enhancements at the Colorado Mental Health Institutes (MHIs). This funding will provide security cameras, security staff training and equipment such as training guns and additional security gear. The additional security gear, including ballistic vests and radios, will enhance the security of the staff and patients at both MHIs.

Colorado Mental Health Institute at Fort Logan

CMHIFL is also requesting a metal detector for the front door of the hospital to assist with security efforts for the numerous visitors and foot traffic throughout the day. While the front door is monitored by a contracted security company, individuals are not patted down or wanded for metal items or dangerous contraband. To improve security, Fort Logan is also requesting proximity readers for the doors. This will require individuals to have a “prox card” to enter doors with proximity readers. The proximity readers provide an automated log of who is entering and exiting and will limit the need for issuing keys. An added benefit of this system is it allows CMHIFL to lock all doors remotely in a crisis. Additional cameras to monitor entry and exit points, elevators, waiting areas and high risk areas such as the pharmacy and medication rooms are also requested.

Colorado Mental Health Institute at Pueblo

In FY 2015-16, the Colorado Mental Health Institute at Pueblo (CMHIP) experienced a “lock down” situation in which staff could hear shots being fired in very near proximity. The alleged perpetrator was tracked crossing the campus grounds as he fled police. Due to the increased number of high risk situations on/around the CMHIP grounds, the Hospital Police Unit conducted an active shooter drill. As a result of this drill, it was learned that key items would be needed to assist in a real active shooter situation, as well as highlighted the need for additional training. The main phone at the Communications Desk, the hub for all

communications at CMHIP, is so old, parts are either difficult to find, or no longer made. Additionally, the drill illuminated the need for the hospital police to have wireless headsets so they can hear communications without needing to push the button on the radio, allowing them to keep both hands on their weapon as they conduct the security sweeps. Training weapons are a critical component to training, as they provide a more realistic experience when participating in a drill. Training guns have been purchased in the past by CMHIP employee's personal funds, which is not a reasonable expectation.

The Advanced Cognitive Behavioral Unit (ACBU) provides treatment services to patients who have a primary Axis I diagnosis (personality disorder) with Axis II diagnosis (major mental illness) components. All patients on ACBU are Not Guilty By Reason of Insanity (NGRI). Programming focuses heavily on changing criminal thinking, reducing high risk behaviors and preparing for community reintegration. This Unit experiences heavy foot traffic in and out of the Unit due to the preparation for community reintegration. The Nurse Station on ACBU is not designed to protect the paperwork, confidential patient information, supplies, etc. The Nurse Station is open and patients can hear everything that is discussed (including phone conversations). The Department proposes to reconfigure/rebuild a new Nurse Station that will allow for improved confidentiality of paperwork and supplies. In addition, the new Nurse Station will allow for better monitoring of patients via camera/screens, and more area for charting (rather than having charts in another room).

Security Cameras

Both hospitals are requesting a total of 34 replacement security cameras and 7 new security cameras for the seclusion and restraint (S&R) rooms on each campus. Additionally, the Department requests eight (8) cameras for the CMHIP medicine rooms in order to provide additional security and deterrence and 30 cameras at CMHIFL in order to monitor common areas, high sensitivity areas, and external points of entry for increase hospital safety and security.

The request includes 22 replacement cameras in 4 buildings in the S&R rooms at CMHIP, replacing current cameras with more efficient ultra-wide lens cameras to view the entire room including the floor beneath the camera. Additionally, CMHIP is requesting seven (7) new cameras in 2 buildings in the S&R rooms that do not currently have cameras. CMHIP's request addresses 29 S&R rooms, with one camera in each room. CMHIFL is requesting 12 replacement cameras in 4 buildings in the S&R rooms, replacing the current cameras with more efficient ultra-wide lens cameras to view the entire room including the floor beneath the camera. CMHIFL's request addresses 12 S&R rooms, with one camera in each room. The cameras will be in a vandal-resistant enclosure. Corresponding DVR recording systems are also included in the request to allow for video recording in the S&R rooms.

Training

Both MHIs are requesting funding for active shooter trainings for their hospital security staff. Active shooter trainings are offered at the Federal Law Enforcement Training Centers (FLETC), and will be attended at the Artesia, New Mexico location, as well as through specialized training vendors on site at the MHIs. FLETC will provide "train the trainer" active shooter specific training, in which the MHI staff will be able to return to the hospitals and provide instruction to other hospital security staff. This cost is minimal as housing and meals are provided. The additional training following FLETC, will be provided by a specialized vendor on site at the MHIs and is very critical. This training addresses (1) "Lone Wolf" Single Officer Response Training and (2) Tactical Treatment of Gun Shot Wounds Class. Classes identified in this request are specialized and not provided through existing Department or State training resources.

Anticipated Outcomes:

Without current training, the security staff at the Mental Health Institutes will lack the most up-to-date skill tactics needed in today's environment. The security training, and security enhancements requested will strengthen the ability for the Institutes to have a more secure environment. With cameras that have better resolution, zoom and movement capability, and recording capability, the safety of the patients while in the rooms is increased. Staff accountability is also increased, and potential liability is reduced with the ability to record interactions between staff and patients.

Assumptions and Calculations:

Table A illustrates the Long Bill line items impacted by the request.

Table A: Costs by Long Bill Line Item	
Line Item Affected	General Fund
CMHIP Operating Expenses	\$286,589
CMHIFL Operating Expenses	\$322,718
Total Funding Request	\$609,307

Table B illustrates costs by category of security enhancement for each MHI.

Table B: Cost of Security Enhancements by MHI			
Facility and Items	FY 2017-18	FY 2018-19	Comments
CMHIP			
Nurse Station	\$26,180	\$0	See Table C
Cameras	\$180,588	\$3,080	See Tables D and F
Weaponry and Gear	\$68,121	\$0	See Table D
Training	\$11,700	\$0	See Table D
<i>CMHIP Total</i>	<i>\$286,589</i>	<i>\$3,080</i>	
CMHIFL			
Cameras	\$221,078	\$31,708	See Tables E and G
Door Modifications	\$64,300	\$0	See Table E
Weaponry and Gear	\$32,640	\$0	See Table E
Training	\$4,700	\$0	See Table E
<i>CMHIFL Total</i>	<i>\$322,718</i>	<i>\$31,708</i>	
Mental Health Institute Total	\$609,307	\$34,788	

Table C illustrates the itemized list of costs to remodel the Nurse Station at CMHIP.

Table C: Facilities Cost Estimate to Remodel the Nurse Station at CMHIP


		COLORADO Office of Administrative Solutions Division of Facilities Management		Southern District Brian Caruso, District Manager 1600 W 24th St Pueblo, CO 81003 P 719.546.4471 F 719.546.4105	
AGENCY: CMHIP BUILDING NO. : 121 ROOM NO. : 2ND FLOOR, SOUTH WING NURSING STATION SSR:					
DESCRIPTION OF REQUEST: EXPAND NURSING STATION					
ESTIMATE OF COSTS:					
ITEM	QUANTITY	RATE	TOTAL		
DEMOLITION, TEMP PROT. DUST MITIGATION	1	\$ 500.00	\$ 500.00		
TEMPORARY CONTROLS	1	\$ 750.00	\$ 750.00		
NEW WALLS & FINISHES	1	\$ 1,750.00	\$ 1,750.00		
CEILING REPAIRS & NEW FLOORING	1	\$ 1,250.00	\$ 1,250.00		
MILLWORK	1	\$ 1,000.00	\$ 1,000.00		
NEW DOOR/FRAME/LOCKSET	1	\$ 7,500.00	\$ 7,500.00		
GLAZING	1	\$ 1,200.00	\$ 1,200.00		
NEW WINDOW FRAMES	3	\$ 700.00	\$ 2,100.00		
FIRE EXTINGUISHER CABINET	3	\$ 750.00	\$ 2,250.00		
HVAC MODIFICATIONS	1	\$ 500.00	\$ 500.00		
PLUMBING MODIFICATIONS	1	\$ 500.00	\$ 500.00		
ELECTRICAL	1	\$ 1,500.00	\$ 1,500.00		
ELECTRONIC CONTROLS	1	\$ 2,500.00	\$ 2,500.00		
SUBTOTAL			\$ 23,800.00		
SUBTOTAL			\$ 23,800.00		
A/E FEES (12%)					
SURVEY FEES (2%)					
TESTING FEES (2%)					
CODE REVIEW					
INSPECTIONS (1%)					
FFE					
CONTINGENCY (10%)			\$ 2,380.00		
TOTAL ESTIMATE			\$ 26,180.00		

Table D illustrates the security equipment and description of items requested at CMHIP.

Table D: Security Equipment Cost Estimate at CMHIP						
Security Equipment Type	Item	Description	Quantity	Cost Per Unit	FY 2017-18 Total Cost	FY 2018-19 Total Cost
CMHIP- Weaponry and Gear	Radio System in Communication Center	Motorola APX7500 Console & MCD 5000 Desk sets	1	\$ 15,165	\$ 15,165	\$ -
CMHIP- Weaponry and Gear	Radio System in Communication Center	Plantronics CA12 CD-S PTT Headset Adapter Cordless	2	\$ 390	\$ 780	\$ -
CMHIP- Weaponry and Gear	Radio System in Communication Center	Wireless Headsets	7	\$ 140	\$ 980	\$ -
CMHIP- Weaponry and Gear	Radio System in Communication Center	Coax Cable for installation	1	\$ 200	\$ 200	\$ -
CMHIP- Weaponry and Gear	Training Guns	Simunition Glock 17 Training Pistol	10	\$ 454	\$ 4,540	\$ -
CMHIP- Weaponry and Gear	Training Guns	Simunition AR-15 Upper Training	4	\$ 749	\$ 2,996	\$ -
CMHIP- Weaponry and Gear	Training Guns	Simunition AR-15 Magazines	8	\$ 44	\$ 352	\$ -
CMHIP- Weaponry and Gear	Training Guns	Simunition Ammo (case 500)	2	\$ 277	\$ 554	\$ -
CMHIP- Weaponry and Gear	Training Guns	Simunition Protective Gear (per Officer) (helmet, mask, neck protector, groin protector, arm protector, vest, gloves, pants, &	18	\$ 826	\$ 14,868	\$ -
CMHIP- Weaponry and Gear	Training Guns	Shipping	1	\$ 200	\$ 200	\$ -
CMHIP- Weaponry and Gear	Training Guns	Blue Training Guns Glock 19	10	\$ 53	\$ 530	\$ -
CMHIP- Weaponry and Gear	Training Guns	Blue Training Guns AR-15	6	\$ 215	\$ 1,290	\$ -
CMHIP- Weaponry and Gear	Training Guns	Blue Training Guns Shotgun	6	\$ 215	\$ 1,290	\$ -
CMHIP- Weaponry and Gear	Body Armor/Ballistic Shields	Point Blank Alpha Elite XXII Body Armor (2 carriers and tactical outer carrier with 5 pouches)	18	\$ 885	\$ 15,930	\$ -
CMHIP- Weaponry and Gear	Body Armor/Ballistic Shields	ASPIS 20" x 30" Ballistic Shield with Viewpoint	2	\$ 1,596	\$ 3,192	\$ -
CMHIP- Weaponry and Gear	Body Armor/Ballistic Shields	ASPIS 20" x 30" Ballistic Shield	2	\$ 1,232	\$ 2,464	\$ -
CMHIP- Weaponry and Gear	Flashlights	Streamlight Strion Rechargeable	18	\$ 155	\$ 2,790	\$ -
CMHIP Weaponry and Gear Total					\$ 68,121	\$ -
CMHIP- Training	Active Shooter Training	Defense Training International Tactical Treatment of Gun Shot	18	\$ 400	\$ 7,200	\$ -
CMHIP- Training	Active Shooter Training	Tac* One Active Shooter "Lone Wolf" Single Officer Response	18	\$ 250	\$ 4,500	\$ -
CMHIP Training Total					\$ 11,700	\$ -
CMHIP- Cameras	Med Room Cameras	CRU, SLP, STAR, 67, CORE, Circle, ACBU, ABTU and ongoing maintenance	8	\$ 1,540	\$ 12,320	\$ 3,080
CMHIP Cameras Total					\$ 12,320	\$ 3,080
Total Cost Estimate for Security Equipment at CMHIP					\$ 92,141	\$ 3,080

Table E illustrates the security equipment and description of items requested at CMHIFL.

Table E: Security Equipment Cost Estimate at CMHIFL						
Security Equipment Type	Item	Description	Quantity	Cost Per Unit	FY 2017-18 Total Cost	FY 2018-19 Total Cost
CMHIFL- Training	Active Shooter Training	Defense Training International Tactical Treatment of Gun Shot Wounds Class	4	\$ 400	\$ 1,600	\$ -
CMHIFL- Training	Active Shooter Training	Tac* One Active Shooter "Lone Wolf" Single Officer Response Training Course	4	\$ 250	\$ 1,000	\$ -
CMHIFL- Training	Active Shooter Training	POST Refresher Academy-POST Recertification (police)	1	\$ 2,100	\$ 2,100	\$ -
<i>CMHIFL Training Total</i>					\$ 4,700	\$ -
CMHIFL- Weaponry and Gear	Training Guns	Blazer 180 gun ammunition - training	4000	\$ 0	\$ 1,595	\$ -
CMHIFL- Weaponry and Gear	Security Gear/Uniform	Level III Firearm duty holster	5	\$ 129	\$ 645	\$ -
CMHIFL- Weaponry and Gear	Security Gear/Uniform	Magazine carrier - synthetic	5	\$ 35	\$ 175	\$ -
CMHIFL- Weaponry and Gear	Weaponry	Speer Gold Dot 180 gun ammunition - duty	500	\$ 0	\$ 175	\$ -
CMHIFL- Weaponry and Gear	Security Gear/Uniform	Belt keeper - synthetic	5 sets	\$ 10	\$ 50	\$ -
CMHIFL- Weaponry and Gear	Training	Range Fee (initial, 2x semi annual)	3	\$ 667	\$ 2,000	\$ -
CMHIFL- Weaponry and Gear	Body Armor/ Ballistic Shields	Public Safety Uniforms/Officer Equipment	15 sets	\$ 7,000	\$ 7,000	\$ -
CMHIFL- Weaponry and Gear	Security Gear/Uniform	Ballistic Vests - Officer	12	\$ 500	\$ 6,000	\$ -
CMHIFL- Weaponry and Gear	Security Communications	800 mhz Portable Radios	10	\$ 1,500	\$ 15,000	\$ -
<i>CMHIFL Weaponry and Gear Total</i>					\$ 32,640	\$ -
CMHIFL- Cameras	Hospital Security Cameras	IR CCTV Cameras	20	\$ 1,000	\$ 20,000	\$ -
CMHIFL- Cameras	Hospital Security Cameras	Covert CCTV Cameras	10	\$ 1,000	\$ 10,000	\$ -
CMHIFL- Cameras	Hospital Security Cameras	IR and Covert camera switches, monitors, install and ongoing maintenance	30	\$ 3,228	\$ 96,830	\$ 31,708
<i>CMHIFL Cameras Total</i>					\$ 126,830	\$ 31,708
CMHIFL- Door Modifications	Hospital Door Security	HID proximity readers/mag locks/electric strike	25	\$ 2,000	\$ 50,000	\$ -
CMHIFL- Door Modifications	Hospital Door Security	CEIA SMD 600 Plus walk through detector/remote/install	1	\$ 14,300	\$ 14,300	\$ -
<i>CMHIFL Door Modifications Total</i>					\$ 64,300	\$ -
Total Cost Estimate for Security Equipment at CMHIFL					\$ 228,470	\$ 31,708

Table F illustrates the costs for new purchases and replacement cameras and recording systems in the seclusion and restraint rooms (S&R) at CMHIP.

Table F: Seclusion and Restraint Room Camera Systems Requested at CMHIP						
Building	Item	Unit Cost	Replacement	Replacement Cost	New	New Cost
BLDG 106	CAMERA	\$ 3,220	-	\$ -	3	\$ 9,660
	RECORDING SYSTEM	\$ 4,400	-	\$ -	1	\$ 4,400
BLDG 116	CAMERA	\$ 2,520	6	\$ 15,120	0	\$ -
	RECORDING SYSTEM	\$ 4,400	1	\$ 4,400	0	\$ -
BLDG 121	CAMERA	\$ 2,520	2	\$ 5,040	0	\$ -
	RECORDING SYSTEM	\$ 4,400	1	\$ 4,400	0	\$ -
BLDG 129	CAMERA	\$ 3,220	-	\$ -	4	\$ 12,880
	RECORDING SYSTEM	\$ 4,400	-	\$ -	1	\$ 4,400
BLDG 137	CAMERA	\$ 2,520	3	\$ 7,560	0	\$ -
	RECORDING SYSTEM	\$ 4,400	1	\$ 4,400	0	\$ -
BLDG 140	CAMERA	\$ 2,520	11	\$ 27,720	0	\$ -
	RECORDING SYSTEM	\$ 4,400	-	\$ -	0	\$ -
<i>Subtotal</i>			25	\$ 68,640	9	\$ 31,340
	GC OH&P - 25%			\$ 17,160		\$ 7,835
	<i>Subtotal</i>			\$ 85,800		\$ 39,175
	GC BOND - 2%			\$ 1,716		\$ 784
	<i>Subtotal</i>			\$ 87,516		\$ 39,959
	CONTINGENCY (10%)			\$ 8,752		\$ 3,996
	<i>Subtotal</i>			\$ 96,268		\$ 43,955
	DFM OPERATING EXPENSE (20%)			\$ 19,254		\$ 8,791
Total Replacement and Purchase of Systems				\$ 115,522		\$ 52,746

Table G illustrates the costs for replacement cameras and recording systems in the seclusion and restraint rooms (S&R) at CMHIFL.

Table G: Seclusion and Restraint Room Camera Systems Requested at CMHIFL				
Building	Item	Unit Cost	Replacement	Replacement Cost
TEAM ONE - E1				
	CAMERA	3,000	3	\$ 9,000
	RECORDING SYSTEM	5,000	1	\$ 5,000
TEAM THREE - W1				
	CAMERA	3,000	3	\$ 9,000
	RECORDING SYSTEM	5,000	1	\$ 5,000
TEAM FIVE - E2				
	CAMERA	3,000	4	\$ 12,000
	RECORDING SYSTEM	5,000	1	\$ 5,000
TEAM TWQ - F1				
	CAMERA	3,000	2	\$ 6,000
	RECORDING SYSTEM	5,000	1	\$ 5,000
<i>Subtotal</i>			16	\$ 56,000
	GC OH&P - 25%			\$ 14,000
	<i>Subtotal</i>			\$ 70,000
	GC BOND - 2%			\$ 1,400
	<i>Subtotal</i>			\$ 71,400
	CONTINGENCY (10%)			\$ 7,140
	<i>Subtotal</i>			\$ 78,540
	DFM OPERATING EXPENSE (20%)			\$ 15,708
TOTAL REPLACEMENT OF EXISTING SYSTEMS				\$ 94,248

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-11 Old Age Pension Program Cost of Living Adjustment

Dept. Approval By:

Melissa Wardlet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Erin K. ...

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$95,007,967	\$0	\$95,007,967	\$321,697	\$321,697
FTE		0.0	0.0	0.0	0.0	0.0
GF		\$0	\$0	\$0	\$0	\$0
CF		\$95,007,967	\$0	\$95,007,967	\$321,697	\$321,697
RF		\$0	\$0	\$0	\$0	\$0
FF		\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$95,007,967	\$0	\$95,007,967	\$321,697	\$321,697
10. Adult Assistance Programs, (B) Old Age Pension Program - Cash Assistance Programs	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$95,007,967	\$0	\$95,007,967	\$321,697	\$321,697
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule	None				

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Cost and FTE

- The Colorado Department of Human Services requests \$321,697 in Old Age Pension (OAP) cash funds for FY 2017-18 and beyond to fund a 0.3% Cost of Living Adjustment (COLA) to the grant award provided to OAP program participants.
- This request constitutes a 0.3% increase over the current appropriation.

Current Program

- The OAP Program is established in the State constitution and is continuously appropriated. The OAP program provides basic cash assistance to low-income adults, age 60 or older, who meet OAP program eligibility requirements.
- Each year, the Social Security Administration (SSA) reviews the Consumer Price Index (CPI) to determine whether to increase benefits to Supplemental Security Income (SSI) recipients, through a COLA increase in order to keep pace with inflation.
- OAP program participants typically receive a COLA increase that matches the COLA passed for SSI recipients.
- The State Board of Human Services (SBHS) has constitutional authority to choose to raise or not raise the OAP grant standard effective on January 1 annually.

Problem or Opportunity

- If the SSA passes a Supplemental Security Income COLA, the new COLA amount would be subject to the Maintenance of Effort (MOE) requirement that requires a minimum State expenditure level of \$27,534,135 on SSI recipients annually.
- Not passing along the COLA would result in the OAP grant standard not keeping pace with inflation and creating a negative fiscal impact on a vulnerable population.

Consequences of Problem

- If a COLA is approved by the SSA but is not passed along to OAP recipients, it will reduce the total amount of state expenditures applied towards SSI recipients as required by the SSA to meet the MOE spending requirement. This situation would require other programs to bear the cost of meeting the mandated spending, creating an inequitable distribution of benefit dollars.
- Non-compliance with the MOE requirement could result in a loss of a quarter of the State's annual federal Medicaid funds or \$325 million quarterly.

Proposed Solution

- The Department requests \$321,697 OAP cash funds to pass along a 0.3% COLA to OAP eligible recipients, pending approval of the COLA by the SSA and subsequent approval by the SBHS.
- If passed, the FY 2017-18 COLA monthly increase will be \$2, setting the grant standard to \$773 per month.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-11
Request Detail: Old Age Pension Program Cost of Living Adjustment

Summary of Incremental Funding Change for FY 2017-18	Total Funds	Cash Funds
Old Age Pension Program Cost of Living Adjustment	\$321,697	\$321,697

Problem or Opportunity:

The Colorado Department of Human Services requests \$321,697 in Old Age Pension (OAP) cash funds in FY 2017-18 and beyond to provide a 0.3% Cost of Living Adjustment (COLA) for the Old Age Pension Program. This would increase the monthly grant standard from \$771 to \$773 for OAP recipients.

According to the State Demographer, the official poverty rate for seniors in Colorado is approximately 1% higher than that of the general population. The Supplemental Poverty Rate (SPR) however indicates a wider gap, whereby seniors are almost twice as likely to be poor than the average Colorado resident. This disparity is mostly attributed to medical costs that are not considered in the official poverty measure, yet are accounted for in the supplemental measure. As such, the Old Age Pension program is designed to mitigate the effects of poverty among vulnerable Coloradans over age 60 via cash benefits. For many seniors, OAP funds are their primary source of income to meet daily needs. The effects of inflation and other changes in the cost of living are magnified among these vulnerable seniors living on a limited, fixed income.

In order to reduce the effect of inflation, the Social Security Administration (SSA) reviews the Consumer Price Index (CPI) annually to determine whether to increase benefits to Supplemental Security Income (SSI) recipients in order to keep pace with inflation rates through a COLA. This decision and corresponding COLA amount is announced annually in late October and is effective on January 1st of the following calendar year. Given the similarity in the SSI and OAP populations, Colorado often mirrors the SSA COLA, increasing the grant standard and monthly payments among OAP recipients.

If a COLA is approved by the SSA, the State Board of Human Services (SBHS) has the constitutional authority to choose to raise (or not raise) the OAP grant standard in accordance with the SSA's action. The SBHS has the sole discretion to set the grant standard for the OAP program based on analysis of the impact and recommendation for action from the Department. As such, the SBHS could change the grant standard at any time, regardless of whether or not the SSA has approved a COLA. However, when SSA does approve a COLA, the importance of mirroring the action via benefit increases to OAP recipients is magnified by its impact to the State's Maintenance of Effort (MOE) obligation. The MOE is an obligation whereby the State is required to meet a minimum expenditure level of \$27,354,135 annually on SSI recipients as a condition of receiving its full amount of Federal Financial Participation (FFP)

for Medicaid. The penalty for non-compliance with this requirement is \$325 million quarterly and a minimum of \$1.3 billion annually. Colorado has failed to meet its MOE obligation in nine out of the last ten years. In years when the SSA COLA was not passed along to OAP recipients, this has contributed to the Department not meeting the State’s MOE obligation.

In FY 2015-16, the Joint Budget Committee approved a COLA increase of 1.7% of the grant standard payment, increasing the monthly payment by \$12 and setting the grant standard at \$771. The SSA did not pass a COLA increase in FY 2016-17 nor did the State increase the OAP grant.

This request supports two of the Department’s strategic goals: “Improving the lives of Colorado families in need by helping them to achieve economic security through meaningful work” and “Helping individuals to thrive in the community of their choice.”

Proposed Solution:

The Department of Human Services requests \$321,697 in OAP cash funds in FY 2017-18 and beyond to pass along a 0.3% COLA to OAP recipients. The COLA will result in a monthly increase of \$2 per month to OAP recipients, thereby setting the new grant standard at \$773 per month for each OAP recipient. This request does not require any increase in FTE.

Anticipated Outcomes:

By passing along a COLA to OAP recipients, the OAP grant will remain aligned with inflation and will help provide vulnerable, elderly Coloradans with needed resources to meet their daily needs. If approved by the SBHS, this increase will be effective January 1, 2017. It would result in a maximum grant of \$773.

If funds are not made available and/or the SBHS chooses not to pass along the COLA to OAP recipients, there could be negative repercussions to vulnerable seniors, most notably increased hardship among one of the State’s most vulnerable populations. By preserving recipients’ purchasing power, the Department will ensure seniors are no worse off.

Furthermore, there would be negative implications to the State’s MOE obligation. Failing to pass along the COLA would effectively reduce the amount of countable state expenditures to meet the MOE obligation. This mandated spending would need to occur in other programs, or put Colorado at risk for federal penalties.

Assumptions and Calculations:

Table 1: Long Bill Appropriation and Requested Funding for FY 2017-18 and Beyond

Line Item	Cash Assistance Programs	Total Funds	General Fund	Cash Funds
FY 2016-17 Appropriation (HB 16-1405)		\$95,007,967	\$0	\$95,007,967
Requested Funding		\$321,697	\$0	\$321,697
FY 2017-18 and Beyond Total Requested Appropriation		\$95,329,664	\$0	\$95,329,664

Table 2: OAP Calculation

		FY 2017-18	FY 2018-19	Notes
A	OAP Monthly Caseload	24,371	25,343	
B	Grant Standard (Monthly)	\$771	\$773	
C	Cost of Living Adjustment	0.3%	0.0%	
D	COLA Amount (Rounded Down)	\$2.00	\$0.00	=B*C
E	New Grant Standard	\$773	\$773	=B+D
F	Months	12	12	
G	Percentage Multiplied By	55% ¹	55%	
H	Fiscal Year Cost	\$321,697 ²	\$321,697 ³	=(A*G)*D*F
<p>1 - Approximately 45% of the OAP caseload is SSI eligible. OAP recipients on SSI would receive the COLA directly from the increased SSI benefit; therefore the state only needs to budget for increase among the 55% not receiving SSI. OAP payments made to this population will contribute to the State Maintenance of Effort requirement.</p> <p>2- The FY 2017-18 funding request will impact the last six months of calendar year 2017 (the first six months of State FY 2017-18) and the first six months of calendar year 2018 (the last six months of State FY 2017-18). In the event a new COLA is passed in October of 2017 and is subsequently approved by the State Board of Human Services, the new COLA would be applicable from January 1st, 2018 – December 30th, 2018.</p> <p>3- FY2018-19 Fiscal Year Cost is dependent on a new COLA being passed in October of 2017 by the Social Security Administration, as well as the COLA being passed by the State Board of Human Services. Due to the uncertainty surrounding a new COLA being passed, the calculation does not assume an increased funding request amount.</p>				

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-12 Two Generations Reaching Opportunity (2 GRO)

Dept. Approval By: Melissa Wawel Supplemental FY 2016-17
X
 Change Request FY 2017-18
 OSPB Approval By: Erin M. Schi 10/27/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$54,084,815	\$0	\$58,071,566	\$695,268	\$933,099
FTE		0.0	0.0	0.0	0.9	1.0
Total of All Line Items Impacted by Change Request	GF	\$36,619,840	\$0	\$41,400,802	\$385,894	\$518,441
	CF	\$970,867	\$0	\$461,150	\$0	\$0
	RF	\$10,921,311	\$0	\$10,783,784	\$0	\$0
	FF	\$5,572,797	\$0	\$5,425,830	\$309,374	\$414,658

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$32,736,387	\$0	\$35,302,885	\$7,927	\$7,927
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$22,142,423	\$0	\$25,082,461	\$7,927	\$7,927
Administration - Health, Life, And Dental	CF	\$543,180	\$0	\$211,979	\$0	\$0
	RF	\$6,909,927	\$0	\$7,185,387	\$0	\$0
	FF	\$3,140,857	\$0	\$2,823,058	\$0	\$0
Total		\$404,087	\$0	\$412,283	\$105	\$114
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$273,968	\$0	\$296,109	\$105	\$114
Administration , Short-Term Disability	CF	\$8,271	\$0	\$4,630	\$0	\$0
	RF	\$74,665	\$0	\$62,195	\$0	\$0
	FF	\$47,183	\$0	\$49,349	\$0	\$0
Total		\$10,526,899	\$0	\$11,178,199	\$2,753	\$3,003
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$7,138,906	\$0	\$8,013,260	\$2,753	\$3,003

Administration - Amortization	CF	\$210,806	\$0	\$121,344	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,766,585	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,277,010	\$0	\$0

Total		\$10,417,342	\$0	\$11,178,199	\$2,753	\$3,003
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - S.B. 06-235 Supplemental Equalization	GF	\$7,064,543	\$0	\$8,008,972	\$2,753	\$3,003
Disbursement	CF	\$208,610	\$0	\$123,197	\$0	\$0
	RF	\$1,958,054	\$0	\$1,769,617	\$0	\$0
	FF	\$1,186,135	\$0	\$1,276,413	\$0	\$0

Total		\$0	\$0	\$0	\$681,730	\$919,052
FTE		0.0	0.0	0.0	0.9	1.0
06. Division of Early Childhood, (B) Division of Community and Family Support - Two Generations Reaching Opportunity (2GRO)	GF	\$0	\$0	\$0	\$372,356	\$504,394
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$309,374	\$414,658

CF Letternote Text Revision Required Yes	_____	No	<u> X </u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required Yes	_____	No	<u> X </u>	
FF Letternote Text Revision Required Yes	_____	No	<u> X </u>	
Requires Legislation?	Yes	_____	No	<u> X </u>
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s:	None			



Cost and FTE

- The Department requests \$695,268 including \$385,894 General Fund and \$309,374 federal Temporary Aid for Needy Families in FY 2017-18 to provide integrated, comprehensive services and supports to 125 – 175 low-income families enrolled in evidence-based home visiting programs. This request annualizes to \$933,099 total funds including \$518,441 General Fund and \$414,658 federal funds in FY 2018-19 and beyond.
- To coordinate the high level of collaboration between various partners necessary to successfully implement this program and provide seamless programming to families, 0.9 FTE is also requested, which annualizes to 1.0 FTE in FY 2018-19 and beyond.

Current Program

- Families experiencing poverty with young children are enrolled in voluntary evidence-based home visiting programs designed to support caregiver well-being and provide mentoring and guidance around parenting and healthy social-emotional and physical development of their children.
- Services include screening and referrals for parental depression, child development and other community resources.

Problem or Opportunity

- Poverty is a significant source of stress for families and a barrier to effectively using resources and supports to improve their own and their children’s trajectories through life.
- Research shows families in poverty are more likely to be successful in programs that use a Two-Generation (2Gen) approach which address needs of vulnerable children and their parents together.
- Two Generations Reaching Opportunity (2GRO) will help families move out of poverty and support healthy child development by integrating services such as home visiting, postsecondary and employment pathways, financial literacy, behavioral health, transportation, child care and basic needs support.

Consequences of Problem

- Without funding for integrated services, families will continue to struggle with multiple barriers to health and well-being associated with poverty and poorly coordinated services to address those barriers.

Proposed Solution

- The Department requests \$695,268 total funds and 0.9 FTE in FY 2017-18 for the purpose of implementing 2GRO to support families moving out of poverty and healthy child development.
- CDHS will partner with the Departments of Education; Higher Education; Labor and Employment; the Small Business Administration; and the Colorado Department of Health Care Policy and Financing, to resolve challenges, coordinate services and eliminate system barriers for families.
- Local barriers will be identified through a community assessment and development of plans to address barriers to engage early childhood home visiting clients in education, workforce, child care, financial literacy and basic needs supports provided through multiple systems.
- An evaluation will track and analyze child and family outcomes to determine the impact and inform future implementations.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request / November 1, 2016

Department Priority: R-12
Request Detail: Two Generations Reaching Opportunity (2GRO)

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Federal Funds	FTE
Two Generations Reaching Opportunity (2GRO)	\$695,268	\$385,894	\$309,374	0.9

Problem or Opportunity:

The Department of Human Services requests \$695,268 total funds, including \$385,894 General Fund, \$309,374 federal Temporary Assistance for Needy Families (TANF) Funds, and 0.9 FTE to provide integrated, comprehensive services and supports to low-income families enrolled in evidence-based home visiting programs in accordance with evidence-based practices of the Two Generation approach and the Annie E. Casey Foundation (AECF) Centers for Working Families® (CWF) framework. Additionally, this initiative will build on the recently funded United States Department Of Labor (USDOL) Strengthening Working Families grant and a pending federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) Innovation grant from the U.S. Department of Health and Human Services. TANF funds will be used on an ongoing basis to supplement the State's investment and fully cover costs. The Department is requesting 0.9 FTE to coordinate the high level of collaboration between various partners necessary to successfully implement this program and provide seamless programming to families.

Poverty is both a significant source of stress for families and a significant barrier to changing the trajectories of their lives and the lives of their children. Programs designed to support children and families living in poverty exist within the Department and across partner agencies. However, services are rarely integrated together to provide an accessible, coordinated, holistic package to work with children and their parents simultaneously to achieve positive outcomes for both. The Department, in partnership with the Colorado Departments of Education, Higher Education, Labor and Employment, Health Care Policy and Financing and Small Business Association, proposes a two-generation initiative designed to address the needs of children and their families together to harness the family's full potential, start a cycle of opportunity, and put the entire family on a path to educational success and permanent economic security.

Despite the array of programs dedicated to combating poverty (such as GED services, Pell grants, workforce services, Colorado Works and other public assistance, home visiting, family support programs, and subsidized child care), Colorado has 190,000 children living in poverty (defined as a family of 4 living

on less than \$23,850 annually).¹ Moreover, many families living above the poverty line are food and housing insecure. A 2014 U.S. Department of Labor (USDOL) evaluation report, *What Works in Job Training: A Synthesis of the Evidence*, stated “Lower-skilled individuals and those with multiple barriers to employment benefit from coordinated strategies across systems, and flexible, innovative training strategies that integrate the education, training, and support services they need to prepare for and succeed in the workplace.”²

This initiative, titled 2GRO, builds upon a foundation of evidence-based early childhood home visiting and is strongly rooted in complementary, evidence-based models of success. These include the Two-Generation approach (2Gen) and Center for Working Families (CWF) framework, both of which recognize the value of integrating services to help low-income families navigate fragmented systems to obtain critically needed work-support services and benefits. Early evidence from CWF shows that programs and policies are most effective when the integrated services include three types of programs: quality education, economic supports, and social capital. “Clients who receive bundled services are three to four times more likely to achieve a major economic outcome (such as staying employed, earning a vocational certification or associate’s degree or buying a car) than clients receiving only one type of service.”³ Additionally, research shows that for every dollar invested in adult education (primarily GED programs), a community sees a \$60 return in decreased welfare costs, tax revenue, and economic activity.⁴

2GRO will provide:

- home visiting based on best practices in child development and support for parents;
- quality education for both the caregiver (e.g. GED attainment, higher education, vocational training) and the child (e.g. high-quality child care, school readiness);
- economic supports that connect families to affordable housing, transportation, health insurance, utility assistance, food assistance (Supplemental Nutrition Assistance Program and Women, Infants and Children), cash assistance (Colorado Works), employment services (Colorado Works and workforce programs), and other programs that build family assets and financial literacy; and
- social capital that uses peer support, family, neighbors, faith-based organizations, or other communities to support strong parent-child relationships, build family skills and promote parent engagement in early childhood.

The 2GRO project will select service areas via a statewide competitive grant process. A total of \$1,307,627 will be distributed across awardees over a two-year period (see Attachment A: 2 Generations Reaching Opportunity (2GRO) 2 Year Budget). Counties or regions around the State may apply for the project, and competitive proposals will demonstrate both high-risk indicators and the infrastructure for successful collaboration. The number of families to be served will be dependent on the outcomes of the competitive grant process, but is expected to be between 125 and 175 families per year. Families will be identified for participation in the project by home visiting staff, who will share with families information about the project and determine, collaboratively, the family’s project fit and readiness for success. The project will provide intensive wraparound supports for these families, so that they can enroll in education and job

¹ Colorado Children's Campaign, (2015). *2016 Kids Count in Colorado*. Retrieved from <http://www.coloradokids.org/data/kidscount/2016kidscount/>

² U.S. Department of Labor, U.S. Department of Commerce, U.S Department of Education, and U.S. Department of Health and Human Services,. (2014). *What Works in Job Training: A Synthesis of the Evidence*. Retrieved from <http://www.dol.gov/asp/evaluation/jdt/jdt.pdf>

³ United Way, *Achieving Financial Stability for individuals and families through integrated service delivery: Highlights from the United Way system*. Retrieved from <http://www.ctvoices.org/sites/default/files/files/UWIntegratedSvcDelivery110713>.

⁴ COABE, Retrieved from: <http://www.coabe.org/adult-education-is-needed-now/>

training and find employment that includes a livable wage and career path. The high short-term cost of supporting these families as they obtain education and employment is expected to result in a reduction in future public assistance costs. The infrastructure must have established partnerships that will embrace a Collective Impact approach. Collective Impact is a “framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.”⁵ The area of social change targeted by 2GRO is moving families in poverty through education and employment. This challenge calls for multiple organizations to join efforts around a common agenda. For counties or regions applying for the competitive 2GRO project, the required partners will include a strong early childhood council, a community college, a family resource center, workforce services, a financial literacy organization, and a continuum of evidence-based home visiting programs administered by the Department. Collective Impact utilizes mutually reinforcing activities which will draw upon the expertise of each partner to support families toward the common goal, such as child care options to provide high-quality care while the parent is in school, transportation to help the parent get to school, and public assistance or educational experiences that are tailored to the high-risk population. Each key partner will lend expertise to support client success.

For the long-term success of 2GRO, it is vital to have local business and community investment in the implementation process. A community/ communities will be selected via a competitive Request for Proposal (RFP) process, and RFP scoring will include points for the involvement of business and investment of the business and community sectors.

Below are recommended strategies that will be scored highly if included in the RFP:

- Community Colleges commit to discounted tuition rates for 2GRO students after applying for the federal Pell Grant. For example, if a student’s tuition for a short-term certificate is \$6,800 and a student is eligible for a Pell Grant of \$5,818, then the Community College will write off or self-fund a percent of the remaining tuition. This discount will demonstrate the college’s commitment to offset costs for 2GRO students as part of their investment in the 2GRO grant.
- Banks in the community will agree to participate in 2GRO by taking on some of the work related to financial literacy training for families, as well as offering participants support to open an account with little to no fees.
- Local businesses will agree to paid internships for qualified 2GRO graduates. For example, a health clinic will offer a paid internship to a 2GRO student who completes the Medical Assistant Certificate.

In addition to detailing community factors that will lay the foundation for Collective Impact, the competitive proposals for 2GRO must also demonstrate the high-risk indicators in their communities that illustrate the need for this project. Indicators will include those with a health and well-being focus such as teen birth rate, low birth weight births, uninsured children, children in poverty, births to women without a high school diploma, high school dropout rate, and parental employment. These indicators are reflected in the Colorado Child Well-Being Index in Kids Count, “Children need many things to grow up healthy, safe and well-educated, so it is important to look at multiple factors when assessing child well-being.”

Combining the CWF framework and 2Gen approach with evidence-based home visiting and Collective Impact, the 2GRO initiative provides a unique, replicable approach to serving vulnerable families. It will

⁵ Kania, J., & Kramer, M. (n.d.) The Collective Impact Framework. Retrieved from <http://www.collaborationforimpact.com/collective-impact/>

build on the Department's goals to leverage partnerships to serve families better, and lessons learned from the recently funded Strengthening Working Families Grant in Denver and a similar initiative pending federal MIECHV funding in the San Luis Valley. This initiative will also leverage and support the Department's ongoing efforts to restructure Colorado Works as an employment-focused program that is built on pillars of success, including critical components of CFW, 2Gen, and home visiting models, individualized full-family case planning and coaching, and an emphasis on strong community partnerships.

Proposed Solution:

The Department of Human Services requests \$695,268 total funds, including \$385,894 General Fund, \$309,374 federal Temporary Assistance for Needy Families (TANF) Funds, and 0.9 FTE to provide integrated, comprehensive services and supports to low-income families enrolled in evidence-based home visiting programs in accordance with evidence-based practices of the Two Generation approach and the Annie E. Casey Foundation (AECF) Centers for Working Families® (CWF) framework. TANF funds will be used to supplement the State's investment to fully cover costs. The Department expects to receive an additional \$48,210 in in-kind community contributions from local partners, including business and banks. The 2GRO Program Manager will apply for funding from at least two banks using the Community Reinvestment Act (CRA), which requires banks to invest funds in their communities. Awards under the CRA are often limited to \$5,000 or less, so after applying for two awards, the implementation team will evaluate if this is a cost effective strategy for the current grant and future expansion. The Program Manager, in conjunction with the community selected, will also meet with established businesses in the project area, such as Walmart or Comcast, to discuss partnerships and request sponsorships. The Department is requesting 0.9 FTE to coordinate the high level of collaboration between various partners necessary to successfully implement this program and provide seamless programming to families.

2GRO is designed to empower families to move out of poverty by coordinating strategies and services across systems to effectively increase the impact of any one service. 2GRO will connect participants in evidence-based home visiting programs with educational and training opportunities, workforce services, financial literacy, transportation, high-quality child care, behavioral health, and support for basic needs to help families become economically stable and reach their potential. The use of a Collective Impact approach will ensure community partners collaborate and integrate services together to both drive social change and support individual transformation. This high level of coordination at the state level and problem-solving across community partners will help the selected communities reach common goals of parent success in school, securing and maintaining employment that provides a livable wage, high-quality child care for children, and home visiting to support the health and well-being of the family. The cross-sector collaboration will connect funding streams, while the flexibility will allow services to address identified needs that are currently unfunded and assist families that have needs but do not meet specific eligibility requirements.

Implementation of 2GRO will begin with a community assessment guided by key partners to identify barriers specific to the awarded counties. Common barriers for families living in poverty include the cost associated with taking the GED or high school equivalency tests, transportation, availability of subsidized child care, education costs exceeding Pell Grant limits, the cost of required tools necessary to obtain employment, emergency medical expenses, car repairs, housing, caring for sick families members, self-sabotage while managing change and sabotage by family members. As families take positive steps toward school and work, the stress of change must also be navigated. 2GRO funds will cover costs associated with GED testing, transportation, tuition and fees exceeding Pell Grant limits, tools or supplies necessary to

obtain employment, gap coverage for child care, as well as other areas community partners identify as major barriers that keep low-income parents from enrolling in school and job training programs.

Currently, home visiting programs provide advocacy and support to increase Protective Factors⁶ (Parental Resilience, Social Connections, Concrete Supports, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children) and reduce risk factors through mentoring, education, parenting. While home visiting focuses on child and family well-being, other key partners from Colorado Works, community colleges, and regional workforce centers will step in to support families in accessing higher education, job training, and job placement. Early childhood councils, child care assistance programs, behavioral health partners, financial literacy services and crisis assistance agencies will provide subsidized child care, address financial challenges and the cliff effect, provide behavioral health supports, and provide financial support for basic needs that can typically derail a family during a time of positive change. Integrating best practices from evidence-based home visiting, the Centers for Working Families® (CWF), and 2Gen allows Colorado to innovate and develop a community of practice to share resources, successes, materials, and address challenges together. This project design is replicable and incorporates a process to identify individual community context, allowing interventions to be designed to address barriers specific to a target population or community.

As detailed in the Assumptions and Calculations section, the request will cost \$695,268 total funds, including \$385,894 General Fund, \$309,374 federal Temporary Assistance for Needy Families (TANF) Funds, and 0.9 FTE for implementation. The Department expects to receive additional \$48,210 in community investments from local partners, including business and banks. The FTE is necessary to coordinate the high level of collaboration between various partners necessary to successfully implement this program and provide seamless programming to families. The request is ongoing, the support from TANF will be ongoing, and this request does not affect other departments' budgets, and does not require a statutory change.

If this initiative is not funded, families and communities will continue to struggle with multiple challenges associated with poverty that impact the wellbeing of parents and their children. Children of parents with low literacy skills have a 72% chance of being at the lowest reading levels themselves. These children are more likely to get poor grades, display behavioral problems, have high absentee rates, repeat school years, or drop out.⁷ There is ample evidence that a highly integrated, collaborative approach to service delivery has the potential to transform lives and practice. This initiative will position the Department as a national leader in implementing strategies that harness the inherent strengths of evidence-based home visiting, Centers for Working Families® model, Two-Generation, and Collective Impact approaches to help families emerge from poverty and reach their potentials.

Anticipated Outcomes:

An evaluation will be conducted to assess the impact of combining home visiting with purposeful, coordinated connections to education, job training and placement, financial literacy, and child care to improve outcomes for children and adults, as well as for the family. Program evaluation will rely heavily

⁶ Strengthening Families. Center for the Study of Social Policy. Retrieved 14 July 2016, from <http://www.cssp.org/reform/strengtheningfamilies>

⁷ Pro Literacy, National Adult Education and Family Literacy Week Toolkit 2016. Retrieved from: https://www.proliteracy.org/Portals/0/pdf/ProLiteracy_AEFLWeek_Toolkit_2016.pdf

upon quantitative data collected on program participants. The main goals of the evaluation are to develop knowledge about the 2GRO project and how it influences client outcomes in the areas of educational attainment, job skills and acquisition, and financial literacy. The high-level evaluation questions are:

1. What type of progress did 2GRO enrollees make toward educational attainment?
2. How many 2GRO enrollees acquired employment and sustained employment for more than 90 days after completing the program?
3. What was the starting wage for those who completed a certificate program?
4. Did 2GRO enrollees increase their financial capacities, e.g. utilizing a budget, setting financial goals, accruing savings and emergency funds, avoiding late fee penalties?
5. Did 2GRO participants feel satisfied that their children received high-quality early care and learning services?

A quantitative, quasi-experimental design will be used to answer evaluation questions 1-4 and attribute client socioeconomic outcomes to 2GRO. Quasi-experimental designs are considered to be the most appropriate to assess causality when a random assignment into groups is not feasible or ethical⁸. Furthermore, if a quasi-experimental design has a comparison group, it increases the evidence that the outcome differences are attributable to the intervention.⁹ Quasi-experimental designs fall just below randomized control trials in the research hierarchy pyramid, so they are among the top methods to assess causality.

Outcome data for 2GRO participants will be compared to home visiting enrollees at one or more neighboring sites who do not participate in 2GRO (i.e. the comparison group).

For those families cross-enrolled with Colorado Works, program outcomes will be tracked for work participation, family stabilization, and other outcomes monitored through the TANF program. Similarly, benchmark measures for child and family outcomes required by the MIECHV program will be tracked. Additional investigation will focus on quantitative and qualitative outcomes that impact implementation, and will be based on data collected from home visitors. The evaluation of 2GRO will unearth barriers faced by families living in poverty who are pursuing higher education and employment. The identification of these barriers will inform policy to mitigate the challenges statewide.

This initiative directly supports the Department's mission of collaborating with its state-level partners to deliver high-quality services to improve the safety, independence, and well-being of the people of Colorado. It directly impacts the Department's goals of achieving economic security through meaningful work and preparing for educational success throughout their lives, by streamlining processes and systems for families to pursue education and employment opportunities and removing barriers for low-income families to return to school.

Assumptions and Calculations:

Attachment A: 2 Generations Reaching Opportunity (2GRO) 2 Year Budget provides a breakdown of the services and costs included in the Department's request over 2 years, FY 2017-18 and FY 2018-19.

⁸ Ho, M.P., Peterson, P. N., & Masoudi, F. A. (2008). Evaluating the evidence: Is there a rigid hierarchy? *Journal of the American Heart Association*, 118, 1675-1684.

⁹ Topitzes, J., Godes, O., Mersky, J., Ceglarek, S., & Reynolds, A. (2009). Educational success and adult health: Findings from the Chicago Longitudinal Study. *Prevention Science*, 10, 175-195.

Table 1 illustrates the Long Bill appropriation and requested funding for FY 2017-18 and beyond.

New Line Item: Two Generations Reaching Opportunity (2GRO)	FTE	Total Funds	General Fund	Federal Funds	Notes
FY 2016-17 Long Bill Appropriation	0.0	\$0	\$0	\$0	
FY 2017-18 Requested Funding	0.9	\$695,268	\$385,894	\$309,374	
Staffing Cost FY 2017-18 (Salary, PERA & Medicare)	0.9	\$61,437	\$61,437	\$0	See Attachment A row 4: 2GRO Program Manager
EDO Cost FY 2017-18 (HLD, AED, SAED & STD)	0.9	\$13,538	\$13,538	\$0	
Remaining Funding: Cost of Services FY 2017-18	n/a	\$620,293	\$310,919	\$309,374	
FY 2018-19 & Beyond Requested Funding	1.0	\$933,099	\$518,441	\$414,658	
Staffing Cost FY 2018-19 & Beyond (Salary, PERA & Medicare)	1.0	\$67,027	\$67,027	\$0	
EDO Cost FY 2018-19 & Beyond (HLD, AED, SAED & STD)	1.0	\$14,047	\$14,047	\$0	
Remaining Funding: Cost of Services FY 2018-19 & Beyond	n/a	\$852,025	\$437,367	\$414,658	

Table 2: 2GRO Timeline shows the grant timeline and the quarter in which each activity is to be completed.

Table 2: 2Gro Timeline								
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
Activity	Jul - Sept 2017	Oct - Dec 2017	Jan - Mar 2018	Apr - June 2018	Jul -Sept 2018	Oct - Dec 2018	Jan - Mar 2018	Apr - June 2018
Request For Proposal Posted	X							
Project Community Selected	X							
Program Manager Hired	X							
Contract Start Dates		X						
Implementation Team Formed and Trained on Collective Impact & Mutual Goals		X						
Client Recruitment		X	X	X	X	X	X	X
Integrated Education, Workforce, Financial Literacy, and High Quality Early Care Services			X	X	X	X	X	X
Evaluation						X	X	X

Table 3: Comparison Between Current Home Visiting Services and Augmented Program with 2 Generation Economic Security and High Quality Child Care comparing current home visiting program elements with the elements that will be included in the 2GRO Project.

Table 3: Comparison Between Current Home Visiting Services and Augmented Program with 2 Generation Economic Security and High Quality Child Care

Services Provided by a Trained Professional	Current Home Visiting Services	Home Visiting Augmented With 2 Generation Economic Security & High Quality Child Care Supports
Regular visits with families to assess needs and support families create and activate plans to address needs	X	X
Education and modeling healthy parent child relationships and how parents can facilitate healthy child development	X	X
Education and support around parent and child health, including healthy pregnancy, well child visits, information about tobacco, drugs, alcohol, infant and child safety, etc.	X	X
Provision of parent tips and techniques on a wide variety of topics including newborn care, comforting a fussy baby, self care, safe sleep, breastfeeding and infant and child nutrition, facilitating naps and bedtime, etc.	X	X
Providing information on developmentally appropriate behaviors based on a child's age and ability	X	X
Early learning activities, songs, and games for parents to play with their children	X	X
Ages and Stages Questionnaires to screen for developmental delays and connection to evaluation and services for positive screens	X	X
Screening for parental depression and connection to support and resources for positive screens	X	X
Domestic violence screening and connection to support and resources for positive screens	X	X
Family goal setting, including encouraging parents to stay in school, obtain GED, job training, post secondary, etc.	X	X
*Building community and support systems with other parents via Parent Connection Groups	X	X
Connection and assisting in enrolling in community resources such as TANF, SNAP, WIC, LEAP, food banks, Medicaid, tax prep assistance, CCCAP, etc.	X	X
Connection / warm hand off to GED Services & community colleges		X
Assessments of parents interests and capacity to pair parents with appropriate education opportunities		X
Assistance enrolling in educational opportunities		X
Support for parents engaging education and workforce services		X
Funding to enroll in GED / community colleges without debt		X
Assistance navigating CCCAP and Early Care and Learning Centers to enroll children in high quality child care that facilitates parents ability to engage in education, workforce services, or employment		X
Assistance with transportation enabling parents to get children to care and parents to education and employment		X
Financial literacy coaching to ensure families have a plan for covering housing, food, and transportation while returning to school and to begin planning for cliff effect		X
Behavioral health supports around returning to school, balancing family and education or work, and mitigating the effects of non-supportive or sabotaging family and friends		X
Funding for emergency needs such as car repair, rental deposits, and other items that frequently cause students to quit educational programs		X
Workforce supports including practice interviewing, resume writing, connection with employers, etc.		X
Funding for supplies, uniforms, tools necessary to complete school and gain employment		X
Notes		
* Not all home visiting models utilize Parent Connection Groups		

FTE Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.

Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
Project Manager 1	\$5,005	0.9	\$55,051	1.0	\$60,060
PERA			\$5,588		\$6,096
AED			\$2,753		\$3,003
SAED			\$2,753		\$3,003
Medicare			\$798		\$871
STD			\$105		\$114
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, ## FTE		0.9	\$74,975	1.0	\$81,074
Classification Title	Monthly	FTE		FTE	
			\$0		\$0
PERA			\$0		\$0
AED			\$0		\$0
SAED			\$0		\$0
Medicare			\$0		\$0
STD			\$0		\$0
Health-Life-Dental			\$0		\$0
Subtotal Position 2, ## FTE		-	\$0	-	\$0
Subtotal Personal Services		0.9	\$74,975	1.0	\$81,074
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	1.0	\$500	1.0	\$500
Telephone Expenses	\$450	1.0	\$450	1.0	\$450
PC, One-Time	\$1,230	1.0	\$1,230	-	
Office Furniture, One-Time	\$3,473	1.0	\$3,473	-	
Other					
Other					
Other					
Other					
Subtotal Operating Expenses			\$5,653		\$950
TOTAL REQUEST		0.9	\$80,628	1.0	\$82,024

Attachment A: 2 Generations Reaching Opportunity (2GRO) Two Year Budget

Narrative Addressing Need, Current Barriers & Plan	Description of Line Item	Year 1 (July 2017 - June 2018) Costs (\$) Services Provided to 75 Families					Year 2 (July 2018 - June 2019) Costs (\$) to 100 Families					Services Provided
		TANF Request	General Fund Request	Total Year 1 Request	Private Funding/ Business / In Kind Contributions	Total Year 1 Operating Budget (includes local partners' in-kind contributions)	TANF Request	General Fund Request	Total Year 2 Request	Private Funding/ Business / In Kind Contributions	Total Year 2 Operating Budget (includes local partners' in-kind contributions)	
Providing families wrap around services that include home visiting, GED education and testing, community college, high quality early care and learning, work force services and financial literacy and planning is an innovative concept that will require coordination, support, problem solving, and accountability. A program manager will provide state level guidance, collaborate with similar programs to share lessons learned, manage contracts and timelines, ensure data reporting integrity, and champion expansion if the program is successful.	2GRO Program Manager .9 FTE in year 1 and 1 FTE in year 2. Salary \$5,005 per month, fringe 36%.		74,975	74,975		74,975		81,074	81,074		81,074	
OEC contracts and fiscal staff will provide assistance with the RFP requirements, the selection process, and contracting and payments to vendors. Costs allocated for fiscal and contracts for other awards equal 44% of the home visiting program salary.	Various OEC contract and fiscal staff		33,057	33,057		33,057		35,754	35,754		35,754	
Division of Community and Family Support (DCFS) costs are allocated based on the number of program staff employed by DCFS. DCFS costs are estimated at 22.6% of program salary costs.	DCFS Pooled Costs		16,932	16,932		16,932		18,323	18,323		18,323	
Office of Early Childhood support costs are allocated based on the number of program staff employed the OEC. OEC costs are estimated at 22.6% of program salary costs.	OEC Pooled Costs		16,933	16,933		16,933		18,323	18,323		18,323	
Subtotal Personnel		-	141,897	141,897	-	141,897	-	153,474	153,474	-	153,474	
The FTE Calculation sheet makes assumptions regarding the hiring of new staff and costs related to operating expenses that are driven by new staff. This item is based on the FTE calculation sheet.	Telephone, PC, Office Furniture per FTE Calculation Assumptions		5,653	5,653		5,653		950	950		950	
Travel to implementing Agency Site. Because this is a new concept, engaging many partners, and a very complex social issue to resolve, we anticipate that the MIECHV program manager would travel to the site several times (especially in year 1). Assume 12 trips in year 1 (hotel = \$90, per diem = \$55 * 2 days, motor pool or mileage = \$130 - this may be high or low depending on the community chosen).	Travel to Implementing Site 12 trips in year 1; 6 trips in year 2.		3,960	3,960		3,960		-	1,980		1,980	
Travel to learn about similar projects in other states and to conferences, meetings, etc. promoting the project in CO and nationally. If this program appears to be successful in year 1, we expect several opportunities to showcase this work in CO and nationally.	Assume 2 trips per year. Assume airfare \$500, rental car; ground transport \$90; hotel \$100 * 2 days, per diem = 60 * 2 days)=		1,820	1,820		1,820		-	2,730		2,730	
The state will pay for monthly Collective Impact webinar fees, so that the team implementing the project can continually be informed of best practices to maximize the Implementation Team and impact.	Tamarack Institute's webinar series 1 year @ \$60 per month		720	720		720		-			-	
Marketing Materials, brochures, etc. - focus group testing, design and printing	Vendor TBD			-	5,000	5,000			-		-	
Professional Development			589	589		589		269	269	290	559	
Grantee Kickoff / Orientation / Planning / Selecting Common Data Elements/ Drafting Communication Protocol: 3 days @ \$500 / day			1,500	1,500		1,500			-		-	
Subtotal Operating		-	14,242	14,242	5,000	19,242	-	1,219	1,219	5,000	6,219	

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Narrative Addressing Need, Current Barriers & Plan	Description of Line Item	Year 1 (July 2017 - June 2018) Costs (\$) Services Provided to 75 Families					Year 2 (July 2018 - June 2019) Costs (\$) to 100 Families					Services Provided Total Year 2 Operating Budget (includes local partners' in-kind contributions)
		TANF Request	General Fund Request	Total Year 1 Request	Private Funding/ Business / In Kind Contributions	Total Year 1 Operating Budget (includes local partners' in-kind contributions)	TANF Request	General Fund Request	Total Year 2 Request	Private Funding/ Business / In Kind Contributions		
While federal funds are available for GED Prep programs, families currently must pay for the cost of GED testing. This cost is \$150. The Department assumes 33% of families need GED services. In FY 2014-15, there was a 23% fail rate, so the Department assumes 23% of those families will need to take the test a 2nd time.	Pay GED fees, so families can take GED test. This will likely be payable to a community college, as they are frequently GED testing sites.	4,566		4,566		4,566	6,089		6,089		6,089	
In many parts of the state, families have to travel long distances to attend GED classes, community college classes, or accept workforce services. For example, in the San Luis Valley, a family living in Sargents will have to travel 105 miles each way to get to a GED Prep, workforce, or a Certificate Program in Alamosa. Bus service does not exist so families without working cars often can not attend GED classes, workforce training courses, college certificate program courses. Even for families with cars, the cost of fuel to get to classes or job prep can be a barrier to attending. Partners tell us that most families can find a way to get to class (they may pay friends or family) if they can be reimbursed for mileage.	Assume the average family gets services for 6 months, the average commute is 25 miles each way, the average family commutes for class 3 days per week, and families are reimbursed at 50 cents per mile. This will likely be paid to a community college that will be responsible for tracking attendance and mileage reimbursement.	146,250		146,250		146,250	195,000		195,000		195,000	
Federal Pell grants provide funds of up to \$5,818 per year per eligible student. A 30 week certificate program in automotive technology at a CO Community College has a 97% completion rate and a 100% placement rate. However, the cost of the program including tuition and supplies is \$8,065, which is \$2,247 more than federal Pell grant availability. The cost of most programs slightly exceeds Pell grant maximums, and so due to the \$1,000 to \$2,500 cost differential, many families choose not to go back to school. This program will help families cover tuition, as that investment can move them out of poverty and into a job with a living wage.	Assume 66% of families enroll in certificate programs (50 families in FY 2017-18 and 66 families in FY 2018-19) and the average amount of tuition subsidy needed for each family is \$2,158.7 in FY 2017-18 and \$2,179 in FY 2018-19. This will be payable to the Community College.	69,122	38,813	107,935		107,935	92,077	51,737	143,814		143,814	
An individual with leadership and problem solving skills will be needed to oversee this program. This person would ensure that all agencies are working toward the same goals and data measures per the collective impact framework evidence base. This person will help create family centered, policies, practices, and information flow. For example, instead of doing intake at each agency, home visiting agency, GED prep program, community college, financial literacy, child care, this person will find a streamlined way to get authorization to share information, so that families are not unnecessarily burdened. This person will lead monthly implementation team meetings of local partners to work out kinks in practice and improve services, manage the data collection process, provide monthly reporting to partners and CDHS, and create relationships with local employers and businesses.	Local Program Manager (this person will be .75 FTE in year 1 and .1 FTE in year 2). This person may reside at the Community College, an entity that hosts a home visiting program, a community resource center, etc. Assume salary of \$55K in year 1 and \$57K in year 2, fringe of 25%, and 10% indirect for hosting agency.		51,563	51,563	5,156	56,719		71,250	71,250	7,125	78,375	

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		TANF Request	General Fund Request	Total Year 1 Request	Private Funding/ Business / In Kind Contributions	Total Year 1 Operating Budget (includes local partners' in-kind contributions)	TANF Request	General Fund Request	Total Year 2 Request	Private Funding/ Business / In Kind Contributions	Total Year 2 Operating Budget (includes local partners' in-kind contributions)	
Prior to families enrolling in school, we will require them to meet with a financial coach to look at their short term situation and ensure that by reducing hours at their job in order to go to school, they will not be setting their family up for severe financial hardship that is likely to lead to homelessness. Families will continue to get financial coaching at particular milestones, so that they can make informed decision about how to plan for employment and the cliff effect, where benefits such as subsidized child care may be lost or phased out.	Financial (.3FTE in year 1 and .5 FTE in year 2). Assume salary of \$40K, 25% fringe benefit, & 10% indirect rate. This person may reside at a home visiting site or the community college, or this service may be provided in-kind at a local bank.		6,500	6,500	10,000	16,500		17,500	17,500	10,000	27,500	
Computers, supplies, phone, etc. for Program Manager and Financial Navigator			7,806	7,806		7,806		5,000	5,000		5,000	
Home Visiting Supervisors will need to understand this program so that they can provide guidance to home visitors, collect data, attend meetings, etc. This assumes the community has 3 home visiting programs and provides funding for .1 FTE for each supervisor.	.3 FTE (.1 FTE for 3 Home Visiting Supervisors) (Assume salary of 60K, fringe of 20%)			-	21,600	21,600			-	21,600	21,600	
Home Visitors and staff from implementing agencies will need to attend two days of training around the program, data collection, and recruiting and vetting parents for ability to succeed. Assume 40 people trained for 2 days. This includes renting space, food supplies, A/V equipment, lunch, coffee, etc.	Training for data collection		3,000	3,000		3,000		3,000	3,000		3,000	
A data collection system will need to be created and maintained. Since there will be multiple agencies collecting data, a web based system is preferable.	Creation of data system, including ability to run reports, maintenance, data quality check to occur in year 2, data aggregation for evaluation.		5,000	5,000		5,000		1,250	1,250		1,250	
Cost of gathering comparison data for evaluation. This includes two contacts with up to 100 home visiting families (at beginning of year 2 and at end of year 2) in neighboring communities, creation of surveys to collect data, travel to comparison family homes, and a \$20 incentive gift card to families for participating and sharing potentially sensitive information about education and employment.	Costs of comparison data collection (mainly survey creation and vetting, travel, and incentives to comparison families).		2,500	2,500		2,500		10,425	10,425		10,425	
Implementation Team Meetings with local partners - this includes printing, supplies, conference call line, etc.	Meeting expense		1,200	1,200		1,200		1,200	1,200		1,200	
Travel for program manager and implementation team partners. Financial Navigators will travel to homes of most clients two times utilizing approximately \$2,500 of this budget in year 1 and \$3,750 of the budget in year 2.	Travel - assume year 1 of 1000 miles per month at .50 per mile and 4 trips to Denver at \$500 per trip. Assume increase in year 2 due to increase in client load.		8,000	8,000		8,000		11,750	11,750		11,750	

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Narrative Addressing Need, Current Barriers & Plan	Description of Line Item	Year 1 (July 2017 - June 2018) Costs (\$) Services Provided to 75 Families					Year 2 (July 2018 - June 2019) Costs (\$) to 100 Families					Services Provided
		TANF Request	General Fund Request	Total Year 1 Request	Private Funding/ Business / In Kind Contributions	Total Year 1 Operating Budget (includes local partners' in-kind contributions)	TANF Request	General Fund Request	Total Year 2 Request	Private Funding/ Business / In Kind Contributions	Total Year 2 Operating Budget (includes local partners' in-kind contributions)	
Many families who will be able to pursue education and workforce services under this grant will be one emergency away from needing to drop out. An expensive car repair, having to move and pay an additional rent down payment, purchasing medicine, and getting sick and being unable to earn income for a week are among the reasons students drop out. Students should not have to stop attending school because of a flat tire or other low-cost fixable item. Programs that help prevent homelessness frequently have programs to assist families to stay in their homes by covering small costs such as car tags, tires, medicine, a rental deposit, etc. Many of these programs have agreements with local mechanics to get discounted services for families with high need. This line item helps prevent students from dropping out because they have to take another job to pay for a relatively inexpensive, but necessary, item.	Resource bank for emergency needs: rent deposit, car repair, emergency medical, etc. Assume half of clients will utilize this and the cost will be \$500 per family.		16,500	16,500		16,500		25,000	25,000		25,000	
Community colleges and home visitors report that when individuals come from backgrounds with deep intergenerational poverty, there are instances when loved ones sabotage individuals who are trying to gain education and escape poverty. This funding will support weekly group meetings at community colleges where these students, many first generation college students, can discuss and process their experiences, support each other, and gain a sense of community.	Community Mental Health to sit on implementation team and provide regular group sessions at the community college. (.1 FTE of staff member with salary of \$57,150 and fringe of 11,430 in year 1 with increase in year 2 due to increased group support due to caseload increase.)		6,858	6,858		6,858		9,031	9,031		9,031	
High quality child care is a core component of this program, as parents can not access education, workforce training, or employment if they are unable to find care for their children. This program provides funding for 20 children whose families are otherwise unable to access the Colorado Child Care Assistance Program (CCCAP).	The local Early Childhood Council would help families find child care and pay child care centers for families who cannot otherwise access CCCAP. Assume 20 children, 6 months of care @ \$451 / month in year 1 and 27 children in year 2. The ECC would retain an extra 10% for their work placing families and paying child care centers if CCCAP is not available.		59,550	59,550		59,550		79,400	79,400		79,400	
Workforce centers will partner with this program to provide job training, soft skills training, interviewing skills and practice, resume writing etc. When necessary, the workforce centers will help clients with transportation, uniforms, tools necessary to start a job, work boots, and other costs of getting or starting a job. Most of these services are funded under the workforce center or WIOA, but the workforce centers can only provide a maximum individual benefit per client of \$500. For clients in rural areas, the \$500 is generally utilized by transportation and thus, clients are ineligible to get assistance with uniforms, tools, etc.	The Workforce Center will get an additional allocation of \$500 for the direct needs of families they help with job placement (65 families in FY 2017-18 & 100 families in FY 2018-19). Additionally, this will fund .2 FTE of a Workforce Center staff member (salary \$51,703 and fringe of 25%, 10% indirect), so that a workforce team member can serve on the implementation team and manage client fiscal records, expenses, etc. Agency will get a 10% indirect allocation.	42,925	2,525	45,450	5,050	50,500	59,415	3,605	63,020	6,990	70,010	

Attachment A: 2 Generations Reaching Opportunity (2GRO) Two Year Budget

Narrative Addressing Need, Current Barriers & Plan	Description of Line Item	Year 1 (July 2017 - June 2018) Costs (\$) Services Provided to 75 Families					Year 2 (July 2018 - June 2019) Costs (\$) to 100 Families				Services Provided
		TANF Request	General Fund Request	Total Year 1 Request	Private Funding/ Business / In Kind Contributions	Total Year 1 Operating Budget (includes local partners' in-kind contributions)	TANF Request	General Fund Request	Total Year 2 Request	Private Funding/ Business / In Kind Contributions	Total Year 2 Operating Budget (includes local partners' in-kind contributions)
The Collective Impact Approach is an evidence based approach to solve deeply entrenched and complex social problems where the success of the whole is dependent on the actions of several different organizations. Collective Impact requires partners agree on a common agenda, common progress measures, mutually reinforcing activities, consistent communication, and a backbone organization to support the process.	Civic Canopy will provide Collective Impact training and facilitate conversations to agree on common agenda and progress measures. This includes travel to the community and 2 days of training and facilitation.		5,500	5,500		5,500			-		-
A financial literacy Train the Trainer course will be created to train caseworkers and others who work with families on how to provide financial coaching. Direct services will be provided to families with specialized needs such as foreclosure and bankruptcy prevention.	The company Mpowered or other evidence-based financial literacy program will assist in this area.	37,500		37,500		37,500	50,000		50,000		50,000
Some parents, especially those who get training in child care, may want to start their own businesses, such as a home based child care center. Small Business Development Centers can help these parents with business planning and starting a small business.	Small Business Development Center		3,200	3,200		3,200		8,500	8,500		8,500
External evaluation will allow CDHS to see how this project performed and if it did indeed meet the goals and objectives of getting parents, education, and employment while providing a high quality care environment for low-income children.	External Evaluation			-		-		50,000	50,000		50,000
Subtotal Contracts		300,363	218,515	518,878	41,806	560,684	402,581	348,648	751,229	45,715	796,944
Subtotal Direct Costs		300,363	374,654	675,017	46,806	721,823	402,581	503,341	905,922	50,715	956,637
Indirect Costs	Assume 3% CDHS Indirect	9,011	11,240	20,251	1,404	21,655	12,077	15,100	27,178	1,521	28,699
Total		309,374	385,894	695,268	48,210	743,478	414,658	518,441	933,099	52,236	985,335



COLORADO
Department of Human Services

The Department prioritized decision item #13 is intentionally left blank.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-14 Substance Use Disorder Treatment at the MHIs

Dept. Approval By: Melissa Wavelet Supplemental FY 2016-17
X Change Request FY 2017-18
 OSPB Approval By: Erin N. Behr / 10/26/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$150,058,688	\$0	\$149,491,658	\$661,947	\$567,528
FTE		1,204.0	0.0	1,204.7	8.0	8.0
Total of All Line Items Impacted by Change Request	GF	\$118,949,790	\$0	\$118,382,760	\$0	\$0
	CF	\$5,937,150	\$0	\$5,937,150	\$661,947	\$567,528
	RF	\$19,598,951	\$0	\$19,598,951	\$0	\$0
	FF	\$5,572,797	\$0	\$5,572,797	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$32,736,387	\$0	\$32,736,387	\$63,418	\$63,418
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - Health, Life, And Dental	GF	\$22,142,423	\$0	\$22,142,423	\$0	\$0
	CF	\$543,180	\$0	\$543,180	\$63,418	\$63,418
	RF	\$6,909,927	\$0	\$6,909,927	\$0	\$0
	FF	\$3,140,857	\$0	\$3,140,857	\$0	\$0

Total		\$404,087	\$0	\$404,087	\$775	\$775
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - Short-Term Disability	GF	\$273,968	\$0	\$273,968	\$0	\$0
	CF	\$8,271	\$0	\$8,271	\$775	\$775
	RF	\$74,665	\$0	\$74,665	\$0	\$0
	FF	\$47,183	\$0	\$47,183	\$0	\$0

Total		\$10,526,999	\$0	\$10,526,999	\$20,384	\$20,384
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$7,138,906	\$0	\$7,138,906	\$0	\$0

Administration -	CF	\$210,806	\$0	\$210,806	\$20,384	\$20,384
Amortization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Equalization	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0
	Total	\$10,417,342	\$0	\$10,417,342	\$20,384	\$20,384
01. Executive	FTE	0.0	0.0	0.0	0.0	0.0
Director's Office, (A)	GF	\$7,064,543	\$0	\$7,064,543	\$0	\$0
General	CF	\$208,610	\$0	\$208,610	\$20,384	\$20,384
Administration - S.B.	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
06-235	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0
Supplemental						
Equalization						
Disbursement						
	Total	\$19,131,795	\$0	\$18,962,779	\$172,114	\$172,114
08. Behavioral	FTE	218.6	0.0	218.6	3.0	3.0
Health Services, (E)	GF	\$17,260,460	\$0	\$17,091,444	\$0	\$0
Mental Health	CF	\$1,845,937	\$0	\$1,845,937	\$172,114	\$172,114
Institutes, (1) Mental	RF	\$25,398	\$0	\$25,398	\$0	\$0
Health Institutes - Ft.	FF	\$0	\$0	\$0	\$0	\$0
Logan - Personal						
Services						
	Total	\$1,066,278	\$0	\$1,066,278	\$19,084	\$2,850
08. Behavioral	FTE	0.0	0.0	0.0	0.0	0.0
Health Services, (E)	GF	\$902,046	\$0	\$902,046	\$0	\$0
Mental Health	CF	\$136,753	\$0	\$136,753	\$19,084	\$2,850
Institutes, (1) Mental	RF	\$27,479	\$0	\$27,479	\$0	\$0
Health Institutes - Ft.	FF	\$0	\$0	\$0	\$0	\$0
Logan - Operating						
Expenses						
	Total	\$70,348,261	\$0	\$69,965,888	\$282,853	\$282,853
08. Behavioral	FTE	985.4	0.0	986.1	5.0	5.0
Health Services, (E)	GF	\$61,307,220	\$0	\$60,924,847	\$0	\$0
Mental Health	CF	\$2,658,908	\$0	\$2,658,908	\$282,853	\$282,853
Institutes, (2) Mental	RF	\$6,382,133	\$0	\$6,382,133	\$0	\$0
Health Institutes -	FF	\$0	\$0	\$0	\$0	\$0
Pueblo - Personal						
Services						
	Total	\$5,427,539	\$0	\$5,411,898	\$82,935	\$4,750
08. Behavioral	FTE	0.0	0.0	0.0	0.0	0.0
Health Services, (E)	GF	\$2,860,224	\$0	\$2,844,583	\$0	\$0
Mental Health	CF	\$324,685	\$0	\$324,685	\$82,935	\$4,750
Institutes, (2) Mental	RF	\$2,242,630	\$0	\$2,242,630	\$0	\$0
Health Institutes -	FF	\$0	\$0	\$0	\$0	\$0
Pueblo - Operating						
Expenses						

CF Letternote Text Revision Required: Yes No If Yes, see attached fund source detail.

(8) Office of Behavioral Health; (E) Mental Health Institutes; (1) Mental Health Institute at Fort Logan- Letternote a: Of this amount, \$2,106,107 shall be from Medicare and other sources of patient revenues and \$191,198 shall be from the Marijuana Tax Cash Fund created in Section 39-28.8-501 (1), C.R.S.

(8) Office of Behavioral Health; (E) Mental Health Institutes; (2) Mental Health Institute at Pueblo- Letternote a: Of this amount, \$3,446,300 shall be from Medicare and other sources of patient revenues and \$2,218,612 shall be from the Marijuana Tax Cash Fund created in Section 39-28.8-501 (1), C.R.S.

RF Letternote Text Revision Required? Yes No

FF Letternote Text Revision Required? Yes No

Requires Legislation? Yes No

Type of Request? Department of Human Services Prioritized Request

Interagency Approval or Related Schedule None

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Cost and FTE

- The Department requests \$661,947 cash funds from the Marijuana Tax Cash Fund (MTCF) and 8.0 FTE in FY 2017-18, and \$567,528 Marijuana Tax Cash Fund and 8.0 FTE in FY 2018-19 and beyond to provide substance use disorder treatment at the Colorado Mental Health Institutes (MHI).

Current Program

- The Colorado Mental Health Institute at Pueblo (CMHIP) operates 449 inpatient psychiatric beds, and the Colorado Mental Health Institute at Fort Logan (CMHIFL) operates 94 inpatient psychiatric beds for adults.
- Currently, CMHIFL provides one substance abuse education group per week and four Cognitive Behavioral Therapy/substance abuse groups once per week. For patients not in the Circle inpatient program, CMHIP has three counselors who serve patients found Not Guilty by Reasons of Insanity.

Problem or Opportunity

- Patients at CMHIFL often have dual diagnosis treatment needs: mental health and substance use disorder treatment. Readmission rates are affected by dual diagnosis issues, and the patient's inability to abstain from substance use creates discharge barriers. Additionally, the lack of services to support sobriety in the community can lead to rapid de-compensation and return to the Institute.
- At CMHIP, the need for substance use disorder treatment exceeds capacity. Patients who were granted community placement or conditional release and are still monitored by CMHIP also need monitoring and treatment to prevent readmission. CMHIP's outpatient treatment and monitoring team currently has no Certified Addiction Counselors on staff.
- Substance use disorder treatment is also critical in the restoration process of patients found incompetent to proceed at CMHIP, many of whom were misusing substances prior to their arrest.

Consequences of Problem

- There is a growing recognition of the importance of addressing substance use disorders in a trauma-informed care environment. Without proper substance use disorder education and treatment, many patients at the Institutes may experience recidivism, prolonged lengths of stay, and readmissions.

Proposed Solution

- The requested funding will add 8.0 Certified Addiction Counselors (CAC) to the Institutes, allowing for more treatment services provided to patients found incompetent to proceed and to civilly admitted patients, assisting in their recovery and ultimately in their ability to be discharged.
- The MHIs expect to provide treatment for 8-10 patients and four groups per each FTE, including diagnosis, intervention, education, group education and therapy, motivational interviewing, and recommendations and planning for follow-up treatment.
- This request also includes renovation of Room B201 in CMHIP Building 115 to accommodate a group therapy room, which was previously designed as a dining hall.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-14

Request Detail: Substance Use Disorder Treatment at the Mental Health Institutes

Summary of Incremental Funding Change for FY 2017-18	Total Funds	Cash Fund	FTE
Substance Use Disorder Treatment at the Mental Health Institutes	\$661,947	\$661,947	8.0

Problem or Opportunity:

The Department requests \$661,947 Marijuana Tax cash funds (MTCF) and 8.0 FTE in FY 2017-18, and \$567,528 Marijuana Tax cash funds and 8.0 FTE in FY 2018-19 and beyond to provide substance use disorder treatment at the Colorado Mental Health Institutes (MHI).

There is a growing recognition of the importance of addressing substance use disorders in a trauma-informed care environment such as the Colorado Mental Health Institute at Fort Logan (CMHIFL) and Pueblo (CMHIP). Substance use disorder treatment is also critical in the restoration process of patients found Incompetent to Proceed (ITP), many of whom were misusing substances prior to their arrest.

Colorado Mental Health Institute at Fort Logan

Patients at CMHIFL often have dual diagnosis treatment needs: mental health and substance use disorder treatment. Patient readmission rates are often affected due to dual diagnosis issues, and discharge barriers are created due to the patient's inability to abstain from substance use. Additionally, patients at the Institute are asking for more substance use education while at CMHIFL.

Currently CMHIFL provides:

- One substance abuse education group on Team One (per week).
- Cognitive Behavioral Therapy/substance abuse group for 30 minutes, once a week, per each Team (four Teams total).

Patients are requesting additional support and education around substance abuse issues. Over the past year (as of October 11, 2016), 51% of patients admitted to Fort Logan are dually diagnosed with substance abuse and mental illness. When patients with a mental illness are stabilized but are not provided with needed services to support their sobriety, it can lead to a rapid de-compensation and return to the Institute. Patients need comprehensive care that helps them recover in the Institute but supports or lends itself to recovery in the community. This request includes the additional trained staff that can help patients in the Institute start the journey to recovery, and also helps them connect with needed support in the community.

Patients often have severe substance abuse issues that affect their ability to safely transition back into the community. If they have several failed attempts at reintegration into the community, placements become hesitant about accepting them, thus creating discharge barriers. Patients who struggle with substance abuse and mental health issues often have a high readmission rate. They are stabilized in the Institute (forced sobriety), but once they return to the community they reengage in substance abuse activities, which destabilizes their mental health, and results in readmission to the Institute.

Colorado Mental Health Institute at Pueblo

In recognition of the need for substance use disorder treatment for patients not in the Circle Program, the CMHIP Recovery Continuum (CRC), which consists of three Certified Addiction Counselors who previously only served patients found Not Guilty by Reasons of Insanity, has started to expand treatment services. However, the need for substance use disorder treatment at CMHIP exceeds the capacity of the CRC. Another population in dire need of substance use monitoring and treatment consists of patients who were granted Community Placement or Conditional Release and are still monitored by CMHIP. Over the past year, many of the readmissions from the community were caused by substance use or misuse. CMHIP's outpatient treatment and monitoring team, Forensic Community Based Services (FCBS), has currently no Addiction Counselors on staff.

CRC provides the following weekly groups: Substance Education, Dialectical Behavioral Therapy-Substance Treatment (DBT-S), Recovery Skills, Healthy Relationships and Helping Men Recover (both groups incorporate Trauma Informed Care principles), Behavior Treatment for Alcohol and Substance use (BTFAS), Strategies for Self-improvement and Change (SSIC) and Relapse Recovery.

The reason there is a need for substance use disorder treatment at CMHIP in addition to the Circle Program is because Circle is a 90-day dual diagnosis inpatient treatment program with a primary focus on treating addictions. CRC provides services to patients whose substance use issues are secondary to their mental illness. While many of the patients require substance use disorder treatment, they do not require an intense inpatient program, such as Circle, but rather more long-term support services offered by CRC while they are being treated on different units for their primary diagnoses. Regarding FCBS patients, most of those who have either a history of substance use or addiction would benefit from services that can be provided while they reside in the community.

Admitting FCBS patients to the Circle Program would potentially slow their recovery and efforts to maintain them in a stable environment in the community. The Circle Program would remove the patient from the community environment and interrupt their progress toward unconditional release, which is the ultimate goal for the patient. FCBS patients require long-term support services and monitoring versus an intensive inpatient treatment program like the Circle Program. Essential to their success is staying psychiatrically stable, establishing routines, attending school, being on time for work, and handling their personal affairs. The outpatient program funded by this request would allow those FCBS patients who have a misstep to continue down a path to success. In addition, most of these patients require long-term support services and monitoring, rather than an intensive inpatient treatment program. The increased need for services is evident in the rising requests from patients for substance use disorder assessments.

This request also includes renovation of Room B201 in CMHIP Building 115, which was previously designed as a dining hall. The modification to accommodate a group therapy room includes replacing older carpeting and windows and includes electrical modifications for a video projector. Currently, this space is used as a make shift group room for another patient unit that is currently undergoing suicide mitigation renovations. This dining area has chairs set up in a circle, and there are filing cabinets against the wall.

From a treatment perspective, the environment is not very therapeutic and is also very loud, and voices often echo.

Proposed Solution:

The Department requests \$661,947 cash funds from the Marijuana Tax Cash Funds and 8.0 FTE in FY 2017-18, and \$567,528 Marijuana Tax Cash Fund and 8.0 FTE in FY 2018-19 and beyond to provide substance abuse treatment at the Colorado Mental Health Institutes. This request includes 5.0 FTE for CMHIP and 3.0 FTE for CMHIFL to provide substance use disorder treatment to the patients at the Institutes. The MHIs expect to provide treatment from 8-10 patients per each FTE, and provide approximately 4 substance use education groups per each FTE.

The Certified Addiction Counselors (CAC) will provide the ability to expand substance use disorder treatment to patients at both of the Mental Health Institutes. These staff will be able to evaluate for diagnosis, state intervention options, educate regarding substance use disorders, provide group education and therapy, provide motivational interviewing, and provide recommendations and planning for follow-up treatment.

For patients at CMHIP who are in the FCBS program, the CACs will continue to provide recovery services. For CMHIFL patients and for CMHIP patients not in FCBS, the CACs will provide recovery services at the Institutes, as well as assist the patient with coordinating resources in the community. Additionally, the substance use disorder treatment will provide services to patients at the Institutes who are specifically requesting such treatment.

Anticipated Outcomes:

This request would allow the Institutes to offer services to patients in imminent need for substance use disorder treatment. Without additional Certified Addiction Counselors to provide services, many patients at the Institutes may experience recidivism as substance misuse is a dynamic risk factor commonly related to offending behavior, prolonged lengths of stay since substance misuse needs are not addressed, and lead to readmissions of patients residing in the community. The transformation of a dining room area to a group therapy room will provide a therapeutic environment for the substance use treatment as well as provide enhanced privacy from the current flooring, which will limit echoing and loudness within the area.

Assumptions and Calculations:


Exhibit A illustrates the impact of the request by Long Bill line item.

Exhibit A: Costs by DHS Long Bill Line Item					
Office of Behavioral Health	FY 2017-18		FY 2018-19		Comments
	Marijuana Tax Cash Fund	FTE	Marijuana Tax Cash Fund	FTE	
CMHIP Personal Services	\$282,853	5.0	\$282,853	5.0	Includes salaries, PERA, and Medicare in Exhibit D
CMHIP Operating Expenses	\$82,935		\$4,750		Includes FTE operating expenses in Exhibit D and calculations in Exhibits B and C
CMHIFL Personal Services	\$172,114	3.0	\$172,114	3.0	Includes salaries, PERA, and Medicare in Exhibit E

Exhibit A: Costs by DHS Long Bill Line Item					
Office of Behavioral Health	FY 2017-18		FY 2018-19		Comments
CMHIFL Operating Expenses	\$19,084		\$2,850		Includes FTE operating expenses in Exhibit E and calculations in Exhibit C
Executive Director's Office					
POTS	\$104,961		\$104,961		Includes HLD, STD, AED, and SAED from Exhibits D and E
Total	\$661,947	8.0	\$567,528	8.0	

Exhibit B illustrates the costs to renovate Room B201 in CMHIP Building 115 into a group therapy room.

Exhibit B- Facilities Costs for CMHIP Building 115, Room 115 Group Room Renovations

		COLORADO Office of Administrative Solutions Division of Facilities Management		Southern District Brian Caruso, District Manager 1600 W 24th St Pueblo, CO 81003 P 719.546.4471 F 719.546.4105	
AGENCY: CMHIP BUILDING NO. : 115 ROOM NO. : B201 SSR:					
DESCRIPTION OF REQUEST: UPGRADE EXISTING GROUP ROOM TO INCLUDE SOUND ATTENUATION FEATURES AND GROUP ROOM AMMENITITES					
ESTIMATE OF COSTS:					
ITEM	QUANTITY	RATE	TOTAL		
TEMPORARY CONTROLS/DUST PROTECTION	1	\$ 1,000.00	\$	1,000.00	
MISCELLANEOUS DEMO	1	\$ 2,625.00	\$	2,625.00	
ACM TESTING	1	\$ 500.00	\$	500.00	
REMOVE EXISTING VAT INCLUDING ACM	1	\$ 7,992.00	\$	7,992.00	
NEW VCT IN SERVING AREA	1	\$ 603.00	\$	603.00	
NEW CARPET IN GROUP AREA	1	\$ 4,122.00	\$	4,122.00	
NEW CEILING	1	\$ 3,552.00	\$	3,552.00	
ELECTRICAL LIGHTING/ELECTRICAL	1	\$ 4,500.00	\$	4,500.00	
HVAC REGISTERS	1	\$ 750.00	\$	750.00	
PAINT ROOM	1	\$ 1,500.00	\$	1,500.00	
RECESSED VIDEO SCREEN - ELECTRICAL	1	\$ 1,500.00	\$	1,500.00	
ROOM SIGNAGE & SOUND PANELS	1	\$ 550.00	\$	550.00	
WINDOW DRAPERY	8	\$ 250.00	\$	2,000.00	
RECONFIGURE WINDOWS @ DAYHALL/DINING	1	\$ 4,800.00	\$	4,800.00	
MISC WORK AT SERVING AREA	1	\$ 750.00	\$	750.00	
FINAL CLEANING	1	\$ 250.00	\$	250.00	
SUBTOTAL			\$	32,869.00	
GC OH&P - 25%			\$	8,217.25	
GC BOND - 2%				NONE	
SUBTOTAL			\$	41,086.25	



AGENCY: CMHIP
BUILDING NO. : 115
ROOM NO. : B201
SSR:

DESCRIPTION OF REQUEST: UPGRADE EXISTING GROUP ROOM TO INCLUDE SOUND ATTENUATION FEATURES AND GROUP ROOM AMMENITITES

ESTIMATE OF COSTS:

ITEM	QUANTITY	RATE	TOTAL
A/E FEES (12%)			DFM
SURVEY FEES (2%)			NONE
TESTING FEES (2%)			NONE
CODE REVIEW			\$ 350.00
INSPECTIONS (1%)			\$ 1,500.00
FFE (FURNITURE)			BY CMHIP
FFE (ELECTRONICS)			\$ 2,000.00
CONTINGENCY (10%)			\$ 4,108.63
TOTAL ESTIMATE			\$ 49,044.88

COMMENTS:
DOES NOT INCLUDE TABLES OR CHAIRS
DOES NOT INCLUDE ANY MOVING OF EXISTING FURNITURE

ESTIMATE DATE: 6/20/2016
ESTIMATE BY: Jim Beach

Exhibit C illustrates the start up costs for supplies for the group therapy rooms at the MHIs.

Exhibit C: Start Up Supplies at CMHIP and CMHIFL for Group Therapy Rooms		
	CMHIFL	CMHIP
Estimated CRC group room in Building 115: Group tables/chairs/cabinets	\$ -	\$ 3,500
Equipment for treatment groups: DVD player, television, projector, new white board	\$ 1,500	\$ 1,500
Educational videos	\$ 500	\$ 500
DSM 5 for new diagnosis code	\$ 125	\$ 125
Start Up Total	\$ 2,125	\$ 5,625

Exhibit D illustrates the personal services and operating costs for requested CMHIP FTE.

Exhibit D: CMHIP FTE Calculator

Expenditure Detail- CMHIP		FY 2017-18		FY 2018-19	
<i>Personal Services:</i>					
Classification Title	Monthly	FTE		FTE	
Health Professional III	\$4,284	4.0	\$205,632	4.0	\$205,632
PERA			\$20,872		\$20,872
AED			\$10,282		\$10,282
SAED			\$10,282		\$10,282
Medicare			\$2,982		\$2,982
STD			\$391		\$391
Health-Life-Dental			\$31,709		\$31,709
Subtotal Position 1, #.# FTE		4.0	\$282,150	4.0	\$282,150
Classification Title	Monthly	FTE		FTE	\$47,820
Health Professional II	\$3,985	1.0	\$47,820	1.0	
PERA			\$4,854		\$4,854
AED			\$2,391		\$2,391
SAED			\$2,391		\$2,391
Medicare			\$693		\$693
STD			\$91		\$91
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 2, #.# FTE		1.0	\$66,167	1.0	\$66,167
Subtotal Personal Services		5.0	\$348,317	5.0	\$348,317
<i>Operating Expenses:</i>					
		FTE		FTE	
Regular FTE Operating	\$500	5.0	\$2,500	5.0	\$2,500
Telephone Expenses	\$450	5.0	\$2,250	5.0	\$2,250
PC, One-Time	\$1,230	5.0	\$6,150	-	\$0
Office Furniture, One-Time	\$3,473	5.0	\$17,365	-	\$0
Subtotal Operating Expenses			\$28,265		\$4,750
TOTAL REQUEST		5.0	\$376,582	5.0	\$353,067
	<i>General Fund:</i>				
	<i>Cash funds:</i>	5.0	\$376,582	5.0	\$353,067
	<i>Reappropriated Funds:</i>				
	<i>Federal Funds:</i>				

Exhibit E illustrates the personal services and operating costs for requested CMHIFL FTE.

Exhibit E: CMHIFL FTE Calculator

Expenditure Detail- CMHIFL		FY 2017-18		FY 2018-19	
Personal Services:					
	Classification Title	Monthly Salary	FTE	FTE	\$154,224
	Health Professional III	\$4,284	3.0	\$154,224	3.0
	PERA			\$15,654	\$15,654
	AED			\$7,711	\$7,711
	SAED			\$7,711	\$7,711
	Medicare			\$2,236	\$2,236
	STD			\$293	\$293
	Health-Life-Dental			\$23,782	\$23,782
	Subtotal Position 1, ## FTE		3.0	\$211,611	3.0
	Subtotal Personal Services		3.0	\$211,611	3.0
Operating Expenses:					
			FTE	FTE	
	Regular FTE Operating	\$500	3.0	\$1,500	\$1,500
	Telephone Expenses	\$450	3.0	\$1,350	\$1,350
	PC, One-Time	\$1,230	3.0	\$3,690	\$0
	Office Furniture, One-Time	\$3,473	3.0	\$10,419	\$0
	Subtotal Operating Expenses			\$16,959	\$2,850
TOTAL REQUEST			3.0	\$228,570	3.0
	<i>General Fund:</i>				
	<i>Cash funds:</i>		<i>3.0</i>	<i>228,570</i>	<i>3.0</i>
	<i>Reappropriated Funds:</i>				
	<i>Federal Funds:</i>				

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-15 Healthy Steps Sustainability

Dept. Approval By: Melissa Wardle

OSPB Approval By: Erin N. [Signature] 10/26/16

Supplemental FY 2016-17
 Change Request FY 2017-18
 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$0	\$0	\$0	\$421,360	\$571,946
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request						
GF		\$0	\$0	\$0	\$421,360	\$571,946
CF		\$0	\$0	\$0	\$0	\$0
RF		\$0	\$0	\$0	\$0	\$0
FF		\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$0	\$0	\$0	\$421,360	\$571,946
FTE		0.0	0.0	0.0	0.0	0.0
06. Division of Early Childhood, (B)						
Division of Community and Family Support - Healthy Steps for Young Children						
GF		\$0	\$0	\$0	\$421,360	\$571,946
CF		\$0	\$0	\$0	\$0	\$0
RF		\$0	\$0	\$0	\$0	\$0
FF		\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required	Yes	No	<u>X</u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes	No	<u>X</u>	
FF Letternote Text Revision Required	Yes	No	<u>X</u>	
Requires Legislation?	Yes	No	<u>X</u>	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s:	None			

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Cost and FTE

- The Department of Human Services requests \$421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to \$571,946 total funds/General Fund in FY 2018-19. Local sites will match the State's investment to fully cover costs. No state FTE are requested.

Current Program

- HS is a low-cost gateway to supports and services for at-risk families with children birth to age 3 through pediatric primary care. An evidence-based two-generation strategy, HS aligns policy and practice recommendations of Ascend at Aspen Institute and will be included in an upcoming report.
- Based on a national evaluation, HS improves pediatric quality of care; enhances communication between pediatricians and parents; reduces parental use of harsh punishment; identifies families at risk for depression, violence and substance abuse; and helps children receive appropriate preventive services.
- HS families reside in the highest risk counties as determined by the 2012 Early Childhood Needs Assessment, are low-income, and may be referred by a pediatrician due to an additional risk factor. Client retention is the highest among the Department's evidence-based home visiting programs.
- A Results First Initiative in Colorado conservatively estimated that the return on investment of every \$1 invested in a family participating in HS is \$2.60. The Tax Payer Benefits to Cost Ratio, calculated at \$1.40, is the highest of the evidence-based home visiting programs reviewed.

Problem or Opportunity

- Federal funding for Healthy Steps will end September 2017. Local sites can provide some funds but cannot assume the full costs, and there is no possibility of securing federal MIECHV home visiting funds.
- Alternative funding through Medicaid is promising but a change in reimbursement is several years out, and is not likely to cover the full cost of the program, and will still require a state match.

Consequences of Problem

- If new funding is not provided, 1,300 vulnerable families, many in rural areas with limited support programs, will lose services. These families are at risk for adverse outcomes due to poverty-related stressors, parental depression and substance use, domestic violence and limited parental knowledge of child development and healthy parenting.

Proposed Solution

- The Department requests \$421,360 total funds/General Fund to sustain HS as part of the continuum of community prevention programs. By funding this request, the HS program will continue to increase families' capacity to provide a safe, stable and nurturing environment for children and decrease the likelihood that children across the State will experience child abuse or neglect.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-15
Request Detail: Healthy Steps Sustainability

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Healthy Steps Sustainability	\$421,360	\$421,360

Problem or Opportunity:

The Department of Human Services requests \$421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to \$571,946 total funds in FY 2018-19. Local sites will match the State’s investment to fully cover costs. No state FTE are requested.

A new report from the American Enterprise Institute contends that high-quality programs focusing on infants, toddlers and their families do the most to improve child outcomes.¹ According to a 2015 report from the Pritzker Children’s Initiative and the Bridgespan Group, investments for infants and toddlers from low-income families during the first three years of life, when 700 new connections between cells in the brain form each second, are most critical in helping more children be ready for kindergarten while also yielding the highest returns.² A recommendation of this study was to support integrating evidence-based programs that work through the pediatric system. The great majority of low-income children from birth through age 3 see pediatric care providers regularly.³

Healthy Steps (HS) is a voluntary, evidence-based, two-generation home visiting model, HS is delivered through the pediatric care system to provide parent support and education, developmental screening, safe sleep practices, family protective and risk factor screening (including parental depression, domestic violence and substance abuse), and connections to needed services. The model identifies at-risk families in the safe and trusted environment of the child’s pediatric office during the very first well-baby visit following birth. HS families reside in the highest risk counties as determined by the 2012 Early Childhood Needs Assessment, are low-income, and have one or more additional risk factors that could compromise their safety, health and well-being, or ability to reach their potential in life.

¹ Stevens, K.B., & English, E. (April 12, 2016). Does Pre-K work? The research on ten early childhood programs – and what it tells us. *American Enterprise Institute*. Retrieved from <https://www.aei.org/publication/does-pre-k-work-the-research-on-ten-early-childhood-programs-and-what-it-tells-us/>

² J.B. and M.K. Pritzker Foundation and The Bridgespan Group. (2015). *Achieving Kindergarten Readiness for All Our Children*. Chicago: Pritzker, J.B., Bradach, J.L., & Kaufmann, K.

³ Murphey, D., Cooper, M., & Forry, N. (November 2013). The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the United States. *The McCormick Foundation and Child Trends*. Retrieved from: <http://www.childtrends.org/wp-content/uploads/2013/11/MCCORMICK-FINAL.pdf>

An analysis by the Governor's Results First Initiative suggests for every \$1 invested to support a family to participate in Healthy Steps, there is a \$2.60 return.⁴ In addition, the Taxpayer Benefits to Cost Ratio for Healthy Steps in Colorado was \$1.40 in the Results First analysis, the highest of the evidence based home visiting programs reviewed. By comparison, the ratio for Nurse Family Partnership was \$1.30. Healthy Steps is also the least costly of the models in the Department's home visiting program continuum, with an average cost of \$900 per family. In addition, client retention is the highest among the Department's evidence-based home visiting programs. The Healthy Steps engagement rate of approximately 90% is substantially higher than is typical for voluntary home visiting programs.

Healthy Steps' presence in Colorado dates back to the mid-1990s with a few locally funded and highly successful programs. In 2011 when Colorado created a home visiting plan as part of the successful application to participate in the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV), the Healthy Steps model was included in the continuum of evidence based home visiting programs. As the only home visiting program with a structural connection to pediatric primary care, its particular value was in ensuring a foundational anchor to the health care system. Successful expansion since 2012 has resulted in a funded caseload of 868 families in federal FY 2015-16, and a planned caseload for federal FY 2016-17 of 1,300.

Research shows that there is broad public support for programs intended to simultaneously empower parents and support the development of young children. A recent bipartisan poll from the First Five Years Fund indicates that 86% of Colorado voters believe the State should "provide voluntary coaching and education for new parents to help them improve their child's health and help ensure they are ready to succeed in school."⁵ Additionally, 68% of Colorado voters recognize the important development that happens for children birth through age five and believe those are the "most critical years for developing a child's capacity to learn." By laying the foundation for early childhood learning and development through parent consultation and education, Healthy Steps plays an integral role in ensuring Colorado's children are healthy, well-supported and ready to succeed.

On October 1, 2017, thirteen hundred vulnerable Colorado families with children birth to age 3 will lose Healthy Steps support services due to a significant change by the federal funder Health Resources and Services Administration (HRSA) in determining model eligibility. The federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV) has supported the expansion of Healthy Steps in Colorado since 2011 as an integral part of a continuum of voluntary, evidence-based, prevention-oriented home visiting programs that benefit families in the State's highest risk counties based on poverty and maternal and child health indicators. The recent changes by HRSA rescinded MIECHV eligibility because services are provided outside the home as opposed to predominantly in the home. Colorado, South Carolina, Massachusetts, and ZERO TO THREE (the national model representative) asked the HRSA to reverse the decision or grandfather these states in due to strong programmatic outcomes, high enrollment and low attrition, success serving rural communities, and the high number of families that will be negatively affected by this decision. HRSA denied the request, stating that the program should not have been approved in 2011 since services are too frequently provided at the pediatric clinic, before or after well-child visits, rather than in the family's home.

Upon being notified that Healthy Steps would no longer be eligible for MIECHV services, Colorado suggested adding home visits or shifting visits from the clinic setting to the home setting to retain eligibility for funding. HRSA's verbal response on September 25, 2015 indicated that the model would not be

⁴ Retrieved from <https://drive.google.com/a/state.co.us/file/d/0BxVE8p2dzVf3OFRaNjZQVWVQTjA/view>

⁵ Retrieved from <http://ffyf.org/2016-colorado-poll/>

eligible, even with increased home visits, because a program information sheet was updated by the model developer to state that Healthy Steps is a pediatric model with a home visiting component. A change to deliver the program primarily in the home would substantially change the evidence-based model, the theoretical basis of which is its integration with pediatric primary care services.

Three affected states, including Colorado, also sent a letter to HRSA requesting guidance around the number of home visits that would make the program eligible for MIECHV funding (see Attachment F). Attachment C is HRSA's official response to concerns raised by the Department through conversation and correspondence, as well as the concerns voiced in the tri-state letter. In their response, HRSA stated simply that Healthy Steps does not align with the updated MIECHV requirement of home visiting being the primary intervention strategy and that it is ineligible for funding in the FY 2015-16 funding opportunity announcement (FOA). A subsequent request to augment Healthy Steps with additional home visits as a promising practice was also denied. ZERO TO THREE, the national office for the Healthy Steps model, solicited support from Colorado's representatives in Congress. Senator Cory Gardner sent a letter to HRSA on behalf of ZERO TO THREE and Colorado's MIECHV program. However, Senator Gardner's letter received the same response as previous correspondence with HRSA – the request was denied.

Attachments A through F provide documentation of HRSA's rescindment of Healthy Steps' MIECHV eligibility, as well as efforts by the Department and state and national partners to appeal this decision.

Proposed Solution:

The Department of Human Services requests \$421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to \$571,946 total funds in FY 2018-19 and beyond. Local sites will match the State's investment to fully cover costs. No state FTE are requested.

This funding request is ongoing and represents 45% of the budget required to maintain current service levels. If this request is funded, the Healthy Steps sites (Children's Hospital – Child Health Clinic, Children's Hospital – Teen Clinic, Denver Health Westside Clinic, Kaiser Clinic in Brighton, Northeast Colorado Health Department, Pueblo Catholic Charities, and the San Luis Valley Behavioral Health Group) will absorb the balance of costs for the program to ensure program continuity.

If this program is not funded, the Healthy Steps program in Colorado will most likely end on September 30, 2017, eliminating services to 1,300 vulnerable and low-income families. Many of these families live in rural areas with limited support programs and are at risk for adverse outcomes due to poverty-related stressors, parental depression, substance use, domestic violence, and limited knowledge of child development and healthy parenting.

Alternative funding options are being investigated, the most promising of which is the Colorado Opportunity Project being developed by the Department of Health Care Policy and Financing (HCPF). However, even if Medicaid reimbursement for Healthy Steps is approved this solution will not be viable for several years and will not cover the full cost of the program.

Anticipated Outcomes:

A national evaluation by Johns Hopkins Bloomberg School of Public Health found that Healthy Steps improved pediatric quality of care, enhanced communication between pediatricians and parents, reduced

parental use of harsh punishment, identified families at risk for depression, violence, and substance abuse, and helped children receive appropriate preventive services.⁶ A new national evaluation is under way by James Bell Associates in which family and practice-level outcomes will be analyzed.

The Department expects to see similar results in Colorado Healthy Steps programs as implementation continues. Data from the Department's most recent submission to the federal funder on required MIECHV benchmarks reflect positive impacts for children and caregivers. Of the 24 applicable constructs, Colorado Healthy Steps had reporting values of 90% or greater in 17 outcome areas (or 70% of the constructs) and many were at the 95% level. Positive results were documented for:

- Postpartum care
- Screening for pregnancy-related depression
- Well child visits
- Caregivers receiving information on the prevention of child injuries and child learning and development
- Caregivers increased knowledge of child development
- Caregivers increased positive parenting behaviors
- Screening for child's communication
- Language, literacy, and general cognitive skills
- Positive approaches to learning
- Social behavior and emotional well-being
- Physical health and development
- Screening for domestic violence
- Screening for necessary services
- Families receiving necessary referrals to community resources
- Number of completed referrals

Healthy Steps sites will continue to collect data on MIECHV benchmarks, which will allow the Department to continually analyze successful family and child level outcomes. These include breastfeeding, depression screening and referral, well child visits, postpartum care, tobacco cessation, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy, developmental screening and referral, behavioral concerns, intimate partner violence screening and referral, caregiver education, and continuity of insurance coverage.

Healthy Steps has also been included in the Department's C-Stat program. Beginning in July 2016, C-Stat has reported the percentage of Healthy Steps families enrolled in the program who received the suggested six visits in the first year of life, which was the dosage for that period in the national evaluation and is a measure of fidelity in implementation. The Department is currently working with its partners to understand the baseline data and set an appropriate goal for the next fiscal year.

Healthy Steps aligns with the goals of Ascend, a policy program of the Aspen Institute grounded in a two-generation approach to serving families. It will likely be included in an upcoming report on advancing policies and enriching practice at the intersection of health and early childhood development, highlighting approaches that address the needs of children and their parents together.

⁶ Minkovitz, C., Hughart, N., Scharfstein, D., Guyer, B., & the Healthy Steps Evaluation Team. (2001). Early effects of the Healthy Steps for Young Children program. *Archives of Pediatrics & Adolescent Medicine*, 155, 470-479, doi: 10.100/archpedi.155.4.470.

Assumptions and Calculations:

Table 1 illustrates the Long Bill appropriation and requested funding for FY 2017-18 and beyond.

Table 1: Long Bill Appropriation and Requested Funding for FY 2017-18 and Beyond						
New Line Item: Healthy Steps for Young Children	FTE	Total Funds	General Fund	Cash Funds	Reapp. Funds	Federal Funds
FY 2016-17 Appropriation (HB 16-1405)	0	\$0	\$0	\$0	\$0	\$0
FY 2017- 18 Requested Funding	0	\$421,360	\$421,360	\$0	\$0	\$0
FY 2018-19 and Beyond Total Requested Appropriation	0	\$571,946	\$571,946	\$0	\$0	\$0

The annual cost per client for the Healthy Steps program is currently \$900, which includes FTE and operating expenses. This request supports the FTE portion of program expenses, 45% of total program costs, at each of the seven sites. Local communities will absorb the balance of costs for the program.

Table 2: Healthy Steps Program Cost per Agency shows cost calculations by site. Cost variance is due to disparities in salary costs and staff qualifications in urban verses rural areas, with sites in rural areas generally hiring applicants with less training at lower salaries. Additionally, Children’s Hospital serves 325 families through two sites. Attachment G: Healthy Steps Budget Request Table provides detailed information about program expenditures and the number of families served.

Table 2: Healthy Steps Program Cost per Agency (1 FTE Healthy Steps Specialist, salary & fringe, at each site)				
Agency	Caseload FY2017-18 (9 months)	Cost FY2017 -18 (9 months)	Caseload FY2018 -19	Cost FY2018 -19
	(Oct 1, 2017- June 30, 2018)	(Oct 1, 2017- June 30, 2018)	(July 1, 2018 - June 30, 2019)	(July 1, 2018 - June 30, 2019)
Catholic Charities Pueblo	80	49,406	80	67,063
Denver Health	275	77,111	275	104,669
Kaiser Research	100	80,608	100	109,416
Northeast Colorado Health Department	250	49,406	250	67,063
San Luis Valley Community Behavioral Health Group	195	41,732	195	56,645
Two sits at Children's Hospital: Teen Clinic and Child Health Clinic	400	123,097	400	167,090
Total	1,300	421,360	1,300	571,946
Notes				
The cost differentials relate to the differences in salary and fringe costs for behavioral health specialists, with large variations between rural and urban areas.				



September 4, 2015

Dear HRSA Home Visiting Grantee:

This letter is to inform you of recent changes regarding the Healthy Steps program model. As part of a regular update to the website, Healthy Steps revised their HomVEE profile to include several changes the model has undergone in the last few years; including stating that home visiting is not Healthy Steps' primary service delivery strategy. Upon review of these updates, it has been determined that Healthy Steps does not meet the HHS criteria for evidence-based models and is not eligible for future MIECHV funding.

Grantees may continue to use FY14 and FY15 funding to implement the model; however, the model is not eligible for implementation with FY16 funding. The Healthy Steps model will not be included in the list of eligible models for FY16 FOA.

HomVEE reviews the available empirical evidence on early childhood home visiting models. To conduct this work, the team relies on how the published materials describe the model that is evaluated and the available empirical evidence on that model. HomVEE will not review the currently implemented Healthy Steps as it no longer meets the requirement of using home visiting as the primary service delivery strategy.

Home Visiting Project Officers will work with grantees currently implementing Healthy Steps to help with the transitions for the model activities. If you have questions, please contact your project officer. Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read "David Willis", is positioned below the word "Sincerely,".

David Willis, M.D., FAAP
Director, Division of Home Visiting
and Early Childhood Systems



COLORADO
Office of Early Childhood
Division of Community & Family Support

October 9, 2015

Dr. David Willis, MD, FAAP
Division Director of Home Visiting and
Early Childhood Systems
Maternal and Child Health Bureau Rm. 10-86
Health Resources and Services Administration

Cc: Tammy Brown, Kathleen Kilbane and Lisa King

Dear David,

Thank you for taking the time to talk with the Colorado team on 9/25/2015 regarding changes to the Healthy Steps home visiting model.

To re-cap our concerns, Healthy Steps is a vital part of Colorado's home visiting continuum, with Healthy Steps families currently comprising 20% of the MIECHV caseload. Notably, that percentage will increase to 30% (over 1,000 children) by September 30, 2016, as the expansion of Healthy Steps was a key component of our FY15 competitive grant application. The Healthy Steps program continually serves more families than they are contracted to serve and we are very interested in understanding more about their success, both in the area of engagement and in maintaining such remarkably low attrition rates (less than 15%).

The implementation of Healthy Steps in Colorado has always included a standard of providing a minimum of six home visits to each child, as home visits are an integral part of the model's primary delivery strategy in Colorado. We have worked closely with the model developer and our implementation fidelity has always met or exceeded requirements. We have found no requirement in the legislation or in the FOA regarding a certain number of contacts with families, nor criteria saying that the "home" visit must be in the house in which the family lives. As long as I have been involved with programs that employ a "home visiting" strategy, the term has been considered to be representative of a practice approach in which a visitor accommodates family-specific needs and desires regarding the actual place of the visit, just as the visitor individualizes the service plan (within the model context) to meet the family's needs. It would compromise development of a trusting relationship, a cornerstone of these voluntary programs, to insist on a narrow definition of the construct "home".

The Colorado Healthy Steps model combines visits in the family's medical home and visits in the family's home, which allows the home visitor to build a relationship with hesitant families before going into their homes to assess safety and health concerns and observe the interactions in the home environment. Colorado Healthy Steps Specialists are encouraged to visit where the family lives as soon as possible after the client enrolls. Some families welcome visits where they live immediately while others wait until they feel comfortable with the Healthy Steps Specialist before inviting them to that space. Additionally, Healthy Steps provides a vehicle to reach families that are high risk but have no other contact with early childhood services and systems.



Healthy Steps is a pivotal part of Colorado’s strategy to provide home visiting in rural communities, and the discontinuation of Healthy Steps will amplify health disparities in rural Colorado. Forty-three percent of Healthy Steps sites in Colorado serve rural areas and further expansion is planned in two communities that serve both urban and rural populations. This compares to 26% of CO MIECHV PAT sites serving rural areas and 0% of CO MIECHV NFP sites serving rural areas (NFP serves rural areas under their state funding). Forty percent of CO MIECHV HIPPIY sites also serve rural areas, but HIPPIY does not serve children birth to three and focuses on early literacy.

From a workforce perspective, other CO MIECHV and state-funded models continually struggle to recruit and retain qualified home visitors in rural areas. In a large state like Colorado, traveling several hours traversing snowy mountain passes to meet a family can make traditional home visiting impractical and expensive. Fortunately, finding qualified Healthy Steps staff is generally not a problem in rural areas, as one Healthy Steps specialist can serve a caseload of 100 families. Since Healthy Steps in Colorado augments home visits with visits completed at the family’s medical home, the impact of traveling long distances is mitigated. This advantage also makes Healthy Steps a very cost-effective intervention, as the current cost of serving a child is \$800 - \$1,000 per year.

The Maternal, Infant, and Early Childhood Home Visiting legislation and the SIR do not specify the location where a home visit may occur. Many MIECHV programs serve homeless families, transient families, and incarcerated mothers. In each of those circumstances, home visitors are required to provide a home visit at a safe location of the family’s choosing (e.g., park, the local library, a friend’s home, a WIC or health clinic, or the prison visiting room). Many Healthy Steps families prefer to schedule visits at their medical home. Just last May during the PEW Home Visiting conference the presentation *Language to Engage Families* included a recommendation that home visiting programs use the following language to recruit families, “We will meet you at your house or at a place you choose.” Additionally, Deb Daro’s recent MIECHV TA call, *Participant Engagement and Recruitment: Practice Improvements and Challenges*, recommended increasing the flexibility of where home visits are conducted for all models. Further, literature around best practices in home visiting strategy generally promotes the following tenants:

- Develop strong relationships with families and become a trusted resource that delivers education, promotes healthy parent-child relationships, connects families to services, etc.
- Deliver family-centered services, meeting clients in their home or another location that the family chooses, in order to remove barriers to families receiving these services.

Healthy Steps is a family-centered, relationship based model that engages with families with new babies where they are – in the primary care office. Data indicate families place a high degree of trust in their pediatric provider, and we find that their trust easily extends to the Healthy Steps Specialist. Unfortunately for some high risk-families, the barrier to receiving support services is the family’s concern about having providers in their home. Some mothers live with a parent, spouse, boyfriend, etc. who will not allow a provider in their home, and some Native American populations do not believe it is appropriate to have “strangers” in the home for 6 months after the birth of a baby. Others families are embarrassed at their lack of stable housing or have concerns about the conditions of their homes, such as not being up to code or having multiple families sharing space designed for one family.

Colorado’s implementation of Healthy Steps complies with the requirements and intent of MIECHV legislation as well as the definition in the SIR, which states that: *For the purpose of the MIECHV, home visiting models have been defined as programs or initiatives in which home visiting is a primary service delivery strategy.* Removing Healthy Steps from the continuum of Home Visiting Programs is a disservice to families and adds



barriers to at-risk families who may lose access to high quality home visiting services. More than 1,000 families with young children across the state will be negatively impacted by this decision.

Additionally, including Healthy Steps as a MIECHV model in Colorado has improved the integration of all home visiting models within healthcare settings. Colorado was recently invited to present information about all home visiting models at a large multi-state pediatric conference at Children's Hospital Colorado. As a result of Healthy Steps, CO MIECHV has access to some of Colorado's top pediatricians and infant mental health faculty and researchers. Partnerships with academic medical settings and universities have similarly been strengthened. And, our relationship with the Colorado AAP is stronger as a result of our expansion of this integrated model. Colorado continually draws on these resources when contemplating improvements to home visiting and the early childhood system. Recent examples include recommendations for developmental screening protocols, teaching home visitors about child development and motivational interviewing, and integrating mental health consultation into home visiting.

Colorado, along with South Carolina and Massachusetts, will be sending a joint letter requesting clarification around details of the recent HOMVEE decision and posing specific questions about the decision. We will be collectively requesting reevaluation of the decision to remove Healthy Steps from the list of HOMVEE evidence-based home visiting models, based on our individual concerns (Colorado's are documented in this letter) and our collective concerns that the decision was not data driven, no data was reviewed from the programs impacted, and there was no fact checking with the model developers or with the implementing states regarding perceived changes to the model and/or our implementation of it.

In the interim, Colorado requests that HRSA delay implementation of this decision to provide sufficient time to reevaluate the process and information upon which it was based, particularly in light of the adverse impact on high-risk families MIECHV is intended to serve. Since the Healthy Steps research outcomes for children and families are not in dispute, we propose using this relief period to implement an evaluation of the Colorado program to examine the same outcomes that qualified the program as an approved evidence based model over the past five years. Your approval of this request would allow us to include Healthy Steps in our FY16 funding application, the FOA for which we expect soon. Most importantly, it will allow us to continue offering our successful continuum of home visiting programs in high-need communities that we have developed over five years with MIECHV investments.

Thank you for allowing Colorado to share additional information about how Healthy Steps is currently being implemented and for your consideration of our request for relief from the decision to eliminate Healthy Steps from eligibility for FY16 funding. We are most grateful for all the work you do to support vulnerable children in Colorado and across the nation and we are proud to be your partner in the Maternal, Infant and Early Childhood Home Visiting program.

Respectfully,



Mary W Martin, LCSW
Division Director
Community and Family Support





December 16, 2015

Mary W. Martin, LCSW
Division Director
Community and Family Support
Colorado Office of Early Childhood
1575 Sherman Street
Denver, CO 80203

Dear Ms. Martin:

Thank you for your letters dated October 9 and 15, 2015 regarding the recent decision by the Health Resources and Services Administration (HRSA) on the ineligibility of the Healthy Steps model for Fiscal Year (FY) 2016 funding under the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

The MIECHV program was authorized by the Affordable Care Act to provide federal grant funding to support the delivery of services to eligible families through home visiting programs. Services are delivered to these families through home visiting programs that use service delivery models that are either evidence-based or constitute promising approaches. By law, evidence-based home visiting models eligible for implementation under MIECHV must “conform to a clear consistent home visitation model” among other criteria (42 U.S.C. 711(d)). Following this standard, the FY 2016 MIECHV funding opportunity announcement (FOA) requires grantees to implement home visiting services through evidence-based home visiting models or promising approaches that include voluntary home visiting as the “primary service delivery strategy (excluding programs with infrequent or supplemental home visiting).”

The U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE) review conducts a thorough and transparent review of the home visiting research literature, which includes descriptions of the models that are evaluated and the available empirical evidence on those models. A recent program update submitted by Healthy Steps disclosed that the Healthy Steps model is a pediatric model with a home visiting component that is made available to participants, but that home visiting is used as a supplement, rather than a clear consistent home visiting model for which home visits are the primary method of delivering services. As such, the model does not align with the updated MIECHV program requirements.

These conclusions were communicated to the Executive Director of Zero-to-Three, the model’s national program office, on August 31, 2015. Subsequently, on September 4, 2015, all current

grantees were sent a letter by listserv indicating that Healthy Steps would not be included on the list of evidence-based models eligible for MIECHV funding in the FY 2016 FOA.

We appreciate your concerns for the needs of families participating in Healthy Steps. As this decision is reflected only in the FY 2016 FOA, grantees may continue to use previously approved FY 2014 and FY 2015 grant funding to implement the Healthy Steps model. As you know, FY 2015 funds may be used by grantees through September 30, 2017, allowing an opportunity for many current participants to successfully complete the program. HRSA MIECHV Project Officers will support grantees currently implementing Healthy Steps to transition to other, approved model(s) with the goal of minimizing disruption to currently served families. HRSA will also help grantees develop transition plans that address model selection, transition of staff and families, natural attrition of families, and, as needed, referral of currently served families to other local high-quality early childhood programs.

Thank you for your continued hard work and commitment to the families served by your programs. Please contact your HRSA MIECHV Project Officer, Tammy Brown at 303-844-7861, if you have further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David Willis", is centered on the page. The signature is fluid and cursive, with a small flourish at the end.

David Willis, M.D., FAAP
Director, Division of Home Visiting
and Early Childhood Systems

United States Senate

April 7, 2016

The Honorable Sylvia Matthews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell:

I write today to request that the Health Resources and Services Administration (HRSA) clarify the definition of home visiting and the home visit requirements for an organization to be eligible for funding through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Several sites in Colorado have partnered with MIECHV funded programs to provide much needed help and assistance for at-risk mothers and fathers to learn how to care for their children. It is critical that HRSA provide MIECHV-funded programs with direct instruction regarding what constitutes home visiting so qualifying organizations are able to provide services to families who need them the most.

In addition to clarifying the definition of home visiting and the home visit requirements, I ask that the HRSA reconsider its decision to eliminate funding for programs in the state of Colorado until the definition of home visiting has been clarified and those programs are given the opportunity to comply. Without continued funds, many sites will not be able to coordinate with their neediest patients to ensure these families receive the attention they need and deserve.

It is deeply concerning that this lack of clarification is putting the services assisting Colorado's most vulnerable families in jeopardy. The MIECHV program has been instrumental in providing support to families residing in communities identified to have poor infant health and fewer resources for young children. It is through this program that state intermediaries in rural and urban communities provide young parents with the tools they need to better care for their children. In addition, many of these programs provide crucial assistance to mothers who have been victims of domestic violence.

I am concerned about the sudden reversal of funding eligibility for several entities in Colorado, and thank you in advance to your time and attention to this matter. I ask that you respond to this inquiry within one month of receiving this letter.

Sincerely,



Cory Gardner
United States Senator



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 23 2016

The Honorable Cory Gardner
United States Senate
Washington, DC 20510

Dear Senator Gardner:

Thank you for your letter regarding funding and program requirements for the Colorado Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, also known as the Federal Home Visiting Program.

Colorado's MIECHV Program receives funding from the Health Resources and Services Administration (HRSA) through the Federal Home Visiting Program, which was authorized by section 2951 of the Patient Protection and Affordable Care Act, P.L. 111-148. The Federal Home Visiting Program provides federal grant funding to eligible entities for the delivery of services to eligible families through home visiting programs. Services are delivered to these families through state-administered voluntary home visiting programs that use one or more service delivery models that are either evidence-based or constitute promising approaches.

Under the Federal Home Visiting Program's authorizing statute, evidence-based home visiting models eligible for implementation must:

"conform to a clear consistent home visitation model that is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant ... positive outcomes..." (42 U.S.C. 711(d)(1)(3)).

The authorizing statute also requires the Secretary to establish criteria for evidence of effectiveness of the service delivery models and ensure that the process for establishing the criteria is transparent and provides the opportunity for public comment (42 U.S.C. 711(d)(3)(A)(iii)).

Accordingly, on July 23, 2010, the Department of Health and Human Services (HHS) published in the Federal Register the criteria it proposed to use to assess whether home visiting models have evidence of effectiveness, described the methodology for a systematic review of evidence applying these criteria, and solicited comments on both items. 75 FR 43172 (July 23, 2010). The July 2010 request for public comment also explained that the only studies relevant to assessing evidence of effectiveness were those in which home visitation was a primary service delivery strategy. Further, to qualify as a home visiting model, a program must offer home visiting services to most or all participants and these services must be integral to programmatic goals, with visits occurring solely or primarily where participating families reside, although visits

occasionally may occur elsewhere if the families are homeless or uncomfortable conducting visits in the home. The notice received over 150 comments with multiple points within each response. HHS considered the feedback received, incorporated feedback as appropriate, and provided a summary of the comments and responses to the field.

We are implementing requirements for the Federal Home Visiting Program through the funding opportunity announcement to require grantees to implement home visiting services through evidence-based home visiting models or promising approaches that meet the statutory standard and that include voluntary home visiting as the “primary service delivery strategy (excluding programs with infrequent or supplemental home visiting).”


For Fiscal Year 2016, Federal Home Visiting Program grantees were able to choose from 17 approved evidence-based models and could also implement promising approaches to the extent permitted under the authorizing statute. A recent program update submitted by the Healthy Steps Network disclosed that the Healthy Steps model, which is one of the models that has previously been utilized in Colorado, is a pediatric model with a home visiting component that is made available to participants, but in which home visiting is used as a supplement, rather than a clear consistent home visiting model for which home visits are the primary method of delivering services. As such, based on the updated information provided by the Healthy Steps Network, the model does not conform with the Federal Home Visiting Program requirements.

Grantees implementing a model no longer eligible for funding in Fiscal Year 2016 may continue to use previously approved Fiscal Year 2014 and 2015 grant funding for such a model. However, grantees are also provided supportive technical assistance from the Federal Home Visiting Program’s Project Officers to transition to one or more of the models that meet program requirements.

The Colorado Department of Human Services applied for and received a Fiscal Year 2016 formula Federal Home Visiting Program award of \$7,836,086. Colorado is using those funds to implement programs using three of the seventeen evidence-based home visiting models: Nurse-Family Partnership, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters. Colorado has 24 local implementing agencies serving at-risk families in 13 counties.

I appreciate your concerns for the needs of Colorado families with young children. Colorado has a long history of providing evidence-based home visiting and establishing a strong infrastructure to support quality implementation, long-term sustainability, and integration into a comprehensive early childhood system. A Federal Home Visiting Program Project Officer continues to provide ongoing technical assistance to the Colorado Department of Human Services in support of these efforts to serve children and families. If you or your staff have any questions, please feel free to contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627.

Sincerely,



Sylvia M. Burwell

October 15, 2015

David Willis, MD, FAAP
Director, Division of Home Visiting and Early Childhood Systems
Health Resources and Services Administration
US Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Willis,

We are writing to inquire about and express our concern regarding a recent communication from the Health Resources and Services Administration (HRSA) to Home Visiting Healthy Steps Grantee sites in Colorado, Massachusetts, and South Carolina, the states most immediately impacted by the information, and to sites across the country who might have been considering implementing Healthy Steps.

The communication, dated September 4, 2015, states that Healthy Steps “revised their HomVEE profile to include several changes the model has undergone in the last few years; including stating that home visiting is not Healthy Steps’ primary service delivery strategy.” The conclusion presented is that the Healthy Steps model does not meet the Health and Human Services criteria for evidence-based models and is not eligible for future MIECHV funding. HRSA also states that the Healthy Steps model will not be included in the list of eligible models for FY 2016 FOA. HRSA further states that HomVEE will not review the currently implemented Healthy Steps as it no longer meets the requirement of using home visiting as the primary service delivery strategy.

We are concerned about this decision. The Healthy Steps model has not changed over the past five years. With guidance from the national model developer and, where applicable, state intermediaries for the model, we have continued to maintain model fidelity including offering visits to participants either in their homes or at another site outside of the medical home. In addition, all families are seen by a Healthy Steps Specialist in conjunction with well-child visits at the clinic.

Furthermore, expansions of Healthy Steps sites across Colorado, Massachusetts and South Carolina **rely solely** on MIECHV dollars and represent data driven decisions to substantially invest in the model as critical components of our home visiting continuums. In total, Healthy Steps is currently serving approximately 2,627 families, with additional expansions scheduled during the current fiscal year. Without this continued funding, those families who rely on Healthy Steps to provide supports to infants, toddlers and parents will lose critical support in managing their children’s healthy growth and development in a comprehensive manner. The

decision is also disturbing from an ethical perspective, as families were engaged to participate in a three-year program and we do not have the capacity to absorb all of these families with other funding or through other models when funding for Healthy Steps ends. Colorado and South Carolina are particularly concerned for the many families we are able to successfully serve in rural areas of our states as a result of this integrated program.

We encourage HRSA and HomVEE to re-evaluate the decision and thoughtfully consider the significant adverse impacts on families and existing relationships established over many years if funding for this important component of our home visiting continuums is discontinued. Our Healthy Steps state program administrators in Colorado, Massachusetts, and South Carolina have spoken with their respective Regional Project Officers and remain perplexed as to why Healthy Steps is being disqualified from MIECHV funding five years into the program when there have been no changes in the service delivery model. Our understanding is that the model developers of Healthy Steps have not been engaged in a dialogue with HRSA or HomVEE about this decision, and we remain uncertain as to why the decision was made.

We respectfully request that HRSA provide responses to us on the following points related to the decision to discontinue MIECHV funding for Healthy Steps as soon as possible so our state plans related to our continuum of home visiting services can be completed:

- ***Clarification on the changes made to the Healthy Steps HomVEE profile, including a copy of the revised language submitted in addition to a comparison of the previous and revised language highlighting the critical changes that led HRSA's decision to defund the program.***
- ***Information to help us understand the process HomVEE and HRSA followed in making the determination that Healthy Steps does not meet the HHS criteria for evidence-based models and therefore is not eligible for future MIECHV funding.***
- ***Documentation of the specific definition of "home visits or visitation" as required by evidenced-based models to be approved for MIECHV funding.*** Neither "home" nor the number and frequency of visits are defined within the Social Security Act language authorizing MIECHV funding. These definitions were not found in the FOA either. It is unclear if a visiting threshold exists outside of this statutory language that would require a model to have a specified number of home visits for home visiting to be deemed a primary service delivery strategy. There is also no published evidence as to the exact number of home visits, or dosage, necessary to meet the goals of MIECHV funding directives.

- **Clarification on follow-up that was taken to evaluate the decision to terminate future funding for Healthy Steps.** This clarification includes: the process for final HRSA review and sign-off; **impact analyses to determine how many families the decision would adversely impact**; evidence-based outcomes data reviewed from Healthy Steps sites including the number of home visits conducted within a given timeframe; documented outreach to impacted sites to determine alternative means for funding and family transitions to other programs; and documented attempts to inform national Healthy Steps staff of decisions to terminate future funding.

We also request that HRSA outline the steps for a formal appeal process, including: definitive timeframes; distinctive roles and involvement of HomVEE and HRSA; required outcomes and data submissions from sites to assist with re-evaluation and informed impact analyses; and how states are expected to maintain continuity for clients during an appeal process.

Given the quickly approaching November release of the new FOA for FY 2016 MIECHV funding, we respectfully request that HRSA respond in writing to this letter by Friday, October 23.

Having successfully served thousands of families in both rural and urban areas through this evidence-based model, we strongly desire the opportunity to work quickly and effectively with HomVEE and HRSA to address our questions to ensure that our families can continue to receive the intensive and coordinated services they rely upon from Healthy Steps.

On behalf of our current and past Healthy Steps children and families, we thank you for your attention to this important matter.

Respectfully,



Sue Williams
Chief Executive Officer
Children's Trust of South Carolina
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swilliams@scchildren.org





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Mary W Martin, LCSW
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Attachment G: Healthy Steps Budget Request Table

	FY 2015-2016	FY 2016-2017	FY 2017-2018 *	FY 2018-2019
Total	Caseload 868	Caseload 1305	Caseload 1,300	Caseload 1,300
Catholic Charities Pueblo	60	80	80	80
Denver Health	175	275	275	275
Kaiser Research	73	105	105	105
Northeast Colorado Health Department	115	250	250	250
San Luis Valley Community Mental Health	120	195	195	195
Two sites at Children's Hospital: Teen Clinic and Child Health Clinic	325	400	400	400
CDHS Costs Associated with Managing Healthy Steps Program				
CDHS Personnel and Cost Pool	\$ 13,152	\$ 13,152	0	0
CDPHE	\$ 10,686	\$ 10,686	0	0
CDHS Indirect	\$ 3,027	\$ 3,027	0	0
Sub Total CDHS Costs Associated with Managing Healthy Steps	\$26,865	\$26,865	\$0	\$0
Contractor Personnel				
Healthy Steps Specialists & Supervisors	\$ 501,435	\$ 534,794	\$ 421,360	\$ 571,946
State Coordinator and Project Coordinator	\$ 54,450	\$ 54,450	\$ -	\$ -
Total Contractor Personnel	\$555,885	\$589,244	\$421,360	\$571,946
Contractor Operating, Training, Travel, Contractual	\$169,064	\$169,064	\$0	\$0
Contractor Indirect	\$87,687	\$102,687	\$0	\$0
Sub Total Contractor Expenses	\$812,636	\$860,995	\$421,360	\$571,946
Total Project Costs (CDHS & Contractors)	\$839,501	\$887,860	\$421,360	\$571,946

* The budget period for FY 17- 18 includes October 1, 2017 - June 30, 2018, as July 2017 - September 20, 2017 will be funded by federal funds.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-16 Mental Health Institute Capital Outlay

Dept. Approval By: Melissa W. Wicket

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Erin M. Schmitt 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$86,607	\$0	\$86,607	\$350,377	\$350,377
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$86,607	\$0	\$86,607	\$350,377	\$350,377
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$20,814	\$0	\$20,814	\$92,102	\$92,102
FTE		0.0	0.0	0.0	0.0	0.0
08. Behavioral Health Services, (E) Mental Health Institutes, (1) Mental Health Institutes - Ft. Logan - Capital Outlay	GF	\$20,814	\$0	\$20,814	\$92,102	\$92,102
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
Total		\$65,793	\$0	\$65,793	\$258,275	\$258,275
FTE		0.0	0.0	0.0	0.0	0.0
08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo - Capital Outlay	GF	\$65,793	\$0	\$65,793	\$258,275	\$258,275
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	No	X	If Yes, see attached fund source detail.
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RF Letternote Text Revision
Required?

Yes _____ No X

FF Letternote Text Revision
Required?

Yes _____ No X

Requires Legislation?

Yes _____ No X

Type of Request?

Department of Human Services Prioritized Request

Interagency Approval or Related Schedule
13s: None



Cost and FTE

- The Department requests \$350,377 General Fund in FY 2017-18 and beyond to implement a standardized equipment replacement and minor renovation plan at the Mental Health Institutes (MHIs). This request represents a 678% increase above the FY 2016-17 Institute Capital Outlay appropriation for the MHIs.

Current Program

- The Colorado Mental Health Institute at Pueblo (CMHIP) operates 449 inpatient psychiatric beds, and the Colorado Mental Health Institute at Fort Logan (CMHIFL) operates 94 inpatient psychiatric beds for adults.
- Referrals to the MHIs come from the State’s community mental health centers, local hospitals and the courts.

Problem or Opportunity

- The Department is in need of medical equipment replacements, furnishings, security enhancements, and minor renovations at the Colorado Mental Health Institute at Fort Logan (CMHIFL) and the Colorado Mental Health Institute at Pueblo (CMHIP).
- Prior to FY 2015-16, the Department used existing operating appropriations to replace equipment, which was not sufficient for all MHI equipment and the Department delayed replacing equipment.
- For FY 2015-16, the Department requested and received funding for critically needed equipment and renovations for the MHIs. The FY 2015-16 funding allowed the Department to triage the MHI equipment needs but did not represent a comprehensive solution for the problem.
- A new Capital Outlay line item was added to both of the Department’s MHI Long Bill sections in FY 2015-16, with a current combined appropriation of \$86,607.

Consequences of Problem

- Failure to replace outdated equipment affects efficiency and jeopardizes effective service delivery. Additionally, failure to maintain safe, sanitary furnishings places the Department at risk of citations by various regulatory and credentialing entities.
- Minor renovations are required to provide necessary treatment space for clients, while aging equipment jeopardizes the Department’s ability to provide a safe environment for patients and staff.

Proposed Solution

- The Department is requesting \$350,377 General Fund in FY 2017-18 and beyond in order to institute a standardized methodology for replacing equipment. The Department plans to replace a standard percent of the total MHI equipment (kitchen, patient unit, and medical equipment) on an annual basis so that the full inventory can be refreshed over a pre-determined useful life, which will prevent expensive repairs and allow the Department to operate safely, efficiently and effectively.

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Department Priority: R-16
Request Detail: Mental Health Institute Capital Outlay

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Mental Health Institute Capital Outlay	\$350,377	\$350,377

Problem or Opportunity:

The Department is requesting \$350,377 General Fund in FY 2017-18 and beyond to perform minor renovations and establish a standardized equipment replacement strategy at the Mental Health Institutes.

The Mental Health Institutes (MHI) have not been able to replace medical, patient room furniture and kitchen equipment on a timely and routine basis within the current funding levels. The aging equipment jeopardizes the Department’s ability to provide a safe environment for clients and staff as well as provide an effective service delivery for clients.

Mental Health Institutes

Prior to FY 2015-16, the MHIs used a portion of existing appropriated funds in their Operating Expenses Long Bill line items to replace equipment and perform minor repairs. Budget requests for equipment replacement have been submitted when possible, with the most recent (prior to FY 2015-16) occurring in FY 2005-06. Without a specific appropriation for minor renovations and equipment replacement, the MHIs have had to delay purchasing equipment and have relied on repeated repairs to extend the life of the equipment on hand. Due to prioritizing maintenance on aging equipment, a larger portion of the Operating Expenses appropriation has been used for that purpose, limiting the funding available for equipment replacement and minor renovations.

FY 2015-16 MHI equipment, repair and minor renovation funding

In FY 2015-16, the General Assembly appropriated one time funding of \$1,711,403 General Fund to the MHIs for capital outlay projects (critical equipment replacements, repairs and minor renovations). Additionally, the JBC created a Capital Outlay Long Bill line item within each Institute’s Long Bill section, with the intention to provide predictable, ongoing funding to allow the Institutes to replace equipment and make minor repairs on an ongoing basis based on the needs of the patients and staff. Table 1 illustrates the FY 2015-16 capital outlay appropriations by MHI.

Table 1: FY 2015-16 MHI Capital Outlay Appropriation			
Item	CMHIFL	CMHIP	Total (General Fund)
Capital Outlay Appropriation	\$920,448	\$790,955	\$1,711,403

In FY 2016-17, the Capital Outlay appropriations at the MHIs annualized to \$86,607 General Fund, which has provided a foundation for the MHIs to develop a standardized equipment replacement system, but is not sufficient to meet the MHIs targeted annual replacement funding, illustrated in Table 2. Even after the FY 2015-16 funding for equipment replacement, the majority of the MHIs equipment remains at an age beyond its useful life. The American Hospital Association estimates that the useful life of kitchen equipment is either 5, 10 or 15 years depending on the specific item. The Department, using a similar methodology as the Department of Corrections, has decided to use an average useful life of 16 years for all kitchen and patient room items and 10 years for medical equipment. The average age of the CMHIP kitchen items, after replacements made in FY 2015-16, is 19 years.

Proposed Solution:

The Department is requesting \$350,377 General Fund in FY 2017-18 and beyond to institute a standard and predicable plan for replacing equipment and performing minor renovations at the Colorado Mental Health Institute at Fort Logan (CMHIFL) and Colorado Mental Health Institute at Pueblo (CMHIP).

The Department plans to replace a standard percent of the total MHI equipment on an annual basis so that the full inventory can be refreshed over a pre-determined useful life. The following equation illustrates the methodology for the MHIs targeted annual equipment replacement.

Total Equipment Investment / Useful Life of Equipment = Targeted Equipment Annual Replacement

This strategy is similar to ongoing computer replacements that help reduce major issues such as equipment failure and aging equipment that is susceptible to high costs to maintain. This request will allow for a plan that is proactive to the State’s investment in equipment.

Methodology

Step 1: The Department classified MHI equipment by facility and category. The useful life of each equipment category, as well as installation estimates, have been determined based on guidance from the Department’s Division of Facilities Management and industry standards. The total equipment investment amount includes items that are specifically categorized as operating requests pursuant to Senate Joint Resolution 14-039. A 25% installation and contingency cost is included to cover any unforeseen costs of electrical, plumbing, asbestos mitigation or other installation components the new equipment may require as it is incorporated into the existing infrastructure.

Table 2 illustrates the calculation to determine the targeted annual equipment replacement, as described in Step 1.

Table 2: Targeted Annual Replacement Funding (Step 1)					
Facility	Category	A Total Investment	B Useful Life (years)	= A / B Targeted Annual Replacement Funding	Comments
CMHIFL	Medical	\$ 469,503	10	\$ 46,950	See Exhibit A
	Patient Unit	\$ 416,388	16	\$ 26,025	See Exhibit B
	Kitchen	\$ 277,731	16	\$ 17,358	See Exhibit C
			Sub-total - Fort Logan Installation @ 25%	\$ 90,333	
			Total- Fort Logan Fort Logan Request (100%)	\$ 22,583 \$ 112,916 \$ 112,916	
CMHIP	Medical	\$ 2,105,348	10	\$ 210,535	See Exhibit D
	Patient Unit	\$ 2,265,112	16	\$ 141,570	See Exhibit E
	Kitchen	\$ 2,662,444	16	\$ 166,403	See Exhibit F
			Sub-total - Pueblo Installation @ 25%	\$ 518,508	
			Total - Pueblo Pueblo Request (50%)	\$ 129,627 \$ 648,135 \$ 324,068	
Department Total				\$ 436,984	

Step 2: The Department then determined the incremental annual funding necessary in order to fund the MHIs Capital Outlay appropriations to the level required to meet the Department’s targeted annual equipment replacement amount. Table 3 illustrates the calculations to determine the incremental annual funding needed at each MHI (Step 2). The Department is requesting 50% of the targeted annual replacement funding value for CMHIP, and 100% of the target replacement of CMHIFL in order to maintain a manageable level of repairs and replacements that can be completed on an annual basis. The requested on-going funds for equipment replacement will address the priorities of the Institutes by maintaining safe and functional medical equipment, patient furnishings, and kitchen equipment.

Table 3: Incremental Annual Funding (Step 2)			
Facility	Step 1 Targeted Annual Replacement Funding	Step 2 Total Current Capital Outlay Appropriated	= Step 1 - Step 2 Incremental Funding Requested
CMHIFL	\$112,916	\$20,814	\$92,102
CMHIP	\$324,068	\$65,793	\$258,275
TOTAL	\$436,984	\$86,607	\$350,377

Anticipated Outcomes:

The funding requested will allow the Department to replacement equipment on a consistent and on-going basis. This will help improve the environment in which patients and staff are located and will ensure business continues according to standards established by several credentialing and governing agencies.

Assumptions and Calculations:

Table 4 illustrates the Long Bill line items affected by the request.

Table 4: Requested Funding by Long Bill Line Item	
Line Item Affected	General Fund
CMHIFL Capital Outlay	\$92,102
CMHIP Capital Outlay	\$258,275

Exhibit A illustrates the cost for total investment of medical equipment at CMHIFL that is factored into the medical category of the targeted annual equipment replacement funding (see Table 2).

Exhibit B illustrates the cost for total investment of patient unit equipment at CMHIFL that is factored into the patient unit category of the targeted annual equipment replacement funding (see Table 2).

Exhibit C illustrates the cost for total investment of kitchen equipment at CMHIFL that is factored into the kitchen category of the targeted annual equipment replacement funding (see Table 2).

Exhibit D illustrates the cost for total investment of medical equipment at CMHIP that is factored into the medical category of the targeted annual equipment replacement funding (see Table 2).

Exhibit E illustrates the cost for total investment of patient unit equipment at CMHIP that is factored into the patient unit category of the targeted annual equipment replacement funding (see Table 2).

Exhibit F illustrates the cost for total investment of kitchen equipment at CMHIP that is factored into the kitchen category of the targeted annual equipment replacement funding (see Table 2).

Exhibit A: Total Investment of CMHIFL Medical Equipment

Qty	Equipment Description	Equipment Location	Estimated Value Total
1	Amalgam separator	Dental	\$882
1	Amalgam separator collection container	Dental	\$327
1	Dental X-ray	Dental	\$15,000
1	Dental chair with swing mount, over the patient delivery system and light mount	Dental	\$11,000
1	Dental chair packages with mount bracket, light post, and light bushing	Dental	\$6,500
1	Dental delivery system - behind the patient	Dental	\$3,600
1	Ultrasonic cleaner	Dental	\$2,700
1	Ultrasonic cleaning unit	Dental	\$900
1	Model trimmer	Dental	\$1,185
1	Xray View box	Dental	\$131
1	Polishing lathe	Dental	\$500
2	Curing light	Dental	\$1,000
1	Amalgamator	Dental	\$1,400
6	High speed hand piece for delivery system (4 hole) non-	Dental	\$4,200
4	Slow speed hand piece for delivery system (4 hole) non-	Dental	\$4,952
1	Vacuum pump	Dental	\$3,000
1	Darkroom light	Dental	\$132
1	Xray developing tank	Dental	\$1,600
1	Dental operator apron	Dental	\$850
1	Dental apron with thyroid shield	Dental	\$350
2	Dental operator chairs	Dental	\$1,912
1	Dental assistant chair	Dental	\$956
1	Electric handpiece	Dental	\$480
1	Magnification and lamination optics	Dental	\$900
1	Intraoral camera	Dental	\$1,000
1	EEG acquisition unit which included the equipment listed	EEG	\$11,457
1	Head box for EEG acquisition unit	EEG	\$934
1	Display panel with speakers	EEG	\$350
1	Cart with 115 V power system	EEG	\$3,421
1	Photoc light	EEG	\$2,850
1	Infra red light	EEG	\$1,939
1	Dome camera	EEG	\$12,221
1	Computer and monitor	EEG	\$2,000
1	LaserJet printer	EEG	\$1,000
1	Software	EEG	\$1,025
1	Hospital bed - electric with High and low position	EEG	\$5,000
1	PT table	Physical Therapy	\$4,000
1	Exercise bike	Physical Therapy	\$500
1	Pedal exerciser	Physical Therapy	\$70
1	Parallel bars	Physical Therapy	\$1,500
1	Microwave oven	Physical Therapy	\$200
1	Sonicator 730 ultrasound	Physical Therapy	\$2,000

Exhibit A: Total Investment of CMHIFL Medical Equipment

Qty	Equipment Description	Equipment Location	Estimated Value Total
1	Exam chair	Optometry	\$5,255
1	Slit lamp	Optometry	\$5,325
1	Tonometer and mount	Optometry	\$1,236
1	Phoropter (minus cylinder)	Optometry	\$4,200
1	Stand	Optometry	\$4,400
1	Projector	Optometry	\$3,200
1	Projector	Optometry	\$895
1	Wall mount for projector	Optometry	\$221
1	Adult slide	Optometry	\$195
1	Binocular Indirect Ophthalmoscope	Optometry	\$2,015
3	Hand held instruments - Ophthalmoscope, Retinoscope,	Optometry	\$2,250
1	Amoriex focimeter	Optometry	\$1,800
1	Large centrifuge	Lab	\$6,000
1	Small centrifuge	Lab	\$4,500
1	Specimen refrigerator	Lab	\$500
1	X-ray machine with accessories	Xray	\$65,000
1	Shielding X-Ray apron	Xray	\$300
1	Thyroid shield	Xray	\$40
1	Gloves	Xray	\$145
1	Deluxe shield panel	Xray	\$400
1	X-ray apron peg board	Xray	\$100
1	ECT Machine	ECT	\$16,495
1	Patient Monitor	ECT	\$5,105
1	Patient Monitor	ECT	\$4,335
1	Vital Signs Monitor	ECT	\$4,500
2	Gurneys	ECT	\$9,030
1	Stretch w/IV Pole	ECT	\$2,992
1	Warming Cabinet	ECT	\$5,592
1	Medication Refrigerator	ECT	\$1,300
1	Microwave Oven	ECT	\$90
2	Suction Machines	ECT	\$1,990
1	Pulse Oximeter	ECT	\$495
1	Temporal Thermometer	ECT	\$425
1	Refrigerator / Freezer Thermometer	ECT	\$55
1	Peripheral Nerve Stimulator	ECT	\$225
1	Anesthesia Cart	ECT	\$2,000
1	Anesthesia Machine	ECT	\$10,000
1	Anesthesia stand	ECT	\$282
1	Anesthesia Wall Mount	ECT	\$340
1	Defibrillator	ECT	\$1,700
1	Linen Cabinet / Cart	ECT	\$694
7	Otoscope	Central Medical	\$6,055
9	Pulse Oximeters	Central Medical	\$4,950
4	Spot vital sign machine	Central Medical	\$13,168

Exhibit A: Total Investment of CMHIFL Medical Equipment			
Qty	Equipment Description	Equipment Location	Estimated Value Total
6	Exergen thermometers	Central Medical	\$3,035
9	Suction Machine	Central Medical	\$27,973
1	Sterilizer - M11	Central Medical	\$5,326
1	Sterilizer Tuttnauer	Central Medical	\$2,682
1	Incubator	Central Medical	\$1,495
4	Welch Allyn-Family Practice Kits - BP	Central Medical	\$5,568
4	Hospital Beds	Central Medical	\$4,693
7	Exam Tables	Central Medical	\$33,682
8	AED	Central Medical	\$11,600
7	Nebulizers	Central Medical	\$763
4	Exam Lights	Central Medical	\$640
4	Scales	Central Medical	\$6,915
4	Frigerators	Central Medical	\$264
2	Geri Chairs	Central Medical	\$1,188
6	Wheel Chairs	Central Medical	\$1,020
2	Bariatric Wheel Chair	Central Medical	\$800
1	Suction Machines	Med Clinic	\$995
1	Microscope	Med Clinic	\$995
1	Audiometer	Med Clinic	\$1,046
1	Wood's Lamp	Med Clinic	\$416
1	Ultrasonic Blood Flow Detector	Med Clinic	\$1,049
2	Otoscope / Ophthalmoscope	Med Clinic	\$2,642
2	Examination Light	Med Clinic	\$1,300
1	Magnifying Light	Med Clinic	\$621
1	Examination Light	Med Clinic	\$377
1	Vital Signs Monitor	Med Clinic	\$4,500
1	Pulse Oximeter	Med Clinic	\$495
2	Electrocardiograph (ECG) Machine	Med Clinic	\$6,990
1	Nebulizer	Med Clinic	\$129
1	Spirometer	Med Clinic	\$1,195
2	Medication Refrigerator	Med Clinic	\$1,078
1	Medical Scale	Med Clinic	\$300
1	Hyfrecator	Med Clinic	\$1,717
1	Pulse Oximeter	Med Clinic	\$973
2	Examination Table	Med Clinic	\$4,800
1	Treatment Table	Med Clinic	\$11,862
1	Crash Cart	Med Clinic	\$919
1	5 Drawer Procedure Cart	Med Clinic	\$692
1	3 drawer/1 cabinet Treatment Cart	Med Clinic	\$669
1	3 shelf Equipment Cart	Med Clinic	\$379
TOTAL CMHIFL MEDICAL EQUIPMENT ESTIMATED VALUE			\$469,503

Exhibit B: Total Investment of CMHIFL Patient Unit Equipment

Room Type	Furniture	Qty	Catalog #	Cost/unit	Sub Total	Cost/ Room Type	# of Rooms	Total Investment per Patient Unit
Day Room								
CCI	Couches (3)	4	CILGSS	\$ 777	\$ 3,108			
CCI	Couches (2)	2	CILGSS	\$ 573	\$ 1,146			
CCI	Chairs - lg	8	CILGSS	\$ 365	\$ 2,920			
Norix	Tables	3	Norix XB42000PT	\$ 750	\$ 2,250			
TMG, INC	Patient Phone	1	CT-410-SS-VCD-18-EC	\$ 250	\$ 250			
Best Buy	TV-60"	1	Vizio E6000-B3 Full-ARR & Tilt Mount	\$ 950	\$ 950			
Behavioral Safety Products	TV Cover	1	TE540	\$ 1,300	\$ 1,300			
						\$ 11,924	7	\$ 83,468
Nursing Station								
CCI	Table	1	RT48D	\$ 281	\$ 281			
CCI	Chairs	10	HN4745	\$ 178	\$ 1,780			
CCI	Standing Desks	4	Humanscale Quickstand	\$ 710	\$ 2,840			
CCI	Office Chairs Lg	2	CZN9902	\$ 355	\$ 670			
CCI	Office Chairs Sm	10	OSR92893	\$ 235	\$ 2,350			
DFM	Camera Monitors	4		\$ 200	\$ 800			
						\$ 8,721	4	\$ 34,884
Chart Room								
CCI	Chairs	3	HN4745	\$ 178	\$ 534			
						\$ 534	4	\$ 2,136
Conference Room								
CCI	Table	1	BCT9660	\$ 1,162	\$ 1,162			
CCI	Chairs	16	KCH8012	\$ 111	\$ 1,776			
						\$ 2,938	7	\$ 20,566
Patient Room								
Norix	Bed	1	ATN100	\$ 972	\$ 972			
Norix	Mattress	1	Derby G603680	\$ 399	\$ 399			
Norix	Wardrobe Shelves	1	ATN250	\$ 485	\$ 485			
Norix	Night stand	1	ATN400-601	\$ 260	\$ 260			

Exhibit B: Total Investment of CMHIFL Patient Unit Equipment

Room Type	Furniture	Qty	Catalog #	Cost/unit	Sub Total	Cost/ Room Type	# of Rooms	Total Investment per Patient Unit
InPro, Corp	Shower Curtains	1	CZ-Security	\$ 65	\$ 65			
						\$ 2,181	94	\$ 205,014
Seclusion Rooms								
DFM	Security Cameras	3	Vandal Proof	\$ 800	\$ 2,400			
						\$ 2,400	12	\$ 28,800
Communal Bathrooms								
InPro, Corp	Shower Curtains	2	CZ-Security	\$ 100	\$ 100			
						\$ 100	8	\$ 800
Appliances								
Speed Queen/Stackal	Washer/Dryer	2	LTEE5ASP173TW01	\$ 4,800	\$ 4,800			
Best Buy	Refrigerators	2	Frigidaire 18.0	\$ 700	\$ 1,400			
Best Buy	Refrigerators	2	Igloo 3.2 Compact	\$ 150	\$ 300			
Best Buy	Microwave	1	Sharp 1.1 CU	\$ 200	\$ 200			
						\$6,700	4	\$ 26,800
Diningroom								
CCI	Tables	6	RT48D	\$ 281	\$ 1,686			
CCI	Chairs	26	SCU002	\$ 69	\$ 1,794			
						\$3,480	4	\$ 13,920
Total					\$ 38,978	\$ 416,388		

Exhibit C: Total Investment of CMHIFL Kitchen Equipment

Quote

05/21/2015

To:
Dennis Buck
4112 South Knox Court
Denver, co 80236

Project:
Fort Logan

From:
United Restaurant Supply
Gene Medina
725 Clark Pl.
Colorado Spgs, CO 80915-
(719)574-3200
(719)574-3200 (Contact)

Job Reference Number: 325

Item	Qty	Description	Sell	Sell Total
1	3 ea	HOLDING CART Food Warming Equip Model No. PTST-0911-36HA Heated holding cart, 120 volt, concealed thermostat preset 170, 8" caster, bottom bumper	\$6,267.00	\$18,801.00
			Freight: \$210.00	\$630.00
			ITEM TOTAL:	\$19,431.00
2	2 ea	HEATED HOLDING CABINET Metro Model No. C539-HDC-U C5™ 3 Series Heated Holding Cabinet, with Red Insulation Armour™, mobile, full height, insulated, dutch clear polycarbonate doors, removable bottom mount control module, thermostat to 200°F, universal wire slides on 3" centers, adjustable on 1-1/2" increments (18) 18" x 26" or (34) 12" x 20" x 2-1/2" pan capacity, 5" casters (two with brakes), aluminum, 120v/60/1-ph, 2000 watts, 16.7 amps, NEMA 5-20P, UL, CUL, NSF	\$3,179.40	\$6,358.80
			Freight: \$118.80	\$237.60
			ITEM TOTAL:	\$6,596.40
3	1 ea	HEATED HOLDING CABINET Metro Model No. C515-HFC-4 C5™ 1 Series Heated Holding Cabinet, mobile, 1/2 height, non-insulated, clear polycarbonate door, removable bottom mount control module, thermostat to 190°F, fixed wire slides on 3" centers (8) 18" x 26" or (16) 12" x 20" x 2-1/2" pan capacity, 5" casters (two with brakes), aluminum, 120v/60/1-ph, 2000 watts, 16.7 amps, NEMA 5-20P, UL, CUL, NSF	\$1,988.40	\$1,988.40
			Freight: \$44.10	\$44.10
			ITEM TOTAL:	\$2,032.50
4	1 ea	CART United Restaurant Supply, Inc. Model No. 9020A		
5	1 ea	REACH-IN REFRIGERATOR True Food Service Equipment Model No. T-49 Refrigerator, Reach-in, two-section, stainless steel doors, stainless steel front, aluminum sides, white aluminum interior with stainless steel floor, (6) adjustable PVC-coated wire shelves, interior lighting, 4" castors, 1/3 HP, 115v/60/1, 5.8 amps, 9' cord, NEMA 5-15P, MADE IN USA, cULus, NSF, CE	\$3,129.70	\$3,129.70

Exhibit C: Total Investment of CMHIFL Kitchen Equipment

		United Restaurant Supply	05/21/2015	
Item	Qty	Description	Sell	Sell Total
	1 ea	Self-contained refrigeration standard		
	1 ea	Warranty - 5 year compressor (self-contained only), please visit www.Truefmfg.com for specifics		
	1 ea	4" Swivel castors, standard (adds 5" to OA height)		
	1 ea	Warranty - 3 year parts and labor, please visit www.Truefmfg.com for specifics		
	1 ea	Left door hinged left, right door hinged right standard		
			Freight:	\$191.25
				\$191.25
			ITEM TOTAL:	\$3,320.95
6	1 ea	DISHWASHER, DOOR TYPE Hobart Model No. AM15-2 Dishwasher, door type, hot water/chemical sanitizing, 58-65 racks/hour, straight-thru or corner, solid-state controls with digital status, with booster heater, electric tank heat, auto-fill, stainless steel tank, frame, doors & feet, 208-240/60/3, 24.9 amps, ENERGY STAR®	\$12,408.94	\$12,408.94
	1 ea	Standard warranty - 1-Year parts, labor & travel time during normal working hours within the USA		
			Freight:	\$159.30
				\$159.30
			ITEM TOTAL:	\$12,568.24
7	1 ea	REACH-IN REFRIGERATOR Delfield Model No. SSR2-S Specification Line Series® Refrigerator, Reach-in, two-section, 51.92 cubic feet, self contained refrigeration 404A, digital thermometer, (6) chrome plated wire shelves, built-in locks, recessed metal door handle, pressure relief valve, solid hinged full height door, ABS interior door liners, stainless steel exterior & interior, stainless steel breaker strips, top mounted compressor, 6" adjustable stainless steel legs, cUL, UL, NSF, ENERGY STAR®, 1/3 hp	\$8,011.35	\$8,011.35
	1 ea	115v/60/1, 9.5 amps, NEMA 5-15P, standard		
	1 ea	(3) Year parts & labor warranty, standard (USA)		
	1 ea	(5) Year compressor warranty standard		
	1 ea	Self-contained refrigeration system, standard		
	1 ea	Left door hinged on left, right door hinged on right, standard		
			Freight:	\$292.50
				\$292.50
			ITEM TOTAL:	\$8,303.85
8	1 ea	PASS-THRU REFRIGERATOR Delfield Model No. SSRPT2-S Specification Line Series® Refrigerator, Pass-thru, two-section, 55.42 cubic feet, self-contained refrigeration 404A, digital thermometer, (6) chrome plated wire shelves, built-in locks, recessed metal door handle, pressure relief valve, solid hinged full height door, stainless steel exterior & interior, 6" adjustable stainless steel legs, cUL, UL, NSF, 1/2 hp	\$10,195.45	\$10,195.45
	1 ea	115v/60/1, 14.5 amps, NEMA 5-20P, standard		
	1 ea	(3) Year parts & labor warranty, standard (USA)		
	1 ea	(5) Year compressor warranty standard		
	1 ea	Self-contained refrigeration system, standard		
	1 ea	Left door hinged on left, right door hinged on right, standard		

		United Restaurant Supply	05/21/2015	
Item	Qty	Description	Sell	Sell Total
		(Thermometer side)		
	1 ea	Left door hinged on left, right door hinged on right, standard (Rear)		
			Freight:	\$315.00
				\$315.00
			ITEM TOTAL:	\$10,510.45
9	1 ea	COUNTERTOP GRIDDLE Wolf Range Model No. ASA48-30 Heavy Duty Gas Griddle, 108,000 BTU, 48" W x 30" D x 1" thick polished	\$6,596.48	\$6,596.48

Exhibit C: Total Investment of CMHIFL Kitchen Equipment



steel griddle plate, embedded mechanical snap action thermostat every 12", millivolt pilot safety, manual ignition, countertop, low profile, stainless steel front, sides, front top ledge with "Cool Bullnose", front grease trough, grease can, heavy gauge 4" back & tapered side splashes, 4" adjustable legs, CSA, NSF

1 ea	1 year limited parts & labor warranty, standard		
1 ea	Gas type to be specified		
1 ea	STAND/C-48 Equipment Stand, 49" W x 24" H, with marine edge, undershelf, stainless steel, 5" casters	\$892.90	\$892.90
	Freight:	\$291.60	\$291.60
	ITEM TOTAL:		\$7,780.98

10

1 ea COLD PAN SERVING COUNTER



Duke Manufacturing Model No. TCM-8855-N7
Thurmaduke™ Cold Food Unit, mobile, 88"W x 32"D x 36"H, 16ga stainless steel top, NSF-7 stainless steel mech. cold pan, 8" deep, 84-1/2" x 21-3/4" liner, 1" drain line & valve, 20ga stainless steel body & undershelf, 5" dia. swivel casters (2 with brakes), 6' cord & plug

1 ea	120v/60/1-ph, 60 cycle, 1-ph, 1/3 HP, 6.0 amps, R134A, NEMA 5-15P		
	Freight:	\$261.00	\$261.00
	ITEM TOTAL:		\$9,342.60

11

1 ea HOT FOOD SERVING COUNTER



Duke Manufacturing Model No. TEHF-8855
Thurmaduke™ Hot Food Unit, mobile, electric, 88"W x 32"D x 36"H, 16ga stainless steel top, (6) stainless steel heat wells, drains, copper manifolds, (1) valve, thermostats, dish shelf, 20ga stainless steel body & undershelf, 5" swivel casters(2 with brakes),6 ft cord with plug

1 ea	Voltage to be determined		
	Freight:	\$267.75	\$267.75
	ITEM TOTAL:		\$8,623.13

12

1 ea PASS-THRU REFRIGERATOR

Delfield Model No. SSRPT1-SH
Specification Line Series® Refrigerator, Pass-thru, single-section, 26.64 cubic feet, self-contained refrigeration, 404A, digital thermometer, (3) chrome plated wire shelves, built-in locks, recessed metal door handle, pressure relief valve, solid hinged half height door, stainless steel exterior & interior, 6" adjustable stainless steel legs, cUL, UL, NSF, 1/4 hp

1 ea	115v/60/1, 6.0 amps, NEMA 5-15P, standard		
1 ea	(3) Year parts & labor warranty, standard (USA)		
1 ea	(5) Year compressor warranty standard		
1 ea	Self-contained refrigeration system, standard		
	Freight:	\$7,588.75	\$7,588.75
	ITEM TOTAL:		\$8,890.88

United Restaurant Supply

05/21/2015

Item	Qty	Description	Sell	Sell Total
	1 ea	Door hinged on right standard (Thermometer side)		
	1 ea	Door hinged on right standard (Rear)		
		Freight:	\$204.75	\$204.75
		ITEM TOTAL:		\$7,793.50
13	1 ea	DISPOSER	\$4,616.25	\$4,616.25
		InSinkErator Model No. SS-300-12A-AS101 SS-300™ Complete Disposer Package, with 12" diameter bowl, 6-5/8" diameter inlet, with removable splash baffle & reversible bowl cover, 3 HP motor, stainless steel construction, includes syphon breaker, (2) solenoid valves, (2) flow control valves, programmable AquaSaver® control center AS-101, automatic water saving function, auto reversing, timed run, post flush		
	1 ea	(3) years parts & labor warranty from date of installation (standard)		
	1 ea	Standard height disposer body		
	1 ea	Voltage to be determined later		
	1 ea	SYPHON STD Syphon breaker standard, 1/2" (11477)		
		Freight:	\$75.83	\$75.83
		ITEM TOTAL:		\$4,692.08
14	1 ea	DISPOSER	\$7,467.50	\$7,467.50

Exhibit C: Total Investment of CMHIFL Kitchen Equipment



Hammerall Model No. C-300
Food Waste Disposer, base unit only, 3 HP grind rating, 1-1/2 HP motor, stainless steel cabinet enclosure, stainless steel grind screen, belt driven grind chamber, includes: rubber boot adapter, stainless steel clamps, stainless steel adjustable legs & splash guard, 3 ph

1 ea	Must specify voltage on order		
1 ea	CA-45X Disposer Control Panel, magnetic contactor with start/stop push button, non-metallic IP-65 gasketed enclosure, 3-ph, UL	\$811.25	\$811.25
		Freight:	\$69.75
			\$69.75
		ITEM TOTAL:	\$8,348.50

15

1 ea **PLANETARY MIXER**



Globe Model No. SP62P
Planetary Pizza Mixer, 60 qt., floor model, (2) fixed-speeds, #12 hub, electronic digital controls & 99 minute timer, aluminum dough hook, bowl truck, cast iron body, 60 qt. stainless steel bowl, stainless steel bowl guard with built-in ingredient chute, power bowl lift; gear-driven high torque transmission; non-slip rubber feet, NSF, cETLus

1 ea	2 year parts (excludes wear/expendable parts), 1 year labor warranty (contact factory for details)		
1 ea	220v/60/1-ph, 16 amps, NEMA L6-30P		
		Freight:	\$460.35
			\$460.35
		ITEM TOTAL:	\$15,112.50

16

1 ea **REACH-IN FREEZER**

Delfield Model No. 55F1-S
Specification Line Series® Freezer, Reach-in, single-section, 24.96 cubic feet, self-contained refrigeration 404A, digital thermometer, (3) chrome plated wire shelves, recessed metal door handle, built-in door locks, pressure relief valve, solid hinged full height doors, stainless steel exterior & interior, 6" adjustable stainless steel legs, cUL, UL, NSF,

		Freight:	\$7,207.99
			\$7,207.99
		ITEM TOTAL:	\$7,207.99


United Restaurant Supply

05/21/2015

Item	Qty	Description	Sell	Sell Total
		ENERGY STAR®, 1/2 hp		
	1 ea	115v/60/1, 9.0 amps, NEMA 5-15P, standard		
	1 ea	(3) Year parts & labor warranty, standard (USA)		
	1 ea	(5) Year compressor warranty standard		
	1 ea	Self-contained refrigeration system, standard		
	1 ea	Door hinged on right standard		
			Freight:	\$198.00
				\$198.00
			ITEM TOTAL:	\$7,405.99
17	1 ea	HEATED BANQUET CART	\$9,786.67	\$9,786.67
		Cres Cor Model No. CCB-120A Cabinet, Mobile Banquet, insulated, two doors, with thermostatically controlled heat unit, capacity (120) 11" covered plates or (90) 11-3/4" covered plates or (60) 13" covered plates, stainless steel riveted, welded & finished, perimeter bumper		
	1 ea	Standard Warranty: 1 yr labor, 2 yrs parts warranty		
	1 ea	120v/60/1-ph, 1650 w, 13.8 amps		
			Freight:	\$265.50
				\$265.50
			ITEM TOTAL:	\$10,052.17
18	1 ea	CONVECTION OVEN	\$7,959.47	\$7,959.47
		Blodgett Oven Model No. DFG100 ADDL Convection Oven, gas, single-deck, standard depth, capacity (5) 18" x 26" pans, (SSD) solid state digital controls, 2-speed fan, interior light, simultaneous operated doors with glass, porcelain crumb tray, stainless steel front, sides & top, 6" stainless steel legs, flue connector, 55,000 BTU, CSA, NSF, CE		
	1 ea	(3) year parts, (2) year labor warranty and (5) additional year door warranty (parts only), standard		
	1 ea	Gas type to be determined		
	1 ea	115v/60/1-ph, 6.0 amps, 3-wire with ground, 6' cord, plug, NEMA 5-15P, 1/3 hp, standard		
	1 ea	SSD Solid State digital with Pulse Plus and Cook & Hold, standard		
	1 ea	Controls on right side of oven, standard		


Exhibit C: Total Investment of CMHIFL Kitchen Equipment


1 ea	Venting to be determined		
1 ea	6" legs, adjustable, stainless steel (set), standard		
		Freight:	\$265.50 \$265.50
		ITEM TOTAL:	\$8,224.97


19	1 ea CONVECTION OVEN		\$7,959.47 \$7,959.47
	 Blodgett Oven Model No. DFG100 ADDL Convection Oven, gas, single-deck, standard depth, capacity (5) 18" x 26" pans, (SSD) solid state digital controls, 2-speed fan, interior light, simultaneous operated doors with glass, porcelain crumb tray, stainless steel front, sides & top, 6" stainless steel legs, flue connector, 55,000 BTU, CSA, NSF, CE		
	1 ea (3) year parts, (2) year labor warranty and (5) additional year door warranty (parts only), standard		
	1 ea Gas type to be determined		
	1 ea 115v/60/1-ph, 6.0 amps, 3-wire with ground, 6' cord, plug, NEMA 5-15P, 1/3 hp, standard		

United Restaurant Supply 05/21/2015

Item	Qty	Description	Sell	Sell Total
	1 ea	SSD Solid State digital with Pulse Plus and Cook & Hold, standard		
	1 ea	Controls on right side of oven, standard		
	1 ea	Venting to be determined		
	1 ea	6" legs, adjustable, stainless steel (set), standard		
			Freight:	\$265.50 \$265.50
			ITEM TOTAL:	\$8,224.97


20	1 ea REACH-IN REFRIGERATOR		\$3,887.91 \$3,887.91
	 Delfield Model No. 6051XL-S Refrigerator, Reach-in, two-section, 43.5 cubic feet, top mounted self-contained refrigeration 404A, digital thermometer, stainless steel front, aluminum ends, ABS interior, (3) epoxy coated wire shelves per section, solid hinged full height doors, casters, 1/3 hp, cUL, UL, NSF, ENERGY STAR®		
	1 ea 115v/60/1, 8.0 amps, with cord & NEMA 5-15P, standard		
	1 ea (3) Year parts & labor warranty, standard (USA)		
	1 ea 5 Year compressor warranty standard		
	1 ea Left door hinged on left, right door hinged on right, standard		
		Freight:	\$204.30 \$204.30
		ITEM TOTAL:	\$4,092.21

21	1 ea DISPOSER		\$4,155.00 \$4,155.00
	 InSinkErator Model No. SS-150-12A-AS101 SS-150™ Complete Disposer Package, with 12" diameter bowl, 6-5/8" diameter inlet, with removable splash baffle & reversible bowl cover, 1-1/2 HP motor, stainless steel construction, includes syphon breaker, (2) solenoid valves, (2) flow control valves, programmable AquaSaver® control center AS-101, automatic water saving function, auto reversing, timed run, post flush, adjustable leg kit		
	1 ea (3) years parts & labor warranty from date of installation (standard)		
	1 ea Standard height disposer body		
	1 ea Voltage to be determined later		
	1 ea SYPHON STD Syphon breaker standard, 1/2" (11477)		
		Freight:	\$51.08 \$51.08
		ITEM TOTAL:	\$4,206.08

22	1 ea MEAT SLICER		\$2,433.53 \$2,433.53
	 Hobart Model No. EDGE12-2 Slicer, manual, med duty, angle feed, 12" carbon steel knife, carriage & gauge plate interlocks, poly-v belt drive, permanent ring guard, removable anodized aluminum carriage & knife cover, top mounted sharpener, anodized aluminum finish, 220-240v/50-60/1-ph, 4 amp, 1/2 hp, ETL, NSF		
	1 ea Standard warranty - 1-Year parts, labor & travel time during normal working hours within the USA		
		Freight:	\$38.25 \$38.25
		ITEM TOTAL:	\$2,471.78

23	1 ea PLANETARY MIXER		\$6,373.29 \$6,373.29
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Exhibit C: Total Investment of CMHIFL Kitchen Equipment

		United Restaurant Supply	05/21/2015	
Item	Qty	Description	Sell	Sell Total
		Hobart Model No. HL200-11STD 200-240/50/60/1; Floor type mixer; with bowl, beater, and whip; US/EXP configuration Legacy Planetary (Floor) Mixer, 20-qt., 3 fixed speeds plus stir speed, stainless steel, gear trans, 15-minute SmartTimer™, #12 taper hub, manual bowl lift, stainless steel bowl, aluminum "B" beater, stainless steel "D" wire whip, stainless steel bowl guard, 1/2 hp, cord with plug		
	1 ea	Standard warranty - 1-Year parts, labor & travel time during normal working hours within the USA		
24	1 ea	DECK PIZZA OVEN Blodgett Oven Model No. 1048 ADDL Pizza Oven, deck-type, gas, 48"W x 37"D deck interior, (1) 10" high section, mechanical thermostat, Ultra Rokite deck, spring assist door with concealed hinges, full angle iron frame, stainless steel top, front and sides, 12" stainless steel legs, flue connector, 85,000 BTU, cETLus, NSF	\$8,804.07	\$8,804.07
	1 ea	(2) year parts, (1) year labor warranty and (3) additional year door warranty (parts only), standard		
	1 ea	Gas type to be determined		
	1 ea	12" legs, stainless steel (set), standard		
		Freight:	\$418.50	\$418.50
		ITEM TOTAL:		\$9,222.57
25	1 ea	STATIONARY KETTLE Vulcan Model No. K60DL Stationary Kettle, Direct, 60-gallon true working capacity, 2/3 jacketed, Ellipsoidal bottom design, spring assisted hinged cover, 2" compression draw-off valve with perforated strainer, faucet bracket 130° right of draw-off, stainless steel construction, tri-leg base, steam control assembly, 50 psi, 1.0 BHP	\$10,317.08	\$10,317.08
	1 ea	1 year limited parts & labor warranty, standard		
	1 ea	NOTE: This unit includes: embossed gallon/liter markings, 316 stainless steel liner and heavy bar rim standard		
		Freight:	\$119.25	\$119.25
		ITEM TOTAL:		\$10,436.33
26	1 ea	COMBI OVEN Convotherm Model No. C4 ED 6.20GS Convotherm Combi Oven/Steamer, gas, boilerless, (6) 18" x 26" full size sheet pan or (12) 12" x 20" x 2-1/2" hotel pan capacity, easyDial control panel with digital display 9-stage & 99 cooking recipes storage, (4) cooking modes: hot air, steam, combi-steam & retherm, multi-point core temperature probe, five-speed auto reversing fan, anti-microbial hygienic door handle, pull-out spray hose, stainless steel construction	\$15,075.13	\$15,075.13
	1 ea	12 month parts and labor warranty and second 12 month parts only warranty, standard		
	1 ea	Gas type to be specified		
	1 ea	Door hinged right, standard		
	1 ea	A water analysis is required for the proper selection of a water treatment system.		

		United Restaurant Supply	05/21/2015	
Item	Qty	Description	Sell	Sell Total
			Freight:	\$206.10
			ITEM TOTAL:	\$15,281.23
27	1 ea	TILTING SKILLET, COUNTERTOP, ELECTRIC Market Forge Industries Model No. 1200 Tilting Skillet, electric, 12 gallon capacity, counter top, with 1 piece 10 ga. stainless steel pan with satin finish exterior & polished interior, standard power switch, thermostat, pilot light & high temperature cut-off	\$6,768.00	\$6,768.00
	1 ea	Standard (1) one year parts & labor warranty, equipment only		
	1 ea	208v/50/60/3-ph, 25 amps, 9.0 kW		
		Freight:	\$72.00	\$72.00
		ITEM TOTAL:		\$6,840.00
28	1 ea	CONVECTION STEAMER Cleveland Range Model No. 21CGAS Steamcraft® Ultra S Convection Steamer, Gas, countertop, 1 compartment, (5) 12 x 20 x 2-1/2" pans/compartment capacity, automatic controls & automatic boiler blowdown, left hand door hinging, split water connection, stainless steel construction, 70,000 BTU, 4" adjustable legs	\$10,724.33	\$10,724.33

Exhibit C: Total Investment of CMHIFL Kitchen Equipment

- 1 ea 1-year limited warranty, standard
- 1 ea Gas type to be specified
- 1 ea (VOS115) 115v/60/1-ph, 4.0 amp, standard
- 1 ea Right hand door hinging not available

Freight: \$123.75 \$123.75
ITEM TOTAL: \$10,848.08

29 1 ea **CONVECTION OVEN** \$10,266.77 \$10,266.77



Alto-Shaam Model No. 2-ASC-4G/STK
 Platinum Series Convection Oven, Gas, stacked, standard depth, electronic spark ignition, manual controls, temperature range 100-500° F, 60/40 dependent doors, (6) chrome plated wire shelves, (12) 18" x 26" pan capacity per deck, stainless steel front, sides & top, porcelain enamel interior, 100,000 BTU, 3/4 hp fan motor, NSF, cETLus

- 1 ea Gas type to be specified
- 1 ea 120v/60/1-ph, 7.5 amps, 6' cord, NEMA 5-15P, standard
- 1 ea 6" legs with bullet feet, standard

Freight: \$418.50 \$418.50
ITEM TOTAL: \$10,685.27

30 1 ea **HD RANGE, 32", 2 HOT TOPS** \$5,766.40 \$5,766.40



Southbend Model No. P32D-HH
 Platinum Heavy Duty Range, gas, 32", uniform hot top, manual controls, battery spark ignition, (1) standard oven, includes (2) racks, stainless steel front, sides, exterior bottom & 6" adjustable legs, 125,000 BTU, CSA, NSF

- 1 ea Standard (2) years limited parts and labor warranty (reference warranty document for details)
- 1 ea NOTE: 5" flue riser, standard
- 1 ea Gas type to be specified (gas pressure regulator required for individual unit)

		United Restaurant Supply		05/21/2015	
Item	Qty	Description	Sell	Sell Total	
			Freight:	\$283.50	\$283.50
			ITEM TOTAL:	\$6,049.90	
31	1 ea	HD RANGE, 32", 4 OPEN BURNERS	\$5,204.83	\$5,204.83	
		Southbend Model No. P32D-XX Platinum Heavy Duty Range, gas, 32", (4) 45,000 BTU open burners, manual controls, (1) standard oven, includes (2) racks, stainless steel front, sides & 6" adjustable legs, 225,000 BTU, CSA, NSF			
	1 ea	Standard (2) years limited parts and labor warranty (reference warranty document for details)			
	1 ea	NOTE: 5" flue riser, standard			
	1 ea	Gas type to be specified (gas pressure regulator required for individual unit)			
			Freight:	\$283.50	\$283.50
			ITEM TOTAL:	\$5,488.33	
32	1 ea	HD RANGE, 32" GRIDDLE	\$6,311.53	\$6,311.53	
		Southbend Model No. P32D-TT Platinum Heavy Duty Range, gas, 32", griddle, 1" thick plate, thermostatic controls, battery spark ignition, (1) standard oven, includes (2) racks, stainless steel front, sides, exterior bottom & 6" adjustable legs, 125,000 BTU, CSA, NSF			
	1 ea	Standard (2) years limited parts and labor warranty (reference warranty document for details)			
	1 ea	NOTE: 5" flue riser, standard			
	1 ea	Gas type to be specified (gas pressure regulator required for individual unit)			
			Freight:	\$315.00	\$315.00
			ITEM TOTAL:	\$6,626.53	
33	1 ea	CONVEYOR TOASTER	\$2,128.82	\$2,128.82	
		Hatco Model No. TK-100-208-QS (QUICK SHIP MODEL) Toast King™ Conveyor Toaster, vertical conveyor, countertop design, bread and bun toaster, approximately 960 units/hour capacity, stainless steel construction			
	1 ea	NOTE: Sale of this product must comply with Hatco's Minimum Resale Price Policy; consult order acknowledgement for details			
	1 ea	NOTE: Includes 24/7 parts & service assistance, call 800-558-0607			
	1 ea	One year on-site parts and labor warranty, plus one additional year parts only warranty on all Toast-King metal sheathed elements			
	1 ea	208v/60/1-ph, 5.0kw, 24.0 amps, NEMA 6-30P			

Exhibit C: Total Investment of CMHIFL Kitchen Equipment

	Freight:	\$39.60	\$39.60
	ITEM TOTAL:		\$2,168.42

34	1 ea	COUNTERTOP GRIDDLE		\$6,596.48	\$6,596.48
			Wolf Range Model No. ASA48-30 Heavy Duty Gas Griddle, 108,000 BTU, 48" W x 30" D x 1" thick polished steel griddle plate, embedded mechanical snap action thermostat every 12", millivolt pilot safety, manual ignition, countertop, low profile, stainless steel front, sides, front top ledge with "Cool Bullnose", front		



		United Restaurant Supply		05/21/2015	
Item	Qty	Description	Sell	Sell Total	
		grease trough, grease can, heavy gauge 4" back & tapered side splashes, 4" adjustable legs, CSA, NSF			
	1 ea	1 year limited parts & labor warranty, standard			
	1 ea	Gas type to be specified			
	1 ea	STAND/C-48 Equipment Stand, 49" W x 24" H, with marine edge, undershelf, stainless steel, 5" casters	\$892.90		\$892.90
			Freight:	\$291.60	\$291.60
			ITEM TOTAL:		\$7,780.98
35	1 ea	CONDENSING United Restaurant Supply, Inc. Model No. CONDENSING UNIT Tecumseh condensing unit for walk in freezer model #AWA24792XTXC with product #2C2115-9	\$2,097.36		\$2,097.36
36	1 ea	CONDENSING United Restaurant Supply, Inc. Model No. CONDENSING UNIT Heatcraft condensing unit for walk in cooler #BHT011L6C stock #LHT011L6CF	\$2,360.00		\$2,360.00
37	1 ea	CONDENSING UNIT Tecumseh Products Model No. AJA9486EXDXC Tecumseh condensing unit for walk in cooler	\$1,251.27		\$1,251.27
38	1 ea	ICE CUBER Manitowoc Model No. ID-0606A Indigo™ Series Ice Maker, cube-style, air-cooled, self-contained condenser, up to 632-lb approximately/24 hours, DuraTech™ exterior (stainless finish with innovative clear-coat resists fingerprints & dirt), dice size cubes, ENERGY STAR®	\$3,591.77		\$3,591.77
	1 ea	3 year parts & labor Commercial warranty			
	1 ea	5 year parts & labor Commercial warranty on evaporator			
	1 ea	5- year parts & 3- year labor Commercial warranty on compressor			
	1 ea	(-261) 208-230v/60/1ph, 11.1 amps, std.			
	1 ea	B-570 Ice Bin, with top-hinged front-opening door, approximately 430 lb ice storage capacity, for top-mounted ice maker, stainless steel exterior	\$1,087.87		\$1,087.87
	1 ea	3 year parts & labor Commercial warranty			
	1 ea	6" adjustable stainless steel legs, std.			
			Freight:	\$139.05	\$139.05
			ITEM TOTAL:		\$4,818.69
		Total			\$277,730.85

Total

\$ 277,731

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
EKG-EEG/CMHIP			
50524	Hewlett-Packard/Cardiology M1770A Electrocardiographic		\$2,929
52642	Philips Medical System Cardiac & Monito Pagewriter		\$1,499
53653	Samsung B2230 Monitor Video		\$695
53654	Grass Instruments Company AS40 Amplifier Bioelectric		\$1,699
53655	Hewlett-Packard/Cardiology AU247AV Computer Interface		\$3,940
53674	Grass Instruments Company 32795400 Light Sources		\$388
Medical/CMHIP			
31359	Cricon Corp. MV9086 LIGHT SOURCE, FIBEROPTIC	125	\$500
50018	Steris Corp. ODJ04 WARMER, BLANKET	125	\$8,361
50485	Allied Healthcare Products Inc. 3021 ASPIRATORS	125	\$724
50508	Medtronic Inc. LP20 DEFIBRILLATOR, AUTOMATIC EXT	125	\$11,771
50510	Medtronic Inc. LP20 DEFIBRILLATOR, AUTOMATIC EXT	125 Central Sterile	\$11,771
50587	MECTA Corp. 5000Q ELECTROCONVULSIVE THERAPY UNITS	125	\$2,500
50612	Aspect Medical Systems Inc. A2000 BISPECTAL MONITOR	125	\$3,101
50613	Aspect Medical Systems Inc. A2000 BISPECTAL MONITOR	125	\$3,101
50701	Ohmeda Div Boc Healthcare Inc. EXEL/210SE ANESTHESIA UNIT	125	\$24,950
50702	Ohmeda Div Boc Healthcare Inc. EXEL/210SE ANESTHESIA UNIT	125	\$24,950
50704	MECTA Corp. 5000Q ELECTROCONVULSIVE THERAPY UNITS	125	\$2,500
51041	Oec-Diasonics Inc. 9800 RADIOGRAPHIC UNIT, CYSTO	125	\$70,000
51135	American Sterilizer Co. M70WCE WARMER, BLANKET	125 CORE	\$5,690
51195	Level 1 Technologies Inc. EQ5000 WARMER, BLANKET	125	\$6,950
51935	Bard Patient Care Division of 9760036 SCANNER, ULTRASONIC,	125	\$1,152
52346	Skytron Div The KMW Group 3502 B TABLE, OPERATING	OR SUITE BLDG. 125	\$33,555
52360	3m Health Care 190 INCUBATOR, GENERAL	125	\$1,100
53200	MECTA Corp. 5000Q ELECTROCONVULSIVE THERAPY UNITS	OR SUITE	\$2,500
54217	Hausted Inc. 462 HMCST STRETCHER, PATIENT	OR HALLWAY	\$1,275
54218	Hausted Inc. 493 HMCST STRETCHER, PATIENT	OR HALLWAY	\$1,995
54219	Hausted Inc. 462 HMCST STRETCHER, PATIENT	OR HALLWAY	\$1,275
54220	Hausted Inc. 493 RPCST STRETCHER, PATIENT	OR HALLWAY	\$1,995
54221	Hausted Inc. 493 RPCST STRETCHER, PATIENT	OR HALLWAY	\$1,995
54274	Datascope Corp. PASSPROT XG PHYSIOLOGIC MONITOR	RECOVERY	\$7,622
54275	Datascope Corp. GAS MODULE 11 MONITOR, ANESTHESIA	RECOVERY	\$1,599
54276	Datascope Corp. PASSPROT XG PHYSIOLOGIC MONITOR	RECOVERY	\$7,622
54277	Datascope Corp. PASSPROT XG PHYSIOLOGIC MONITOR	RECOVERY	\$7,622
54278	Datascope Corp. PASSPROT XG PHYSIOLOGIC MONITOR	RECOVERY	\$7,622

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
54279	Datascope Corp. GAS MODULE 11 MONITOR, ANESTHESIA	RECOVERY	\$1,599
Physical Therapy/CMHIP			
31301	Whitehall Mfg. E15M BATH, WHIRLPOOL	Bldg. 125 PT-CLINIC	\$5,510
39022	Unisen Inc. STARTRAC TREADMILL	Bldg. 125 PT-CLINIC	\$3,895
39023	Laberne 1060E TABLE, EXAM-TREATMENT	Bldg. 125 MED/SURG	\$1,199
41859	Unisen Inc. STARTRAC TREADMILL	Bldg. 125 PT-CLINIC	\$3,895
41860	Chattanooga Corp. M2 HYDROCOLLATOR	Bldg. 125 PT-CLINIC	\$2,476
41861	Chattanooga Corp. C-2 COLD PACK CHILLING UNIT	Bldg. 125 PT-CLINIC	\$1,599
41871	M&M Medical WARMUP WARMER, SOLUTION	Bldg. 125 PT-CLINIC	\$80
41874	Chattanooga Corp. ADAPTA TABLE, EXAM-TREATMENT	HSFI MEDICAL CLINIC/PT	\$2,129
50305	Biodex Medical Systems Inc. SRC EXERCISER, OTHER	HSFI PT CLINIC	\$4,499
50306	Whitehall Mfg. L90S BATH, WHIRLPOOL	Bldg. 125 PT-CLINIC	\$5,510
51346	Chattanooga Corp. AE3 TABLE, EXAM-TREATMENT	HSFI MEDICAL CLINIC/PT	\$2,129
51920	Chattanooga Corp. COMBO 4C ULTRASONIC THERAPY/S	Bldg. 125 PT-CLINIC	\$2,599
51998	Huntleigh Healthcare Inc. AD300/2 COMPRESSION UNIT, INTER	Bldg. 125 PT-CLINIC	\$565
52129	Nustep Inc. TRS-4000 EXERCISER, CONTINUOUS PASSIVE MOTI	Bldg. 125 PT-CLINIC	\$5,010
52130	Nustep Inc. TRS-3000 EXERCISER, CONTINUOUS PASSIVE MOT	Bldg. 125 PT-CLINIC	\$2,448
52132	ALI Med. Inc. AGF-602 STIMULATOR, TENS UNIT	Bldg. 125/ ON PATIENT	\$520
52133	Chattanooga Corp. INTELLEDT TENS STIMULATOR, TENS	Bldg. 125 PT-CLINIC	\$91
52134	Nustep Inc. TRS-3000 EXERCISER, CONTINUOUS PASSIVE MOT	Bldg. 125 PT-CLINIC	\$2,448
52162	Ali Med. Inc. AGF-602 STIMULATOR, TENS UNIT	HSFI PT CLINIC	\$520
52164	ALI Med. Inc. AGF-602 STIMULATOR, TENS UNIT	Bldg. 125 PT-CLINIC	\$520
52734	Nustep Inc. TRS-4000 EXERCISER, CONTINUOUS PASSIVE MOTI	HSFI MEDICAL CLINIC/PT	\$5,010
52876	Precor Usa C9651 TREADMILL	HSFI MEDICAL CLINIC/PT	\$2,308
53131	Chattanooga Corp. M2 HYDROCOLLATOR	Bldg. 125 PT-CLINIC	\$2,476
53132	Chattanooga Corp. 2760 ULTRASONIC THERPAY/STIMUL	Bldg. 125 PT-CLINIC	\$2,599
54313	Schwinn Bicycle Co. EVOLUTION COMP EXERCISE, BICYCLE	Bldg. 125 PT-CLINIC	\$795
54314	Precor USA C9651 EFX 5461EXERCISER; ELLIPTICAL	Bldg. 125 PT-CLINIC	\$2,799
54315	Endorphin 3592 EXERCISER, HAND AND WRIST	Bldg. 125 PT-CLINIC	\$2,210
54316	Schwinn Bicycle Co. EVOLUTION COMP EXERCISE, BICYCLE	HSFI PT CLINIC	\$795
CLINIC/CMHIP			
41918	Dazor Mfg Corp 8CB-500 LIGHTS, EXAMINATION	125	\$352
41919	Dazor Mfg Corp 8CB-500 LIGHTS, EXAMINATION	125	\$352
41920	Dazor Mfg Corp 8CB-500 LIGHTS, EXAMINATION	125	\$352
41921	Dazor Mfg Corp 8CB-500 LIGHTS, EXAMINATION	125	\$352

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
41922	Dazor Mfg Corp MC-300 LIGHTS, EXAMINATION	BLDG 125 RM C114	\$352
51093	Stryker Medical Corporation FL 14E1 BERTEC BED, ELECTRIC	BLDG 125 RM C114	\$13,250
51105	Stryker Medical Corporation GO BED BED, ELECTRIC	BLDG 125 RM C119	\$13,250
51108	Stryker Medical Corporation GO BED BED, ELECTRIC	125	\$13,250
51111	Stryker Medical Corporation GO BED BED, ELECTRIC	BLDG 125 RM C114	\$13,250
51112	Stryker Medical Corporation GO BED BED, ELECTRIC	BLDG 125 RM C119	\$13,250
51113	Stryker Medical Corporation GO BED BED, ELECTRIC	BLDG 125 RM C119	\$13,250
51582	Welch Allyn Inc. Medical Div. 44200 LIGHTS, EXAMINATION	BLDG 125 RM C114	\$376
14961	Richard Wolf Medical Instr. Co NONE VIEW BOX	125 Surgery Side	\$2,110
14962	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Surgery Side	\$1,400
14966	Stryker Medical Corporation NONE CAST CUTTER, ELECTRIC	125 Surgery Side	\$2,907
14967	General Medical Corporation 11FV1A VIEW BOX	125 Surgery Side	\$1,300
14968	Midmark Corp 100 TABLE, EXAM-TREATMENT	125 Surgery Side	\$1,406
14974	Midmark Corp 100 TABLE, EXAM-TREATMENT	125 Surgery Side	\$1,406
14976	General Medical Corporation 11FV1A VIEW BOX	125 Surgery Side	\$1,300
14981	General Medical Corporation BJ VIEW BOX	125 CORE, Surgery Side	\$1,300
14982	Midmark Corp 100 TABLE, EXAM-TREATMENT	125 Medical Side	\$1,406
14984	Richard Wolf Medical Instr. Co NONE VIEW BOX	125 Surgery Side	\$1,300
14986	Ritter MA ENT UNIT	125 Surgery Side	\$2,850
14987	Lampco NONE LIGHTS, EXAMINATION	125 Surgery Side	\$600
14988	SMR 20000 CHAIR, EXAMINATION/TREATMENT	125 Surgery Side	\$2,850
14990	Metz NAG50VA POWER SUPPLY	125 Surgery Side	\$800
14991	Carl Zeiss Inc./Microscope 66172V MICROSCOPE, OPERATING	125 Surgery Side	\$8,545
14992	Ritter MA ENT UNIT	125 Surgery Side	\$1,300
14993	Woodlyn Inc 000 KERATOMETER	125 Surgery Side	\$1,800
14994	OPHTEC USA Inc 2000P ANALYZER	125 Surgery Side	\$1,300
14995	American Medical Optics 1217 PROJECTOR, CHART, EYE	125 Surgery Side	\$925
14996	Topcon Medical Systems Inc IS-100 EXAMINATION/TREATMENT	125 Surgery Side	\$2,850
14997	American Medical Optics 11144 LIGHT, EXAM, HEAD	125 Surgery Side	\$600
22250	Burton Medical Products 000 STERILIZER, BEAD	125 CORE, Surgery Side	\$619
22252	Bausch&lomb Inc Optical Sys 000 VARIOMETER	125 Surgery Side	\$400
22255	Imex Corp ABCO FLOWMETER, BLOOD, ULTRASONIC	125 CLINIC SURG. SIDE	\$596
22257	General Medical Corporation NONE LIGHT, HOT, X-RAY	125 CORE, Surgery Side	\$200
22259	Abco Dealers NONE TABLE, EXAM-TREATMENT	125 Medical Side	\$1,695
22263	Welch Allyn Inc. Medical Div. 73305A LIGHT SOURCE, SIGMOID	125 CABINET, Surgery side	\$695

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
22267	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Medical Side	\$1,400
22269	Birtcher Electro Medical Sys. UNKNOWN HYFRECATORS	125 CORE, Surgery Side	\$1,300
22271	Richard Wolf Medical Instr. Co NONE VIEW BOX	125 CORE, Surgery Side	\$2,110
22273	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Medical Side	\$1,400
22277	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Medical Side	\$1,400
22280	Abco Dealers NONE TABLE, EXAM-TREATMENT	125 Medical Side	\$1,695
29282	Luxar NONE LIGHTS, EXAMINATION	125 Medical Side	\$600
29284	Ritter UNKNOWN TABLE, EXAM-TREATMENT	125 Medical Side	\$1,695
29287	Luxar NONE LIGHTS, EXAMINATION	125 Medical Side	\$600
29290	Luxar NONE LIGHTS, EXAMINATION	125 Medical Side	\$600
29292	Luxar NONE LIGHTS, EXAMINATION	125 Medical Side	\$600
29294	Luxar NONE LIGHTS, EXAMINATION	125 Medical Side	\$600
29356	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Medical Side	\$1,400
29361	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 SURGERY SIDE	\$1,400
31213	L&R Mfg Co 2014 ULTRASONIC CLEANER	125 CORE, Surgery Side/Sink	\$105
39645	Aspen Laboratories Inc. EXCALIBUR ELECTROSURGICAL UNIT	125	\$3,295
42070	Conmed Corp 733SW HYFRECATORS	125 CARI'S OFFICE	\$1,300
42120	Welch Allyn Inc. Medical Div. 74710 OTOSCOPE	125 Surgery Side	\$1,400
42121	Ritter F TABLE, EXAM-TREATMENT	125 Surgery Side	\$1,695
42153	Luxar NONE LIGHTS, EXAMINATION	125	\$600
50292	Grason - Stadler VIASYS Healthcare Neur GS161 AUDIOMETERS	125 Surgery Side	\$1,945
50293	Wallach Surgical Devices Inc 906043 COLPOSCOPE	Central Supply	\$4,500
50491	Abco Dealers UNKNOWN LIGHTS, EXAMINATION	125 Surgery Side	\$600
50493	Burton Medical Products 31602 LIGHT, ULTRAVIOLET	125 Surgery Side	\$150
50509	Medtronic Incorporated LP20 DEFIBRILLATOR, AUTOMATIC EX	Surgery Side/Procedure Rm	\$4,713
50528	Welch Allyn Inc. Medical Div. 767 OTOSCOPE	SURGERY SIDE	\$1,400
50776	Keeler Instruments Inc ALLPUPIL HEADLIGHT	125 Surgery Side	\$100
50881	SMR 10100H CHAIR, EXAMINATION/TREATMENT	SURGERY SIDE	\$2,850
50882	Ritter 2310F LIGHTS, EXAMINATION	SURGERY SIDE	\$600
50986	Welch Allyn Inc. Medical Div. 767 OTOSCOPE	125 Medical Side	\$1,400
50987	Welch Allyn Inc. Medical Div. 44310 LIGHTS, EXAMINATION	125 Medical Side	\$600
50988	PCI Medical Inc G10ENT ANALYZER, GLUTARALDEHYDE	125 CORE, Surgery Side	\$500
51033	Datascope Corporation ACCUTOR + PHYSIOLOGIC MONITOR	CLINIC SIDE	\$2,089
51103	Stryker Medical Corporation GO BED BED, ELECTRIC	BLDG 125 SLEEP LAB	\$3,000
51351	Haug Streit 2999.422 SLIT LAMP	125 Surgery Side	\$3,200

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
51352	Grason - Stadler VIASYS Healthcare Neur GS133 AUDITORY	125 Surgery Side	
51715	Diagnostic Ultrasound Corp 3000 SCANNER, ULTRASONIC, SMA	125 MEDICAL CLINIC SIDE	\$7,000
52113	Abco Dealers, NONE TABLE, EXAM-TREATMENT	125 Medical Side	\$1,695
52115	Welch Allyn Inc. Medical Div. 73410 LIGHTS, EXAMINATION	125 MEDICAL SIDE CAB	\$600
52116	Welch Allyn Inc. Medical Div 73410 LIGHTS, EXAMINATION	125 Surgery Side	\$600
52122	Sun Optics Surgical SOLORMAX-300 LIGHT SOURCE, FIBEROP	125 MEDICAL SIDE	\$490
52126	Detecto Scale Company 6550 SCALE	125 Medical Side	\$500
52658	SEARS 572.610530 HAND PIECE, DRILL	MED SIDE/HALL CABINET	\$47
52813	Respironics Incorporated HS456 NEBULIZER, NONHEATED	BLDG 125 CLINIC MICROS/CAB	\$80
53405	Welch Allyn Inc. Medical Div. 73410 LIGHTS, EXAMINATION	CLINIC MED. SURG. SIDE	\$600
53419	Nonin Medical Inc ONYX II OXIMETER, PULSE	125 P/B TOWER MED.SIDE	\$179
53862	Hayashi Denki Co. LTD ES-100X VASCULAR DIAGNOSTIC SYS	125 MEDICAL SIDE. BR. CAB	\$595
53903	9Detecto Scale Company PD300DHR SCALES, ELECTRONIC	125 MEDICAL SIDE HALL	\$240
54103	Detecto Scale Company ADULT SCALE	125 MEDICAL SIDE R HALL	\$240
54104	Detecto Scale Company ADULT SCALE	125 MEDICAL SIDE L HALL	\$240
54105	Detecto Scale Company ADULT SCALE	125 SURGERY SIDE R HALL	\$358
54269	Datascope Corporation PASSPORT V PHYSIOLOGICAL MONITOR	MEDICAL CLINIC	\$5,995
54271	Datascope Corporation ACCUTOR + PHYSIOLOGIC MONITOR	SURGERY SIDE	\$2,250
54272	Datascope Corporation DUO SPHYGMOMANOMETERS, ELECTRIC	SURGERY SIDE	\$1,250
54273	Datascope Corporation ACCUTOR + PHYSIOLOGIC MONITOR	MEDICAL SIDE	\$2,250
Central Supply/CMHIP			
14959	Welch Allyn Inc. Medical Div. 71110 CHARGER, BATTERY PACK	125 CSS	\$210
22297	Welch Allyn Inc. Medical Div. 71110 CHARGER, BATTERY PACK	125 CSS	\$210
22328	Alaris Medical Systems Inc PC1 PUMP, INFUSION	125	\$801
27158	Alaris Medical Systems Inc PC1 PUMP, INFUSION	125	\$947
29330	Gaymar Industries Incorporated TP200 PUMP, CIRCULATING FL	125	\$538
39593	Alaris Medical Systems Inc PC1 PUMP, INFUSION	125	\$801
42363	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
42364	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
42365	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
42366	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
50444	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
50772	Novartis Medical Nutrition 199235 PUMP, ENTERAL FEEDING	125	\$730
51036	Huntleigh Healthcare Inc AC-550 COMPRESSION UNIT, INTERM	125	\$1,995

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
51037	Huntleigh Healthcare Inc AC-550 COMPRESSION UNIT, INTERM	125	\$1,995
51038	Huntleigh Healthcare Inc AC-550 COMPRESSION UNIT, INTERM	125	\$1,995
51039	Huntleigh Healthcare Inc AC-550 COMPRESSION UNIT, INTERM	125	\$1,995
51040	Novartis Medical Nutrition 199235 PUMP, ENTERAL FEEDING	125	\$730
51042	Conair Corp FB10CRR HYDROTHERAPY, FOOT	125	\$35
51100	Alaris Medical Systems Inc PC2 PUMP, INFUSION	125	\$947
51101	Alaris Medical Systems Inc PC1 PUMP, INFUSION	125	\$801
51202	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	CENTRAL SUPPLY LOANER	\$2,000
51204	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	LOANER	\$2,000
51331	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
51332	Gaymar Industries Incorporated TP500 PUMP, CIRCULATING FL	125	\$538
51711	Welch Allyn Inc. Medical Div. 7114X OTOSCOPE	CSS	\$240
51831	Huntleigh Healthcare Inc AC-550 COMPRESSION UNIT, INTERM	125	\$1,995
52079	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	CENTRAL SUPPLY LOANER	\$2,000
52082	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	CENTRAL SUPPLY LOANER	\$2,000
52083	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	CENTRAL SUPPLY LOANER	\$2,000
52315	ROSCOE MEDICAL INC. RMI-SPO2 OXIMETER, PULSE	EMERGENCY BAG/NO MED	\$210
52657	3m Health Care 290 INCUBATOR, GENERAL	RM BEHIND STERILIZER	\$275
53213	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53215	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53219	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53350	Zoll Medical Corporation AED+DEFIBRILLATOR, AUTOMATIC	ADM MED CLINIC BLDG 125	\$1,699
53756	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53757	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53767	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125, BASEMENT	\$65
53768	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125, BASEMENT	\$65
53776	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125, BASEMENT	\$1,346
53777	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125, BASEMENT	\$1,346
53778	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125, BASEMENT	\$1,346
53779	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125, BASEMENT	\$1,346
53786	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53787	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53788	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53789	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53790	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
53791	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53795	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53796	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53797	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53798	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53799	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53800	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53813	Gaymar Industries Incorporated TP700 PUMP, CIRCULATING-FL	BLDG 125	\$538
53830	Gaymar Industries Incorporated TP700 PUMP, CIRCULATING-FL	BLDG 125	\$538
53831	Gaymar Industries Incorporated TP700 PUMP, CIRCULATING-FL	BLDG 125	\$538
53832	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53833	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53834	Conair Corp V21034 WATERJET LAVAGE UNIT	BLDG 125	\$35
53835	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53836	Mason Medical Products SYSTEM 2000PP-II ALTERNATING POS	BLDG 125	\$65
53926	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53927	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53952	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53953	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53954	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53955	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53956	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53982	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53983	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53984	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53985	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53986	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53995	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53996	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53997	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53998	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
53999	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
54000	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	BLDG 125	\$1,346
54001	Zoll Medical Corporation AED+DEFIBRILLATOR, AUTOMATIC	PBX FRONT ENT BLDG 125	\$1,699
54010	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	CENTRAL SUPPLY	\$1,346

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
54011	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	CENTRAL SUPPLY	\$1,346
54012	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	CENTRAL SUPPLY	\$1,346
54013	Allied healthcare Products Inc G180 ASPIRATOR, EMERGENCY	CENTRAL SUPPLY	\$1,346
54213	Zoll Medical Corporation AED+DEFIBRILLATOR, AUTOMATIC	CENTRAL SUPPLY	\$1,699
Laboratory/CMHIP			
22340	Beckman Instruments Inc. SPINCHRON CENTRIFUGE	125	\$4,741
22349	Chicago Surgical 200 INCUBATOR, GENERAL	125	\$5,079
22359	American Optical Corp SPENCER MICROSCOPE, LABORATORY	125 CLINIC	\$675
22362	Fisher Scientific EQUATHERM BATH, WATER	125	\$438
22365	American Optical Corp SPENCER MICROSCOPE, LABORATORY	125	\$675
22370	Lab-Line Instruments Inc. 1290 MIXER, BLOOD TUBE	125	\$61
22372	Diagnostic Products Corp. NONE SHAKER, LABORATORY	125	\$289
22379	Baxter Healthcare Corp./Hosp. Supply 60448 ROTATOR	125	\$1,062
22385	Beckman Instruments Inc. SPINCHRON CENTRIFUGE	125	\$4,741
22389	Olympus Corporation BH2 MICROSCOPE, LABORATORY OPTIC	125	\$7,506
22393	Luxor NONE LIGHTS, EXAMINATION	125	\$83
22395	Sargent P1000 BALANCE, ELECTRONIC	125	\$4,760
29362	Baxter Healthcare Corp./Hosp. Supply B703903 HEATING BLOC	125	\$890
29364	Nuair Incorporated NU425300 HOOD	125	\$7,000
31220	Barnstead M26125 MIXER, BLOOD TUBE	125	\$537
31221	Clay Adams Div Becton dickin, SEROFUGE CENTRIFUGES, BLOC	125	\$1,084
31222	Lab-Line Instruments Inc. 799725 INCUBATOR, GENERAL	125	\$2,190
31223	UVP Inc B100A LIGHT, ULTRAVIOLET	125	\$376
31224	Lab-Line Instruments Inc. 258490 SHAKER, LABORATORY	125	\$304
31225	Baxter Healthcare Corp./Hosp. Supply TEKTATOR V ROTATOR	125	\$1,062
50297	Yamato Scientific America, Inc. IC400 INCUBATOR, GENERAL	125	\$500
50767	Sartorius Corporation NONE BALANCE, ELECTRONIC	125 TOX	\$1,500
51052	Kendro Laboratory Products LABOFUGE300 CENTRIFUGE	125	\$3,181
51350	American Optical Corp SPENCER MICROSCOPE, LABORATORY	125 PATHOLOGY	\$1,400
51738	Ortho-Clinical Diagnostics Inc 515060 CENTRIFUGES, BLOOD BA	125	\$1,084
51739	Kendro Laboratory Products CLINIFUGE CENTRIFUGE	125	\$3,181
51740	Nikon Inc. Instrument Group ECLIPSE501 MICROSCOPE, LABOR	125	\$2,125
51741	Advanced Instruments Inc 3300 OSMOMETER	125	\$6,147
51742	Kendro Laboratory Products MULTIFUGE 1L CENTRIFUGES, TAE	125	\$3,212
51743	Agilent Technologies 6890N CHROMATOGRAPHY EQUIPMENT	125	\$14,325

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
52443	Beckman Coulter Inc ACCESS 2 CLINICAL CHEMISTRY ANALY	125	\$2,400
52783	Siemens Medical Solutions Diag. AUTO SCAN 4 CLINICAL CHEM		\$2,400
52878	Thermo Scientific Div Thermo Fisher Scie 3586 INCUBATOR GE	125	\$5,171
52879	Thermo Scientific Div Thermo Fisher Scie 3586 INCUBATOR GE	125	\$5,171
53309	Bio-Rad Laboratories Inc EVOLIS CLINICAL CHEMISTRY ANALY		\$2,400
53371	COLE TAYLOR CT-120 URINE ANALYZER, AUTOMATED	LAB	\$2,400
53667	Abbott Laboratories CELL DYNE RUBY CLINICAL CHEMISTRY A		\$2,400
53668	Abbott Laboratories 1-STAT-1 CLINICAL CHEMISTRY ANALYZER		\$10,000
54074	Fisher Scientific 1000 SPECTROPHOTOMETERS	LAB	\$4,692
54075	Siemens HealthCare Diagnostic DIMENSION EXL CLINICAL CHE	LAB	\$270,000
54079	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	67	\$2,165
54080	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	ACBU	\$2,165
54081	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	STAR F5	\$2,165
54082	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	REACH J2	\$2,165
54093	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	BTU F1	\$2,165
54084	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	CRU 79N	\$2,165
54085	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	LAU	\$2,165
54086	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	CORE 69	\$2,165
54087	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	LAB #1	\$2,165
54088	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	LAB #2	\$2,165
54089	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	LAB #3	\$2,165
54090	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	C2	\$2,165
54091	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	E2	\$2,165
54092	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	ADV COTTAGE	\$2,165
54093	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	E1	\$2,165
54094	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	C1	\$2,165
54095	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	J1	\$2,165
54096	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	L1	\$2,165
54097	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	CRU 79S	\$2,165
54098	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	CIRCLE	\$2,165
54099	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	GW7	\$2,165
54100	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	GW1	\$2,165
54101	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	SLP	\$2,165
54102	Roche Diagnostic Systems Sub 04882300001 GLUCOSE ANALYZER	CLINIC	\$2,165
Radiology/CMHIP			

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
14972	Richard Wolf Medical Instr. Co NONE VIEW BOX	125	\$565
22262	Richard Wolf Medical Instr. Co NONE VIEW BOX	125	\$565
22270	Richard Wolf Medical Instr. Co NONE VIEW BOX	125 Viewing Room	\$565
22274	Richard Wolf Medical Instr. Co NONE VIEW BOX	125	\$565
22400	General Medical Corporation UNKNOWN VIEW BOX	125	\$280
22405	General Medical Corporation 11FV3B VIEW BOX	125	\$280
22406	General Medical Corporation 11FV3B VIEW BOX	125	\$280
22407	X-Rite Incorporated 301 DENSITOMETER RADIOGRAPHIC	125 CABINET DRAW	\$1,716
22408	General Medical Corporation 11FV3B VIEW BOX	125 Viewing Room	\$365
22409	General Medical Corporation 11FV3B VIEW BOX	125 Viewing Room	\$365
42129	S&S Xray Products NONE VIEW BOX	125 Xray	\$194
42134	Du Pont Med. Prod./Diag. Imaging ELS SENSITOMETER, RADIO	125	\$2,180
42135	General Medical Corporation 000 SAFELIGHT, X-RAY	125	\$610
42136	General Medical Corporation 000 SAFELIGHT, X-RAY	125	\$610
50302	GE Medical Systems BJ VIEW BOX	BLDG 121 CONF RM 3RD FL	\$280
50983	S&S Xray Products 200 VIEW BOX	BLDG 121 CONF RM 3RD FL	\$219
Respiratory Therapy/CMHIP			
14969	Midmark Corp 100 TABLE, EXAM-TREATMENT	125	\$1,406
42040	Medical Industries Americal Inc SPORTNEB NEBULIZER, NONHE	125	\$209
50777	Respironics Incorporated 920M OXIMETER, PULSE	125	\$1,000
50851	Devilbiss Health Care Inc. 9001D CONTINUOUS POSITIVE AIRWAY	125	\$801
50854	BCI Inc 71000A1 OXIMETER, PULSE	125	\$210
50856	Devilbiss Health Care Inc. 9001D CONTINUOUS POSITIVE AIRWAY	RT DEPT	\$801
51002	Devilbiss Health Care Inc. 7355 BILEVEL POSITIVE AIRWAY PR	125	\$801
51004	Respironics Incorporated 1007218 BILEVEL POSITIVE AIRWAY	125	\$483
51206	ResMed Corp S7 CONTINUOUS POSITIVE AIRWAY PRESSURE	RT DEPT	\$639
51207	ResMed Corp AUTOSSET CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$883
51836	Nonin Medical Inc 2500 OXIMETER, PULSE	125	\$210
51843	Respironics Incorporated 332203 BILEVEL POSITIVE AIRWAY	125	\$724
51925	EVO Medical Solution 3050 NEBULIZER, NONHEATED	125	\$36
51926	EVO Medical Solution 3050 NEBULIZER, NONHEATED	RT DEPT	\$36
52094	Nonin Medical Inc 3100 OXIMETER, PULSE	RT	\$210
52095	Nonin Medical Inc 2500 OXIMETER, PULSE	125	\$210
52264	ROSCOE MEDICAL INC. NEBROS NEBULIZER, NONHEATED	RT DEPT	\$95
52276	ROSCOE MEDICAL INC. NEBROS NEBULIZER, NONHEATED	NEW BLDG E2	\$95

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
52277	Respironics Incorporated 7300 CONTINUOUS POSITIVE AIRWAY		\$449
52278	Respironics Incorporated 1007216 BILEVEL POSITIVE AIRWAY		\$449
52300	ROSCOE MEDICAL INC. RMI-SPPO2 OXIMETER, PULSE	RT OFFICE DIANA	\$56
52301	ROSCOE MEDICAL INC. RMI-SPPO2 OXIMETER, PULSE	RT OFFICE	\$56
52334	Nonin Medical Inc ONYX OXIMETER, PULSE	RT DEPT	\$210
52618	Nonin Medical Inc 9500 OXIMETER, PULSE	RT DEPT	\$210
52641	BCI Inc 3301 OXIMETER, PULSE	125	\$438
52815	Respironics Incorporated HS456 NEBULIZER, NONHEATED	RT DEPT	\$95
52819	Respironics Incorporated HS456 NEBULIZER, NONHEATED	125 RESPIRATORY THERAPY	\$95
52820	Respironics Incorporated HS456 NEBULIZER, NONHEATED	125 RESPIRATORY THERAPY	\$95
52822	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE		\$639
52823	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE		\$639
52824	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125 RESPIRATORY THERAPY	\$639
52825	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125 RESPIRATORY THERAPY	\$639
52826	ResMed Corp VPAP AUTO 25 CONTINUOUS POSITIVE AIRWAY	125 RESPIRATORY THERAPY	\$639
52827	Nonin Medical Inc 3100 OXIMETER, PULSE	RT DEPT	\$725
52829	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125 RESPIRATORY THERAPY	\$724
53067	Medical Technology 2000 SPIROMETER	125	\$3,206
53096	Pari Respiratory Equipment Inc 086B0000 NEBULIZER, NONHEATED	125 IN DEPT	\$350
53098	Smiths Medical MINI SPIR SPIROMETER	125 RT DEPT	\$1,095
53357	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53358	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53359	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53422	Nonin Medical Inc ONYX II OXIMETER, PULSE	RT CHRIS GRIFFITH	\$369
53426	Nonin Medical Inc ONYX II OXIMETER, PULSE	RT	\$369
53428	Nonin Medical Inc ONYX II OXIMETER, PULSE	RT DEPT, CHRIS OFFICE	\$369
53550	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53552	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53553	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53554	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53555	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53556	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53557	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53558	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53559	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
53560	ResMed Corp TANGO CONTINUOUS POSITIVE AIRWAY PRESSURE	RT	\$724
53648	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53669	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53670	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE		\$724
53671	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE		\$724
53672	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE		\$724
53769	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	125	\$724
53770	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	125 BASEMENT	\$724
53771	ResMed Corp S9 CONTINUOUS POSITIVE AIRWAY PRESSURE	125 BASEMENT	\$724
53837	ResMed Corp VPAP TX CONTINUOUS POSITIVE AIRWAY PRESSURE	125 S.S. CHRIS OFFICE	\$724
54193	Nonin Medical Inc PURESAT OXIMETER, PULSE	RT	\$369
54194	Nonin Medical Inc PURESAT OXIMETER, PULSE	RT	\$369
54196	Nonin Medical Inc PURESAT OXIMETER, PULSE	RT	\$369
General Adult & Adolescent Psych			
29320	Luxtec Corporation 8000 LIGHT SOURCE, FIBEROPTIC	LAU EXAM ROOM	\$89
52088	Welch Allyn Inc. Medical Div. 420 PHYSIOLOGIC MONITOR, ACU	LAU, Bldg.137	\$2,000
52304	ROSCOE MEDICAL INC. RMI-SP02 OXIMETER, PULSE	GAAPS CIRCLE BLDG.121	\$56
52808	Respironics Incorporated HS456 Nebulizer, nonheated	CIRCLE (cabinet above AED)	\$724
52809	Respironics Incorporated HS456 Nebulizer, nonheated	unit 67 by crash cart	\$724
52810	Respironics Incorporated HS456 Nebulizer, nonheated	CORE Bldg. 116	\$724
53343	Zoll Medical Corpotation AED+defibrillator	Unit 67 Bldg.116	\$1,699
53344	Zoll Medical Corpotation AED+defibrillator	CORE Bldg. 116	\$1,699
53347	Zoll Medical Corpotation AED+defibrillator	LAU Bldg. 137	\$1,699
53348	Zoll Medical Corpotation AED+defibrillator	GAAPS TX. MALL/132	\$1,699
53349	Zoll Medical Corpotation AED+defibrillator	CIRCLE Bldg 121	\$1,699
53429	Nonin Medical Inc ONYX II OXIMETER PLUS	LAU	\$210
53433	Nonin Medical Inc ONYX II OXIMETER PLUS	67	\$210
53435	Nonin Medical Inc ONYX II OXIMETER PLUS	CORE Bldg. 116	\$210
54048	Detecto Scale Company Adult Scale	Bldg 116 C320/REC	\$200
54049	Evacuate Chair Intl. 300 MARK CHAIR, TRANSPORT	CORE Bldg 116/C330	\$1,495
54050	Evacuate Chair Intl. 300 MARK CHAIR, TRANSPORT	CORE/C103 Stairway	\$1,495
54051	Detecto Scale Company 438 SCALE	67 Bldg 116 Nurse sta.	\$387
54053	Detecto Scale Company 439 SCALE	CIRCLE Bldg 106	\$387
54055	Health O Meter Incorporate, ADULT SCALE	LAU, Bldg.137	\$155
54056	Welch Allyn Inc. Medical OTOSCOPE GS777	LAU, Bldg.137	\$1,270

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
54176	Nonin Medical Inc ONYX II OXIMETER PLUS	CORE	\$210
54180	Nonin Medical Inc ONYX II OXIMETER PLUS	67	\$210
54187	Nonin Medical Inc ONYX II OXIMETER PLUS	CIRCLE	\$210
54190	Nonin Medical Inc ONYX II OXIMETER PLUS	ABTU	\$210
54238	Datascope Corporation ACCUTOR V PHYSIOLOGICAL	67	\$850
54239	Datascope Corporation ACCUTOR V PHYSIOLOGICAL	69	\$850
54240	Datascope Corporation ACCUTOR V PHYSIOLOGICAL	CIRCLE	\$850
54241	Datascope Corporation ACCUTOR V PHYSIOLOGICAL	ABTU	\$850
Geriatric Wards/CMHIP			
51058	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51059	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51060	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51061	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51062	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51063	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51064	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51065	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51066	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51067	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51068	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51069	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51070	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51072	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg. 121 GW7	\$13,250
51077	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51078	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51080	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51084	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51087	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51089	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51090	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51092	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51094	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51096	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg.121 GW7	\$13,250
51102	Stryker Medical Corp. GO BED, ELECTRIC	Bldg. 121 GW1	\$13,250
B1110	Stryker Medical Corp. GO BED, ELECTRIC	Bldg 121 GW7	\$13,250

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
51203	Stryker Medical Corp. FL14E 1 BETEC BED, ELECTRIC	Bldg 121 GW1	\$13,250
51585	Dectecto Scale Company 758C Scale	Bldg 121 GW1	\$387
52165	EZ Way Omc/ 798 LIFT, PATIENT	Bldg 121 GW1	\$844
52476	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52477	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52478	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52479	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52480	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52481	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52482	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52484	Stryker Medical Corp. FL28C BED, ELECTRIC	Bldg 121 GW1	\$13,250
52749	Welch Allyn Inc. Medical Div 42 MOB Physio. Monitor	Bldg 121 GW2	\$2,000
52812	Respironics Inc. HS456 Nebulizer, nonheated	Bldg 121 GW7	\$724
52817	Respironics Inc. HS456 Nebulizer, nonheated	Bldg 121 GW1	\$724
53345	Zoll Medical Corp. AED+Defibrillator, automatic	Bldg. 121 GW1	\$1,699
53346	Zoll Medical Corp. AED+Defibrillator, automatic	Bldg. 121 GW7	\$1,699
53430	Nonin Medical Inc. ONYX II OXIMETER, PULSE	Bldg 121 GW7	\$725
53860	ARJOHUNTLEIGH A GENTINGE GROUP CALYPSO LIFT	Bldg 121 GW1	\$844
53861	ARJOHUNTLEIGH A GENTINGE GROUP CALYPSO LIFT	Bldg 121 GW1	\$844
53886	Hill-ROM Comp. Inc MDQ-79RO PUMP, Alternating pressure	Bldg 121 GW1	\$801
53948	Respironics Inc.12M0108 Nebulizer, nonheated	Bldg 121 GW1	\$724
54059	Detecto Scale Company ADULT SCALE	Bldg 121 GW7, Laundry	\$387
54060	Detecto Scale Company ADULT SCALE	Bldg 121 GW1	\$387
54178	Nonin Medical Inc. PURESAT OXIMETER, PULSE	Bldg 121 GW7	\$725
54189	Nonin Medical Inc. PURESAT OXIMETER, PULSE	Bldg 121 GW1	\$725
54224	Stryker Medical Corp. FL28EX3 BED, ELECTRIC	Bldg 121 GW7	\$13,250
54225	Datascope Corp. ACCUTOR V PHYSIO. MONITOR	Bldg 121 GW7	\$850
54227	Datascope Corp. ACCUTOR V PHYSIO. MONITOR	Bldg 121 GW1	\$850
54228	Stryker Medical Corp. FL28EX3 BED, ELECTRIC	Bldg 121 GW1	\$13,250
54229	Stryker Medical Corp. FL28EX3 BED, ELECTRIC	Bldg 121 GW1	\$13,250
54321	ARJOHUNTLEIGH A GENTINGE GROUP SARA PLUS LIFT	Bldg 121 GW1	\$844
Forensic Medicine/CMHIP			
50295	Medical Industries America SPORTNEB NEBULIZER, NONHEAT	CRU-79 N	\$41
50778	Detecto Scale Company CN20 SCALE, BED	HSFI F-2 ROM F103D	
51034	Datascope Corp. ACCUTOR+ PHYSIOLOGIC MONITOR	ADV, COTTAGE	\$850

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
51081	Stryker Medcial Corp. FL 14E! Bertec Bed, Electric	Adv. Cottate B039	\$13,250
51104	Stryker Medical Cor. GO BED, ELECTRIC	ACBU	\$13,250
51106	Stryker Medical Cor. GO BED, ELECTRIC	CRU 79-S	\$13,250
51109	Stryker Medical Cor. GO BED, ELECTRIC	ACBU Left side	\$13,250
51119	Joerns HelathCare Inc. B694 BED, ELECTRIC	STAR RM CO57	\$2,650
51232	Stryker, Medical Corp. GO BED, ELECTRIC	STAR, RM CO57	\$13,250
52178	Gendron Inc. 4784DX BED, ELECTRIC	HSFI F-2 ROM F111D	\$4,330
52187	Stryker Medical Corp. FL28C BED, ELECRIC	CRU 79-S	\$13,250
52475	Stryker Medical Corp. FL28C BED, ELECRIC	HSFI J2 NO PWR CORD	\$13,250
52729	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI, MED CLINIC	\$1,121
52730	Welch Allyn Inc. Med Div. LS-135 LIGHTS, EXAMINATION	HSFI MED CLINIC/ADM	\$317
52731	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI MED CLINIC/ADM	\$1,121
52732	Welch Allyn Inc. Med Div. LS-135 LIGHTS, EXAMINATION	HSFI MED CLINIC	\$317
52733	Welch Allyn Inc. Med Div.SPOT VS LXI PHYSIO. MONITOR	HSFI MED CLINIC	\$1,006
52735	Welch Allyn Inc Med Div. 42 MOB PHYSIO. MONITOR	HSFI L1	\$2,000
52736	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI L1	\$1,121
52737	Welch Allyn Inc. Med Div LS-135 LIGHTS, EXAMINATION	HSFI L1	\$317
52738	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI J1	\$1,121
52739	Welch Allyn Inc. Med. Div LS-135 LIGHTS, EXAMINATION	HSFI J1	\$317
52740	Welch Allyn Inc. Med. Div 42 MOB PHYSIO. MONITOR	HSFI J1	\$2,000
52743	Welch Allyn Inc. Med. Div 42 MOB PHYSIO. MONITOR	HSFI J2	\$2,000
52744	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI J2	\$1,121
52745	Welch Allyn Inc. Med. Div. LS-135 LIGHTS, EXAMINATION	HSFI J2	\$317
52746	Welch Allyn Inc. Med. Div.SPOT VS LXI PHYSIO. MONITOR	HSFI F1	\$1,006
52747	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI F1 EXAM ROOM	\$1,121
52750	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI F1	\$1,121
52751	Welch Allyn Inc. Med. Div. LS-135 LIGHTS, EXAMINATION	HSFI F1	\$317
52752	Welch Allyn Inc. Med. Div. SPOT VS LXI PHYSIO. MONITOR	HSFI MED CLINIC	\$1,006
52753	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI CLINIC/ADM	\$1,121
52754	Welch Allyn Inc. Med Div LS-135 LIGHTS, EXAMINATION	HSFI CLINIC/ADM	\$317
52755	Welch Allyn Inc. Medical Div. 42MOB PHYSIOLOGIC MONITOR	HSFI C1 EXAM ROOM	\$2,000
52756	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI C2 EXAM ROOM	\$1,121
52758	Welch Allyn Inc. Medical Div. 42MOB PHYSIOLOGIC MONITOR	HSFI C1 EXAM ROOM	\$2,000
52759	Welch Allyn Inc. Medical Div. LS-135 LIGHTS, EXAMINATION	HSFI C1 EXAM ROOM	\$317
52760	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI C1 EXAM ROOM	\$1,121

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
52761	Welch Allyn Inc. Medical Div. 42MOB PHYSIOLOGIC MONITOR	HSFI E1 EXAM ROOM	\$2,000
52762	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI E1 EXAM ROOM	\$1,121
52763	Welch Allyn Inc. Medical Div. LS-135 LIGHTS, EXAMINATION	HSFI E1 EXAM ROOM	\$317
52764	Welch Allyn Inc. Medical Div. 42MOB PHYSIOLOGIC MONITOR	HSFI E2	\$2,000
52765	Midmark Corp. 204 TABLE, EXAM TREATMENT	HSFI E2	\$1,121
52766	Welch Allyn Inc. Medical Div. LS-135 LIGHTS, EXAMINATION	HSFI E2	\$317
52767	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52768	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52769	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52770	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52771	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52772	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52773	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52774	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52775	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52776	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI J1	\$13,250
52777	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI J1	\$13,250
52778	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52779	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52781	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI F2	\$13,250
52782	Stryker Medical Corporation FL28C BED, ELECTRIC	HSFI J1	\$13,250
52797	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI L1	\$724
52798	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI J1	\$724
52799	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI J2	\$724
52800	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI E1	\$724
52802	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI C1	\$724
52803	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI C2	\$724
52804	Respironics Incorporated HS456 NEBULIZER, NONHEATED	SLP	\$724
52805	Respironics Incorporated HS456 NEBULIZER, NONHEATED	F5	\$724
52806	Respironics Incorporated HS456 NEBULIZER, NONHEATED	CRU 79S	\$724
52807	Respironics Incorporated HS456 NEBULIZER, NONHEATED	ACBU	\$724
52814	Respironics Incorporated HS456 NEBULIZER, NONHEATED	HSFI F1	\$724
52821	Respironics Incorporated HS456 NEBULIZER, NONHEATED	ADV COT	\$724
53061	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	F1	\$1,699
53062	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	J1	\$1,699

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
53063	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	L1	\$1,699
53064	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	NEW BLDG DINING RM 6	\$1,699
53065	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	C1	\$1,699
53066	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	E1	\$1,699
53351	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	F5	\$1,699
53352	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	CRU 79	\$1,699
53353	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	ACBU	\$1,699
53354	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	ADV COT	\$1,699
53370	ARJOHUNTLEIGH A GENTINGE GROUP CALYPSO LIFT	F2 TUB ROOM	\$844
53417	Nonin Medical Inc ONYX II OXIMETER, PULSE	ACBU	\$369
53420	Nonin Medical Inc ONYX II OXIMETER, PULSE	J2	\$369
53423	Nonin Medical Inc ONYX II OXIMETER, PULSE	ADV COT	\$369
53427	Nonin Medical Inc ONYX II OXIMETER, PULSE	J1	\$369
53431	Nonin Medical Inc ONYX II OXIMETER, PULSE	SLP F7	\$369
53432	Nonin Medical Inc ONYX II OXIMETER, PULSE	F5	\$369
53437	Nonin Medical Inc ONYX II OXIMETER, PULSE	E1	\$369
53438	Nonin Medical Inc ONYX II OXIMETER, PULSE	E2	\$369
53439	Nonin Medical Inc ONYX II OXIMETER, PULSE	C1	\$369
53440	Nonin Medical Inc ONYX II OXIMETER, PULSE	F1	\$369
53821	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	F7	\$1,699
53823	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	VOC REHAB BLDG 115	\$1,699
53902	Detecto Scale Company PD300 SCALES, ELECTRONIC	F5	\$387
53949	MedQuip Inc CN-02MD NEBULIZER, NONHEATED	F5	\$131
54042	Detecto Scale Company ADULT SCALE	CRU 79S	\$387
54043	Joerns HealthCare Inc 660 BED, ELECTRIC	CRU 79S	\$2,441
54044	Detecto Scale Company 439 SCALE	CRI 79N	\$387
54045	Detecto Scale Company ADULT SCALE	F5	\$387
54046	Evacuate Chair Internantional MK3 CHAIR, TRANSPORT	F5 & SLP F7	\$1,495
54047	Health O Meter Incorporated ADULT SCALE	SLP F7	\$483
54054	Detecto Scale Company ADULT SCALE	ADV COT B025	\$387
54057	Health O Meter Incorporated ADULT SCALE	ACBU ACTIVITY RM	\$483
54058	Health O Meter Incorporated ADULT SCALE	ACBU LAUNDRY RM	\$483
54062	Health O Meter Incorporated ADULT SCALE	J2 EXAM RM	\$483
54063	Health O Meter Incorporated ADULT SCALE	J1 EXAM RM	\$483
54064	Health O Meter Incorporated ADULT SCALE	L1 EXAM RM	\$483

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
54065	Detecto Scale Company 439 SCALE	HSFI ADMISSION EXAM RM	\$387
54066	Detecto Scale Company 439 SCALE	HSFI ADMISSION WAITING RM	\$387
54067	Detecto Scale Company 439 SCALE	F1 EXAM RM	\$387
54068	Detecto Scale Company ADULT SCALE	E2 EXAM RM	\$387
54069	Detecto Scale Company ADULT SCALE	E1 EXAM RM	\$387
54070	Detecto Scale Company ADULT SCALE	C1 EXAM RM	\$387
54071	Health O Meter Incorporated ADULT SCALE	C2 EXAM RM	\$483
54074	Nonin Medical Inc PURESAT OXIMETER, PULSE	J2 REACH	\$210
54175	Nonin Medical Inc PURESAT OXIMETER, PULSE	E2	\$210
54177	Nonin Medical Inc PURESAT OXIMETER, PULSE	F5 STAR	\$210
54179	Nonin Medical Inc PURESAT OXIMETER, PULSE	L1	\$210
54181	Nonin Medical Inc PURESAT OXIMETER, PULSE	ADV COT	\$210
54182	Nonin Medical Inc PURESAT OXIMETER, PULSE	F1 BTU	\$210
54183	Nonin Medical Inc PURESAT OXIMETER, PULSE	E1	\$210
54184	Nonin Medical Inc PURESAT OXIMETER, PULSE	SLP	\$210
54185	Nonin Medical Inc PURESAT OXIMETER, PULSE	C1	\$210
54186	Nonin Medical Inc PURESAT OXIMETER, PULSE	ACBU	\$210
54188	Nonin Medical Inc PURESAT OXIMETER, PULSE	CRU N	\$210
54191	Nonin Medical Inc PURESAT OXIMETER, PULSE	E2	\$210
54192	Nonin Medical Inc PURESAT OXIMETER, PULSE	J1	\$210
54195	Nonin Medical Inc PURESAT OXIMETER, PULSE	CRU S	\$210
54197	Nonin Medical Inc PURESAT OXIMETER, PULSE	C2	\$210
54226	Datascope Corporation ACCUTORR V PHYSIOLOGICAL MONITOR	ACBU	\$850
54232	Datascope Corporation ACCUTORR V PHYSIOLOGICAL MONITOR	CRU 79 N&S	\$850
54233	Datascope Corporation ACCUTORR V PHYSIOLOGICAL MONITOR	CRU 79N	\$850
54234	Datascope Corporation ACCUTORR V PHYSIOLOGICAL MONITOR	F5 STAR	\$850
54235	Datascope Corporation ACCUTORR V PHYSIOLOGICAL MONITOR	SLP	\$850
54242	PROMED SPECIALITIES PROM-300 STIMULATOR, TENS UNIT	ACBU Milton Deliney	\$63
Dental/CMHIP			
22457	Baldor 380WCT MOTOR DRIVE	HSFI DENTAL CLINIC	\$1,259
22458	Buffalo Dental Mfg Co Inc ONE DENTAL, VIBRATOR	HSFI DENTAL CLINIC	\$149
22476	Henry Schein DC1000 CHAIR, EXAMINATION/TREATMENT	125 DENTAL ROOM	\$1,998
22490	General Medical Corporation UNKNOWN VIEW BOX	125 DENTAL ROOM	\$645
22496	Redwing 26A LATHE, DENTAL	125 Dental Lab	\$344

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
22499	Lorvic IMPULSE HEAT SEALER	125 Dental Lab	\$159
29298	Torit 30A DENTAL TRIMMER	125 Dental Lab	\$176
29299	Tooth 6H DENTAL, VIBRATOR	125 Dental Lab	\$149
31215	Baldor 380WCT MOTOR DRIVE	125 Dental Lab	\$991
39000	Parker Laboratories Inc 25/30 ULTRASONIC CLEANER	HSFI DENTAL CLINIC	\$67
42122	PARKELL INC 500SE ELECTROSURGICAL UNIT, SPECIALTY	125 DENTAL OP CABINET	\$1,880
50492	3m Health Care 5560AA LIGHTS, CURING	125 DENTAL ROOM	\$95
51215	Air Techniques Inc PERI PRO III X-RAY FILM PROCESSORS	HSFI DENTAL CLINIC	\$1,150
51353	Air Techniques Inc PERIPRO X-RAY FILM PROCESSORS, AUTO	125 Dental Lab	\$1,150
51354	Star X-Ray Co Inc DE100 VIEW BOX	125 Dental Room	\$208
51936	L&R Mfg Co 2014 ULTRASONIC CLEANER	125 Dental Lab	\$50
51937	Dentsply International C020200 DENTAL AMALGAMATOR	125 DENTAL ROOM	\$1,314
51938	3m Health Care 5560AA LIGHTS, CURING	HSFI DENTAL CLINIC	\$359
51939	L&R Mfg Co 2014 ULTRASONIC CLEANER	HSFI DENTAL CLINIC	\$1,162
52167	PARKELL INC D560 SCALER, DENTAL, ULTRASONIC	125 DENTAL ROOM	\$1,419
52659	A-Dec Inc. LISA MB 17 STERILIZERS, STEAM, TABLE TOP	125	\$2,199
52660	J. Morita usa inc DP-ZX-VL DENTAL, PULP TESTER	125 DENTAL LAB MID CAB	\$1,285
52661	3m Health Care 5560AA LIGHTS, CURING	125 DENTAL ROOM	\$95
52662	A-Dec Inc. 1040 CHAIR, EXAMINATION/TREATMENT, DENTIST	125 DENTAL ROOM	\$6,002
52663	A-Dec Inc. 1040 CHAIR, EXAMINATION/TREATMENT, DENTIST	125 DENTAL ROOM	\$6,002
52664	A-Dec Inc. 1040 CHAIR, EXAMINATION/TREATMENT, DENTIST	125 DENTAL ROOM	\$6,002
52665	J. Morita usa inc DP-ZX-VL DENTAL, PULP TESTER	HSFI DENTAL CLINIC	\$108
52727	A-Dec Inc. 1040 CHAIR, EXAMINATION/TREATMENT, DENTIST	HSFI DENTAL CLINIC	\$6,002
52728	A-Dec Inc. LISA MB 17 STERILIZERS, STEAM, TABLE TOP	HSFI DENTAL CLINIC	\$2,199
53304	Dentsply International C020200 DENTAL AMALGAMATOR	HSFI DENTAL CLINIC	\$1,314
53421	Nonin Medical Inc ONYX II OXIMETER, PULSE	125 DENTAL LAB TRIMMER CAB	\$210
53613	Dentsply International C020200 DENTAL AMALGAMATOR	125 CLINIC	\$1,314
53675	Omron Healthcare Inc HEM-601 SPHYGMOMANOMETERS	HSFI DENTAL CLINIC	\$85
53739	Star X-Ray Co Inc DE 100 VIEW BOX	125 Rm B098	\$335
Occupational Therapy/CMHIP			
51713	Hausmann Industries Inc 1440 TABLE, EXAM-TREATMENT	121 RIGHT SIDE	\$4,466
Speech Pathology			
51751	Grason - Stadler VIASYS Healthcare Neur 1717 AUDIOMETERS	121 3RD FL RM D043 L SIDE	\$600
Facilities Management			

Exhibit D: Total Investment of CMHIP Medical Equipment			
Control #	Equipment Description	Equipment Location	Estimated Cost
53356	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	DFM BLDG 49	\$1,699
Recreation Therapy			
52338	Nonin Medical Inc ONYX OXIMETER, PULSE	RECREATION CENTER	\$179
53355	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	REC CENTER BLDG 130	\$1,699
54052	Detecto Scale Company ADULT SCALE	130 REC THERAPY BASEMT	\$245
Chapel/CMHIP			
52314	ROSCOE MEDICAL INC RMI-SPO2 OXIMETER, PULSE	EMERGENCY BAG/NO MED	\$55
53822	Zoll Medical Corporation AED+ DEFIBRILLATOR, AUTOMATIC	CHAPEL	\$1,699
TOTAL CMHIP MEDICAL EQUIPMENT ESTIMATED VALUE			\$2,105,348

Exhibit E: Total Investment of CHMIP Patient Unit Equipment

Room Type	Item	Amount/Room	Cost/item	Sub Total	Number of Rooms per Unit	Total Investment per Patient Unit
Day hall						
	couches	4	\$ 777	\$ 3,108		
	Chairs - large	10	\$ 365	\$ 3,650		
	Chairs - sum	12	\$ 69	\$ 828		
	Tables	3	\$ 750	\$ 2,250		
subtotal-Day hall				\$ 9,836	19	\$ 186,884
Nursing Station						
	Table	1	\$ 281	\$ 281		
	Chairs	4	\$ 178	\$ 712		
subtotal-Nursing Station				\$ 993	19	\$ 18,867
Chart Room						
	Chairs	3	\$ 178	\$ 534		
subtotal-Chart Room				\$ 534	19	\$ 10,146
Conference Room						
	Table	1	\$ 1,162	\$ 1,162		
	Chairs	12	\$ 111	\$ 1,332		
subtotal-Conference Room				\$ 2,494	19	\$ 47,386
Group Rooms						
	Chairs	15	\$ 111	\$ 1,665		
subtotal-Group Rooms				\$ 1,665	38	\$ 63,270
Patient Room						
	Bed	1	\$ 1,177	\$ 1,177		
	Mattress	1	\$ 275	\$ 275		
	wardrobe	1	\$ 954	\$ 954		
	Desk	1	\$ 592	\$ 592		
	Chair	1	\$ 203	\$ 203		
	Night stand	1	\$ 361	\$ 361		
subtotal-Patient Room				\$ 3,562	449	\$ 1,599,181

Exhibit E: Total Investment of CHMIP Patient Unit Equipment

Room Type	Item	Amount/Room	Cost/item	Sub Total	Number of Rooms per Unit	Total Investment per Patient Unit
Office Chairs						
	Large	2	\$ 355	\$ 670		
	Small	10	\$ 235	\$ 2,350		
subtotal-Office Chairs				\$ 3,020	19	\$ 57,380
Appliances						
	Washer/Dryer	2	\$ 4,800	\$ 9,600		
	Refrigerators	2	\$ 700	\$ 1,400		
	Refrigerators	2	\$ 150	\$ 300		
	Microwave	1	\$ 200	\$ 200		
subtotal-Appliances				\$ 11,500	19	\$ 218,500
Dining Room						
	Tables	6	\$ 281	\$ 1,686		
	Chairs	24	\$ 69	\$ 1,656		
subtotal-Dining Room				\$ 3,342	19	\$ 63,498
Total for CMHIP Patient Room						2,265,112

Exhibit F: Total Investment of CMHIP Kitchen Equipment

Building	ITEM	Manufacturer	Model #	Age	Life Expectancy	Cost	Replacement Cost2
020	Coffee Urn	Blickman	AT-8003-E	12	5	\$ -	\$ 3,683
020	Garbage Disposal	Red Goat	A3P-R7	8	5	\$ -	\$ 3,002
106	Hot Water Dispenser	Cecilware	HWD5	16	5	\$ 1,044	\$ 844
115	Coffee maker	Blickman	AT-8003-E	15	5	\$ 4,072	\$ 3,872
116	Hot Water Dispenser	Cecilware	HWD3	15	5	\$ 1,044	\$ 844
117	Garbage Disposal	Insinkerator	SS150-36	15	5	\$ 4,945	\$ 4,645
117	Microwave	Amana	A-200-D	15	5	\$ 736	\$ 536
117	Pressure Sprayer	Spray Master	SMT600822	18	5	\$ 8,884	\$ 8,684
121	Coffee Urn	American Metal Ware		15	5	\$ 3,113	\$ 2,913
121	Garbage Disposal	Red Goat	A3P-R7	15	5	\$ 3,281	\$ 2,981
121	Coffee Urn	Blickman	AT-8003-E	15	5	\$ 4,018	\$ 3,818
121	Garbage Disposal	Red Goat	B5P-R	15	5	\$ 4,680	\$ 4,380
121	Garbage Disposal	Red Goat	B5P-R	15	5	\$ 5,368	\$ 5,068
125	Coffee Urn	Blickman	AT-8003	15	5	\$ 3,051	\$ 2,851
125	Coffee Urn	Cecilware	CL-75	15	5	\$ 3,883	\$ 3,683
125	Garbage Disposal	Red Goat	A3P-R7	15	5	\$ 3,302	\$ 3,002
137	Garbage Disposal	???		17	5	\$ 1,550	\$ 1,250
020	2 Drawer Warmer	Toastmaster	3B20A	41	10	\$ -	\$ 1,920
020	Combi Oven	Groen	CC10-E	12	10	\$ -	\$ 13,493
020	Cooler	Hobart	MD3	29	10	\$ -	\$ 5,772
020	Dishwasher	Hobart	AM14	17	10	\$ -	\$ 12,526
020	Griddle	G. E.	CG 58	33	10	\$ -	\$ 2,980
020	Ice Maker & Bin	Manitowoc	QD0452A & FSA291B	11	10	\$ -	\$ 3,920
020	Ice Maker & Bin	Manitowoc	SY0454A & QPA310	10	10	\$ -	\$ 4,054
106	Combi Oven	Groen	CC10	20	10	\$ 13,084	\$ 12,754
106	Cooler, 3 Door	Beverage Air		29	10	\$ 11,022	\$ 10,747
106	Dishwasher	Hobart	C44A	7	10	\$ 55,607	\$ 53,567
106	Freezer, Ice Cream	Nelson	Chest	12	10	\$ 2,910	\$ 2,635
106	Griddle	Hobart	CG55	24	10	\$ 5,731	\$ 5,531
106	Ice Maker & Bin	Manitowoc	SSY0504A & SPA310	10	10	\$ 4,697	\$ 4,477
106	Toaster	Savory	C-20VS	25	10	\$ 2,394	\$ 2,194
106	Ice Maker & Bin	Manitowoc		15	10	\$ 4,697	\$ 4,477
106	Ice Maker & Bin	Manitowoc		15	10	\$ 4,697	\$ 4,477
115	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
115	Bun warmer	Toastmaster		24	10	\$ 2,120	\$ 1,920

Exhibit F: Total Investment of CMHIP Kitchen Equipment							
Building	ITEM	Manufacturer	Model #	Age	Life Expectancy	Cost	Replacement Cost2
115	Combi Oven	Groen	CC10-E	9	10	\$ 13,084	\$ 12,754
115	Dishwasher	Hobart		20	10	\$ 13,919	\$ 11,879
115	Griddle	Hobart	C055	24	10	\$ 5,731	\$ 5,531
115	Refrigerator	Hobart	M2	17	10	\$ 8,108	\$ 7,833
115	Toaster	Savory	C20VS	15	10	\$ 2,394	\$ 2,194
116	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
116	Refrigerator	Beverage Air	PR48-1A5	15	10	\$ 8,108	\$ 7,833
116	Bun Warmer	Toastmaster		15	10	\$ 2,120	\$ 1,920
116	Combi Oven	Groen	CC10-E	12	10	\$ 13,084	\$ 12,754
116	Dishwasher	Hobart	AM-14	17	10	\$ 15,528	\$ 13,488
116	Griddle	Hobart	CG55	24	10	\$ 5,731	\$ 5,531
116	Refrigerator	McCall	1-104501AE	7	10	\$ 8,108	\$ 7,833
116	Toaster			15	10	\$ 2,394	\$ 2,194
117	Ice Maker & Bin	Manitowoc		15	10	\$ 6,720	\$ 6,500
117	Cambro Carts	Cambro		15	10	\$ 36,966	\$ 36,666
117	Blast Chiller	Victory	RCIS-2-57	15	10	\$ 47,870	\$ 47,595
117	Blast Chiller	Victory	RCIS-2-57	15	10	\$ 47,870	\$ 47,595
117	Buffalo Chopper	Hobart	84186	52	10	\$ 9,122	\$ 8,922
117	Can Opener	Edlund	610	8	10	\$ 3,912	\$ 3,712
117	Combi Oven	Groen	CC20	16	10	\$ 17,044	\$ 16,714
117	Combi Oven	Groen	CC20	23	10	\$ 17,044	\$ 16,714
117	Combi Oven	Groen	CC20	17	10	\$ 17,044	\$ 16,714
117	Combi Oven	Groen	CC20	17	10	\$ 17,044	\$ 16,714
117	Convection Oven	Hobart	SCVX20E	28	10	\$ 6,645	\$ 6,315
117	Convection Oven	Vulcan	VO-03F10	46	10	\$ 6,645	\$ 6,315
117	Ice Maker & Bin	Manitowoc		11	10	\$ 4,320	\$ 4,100
117	L Sealer	Eastey	EM28TK55	17	10	\$ 7,400	\$ 7,200
117	Lift Jack	Hyster	W402	10	10	\$ 4,400	\$ 4,200
117	Meat Slicer	Hobart	2912PS	8	10	\$ 1,777	\$ 1,577
117	Meat Slicer	Hobart	3712	15	10	\$ 1,777	\$ 1,577
117	Mixer	Hobart	M802	15	10	\$ 26,196	\$ 25,796
117	Mixer/Chopper	Hobart	19725	13	10	\$ 6,771	\$ 6,571
117	Pie Crust Press	Colborne	P21294	52	10	\$ 2,400	\$ 2,200
117	Slicer	General	GSM1/66	15	10	\$ 4,397	\$ 4,197
117	Tilt Skillet	Groen	FPC-3	37	10	\$ 13,034	\$ 12,814

Exhibit F: Total Investment of CMHIP Kitchen Equipment

Building	ITEM	Manufacturer	Model #	Age	Life Expectancy	Cost	Replacement Cost2
117	Tilt Skillet	Groen	FPC-3	37	10	\$ 13,034	\$ 12,814
117	Bread slicer	Oliver	797-G	52	10	\$ 10,030	\$ 9,830
117	Bread slicer	Oliver	797-32N	52	10	\$ 18,364	\$ 18,164
117	Bun machine	Dutchess	JN3	15	10	\$ 22,783	\$ 22,583
117	Bun Rounder	Bergen	1179	15	10	\$ 7,500	\$ 21,000
117	Bun slicer	Moline	250	15	10	\$ 2,754	\$ 2,554
117	Cookie machine	Cook-E-King	PU92	15	10	\$ 7,500	\$ 26,000
117	Dishwasher Pot/Pan	Douglas	Champion SD-36-10	15	10	\$ 51,982	\$ 49,942
117	Dough Divider	Adam		36	10	\$ -	\$ 21,000
117	Dough Mixer	Champion	N02T.M	46	10	\$ 7,500	\$ 4,649
117	Dough molder	Adam	BM-51-1	36	10	\$ 7,500	\$ 21,000
117	Dough rounder	Adam	CR871	36	10	\$ 7,500	\$ 21,000
117	Mixer	Hobart	HR250-1	14	10	\$ 4,849	\$ 4,649
117	Mixer	Hobart	HL800	8	10	\$ 26,296	\$ 25,796
117	Blast Chiller	Victory	VBC175	15	10	\$ 47,870	\$ 47,595
117	Buffalo Chopper	Hobart	84181	53	10	\$ 6,771	\$ 6,571
117	Combi Oven	Groen	CC10	20	10	\$ 17,044	\$ 16,714
117	Combi Oven	Groen	CC20	17	10	\$ 17,044	\$ 16,714
117	L Shaped Work Surface - New	Custom			10	\$ 7,076	\$ 6,076
117	Refrigerator	Hobart		20	10	\$ 4,015	\$ 3,740
117	Refrigerator	True	GDM41SL60	18	10	\$ 8,108	\$ 7,833
121	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
121	Combi Oven	Groen	CC10-E	12	10	\$ 13,823	\$ 13,493
121	Dishwasher	Hobart	AM14	17	10	\$ 15,528	\$ 13,488
121	Griddle	Hobart	CG58-1	17	10	\$ 5,731	\$ 5,531
121	Refrigerator, 3 door reach-in	Manitowoc		12	10	\$ 11,022	\$ 10,747
121	Toaster	Savory		15	10	\$ 2,394	\$ 2,194
121	Combi Oven	Groen	CC10-E	12	10	\$ 13,084	\$ 12,754
121	Dishwasher	Hobart	AM14	16	10	\$ 14,566	\$ 12,526
121	Griddle	Hobart	CG58-1	17	10	\$ 5,731	\$ 5,531
121	Ice Maker & Bin	Manitowoc	SD0452A & SPA310	7	10	\$ 4,320	\$ 4,100
121	Refrigerator, 3 door reach-in	Manitowoc	AV3S	17	10	\$ 11,022	\$ 10,747
121	Toaster	Savory	C20VS	15	10	\$ 2,394	\$ 2,194
121	Ice Maker & Bin	Manitowoc		7	10	\$ 4,320	\$ 4,100
121	Combi Oven	Groen	CC10-E	12	10	\$ 13,084	\$ 12,754

Exhibit F: Total Investment of CMHIP Kitchen Equipment							
Building	ITEM	Manufacturer	Model #	Age	Life Expectancy	Cost	Replacement Cost2
121	Combi Oven	Groen	CC10-E	12	10	\$ 13,823	\$ 13,493
121	Dishwasher	Hobart	AM14	16	10	\$ 16,570	\$ 14,530
121	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
125	Combi Oven	Groen	CC10-E	14	10	\$ 21,510	\$ 21,180
125	Dishwasher	Hobart	C-64	35	10	\$ 60,409	\$ 58,369
125	Fridge/Freezer	Hobart	M-2	15	10	\$ 9,267	\$ 8,992
125	Fryer	G. E.	CK 40	29	10	\$ -	\$ 4,926
125	Fryer	Hotpoint	101HKG7	29	10	\$ -	\$ 4,926
125	Griddle	Hobart	CG 55	29	10	\$ 5,731	\$ 5,531
125	Griddle	G. E.	CR 46	29	10	\$ 8,316	\$ 8,116
125	Griddle	G. E.	CR 48	29	10	\$ 8,316	\$ 8,116
125	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
125	Oven	G. E.	CN 50	15	10	\$ 6,435	\$ 6,105
125	Oven	G. E.	CN 60	15	10	\$ 6,667	\$ 6,337
125	Oven	Moffat	DCP-3	15	10	\$ 6,830	\$ 6,500
125	Oven	Vulcan	VO33FDT	15	10	\$ 12,718	\$ 12,388
125	Oven	Vulcan	VO33FDB	15	10	\$ 12,718	\$ 12,388
125	Oven	Flex-Seal	285A3173	15	10	\$ 21,510	\$ 21,180
125	Refrigerator	Herrick	RSS45	51	10	\$ 8,108	\$ 7,833
125	Refrigerator	Herrick	RSS67DT	51	10	\$ 8,108	\$ 7,833
125	Refrigerator	Manitowoc	AV25	19	10	\$ 11,329	\$ 11,054
137	Combi Oven	Groen	CC10-E	16	10	\$ 13,084	\$ 12,754
137	Dishwasher	Hobart	AM14	17	10	\$ 14,566	\$ 12,526
137	Griddle	Hobart	CG20-1	17	10	\$ 5,731	\$ 5,531
137	Ice Maker & Bin	Manitowoc		15	10	\$ 4,320	\$ 4,100
137	Refrigerator	True	T-23	17	10	\$ 3,020	\$ 2,745
106	Steam Table	APW	9 well drop-in	24	15	\$ 6,263	\$ 5,063
115	Steam table - 3 compartment			24	15	\$ 7,367	\$ 7,167
116	Steam table - 3 compartment	Caddy	TF.623	15	15	\$ 7,367	\$ 7,167
116	Steam table - 3 compartment	Caddy		15	15	\$ 7,367	\$ 7,167
117	Walk-In Low Temp Mechanical			17	15	\$ 36,000	\$ 27,000
117	Walk-In Med Temp Mechanical			17	15	\$ 30,000	\$ 21,000
117	Walk-in Cooler New				15	\$ 58,259	\$ 36,259
117	Cleveland Cook Chill Ice Build	Cleveland		18	15	\$ 142,323	\$ 123,323
117	Cleveland Cook Chill System	Cleveland		18	15	\$ -	\$ 932,380

Exhibit F: Total Investment of CMHIP Kitchen Equipment							
Building	ITEM	Manufacturer	Model #	Age	Life Expectancy	Cost	Replacement Cost2
117	Steam Kettle	Cleveland	2768	18	15	\$ 7,071	\$ 6,851
117	Steam Kettle	Cleveland	2523	22	15	\$ 7,071	\$ 6,851
117	Steam Kettle Mixer	Groen	DTA/S	46	15	\$ 7,071	\$ 6,851
117	Walk-In Cooler Conversion				15	\$ 12,140	\$ 9,740
117	Day Proofer	Adam?	BIP24018	36	15	\$ -	\$ -
117	Steam kettle	Cleveland	3862	18	15	\$ 7,830	\$ 7,610
121	Steam table - 3 compartment	SECO		15	15	\$ 7,367	\$ 7,167
121	Steam table - 3 compartment	Ideal	10103 SP	15	15	\$ 7,367	\$ 7,167
125	Kettle	Vulcan Hart	KSH 40 M	29	15	\$ 8,220	\$ 8,000
125	Steam Kettle	Royce L. Parker	KSH 40 M	17	15	\$ 7,830	\$ 7,610
125	Tilt Kettle	Groen	DWA-T 60 SP	17	15	\$ 14,230	\$ 14,010
125	Walk-In Cooler Low Temp			17	15	\$ 12,000	\$ 9,000
125	Walk-In Cooler Med Temp			17	15	\$ 10,000	\$ 7,000
125	Walk-In Cooler Med Temp			17	15	\$ 10,000	\$ 7,000
125	Walk-In Cooler Med Temp			17	15	\$ 10,000	\$ 7,000
137	Steam table - 3 compartment	SECO	951965H	17	15	\$ 8,033	\$ 7,833
116	Serving Line Counter			15	15	\$ 7,951	\$ 5,951
						Total	\$ 2,662,444

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-17 CDOC/CDHS Interagency Agreement True-up

Dept. Approval By:

Melissa Waerdt

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Erin M. Schell 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,728,566	\$0	\$3,691,360	\$1,167,264	\$1,167,264
	FTE	0.0	0.0	0.0	1.0	1.0
Total of All Line Items Impacted by Change Request	GF	\$2,715,802	\$0	\$2,678,596	\$0	\$0
	CF	\$11,422	\$0	\$11,422	\$0	\$0
	RF	\$846,073	\$0	\$846,073	\$1,167,264	\$1,167,264
	FF	\$155,269	\$0	\$155,269	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,728,566	\$0	\$3,691,360	\$1,167,264	\$1,167,264
	FTE	0.0	0.0	0.0	1.0	1.0
03, Office of Operations, (A) Administration - Operating Expenses	GF	\$2,715,802	\$0	\$2,678,596	\$0	\$0
	CF	\$11,422	\$0	\$11,422	\$0	\$0
	RF	\$846,073	\$0	\$846,073	\$1,167,264	\$1,167,264
	FF	\$155,269	\$0	\$155,269	\$0	\$0

CF Lettermote Text Revision Required?	Yes	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail. b Of this amount, an estimated \$5,656,943 shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, \$1,391,041-\$2,558,305 shall be transferred from the Department of Corrections, \$318,456 shall be from patient revenues collected by the Mental Health Institutes that represent Medicaid revenue earned from behavioral health organizations through Behavioral Health Capitation Payments, \$800,000 shall be from the Central Fund for Veterans Community Living Centers, \$340,000 shall be from federal Medicaid indirect costs transferred from the Department of Health Care Policy and Financing, and an estimated \$990,350 shall be from various sources of reappropriated funds. Of the amount of Medicaid funds transferred from the Department of Health Care Policy and Financing, an estimated \$5,150,923 shall be from revenues earned by the Regional Centers and an estimated \$506,020 shall be from revenues earned by the Mental Health Institutes.
RF Lettermote Text Revision Required?	Yes	<input checked="" type="checkbox"/>	No	
FF Lettermote Text Revision Required?	Yes	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s: Department of Corrections				

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Cost and FTE

- The Colorado Department of Human Services (CDHS) requests an ongoing increase of \$1,167,264 in reappropriated funds from the Colorado Department of Corrections (CDOC) and 1.0 FTE to true-up the Department Long Bill appropriations to the amount billed in the Department's contract for facility management services provided to CDOC on the Pueblo campus. This will require an additional \$682,085 General Fund in the CDOC budget.
- This request reflects an increase of 84% over the FY 2016-17 appropriation.

Current Program

- The Department/CDOC interagency agreement allows the Department to provide facility management services to three CDOC facilities in Pueblo on the mental health institute campus: San Carlos Correctional Facility (SCCF), the LaVista Correctional Facility (LVCF) and the Youthful Offender System (YOS).
- Services include full building support services from the CDHS Division of Facilities Management (DFM) Southern District, including maintenance, infrastructure, security, design support, operations, irrigation and grounds upkeep. The economy of scale that DFM provides has benefited both CDOC and the remainder of the campus.

Problem or Opportunity

- The Department is currently being reimbursed by CDOC at lower historical costs rather than current costs, which reflect normal inflation and personal services increases. As a result, CDHS funds are being utilized to subsidize CDOC costs.
- The Department does not currently have sufficient spending authority in the Long Bill to expend reimbursable amounts in the current interagency agreement with CDOC.

Consequences of Problem

- Costs are not being fully paid by the appropriate state agency, which in this case is CDOC. Potential audit violations are possible if spending authority is not increased, as well as violation of the State Fiscal Rules by continued inability to process reimbursements as revenue.

Proposed Solution

- The Department requests \$1,167,264 total funds/reappropriated funds, with a corresponding increase of \$682,085 General Fund in CDOC. The increase will allow the Department to fully spend reimbursements from CDOC as revenue, comply with Fiscal Rule and Procedure and recoup all costs currently associated with services provided to CDOC, rather than subsidizing those costs with the DFM operating budget.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-17
Request Detail: CDOC/CDHS Interagency Agreement True-Up

Summary of Incremental Funding Change for FY 2017-18	FTE	Total Funds	Reappropriated Funds
CDOC/CDHS Interagency Agreement True-Up	1.0	\$1,167,264	\$1,167,264

Problem or Opportunity:

The Department requests an ongoing increase of \$1,167,264 in reappropriated funds from the Colorado Department of Corrections (CDOC) and 1.0 FTE to true-up the Department Long Bill appropriations to the amount billed in the Department's contract for facility management services provided to CDOC on the Pueblo campus. The long-standing difference in amounts of Long Bill funding for the Department and CDOC has created the problem. Additionally, the Long Bill funding amounts do not align with the interagency agreement. If not fixed, either some of the necessary facility management services will have to be stopped for CDOC or the Department will have to continue to use its operating funds to pay for CDOC costs.

There are two issues to be resolved, one is the alignment of existing spending authority, the second is a true-up between the CDOC/CDHS contract. The current reappropriated spending authority in the Long Bill appropriation reflects an underfunding of \$485,179 as compared to the current interagency contract. The second issue is a true-up of the CDOC/CDHS contract, for \$682,085. The total of these amounts is \$1,167,264. These issues are illustrated in Table 1 – Comparison of Contract to Reappropriated Funds.

Row	Appropriation	Long Bill FY 2016-17	Contract FY 2016-17	Current Reappropriated Shortfall FY 2016-17	Contract True-Up	Proposed Contract & Long Bill FY2017-18	Requested Reappropriated Long Bill Increase
A	FY 2016-17 Utilities, Personal Services, and Operating	\$ 1,391,041	\$ 1,876,220	\$ 485,179	\$ 682,085	\$ 2,558,305	\$ 1,167,264
B	Reappropriated Utilities	\$ 387,083	\$ 387,083		\$ 230,614	\$ 617,697	\$ 230,614
C	Balance	\$ 1,003,958	\$ 1,489,137			\$ 1,940,608	
D	Reappropriated Personal Services	\$ 959,837	\$ 959,837		\$ 431,509	\$ 1,391,346	\$ 431,509
E	Balance	\$ 44,121	\$ 529,300			\$ 549,262	\$ 505,141
F	Reappropriated Operating	\$ 529,300	\$ 529,300		\$ 19,962	\$ 549,262	
G	Shortfall	\$ (485,179)	\$ -	\$ 485,179	\$ 682,085	\$ -	\$ 1,167,264

This request will true-up the Department Long Bill appropriations to the amount billed in the interagency agreement between the Department and the Colorado Department of Corrections for facility management

services. All Department funding related to this request is for reappropriated funds from the CDOC. Supporting documentation for the amounts in Table 1 is included in Attachment A- Contract Comparison.

This action would true-up underfunding by allowing the Department to be reimbursed at current costs rather than lower historical costs, and allow for all reimbursements to be recorded as revenue in compliance with Fiscal Rule 6-6 and Fiscal Procedure 3.27. The amount for the facilities management services provided to CDOC in the Department Long Bill appropriation has not been updated for inflation and other factors in over a decade. As a result, the Department is currently subsidizing some of CDOC's facility costs on the Pueblo campus. The Department provides facilities management services on the Pueblo campus to San Carlos Correctional Facility (SCCF), the LaVista Correctional Facility (LVCF) and the Youthful Offender System (YOS).

Since FY 2014-15, the Department's efforts to correct the problem of increased food costs included joint budget requests by the Department and CDOC. The problems related to facilities management costs were not addressed until now.

Proposed Solution:

The proposed solution is to increase reappropriated funds from CDOC, which will fully fund all the costs associated with the facility management services provided by the Department, and allow the Department to record all reimbursements from CDOC as revenue, in compliance with Fiscal Rule 6-6 and Fiscal Procedure 3.27. It will also allow the Department to continue to provide services in accordance with the interagency agreement and not affect the service delivery to CDOC. The solution benefits CDHS in the ability to perform the accounting for the funds as expected by the Office of the State Controller (Fiscal Rule 6-6).

The requested additional funding is an ongoing request. It does not require a statutory change. CDOC will need additional General Fund dollars of \$682,085 to reappropriate to the Department. If not fixed, there could be potential audit violations. For example, CDHS paying for services utilized by CDOC because CDOC is not paying for the full cost of services provided through the Agreement, resulting in the Department subsidizing the costs. The other solution would be to discontinue some of the facility management services the Department provides for CDOC.

Anticipated Outcomes:

If the request is approved, the Department will have the ability to bill the current cost of all services provided to CDOC and the ability to record all funds transferred from CDOC as revenue, rather than partially as revenue and partially as an offset to expenses.

The first outcome will be measured by the full recovery of the cost of services provided to CDOC, ensuring the costs are accounted for within the appropriate State department and the Department will not fund any portion of the CDOC costs. The second outcome will be measured by ensuring that accounting practice complies with the Fiscal Rule 6-6 once there is adequate spending authority to cover the change in practice. The Department will ensure that the proposed solution is successful through an annual reconciliation of all

CDOC billings related to the interagency agreement. There will also be an annual reconciliation to the Long Bill.

Assumptions and Calculations:

In Table 2, the *Current* column represents the FY 2016-17 Long Bill reappropriated amounts related to the CDOC/CDHS interagency agreement. The *Proposed* column includes the increase needed for recording all reimbursements as reappropriated revenue in addition to the underfunding true-up. All Department funding related to this request is for reappropriated funds from the CDOC.

Table 2 - Reconciliation of CDHS Long bill Appropriation Increase			
Reconciliation of CDHS Long Bill Appropriation Increase			
	Current FY 2016-17	Proposed FY 2017-18	Increase
Utilities	387,083	617,697	230,614
Personal Services	959,838	1,391,346	431,508
Operating	44,120	549,262	505,142
Total	1,391,041	2,558,305	1,167,264

Utilities:

The Department meters SCCF, LVCF and YOS utility consumptions values. Utilities managed by the Department include:

- SCCF: Domestic Water, Hot Softened Water, Sewer, Steam
- LVCF: Domestic Water, Cold and Hot Softened Water, Sewer, Steam
- YOS: Domestic Water, Cold and Hot Softened Water, Sewer, Electricity, Steam

Annually, the Division of Facilities Management (DFM) totals all utility consumption values by CDOC site and derives utility billing costs. These annual utility costs have not been reconciled within the interagency agreement for funding by CDOC. This request does that based on current metered amounts.

Personal Services (including FTE and Contracted Personal Services):

Personal Services FTE values for each CDOC facility are based upon original FTE appropriations funded at the time of the facilities' opening.

- San Carlos Correctional Facility (SCCF) was opened in 1995 and provided 6.0 FTE funding to the Department.
- The Youthful Offender System (YOS) originally opened in 1998 and funded 8.0 FTE to the Department.
- Additionally, the Pueblo Minimum Center (PMC) provided funding for 2.5 FTE to the Department.
- In FY 2008-09, CDOC determined that the PMC facility was to be replaced by the current YOS population, combined with converting the existing YOS campus into the now LaVista Correctional Facility (LVCF).
- As part of this program change, CDOC and the Department developed an FTE request to add .5 FTE funding to the YOS and 2.5 FTE funding to the new LVCF funding, bringing the current FTE values to 3.0 FTE for YOS and 10.5 FTE for LVCF.
- The SCCF site has remained at 6.0 FTE funding since opening.

- The total current Office of Administrative Solutions (OAS) FTE included in the interagency agreement with CDOC is 19.5.

Table 3 – Appropriation FTE Summary History illustrates these changes.

Table 3 - Appropriation FTE Summary History			
Row	Facility	FTE	Notes
A	San Carlos Correctional Facility (SCCF)	6.0	FTE appropriated when opened in 1995
B	Pueblo Minimum Center (PMC)	2.5	CDOC determined that the PMC facility was to be replaced by the current YOS population and the former YOS site to become LaVista
C	Youthful Offender System (YOS)	0.5	Combined CDOC/DHS
D	Youthful Offender System (YOS)	3.0	
E	LaVista Correctional Facility	8	To new LVCF
F	LaVista Correctional Facility	2.5	Combined CDOC/CDHS Request
G	LaVista Correctional Facility	10.5	Total FTE Appropriated
H	Total FTE	19.5	

The total reappropriated requested increase includes one additional maintenance FTE as illustrated in Table 4.

Table 4 - Additional FTE Request				
Row				
A	Current	FY 2016-17	19.5 FTE	\$ 1,324,853
B	CDHS/CDOC Request	FY 2017-18	1.0 FTE	\$ 66,493
C	Proposed	FY 2017-18	20.5 FTE	\$ 1,391,346
D	Cost by Craft (Work Orders)	FY 2014-15		\$ 1,451,589

The CDOC receives full building support services from the Office of Administrative Solutions, Division of Facilities Management (DFM), Southern District, including maintenance, infrastructure, security, design support, operations, irrigation and grounds upkeep. In FY 2014-15, this included a total of more than 10,600 work orders covering about 29,000 direct and indirect labor hours. In addition to the work captured on work orders, DFM also provides all grounds keeping, snow removal, and infrastructure maintenance for the DOC facilities. FY 2015-16 work order data is still being finalized, but it is not expected to vary significantly from the FY 2014-15 data.

DFM provides FTE that possess a wide variety of specialized skillsets to meet CDOC’s needs, including plumbing, electrical, mechanical, heat plant operators, electronic specialists, project planners, structural trades, etc. DFM’s ability to provide the right mix of staff to meet CDOC needs comes from participating in the overall campus maintenance and operations functions. The economy of scale that DFM provides has benefited both CDOC and the remainder of the campus. While the historical work orders determine how much time by function and materials are provided and help determine whether or not each party is receiving their value added for services provided, the conclusion reached is that neither CDOC nor the

Department would be provided the same level of service without having the combined services that DFM provides.

The interagency agreement provides contract services for the three CDOC prisons on the Colorado Mental Health Institute at Pueblo (CMHIP) campus. As DFM manages multiple service contracts throughout the Southern District, CDOC is able to receive more competitive pricing and benefit from economies of scale by participating with the DFM contracts. DFM currently contracts for trash services, pest control, water treatment, and salt, based upon procurement timelines and rules. Each bidding cycle, CDOC locations and services are reviewed with CDOC personnel to ensure their needs are met within the scope of contract language. The annual contract costs have not been reconciled within the interagency agreement.

Operating Costs:

CDOC currently is engaged in three space lease agreements with DFM via the interagency agreement for Pharmacy, Investigator General, and Parole Board spaces. Current lease rates are based upon services requested and calculated on a cost per gross square foot basis.

- The Parole Board receives maintenance; housekeeping and grounds services and lease rates were set in the late 1990s.
- The Pharmacy receives maintenance and limited housekeeping services with lease rates set in 2004.
- The Investigator General space receives maintenance and limited grounds services with lease rates set in 2006.

Prior fiscal year interagency agreements reflect original lease rate costs even though service costs have risen. The lease rates have not been updated. This request sets both the Pharmacy and Investigator General lease rates at \$5.50 per square foot and the Parole Board rate at \$7.58 per square foot. The rates proposed in this request were derived from the actual costs of doing business, which include space and service to maintain the space. Table 5 illustrates the changes in contract lease rates.

Table 5 - Lease Rates						
Row	Space Lease Agreement	Square Footage	Current Rate		Proposed Rate	
			Rate FY 2016-17	Total	Rate FY 2017-18	Total
A	Investigator General	2,780	\$3.10	\$8,626	\$5.50	\$15,290
B	Parole Board	4,278	\$6.88	\$29,422	\$7.58	\$32,427
C	Pharmacy	4,987	\$5.06	\$25,231	\$5.50	\$27,428

Additionally, the Department provided unreimbursed maintenance supplies, pest control, trash removal and other costs associated with these leased spaces that were not included in the contract nor paid for by CDOC.

Table 6 provides a line item summary of the request.

Table 6-Long Bill Appropriation and Requested Funding for FY 2017-18									
Line Item: (3)Office of Operations, (A) Administration, Operating	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$3,691,360	\$2,678,596	\$11,422	\$846,073	\$155,269	\$0	\$0	\$0	
CDOC/CDHS Interagency True-up	\$1,167,264	\$0		\$1,167,264	\$0	\$0	\$0	\$0	
FY 2017-18 Total Requested Appropriation	\$4,858,624	\$2,678,596	\$11,422	\$2,013,337	\$155,269	\$0	\$0	\$0	
FY 2018-19 Total Requested Appropriation	\$4,858,624	\$2,678,596	\$11,422	\$2,013,337	\$155,269	\$0	\$0	\$0	

Attachment A - Contract Comparison				
DOC Contract	FY2016-17	FY2017-18	\$ Change	% Change
TOTAL	\$4,127,538	\$4,809,623	\$682,085	16.53%
Exhibit A, Sec B UTILITIES	\$387,083	\$617,697	\$230,614	59.58%
Exhibit A, Sec D Youthful Offender System				
OAS FTE	\$149,440	\$211,440	\$62,000	41.49%
Maintenance	\$56,442	\$56,442	\$0	
Trash	\$6,867	\$7,632	\$765	11.14%
Pest	\$1,896	\$1,896	\$0	0.00%
FOOD	\$481,419	\$481,419	\$0	0.00%
FOOD FTE	\$101,771	\$101,771	\$0	0.00%
Utilities	\$0	\$259,643	\$259,643	0.00%
Medical waste	\$1,000	\$1,000	\$0	0.00%
Water/Chemicals	\$3,765	\$3,765	\$0	0.00%
TOTAL SECTION	\$802,600	\$1,125,008	\$322,408	40.17%
Exhibit A, Sec E San Carlos Correctional Facility				
Vehicles	\$2,928	\$2,928	\$0	0.00%
OAS FTE	\$278,277	\$373,985	\$95,708	
Maintenance	\$77,733	\$77,733	\$0	34.39%
Trash	\$3,546	\$5,940	\$2,394	67.51%
Pest	\$888	\$888	\$0	0.00%
Water/Chemicals	\$24,309	\$24,309	\$0	0.00%
FOOD	\$460,794	\$460,794	\$0	0.00%
FOOD FTE	\$60,835	\$60,835	\$0	0.00%
Utilities	\$84,325	\$114,351	\$30,026	35.61%
Medical waste	\$2,000	\$2,000	\$0	0.00%
TOTAL SECTION	\$995,635	\$1,123,763	\$128,128	12.87%
Exhibit A, Sec F La Vista Correctional Facility				
Vehicles	\$12,600	\$12,600	\$0	0.00%
OAS FTE	\$532,120	\$805,921	\$273,801	51.45%
Maintenance	\$226,760	\$226,760	\$0	0.00%
Trash	\$7,543	\$12,480	\$4,937	65.45%
Pest	\$4,800	\$4,800	\$0	0.00%
Water/Chemicals	\$27,944	\$27,944	\$0	0.00%
FOOD	\$830,397	\$830,397	\$0	0.00%
FOOD FTE	\$261,908	\$261,908	\$0	0.00%
FOOD vehicles	\$12,900	\$12,900	\$0	0.00%
Utilities	\$302,758	\$243,703	(\$59,055)	-19.51%
Warehouse	\$2,500	\$2,500	\$0	0.00%
Medical waste	\$2,500	\$2,500	\$0	0.00%
TOTAL SECTION	\$2,224,730	\$2,444,413	\$219,683	9.87%
Exhibit A, Sec G STU-				
FOOD	\$41,294	\$41,294	\$0	0.00%
TOTAL SECTION	\$41,294	\$41,294	\$0	0.00%
Exhibit A, Sec J Parole Board				
Occupancy	\$29,422	\$32,427	\$3,005	10.21%
TOTAL SECTION	\$29,422	\$32,427	\$3,005	10.21%
Exhibit A, Sec K Pharmacy				
Occupancy	\$25,231	\$27,428	\$2,197	8.71%
TOTAL SECTION	\$25,231	\$27,428	\$2,197	8.71%
Exhibit A, Sec I---Investigation Unit				
Occupancy	\$8,626	\$15,290	\$6,664	77.25%
TOTAL SECTION	\$8,626	\$15,290	\$6,664	77.25%
ALL SECTIONS	\$4,127,538	\$4,809,623	\$682,085	16.53%

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-18 Optimization of Early Childhood Alignment

Dept. Approval By: Melissa Wardet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Erin N. [Signature] 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$62,044,544	\$0	\$62,118,600	\$860,361	\$860,361
	FTE	52.8	0.0	53.0	1.0	1.0
Total of All Line Items Impacted by Change Request	GF	\$39,094,180	\$0	\$39,098,278	\$0	\$0
	CF	\$1,827,947	\$0	\$1,829,393	\$0	\$0
	RF	\$10,921,311	\$0	\$10,921,311	\$0	\$0
	FF	\$10,201,108	\$0	\$10,269,618	\$860,361	\$860,361

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$32,736,387	\$0	\$32,736,387	\$7,927	\$7,927
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$22,142,423	\$0	\$22,142,423	\$0	\$0
Administration - Health, Life, And Dental	CF	\$543,180	\$0	\$543,180	\$0	\$0
	RF	\$6,909,927	\$0	\$6,909,927	\$0	\$0
	FF	\$3,140,857	\$0	\$3,140,857	\$7,927	\$7,927

	Total	\$404,087	\$0	\$404,087	\$143	\$143
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$273,968	\$0	\$273,968	\$0	\$0
Administration - Short-Term Disability	CF	\$8,271	\$0	\$8,271	\$0	\$0
	RF	\$74,665	\$0	\$74,665	\$0	\$0
	FF	\$47,183	\$0	\$47,183	\$143	\$143

	Total	\$10,526,999	\$0	\$10,526,999	\$3,757	\$3,757
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0

Director's Office, (A)						
General	GF	\$7,138,906	\$0	\$7,138,906	\$0	\$0
Administration -	CF	\$210,806	\$0	\$210,806	\$0	\$0
Amortization						
Equalization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,198,622	\$3,757	\$3,757
	Total	\$10,417,342	\$0	\$10,417,342	\$3,757	\$3,757
01. Executive	FTE	0.0	0.0	0.0	0.0	0.0
Director's Office, (A)						
General	GF	\$7,064,543	\$0	\$7,064,543	\$0	\$0
Administration - S.B.	CF	\$208,610	\$0	\$208,610	\$0	\$0
06-235						
Supplemental	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
Equalization						
Disbursement	FF	\$1,186,135	\$0	\$1,186,135	\$3,757	\$3,757
	Total	\$7,959,729	\$0	\$8,033,785	\$844,777	\$844,777
06. Division of Early	FTE	52.8	0.0	53.0	1.0	1.0
Childhood, (A)						
General	GF	\$2,474,340	\$0	\$2,478,438	\$0	\$0
Division of Early	CF	\$857,080	\$0	\$858,526	\$0	\$0
Care and Learning,						
(1) Division of Early	RF	\$0	\$0	\$0	\$0	\$0
Care and Learning -						
Child Care Licensing						
and Administration	FF	\$4,628,309	\$0	\$4,696,821	\$844,777	\$844,777

CF Letternote Text Revision Required?	Yes	No	<u>X</u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	No	<u>X</u>	
FF Letternote Text Revision Required?	Yes	<u>X</u>	No	
Letternote: d				
Of this amount, \$4,478,309 \$5,323,086 shall be from Child Care Development Funds, and \$150,000 (1) shall be from Title IV-E of the Social Security Act. The amount from the Title IV-E of the Social Security Act is reflected pursuant to Section 26-1-111 (2) (d) (II) (B), C.R.S., and shall be used in determining the amount to be deposited to the Excess Federal Title IV-E Reimbursements Cash Fund pursuant to Section 26-1-111 (2) (d) (II) (C), C.R.S.				
Requires Legislation?	Yes	No	<u>X</u>	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s:	None			



Cost and FTE

- The Department of Human Services requests \$860,361 in Federal Child Care and Development Funds (CCDF) in FY 2017-18 and 1.0 FTE for the purpose of optimizing the alignment of early childhood programs.
- The requested funds are an 11.1% increase over the FY 2016-17 appropriation in the Child Care Licensing and Administration line item and annualize to \$860,361 total funds in FY 2018-19 and beyond.
- The request includes 1.0 FTE responsible for identifying efficiencies and cost savings, implementing process improvements, and supporting the alignment of early care and learning programs. The FTE is a refinancing of existing staff and not a new FTE.

Current Program

- The Office of Early Childhood (OEC) administers programs targeted towards improving outcomes for children from birth to age eight. Services include child care licensing, quality improvement, child care subsidy, and support for families with young children.

Problem or Opportunity

- The OEC was formed without additional resources by consolidating programs from various state agencies to better align and coordinate programs serving children from birth to age eight.
- Short-term financing and cost-saving solutions were implemented to cover costs required to maintain existing programmatic activities and to add new functions necessary to improve the coordination and integration of early childhood programs.
- The Department anticipated the OEC would reach its intended size and scope in year three (2016), when both growth and costs would stabilize, allowing the Department to determine the need for and seek a permanent and sustainable solution to increased expenditures, if necessary.

Consequences of Problem

- Failure to correct the CCDF spending authority for the Child Care Licensing and Administration line item will negatively impact the OEC's service delivery.
- Specifically, the Department's \$68 million annual CCDF award would be jeopardized, the OEC would need to reprioritize programs and projects, child care providers would receive fewer timely services, and the Colorado Shines Quality Rating and Improvement System (QRIS) would have fewer resources to assign ratings.

Proposed Solution

- The Department requests \$860,361 total funds CCDF spending authority from funds already awarded to the Department for the purpose of better aligning early childhood programs. By funding this request, the Department will ensure the OEC will continue to meet the statutory requirements to align early childhood programs established in House Bill 13-1117.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-18
Request Detail: Optimization of Early Childhood Alignment

Summary of Incremental Funding Change for FY 2017-18	Total Funds	Federal Funds	FTE
Optimization of Early Childhood Alignment	\$860,361	\$860,361	1.0

Problem or Opportunity:

The Department of Human Services requests \$860,361 in Child Care Development Funds (CCDF) and 1.0 FTE in FY 2017-18 for the purpose of optimizing the alignment of early childhood programs. The requested funds are an 11.1% increase over the FY 2016-17 appropriation in the Child Care Licensing and Administration line item and annualize to \$860,361 total funds in FY 2018-19 and beyond. This request would increase administrative cost to 2.82% of the 5% allowable federal administrative cap. The request includes 1.0 FTE responsible for identifying efficiencies and cost savings, implementing process improvements, and supporting the alignment of early care and learning programs. The requested FTE does not represent new staff, but is the continuation of a federal Race to the Top Early Learning Challenge (RTT-ELC) grant-funded position.

House Bill 13-1117 consolidated programs to better align and coordinate programs serving children from birth to age eight. Specifically it transferred programs from the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Education (CDE), and the Lieutenant Governor's Office to the Colorado Department of Human Services (CDHS) in order to form the Office of Early Childhood (OEC). The legislation also reauthorized the Early Childhood Leadership Commission under the umbrella of CDHS, in part to serve as an advisory body to the OEC. Additionally, units providing early childhood services within the CDHS Office of Behavioral Health (OBH), the CDHS Office of Community Access and Independence (OCAI), and the CDHS Office of Children, Youth and Families (OCYF) were moved to the OEC to achieve better alignment.

The Department anticipated the OEC would realize its intended size and scope in year three (2016), when both growth and costs would stabilize, allowing the Department to seek a permanent and sustainable solution to increased expenditures. The OEC was formed without additional resources, specifically General Fund. Many of the shared costs were absorbed within existing program monies, particularly by the Child Care Licensing and Administration line financed by the federal Child Care and Development Fund (CCDF). As the OEC and its operations grew, so did the need for additional day-to-day administrative support such as finance and contracting, C-Stat data analysis, budget analysis, communications, and office leadership.

Since the office was created in 2012, Short-term financing and cost-saving solutions were implemented to cover costs required to maintain existing programmatic activities and to add new necessary functions. The OEC had anticipated requesting additional spending authority but did not intend to do so until the Office had fully stabilized and matured.

The OEC has relied on the Child Care and Administration line item to absorb both anticipated and unanticipated expenditures required to coordinate and integrate early childhood programs, build an operational and administrative infrastructure, and to implement new requirements. Funded by CCDF, the line item contributes to the Department's current federal spending on administrative costs, which are less than 2% of the total award. The CCDF cap on administrative costs is 5% per federal regulation. If this request is supported, it would bring the Office's total administrative costs to 2.82%, well within the 5% allowable federal cap. The federal government judiciously set this 5% cap with the understanding that administrative costs are necessary for the effective administration of CCDF. Unlike other federal grant awards that allow the Department to adjust spending, the State Legislature, per the Long Bill headnote, must grant changes in CCDF spending authority.

The OEC added new and complementary programs to establish a strong, statewide early childhood infrastructure following implementation of HB13-1117. The OEC has developed systems to improve the quality of, and access to, early care and learning programs for children ages 0-5 years. The OEC also received a federal Project LAUNCH grant to promote the wellness of young children from 0-8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of development. Colorado Community Response and SafeCare Colorado, part of Governor Hickenlooper's "Keeping Kids Safe and Families Healthy 2.0" initiative were created in the Office of Children, Youth and Families, but later transferred to the OEC to bolster statewide child maltreatment prevention efforts. Finally, the OEC has actively pursued private and philanthropic support for initiatives that align with its strategic priorities.

The 2014 Child Care and Development Block Grant (CCDBG) Reauthorization requires implementation and sustainability of robust consumer education requirements to promote awareness of the availability of high quality child care facilities accepting Colorado Child Care Assistance Program (CCCAP) and other statewide assistance programs families may be eligible for, as well as encourage child care facilities to become licensed and to accept CCCAP payment. This is one known federal requirement resulting in new, unanticipated costs to the OEC.

The funding for this line item is not currently sufficient to cover all direct and indirect costs now that the OEC has reached its intended size and scope. The OEC used several approaches to manage indirect and direct costs until the Department determined these expenditures had stabilized and the OEC could request additional CCDF spending authority. Operational efficiencies were implemented through multiple strategies. 1) Reviewing and re-assigning position classifications; 2) generating vacancy savings through delayed recruitment of positions; 3) investing in Lean process improvement resulting in the regionalization of some services, reduced travel expenditures, and more efficient deployment of staff based on business needs; 4) and automating processes to reduce staff and material costs for licensing application and continuation, licensing inspections and background checks.

Additionally, the OEC has previously transferred expenditures to other program line items that were underspent. In FY 2014-15, delays in the hiring of new contract staff generated approximately \$550,000 in savings to cover the shortfall, but those contracts are now fully operational and the funds are no longer available. In FY 2015-16 the Department was able to obtain one-time access to unused federally funded

POTS at the Department level to increase spending authority. However, the related federal program is no longer in the Department, and therefore not available in the future. Unspent contract funds from local quality and school readiness programs have been also been used to offset these costs, however the OEC's efforts to strengthen and expand quality and availability throughout the state affect the future availability of these funds. While these strategies have allowed the OEC to offset some expenditures, they are neither sufficient nor sustainable solutions.

Proposed Solution:

The Department of Human Services requests \$860,361 in Child Care Development Fund (CCDF) in FY 2017-18 for the purpose of optimizing the alignment of early childhood programs. The requested funds are an 11.1% increase over the FY 2016-17 appropriation in the Child Care Licensing and Administration line item and annualize to \$860,361 total funds in FY 2018-19 and beyond. This request would increase administrative cost to 2.82% of the 5% allowable federal administrative cap. The request includes 1.0 FTE responsible for identifying efficiencies and cost savings, implementing process improvements, and supporting the alignment of early care and learning programs. The requested FTE does not represent new staff, but is the continuation of a federal Race to the Top Early Learning Challenge (RTT-ELC) grant-funded position. The funding for the FTE concludes June 30, 2017.

During the last three years, the OEC has evaluated administrative and operational needs, determined necessary expenses, and identified efficiencies and savings. The OEC does not anticipate significant changes or additions to the current menu of programs and services.

The 1.0 FTE will continue efforts by the OEC to evaluate processes, identify efficiencies, and formulate and execute recommendations for improvements. The FTE will support the sustainability of the increased spending authority for the Child Care Licensing and Administration line item by identifying and implementing cost-saving strategies to absorb unanticipated expenditures that may affect the line item.

Failure to adjust the CCDF spending authority for the Child Care Licensing and Administration line item will have a negative impact on the OEC's service delivery. The Department would be required to make some combination of difficult decisions given the options available. These include:

- Request General Fund to address the funding shortfall.
- Increase annual licensing fees by approximately 100% to fund the shortfall.
- Reduce licensing contracts, which would jeopardize the Department's ability to meet annual licensing inspections as required by the federal government. This would risk the loss of the \$68 million in federal CCDF funding the State receives annually. Currently 76% of all child care inspections are performed by contract staff.
- Reduce timely services to child care providers, such as processing of child care licensing appeals and waivers; resolution of adverse licensing actions; processing of child care director qualifications and early childhood teacher credentials.
- Availability of free, on-demand training provided by the state through the Colorado Shines Professional Development and Information System (PDIS).
- Reduce quality contracts, such as those of the Early Childhood Councils and the Colorado Shines Quality Rating and Improvement System (QRIS). Colorado Shines would have fewer resources to assign quality ratings to facilities applying for a Level 2 to Level 5 rating.

Anticipated Outcomes:

Optimizing the alignment of early childhood programs ultimately benefits Colorado children and families by making services more readily available and accessible.

Adjusting the CCDF spending authority for the Child Care Licensing and Administration line item guarantees the State can continue uninterrupted operation of child care licensing functions:

- The State will continue to secure an annual federal investment of \$68 million in CCDF funds, allowing for the continuation of services, including child care subsidies for eligible families through the Colorado Child Care Assistance Program (CCCAP)
- The health and safety standards of licensed child care facilities will be upheld through annual licensing inspections for licensed and qualified exempt child care providers and timely responses to complaints or inquiries
- Child care providers will receive timely services to support child care licensing application, professional training and certification, and appeals and waivers
- The State may continue to invest in the Colorado Shines Quality Rating and Improvement System (QRIS) to provide technical assistance and quality ratings to licensed child care providers
- New resources will continue to be developed and offered at minimal or no cost to child care professionals, such as free, on-demand training meeting annual professional development requirements

Additionally, the Department will continue to meet Department outcomes and C-Stat performance measures, making certain that children have access to safe, high quality child care facilities, a critical component of school readiness.

Assumptions and Calculations:

Table 1 illustrates the Long Bill appropriation and requested funding for FY 2017-18 and beyond.

Line Item: Child Care Licensing & Administration	FTE	Total Funds	General Fund	Cash Funds	Federal Funds
FY 2016-17 Long Bill Appropriation (HB 16-1405)	52.8	\$7,959,729	\$2,474,340	\$857,080	\$4,628,309
FY 2017-18 Requested Funding	1.0	\$860,361	\$0	\$0	\$860,361
Staffing Cost FY 2017-18 & Beyond (Salary, PERA & Medicare)	1.0	\$83,861	\$0	\$0	\$83,861
EDO Cost FY 2017-18 & Beyond (HLD, AED, SAED & STD)	1.0	\$15,584	\$0	\$0	\$15,584
Remaining Funding: Cost of Services FY 2017-18 & Beyond	n/a	\$760,916	\$0	\$0	\$760,916
FY 2018-19 & Beyond Requested Funding	1.0	\$860,361	\$0	\$0	\$860,361

Attachment A: Child Care Licensing & Administration Line Item summarizes the current expenditures and revenue related to the Child Care Licensing and Administration line item in the Long Bill.

The *OEC Cost Pool* amount indicates expenditures that are allocated to the various programs within the OEC's Division of Early Care and Learning, which houses the Child Care Licensing and Administration Unit. This amount includes many of the shared costs that the Department determined could be absorbed within existing program monies. Now that the OEC has reached its intended size and scope, and the indirect and direct costs (OEC Cost Pool) have stabilized, the Department is seeking increased CCDF spending authority as a permanent and sustainable solution to over-expenditures within this line item.

The *Payroll* amount includes \$105,098, including operating costs, in funding for 1.0 FTE responsible for identifying efficiencies and cost savings, implementing process improvements, and supporting the alignment of early care and learning programs (see Table 2: FTE Calculations for a breakdown of costs, which includes the actual salary for the FTE). The requested FTE does not represent new staff, but is the continuation of a federal Race to the Top Early Learning Challenge (RTT-ELC) grant-funded position. The funding for the FTE concludes June 30, 2017. This position is a Project Manager II, justified by the unique expertise required in the fields of early childhood and process improvement. The FTE will continue efforts by the OEC to evaluate processes, identify efficiencies, and formulate and execute recommendations for improvements.

Attachment B: CCDF Sustainability Projection provides a CCDF Sustainability Projection through FY 2019-20.

Table 2: FTE Calculations

FTE Calculation					
Assumptions:					
Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.					
Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).					
General Fund FTE -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.					
Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly Salary	FTE		FTE	
Project Manager II	\$6,262	1.0	\$75,144	1.0	\$75,144
PERA			\$7,627		\$7,627
AED			\$3,757		\$3,757
SAED			\$3,757		\$3,757
Medicare			\$1,090		\$1,090
STD			\$143		\$143
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, ## FTE		1.0	\$99,445	1.0	\$99,445
Subtotal Personal Services					
		1.0	\$99,445	1.0	\$99,445
Operating Expenses:					
		FTE		FTE	
Regular FTE		1.0		1.0	
Operating Expenses	\$500	1.0	\$500	1.0	\$500
Telephone Expenses	\$450	1.0	\$450	1.0	\$450
PC, One-Time	\$1,230	1.0	\$1,230	-	
Office Furniture, One-Time	\$3,473	1.0	\$3,473	-	
Subtotal Operating Expenses			\$5,653		\$950
TOTAL REQUEST		1.0	\$105,098	1.0	\$100,395

Attachment A: Child Care Licensing and Administration Line Item		
Item	Description	Amount
Payroll		
DECL Staff	46.0 FTE salary and related fringe benefits for Licensing Administration and CCCAP Administration	\$ 4,012,985
OEC Cost Pool	DECL portion of OEC shared salary and fringe benefit expenditures including, management and supervision, procurement, budget, and performance management/CStat	\$ 765,082
Contract/Finance	DECL portion of OEC shared salary and fringe benefit expenditures including, finance, contracting, billing, and vendor support	\$ 94,458
Total		\$ 4,872,525
Contracts		
GF Licensing Contracts	Approximately 17 General Fund contract licensing specialist. These were part of the FY2014-15 expansion.	\$ 935,144
FF Licensing Contracts	Federal Fund contract licensing specialist	\$ 1,883,746
New Licensing Contracts FY 17	Approximately 10 new Federal Fund contract licensing specialists. These were part of the FY2016-17 expansion.	\$ 709,192
Image Source	Imaging services the licensing application process	\$ 30,411
Total		\$ 3,558,493
Operating		
Travel	Staff travel, predominantly for licensing inspections	\$ 128,656
Computers	Computer leases to support specialists, including Reports of Inspection	\$ 48,000
Other Operating	Office supplies and materials, printing, leased space, equipment, maintenance and repair, software licenses. Etc.	\$ 437,647
CCCAP Conference	Annual conference to communicate with counties, providers, and CCCAP stakeholders	\$ 80,000
OEC Cost Pool Operating	DECL portion of shared cost pooled operating expenditures	\$ 43,914
		\$ 738,217
Total Expenses		\$ 9,169,235
Long Bill ¹	HB 16-1405 as signed by the Governor	\$ 7,959,729
Estimated POTS ²	Estimated central allocation from EDO for Health, Life, and Dental	\$ 674,145
Adjust Title IV-E ³	The Department is not able to earn the full Title IV-E revenue amount indicated in the Long Bill	\$ (150,000)
Adjust Revenue ⁴	The Department is not able to earn the full cash fund revenue amount indicated in the Long Bill	\$ (175,000)
Total Revenue		\$ 8,308,874
Total Spending Authority Adjustment		\$ (860,361)
¹ Amount of Licensing & Administration Line in FY 17 Long Bill ² Estimation of Centrally Allocated Benefits ³ Reduce Long Bill Amount Due to Unearned Federal Revenue ⁴ Reduce Long Bill Amount Due to Underearning Cash Fund		

Attachment B, Part 1: CCDF Sustainability Projection Revised 9-12-16

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Federal CCDF Funds	Actual	Actual	Actual	Request	Request	Request	Request
CCDF Carryforward (Unspent Balance)	\$ 18,113,665	\$ 22,393,937	\$ 32,065,141	\$ 33,358,868	\$ 26,585,897	\$ 20,871,599	\$ 13,985,912
New Annual CCDF Award	\$ 68,300,025	\$ 69,043,659	\$ 73,238,719	\$ 73,238,719	\$ 73,238,719	\$ 73,238,719	\$ 73,238,719
Total Funds Available	\$ 86,413,690	\$ 91,437,596	\$ 105,303,860	\$ 106,597,587	\$ 99,824,616	\$ 94,110,318	\$ 87,224,631
Base Expenditures	\$ 64,019,753	\$ 59,372,455	\$ 71,944,991	\$ 80,011,690	\$ 78,092,656	\$ 79,264,046	\$ 80,453,007
Optimization of Early Childhood Alignment					\$ 860,361	\$ 860,361	\$ 860,361
Expenditures	\$ 64,019,753	\$ 59,372,455	\$ 71,944,991	\$ 80,011,690	\$ 78,953,017	\$ 80,124,407	\$ 81,313,368
Balance to roll forward	\$ 22,393,937	\$ 32,065,141	\$ 33,358,868	\$ 26,585,897	\$ 20,871,599	\$ 13,985,912	\$ 5,911,263

Notes: *The New Annual CCDF amount for FY 15-16 was updated based on the actual FFY 16 CCDF Grant Award letter received.
 *See Tab 2 for breakdown of base expenditures. This assumes counties spend full allocations, and any unspent funds in Quality, Councils and SRQIP appropriations are used to cover structural deficit.

Attachment B, Part 2: CCDF Sustainability Projection Revised 9-12-16

Base Expenditure Detail	FY 15-16	FY 16-17	FY 17-18
EDO - Common Policy	\$ 280,000	\$ 290,144	\$ 290,144
Office of Operations	\$ 422,263	\$ 422,263	\$ 422,263
Office of Self Sufficiency	\$ 35,575	\$ 35,575	\$ 35,575
OITS (Base)	\$ 3,328,390	\$ 3,628,390	\$ 3,628,390
CHATS Modernization	\$ -	\$ 2,991,250	\$ -
CHATS O&M	\$ 815,859	\$ 1,200,000	\$ 1,200,000
Licensing and Administration (Base)	\$ 4,395,685	\$ 4,714,785	\$ 4,114,785
Licensing and Administration (New Licensing)	\$ -	\$ 602,784	\$ 655,200
CCCAP	\$ 54,472,728	\$ 54,598,906	\$ 54,598,906
Child Care Grants for Quality and Availability	\$ 3,474,055	\$ 3,474,081	\$ 3,474,081
School Readiness Quality Improvement Program	\$ 2,239,826	\$ 2,229,652	\$ 2,229,652
MicroGrants	\$ 119,244	\$ 250,000	\$ 250,000
MicroLoans	\$ -	\$ -	\$ -
Continuation of Child Care Quality Initiatives	\$ -	\$ 1,431,255	\$ 3,066,241
Early Childhood Councils	\$ 1,992,204	\$ 1,984,169	\$ 1,984,169
ECMH	\$ 37,027	\$ 1,703,436	\$ 2,143,250
1317 CHATS Rollforward	\$ 332,135	\$ 455,000	\$ -
Total	\$ 71,944,991	\$ 80,011,690	\$ 78,092,656

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-19 Mount View Youth Services Center Ditch Repair

Dept. Approval By: Melissa Wavelet Supplemental FY 2016-17
 Change Request FY 2017-18
 OSPB Approval By: Erin K. [Signature] 10/27/16 Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$24,000,899	\$0	\$24,306,636	\$473,000	\$0
FTE		422.2	0.0	422.2	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$13,722,827	\$0	\$13,910,679	\$473,000	\$0
	CF	\$2,285,779	\$0	\$2,299,023	\$0	\$0
	RF	\$6,704,280	\$0	\$6,773,824	\$0	\$0
	FF	\$1,288,013	\$0	\$1,323,110	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$24,000,899	\$0	\$24,306,636	\$473,000	\$0
FTE		422.2	0.0	422.2	0.0	0.0
03. Office of Operations, (A)	GF	\$13,722,827	\$0	\$13,910,679	\$473,000	\$0
Administration -	CF	\$2,285,779	\$0	\$2,299,023	\$0	\$0
Personal Services	RF	\$6,704,280	\$0	\$6,773,824	\$0	\$0
	FF	\$1,288,013	\$0	\$1,323,110	\$0	\$0

CF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FF Letternote Text Revision Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request	
Interagency Approval or Related Schedule	None	

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Cost and FTE

- The Colorado Department of Human Services requests \$473,000 total funds/General Fund, to support the non-potable water ditch repair for the Harriman Ditch located on the Mount View Youth Services Center campus.

Current Program

- As a ditch share owner, the Department is responsible for the maintenance and upkeep of the ditch within the property boundaries of the campus.
- Over several years, the rushing water has taken its toll on the cement walls and base of the ditch. In multiple sections of the approximately 1,000 linear feet of ditch within the confines of the campus, ditch walls have collapsed creating a blockage. In addition, the ditch base has allowed water to seep beyond the ditch borders. Several buildings have had water penetrating through the foundation walls due to this seepage and when the water flow is heavy, the water overflows its banks due to the blockage.
- The Department has utilized temporary measures with limited success to mitigate overflow, downstream flooding, and damage from the flowing ditch water.

Problem or Opportunity

- A 300-foot long portion of the ditch nearly collapsed in 2016 resulting in an Emergency Controlled Maintenance project. There is potential for a reoccurrence.
- The Department has utilized temporary measures with limited success to mitigate overflow, downstream flooding, and damage from flowing ditch water.
- In addition to the current condition, the Department is also concerned for the future safety and security of youth and staff on the campus.

Consequences of Problem

- If this request is not funded, the Department could have another costly emergency occur, creating potentially unsafe conditions for youth and staff on the campus. A failure of the ditch would have significant impact on other ditch owners that use the water for irrigation, resulting in a financial liability to the Department.

Proposed Solution

Bury the ditch within an enclosed pipe covering the entire length of the campus to address safety, security, and current and future maintenance of the ditch. The solution would decrease the potential of seepage and outflow of the ditch water, thereby avoiding damage to multiple buildings on campus, as well as reduce the potential liability from the other ditch owners.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-19
Mount View Youth Services Center Ditch Repair

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Operating	\$473,000	\$473,000

Problem or Opportunity:

The Colorado Department of Human Services requests one-time funding of \$473,000 total funds/General Fund in the FY 2017-18, to support the non-potable water ditch repair for the Harriman Ditch located on the Mount View Youth Services Center campus.

The Harriman Ditch runs through the middle of the Mount View Youth Services Center (MVYSC) campus and it provides non-potable water to the campus for the purpose of irrigation. As a ditch share owner, the Department is responsible for the maintenance and upkeep of the ditch within the property boundaries of the campus. Over several years, the rushing water has taken its toll on the cement walls and base of the ditch. In multiple sections of the approximately 1,000 linear feet of ditch within the confines of the campus, ditch walls have collapsed, creating a blockage. In addition, the ditch base has allowed water to seep beyond the ditch borders. Several buildings have had water penetrating through the foundation walls due to this seepage. When the water flow is heavy, the water overflows its banks due to the blockage created by cement walls that have broken away. One building in particular, building #71, has water entering the building from the overflow both in the basement (Division of Facilities Management space), and the main level (Division of Youth Corrections space), making both spaces uninhabitable when the seepage occurs. The Department has utilized temporary measures with limited success to mitigate overflow, downstream flooding, and damage from the flowing ditch water. These are temporary solutions and do not solve the underlying problem.

Along with maintenance, safety and security on the MVYSC campus are also valid concerns. Previous attempts to procure partnership funding for this project, including a grant from the Colorado Water Conservation Board in July 2015, have not been successful. The Department submitted a funding request for FY 2016-17, which was approved by the State Office of Planning and Budgeting (OSPB) but ultimately not funded.

In March 2016, a 300 foot long portion of the ditch nearly collapsed, resulting in an Emergency Controlled Maintenance (ECM) project to correct the pending failure before the ditch was activated for the 2016 season. The Department's concern is that the remainder of the ditch is in the same condition as the failed section and the next potential failure is imminent.

Figure A – Mount View Youth Service Center is a photo of the site that illustrates where the emergency repair (red line) has been completed and the remainder of the ditch that needs to be completed (yellow line) and is the basis for this request.


Figure A – Mount View Youth Service Center



Site Plan
Ditch NTS

Legend
- - - - Property Line
- - - - Ditch: Completed Emergency
Controlled Maintenance
- - - - Ditch: Remaining

Mount View Youth Services Center
7862 W. Mansfield Parkway, Denver, CO 80235

09.06.16 

If there is a failure of the ditch when the water is running, the State would be responsible for all damages to other ditch shareholders, as the water would need to be turned off at the head gate until repairs are completed. Other ditch shareholders utilize the water source for irrigation for golf courses, nurseries and municipalities. Though the Department cannot quantify the cost of potential damages, a failure of the ditch could lead to significant liability for the Department.

Proposed Solution:

The Colorado Department of Human Services requests \$473,000 total funds/General Fund, to support the non-potable water ditch repair for the Harriman Ditch located on the MVYSC campus. This is a one-time funding request and would provide a long-term solution for the irrigation ditch and maintain the safety of the youth and staff on campus.

To address safety, security, and current and future maintenance of the ditch, the Department recommends burying the ditch within an enclosed pipe covering the entire length of the campus. This would be the best long-term solution. Replacing the ditch walls with new walls will only provide a short-term solution. Ground movement and the rushing water will eventually degrade the new walls and create the same problem currently faced by the Department. By burying the ditch within an enclosed pipe, the potential of seepage and outflow of the ditch water would be eradicated, thereby eliminating the damage to multiple buildings on campus. Burying the ditch also addresses potential liability the Department might have with other ditch shareholders as a result of a ditch failure.

The emergency controlled maintenance funding received for the ditch was to replace only a small portion of the ditch that had nearly collapsed in 2016. Specifically, the emergency repair project replaced only 300 feet of the approximately 1,000 linear feet of ditch.

An alternative is to allow the ditch to totally fail and have the ditch company complete the modifications and charge the Department for the modifications, which the ditch company will not do due to the secure nature of the facility. The more likely outcome will be that the other ditch shareholders sue the Department for not adhering to the agreement in place for over 100 years. The Department does not envision an alternative wherein the Division of Facilities Management's operating funds can support the as-needed repairs and maintenance of the Harriman Ditch running through the campus, as the request equals more than ten percent of the total operating funds available to the Division.

Anticipated Outcomes:

The Department is confident that burying the Harriman Ditch throughout its run through the campus will eliminate the seepage and overflow challenges of the current situation. An additional benefit would be the elimination of the open ditch through the campus and the potential of an unsafe condition for staff and youth.

Assumptions and Calculations:

The basis for the cost estimate is the actual work undertaken by the Department for the March 2016 Emergency Controlled Maintenance project to repair the approximately 300 feet of ditch that nearly collapsed. Total cost for the Emergency Controlled Maintenance (ECM) is as follows in Table 1.

Table 1- Emergency Controlled Maintenance for Repair of Ditch Project	
Replace CMP with new HDPE pipe:	\$89,139
Site mitigation:	\$8,820
Security fencing:	\$3,693
Total cost of emergency repair	\$101,652

The remaining 700 linear feet of the Harriman Ditch is in similar condition to the segment that collapsed and is at risk of imminent failure. Should the remaining sections of the ditch fail, water damage and flooding could occur at the surrounding buildings causing costly property damage and potential displacement of youth served in those facilities. If there is a failure of the ditch, the State would be responsible for all damages to buildings as well as other ditch shareholders who use the ditch as a source of water irrigation. The cost to repair resulting damages of a failure would far exceed the cost of preventatively repairing the ditch.

A list of the activities completed in March 2016 for the emergency repair included the replacement of existing Corrugated Metal Pipe (CMP) with new High-Density Polyethylene (HDPE) Pipe is as follows:

Replace CMP with new HDPE pipe:

- Equipment and Crew Mobilization
- Excavation and removal of existing CMP (300 linear feet)
- Haul off and disposal fees of old CMP
- Excavation for new HDPE pipe (300 linear feet)
- Clean out box culvert with vacuum truck
- Port to port on truck and disposal fee on pipe debris
- Provide and place HDPE pipe (300 linear feet)
- Pipe bedding materials delivered and placed
- Backfill HDPE pipe with compaction (300 linear feet)
- Saw cuts of existing concrete sidewalk and asphalt street
- Concrete work for outlet structure
- Concrete sidewalk repairs
- Asphalt street repairs
- Form and pour concrete at gate in & out flow structure for security.

Cost: \$89,139

Site mitigation:

- Grade areas of disturbance
- Provide top soil for disturbed areas
- Re-seed areas of disturbance
- Clean up all miscellaneous debris

Cost: \$8,820

Security fencing:

- Furnish & Install 1 each 10' X 11' single swing gate in existing fence.

Specs:

- 3"X6" tube steel frame
- 4 each butt hinges
- 9 Gauge chain link mesh
- 1/4" hardware cloth on gate and 2' of fence around gate opening

Cost: \$3,693

PBM Excavating Company, the ECM vendor, was not asked to provide a cost estimate for this funding request to ensure that there was no potential for a protest by other vendors (contractors) when the Department bids the entire project. The Department also wanted to ensure that there was no implied indication to PBM that they would be awarded the next ‘phase’ of the project. If approved, this project will follow all State statutes and Office of the State Architect rules to procure services. A competitive bid process is utilized for this type of project. The request for bids is placed in CORE with the scope of work and other pertinent documents. State protocols for selection of construction contractors (bidding process) and professional services (Request for Quote-RFQ’s) will be followed.

Table 2 illustrates the cost estimate for enclosing the Harriman Ditch within the MVYSC campus. Costs are estimated based on the figures provided by the ECM contractor for the previously repaired section of ditch.

Table 2 – Cost Estimate for Enclosure of Harriman Ditch	
Design, construction drawings, and security during construction	\$52,000
Construction of buried ditch, \$240 per linear foot	\$240,000
Site mitigation/restoration	\$31,000
Replacement of current buried pipe northeast side of campus	\$107,000
Construction Contingency, 10%:	\$43,000
TOTAL	\$473,000

Table 3 illustrates the change to the Long Bill Appropriation:

Table 3-Long Bill Appropriation and Requested Funding for FY 2017-18									
Line Item: (3);Office of Operations, Operating Expenses	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$3,691,360	\$2,678,596	\$11,422	\$846,073	\$155,269	\$0	\$0	\$0	
Mount View Youth Services Center Ditch Repair	\$473,000	\$473,000	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2017-18 Total Requested Appropriation	\$4,164,360	\$3,151,596	\$11,422	\$846,073	\$155,269	\$0	\$0	\$0	
FY 2018-19 Total Requested Appropriation	\$3,691,360	\$2,678,596	\$11,422	\$846,073	\$155,269	\$0	\$0	\$0	One-time request

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-20 Staff Training Long Bill

Dept. Approval By: Melissa Wavelt

Supplemental FY 2016-17

OSPB Approval By: David N. [Signature] 10/28/16

X Change Request FY 2017-18
Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$13,799	\$0	\$13,799	(\$13,799)	\$0
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	\$13,799	\$0	\$13,799	(\$13,799)	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$13,799	\$0	\$13,799	(\$13,799)	\$0
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Training	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$13,799	\$0	\$13,799	(\$13,799)	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required? Yes	<u>X</u>	No	<u> </u>	If Yes, see attached fund source detail. a Of this amount, it is estimated that \$548,385 shall be from patient revenues collected by the Mental Health Institutes, \$167,677 shall be from the Records and Reports Fund created in Section 19-1-307 (2.5), C.R.S., \$153,470 shall be from statewide indirect cost recoveries or the Indirect Costs Excess Recovery Fund created in Section 24-75-1401 (2), C.R.S., \$31,870 shall be from fees and charges for workshops and conferences, and \$1,914,069-\$1,933,040 shall be from various sources of cash funds.
RF Letternote Text Revision Required? Yes	<u> </u>	No	<u>X</u>	
FF Letternote Text Revision Required? Yes	<u> </u>	No	<u>X</u>	
Requires Legislation?	Yes	No	<u>X</u>	
Type of Request?	Department of Human Services Prioritized Request			
Interagency Approval or Related Schedule 13s	None			

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Cost and FTE

- The Department requests the elimination of the Staff Training Line from the Long Bill. This includes \$13,799 in cash funds. This is a line item on the Long Bill that has not been used in approximately four years.

Current Program

- Historically, the Department managed two programs specifically designed to develop leadership capacity across the Department: the Leadership Development Institute (LDI) and the Executive Development Institute (EDI).
- The LDI provided professional development to the supervisors within the Department, and the EDI focused on developing director-level employees within the Department. Each program was conducted over a seven- to eight-month period, and provided opportunities for staff to have a variety of unique experiential learning opportunities.

Problem or Opportunity

- This is a line item on the Long Bill that has not been used in approximately four years. This presents an opportunity to remove the item and clean up the Long Bill.

Consequences of Problem

- If not approved, the line item would continue to show on the Long Bill. Although spending authority would be available, the Department does not have the staff available to utilize that spending authority.

Proposed Solution

- The Department recommends removing the appropriation line from the Long Bill in an effort to clean up the Long Bill.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-20
Request Detail: Staff Training - Long Bill

Summary of Incremental Funding Change for FY 2017-18	Total Funds	Cash Funds
Staff Training – Long Bill	(\$13,799)	(\$13,799)

Problem or Opportunity:

The Colorado Department of Human Services Staff Training line, section (1) Executive Director's Office, (A) General Administration, on the Long Bill has not been used in approximately four years.

Historically, the Department managed two programs specifically designed to develop leadership capacity across the Department: the Leadership Development Institute (LDI) and the Executive Development Institute (EDI). The LDI provided professional development to the supervisors within the Department, and the EDI focused on developing director-level employees within the Department. Each program was conducted over a seven to eight month period, and provided opportunities for the learner to have a variety of unique experiential learning opportunities.

As a part of staff reductions, the training team was reduced from 17 employees down to two (over several years), resulting in the discontinuation of LDI and EDI by 2012. As a result, the line item has not been expended in each of the last four years.

Proposed Solution:

The Colorado Department of Human Services Staff Training line, section (1) Executive Director's Office, (A) General Administration, on the Long Bill has not been used in approximately four years. The Department recommends removing it from the Long Bill.

Anticipated Outcomes:

If approved, the line item would no longer reflect on the Long Bill, providing transparency to stakeholders on the actual funding available for training.

Removing this line item will not have any programmatic effects, as it currently provides spending authority that is not being utilized by the Department based on current training services. In the past, spending authority was required, as the Department required Offices to pay for specific training needs. These training classes are no longer offered, and as such, the Offices are not making these payments, and spending authority is no longer necessary.

Assumptions and Calculations:

Table 1 provides a line item summary of the request.

Table 1-Long Bill Appropriation and Requested Funding for FY 2017-18									
Line Item: (1);Executive Directors Office, (A) General Administration, Staff Training	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$13,799	\$0	\$13,799	\$0	\$0	\$0	\$0	\$0	
Staff Training	(\$13,799)	\$0	(\$13,799)	\$0	\$0	\$0	\$0	\$0	
FY 2017-18 Total Requested Appropriation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2018-19 Total Requested Appropriation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	One-time request

The letter notes associated with the Staff Training line, section (1) Executive Director’s Office, (A) General Administration, on the Long Bill would be adjusted to reflect the removal of the line. Letter note a, as illustrated:

^a Of this amount, it is estimated that \$548,385 shall be from patient revenues collected by the Mental Health Institutes, \$167,677 shall be from the Records and Reports Fund created in Section 19-1-307 (2.5), C.R.S., \$153,470 shall be from statewide indirect cost recoveries or the Indirect Costs Excess Recovery Fund created in Section 24-75-1401 (2), C.R.S., ~~\$31,870 shall be from fees and charges for workshops and conferences,~~ and ~~\$1,914,969~~ \$1,933,040 shall be from various sources of cash funds.

The letter note currently shows that \$31,870 shall be from fees and charges for workshops and conferences. This amount in the letter note does not match directly with the \$13,799 reduction in this request, however, these types of fees are not being collected. Therefore the Department requests that this wording be removed from letter note a. Table 2 –Letter Note a by Funding Source illustrates the FY 2016-17 funding sources that encompass letter note a, and the proposed change for FY 2017-18.

Table 2 - Letter Note a by Funding Source		
	FY 2016-17	Proposed FY 2017-18
Patient Revenues from Mental Health Institutes	\$ 548,385	\$ 548,385
Records and Reports Fund	\$ 167,677	\$ 167,677
Statewide Indirects	\$ 153,470	\$ 153,470
Fee and Charges from Workshops and Conferences	\$ 31,870	\$ -
*Various Sources of Cash Revenues	\$ 1,914,969	\$ 1,933,040
<i>Total Bottom Line Funding Cash</i>	<u>\$ 2,816,371</u>	<u>\$ 2,802,572</u>
FY 2015-16	\$ 2,816,371	
Less Staff Training	\$ (13,799)	
Proposed FY 2016-17	<u>\$ 2,802,572</u>	

*Various sources of cash funding \$1,914,969 +\$31,870-\$13,799=\$1,933,040.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-21 Aging and Disabilities Resources for Colorado Medicaid Claiming

Dept. Approval By: Melissa Wavelet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Erin N. Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$22,831,104	\$0	\$22,831,104	\$500,000	\$500,000
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$11,303,870	\$0	\$11,303,870	(\$500,000)	(\$500,000)
	CF	\$11,527,234	\$0	\$11,527,234	\$0	\$0
	RF	\$0	\$0	\$0	\$1,000,000	\$1,000,000
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$22,831,104	\$0	\$22,831,104	\$500,000	\$500,000
	FTE	0.0	0.0	0.0	0.0	0.0
10. Adult Assistance Programs, (D) Community Services for the Elderly - State Funding for Senior Services	GF	\$11,303,870	\$0	\$11,303,870	(\$500,000)	(\$500,000)
	CF	\$11,527,234	\$0	\$11,527,234	\$0	\$0
	RF	\$0	\$0	\$0	\$1,000,000	\$1,000,000
	FF	\$0	\$0	\$0	\$0	\$0

CF Lettermote Text Revision Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	This amount shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, Department of Humans Services Medicaid-funded Programs
RF Lettermote Text Revision Required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FF Lettermote Text Revision Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request	
Interagency Approval or Related Schedule 13s:	Department of Health Care Policy and Financing	

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Cost and FTE

- The Colorado Department of Human Services (Department) requests spending authority for reappropriated federal Medicaid funds of \$500,000 in FY 2017-18 and ongoing from the Department of Health Care Policy and Financing to match local funds used by the Aging and Disabilities Resources for Colorado (ADRC) program for Medicaid-related counseling services.

Current Program

- The ADRC provides counseling on available options, and assistance to older adults and people with disabilities in need of publicly funded and private pay, long-term services and supports.
- In FY 2015-16, over 35,000 Coloradans received support from the ADRCs to identify services and supports that allow them to remain in their homes instead of settings such as nursing homes.
- The ADRCs began in 2006 with funding from federal grants and have continued with support from foundation grants and local funding sources. Currently, the program is funded through local cash, grants, the federal Older Americans Act and State Funding for Senior Services.

Problem or Opportunity

- The federal and foundation grants that have funded the ADRC ended September 30, 2015. Sustainable funding is needed to continue the work of the ADRCs. If Colorado's ADRC network could utilize existing local cash and state dollars as a Medicaid match, a sustainable funding stream for this program could be provided.
- Other states have successfully set up the ADRC programs to draw down Medicaid match for a portion of the work provided. Wisconsin conducted time tracking of their ADRC work and identified 75% of services were eligible for Medicaid claiming.

Consequences of Problem

- Without the ability for the ADRCs to use Medicaid claiming, the funds that support the ADRCs would not be adequate to support the network.
- The capacity of ADRCs in Colorado would significantly diminish if sustainable funding was not secured resulting in less long-term care services and supports for older adults and people with disabilities. Services that would likely be reduced or eliminated include options counseling, which is designed to help older adults identify what services are needed to help them continue to live in community settings and assistance in obtaining those services such as application assistance.

Proposed Solution

- The Colorado Department of Human Services (Department) requests spending authority for the increased reappropriated federal Medicaid funds of \$500,000 in FY 2017-18 and ongoing from HCPF to continue to fund the ADRC program.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-21
Request Detail: Aging and Disabilities Resources for Colorado Medicaid Claiming

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Reappropriated Funds
Aging and Disabilities Resources for Colorado Medicaid Claiming	\$500,000	(\$500,000)	\$1,000,000

Problem or Opportunity:

The Department of Human Services requests \$500,000 total funds; including a decrease of \$500,000 General Fund and an increase of \$1,000,000 reappropriated funds, for the purpose continuing the Aging and Disability Resources for Colorado (ADRC) program. Currently, State Funding for Senior Services provides funding for the Aging and Disability Resources for Colorado (ADRC), but federal grants ended on September 30, 2015 and sustainable funding is necessary to continue the work of the ADRCs. There is also an opportunity to leverage additional Medicaid funds.

ADRC is a collaborative effort initiated by the U.S. Administration for Community Living and the Centers for Medicare & Medicaid Services (CMS). ADRCs serve as access points for long-term care services and supports for older adults and people with disabilities. ADRCs help direct consumers and their families to much needed information, services, and supports. Through integration and coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of long term services and supports options including private pay and public services that are available. The ADRC programs provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long-term supports, and help people more easily access public and private long term supports and services programs.

ADRCs serve both older adults (60+) and adults with disabilities (18+). In federal fiscal year 2014-15, 33,592 consumer and caregivers received services from the ADRC, either through Options counseling or by providing information and assistance. Of those individuals, 64% were over 60, 18% were under 60, and 18% were unknown. They provide long-term services and supports to enable individuals to remain independent and in their community. The ADRCs help individuals manage their health challenges through information, assistance, and person centered Options counseling, providing the knowledge people need to make informed choices for their health and well-being.

Person centered Options counseling starts with a face-to-face interview of the consumer and a strengths and needs assessment. After identifying the participant's needs, and what services are available to meet those needs, the options counselors establish an action plan, provide decision-making support and follow up with the consumer. In federal fiscal year 2014-15, ADRCs provided person centered Options counseling to 3,299 individuals. Specialists provide information and assistance over the phone or through the mail to consumers to guide and educate them about the services available in their community. In federal fiscal year

2014-15, ADRCs provided information and assistance to 30,293 individuals. In addition to person centered Options counseling and information and assistance, the ADRCs have an existing partnership with the Department of Health Care Policy and Financing (HCPF) to provide person centered Options counseling through the Colorado Choice Transitions program. In this program, the ADRC Options Counselor provides person centered counseling to individuals in nursing facilities to explore options to transition back to the community.

The federal grants that have historically funded the ADRCs ended on September 30, 2015 and sustainable funding is necessary to continue the work of the ADRCs. Other states have successfully set up the ADRC programs to utilize a federal Medicaid match for a portion of the work provided. Wisconsin conducted time tracking of their ADRC work and identified 75% of services were eligible for Medicaid claiming. If Colorado's ADRC network could utilize Medicaid claiming, existing local cash and state dollars will be used to draw down the Medicaid funding and provide a sustainable funding stream for this important program.

If sustainable funding is not achieved for the ADRCs, it is likely that many of them will reduce or completely stop providing services to the aging and disability communities. The federal funding has enabled these services to be provided in areas of need that may not have been able to offer such support in the absence of funding. Many of the areas served by the ADRC do not have other similar services that the aging and disability community can turn to for support. These consumers will have to navigate the sea of services on their own, or possibly go without services that could help them remain independent and in their communities.

Proposed Solution:

The Department proposes to coordinate with the federal Centers for Medicare and Medicaid Services (CMS) via HCPF to allow for Medicaid Claiming of ADRC activities. The ADRCs will conduct time reporting on the work provided to identify the amount of time the ADRCs provide services eligible for Medicaid claiming. If CMS approves the request for Medicaid claiming, the ADRCs will have access to a steady funding stream that will not require additional state funding and the services they provide will continue.

There is no need for additional state funds to implement this request. The Department is leveraging existing General Fund and cash funds from State Funding for Senior Services and local Area Agencies on Aging to provide the match for federal Medicaid dollars and to expand the ADRC funding available. HCPF will request Medicaid claiming for ADRCs from CMS. A budget action is needed because the federal funding would be provided to HCPF, then be transferred to the Department as reappropriated funds to provide to ADRCs through a contract. A budget appropriation and spending authority are needed for the Department to distribute to ADRCs. It is unknown at this time the amount of funds that will be received as matching funds from Medicaid.

The funding for this request will come from local, non-federal sources such as State Funding for Senior Services, county funds, and tax levy funds already available through the Area Agencies on Aging to draw down the Medicaid match.

Anticipated Outcomes:

It is anticipated that the Department will work closely with HCPF to submit a request to CMS for approval of Medicaid Claiming of ADRC activities after the final time reporting is complete. Final time reporting is projected to be available in June 2017. Based upon the experience of other states in achieving such

approval, it is anticipated that this request would be met favorably at the federal level. The ADRCs will then have access to sustainable funding to keep providing services. This outcome supports the Department's Strategic Policy Initiative of helping people to thrive in the community of their choice.

Assumptions and Calculations:

No new funding or FTE are being requested. The additional funding from CMS will show up in HCPF's line item with the corresponding match identified as local funds in this same line item. Then HCPF will transfer the Medicaid funding to the Department to be incorporated into ADRC contracts administered by the Department.

Long Bill Appropriation and Requested Funding for FY 2017-18 through FY 2019-20								
Line Item: (10) Adult Assistance Programs; (D) Community Services for the Elderly, State Funding for Senior Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds
FY 2016-17 Appropriation (HB 16-1405)	\$22,831,104	\$11,303,870	\$11,527,234	\$0	\$0	\$0	\$0	\$0
Requested Funding (or Spending Authority)	\$500,000	(\$500,000)	\$0	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2017-18 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2018-19 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2019-20 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000



The Department prioritized decision item #22 is intentionally left blank.

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-23 DYC Reduction of Client Managers

Dept. Approval By: Melissa Wavellet

Supplemental FY 2016-17

X

Change Request FY 2017-18

OSPB Approval By: Eric K. Schmitt 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request Continuation
	Total	\$62,445,909	\$0	\$62,462,502	(\$153,818) (\$153,818)
	FTE	101.7	0.0	101.7	(2.0) (2.0)
Total of All Line Items Impacted by Change Request	GF	\$43,949,805	\$0	\$43,966,398	(\$153,818) (\$153,818)
	CF	\$1,024,148	\$0	\$1,024,148	\$0 \$0
	RF	\$11,238,385	\$0	\$11,238,385	\$0 \$0
	FF	\$6,233,571	\$0	\$6,233,571	\$0 \$0

Line Item Information	Fund	FY 2016-17		FY 2017-18	FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request Continuation
	Total	\$32,736,387	\$0	\$32,736,387	(\$15,854) (\$15,854)
	FTE	0.0	0.0	0.0	0.0 0.0
01. Executive Director's Office, (A) General Administration - Health, Life, And Dental	GF	\$22,142,423	\$0	\$22,142,423	(\$15,854) (\$15,854)
	CF	\$543,180	\$0	\$543,180	\$0 \$0
	RF	\$6,909,927	\$0	\$6,909,927	\$0 \$0
	FF	\$3,140,857	\$0	\$3,140,857	\$0 \$0
	Total	\$404,087	\$0	\$404,087	(\$212) (\$212)
	FTE	0.0	0.0	0.0	0.0 0.0
01. Executive Director's Office, (A) General Administration - Short-Term Disability	GF	\$273,968	\$0	\$273,968	(\$212) (\$212)
	CF	\$8,271	\$0	\$8,271	\$0 \$0
	RF	\$74,665	\$0	\$74,665	\$0 \$0
	FF	\$47,183	\$0	\$47,183	\$0 \$0

	Total	\$10,526,999	\$0	\$10,526,999	(\$5,586)	(\$5,586)
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - Amortization	GF	\$7,138,906	\$0	\$7,138,906	(\$5,586)	(\$5,586)
Equalization	CF	\$210,806	\$0	\$210,806	\$0	\$0
Disbursement	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0

	Total	\$10,417,342	\$0	\$10,417,342	(\$5,586)	(\$5,586)
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration - S.B. 06-235	GF	\$7,064,543	\$0	\$7,064,543	(\$5,586)	(\$5,586)
Supplemental Equalization	CF	\$208,610	\$0	\$208,610	\$0	\$0
Disbursement	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0

	Total	\$7,816,722	\$0	\$7,833,315	(\$124,680)	(\$124,680)
11. Division of Youth Corrections, (C) Community Programs - Personal Services	FTE	101.7	0.0	101.7	(2.0)	(2.0)
	GF	\$6,799,347	\$0	\$6,815,940	(\$124,680)	(\$124,680)
	CF	\$50,833	\$0	\$50,833	\$0	\$0
	RF	\$305,768	\$0	\$305,768	\$0	\$0
	FF	\$660,774	\$0	\$660,774	\$0	\$0

	Total	\$544,372	\$0	\$544,372	(\$1,900)	(\$1,900)
11. Division of Youth Corrections, (C) Community Programs - Operating Expenses	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$530,618	\$0	\$530,618	(\$1,900)	(\$1,900)
	CF	\$2,448	\$0	\$2,448	\$0	\$0
	RF	\$11,306	\$0	\$11,306	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule 13s:	None				



Cost and FTE

- The Department of Human Services requests a net decrease of (\$153,818) total funds/General Fund for FY 2017-18 which represents a savings in the Division of Youth Corrections Community Programs personal services from the reduction of 2.0 FTE Client Manager positions. This represents a savings of (2.2%) from FY 2016-17.

Current Program

- Client Managers (CMs) are responsible for the oversight of a committed juvenile's case from the point of commitment to the end of parole.
- CMs facilitate Multi-Disciplinary Team (MDT) processes, act as liaisons for family engagement, prep clients for transition and parole hearings, manage the Discrete Case Plan, order supervision and treatment services for parole, coordinate the client's youth portfolio and other actions required to ensure successful parole.

Problem or Opportunity

- The Division is realigning needed resources in the Client Manager area to reflect both the decline in the committed and paroled youth populations as well as recognizing the changes in workload which require lower caseload ratios.
- The additional staff have been very useful in the implementation of added duties required under the MDT process but are not as necessary as CM skills in facilitating these meetings are improving.

Consequences of Problem

- The Department believes this is an opportunity to reduce General Fund expenses and prioritize these funds for other needs.
- Reallocating positions to other purposes is not necessary and use of the funds elsewhere in the Department makes better sense.

Proposed Solution

- The Division proposes to reduce 2.0 Client Managers due to a reduction in projected caseloads in FY 2016-17, resulting in a savings of (\$153,818) total funds/General Fund.
- Workload ratios are calculated monthly and will be monitored for any potential impact.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 FUNDING REQUEST | NOVEMBER 1, 2016

Department Priority: R-23
Request Details: *DYC Reduction of Client Managers*

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
DYC Reduction of Client Managers	(\$153,818)	(\$153,818)	(2.0)

Problem or Opportunity:

The Department is requesting a reduction of two Client Managers for FY 2017-18 due to a reduction in the Division of Youth Corrections projected caseload, resulting in a savings of (\$153,818) total funds/General Fund. The forecasts from both Legislative Council Staff (LCS) and the Division on Criminal Justice (DCJ) are projecting the caseload for FY 2017-18 to decline for committed and paroled youth. The projections indicate that the overall commitment average daily population (ADP) will decrease by 23.8 youth in FY 2017-18. The current forecasted population allows for a reduction in the number of Client Managers required based on fewer youth involved in the Division of Youth Corrections (DYC).

While the job duties of Client Managers have increased over the past four years (e.g., facilitating a minimum of five mandatory Multi-disciplinary Team Meetings for each committed youth during their time at DYC using fidelity benchmarks; implementing and rescoring the Colorado Juvenile Risk Assessment (CJRA) needs and risk assessment; implementation of the Youth Portfolio; implementing Motivational Interviewing strategies) the decrease in clients still allows for the reduction of two Client Managers.

Proposed Solution:

The Department requests a decrease of (\$153,818) and a decrease of (2.0) FTE for FY 2017-18 and beyond. There are currently 60 Client Managers to supervise committed and paroled youth. A reduction to 58 Client Managers will still allow for safe and appropriate delivery of supervision services. Client Manager hiring patterns are managed within the Division's Community Programs Personal Services line established in the Long Bill.

An alternative strategy would be to retain the positions and convert them to other purposes. However, most functions are covered and the savings associated with a reduction represents a better strategy.

Anticipated Outcomes:

The remaining Client Manager FTEs are sufficient to handle projected caseload. This assumption is validated using two different calculations. First, the Division of Youth Corrections has long relied on standard caseload ratios as a guideline for client management work levels. The caseloads are based on separate ratios for a Client Manager's committed and paroled youth. For paroled youth, the ratio is 1 Client

Manager to 20 clients. For committed youth, the ratio is 1 Client Manager to 15 clients. The average of these two, based on the percentage of clients on parole compared to commitment is 1 to 17.5 clients. The current statewide ratio is 1 to 14.6. Reducing two FTE will still provide for a ratio of 1 to 15.4 (including the conversion of an existing Client Manger into a Program Manager).

While the Division has traditionally relied on the standard caseload it has also developed a weighted caseload similar to child welfare, adult probation and adult parole in 2015 to assign cases and estimate more closely the complete workload. In addition to client numbers, several other factors are considered in the weighted caseload model to develop a “weighted caseload equivalent”. Included are the following:

- Case-specific activities: Civil Justice Reform Act (CJRA) assessments, assessment, transition and Multi-Disciplinary Team (MDT) facilitation, family meetings, home visits, data entry into Trails, Colorado’s Administrative Review Division (ARD) hearing prep and participation, transition planning, interstate compact planning, and court time.
- Non case-centered activities: CJRA certification and recertification, Motivational Interviewing training, case consultation training, travel, team and unit meetings, in-service work, 40-plus hours annual mandatory training, supervisions, committee participation, vehicle maintenance and cleaning.
- Other potential factors: Offender type (requiring higher or lower contact standards), Discrete Case Plan (DCP) contact expectations, CJRA typology.

The specific method to calculate the weighted caseload is summarized in Table 1 that follows. For each criteria presented by a case, the factor is “added” to create a weighted caseload for each youth and provide an objective manner to estimate the overall work required to manage a caseload.

Table 1: Factors in Calculating a Weighted Caseload

Criteria	Factor	Rationale
Committed status	1.0	This is the standard weight a committed youth receives in the model. Factors that require more time and effort add to this weight while those that mitigate time and effort are subtracted.
Parole status	1.5	Under the premise that parole clients require about 50 percent more contact time and work monthly, on average, than committed youth.
Administrative status	0.25	Administrative clients include those on interstate compact and managed in another state, those who have been arrested as an adult and the juvenile case will soon be terminated. Little work required to manage these clients.
Interpretation needs	1.0	An additional factor 1.0 is added for monolingual families.
Special populations	0.5	Added weight to a case is calculated for sex offenders, aggravated offenders and high profile cases with multiple charges.
Assessment status	0.5	For the period of assessment, most work occurs at Mount View or Grand Mesa and the time needed by the CM does not become intensive until the assessment staffing.

Travel time	Variable factor	Some CMs drive more than 45 hours/month to attend staffings, meet with families and clients, and other purposes. That represents more than a week of worktime during which clients are not seen, Trails not managed, etc. A variably-weighted factor is assigned to the overall caseload based on the amount of drive time documented in vehicle logs.
Additional factors	Variable	Factors for committee participations, special duties and assigned are also assigned.

As an example, rather than count a monolingual Spanish speaking aggravated offender client as 1 case, factors are added for being on commitment status (+1), interpretation needs (+1), and special populations (0.5). Therefore, this client would have a “weight” of 2.5. When all clients on a caseload are similarly calculated, the weighted caseload for that Client Manager emerges.

This weighted caseload factor more accurately depicts a method to distribute cases within a region. As the Division tests this new management tool, the top end for a weighted case load for a Client Manager to perform all duties satisfactorily appears to be 1:28 equivalent. A reduction of 2.0 FTE, and the conversion of 1 Client to Program Manager will still yield an average weighted caseload of 1:26.3 equivalent.

Assumptions and Calculations:

Table 2 provides a line item summary of this request.

Table 2: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Health, Life, and Dental	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$32,736,387	\$22,142,423	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	(\$15,854)	(\$15,854)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$32,720,533	\$22,126,569	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$32,720,533	\$22,126,569	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$32,720,533	\$22,126,569	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Short-term Disability	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$404,087	\$273,968	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	(\$212)	(\$212)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$403,875	\$273,756	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$403,875	\$273,756	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$403,875	\$273,756	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	

Table 2: Line Item Summary (Continued)

Table 2: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,526,999	\$7,138,906	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	(\$5,586)	(\$5,586)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,521,413	\$7,133,320	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$10,521,413	\$7,133,320	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,521,413	\$7,133,320	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,417,342	\$7,064,543	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	(\$5,586)	(\$5,586)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,411,756	\$7,058,957	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$10,411,756	\$7,058,957	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,411,756	\$7,058,957	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Line Item: (11) (C) - Community Programs - Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$7,816,722	\$6,799,347	\$50,833	\$305,768	\$660,774	\$0	\$0	\$0	101.7	
Requested Funding (or Spending Authority)	(\$124,680)	(\$124,680)	\$0	\$0	\$0	\$0	\$0	\$0	(2.0)	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$7,692,042	\$6,674,667	\$50,833	\$305,768	\$660,774	\$0	\$0	\$0	99.7	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$7,692,042	\$6,674,667	\$50,833	\$305,768	\$660,774	\$0	\$0	\$0	99.7	
FY 2019-20 Total Requested Appropriation	\$7,692,042	\$6,674,667	\$50,833	\$305,768	\$660,774	\$0	\$0	\$0	99.7	
Line Item: (11) (C) - Community Programs - Operating Expenses	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$544,372	\$530,618	\$2,448	\$11,306	\$0	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	(\$1,900)	(\$1,900)	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$542,472	\$528,718	\$2,448	\$11,306	\$0	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0	
FY 2019-19 Total Requested Appropriation	\$542,472	\$528,718	\$2,448	\$11,306	\$0	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$542,472	\$528,718	\$2,448	\$11,306	\$0	\$0	\$0	\$0	0.0	

Table 3 provides a breakout of the actual costs associated with these two Client Manager positions.

Table 3: FTE Calculation

Expenditure Detail		FY 2017-18		FY 2018-19	
<i>Personal Services:</i>					
	Classification Title	Monthly Salary	FTE		FTE
	Youth Services Counselor II	\$4,655	(2.0)	(\$111,720)	(2.0)
	PERA			(\$11,340)	(\$11,340)
	AED			(\$5,586)	(\$5,586)
	SAED			(\$5,586)	(\$5,586)
	Medicare			(\$1,620)	(\$1,620)
	STD			(\$212)	(\$212)
	Health-Life-Dental			(\$15,854)	(\$15,854)
	Subtotal Position 1, ## FTE		(2.0)	(\$151,918)	(2.0)
<i>Operating Expenses:</i>					
			FTE		FTE
	Regular FTE Operating Expenses	\$500	(2.0)	(\$1,000)	(2.0)
	Telephone Expenses	\$450	(2.0)	(\$900)	(2.0)
	PC, One-Time	\$1,230		\$0	-
	Office Furniture, One-Time	\$3,473		\$0	-
	Other				
	Subtotal Operating Expenses			(\$1,900)	(\$1,900)
	TOTAL REQUEST		(2.0)	(\$153,818)	(2.0)