Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-01 CBMS/PEAK Base Adjustment Request

Dept. Approval By: Melissa Wavrlet

OSPB Approval By:

___ **Supplemental FY 2017-18**

X **Change Request FY 2018-19**

___ **Budget Amendment FY 2018-19**

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$35,117,677**	**$0**	**$35,134,827**	**$234,897**	**$998,451**
	FTE	11.0	0.0	11.0	0.0	0.0
	GF	$23,217,082	$0	$23,224,285	$214,942	$950,952
	CF	$1,067,550	$0	$1,068,064	$19,955	$47,499
	RF	$0	$0	$0	$0	$0
	FF	$10,833,045	$0	$10,842,478	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
02. Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses -- Personal Services	**Total**	**$2,728,188**	**$0**	**$2,728,188**	**$6,261**	**$6,261**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,131,381	$0	$1,131,381	($7,886)	($7,886)
	CF	$97,373	$0	$97,373	$1,269	$1,269
	RF	$0	$0	$0	$0	$0
	FF	$1,499,434	$0	$1,499,434	$12,878	$12,878
02. Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses --	**Total**	**$301,545**	**$0**	**$301,545**	**$690**	**$690**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$125,051	$0	$125,051	($873)	($873)
	CF	$10,763	$0	$10,763	$140	$140
	RF	$0	$0	$0	$0	$0

Centrally Appropriated Items	FF	$165,731	$0	$165,731	$1,423	$1,423

02. Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses -- Operating and Contract Expenses	**Total**	**$31,128,314**	**$0**	**$31,128,314**	**($226,455)**	**$537,099**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$21,562,770	$0	$21,562,770	$40,602	$776,612
	CF	$925,209	$0	$925,209	$1,742	$29,286
	RF	$0	$0	$0	$0	$0
	FF	$8,640,335	$0	$8,640,335	($268,799)	($268,799)

02. Office of Information Technology Services, (B) Colorado Benefits Management System, (2) Special Projects -- Health Care and Economic Security Staff Development Center	**Total**	**$959,630**	**$0**	**$976,780**	**$454,401**	**$454,401**
	FTE	11.0	0.0	11.0	0.0	0.0
	GF	$397,880	$0	$405,083	$183,099	$183,099
	CF	$34,205	$0	$34,719	$16,804	$16,804
	RF	$0	$0	$0	$0	$0
	FF	$527,545	$0	$536,978	$254,498	$254,498

CF Letternote Text Revision Required?	Yes ___	No X	**If Yes, see schedule 4 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:	Office of Information Technology		

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-02 Operating System Suite

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$80,000,791	$0	$79,529,717	$880,699	$949,610
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$15,918,939	$0	$15,734,990	$324,911	$350,336
	CF	$8,349,091	$0	$8,327,629	$45,952	$49,546
	RF	$27,314,978	$58,032	$27,122,365	$353,432	$381,087
	FF	$28,417,783	$0	$28,344,733	$156,404	$168,641

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (C) Indirect Costs -- Indirect Costs	Total	$103,782	$0	$103,516	$571	$616
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$39,126	$0	$39,025	$215	$232
	RF	$64,656	$0	$64,491	$356	$384
	FF	$0	$0	$0	$0	$0
02. Office of Information Technology Services, (A) Information Technology -- Payments to OIT	Total	$29,509,048	$0	$29,167,770	$602,805	$649,973
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$15,918,939	$0	$15,734,990	$324,911	$350,336
	CF	$0	$0	$0	$0	$0
	RF	$13,590,109	$0	$13,432,780	$277,894	$299,637
	FF	$0	$0	$0	$0	$0
03. Office of Operations, (C) Indirect Cost Assessment -- Indirect Cost Assessments	Total	$102,410	$3,286	$102,147	$564	$608
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$65,378	$3,286	$65,210	$360	$388
	RF	$37,032	$0	$36,937	$204	$220
	FF	$0	$0	$0	$0	$0

05. Division of Child Welfare -- Indirect Cost Assessment	**Total**	**$10,984,369**	**$0**	**$10,956,131**	**$60,455**	**$65,185**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$466,329	$0	$465,130	$2,567	$2,767
	RF	$469,560	$0	$468,352	$2,584	$2,787
	FF	$10,048,480	$0	$10,022,649	$55,304	$59,631

06. Division of Early Childhood, (C) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$5,100,127**	**$0**	**$5,087,015**	**$28,070**	**$30,266**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,252,702	$0	$2,246,911	$12,399	$13,368
	RF	$40,923	$0	$40,817	$225	$243
	FF	$2,806,502	$0	$2,799,287	$15,446	$16,655

07. Office of Self Sufficiency, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$14,572,580**	**$0**	**$14,535,120**	**$80,205**	**$86,479**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$75,537	$0	$75,343	$416	$448
	RF	$64,793	$0	$64,626	$357	$385
	FF	$14,432,250	$0	$14,395,151	$79,432	$85,646

08. Behavioral Health Services, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$6,186,160**	**$0**	**$6,170,257**	**$34,047**	**$36,711**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$3,078,930	$0	$3,071,015	$16,946	$18,272
	RF	$2,477,475	$0	$2,471,106	$13,635	$14,702
	FF	$629,755	$0	$628,136	$3,466	$3,737

09. Services for People with Disabilities, (E) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$13,167,655**	**$58,714**	**$13,133,806**	**$72,471**	**$78,142**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,187,241	$682	$2,181,619	$12,038	$12,980
	RF	$10,570,430	$58,032	$10,543,256	$58,177	$62,729
	FF	$409,984	$0	$408,931	$2,256	$2,433

10. Adult Assistance Programs, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$148,660**	**$0**	**$148,279**	**$818**	**$882**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$57,848	$0	$57,700	$318	$343
	RF	$0	$0	$0	$0	$0
	FF	$90,812	$0	$90,579	$500	$539

	Total	**$126,000**	**$0**	**$125,676**	**$693**	**$748**
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Services, (D) Indirect Costs -- Indirect Costs	GF	$0	$0	$0	$0	$0
	CF	$126,000	$0	$125,676	$693	$748
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ____ No X **If Yes, see schedule 4 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: Office of Information Technology

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-03 Food Service for LVCF Population

Dept. Approval By: Melissa Wavrlet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$5,898,713	$0	$5,542,898	$172,514	$172,514
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,169,458	$0	$2,891,828	$0	$0
	CF	$426,774	$0	$348,589	$0	$0
	RF	$2,302,481	$0	$2,302,481	$172,514	$172,514
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Operating Expenses	Total	$5,898,713	$5,653	$5,542,898	$172,514	$172,514
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,169,458	$5,653	$2,891,828	$0	$0
	CF	$426,774	$0	$348,589	$0	$0
	RF	$2,302,481	$0	$2,302,481	$172,514	$172,514
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ___ No X — If Yes, see schedule 4 fund source detail.

RF Letternote Text Revision Required? Yes X No ___

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 Sched Other

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-04 Cybersecurity Liability Insurance Policy

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$53,012,764	$0	$52,239,086	$54,321	$54,321
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,361,351	$0	$1,013,655	$20,091	$20,091
	CF	$8,349,091	$0	$8,327,629	$2,831	$2,831
	RF	$14,884,539	$58,032	$14,553,069	$21,767	$21,767
	FF	$28,417,783	$0	$28,344,733	$9,632	$9,632

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Payments to Risk Management	Total	$2,521,021	$0	$1,877,139	$37,206	$37,206
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,361,351	$0	$1,013,655	$20,091	$20,091
	CF	$0	$0	$0	$0	$0
	RF	$1,159,670	$0	$863,484	$17,115	$17,115
	FF	$0	$0	$0	$0	$0
01. Executive Director's Office, (C) Indirect Costs -- Indirect Costs	Total	$103,782	$0	$103,516	$35	$35
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$39,126	$0	$39,025	$13	$13
	RF	$64,656	$0	$64,491	$22	$22
	FF	$0	$0	$0	$0	$0
03. Office of Operations, (C) Indirect Cost Assessment -- Indirect Cost Assessments	Total	$102,410	$3,286	$102,147	$35	$35
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$65,378	$3,286	$65,210	$22	$22
	RF	$37,032	$0	$36,937	$13	$13
	FF	$0	$0	$0	$0	$0

05. Division of Child Welfare -- Indirect Cost Assessment	**Total**	**$10,984,369**	**$0**	**$10,956,131**	**$3,723**	**$3,723**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$466,329	$0	$465,130	$158	$158
	RF	$469,560	$0	$468,352	$159	$159
	FF	$10,048,480	$0	$10,022,649	$3,406	$3,406
06. Division of Early Childhood, (C) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$5,100,127**	**$0**	**$5,087,015**	**$1,728**	**$1,728**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,252,702	$0	$2,246,911	$764	$764
	RF	$40,923	$0	$40,817	$13	$13
	FF	$2,806,502	$0	$2,799,287	$951	$951
07. Office of Self Sufficiency, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$14,572,580**	**$0**	**$14,535,120**	**$4,940**	**$4,940**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$75,537	$0	$75,343	$26	$26
	RF	$64,793	$0	$64,626	$22	$22
	FF	$14,432,250	$0	$14,395,151	$4,892	$4,892
08. Behavioral Health Services, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$6,186,160**	**$0**	**$6,170,257**	**$2,097**	**$2,097**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$3,078,930	$0	$3,071,015	$1,044	$1,044
	RF	$2,477,475	$0	$2,471,106	$840	$840
	FF	$629,755	$0	$628,136	$213	$213
09. Services for People with Disabilities, (E) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$13,167,655**	**$58,714**	**$13,133,806**	**$4,463**	**$4,463**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,187,241	$682	$2,181,619	$741	$741
	RF	$10,570,430	$58,032	$10,543,256	$3,583	$3,583
	FF	$409,984	$0	$408,931	$139	$139
10. Adult Assistance Programs, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$148,660**	**$0**	**$148,279**	**$51**	**$51**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$57,848	$0	$57,700	$20	$20
	RF	$0	$0	$0	$0	$0
	FF	$90,812	$0	$90,579	$31	$31

	Total	**$126,000**	**$0**	**$125,676**	**$43**	**$43**
11. Division of Youth Services, (D) Indirect Costs -- Indirect Costs	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$126,000	$0	$125,676	$43	$43
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ____	No X	**If Yes, see schedule 4 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 Personnel and Administration		

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-05 Children's Habilitation Residential Program Transfer

Dept. Approval By: [signature]

OSPB Approval By: [signature]

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$420,307,292	$0	$420,221,829	($2,683,276)	($2,683,276)
	FTE	59.3	0.0	59.3	(1.0)	(1.0)
	GF	$233,600,481	$0	$233,457,684	($1,341,640)	($1,341,640)
	CF	$67,047,768	$0	$67,084,431	$0	$0
	RF	$26,893,558	$0	$26,895,854	($1,341,636)	($1,341,636)
	FF	$92,765,485	$0	$92,783,860	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	($7,927)	($7,927)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	($3,964)	($3,964)
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	($3,963)	($3,963)
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	($144)	($144)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	($72)	($72)
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	($72)	($72)
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	($3,781)	($3,781)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	($1,891)	($1,891)
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	($1,890)	($1,890)
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	($3,781)	($3,781)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	($1,891)	($1,891)
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	($1,890)	($1,890)
	FF	$1,220,176	$0	$1,220,176	$0	$0

05. Division of Child Welfare -- Administration	Total	$5,890,028	$0	$5,704,870	($84,383)	($84,383)
	FTE	59.3	0.0	59.3	(1.0)	(1.0)
	GF	$4,932,576	$0	$4,726,747	($42,192)	($42,192)
	CF	$0	$0	$0	$0	$0
	RF	$143,008	$0	$145,304	($42,191)	($42,191)
	FF	$814,444	$0	$832,819	$0	$0

05. Division of Child Welfare -- Child Welfare Services	Total	$355,864,012	$0	$355,864,012	($2,583,260)	($2,583,260)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$187,709,554	$0	$187,709,554	($1,291,630)	($1,291,630)
	CF	$66,083,715	$0	$66,083,715	$0	$0
	RF	$15,410,746	$0	$15,410,746	($1,291,630)	($1,291,630)
	FF	$86,659,997	$0	$86,659,997	$0	$0

CF Letternote Text Revision Require Yes ____ No X ____ **If Yes, see schedule 4 fund source detail.**

RF Letternote Text Revision Require Yes ____ No X ____

FF Letternote Text Revision Require 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 2018-19 Budget Cycle

Department of Human Services

Request Title

NP-06 Annual Fleet Vehicle Request

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

__ Supplemental FY 2017-18

X Change Request FY 2018-19

__ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$51,555,405	$0	$51,425,609	$259,388	$259,388
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$574,377	$0	$574,377	$95,938	$95,938
	CF	$8,349,091	$0	$8,327,629	$13,513	$13,513
	RF	$14,214,154	$58,032	$14,178,870	$103,940	$103,940
	FF	$28,417,783	$0	$28,344,733	$45,997	$45,997

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (C) Indirect Costs -- Indirect Costs	Total	$103,782	$0	$103,516	$168	$168
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$39,126	$0	$39,025	$63	$63
	RF	$64,656	$0	$64,491	$105	$105
	FF	$0	$0	$0	$0	$0
03. Office of Operations, (A) Administration -- Vehicle Lease Payments	Total	$1,063,662	$0	$1,063,662	$177,663	$177,663
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$574,377	$0	$574,377	$95,938	$95,938
	CF	$0	$0	$0	$0	$0
	RF	$489,285	$0	$489,285	$81,725	$81,725
	FF	$0	$0	$0	$0	$0
03. Office of Operations, (C) Indirect Cost Assessment -- Indirect Cost Assessments	Total	$102,410	$3,286	$102,147	$166	$166
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$65,378	$3,286	$65,210	$106	$106
	RF	$37,032	$0	$36,937	$60	$60
	FF	$0	$0	$0	$0	$0

05. Division of Child Welfare -- Indirect Cost Assessment	**Total**	**$10,984,369**	**$0**	**$10,956,131**	**$17,779**	**$17,779**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$466,329	$0	$465,130	$755	$755
	RF	$469,560	$0	$468,352	$760	$760
	FF	$10,048,480	$0	$10,022,649	$16,264	$16,264
06. Division of Early Childhood, (C) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$5,100,127**	**$0**	**$5,087,015**	**$8,255**	**$8,255**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,252,702	$0	$2,246,911	$3,646	$3,646
	RF	$40,923	$0	$40,817	$66	$66
	FF	$2,806,502	$0	$2,799,287	$4,543	$4,543
07. Office of Self Sufficiency, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$14,572,580**	**$0**	**$14,535,120**	**$23,587**	**$23,587**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$75,537	$0	$75,343	$122	$122
	RF	$64,793	$0	$64,626	$105	$105
	FF	$14,432,250	$0	$14,395,151	$23,360	$23,360
08. Behavioral Health Services, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$6,186,160**	**$0**	**$6,170,257**	**$10,012**	**$10,012**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$3,078,930	$0	$3,071,015	$4,983	$4,983
	RF	$2,477,475	$0	$2,471,106	$4,010	$4,010
	FF	$629,755	$0	$628,136	$1,019	$1,019
09. Services for People with Disabilities, (E) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$13,167,655**	**$58,714**	**$13,133,806**	**$21,313**	**$21,313**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,187,241	$682	$2,181,619	$3,540	$3,540
	RF	$10,570,430	$58,032	$10,543,256	$17,109	$17,109
	FF	$409,984	$0	$408,931	$664	$664
10. Adult Assistance Programs, (F) Indirect Cost Assessment -- Indirect Cost Assessment	**Total**	**$148,660**	**$0**	**$148,279**	**$241**	**$241**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$57,848	$0	$57,700	$94	$94
	RF	$0	$0	$0	$0	$0
	FF	$90,812	$0	$90,579	$147	$147

	Total	**$126,000**	**$0**	**$125,676**	**$204**	**$204**
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Services, (D) Indirect Costs – Indirect Costs	GF	$0	$0	$0	$0	$0
	CF	$126,000	$0	$125,676	$204	$204
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ____	No X	**If Yes, see schedule 4 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 Personnel and Administration		

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-01a Compensation Adjustments for Direct Care Positions at DHS Facilities

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$258,422,456	$0	$261,162,643	$13,141,467	$25,460,094
	FTE	2,751.2	0.6	2,765.2	0.0	0.0
	GF	$176,645,447	$0	$179,348,971	$12,339,320	$23,950,450
	CF	$34,850,920	$0	$34,887,583	$802,147	$1,509,644
	RF	$20,203,245	$0	$20,203,245	$0	$0
	FF	$26,722,844	$0	$26,722,844	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$822,840	$822,840
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$728,190	$728,190
	CF	$204,384	$0	$228,165	$94,650	$94,650
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$18,670	$37,340
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$17,599	$35,198
	CF	$13,979	$0	$14,219	$1,071	$2,142
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$491,308	$982,616
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$463,107	$926,214
	CF	$372,845	$0	$379,166	$28,201	$56,402
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$491,308	$982,616
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$463,107	$926,214
	CF	$372,845	$0	$379,166	$28,201	$56,402
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- Shift Differential	Total	$5,391,384	$0	$5,391,384	$351,353	$702,706
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,077,897	$0	$3,077,897	$330,770	$661,540
	CF	$0	$0	$0	$20,583	$41,166
	RF	$2,313,487	$0	$2,313,487	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (1) Mental Health Institutes - Ft. Logan -- Personal Services	Total	$19,189,195	$0	$19,544,654	$1,200,851	$2,401,702
	FTE	221.6	0.0	221.6	0.0	0.0
	GF	$17,410,281	$0	$17,765,740	$1,200,851	$2,401,702
	CF	$1,751,418	$0	$1,751,418	$0	$0
	RF	$27,496	$0	$27,496	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Personal Services	Total	$70,620,903	$2,574,611	$72,397,417	$2,758,541	$5,517,082
	FTE	995.4	0.6	1,001.3	0.0	0.0
	GF	$60,902,596	$2,574,611	$62,679,110	$2,758,541	$5,517,082
	CF	$3,195,849	$0	$3,195,849	$0	$0
	RF	$6,522,458	$0	$6,522,458	$0	$0
	FF	$0	$0	$0	$0	$0

09. Services for People with Disabilities, (D) Veterans Community Living Centers -- Fitzsimons Veterans Community Living Center	Total	$22,140,700	$0	$22,140,700	$701,565	$1,403,130
	FTE	238.4	0.0	238.4	0.0	0.0
	GF	$0	$0	$0	$491,095	$982,190
	CF	$10,627,500	$0	$10,627,500	$210,470	$420,940
	RF	$0	$0	$0	$0	$0
	FF	$11,513,200	$0	$11,513,200	$0	$0

09. Services for People with Disabilities, (D) Veterans Community Living Centers – Florence Veterans Community Living Center	Total	$11,502,900	$0	$11,502,900	$667,128	$1,334,256
	FTE	140.0	0.0	140.0	0.0	0.0
	GF	$0	$0	$0	$466,990	$933,980
	CF	$7,131,800	$0	$7,131,800	$200,138	$400,276
	RF	$0	$0	$0	$0	$0
	FF	$4,371,100	$0	$4,371,100	$0	$0

09. Services for People with Disabilities, (D) Veterans Community Living Centers – Homelake Veterans Community Living Center	Total	$7,924,230	$0	$7,924,230	$290,227	$580,454
	FTE	102.3	0.0	102.3	0.0	0.0
	GF	$186,130	$0	$186,130	$203,159	$406,318
	CF	$4,797,600	$0	$4,797,600	$87,068	$174,136
	RF	$0	$0	$0	$0	$0
	FF	$2,940,500	$0	$2,940,500	$0	$0

09. Services for People with Disabilities, (D) Veterans Community Living Centers – Rifle Veterans Community Living Center	Total	$8,989,700	$0	$8,989,700	$439,219	$878,438
	FTE	115.6	0.0	115.6	0.0	0.0
	GF	$0	$0	$0	$307,454	$614,908
	CF	$6,382,700	$0	$6,382,700	$131,765	$263,530
	RF	$0	$0	$0	$0	$0
	FF	$2,607,000	$0	$2,607,000	$0	$0

11. Division of Youth Services, (B) Institutional Programs – Personal Services	Total	$54,110,192	$0	$54,618,711	$4,908,457	$9,816,914
	FTE	937.9	0.0	946.0	0.0	0.0
	GF	$54,110,192	$0	$54,618,711	$4,908,457	$9,816,914
	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 schedule 4 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			

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Cost and FTE

- The Department requests $13,141,467 total funds, including $12,339,320 General Fund and $802,147 cash funds in FY 2018-19 and $25,460,094 total funds, including $23,950,450 General Fund and $1,509,644 cash funds in FY 2019-20 and ongoing, as a two-year approach to increase salaries for all direct care staff job classifications at 16 of its 19 24-hour (24/7) care facilities. 24/7 facilities include the Colorado Mental Health Institutes at Pueblo and Fort Logan (CMHIP and CMHIFL), four Veterans Community Living Centers (VCLCs) and ten Division of Youth Services (DYS) facilities. The three Regional Centers at Wheat Ridge, Pueblo and Grand Junction and Nurse I, II, and IIIs at CMHIP are excluded as CDHS had or has been given sufficient funding to address compensation concerns for these facilities and job classes. Cash funds are only from VCLC funds to support increases at those facilities.

Current Program

- DHS operates 19 24/7 care facilities. CMHIP and CMHIFL serve persons with severe mental illness. Four VCLCs serve elderly veterans. Ten DYS facilities serve individuals ages 10 to 21. Three Regional Centers serve adults with intellectual and developmental disabilities.
- Direct care positions include the job classifications of: health care technician, client care aide, nurse, correctional/youth services officers, mental health clinicians, mid-level providers, social workers, and therapy assistants. Administrative staff and management are not included in this request.

Problem or Opportunity

- The Department is experiencing increasing difficulty in recruiting and retaining highly qualified individuals to fill direct care positions throughout the 24/7 care facilities. Inadequate workforce negatively impacts the quality of care for the individuals served.
- Direct care staff at the Department are currently paid, on average, 20% below the market.
- Lack of work-life balance, incentives and developmental opportunities, high workload demands and non-competitive base pay have been major barriers to workforce attraction and retention.

Consequences of Problem

- If unaddressed, DHS 24/7 care facilities will continue to experience high levels of staff turnover (22% compared to a national average of 16.2%) and vacancies (16%). Inadequate staffing results in deficiency citations from regulators, reduced quality of care, staff exhaustion, increased spending on recruitment and training, and reduction of admissions to facilities. The average national estimated cost of turnover ranges from $38,000 to $59,000 per direct care position.

Proposed Solution

- The Department requests $13,141,467 total funds in FY 2018-19 and $25,460,094 total funds in FY 2019-20 and ongoing, as a two-year approach to increase salaries for all direct care staff job classifications at 16 of its 19 24/7 care facilities.
- This initiative will reduce mandatory overtime, staff exhaustion and turnover. This will reduce physical holds, restraints and seclusions, critical incidents, and medication and care errors that occur due to staff shortages and exhaustion.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-01a***
Request Detail: ***Compensation Adjustments for Direct Care Positions at DHS Facilities***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund	Cash Funds
FY 2018-19 Compenation Adjustment for Direct Care Positions at DHS Facilities	$13,141,467	0.0	$12,339,320	$802,147
FY 2019-20 and ongoing Compenation Adjustment for Direct Care Positions at DHS Facilities	$25,460,094	0.0	$23,950,450	$1,509,644

Problem or Opportunity:

The Department is experiencing increased difficulty in recruiting and retaining highly-qualified individuals to fill direct care positions throughout 16 of its 19 24/7 care facilities, as demonstrated in Tables 1 and 2 related to vacancies and turnover. The Department has been evaluating direct care staff compensation over the past year and identified that direct care staff working in the Department's 24/7 care facilities are, on average, making 20% below prevailing market wage for similar positions in the private sector.

The Department proposes a two-year approach to address compensation concerns for direct care staff across 16 of its 19 24/7 care facilities. Over a two-year period beginning in FY 2018-19, this approach will increase direct care staff wages to prevailing market wage and allow the Department to reduce turnover, fill critical vacancies, and improve the quality of care for those served in these facilities.

- Year 1: increase of $13,141,467 total funds, including $12,339,320 General Fund and $802,147 cash funds in FY 2018-19 and on-going to compensate existing and new direct care employees at an average of 10% more than they are currently making (which is approximately half of the average amount needed to pay direct care staff at the current market rate). Market rate is considered by the Department of Personnel and Administration to be the midpoint of the pay range for each job classification.
- Year 2: increase of $12,381,627 total funds, including $11,611,130 General Fund and $707,497 cash funds (to reach an FY 2019-20 and ongoing total of $25,460,094), the rest of the funds needed to complete the move of direct care salaries in these 16 24/7 care facilities to market rate.

Both years are described in more detail in the "Proposed Solution" section later in this request.

The Department identified a similar shortfall in compensation in the Regional Centers that provide services to adults with intellectual and developmental disabilities last year. In November 2016 the Department completed a compensation initiative, similar to the one requested here, for its three Regional Centers. As a result of that initiative, the Department's ability to recruit and retain qualified direct care staff has greatly improved at the Regional Centers and therefore, the Regional Centers are not included in this request.

The Department's 24/7 care facilities included in this requested compensation initiative follow:

- Four Veterans Community Living Centers provide care to veterans and their families, as well as Gold Star families.
- Ten Division of Youth Services facilities provide a continuum of residential services that encompass juvenile detention, commitment and parole, which include diagnostic, education and program services.
- Two Mental Health Institutes (CMHIP – at Pueblo and CMHIFL at Fort Logan) that provide inpatient psychiatric treatment services to patients referred by the State's community mental health centers. *Note that salary increases for the Nurse I, II, and III job classifications at CMHIP were funded through an emergency supplemental appropriation on September 20, 2017. The Department is submitting, separate from this request, a request for ongoing funding for Nurse I, II, and IIIs at CMHIP to sustain the pay increases. As a result, those classifications are not included in this initiative.*

Vacancies

Despite the Department's efforts to fill vacant direct care positions (See Description of the Department's Efforts to Correct the Problem), the Department continues to experience significant vacancy rates throughout the 24/7 care facilities.

Tables 1 and 2 show the total number of direct care positions and total number of direct care vacancies, by facility and by job classification at a point as of August 2016 and August 2017. As shown, there has not been marked improvement in overall vacancy rates during this time. For facilities (such as the nursing homes where the turnover rate improved, it was the result of cleaning up vacant positions included in the August 2016 data that had not been filled for long periods of time and were considered unnecessary. As a rough comparison, Nursing Solutions, Inc. published a report in 2017 that identifies the national vacancy rate for nursing positions in hospital environments is about 8.1 percent. Vacancy rates for direct care positions in the 24/7 care facilities operated by the Department are at 16% on average, which is significantly higher than this national benchmark

Table 1: Direct Care Vacancy Rate, By Facility

	As of August 2016					As of August 2017			
Facility	# Filled Positions	# Vacant Direct Care Positions	Total # Positions	Vacancy Rate		# Filled Positions	# Vacant Direct Care Positions	Total # Positions	Vacancy Rate
Mental Health Institutes									

Table 1: Direct Care Vacancy Rate, By Facility

	As of August 2016				As of August 2017			
C M H I AT FT LOGAN	153	25	178	14%	154	18	172	10%
C M H I AT PUEBLO	656	106	762	14%	637	114	751	15%
Veterans Community Living Center								
FITZSIMNS	159	44	203	22%	160	16	176	9%
FLORENCE	82	15	97	15%	79	16	95	17%
HOMELAKE	47	8	55	15%	47	7	54	13%
RIFLE	64	59	123	48%	68	14	82	17%
Division of Youth Services								
ADAMS	19	1	20	5%	22	8	30	27%
GILLIAM	57	10	67	15%	65	10	75	13%
GRAND MESA	38	2	40	5%	43	2	45	4%
LOOKOUT MOUTAIN	128	4	132	3%	133	48	181	27%
MARVIN FOOTE	48	8	56	14%	56	10	66	15%
MOUNT VIEW	103	11	114	10%	107	11	118	9%
PLATTE VALLEY	82	15	97	15%	102	39	141	28%
PUEBLO	26	3	29	10%	28	14	42	33%
SPRING CREEK	62	16	78	21%	65	10	75	13%
ZEB PIKE	37	1	38	3%	39	10	49	20%
GRAND TOTAL	**1,761**	**328**	**2,089**	**16%**	**1,805**	**347**	**2,152**	**16%**

Source: Department of Human Services' analysis of total active employees and vacant positions as of August 2017.

[1] Direct Care positions include the following job classifications, Client Care Aides, Clinical/Youth/Security Officers Health Care Services Trainees, Health Care Technicians, Mental Health Clinicians, Nurses, Social Workers, and Therapy Assistants (See Attachment A).

[2] Nurse I, II, and III job classifications are not included for CMHIP because those classifications were discussed in a separate 1331 request for funds to increase wages.

Table 2: Direct Care Vacancy Rate, by Job Classification

	As of August 2016				As of August 2017			
Class Title	**# Filled Positions**	**# Vacant Direct Care Positions**	**Total # Positions**	**Vacancy Rate**	**# Filled Positions**	**# Vacant Direct Care Positions**	**Total # Positions**	**Vacancy Rate**
CLIENT CARE AIDE I	24	11	35	31%	26	12	38	32%
CLIENT CARE AIDE II	243	60	303	20%	243	27	270	10%
CORR/YTH/CLIN SEC OFF I	511	67	578	12%	560	120	680	18%
CORR/YTH/CLIN SEC OFF II	104	7	111	6%	112	39	151	26%
HCS TRAINEE I	3	11	14	79%	7	1	8	13%
HCS TRAINEE II	4	9	13	69%	12	6	18	33%
HCS TRAINEE III	12	6	18	33%	13	0	13	0%
HEALTH CARE TECH I	44	14	58	24%	51	4	55	7%
HEALTH CARE TECH II	52	18	70	26%	46	11	57	19%
HEALTH CARE TECH III	64	16	80	20%	61	12	73	16%
HEALTH CARE TECH IV	2	0	2	0%	2	0	2	0%
MENTAL HLTH CLINICIAN I	118	13	131	10%	119	13	132	10%
MENTAL HLTH CLINICIAN II	31	2	33	6%	38	1	39	3%
MENTAL HLTH CLINICIAN III	4	0	4	0%	4	0	4	0%
MID-LEVEL PROVIDER	42	1	43	2%	35	6	41	15%
NURSE I	250	48	298	16%	221	58	279	21%
NURSE II	76	22	98	22%	81	14	95	15%
NURSE III	58	10	68	15%	53	9	62	15%
SOCIAL WORK/COUNSELOR I	9	0	9	0%	12	1	13	8%
SOCIAL WORK/COUNSELOR II	30	4	34	12%	20	8	28	29%
SOCIAL WORK/COUNSELOR III	41	6	47	13%	50	2	52	4%
SOCIAL WORK/COUNSELOR IV	9	0	9	0%	10	1	11	9%
THERAPY ASSISTANT I	11	2	13	15%	13	0	13	0%
THERAPY ASSISTANT II	6	1	7	14%	5	1	6	17%
THERAPY ASSISTANT III	13	0	13	0%	10	1	11	9%
THERAPY ASSISTANT IV	0	0	0	0%	1	0	1	0%

Table 2: Direct Care Vacancy Rate, by Job Classification									
	As of August 2016					As of August 2017			
Class Title	# Filled Positions	# Vacant Direct Care Positions	Total # Positions	Vacancy Rate		# Filled Positions	# Vacant Direct Care Positions	Total # Positions	Vacancy Rate
GRAND TOTAL	**1,761**	**328**	**2,089**	**16%**		**1,805**	**347**	**2,152**	**16%**

Source: Department of Human Services' analysis of total active positions and vacancies as of August 2017.

[1] Nurse I, II, and III job classifications are not included for CMHIP because those classifications were discussed in a separate 1331 request for funds to increase wages.

Turnover

The 2017 National Health Care Retention and RN Staffing Report states the national hospital staff turnover rate is about 16.2%. Turnover in direct care positions at the Department exceed the national average, if not higher than the national average in many cases. According to the 2017 National Health Care Retention and RN Staffing Report, the average cost of turnover for RNs ranges from $38,900 to $59,600 per person. If you estimate the cost of loss of 503 direct care positions (as shown in Table 3 below) at the lowest end of that range ($38,900 per person), the total cost of turnover for the Department of Human Services in FY 2016-17 would have been about $19.5 million.

The 2015, 2013 and 2011 Employee Engagement Survey indicated that between 50 and 55 percent of the employees in the Department are "seriously considering leaving State of Colorado employment in the next 12 months." Although this survey reflects all Department staff, not just direct care staff, it is still informative. In addition, exit interview data indicates that a lack of work-life balance, lack of developmental opportunities, high workload demands, non-competitive base pay and a lack of incentives have been the major barriers to workforce attraction and retention for the Department. Vacant positions result in exhaustion of staff to ensure all shifts are covered and staff exhaustion leads to increased turnover. High turnover rates increase training costs and result in reduced quality of care due to a constant influx of new staff who are not as proficient as experienced staff in carrying out their duties.

Table 3 demonstrates the turnover rates, by facility type for FY 2015-16 and 2016-17:

Table 3: Turnover by Facility for Direct Care[1] Job Classifications FY 2015-16 and FY 2016-17									
	FY 2015-16			FY 2016-5/31/2017			Two-Year Average		
Facility	Total # of Employees	# Separated Employees	FY 2015-16 Turnover Rate	Total # of Employees	# Separated Employees	FY 2016-17 Turnover Rate	Total # of Employees	# Separated Employees	2-Year Average Turnover Rate
CMHIFL	184	37	20%	180	30	17%	364	67	18%
CMHIP[2]	550	91	17%	530	82	15%	1080	173	16%
FITZSIMONS VCLC	186	29	16%	188	32	17%	374	61	16%
FLORENCE VCLC	111	30	27%	113	39	35%	224	69	31%
HOMELAKE VCLC	55	10	18%	54	11	20%	109	21	19%
RIFLE VCLC	91	29	32%	95	25	26%	186	54	29%
ADAMS	25	4	16%	30	8	27%	55	12	22%
GILLIAM	71	15	21%	88	26	30%	159	41	26%
GRAND MESA	44	8	18%	47	6	13%	91	14	15%

Table 3: Turnover by Facility for Direct Care[1] Job Classifications FY 2015-16 and FY 2016-17									
	FY 2015-16			FY 2016-5/31/2017			Two-Year Average		
Facility	Total # of Employees	# Separated Employees	FY 2015-16 Turnover Rate	Total # of Employees	# Separated Employees	FY 2016-17 Turnover Rate	Total # of Employees	# Separated Employees	2-Year Average Turnover Rate
LOOKOUT MOUNTAIN	145	29	20%	174	53	30%	319	82	26%
MARVIN FOOTE	55	9	16%	71	21	30%	126	30	24%
MOUNT VIEW	119	23	19%	147	42	29%	266	65	24%
PLATTE VALLEY	103	32	31%	140	49	35%	243	81	33%
PUEBLO	33	6	18%	32	4	13%	65	10	15%
SPRING CREEK	95	34	36%	90	26	29%	185	60	32%
ZEBULON PIKE	44	10	23%	41	3	7%	85	13	15%
GRAND TOTAL	**1,911**	**396**	**21%**	**2,020**	**457**	**23%**	**3,931**	**853**	**22%**

Source: Department of Human Services' analysis of data from CPPS for total active positions and total employee separations for direct care job classifications at each of the facilities listed for Fiscal Years 2015-16 and 2016-17.

[1] Direct Care positions include the following job classifications, Client Care Aides, Clinical/Youth/Security Officers Health Care Services Trainees, Health Care Technicians, Mental Health Clinicians, Nurses, Social Workers, and Therapy Assistants
[2] CMHIP does not include employees in job classifications of Nurse I, II, or III because those classifications were discussed in a separate 1331 request for funds to increase wages.

Table 4 demonstrates the turnover rates, by job classification type for FYs 2015-16 and 2016-17. This includes employees at CMHIP, CMHIFL, the four VCLCs, and 10 DYS facilities.

Table 4: Average Turnover, By Job Classification CMHIP, CMHIFL, Fitzsimons VCLC, Florence VCLC, Homelake VCLC, Rifle VCLC, and 10 DYS Facilities For FY 2015-16 and FY 2016-17									
	FY 2015-16			FY 2016-5/31/2017			Two-Year Average		
Job Classification	Total # of Employee	# Separated Employees	FY 2015-16 Turnover Rate	Total # of Employees	# Separated Employees	FY 2016-17 Turnover Rate	Total # of Employees	# Separated Employees	2-Year Average Turnover Rate
CLIENT CARE AIDE I	26	9	35%	39	20	51%	65	29	45%
CLIENT CARE AIDE II	321	78	24%	302	68	23%	623	146	23%
CORR/YTH/CLIN SEC OFF I	632	153	24%	736	211	29%	1368	364	27%
CORR/YTH/CLIN SEC OFF II	116	14	12%	129	16	12%	245	30	12%
HCS TRAINEE I	11	1	9%	11	3	27%	22	4	18%
HCS TRAINEE II	13	2	15%	15	6	40%	28	8	29%
HCS TRAINEE III	17	5	29%	17	5	29%	34	10	29%
HEALTH CARE TECH I	60	16	27%	58	8	14%	118	24	20%
HEALTH CARE TECH II	68	15	22%	61	12	20%	129	27	21%
HEALTH CARE TECH III	72	8	11%	78	16	21%	150	24	16%
HEALTH CARE TECH IV	2	0	0%	2	0	0%	4	0	0%
MENTAL HLTH CLINICIAN I	140	20	14%	139	20	14%	279	40	14%
MENTAL HLTH CLINICIAN II	34	4	12%	41	2	5%	75	6	8%
MENTAL HLTH CLINICIAN III	4	0	0%	6	2	33%	10	2	20%
MID-LEVEL PROVIDER	45	4	9%	44	8	18%	89	12	13%
NURSE I [1]	90	24	27%	88	18	20%	178	42	24%
NURSE II [1]	74	13	18%	74	14	19%	148	27	18%
NURSE III [1]	36	3	8%	37	4	11%	73	7	10%
SOCIAL WORK/COUNSELOR I	8	0	0%	13	1	8%	21	1	5%

Table 4: Average Turnover, By Job Classification CMHIP, CMHIFL, Fitzsimons VCLC, Florence VCLC, Homelake VCLC, Rifle VCLC, and 10 DYS Facilities For FY 2015-16 and FY 2016-17									
	FY 2015-16			FY 2016-5/31/2017			Two-Year Average		
Job Classification	**Total # of Employee**	**# Separated Employees**	**FY 2015-16 Turnover Rate**	**Total # of Employees**	**# Separated Employees**	**FY 2016-17 Turnover Rate**	**Total # of Employees**	**# Separated Employees**	**2-Year Average Turnover Rate**
SOCIAL WORK/COUNSELOR II	40	8	20%	31	8	26%	71	16	23%
SOCIAL WORK/COUNSELOR III	57	13	23%	57	10	18%	114	23	20%
SOCIAL WORK/COUNSELOR IV	10	1	10%	10	1	10%	20	2	10%
THERAPY ASSISTANT I	14	2	14%	14	1	7%	28	3	11%
THERAPY ASSISTANT II	7	1	14%	6	2	33%	13	3	23%
THERAPY ASSISTANT III	14	2	14%	11	1	9%	25	3	12%
THERAPY ASSISTANT IV	0	0	0%	1	0	0%	1	0	0%
Grand Total	**1,911**	**396**	**21%**	**2,020**	**457**	**23%**	**3,931**	**853**	**22%**
Source: Department of Human Services' analysis of data from CPPS for total active positions and total employee separations for direct care job classifications at each of the facilities listed for Fiscal Years 2015-16 and 2016-17.									
[1] Nurse I, II, and III job classifications are not included for CMHIP because those classifications were discussed in a separate 1331 request for funds to increase wages.									

In evaluating the causes of high turnover and difficulty in recruiting direct care staff positions, the Department found the primary causes to be related to compensation and challenging work environments. These issues are compounded by a low unemployment rate and a national shortage in health care positions that creates fierce competition for qualified employees.

Specific concerns identified in each area are outlined below.

Compensation

(1) State wages are not competitive.

a) Private Sector Health Care Providers Pay Substantially More than the State's Pay Plan:

State pay plan starting salaries are half as much as some Denver area healthcare employers. A comparison of starting pay for a Certified Nurse's Aides (CNAs) in the Denver Metro area indicated that CNAs start at between \$15 and \$22 per hour. The starting salary for the Client Care Aide I (CNA) job classification in the State's compensation plan is \$1,946 per month or \$11.47 per hour; just over half as much as the starting salary that a Denver-area hospital pays a CNA. For Registered Nurses (hired into the State's Nurse I job classification), the base pay offered at a private sector health care provider is approximately \$20,000 above the State base pay.

The Department has found that its direct care staff are, on average, paid well below the midpoint of the job classification pay range. According to the Department of Personnel and Administration, the midpoint of each job classification pay range is considered to be the prevailing market wage for that type of job. The Department's review of direct care staff wages indicates that direct care staff are being paid as much as 26 percent below the midpoint of the job classification pay range, and the average is just under 20% percent below the midpoint of the range for their job classification. As a result, staff at the Department's 24/7 care facilities can easily look to the private sector to increase their annual salary.

Table 5: Average Percentage Below Prevailing Market Wage, by Job Classification		
Position	**# FTE**	**% Salary Below Prevailing Market Wage[1]**
Client Care Aide (I, II)	220	13.5%
Correctional/Clinical Youth Security Officer (I, II)	614	22.8%
Health Care Services Trainee (I, II, III)	27	26.9%
Health Care Technician (I, II, III, IV)	107	16.8%
Mental Health Clinician (I, II, III)	148	21.9%
Mid-Level Provider	32	19.1%
Nurse (I, II, III)	158	18.0%
Social Worker/Counselor (I, II, III, IV)	76	16.9%
Therapy Assistant (I, II, III)	23	16.3%
Total / Avg.	**1,405**	**19.8%**
Source: Department of Human Services analysis of current employee salaries compared to midpoint of the job classification pay range in the Department of Personnel and Administration's FY 2017-18 Pay Plan. [1]Midpoint of the job classification pay range is considered prevailing market wage.		

Table 5 reflects all direct care staff at Mental Health Institutes (excluding nurses at CMHI at Pueblo), Division of Youth Services, and Veterans Care Living Centers.

b) Shift differential and additional hourly wage add-ons are not competitive:

In addition to base pay, there are numerous shift and patient type (i.e. diabetes care) increases to the hourly wage that can occur at most private health care providers. One Denver-area health care provider pays Registered Nurses up to $4.40 per hour, or approximately 12% of their hourly wage to work the night shift on a nurse call line. If this same works night shift, on a weekend night the rate goes to $7.00 per hour or a 20% increase over their hourly wage. Note that this additional 20% is for manning a telephone call in line, not for face-to-face staffing of patients. Other incentives are offered for specialty care, bi-lingual nurses and for nurses willing to float between facilities. Multiple incremental add-ons can be combined to significantly increase the hourly wage for nurses with the relevant expertise. The State offers shift differential ranging from 7.5% to 20% for night and swing shifts, but the rate of shift differential is not competitive with private sector packages considering that the wages upon which shift differential are paid are significantly lower.

c) Annual pay increases and bonuses are not funded:

A large, private sector health care provider guarantees all nursing staff a $1,900 per year bonus and a minimum pay increase of 6 percent, regardless of individual staff job performance. The State of Colorado has offered pay increases in only five of the past 10 years, and those increases ranged from 2 percent to 4.8 percent annually, and merit pay has not been funded to offer sufficient opportunity for bonuses. Colorado has not been able to keep up with the cost of living, much less an economy that has improved and a growing healthcare market.

(2) Benefits are not competitive or highly valued by entry-level staff.

a) Private sector benefits are sometimes offered in a menu-like format to allow individuals to select higher compensation and lower or no benefits.

b) Benefits offered by one private health care provider the Department interviewed include 100 percent employer paid benefits. This includes medical, dental, life and disability coverage for all employees and their families. Pension contributions are also 100 percent paid by the employer, and continuing education and tuition reimbursement are part of the package.

c) The Total Compensation Plan for FY 2016-17, published by the Department of Personnel and Administration, indicates the Department's total compensation package consists of 76 percent salary and 24 percent benefits, which represents a significantly lower percentage than that offered by private health care providers. Private health care providers offer total compensation plans that, on average, are more heavily weighted on salary as opposed to the full benefit package.

(3) There is a lack of regular performance or cost of living increases.

a) While the State of Colorado removed the step pay system and replaced it with a merit system based on pay for performance, there has been little to no budget provided for cost-of-living or merit pay increases.

b) Due to the lack of regular pay increases, employees often have no means of progressing to higher pay grades as they gain experience in their positions, leading to a workforce that is paid less than prevailing market rates. To recruit new employees, the Department sometimes needs to offer equal or higher wages than those paid to current employees, creating pay compression concerns within the organization. This contributes to higher turnover, morale challenges and degradation of employee engagement.

c) Nurses employed by one private health care provider receive between 6 percent and 7 percent (cost-of-living and step) pay increases each year for the first 15 years of their employment. This private health care provider also has a 10-step pay grade system through which nurses can move from the minimum to the maximum of the paygrade over 15 years.

d) The State classification system lacks flexibility. The classification system often results in employees not being able to move to a higher classification unless they become a supervisor, which sometimes results in supervisors without the appropriate skills supervising staff. This can negatively impact morale and turnover rates.

Challenging Work Environments

The Department is unique in the State system as it employs approximately 3,000 employees in its 24/7 care facilities. These employees care for very difficult to serve populations who often have significant behavioral and physical challenges.

Department employees can often find work with other health care providers at a higher rate of pay, a better benefits package, and with a more easily cared for population, making it more difficult to hire and retain employees within the Department.

Unemployment Rates

According to the U.S. Bureau of Labor Statistics, Colorado's unemployment rate is among the lowest in the nation at 2.3 percent in June 2017 compared to a rate of 4.4 percent for the nation as a whole. This means that in Colorado, competition among employers for qualified workers is at an all-time high and the Department's current funding is not sufficient to pay wages that are competitive in the employment market for these types of positions.

Description of the Department's Efforts to Correct the Problem

In an attempt to address the staffing shortages in the 24/7 care facilities, the Department has taken the recruitment and retention actions demonstrated in Table 6

Table 6: Recruitment and Retention Initiatives By Facility Type		
Facility Type	**Recruitment Efforts**	**Retention Efforts**
Veterans Community Living Centers	• Recruit through multiple advertising venues (2013) • Flexible schedules to better meet individual needs (06/2007) • Attend job fairs within a reasonable driving radius of the facilities and network with community colleges on intern programs. (2014) • Allow schools of nursing to use facility as their clinical training site to increase opportunity to recruit new graduates (2004 C.N.A. and R.N. through Adams State University, Trinidad State Junior College and 2 local high schools) • Terminology in job announcements more clearly reflects job title (Licensed Practical Nurse vs. Health Care Tech) (03/2017) • Scheduling interviews and making offers in a more timely fashion (08/2016) • Providing signing and referral bonuses • Streamlining background process although fingerprint results taking up to two weeks to be received back (locally from 01/2007, transporting to Pueblo from 08/2016, Del Norte from 08/2017) • Social Media advertising for open positions (06/2017) • Posting open positions at local Workforce Center (2010) • Word of mouth from current staff (Inception) • Available Kiosk for applicants to apply and assistance provided as needed by staff (08/2016) <u>RIFLE</u> • Utilizing social media such as posting positions on	• Continually mentor and be available to staff (2006) • Provide a positive work environment that does rewarding work and allows for the individual to feel like they are really making a positive impact on our veterans' lives (Eden Certification received in 2008) • Allowing staff to participate in resident activities and build relationships with our residents, which results in high work satisfaction (Eden Certification received in 2008) • Accommodate schedule requests as much as possible (2008) • Provide more training and education (2016) • Accommodate flexible shifts (8 hour and 10 hour shifts available) (06/2007) • Staff recognition (each department recognized at monthly all staff meetings) (Years of service and certificates on 10/2016) • Department recognition (01/2017) • Survey Parties (2012) <u>RIFLE</u> • Created a Lead CNA position to assist in mentoring and training new CNA staff 1/17 • Effective July 1, 2017 offered retention bonus for CNA staff • Reallocated our Nurse III-Shift Supervisor positions to Nurse IIs to allow current RNs opportunity for growth in their field 8/15 • Work with departments on flexible shifts-Bath

	Facebook 4/17 • Posting positions on Local Focus Digital Media 10/16 • Word-of-mouth advertising 4/17 • Changed our job announcements to be more user friendly-easier to search and apply (RN-Nurse II) 4/17 • Held Open House 4/19/17-4 applicants: Structural Trades II; 2-CNA's; LPN and (1) viable candidate for Social Work Assistant position. Of the applicants we made offers to the following: Structural Trades II (failed background); CNA-hired on 5/22/17; LPN-hired on 5/18/17. • Offer signing bonus for Nurse III-Shift Supervisors 12/2015 • Effective July 1, 2017 started offering signing bonus for CNAs as well as referral bonus to staff • Computer or paper application made available for applicants to apply 3/17 FITZSIMONS • November 2016: Attend job fairs within a reasonable driving radius of the facilities and network with community colleges on intern programs. • January 2017: Allow schools of nursing to use facility as their clinical training site to increase opportunity to recruit new graduates. • January 2017: Terminology in job announcements more clearly reflects job title (Licensed Practical Nurse vs. Health Care Tech) • December 2016: Scheduling interviews and making offers in a more timely fashion	Aides (10 hour shifts); CNAs (8 or 12 hour shifts) • Encourage staff to participate in resident activities such as: Music and Memories, Ride and special outings/events • Staff Development Coordinator involved in training and education of staff • Staff recognized in monthly All-Staff Meetings: employee with best attendance for month, years of service and Kudos • Work with our employees on desired schedule when enrolled in college • Recognize staff on a daily basis-thank them and give candy bar 7/17 FITZSIMONS • November 2016: Flexible schedules to better meet individual needs • November 2016: Accommodate schedule requests as much as possible. • December 2016: Provide more training and education
Mental Health Institutes	*See Attachment B*	*See Attachment B*
Division of Youth Services	• New recruitment brochure (April 2015) • Job fairs at local colleges (September 2014) • Creation, distribution and use of three professional recruitment/retention videos (August 2016)	• Pre-service Academy (New Hire Training - 3 1/2 weeks) • Field Training Officer program (on-the- job competency based training) (October 2014)
	• Digital advertising/recruitment campaign (September – November 2016) • Facility open houses for interested potential candidates (Spring/Summer 2016) • Recruitment cards with a code that can be scanned on your smartphone, linking to DYS Careers Webpage (August 2016) • Continuous hiring process (July 2016) • Focus groups with successful employees to ascertain strategies (June 2015) • Broadened minimum qualifications for entry- level position (March 2017) • Salary compensation for FTO Trainers (March 2017) • Changed working title of CYSO class to Youth Services Specialist (July 2017)	• Ongoing implementation of Trauma Informed Environment Model of Care (Fall 2014) • Improved staffing ratios through addition of direct care staff (July 2015) • Collaborative Safety Focused Committee with Colorado WINS (Winter 2015) • Non-monetary rewards and incentives (January 2014 PBIS) • Monetary Rewards and Incentives Program (Coming Soon)
Source: Department analysis and summary of efforts.		

Despite these efforts, the Department continues to have significant vacancy and turnover rates among direct care staff. The Department has exhausted resources and tools available to address the staff shortages in these facilities without a request for funding to address the compensation shortfalls.

Proposed Solution:

The Department requests $13,141,467 total funds, including $12,339,320 General Fund and $802,147 cash funds in FY 2018-19 and $25,460,094 total funds, including $23,950,450 General Fund and $1,509,644 cash funds in FY 2019-20 and ongoing as a two-year approach to increase salaries for all direct care staff job classifications at 16 of its 19 24-hour (24/7) care facilities to prevailing market wage.

The Department and Governor believe a two-year phased approach best balances the need to increase salaries on a short timeline to reduce vacancy and turnover rates with spreading out a large General Fund request over time.

24/7 facilities include the Colorado Mental Health Institutes at Pueblo and Fort Logan (CMHIP and CMHIFL), four Veterans Community Living Centers (VCLCs) and ten Division of Youth Services (DYS) facilities. compensate existing and new direct care employees at market rate (midpoint of the pay range for each job classification) and to provide a compression increase for existing direct care staff who are already at midpoint of the range. The three Regional Centers at Wheat Ridge, Pueblo and Grand Junction and job classifications of Nurse I, II, and IIIs at CMHIP are excluded as the Department had or has been given sufficient funding to address compensation concerns for these facilities and job classes.

The Department is proposing to address the direct care staffing crisis in the 24/7 care facilities by: (1) filling vacancies at the prevailing market rate for that job classification, and (2) using compression pay to increase base pay for existing staff, based on a schedule that accounts for prevailing market wage and years of experience and competency of job performance. The total cost on an annual basis to bring staff in these facilities to midpoint of the pay range is shown in Table 7 below

Table 7: Direct Care Compensation Initiative
Total Cost to Increase Direct Care Job Classification Wages to Prevailing Market Wage (Midpoint of Job Classification Pay Range)[1]

	Personal Services	POTS - SAED, AED, PERA (20.15%)	POTS - HLD ($7927.19 per person)	STD (.19%)	Medicare (1.45%)	Shift Differential	Total
Colorado Mental Health Institutes							
CMHIP [LBLI (8)[E](2)][1]	$4,943,621	$996,141	$364,650	$9,393	$71,683	$ 203,881	$6,589,369
CMHIFL [LBLI (8)[E](1)]	$2,152,065	$433,641	$142,689	$4,089	$31,205	$79,091	$2,842,780
Subtotal Mental Health Institutes	**$7,095,686**	**$1,429,783**	**$507,339**	**$13,482**	**$102,888**	**$282,972**	**$9,432,149**
Veterans Community Living Centers 1 [LBLI (9)[D]]							
Fitzsimons	$1,257,289	$ 253,343	$126,835	$2,389	$18,231	$ 47,912	$1,705,999
Rifle	$787,128	$158,606	$71,344	$1,496	$11,413	$23,632	$1,053,619
Florence	$ 1,195,569	$240,908	$93,541	$2,272	$17,336	$42,577	$1,592,202

Table 7: Direct Care Compensation Initiative Total Cost to Increase Direct Care Job Classification Wages to Prevailing Market Wage (Midpoint of Job Classification Pay Range)[1]							
	Personal Services	**POTS - SAED, AED, PERA (20.15%)**	**POTS - HLD ($7927.19 per person)**	**STD (.19%)**	**Medicare (1.45%)**	**Shift Differential**	**Total**
Homelake	$520,120	$104,805	$23,781	$988	$7,542	$23,095	$680,331
Subtotal VCLC	**$3,760,106**	**$757,662**	**$315,501**	**$7,144**	**$54,522**	**$137,216**	**$5,032,151**
Division of Youth Corrections [LBLI (11)[B]]							
DYS	**$8,796,519**	**$1,772,497**	**$ -**	**$ 16,714**	**$127,549**	**$282,515**	**$10,995,793**
TOTAL	**$19,652,311**	**$3,959,941**	**$822,840**	**$37,340**	**$284,959**	**$702,703**	**$25,460,094**

Source: Department of Human Services' analysis of direct care vacancies, the cost to fill those vacancies at the midpoint of the DPA Job Classification Pay Range (or at prevailing market wage) and the cost of providing compression pay increases to existing staff to ensure that new employees are not earning more than what we pay existing, more experienced staff.

[1] Does not include employees in the job classifications of Nurse I, II, or III at CMHIP because funding to hire vacant positions at the midpoint of the pay range and to provide compression pay increases to move existing employee pay to the midpoint of the pay range was provided through a 1331 Supplemental in September 2017. Ongoing funding for Nurse I, II, and III positions at CMHIP is being requested through a separate decision item.

On average, the pay increase needed to fill vacancies at midpoint of the range and to provide compression pay increases to existing staff is 20%. The Department proposes funding this initiative in two phases, with approximately half of the increased wages being funded in FY 2018-19 and the second half being funded in FY 2019-20.

Phase 1: Amount requested for FY 2018-19 to filling direct care vacancies at an average of 10% above the midpoint of the pay range and provide an average of 10% Compression Pay increases to existing direct care employees.

Table 8: FY 2018-19 Amount Requested and Funding Splits to Fund Half the Total Annual Cost of Filling Vacancies and Providing Compression Pay Increases to Compensate Direct Care Staff at Prevailing Market Wage (Midpoint of the DPA Job Classification Pay Range)					
		Funding Mix			
Facility	**Total Amount Requested**	**GF**	**CF**	**RF**	**FF**
Mental Health Institutes					
CMHIP [LBLI (8)[E](2)]	$3,477,009.59	$ 3,477,010	$ -	$ -	$ -
CMHIFL [LBLI (8)[E](1)]	$1,492,734.58	$ 1,492,735	$ -	$ -	$ -
Subtotal Mental Health Institutes	**$ 4,969,744**	**$ 4,969,744**	**$ -**	**$ -**	**$ -**
Veterans Community Living Centers 1 [LBLI (9)[D]]					
Fitzsimons	$916,417	$641,492	$274,925	$ -	$ -
Rifle	$562,482	$393,738	$168,744	$ -	$ -
Florence	$842,872	$590,011	$252,861	$ -	$ -
Homelake	$352,056	$246,439	$105,617	$ -	$ -
Subtotal VCLC	**$2,673,826**	**$1,871,679**	**$802,147**	**$ -**	**$ -**
Division of Youth Corrections					
DYS [LBLI (11)[B]]	**$5,497,896.62**	**$5,497,897**	**$ -**	**$ -**	**$ -**
TOTAL	**$ 13,141,467**	**$12,339,320**	**$802,147**	**$ -**	**$ -**

Source: Department of Human Services' analysis of direct care vacancies, the cost to fill those vacancies at the midpoint of the DPA Job Classification Pay Range (or at prevailing market wage) and the cost of providing compression pay increases to existing staff to ensure that new employees are not earning more than what we pay existing, more experienced staff. Based on this total cost, half of the funding is requested for Phase 1 and the remainder will be requested in Phase 2.

[1] Does not include employees in the job classifications of Nurse I, II, or III at CMHIP because funding to hire vacant positions at the midpoint of the pay range and to provide compression pay increases to move existing employee pay to the midpoint of the pay range was provided through a 1331 Supplemental in September 2017. Ongoing funding for Nurse I, II, and III positions at CMHIP is being requested through a separate decision item.

[2] The VCLCs are a business Enterprise, allowed to receive 10 percent of their funding (exclusive of capital construction funds) from the General Fund. The VCLCs have approximately $53 million in revenue each year and, as a result are eligible to receive up to $5.3 million in General Fund. The General Fund support for the VCLCs has remained at around $800,000 for the last decade. Since that time, salaries of State employees have increased multiple times with no additional General Fund support to the VCLCs to offset those increases. The employer-paid cost of benefits has also increase since that time. By funding a portion of this request with GF, it will enable to VCLCs to catch up, at least in part, with the salary increases and increased costs of benefits that have been implemented, but not funded since the $800,000 in General Fund was appropriated. The VCLC employees are subject to the decisions of the legislature and other executive branch agencies with respect to compensation and benefits, when a pay increase is passed, or the cost of benefits increase, the VCLCs have not been given additional funding to offset the newly imposed costs. For the purpose of this request, we allocated the cost of this initiative 3% to the Enterprise Fund and 75% to General Fund to bring General Fund support current for the VCLCs.

Phase 2: Amount planned for request in FY 2019-20 to fill direct care staff vacancies at prevailing market wage (midpoint of pay range) and to provide compression pay increase needed (an average of 10%) to bring existing direct care employees to prevailing market wage.

Table 9: FY 2019-20 Increase Amount planned for request and funding splits to the remaining funds needed to fill direct care vacancies at prevailing market wage and provide Compression Pay increases to existing direct care staff at prevailing market wage (Midpoint of the DPA Job Classification Pay Range)

		Funding Mix			
Facility	**Total Amount Requested**	**GF**	**CF**	**RF**	**FF**
Mental Health Institutes					
CMHIP [LBLI (8)[E](2)]	$3,112,360	$3,112,360	$ -	$ -	$ -
CMHIFL [LBLI (8)[E](1)]	$1,350,046	$1,350,046	$ -	$ -	$ -
Subtotal Mental Health Institutes	**$4,462,405**	**$4,462,405**	**$ -**	**$ -**	**$ -**
Veterans Community Living Centers 1 [LBLI (9)[D]]					
Fitzsimons	$789,582	$552,707	$236,875	$ -	$ -
Rifle	$491,138	$343,797	$147,341	$ -	$ -
Florence	$749,331	$524,532	$224,799	$ -	$ -
Homelake	$328,275	$229,793	$98,482	$ -	$ -
Subtotal VCLC	**$2,358,325**	**$1,650,828**	**$707,497**	**$ -**	**$ -**
Division of Youth Corrections [LBLI (11)[B]]					
DYS	**$5,497,896.62**	**$5,497,897**	**$ -**	**$ -**	**$ -**
TOTAL	**$ 12,318,627**	**$ 11,611,130**	**$707,497**	**$ -**	**$ -**

Source: Department of Human Services' analysis of direct care vacancies, the cost to fill those vacancies at the midpoint of the DPA Job Classification Pay Range (or at prevailing market wage) and the cost of providing compression pay increases to existing staff to ensure that new employees are not earning more than what we pay existing, more experienced staff. Based on the total cost included in Table 7, half of the funding was requested for Phase 1 and Phase 2 requests the remainder.

[1] Does not include employees in the job classifications of Nurse I, II, or III at CMHIP because funding to hire vacant positions at the midpoint of the pay range and to provide compression pay increases to move existing employee pay to the midpoint of the pay range was provided through a 1331 Supplemental in September 2017. Ongoing funding for Nurse I, II, and III positions at CMHIP is being requested through a separate decision item.

[2] The VCLCs are a business Enterprise, allowed to receive 10 percent of their funding (exclusive of capital construction funds) from the General Fund. The VCLCs have approximately $53 million in revenue each year and, as a result are eligible to receive up to $5.3 m illion in General Fund. The General Fund support for the VCLCs has remained at around $800,000 for the last decade. Since that time, salaries of State employees have increased multiple times with no additional General Fund support to the VCLCs to offset those increases. The employer-paid cost of benefits has also increase since that time. By funding a portion of this request with GF, it will enable to VCLCs to catch up, at least in part, with the salary increases and increased costs of benefits that have been

implemented, but not funded since the $800,000 in General Fund was appropriated. The VCLC employees are subject to the decisions of the legislature and other executive branch agencies with respect to compensation and benefits, when a pay increase is passed, or the cost of benefits increase, the VCLCs have not been given additional funding to offset the newly imposed costs. For the purpose of this request, we allocated the cost of this initiative 3% to the Enterprise Fund and 75% to General Fund to bring General Fund support current for the VCLCs.

The Department completed a similar compensation initiative for Regional Center direct care staff in November 2016 and has achieved significant improvement in filling vacancies and reducing turnover. Since increasing the starting wage for direct care staff at the three Regional Centers, and providing compression pay increases to existing staff, in November 2016, vacancy and turnover rates for direct care staff have decreased significantly. Table 10 shows the vacancy rate for each Regional Center on September 12, 2016 and on June 26, 2017, as well as their cumulative turnover rates for the periods March to October 2016 and November 2016 to May 2017.

Table 10. Comparison of Vacancy and Turnover Rates for Direct Care Staff at the Regional Centers

For 6 month period Prior to and Post Pay Increases

Regional Center	Sept. 12, 2016 Vacancy Rate	June 26, 2017 Vacancy Rate	Cumulative Turnover Rate March 2016 to October 2016	Cumulative Turnover Rate November 2016 to May 2017
Grand Junction	16%	3%	11%	7%
Pueblo	29%	10%	35%	17%
Wheat Ridge	15%	7%	33%	19%

Source: Department analysis of CPPS data.

Based on these data, the Department concludes that the pay raises have been effective in attracting and improving the retention of staff for vacant direct care positions at the Regional Centers. The Department is proposing carrying out the same initiative in its remaining 24/7 care facilities to improve recruitment and retention of positions that are key to ensuring the availability of care for some of the State's most vulnerable populations, including veterans, youth, and individuals with mental illness.

Description of the Compensation Initiative Process and Plan:

The Department worked with the Department of Personnel and Administration (DPA) to evaluate current prevailing wages, by position for each of the direct care job classifications included in this compensation initiative. The Departments agreed to use the most recent available prevailing market wage data from DPA, and if no new data was available, the Department agreed to use the midpoint of the job classification pay range from the FY 2017-18 Pay Plan published by DPA. According to DPA, the midpoint of the pay range for all job classifications represents the prevailing market wage for that type of position.

Vacancies would be filled at prevailing market wage beginning on July 1, 2018, with compression pay increases going into effect concurrently to prevent further loss of staff or decreased morale among existing staff.

State Personnel Rules allow for this type of initiative. Chapter 3 of the State Personnel Rules, provide the Department the ability to carry out this compensation initiative. Specifically:

> State Personnel Rule 3-9 states that:
>
> "The appointing authority shall determine the hiring salary within the pay grade for a new employee, including one returning after resignation, which is typically the grade minimum unless recruitment difficulty or other unusual conditions exist.
>
> a. Recruitment difficulty means difficulty in obtaining qualified applicants or an inadequate number of candidates to promote competition despite recruitment efforts.
> b. Unusual conditions exist when the position requires experience and competencies beyond the entry level and the best candidate cannot be obtained by hiring at the minimum of the pay grade.
> c. The appointing authority's determination shall consider such factors as, but not limited to, labor market supply, recruitment efforts, nature of the assignment and required competencies, qualifications and salary requirements of the best candidate, salaries of current and recently hired employees in similar positions in the department, available funds and the long-term impact on personal services budgets of hiring above the minimum of the pay grade."

The Department, in the problem section of this request has demonstrated significant turnover and vacancies at the Regional Centers, Mental Health Institutes, Veterans Living and Learning Communities and Youth Services Centers that have gone unaddressed by other hiring efforts. These vacancies, the State's low unemployment rate, and the health care employment market have been determined to place the Regional Centers in a staffing crisis that cannot be overcome without this effort.

> State Personnel Rule 3-18 allows the Department to use compression pay increases to provide for in-range salary increases for existing employees. Specifically:
>
> "In-Range Salary Movements. A department may use these discretionary movements to increase base salaries of permanent employees who remain in their current classes and positions when there is a critical need not addressed by any other pay mechanism. The use of in-range salary movements is not guaranteed and shall be funded within existing budgets. These movements shall not be retroactive and frequency is limited to one in-range salary movement in a 12-month period. No aspect of granting these movements is subject to grievance or appeal, except for alleged discrimination; however, an alleged violation of the department's plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Once granted, a reduction in base salary is subject to appeal. Departments must develop a written plan addressing

appropriate criteria for the use of any movement based on sound business practice and needs, e.g., eligibility, funding sources, approval requirements, measures to ensure consistent use. The plan must be communicated within the department and a copy provided to the Director prior to implementation. If granted, there must be an individual written agreement between the employee and the appointing authority that stipulates the terms and conditions of the movement. Records of any aspect of these movements shall be provided to the Director when requested.

a. Salary Range Compression. Used as a salary leveling increase where longer-term or more experienced employees are paid lower in the range for the class than new hires or less experienced employees over a period of time resulting in documented retention difficulties. Thus, there is a valid need to increase one or more employee's base salary in the class to recognize contributions equal to or greater than the newly hired or less experienced employees. Justification shall be required based on facts. To be eligible, an employee must be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase may be up to 10 percent or the maximum permitted by the department's policy on hiring salaries, whichever is greater, and subject to the pay grade maximum."

Hiring vacant positions at the prevailing market wage will result in a compression pay concern within direct care job classifications for existing employees. State Personnel Rule 3-18 allows the Department to adjust existing employee salaries for compression to recognize existing employees for their on-the-job experience and to ensure that newly hired employees are not making more than existing, more-experienced staff. Completing the compression pay increase concurrently with the increased hiring wage will prevent unnecessary loss of existing, more experienced, employees. Prevailing market wage and compression pay plan, by job classification can be seen in Attachment E.

Finally, all wages for direct care staff will continue to be within the approved job classification pay ranges as approved in the Department of Personnel and Administration's FY 2017-18 Pay Plan.

To make the initiative more affordable, the total cost of the wage increases was split between two fiscal years.

Anticipated Outcomes:

The Department anticipates the following outcomes:

- Improved recruitment and retention (lower turnover) of direct care staff across the Department.
- Improved quality of care for residents through:
  - Reduction of critical incidents and errors caused by understaffed facilities or exhausted/overworked staff. Errors and incidents could include medication errors, unnecessary physical restraint or seclusion, and resident injury and elopement. The Department has C-Stat measures related to all of these issues.
  - Increased staff/resident familiarity by improving retention and consistency in staffing of units.

    - Reduction of on-the-job injuries and workers' compensation claims, as injuries more frequently occur when staff are overworked and exhausted.
    - Fewer vacancies will increase the Department's ability to take staff out of the milieu ratio to attend training and certification updates.
- Improved compliance with federal and state regulations concerning ensuring adequate, well-trained staff on shift to ensure that resident needs are met.
    - Fully staffed facilities will result in the facilities being used to their maximum capacities. Failure to fully staff facilities can result in moratoriums on admissions due to inadequate staff availability to meet resident care needs.
- Reduced overtime and double shifts, which should reduce costs, as well as staff exhaustion, burnout and high levels of turnover.
    - The Department has a strategic objective to reduce the use of overtime throughout Department facilities. Overtime is primarily caused by staff shortages and inability to hire enough staff to cover shift relief (e.g., the number of hours that existing staff are not able to work, including annual leave, sick leave, family medical leave and injury leave). Overtime also results in staff exhaustion and increased turnover. A key component to the Department's success on this strategic objective is to be able to recruit and retain staff in the 24/7 care facilities. If this request is not funded, the Department will continue to face high direct care staff turnover rates, increasing recruitment and training costs, and diminishing continuity of staff for the State's most vulnerable clients.
- Reduced reliance on the use of contract staffing agencies who often prove unreliable and a risk to the facility due to not being familiar with the care environment or the residents and their care plans.
- Reduced expenses associated with direct care staff recruitment and retention.

Assumptions and Calculations:

Assumptions and calculations include the following:

- The Department used the Department of Personnel and Administration's FY 2017-18 Pay Plan to identify the prevailing market wage for direct care staff included in this request. Specifically, DPA considers the midpoint of each job classification pay range to be the prevailing market rate for the job classification.
- Only direct care staff are included in this request (no management or administrative staff). Direct care staff include individuals working in the following job classifications for each Division:

• Client Care Aide I • Client Care Aide II • Corr/Clin Youth Security Officer I • Corr/Clin Youth Security Officer II • Health Care Services Trainee I • Health Care Services Trainee II • Health Care Services Trainee III • Health Care Technician I • Health Care Technician II • Health Care Technician III • Health Care Technician IV • Mental Health Clinician I • Mental Health Clinician II • Mental Health Clinician III	• Mid-Level Provider • Nurse I • Nurse II • Nurse III • Social Work/Counselor I • Social Work/Counselor II • Social Work/Counselor III • Social Work/Counselor IV • Therapy Assistant I • Therapy Assistant II • Therapy Assistant III • Therapy Assistant IV

- Full annual cost to increase all current direct care staff to the midpoint of the range is based on:
  - The amount of the increase in wages between the compression pay schedule included in Attachment A and their current wages.
  - Plus the increased cost of POTS (PERA, SAED, and AED of 20.15% on all increases to wages, based on the FY 2016-17 rates published by DPA.
  - Plus the cost to fill the direct care vacancies at the midpoint of the range and the associated HLD POTs based on a $7,927.19 per person rate that DPA publishes.
  - Plus the increased cost of STD at .19% of the increase in salaries resulting from the compression pay increase.
  - Plus the increased cost of Medicare at 1.45% of the increase in salaries resulting from the compression pay increase.
- Phasing Costs are calculated as follows:
  - The cost of Phase 1 is calculated as the full cost of HLD for all vacant positions plus one half of each of the following:
    - Personal Services
    - POTS (PERA, SAED, AED)
    - STD
    - Medicare
    - Shift Differential

    HLD is included at full cost for vacancies in Phase 1 because HLD is not funded as a percentage of the increase in salary, but rather in full for each position filled. Not additional HLD costs are included in Phase 2.
  - The cost of Phase 2 is calculated as one half of each of the following:
    - Personal Services
    - POTS (PERA, SAED, AED)
    - STD
    - Medicare
    - Shift Differential

Attachment A

Attachment A: Compression Schedule for Existing Staff with Satisfactory Performance										
	Years of Experience	**0-1 Year - Midpoint**	**1 yr +1 day to 2 years - Midpoint +.5%**	**2yrs+1 day to 3 years - Midpoint +1%**	**3 yrs +1 day to 4 years - Midpoint +1.5%**	**4 yrs+1 day to 5 years - Midpoint +2%**	**5 yrs to 10 years - Midpoint +2.5%**	**10 yrs + 1 day and beyond - Midpoint +3%**	
			Midpoint + .5%	**Midpoint + 1 %**	**Midpoint + 1.5%**	**Midpoint 2%**	**Midpoint +2.5%**	**Midpoint + 3% (or the Salary Range Maximum)**	**Range Maximum**
Midpoint Schedule	**Midpoint Annual Salary**[1]	**Monthly Midpoint Salary**	**Compression Wage** (If current wage below, they are brought to this wage, if current wage above, no action on salary will be taken, but a communication with employee will be required)						
Client Care Aide I	$ 28,776	$ 2,398	$ 2,410	$ 2,422	$ 2,434	$ 2,446	$ 2,458	$ 2,470	$ 2,806
Client Care Aide II	$ 30,936	$ 2,578	$ 2,591	$ 2,604	$ 2,617	$ 2,630	$ 2,642	$ 2,655	$ 3,018
Corr/Clin Youth Security Officer I	$ 51,432	$ 4,286	$ 4,307	$ 4,329	$ 4,350	$ 4,372	$ 4,393	$ 4,415	$ 5,123
Corr/Clin Youth Security Officer II	$ 56,700	$ 4,725	$ 4,749	$ 4,772	$ 4,796	$ 4,820	$ 4,843	$ 4,867	$ 5,649
Health Care Services Trainee I	$ 31,416	$ 2,618	$ 2,631	$ 2,644	$ 2,657	$ 2,670	$ 2,683	$ 2,697	$ 3,110
Health Care Services Trainee II	$ 31,416	$ 2,618	$ 2,631	$ 2,644	$ 2,657	$ 2,670	$ 2,683	$ 2,697	$ 3,110
Health Care Services Trainee III	$ 41,940	$ 3,495	$ 3,512	$ 3,530	$ 3,547	$ 3,565	$ 3,582	$ 3,600	$ 4,152
Health Care Technician I	$ 41,316	$ 3,443	$ 3,460	$ 3,477	$ 3,495	$ 3,512	$ 3,529	$ 3,546	$ 4,030
Health Care Technician II	$ 44,424	$ 3,702	$ 3,721	$ 3,739	$ 3,758	$ 3,776	$ 3,795	$ 3,813	$ 4,334
Health Care Technician III	$ 47,736	$ 3,978	$ 3,998	$ 4,018	$ 4,038	$ 4,058	$ 4,077	$ 4,097	$ 4,656
Health Care Technician IV	$ 51,324	$ 4,277	$ 4,298	$ 4,320	$ 4,341	$ 4,363	$ 4,384	$ 4,405	$ 5,007
Mental Health Clinician I	$ 45,096	$ 3,758	$ 3,777	$ 3,796	$ 3,814	$ 3,833	$ 3,852	$ 3,871	$ 4,465
Mental Health Clinician II	$ 48,480	$ 4,040	$ 4,060	$ 4,080	$ 4,101	$ 4,121	$ 4,141	$ 4,161	$ 4,799
Mental Health Clinician III	$ 52,104	$ 4,342	$ 4,364	$ 4,385	$ 4,407	$ 4,429	$ 4,451	$ 4,472	$ 5,158
Mid-Level Provider	$ 95,568	$ 7,964	$ 8,004	$ 8,044	$ 8,083	$ 8,123	$ 8,163	$ 8,203	$ 9,391
Nurse I	$ 74,808	$ 6,234	$ 6,265	$ 6,296	$ 6,328	$ 6,359	$ 6,390	$ 6,421	$ 7,406
Nurse II	$ 81,180	$ 6,765	$ 6,799	$ 6,833	$ 6,866	$ 6,900	$ 6,934	$ 6,968	$ 8,152
Nurse III	$ 88,080	$ 7,340	$ 7,377	$ 7,413	$ 7,450	$ 7,487	$ 7,524	$ 7,560	$ 8,845
Social Work/Counselor I	$ 52,104	$ 4,342	$ 4,364	$ 4,385	$ 4,407	$ 4,429	$ 4,451	$ 4,472	$ 5,158
Social Work/Counselor II	$ 60,204	$ 5,017	$ 5,042	$ 5,067	$ 5,092	$ 5,117	$ 5,142	$ 5,168	$ 5,961
Social Work/Counselor III	$ 64,728	$ 5,394	$ 5,421	$ 5,448	$ 5,475	$ 5,502	$ 5,529	$ 5,556	$ 6,409
Social Work/Counselor IV	$ 69,564	$ 5,797	$ 5,826	$ 5,855	$ 5,884	$ 5,913	$ 5,942	$ 5,971	$ 6,888
Therapy Assistant I	$ 41,940	$ 3,495	$ 3,512	$ 3,530	$ 3,547	$ 3,565	$ 3,582	$ 3,600	$ 4,063
Therapy Assistant II	$ 48,480	$ 4,040	$ 4,060	$ 4,080	$ 4,101	$ 4,121	$ 4,141	$ 4,161	$ 4,696
Therapy Assistant III	$ 52,104	$ 4,342	$ 4,364	$ 4,385	$ 4,407	$ 4,429	$ 4,451	$ 4,472	$ 5,047
Therapy Assistant IV	$ 56,016	$ 4,668	$ 4,691	$ 4,715	$ 4,738	$ 4,761	$ 4,785	$ 4,808	$ 5,426

[1] Midpoint is the midpoint of DPA's FY 2017-18 Pay Plan range for each job classification. Midpoint of the job classification pay range, as shown in DPA's pay plan is considered to be the "prevailing market wage" for similar jobs outside of the State Personnel system.

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-01b Compensation Adjustments for Nurses at CMHIP

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

	Supplemental FY 2017-18
X	Change Request FY 2018-19
	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$134,565,539	$0	$136,441,748	$8,901,740	$8,901,740
	FTE	995.4	0.6	1,001.3	0.0	0.0
	GF	$104,938,844	$0	$106,778,390	$8,901,740	$8,901,740
	CF	$4,159,902	$0	$4,196,565	$0	$0
	RF	$20,175,749	$0	$20,175,749	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$467,704	$467,704
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$467,704	$467,704
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$12,962	$12,962
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$12,962	$12,962
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0

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Cost and FTE

- The Department requests $8,901,740 total funds/General Fund in FY 2018-19 and on-going to continue the salary adjustment for Registered Nurse I-III staff at the Colorado Mental Health Institute at Pueblo (CMHIP), that were approved by the Joint Budget Committee for FY 2017-18, given difficulty hiring and retaining staff needed to provide a safe, adequate, active care to CMHIP patients.

Current Program

- CMHIP serves persons with severe mental illnesses and provides inpatient competency evaluations and restoration treatments that psychiatrists or psychologists conduct at the Colorado Mental Health Institute at Pueblo (CMHIP) as ordered by the courts.
- The Department is legally required to adhere to the settlement agreement filed in federal district court requiring that "the Department shall offer admission to pretrial detainees to the hospital for restorative treatment or inpatient competency evaluations no later than 28 days after the pretrial detainee is ready for admission."
- The Department does not have sufficient nursing staff to meet the rising demand for court ordered inpatient competency evaluations and restorations to competency services.
- This was approved for FY 2017-18 by the Joint Budget Committee in September 2017.

Problem or Opportunity

- The Department has been experiencing increasing difficulty in recruiting and retaining highly qualified individuals to fill nursing positions at CMHIP, which has become more severe at CMHIP as its census has increased.
- Lack of non-competitive base pay and high workload demands have been major barriers to workforce attraction and retention.
- The Colorado Department of Public Health and Environment (CDPHE) performed a revisit survey of CMHIP and made new findings related to a lack of staff that led to the initiation of an Immediate Jeopardy finding on 6/2/17.

Consequences of Problem

- If unaddressed, CMHIP will continue to experience high levels of staff turnover and high nurse vacancy rates (23.9 percent on average vs. 8.5 percent nationally), resulting in deficiency citations from regulators due to insufficient staffing, reduced quality of care, staff exhaustion due to mandatory overtime, increased spending on recruitment and training, and reduction of patient admissions to facilities.

Proposed Solution

- The Department requests $8,901,740 total funds/General Fund in FY 2018-19 and on-going to continue the FY 2017-18 approved salary increase for Registered Nurse I-III job classifications at the Colorado Mental Health Institute at Pueblo.
- This will improve the quality of care by reducing mandatory overtime and staff exhaustion; reducing turnover thereby increasing the consistency and familiarity of staff working with patients; reducing errors that occur due to staff shortages and exhaustion (e.g., medication errors), unnecessary physical holds, restraints and seclusions; and critical incidents.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-01b***
Request Detail: ***Compensation Adjustments for Nurses at CMHIP***

Summary of Incremental Funding Chang for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
Compensation Adjustments for Nurses at CMHIP	$8,901,740	0.0	$8,901,740
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Compensation Adjustments for Nurses at CMHIP	$8,901,740	0.0	$8,901,740

Problem or Opportunity:

The Department requests $8,901,740 total funds/General Fund in FY 2018-19 and on-going to continue the approved FY 2017-18 salary increase for Registered Nurse I-III staff at the Colorado Mental Health Institute at Pueblo (CMHIP) due to difficulty hiring and retaining staff needed to provide a safe, adequate, active care to CMHIP patients. The Department is experiencing increased difficulty in recruiting and retaining highly-qualified individuals to fill direct care positions throughout the 24/7 care facilities. The vacancies and turnover at the Colorado Mental Health Institute at Pueblo are the highest among these facilities. The Department continues to review its current resources, vacancy and turnover data, data on court ordered referrals, and requirements of the settlement agreement under the *Center for Legal Advocacy d/b/a The Legal Center for People with Disabilities and Older People v. Reggie Bicha and Teresa A. Bernal* federal district court lawsuit.

<u>Court Ordered Services</u>

The Department is obligated to provide court ordered competency evaluations and restoration services for criminal defendants the courts refer to the Department. The rate of referrals is much higher than originally anticipated.

Court Ordered Services - Competency Evaluation

Under Section 16-8.5-103 C.R.S., (2017), whenever the question of a defendant's competency to proceed is raised, a court may order an evaluation by the Department to determine whether an individual with pending criminal charges is competent to stand trial. Once a court orders the defendant to be evaluated for competency by the Department, the Department must prepare a written report of the evaluation pursuant to 16-8.5-105 (4), C.R.S. (2017).

When ordering that a defendant undergo a competency evaluation, the court has the following options: 1) require that the evaluation be completed in the location where the defendant is in custody; 2) order that the defendant be placed in the custody of the Colorado Mental Health Institute at Pueblo (CMHIP) for completion of the evaluation; or 3) allow the defendant to remain on bond in the community, to be evaluated on an outpatient basis per 16-8.5-105 (1), C.R.S (2017).

Court Ordered Services - Restoration to Competency

If a defendant is determined to be incompetent to proceed and released on bond, the court may require the defendant to obtain any treatment or habilitation services that are available to the defendant, such as inpatient or outpatient treatment at a community mental health center or in any other appropriate treatment setting, as determined by the court. Under Section 16-8.5-111, if the court finds that the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

The increase in competency evaluations and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

Growth in Court Ordered Services

Table 1 shows the actual number of referrals for forensic exams and evaluations for both inpatient and outpatient populations from FY 2000-01 to FY 2016-17 and the Department's projections through FY 2021-22. The total number of referrals has increased by 2,638 from FY 2001-02 (440+98=538) to FY 2016-17 (2,280+896=3,176), an increase of 590.3%.

Table 1: Orders for Colorado Department of Human Services Evaluations

Orders for CDHS Forensic Evaluations (sanity, competency, mental condition, etc.) and ITP Referrals (Competency Restorations) per Fiscal Year										
	Exams				Restorations (ITPs)				% Change from FY 2000-01	
Fiscal Year	In Pt	Out Pt	Total	% Increase	In Pt	Out Pt	Total	% Increase	Exams	ITPs
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-0.7%	27.6%
2003-04	90	415	505	18.5%	109	2	111	0.0%	17.7%	27.6%
2004-05	102	441	543	7.5%	135	1	136	22.5%	26.6%	56.3%
2005-06	190	630	820	51.0%	167	3	170	25.0%	91.1%	95.4%
2006-07	223	618	841	2.6%	224	23	247	45.3%	96.0%	183.9%
2007-08	264	650	914	8.7%	219	15	234	-5.3%	113.1%	169.0%
2008-09	329	626	955	4.5%	170	18	188	-19.7%	122.6%	116.1%
2009-10	356	646	1,002	4.9%	212	22	234	24.5%	133.6%	169.0%
2010-11	345	747	1,092	9.0%	213	18	231	-1.3%	154.5%	165.5%
2011-12	355	828	1,183	8.3%	268	45	313	35.5%	175.8%	259.8%
2012-13	445	797	1,242	5.0%	271	45	316	1.0%	189.5%	263.2%
2013-14	461	1,005	1,466	18.0%	282	107	389	23.1%	241.7%	347.1%
2014-15	490	1,194	1,684	14.9%	375	193	568	46.0%	292.5%	552.9%
2015-16	374	1,497	1,871	11.1%	450	221	671	18.1%	336.1%	671.3%
2016-17	378	1,902	2,280	21.9%	548	348	896	33.5%	431.5%	929.9%
2017-18 projected	*378*	*2,258*	*2,636*	*15.6%*	*635*	*426*	*1060*	*18.3%*	*514.3%*	*1118.4%*
2018-19 projected	*383*	*2,640*	*3,022*	*14.7%*	*727*	*528*	*1255*	*18.3%*	*604.5%*	*1342.0%*
2019-20 projected	*387*	*3,022*	*3,409*	*12.8%*	*819*	*630*	*1449*	*15.5%*	*694.6%*	*1565.5%*
2020-21 projected	*392*	*3,404*	*3,796*	*11.3%*	*911*	*732*	*1644*	*13.4%*	*784.8%*	*1789.1%*
2021-22 projected	*396*	*3,787*	*4,183*	*10.2%*	*1004*	*835*	*1838*	*11.8%*	*874.9%*	*2012.6%*
2022-23 projected	*401*	*4,169*	*4,569*	*9.2%*	*1096*	*937*	*2033*	*10.6%*	*965.1%*	*2236.2%*

As of 7/13/2017

The number of referred inpatient exams and ITPs includes those awaiting admission.

Current fiscal year projections are based on: July=avg change over 2 prior yrs; August & September=50% avg change over 2 prior yrs and 50% straight line projection of current yr data; October through end of FY=straight line projection of current yr data

All projections assume no decrease from the last completed fiscal year.

As the number of referrals from the courts increases, the Department is challenged to have highly-qualified individuals to fill Registered Nurse positions to provide care and treatment to inpatients at the CMHIP. The Department is challenged in meeting the bed space needs for forensic patients. In order to adhere to the terms of the settlement agreement, the management team at CMHIP meets daily to review the referral and admission lists in order to manage the demands for inpatient forensic beds. Failure to expand the capacity to meet the increasing demand for court ordered inpatient competency evaluations and restoration services could place the Department at risk for further legal action due to longer waits for hospital admissions.

Under current statute, the Department cannot control the number of inpatient evaluations and restorations that are ordered by the courts, but is responsible for conducting the evaluations and restorations within the terms of the settlement agreement. The increase in the number of court ordered evaluations and restorations is not unique to Colorado, as nationwide there have been reported increases. For example, a Joint

Legislative Audit and Review Committee in Washington State found that the number of court referrals for competency evaluations increased by 82 percent from 2001 to Calendar Year 2011.

In addition to bed space constraints, Colorado Mental Health Institute at Pueblo continues to struggle to hire well-trained nurses. Without sufficient nurses to maintain staff to patient ratios, fewer patients can be admitted and served. Fewer patients served means CMHIP is unable to meet the terms of the federal district court settlement agreement. This places the Department at risk of considerable fiscal penalties.

Colorado Mental Health Institute – Pueblo Surveys

When a state department of public health identifies deficiencies at facilities and notifies the Centers for Medicare and Medicaid Services (CMS), CMS has a number of sanctions that it can impose based on the nature of the findings. If the findings violate the Conditions of Participation (COP), which are the published standards to which facilities must adhere to participate in Medicare and Medicaid, CMS can deem the facility out of compliance and require compliance within 90 days. Immediate Jeopardy status is reserved for COP violations that CMS deems an immediate threat to patient safety, and the timeframe for compliance is 23 days.

The CMHIP had an Immediate Jeopardy finding on 2/22/17, that had to do with deficiencies where Nursing failed to notify providers when patients experienced changes in his/her clinical condition. The Immediate Jeopardy finding was removed within 24 hours, after CMHIP developed a process for addressing the immediacy, medical and nursing staff were informed of the process changes and surveyors were able to evaluate the process put into place and determine an Immediate Jeopardy situation no longer existed. The survey results from the 2/22/17 visit resulted in Condition level findings and removal of the 90-day termination track.

The Colorado Department of Public Health and Environment (CDPHE) performed a revisit survey of the Colorado Mental Health Institute at Pueblo (CMHIP) and made new findings related to a lack of staff that led to the initiation of a separate Immediate Jeopardy finding on 6/2/17. The Department notified legislators on 6/12/17 regarding that Immediate Jeopardy finding. The Department attributes that lack of sufficient qualified staff to ensure patient health and safety to difficulty retaining and hiring in a very competitive nursing job market.

The Department and CMHIP proposed a number of changes in response to the Immediate Jeopardy under the Governing Body. These are outlined in Attachment A: Immediate Jeopardy Response Letter 06-06-17.

As the Department has examined the staffing shortages and distribution of duties, it has become evident that some tasks that nurses were engaging in could be accomplished by different staff who typically are not as highly trained, or specifically trained as nurses. The hospital has moved to reassign many of those duties. For instance, CMHIP has trained administrative and non-medical staff to do one-to-ones, which is shorthand for a medically-indicated requirement that a staff person have eyes on a particular patient at all times. In a typical day, CMHIP has engaged 45 non direct care staff to do one-to-ones. Those are duties that nurses had at times been covering. This strategy has been useful, but falls short of solving the staffing shortage issue. The hospital still has vacancies in many of the positions requiring less or different training. And there still are regulatory requirements that mandate specific numbers of nurses be on units, and those duties cannot be assigned to others.

Vacancies

Despite the Department's efforts to fill vacant direct care positions (See Description of the Department's Efforts to Correct the Problem) in order to meet the terms of the settlement agreement and ensure the health and safety of patients, the Department continues to experience significant vacancy rates at CMHIP.

Table 2 shows the total number of direct care positions and total number of direct care vacancies, by Registered Nurse classification. As a rough comparison, Nursing Solutions, Inc. published a report in 2016 that identifies the national rate of vacancy for nursing positions in an hospital environment is about 8.5 percent. Vacancy rates for nurse positions at CMHIP are significantly higher than this national benchmark at approximately 23.9%.

Table 2: Average Nurse Staff Vacancy Rates, CMHIP As of August 2017

Facility	# Filled Registered Nurses (As of August 2017)	# Vacant Registered Nurse Positions	Total Positions	% Vacant Positions
Mental Health Institute - Pueblo				
Nurse I	150	47	197	
Nurse II	23	5	28	
Nurse III	15	7	22	
Grand Total	**188**	**59**	**247**	**23.9%**

Source: Department of Human Services analysis of total active employees and employee separations as of 8/14/2017.

Turnover

Exit interview data with nurses indicates that a lack of work-life balance, high workload demands, non-competitive base pay and a lack of incentives have been the major barriers to workforce attraction and retention for the Department. Vacant positions result in exhaustion due to mandatory overtime and exhaustion leads to increased turnover. High turnover rates increase training costs and result in reduced quality of care due to a constant influx of new staff who are not as proficient as experienced staff in carrying out their duties.

In evaluating the causes of high turnover and difficulty in recruiting direct care staff positions, the Department found the primary causes to be related to compensation and challenging work environments. These issues are compounded by a low unemployment rate and a national shortage in health care positions that creates fierce competition for qualified employees.

Specific concerns identified in each area are outlined below.

Compensation

(1) State wages are not competitive.

a) Private Sector Health Care Providers Pay Substantially More than the State's Pay Plan:
CMHIP registered nurses are on average, paid well below the midpoint of the job classification pay range. According to the Department of Personnel and Administration, the midpoint of each job classification pay range is considered to be the prevailing market wage for that type of job. The Department's review of direct care staff wages indicates that direct care staff are being paid as much as 26 percent below the midpoint of the job classification pay range, and the average is 20 percent below the midpoint of the range for their job classification. Therefore, nursing staff at CMHIP can easily look to the private sector to increase their annual salary.

b) Shift differential and additional hourly wage add-ons are not competitive:
In addition to base pay, there are numerous shift and patient type (i.e. diabetes care) increases to the hourly wage that can occur at most private health care providers. One Denver-area health care provider pays Registered Nurses up to an additional $4.40 per hour to work the night shift on a nurse call line. Other incentives are offered for specialty care, bi-lingual nurses and for nurses willing to float between facilities. Multiple incremental add-ons can be combined to significantly increase the hourly wage for nurses with the relevant expertise. The State offers shift differential for night and swing shifts, but the varying rates of shift differential are not competitive with private sector packages.

c) Annual pay increases and bonuses are not funded:
A large, private sector health care provider guarantees all nursing staff a $1,900 per year bonus and a minimum pay increase of 6 percent, regardless of individual staff job performance. The State of Colorado has offered pay increases in only five of the past 10 years, and those increases ranged from 2 percent to 4.8 percent annually, and merit pay has not been funded to offer sufficient opportunity for bonuses. Colorado has not been able to keep up with the cost of living, much less an economy that has improved and a growing healthcare market.

(2) Benefits are not competitive or highly valued by entry-level staff.

a) Private sector benefits are sometimes offered in a menu-like format to allow individuals to select higher compensation and lower or no benefits.
b) Benefits offered by one private health care provider the Department interviewed include 100 percent employer paid benefits. This includes medical, dental, life and disability coverage for all employees and their families. Pension contributions are also 100 percent paid by the employer, and continuing education and tuition reimbursement are part of the package.
c) The Total Compensation Plan for FY 2018-19, published by the Department of Personnel and Administration, indicates the Department's total compensation package consists of 76 percent salary and 24 percent benefits, which represents a significantly lower percentage than that offered by private health care providers. Private health care providers offer total compensation plans that, on average, are more heavily weighted on salary as opposed to the full benefit package.

(3) There is a lack of regular performance or cost of living increases.

a) While the State of Colorado removed the step pay system and replaced it with a merit system based on pay for performance, there has been little to no budget provided for cost-of-living or merit pay increases.
b) Due to the lack of regular pay increases, employees often have no means of progressing to higher pay grades as they gain experience in their positions, leading to a workforce that is paid less than prevailing market rates. To recruit new employees, the Department sometimes needs to offer equal

or higher wages than those paid to current employees, creating pay compression concerns within the organization. This contributes to higher turnover, morale challenges and degradation of employee engagement.

c) Nurses employed by one private health care provider receive between 6 percent and 7 percent (cost-of-living and step) pay increases each year for the first 15 years of their employment. This private health care provider also has a 10-step pay grade system through which nurses can move from the minimum to the maximum of the pay grade over 15 years.

d) The State classification system lacks flexibility. The classification system often results in employees not being able to move to a higher classification unless they become a supervisor, which sometimes results in supervisors without the appropriate skills supervising staff. This can negatively impact morale and turnover rates.

Challenging Work Environments

CMHIP is unique in that nursing staff provide active treatment to severely mentally ill, medically fragile, and sometimes violent individuals in Colorado. The Department is unique in the State system as it employs approximately 3,000 employees in its 24/7 facilities.

CMHIP employees can often find work with other health care providers at a higher rate of pay, a better benefits package, and with a more easily cared for population, making it more difficult to hire and retain employees at the Institute.

Unemployment Rates

According to the U.S. Bureau of Labor Statistics, Colorado's unemployment rate is among the lowest in the nation at 2.4 percent in August 2017 compared to a rate of 4.4 percent for the nation as a whole. This means that in Colorado, competition among employers for qualified workers is at an all-time high and the Department's current funding is not sufficient to pay wages that are competitive in the employment market for these types of positions.

Description of the Department's Efforts to Correct the Problem

In an attempt to address the staffing shortages in the 24/7 care facilities, the Department has taken the recruitment and retention actions demonstrated in Table 3.

Table 3: Retention Initiatives Implemented at the Colorado Mental Health Institute at Pueblo as of September 2017
1) Created a communication plan so that staff are kept informed, allowing for greater transparency a) created newsletter "The Next Page" (currently published 2 x week): b) created monthly departmental report c) monthly morning town halls d) weekly Superintendent Rounds (go to a different unit each week--town hall fashion) e) Leadership Rounds
2) Created task forces to bring front line staff to the table to work on topics, such as retention; patient movement; and better scheduling of groups
3) Brought in consultant to help with changing our culture: have initiated plan
4) Decentralized early discipline of nursing department staff to unit level (helping Lead Nurses take a stronger leadership role)
5) Working with CO WINs to identify further strategies

Table 3: Retention Initiatives Implemented at the Colorado Mental Health Institute at Pueblo as of September 2017
6) Deleting duplicate forms (as paperwork is a primary complaint for nurses)
7) Matching pay for employees who have a current job offer
8) FUNRaiser committee holding fun activities for staff
9) Thank you notes being sent to staff
10) Supporting staff by answering questions and giving feedback
11) Making schedule changes to try to meet employee needs along with business needs
12) Giving on the spot recognition
13) Increased unit meetings to pass information and give support
14) Allowed units to choose 8 or 12 hour shifts
15) Automatic scheduled overtime for all staff choosing to move to 12 hour shifts
16) "Stay" interviews are now performed
17) RFP for electronic scheduler so that employees will have more ability to self-schedule; especially important for pool staff
18) Created special programs to help take pressure off of nursing department team (sitter program and administrative nurse program)
19) Partnered with Pueblo Community College for 8 nursing student "slots" each year (allows non-nurses from CMHIP the chance to advance)

Despite these efforts, the Department continues to have significant vacancy and turnover rates among direct care staff at CMHIP especially nurses. The Department has exhausted resources and tools available to address the staff shortages in these facilities without a request for funding to address the compensation shortfalls.

Proposed Solution:

The Department requests $8,901,740 total funds/General Fund in FY 2018-19 and on-going to continue compensate new Registered Nurse I-III at market rate (midpoint of the pay range for each job classification) and to provide a compression increase for existing nurses who are already at midpoint of the range at the Colorado Mental Health Institute at Pueblo, as approved for FY 2017-18 by the Joint Budget Committee in September 2017.

The Department is proposing to address the nursing crisis at CMHIP by continuing to: (1) fill vacancies at the prevailing market rate for that job classification, and (2) compression pay to increase base pay for existing staff, based on a schedule that accounts for prevailing market wage and years of experience and competency of job performance.

The Department completed a similar compensation initiative for Regional Center direct care staff in November 2016 and has achieved significant improvement in filling vacancies and reducing turnover. Since increasing the starting wage for direct care staff at the three Regional Centers, and providing compression pay increases to existing staff, in November 2016, vacancy and turnover rates for direct care staff have decreased significantly. Table 4 shows the vacancy rate for each Regional Center on September

12, 2016 and on June 26, 2017, as well as their cumulative turnover rates for the periods March to October 2016 and November 2016 to May 2017

Table 4. Comparison of Vacancy and Turnover Rates for Direct Care Staff at the Regional Centers
For 6 month period Prior to and Post Pay Increases

Regional Center	Sept. 12, 2016 Vacancy Rate	June 26, 2017 Vacancy Rate	Cumulative Turnover Rate March 2016 to October 2016	Cumulative Turnover Rate November 2016 to May 2017
Grand Junction	16%	3%	11%	7%
Pueblo	29%	10%	35%	17%
Wheat Ridge	15%	7%	32%	19%

Source: Department analysis of CPPS data.

Based on these data, the Department concludes that the pay raises have been effective in attracting and improving the retention of staff for vacant direct care positions at the Regional Centers. The Department proposed to carry out the same initiative at CMHIP in its September 2017 emergency request due to the inability to recruit and retain trained nurse and to comply with the settlement agreement.

Description of the Compensation Initiative Process and Plan:
The Department worked with the Department of Personnel and Administration (DPA) to evaluate current prevailing wages, by position for each of nurse classifications included in this compensation initiative. According to DPA, the midpoint of the pay range for all job classifications represents the prevailing market wage for that type of position.

Vacancies were filled at prevailing market wage beginning on October 1, 2017, with compression pay increases going into effect concurrently to prevent further loss of staff or decreased morale among existing staff.

State Personnel Rules allow for this type of initiative. Chapter 3 of the State Personnel Rules, provide the Department the ability to carry out this compensation initiative. Specifically:

> State Personnel Rule 3-9 states that:
>
> "The appointing authority shall determine the hiring salary within the pay grade for a new employee, including one returning after resignation, which is typically the grade minimum unless recruitment difficulty or other unusual conditions exist.
>
> a. Recruitment difficulty means difficulty in obtaining qualified applicants or an inadequate number of candidates to promote competition despite recruitment efforts.

b. Unusual conditions exist when the position requires experience and competencies beyond the entry level and the best candidate cannot be obtained by hiring at the minimum of the pay grade.
c. The appointing authority's determination shall consider such factors as, but not limited to, labor market supply, recruitment efforts, nature of the assignment and required competencies, qualifications and salary requirements of the best candidate, salaries of current and recently hired employees in similar positions in the department, available funds and the long-term impact on personal services budgets of hiring above the minimum of the pay grade."

The Department, in the problem section of this request has demonstrated significant turnover and vacancies at the Mental Health Institute that have gone unaddressed by other hiring efforts. These vacancies, the State's low unemployment rate, the health care employment market, and compliance with the settlement agreement, has placed the Colorado Mental Health Institute at Pueblo in a staffing crisis that cannot be overcome without this investment.

State Personnel Rule 3-18 allows the Department to use compression pay increases to provide for in-range salary increases for existing employees. Specifically:

"In-Range Salary Movements. A department may use these discretionary movements to increase base salaries of permanent employees who remain in their current classes and positions when there is a critical need not addressed by any other pay mechanism. The use of in-range salary movements is not guaranteed and shall be funded within existing budgets. These movements shall not be retroactive and frequency is limited to one in-range salary movement in a 12-month period. No aspect of granting these movements is subject to grievance or appeal, except for alleged discrimination; however, an alleged violation of the department's plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Once granted, a reduction in base salary is subject to appeal. Departments must develop a written plan addressing appropriate criteria for the use of any movement based on sound business practice and needs, e.g., eligibility, funding sources, approval requirements, measures to ensure consistent use. The plan must be communicated within the department and a copy provided to the Director prior to implementation. If granted, there must be an individual written agreement between the employee and the appointing authority that stipulates the terms and conditions of the movement. Records of any aspect of these movements shall be provided to the Director when requested.

a. Salary Range Compression. Used as a salary leveling increase where longer-term or more experienced employees are paid lower in the range for the class than new hires or less experienced employees over a period of time resulting in documented retention difficulties. Thus, there is a valid need to increase one or more employee's base salary in the class to recognize contributions equal to or greater than the newly hired or less experienced employees. Justification shall be required based on facts. To be eligible, an employee must be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase may be up to 10 percent or the maximum permitted by the department's policy on hiring salaries, whichever is greater, and subject to the pay grade maximum."

Hiring vacant positions at the prevailing market wage will result in a compression pay concern within direct care job classifications for existing employees. State Personnel Rule 3-18 allows the Department to adjust existing employee salaries for compression to recognize existing employees for their on-the-job experience and to ensure that newly hired employees are not making more than existing, more-experienced staff. Completing the compression pay increase concurrently with the increased hiring wage will prevent unnecessary loss of existing, more experienced, employees. For example, Table 6 illustrates that on average Nurse Is are on 23% below the classifications midpoint.

Finally, all wages for direct care staff will continue to be within the approved job classification pay ranges as approved in the Department of Personnel and Administration's FY 2018-19 Pay Plan.

Table 5 demonstrates the cost to fill current direct care vacancies at the midpoint of the job classification range and provide compression pay increases to existing direct care staff for a full year, FY 2018-19, at the Colorado Mental Health Institute – Pueblo (CMHIP).

Table 5: Total Amount Requested and Funding Splits - based on November 1, 2017 effective date		
Colorado Mental Health Institute - Pueblo	**Affected Positions**	**Full Year Cost**
Fill Vacancies at Market Wage	59	$5,995,065
Compression Pay Adjustment	187	$2,781,189
Shift Differential	187	$125,486
TOTAL	**246**	**$8,901,740**

Benefits for vacant positions account for a portion of the $5,995,065 total cost in Table 5 to fill vacancies at market wage. Of the $5,995,065, $930,171 is an increase in POTS (HLD, STD, AED, and SAED), $460,651 in PERA, and $65,807 in Medicare, which will be needed once these vacant positions are filled.

Table 6 illustrates the ranges for which nurses are paid below the midpoint of the salary range.

Table 6: Compression Adjustments by Nursing Classification at CMHIP					
	Filled Nursing Positions	**Average Current Salary (Monthly)Average of Monthly Salary Prorated for FTE**	**Average of Compression Pay Schedule Midpoint Salary**	Average Monthly Increase	Average Percent Increase
Nurse I	149	$ 5,081	$ 6,234	$ 1,153	23%
Nurse II	23	$ 5,741	$ 6,765	$ 1,024	18%
Nurse III	15	$ 6,101	$ 7,340	$ 1,239	20%

Table 7 illustrates the benefits portion of the budget request.

Table 7: FY 2018-19 Breakdown of Benefits	
Benefit	**Total Amount Requested (12 months)**
SAED	$341,101
AED	$341,101
STD	$12,962
PERA	$692,436
Medicare	$98,919
Shift Differential	$125,486
HLD ($7,927 per vacant position filled)	$467,704
Total Benefits (not including salary)	**$2,079,710**

Anticipated Outcomes:

The Department anticipates the following outcomes:

- Improved recruitment, retention, and lower turnover of nursing staff at CMHIP across the Department.
- Improved quality of care for residents through:
  - Reduction of critical incidents and errors caused by exhausted/overworked staff. Errors and incidents could include medication errors, unnecessary physical restraint or seclusion, and resident injury.
  - Increased nurse/resident familiarity through improved retention and consistency of nurses on the units.
  - Reduction of on-the-job injuries and workers' compensation claims, as injuries more frequently occur when staff are overworked and exhausted.
  - Fewer vacancies will increase the Department's ability to take nurses out of the milieu ratio to attend training and certification updates.
- Improved compliance with federal and state regulations concerning ensuring adequate, well-trained nurses on shifts to ensure that resident needs are met.

    - Fully staffed facilities will result in the facilities being used to their maximum capacities. Failure to fully staff facilities can result in moratoriums on admissions due to inadequate staff availability to meet resident care needs.
- Reduced mandatory overtime and double shifts, which should reduce costs, as well as nurse exhaustion, burnout and high levels of turnover.
    - The Department has a strategic objective to reduce the use of mandatory overtime throughout Department facilities. Mandatory overtime is primarily caused by staff shortages and inability to hire enough staff to cover shift relief (e.g., the number of hours that existing staff are not able to work, including annual leave, sick leave, family medical leave and injury leave). Mandatory overtime also results in staff exhaustion and increased turnover. A key component to the Department's success on this strategic objective is to be able to recruit and retain staff in the 24/7 care facilities. If this request is not funded, the Department will continue to face high direct care staff turnover rates, increasing recruitment and training costs, and diminishing continuity of staff for the State's most vulnerable clients.
- Reduced reliance on the use of contract staffing agencies who often prove unreliable and a risk to the facility due to not being familiar with the care environment or the residents and their care plans.
- Reduced expenses associated with nurses' recruitment and retention.

Assumptions and Calculations:

Assumptions and calculations include the following:

- The Department used the Department of Personnel and Administration's FY 2017-18 Pay Plan to identify the prevailing market wage for nurses included in this request. Specifically, DPA considers the midpoint of each job classification pay range to be the prevailing market rate for the job classification.
- Only nursing staff are included in this request (no management or administrative staff). Nursing staff include individuals working in the following job classifications at CMHIP:
    - Nurse I, II, and III
- Cost to increase all current nurses to the midpoint of the range is based on:
    - The amount of the increase in wages between the midpoint of the range and their current wages,
    - Plus the cost of compression pay increases to bring any nurses within $100 of the midpoint of the range to the midpoint and give them an additional 3 percent raise.
    - Plus the increased cost of PERA of 10.15 percent, STD of 0.19 percent and POTS (SAED, AED, and Medicare) of 11.45 percent on all increases to wages, based on the FY 2017-18 rates published by DPA.
    - Plus the cost to fill the direct care vacancies at the midpoint of the range and the associated HLD POTs based on a $7,927 per person rate that DPA publishes.

Table 8 illustrates the $8,901,740 appropriation and requested funding for FY 2018-19 and beyond.

Table 8: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$467,704	$467,704	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$36,094,449**	**$25,937,292**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$36,094,449**	**$25,937,292**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$36,094,449**	**$25,937,292**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0

Requested Funding (or Spending Authority)	$12,962	$12,962	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$428,119**	**$293,453**	**$13,979**	**$74,685**	**$46,002**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$428,119**	**$293,453**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$428,119**	**$293,453**	**$13,979**	**$74,685**	**$46,002**	**0.0**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$341,101	$341,101	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Appropriation						
FY 2020-2021 Total Requested Appropriation	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$341,101	$341,101	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,596,776**	**$7,945,237**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Shift Differential	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,391,384	$3,077,897	$0	$2,313,487	$0	0.0

Requested Funding (or Spending Authority)	$125,486	$125,486	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,516,870**	**$3,203,383**	**$0**	**$2,313,487**	**$0**	**0.0**
Line Item: (1) Executive Director's Office, Shift Differential	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,516,870**	**$3,203,383**	**$0**	**$2,313,487**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$5,516,870**	**$3,203,383**	**$0**	**$2,313,487**	**$0**	**0.0**
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$70,620,903	$60,908,060	$3,190,385	$6,522,458	$0	995.4
Requested Funding (or Spending Authority)	$7,613,386	$7,613,386	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$78,234,289**	**$68,521,446**	**$3,190,385**	**$6,522,458**	**$0**	**995.4**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0

Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2019-2020 Total Requested Appropriation	$78,234,289	$68,521,446	$3,190,385	$6,522,458	$0	995.4
FY 2020-2021 Total Requested Appropriation	$78,234,289	$68,521,446	$3,190,385	$6,522,458	$0	995.4

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-02 DYS Facility Staffing Final Phase

Dept. Approval By: Melissa Wavelet

OSPB Approval By: [signature]

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$116,883,732	$0	$117,280,020	$2,622,691	$3,763,347
	FTE	937.9	0.0	946.0	49.5	69.0
	GF	$97,878,415	$0	$98,238,040	$2,622,691	$3,763,347
	CF	$1,034,053	$0	$1,070,716	$0	$0
	RF	$12,680,004	$0	$12,680,004	$0	$0
	FF	$5,291,260	$0	$5,291,260	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$404,287	$546,976
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$404,287	$546,976
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$4,040	$5,634
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$4,040	$5,634
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$106,327	$148,239
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$106,327	$148,239
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	**Total**	**$11,255,675**	**$0**	**$11,273,476**	**$106,327**	**$148,239**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$106,327	$148,239
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

11. Division of Youth Services, (B) Institutional Programs -- Personal Services	**Total**	**$54,110,192**	**$0**	**$54,618,711**	**$1,873,219**	**$2,808,709**
	FTE	937.9	0.0	946.0	49.5	69.0
	GF	$54,110,192	$0	$54,618,711	$1,873,219	$2,808,709
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

11. Division of Youth Services, (B) Institutional Programs -- Operating Expenses	**Total**	**$4,220,288**	**$0**	**$4,008,362**	**$128,491**	**$105,550**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,809,872	$0	$2,597,946	$128,491	$105,550
	CF	$70,000	$0	$70,000	$0	$0
	RF	$1,340,200	$0	$1,340,200	$0	$0
	FF	$216	$0	$216	$0	$0

CF Letternote Text Revision Required? Yes ____ No X **If Yes, see schedule 4 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 $2,622,691 total funds/General Fund, and 49.5 FTE in FY 2018-19 and $3,763,347 total funds/General Fund and 69.0 FTE in FY 2019-20 and on-going in order to continue to appropriately address staff to youth ratios and mitigate safety and security issues for youth and staff within the State-operated youth corrections facilities.
- This is an increase of 4.6% over the FY 2017-18 appropriation.

Current Program

- The Division of Youth Services (DYS) 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 tends to elevate the number of fights and assaults in facilities.

Problem or Opportunity

- The Division has submitted requests and received additional staffing in FY 2014-15, FY 2015-16 FY 2016-17 and FY 2017-18 which increased staffing by 209.0 FTE. This is the fourth 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.
- 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.

Consequences of Problem

- Failure to adequately staff secure facilities may ultimately lead to a degradation of services that could manifest 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 with the Department of Justice Prison Rape Elimination Act (PREA) standards, which in part outlines appropriate staff to youth allocations that Colorado does not currently meet.

Proposed Solution

- The Department requests $2,622,691 total funds and 49.5 FTE in FY 2018-19 in order to support safe environments in State-operated secure facilities.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-02***
Request Detail: ***DYS Facility Staffing Final Phase***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
DYS Facility Staffing Final Phase	$2,622,691	49.5	$2,622,691
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
DYS Facility Staffing Final Phase	$3,763,347	69.0	$3,763,347

Problem or Opportunity:

The Department requests $2,622,691 total funds/General Fund and 49.5 FTE in FY 2018-19 and $3,763,347 total funds/General Fund and 69.0 FTE in FY 2019-20 and on-going 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 fourth and final phase of additional staffing for the Department's Division of Youth Services (DYS) ten State-operated facilities. The General Assembly approved previous funding for 209.0 FTE in FY 2014-15, FY 2015-16, FY 2016-17 and FY 2017-18.

This request is intended to address on-going safety and security issues within DYS 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 fifth 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

Juveniles require adequate adult guidance and direction to ensure their healthy development. The typical population of juveniles held in detention or correctional facilities requires greater support and supervision than non-confined juveniles. To be effective, supervision of juveniles requires a number of trained and competent staff members, in a sufficient staff-to-juvenile ratio. The National Partnership for Juvenile Services advocates that regulation, policy, procedure and practice ensure a *minimum ratio of one direct care staff to no more than eight (1:8) juveniles during waking hours,* and a ratio of *one direct care staff to no more than sixteen (1:16) juveniles during sleeping hours, with a minimum of two direct care on duty at all times regardless of the population* (Position Statement Adopted by NPJS Board of Directors – October 21, 2013.

In a Special Project Report released in May 2013, conducted by the University of Texas at Austin for the Office of the Independent Ombudsman, found that research supports the following strategies as an effective method for "preventing violence institution-wide" and "providing behavioral support of all youth within institutions". The University of Texas recommended the following strategy related to Staffing Practices:

a. Low Staff to Youth Ratios: There should be one staff member in a direct supervision capacity for every 8 to 10 youth across the facility.
b. Staff Deployment: Staff should supervise circulation between controlled zones, angles or corners where camera angles might allow a youth to hide, and housing areas, where incidents most likely occur.

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. One study by Steven Jesness in 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 DYS youth in secure placement have been found to have a mental health component.

Increased staffing allows for the DYS 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.

The Prison Rape Elimination Act (PREA) of 2003 (PL 108-79) as well as the Department of Justice (DOJ) PREA Standards (28 CRF Part 115) have created a standard staff ratio of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours" (PREA standard §115.313). The Department is adopting this as a best practice and to be compliant with the PREA Act.

The Department is proposing to increase DYS staff by continuing with the phased approach to ensure adequate staff is available to supervise youth on all shifts. The Department has received new positions for the last four years in order to move toward adopting the 1:8 or better staffing ratio standard. The DYS still needs 68 direct care positions as shown in Table 1 to finalize this goal.

Table 1: Summary of Positions Needed

Need by Category	Number	Less Previously Funded FTE				Adjustments to need*	Remaining Need
		FY 14-15	FY 15-16	FY 16-17	FY 17-18		
Direct Care Staff	257	32	22	68	64	-4	67
Supervisors	21	20	0	0	0	0	1
Support	2	1	0	1	0		0
Total Direct FTE	280	53	22	69	64	-4	68
HR support	2				1		1
Total FY 2018-19 Request							69

* Spring Creek Reduction in capacity

The Department had previously requested 80.6 FTE, which annualized to 137.0 positions for FY 2017-18. The FTE funded for FY 2017-18 by the General Assembly was 65 out of the 137 positions. The Division made capacity changes to the Spring Creek facility which resulted in a reduced staff need of 4 positions. This leaves the Division with the remaining need for 68 direct care positions. This request staggers the hire of those 68 positions resulting in a request for 48.6 FTE for FY 2018-19, annualizing to 68 in FY 2019-20. The Department is also requesting one additional Human Resources Support FTE for the increased caseload. This equals the FY 2018-19 FTE ask of 49.5 FTE.

Detention and Commitment: Current and Future Need for Secure Capacity

The following section provides context for DYS's State-operated facilities structure as well as background for future capacity needs. DYS 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

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

In order to accurately estimate the financial cost associated with providing services to youth in secure residential treatment, 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. This projection was primarily based upon the youths' security classification at assessment (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 DYS has seen a reduction in the total number of commitment beds needed over the past several years, DYS has experienced an increase in the number of youth who need secure bed placement as opposed to a community placement, representing an increase in the cost associated with meeting the placement and treatment needs for youth requiring secure residential placement.

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. For FY 2015-16, the most recent year for which data is available, 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 had a prior out of home placement, while 45% 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. Each of these factors directly impacts the decision to place a youth in a secure residential treatment facility, and limits the ability to treat youth in a community placement.

Current Secure Facility Staffing Levels

Appropriate staffing levels vital to maintaining client and staff safety in State facilities are dependent upon a number of facility-level factors. Specifically, facilities vary in terms of the size and configuration of units or pods, as well as the specific treatment needs of clients (substance abuse, sexual offender status, gang involvement, violent offender, etc.) Each of these individual factors will influence the staffing levels that are deemed appropriate and safe for a specific facility. For example, 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 thus affect the configuration of youth in these units, which can result in one unit running at a level above the stated capacity based on treatment needs among the population at any given time. For example, a 20 bed unit may have 22 youth or a 12 bed unit may have 14 youth based on the individual treatment and security needs of the clients being served.

Staffing ratios have improved tremendously with the infusion of additional staff. Projected ratios are shown for the facilities below in Table 2 over several years. At the end of FY 2017-18, The Division will only have 3 facilities which are not achieving at least the 1:8 waking ratio and 1:16 sleeping ratio, these are Adams Youth Services Center (YSC), Grand Mesa YSC and Mount View YSC. A sufficient number of staff does not currently exist in these facilities to develop the needed supportive individual relationships, identified in research stated previously. Ratios shown in Table 2 are in aggregate for the facility and may be slightly different when viewed per living unit. These waking ratios do not vary based on activity.

Table 2: Youth To Staff Ratio Progress						
	FY 2015-16		FY 2016-17		FY 2017-18	
	During Sleeping Hours	During Waking Hours	During Sleeping Hours	During Waking Hours	During Sleeping Hours	During Waking Hours
Adams	21.6	10.8	21.6	10.8	21.6	10.8
Grand Mesa	19.9	13.2	17.0	11.3	17.0	11.3
Gilliam	9.0	9.0	8.6	8.6	7.3	7.3
Lookout Mountain	15.5	10.3	14.1	9.4	11.0	7.4
Foote	16.6	8.3	16.6	8.3	12.7	6.3
Mount View	16.5	8.3	16.7	8.4	16.7	8.4
Platte Valley	19.8	9.9	14.5	7.2	13.2	6.6
Pueblo	16.8	8.4	14.8	7.4	14.1	7.1
Spring Creek	19.0	9.5	9.7	4.9	9.8	4.9
Zeb Pike	19.8	9.9	17.6	8.8	12.6	6.3

* All ratios shown upon completion of hiring of new positions funded in each fiscal year.
* Shaded facilities are those not achieving a 1:8 waking or 1:16 sleeping ratio.

Staffing Levels and Adequate Supervision to Maintain Safety and Security

The incorporation of additional staffing which has been received over the last several years has helped to support the mission of the Department and affected safety and security. Staffing increases began during FY 2015-16, and Table 3 provides data on fights and assaults both pre-staffing increase (FY 2014-15) as a baseline as well as the most recent data available post-staffing increase (FY 2016-17). While facility-level fight and assault data have been tracked by the Department since January 2012, facility-level data that have been both validated and reconciled with Facility Monthly Reports were not collected until October 2014. Thus, the most accurate and validated data is included in the analysis below. 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. Six 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 3. The multi-purpose facilities provide both detention and commitment services.

Table 3: Fights and Assaults							
Facility	Type	Capacity	Fights and Assaults per bed day			Percent Change	Interpretation
			FY 2014-15	FY 2015-16	FY 2016-17	(FY 2014-15 to FY 2016-17)	
Adams	Detention	30	0.24	0.10	0.18	-25%	Performance Improved
Grand Mesa	Multi-Purpose	67	0.21	0.16	0.33	57%	Performance Declined
Gilliam	Detention	64	0.76	0.58	0.58	-24%	Performance Improved
Lookout	Commitment	130	0.43	0.39	0.40	-7%	Performance Improved
Foote	Detention	61	0.70	0.58	0.86	23%	Performance Declined
Mount View	Multi-Purpose	105	0.64	0.44	0.50	-22%	Performance Improved
Platte Valley	Multi-Purpose	103	0.41	0.55	0.51	24%	Performance Declined
Pueblo	Detention	28	0.47	0.42	0.25	-47%	Performance Improved
Spring Creek	Detention*	80	0.78	0.82	0.6	-23%	Performance Improved
Zebulon Pike	Commitment	36	0.44	0.26	0.16	-64%	Performance Improved
State Total			**0.51**	**0.46**	**0.46**	**-9%**	

* Spring Creek changed from a Multi-Purpose facility to a Detention facility effective October 1, 2016

The facilities experiencing a decline in performance are Grand Mesa, Marvin Foote and Platte Valley. Marvin Foote YSC has not received any new staffing to date to help mitigate fights and assaults. This center is slated to receive staffing beginning July 1, 2017. Grand Mesa YSC shows a decline in performance but several things have contributed to this decline. First- the number of occurrences at Grand Mesa is already quite low – so a very small increase in incidents can more heavily impact the rate per bed day. Secondly, Grand Mesa has received only 4 new staff against a total need of 28. These few staff are not adequate to sufficiently affect fights and assaults. Platte Valley has declined in performance compared to the baseline year (FY 2014-15), but showing improvement in the second year (FY 2015-16). Platte Valley has received staff which should begin to show results in fights and assaults. This facility hired 29 new employees from October 2016 to February of 2017.

In looking specifically at those facilities demonstrating variability in year-to-year performance, several factors are important to understand. First, in order to control for differences in population size across DYS facilities, the data is reported as a rate per 100 bed days. Without these rates, it would not be possible to accurately compare the number of fights and assaults occurring at Adams (capped at 30) to Lookout Mountain (capped at 130). Rates per 100 bed days can be difficult to interpret. Specifically, looking again to Lookout Mountain a facility with improved performance from FY 2014-5 to FY 2016-16, the rate declined from 0.43 at baseline to 0.39 in FY 2015-16, then increased to 0.40 in FY 2016-16. This increase in rate equates to 11 additional fights and assaults in FY 2016-17 compared to FY 2015-16, or fewer than one additional fight/assault per month. Second, the aggregate data presented as a rate does not capture client-level detail on who is involved in fights/assaults in secure facilities. In some cases, one or two youth have been involved in multiple incidents each month at a facility for the duration of their commitment, and have driven the rate up in those facilities. This increased rate subsequently declines when these youth leave a facility. While data presented as a rate provides the most comprehensive picture of between-facility performance in reducing fights and assaults over a Fiscal Year, it does not adequately capture client-level data that may be driving fluctuations in these rates. Internal tracking of youth-level data has revealed that nearly 90% of committed youth in secure placement are not involved as either the victim or the perpetrator of a fight/assault.

While the fights/assaults data has not shown improved performance in all facilities that received staffing, overall the Division has improved in aggregate. Hiring of staff has been staggered; the FY 2016-17 positions completed hiring in March of 2017. Four months is not an adequate time-frame to demonstrate an impact on these facilities when considering the amount of time required to train a new employee and for a staff to gain the ability to manage the milieu in a manner that will impact fights and assaults.

For this reason, the Division has focused on results found at the Spring Creek Youth Services Center (YSC) where the staff have been hired completely up through December 2016. Not only have the new staff had some time to acclimate, but Spring Creek is also the only facility that is currently staffed at appropriate levels. Other facilities, while receiving more staff, may still be significantly short on staffing.
Spring Creek YSC has shown improvement in multiple areas including fights and assaults as shown in Table 4. Additionally, there are several factors pointing to improvement in workforce metrics such as missed work time, vacancies and overtime as shown in Table 5. The amount of regular hours for staff has increased 5% per month. Other indicators of workforce health have improved as well. Overtime is down by 39%. Most other missed work stats are also significantly reduced, such as sick leave and other unpaid leave. During the comparative time frames, the number of vacant positions has decreased by 30% on average.

Table 4: Spring Creek YSC comparisons

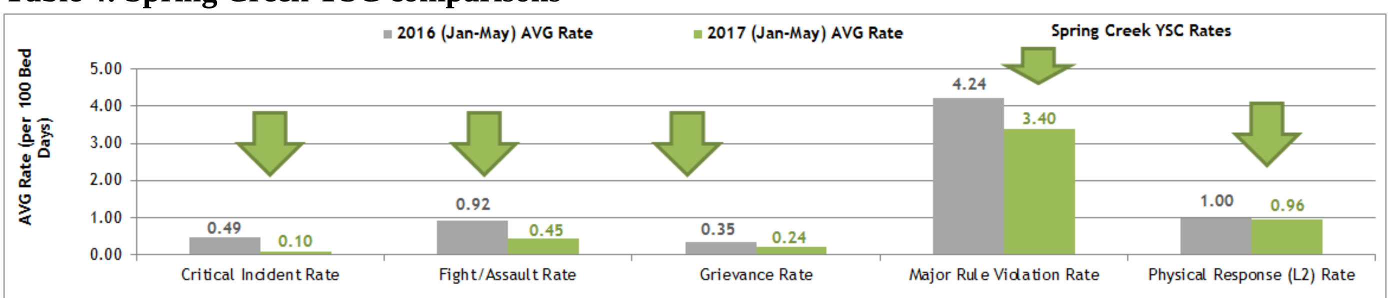

Table 5: Spring Creek YSC Workforce Metrics					
Average Hours Per Month	**Jan- May 2016**	**% of regular hours**	**Jan- April 2017**	**% of regular hours**	**% Improvement**
Regular Hours	8,841		9,280		**5%**
Unworked Time	1,819	20.6%	1,863	21.1%	**2%**
Overtime	1,136	12.8%	697	7.9%	**-39%**
Sick Leave	360	4.1%	330	3.7%	**-8%**
Other Unpaid Leave	417	4.7%	105	1.2%	**-75%**
Other Metrics					
Vacant Positions	8.7		6.1		**30%**

Current Hiring Plans for new FTE appropriated for FY 2017-18

The Division is hiring the newly funded positions for FY 2017-18 in order to hit PREA ratios at 6 selected facilities is in Table 6.

Table 6: Hiring Plans for FY 2017-18	
Facility	**Positions**
Gilliam	7
Marvin Foote	12
Pueblo	7
Lookout Mountain	22
Zeb Pike	9
Platte Valley	7
	64

Hiring should be complete by November 1, 2017 for the new FY 2017-18 positions.

FY 2016-17 year to date vacancies for the Division have been maintained at approximately the same average rate as FY 2015-16 for YSS I, II and III (formerly CYSO) classifications showing small improvement. Table 7 DYS Vacancy Data demonstrates a 9.4% average vacancy rate for FY 2015-16 and an 8.8% average vacancy rate for year to date FY 2016-17 through April. In both years, the Division has planned on a 5.0% vacancy rate. At the same time, the Division has increased the utilization of actual FTE by 53.8 from July 2015 to April 2017.

Table 7: DYS Vacancy Data													
DYS VACANCY REPORTING FY 2015-16													
CO I, II and III Classes													
Summary Data	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Avg
Positions Funded Each Month	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0	636.0
Actual FTE Utilized	575.5	592.2	589.4	577.6	583.8	582.1	566.1	562.5	566.6	580.6	575.6	562.0	576.2
Division wide vacant by month	60.5	43.8	46.6	58.4	52.2	53.9	69.9	73.5	69.4	55.4	60.4	74.0	59.8
Less Planned Vacancy	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8	31.8
Unplanned Vacancy	28.7	12.0	14.8	26.6	20.4	22.1	38.1	41.7	37.6	23.6	28.6	42.2	28.0
Percent All Vacancy	9.5%	6.9%	7.3%	9.2%	8.2%	8.5%	11.0%	11.6%	10.9%	8.7%	9.5%	11.6%	9.4%
Percent Planned Vacancy	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Percent Unplanned Vacancy	4.5%	1.9%	2.3%	4.2%	3.2%	3.5%	6.0%	6.6%	5.9%	3.7%	4.5%	6.6%	4.4%

DYS VACANCY REPORTING AS OF APRIL 2017													
CO I, II and III Classes													
Summary Data	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Avg
Positions Funded Each Month	642.0	646.0	647.0	652.0	658.0	668.0	679.0	695.0	701.0	701.0			668.9
Actual FTE Utilized	580.8	584.1	601.9	603.9	602.9	610.9	610.9	638.7	636.4	629.3			610.0
Division wide vacant by month	61.2	61.9	45.1	48.1	55.1	57.1	68.1	56.3	64.6	71.7			58.9
Less Planned Vacancy	32.1	32.3	32.4	32.6	32.9	33.4	34.0	34.8	35.1	35.1			33.4
Unplanned Vacancy	29.1	29.6	12.7	15.5	22.2	23.7	34.1	21.5	29.6	36.6			25.5
Percent All Vacancy	9.5%	9.6%	7.0%	7.4%	8.4%	8.5%	10.0%	8.1%	9.2%	10.2%			8.8%
Percent Planned Vacancy	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%			5.0%
Percent Unplanned Vacancy	4.5%	4.6%	2.0%	2.4%	3.4%	3.5%	5.0%	3.1%	4.2%	5.2%			3.8%

Proposed Solution:

The Department requests $2,622,691 total funds/General Fund and 49.5 FTE in FY 2018-19 and $3,763,347 total funds/General Fund, 69.0 FTE in FY 2019-20 and on-going 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 DYS 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 affects 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 8.
- The Department is proposing to fund $500,000 of this funding request by utilizing vacancy in excess of plan within DYS. This has been applied to FY 2018-19 and on-going.

Staffing Request

- An additional 45 direct care supervision (YSS I) and 22 senior level direct care supervision (YSS II) positions, fully annualized in FY 2018-19, to be compliant with nationally recognized ratios. The allocation of staff has been calculated to maintain a ratio of 20% YSS II positions and 80% YSS I positions.
- One additional YSS III Supervisor to maintain span of control. The majority of YSS III supervisors needed to maintain span of control have already been funded in prior years.
- One additional Human Resources FTE to continue to support the personnel needs at DYS.

Table 8: Allocation of Staff for FY 2018-19 Request			
Facility	**CYSO I**	**CYSO II**	**Total**
Adams	8	2	10
Grand Mesa	18	6	24
Mount View	19	14	33
	45	22	67
CYSO III			1
HR Specialist			1
Total			69

Equation of Posts to FTE

Direct care and operational posts that must be staffed 24 hours a day, 7-days a week require a 5.2 FTE relief factor to cover all shifts. Supervisors and support posts do not require 24/7 coverage. Table 9 shows the conversion between the number of posts, the shift relief factor, and annualized positions for the requested FTE for FY 2018-19.

Table 9: Conversion of Positions to Full Time Equivalents

Type of Staff	Posts	Relief Factor	Positions	FTE for FY 2018-19
YSS I	8.65	5.2	45	32.6
YSS II	4.23	5.2	22	15.4
YSS III	1	N/A	1	0.6
HR Specialist	1	N/A	**1**	**0.9**
Total Positions / FTE			**69.0**	**49.5**

The Division has utilized a conservative hiring timeline in this request – staging the hire of 68 staff over a six month period ranging from 9 new staff to 14 new staff per month. This aligns with the Division's demonstrated ability to hire for new positions previously funded. Sixty-eight (68) newly funded positions hired in FY 2016-17 were accomplished from July to March, however, since the Division collaborated with the employment affairs to implement a continuous hiring process the time to hire has shortened.

The staggered hiring plan for these requested positions is shown in Table 10.

Table 10: Hiring Plan for FY 2018-19 Requested Positions									
	Positions					FTE			
Hire Month	CYSO I	CYSO II	CYSO III	HR Spec	months	CYSO I	CYSO II	CYSO III	HR Spec
July	8	2		1	11	7.3	1.8		0.9
August	8	4			10	6.7	3.3		
September	9	5			9	6.8	3.8		
October	8	4			8	5.3	2.7		
November	6	4	1		7	3.5	2.3	0.6	
December	6	3			6	3.0	1.5		
Sub Total	45	22	1	1		32.6	15.4	0.6	0.9
Total				69					49.5

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.) This has been the option employed for the previous funding requests. 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: Decrease the need for additional staff through a reduction in State Capacity. This option relies upon reducing detention capacity in State-operated facilities for the 22 Judicial Districts. An in-depth analysis would be required of detention usage by facility and Judicial District. For purposes of this decision item the reduction required in detention beds would be in the range of approximately 40-50 detention beds across 6 facilities. The resulting pod configurations would allow the Division to achieve PREA ratios in commitment facilities by reallocating existing staff. The detention capacity is driven by Statute which would need to be changed by the General Assembly.

Pros of Option 3 are:

- No increase in funding for additional FTE would be needed.
- Overall pod sizes are maintained at a 1:8 or better during waking hours and 1:16 ratio or better during sleeping hours, as per PREA standards.

Cons of Option 3 are:

- Judicial Districts will experience a loss of capacity for detention. Although detention capacity averages run between 60% up to 91%, the facilities which may be the best candidates for a reduction in capacity from a physical plant standpoint may not be the best candidates from a usage standpoint.
- Judicial Districts will have to employ more bed management practices and determine youth which must be released when the reduced capacity is met on a more frequent basis.

Option 4: Do not increase staff levels.

Pros of Option 4 are:

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

Cons of Option 4 are:

- The Department will not have the ability to effectively reduce assaults, fights, and continued reductions in the use of restraint and seclusion will be more challenging without additional staff to support current policies.
- 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 DYS State-operated facilities directly links to the Department's performance improvement efforts. The Department projects increased staffing will also have 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 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:

Salaries for new staff are at the minimum of the range. For direct care staff (YSS I and II), radios and personal computers are calculated at a ratio of 1 for every 5 FTE increase as these staff work shifts and share equipment and office space. Training costs have been based on historical costs of Staff Development for the DYS Academy which may include lodging, travel and meals for individuals who are hired at an outlying facility and training in the Denver area. For supervisors, the need for a radio, office furniture and personal computers are needed for each hire.

Table 11 shows staffing and operating expense calculations.

Table 11: Staffing and Operating Expenditure Detail			FY 2018-19		FY 2019-20	
Personal Services:						
Position 1	Class Code	Monthly Salary	FTE		FTE	
CORR/YTH/CLIN SEC OFF I	A1D2	$ 3,448	32.6	1,348,858	45.0	1,861,920
PERA				136,909		188,985
AED				67,443		93,096
SAED				67,443		93,096
Medicare				19,558		26,998
STD				2,563		3,538
Health-Life-Dental				261,597		356,724
Subtotal Position 1			**32.6**	**$ 1,904,371**	**45.0**	**$ 2,624,357**
Position 2	Class Code	Monthly Salary	FTE		FTE	
CORR/YTH/CLIN SEC OFF II	A1D3	$ 3,800	15.4	702,240	22.0	1,003,200
PERA				71,277		101,825
AED				35,112		50,160
SAED				35,112		50,160
Medicare				10,182		14,546
STD				1,334		1,906
Health-Life-Dental				126,835		174,398
Subtotal Position 2			**15.4**	**$ 982,092**	**22.0**	**$ 1,396,195**
Position 3	Class Code	Monthly Salary	FTE		FTE	
CORR/YTH/CLN SEC SUPV III	A1D5	$ 4,189	0.6	30,161	1.0	50,268
PERA				3,061		5,102
AED				1,508		2,513
SAED				1,508		2,513
Medicare				437		729
STD				57		96
Health-Life-Dental				7,927		7,927
Subtotal Position 3			**0.6**	**$ 44,659**	**1.0**	**$ 69,148**
Position 4	Class Code	Monthly Salary	FTE		FTE	
HUMAN RESOURCES SPEC III	H4G3	$ 4,117	0.9	45,284	1.0	49,404
PERA				4,596		5,015
AED				2,264		2,470
SAED				2,264		2,470
Medicare				657		716
STD				86		94
Health-Life-Dental				7,927		7,927
Subtotal Position 4			**0.9**	**$ 63,078**	**1.0**	**$ 68,096**
Totals						
Salary				2,126,542		2,964,792
PERA				215,843		300,927
AED				106,327		148,239
SAED				106,327		148,239
Medicare				30,834		42,989
STD				4,040		5,634
Health-Life-Dental				404,287		546,976
Subtotal Personal Services			**49.5**	**$ 2,994,200**	**69.0**	**$ 4,157,796**
Operating Expenses						
Regular FTE Operating Expenses		$500	49.5	24,758	69.0	34,500
Telephone Expenses		$450	49.5	22,282	69.0	31,050
PC, One-Time*		$1,230	16.0	19,680	-	-
Office Furniture, One-Time*		$3,473	2.0	6,946	-	-
RADIO & ACCESSORIES *		$2,500	16.0	40,000	16.0	40,000
TRAINING EXPENSE		$218	68.0	14,824		
Other: HR		$25.05	-	-	-	-
* PCs and Radios are purchased at the rate of 1 for every 5 direct staff hires and 1 per supervisor, plus office furniture						-
* Radio replacement done at same rate in following years						
Subtotal Operating Expenses				**$ 128,491**		**$ 105,550**
TOTAL REQUEST			49.5	**$ 3,122,691**	69.0	**$ 4,263,347**
Less Self Funding from Vacancy Savings				**$ (500,000)**		**$ (500,000)**
Net Request				**$ 2,622,691**		**$ 3,763,347**

Table 12 illustrates the Long Bill appropriation and requested funding for 2018-19 and beyond.

Table12: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$404,287	$404,287	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$36,031,032**	**$25,873,875**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$142,689	$142,689	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$36,173,721**	**$26,016,564**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$36,173,721**	**$26,016,564**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$4,040	$4,040	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$419,197**	**$284,531**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$1,594	$1,594	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$420,791**	**$286,125**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$420,791**	**$286,125**	**$13,979**	**$74,685**	**$46,002**	**0.0**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$106,327	$106,327	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,362,002**	**$7,710,463**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$41,912	$41,912	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,403,914**	**$7,752,375**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,403,914**	**$7,752,375**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$106,327	$106,327	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,362,002**	**$7,710,463**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$41,912	$41,912	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,403,914**	**$7,752,375**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,403,914**	**$7,752,375**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
11)B) Institutional Programs Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$54,126,404	$54,126,404	$0	$0	$0	937.6
Requested Funding (or Spending Authority)	$1,873,219	$1,873,219	$0	$0	$0	49.5
FY 2018-19 Total Requested Appropriation	**$55,999,623**	**$55,999,623**	**$0**	**$0**	**$0**	**987.1**
FY 2019-20 Annualization of Prior Year Funding	$935,489	$935,489	$0	$0	$0	19.5
FY 2019-2020 Total Requested Appropriation	**$56,935,112**	**$56,935,112**	**$0**	**$0**	**$0**	**1006.6**
FY 2020-2021 Total Requested Appropriation	**$56,935,112**	**$56,935,112**	**$0**	**$0**	**$0**	**1006.6**
11)B) Institutional Programs Operating	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$4,058,044	$2,647,628	$70,000	$1,340,200	$216	0.0
Requested Funding (or Spending Authority)	$128,491	$128,491	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$4,186,535**	**$2,776,119**	**$70,000**	**$1,340,200**	**$216**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	($22,941)	($22,941)	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$4,163,594**	**$2,753,178**	**$70,000**	**$1,340,200**	**$216**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$4,163,594**	**$2,753,178**	**$70,000**	**$1,340,200**	**$216**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-03 DYS Special Education Services

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$64,891,761	$0	$65,052,583	$662,233	$813,996
	FTE	34.8	0.0	34.8	5.3	7.0
	GF	$46,949,268	$0	$47,073,427	$662,233	$813,996
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,687,396	$0	$11,687,396	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$41,618	$55,490
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$41,618	$55,490
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$563	$751
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$563	$751
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$14,821	$19,761
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$14,821	$19,761
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	**Total**	**$11,255,675**	**$0**	**$11,273,476**	**$14,821**	**$19,761**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$14,821	$19,761
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

11. Division of Youth Services, (B) Institutional Programs -- Educational Programs	**Total**	**$6,338,509**	**$0**	**$6,399,636**	**$590,410**	**$718,233**
	FTE	34.8	0.0	34.8	5.3	7.0
	GF	$5,990,917	$0	$6,052,044	$590,410	$718,233
	CF	$0	$0	$0	$0	$0
	RF	$347,592	$0	$347,592	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ____	No X	**If Yes, see schedule 4 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 $662,233 total funds/General Fund and 5.25 FTE in FY 2018-19 and $813,996 total funds/General Fund and 7.0 FTE in FY 2019-20 and on-going to fully meet the needs of special education students who are committed to a Division of Youth Services (DYS) facilities.
- This is an increase of 10% over the FY 2017-18 appropriation.

Current Program

- The Department's five DYS State-operated facilities, serve approximately 348 committed youth. Of these 348 youth, on average 104 (30%) are classified as special education students.
- In all public schools, special education students have Individualized Education Programs (I.E.P.), which may include assessment or classroom services or behavioral plans. Assessment services in public schools must be provided by a licensed school psychologist, behavioral plans/interventions are provided by licensed school social workers. The Department is not funded for school psychologists or school social workers.

Problem or Opportunity

- The recent DYS Education Assessment (March 2017), included the recommendation to strengthen special education services and integrate additional services within the continuum of care.
- Center-based public school programs are the closest equivalent to DYS commitment education programs. These public school programs have a student to teacher ratio of 1:10. DYS ratios are 1:13. DYS proposes the appropriate ratio emulates that of public school center-based programs.
- On average, 49% of DYS special education students have behavioral intervention goals in their I.E.P. School psychologists and school social workers are not available to provide cognitive evaluations, promote positive behavior, develop intervention plans, and promote academic success.

Consequences of Problem

- Across the country, failure to provide adequate special education services has resulted in 56 lawsuits against youth correctional agencies since 2013. Inadequate services places the State at the same risk.
- Insufficient special education services negatively affect academic achievement and reintegration.

Proposed Solution

- The Department requests 7.0 FTE on an ongoing basis to provide special education services to meet the needs of DYS committed youth. This includes 2.0 teachers, 1.0 special education coordinator, 3.0 school social workers, and a 1.0 school psychologist. In addition, funding for the equivalent of 4 more contracted staff are requested for Platte Valley and Lookout Mountain where State staff do not deliver education services.

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Department Priority: ***R-03***
Request Detail: ***DYS Special Education Services***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
DYS Special Education Services	$662,233	5.25	$662,233
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
DYS Special Education Services	$813,996	7.0	$813,996

Problem or Opportunity:

The Department requests $662,233 total funds/General Fund and 5.25 FTE in FY 2018-19 and $813,996 total funds/General Fund and 7.0 FTE in FY 2019-20 and on-going in order to provide the appropriate services to students based upon their Individualized Education Programs (I.E.P.). The Department's Division of Youth Services (DYS) operates five secure facilities that provide services to juveniles committed to the State's custody. Each of these facilities provides education services either through the use of State FTE or through contract. The Department currently relies upon a contract at two facilities; one contract is with a school district and the second with a private entity. The three remaining facilities are operated by State FTE.

In Colorado, approximately 10.5% of the public school student population is in special education. In DYS, the percentage of special education students over the past two years has been approximately 35%.

Schools often use center-based programs for special education students with more severe emotional/behavioral disabilities or students who are lower functioning. This population most resembles the majority of special education students served in DYS facilities. Center-based schools operate at a 1:10 special education teacher to student ratio. DYS schools, both contract and State-operated almost all function at closer to a 1:13 ratio.

The 1:13 ratio has several negative impacts. In accordance with federal statute, all special education students have an Individualized Education Plan. Among other functions, the I.E.P outlines the services that will ensure equitable access to content with accommodations and modifications as needed. Best practice requires meeting student needs in a variety of service models, e.g. having special education teachers going into classrooms to work one-on-one with students, pulling students out of classrooms for individualized attention and teaching students in small groups or in an Affective Needs Classroom (classrooms designed to integrate behavioral goals into the overall academic setting). Under the current staffing model, DYS schools do not have the ability to employ all of these approaches. This limits the ability to fully impact the student's access to content and provide all of the necessary accommodations.

In addition, school districts employ school psychologists to conduct specialized tests and assessments to identify student needs. This information is important in ensuring the correct interventions are developed and implemented. DYS is currently not funded at a level that allows for hiring a school psychologist, negatively affecting the development of effective interventions. Under the current staffing level, the allocated FTE is insufficient to consistently meet identified service minutes, I.E.P. goals, and enhanced programming for students. The situation is further complicated by the amount of limited success DYS committed youth have experienced in their prior history in public schools. Many youth are committed to DYS with significant histories of behavioral issues, learning disabilities, are over-aged and under-credited. Ensuring special education students receive appropriate services in the appropriate manner is therefore even more critical to their long-term success.

In addition to testing and assessment, a school social worker plays an integral role in the provision of services to special education students. Social workers prepare developmental histories, provide counseling for students and families, and assist in developing positive behavioral intervention strategies. They also provide crisis intervention; conflict resolution and anger management as well as helping the youth develop appropriate social interaction skills. The type and amount of service is dictated by a youth's I.E.P., which includes educational and behavioral goals. School social workers must be licensed but also have an endorsement from the Colorado Department of Education to act as a school social worker. This endorsement is predicated upon the completion of Social Work Master's degree that includes coursework in specific subjects relevant to school-based social work services. In addition, a supervised 900-hour practicum and successful completion of field experience.

The Division employs social work/counselors in State-operated commitment facilities to provide treatment services that occur outside the school setting. Current DYS social work/counselors are licensed as social workers and professional counselors (non-social work degree) but do not have the school social worker endorsement. In order to provide services to special education students per an I.E.P., a social worker must have the endorsement.

Special education coordinators are important in tracking and completing the significant amount of paperwork that accompanies a special education student. Coordinators ensure that teachers have the maximum amount of time dedicated to actual teaching without the distraction of paperwork.

The Department became aware that special education staffing is an area in need of attention from the assessment report completed by ProgramWorks. Recommendation #7 states, “Strengthen special education services and integrate those services within the Continuum of Care.” In specific, the report states, “This includes ensuring sufficient, qualified staffing to provide the full range of special education services needed, as well as sufficient time for special education and general education staff to share information and to coordinate support for and approaches to working with youth. Staffing ratios should take into account the higher percentage of youth eligible for special education services residing in the DYS system, relative to schools in the state’s public education system.”

Educational achievement in DYS programs is measured through the Department’s performance management approach, C-Stat. Performance in this area has been improving over time. However, the problem described in this request is less about performance on this measure and primarily a function of ensuring students receive the services that ensure equal access to educational content as outlined in federal education statutes. Based upon the high percentage of special education students, these services represent a foundational element in DYS secure education programs and are critical in the long-term success of juveniles who are reintegrating into their communities.

Proposed Solution:

The Department requests $662,233 total funds/General Fund and 5.25 FTE in FY 2018-19 and $813,996 total funds/General Fund and 7.0 FTE in FY 2019-20 and on-going in order to provide the appropriate services to students based upon their I.E.P.

The requested funding would be used to increase the special education teacher to student ratio in DYS commitment State-operated facilities to 1:10. This can be accomplished with the addition of two special education teachers, one special education coordinator and one school psychologist. Table 1 depicts the current special education staff configuration at the three State-operated programs and two contractor-operated programs.

Table 1: Teacher, Coordinator and School Social Work Staff – Current and Proposed

	State-Operated					Contractor-Operated	
	State	Grand Mesa	Mount View	Zebulon Pike	TOTAL State FTE	Lookout Mountain	Platte Valley
Current FTE Special Education Staff Configuration							
Avg. Special Education Students		14	19	11		43	19
Special Education Teachers		.5	2.0	.5		2.5	1.75
Special Education Coordinators		.5	0	.5		1.0	.75
School Social Workers		0	0	0		0	0
Teacher to Student Ratio		1:21	1:9.5	1:16.5		1:17.2	1:10.8
Total FTE		1.0	2.0	1.0	**4.0**	3.5	2.5
Requested Special Education Teacher, Coordinator and Social Work FTE							
Special Education Teachers		1.0		1.0	2.0	1.0	
Special Education Coordinators			1.0		1.0		
School Social Workers		1.0	1.0	1.0	3.0	2.0	1.0
School Psychologist	1.0				1.0		
Total State FTE Requested					**7.0**	**Contracted Staff 4.0**	
Proposed FTE Special Education Staff Configuration							
Special Education Teachers		1.25	2.0	1.25		3.5	1.75
Special Education Coordinators		.75	1.0	.75		1.0	.75
School Social Workers		1.0	1.0	1.0		2.0	1.0
Total FTE		2.0	3.0	2.0		4.5	2.75
New Teacher to Student Ratio		1:11	1:8	1:9		1:12	1:10.8

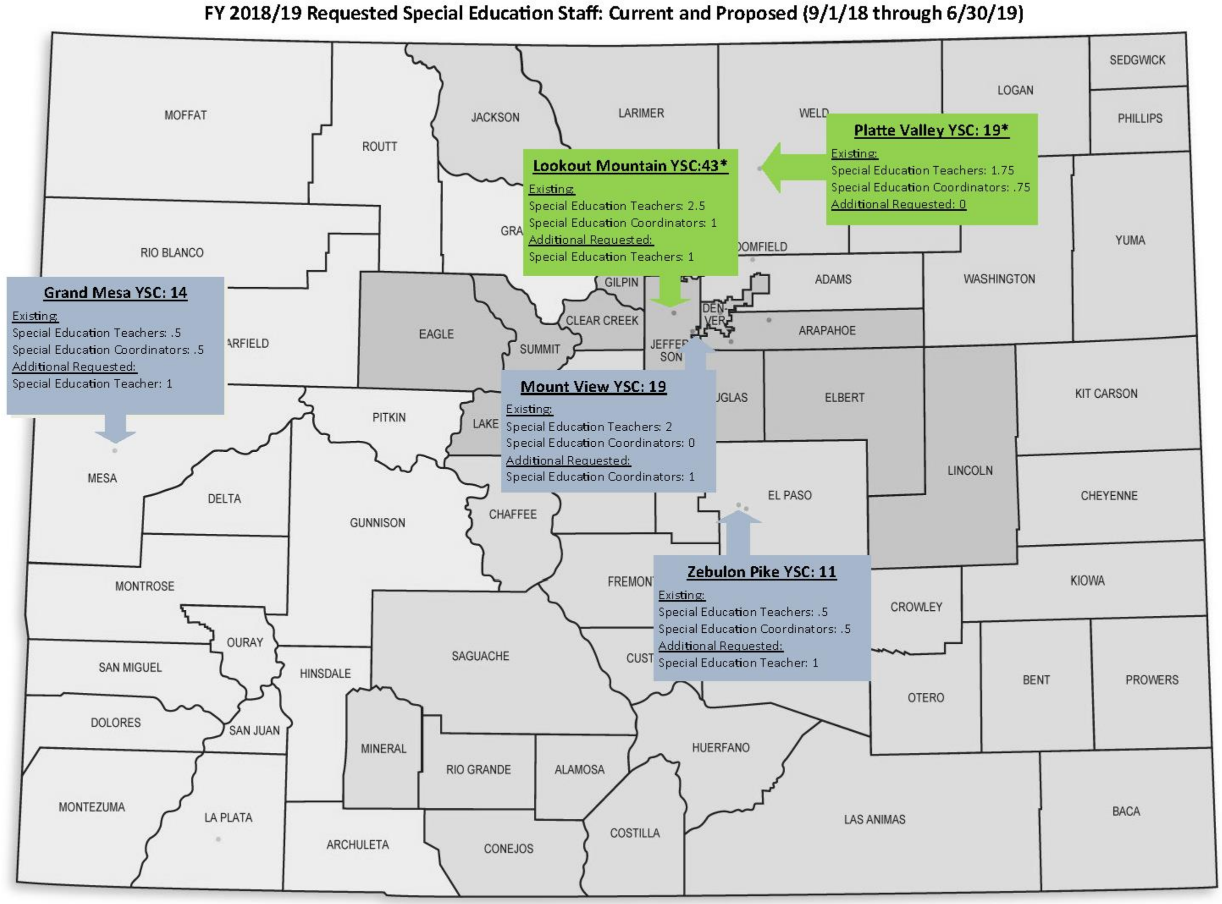
In addition, the Department is proposing 3.0 FTE school social workers for State-operated facilities and funding for the equivalent of 4.0 additional contracted staff for contractor operated education programs.

The addition of 1.0 FTE at Grand Mesa and Zebulon Pike allows for flexibility in the use of the special education coordinator position. When the facility has a higher number of special education students, the coordinator is able to provide services to ensure the ratio stays near 1:10.

The addition of 1.0 FTE school psychologist will provide all five of the education programs with support in the development of I.E.P.'s through testing and assessment. This support will ensure accuracy and appropriateness in interventions and diminish the potential for ineffective and inefficient effort.

The education program at the Lookout Mountain Youth Services Center is operated through contract. This program does not have the special education resources to function at the ratio of 1:10 special education teacher to student. This request includes funds to support the addition of 1.0 special education teacher to the contract. In addition, 2.0 school social worker positions are proposed to work with Lookout Mountain's approximately 140 committed males. The facilities in blue represent State-Operated education programs and those in green represent education programs provided by Contractor-Operated facilities. Special education teachers provide instructional services in the general education classroom and also with pull-out services. Special education coordinators are responsible for writing, updating, and monitoring I.E.P.s and I.E.P. goals through progress monitoring and data collection. Note: 1.0 FTE School Psychologist to serve Division-wide.

Colorado Department of Human Services, Division of Youth Services
FY 2018/19 Requested Special Education Staff: Current and Proposed (9/1/18 through 6/30/19)



<u>Special Education Teachers</u>

Special education teachers focus primarily on providing specially designed instruction to individual students identified with disabilities. Special education teachers will be able to increase the amount and types of best-practice approaches employed.

This includes:

- Teaching.

- Providing supports and services to ensure students meet I.E.P. goals.
- Facilitating related service providers (speech and language services).
- Co-teaching with general education teachers.
- On-going collection of individual student information to monitor learning progress in order to adjust teaching approaches for special education students.

<u>Special Education Coordinators</u>

Special education coordinators have expertise in special education law, procedures and best practices. The coordinator delivers training, consultation and support to all special education teachers to ensure that all students with disabilities have available to them, a free appropriate public education. They are responsible for:

- Acting as the point person for Special Education initial evaluations and re-evaluations and identification of students who are eligible for Special Education designation and services.
- Coordinating Child Find sites (identifying students who are multiple grade levels behind to determine if they are eligible for Special Education).
- Writing required reports based upon Special Education evaluations and re-evaluations.
- Working as a liaison with the parent (parents are a required member of the I.E.P. team per federal regulations).
- Communicating and collaborating with general education teachers on an on-going basis regarding accommodations, supports and services in the general education classroom.
- Gathering data on students to ensure they are making progress on I.E.P. goals.
- Providing formal academic assessment.
- Leading education team meetings to review student data, progress and ensure services meet student needs.
- Collecting, evaluating and interpreting academic and behavioral data.
- Attending Multi-Disciplinary Team Meetings for special education students.

<u>School Social Workers</u>

School social workers design and implement school based programs to promote a positive school climate. They are one of the few resources in schools for addressing personal and social problems that potentially inhibit a student’s ability to learn. Duties include:

- Conduct Functional Behavioral Assessments for students.
- Develop Behavioral Intervention Plans (BIP) for students.
- Provide direct services in the classroom or during school hours reflective of the BIP.
- Collaborate with facility staff in the development and implementation of behavioral plans.
- Responsible for the implementation of Multi-Tiered Systems of Support (MTSS) - working with teachers on a daily basis so that they effectively utilize use interventions and understand the impacts of student behaviors on short- and long-term academic growth.
- Collaborate with facility behavioral health staff to ensure school interventions are congruent with facility-based interventions.
- Crisis intervention.

- Facilitate restorative justice practices in the classroom.
- Mediation between students or between students and teachers.
- Assist in co-teaching Affective Needs classes.

The allocation of School Social Workers is based upon:

- The School Social Work Association of America recommends a ratio of 1 school social worker per 250 students or one per building. This postulates a ratio commensurate with large high schools. The Department's request is based upon one per building or two on the Lookout Mountain Campus. The ratio also reflects a public school setting. Education programs in the Division of Youth Services have limited comparability to high schools in terms of youth with behavioral issues, limited academic achievement, mental health issues and the need for intervention for both general education and special education students.
- Smaller schools (Zeb Pike, Grand Mesa, Mount View) will require a 1.0 FTE to complete Functional Behavioral Assessments (FBA), Behavioral Intervention Plans (BIP), provide direct services to youth with an I.E.P., participate in each youth's treatment team, and coordinate behavior intervention plans with milieu social work/counselors.
- Geography also plays a role in the request for 6 school social workers (3.0 State FTE, 3.0 contracted staff). Zeb Pike is located in Colorado Springs, Grand Mesa in Grand Junction, Platte Valley in Greeley and Lookout Mountain and Mount View in the Denver Metro Area. Travel time would consume a portion of a school social worker assigned to multiple facilities across the State. Continuity of care would suffer as well as the impact of not having a social worker on site to address crisis situations that often occur during the school day.

If this request is not funded, the Department will continue to be out of compliance or almost out of compliance with a special education student's I.E.P.'s. The appropriate level of special education services affects a DYS committed youth's ability to succeed educationally. This situation puts the Department at risk for litigation under federal mandates identified in IDEA to provide special education services.

The Department has considered hiring dually-certified teachers, i.e. they can teach both general education and special education students. However, typically, this does not allow a special education teacher to fully and appropriately meet the instructional needs of special education students and limits the special education teacher's ability to provide other types of instruction, such as one-on-one instruction or small groups.

Anticipated Outcomes:

The Department anticipates that if this proposal is approved, DYS State-operated commitment education programs will be in a position to be fully compliant with all I.E.P.'s as demonstrated through yearly program audits. Compliance with I.E.P.s results in an elimination of liability for lawsuits based upon non-provision of services under the federal Individuals with Disabilities Education Act (I.D.E.A.). The ability to meet special education student needs also has an impact on their overall education achievement as well as long-term success. DYS facilities will also gain an important element in addressing the behavioral issues of both general education and special education students. This addition will support a safe classroom environment, assisting teachers in using appropriate responses to behavioral issues. The Department currently measures educational attainment through the C-Stat process and long-term success through the annual recidivism report submitted to the General Assembly.

Assumptions and Calculations:

FTE calculations for State FTE are shown in Attachment A and details on calculating contract staff costs are shown in Attachment B.

The implementation and hiring plan, and resulting FTE calculation are shown in Table 2:

Table 2: Hiring Plan for State FTE

Special Education Teachers				Special Education Coordinator			School Psychologist			Social Worker			FY2018-19 Total FTE
Hire month	Staff	Months	Total Months	Staff	Months	Total Months	Staff	Months	Total Months	Staff	Months	Total Months	
Sept	2	9	18	1	9	9	1	9	9	3	9	27	
		total months	18			9			9			27	
		divided by 12											
		FTE Equiv.	**1.5**			**0.75**			**0.75**			**2.25**	**5.25**

Special Education Teachers Deployed at:		Special Education Coordinator Deployed at:		School Psychologist Deployed at:		Social Worker Deployed at:		
Zeb Pike	1	Mount View	1	Division-Wide	1	Zeb Pike	1	
Grand Mesa	1					Grand Mesa	1	
						Mount View	1	
Assuming Hires for Contracted Programs will begin September 1st						Assuming Hires for Contracted Programs will begin September 1st		
Benefiting facilities:						Benefiting Facilites:		
Lookout Mountain						Lookout Mountain	2	
						Platte Valley	1	

The Department is planning to start these positions on September 1, 2018. If funded, the Department will have May-September to develop Position Descriptions and job announcements, post the positions and hire the staff. This time frame should be adequate to ensuring hiring occurs as planned.

Table 3 combines the cost of FTE and the cost of contract increases for the additional scope of work requested for special education resources.

Table 3: Special Education Staffing- State FTE and Contracted Resources Combined

	FY 2018-19			FY 2019-20		
	State Operated	Contracted Programs	Total	State Operated	Contracted Programs	Total
State FTE	5.25		5.25	7.0		7.0
Contracted Resources		3.0 *	3.0 *		4.0*	4.0*
Amount	$440,541	$221,692	$662,233	$543,492	$270,504	$813,996

Rate for contracted FTE at same classification and benefits as State FTE positions
* Not State FTE

Table 4 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 4: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21

Line Item: (1) Executive Director's Office, Health, Life and Dental	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$41,618	$41,618	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,668,363**	**$25,511,206**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$13,873	$13,873	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,682,235**	**$25,525,078**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,682,235**	**$25,525,078**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$563	$563	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$415,720**	**$281,054**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$188	$188	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$415,908**	**$281,242**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,908**	**$281,242**	**$13,979**	**$74,685**	**$46,002**	**0.0**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$14,821	$14,821	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,270,496**	**$7,618,957**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$4,940	$4,940	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,275,436**	**$7,623,897**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,275,436**	**$7,623,897**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Table 4 (continued)

Table 4: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$14,821	$14,821	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,270,496**	**$7,618,957**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$4,940	$4,940	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,275,436**	**$7,623,897**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,275,436**	**$7,623,897**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: 11)B) Institutional Programs Education	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$6,338,509	$5,990,917	$0	$347,592	$0	34.8
Requested Funding (or Spending Authority)	$590,410	$590,410	$0	$0	$0	5.3
FY 2018-19 Total Requested Appropriation	**$6,928,919**	**$6,581,327**	**$0**	**$347,592**	**$0**	**40.1**
FY 2019-20 Annualization of Prior Year Funding	$127,823	$127,823	$0	$0	$0	1.8
FY 2019-2020 Total Requested Appropriation	**$7,056,742**	**$6,709,150**	**$0**	**$347,592**	**$0**	**41.8**
FY 2020-2021 Total Requested Appropriation	**$7,056,742**	**$6,709,150**	**$0**	**$347,592**	**$0**	**41.8**

Attachment A: State FTE Calculations

Expenditure Detail			FY 2018-19		FY 2019-20	
Personal Services:						
Position 1	Class Code	Monthly Salary	FTE		FTE	
State Teacher II	H7A2	$ 5,115	0.75	46,035	1.0	61,380
PERA				4,673		6,230
AED				2,302		3,069
SAED				2,302		3,069
Medicare				668		890
STD				87		117
Health-Life-Dental				5,945		7,927
Subtotal Position 1			**0.8**	**$ 62,012**	**1.0**	**$ 82,682**
Position 2	Class Code	Monthly Salary	FTE		FTE	
State Teacher I	H7A1	$ 4,426	1.5	79,668	2.0	106,224
PERA				8,086		10,782
AED				3,983		5,311
SAED				3,983		5,311
Medicare				1,155		1,540
STD				151		202
Health-Life-Dental				11,891		15,854
Subtotal Position 2			**1.5**	**$ 108,917**	**2.0**	**$ 145,224**
Position 3	Class Code	Monthly Salary	FTE		FTE	
Psychologist I	C4M2	$ 5,835	0.75	52,515	1.0	70,020
PERA				5,330		7,107
AED				2,626		3,501
SAED				2,626		3,501
Medicare				761		1,015
STD				100		133
Health-Life-Dental				5,945		7,927
Subtotal Position 3			**0.8**	**$ 69,903**	**1.0**	**$ 93,204**
Position 4	Class Code	Monthly Salary	FTE		FTE	
Social work/Counselor III	C4L3	$ 4,378	2.25	118,206	3.0	157,608
PERA				11,998		15,997
AED				5,910		7,880
SAED				5,910		7,880
Medicare				1,714		2,285
STD				225		299
Health-Life-Dental				17,836		23,782
Subtotal Position 4			**2.3**	**$ 161,799**	**3.0**	**$ 215,731**
Totals						
Salary				296,424		395,232
PERA				30,087		40,116
AED				14,821		19,761
SAED				14,821		19,761
Medicare				4,298		5,730
STD				563		751
Health-Life-Dental				41,618		55,490
Subtotal Personal Services			**5.25**	**$ 402,632**	**7.0**	**$ 536,841**
Operating Expenses						
Regular FTE Operating Expenses		$500	5.25	2,625	7.0	3,500
Telephone Expenses		$450	5.25	2,363	7.0	3,150
PC, One-Time		$1,230	7.00	8,610	-	-
Office Furniture, One-Time		$3,473	7.00	24,311	-	-
Subtotal Operating Expenses				**$ 37,909**		**$ 6,650**
TOTAL REQUEST			5.3	**$ 440,541**	7.0	**$ 543,492**

Attachment B: Details on Calculating Contract Staff cost

Expenditure Detail			FY 2018-19		FY 2019-20	
Personal Services:						
Position 1	Class Code	Monthly Salary	FTE		FTE	
State Teacher II	H7A2	$ 5,115	0.75	46,035	1.0	61,380
PERA				4,673		6,230
AED				2,302		3,069
SAED				2,302		3,069
Medicare				668		890
STD				87		117
Health-Life-Dental				5,945		7,927
Subtotal Position 1			**0.8**	**$ 62,012**	**1.0**	**$ 82,682**
Position 2	Class Code	Monthly Salary	FTE		FTE	
Social work/Counselor III	C4L3	$ 4,378	2.25	118,206	3.0	157,608
PERA				11,998		15,997
AED				5,910		7,880
SAED				5,910		7,880
Medicare				1,714		2,285
STD				225		299
Health-Life-Dental				17,836		23,782
Subtotal Position 2			**2.3**	**$ 161,799**	**3.0**	**$ 215,731**
Totals						
Salary				164,241		218,988
PERA				16,671		22,227
AED				8,212		10,949
SAED				8,212		10,949
Medicare				2,382		3,175
STD				312		416
Health-Life-Dental				-		-
Subtotal Personal Services			**3.00**	**$ 200,030**	**4.0**	**$ 266,704**
Operating Expenses						
Regular FTE Operating Expenses		$500	3.00	1,500	4.0	2,000
Telephone Expenses		$450	3.00	1,350	4.0	1,800
PC, One-Time		$1,230	4.00	4,920	-	-
Office Furniture, One-Time		$3,473	4.00	13,892	-	-
Subtotal Operating Expenses				**$ 21,662**		**$ 3,800**
TOTAL REQUEST			3.0	**$ 221,692**	4.0	**$ 270,504**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-04 County Child Welfare Staff - Phase 4

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$21,846,554	$0	$21,520,632	$6,125,404	$5,725,404
	FTE	7.0	0.0	7.0	0.0	0.0
	GF	$17,226,503	$0	$16,929,723	$1,898,957	$1,606,957
	CF	$1,590,214	$0	$1,556,805	$612,540	$572,540
	RF	$0	$0	$0	$0	$0
	FF	$3,029,837	$0	$3,034,104	$3,613,907	$3,545,907

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
05. Division of Child Welfare -- Training	Total	$6,561,539	$0	$6,570,617	$88,800	$88,800
	FTE	7.0	0.0	7.0	0.0	0.0
	GF	$3,514,376	$0	$3,519,096	$64,824	$64,824
	CF	$43,191	$0	$43,282	$8,880	$8,880
	RF	$0	$0	$0	$0	$0
	FF	$3,003,972	$0	$3,008,239	$15,096	$15,096
05. Division of Child Welfare -- County Child Welfare Staffing	Total	$15,285,015	$0	$14,950,015	$6,036,604	$5,636,604
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$13,712,127	$0	$13,410,627	$1,834,133	$1,542,133
	CF	$1,547,023	$0	$1,513,523	$603,660	$563,660
	RF	$0	$0	$0	$0	$0
	FF	$25,865	$0	$25,865	$3,598,811	$3,530,811

CF Letternote Text Revision Required?	Yes		No	X	**If Yes, see schedule 4 fund source detail.**
RF Letternote Text Revision Required?	Yes		No	X	
FF Letternote Text Revision Required?	Yes	X	No		
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 of Human Services requests $6,125,404 total funds ($1,898,957 General Fund, $612,540 cash funds and $3,613,907 federal funds) for FY 2018-19; and $5,725,404 total funds ($1,606,957 General Fund, $572,540 cash funds and $3,545,907 federal funds) in FY 2019-20 and beyond to increase county child welfare staffing to promote children and youth safety.
- This request represents a 40% increase over the FY 2017-18 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 Office of the State Auditor (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, 84.25 in FY 2016-17, and 66 in FY 2017-18, the current staffing level does not meet the current workload for Colorado child welfare case workers and supervisors.
- Increased staffing allows county child welfare case 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 affects the ability of county staff 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 $6,125,404 total funds as the fourth 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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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-04***
Request Detail: ***County Child Welfare Staff – Phase 4***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund	Cash Funds	Federal Funds
County Child Welfare Staff – Phase 4	$6,125,404	0.0	$1,898,957	$612,540	$3,613,907
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**	**Cash Funds**	**Federal Fund**
County Child Welfare Staff – Phase 4	$5,725,404	0.0	$1,606,957	$572,540	$3,545,907

Problem or Opportunity:

The Department of Human Services requests $6,125,404 total funds ($1,898,957 General Fund, $612,540 cash funds, and $3,613,907 federal funds) for FY 2018-19; and $5,725,404 total funds ($1,606,957 General Fund, $572,540 cash funds, and $3,545,907 federal funds) in FY 2019-20 and beyond to increase county staffing in response to a workload study performed by the Colorado Office of the State Auditor (OSA) in August 2014. The cash funds are local matching funds. The federal funds are from Title IV-E of the Social Security Act.

Additional County Child Welfare Staff

This is Phase 4 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 510 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. In FY 2017-18 additional funds of $4,087,561 total funds ($3,676,625 General Fund and $408,756 cash funds, and $2,180 federal funds) were appropriated to annualize funding provided in FY 2016-17 and for Phase 3 of the additional county staff in FY 2017-18.

While 100 county child welfare positions were made available in the first phase of increasing county staffing levels, 84.25 additional county child welfare positions in the second phase, and 66 additional county child welfare positions in the third 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 accepting and screening referrals, conducting assessments, 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 child welfare case workers are working, on average, 44.6 hours per week while child welfare 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 child welfare staff. The high volume of screenings contributes to a county child welfare 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 child welfare case workers and supervisors manage more cases than compared to the national average and there were few differences between urban and rural counties. Overall, child welfare case workers reported that the volume of work can have a significant impact on child welfare 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 child welfare case 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 child welfare supervisor has to dedicate time to case work, and is unable to provide support, mentoring and guidance to staff.

The OSA workload study recommended the counties increase staffing by 610 FTE. Table 1 below shows how the FTE have been allocated to the counties through the first two three phases of funding.

Table 1: County FTE through April 1, 2017

COUNTY	Actual Staffing Levels As Of April 1, 2017	New Hires From Child Welfare Block as of April 1, 2017	New FTE authorized by SB15-242
Adams	242	0	35.5
Alamosa	25	2	2
Arapahoe	189	1	33.75
Archuleta	9.5	0	1
Baca	7.25	0	2.25
Bent	5.25	1	1
Boulder	103.75	0	5
Broomfield	20.25	1.5	1
Chaffee	8.25	1	1
Cheyenne	2	0	0
Clear Creek	5	1	1
Conejos	5.5	0	1.75
Costilla	2	0	1
Crowley	3	0	1
Custer	2	0	0
Delta	12	1.25	2.5
Denver	300	74	43
Dolores	2.5	0	0.5
Douglas	39	4.5	9.75
Eagle	11	0	1
El Paso	272	3	40
Elbert	7.25	1.5	1
Fremont	37.25	0	2.25
Garfield	27.5	1	0.75
Gilpin	4	0	1
Grand	3.5	0	0
Gunnison	6.5	0.25	0
Hinsdale	0	0	0
Huerfano	7.5	0	1

Table 1: County FTE through April 1, 2017			
COUNTY	**Actual Staffing Levels As Of April 1, 2017**	**New Hires From Child Welfare Block as of April 1, 2017**	**New FTE authorized by SB15-242**
Jackson	0	0	0
Jefferson	153.25	4.5	22.75
Kiowa	4.5	0	1.5
Kit Carson	10	0	0
La Plata	26	1.5	1
Lake	6.25	0	0
Larimer	125	9.5	8.25
Las Animas	10.5	0	1
Lincoln	5.25	0	0
Logan	21	0	1
Mesa	86	4	13
Mineral	0	0	0.25
Moffat	10.25	0	1
Montezuma	13	0	0
Montrose	18	3	3
Morgan	21	0	0.5
Otero	9.5	1.5	0
Ouray	1	0	0
Park	4.75	0	0
Phillips	2	0	0
Pitkin	5	0	1
Prowers	10.5	0	1
Pueblo	102	11	5.25
Rio Blanco	3.25	0	0
Rio Grande	9.75	0	1.25
Routt	4.5	0	0
Saguache	8	0	1
San Juan	0	0	0
San Miguel	0.75	0	0
Sedgwick	4	0	0
Summit	7.25	0	0
Teller	14	1	0
Washington	5	1	1
Weld	78	0	10.75
Yuma	5.5	0	1
Statewide	2,144.5	130	265.5

Table 2 shows funding received and future needs based on the findings identified from the workload and caseload studies. It also shows the funding splits if Colorado was not in a Title IV-E Waiver for all phases of funding compared to the amount earned while being in the Waiver. Since the Waiver ends in FY 2017-18, all funding has to be adjusted to the amount of federal funding Colorado can earn. This request includes this adjustment.

Table 2: 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)	84.25
FY 2017-18 **	$3,739,367	$3,366,707	$374,193	($1,533)	66.0
SUM	$15,285,015	$13,712,127	$1,547,023	$25,865	250.25
Actual Fund Splits After Title IV-E Waiver Ends	$15,285,015	$11,158,061	$1,528,502	$2,598,453	251.25
Appropriation vs Actual Earnings	$0	($2,554,066)	($18,522)	$2,572,588	
FY 2018-19 (requested)	$6,125,404	$1,898,957	$612,540	$3,613,907	100.00
Remaining Cost and Positions *	$16,999,693	$12,409,776	$1,699,969	$2,889,948	258.8
Total Funding for Recommended Need	$38,410,112	$28,020,860	$3,859,533	$6,529,720	610.0
** Federal participation will shift after the Title IV-E Waiver has ended in FY 2017-18.*					
*** Future years include one-time costs, and total cost is based on estimates from counties receiving funding in FY 2016-17.*					

Colorado is continuing to face challenges in providing adequate services to children in need. Child population has increased by more than 1% year over year from 2013 through 2016. Total referrals and referrals accepted for assessment have increased substantially year over year. Charts 1-3 show results of C-Stat Measures relating to this challenge.

Chart 1: Timeliness of Initial Response to Abuse/Neglect Assessments

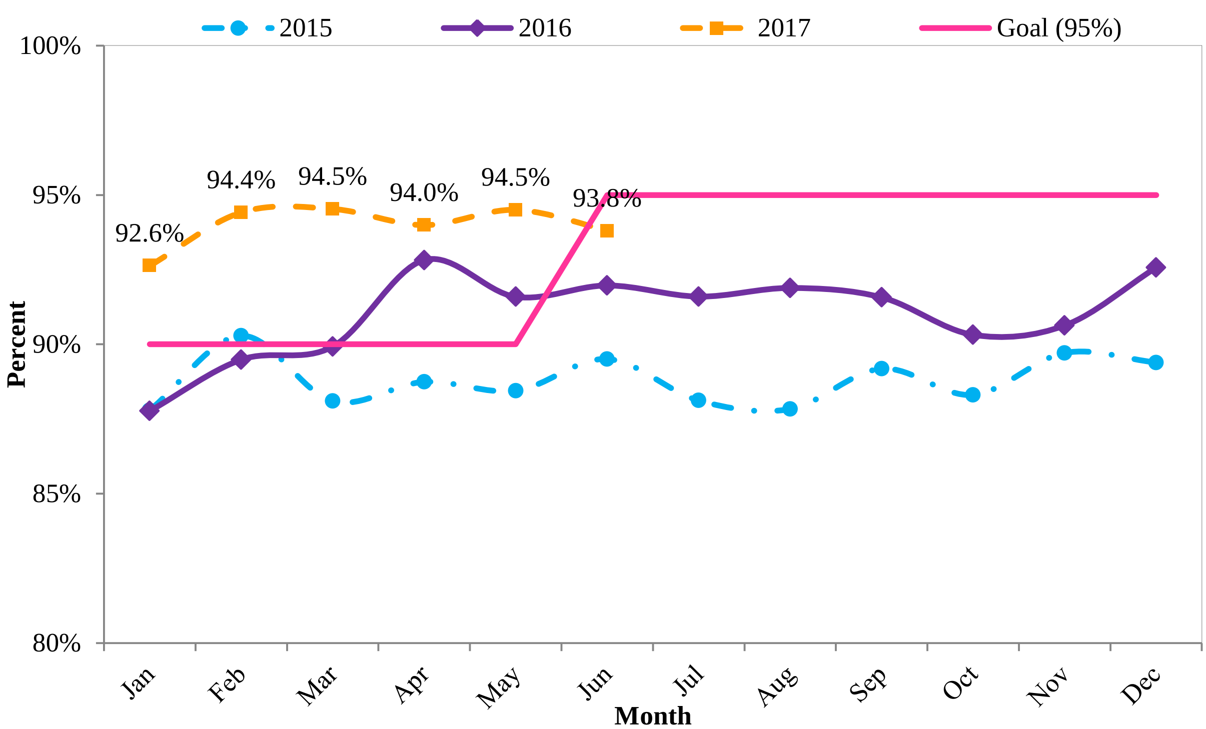


Chart 2: Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure

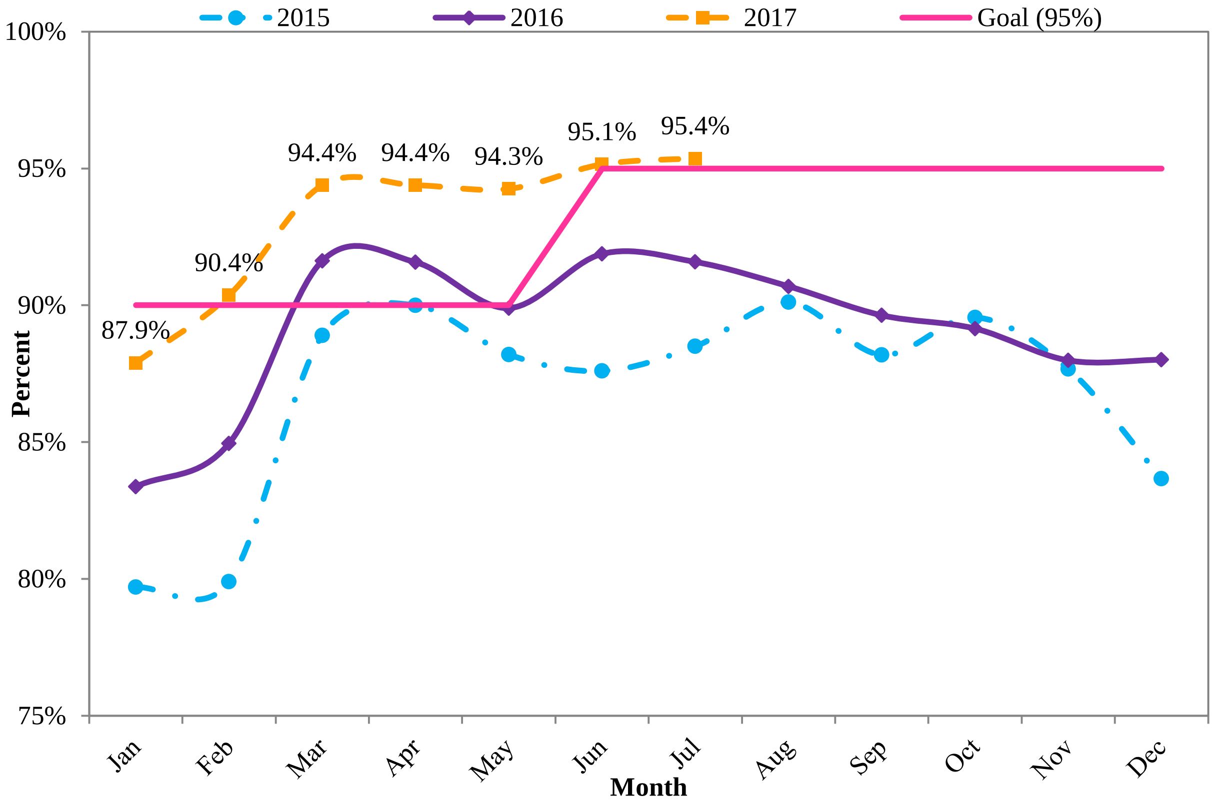


Chart 3: Maltreatment in Out-of-Home Care

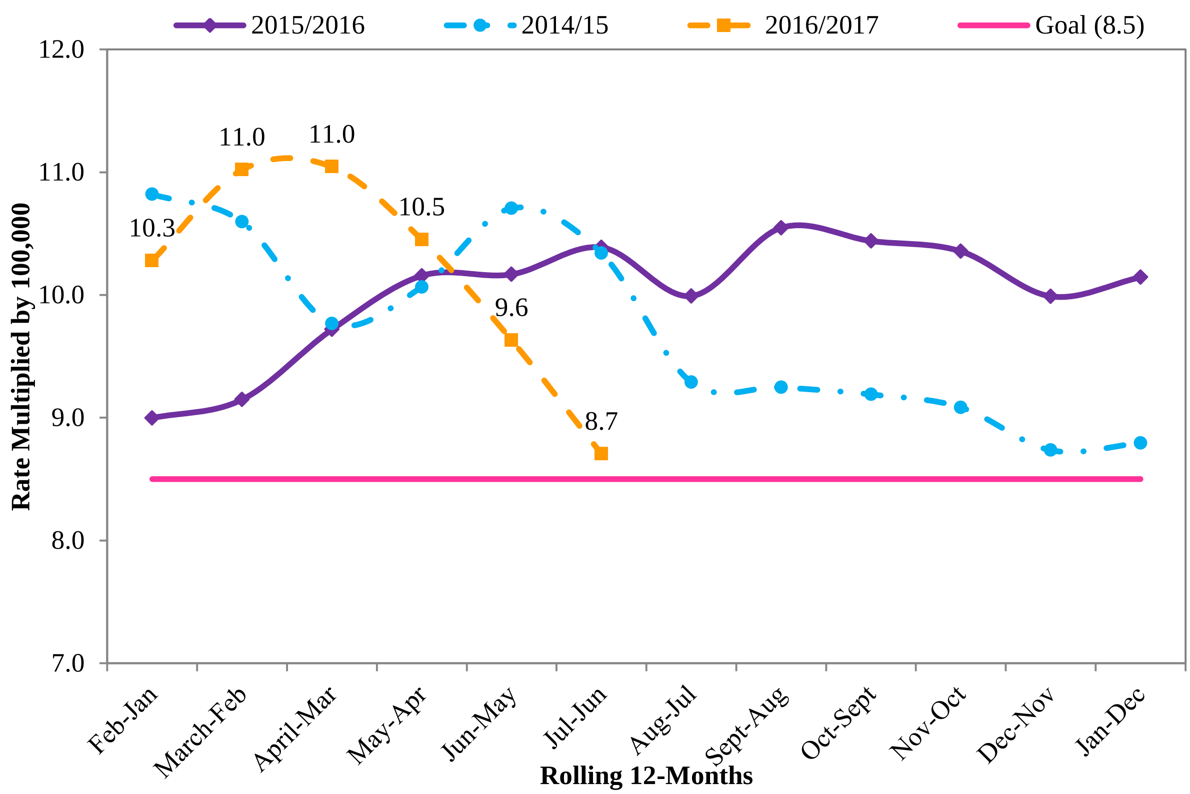
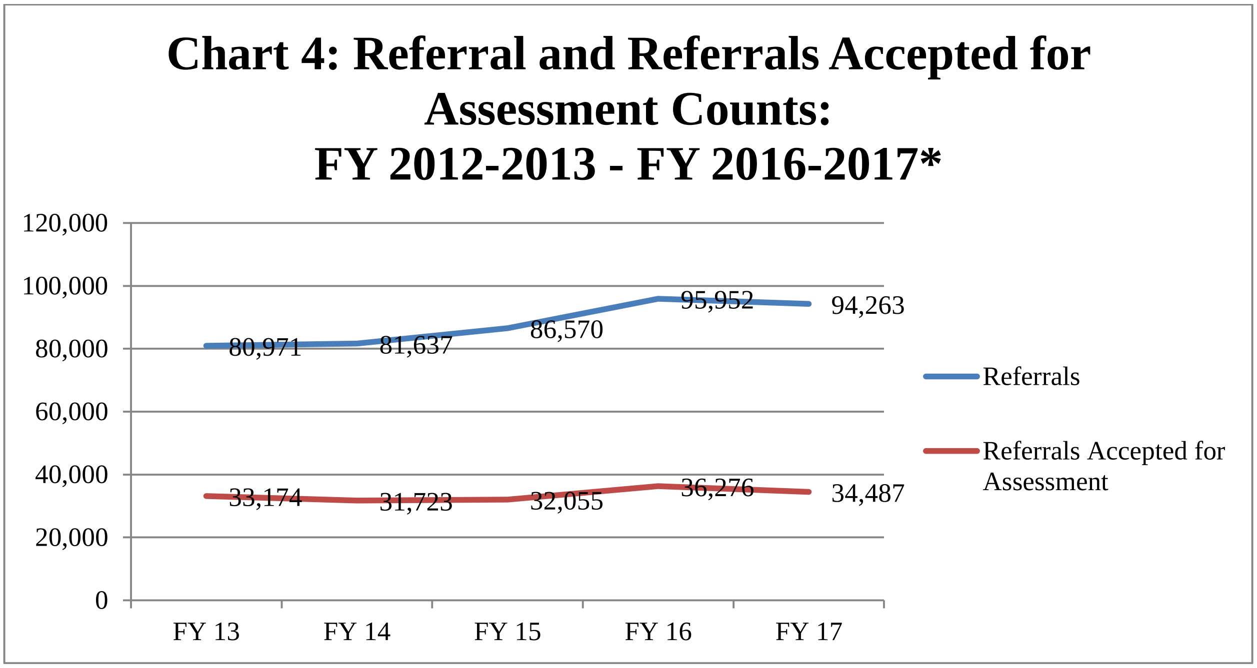


Chart 4 shows the significant increase in referrals counties have received since the workload study was completed by the OSA.



* FY 2017 is from July 1, 2016 – May 31, 2017

The increase in population and referrals are impacting Colorado's workload and contributing to Colorado's struggle with meeting federal outcomes. Even though Colorado has funded 184.25 county child welfare staff in FY 2014-15 and FY 2015-16, and an additional 66 county child welfare staff to be added in FY 2016-17, more staff are needed in order to improve child well-being, child welfare services and educational outcomes for Colorado's children.

The federal well-being outcomes data included in the Department's 2017 Annual Progress and Services Report (APSR) show unfavorable performance in all three federal well-being outcome areas. The 2017 APSR was submitted to the Administration for Children and Families (ACF) on June 30, 2016, and CDHS received notification from the ACF on December 28, 2016, that the 2017 APSR was approved. 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 2016 did not meet federal goals in 5 of the 8 data points comprising the outcome. As an example, Colorado's FFY 2016 performance in the Worker Visits with Child (Quality of Visits) data point is 75.8% and the federal goal is 95%. This data point is used to evaluate if the quality of contacts with child/youth is sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals. An important factor that impacts the 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. Table 3 shows the federal goals with the state's performance for each data point in outcome 1.

Table 3: Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Measure	CFSP Goal	FFY 2014 Performance	FFY 2015 Performance	FFY 2016 Performance
Face to Face Contacts: % of visits completed timely	95%	93.8%	95.2%	95.2%
Face to Face Contacts: % of visits completed in child's residence	50%	86.3%	86.5%	85.0%
Worker Visits with Child (Frequency of Visits): In what percent of cases did agency personnel have contact with the child every month?	95%	89.2%	87%	88.1%
Worker Visits with Child (Quality of Visits): Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	95%	76.7%	78.5%	75.8%
Was the OOH provider engaged in case planning during the review period?	95%	99.7%	99.7%	99.5%
Was the child/youth engaged in case planning during the review period?	99.9%	99.7%	99.7%	99.6%
Was the mother/guardian/kin engaged in case planning during the review period?	96.4%*	96.5%	95.8%	93.6%
Was the father/guardian/kin engaged in case planning during the review period?	85.8%*	90.6%	89.8%	82.9%
Was the other legal guardian engaged in case planning during the review period?	N/A	N/A	N/A	90.0%

** The CFSP's goal for engagement of parents increases by 5% every year. These reflect FFY 2016 goals.*

- **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 the goal. The goal for this outcome is to provide educational stability for the child during the review period. 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. Table 4 shows the federal goal for this outcome and the state's performance.

Table 4: Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Measure	CFSP Goal	FFY 2014 Performance	FFY 2015 Performance	FFY 2016 Performance
Was educational stability provided for the child during the review period?	95%	66.5%	63%	57.5%

- **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 did not meet any of the four measures. 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. Table 5 shows the federal goals for this outcome and the state's performance in each category.

Table 5: Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				
Measure	CFSP Goal	FFY 2014 Performance	FFY 2015 Performance	FFY 2016 Performance
Did the child/youth receive a medical exam or medical screening, or was a medical exam scheduled within two weeks of initial placement?	69.2%*	65.8%	64.2%	61.7%
Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of the initial placement?	73.8%*	74.0%	68.8%	65.4%
Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs?	95%	80.0%	75.3%	81.3%
Were mental health services provided to meet the child/youth's needs during the review period?	95%	72.5%	73.1%	66.3%

** The CFSP goal is to achieve a 5% increase by 2018. Baseline is based on FFY 2015 data.*

Proposed Solution:

The Department of Human Services requests $6,125,404 total funds ($1,898,957 General Fund, $612,540 cash funds, and $3,613,907federal funds) for FY 2018-19; and $5,725,404 total funds ($1,606,957General Fund, $572,540 cash funds, and $3,545,907 federal funds) in FY 2019-20 and beyond to increase county to promote safety for children and youth.

Under the current Child Welfare infrastructure, the Department estimates that it would take two to 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 recommends increasing the workforce by approximately 100 FTE in FY 2018-19. 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 and improving federal outcomes.

If this Phase 4 funding request is not approved, the county departments will continue to not meet the federal guidelines while seeing continuous high caseworker 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. The Department received a study from Colorado State University Social Work Research Center, Applied Research in Child Welfare (ARCH) Project, on Caseworker Retention. One intent of the study was an attempt to quantify turnover trends among case-carrying caseworkers in Colorado. The data is restricted to the Ten Largest Counties (TLC) with the addition of Douglas County. According to the study, the overall turnover rate decreased in 2015 to 28.1% from 32.0% in 2014 after the first wave of funding was provided to the counties for additional staff. Additionally, external turnover (caseworkers that are leaving the profession/industry completely) reduced to 22.6% in 2015 from 26.3% in 2014. This reduction in turnover has resulted in a higher level of continuity within the continuum of care in child welfare support and services.

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 child welfare case workers, supervisors, and case aides. Case aides are able to assist with family visitation, filing, transcription, and transportation of children and family.

Additional child welfare 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 three years 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 6 shows a comparison of C-Stat Safety Measure results over time (Source: Results Oriented Management (ROM), May 1, 2017).

Table 6: Comparison of C-Stat Safety Measures

Measure	C-Stat Goal	JULY 2015	JULY 2016	FEBRUARY 2017
Timeliness of Initial Response to Abuse/Neglect Assessments	90%	89.80%	92.00%	93.90%
Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure	90%	89.10%	91.60%	90.40%

Assumptions and Calculations:

An assumption was made that Colorado will not be granted a one-year extension of the Title IV-E Waiver. As such, all county child welfare case worker positions are eligible to earn a historical 17 percent Title IV-

E federal match. All prior year fiscal year appropriations are adjusted to reflect this change. There is $2,572,588 in federal funding the Department would have earned had the IV-E Waiver not been in place. The calculations in this request reflect capturing the federal funds that were unearned in the first three phases because of the IV-E Waiver.

Table 7 provides a line item summary of the request.

Table 7: Long Bill Appropriation and Requested Funding for FY 2018-19 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**	**Notes**
FY 2017-18 Appropriation (SB 17-254)	$15,285,015	$13,712,127	$1,547,023	$0	$25,865	
Requested Funding (or Spending Authority)	$6,036,604	$4,406,721	$603,660	$0	$1,026,223	Shown on Schedule 13
Requested Funding (Federal funds adjustment for end of Waiver)	$0	($2,572,588)	$0	$0	$2,572,588	Shown on Schedule 13
FY 2018-2019 Total Requested Funding	$6,036,604	$1,834,133	$603,660	$0	$3,598,811	
FY 2018-2019 Total Requested Appropriation	**$21,321,619**	**$15,546,260**	**$2,150,683**	**$0**	**$3,624,675**	
FY 2019-20 Annualization of Prior Year Funding	($400,000)	($292,000)	($40,000)	$0	($68,000)	Shown on Schedule 13
FY 2019-20 Total Requested Appropriation	**$20,921,619**	**$15,254,260**	**$2,110,683**	**$0**	**$3,556,675**	
Line Item: (5) Division of Child Welfare, Training	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Notes**
FY 2017-18 Appropriation (SB 17-254)	$6,561,539	$3,514,376	$43,191	$0	$3,003,972	
Requested Funding (or Spending Authority)	$88,800	$64,824	$8,880	$0	$15,096	Shown on Schedule 13
FY 2018-19 Total Requested Appropriation	**$6,650,339**	**$3,579,200**	**$52,071**	**$0**	**$3,019,068**	
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	Shown on Schedule 13
FY 2019-20 Total Requested Appropriation	**$6,650,339**	**$3,579,200**	**$52,071**	**$0**	**$3,019,068**	

In Colorado, counties are responsible for approximately twenty (20%) percent of the cost of child welfare services, with state and federal share making up the remaining eighty (80%) 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. (2017), is funded at one hundred (100%) 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 for funding the prior three phases (FY 2015-16, FY 2016-17 and FY 2017-18) and this request represents the same 90/10 split.

Tables 8 and 9 on the following page summarize the cost of the county staff for FY 2018-19 and ongoing. Salaries are based off of the same figures used to fund the first three phases. Training costs have remained the same at $1,000 for case workers and $550 for supervisors.

The Title IV-E Waiver ends June 30, 2018. Tables 8 and 9 also show the adjustment between General Fund and federal funds in FY 2018-19. The adjustment is made on the total line item funding since the Waiver was in effect since this appropriation was first granted in FY 2015-16.

	Table 8:	Department Request - County Staffing Costs FY 2018-19					
	Number of staff	Salaries and Ongoing Expenses	One-time Expenses	Total Cost	General Fund	Cash Funds	Federal Funds
Supervisors	16	$ 1,109,728	$ 80,000	$ 1,189,728	$ 868,501	$ 118,973	$ 202,254
Caseworkers and Case Aides	84	$ 4,426,876	$ 420,000	$ 4,846,876	$ 3,538,219	$ 484,688	$ 823,969
Training Costs*	96	$ 88,800	$ -	$ 88,800	$ 64,824	$ 8,880	$ 15,096
Total FY 2018-19 Request	100	$ 5,625,404	$ 500,000	$ 6,125,404	$ 4,471,545	$ 612,540	$ 1,041,319
IV-E Federal Funds Shift					$ (2,572,588)		$ 2,572,588
Total FY 2018-19 Request (After IV-E Fund Shift)		$ 5,625,404	$ 500,000	$ 6,125,404	$ 1,898,957	$ 612,540	$ 3,613,907

*Case Aides incur $0 Training Cost, which is why Number of Staff is 96. Training cost is $550/supervisor and $1000/caseworker.

	Table 9:	Department Request - County Staffing Costs FY 2019-20				
	Number of staff	Salaries and Ongoing Expenses	Total Cost	General Fund	Cash Funds	Federal Funds
Supervisors	16	$ 1,125,728	$ 1,125,728	$ 821,781	$ 112,573	$ 191,374
Caseworkers and Case Aides	84	$ 4,510,876	$ 4,510,876	$ 3,292,939	$ 451,088	$ 766,849
Training Costs*	96	$ 88,800	$ 88,800	$ 64,824	$ 8,880	$ 15,096
Total FY 2019-20 Request	100	$ 5,725,404	$ 5,725,404	$ 4,179,545	$ 572,540	$ 973,319
IV-E Federal Funds Shift				$ (2,572,588)		$ 2,572,588
Total FY 2019-20 Request (After IV-E Fund Shift)	100	$ 5,725,404	$ 5,725,404	$ 1,606,957	$ 572,540	$ 3,545,907

*Case Aides incur $0 Training Cost, which is why Number of Staff is 96. Training cost is $550/supervisor and $1000/caseworker.

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-05a, Jail-based Bed Space

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$64,709,854	$0	$64,819,670	$7,398,658	$7,385,123
	FTE	3.0	2.0	3.0	3.3	3.0
	GF	$47,114,953	$0	$47,188,106	$7,398,658	$7,385,123
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$23,781	$23,781
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$23,781	$23,781
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$386	$386
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$386	$386
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0

	Total	$11,255,675	$0	$11,273,476	$10,182	$10,182
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$10,182	$10,182
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	$11,255,675	$0	$11,273,476	$10,182	$10,182
01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$10,182	$10,182
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	$6,156,602	$1,910,167	$6,166,723	$7,354,127	$7,340,592
08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Jail-based Competency Restoration Program	FTE	3.0	2.0	3.0	3.3	3.0
	GF	$6,156,602	$1,910,167	$6,166,723	$7,354,127	$7,340,592
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Requirec Yes ____ No X **If Yes, see schedule 4 fund source detail.**
RF Letternote Text Revision Requirec Yes ____ No X
FF Letternote Text Revision Requirec Yes ____ No X

Requires Legislation? Yes ____ No X

Type of Request? Department of Human Services Prioritized Request

Interagency Approval or Related Schedule None

Cost and FTE

- The Department requests $7,398,658 total funds/General Fund and 3.3 FTE in FY 2018-19 and $7,385,123 total funds/General Fund and 3.0 in FY 2019-20 and on-going to create bed space through an additional 62-bed Jail-based Competency Restoration Program, to manage the projected increase in court orders for competency evaluations and restoration to competency treatment.
- This is a net 160% change in FY 2018-19 over the FY 2017-18 appropriation.

Current Program

- Courts order inpatient competency evaluations and restoration treatments that psychiatrists or psychologists conduct at the Colorado Mental Health Institute at Pueblo (CMHIP) or in a jail-based setting.
- The Jail-based Competency Restoration Program provides restoration to competency services to pretrial detainees in a jail-based setting instead of in a State Mental Health Institute to help reduce the wait time for restoration and evaluation services.

Problem or Opportunity

- The Department is projecting an additional need of 92 beds in FY 2018-19 and 141 beds in FY 2019-20. This projected bed need was calculated based on the average change in referrals over the past two fiscal years, which is higher than originally anticipated.
- The Department is legally required to adhere to the settlement agreement filed in federal district court that requires that "the Department shall offer admission to pretrial detainees to the hospital for restorative treatment or inpatient competency evaluations no later than 28 days after the pretrial detainee is ready for admission."
- The Department does not have sufficient psychologist staff or bed capacity to meet the rising demand for court ordered inpatient competency evaluations and restoration to competency services.

Consequences of Problem

- If the problem is not addressed, the Department is at risk of violating the terms of the settlement agreement in the Center for Legal Advocacy d/b/a The Legal Center for People with Disabilities and Older People v. Reggie Bicha and Teresa A. Bernal lawsuit and could be at risk for further legal action regarding admissions wait times.

Proposed Solution

- The Department requests $7,398,658 total funds/General Fund and 3.3 FTE in FY 2018-19 and $7,385,123 total funds/General Fund and 3.0 in FY 2019-20 and on-going to create bed space through an additional 62-bed Jail-based Competency Restoration Program allowing pretrial detainees to be served in a jail-based inpatient setting.
- This will expend the Department's inpatient bed space for competency evaluations and restoration to competency services.

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Department Priority: ***R-05a***
Request Detail: ***Jail-based Bed Space***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
Jail-based Bed Space	$7,398,658	3.3	$7,398,658
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Jail-based Bed Space	$7,385,123	3.0	$7,385,123

Problem or Opportunity:

The Department requests $7,398,658 total funds/General Fund and 3.3 FTE in FY 2018-19 and $7,385,123 total funds/General Fund and 3.0 FTE in FY 2019-20 and on-going to create bed space through an additional 62-bed Jail-based Competency Restoration Program, to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The funding will allow the Department to expand bed space to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The additional 62-bed Jail-based Competency Restoration Program is estimated to serve 165.5 patients annually, based on the average length of stay at the current Jail-based Competency Restoration Program, titled Restoring Individuals Safely and Effectively (RISE). The estimate is based on the length of stay of patients discharged from RISE. The Department is obligated to provide these services for criminal defendants the courts refer to the Department.

This funding request is the result of on-going review of the Department's current resources, data on court ordered referrals, and requirements of the settlement agreement under the Center for Legal Advocacy d/b/a The Legal Center for People with Disabilities and Older People v. Reggie Bicha and Teresa A. Bernal federal district court lawsuit. Thus, the funding request is based on new data showing substantial changes in funding needs that was not available when the original appropriation was made. The rate of referrals is much higher than originally anticipated. There are still several unknown factors in projecting the rate of referrals. Nevertheless, failure to comply with the settlement agreement may result in further legal action, including possible contempt of court judgment or reopening the original court case. Reopening the original course case could potentially result in costs to the State that far exceed the amount in this budget request.

Court Ordered Services

Competency Evaluation

Under Section 16-8.5-103 C.R.S., (2017), whenever the question of a defendant's competency to proceed is raised, a court may order an evaluation by the Department to determine whether an individual with pending criminal charges is competent to stand trial. Once a court orders the defendant to be evaluated for competency by the Department, the Department must prepare a written report of the evaluation pursuant to 16-8.5-105 (4), C.R.S. (2017).

When ordering that a defendant undergo a competency evaluation, the court has the following options: 1) require that the evaluation be completed in the location where the defendant is in custody; 2) order that the defendant be placed in the custody of the Colorado Mental Health Institute at Pueblo (CMHIP) for completion of the evaluation; or 3) allow the defendant to remain on bond in the community, to be evaluated on an outpatient basis per 16-8.5-105 (1), C.R.S (2017).

Restoration to Competency

If a defendant is determined to be incompetent to proceed and released on bond, the court may require the defendant to obtain any treatment or habilitation services that are available to the defendant, such as inpatient or outpatient treatment at a community mental health center or in any other appropriate treatment setting, as determined by the court. Under Section 16-8.5-111, if the court finds that the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

The increase in competency evaluations and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

Growth in Court Ordered Services

Table 1 shows the actual number of referrals for forensic exams and evaluations for both inpatient and outpatient populations from FY 2000-01 to FY 2016-17 and the Department's projections through FY 2022-23. The total number of exam and restoration referrals has increased by 2,638, from 538 in FY 2001-02 to 3,176 in FY 2016-17. This is an increase of 590.3%. The Department had previously prepared projections using actual data over ten years. However, this methodology resulted in underestimating bed need.   This request is based upon the average change in referrals over the past two fiscal years, out-year projections for Average Daily Attendance (ADA) and needed beds are based upon the ratio of restoration ADA to the same average change in referrals over the past two fiscal years.

Table 1: Orders for Colorado Department of Human Services Evaluations:

Orders for CDHS Forensic Evaluations (sanity, competency, mental condition, etc.) and ITP Referrals (Competency Restorations) per Fiscal Year										
	Exams				Restorations (ITPs)				% Change Year Over Year	
Fiscal Year	**In Pt**	**Out Pt**	**Total**	**% Increase**	**In Pt**	**Out Pt**	**Total**	**% Increase**	**Exams**	**ITPs**
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-3.2%	13.3%
2003-04	90	415	505	18.5%	109	2	111	0.0%	18.5%	0.0%
2004-05	102	441	543	7.5%	135	1	136	22.5%	7.5%	22.5%
2005-06	190	630	820	51.0%	167	3	170	25.0%	51.0%	25.0%
2006-07	223	618	841	2.6%	224	23	247	45.3%	2.6%	45.3%
2007-08	264	650	914	8.7%	219	15	234	-5.3%	8.7%	-5.3%
2008-09	329	626	955	4.5%	170	18	188	-19.7%	4.5%	-19.7%
2009-10	356	646	1,002	4.9%	212	22	234	24.5%	4.9%	24.5%
2010-11	345	747	1,092	9.0%	213	18	231	-1.3%	9.0%	-1.3%
2011-12	355	828	1,183	8.3%	268	45	313	35.5%	8.3%	35.5%
2012-13	445	797	1,242	5.0%	271	45	316	1.0%	5.0%	1.0%
2013-14	461	1,005	1,466	18.0%	282	107	389	23.1%	18.0%	23.1%
2014-15	490	1,194	1,684	14.9%	375	193	568	46.0%	14.9%	46.0%
2015-16	374	1,497	1,871	11.1%	450	221	671	18.1%	11.1%	18.1%
2016-17	378	1,902	2,280	21.9%	548	348	896	33.5%	21.9%	33.5%
2017-18 projected	*378*	*2,258*	*2,636*	*15.6%*	*635*	*426*	*1060*	*18.3%*	*15.6%*	*18.3%*
2018-19 projected	*383*	*2,640*	*3,022*	*14.7%*	*727*	*528*	*1255*	*18.3%*	*14.7%*	*18.3%*
2019-20 projected	*387*	*3,022*	*3,409*	*12.8%*	*819*	*630*	*1449*	*15.5%*	*12.8%*	*15.5%*
2020-21 projected	*392*	*3,404*	*3,796*	*11.3%*	*911*	*732*	*1644*	*13.4%*	*11.3%*	*13.4%*
2021-22 projected	*396*	*3,787*	*4,183*	*10.2%*	*1004*	*835*	*1838*	*11.8%*	*10.2%*	*11.8%*
2022-23 projected	*401*	*4,169*	*4,569*	*9.2%*	*1096*	*937*	*2033*	*10.6%*	*9.2%*	*10.6%*

As of 7/13/17
The number of referred inpatient exams and ITPs includes those awaiting admission.
Current fiscal year projections are based on: July=avg change over 2 prior yrs; August & September=50% avg change over 2 prior yrs and 50% straight line projection of current yr data; projection of current year data projection of current yr data; October through end of FY= straight line
All projections assume no decrease from the last completed fiscal year.

The increase in evaluation and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

The Department provides the following services for pretrial detainees referred by the courts:

- Competency evaluations and evaluations to determine if a defendant has been restored to competency for both inpatient and outpatient referrals; and
- Access to inpatient beds for competency evaluations and restoration to competency treatment for inpatient referrals.

As the number of referrals from the courts increases, the Department is challenged in the following areas:

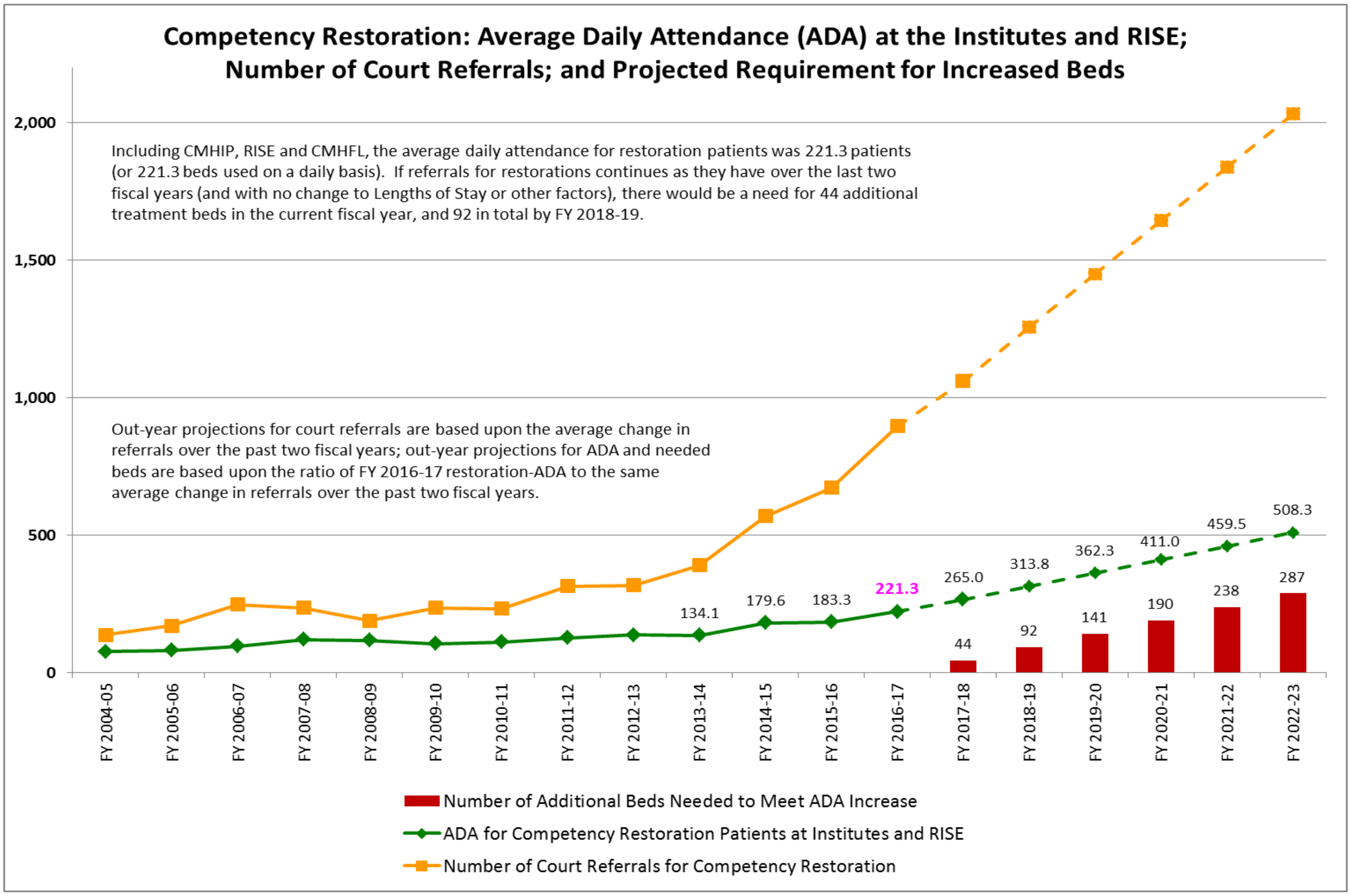
- To have sufficient psychologist and administrative FTE to provide competency evaluations and the required written reports for both inpatient and outpatient referrals; and,
- To have sufficient bed space to provide competency evaluations and restoration to competency treatment for inpatient referrals.

The Department is challenged in meeting the bed space needs for forensic patients. In order to adhere to the terms of the settlement agreement, the management team at CMHIP meets daily to review the referral and admission lists in order to manage the demands for inpatient forensic beds. Failure to expand the capacity to meet the increasing demand for court ordered inpatient competency evaluations and restoration services could place the Department at risk for further legal action due to longer waits for hospital admissions.

Under current statute, the Department cannot control the number of inpatient evaluations and restorations that are ordered by the courts, but is responsible for conducting the evaluations and restorations within the terms of the settlement agreement. The increase in the number of court ordered evaluations and restorations is not unique to Colorado, as nationwide there have been reported increases. For example, a Joint Legislative Audit and Review Committee in Washington State found that the number of court referrals for competency evaluations increased by 82 percent from 2001 to Calendar Year 2011[1].

Table 2 identifies the projected number of additional beds needed to meet the average daily attendance (ADA) increase as well as the ADA for competency restoration patients at the MHIs and the current jail-based RISE programs, in conjunction with the projected number of court referrals for competency restoration. As displayed in the graph, the projections far exceed the current capacity of the Department.

Table 2: Projected number of additional beds needed based on average daily attendance and referral increases:



Proposed Solution:

The Department requests $7,398,658 total funds/General Fund and 3.3 FTE in FY 2018-19 and $7,385,123 total funds/General Fund and 3.0 FTE in FY 2019-20 and on-going to create bed space through an additional 62-bed Jail-based Competency Restoration Program, to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The Department is statutorily obligated to provide these services for criminal defendants the courts refer to the Department. The additional 62-bed Jail-based Competency Restoration Program is estimated to serve 165.6 patients annually, based on the average length of stay of current RISE patients. The estimated 165.5 is based on data of patients who are discharged from RISE. The Department will submit a FY 2019-20 budget request for any additional resources if needed, based on projected caseload.

FTE and Personnel Costs

The existing jail-based competency restoration programs, the Restoring Individuals Safely and Effectively (RISE I and II) have 3.0 FTE appropriated in total—2.0 FTE Psychologists as Program Managers and 1.0 FTE Administrative Assistant. When RISE I was originally developed, the Department projected that only 10.0 Program Manager FTE was required. However, after the program began operations, it became apparent that additional staff was required to meet workload demands. The RISE II request included both a

Psychologist and an Administrative Assistant, and this model has worked well for RISE II. Two (2.0 FTE) Police Officer I's are currently assigned to the RISE program, this request includes 1.0 FTE additional Police Officer I to assist with the transportation between the RISE program and local jails and between the RISE program and CMHIP.

CMHIP transports individuals with varying levels of criminal charges, and who have varying degrees of self-control/propensity for violent outbursts. Police officers are the most skilled and trained when it comes to security transports. Police officers are trained with specific defensive driving skills, de-escalation techniques, as well as tactical skills if necessary. Transport situations put police officers in risky situations. "Transports can be a potentially dangerous assignment for police or correction officers and adherence to proper safety protocols are obviously critical. While a majority of transports are accomplished without incident, individuals have escaped killing or injuring an officer, injured themselves or been killed, and harmed or killed innocent citizens."[2] The classification of Police Officer is critical for the safety of the patients being transported, the staff, and the public.

The request includes funding for 3.3 FTE, a Forensic Services Director (1.0 FTE), a Police Officer for transports (1.0 FTE), a permanent Administrative Assistant (1.0 FTE), and 3-months of funding for (0.3 FTE) temporary Administrative Assistant. The Forensic Services Director is required as a liaison between the Mental Health Institutes and the contract vendor who operates the jail-based program. This new position is necessary to provide overall administrative oversight to the RISE I, II, and the requested RISE III program. This position will also oversee the Court Services Unit which is responsible for processing court ordered evaluations, out-patient restoration, and the Forensic Community Based Services Program (FCBS) which provides treatment case management and support while monitoring the adjustment of patients leaving the inpatient facilities and residing in the community. The Administrative Assistant is required to manage the extensive paperwork between the courts, jails, the Institutes, and the contract vendor.

Contract Costs

The Department estimated the cost of the contracted daily rate for the FY 2018-19 requested program at $313.69 per day, which is approximately 1% above the current contracted FY 2017-18 RISE daily rate.

Anticipated Outcomes:

This request will provide the Department with the additional resources needed to meet the increased caseload for projected court ordered inpatient evaluations and restorations to competency treatment. The additional 62-bed Jail-based Competency Restoration Program is estimated to serve 165.5 patients annually.

Improving treatment of individuals in need of competency evaluation and restoration to competency treatment addresses the second half of Goal Five in the Department's Performance Plan "…expanding community supports in mental health and substance abuse services." It is consistent with the Governor's goal of Strengthening Colorado's Mental Health System.

Colorado's existing Jail-Based Competency Restoration program, Restoring Individuals Safely and Effectively (RISE), has restored competency to 76 percent of defendants in less than 60 days, and 88 percent of defendants have been restored in less than 90 days, all at the average cost per day of $308 in FY 2016-17, which is approximately $368 per day less than hospital-based restoration in the State Mental Health Institutes. The Department estimated the cost of the contracted daily rate for the FY 2017-18 requested program at $310.58 per day, which is the current contracted FY 2017-18 RISE daily rate.

Since Jail-Based Competency Restoration programs are still relatively new programs, criminal justice and mental health professionals advise that their use be closely monitored and continuously evaluated. As such, the Department will continue to conduct a quarterly audit of the requested additional Jail-Based Competency Restoration contract as it currently does for the RISE I and II programs. Additional evaluation of the outcomes of this program should be considered on a long-term basis.

Assumptions and Calculations:

RISE III FTE Costs

- Health Professional VII, Forensic Services Director, budgeted at the mid-range salary level of $111,804 per year. Psychologists within the Denver metro area, with the required level of experience to manage a larger scale outpatient restoration program will require a hiring salary above the state minimum salary for the Psychologist II classification. According to *salary.com*, Psychologists in Denver, Colorado, earn a median salary of $90,603, however "the salary with the title psychologist may vary depending on a number of factors including industry, company size, location, years of experience and level of education." The role of Forensic Services Director is highly specialized, technical and requires a skill set above an entry level psychologist. This position requires extensive knowledge of the court system, evaluations and restorations, an in-depth clinical understanding of forensic patients, as well as management skills to oversee a highly technical program. The entry-level state salary for a Health Professional VII will not provide the Department with adequate funding to hire the right individual for this position. Table 3 further details the duties of this position.

Table 3: Forensic Services Director Duties (Health Professional VII)

Duty – Forensic Services Director	Estimated Numbers of Hours Per Year
RISE I, II and III program management	822
Jail-based Competency Restoration Services Liaison	822
Stakeholder/community relations	291
Supervision	120
Training	25
Total	**2,080***

*****The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department submitted and received 1331 funding for this position in September 2017. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.

- Administrative Assistant III, entry level salary. The Administrative Assistant position within the Jail-based Restoration Program provides critical services with regards to file management. Each patient referral requires the integration of numerous documents, including, but not limited to, documents from the court, county jails, police reports, previous evaluations, and previous hospitalizations. Documentation is critical for decision making regarding admission to the jail based restoration program, as well as for continuity of care during admission, discharge and transfer between programs. A single referral requires hours of administrative support and research. The Administrative Assistant also maintains closed records and responds to requests for information. The Administrative Assistant creates updates and maintains a number of spreadsheets to assist the program with the daily movement of patients, tracking patient location and ensuring all documentation is provided to the correct agencies. Table 4 further details the duties of this position.

Table 4: Administrative Assistant III Duties	
Duty – Administrative Assistant III	Estimated Numbers of Hours Per Year
Processing/reviewing transfer orders and court documents	1,248
Data entry, filing, copying, mailing documents, other administrative tasks	807
Training	25
Total	**2,080***
***The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department submitted and received 1331 funding for this position in September 2017. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.	

- Police Officer I, entry level salary. The RISE program currently has 2.0 FTE Police Officer I assigned for transports. The ability to quickly pick up or return a defendant to jail, or transfer a defendant from CMHIP to RISE is integral to the Institute's ability to manage the beds needed and meet the terms of the settlement agreement. In calendar year 2016, there were 126 RISE transports completed. Between January 1, 2017 and June 26, 2017, there have been 57 transports completed. An average round trip transport to Denver averages approximately 6 hours. Transport locations can include Western Slope, Denver Metro, San Luis Valley, Colorado Springs, Greeley, Fort Collins and other areas that add to transport time. A transport can include going to a jail to pick up a defendant, delivering the defendant to CMHIP, taking a defendant from CMHIP to RISE and picking up another defendant at another jail. Each of these locations can be at different corners of the State. Table 5 further details the duties of this position.

Table 5: Police Officer I Duties	
Duty – Police Officer I	Estimated Numbers of Hours Per Year
Transporting patients	2,040
Training	40
Total	**2,080***
***The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department submitted and received 1331 funding for this position in September 2017. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.	

- Temporary Aide: Administrative Assistant III, entry level salary. This temporary position is requested to assist with the manual paperwork and file research at the Colorado Mental Health Institute in Pueblo. The 3-month temporary assignment is requested while the electronic health record system (EHR) is in development. Once the EHR system is online, the majority of the patient records and required court documents will be able to be accessed electronically. A temporary position at CMHIP will allow for quick access to records, reduce administrative travel costs and staff time, reduce the reliance on administrative assistance assigned to the treatment units, and prevent delays in patient placement or transfers due missing records. Table 6 further details the duties of this position.

Table 6: Temporary Administrative Assistant III Duties	
Duty – Temporary Administrative Assistant III	Estimated Numbers of Hours (3 months)
Processing/reviewing transfer orders and court documents	312
Data entry, filing, copying, mailing documents, other administrative tasks	202
Training	6
Total	**520**

Table 7 illustrates the FTE expenditure detail for the positions included in this request.

Table 7: FTE Expenditure Detail			FY 2018-19	FY 2019-20
Personal Services:				
Classification Title	Monthly Salary	FTE		
Health Professional VII (mid-range)	$9,317	1.0	$111,804	$111,804
PERA			$11,348	$11,348
AED			$5,590	$5,590
SAED			$5,590	$5,590
Medicare			$1,621	$1,621
STD			$212	$212
Health-Life-Dental			$7,927	$7,927
Subtotal Position 1		**1.0**	**$144,092**	**$144,092**
Classification Title	Monthly Salary	FTE		
Admin Asst III	$3,384	1.0	$40,608	$40,608
PERA			$4,122	$4,122
AED			$2,030	$2,030
SAED			$2,030	$2,030
Medicare			$589	$589
STD			$77	$77
Health-Life-Dental			$7,927	$7,927
Subtotal Position 2		**1.0**	**$57,383**	**$57,383**
Classification Title	Monthly Salary	FTE		
Temporary Aide as Admin Assist III	$3,384	0.3/0.0	$13,535	$0
PERA			$0	$0
AED			$0	$0
SAED			$0	$0
Medicare			$0	$0
STD			$0	$0
Health-Life-Dental			$0	$0
Subtotal Position 3		**0.3**	**$13,535**	**$0**

Classification Title	Monthly Salary	FTE		
Police Officer I	$4,270	1.0	$51,240	$51,240
PERA			$5,201	$5,201
AED			$2,562	$2,562
SAED			$2,562	$2,562
Medicare			$743	$743
STD			$97	$97
Health-Life-Dental			$7,927	$7,927
Subtotal Position 4		**1.0**	**$70,332**	**$70,332**
Operating Expenses:				
		FTE		
Regular FTE Operating Expenses	$500	3.0	$1,500	$1,500
Telephone Expenses	$450	3.0	$1,350	$1,350
PC, One-Time	$1,230	-	$0	$0
Office Furniture, One-Time	$3,473	-	$0	$0
Radios/batteries/charger (set)	$340	1.0	$340	$340
Total Operating Expenses			**$3,190**	**$3,190**
TOTAL REQUEST		3.3/3.0	**$288,532**	**$274,997**

- Transport vehicle: Due to the additional transports that will come with 62 additional beds, the Department is requesting a second Chevrolet Tahoe, equipped with security enhancements. This vehicle is a duplicate to the one other RISE transport vehicle. The annual lease (12 month) cost is estimated at $6,096 and the estimated annual mileage rate is estimated at $5,225.

Table 8 summarizes the total funding requested.

Table 8: Cost Estimate Jail-based Bed Space

Item	State FTE	FY 2018-19	FY 2019-20
Contracted Costs for continuation of FY 2017-18 funding (28 beds * $313.69 per day * 365 days)		$3,205,912	$3,205,912
Contracted Costs for additional bed need (34 beds * $313.69 per day * 365 days)		$3,892,893	$3,892,893
Vehicle Costs (lease and mileage)		$11,321	$11,321
State FTE Expenditure (Table 7)	3.3 (FY 2018-19) 3.0 (FY 2019-20)	$288,532	$274,997
Total		**$7,398,658**	**$7,385,123**

Table 9 illustrates the Long Bill Jail Based Restoration Program appropriation and requested funding for FY 2018-19 and beyond.

Table 9 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$23,781	$23,781	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$386	$386	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$415,543**	**$280,877**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$415,543**	**$280,877**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,543**	**$280,877**	**$13,979**	**$74,685**	**$46,002**	**0.0**

Table 9 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$10,182	$10,182	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$10,182	$10,182	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,265,857**	**$7,614,318**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Table 9 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Jail Based Restoration Program	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$6,156,602	$6,156,602	$0	$0	$0	3.0
Requested Funding (or Spending Authority)	$7,354,127	$7,354,127	$0	$0	$0	3.3
FY 2018-19 Total Requested Appropriation	**$13,510,729**	**$13,510,729**	**$0**	**$0**	**$0**	**6.3**
FY 2019-20 Annualization of Prior Year Funding	($13,535)	($13,535)	$0	$0	$0	-0.3
FY 2019-2020 Total Requested Appropriation	**$13,497,197**	**$13,497,197**	**$0**	**$0**	**$0**	**6.0**
FY 2020-2021 Total Requested Appropriation	**$13,497,197**	**$13,497,197**	**$0**	**$0**	**$0**	**6.0**

Footnotes

[1] State of Washington, Joint Legislative Audit & Review Committee. Competency to Stand Trial, Phase I. Staff Productivity Standards, Data Reliability, and Other Parties 'Actions May Impact DSHS' Ability to Meet Timelines – Briefing report. December 5, 2012.
http://leg.wa.gov/jlarc/AuditAndStudyReports/Documents/CompetencytoStandTrialPhaseIBriefingReport.pdf

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-05b Community Based Intensive Residential Treat. Program

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$21,823,405	$0	$34,281,635	$0	$0
	FTE	21.3	0.0	21.3	0.0	0.0
	GF	$0	$0	$12,417,148	$0	$0
	CF	$2,607,153	$0	$2,648,235	$0	$0
	RF	$22,785	$0	$22,785	$0	$0
	FF	$19,193,467	$0	$19,193,467	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - - Treatment and Detoxification Contracts	Total	$32,021,865	$0	$32,021,865	$2,218,688	$2,218,688
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$12,417,148	$0	$12,417,148	$0	$0
	CF	$411,250	$0	$411,250	$2,201,367	$2,201,367
	RF	$0	$0	$0	$17,321	$17,321
	FF	$19,193,467	$0	$19,193,467	$0	$0
08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Circle Program	Total	$2,218,688	$0	$2,259,770	($2,218,688)	($2,218,688)
	FTE	21.3	0.0	21.3	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,195,903	$0	$2,236,985	($2,201,367)	($2,201,367)
	RF	$22,785	$0	$22,785	($17,321)	($17,321)
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes X	No ___		**If Yes, see schedule 4 fund source detail.**
RF Letternote Text Revision Required?	Yes X	No ___		
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	None			

Cost and FTE

- The Department requests $0 net total funds and net 0.0 FTE in FY 2018-19 and an on-going transfer of spending authority from the Department's (8) Office of Behavioral Health (OBH), (E) Mental Health Institutes (MHIs), (2) Mental Health Institute at Pueblo, Circle Program line item to the Department's (8) Office of Behavioral Health, (C) Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs line item.
- This is a net 0% change over the FY 2017-18 Circle Program appropriation.

Current Program

- The Circle Program, located at the Colorado Mental Health Institute at Pueblo (CMHIP), is a Joint Commission accredited, OBH licensed, inpatient substance use disorder treatment program that serves adults with co-occurring substance use and mental health disorders, many of whom also have histories of criminal behavior.
- The Circle Program provides a structured and intensive 90-day treatment program in an unlocked setting addressing substance addiction, mental health conditions, trauma and criminal behavior.

Problem or Opportunity

- The Circle Program is the only program on the CMHIP campus that predominately serves patients who are voluntary or committed under civil proceedings. In July 2017, community behavioral health providers approached the Department expressing an interest in subcontracting program operations in the current location or alternative location(s). This would also benefit the program, as CMHIP lacks the necessary resources to properly staff the Circle Program on its campus.
- The Circle Program is a State-operated program on the CMHIP campus with more than 15 beds and is classified as an Institution for Mental Diseases (IMD), which prohibits it from receiving revenue from public (Medicaid) insurance, except in very limited circumstances.

Consequences of Problem

- Recent CMHIP staffing shortages coupled with increasing court ordered forensic patient referrals for competency evaluation and restoration to competency treatment resulted in the temporary need to reassign Circle Program staff to other parts of the hospital. Current funding structures unnecessarily link Circle Program staffing to CMHIP staffing and could result in continued program closure.
- The program is State funded and there is potential to leverage public or private insurance.

Proposed Solution

- The Department requests an on-going transfer of spending authority from the Department's (8) OBH, (E) MHIs, (2) CMHIP, Circle Program line item to the Department's (8) OBH, (C) Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs line item.
- The proposed structure would allow the Department to issue a state-wide Request for Proposals to maximize local community resources and allow access to revenue from public (Medicaid) and private insurance, which would better serve the patients and the community.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-05b***
Request Detail: ***Community Based Intensive Residential Treatment Program***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**
Community-based Intensive Residential Treatment Program	$0	0.0
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**
Community-based Intensive Residential Treatment Program	$0	0.0

Problem or Opportunity:

The Department requests $0 net total funds and net 0.0 FTE in FY 2018-19 and an on-going transfer of spending authority from the Department's (8) Office of Behavioral Health, (E) Mental Health Institutes, (2) Mental Health Institute at Pueblo, Circle Program line item to the Department's (8) Office of Behavioral Health, (C) Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs line item. The FY 2017-18 appropriation for the Circle Program line item is $2,218,688 total funds, $2,201,367 in Marijuana Tax Cash Fund (MTCF) and $17,321 in reappropriated funds.

The Circle Program, located at the Colorado Mental Health Institute at Pueblo (CMHIP), is a Joint Commission accredited, Office of Behavioral Health licensed, intensive treatment program that serves adults who suffer from co-occurring disorders (mental illness and substance abuse). The Colorado Mental Health Institute at Pueblo has been treating patients with co-occurring disorders since the late 1960's, and archived documents identify the name Circle Program has been used since the late 1990's.

The Circle Program provides a comprehensive regimen in a 90-day inpatient (unlocked) therapeutic-community (TC) setting that addresses co-occurring treatment needs including mental illness, substance abuse, trauma treatment and criminal behavior. The adult inpatient program admits men and women ages 18-65 who have been unsuccessful in other inpatient or outpatient substance abuse programs, and who have been unable to maintain sobriety outside a structured environment. Many individuals receive treatment through the Circle Program as a condition of legal charges related to substance abuse.

The Circle Program contains four main focus components: abstinence (no addictive medications), behavior change and development of coping strategies, tobacco cessation, and psychiatric treatment. The abstinence-based focus helps patients learn to manage their anxiety, trauma symptoms, attention problems, and chronic pain without the use of addictive medications. Patients must not be currently using benzodiazepines, stimulants (Ritalin, etc.) and narcotics for pain management before admission. People on methadone or buprenorphine maintenance prior to admission may continue this form of treatment if approved by the Medical Director. Treatment requires patients to take responsibility for changing the behaviors that contribute to ongoing substance use and criminogenic thinking. Patients are not allowed to use tobacco products during their treatment and are encouraged to remain tobacco free after discharge. Psychiatric treatment includes skill building and development of strategies to manage mental illness and develop support systems to maintain mental health and stability. In every aspect of the program, mental illness and substance abuse are fully integrated and addressed.

Table 1 illustrates Circle Program patients treated annually and the related expenditures.

Table 1: OBH-23: Circle Program Data from FY 2008-09 through FY 2014-15

Circle Program	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Inpatient Average Daily Population	19.0	19.0	16.1	17.3	18.4	18.3	17.8
Patients Served	110	115	96	93	105	102	107
Inpatient Days	6,920	6,952	5,860	6,344	6,728	6,668	6,483
Annual Expenditure (direct costs)	$1,701,311	$1,870,879	$1,839,550	$1,853,531	$1,988,669	$2,122,491	$2,153,718
Direct Cost per Patient per Day[1]	$270.36	$260.31	$313.92	$292.17	$295.58	$318.31	$332.21

Note:
[1] Direct Cost per Patient is calculated by dividing the inpatient days by the annual expenditure.

Proposed Solution:

The financial realignment, which is a net $0 impact, can be accomplished through the transfer of spending authority from the Department's (8) Office of Behavioral Health, (E) Mental Health Institutes, (2) Mental Health Institute at Pueblo, Circle Program line item to the Department's (8) Office of Behavioral Health, (C) Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs line item.
The operation of the Circle Program independent from the State will allow for program growth and enhancements that will benefit the patients who require treatment for co-occurring mental illness and substance dependence. The Department will evaluate opportunities to leverage Medicaid funding for treatment; statewide capacity to serve an overlapping population of individuals with criminal justice involvement, trauma histories, and co-occurring treatment needs; and partnerships with Public Safety community programs and resources to maximize local provider services.

Anticipated Outcomes:

As is, the Circle Program is located at the Colorado Mental Health Institute at Pueblo. This request will allow access to revenue from public (Medicaid) and private insurance through transitioning the Circle Program into the community, which would better serve its patients and the community.

Assumptions and Calculations:

Table 2 illustrates the net zero transfer of spending authority and the Long Bill appropriation and requested funding for FY 2018-19 and beyond which will allow the Circle Program to be transitioned into the community.

Table 2: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health, (E) Mental Health Institutes, (2) Pueblo, Circle Program	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$2,218,688	$0	$2,201,367	$17,321	$0	0.0
Requested Funding (or Spending Authority)	($2,218,688)	$0	($2,201,367)	($17,321)	$0	0.0
FY 2018-19 Total Requested Appropriation	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
Line Item: (8) Office of Behavioral Health, (C) Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$32,021,865	$12,417,148	$411,250	$0	$19,193,467	0.0
Requested Funding (or Spending Authority)	$2,218,688	$0	$2,201,367	$17,321	$0	0.0
FY 2018-19 Total Requested Appropriation	**$34,240,553**	**$12,417,148**	**$2,612,617**	**$17,321**	**$19,193,467**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$34,240,553**	**$12,417,148**	**$2,612,617**	**$17,321**	**$19,193,467**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$34,240,553**	**$12,417,148**	**$2,612,617**	**$17,321**	**$19,193,467**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-05c, Court Ordered Reports FTE Caseload

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

Supplemental FY 2017-18

X Change Request FY 2018-19

Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$135,072,868	$0	$136,593,262	$1,085,726	$1,085,726
	FTE	995.4	0.6	1,001.3	11.0	11.0
	GF	$105,030,405	$0	$106,592,321	$1,085,726	$1,085,726
	CF	$4,586,676	$0	$4,545,154	$0	$0
	RF	$20,164,743	$0	$20,164,743	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$87,200	$87,200
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$87,200	$87,200
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$1,541	$1,541
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$1,541	$1,541
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$40,565	$40,565
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$40,565	$40,565
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$40,565	$40,565
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$40,565	$40,565
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Personal Services	Total	$70,620,903	$2,574,611	$72,397,417	$905,405	$905,405
	FTE	995.4	0.6	1,001.3	11.0	11.0
	GF	$60,902,596	$2,574,611	$62,679,110	$905,405	$905,405
	CF	$3,195,849	$0	$3,195,849	$0	$0
	RF	$6,522,458	$0	$6,522,458	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Operating Expenses	Total	$5,898,713	$5,653	$5,542,898	$10,450	$10,450
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,169,458	$5,653	$2,891,828	$10,450	$10,450
	CF	$426,774	$0	$348,589	$0	$0
	RF	$2,302,481	$0	$2,302,481	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ___	No X	**If Yes, see schedule 4 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 of Human Services requests $1,085,726 total funds/General Fund and 11.0 FTE in FY 2018-19 and on-going for additional psychologists and administrative support at the Mental Health Institutes to manage the projected increase in court ordered competency evaluations and restoration to competency treatment.
- This is a net 5.5% change in FY 2018-19 over the FY 2017-18 Personal Services and Operating Expenses appropriations at the Colorado Mental Health Institute at Pueblo.

Current Program

- Courts order inpatient competency evaluations and restoration treatments that psychiatrists or psychologists conduct at the Colorado Mental Health Institute at Pueblo (CMHIP) or in a jail-based setting. Administrative support specialists must process a report for each court ordered inpatient competency evaluation and/or restoration.

Problem or Opportunity

- In FY 2018-19 total evaluations are projected to increase by 14.7% and restorations are projected to increase by 18.3%. This projection was calculated based on the average change in referrals over the past two fiscal years.
- The Department is legally required to adhere to the settlement agreement of an existing federal district court lawsuit. The settlement requires that "the Department shall offer admission to pretrial detainees to the hospital for restorative treatment or inpatient competency evaluations no later than 28 days after the pretrial detainee is ready for admission."
- The Department does not have sufficient psychologist staff or administrative support to meet the demand for the competency services.

Consequences of Problem

- If the problem is not fixed, the Department is at risk of violating the terms of the settlement agreement and could be at risk for further legal action regarding wait times for all admissions.
- Furthermore, the demand for competency services exceeds the current caseload production capacity for psychologists and administrative support.

Proposed Solution

- The Department of Human Services requests $1,085,726 total funds/General Fund and 11.0 FTE in FY 2018-19 and on-going for additional psychologists and administrative support at CMHIP to manage the projected increase in court ordered competency evaluations and restorations to competency services.
- The Department proposes adjusting FTE assigned to the Court Services Division through an annual caseload funding request to regularly adjust the FTE to correspond with the projected caseload.

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Department Priority: ***R-05c***
Request Detail: ***Court Ordered Reports FTE Caseload***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
Court Ordered Reports FTE Caseload	$1,085,726	11.0	$1,085,726
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Court Ordered Reports FTE Caseload	$1,085,726	11.0	$1,085,726

Problem or Opportunity:

The Department of Human Services requests $1,085,726 total funds/General Fund and 11.0 FTE in FY 2018-19 and on-going for additional psychologists and administrative support at the Mental Health Institutes to manage the projected increase in court orders for inpatient competency evaluations and restorations to competency treatment. The Department is obligated to provide these services for criminal defendants referred to the Department by the courts.

This funding request is the result of on-going review of the Department's current resources, data on referral trends, and requirements of the settlement agreement under the *Center for Legal Advocacy d/b/a The Legal Center for People with Disabilities and Older People v. Reggie Bicha and Teresa A. Bernal* federal district court lawsuit. Failure to comply with the settlement agreement may result in further legal action, including possible contempt of court or reopening the original court case.

Court Ordered Services

Competency Evaluation

Under Section 16-8.5-103 C.R.S., (2017), whenever the question of a defendant's competency to proceed is raised, a court may order an evaluation by the Department to determine whether an individual with pending criminal charges is competent to proceed. Once a court orders the defendant to be evaluated for competency by the Department, the Department must prepare a written report of the evaluation pursuant to 16-8.5-105 (4), C.R.S. (2017).

When ordering that a defendant undergo a competency evaluation, the court has the following options: 1) require that the evaluation be completed in the location where the defendant is in custody; 2) order that the defendant be placed in the custody of the Colorado Mental Health Institute at Pueblo (CMHIP) for completion of the evaluation; or 3) allow the defendant to remain on bond in the community, to be evaluated on an outpatient basis per 16-8.5-105 (1), C.R.S (2017).

Restoration to Competency

If a defendant is determined to be incompetent to proceed and released on bond, the court may require the defendant to obtain any treatment or habilitation services that are available to the defendant, such as inpatient or outpatient treatment at a community mental health center or in any other appropriate treatment setting, as determined by the court. Under Section 16-8.5-111, if the court finds that the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

The increase in competency evaluations and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

Growth in Court Ordered Services

Table 1 shows the actual number of referrals for forensic exams and evaluations for both inpatient and outpatient populations from FY 2000-01 to FY 2016-17 and the Department's projections through FY 2022-23. The total number of exam and restoration referrals has increased by 2,638, from 538 in FY 2001-02 to 3,176 in FY 2016-17. This is an increase of 590.3%. The Department had previously prepared projections using actual data over ten years. However, this methodology resulted in underestimating bed need.

Table 1: Orders for Colorado Department of Human Services Forensic Evaluations

Orders for CDHS Forensic Evaluations (sanity, competency, mental condition, etc.) and ITP Referrals (Competency Restorations) per Fiscal Year										
	Exams				Restorations (ITPs)				% Change Year Over Year	
Fiscal Year	**In Pt**	**Out Pt**	**Total**	**% Increase**	**In Pt**	**Out Pt**	**Total**	**% Increase**	**Exams**	**ITPs**
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-3.2%	13.3%
2003-04	90	415	505	18.5%	109	2	111	0.0%	18.5%	0.0%
2004-05	102	441	543	7.5%	135	1	136	22.5%	7.5%	22.5%
2005-06	190	630	820	51.0%	167	3	170	25.0%	51.0%	25.0%
2006-07	223	618	841	2.6%	224	23	247	45.3%	2.6%	45.3%
2007-08	264	650	914	8.7%	219	15	234	-5.3%	8.7%	-5.3%
2008-09	329	626	955	4.5%	170	18	188	-19.7%	4.5%	-19.7%
2009-10	356	646	1,002	4.9%	212	22	234	24.5%	4.9%	24.5%
2010-11	345	747	1,092	9.0%	213	18	231	-1.3%	9.0%	-1.3%
2011-12	355	828	1,183	8.3%	268	45	313	35.5%	8.3%	35.5%
2012-13	445	797	1,242	5.0%	271	45	316	1.0%	5.0%	1.0%
2013-14	461	1,005	1,466	18.0%	282	107	389	23.1%	18.0%	23.1%
2014-15	490	1,194	1,684	14.9%	375	193	568	46.0%	14.9%	46.0%
2015-16	374	1,497	1,871	11.1%	450	221	671	18.1%	11.1%	18.1%
2016-17	378	1,902	2,280	21.9%	548	348	896	33.5%	21.9%	33.5%
2017-18 projected	*378*	*2,258*	*2,636*	*15.6%*	*635*	*426*	*1060*	*18.3%*	*15.6%*	*18.3%*
2018-19 projected	*383*	*2,640*	*3,022*	*14.7%*	*727*	*528*	*1255*	*18.3%*	*14.7%*	*18.3%*
2019-20 projected	*387*	*3,022*	*3,409*	*12.8%*	*819*	*630*	*1449*	*15.5%*	*12.8%*	*15.5%*
2020-21 projected	*392*	*3,404*	*3,796*	*11.3%*	*911*	*732*	*1644*	*13.4%*	*11.3%*	*13.4%*
2021-22 projected	*396*	*3,787*	*4,183*	*10.2%*	*1004*	*835*	*1838*	*11.8%*	*10.2%*	*11.8%*
2022-23 projected	*401*	*4,169*	*4,569*	*9.2%*	*1096*	*937*	*2033*	*10.6%*	*9.2%*	*10.6%*

As of 7/13/17
The number of referred inpatient exams and ITPs includes those awaiting admission.
Current fiscal year projections are based on: July=avg change over 2 prior yrs; August & September=50% avg change over 2 prior yrs and 50% straight line projection of current yr data; projection of current year data projection of current yr data; October through end of FY= straight line
All projections assume no decrease from the last completed fiscal year.

The increase in evaluation and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

The Department provides the following services for pretrial detainees referred by the courts:

- Competency evaluations and evaluations to determine if a defendant has been restored to competency for both inpatient and outpatient referrals; and
- Access to inpatient beds for competency evaluations and restoration to competency treatment for inpatient referrals.

As the number of referrals from the courts increases, the Department is challenged in the following areas:

- To have sufficient psychologist and administrative FTE to provide competency evaluations and the required written reports for both inpatient and outpatient referrals; and,
- To have sufficient bed space to provide competency evaluations and restoration to competency treatment for inpatient referrals.

The Department is challenged in meeting the bed space needs for forensic patients. In order to adhere to the terms of the settlement agreement, the management team at CMHIP meets daily to review the referral and admission lists in order to manage the demands for inpatient forensic beds. Failure to expand the capacity to meet the increasing demand for court ordered inpatient competency evaluations and restoration services could place the Department at risk for further legal action due to longer waits for hospital admissions.

Under current statute, the Department cannot control the number of inpatient evaluations and restorations that are ordered by the courts, but is responsible for conducting the evaluations and restorations within the terms of the settlement agreement. The increase in the number of court ordered evaluations and restoration to competency treatment is not unique to Colorado, as nationwide there have been reported increases. For example, a Joint Legislative Audit and Review Committee in Washington State found that the number of court referrals for competency evaluations increased by 82 percent from 2001 to Calendar Year 2011[1].

Proposed Solution:

The Department of Human Services requests $1,140,726 General Fund and 11.0 FTE in FY 2018-19 and on-going for additional psychologists and administrative support at the Mental Health Institutes to manage the projected increase in court ordered competency evaluations and restoration to competency treatment. The Department is obligated to provide these services for criminal defendants referred to the Department by the courts.

Psychologist FTE

This request includes funding for an additional 8.0 FTE psychologists to meet the projected caseload for court ordered evaluations and restoration to competency services in FY 2017-18. A full-time psychologist has a target capacity rate of twelve (12) court ordered evaluations and/or restorations per month. However, this number can vary due to the volume of discovery, court time, travel time, and complexity of the case. In FY 2016-17 the Court Services Unit at CMHIP, which is the unit responsible for managing court ordered evaluations, completed 3,307 evaluations. In order to help meet the projected caseload increases, one additional part-time temporary psychologist has been acquired through existing Personal Services funding, affecting the limited resources of the Institute. CMHIP also utilizes staff on a rotation basis, whereby other unit staff psychologists, psychiatrists and fellows who are not a part of the Court Services Unit, are assigned evaluations and restorations. This is done in order to meet the demand for court ordered evaluations and restorations.

Table 2 identifies the number of reports generated as a result of the court ordered evaluations identified in Table 1. A court order does not always equal a 1:1 relationship to the number of reports generated. For example, a restoration order may generate zero or multiple reports depending on the case. More specifically, some referrals require multiple reports for several counties, while other referrals may be dropped due to case dismissals. The Department may receive a court order, but the case is subsequently dismissed, resulting in no report. A report may be for several counties, thus multiple reports are generated. These examples illustrate the challenge in determining caseload not only for the psychologists but for the administrative support as well.

Table 2: Reports Generated for Court Orders by CDHS, Office of Behavioral Health

Reports Generated from Court Orders																
	FY 2007-08 Actual	**FY 2008-09 Actual**	**FY 2009-10 Actual**	**FY 2010-11 Actual**	**FY 2011-12 Actual**	**FY 2012-13 Actual**	**FY 2013-14 Actual**	**FY 2014-15 Actual**	**FY 2015-16 Actual**	**FY 2016-17 Actual**	**FY 2017-18 Estimate**	**FY 2018-19 Estimate**	**FY 2019-20 Estimate**	**FY 2020-21 Estimate**	**FY 2021-22 Estimate**	**FY 2022-23 Estimate**
Total Court Ordered Evaluations and Restorations	1,148	1,143	1,236	1,323	1,496	1,558	1,855	2,252	2,542	3,176	3,696	4,277	4,858	5,439	6,021	6,602
Number of Completed Reports sent to Courts	1,297	1,321	1,408	1,446	1,751	1,779	1,990	2,414	2,646	3,307	3,847	4,452	5,058	5,663	6,268	6,873
Percentage of Completed Reports to Court Orders	113.0%	115.6%	113.9%	109.3%	117.0%	114.2%	107.3%	107.2%	104.1%	104.1%						
Average Percentage over Most Recent 2 Years										*104.1%*						
Annual Increase in Reports for Courts		1.9%	6.6%	2.7%	21.1%	1.6%	11.9%	21.3%	9.6%	25.0%	16.3%	15.7%	13.6%	12.0%	10.7%	9.7%
Increase in Court Reports from FY 2007-08		1.9%	8.6%	11.5%	35.0%	37.2%	53.4%	86.1%	104.0%	155.0%	196.6%	243.3%	289.9%	336.6%	383.3%	429.9%
Projected Increase in Court Reports from FY 2016-17											16.3%	34.6%	52.9%	71.2%	89.5%	107.8%

Table 3 identifies the existing staff within the Court Services Unit at CMHIP. Full-time FTE are assigned an expected case load of 12 reports per month, part-time FTE are assigned an expected case load of 6 reports per month. Temporary staff and Post-Doctoral Students (Post Doc) are assigned a part-time caseload. The rotating staff and contractor caseloads are based on FY 2016-17 production averages. The number of evaluations completed can vary due to the volume of discovery, court time, travel time, and complexity of the case, as well as employee sick, annual and other leave times.

Table 3: Existing staff, Court Services Unit, CMHIP			
Current Staff	**FTE count**	**Estimated Monthly Caseload/Production**	**Estimated Annual Caseload/Production**
Full Time	17.0	12.0	2,448.0
Part Time	6.0	6.0	432.0
Post Doc	2.0	6.0	144.0
Rotation	various	10.5	126.0
Supervisor	1.0	6.0	72.0
Temporary	1.0	6.0	72.0
Contractor	various	0.3	4.0
Total	**27.0**	**46.8**	**3,298.0**

Table 4 identifies that 8.0 additional FTE are needed in FY 2018-19 to meet the projected caseload given the number of evaluator within the Court Services Unit at CMHIP.

Table 4: Additional Psychologist FTE Requested, Based on Projected Need				
Fiscal Year	**# of Reports**	**(Over)/Under Current Caseload/Production Capacity of 3,298**	**Total Additional FTE Needed**	**Incremental FTE**
FY 2016-17 completed	3,307	(9)	N/A	N/A
FY 2017-18 projected	3,847	(549)	3.8	3.8
FY 2018-19 projected	4,452	(1,154)	**8.0**	4.2
FY 2019-20 projected	5,058	(1,760)	12.2	4.2
FY 2020-21 projected	5,633	(2,335)	16.2	4.0
FY 2021-22 projected	6,268	(2,970)	20.6	4.4
FY 2022-23 projected	6,873	(3,575)	24.8	4.2

Administrative Assistant III (3.0 FTE)
This request also includes 3.0 FTE Administrative Assistant III's; a request to make two (2.0) temporary staff permanent and 1.0 additional Administrative Assistant to meet projected caseload. The administrative support is required to handle the high volume of paperwork and filing that accompanies each court ordered evaluation and restoration. The existing 6.0 FTE support staff assigned to court ordered report processing (4.0 permanent full time and 2.0 temporary staff) are unable to maintain the current caseload. Since temporary staff can only work for a 9-month time period, this request will create 2.0 permanent positions and allow for the continuation of services provided by the temporary positions. The projected caseload increase comes with a corresponding increase in the quantity of files, discovery documents, court documents, medical records and other paperwork that must be copied, scanned, emailed, mailed, researched, filed and managed. Additionally, the Administrative Assistant III's will proofread, format the reports, seek clarification from the evaluator as needed, prepare a cover letter, and obtain necessary signatures. The average processing time each Administrative Assistant III spends on processing court reports ranges from 1 hour to 5.5 hours depending on the volume of files related to each court order, the average is 3.25 hours each. There are currently 6.0 Administrative support staff assigned to court ordered report processing, which have processed 3,307 reports from July 1, 2016 – June 30, 2017.

Table 5 identifies the additional 3.0 FTE that are needed in FY 2018-19 to meet the projected number of court ordered reports. The Department currently has 4.0 Permanent full-time FTE assigned to processing court ordered reports. Based on the table, the requested administrative FTE is 3.0 (7- 4 = 3). The 3.0 FTE requested includes converting 2.0 Temporary FTE to permanent FTE and 1.0 newly requested FTE.

Table 5: Additional Administrative Support Staff FTE, Based on Projected Need

Fiscal Year	Average Administrative Processing Time Per Report (hours)	Current # of Permanent Administrative Support Staff	Current # of Temporary Administrative Support Staff	# of Reports	# of Hours to Process Reports	Total FTE Needed	Annual Incremental FTE based on Projections	Requested FTE FY 2018-19*
FY 2016-17 completed	3.25	4.00	2.00	3,307	10,748			
FY 2017-18 projected				3,847	12,503	6.0	2.0	
FY 2018-19 projected				4,452	14,469	**7.0**	1.0	3.0
FY 2019-20 projected				5,058	16,439	7.9	0.9	
FY 2020-21 projected				5,633	18,307	8.8	0.9	
FY 2021-22 projected				6,268	20,371	9.8	1.0	
FY 2022-23 projected				6,873	22,337	10.7	0.9	

**Requested FTE is calculated by Total Need 7.0 - 4.0 Current Permanent Administrative Support Staff*

Anticipated Outcomes:

This request will provide the Department with the additional resources needed to meet the increased caseload for projected court ordered evaluations and restorations. With the additional FTE, individuals will be directly affected through timely evaluations and restoration services. This allows patients to continue through their court process in a more efficient manner, meaning they are less likely to spend additional time waiting for their cases to proceed due to insufficient resources at CMHIP. The court ordered evaluations and restorations to competency impact the Court Services Unit at CMHIP both in the area of psychologist need and administrative support. The psychologists complete the court ordered evaluations and restorations, however, there is a corresponding work demand for administrative support to process the reports, as well as monitor court-related deadlines. As projections continue to show growth in total number of court ordered evaluations and restoration to competency services, the demand for psychologists and administrative support will continue to increase as well.

Improving treatment of the affected individuals directly addresses the second half of Goal Five in the Department's Performance Plan "…expanding community supports in mental health and substance abuse services." It is consistent with the Governor's goal of Strengthening Colorado's Mental Health System.

Assumptions and Calculations:

FTE Costs:

- Psychologist I, Evaluator, was budgeted at the mid-range salary level of $86,184 per year. Psychologists within the Denver metro area, with the required level of experience to conduct court ordered evaluations will require a hiring salary above the state minimum salary for the Psychologist I classification. According to *salary.com*, Psychologists in Denver, Colorado earn a median salary of $90,603, however "the salary with the title psychologist may vary depending on a number of factors including industry, company size, location, years of experience and level of education." According to *salary.com*, Psychologists in Pueblo, Colorado, earn a median salary of $83,349, however "the salary with the title psychologist may vary depending on a number of factors including industry, company size, location, years of experience and level of education." The role of court ordered evaluation psychologist is highly specialized, technical and requires a skill set above an entry level psychologist. Additionally, psychologists with forensic experience are in such high demand nationwide, it is extremely difficult to hire court evaluators even at mid-range salary.

Table 6: Psychologist/Court Evaluator Duties	
Duty – Psychologist/Court Evaluator duties	Estimated Numbers of Hours Per Year
Restoration and competency evaluations	1,768
Court testimony	208
Training	104
Total	**2,080***
*****The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department will also be submitting an Emergency 1331 Supplemental request. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.	

- Administrative Assistant III was budgeted at the entry level salary for the position. The Administrative Assistant position within the jail based restoration program provides critical services with regards to file management. Each patient referral requires the integration of numerous documents, including, but not limited to, documents from the court, county jails, police reports, previous evaluations, and previous hospitalizations. Documentation is critical for decision making regarding admission to the jail based restoration program, as well as for continuity of care during admission, discharge and transfer between programs. A single referral requires hours of administrative support and research. The administrative assistant also maintains closed records and responds to requests for information. The administrative assistant creates, updates, and maintains a number of spreadsheets to assist the program with the daily movement of patients, tracking patient location and ensuring all documentation is provided to the correct agencies.

Table 7: Administrative Assistant III Duties	
Duty – Administrative Assistant III	Estimated Numbers of Hours Per Year
Processing/reviewing court reports	1,248
Data entry, filing, copying, mailing documents, other administrative tasks	407
Monitoring and tracking court and settlement related deadlines	400
Training	25
Total	**2,080***
*****The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department will also be submitting an Emergency 1331 Supplemental request. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.	

Table 8 illustrates the FTE expenditure detail.

Expenditure Detail			FY 2018-19 and on-going
Personal Services:			
Classification Title	Monthly Salary	FTE	
Psychologist I (mid-range)	$7,182	8.0	$689,472
PERA			$69,981
AED			$34,474
SAED			$34,474
Medicare			$9,997
STD			$1,310
Health-Life-Dental			$63,418
Subtotal Position 1, #.# FTE		**8.0**	**$903,126**
Classification Title	Monthly Salary	FTE	
Admin Asst III	$3,384	3.0	$121,824
PERA			$12,365
AED			$6,091
SAED			$6,091
Medicare			$1,766
STD			$231
Health-Life-Dental			$23,782
Subtotal Position 2, #.# FTE		**3.0**	**$172,150**
Subtotal Personal Services		11.0	**$1,075,276**
Operating Expenses:			
		FTE	
Regular FTE Operating Expenses	$500	11.0	$5,500
Telephone Expenses	$450	11.0	$4,950
PC, One-Time	$1,230	-	$0
Office Furniture, One-Time	$3,473	-	$0
Subtotal Operating Expenses			**$10,450**
TOTAL REQUEST		11.0	**$1,085,726**

Footnotes

[1] State of Washington, Joint Legislative Audit & Review Committee. Competency to Stand Trial, Phase I. Staff Productivity Standards, Data Reliability, and Other Parties 'Actions May Impact DSHS' Ability to Meet Timelines – Briefing report. December 5, 2012.
http://leg.wa.gov/jlarc/AuditAndStudyReports/Documents/CompetencytoStandTrialPhaseIBriefingReport.pdf

Table 9 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 9: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$87,200	$87,200	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,713,945**	**$25,556,788**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,713,945**	**$25,556,788**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,713,945**	**$25,556,788**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$1,541	$1,541	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$416,698**	**$282,032**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$416,698**	**$282,032**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$416,698**	**$282,032**	**$13,979**	**$74,685**	**$46,002**	**0.0**

Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$40,565	$40,565	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$40,565	$40,565	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,296,240**	**$7,644,701**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$70,620,903	$60,908,060	$3,190,385	$6,522,458	$0	995.4
Requested Funding (or Spending Authority)	$905,405	$905,405	$0	$0	$0	3.0
FY 2018-19 Total Requested Appropriation	**$71,526,308**	**$61,813,465**	**$3,190,385**	**$6,522,458**	**$0**	**998.4**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$71,526,308**	**$61,813,465**	**$3,190,385**	**$6,522,458**	**$0**	**998.4**
FY 2020-2021 Total Requested Appropriation	**$71,526,308**	**$61,813,465**	**$3,190,385**	**$6,522,458**	**$0**	**998.4**

Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Operating Expenses	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,898,713	$3,140,039	$426,774	$2,331,900	$0	0.0
Requested Funding (or Spending Authority)	$10,450	$10,450	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,909,163**	**$3,150,489**	**$426,774**	**$2,331,900**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,909,163**	**$3,150,489**	**$426,774**	**$2,331,900**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$5,909,163**	**$3,150,489**	**$426,774**	**$2,331,900**	**$0**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-05d, Purchased Bed Capacity

Dept. Approval By: Melissa Wavrek

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$58,553,252	$0	$58,652,947	$3,412,101	$3,412,101
	FTE	0.0	0.0	0.0	3.0	3.0
	GF	$40,958,351	$0	$41,021,383	$3,412,101	$3,412,101
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$23,781	$23,781
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$23,781	$23,781
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$272	$272
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$272	$272
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$7,154	$7,154
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$7,154	$7,154
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$7,154	$7,154
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$7,154	$7,154
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (3) Forensic Services -- Personal Services	Total	$0	$0	$0	$159,687	$159,687
	FTE	0.0	0.0	0.0	3.0	3.0
	GF	$0	$0	$0	$159,687	$159,687
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (3) Forensic Services -- Operating Expenses	Total	$0	$0	$0	$14,171	$14,171
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$14,171	$14,171
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (3) Forensic Services -- Purchased Bed Capacity	Total	$0	$0	$0	$3,199,882	$3,199,882
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$3,199,882	$3,199,882
	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 schedule 4 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 $3,412,101 total funds/General Fund and 3.0 FTE in FY 2018-19 and on-going to create bed space by adding 10 contracted beds through private/non-profit hospitals within the Denver metro area, in order to manage the projected increase in court ordered evaluations and restorations to competency.
- This is a 100% change over FY 2017-18 since this program will be in a new line item

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 both Mental Health Institutes (MHIs) come from the State's community mental health centers, local hospitals and the courts. The Department also currently utilizes a 52 bed jail-based competency restoration program.
- Courts order inpatient competency evaluations and restoration treatments that psychiatrists or psychologists conduct at the Colorado Mental Health Institute at Pueblo (CMHIP) or in a jail-based setting.

Problem or Opportunity

- The Department is projecting an additional need of 92 beds in FY 2018-19 and 141 beds in FY 2019-20. The Department is legally required to adhere to the settlement agreement filed in federal district court that requires that "the Department shall offer admission to pretrial detainees to the hospital for restorative treatment or inpatient competency evaluations no later than 28 days after the pretrial detainee is ready for admission."
- The Department does not have sufficient bed space capacity to meet the continuously rising demand for court-ordered competency services. Additionally, the jail-based competency services do not provide an appropriate level of inpatient care for individuals with more severe disorders.

Consequences of Problem

- If the problem is not addressed, the Department is at risk of violating the terms of the settlement agreement and could be at risk for further legal action regarding wait times for admissions.
- Individuals requiring a higher standard of care than what is offered from the jail-based program are especially difficult to place considering CMHIP's bed capacity shortage.

Proposed Solution

- The Department requests $3,412,101 total funds/General Fund and 3.0 FTE in FY 2018-19 and on-going to create bed space by adding 10 contracted beds through private/non-profit hospitals.
- The Department proposes contracting with vendors (for-profit/non-profit hospitals) for a 10-bed unit thus expanding the Department's inpatient bed space for evaluations and restoration to competency services. The cost of contracting with vendors for hospital beds to manage the fluctuation in demand is more cost efficient than continuously building new hospital units at the Institutes, and also allows the Department the flexibility to reduce purchased beds if projected need decreases.

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Department Priority: ***R-05d***
Request Detail: ***Purchased Bed Capacity***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
Purchased Bed Capacity	$3,412,101	3.0	$3,412,101
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Purchased Bed Capacity	$3,412,101	3.0	$3,412,101

Problem or Opportunity:

The Department requests $3,412,101 total funds/General Fund and 3.0 FTE in FY 2018-19 and on-going to create bed space through private for-profit/non-profit hospitals within the Denver metro area, to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The Department is obligated to provide these services for criminal defendants referred to the Department by the courts.

This funding request is the result of on-going review of the Department's current resources, data on court ordered referrals, and requirements of the settlement agreement under the *Center for Legal Advocacy d/b/a The Legal Center for People with Disabilities and Older People v. Reggie Bicha and Teresa A. Bernal* federal district court lawsuit. Thus, the funding request is based on new data resulting in substantial changes in funding needs that was not available when the original appropriation was made. Failure to comply with the settlement agreement may result in further legal action, including possible contempt of court judgment or reopening the original court case. Reopening the original course case could potentially result in costs to the State that far exceed the amount in this budget request.

<u>**Court Ordered Services**</u>

Competency Evaluation

Under Section 16-8.5-103 C.R.S., (2017), whenever the question of a defendant's competency to proceed is raised, a court may order an evaluation by the Department to determine whether an individual with pending criminal charges is competent to stand trial. Once a court orders the defendant to be evaluated for competency by the Department, the Department must prepare a written report of the evaluation pursuant to 16-8.5-105 (4), C.R.S. (2017).

When ordering that a defendant undergo a competency evaluation, the court has the following options: 1) require that the evaluation be completed in the location where the defendant is in custody; 2) order that the defendant be placed in the custody of the Colorado Mental Health Institute at Pueblo (CMHIP) for completion of the evaluation; or 3) allow the defendant to remain on bond in the community, to be evaluated on an outpatient basis per 16-8.5-105 (1), C.R.S (2017).

Restoration to Competency

If a defendant is determined to be incompetent to proceed and released on bond, the court may require the defendant to obtain any treatment or habilitation services that are available to the defendant, such as inpatient or outpatient treatment at a community mental health center or in any other appropriate treatment setting, as determined by the court. Under Section 16-8.5-111, if the court finds that the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

The increase in competency evaluations and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

Growth in Court Ordered Services

Table 1 shows the actual number of referrals for forensic exams and evaluations for both inpatient and outpatient populations from FY 2000-01 to FY 2016-17 and the Department's projections through FY 2022-23. The total number of exam and restoration referrals has increased by 2,638, from 538 in FY 2001-02 to 3,176 in FY 2016-17. This is an increase of 590.3%. The Department had previously prepared projections using actual data over ten years. However, this methodology resulted in underestimating bed need. This request is based upon the average change in referrals over the past two fiscal years, out-year projections for Average Daily Attendance (ADA) and needed beds are based upon the ratio of restoration ADA to the same average change in referrals over the past two fiscal years.

Table 1: Orders for Colorado Department of Human Services Forensic Evaluations

Orders for CDHS Forensic Evaluations (sanity, competency, mental condition, etc.) and ITP Referrals (Competency Restorations) per Fiscal Year										
	Exams				Restorations (ITPs)				% Change Year Over Year	
Fiscal Year	**In Pt**	**Out Pt**	**Total**	**% Increase**	**In Pt**	**Out Pt**	**Total**	**% Increase**	**Exams**	**ITPs**
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-3.2%	13.3%
2003-04	90	415	505	18.5%	109	2	111	0.0%	18.5%	0.0%
2004-05	102	441	543	7.5%	135	1	136	22.5%	7.5%	22.5%
2005-06	190	630	820	51.0%	167	3	170	25.0%	51.0%	25.0%
2006-07	223	618	841	2.6%	224	23	247	45.3%	2.6%	45.3%
2007-08	264	650	914	8.7%	219	15	234	-5.3%	8.7%	-5.3%
2008-09	329	626	955	4.5%	170	18	188	-19.7%	4.5%	-19.7%
2009-10	356	646	1,002	4.9%	212	22	234	24.5%	4.9%	24.5%
2010-11	345	747	1,092	9.0%	213	18	231	-1.3%	9.0%	-1.3%
2011-12	355	828	1,183	8.3%	268	45	313	35.5%	8.3%	35.5%
2012-13	445	797	1,242	5.0%	271	45	316	1.0%	5.0%	1.0%
2013-14	461	1,005	1,466	18.0%	282	107	389	23.1%	18.0%	23.1%
2014-15	490	1,194	1,684	14.9%	375	193	568	46.0%	14.9%	46.0%
2015-16	374	1,497	1,871	11.1%	450	221	671	18.1%	11.1%	18.1%
2016-17	378	1,902	2,280	21.9%	548	348	896	33.5%	21.9%	33.5%
2017-18 projected	*378*	*2,258*	*2,636*	*15.6%*	*635*	*426*	*1060*	*18.3%*	*15.6%*	*18.3%*
2018-19 projected	*383*	*2,640*	*3,022*	*14.7%*	*727*	*528*	*1255*	*18.3%*	*14.7%*	*18.3%*
2019-20 projected	*387*	*3,022*	*3,409*	*12.8%*	*819*	*630*	*1449*	*15.5%*	*12.8%*	*15.5%*
2020-21 projected	*392*	*3,404*	*3,796*	*11.3%*	*911*	*732*	*1644*	*13.4%*	*11.3%*	*13.4%*
2021-22 projected	*396*	*3,787*	*4,183*	*10.2%*	*1004*	*835*	*1838*	*11.8%*	*10.2%*	*11.8%*
2022-23 projected	*401*	*4,169*	*4,569*	*9.2%*	*1096*	*937*	*2033*	*10.6%*	*9.2%*	*10.6%*

As of 7/13/17
The number of referred inpatient exams and ITPs includes those awaiting admission.
Current fiscal year projections are based on: July=avg change over 2 prior yrs; August & September=50% avg change over 2 prior yrs and 50% straight line projection of current yr data; projection of current year data projection of current yr data; October through end of FY= straight line
All projections assume no decrease from the last completed fiscal year.

The increase in evaluation and restoration orders is not within the Department's control but is a result of a number of factors including judicial system practices and the increase in the overall state population.

The Department provides the following services for pretrial detainees referred by the courts:

- Competency evaluations and evaluations to determine if a patient has been restored to competency for both inpatient and outpatient referrals; and
- Access to inpatient beds for competency evaluations and restoration to competency treatment for inpatient referrals.

As the number of referrals from the courts increases, the Department is challenged in the following areas:

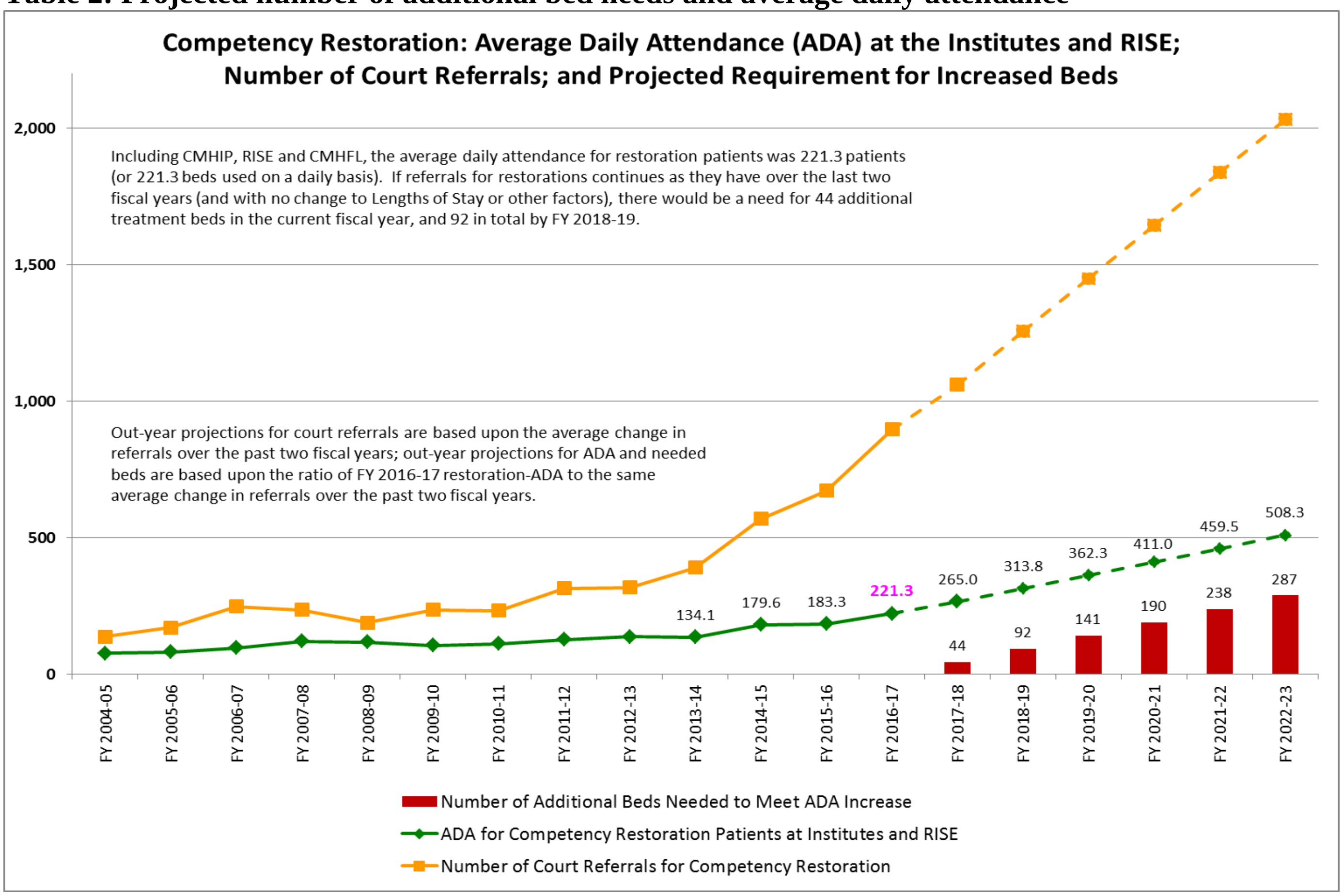
- To have sufficient psychologist and administrative FTE to provide competency evaluations and the required written reports for both inpatient and outpatient referrals; and,
- To have sufficient bed space to provide competency evaluations and restoration to competency treatment for inpatient referrals.

The Department is challenged in meeting the bed space needs for forensic patients. In order to adhere to the terms of the settlement agreement, the management team at CMHIP meets daily to review the referral and admission lists in order to manage the demands for inpatient forensic beds. Failure to expand the capacity to meet the increasing demand for court ordered inpatient competency evaluations and restoration services could place the Department at risk for further legal action due to longer waits for hospital admissions.

Under current statute, the Department cannot control the number of inpatient evaluations and restorations that are ordered by the courts, but is responsible for conducting the evaluations and restorations within the terms of the settlement agreement. The increase in the number of court ordered evaluations and restorations is not unique to Colorado, as nationwide there have been reported increases. For example, a Joint Legislative Audit and Review Committee in Washington State found that the number of court referrals for competency evaluations increased by 82 percent from 2001 to Calendar Year 2011[1].

Table 2 identifies the projected number of additional beds needed to meet the average daily attendance (ADA) increase as well as the ADA for competency restoration patient at the MHIs and the current jail-based RISE programs, in conjunction with the projected number of court referrals for competency restoration. As displayed in the graph, the projections far exceed the current capacity of the Department.

Table 2: Projected number of additional bed needs and average daily attendance



Proposed Solution:

The Department of Human Services requests $3,412,101 total funds/General Fund and 3.0 FTE in FY 2018-19 and on-going to create bed space by contracting through the State procurement process with private/non-profit hospitals within the Denver metro area, to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The funding will allow the Department to create bed space to manage the projected increase in court ordered inpatient competency evaluations and restoration to competency treatment. The Department is obligated to provide these services for criminal defendants referred to the Department by the courts. The additional 10 purchased beds are estimated to serve 87 patients annually, based on the average length of stay of current CMHIFL Restoring Individuals Safely and Effectively (RISE) patients. The estimated number of patients served is based on data of patients who are discharged from CMHIFL. The Department will submit a FY 2019-20 budget request for any additional resources if needed, based on projected caseload.

Anticipated Outcomes:

This request will provide the Department with the additional resources needed to meet the increased caseload for projected court ordered inpatient competency evaluations and restoration to competency treatment.

Improving treatment of the affected individuals directly addresses the second half of Goal Five in the Department's Performance Plan "…expanding community supports in mental health and substance abuse services." It is consistent with the Governor's goal of Strengthening Colorado's Mental Health System.

Under current statute, the Department cannot control the number of inpatient evaluations and restorations that are ordered by the courts, but is responsible for conducting the evaluations and restorations within the terms of the settlement agreement. The increase in the number of court ordered competency evaluations and restoration to competency treatment is not unique to Colorado, as nationwide there have been reported increases. For example, a Joint Legislative Audit and Review Committee in Washington State found that the number of court referrals for competency evaluations increased by 82 percent from 2001 to Calendar Year 2011[1]. The additional purchased hospital beds will assist the Department in meeting projected bed need.

Assumptions and Calculations:

The requested FTE are similarly based on the existing Restoring Individuals Safely and Effectively (RISE) program staffing.

FTE Costs:

- Administrative Assistant III, entry level salary. The Administrative Assistant position provides critical services with regards to file management. Each patient referral requires the integration of numerous documents, including, but not limited to, documents from the court, county jails, police reports, previous evaluations, and previous hospitalizations/medical records. Documentation is critical for decision-making regarding admission to a contracted hospital, as well as for continuity of care during admission, discharge and transfer between programs. A single referral requires hours of administrative support and research. The administrative assistant maintains closed records and responds to requests for information. The administrative assistant creates updates and maintains a number of spreadsheets to assist the program with the daily movement of patient, tracking patient location and ensuring all documentation is provided to the correct agencies.

Table 3: Administrative Assistant III Duties	
Administrative Assistant III Duties	Estimated Numbers of Hours Per Year
Processing/reviewing transfer orders and related hospital documents	1,248
Data entry, filing, copying, mailing documents, other administrative tasks	807
Training	25
Total	**2,080***
***The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department will also be submitting an Emergency 1331 Supplemental request. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.**	

- Police Officer I, entry level salary. The ability to quickly pick up from or return a patient to jail, or transfer a patient from CMHIP or CMHIFL to a contracted hospital will be integral to the Institute's ability to manage bed need and meet the terms of the settlement agreement. In calendar year 2016, there were 170 transports completed between the MHIs, jails, RISE and other locations. Between January 1, 2017 and June 26, 2017, there have been 92 transports completed. An average round trip transport to Denver averages approximately 6 hours. Transport locations can include Western Slope, Denver Metro, San Luis Valley, Colorado Springs, Greeley, Fort Collins and other areas that add to transport time. A transport can include going to a jail to pick up a patient, delivering the patient to CMHIP, taking a patient from CMHIP to RISE and picking up another patient at another jail. Each of these locations can be in different corners of the state.

Table 4: Police Officer Duties	
Duty – Police Officer I	**Estimated Numbers of Hours Per Year**
Transporting Patient	2,040
Training	40
Total	**2,080***
*The Department is requesting a full year of FTE for this FY 2018-19 budget request because the Department will also be submitting an Emergency 1331 Supplemental request. This calculation is under the assumption that the FTE will start during FY 2017-18 and will therefore work all twelve months in FY 2018-19.	

- Transport vehicle: Due to the additional transports that will come with 10 additional beds, the Department is requesting a second Chevrolet Tahoe, equipped with security enhancements. This vehicle is a duplicate to the RISE transport vehicle. The annual lease (12 month) cost is estimated at $6,096 and the estimated annual mileage rate is estimated at $5,225.

- Contract Costs: The Department estimated the contract cost using the CMHIFL daily rate for FY 2017-18 of $868 per day as the basis for this request, increased by 1% for FY 2018-19.

Table 5: FTE Expenditure Detail			FY 2018-19	FY 2019-20
Personal Services:				
Classification Title	Monthly Salary	FTE		
Admin Asst III	$3,384	1.0	$40,608	$40,608
PERA			$4,122	$4,122
AED			$2,030	$2,030
SAED			$2,030	$2,030
Medicare			$589	$589
STD			$77	$77
Health-Life-Dental			$7,927	$7,927
Subtotal Position 1		**1.0**	**$57,383**	**$57,383**
Operating Expenses:				
		FTE		
Regular FTE Operating Expenses	$500	1.0	$500	$500
Telephone Expenses	$450	1.0	$450	$450
PC, One-Time	$1,230	-	$0	$0
Office Furniture, One-Time	$3,473	-	$0	$0
Subtotal Operating Expenses Position 1			**$950**	**$950**
Expenditure Detail			FY 2018-19	FY 2019-20
Personal Services:				
Classification Title	Monthly Salary	FTE		
Police Officer I	$4,270	2.0	$102,480	$102,480
PERA			$10,402	$10,402
AED			$5,124	$5,124
SAED			$5,124	$5,124
Medicare			$1,486	$1,486
STD			$195	$195
Health-Life-Dental			$15,854	$15,854
Subtotal Position 2		**2.0**	**$140,665**	**$140,665**

Table 5: FTE Expenditure Detail			FY 2018-19	FY 2019-20
Operating Expenses:				
		FTE		
Regular FTE Operating Expenses	$500	2.0	$1,000	$1,000
Telephone Expenses	$450	2.0	$900	$900
PC, One-Time	$1,230	-	$0	$0
Office Furniture, One-Time	$3,473	-	$0	$0
Police Uniforms	340	-	$0	$0
Radios/batteries/charger (set)	3,500	-	$0	$0
Subtotal Operating Expenses Position 2			**$1,900**	**$1,900**
TOTAL REQUEST POSITIONS 1 and 2		2.0	**$200,898**	**$200,898**

Table 6 details the cost estimate for the request.

Table 6: Cost Estimate Purchased Bed Capacity			
Item	State FTE	FY 2018-19	FY 2019-20
Contract Services ($876.68 per day * 10 beds * 365 days)		$3,199,882	$3,199,882
Vehicle Costs (lease and mileage)		$11,321	$11,321
State FTE Expenditure (Table 5)	3.0 (FY 2018-19) 3.0 (FY 2019-20)	$200,898	$200,898
Total		**$3,412,101**	**$3,412,101**

Table 7 illustrates the appropriation and requested funding for FY 2018-19 and beyond.

Table 7 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$23,781	$23,781	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,650,526**	**$25,493,369**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$272	$272	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$415,429**	**$280,763**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$415,429**	**$280,763**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,429**	**$280,763**	**$13,979**	**$74,685**	**$46,002**	**0.0**

Table 7 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$7,154	$7,154	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$7,154	$7,154	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,262,829**	**$7,608,290**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Table 7 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (3) Forensic Services, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$159,687	$159,687	$0	$0	$0	3.0
FY 2018-19 Total Requested Appropriation	**$159,687**	**$159,687**	**$0**	**$0**	**$0**	**3.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$159,687**	**$159,687**	**$0**	**$0**	**$0**	**3.0**
FY 2020-2021 Total Requested Appropriation	**$159,687**	**$159,687**	**$0**	**$0**	**$0**	**3.0**
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (3) Forensic Services, Operating Expenses	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$14,171	$14,171	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$14,171**	**$14,171**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$14,171**	**$14,171**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$14,171**	**$14,171**	**$0**	**$0**	**$0**	**0.0**

Table 7 Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (3) Forensic Services, Purchased Bed Capacity	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$3,199,882	$3,199,882	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$3,199,882**	**$3,199,882**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$3,199,882**	**$3,199,882**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$3,199,882**	**$3,199,882**	**$0**	**$0**	**$0**	**0.0**

Footnotes

[1] State of Washington, Joint Legislative Audit & Review Committee. Competency to Stand Trial, Phase I. Staff Productivity Standards, Data Reliability, and Other Parties 'Actions May Impact DSHS' Ability to Meet Timelines – Briefing report. December 5, 2012.
http://leg.wa.gov/jlarc/AuditAndStudyReports/Documents/CompetencytoStandTrialPhaseIBriefingReport.pdf

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-05e, Outpatient Competency Restoration

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$141,434,822	$0	$143,100,299	$1,177,618	$1,177,618
	FTE	1,066.8	1.8	1,072.9	3.0	3.0
	GF	$106,809,410	$0	$108,416,605	$1,177,618	$1,177,618
	CF	$5,104,087	$0	$5,076,360	$0	$0
	RF	$21,062,159	$0	$21,085,742	$0	$0
	FF	$8,459,166	$0	$8,521,592	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$23,782	$23,782
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$23,782	$23,782
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$334	$334
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$334	$334
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0

01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$8,780	$8,780
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$8,780	$8,780
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$8,780	$8,780
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$8,780	$8,780
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

08. Behavioral Health Services, (A) Community Behavioral Health Administration, (1) Administration -- Personal Services	Total	$6,036,763	$80,386	$6,191,157	$140,844	$140,844
	FTE	71.4	1.2	71.6	2.0	2.0
	GF	$1,748,823	$80,386	$1,798,805	$140,844	$140,844
	CF	$456,379	$0	$474,782	$0	$0
	RF	$881,150	$0	$904,733	$0	$0
	FF	$2,950,411	$0	$3,012,837	$0	$0

08. Behavioral Health Services, (A) Community Behavioral Health Administration, (1) Administration -- Operating Expenses	Total	$325,191	$21,306	$315,880	$1,950	$1,950
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$30,182	$21,306	$25,479	$1,950	$1,950
	CF	$61,032	$0	$56,424	$0	$0
	RF	$16,266	$0	$16,266	$0	$0
	FF	$217,711	$0	$217,711	$0	$0

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Outpatient Based Competency Restoration Program (SB 17-012)	**Total**	**$0**	**$0**	**$0**	**$937,038**	**$937,038**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$937,038	$937,038
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Personal Services	**Total**	**$70,620,903**	**$2,574,611**	**$72,397,417**	**$55,135**	**$55,135**
	FTE	995.4	0.6	1,001.3	1.0	1.0
	GF	$60,902,596	$2,574,611	$62,679,110	$55,135	$55,135
	CF	$3,195,849	$0	$3,195,849	$0	$0
	RF	$6,522,458	$0	$6,522,458	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Operating Expenses	**Total**	**$5,898,713**	**$5,653**	**$5,542,898**	**$975**	**$975**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,169,458	$5,653	$2,891,828	$975	$975
	CF	$426,774	$0	$348,589	$0	$0
	RF	$2,302,481	$0	$2,302,481	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Requirec Yes ____ No X ____ **If Yes, see schedule 4 fund source detail.**
RF Letternote Text Revision Requirec Yes ____ No X ____
FF Letternote Text Revision Requirec Yes ____ No X ____

Requires Legislation? Yes ____ No X ____

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 $1,177,618 total funds/General Fund and 3.0 FTE in FY 2018-19 and $1,177,618 total funds/General Fund and 3.0 FTE in FY 2019-20 and on-going to meet the community need for restoration services as required through Senate Bill (SB) 17-012. • This is an increase of 100% over the FY 2017-18 appropriations as this would be a new program.

Current Program
• Competency restoration treatment occurs in four settings: 1) state-run psychiatric hospitals; 2) community and privately-owned psychiatric hospitals; 3) jails; and 4) outpatient mental health facilities. Of those, the Department provides competency restoration services through the Mental Health Institute at Pueblo (CMHIP) or through the jail-based RISE program. • Referrals for outpatient competency restoration treatment continue to increase. In FY 2012-13, there were 59 outpatient restorations treatment orders as compared to 260 in FY 2016-17. • SB 17-012 established an outpatient competency restoration treatment program and provided $18,000 in FY 2017-18 for development of curriculum but did not provide program operating funds.

Problem or Opportunity
• SB 17-012 was passed in the 2017 Legislative Session to establish outpatient competency restoration treatment for defendants deemed incompetent to proceed. The Department is now required to provide outpatient competency restoration in addition to inpatient competency restoration treatment and the bill requires the Department to submit a budget request for resources necessary for implementation.

Consequences of Problem
• The Department is required to adhere to the settlement agreement in an existing federal district court lawsuit. The settlement requires that "the Department shall offer admission to pretrial detainees to the hospital for restorative treatment or inpatient competency evaluations no later than 28 days after the pretrial detainee is ready for admission." • Although not an immediate solution, providing a structured outpatient competency restoration services program has the long-term potential to reduce inpatient competency restoration demand by providing a less restrictive option for competency restoration treatment for low risk defendants.

Proposed Solution
• The Department requests $1,177,618 total funds/General Fund and 3.0 FTE in FY 2018-19 and $1,177,618 total funds/General Fund and 3,0 FTE in FY 2019-20 and on-going to meet the community need for restoration services as required through SB 17-012. • The Department will contract with a team of competency educators/case coordinators who will implement a standard competency education curriculum and coordinate community behavioral health services.

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John W. Hickenlooper
Governor
Reggie Bicha
Executive Director

Department Priority: ***R-05e***
Request Detail: ***Outpatient Competency Restoration (SB 17-012)***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund
Outpatient Competency Restoration	$1,177,618	3.0	$1,177,618
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Outpatient Competency Restoration	$1,177,618	3.0	$1,177,618

Problem or Opportunity:

The Department requests $1,177,618 total funds/General Fund and 3.0 FTE in FY 2018-19 and $1,177,618 total funds/General Fund and 3.0 FTE in FY 2019-20 and on-going to meet the community need for restoration services as required through Senate Bill (SB) 17-012. The Department analyzed current statute along with the bill and prepared a budget request that addresses the current State statutory structure along with the new legislative requirements. The Department, through this request, is addressing the lack of education and case management infrastructure for outpatient restoration treatment clients in Colorado that is referenced in Section 27-60-105 C.R.S. (2017) paragraphs (a) and (e) of the bill.

In the Department's final fiscal note analysis of SB 17-012, the Department assumed that a percentage of inpatient clients would be diverted from inpatient services at the Colorado Mental Health Institute and the jail-based restoration program. After further statutory analysis, the Department isolated its projections to include only those clients who are eligible for outpatient based competency restoration treatment. As enacted, the bill requires the Department to "develop models for providing competency restoration services that integrate competency restoration education with other case management and treatment, ensure continuation of ongoing treatment and services as appropriate, avoid duplication of services, and achieve efficiencies by coordinating with existing community resources and programs." Through this request, the Department will develop an education and case management system to address the current gap in services.

Currently, the Department does not have an outpatient based restoration program for clients to receive outpatient based restoration treatment. If a defendant is determined to be incompetent to proceed and released on bond, the court may require the defendant to obtain any treatment or habilitation services that are available to the defendant, such as inpatient or outpatient treatment at a community mental health center or in any other appropriate treatment setting. Under 16-8.5-111 C.R.S. (2017), if the court finds that the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis at the Mental Health Institute at Pueblo or at the jail-based competency restoration program entitled *Restoring Individuals Safely and Effectively (RISE).*

SB 17-012 requires the Department to establish an outpatient competency restoration treatment program in addition to providing competency restoration services on an inpatient basis. The creation of a structured outpatient competency restoration program has the potential to reduce the future demand for inpatient competency restoration services by providing an outpatient alternative for low risk defendants.

Proposed Solution:

The Department requests $1,177,618 total funds/General Fund and 3.0 FTE in FY 2018-19 and $1,177,618 total funds/General Fund and 3.0 FTE in FY 2019-20 and on-going to meet the community need for restoration services as required through Senate Bill (SB) 17-012.

The requested funding would be used to develop and implement an outpatient restoration program for an estimated 260 defendants annually. This estimate is based upon FY 2016-17 outpatient competency patients served and tracked by the Colorado Mental Health Institutes. Competency restoration education services would be provided by contracted restoration and education case managers using structured curricula designed for adult and adolescent clients. In addition, the Department would hire a Program Manager to oversee the program. Although the length of stay in competency restoration services will vary, based on the experience of other States, it is estimated that it will range from 84 to 132 days.

Defendants needing inpatient competency restoration would continue to access these services through CMHIP and the RISE program. Although the Department does not expect a reduction in referrals for inpatient restoration due to the overall growth in court-ordered restoration referrals, it is expected that providing a structured and less restrictive option will result in a decrease in referrals for low risk offenders to inpatient settings and an increased use of outpatient restoration in the future. Therefore, a structured outpatient restoration program is viewed by the Department as one long term strategy to reduce the growing trend of referrals for inpatient restoration.

Anticipated Outcomes:

Improving services for individuals ordered for competency restoration treatment directly addresses the second half of Goal Five in the Department's Performance Plan "…expanding community supports in mental health and substance abuse services." It is also consistent with the Governor's goal of Strengthening Colorado's Mental Health System.

When a defendant is thought to be incompetent to proceed because of mental illness and/or intellectual disability, the Court may order the defendant to undergo a competency evaluation, and when necessary, competency restoration treatment. Competency restoration treatment is an education and mental health treatment process that is used to restore a defendant to competency to proceed before the continuation of the legal process. To be considered restored and competent to stand trial, a defendant must be able to consult with a defense lawyer and have a rational and factual understanding of their impending legal proceedings. The goal of a competency restoration program is to assist the defendant with the knowledge, skill and reasoning to fully participate in legal proceedings.

There are four settings in which competency restoration typically takes place: 1) state-run psychiatric hospitals; 2) community and privately-owned psychiatric hospitals; 3) jails; and 4) outpatient mental health facilities. Each setting provides advantages to the State and the defendant based on the severity of the defendant's mental illness and/or intellectual disability and the seriousness of the defendant's crime. Defendants with the most severe mental illnesses and/or risks for self or public harm are generally served in hospitals, defendants who have less severe mental illness and risks for self-harm can be served in jail-based programs while those with less severe mental illness and risk for self and public harm are believed to be best served in the community in outpatient restoration programs. The published literature suggests that restoring defendants to competency in the least restrictive setting possible is a best practice after consideration for public safety and the treatment needs of the defendant.[1] Additionally, outpatient competency restoration treatment is more cost effective for the State when compared with inpatient or jail-based settings.

There are two major cost avoidance outcomes that will be tracked to help determine success of this new program. If the program is funded, the Department intends to compare the differences in costs of the new outpatient program against the jail-based and the inpatient competency restoration programs to gauge cost avoidance. In FY 2016-17, the average cost of inpatient restoration treatment at the CMHIP is $676 per day. In FY 2016-17 the costs for Jail-based competency restoration at the RISE program is $307.50/day. The outpatient competency restoration program is estimated to cost the State $27.45/day. Thus, providing a less structured outpatient competency restoration program has the potential to reduce the costs of restoration of low risk defendants by treating them in the least restrictive settings possible. Tables 1 and 2 illustrate the jail-based and inpatient based cost avoidance calculations that the Department will conduct if the program is funded.

Table 1: Jail-based Restoration Cost Avoidance from Implementation of Outpatient Restoration

Item	Type of Restoration	Patient days	Average Daily Cost	Total Costs
A.	Jail-based Restoration	X	$307.50	X times $307.50
B.	Outpatient Restoration	X	$27.45	X times $27.45
Costs Avoided				**A-B**

Table 2: Inpatient Restoration Cost Avoidance from Implementation of Outpatient Restoration				
Item	**Type of Restoration**	**Patient days**	**Average Daily Cost**	**Total Costs**
A.	Inpatient-based Restoration	X	$676.00	X times $676.00
B.	Outpatient Restoration	X	$27.45	X times $27.45
Costs Avoided				**A-B**

Assumptions and Calculations:

The Department has revised its estimate to reflect only defendants who have been placed in an outpatient based restoration status previously. Originally, the Department assumed that defendants currently ordered to CMHIP and jail-based restoration services could be diverted to this new program, however, based on the language in current statute, this does not appear to be possible without changes to the current statute. 16-8.5-111, 2 (b), C.R.S (2017) states that "if the court finds the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the department, in which case the executive director has the same powers with respect to commitment as the executive director has following a commitment under section 16-8-105.5 (4) At such time as the department recommends to the court that the defendant is restored to competency, the defendant may be returned to custody of the county jail or to previous bond status."

For this reason, the Department has modified its assumptions to reflect the 260 cases in FY 2016-17 in which, defendants were ordered to participate in outpatient competency restoration treatment with various community providers. During the FY 2016-17, on average 108.7 clients were served each day. In order to build an education/case management program to serve this high intensity population it is assumed that an 1 to 8 staff to client ratio will be needed to address the acuity of the population along with the necessary coordination between health provider, judicial and other existing service agencies to retain clients in community outpatient restoration treatment. An 1 to 8 staff-to-client ratio is based upon high intensity case management ratios that are similar to the evidence based behavioral health services models such as the Assertive Community Treatment program.

As shown in Table 3, there has been a dramatic increase in outpatient based competency restoration treatment despite the lack of a structured program. This trend is projected to continue. In FY 2012-13 there were 59 outpatient restoration clients. In FY 2016-17, the number of individuals has grown to approximately 260—a fourfold increase.

Table 3: FY 2013-2017 – Actual Incompetent to Proceed Outpatient Restorations				
Fiscal Year (Actuals)	**Outpatient Clients Served**	**Percent (%) Change**	**Average Daily Attendance (ADA)**	**Percent (%) Change**
FY 2012-13	59	-	21.0	-
FY 2013-14	71	20%	23.5	12%
FY 2014-15	135	90%	47.6	103%
FY 2015-16	190	41%	77.7	63%
FY 2016-17*	260	37%	108.7	40%

The Department estimates the number and cost of contracted restoration and education case managers (R&E Case Managers) to implement these services based on the following assumptions:

FY 2016-17 Average daily Attendance from Table 1 above divided by 8 clients per case manager.

Calculation=108.7 (ADA)/8=13.6 Case Managers (rounded to 14).

*As this would be a new program, and program ramp-up will be incremental, the Department assumes in FY 2018-19 and beyond that outpatient based service volume will remain at estimated FY 2016-17 levels and will make a supplemental request if needed.

The Department assumes a contracted team of educators/case managers located across the State is needed to implement the outpatient competency restoration and education program statewide**.** These positions will be at least bachelor-level behavioral health professionals who are able to educate and provide case coordination and case management. Complex clinical treatment issues will be referred by the contractor to the Program Manager for resolution. Because defendants referred for competency restoration treatment often experience significant mental health and cognitive challenges in conjunction with criminal charges, the Department has assumed a caseload that compares with a similar individual treated in community mental health programs. Specifically, the Department assumes that caseloads of one educator/case manager to 8 clients are needed to ensure both individual client and public safety. This high staffing ratio is consistent with intensive behavioral health treatment programs, such as Assertive Community Treatment, an evidence-based practice for high need individuals with mental illness who are residing in the community. The specific duties for the educator/case managers that drive the need for 1:8 caseloads include:

- Individual education sessions approximately 3 times a week for 2-4 hours with each client.
- At least weekly coordination contacts with mental health treatment providers.
- Regular coordination with medical care providers, tracking court dates and other court requirements.
- Documentation of all education and case management contacts,
- Weekly progress reports to be sent to the Program Coordinator which are subsequently are shared

with the various stakeholders, to include court services, the courts, and attorneys.

The Department assumes each contracted FTE will require additional operating expenses described in Table 4.

Table 4: Estimated Costs for Contracted Educators/Case Managers		
Item	**FY 2018-19**	**FY 2019-20**
Telephone	$450	$450
Leased Computer and Support	$1,230	$1,230
Office Furniture*	$0	$0
Client Related Education Expenses	$500	$500
Mileage for in home and/or court based case management. Est. $.54/mile (IRS 2016) average of 10,000 miles per year.	$5,400	$5,400
Total	**$7,580**	**$7,580**
*The Department assumes that these costs are covered under the JBC approved 1331 Supplemental Implementation.		

Best practices in restoration treatment dictate that educators/case managers are independent of mental health treatment providers. For this reason, and to ensure a uniform and accessible program, the Department assumes that a single statewide contractor will administer case management and competency restoration education services.

In order to administer a statewide outpatient competency restoration treatment program, the Department will need a full time 1.0 FTE Program Manager, 1.0 FTE Program Coordinator, and 1.0 FTE Analyst III to manage court orders and court reporting and to manage data collection related to process and outcome evaluation of the outpatient restoration program. The Department has outlined the assumptions for the duties and number of hours that will be necessary for each position below.

Program Manager (Program Management I, 2080 hours):

Outpatient Restoration Treatment Program Oversight

The Program Manager will have the primary responsibility of ensuring that all clients receive appropriate outpatient restoration services. This position will communicate with multiple stakeholders throughout the State, including State Judicial, Department of Health Care Policy and Financing, Divisions within the Department of Human Services such as Youth Corrections and both county and District Courts. The Program Manager will collaborate with the Courts in order to provide education regarding the models and levels of care for restoration of competency and the process for coordinating the court order with the appropriate provider. The Program Manager will collaborate with stakeholders in order to develop policy and procedures for the Outpatient Restoration Treatment Program. Stakeholders may include but are not limited to judges, District Attorneys, public defenders, State Court Administrator, treatment providers/systems, Division of Youth Services, and others. The Program Manager, through supervision of the Program Coordinator, will also work closely with the educator/case managers to ensure fidelity to the model adopted by the State for restoration services and adherence with contract terms. This will be accomplished through regular training of restoration educators/case managers and desk and field audits of services. These activities will require approximately 800 hours/year, outside of the training hours.

The Program Manager will establish minimum training requirements for those who deliver education for competency restoration treatment based upon curriculum that was funded by SB 17-012 and established in FY 2017-18. Additionally, the Program Manager will be responsible for coordinating this new program by educating treatment providers about Colorado's competency education and restoration processes. The Program Manager will need to conduct local stakeholder meetings to ensure that this new model is implemented throughout the State. It is expected that the Program Manager will conduct a basic training module on Colorado's restoration treatment model that includes treatment providers such as community mental health centers and private mental health treatment providers. This training will also involve coordination with judicial districts, and other community based stakeholders to strengthen the statewide system of competency restoration, education and treatment. An in-depth annual training will occur with all contracted educators/case managers, local judicial district representatives and/or judges, local treatment provider representation, community advocates, public defenders and other stakeholders with subsequent annual face-to-face refresher trainings. All trainings will be recorded for webinar distribution in order to provide ongoing instruction between annual trainings. Annual trainings, local travel and on-going technical support to local communities are estimated to take approximately 300 hours.

The Program Manager, through a Request for Proposal process, will contract with an organization to provide educators/case managers statewide. The contract will require that each defendant be able to receive restoration education within his/her county of residence. Case management/education services will help prevent duplication of services while also ensuring that clients receive all education and care to promote restoration and communicate effectively with the courts. The Program Manager will be responsible for oversight and monitoring of the contract. RFP and contract administration are estimated to tax approximately 600 hours.

The Program Manager will also be responsible for preparation of an annual report that will be available to the General Assembly. The Program Manager will oversee the work of the Data Manager/analyst including the preparation of an annual report that will contain a summary of program implementation, outcomes and recommendations for improvement. It is estimated that this task will take approximately 380 hours annually.

Table 5: Program Manager Duties	
Duty	**Number of Hours Per Year**
Communication and coordination with the community: Communicate with county and district Courts with a goal of educating the Courts as to models of care and levels of care; coordinate the court order with the appropriate provider; coordinate with the educator/case managers to ensure fidelity to the model adopted by the State for restoration services.	800
An annual training will occur with all contracted educators/case managers, and the community with subsequent annual face-to-face refresher trainings.	300
The Program Manager will be responsible for oversight and monitoring of the contract.	600
Supervision of the program coordinator and meet with the Analyst to review and outpatient competency restoration outcome data reports.	
Work with Analyst on a monthly basis, review trends and prepare an annual report that will be available to the General Assembly.	380
Total	**2,080**

Program Coordinator (2080 Hours):
The Program Coordinator position will report to the Program Manager. The Program coordinator will provide oversight of the contracted educators/case managers, which will include regular on-site visits and video-conference calls to ensure fidelity of the outpatient restoration program. . This will entail organizing additional trainings and monitoring educators to ensure that best practices and restoration barriers have been incorporated into the treatment services plan. Additionally, the program coordinator will ensure that the education program works independently from and is synchronized with the court services evaluators. It is estimated that this task will take approximately 500 hours on an annual basis.

The Program Coordinator will receive court order referrals from the Colorado Mental Health Institute at Pueblo (CMHIP) and will provide the information to the educators/case managers in the community in order to initiate restoration treatment in a timely manner. The Program Coordinator will inform the courts of the admissions, discharges or other significant issues the court needs to be made aware. The Program Coordinator will contact attorneys and the court by written communication to inform when their client has been admitted to outpatient treatment. The Program Coordinator will track court dates and opinions of the state evaluators for individuals involved in outpatient restoration treatment in order to communicate this information to the educators/case managers. Evaluation of competency occurs every 90 days by statute. It is considered best practice to initiate an early evaluation if the treatment provider believes an individual may be ready for the state evaluation prior to the 90 day period. The Program Coordinator would receive early referrals, consult with the educator/case manager initiating the early referral to determine if criteria is met for an early referral and send the referrals to court services. The Program Coordinator will apprise the Program Manager of referrals and evaluations. The Program Coordinator will monitor educators/case managers weekly contact hours and treatment compliance for outpatient restoration. The Program Coordinator will compile a monthly report for the Program Manager. It is estimated that this task will take approximately 1,080 hours on an annual basis.

The Program Coordinator will serve as an additional liaison between the educators/case managers and mental health and physical health treatment providers, family supports systems, housing supports and other stakeholders. This will take approximately 500 hours annually.

Table 6: Program Coordinator Duties	
Duty	**Number of Hours Per Year**
Fidelity Monitoring and Training	500
Review and Coordination of Independent Evaluation Services with Contracted Education	1,080
Day-to-day Systems/Individual client issue resolution	500
Total	**2,080**

Data Collection and Evaluation Analyst (Analyst III, 2080 hours):
The Analyst III position will be responsible for coordinating the support, training and use of data systems and the creation of analyses supporting the outpatient restoration program effort. The position will assist the Program Manager in establishing the processes and system to collect patient data for tracking patient progress towards restoration, the efforts required the completion of tasks, and patient status and outcome. The position will establish and maintain data-sharing protocols between the Department and the courts, Judicial, Mental Health Institutes (MHIs), and community mental health centers, as needed, and integrate data from external systems to maximize the impact of patient-progress and outcome analyses. Accurate and timely reporting requires coordination between the educator/case managers and behavioral health providers. As allowed by system interfacing, data export/import processes, or manual collection and entry, the Analyst III position will track treatment data across systems, manage data from disparate systems, and compile these data into reports that address patient status and outcomes, the scheduling and completion of case-manager assignments and tasks, workload monitoring, case-manager notes, and patient-support requirements (e.g., contact information, defense attorney, address, family support, etc.). The Program Manager, in conjunction with the data collection and evaluation analyst, will prepare an annual report that will process and outcomes for the program along with recommendations for improvement. It is estimated that this task will take approximately 140 hours on an annual basis.

Table 7: Data Collection and Evaluation Analyst Duties	
Duty	**Number of Hours Per Year**
Coordination of data systems and data sharing between the Department and the Courts, Judicial, MHIs, and community mental health centers.	1,160
Coordination between the educator/case managers and behavioral health providers for accurate and timely data reporting, and user training and support.	280
Track treatment data across systems, managing data from disparate systems, and the compilation of these data into outcome and management reports.	500
Prepare an annual report that will contain recommendations for improvement including possible future direction of the competency restoration continuum	140
Total	**2,080**

Table 8 details the FTE expenditure detail.

Table 8: Expenditure Detail			**FY 2018-19**		**FY 2019-20**	
Personal Services:						
Position 1	Class Code	Monthly Salary	FTE		FTE	
PROGRAM MANAGEMENT I	H1A5	$ 6,400	1.0	76,800	1.0	76,800
PERA				7,795		7,795
AED				3,840		3,840
SAED				3,840		3,840
Medicare				1,114		1,114
STD				146		146
Health-Life-Dental				7,927		7,927
Subtotal Position 1			**1.0**	**$ 101,462**	**1.0**	**$ 101,462**

Table 8: Expenditure Detail (continued)			FY 2018-19		FY 2019-20	
Position 2	Class Code	Monthly Salary	FTE		FTE	
PROGRAM COORDINATOR	H1A3	$ 4,117	1.0	49,404	1.0	49,404
PERA				5,015		5,015
AED				2,470		2,470
SAED				2,470		2,470
Medicare				716		716
STD				94		94
Health-Life-Dental				7,927		7,927
Subtotal Position 2			**1.0**	**$ 68,096**	**1.0**	**$ 68,096**
Position 3	Class Code	Monthly Salary	FTE		FTE	
ANALYST III	H1C3	$ 4,117	1.0	49,404	1.0	49,404
PERA				5,015		5,015
AED				2,470		2,470
SAED				2,470		2,470
Medicare				716		716
STD				94		94
Health-Life-Dental				7,927		7,927
Subtotal Position 3			**1.0**	**$ 68,096**	**1.0**	**$ 68,096**
Totals						
Salary				175,608		175,608
PERA				17,825		17,825
AED				8,780		8,780
SAED				8,780		8,780
Medicare				2,546		2,546
STD				334		334
Health-Life-Dental				23,782		23,782
Subtotal Personal Services			**3.0**	**$ 237,655**	**3.0**	**$ 237,655**
Operating Expenses						
Regular FTE Operating Expenses		$500	3.0	1,500	3.0	1,500
Telephone Expenses		$450	3.0	1,350	3.0	1,350
Office Furniture, One-Time		$3,473	-	-	-	-
Other: HR		$25.05	3.0	75	3.0	75
Subtotal Operating Expenses				**$ 2,850**		**$ 2,850**
TOTAL REQUEST			3.0	**$ 240,580**	3.0	**$ 240,580**
		General Fund:		*$240,580*		*$240,580*

Table 9 details the total outpatient restoration program.

Table 9: Cost Estimate for Outpatient Restoration Program				
Item	**Number of Contracted Staff or State FTE**	**Estimated Salary**	**FY 2018-19**	**FY 2019-20**
R&E Case Manager: Bachelor level behavioral health worker (Contracted)*	14 (FY 2018-19) 14 (FY 2019-20)	$40,000	$560,000	$560,000
Estimated Fringe benefits @25% of Salary		$10,000	$140,000	$140,000
Subtotal Contracted Personnel		**$50,000**	**$700,000**	**$700,000**
R&E Case Manager: Operating to include vehicle mileage, and operating costs.			$106,120	$106,120
Subtotal Contracted Personnel and Operating costs			**$806,120**	**$806,120**
Contractor Administration estimated at 15% of personnel and operating costs Training support costs			$120,918	$120,918
Subtotal Contracted Personnel Operating costs and Administration			**$927,038**	**$927,038**
Training support costs**			$10,000	$10,000
State FTE Expenditure (Table 8)	3.0 (FY 201819) 3.0 (FY 2019-20)		$240,580	$240,580
Total			**$1,177,618**	**$1,177,618**
*Annual costs may include: educational pamphlets development and printing ($2,000 X $1 pamphlet) for clients, judicial and other community members; $8,000 statewide training including meeting space rental, speaker fees and training education materials. The goal of the annual training is to strongly engage the community restoration treatment and judicial network. This training is focused on attracting local judicial district representatives and/or judges, local treatment provider representation, community advocates, public defenders and other stakeholders. The estimated attendance is 200 which equates to $40/trainee.				

Table 10 illustrates the implementation timeline and associated tasks.

Table 10: Implementation Timeline	
Task/Action	**Timeframe**
Post positions for hiring.	April 30, 2018
Post RFP for contracted R&E Case Managers	April 30, 2018
Hire State FTEs	July 1, 2018
Evaluate RFPs	July 1 through July 31, 2018
Award and Draft Contracts	August 2018
Route for Signature	September 2018
Begin Contractual Services	October 2018

Table 11 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 11: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$23,782	$23,782	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,642,599**	**$25,493,370**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,642,599**	**$25,493,370**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,650,527**	**$25,493,370**	**$204,384**	**$7,148,083**	**$2,804,690**	**0.0**

Table 11: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$334	$334	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$415,338**	**$280,825**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$415,491**	**$280,825**	**$13,979**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,503**	**$280,825**	**$13,979**	**$74,685**	**$46,002**	**0.0**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$8,780	$8,780	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,260,430**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,260,750**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,260,750**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**

Table 11: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$8,780	$8,780	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,260,430**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,260,750**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,260,750**	**$7,612,916**	**$372,845**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (8) Behavioral Health, (A) Community Behavioral Health Administration, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,962,359	$1,724,823	$405,975	$881,150	$2,950,411	70.5
Requested Funding (or Spending Authority)	$140,844	$140,844	$0	$0	$0	2.0
FY 2018-19 Total Requested Appropriation	**$6,068,487**	**$1,865,667**	**$405,975**	**$881,150**	**$2,950,411**	**72.5**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$6,075,635**	**$1,865,667**	**$405,975**	**$881,150**	**$2,950,411**	**72.5**
FY 2020-2021 Total Requested Appropriation	**$6,103,203**	**$1,865,667**	**$405,975**	**$881,150**	**$2,950,411**	**72.5**

Table 11: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Behavioral Health, (A) Community Behavioral Health Administration, Operating Expenses	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$299,633	$28,182	$37,474	$16,266	$217,711	0.0
Requested Funding (or Spending Authority)	$1,950	$1,950	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$310,386**	**$30,132**	**$37,474**	**$16,266**	**$217,711**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$301,583**	**$30,132**	**$37,474**	**$16,266**	**$217,711**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$310,386**	**$30,132**	**$37,474**	**$16,266**	**$217,711**	**0.0**
Line Item: (8) Behavioral Health, (B) Community-based Mental Health Services, (new) Outpatient Based Competency Restoration Program (SB 17-012)	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$937,038	$937,038	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$937,038**	**$937,038**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$937,038**	**$937,038**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$937,038**	**$937,038**	**$0**	**$0**	**$0**	**0.0**

Table 11: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health (E) Mental Health Institutes (2) Mental Health Institute at Pueblo, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$70,620,903	$60,908,060	$3,190,385	$6,522,458	$0	995.4
Requested Funding (or Spending Authority)	$55,135	$55,135	$0	$0	$0	1.0
FY 2018-19 Total Requested Appropriation	**$70,676,038**	**$60,963,195**	**$3,190,385**	**$6,522,458**	**$0**	**996.4**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$70,676,038**	**$60,963,195**	**$3,190,385**	**$6,522,458**	**$0**	**996.4**
FY 2020-2021 Total Requested Appropriation	**$70,676,038**	**$60,963,195**	**$3,190,385**	**$6,522,458**	**$0**	**996.4**
Line Item: (8) Office of Behavioral Health (E.) Mental Health Institutes (2) Mental Health Institute at Pueblo, Operating Expenses	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,898,713	$3,140,039	$426,774	$2,331,900	$0	0.0
Requested Funding (or Spending Authority)	$975	$975	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,901,638**	**$3,141,014**	**$426,774**	**$2,331,900**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$6,046,973**	**$3,141,014**	**$426,774**	**$2,331,900**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$3,695,712**	**$3,141,014**	**$426,774**	**$2,331,900**	**$0**	**0.0**

Footnotes

1 The National Judicial College. (2012). *VI. COMPETENCY RESTORATION*. Retrieved August 2015, from Mental Competency – Best Practices Model: http://www.mentalcompetency.org/model/model-sec-VI.html#VIA

2 Johnson, N. R., & Candilis, P. J. (2015). Outpatient competence restoration: A model and outcomes. World Journal of Psychiatry, 5(2), 228–233. doi:10.5498/wjp.v5.i2.228

3 Horton, C. (2013). *Restoration of Competency to Stand Trial.* Austin: Hogg Foundation for Mental Health

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-07 ReHire Colorado Extension

Dept. Approval By:

OSPB Approval By:

__ Supplemental FY 2017-18

X Change Request FY 2018-19

__ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$60,849,533	$0	$59,807,486	$1,300,406	$0
	FTE	2.0	0.0	1.0	1.0	0.0
	GF	$43,254,632	$0	$42,175,922	$1,300,406	$0
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration – Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$15,854	$0
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$15,854	$0
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration – Short-Term Disability	Total	$415,157	$0	$415,833	$109	$0
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$109	$0
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0

	Total	**$11,255,675**	**$0**	**$11,273,476**	**$2,846**	**$0**
01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$2,846	$0
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	**$11,255,675**	**$0**	**$11,273,476**	**$2,846**	**$0**
01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$2,846	$0
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	**$2,296,281**	**$0**	**$1,154,539**	**$1,278,751**	**$0**
07. Office of Self Sufficiency, (B) Colorado Works Program -- Transitional Jobs Program	FTE	2.0	0.0	1.0	1.0	0.0
	GF	$2,296,281	$0	$1,154,539	$1,278,751	$0
	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 schedule 4 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 $1,300,406 total funds/General Fund and 1.0 FTE in FY 2018-19 to continue the transitional jobs program for the last six months of FY 2018-19. No additional funding is requested at this time for FY 2019-20 and beyond.
- This request increases the total appropriation by 11.6% over the FY 2017-18 appropriation.

Current Program

- Since January 2014, ReHire Colorado, a transitional jobs program, has served under- or unemployed veterans, older workers, and non-custodial parents.
- ReHire has helped more than 1,044 people earn income and gain work history, skills, and employment references via subsidized jobs; an additional 475 have received training, job readiness classes, and resume writing to support their job search.

Problem or Opportunity

- ReHire Colorado is currently scheduled to end services to individuals in December 2018 and the program is set to expire in June 2019 per 26-2-1103 C.R.S. (2017).
- ReHire was initially authorized by HB 13-1004 and was subsequently extended by HB14-1015 and HB 16-1290.

Consequences of Problem

- The program prioritizes individuals who are low-income non-custodial parents, veterans, and workers over age fifty who have experienced under- or unemployment and have difficulty re-entering the workforce.
- These individuals are likely to be relying on the social safety net, despite a desire to work.

Proposed Solution

- The Department requests $1,300,406 total funds/General Fund and 1.0 FTE in FY 2018-19 to continue to serve at least 237 hard-to-serve participants in the second half of FY 2018-19.
- Outcomes include increased employment and wages, lasting well beyond program participation, increased child support payments, and decreased Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. Ongoing employment increases State tax revenue while reducing reliance on public assistance thus lowering cost to the State.
- This request supports the Department’s strategic policy initiative to give Coloradans an opportunity to achieve economic security through meaningful employment.

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Department Priority: ***R-07***
Request Detail: ***Rehire Colorado Extension***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
ReHire Colorado Extension	$1,300,406	1.0	$1,300,406
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
ReHire Colorado Extension	$0	0.0	$0

Problem or Opportunity:

The Department requests $1,300,406 total funds/General Fund and 1.0 FTE in FY 2018-19 to continue the ReHire Colorado program in order to serve an additional 237 participants in the last six months of FY 2018-19. No additional funding is requested at this time for FY 2019-20 and beyond.

The Colorado Careers Act of 2013 established a transitional jobs program, known as ReHire Colorado, to stabilize individuals and families via earned income, stimulate local economies by increasing wages earned and spent locally, and contribute to employers' economic health. ReHire accomplishes these goals via subsidized, short-term employment to under- and unemployed Coloradans, prioritizing non-custodial parents, workers over age 50, and veterans, with incomes below 125% of the federal poverty level. Ultimately, the program – known as a transitional jobs (TJ) Program – is designed to support these individuals transition into the workplace. A transitional jobs program is an employment strategy that seeks to transition people with labor market barriers into gainful employment using wage-paid, short-term employment that combines real work, skills development, and supportive services. The program promotes job creation among individuals who have been disenfranchised workforce, while protecting employers' bottom lines.

As a group, ReHire Colorado participants have little or no work experience and often lack a high school diploma, reliable transportation, and tenable workplace or social skills critical to workplace acumen; many participants face additional barriers of a criminal record, disability, or homelessness. These are all significant barriers to obtaining (and keeping) a job. ReHire Colorado is a means for these marginalized workers to secure work experience in order to attain permanent employment.

ReHire's target populations have been identified as vulnerable to full labor market participation. Therefore, connecting them to the labor market via subsidized positions mitigates barriers to employment and promotes employment outcomes:

- Non-custodial Parents: More than 60,000 non-custodial parents known to the Child Support Services program are unemployed; an unknown, but likely high number, are under-employed. Lack of gainful employment contributes to a parent's inability to pay child support orders.[1]
- Workers over 50: Older workers who lose employment tend to remain unemployed longer than do younger workers. According to the Bureau of Labor Statistics, 34% of workers over age 55 have been unemployed for longer than 27 weeks, compared to just over 26% for workers aged 25 to 54.[2] The average duration of unemployment for older workers is nearly 40 weeks, 7-14 weeks longer than younger groups. Furthermore, evidence indicates that the unemployment rate for older workers is increasing, even as it declines for the general population.[3]
- Veterans: The unemployment rate for veterans younger than 29 years old continues to be much higher than the rate for non-veterans in that age range. Similar to the general population of workers over age 50, older veterans also struggle to find work with longer spells of unemployment.[4]

ReHire Colorado is currently scheduled to end services to individuals in December 2018 and the program is set to expire in June 2019 per 26-2-1103 C.R.S. (2017). Continuing the ReHire program throughout FY 2018-19 will provide the Department an important opportunity to continue its successful engagement of typically underserved populations. Continuing the program during the second half of FY 2018-19 will serve an additional 237 vulnerable Coloradans in FY 2018-19. Continuing the program will result in economic gains to those individuals/families as well as communities and businesses. Early internal evaluation results demonstrate that ReHire participants are more likely to attain formal employment than a similar control group. This evidence suggests that the ReHire program helps disadvantaged job seekers obtain successful longer term employment.

An interdisciplinary research team at the University of Colorado is evaluating ReHire Colorado. Between January 2014 and June 2015, 997 participants entered ReHire (Wave-1). Receipt of public benefits can be tracked among all of these individuals for at least 22 months following their entry into the program. Additionally, formal sector earnings and employment were measured through the sixth quarter following program entry. The Wave-1 analysis provides a comparison of participants' outcomes after ReHire

[1] From an internal ad-hoc report using the "employer of record" field to project employment.
[2] https://www.bls.gov/opub/ee/2017/cps/tablea36_201703.pdf
[3] http://www.economicpolicyresearch.org/index.php/wealth-insecurity-news/1609-january-unemployment-report-for-workers-over-56
[4] https://www.bls.gov/opub/ee/2017/cps/tablea40_201703.pdf and http://www.bls.gov/news.release/empsit.t05.htm

compared to the period prior to entering ReHire. Program entry in Wave-1 was not randomly assigned and other things may have changed over time (including an improving labor market), which may not necessarily provide the causal effect of ReHire. Nevertheless, these results give suggestive evidence of how ReHire participants are faring long after they have completed the program.

Beginning in July 2015 and ongoing, outcomes can be more directly attributed to ReHire participation because the evaluators have randomly assigned applicants to a treatment and control group (Wave-2). As of April 2017, 762 people had been assigned to the treatment group and 650 to the control group. So far, analysis is available for 1,008 applicants, representing seven months of post-application data for some metrics and one quarter of employment and earnings data.

This post-application data shows that individuals who apply to participate in ReHire have faced challenges to employment at much higher rates than among the general Colorado population, despite the State's strong labor market. Between July 2015 and April 2017, nearly two in five applicants had experienced homelessness. About 20% have a felony conviction or have been incarcerated and 8% are currently on probation. Almost 60% of parents are single parents. Nearly all applicants are currently covered by health insurance (91.5%), but the vast majority of those receive their coverage from Medicaid. About 20% are currently not allowed to drive and more than 25% have a health condition that limits their ability to work. Finally, substance abuse is an issue among participants, with about 10% self-identifying as addicted to alcohol or other drugs.

Continuing ReHire Colorado and the random assignment evaluation design will provide rich information – including profiles of who benefits from the program, from what aspects, and who doesn't benefit – that will benefit the Department as well as contribute to the burgeoning national research. Maintaining the program will further demonstrate the measurable, permanent effects from a six-month employment intervention as well as the ongoing return on investment. Continuing the data collection and analysis will provide stronger support for identifying successful program elements that should be promoted and expanded both in Colorado and nationally.

Proposed Solution:

The Department requests $1,300,406 total funds/General Fund and 1.0 FTE in FY 2018-19 to continue the transitional jobs program throughout FY 2018-19, enabling the program to continue serving participants beyond December 31, 2018. The FTE is not new, but continues the two originally appropriated positions throughout FY 2018-19. Table 4 outlines the hours required to operate the program. Salaries calculated in Table 5 are based on the current actual salaries for the two existing appropriated positions.

The National Transitional Jobs Network suggests that transitional jobs (TJ) programs can yield cost savings for states. In Colorado, early ReHire evaluation results confirm this, demonstrating a drop in SNAP and TANF receipt following program participation. As of April 2017, receipt of SNAP benefits decreased approximately 14% per person, on average, between the 12 months leading up to ReHire participation and 12 months after exiting the program. Similarly, monthly TANF expenditures in the 12th month prior to applying for ReHire, totaled $31,000, while 12 months after program entry, TANF expenditures fell to $24,000, a 23% decrease. This is especially significant given that TANF recipients comprise a small subset of ReHire participants.

In addition, TJ programs benefit communities and employers by developing a skilled local workforce. Employer engagement in the ReHire program ensures that skills gained are the right skills and valuable to the industry/occupation. The subsidized wage allows employers to create jobs and even save other jobs from being eliminated. A study by the Economic Mobility Corporation (Elliott & Roder, September 2013) estimated the value for both participants and employers of five subsidized employment programs in four different states (Mississippi, Florida, Wisconsin, and California).[5] Employers reported that the program created jobs that would not have existed otherwise and benefitted their bottom lines. They expressed eagerness to participate in similar programs again. ReHire employers have had similar experiences.

Employers involved in ReHire have praised the program's help filling empty positions with good candidates. For example, one employer described trouble finding qualified personnel for its precision machine shop. ReHire enabled this employer to test out and train an intern in the specific skills required without spending its own limited funds during the trial period.

Another employer admitted that without ReHire, it would not have considered a particular employee given several "red flags" on his resume. However, the employer stated,

> "The wage subsidy allowed me to take the risk of hiring him. We have been very happy with [ReHire Participant]. The wage subsidy ends tomorrow and we will be hiring him on as a full-time employee with a living wage."

More general feedback from two more employers included these comments:

> "We got just as much as we gave, if not more: this [ReHire Participant] was highly motivated to succeed, appreciated the opportunity, and was extremely hard working and talented. It kept our costs down as we were trying to bring a product to market."

> "This program is vital to our economy, vital to our talent pool, and produces returns to the host company that one wouldn't expect."

The ReHire program is operated by multiple vendors and extends across the State. Vendors generally provide services in particular counties, but participation is tracked by vendors, not counties. Table 1

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[5] http://economicmobilitycorp.org/uploads/stimulating-opportunity-full-report.pdf

presents the vendors, counties served, and number of employers who have participated in the program since it began operating in January 2014.

Table 1: ReHire Vendors & Employers (FY 2013-14 through FY 2016-17)		
Vendor	County	Number of Employers
Catholic Charities of Pueblo	Pueblo, Fremont	55 (e.g. Habitat for Humanity/ReStore; American Pride Landscaping)
Discover Goodwill of Southern & Western Colorado	El Paso, Teller	169 (e.g. Big Bob's Flooring; Women's Resource Agency)
Larimer County Workforce Center	Larimer, Phillips, Weld	76 (e.g. V3 Media Marketing; The Growing Project)
Colorado Coalition for the Homeless	Denver, Arapahoe, Adams, Jefferson, Douglas	7 (e.g. Mile High Workshop; Goins Automotive)
Boulder County Workforce Center	Boulder County	25 (e.g. Barrio E Centro; Phase Zero Solutions)
Goodwill Industries of Denver	Denver metro area	21 (e.g. Navajo Manufacturing; Udi's Bakery)
Hilltop Health Services Corporation	Mesa, Montrose, Delta, Ouray, Hinsdale, San Miguel	34 (e.g. Bob Scott RV; Hilltop Health Access)
Rocky Mountain Human Services	Denver, El Paso, Pueblo, Mesa	50 (e.g. Custom Quality Woodwork; Veterans Upward Bound)

The request is for 1.0 FTE for the latter half of FY 2018-19. The FTE will continue to be responsible for continuing to implement and manage the ReHire program, which includes, but is not limited to, the following tasks. (For a complete summary of required tasks, see Table 4):

- Conduct outreach to potential partner organizations and program participants.
- Establish and maintain communication among various systems affected (e.g. Colorado Works, Child Support Services, and Workforce Centers.)
- Develop and provide training and technical assistance to contractors and partners, both to ensure fidelity in program implementation and build capacity around the State.
- Oversee evaluation efforts.

This program supports the Department's strategic policy initiatives to "Improve the lives of Colorado families in need by helping them to achieve economic security" and to "Ensure Colorado's children and youth have the opportunity to thrive in safe, nurturing and stable families." This request links to several of the Department's established performance measures: employment attainment and retention; collecting current child support; and collecting child support in arrears.

Anticipated Outcomes:

By assisting people with significant barriers to employment, ReHire Colorado aims to increase employment and wages among its participants, reduce reliance on government assistance, and benefit employers and local and state economies.

ReHire results in employment among people who would otherwise not be employed. Data suggest that even 18 months after leaving ReHire, program participants are 10 percentage points more likely to be employed than when they entered the program. In other words, more than a year after the program stopped supporting them, one in every ten participants, or about 100 people, is employed who were not at the time of application. In turn, these individuals are more likely to be paying child support and less likely to be receiving Food Assistance or other benefits.

Additionally, data suggest that ReHire participants experience an increase in earnings as a result of the program. In the six quarters prior to entering ReHire, participants earned an average of $1,648 per quarter. In the sixth quarter *after* ReHire entry, the average participant earned $2,203 – an increase of 32% sustained more than a year after the program stopped providing subsidized employment to them.

Based on existing program experience, during the second half of FY 2018-19, ReHire Colorado will recruit at least an additional 237 participants, placing 142 (60%) in transitional jobs. These jobs will provide earned income, work history, skills, and employment references to help participants who have been marginalized from the workforce to acquire and maintain unsubsidized employment. An additional 95 participants (30% of the recruits) will receive other services to support their job search, including training (paid and unpaid); resume assistance; mock interviewing; and targeted support/payments to address employment barriers such as lack of transportation, work tools, or appropriate clothing.

During its three years of operation (January 2014 through May 2017), 1,759 individuals have enrolled in the ReHire program and 1,044 participants have been placed into transitional jobs. Each dollar paid as wage subsidies to these 1,044 individuals returned $4 to the local economy, as cited by the Heartland Alliance in Chicago. Paying these individuals the current minimum wage ($9.30/hour) for 12 weeks of full-time work would cost $4,464 in wage subsidies and would return an estimated $17,856 to the Colorado economy, per participant. Assuming all 1,044 participants received the wage subsidy for 12 weeks results in more than $18.6 million circulating in the economy.

That same $4,464 12-week investment may result in a $50 average reduction in monthly SNAP receipt, or about $600 savings across the twelve-month period after program participation. Assuming 40% of the

1,044 subsidy recipients received SNAP prior to ReHire participation, and using the $600 average savings, results in overall SNAP savings of $250,000 in a year.

There would be similar savings in Colorado Works/TANF. Focusing on the 1,044 participants receiving the wage subsidy for 12 weeks, that same $4,464 investment would reduce TANF receipt by about $100/recipient/month for a total annual savings of $1,200. Assuming 7.2% of the 1,044 subsidy recipients received TANF prior to ReHire participation, and using the $1,200 average savings, this results in overall TANF savings of $90,202 in a year. These savings will remain with the counties to be invested in other areas of their TANF program.

ReHire contractors have served participants in Metro Denver, Northern Colorado, Southern Colorado, and the Western Slope. More than 239 employers have served as transitional job host sites, providing an opportunity to participants while increasing their productivity and capacity.

As detailed in the previous section, ReHire participants experience increased employment and increased wages, on average, lasting well beyond their tenure in the program. Participation in SNAP and TANF decreases among participants, reducing their reliance on public assistance and ultimately lowering the cost to the State. With more parents working, more families will qualify for the Earned Income Tax Credit, further boosting their income.

Increased income among non-custodial parent participants will also lead to increased child support payments to those children's households. 13% (113) of early program participants had an open child support case (either an active order (73%) or arrears owed (98%)) in the month they started the program. Among these participants, the percentage of non-custodial parents who made regular, monthly child support payments nearly doubled, from 21% in the quarter before joining the ReHire program to 41% in the quarter after joining the program. Meanwhile, the percentage of ReHire participants who had made zero child support payments was cut in half, decreasing from 38% in the quarter before joining ReHire to 19% in the quarter after beginning the program. Overall, the average monthly child support payment in the three months before a non-custodial parent entered the ReHire program increased 53%, from $88 per participant per month to $186 per person per month. This translates to an additional $91,828 in child support collected and benefiting families and children as a direct result of the ReHire Colorado program during its initial 18 months of operation.

In addition to participant outcomes, ReHire Colorado will improve economic and employer outcomes. It will increase the number of jobs in the State while allowing small- and medium-sized employers to increase their staff at a lower cost to increase productivity, work quality, and the number of customers served. Participants will enhance the tax base by spending their earnings on goods and services in their communities, strengthening the local economy.

Table 2 illustrates the implementation timeline for extending ReHire Colorado.

Table 2: Timeline for Extending ReHire Colorado				
DESCRIPTION	**FY 2018-19**			
	Q1	Q2	Q3	Q4
Assess Office operations and strategize with leadership	X			
Develop redesign of existing Statement of Work	X			
Develop evaluation criteria	X	X		
Program database enhancements	X	X		
Training for new and ongoing Local Area Contractors (LACs)		X		
Improve individualized client employment plans		X	X	
Develop reporting and evaluation of LACs performance			X	X
Closeout – Financial Info for End of Fiscal Year				X
Work with LACs to implement best practices	X	X	X	X
Random Control Trial (RCT) monitoring	X	X	X	X
Fiscal Oversight	X	X	X	X
Technical Assistance	X	X	X	X

Assumptions and Calculations:

Funding for this continuation request will be General Fund to supplement the funds appropriated in the Colorado Careers Act for the last six months of FY 2018-19.

As Table 3 shows, direct program costs to serve participants are estimated to include:

$1,100/participant - Local Agency Contractor administrative and case management expenses and supportive services directly related to employment such as transportation assistance, fees associated with certifications or licenses, work uniforms, training courses, etc.

$6,180/participant in a transitional job - Average total wage subsidy based on minimum wage ($9.30) plus $1.00/hour to cover worker's compensation and unemployment insurance costs, times an average of 30 hours per week for 20 weeks.

Table 3: Program Costs per Participant Served	
	FY 2018-19*
Total participants	237
Supportive Services & Administration ($1,100/participant) – All participants	$260,700
Transitional wage participants only	142
Transitional wage subsidies ($6,180/participant)	$877,560

**This is the second half of the year; the first half is currently funded.*

Table 4: 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 2018-19	
Personal Services:				
Classification Title	Monthly	FTE		
SOC SERVICES SPEC III	$4,352	0.5	$26,112	
PERA			$2,650	
AED			$1,306	
SAED			$1,306	
Medicare			$379	
STD			$50	
Health-Life-Dental			$7,927	
Subtotal Position 1, #.# FTE		**0.5**	**$39,730**	
Classification Title	Monthly	FTE		
CONTRACT ADMINISTRATOR IV	$5,132	0.5	$30,792	
PERA			$3,125	
AED			$1,540	
SAED			$1,540	
Medicare			$446	
STD			$59	
Health-Life-Dental			$7,927	
Subtotal Position 2, #.# FTE		**0.5**	**$45,429**	
Subtotal Personal Services		1.0	**$85,159**	
Operating Expenses:				
		FTE		
Regular FTE Operating Expenses	$500	1.0	$500	
Telephone Expenses	$450	1.0	$450	
PC, One-Time x 2 staff	$1,230	2.0	$2,460	
Travel	$1,543	1.0	$1,543	
Furniture N/A (existing)				
Subtotal Operating Expenses			**$4,953**	
TOTAL REQUEST		1.0	**$90,112**	**$0**

State administrative costs, which include personal services to continue existing 2.0 FTE, operating expenses, program evaluation, and printing, communications and outreach, are projected at $278,762 annually, as presented in Table 5. Salaries calculated in Table 4 are based on the current actual salaries for the two existing appropriated positions. Program evaluation and printing, communication, and outreach costs are based on current annual expenditures of $90,000 and $8,538 respectively.

As shown in Table 5, technical assistance costs are calculated at 2% of program costs. This is based on the recommendation from the National Transitional Jobs Network's implementation experts, and supported by the first three years' experience. In order to continue the TJ strategy statewide, the Department continues to build capacity among organizations that may have some, but not all of the elements for successful implementation. The investment and capacity building within the field are essential to continued growth. Funds continue to support this capacity-building by facilitating peer learning and sharing of local expertise, bringing in outside expertise when needed, and developing training and materials.

Table 5: ReHire Colorado - Total Funds Required	
	FY 2018-19
Administrative Costs	
Personal Services (Table 4)	$85,159
Operating Expenses (Table 4)	$4,953
Program evaluation	$45,000
Printing, communication, and outreach	$4,269
Program Delivery Costs	
Supportive Services and Administration (Table 3)	$260,700
Transitional wage subsidies (Table 3)	$877,560
Technical assistance (2%)	$22,765
Total Funds Required	**$1,300,406**

Table 6 on the next page breaks down the number of annual hours required for each required program activity. The requested funding is to provide six-month funding to complete these full-year duties and activities that are currently appropriated for the first six-months of FY 2018-19.

Table 6: FTE Duties Justification	
Activities	**FY 2018-19**
Contract execution and oversight:	
Develop RFP to solicit program vendor to conduct pilot; Manage process	130
Develop program vendor contract, negotiate it, attain clearance and execution	160
Manage the contract, monitor vendor's performance	213
Develop, negotiate and execute the evaluation contract	60
Manage the evaluation contract, monitor the vendor's performance	65
Contract modifications	48
Contract closeouts; reviewing files, communications with contractors	55
Fiscal management:	
Manage financial transactions with both program and evaluation vendor	285
Track and oversee the overall project budget, fiscal meetings	123
Program Implementation, Communication and Training:	
Develop vendor-county proceses, in collaboration with both	144
Train County and Pilot staff	20
Communicate regularly with counties participating in the pilot	81
Share information regarding the Pilot's roll-out and achievements	100
Communicate with SSAdministration and Disability Determination Services	0
Site visits, weekly meetings, create plans for improvement/compliance	477
Ensure evaluation model fidelity; vendor and county sites cooperation	130
Address inquiries; management, counties, vendors, and stakeholders	95
Technical assistance to vendors by phone and in person	425
Monitor program contractors	156
Developing and maintaining relationships with vendors	120
Event planning, preparation, and participation	225
Webinars training vendors, including preparation	60
Professional Development Academy participantion and planning	45
Meetings with external potiential employers (Marketing)	116
Reviewing and revising program documents	10
Program design modifications	20
Project Accountability	
Prepare interim and annual reports	110
Data entry, database maintenance	180
Operational	
Division Meetings; other staff obligations	120
Training on state procurement and administrative procedures	100
Research program related	24
Training - staff development	72
Leave	192
Annual Total: 2,080 hrs x 2 FTE	**4160**

Table 7 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 7: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21				
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$15,854	$15,854	$0	$0
Requested Funding (or Spending Authority)	$15,854	$15,854	$0	$0
FY 2018-19 Total Requested Appropriation	**$31,708**	**$31,708**	**$0**	**$0**
FY 2019-20 Annualization of Prior Year Funding	($15,854)	($15,854)	$0	$0
FY 2019-2020 Total Requested Appropriation	**$15,854**	**$15,854**	**$0**	**$0**
FY 2020-2021 Total Requested Appropriation	**$15,854**	**$15,854**	**$0**	**$0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$105	$105	$0	$0
Requested Funding (or Spending Authority)	$109	$109	$0	$0
FY 2018-19 Total Requested Appropriation	**$214**	**$214**	**$0**	**$0**
FY 2019-20 Annualization of Prior Year Funding	($109)	($109)	$0	$0
FY 2019-2020 Total Requested Appropriation	**$105**	**$105**	**$0**	**$0**
FY 2020-2021 Total Requested Appropriation	**$105**	**$105**	**$0**	**$0**

Table 7: (Continued)				
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$2,770	$2,770	$0	$0
Requested Funding (or Spending Authority)	$2,846	$2,846	$0	$0
FY 2018-19 Total Requested Appropriation	**$5,616**	**$5,616**	**$0**	**$0**
FY 2019-20 Annualization of Prior Year Funding	($2,846)	($2,846)	$0	$0
FY 2019-2020 Total Requested Appropriation	**$2,770**	**$2,770**	**$0**	**$0**
FY 2020-2021 Total Requested Appropriation	**$2,770**	**$2,770**	**$0**	**$0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$2,770	$2,770	$0	$0
Requested Funding (or Spending Authority)	$2,846	$2,846	$0	$0
FY 2018-19 Total Requested Appropriation	**$5,616**	**$5,616**	**$0**	**$0**
FY 2019-20 Annualization of Prior Year Funding	($2,846)	($2,846)	$0	$0
FY 2019-2020 Total Requested Appropriation	**$2,770**	**$2,770**	**$0**	**$0**
FY 2020-2021 Total Requested Appropriation	**$2,770**	**$2,770**	**$0**	**$0**

Table 7: (Continued)				
Line Item: (7) Office of Self Sufficiency (B) Colorado Works, Transitional Jobs Program	**Total Funds**	**General Fund**	**Cash Funds**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$1,154,539	$1,154,539	$0	$0
Requested Funding (or Spending Authority)	$1,278,751	$1,278,751	$0	$0
FY 2018-19 Total Requested Appropriation	**$2,433,290**	**$2,433,290**	**$0**	**$0**
FY 2019-20 Annualization of Prior Year Funding	($1,278,751)	($1,278,751)	$0	$0
FY 2019-2020 Total Requested Appropriation	**$1,154,539**	**$1,154,539**	**$0**	**$0**
FY 2020-2021 Total Requested Appropriation	**$1,154,539**	**$1,154,539**	**$0**	**$0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-08 Colorado SNAP Increased Food Security and County Technical Assistance

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$59,931,615	$0	$60,034,888	$511,356	$512,495
	FTE	10.0	0.0	10.0	6.4	7.0
	GF	$41,648,975	$0	$41,713,796	$255,680	$256,249
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$5,978,783	$0	$5,980,572	$255,676	$256,246

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration – Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$55,490	$55,490
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$27,745	$27,745
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$27,745	$27,745
01. Executive Director's Office, (A) General Administration – Short-Term Disability	Total	$415,157	$0	$415,833	$644	$702
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$322	$351
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$322	$351

01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$16,947	$18,489
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$8,474	$9,245
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$8,473	$9,244

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$16,947	$18,489
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$8,474	$9,245
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$8,473	$9,244

07. Office of Self Sufficiency, (C) Special Purpose Welfare Programs -- Supplemental Nutrition Assistance Program	Total	$1,378,363	$0	$1,381,941	$421,328	$419,325
	FTE	10.0	0.0	10.0	6.4	7.0
	GF	$690,624	$0	$692,413	$210,665	$209,663
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$687,739	$0	$689,528	$210,663	$209,662

CF Letternote Text Revision Required? Yes ___ No X If Yes, see schedule 4 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

COLORADO
Department of Human Services

Cost and FTE

- The Department requests $511,356 total funds, including $255,680 General Fund, and $255,676 federal funds (Supplemental Nutrition Assistance Program, SNAP) and 6.4 FTE in FY 2018-19, and $512,495 total funds, including $256,249 General Fund, and $256,246 federal funds and 7.0 FTE in FY 2019-20 and beyond to improve SNAP access and delivery.
- This is an increase of 34.7% over the FY 2017-18 appropriation.

Current Program

- Providing more than $61 million in benefits to nearly 476,000 Coloradans, the Food Assistance Program (i.e. Supplemental Nutrition Assistance Program) is a federal entitlement program that provides monthly food benefits to families and individuals experiencing food insecurity.
- In Colorado, 64 counties administer the program, while the Department is responsible for sound program oversight, statewide.

Problem or Opportunity

- Too many Coloradans struggle with poverty and food insecurity. One out of every eight Coloradans (12.1%), including one out of every five children, struggle with food insecurity.
- Colorado was recently released from a Settlement Agreement regarding timely processing of benefits, yet remains on a corrective action plan for program accuracy, as measured by the Case and Procedural Error Rate (CAPER), since 2010. Colorado will remain under a Food and Nutrition Service (FNS) corrective action plan until accuracy performance improves.
- Changes to federal regulations require enhanced management and county technical assistance.

Consequences of Problem

- Colorado is unable to provide sufficient technical assistance to counties to manage new federal regulations, implement SB 16-190, and implement the SNAP efficiently and effectively.
- Colorado will face federal sanctions and financial penalties for failing to address audit findings and failing to accurately deliver benefits.

Proposed Solution

- The Department requests $511,356 total funds, including $255,680 General Fund, and $255,676 federal funds and 6.4 FTE in FY 2018-19, and $512,495 total funds including $256,249 General Fund, and $256,246 federal funds and 7.0 FTE in FY 2019-20 and beyond to improve SNAP access and delivery.
- Funds will allow the Department to hire five SNAP program staff and two quality assurance (SNAPQA) staff to improve outcomes related to food security.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-08***
Request Detail: ***Colorado SNAP Increased Food Security and County Technical Assistance***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund	Federal Funds
Enhancing SNAP Performance and Increasing County Technical Assistance	$511,356	6.4	$255,680	$255,676
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**	**Federal Fund**
Enhancing SNAP Performance and Increasing County Technical Assistance	$512,495	7.0	$256,249	$256,246

Problem or Opportunity:

The Department requests $511,356 total funds, including $255,680 General Fund, and $255,676 federal funds and 6.4 FTE in FY 2018-19, and $512,495 total funds, including $256,249 General Fund, and $256,246 federal funds and 7.0 FTE in FY 2019-20 and beyond. These funds will allow the Department to hire five additional Supplemental Nutrition Assistance Program (SNAP) staff (in the Office of Economic Security) and two Quality Assurance (SNAPQA) staff (in the Office of Performance and Strategic Outcomes) to improve outcomes related to food security (including healthy infant development, improved educational attainment, increased economic output, decreased chronic health issues and health care costs), by promoting efficacious management of the $732 million SNAP program in Colorado. SNAP is a federally-funded program; administrative costs for managing the program require a 50% State match and sufficient availability exists within the current administrative cap to draw federal funds for these increased expenditures.

SNAP provides a variety of benefits to the working poor, including reducing income volatility due to changing work hours, supplementing low wages, and supporting workers and their families when they are between jobs. Sixty percent of all household comprised of children and at least one non-disabled, non-elderly adult have earnings while participating in SNAP. (Keith-Jennings B, Palacios V. *SNAP Helps*

Millions of Low-wage Workers, 2017) It is imperative that Colorado support these families with an efficient and effective SNAP program including sound program delivery and outreach to non-participating households to help enroll them in the program.

It is imperative that the Department improve statewide delivery of SNAP by connecting more eligible Coloradans to food benefits, reducing Colorado's risk for sanctions and intensified federal scrutiny, and working in concert with other human services programs and community partners in the quest to improve the health and welfare among vulnerable Coloradans. Meeting the Department's Strategic Policy Initiatives to help Coloradans "Thrive in their community" and "Achieve economic security" requires proactive measures, within SNAP, to:

1. Combat food insecurity by enhancing program delivery and increasing performance outcomes. A 2011 report estimated that "hunger costs our nation at least $167.5 billion annually, due to the combination of lost productivity, more expensive public education because of the rising costs of poor education outcomes, avoidable health care costs, and the cost of charity to keep families fed." (Shepard D, Setren E, Cooper D. *Hunger in America, Suffering We All Pay For*, Center for American Progress, 2011) Other studies correlate cost savings among low-income individuals receiving both Medicaid and SNAP versus Medicaid only, documenting a 20-25% reduction in Medicaid costs for individuals enrolled in both programs.
2. Increase the accuracy rates through enhanced county technical assistance. Colorado has been on a corrective action plan for program accuracy, as measured by the Case and Procedural Error Rate (CAPER), since 2010. The CAPER measures the use of proper processes and noticing in determining SNAP eligibility. Colorado has improved systems and other drivers of CAPER, yet user errors (e.g. untimely or inappropriate actions on applications) remain a top contributor to Colorado's CAPER. Because CAPER is such a process-oriented measure, training isn't enough to change county workers' behaviors – over-the-shoulder observation and evaluation of workers' practices are necessary to drive improvement. Colorado will remain under a FNS corrective action plan until accuracy improves. To increase its accuracy rates, over-the-shoulder monitoring and support to county staff is required to enable real-time identification of deficiencies, identify patterns, and recommend practical changes to County staff to avoid errors.
3. Enhanced fiscal/contract management oversight and county technical assistance. New regulations have been put forth by FNS requiring the State to more intensely monitor county contracts. Past deficiencies in SNAP performance and fiscal/contract management have resulted in $15 million in financial penalties to Colorado between 2009 and 2015.
4. Comply with increased federal requirements, which create new and additional workload in implementing SB 16-190.
5. Comply with new SNAPQA case file review verification and documentation requirements per changes issued in the FNS Handbook 310 in October 2016. Given these new requirements Colorado is unable to complete 100% of the required SNAPQA case file reviews, within regular work hours, to provide statistically reliable data which informs policy, practice and training decisions.

Reduce Food Insecurity

There is consistent evidence that SNAP is a critical component of food security (Malbi and Ohls, 2015); in fact, after the Earned Income Tax Credit (EITC), SNAP lifts the most children out of poverty (2015, U.S. Department of Census, Current Population Report). As such, SNAP is responsible for measurable improvements in prenatal health, infant health and low birth weights, and increased likelihood for long-term economic security. Furthermore, improved access to SNAP, complemented by targeted strategies to identify and address food insecurity, can position Colorado to be eligible for additional federal performance bonuses.

In 2015, the U.S. Department of Agriculture (USDA) Economic Research Service reported that 12.7% of *all* households experience food insecurity. The USDA defines food insecurity as consistent reduced food intake or disrupted eating patterns due to a lack of income or other resources. In Colorado, at least one of every 12 residents (476,000 or 9%) is hungry. Hardest hit are families of color and families with children. Furthermore, hunger impacts a person's long-term health and can be a culprit of obesity, acute and chronic illnesses, and more. Alternatively, investing in SNAP improves conditions on the front end, versus paying to treat preventable conditions in the future. SNAP kept 117,000 people out of poverty in Colorado, including 55,000 children, per year between 2009 and 2012.

During FFY 2015-2016, SNAP served nearly 476,000 Coloradans – including children, seniors, working people, the unemployed, students, active duty military and Veterans, and the homeless – every month via approximately $61 million in SNAP benefits. Yet, approximately 211,000 Colorado households who appear to qualify for SNAP are not enrolled in the program. These individuals are likely to be marginalized from health, welfare, and educational success. For instance, the University of Kentucky Center for Poverty Research found that every $1 spent on SNAP reduced Medicaid costs by $50. Clearly, outreach to underserved populations is critical to promoting the overall health and welfare of Colorado households, schools, and communities. According to Hunger Free Colorado, every $1 in SNAP benefits generates about $1.70 in economic activity in Colorado communities. Promoting SNAP among households who are eligible for nutrition benefits requires dedicated resources to SNAP access and other efforts to abate food insecurity.

Reduce Inaccurate Payments through More Robust County Technical Assistance

Since 2014, the Department has significantly improved SNAP timeliness performance: households are receiving critical food resources more timely. Colorado's dramatic improvements in SNAP timeliness performance are evident by the recent (February 2017) release from an ongoing Settlement Agreement. However, FNS has the authority to assess financial penalties, not connected with payment error rates, if it determines that Colorado has been negligent in certifying and/or issuing benefits or in applying administrative expenses. FNS has repeatedly instructed the Department that it must improve program delivery, which will require intensive, ongoing training (including over-the-shoulder support) of county staff to accomplish. Additional resources will be critical to deploy resources to work directly with county staff to identify and correct errors as they occur in an effort to create a new baseline of correct case actions in order to improve delivery of the SNAP in Colorado. Failure to invest resources to maintain SNAP performance will result in financial penalties from the FNS and increase the Department's workload required to resolve compliance issues.

Implement new Federal Regulations regarding Contract and Fiscal Management

In 2017, a significant new workload resulted from 7 CFR Appendix A, Part 277 – Principles for Determining Cost Applicable to Administration of the Food Stamp Program by State Agencies. Part 277 mandates FNS approval of all professional services contracts in excess of $2,500. This will require counties to provide these contracts to the Department for monthly consolidation and submission to FNS for approval, resulting in hundreds of contracts for the Department to monitor and track each year.

In addition to this new requirement, this area remains a long-standing gap for Colorado. Repeat findings, documented in the SNAP program reviews, clearly illuminate Colorado's long-standing issues with cost allocation of administrative expenses, both at the State and county levels. Increased fiscal and contract oversight for more than $110 million in SNAP administrative expenses will result in a more efficient program, operating with less scrutiny from our federal partners. Furthermore, FNS has repeatedly indicated that the Department is deficient in training county staff in fiscal oversight. It is imperative that the Department trains county staff in order to ensure that county administrative expenses are correctly allocated, tracked, and monitored. The Department lacks resources to target and deliver fiscal reviews and training in the proper utilization of funds.

SB 16-190 Compliance

Among several directives, Senate Bill 16-190 required the creation of mechanisms to distribute federal incentives and sanctions among counties.

Currently, Colorado is anticipating receipt of federal incentive dollars for program timeliness for FFY 2015-16 as well as the most improved Case and Procedural Error Rate (CAPER). While still not meeting the national standard for the CAPER, Colorado likely is one of the most improved states going from a 70%+ error rate to around 30%. Federal rules require states to submit a written plan to FNS explaining how the incentive dollars will be reinvested in SNAP. (Incentive dollars can only be used for SNAP-related investments.) Per SB 16-190, all SNAP incentive dollars earned in Colorado will be distributed to counties; therefore, this new process will require the Department to collect, review, and consolidate 64 county plans into one plan for federal approval. In turn, FNS will require the approved plan to be monitored by the Department until every incentive dollar has been spent by counties and require the Department to vet and approve any change in a county's plans, along with ongoing monitoring of spending. Incentive dollars carry no expiration date; FNS expects the investments to occur across several years.

Monitoring these federally-required plans will create a significant new workload for the Department. Failure to approve, consolidate, and monitor these plans could result in FNS' withdrawal of any incentive plus the levy of penalties related to the misuse of Federal funds.

Comply with Federal Case File Review and Accuracy Requirement

SNAPQA is responsible for meeting federal requirements that ensure accuracy and timeliness of eligibility, benefits and noticing for SNAP. SNAPQA protects the Department from fiscal sanctions, and fraud and waste associated with incorrectly authorized benefits. Food and Nutrition Service (FNS) mandates the number of annual SNAP quality assurance reviews to ensure that Coloradans receiving Food Assistance are eligible, receiving the correct benefit amount, and that the federal dollars are being dispersed appropriately. Colorado has been on a FNS corrective action plan (CAP) for program accuracy, as measured by the Case and Procedural Error Rate (CAPER), since 2010.

FNS further mandates that 95% of all case file reviews are completed and dictates the processes for completing and reporting case file reviews in the FNS Handbook 310. On May 1, 2017, FNS placed SNAPQA on a federal CAP for only completing 88% of all case file reviews in FFY16. The Department expects performance to worsen to 86% in FFY 2016-17.

On October 1, 2016, FNS published a revised FNS Handbook 310 requiring more documentation, verification and follow-up resulting in increased work per case for SNAPQA staff. In summary, Colorado will remain under FNS corrective action plans until its CAPER and case completion performance improves and risks a fiscal sanction of at least $71,000 if it fails to comply with these new federal requirements. This sanction amount would increase exponentially if performance worsened.

Ultimately exiting these corrective action plans is partly dependent on the Department's SNAPQA staff's ability to produce timely, accurate quality assurance data used to continue to improve county performance. In fact, the SNAPQA staff's efforts have already contributed to significant improvements in accuracy performance. In FFY 2012-13, the Payment Error Rate (PER) was 5.59% ($46,035,305 erroneously authorized benefits annually) and improved to 3.51% in FFY 2015-16 ($25,803,046 erroneously authorized benefits annually). During the same time period, the CAPER improved from 52.83% to 24.33%. Nevertheless, Colorado needs to continue to improve its accuracy performance in order to avoid fiscal sanctions and come in line with the PER and CAPER national averages.

A case file review requires SNAPQA staff to complete face-to-face interviews at the participant's home or other agreed upon location. In addition, a "field investigation" is required, which includes contact with collateral parties such as employer, landlord, and courts. Field investigations take approximately 92 hours (11.2 hours per staff) per month of travel time in addition to case review time. Within regular work hours, the existing eight SNAPQA reviewers are only able to review 76% of the required minimum active cases and 95% of the required minimum negative cases. With increased federal scrutiny since January 2016, all SNAPQA staff are routinely working more than the regular 40 hour work week to complete 100% of required case reviews. Over the past 12 months, each SNAPQA staff person is working an average of 44 hours per week just to meet minimum case review requirements.

Within these 44 hours, staff are unable to conduct quality improvement efforts, provide technical assistance to state and county staff, engage in professional development, and intensify their efforts to avoid incomplete case reviews. This chronic and uncompensated extra work is causing staff turnover, low morale, and compromises case review quality and timeliness. Due to this, SNAPQA has had six of the eight reviewers (75%) leave employment within the last 30 months, and three (37%) leave employment within the last 6 months. The cost to recruit, hire, and train new SNAPQA staff is approximately $35,000 per FTE. The Department would have paid an estimated $83,000 to compensate the eight SNAPQA staff for the extra hours worked in the last 12 months. The Department is using available data from three assessments of workload and staffing levels, as highlighted in Table 1 below, to provide evidence for the 2.0 FTE request. These include: 1) a workload study produced by an independent contractor; 2) the federal workload estimate; and 3) the Department's internal SNAPQA workload estimate.

Table 1 illustrates the estimated number of hours it takes for one FTE to complete one case file review, and the number of reviewers recommended to meet the FNS Handbook 310 requirements.

Table 1: Workload Assessments Comparison Time to Complete per Review			
Source	Each Active Review	Each Negative Review	Recommended # of Reviewers
Contractor Workload Study	12 hours	3 hours	9
Federal Workload Estimate	9.42 hours	NA	6.28
SNAPQA Workload Estimate	10.75 hours	4.5 hours	9.78

<u>Contractor Workload Study</u>: In 2015, the General Assembly approved the purchase of a workload analysis to evaluate the SNAPQA process and staffing levels. In November 2015, the Department procured a contract with Osnes Consulting, LLC (Osnes). Osnes recommended "at least one" additional FTE based on <u>twelve</u> hours required to complete each active case file review and <u>three</u> hours to complete each negative case file review. Table 2, provided by Osnes, demonstrates the national staffing benchmarks for states with similar SNAP populations to Colorado. Based on this assessment, Colorado is understaffed compared to Mississippi, Tennessee, New Jersey, and Alaska.

Table 2: Contractor Staffing Analysis (FFY 2014-15)				
State	# of Reviewers	Total Reviews per Year	PER	CAPER
Colorado	8	2,112	3.90%	40.33%
Mississippi	10	1,967	0.88%	6.60%
Tennessee	15	1,877	1.33%	11.62%
New Jersey	10	1,700	1.09%	46.72%
Alaska	7	1,079	0.44%	40.82%

Federal Workload Estimate: In March 2016, FNS issued Federal Register, Volume 81, number 40 detailing the estimated time needed to complete an active quality assurance case file review, including conducting interviews with the household and completing one of the required FNS forms (FNS-380). The FNS evaluation completed prior to the revised FNS Handbook 310's effective date (October 1, 2016) concluded that it requires an estimated 9.4 hours to review each active case file. FNS did not include an analysis for negative case file reviews. The FNS analysis projects Colorado needs 6.2 FTE to complete active case file reviews and does not account for negative case file reviews or other non-review tasks.

SNAPQA Workload Estimate: After implementing the more efficient review process and the new October 2016 FNS Handbook 310 requirements, SNAPQA leadership concluded that approximately 1,022 hours per month are required to complete active case file reviews (10.7 hours per case) and 302 hours per month are required to complete negative case file reviews (4.5 hours per case). The total required work hours for the eight SNAPQA review staff are 1,416 per month (177 hours per FTE). This workload indicates that ten FTE dedicated to QA are required to ensure all of the federal processes, timeliness, and accuracy requirements are met.

The SNAPQA staff completed a business process re-engineering project (LEAN) on January 31, 2017 to examine current business practices, identify waste and implement efficiencies. As a result, SNAPQA made several changes to increase the team's efficiency. Some efficiencies include the elimination of one of two supervisory reviews, streamlining the requests for client information, and reduced printing and scanning.

Additionally, in September of 2009 in effort to be fiscally responsible, the Department abolished a SNAPQA reviewer position (IHA 00591) based on lower workload demands at that time.

Proposed Solution:

The Department requests $511,356 total funds, including $255,680 General Fund, and $255,676 federal SNAP funds and 6.4 FTE in FY 2018-19, and $512,495 total funds, including $256,249 General Fund, and $256,246 federal funds and 7.0 FTE in FY 2019-20 and beyond. This funding will allow the Department to hire five additional Supplemental Nutrition Assistance Program staff and two Quality Assurance (SNAPQA) staff for the purpose of providing oversight, monitoring, support, and evaluation of county performance.

In 2015, the Department contracted with a third party vendor, Deloitte, to perform an independent study of the Department's SNAP administrative structure, efficiency and effectiveness, as well as peer comparison to other states. This assessment illustrated a significant staffing gap of 11-15 FTE, within the Food and Energy Assistance Division. In response, the General Assembly created three SNAP FTE in FY 2016-17 to address the most critical structural deficiencies: Fiscal Manager, Performance Manager, and SNAP Programs Manager. Although less than a year has passed since these FTE were hired, their presence has already resulted in material accomplishments. For instance, the Performance Manager provides real-time, detailed case data to the counties and external partners for their use in monitoring and improving program efficacy and delivery and validates the integrity of data reported to federal partners to ensure that waivers enacted are sound in practice and utilization. The Fiscal Manager reviews and audits financial data submitted to FNS for federal match and provides a single point of contact for all fiscal issues transpiring within Colorado's SNAP program. Meanwhile, the SNAP Program Manager provides a single point of oversight for program delivery, including policy and compliance, to both counties and external partners. Before these positions were created, these critical functions were not (or only partially) being accomplished, resulting in counties and external partners criticizing the Department for having insufficient resources to effectively manage the SNAP program.

Despite these important strides accomplished with the three SNAP FTE allotted in FY 2016-17, a gap of 8-12 FTE remains. This staffing deficit has been exacerbated by the additional workload created by policy changes regarding distribution of bonuses and sanctions per SB 16-190 and the additional contract approval requirements prescribed by FNS. The Department still has a significant need for additional staff to review and revise practices to comply with FNS directives, monitor performance and compliance within federal regulations, validate the accuracy of benefit issuance across Colorado, mitigate fraudulent practices, ensure integrity in the use of program funds, and allow better focus on the efficient and effective delivery of the SNAP program to combat food insecurity for the most disadvantaged Coloradans.

Between program delivery and quality assurance, the Department will allocate new staff to address critical needs and shortfalls in order to ensure Colorado sustains performance, and remains in compliance with FNS directives. Funding 7.0 additional FTE requires no statutory change. In all cases, the FTE will perform mission-critical work that is ongoing in nature, given FNS prescriptive directives and the State's ongoing need to provide a solid foundation for vulnerable, hungry Coloradans to be served with fidelity.

Reduce Inaccurate Payments through More Robust County Technical Assistance

One (1.0) FTE is needed to build upon performance gains made since 2014 and alleviate critical gaps in program management, program support, policy guidance, county support, fiscal management, training, and compliance. This FTE will be responsible for the following ongoing tasks, as detailed in Table 3.

- Analyze SNAP case data and error rates on a regular, ongoing basis to identify program gaps and opportunities for improvements.
- Provide on-going training to counties and community partners in program management, delivery, and support.
- Develop new processes and procedures on a continuous basis to address gaps and improve program delivery. Train county staff on the application and utility of new procedures.
- Proactively identify program deficiencies and resolve them before FNS has a chance to find deficiencies.

An investment of 1.0 FTE will build upon the gains that have been made, while dramatically increasing Colorado's opportunity to earn additional SNAP incentive dollars (likewise, reducing the possibility of a sanction). Moreover, consistent attention to ensuring timely processing and fewer case errors directly affects SNAP benefits paid to the neediest Coloradans.

Implement new Federal Regulations regarding Contract and Fiscal Management

Two (2.0) FTE are required to address long-standing issues, implement new regulations, and provide technical assistance to counties in regards to fiscal and contract oversight, and cost allocation of administrative expenses (including CBMS) as cited by FNS. Also, these FTE will address the significant new workload with the consolidation and submit for FNS approval of all County professional services contracts. As detailed in Table 3, these 2.0 FTE will be responsible for:

- Reviewing, monitoring, and auditing administrative expenses submitted by counties for federal match.
- Reviewing, monitoring, and auditing CBMS expenses submitted monthly by OIT.
- Training county staff in administrative expense monitoring.
- Responding to FNS audit exceptions.
- Developing and monitoring state and county corrective action plans.
- Reviewing, consolidating, and submiting all professional services contracts to FNS.

Accurate cost allocation and accounting practices, combined with better-trained county staff, will contribute directly to nimble, cost-effective programs serving the neediest Coloradans.

SB 16-190 Compliance

Colorado's success in processing cases more timely and accurately has positioned Colorado to receive a performance bonus in FFY 2016-17. To comply with new policies, per SB 16-190, within FNS directives will require the Department to distribute and track funds at a county level. Two (2.0) FTE will be required to compile, monitor, and track 64 counties' plans until the very last dollar has been spent, including distribution and tracking of future incentives. As detailed in Table 3, these FTE will:

- Work closely with 64 counties to develop plans to utilize incentives.
- Consolidate county plans into a statewide plan for FNS approval.
- Monitor performance and execution of 64 county plans; work with counties to update or modify plans and seek FNS approval.
- Report on each county's results and progress in achieving its plan to FNS; track and monitor county spending in accordance with each county's plan.
- Monitor professional services contract approval from federal partners on behalf of counties plans to invest incentive dollars.
- Calculate and distribute any sanctions to counties and ensure all are recovered before returning total sanction payment to FNS.

Failure to comply with all FNS requirements in distributing and monitoring incentives will result in the withdrawal of incentive funds along with possible penalties associated with the perceived misuse of funds. Due to the multi-year nature of the incentive investments, complexity of the SNAP program, time required to train new staff, transitory nature of contractors, and the fact that FNS requires only state employees to be responsible for results (i.e. not contractors), these positions are far more suited as State FTE.

Comply with Federal Case File Review and Accuracy Requirements

Not only do hungry Coloradans benefit from accurate and timely benefits by investing in two (2.0) SNAPQA FTE, the State can avoid being at-risk of financial sanctions and exit two FNS corrective action plans. Improved accuracy performance, as measured by the CAPER in particular, and case completion will facilitate Colorado's exit from two FNS corrective action plans. These staff will be critical for SNAPQA to fully comply with all FNS requirements within regular work hours. Table 3 details the required tasks that will be completed by these FTE.

For all 7.0 FTE required, the Department plans to execute a quick implementation plan to hire these critical staff. Positions will be created and posted upon approval of funding with a goal to have positions filled in July and August 2018.

Anticipated Outcomes:

Sustained performance in timeliness and improved performance in accuracy will ensure Coloradans are receiving the right amount of benefits in a timely manner in order to improve health and well-being outcomes. Finally, compliance with FNS fiscal and contract monitoring, new Federal regulations for quality assurance, and SB-190 implementation will ensure Colorado is soundly managing the SNAP program. In total, these efforts ensure that vulnerable Coloradans have access to nutrition to meet their families' needs. A food secure population results in improved educational attainment, increased economic output, decreased chronic health issues, and stronger communities.

In addition to the broad-reaching outcomes related to improved food security, additional resources to SNAP will translate into the following key outcomes:

SNAP

1) Decreased risk of errors cited by FNS during Federal re-reviews, thereby mitigating regression penalties on Colorado's performance which could cost Colorado up to $11 million based on previous penalties levied on the State.
2) Coordinated use of data to meet the requirements of SB 16-190, which created a mechanism for the Department and county partners to agree on a methodology for distributing performance incentives and sanctions for the payment error rate (PER) and the Case and Procedural Error Rate (CAPER) based on SNAPQA reported findings.
3) Overall support to counties for oversight, training, and guidance in areas affecting performance and case accuracy.
4) More timely and accurate issuance of SNAP benefits, ultimately abating hunger among Colorado's most vulnerable populations applying for assistance.
5) Decreased focus and attention from FNS, resulting in fewer audit visits and reduced risk of financial sanctions, which historically for Colorado have ranged from $1 million to more than $11 million.
6) More effective monitoring plans for key SNAP performance measures, which translates into more efficient and effective processes with less exposure to audit findings.
7) Training of county staff across the State to ensure timely processing of cases within federal timeframes, error rates (PER and CAPER) that are at or below the national average, and resolution and closure of

outstanding audit findings.

8) Increased use of data analytics, for both SNAP benefits and administrative costs, to coincide with Colorado’s goal of being more data-driven and transparent in our fiscal operations.

SNAPQA

1) Improve the accuracy and timeliness of benefits issued to hungry Coloradans.
2) Prevent payment errors from being made to hungry Coloradans because that reduces their ability to pay their bills such as rent, utilities, food, etc.
3) Increase the minimum required number of active case file reviews completed within regular work hours from 76% to 100%.
4) Increase the minimum required number of negative case file reviews completed within regular work hours from 95% to 100%.
5) Provide more comprehensive SNAPQA data to the SNAP program and counties to devise and implement strategies to reduce the PER and CAPER
6) Reestablish quality improvement efforts that translate quality assurance data into technical assistance to counties
7) Increase job satisfaction, reduced staff turnover, and increased time for SNAPQA staff to complete non-case review activities.
8) Replace the SNAPQA position the Department abolished in 2009 based on the workload at the time.

Assumptions and Calculations:

Please see the attached FTE chart that details the specific tasks required of each new FTE per a full-time workload.

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 2018-19		FY 2019-20	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
SOC SERVICES SPEC III	$4,117	4.6	$226,419	5.0	$247,020
PERA			$22,981		$25,073
AED			$11,321		$12,351
SAED			$11,321		$12,351
Medicare			$3,283		$3,582
STD			$430		$469
Health-Life-Dental			$39,636		$39,636
Subtotal Position 1, 6.0 FTE		**4.6**	**$315,391**	**5.0**	**$340,482**
Classification Title	Monthly	FTE		FTE	
SOC SERVICES SPEC IV	$5,115	1.8	$112,522	2.0	$122,760
PERA			$11,421		$12,460
AED			$5,626		$6,138
SAED			$5,626		$6,138
Medicare			$1,632		$1,780
STD			$214		$233
Health-Life-Dental			$15,854		$15,854
Subtotal Position 2, 2.0 FTE		**1.8**	**$152,895**	**2.0**	**$165,363**
Subtotal Personal Services		6.4	**$468,285**	7.0	**$505,845**
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	$500	7.0	$3,500	7.0	$3,500
Telephone Expenses	$450	7.0	$3,150	7.0	$3,150
PC, One-Time	$1,230	7.0	$8,610	7.0	
Office Furniture, One-Time	$3,473	7.0	$24,311	7.0	
Other - Software	500.0	7.0	$3,500	7.0	
Other					
Other					
Other					
Subtotal Operating Expenses			**$43,071**		**$6,650**
TOTAL REQUEST		6.4	**$511,356**	7.0	**$512,495**
	General Fund:		*$255,680*		*$256,249*
	Cash funds:				
	Reappropriated Funds:				
	Federal Funds:		*$255,676*		*$256,246*

Table 3 shows the FTE hour breakdown by positions.

Table 3: FTE Detailed Hour Breakdown by Activities	
SNAP Positions	**Hours**
Sustain Performance (1 FTE) = 2,080 hours	
Develop training for counties and community partners in program management, delivery and support.	314
Conduct training for counties and community partners in program management, delivery and support.	450
Review, revise and develop processes and procedures to address gaps and improve program delivery.	432
Proactively identify program deficiencies and resolve them.	332
Respond to questions from counties and community partners.	192
Develop, monitor and provide update on performance plans.	168
Division meetings, other staff obligations	96
Training	96
Subtotal	***2080***
Fiscal and Contract Oversight (2 FTE) = 4,160 hours	
Review, monitor and audit administrative expenses submitted by counties.	720
Review, monitor and audit CBMS expenses submitted by OIT.	720
Develop training for counties in administrative expense monitoring .	152
Conduct training for counties in administrative expense monitoring .	336
Research and respond to FNS audit exceptions.	160
Develop remediation plans for audit exceptions.	160
Monitor Corrective Action Plans until complete.	200
Review, consolidate, and submit all professional services contracts to FNS.	960
Track budget, attend fiscal meetings.	240
Division meetings, other staff obligations	192
Training in state procurement, CORE, eClearance and administrative procedures	128
Other Training	192
Subtotal	***4160***
SB-190 Compliance (2 FTE) = 4,160 hours	
Work with counties to develop incentive plans that meet federal requirements.	320
Consolidate county plans into a statewide plan for FNS approval.	80
Work with FNS to obtain approval of statewide plan.	236
Monitor performance and execution of county plans	500
Work with counties to update or modify plans	460
Work with FNS to obtain approval of revised plans.	360
Report on county results and progress.	340
Track and monitor county spending in accordance with their approved plan.	240
Monitor professional services contracts	720
Calculate and distribute any sanctions to counties	180
Ensure that all sanctions are recovered	340
Division meetings, other staff obligations	192
Training in Administrative procedures	192
Subtotal	***4160***

Table 3: FTE Detailed Hour Breakdown by Activities (continued)	
SNAPQA Positions	**Hours**
Comply with Federal Case Review and Accuracy Requirements (2 FTE) = 4,160 hours	
Administrative Tasks (copies, email, etc.)	36
Prep work for case/sitution review	768
Review Time includes interview, field investigation, paperwork, research, data entry, etc	1724
Statewide travel to complete face-to-face interviews and collateral contacts	240
Peer/team/supervisory review of findings	624
Correct or update findings after review or rebuttal	180
Recommend quality improvement and error prevention strategies to county partners	60
Provide QA technical assistance to county staff	60
Monthly conference with supervior re: performance	36
Weekly unit meetings for FNS updates/policies/other items	192
Division meetings, other staff obligations	192
Attend and participate in professional development	48
Subtotal	***4160***

Table 4: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21			
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$79,271	$39,636	$39,635
Requested Funding (or Spending Authority)	$55,490	$27,745	$27,745
FY 2018-19 Total Requested Appropriation	**$134,761**	**$67,381**	**$67,380**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0
FY 2019-2020 Total Requested Appropriation	**$134,761**	**$67,381**	**$67,380**
FY 2020-2021 Total Requested Appropriation	**$134,761**	**$67,381**	**$67,380**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$1,002	$501	$501
Requested Funding (or Spending Authority)	$644	$322	$322
FY 2018-19 Total Requested Appropriation	**$1,646**	**$823**	**$823**
FY 2019-20 Annualization of Prior Year Funding	$58	$29	$29
FY 2019-2020 Total Requested Appropriation	**$1,704**	**$852**	**$852**
FY 2020-2021 Total Requested Appropriation	**$1,704**	**$852**	**$852**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$26,414	$13,207	$13,207
Requested Funding (or Spending Authority)	$16,947	$8,474	$8,473
FY 2018-19 Total Requested Appropriation	**$43,361**	**$21,681**	**$21,680**
FY 2019-20 Annualization of Prior Year Funding	$1,542	$771	$771
FY 2019-2020 Total Requested Appropriation	**$44,903**	**$22,452**	**$22,451**
FY 2020-2021 Total Requested Appropriation	**$44,903**	**$22,452**	**$22,451**

Table 4: Long Bill Appropriation and Requested Funding (cont.)			
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$26,414	$13,207	$13,207
Requested Funding (or Spending Authority)	$16,947	$8,474	$8,473
FY 2018-19 Total Requested Appropriation	**$43,361**	**$21,681**	**$21,680**
FY 2019-20 Annualization of Prior Year Funding	$1,542	$771	$771
FY 2019-2020 Total Requested Appropriation	**$44,903**	**$22,452**	**$22,451**
FY 2020-2021 Total Requested Appropriation	**$44,903**	**$22,452**	**$22,451**
Line Item: (7) Office of Self Sufficiency (C)Special Purpose Welfare Programs	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$1,378,363	$690,624	$687,739
Requested Funding (or Spending Authority)	$421,328	$210,665	$210,663
FY 2018-19 Total Requested Appropriation	**$1,799,691**	**$901,289**	**$898,402**
FY 2019-20 Annualization of Prior Year Funding	($2,003)	($1,002)	($1,001)
FY 2019-2020 Total Requested Appropriation	**$1,797,688**	**$900,287**	**$897,401**
FY 2020-2021 Total Requested Appropriation	**$1,797,688**	**$900,287**	**$897,401**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-10, Child Mental Health Treatment Act

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$1,093,969**	**$0**	**$1,093,969**	**$650,651**	**$0**
Total of All Line Items Impacted by Change Request	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$664,408	$0	$664,408	$650,651	$0
	CF	$304,205	$0	$304,205	$0	$0
	RF	$125,356	$0	$125,356	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$1,093,969**	**$0**	**$1,093,969**	**$650,651**	**$0**
08. Behavioral Health Services, (B)	FTE	0.0	0.0	0.0	0.0	0.0
Mental Health Community	GF	$664,408	$0	$664,408	$650,651	$0
Program, (1)	CF	$304,205	$0	$304,205	$0	$0
Community Program -- Mental Health	RF	$125,356	$0	$125,356	$0	$0
Treatment Services for Youth	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ___	No X	**If Yes, see schedule 4 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		

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Cost and FTE

- The Department requests $650,651 total funds/General Fund in FY 2018-19 to provide mental health treatment services to meet the increased behavioral health needs of eligible children and avoid unwarranted child welfare involvement.
- This is an increase of 39.26% over the FY 2017-18 appropriations.

Current Program

- The Colorado Child Mental Health Treatment Act (CMHTA) provides behavioral health treatment to qualifying children and their families who are at risk of out of home placement.
- The purpose of the program is to reduce unnecessary child welfare involvement when the primary concern of the family is the child's behavioral health.
- The requested funding would be used to provide services available under the current program which includes: clinical assessments for children and families, residential treatment, day treatment, group therapy, in-home therapy, individual therapy, family therapy, care coordination, state level appeal assessments, psychological assessments, respite care, applied behavioral analysis, coaching, animal assisted therapy, and other treatment and interventions for children and families in Colorado who do not qualify for Colorado's Medicaid program "Health First Colorado."

Problem or Opportunity

- The CMHTA program has seen a dramatic increase in the number of children who are in need of behavioral health services. There has been a 98% increase in clients from FY 2011-12 to FY 2016-17, with 50 clients served in FY 2011-12 and 99 clients served in FY 2016-17. If additional funding is not received, the Department will need to suspend enrollment of children in this program.

Consequences of Problem

- If CMHTA funding does not match the need for services, the Department will be unable to follow 27-67-101, C.R.S. (2017) to its full extent. Children who are at risk of out of home placement will either go without services or end up in Child Welfare, Youth Services, or acute hospitalization settings resulting in increased costs in these systems.
- If CMHTA appropriations are not able to fund needed behavioral health treatment, the State may experience increased child welfare and juvenile justice involvement for children, subsequently jeopardizing the Department's mission and goals.
- Without adequate CMHTA appropriations, children will be placed on waitlists which will degrade the ability for CMHTA to fund children in a timely manner and the Department's ability to comply with 27-67-101, C.R.S. (2017). Ultimately, this would result in a long-term reduction in referrals from county child welfare caseworkers, hospitals, families, and advocacy organizations.

Proposed Solution

- The Department requests $650,651 total funds/General Fund in FY 2018-19 in order to meet the behavioral health needs of eligible children.
- The funding will provide behavioral health treatment for ten additional children. This includes four children with high behavioral health treatment needs requiring increased staffing in residential treatment, two children in residential treatment, and four children in community based care.

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COLORADO
Department of Human Services

John W. Hickenlooper

Governor

Reggie Bicha

FY 2018-19 Funding Request | November 1, 2017

Department Priority: ***R-10***
Request Detail: ***Child Mental Health Treatment Act***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**
Child Mental Health Treatment Act	$650,651	0.0	$650,651
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Child Mental Health Treatment Act	$650,651	0.0	$650,651

Problem or Opportunity:

The Department requests $650,651 total funds/General Fund in FY 2018-19 to meet the behavioral health needs of eligible children. The Child Mental Health Treatment Act (CMHTA) is an effective program designed to reduce unwarranted child welfare involvement when the primary concern is the child's behavioral health. CMHTA provides funding to eligible children and families when the child is at risk of out of home placement with the goal of preserving and reunifying families.

The CMHTA program has seen a dramatic increase in the number of children who are in need of enhanced behavioral health services. Children eligible for the CMHTA program typically require intensive services and increased staffing coverage to allow children to remain in their homes and communities. As demonstrated in Table 1, there has been a 19% increase in clients, from 83 in FY 2013-14 to 99 in FY 2016-17. Additionally, the Department has been challenged with the difficult task of placing children in an inpatient alternative setting who have been diagnosed with co-occurring mental health issues and developmental disabilities or intellectual and developmental disabilities (DD/IDD). Many treatment facilities will not accept these high need children because they cannot provide the level of care needed. Children with co-occurring issues often require a wide variety of interventions, outside of traditional therapeutic interventions. These children may have special treatment considerations that may include co-occurring health issues and the need for 24 hour supervision to address safety concerns. During the second quarter of FY 2016-17, the Department began a new multi-agency collaboration with the Division of Child Welfare, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, local hospitals, and local county child welfare offices with the goal of proactively preventing unwarranted child welfare involvement for children with high behavioral health treatment needs, especially individuals with DD/IDD diagnoses. CMHTA is one of the limited state funded treatment options for children with DD/IDD diagnosis outside of child welfare.

If additional funding is not received, the Department will continue to suspend enrollment of children in this program. Children who are at risk of out of home placement will either go without services or end up in Child Welfare, Youth Services, or acute hospitalization settings.

Table 1: FY 2014-2017 – CMHTA Children Served		
Fiscal Year (Actuals)	**Number of Clients Served**	**Percent (%) Change Year over Year**
FY 2013-14	83	+41%
FY 2014-15	91	+10%
FY 2015-16	89	-2%
FY 2016-17	99	+11%
Average yearly increase from: FY 2013-14 to FY 2016-17	((99/83)/4)-1=	+4.8%

By utilizing more cost-effective treatments, the Department has been able to fund more children. Beginning in FY 2016-17, the Department has seen an increase in funding requests for children with DD/IDD. This is in part due to increased community outreach, increased technical assistance, and increased interdepartmental collaboration. The children with DD/IDD funded through CMHTA also have at least one mental illness. Due to the complexity in treatment of dual diagnosed children, the cost of care is higher and duration of funding is longer than funded children with only mental health needs. These services typically include behavioral interventions and increased staffing coverage for children who may have impulsive and aggressive behaviors that require coverage and sustained interventions to maintain children in the community and avoid placements in higher levels of care. All children who receive CMHTA funding are at risk of out of home placement, either through juvenile justice, child welfare, or hospitalization. CMHTA functions to prevent multisystem involvement and treats children in the least restrictive environment.

Proposed Solution:

The Department requests $650,651 total funds/General Fund in FY 2018-19 and on-going to meet the behavioral health needs of eligible children. The requested funding would be used to provide clinical assessments to children and families, residential treatment, day treatment, group therapy, in-home therapy, individual therapy, family therapy, care coordination, state level appeal assessments, and other treatment and interventions for children and families in Colorado who are not categorically eligible for Colorado's Medicaid program "Health First Colorado" due to family income. The current appropriation is insufficient, and additional funding will help the CMHTA reach more children in need of crucial behavioral health services. Moreover, by investing additional funds in the CMHTA program, the State will allow for children at risk of out of home placement to be served in the least restrictive environment.

Anticipated Outcomes:

The anticipated outcome is that the Department will utilize the Child Mental Health Treatment Act to the fullest extent. Colorado children and families would be able to obtain needed behavioral health treatment and assessments when no other funding exists and would avoid unwarranted child welfare involvement. The Department, through 27-67-101, C.R.S. (2017), would be able to make a profound impact within Colorado and reduce the risk of out of home placement for some of Colorado's most severely mentally Ill children, whose acute conditions have elevated their treatment needs beyond the parents or guardians available treatment means. This would be achieved by funding residential treatment, community-based treatment, and ensuring a thoughtful and clinically significant transition plan exists when a child returns home from congregate care or other institutional level of care.

Children who have been involved with the Department's CMHTA program have been successfully diverted from unwarranted Child Welfare involvement. The Department's analysis of 364 CMHTA-funded children between FY 2006-07 and FY 2015-16 demonstrated that 87.7% of funded children did not have child welfare interactions after CMHTA enrollment. Additional data provided by community mental health centers report that between April 2014 and FY 2015-16 83% of CMHTA funded children had a reduced risk of out of home placement upon discharge from CMHTA funding.

Assumptions and Calculations:

The Department's total request includes three components, each represented by a different population of children served by the Child Mental Health Treatment Act. The assumptions related to these three populations are detailed in Tables 2 and 3.

1. The Department estimates that four individuals with co-occurring mental health and DD/IDD will be placed in this program for the duration of FY 2018-19. This is based upon the four children that were in placement at the end of FY 2016-17. The Department estimates that this trend will continue and four children will be placed in this program for the duration of FY 2018-19. The expected average length of stay for children with DD/IDD in residential treatment is 12 months, with an average per diem cost of $400. The Department assumes, given that the trend for this population has only more recently stabilized, that a caseload of four children with co-occurring mental health/DD/IDD will continue indefinitely through FY 2018-19 and beyond. The daily rate for these children's services was calculated based upon the annualized average cost in FY 2016-17, which was calculated at $584,000 for the four children and divided by the 1,460 estimated days of service (4 children X 365 days per year)=$400/service day per child.

2. Additionally, in FY 2016-17, the residential treatment per diem cost averaged $189, which is comparable to the Child Welfare residential treatment anchor rate. The Department's growth in caseload for the entire program increased from 83 to 99 children from FY 2013-14 to FY 2016-17 at an average yearly rate of 4.8%. At end of FY 2016-17 there were 31 children served in a residential treatment facility. The Department calculated the projected growth in FY 2018-19, and corresponding need to fund the residential care for two children on an annual basis.

3. As of October 12, 2017 the Department's waitlist for this program was fourteen children. The Department did not factor these cost into its calculations and assumes that as children discharge from the program the children on the wait list will be admitted on a "one in, one out" basis.

2. Table 2: FY 2018-19 Mental Health Only Residential Projected Case Load Growth in FY 2018-19		
Number of Children Served	**Average Yearly % Increase from FY 2013-14 to FY 2016-17**	**Projected Increase in Number Served**
31	4.8%	1.5 rounded to 2

4. Finally, the Department calculated the estimated average cost per client for the population served via community based services. This estimate was calculated by dividing the total estimated community based services costs by the estimated number of community based clients served. The result is the estimated FY 2016-17 average cost per client as calculated below:

   The FY 2016-17 estimated community based services cost is $725,459. This number is composed of $521,188 actuals through May 2017 plus the June 2017 projection of $204,271.

   $725,459/ 83 (community-based clients) = $8,740.47 FY 2018-19 estimated average cost per client.

   The Department assumes the FY 2018-19 costs will be the same as the FY 2016-17 estimated average cost per client.

   The Department assumes that the number of community based clients will increase by 4.8%. In FY 2017-18 the Department estimates that 83 community based clients will be served. The projected increase in the number of clients in FY 2018-19 will be calculated as follows:

   83 clients served x 4.8%=3.9 clients rounded to 4 additional clients to be served.

The Department assumes that because of the high needs of the families and children that these placements will have an average length of stay of 365 days.

Table 3 illustrates the calculations for FY 2018-19 and FY 2019-20.

Table 3: Child Mental Health Treatment Act Calculations for FY 2018-19 and FY 2019-20						
A	**B**	**C**	**D**	**E**	**F**	**G**
FY 2018-19 and FY 2019-20 Residential Services Calculations						
	Number of Developmentally Disabled/Intellectually and Developmentally Disabled (DD/IDD) Children to be Served	**Average Per Diem Cost**	**Days of Service Annually**	**Total Annual Cost (BxCxD)**	**Less: Avg. Monthly Parental Fee of $518 ($518x12xB)**	**Total Projected Cost for DD/IDD Children**
1.	Four Children	$400	365	$584,000	$24,864	$559,136
	Number of Mental Health Only Children to be Served in Residential Care					
2.	Two Children (See Table 1)	$189	182.5	$68,985	$12,432	$56,553
	Total FY 2018-19 Residential Costs					**$615,689**
FY 2018-19 and FY 2019-20 Community Based Services Calculations						
			Avg. Cost Per Year Per Child	**Total Annual Cost**		**Total Projected Cost Community Services Children**
	4.5% increase in Children served with Community Base Services					
3.	Four (4) Children		$8,740	$34,961		$34,962
	Total FY 2018-19 Request					**$650,651**

Table 4 illustrates the implementation timeline.

Table 4: Implementation Timeline	
Task/Action	**Timeframe**
Award and Draft Contracts	April 2018
Route for Signature	May 2018
Begin Contractual Services	July 1, 2018
Provide training and outreach to county departments of child welfare	April 2018-June 2019

Table 5 illustrates the placement of the Long Bill appropriation and requested funding.

Table 5: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Office of Behavioral Health, (B) Community-based Mental Health Services, Mental Health Treatment Services for Youth (H.B. 99-1116)	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$1,093,969	$664,408	$304,205	$125,356	$0	0.0
Requested Funding (or Spending Authority)	$650,651	$650,651	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$1,744,620**	**$1,315,059**	**$304,205**	**$125,356**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,744,620**	**$1,315,059**	**$304,205**	**$125,356**	**$0**	**0.0**
FY 2020-2021 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2020-2021 Total Requested Appropriation	**$1,744,620**	**$1,315,059**	**$304,205**	**$125,356**	**$0**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-11 Continuation of Respite Care Task Force Recommendations

Dept. Approval By: Melissa Wavrdt

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$378,370	$0	$378,370	$62,677	$404,715
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$350,000	$0	$350,000	$62,677	$404,715
	CF	$28,370	$0	$28,370	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
10. Adult Assistance Programs, (D) Community Services for the Elderly -- Respite Services	Total	$378,370	$0	$378,370	$62,677	$404,715
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$350,000	$0	$350,000	$62,677	$404,715
	CF	$28,370	$0	$28,370	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ___	No ___		If Yes, see schedule 4 fund source detail.
RF Letternote Text Revision Required?	Yes ___	No ___		
FF Letternote Text Revision Required?	Yes ___	No ___		

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Cost and FTE

- The Department of Human Services (Department) requests rollforward spending authority of $372,812 General Fund and an increase of $62,677 General Fund in FY 2018-19, $404,715 total funds/General Fund in FY 2019-20, and $270,507 total funds/General Fund in FY 2020-21 to continue the implementation of the Respite Care Task Force (Task Force) recommendations identified in HB 16-1398.
- This is an increase of 18% over the FY 2017-18 appropriation.

Current Program

- Respite provides temporary relief to a caregiver from the physical and emotional impacts of caring for persons of any age with special needs who are unable or need assistance to care for themselves.
- The Respite Care Task Force was established by HB 15-1233 to study the dynamics of supply and demand of respite care services in Colorado.
- HB 16-1398 required the Department to contract with a vendor to implement the recommendations of the Task Force over a five year period and appropriated $900,000 General Fund to the Department to do so. The entire implementation was initially estimated to cost $2.2 million. Since the General Assembly only appropriated $900,000, it was expected that the Department would return to ask for another budget request (which is this one). The entire project will now cost just $1.6 million total.

Problem or Opportunity

- The Department lacks rollforward spending authority into FY 2018-19 of its original appropriation from HB 16-1398.
- Additionally, the Department does not have adequate funding in FY 2018-19 through FY 2020-21 to meet the requirements of HB 16-1398.

Consequences of Problem

- Without rollforward spending authority and additional funding, the Department cannot fully implement the recommendations of the Task Force as required by HB 16-1398.
- Recommendations include: conducting a respite study to demonstrate the economic impact of respite care and the benefits for those served; creating an up-to-date online inventory that lists existing training opportunities and providers along with information on how to become a respite care provider; developing a statewide training system for individuals who want to provide respite care services; creating a website to provide comprehensive information about respite care in Colorado and to serve as an access point for services throughout the State; and developing a centralized community outreach and education program about respite care services in Colorado.

Proposed Solution

- The Department requests rollforward spending authority of $372,812 General Fund and an increase of $62,677 General Fund in FY 2018-19, $404,715 total funds/General Fund in FY 2019-20, and $270,507 total funds/General Fund in FY 2020-21 in order to continue to implement the recommendations of the Task Force, as mandated in HB 16-1398.
- This request includes comments from the Governor's Research and Evidence-Based Policy Team.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-11***
Request Detail: ***Continuation of Respite Care Task Force Recommendations***

Summary of Incremental Funding Change for FY 2018-19	FTE	Total Funds	General Fund
Continuation of Respite Care Task Force Recommendations Rollforward Spending Authority	0.0	$372,812	$372,812
Continuation of Respite Care Task Force Recommendations New General Fund	0.0	$62,677	$62,677
Summary of Incremental Funding Change for FY 2019-20	**FTE**	**Total Funds**	**General Fund**
Continuation of Respite Care Task Force Recommendations	0.0	$404,715	$404,715

Problem or Opportunity:

The Department of Human Services (Department) requests rollforward spending authority of $372,812 General Fund and an increase of $62,677 General Fund in FY 2018-19, $404,715 total funds/General Fund in FY 2019-20, and $270,507 total funds/General Fund in FY 2020-21 in order to fully implement the recommendations of the Respite Care Task Force (Task Force), as mandated in HB 16-1398.

Respite Services

Respite provides temporary relief to a caregiver from the physical and emotional impacts of caring for children or adults of any age with special needs who are unable or need assistance to care for themselves. It can be provided for a few hours, overnight, or on an extended basis by a friend, family member, volunteer, paid service provider, or in a community-based care setting.

The Department provides funding for respite care for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and parents, guardians, and older adult parents providing care for adult children with disabilities. Respite can include services such as adult day programming; temporary paid caregiver support; oversight and monitoring; companionship services; and children's day camps, after school programs, and Saturday programs. This temporary relief allows caregivers and parents to engage in their community, go out to dinner, go to the grocery store, connect with other family members, tend to their own health care needs, and complete other tasks that they might otherwise not be able to while caregiving for their child or family member.

The Respite Care Task Force

The Respite Care Task Force (Task Force) was established by HB 15-1233 to study the dynamics of supply and demand of respite care services in Colorado and report its findings to the General Assembly. The 15 member Task Force completed its work and presented a report to the General Assembly on January 29, 2016.

Implementation of the Respite Care Task Force Recommendations

HB 16-1398 required the Department to use the request for proposal (RFP) process to select a vendor to contract with to implement the recommendations of the Task Force over a five-year period. Specifically, to carry out the Task Force recommendations, the Department must ensure that the contractor:

- Conducts a respite study to demonstrate the economic impact of respite care and the benefits for those served;
- Creates an up-to-date online inventory that lists existing training opportunities and providers along with information on how to become a respite care provider;
- Develops a statewide training system for individuals that want to provide respite care services;
- Creates a website to provide comprehensive information about respite care in Colorado and to serve as an access point for services throughout the State;
- Develops a centralized community outreach and education program about respite care services in Colorado;
- Works with the Department of Health Care Policy and Financing (HCPF) to standardize a full continuum of respite care options across all Medicaid waivers; and
- Works with the Department, HCPF, and the Department of Public Health and Environment (CDPHE) to streamline the regulatory requirements for facility-based, short-term, overnight respite care.

The Fiscal Note for HB 16-1398 identified a total cost of $2,184,104 from FY 2016-17 to FY 2020-21 to complete the requirements identified in the bill. However, the bill only appropriated $900,000 General Fund to the Department in FY 2016-17 in order to fund the contract with the selected vendor, along with the authority to use up to 3% ($27,000) for administrative purposes. The bill gave the Department rollforward spending authority into FY 2017-18 to spend the $900,000.

<u>Implementation Status as of June 1, 2017.</u>

As required, the Department went through the RFP process, selected a vendor, and entered into a contract with Easter Seals on December 12, 2016, with an effective date of February 1, 2017 through March 1, 2021 to complete the scope of work required by HB 16-1398. During the first few months of implementation, Easter Seals has begun work on several of the tasks outlined in the scope of work in their contract and required in HB 16-1398. The cost for Easter Seals to complete the work in their scope of work through the end of FY 2017-18 is expected to be $527,188.

Rollforward Spending Authority Requested in FY 2018-19

A total of $372,812 General Fund forward spending authority is requested in FY 2017-18 for FY 2018-19 in order utilize the full amount of funding initially appropriated to the Department ($900,000) in FY 2016-17. This will allow the Department to continue with implementation of the Task Force recommendations.

Table 1 illustrates the costs in FY 2016-17 and anticipated costs in FY 2017-18 through FY 2018-19 in order to implement HB 16-1398.

Table 1: FY HB 16-1398 Costs and Projections from 2016-17 through FY 2018-19

Fiscal Year	Cost	Cost Description	Notes
FY 2016-17	$53,410	Release RFP and select contractor. Execute contract and establish scope of work. Contractor begins preliminary contract work.	Implementation began on 2/13/17. Expenditures include projections for May and June.
FY 2017-18 (Projected)	$473,778	Complete initial economic impact respite study. Develop online respite training inventory. Implement advertising campaign to improve community outreach related to respite issues. Develop recommendations for standardizing respite care in the State. Revamp the State's website for respite services.	The Department has rollforward spending authority to spend funds during this time frame.
FY 2018-19 (Projected)	$435,489	Perform additional research based on results of initial respite study. Identify gaps in respite training. Continue outreach efforts to improve community supports for caregivers. Maintain and update the State's respite website.	The Department does not have rollforward spending authority in FY 2018-19.
Total	**$962,677**		
Data Source: Expenditures from CORE and projections from Easter Seals.			

Inadequate Funding to Cover the Full Scope of Work Required by HB 16-1398

As previously stated, the total cost to implement HB16-1398 identified in the fiscal note was $2,184,104; however, $900,000 was appropriated for this bill. As a result, in order to continue its contract with Easter Seals, and complete implementation of the Task Force recommendations, the Department would need additional funding in FY 2018-19 through FY 2020-21.

HB 16-1398 requires that "the contract with the selected entity shall end thirty days after the fourth anniversary of the date of receipt of the contract." Since the Department signed a contract with Easter Seals effective February 2017 using its existing spending authority for this program, the contract end date would be March 2021. However, the Department was only given an appropriation to cover the first two fiscal years of implementation and most of the third year. While $372,812 rollforward spending authority will allow the Department to cover the majority of costs in the third fiscal year (FY 2018-19), it will not have sufficient funding to complete the work identified in the contract for the third fiscal year. Furthermore, the Department does not have any funding to continue implementation of HB 16-1398 in FY 2019-20 and FY 2020-21. See Table 4 for details on projected costs from FY 2018-19 through FY 2020-21. Table 2 provides a summary of the overall appropriation from HB 16-1398 and both the actual and projected expenditures from FY 2016-17 through FY 2020-21.

Table 2: Summary of Appropriation and Expenditures from FY 2016-17 to FY 2020-21		
Fiscal Year	**Original Appropriation from HB 16-1398**	**Expenditures**
FY 2016-17	$900,000	$53,410
FY 2017-18 (Projected)	Rollforward authority	$473,778
FY 2018-19 (Projected)	No funding	$435,489
FY 2019-20 (Projected)	No funding	$404,715
FY 2020-21 (Projected)	No funding	$270,507
Total	**$900,000**	**$1,637,899**
Data Source: Appropriations from HB 16-1398 and Expenditures from CORE.		

Proposed Solution:

The Department requests rollforward spending authority of $372,812 General Fund and an increase of $62,677 General Fund in FY 2018-19, $404,715 total funds/General Fund in FY 2019-20, and $270,507 total funds/General Fund in FY 2020-21 to continue the implementation of the Respite Care Task Force recommendations identified in HB 16-1398.

The requested funding would be used to continue the Department's contract with Easter Seals in order to meet the scope of work established by HB 16-1398. The Department currently does not have spending authority in FY 2018-19 for $372,812 General Fund of the original $900,000 General Fund appropriated in HB 16-1398. While the rollforward spending authority requested already includes funding for Department related administrative costs, 3% of the funds requested in FY 2019-20 and FY 2020-21 will be used for administrative purposes by the Department. Without additional funding, the Department does not have the resources to continue its work as required by 26-1-702, C.R.S. (2017).

Anticipated Outcomes:

In FY 2018-19, the requested rollforward spending authority would allow the Department to continue its contract with Easter Seals and hold the contractor accountable to:

- Complete the economic impact respite study;
- Provide a more robust statewide training system for individuals wishing to provide respite care;
- Enhance the updated online inventory of existing training opportunities for providing respite care along with information on how to become a respite care provider;
- Maintain and ensure a designated website is available to provide comprehensive information about respite care in Colorado and serve as an access point for services throughout the State;

- Enhance a centralized community outreach and education program about respite care services in Colorado that includes funding for start-up and outreach costs and ongoing activities, paid staff or contractors, and the leveraging of existing resources to support the design and dissemination of messaging and marketing materials;
- Work with HCPF to standardize a full continuum of respite care options across all Medicaid waivers; and
- Work with the Department, HCPF, and the Department of Public Health and Environment (CDPHE) to streamline the regulatory requirements for facility-based, short-term, overnight respite care.

Funding requested in FY 2019-20 and FY 2020-21 would allow Easter Seals to continue with the same scope of work and deliverables as in FY 2018-19. More details about the work that Easter Seals has completed in FY 2016-17 and will complete in FY 2017-18 and FY 2018-19 is presented in the Assumptions and Calculations section below.

Assumptions and Calculations:

Table 3 summarizes the costs to continue to implement HB 16-1398 in FY 2018-19 through FY 2020-21.

Table 3: FY 2018-19 through FY 2020-21 Costs to Implement HB 16-1398

Item	FY 2018-19	FY 2019-20	FY 2020-21[1]
Contracted Personnel	$ 134,750	$ 130,963	$ 93,473
Respite Study	$ 135,000	$ 75,000	$ 50,250
Training	$ 35,000	$ 50,000	$ 26,450
Community Outreach and Education	$ 25,000	$ 45,000	$ 30,150
Respite Systems Standardization	$ 35,000	$ 35,000	$ 23,450
Website	$ 7,000	$ 7,000	$ 4,690
Contractor Operating Costs	$ 20,863	$ 21,906	$ 15,411
Contractor Indirect Costs (7.69%)	$ 30,192	$ 28,058	$ 18,754
Subtotal	$ 422,805	$ 392,927	$ 262,628
DHS Administrative Costs (3% of subtotal)	$ 12,684	$ 11,788	$ 7,879
Total	**$ 435,489**[2]	**$ 404,715**	**$ 270,507**

Data Source: Easter Seals projections.
[1]Prorated for 8 months (July 1, 2020 to March 2021).
[2]If rollforward spending authority of $372,812 is approved for FY 2018-19, the Department would need $62,677 additional General Fund to cover FY 2018-19 costs.

Contracted Personnel

The Department will have annual costs for contract staff to perform and manage the required work, including the respite care study, training, website development, marketing components, organizational oversight, and conducting an outreach and educational program. The contract staff will include a project director, project coordinator, project assistant, project reporting specialist, standardization and oversight manager, and accounting support. Anticipated hours of support by contracted staff vary by position. The cost of the contract staff is prorated by eight months in FY 2020-21.

Respite Study

The Department will continue to contract with Easter Seals to perform a study on the economic impact and the costs and benefits of respite care. Easter Seals has performed preliminary work to begin the study, and it is expected that the study will be completed in FY 2020-21. The cost for the respite study is prorated by eight months in FY 2020-21.

As of June 2017, Easter Seals has contracted with Health Management Associates to conduct the study, and is currently working with the Department and HCPF to obtain the data that will be analyzed. Additionally, Easter Seals is working with Health Management Associates to develop a tool to make respite related data collection more consistent across the State. During FY 2017-18 Easter Seals will, in partnership with Health Management Associates, fully conduct the study and complete a final report to be shared with stakeholders and policymakers. In FY 2018-19 and beyond, Easter Seals will consider adding research questions or identifying areas that need more study if needed, and leverage the study results to address long-term supports for respite care.

Training

The Department will continue to contract with Easter Seals to implement an online inventory of existing training opportunities and provide information on how to become a respite care provider. The contractor will continue the customization and maintenance of the statewide training system. This includes the development of a respite care curriculum, providing training across the State, and designing an online training platform. Easter Seals anticipates that increasing access to respite care training for both family caregivers and professional caregivers will be an on-going component of the project. This may include purchasing online training modules, training new trainers, or providing training directly, depending on identified needs. The cost for training is prorated by eight months in FY 2020-21.

As of June 2017, Easter Seals has contracted with TEQ Media to create and develop the online inventory. Easter Seals has also begun collecting information about existing training opportunities across Colorado and exploring trainings across the nation. During FY 2017-18 Easter Seals will fully develop the online inventory and maintain and update content, as well as develop best practices for respite trainings in Colorado. In FY 2018-19 and beyond, Easter Seals will continue to identify gaps in training and work to ensure access to quality trainings for both family caregivers and professionals.

Community Outreach and Educational Programs

Statewide community outreach and educational programs will continue to be conducted by Easter Seals. This will include developing marketing materials that could include television, radio, and social media advertisement, and other materials to promote respite care in Colorado. Educational opportunities will also be provided throughout the State to provide families and professionals with the opportunity to learn about respite care. As Colorado's respite care system improves, Easter Seal’s anticipates the need to increase awareness of available resources for family caregivers, professional respite care providers and the general public. This may include online and print elements and will likely involve other statewide agencies. The cost for community outreach and education programs is prorated by eight months in FY 2020-21.

As of June 2017, Easter Seals is working with the Wilder Foundation; a group that developed an advertising campaign focused on helping caregivers find resources. The campaign will be customized for Colorado and developed to represent the lifespan. During FY 2017-18 Easter Seals will develop the advertising campaign and a communication plan to distribute it. In FY 2018-19 and beyond, Easter Seals will continue outreach efforts across the State with community stakeholders to promote caregiver supports and strengthen partnerships to work toward building a sustainable respite network.

Respite Systems Standardization

The Respite Task Force recommended conducting a study of all sources of respite services and to identify ways to create standardization across respite care and the training of respite providers to better identify the advantages of respite. Additionally, the study will identify best practices in training standards to ensure respite services maintain a high standard across the State. As respite services become more similar, the impact of respite will be more easily identified. The Department anticipates that policy work regarding respite care systems standardization will be an ongoing component of the project. Policy work may address issues of: facility, agency or individual licensing; Medicaid reimbursement rates; and/or Medicaid waivers. Respite systems standardization is expected to cost $35,000 per year, prorated by eight months in FY 2020-21.

As of June 2017, Easter Seals has contracted with the Bell Policy Center that began work in March. The Bell Policy Center is currently holding meetings with stakeholders and community leaders to learn more about the state of respite care and the challenges both families and providers face in accessing and providing services. During FY 2017-18 Easter Seals and the Bell Policy Center will develop recommendations for increased standardization of respite care systems, including how to improve families' access to services and barriers to service provision. In FY 2018-19 and beyond, Easter Seals hopes to expand upon prior years' policy efforts and begin identifying and meeting with partners who have not been part of the respite care system (e.g., health insurance providers and health care professionals).

Website

Easter Seals will develop a website with comprehensive respite care provider information that will also serve as the access point for respite care services throughout the State. Easter Seals will continue to update the website throughout the project. As technology changes, it is anticipated that there will be both maintenance and upgrades required. The on-going maintenance of the website is expected to cost $7,000 per year, prorated by eight months in FY 2020-21.

As of June 2017, Easter Seals has contracted with TEQ Media to make improvements to the website. These improvements include making the website mobile responsiveness and technical updates to ensure technical sustainability. Easter Seals has also developed a survey for partners inquiring about improvements stakeholders would like to see to the website. During FY 2017-18 Easter Seals will complete update of the Colorado Respite Coalition website and continue to maintain and add to its content. In FY 2018-19 and beyond, Easter Seals will maintain the website and continue to seek stakeholder input for long-term improvements.

Contractor Operating Costs
Easter Seals has projected various operating costs in order to complete the scope of work of the contract. These costs include professional fees (such as background checks), IT equipment and software, office supplies, postage and shipping, travel, telephone costs, rent, insurance, and translation. The operating costs are prorated by eight months in FY 2020-21.

Indirect Costs
Easter Seals charges indirect costs at a rate of 7.69% of the total contractor costs per year. This cost varies each year depending on the total cost, and will be prorated by eight months in FY 2020-21.

DHS Administrative Costs
The Department anticipates administrative costs of 3% each year in order to provide oversee the contractor through all phases of the contract until completion of the project.

Table 4 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 4: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21				
Line Item: (10) Adult Assistance Programs; (D) Community Services for the Elderly, Respite Services	**Total Funds**	**General Fund**	**Cash Funds**	**Notes**
FY 2017-18 Appropriation (SB 17-254)	$378,370	$350,000	$28,370	FY 2017-18 Appropriation Amount
Requested Funding (or Spending Authority)	$62,677	$62,677	$0	Includes rollforward spending authority of $372,812 General Fund
FY 2018-19 Total Requested Appropriation	**$441,047**	**$412,677**	**$28,370**	
FY 2019-20 Annualization of Prior Year Funding	$404,715	$404,715	$0	Annualization (FY 2019-20 Request Minus FY 2018-19 Request Amount)
FY 2019-2020 Total Requested Appropriation	**$845,762**	**$817,392**	**$28,370**	
FY 2020-2021 Total Requested Appropriation	**$648,877**	**$620,507**	**$28,370**	

Research and Evidence-Based Policy Team Recommendation: Research on respite services is not currently included in the Results First model or the Results First Clearinghouse Database. The Governor's Research and Evidence-Based Policy team accesses these resources to identify and verify research on programs related to social policy. Though research is not currently included in these resources, preliminary research on respite services has been completed and reviewed by other nationally recognized sources.[1] A review of this research indicates that supporting caregivers, through respite and other supportive services, is a strategy capable of improving the well-being of caregivers and care recipients, and may result in additional benefits to society. However, sources indicate that additional research on respite services are needed to accurately document their impact. Thus, the Governor's Research and Evidence-Based Policy team recommends rollforward spending authority and an increase in the General Fund appropriation for respite services on condition that the economic impact study recommended by the Respite Care Task Force (Task Force) be expanded to include a rigorous outcome evaluation. A rigorous outcome evaluation will likely allow respite services' outcomes to be monetized through the Results First model, allowing for a more robust and comprehensive economic impact study to be completed.

Research Outcomes: Evaluations related to respite services are limited. To date, evaluations of respite services have primarily focused on youth with developmental disabilities, youth with emotional and behavioral disturbance, or adults with dementia.[2] Though limited, results from these evaluations have demonstrated that respite services may be capable of:

- Improving the well-being of caregivers and care recipients,
- Reducing or delaying the rates of out-of-home placements for care recipients,
- Reducing negative behaviors among care recipients, and
- Improving the self-efficacy of caregivers.

Of particular importance is its ability to alleviate the use of other short- and long-term care facilities, such as hospitals, nursing homes, and child welfare placements. These placements have been cited as being more costly and burdensome than respite services that aim to provide more individualized facility- and home-based care, such as day care or home-based nursing. The evaluations also show, however, that day care services, though effective at decreasing caregiver burden and behavioral problems in persons with dementia, may accelerate time to nursing home admission and that residential admissions can have adverse effects on both caregivers and care recipients.

A similarity across most evaluations is the recognition that additional outcome information is needed to unequivocally document the benefits of services. To ensure that outcomes associated with respite services are documented, and to ensure that the economic impact of outcomes are accounted for, the Research and Evidence-Based Policy team recommends that a rigorous outcome evaluation be included as part of the economic impact study recommended by the Task Force, which will not increase currently estimated costs for this project.

Conclusion:

The Department will ensure that the recommendations provided by the Governor's Research and Evidence-Based Policy team related to the respite study are incorporated into the study design for Fiscal Year 2017-

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[1] Please reference the "Resources" section below.

[2] Please reference the ARCH National Respite Network and Resource Center's Annotated Bibliography, which can be found here:
https://archrespite.org/images/docs/Bibliographies/Annotated_Bibliography_For_Print.pdf

18 through Fiscal Year 2020-21. The study should use a quasi-experimental design and the Department will work with a contractor and the Governor's Research and Evidence-Based Policy team to ensure the appropriateness of the design, taking into consideration program availability throughout the state, varying types of services and levels of service delivery, and available data sources. Additionally, since respite services are provided broadly across several populations, it is expected that outcomes measured will be distinct for each population served. As a result, the evaluation will either measure outcomes for each population that is served, including distinct caregiver and care recipient populations or be narrowed to focus on capturing outcomes for distinct populations.

Resources:

ARCH National Respite Network. (2014). *Annotated Bibliography of Respite and Crisis Care Studies, 3rd Edition*. Retrieved from https://archrespite.org/images/docs/Bibliographies/Annotated_Bibliography_For_Print.pdf

Bruns, Eric J., and John D. Burchard. 2000. "Impact of Respite Care Services for Families With Children Experiencing Emotional and Behavioral Problems." Children's Services: Social Policy, Research & Practice 3, no. 1: 39-61. Academic Search Premier, EBSCOhost (accessed August 11, 2017).

Mason A, Weatherly H, Spilsbury K, Golder S, Arksey H, Adamson J, Drummond M. The effectiveness and cost-effectiveness of respite for caregivers of frail older people. J Am Geriatr Soc. 2007 Feb;55(2):290-9. Review. PubMed PMID: 17302669.

Vandepitte S, Van Den Noortgate N, Putman K, Verhaeghe S, Verdonck C, Annemans L. Effectiveness of respite care in supporting informal caregivers of persons with dementia: a systematic review. Int J Geriatr Psychiatry. 2016 Dec;31(12):1277-1288. doi: 10.1002/gps.4504. Epub 2016 Jun 1. Review. PubMed PMID: 27245986.

Vandepitte S, Van Den Noortgate N, Putman K, Verhaeghe S, Faes K, Annemans L. Effectiveness of Supporting Informal Caregivers of People with Dementia: A Systematic Review of Randomized and Non-Randomized Controlled Trials. J Alzheimers Dis. 2016 Apr 8;52(3):929-65. doi: 10.3233/JAD-151011. Review. PubMed PMID: 27079704.

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-12 Old Age Pension Program Cost of Living Adjustment

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18
X Change Request FY 2018-19
___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$95,329,664	$0	$95,329,664	$1,908,641	$1,987,999
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$95,329,664	$0	$95,329,664	$1,908,641	$1,987,999
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
10. Adult Assistance Programs, (B) Old Age Pension Program -- Cash Assistance Programs	Total	$95,329,664	$0	$95,329,664	$1,908,641	$1,987,999
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$95,329,664	$0	$95,329,664	$1,908,641	$1,987,999
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ___ No X ___ If Yes, see schedule 4 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

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Cost and FTE

- The Department requests $1,908,641 total funds/Old Age Pension (OAP) cash funds in FY 2018-19 and $1,987,999 total funds/OAP cash funds in FY 2019-20 and on-going in order to fund an anticipated 1.5% Cost of Living Adjustment (COLA) to the grant award provided to OAP program participants.
- This is an increase of 2.0% over the FY 2017-18 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 adjust the OAP grant standard effective on January 1 annually.

Problem or Opportunity

- In October 2017, the SSA will announce a Supplemental Security Income COLA. The new COLA amount is subject to the Maintenance of Effort (MOE) requirement that requires a minimum State expenditure level of $27,575,059 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 the approved COLA 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.
- 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 $1,908,641 total funds/OAP cash funds to pass along a 1.5% COLA to OAP eligible recipients, pending approval by the SBHS.
- The FY 2018-19 COLA monthly increase will be $12, setting the grant standard to $785 per month.
- This supports the Department's strategic policy initiative of helping individuals thrive in their own community.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-12***
Request Detail: ***Old Age Pension Program Cost of Living Adjustment***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Cash Funds
Old Age Pension Program Cost of Living Adjustment	$1,908,641	0.0	$1,908,641
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Cash Fund**
Old Age Pension Program Cost of Living Adjustment	$1,987,999	0.0	$1,987,999

Problem or Opportunity:

The Department of Human Services request $1,908,641 in total funds/OAP cash funds spending authority in FY 2018-19 to provide a 1.5% Cost of Living Adjustment for the Old Age Pension Program (OAP). According to the State Demographer, the official poverty rate for seniors in Colorado is about 1% higher than that of the general population. The Supplemental Poverty Rate indicates a wider gap, whereby seniors are almost twice as likely to be poorer 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. The number of seniors in Colorado is growing faster than the overall State population.

As such, the Old Age Pension program is designed to mitigate the effects of poverty among vulnerable Coloradans, over age 60, via cash benefits. Currently, the maximum OAP grant is $773. For many seniors, OAP funds are their primary source of disposable 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 this effect, the Social Security Administration (SSA) reviews the Consumer Price Index annually to determine whether to increase benefits to Supplemental Security Income (SSI) recipients in order to keep pace with inflation rates through a Cost of Living Adjustment (COLA). The SSA announces its COLA decision and corresponding amount in late October to be effective on January 1st of the following calendar year. Given the similarity in the SSI and OAP populations, Colorado typically mirrors the 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 Old Age Pension (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 program participants is magnified by its impact to the State's Maintenance of Effort (MOE) obligation whereby the State is required to meet a specific minimum expenditure level – $27,419,920 each calendar year – on Supplemental Security Income (SSI) recipients as a condition of receiving its full amount of Federal Financial Participation (FFP) for Medicaid. The penalty for non-compliance is equal to at least $325 million quarterly and at least $1.3 billion annually. Colorado 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 expenditure benchmark.

In FY 2016-17, the Joint Budget Committee approved a COLA increase of 0.3% of the grant standard payment, consistent with the SSA's increase, increasing the monthly payment by $2 and setting the grant standard at $773. As anticipated in the July 2017 SSA Trustees' report, the SSA is expected to announce a COLA of as high as 2.2% in October 2017 to be effective on January 1, 2018. As a more conservative estimate, given the previous low COLAs, this proposal calculates the impact of an OAP COLA of 1.5% in FY 2018-19 and beyond.

This increase to OAP goes directly to participants as cash benefits to assist vulnerable seniors with daily living expenses. As such, 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" and "Helping individuals to thrive in their community."

Proposed Solution:

The Department of Human Services requests $1,908,641 total funds/OAP cash funds in FY 2018-19 and beyond to pass the anticipated COLA along to OAP recipients, pending approval of the COLA by the SSA and subsequent approval by the SBHS. The COLA will result in a 1.5% monthly increase ($12 per month) to vulnerable seniors. This request will be amended if the actual COLA amount is higher or lower than anticipated. 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, 2018; it would result in a maximum grant of $785 which is approximately 80% of the 2016 federal poverty level.

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 prominently failing to reduce 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, not making funds available to pass a COLA to OAP participants would create 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. The penalty for not meeting MOE obligations is at least one quarter ($325 million) of the State's federal annual Medicaid funding.

Assumptions and Calculations:

The following calculations in Table 1 are based on the assumption that the SSA will announce a COLA of 1.5% in October 2017. The table below makes the following assumptions: 1) the SBHS will approve the COLA for OAP recipients for the same percentage as SSA, and 2) SBHS approval will be effective January 1, 2018 and the full annual increase would be in FY 2018-19. The OAP grant standard will be increased by $12. The COLA for SSI recipients (45% of the caseload) will be funded by SSI benefit. The COLA for OAP only recipients (55% of caseload) will be funded by this request.

Table 1: Old Age Pension Projection Calculation

		FY 2018-19	FY 2019-20	Source
A.	OAP Monthly Caseload	24,099	25,101	COGNOS
B.	Grant Standard (Monthly)	$773	$773	COGNOS
C.	Cost of Living Adjustment (1.5%) Monthly Increase	$12	$12	Row B * 0.015
D.	OAP Annual COLA	$3,470,256	$3,614,544	Row C*12*A
E.	Caseload OAP Only (COLA not paid by SSA)	55%	55%	COGNOS
F.	Fiscal Year Cost	$1,908,641	$1,987,999	Row D*0.45

Table 2 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond

Table 2: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21			
Line Item: (10) Adult Assistance Programs (B) Old Age Pension Program	**Total Funds**	**General Fund**	**Cash Funds**
FY 2017-18 Appropriation (SB 17-254)	$95,329,664	$0	$95,329,664
Requested Funding (or Spending Authority)	$1,908,641	$0	$1,908,641
FY 2018-19 Total Requested Appropriation	**$97,238,305**	**$0**	**$97,238,305**
FY 2019-20 Annualization of Prior Year Funding	$79,358	$0	$79,358
FY 2019-2020 Total Requested Appropriation	**$97,317,663**	**$0**	**$97,317,663**
FY 2020-2021 Total Requested Appropriation	**$97,317,663**	**$0**	**$97,317,663**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-13 Medication Consistency and Health Information Exchange

Dept. Approval By Melissa Wavelet

OSPB Approval By

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$64,915,206**	**$0**	**$65,159,984**	**$590,936**	**$483,113**
	FTE	71.4	1.2	71.6	0.9	1.0
	GF	$42,737,356	$0	$42,845,667	$0	$0
	CF	$1,481,464	$0	$1,531,922	$590,936	$483,113
	RF	$12,237,220	$0	$12,260,803	$0	$0
	FF	$8,459,166	$0	$8,521,592	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	**Total**	**$35,626,745**	**$0**	**$35,690,162**	**$7,927**	**$7,927**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$0	$0
	CF	$204,384	$0	$228,165	$7,927	$7,927
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	**Total**	**$415,157**	**$0**	**$415,833**	**$134**	**$146**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$0	$0
	CF	$13,979	$0	$14,219	$134	$146
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0

01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$3,520	$3,840
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$3,520	$3,840
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$3,520	$3,840
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$3,520	$3,840
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

08. Behavioral Health Services, (A) Community Behavioral Health Administration, (1) Administration -- Personal Services	Total	$6,036,763	$80,386	$6,191,157	$78,561	$85,709
	FTE	71.4	1.2	71.6	0.9	1.0
	GF	$1,748,823	$80,386	$1,798,805	$0	$0
	CF	$456,379	$0	$474,782	$78,561	$85,709
	RF	$881,150	$0	$904,733	$0	$0
	FF	$2,950,411	$0	$3,012,837	$0	$0

08. Behavioral Health Services, (A) Community Behavioral Health Administration, (1) Administration -- Operating Expenses	Total	$325,191	$21,306	$315,880	$5,574	$951
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$30,182	$21,306	$25,479	$0	$0
	CF	$61,032	$0	$56,424	$5,574	$951
	RF	$16,266	$0	$16,266	$0	$0
	FF	$217,711	$0	$217,711	$0	$0

	Total	**$0**	**$0**	**$0**	**$491,700**	**$380,700**
08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Medication Consistency and Health Information Exchange	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$491,700	$380,700
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ___ No X	**If Yes, see schedule 4 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 1	Office of Information Technology	

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Cost and FTE

- The Department requests $590,936 total funds/Marijuana Tax Cash Fund (MTCF) and 0.9 FTE in FY 2018-19 and $483,113 total funds/MTCF and 1.0 FTE in FY 2019-20 through FY 2021-22 to create multi-agency medication consistency and health record exchange.
- This is an increase of 100% over the FY 2017-18 appropriations as this would be a new program.

Current Program

- Senate Bill (SB) 17-019 authorized jail and correctional treatment providers to purchase prescribed medications for patients by leveraging state bulk purchasing. The Office of Behavioral Health (OBH) is directed to complete an annual review and provide education regarding the standard formulary to enable continuity of care for patients transitioning between settings.
- The Department is required to submit to the General Assembly a multi-agency plan for data sharing of patient specific information to improve coordination of treatment services between jails, the Department of Corrections (DOC), and other community treatment providers.

Problem or Opportunity

- Individuals within the criminal justice system are frequently transferred between community treatment providers and criminal justice settings resulting in lack of standardized screening for individuals being booked into jail, inadequate access to medications in some jail settings, and potential for gaps in medication consistency and treatment coordination upon community discharge.
- Section 27-70-103, C.R.S (2017) requires the Department and other State agencies to develop a plan for sharing electronic health information between jails and other treatment providers, which requires resources for successful implementation to improve medication consistency for patients and reduce recidivism to correctional settings for individuals with behavioral health disorders due to inadequate coordination, discharge planning, and sharing of pertinent medications and health information.

Consequences of Problem

- Interruptions to prescribed medication can cause relapses, worsening of symptoms of mental illness, unnecessary emergency room utilization, and uncoordinated treatment.
- The lack of an information exchange infrastructure between jail, health care and community treatment providers further contributes to the lack of coordination of treatment.

Proposed Solution

- The Department requests $590,936 total funds/MTCF and 0.9 FTE in FY 2018-19 and $483,113 total funds/MTCF and 1.0 FTE in FY 2019-20 through FY 2021-22 to create multi-agency medication consistency and health record exchange.
- The HIE solutions will leverage existing state systems to improve health care coordination across the State. The Department intends to coordinate with the E-Health Commission and Office of E-Health Innovation; Departments of Health Care Policy and Financing, Corrections, and Public Safety; county jails, agencies within the Department and participation from the two State HIEs.

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Department Priority: ***R-13***
Request Detail: ***Medication Consistency and Health Information Exchange (SB 17-019)***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Marijuana Tax Cash Fund
Medication Consistency and Health Information Exchange	$590,936	0.9	$590,936
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Marijuana Tax Cash Fund**
Medication Consistency and Health Information Exchange	$483,113	1.0	$483,113

Problem or Opportunity:

The Department requests $590,936 total funds/Marijuana Tax Cash Fund (MTCF) and 0.9 FTE in FY 2018-19 and $483,113 total funds/MTCF and 1.0 FTE in FY 2019-20 through FY 2021-22 to create multi-agency medication consistency and health record exchange. The Department also requests roll forward ability for the $100,000 evaluation. This request is a follow-up budget request to SB 17-019 titled "Concerning Increasing Medication Consistency for Persons with Mental Illness in The Criminal and Juvenile Justice Systems and in Connection Therewith, Making an Appropriation." The Department is requesting additional funds as a follow-up to SB 17-019 to implement and sufficiently address all of the requirements in the bill. The overarching goals of SB 17-019 are to:

1. Create a consistent medication formulary that is shared across criminal justice service agencies including Community Mental Health Centers (CMHCs), Managed Service Organizations (MSOs), jail health providers, and State agencies including Department of Corrections (DOC), Human Services agencies (Office of Behavioral Health and Division of Youth Services), and the Department of Health Care Policy and Financing (HCPF) to promote continuity of care between providers and agencies to a decrease hospital readmissions, jail/correctional recidivism, and improve client outcomes and continuity of care.
2. Develop purchasing protocols across the State to leverage state pricing and discounted medication options.
3. Develop a plan for electronic healthcare information exchange to promote continuity of care between jails and community treatment providers, DOC, Colorado Mental Health Institute at Pueblo

(CMHIP), Colorado Mental Health Institute at Fort Logan (CMHIFL), and Division of Youth Services (DYS). This plan is to be developed in partnership with relevant providers and state agencies including the Governor's Office of Information Technology (OIT) and the Office of E-Health Innovation.

The Department's and the OIT's original 2017 fiscal note identified two options that were presented to Legislative Legal Services. The first option was to implement an encrypted email process at a cost of $418,319 of General Fund that would be reappropriated to OIT to build this system. These estimates in the original fiscal note do not leverage existing health information technology investments and establish secondary and tertiary workflows that are disconnected from current resource investments made by community providers. This option would have yielded only an incremental improvement over current manual information exchange practices of faxing information among health care providers.

The second option proposed was a standalone Enterprise Service Bus (ESB) in order to manage the data exchanged between entities. The cost of this option was estimated at $2,289,701. This option was presented in the fiscal note however this option has integration limits because it is a state operated system and it also does not fully leverage existing health information technology investments.

As implementation discussions have continued, the Department has re-evaluated these two approaches in consultation with the E-Health Commission, the Colorado Regional Health Information Organization (COHRIO), Quality Health Network (QHN) and the Governor's Office of Information Technology (OIT) and has determined that more planning should occur in order to more accurately address the needs of the 57 county jails, 17 community mental health centers, four state agencies and other behavioral health and criminal justice systems given the variety of existing resources and existing technology solutions currently in place throughout the State. For example, some metro area jails have certified electronic health record systems while many rural jails lack an electronic health record system, or lack adequate information technology infrastructure and technical support. This disparity in systems has led the Department to consider a phased pilot program approach rather than a one size fits all model. Finally, the Department believes that the intent of the bill was to develop a comprehensive plan for Health Information Exchange that leverages existing resources including:

- The Bureau of Justice Assistance Grant that developed foundational planning work for potential solutions in Colorado
- The Office of the National Coordinator-Consent Management Pilot projects in Colorado
- The community mental health center, hospitals and other private sector treatment providers established connections to the State Health Information Exchanges
- Health Care Policy and Financing's Colorado Medicaid Management Innovation and Transformation (COMMIT) project
- CDHS's Interoperability Strategy and OBH's Data Integration Project.

Many justice-involved individuals with mental health and substance abuse disorders transfer among criminal justice agencies, hospitals and community mental health providers and experience significant gaps in care during system transitions. When individuals with behavioral health disorders enter jail or prison, the health provider often does not have access to the individual's diagnosis and community treatment history and the reverse is true when individuals re-enter the community. SB 17-019 directed the Department and other state agencies to improve the consistency and continuity of medication management for individuals moving across health and correctional settings and provided for the exchange of electronic health information.

During transitions across systems, individuals may not receive the medications that have been effective to stabilize their mental illness or treat substance use disorders. In part, this is the result of entities maintaining their own medication formularies and therefore not having ready or cost-effective access to particular medications. As a result, an individual's stability may be compromised resulting in a need for more costly services, public safety risk or increased risk for the individual to return to jail or prison.

Creating opportunities for providers in jails and communities to purchase medications from a standard formulary enhances the likelihood that an individual will continue to use the same medication(s) rather than be forced to change medications during transitions. Sharing electronic health information will further improve the continuity of care for individuals across transitions and minimize the burden experienced by jail, community providers, and hospital staff when attempting to collect information about an individual's health history from family members and other treatment providers.

Proposed Solution:

The Department requests $590,936 total funds/ MTCF and 0.9 FTE in FY 2017-18 and $583,113 total funds/ MTCF and 1.0 FTE in FY 2019-20 through FY 2021-22 to create multi-agency medication consistency and health record exchange. The requested funding would be used to implement a multi-agency medication formulary system along with establishing an infrastructure of health information exchange.

Establishing a standard formulary, leveraging state purchasing, and building interfaces to share pertinent health information across health systems, including jail and correctional health care systems, will accomplish several key objectives. Establishing a standard formulary will result in improving access to medication information for behavioral health professionals and mitigate unnecessary changes or disruptions in care. Leveraging state purchasing opportunities will support local communities in purchasing medications at a lower cost and creating standard protocols and interfaces for exchanging electronic health information. This will enhance coordination of care, reduce costs and improve outcomes for individuals.

1.0 FTE Health Systems Administrator (Program Manager):

Creation of 1.0 FTE will allow for oversight of the program. This position will function and support the project planning and communication strategy required to implement and achieve the desired outcomes. Outputs from this project that will be the responsibility of the Program Manager will include

- Development and maintenance of a standard formulary;
- Development of purchasing and pricing options that jails and other providers may utilize;
- Implementation of a communication strategy and resource tool kit with relevant providers;
- Modifications to contracts held by the Office of Behavioral Health (OBH);
- Overall management of the project;

- Development of a Request for Proposals to coordinate the development of pilot projects for Health Information Exchange (HIE)/Health Information Technology (HIT) investments;
- Development of a medication distribution plan; and
- Overall management of pilot projects to develop the HIT/HIE data sharing plan and support for the coordination of any potential technology solutions.

Facilitation of Sharing of Patient-Specific Treatment Information and Contracting with Pilot Sites: This work will include development of potential technology solutions in cooperation with the Governor's Office of information Technology (OIT). The Program Manager, through a competitive application process, will procure and contract with county jails or another service provider to implement potential pilot projects to include: electronic health information exchange systems for county jail via CORHIO/QHN, the state enterprise service bus, and through leveraging of other potential state technology solutions. All pilot sites will be required to adhere to all requirements of SB 17-019. This position will be responsible for administering the contracts and monitoring up to eight pilot sites across the State of Colorado. Duties will include preparation of the competitive application processes, drafting the contracts, monitoring contracts and evaluating progress. The Program Manager will work with the participating agencies to establish standards and practices for sharing of patient-specific treatment information and developing a process for electronically sharing patient-specific information.

The Department assumes that this process will require multi-agency coordination, research on best practices with other states, and an analysis of health care systems. Additionally, this process will require planning and execution of improving electronic health care systems and records. This work will be done in collaboration with the OIT, the Office of E-health Innovation and the Departments of Health Care Policy and Financing, Public Safety and Corrections, as well as other agencies as appropriate. The Department assumes that the 1.0 FTE Program Manager will provide guidance, assistance and monitoring to providers to comply with Health Insurance Portability and Accountability Act (HIPAA) standards and develop Memorandums of Understanding (MOU) between participating providers, jails and departments. Finally, the Program Manager will develop a process that includes at a minimum the process for transferring patient specific information in compliance with HIPAA standards. (1,000 hours)

Convene and Manage a Clinical Advisory Group:

The Program Manager will be responsible to convene and manage a clinical advisory group to make recommendations and review the formulary involving coordination with multiple agencies. This will include the development and provision of materials and educational assistance on the formulary and updating appropriate documents to reflect any change to the medication formulary. Additionally, this position will ensure ongoing participation among stakeholders and state agencies by ensuring the public is notified and allowed to participate in the formulary advisory group meetings. This position will help to manage the process and provide administrative support to the formulary development process. (200 hours)

State Cooperative Purchasing Agreements:

The Program Manager will work with providers to assist them in working to join the State buying cooperative. (280 hours)

Investigate and develop Medication Purchasing Plan options with Jails and the Behavioral Health Transformation Council:
The Program Manager will have the responsibility to oversee and develop options for collaboration with county jails to coordinate medication purchasing. This task could involve up to 57 jails statewide. The Department will conduct a regional stakeholder meeting to accomplish this task along with developing a toolkit that provides an inventory of challenges and solutions for the plan. Additionally, the Program Manager will collaborate with the Behavioral Health Transformation Council and the Task Force for Individuals with Behavioral Health disorders involved with the Criminal and Juvenile Justice System on the development of the jail medication purchasing plan options. In addition to jails, this plan will require that the Program Manager facilitate agreements and participation from medical providers including Federally Qualified Health Centers, Community Mental Health Centers, Behavioral Health Organizations and Regional Care Collaborative Organizations, or other entities that can assist the Department in implementing a cost effective medication purchasing plan. (500 hours)

Reporting on Implementation and Use of the Formulary:
The Program Manager will work with the Department of Corrections to assist in the reporting on the program. The Program Manager will prepare a report that will be submitted to the General Assembly on the implementation and use of the formulary and cooperative purchasing as part of the "State Measurement for Accountable, Responsive and Transparent (SMART) Government Act" each January. (100 hours)

Table 1: 1.0 FTE Health Systems Administrator (Program Manager) Summary of Job Duties

Summary of Job Duties	Number of Hours Per Year
Facilitation of sharing of patient-specific treatment information and contracting with pilot site:	1,000
Convene and manage a clinical advisory group	200
State Cooperative Purchasing Agreements	280
Investigate and develop medication purchasing plan options with jails and the Behavioral Health Transformation Council	500
Reporting on implementation and use of the formulary	100
Total Hours	**2,080**

This program will allow for clients to receive treatment that is consistent and coordinated, increase access to treatment services, reduce risk to the public and reduce risk for recidivism. Law enforcement, county jail and community providers will benefit from a decrease in burden from reliance on manual processes, and decreased opportunities for gaps in treatment/medication, and potential for reduced recidivism.

In the first year, the request supports the assessment of existing HIT technology within jails. Secondarily, it supports the implementation of up to 8 pilot projects sites to identify cost effective solutions that leverage existing technology investments, establishes interfaces to connect jails to health information exchange and/or the Office of Information Technology (OIT) to support data sharing across systems, and supports development of a statewide data sharing plan to support continuity of care, data sharing and improved outcome for individuals with behavioral health disorders involved in the criminal justice system. After the implementation of the Health Information Exchange, the budget supports the ongoing FTE to maintain administrative support and coordination of the program between jails, community health providers and on-going technical assistance and coordination among the State health information exchanges, OIT, HCPF and other stakeholders.

This request requires partnerships among the Departments of Corrections, Public Safety, Health Care Policy and Financing, as well as among counties. Additionally, it requires community providers to coordinate treatment services across various settings. It also leverages standardized health information exchange and purchasing opportunities requiring collaboration across multiple state agencies as well as within communities.

This program was created through SB 17-019 and therefore no additional statutory authority is needed at this time.

Consequences if the proposed solution is not approved:
Many justice-involved individuals with behavioral health disorders transfer between criminal justice agencies (jails, prison, and community corrections), hospital emergency rooms and community mental health providers. In these transfers across responsible agencies significant lapses in coordination of care can occur. When individuals with behavioral health disorders are booked into jail or incarcerated in prison, the criminal justice health provider rarely has access to the individual's diagnosis and community treatment history and must rely on self-report information. The reverse is true when individuals reenter the community. Community providers rarely receive diagnosis and treatment information from the criminal justice agency. This leads to continuity of care and prescribed medication gaps which often trigger psychiatric deterioration. Typical consequences may include:

1. Clients are unable to maintain sobriety due to inconsistent access to medication assisted treatment in and out of jails which can result in further legal charges, recidivism, detoxification episodes, as well as emergency room and inpatient utilization.
2. Clients with mental illness may experience a lack of continuity in care resulting in worsening of their mental health symptoms, increased health care utilization including medication changes, emergency room and inpatient utilization.
3. Clients who become unstable on their medication(s) can experience symptoms of their mental illness that can put the public at risk and put them at risk for reoffending.
4. The lack of availability of electronic transfer of health information will continue to burden jails and others with unreliable information about an individual's diagnosis or medications.

Alternative solutions considered:
This legislation has been in development for several years and has been researched by multiple communities and members of several behavioral health committees**.** The Behavioral Health Transformation

Council worked on researching purchasing opportunities in other states, development of a standard formulary and submitting this proposal for potential legislation through the Task for Individuals with Mental Illness involved in the Criminal and Juvenile Justice System.

Evidence of proposed program effectiveness:
This is a new service to support coordination of treatment services between historically siloed systems. In 2015, several state staff and public health interns conducted regional focus groups to understand the existing infrastructure for individuals involved in the criminal justice system. Regional health care providers, health information technology staff, law enforcement and jail staff participated in the focus groups. Criminal justice representatives indicated that very few criminal justice entities currently use a standardized means of detecting inmates with mental and behavioral health issues. Most entities conduct acute suicide risk assessments. When booking an individual into jail most rely on client reports of diagnoses and medications, which may be incomplete, mistaken, and/or incorrect. Once issues are detected, in-house or contracted health care jail staff must spend a significant amount of time gathering information to verify diagnoses and treatment or medication histories often taking hours to obtain. Some smaller jails may not have any partnerships with mental health providers and as a result have no means of obtaining this information.

Criminal justice entities expressed positive attitudes towards proposed health information exchange. The difficulties of information gathering mentioned, and costs to society of untreated individuals re-offending as a result of their mental illness or substance abuse issues were noted. Communities and law enforcement expressed concerns about costs of behavioral health information exchange as well as the cost of delivering appropriate treatment once an individual's diagnoses and medications are identified.
Enhancing communication and decreasing the cost and time of delivering services to individuals would address several of the key issues identified by communities.

The Governor's Office of the State Research and Evidence-Based Policy team recommends that the program incorporate a process evaluation to document program implementation and measure preliminary outcomes. The process evaluation will work to build the program's research-base, ensure replicability, and help to document short- and long-term outcomes.

A process evaluation will test the feasibility of streamlined medication purchasing and health information systems by ensuring that operational processes can be replicated and are producing anticipated outcomes. As the program will be working within specific pilot sites, implementation is anticipated to be different based on sites' locations and current capacities (e.g. existing information systems, purchasing practices, etc.). Therefore, it is important that the process evaluation work to document the variations in program delivery across similar program sites, and in effect, the process evaluation may be comprised of distinct work products.

- Preliminary outcomes may include:
- Emergency Room Utilization
- Inpatient Admissions (psychiatric and physical health)
- Recidivism Reduction

- Improved Treatment Outcomes
- Cost-Savings (re-admission; recidivism; psychotropic medication utilization)

The process evaluation may also capture information on the jail procedures that support screening and treatment for behavioral health needs; continuity of care upon return to the community; and opportunities to support local jails in delivery of behavioral health treatment services.

Additionally the implementation of potential solutions, successes and challenges of data sharing and transfer should be documented so that any potential costs associated with that work as well as lessons learned can be documented for future use. The process evaluation will ensure that the program has replicable activities to ensure that if the further sites are funded, outcomes can be achieved.
Based on the variation in the evaluations, and the fact that more than one process evaluation will need to take place, the cost of evaluation is $100,000. The Department is also requesting roll forward authority for the $100,000 in funds related to the evaluation.

Anticipated Outcomes:

OBH anticipates that the program's initial year funding from FY 2017-18 will develop a standard formulary, medication purchasing options, and needs assessment of current jail capacity for behavioral health information exchange and treatment coordination needs. Once baseline data is collected the Department will develop a plan to collect and report on the following:

- Jail technology solutions and existing interfaces to coordinate and develop an overarching statewide plan and strategy for health information exchange to support coordination of care.
- Long term outcomes will be measured by a reduction in recidivism for the population of individuals with behavioral health needs involved in the criminal justice system.

Success will be measured by setting goals year by year to achieve outcomes that produce results including:

- Number of jails leveraging purchasing opportunities through established procurement options;
- Number of interfaces built for HIE among jail providers; and
- Access and engagement in treatment for the criminal justice population (including statistics stratified by criminal justice involvement).

This program would align with the OBH goal of improving engagement in treatment services and streamlining consumer and provider experience. Additionally, this program aligns with the goal of expanding community living options for all people served by the Department.

This program also aligns with several of the treatment and case management programs in the Colorado Results First Report that demonstrate cost effectiveness. This bill was intended to increase continuity of care for individuals with mental illness and reduces the burden associated with improvements in continuity of care.
Expanding the ability to capture client level data between jails and health care providers will enable the Department to evaluate the outcomes associated with improved coordination of care to increase outpatient utilization, decrease emergency room utilization, and reduce recidivism.

Assumptions and Calculations:

The Department is proposing to develop three pilot site types. The pilots will support the development of the required statewide plan for electronic health information exchange, identify cost effective solutions, develop best practice protocols, and identify challenges associated with the complexity of this undertaking. These pilots paired with the technology assessment of current investments will support a further request to establish technology solutions for the remaining county jails and state agencies. Additionally, this assessment and phased approach will allow for further analysis related to the potential of 90/10 match for some technology investments through Centers for Medicare and Medicaid Services.

The first pilot site type will be for two jails that have existing electronic health care records and are candidates for interface with the State Health Information exchanges. This pilot is assumed to be a solution for larger metro jails with larger populations. The second type of pilot is for two mid-size counties that have need for an electronic health care records to enable health information exchange via an HIE or the ESB. The third type of pilot site is for small county jails with lower population jails where an electronic health care records system is not economical, but there is need to exchange health information. The third pilot type option will be coordinated through the State OIT ESB and would enable four midsize or rural jails to exchange electronic information without a required investment in an electronic health record, while allowing for exchange of electronic health information. Table 2 below describes the assumptions and calculations for each of three types of pilots that the Department is proposing to gain information to make recommendations for statewide implementation.

In order to effectively implement a statewide and multi-agency medication consistency program and develop a comprehensive state plan for sharing health information the Department must have a 1.0 FTE Program Manager I to properly carry out a variety of duties in order to ensure continuity of care and multi-agency technical assistance and education and also implement pilot programs. As described in the "Proposed Solution" section, this position will be responsible for coordinating among a multitude of Departments including the Office of E-Health Innovation, Health Care Policy and Financing, Corrections, Public Safety, and the State Judicial Department among other health care agencies. Major areas of responsibility for this position will include oversight of the following pilot project components:

Table 2: Pilot Project Cost Summary (Up to 8 pilot sites)			
	FY 2018-19	**FY 2019-20**	**Additional Information**
Pilot Type 1: License to State Health Information Exchange for $26,000 per Site X 2 pilot sites	$52,000	$52,000	This is for sites that have a functional Electronic Healthcare Record (EHR) but are not linked to the State Health Information Exchange (HIE). This funding would link to the HIE so that jails could have patient medical information before admission.
Pilot Type 2: Purchase Licenses for Use of an Existing Electronic Healthcare Record (EHR) $26,000 per site X 2 pilot sites	$52,000	$52,000	This will provide jails with an electronic health care record that will be able to interface with the HIE. For example, this option may be able to integrate a jail site into the Mental Health Institutes EHR system.
Pilot Type 3: Four non-production Enterprise Service Bus (ESB) and operating system software licenses @ $9,500/license/site to support sites that do not have an electronic medical record system. FY 2019-20 will add Four production licenses for this support @ $16,750/site	$38,000	$105,000	This option is for small jails in which a statewide health information exchange is needed. In FY 2019-20 production licenses will be added as an incremental cost to the base.
Pilot Type 3: OIT-Personal services to develop ESB applications and workflows for data transfer. $50/hour including benefits and admin. 1,800 hours for FY 2018-19 and 240 hours for FY 2019-20	$90,000	$12,000	This will be an interagency agreement between OIT and the Department.
Technical Assistance for Workflow and Reconfiguration and Data System Training for pilot Sites. Technology Consultant estimated at 1,200 hours X $125/hr.	$150,000	$150,000	This consultant will assist pilot sites with the development of the pilot projects.
Pilot Type 2 and 3: Provider licensing Fees 10 Provider per Pilot Site X $55 X 4 Pilot Sites	$2,200	$2,200	These are licensing fees for Doctors, Physician Assistants and Advanced Practice Nurses.
Temporary backfill for Jail staff to attend training (10 weeks X 5 hours per week X 5 Jail Staff people X $30 hour (assumes annual salary of $46,688 plus $15,562 for fringe benefits $62,250/2080 hours).	$7,500	$7,500	This will allow for backfill of staff at jails to build workflow processes and attend training on systems and administration of the pilots.
Total	**$391,700**	**$380,700**	

Table 3 illustrates the State FTE expenditure detail.

Table 3: Expenditure Detail				FY 2018-19		FY 2019-20	
Personal Services:							
	Position 1	Class Code	Monthly Salary	FTE		FTE	
	PROGRAM MANAGEMENT I	H1A5	$ 6,400	0.9	70,395	1.0	76,800
	PERA				7,145		7,795
	AED				3,520		3,840
	SAED				3,520		3,840
	Medicare				1,021		1,114
	STD				134		146
	Health-Life-Dental				7,927		7,927
	Subtotal Position 1			**0.9**	**$ 93,662**	**1.0**	**$ 101,462**
Totals							
	Salary				70,395		76,800
	PERA				7,145		7,795
	AED				3,520		3,840
	SAED				3,520		3,840
	Medicare				1,021		1,114
	STD				134		146
	Health-Life-Dental				7,927		7,927
Subtotal Personal Services				**0.9**	**$ 93,662**	**1.0**	**$ 101,462**
Operating Expenses							
	Regular FTE Operating Expenses		$500	0.9	458	1.0	500
	Telephone Expenses		$450	0.9	412	1.0	450
	PC, One-Time		$1,230	1.0	1,230	-	-
	Office Furniture, One-Time		$3,473	1.0	3,473	-	-
Subtotal Operating Expenses					**$ 5,574**		**$ 950**
TOTAL REQUEST				0.9	**$ 99,236**	1.0	**$ 102,413**

Table 4 illustrates the total estimated cost of the project.

Table 4: Estimated Cost of Project			
Item	**Number of Contracted Staff or State FTE**	**FY 2018-19**	**FY 2019-20**
Contracted E-health record Exchange (Table 2)	NA	$391,700	$380,700
Evaluation	N/A	$100,000	$0
State FTE Expenditure (Table 3)	.9 FTE (FY 2018-19) 1.0 FTE (FY 2019-20)	$99,236	$102,413
Grand Total		**$590,936**	**$483,113**

Table 5: Implementation Timeline	
Task/Action	**Timeframe**
Post position for Hiring	April 30, 2018
Post RFP for Pilot Projects	April 30, 2018
Hire State FTE	July 1, 2018
Evaluate RFPs	July 1 through July 31, 2018
Award and Draft Contract(s)	August 2018
Route for Signature	September 2018
Begin Contractual Services	October 2018

Table 6 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 6: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,896,745	$25,469,588	$204,384	$7,418,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$7,927	$0	$7,927	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,904,672**	**$25,469,588**	**$212,311**	**$7,418,083**	**$2,804,690**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,904,672**	**$25,469,588**	**$212,311**	**$7,418,083**	**$2,804,690**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,904,672**	**$25,469,588**	**$212,311**	**$7,418,083**	**$2,804,690**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$134	$0	$134	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$415,291**	**$280,491**	**$14,113**	**$74,685**	**$46,002**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$12	$0	$12	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$415,303**	**$280,491**	**$14,125**	**$74,685**	**$46,002**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,303**	**$280,491**	**$14,125**	**$74,685**	**$46,002**	**0.0**

Table 6: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$3,520	$0	$3,520	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,259,195**	**$7,604,136**	**$376,365**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$320	$0	$320	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,259,515**	**$7,604,136**	**$376,685**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,259,515**	**$7,604,136**	**$376,685**	**$2,058,518**	**$1,220,176**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$3,520	$0	$3,520	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$11,259,195**	**$7,604,136**	**$376,365**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$320	$0	$320	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,259,515**	**$7,604,136**	**$376,685**	**$2,058,518**	**$1,220,176**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,259,515**	**$7,604,136**	**$376,685**	**$2,058,518**	**$1,220,176**	**0.0**

Table 6: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Behavioral Health, (A) Community Behavioral Health Administration, Personal Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,962,359	$1,724,823	$405,975	$881,150	$2,950,411	70.5
Requested Funding (or Spending Authority)	$78,561	$0	$78,561	$0	$0	0.9
FY 2018-19 Total Requested Appropriation	**$6,040,920**	**$1,724,823**	**$484,536**	**$881,150**	**$2,950,411**	**71.4**
FY 2019-20 Annualization of Prior Year Funding	$7,148	$0	$7,148	$0	$0	0.1
FY 2019-2020 Total Requested Appropriation	**$6,048,068**	**$1,724,823**	**$491,684**	**$881,150**	**$2,950,411**	**71.5**
FY 2020-2021 Total Requested Appropriation	**$6,048,068**	**$1,724,823**	**$491,684**	**$881,150**	**$2,950,411**	**71.5**
Line Item: (8) Behavioral Health, (A) Community Behavioral Health Administration, Operating Expenses	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$299,633	$28,182	$37,474	$16,266	$217,711	0.0
Requested Funding (or Spending Authority)	$5,574	$0	$5,574	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$305,207**	**$28,182**	**$43,048**	**$16,266**	**$217,711**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	($4,623)	$0	($4,623)	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$300,584**	**$28,182**	**$38,425**	**$16,266**	**$217,711**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$300,584**	**$28,182**	**$38,425**	**$16,266**	**$217,711**	**0.0**

Table 6: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (8) Behavioral Health, (D) Integrated Behavioral Health, (new) Medication Consistency and Health Information Exchange (SB 17-019)	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$491,700	$0	$491,700	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$491,700**	**$0**	**$491,700**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	($110,000)	$0	($110,000)	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$380,700**	**$0**	**$380,700**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$380,700**	**$0**	**$380,700**	**$0**	**$0**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-14 Increase Funding for Area Agencies on Aging

Dept. Approval By: Melissa Wavrlet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$21,811,622	$0	$21,811,622	$4,000,000	$4,000,000
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$10,803,870	$0	$10,803,870	$4,000,000	$4,000,000
	CF	$10,007,752	$0	$10,007,752	$0	$0
	RF	$1,000,000	$0	$1,000,000	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
10. Adult Assistance Programs, (D) Community Services for the Elderly – State Funding for Senior Services	Total	$21,811,622	$0	$21,811,622	$4,000,000	$4,000,000
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$10,803,870	$0	$10,803,870	$4,000,000	$4,000,000
	CF	$10,007,752	$0	$10,007,752	$0	$0
	RF	$1,000,000	$0	$1,000,000	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ___ No X   **If Yes, see schedule 4 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

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Cost and FTE

- The Department requests $4,000,000 total funds/General Fund in FY 2018-19 and $4,000,000 total funds/General Fund in FY 2019-20 and on-going for the Aging and Adult Services Division within the Department to provide Area Agencies on Aging (AAAs) additional funding for services that help older adults in Colorado live independently.
- This is an increase of 18.3% over the FY 2017-18 appropriation.

Current Program

- The Aging and Adult Services Division is responsible for providing funding from the Older Americans Act (OAA) and State Funding for Senior Services (SFSS) to and overseeing 16 local AAAs that in turn provide funding to local service providers to deliver services to adults age 60 and older.
- In FY 2016-17, the AAAs provided services to 54,182 older Coloradans. Examples of the services provided include personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, adult day care, transportation and legal assistance.

Problem or Opportunity

- According to data from the Colorado State Demography Office, in 2030, Colorado's population 65 years and older will be 61 percent larger than in 2017, growing from 783,000 to 1,260,000.
- AAAs are seeing a greater demand for services. For example, the AAA in the Denver region has reported recently that they have about 1,100 older adults currently waiting for services and another 135 older adults are denied services each month for urgent requests like transportation to medical appointments due to lack of funding.
- While the Colorado General Assembly increased the SFSS line item in FY 2013-14 through FY 2015-16, funding levels are currently not sufficient to meet the needs of older adults in Colorado and the need will only continue to grow as the number of older adults increases.

Consequences of Problem

- Without additional funding, AAAs and their service providers will continue to have waitlists and deny services to older adults in need. As a result, some older adults in Colorado may experience greater isolation, decline in their health or other problems while others may no longer be able to live independently and have to transition to a more costly level of care such as a nursing facility.

Proposed Solution

- The Department requests $4,000,000 total funds in FY 2018-19 for the Aging and Adult Services Division to provide the AAAs funding necessary to provide services that help older adults live independently.
- The programs and services provided through SFSS address the Department's Strategic Policy Initiative that every Coloradan will have the opportunity to thrive in the community of their choice.

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Department Priority: ***R-14***
Request Detail: ***Increase Funding for Area Agencies on Aging***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund
Increase Funding for Area Agencies on Aging	$4,000,000	0.0	$4,000,000
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**
Increase Funding for Area Agencies on Aging	$4,000,000	0.0	$4,000,000

Problem or Opportunity:

The Department requests $4,000,000 total funds/General Fund in FY 2018-19 and $4,000,000 total funds/General Fund in FY 2019-20 and on-going for the Aging and Adult Services Division within the Department to provide Area Agencies on Aging (AAAs) additional funding for services that help older adults in Colorado live independently.

According to data from the Colorado State Demography Office, Colorado's population 65 years and older is expected to grow by 37,000 every year through 2030. By 2030, Colorado's population 65 years and older will be 61 percent larger than in 2017, growing from 783,000 to 1,260,000. In addition, between 2000 and 2010, Colorado had the seventh fastest growing population age 85 and older in the country and this trend is expected to continue. Colorado has an opportunity to prepare for this current demographic shift now by ensuring community based supports and services are available for older adults when they need them.

The Aging and Adult Services Division is responsible for providing funding from the Older Americans Act (OAA) and State Funding for Senior Services (SFSS) to oversee 16 local Area Agencies on Aging (AAAs) that in turn provide funding to local service providers to deliver a wide array of programs and services to adults age 60 and older. In FY 2017, the AAAs provided services to 54,182 older Coloradans. AAA clients receive one or more of a variety of programs and services available in their community. Examples of these services include personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, adult day care, transportation and legal assistance. For instance, in Federal FY 2015-16, Colorado AAAs provided more than 1.1 million home-delivered meals and more than 700,000 congregate meals to older adults. AAAs give priority for services to those older adults with the greatest social and economic need, with particular attention to low-income and minority individuals and those who are frail, homebound or otherwise isolated.

It is not possible to determine the precise number of older adults in Colorado that would benefit from programs and services provided by the AAAs. However, AAAs in Colorado are experiencing a greater demand for services than they are able to meet in recent years. For example, the AAA in the Denver region recently reported that about 1,100 older adults are on waitlists for various types of ongoing services like home-delivered meals and another 135 older adults are denied other types of urgent or one-time requests for services each month such as transportation to medical appointments because of a lack of funding to meet their needs. As a result, AAAs work to ensure their services are as effective and efficient as they can be and that services are targeted to those most in need, so that the greatest number of older adults and the ones that need the support the most are helped. AAAs are additionally challenged by the increasing cost of providing services such as meal programs and transportation. As the cost for service goes up in the future and if funding amounts remain level, the AAAs will likely need to provide fewer units of service per client and/or serve fewer clients to stay within their budgets. Also, it is worth noting that AAAs are sometimes hesitant to conduct promotional and outreach activities to make older adults aware of their programs and services because they do not have the funding or capacity to meet the demand if they did receive additional clients from those efforts. While the Colorado General Assembly increased the State Funding for Senior Services (SFSS) line item in FY 2013-14 through FY 2015-16 by $4 million each year, funding levels are still not sufficient to meet the needs of older adults in Colorado.

Proposed Solution:

The Department requests $4,000,000 total funds/General Fund in FY 2018-19 and $4,000,000 total funds/General Fund in FY 2019-20 and on-going for the Aging and Adult Services Division to provide the Area Agencies on Aging (AAAs) additional funding for programs and services that help older adults live independently. The requested funding would be used to provide $4 million to be distributed to the AAAs to expand existing programs and services for older adults in Colorado.

Colorado as the Number One Place to Age

According to results from the Community Assessment Survey for Older Adults for the State of Colorado completed in 2010, most older adults rated their community as a good place to live. In addition, a U.S. News ranking published on October 11, 2017 identified Colorado as the best place to age based on twelve indicators of how states are most effectively serving their senior citizens by keeping them healthy, financially secure and involved in their communities. Colorado has an opportunity to remain a top place to age in the nation. However, if funding to support key programs and services providing by the Area Agencies on Aging does not keep pace with the growing number of older adults in Colorado, this may not continue to be the case.

AAA Programs and Services

AAAs are often the “first line of defense” for older adults living independently who need a little additional support to continue to be healthy and age with dignity in their own home. The $4 million additional funding requested for AAAs in FY 2018-19 and beyond would allow each AAA to use their Area Plan and other needs assessment information to target the funding to meet the needs of older adults in their communities. Service needs vary by individual and community, and while the federal funds are prescriptive in terms of how much can be spent on each type of service, General Fund is flexible and allows AAAs to use the funding for the programs and services that are most needed in their region. Each AAA provides a plan for services to the Aging and Adult Services Division each year that identifies funding levels, and estimated number of services to be provided with the Older Americans Act (OAA) and SFSS funds each year. Because the needs vary, no two AAAs use the funds in exactly the same way. If $4 million additional funding was provided through SFSS to AAAs in FY 2018-19 and beyond, the AAAs would be required to identify the needs in their communities and propose a plan for how the funds allocated to them could best be used. For example, one AAA region may have a high demand for transportation services that they are unable to meet, whereas another may have a waitlist for home-delivered meals. For this reason, it would not be possible at this time to provide a detailed list of the type and number of services to be increased in each AAA region as a result of this funding. However, based on the average cost of current services being offered by the AAAs, an additional $4 million in funding would allow the AAAs to provide approximately 520,000 additional home-delivered meals, or 350,000 additional congregate meals, or 228,000 additional transportation trips. In addition, increases in the number of older adults serviced by AAAs in recent years as a result of increases in State funding may be a good indicator of future results. The SFSS line item increased from approximately $9 million in FY 2012-13 to almost $22 million in FY 2016-17. During that time, the unduplicated number of clients served by AAAs statewide increase by over 46 percent from 36,934 in FY 2012-13 to 54,183 in FY 2016-17.

One indicator of the success of the AAAs in helping older adults remain independent and in the community is the number of homebound older adults that have two or more impairments in Activities of Daily Living (ADLs) being served by the AAAs since this population is at a high risk for nursing home placement. As a result, the AAAs' success at serving this population is a proxy for success at nursing home delay and diversion. In FY 2016-17, approximately 42 percent of individuals receiving home-delivered meals had two or more ADL impairments. Additionally, approximately 68 percent of older adults receiving home-delivered meals were identified to be at high nutrition risk. It is anticipated that with an increase in SFSS outlined in this budget request, the number of older adults with two or more ADLs served by AAAs would also increase.

Research and Evidence-Based Policy Team Recommendation:
The Governor's Research and Evidence-Based Policy team recommends the increase in state funding for senior services and believes that an evaluation of how these funds are spent should be emphasized in future years.

Research Outcomes:
AAAs throughout Colorado offer a variety of programs to older adults to aid their ability to live independently. Services include transportation, congregate meals, home-delivered meals, personal care (including senior exercise and nutrition courses, and other health services), homemaker services, adult day care, and legal assistance. The level of research on these services are mixed. Transportation, congregate meals, home-delivered meals, and personal care are considered promising practices, as preliminary program evaluations suggest that these services are capable of improving health, housing, and major depressive disorder and/or anxiety outcomes for senior populations. Homemaker services, adult day care, and legal assistance are considered in need of additional research because limited to no research exits linking service activities to outcomes.

During 2015 and 2016, the Department contracted with the National Association of States United for Aging and Disabilities (NASUAD) to capture the current state of data collection and use by AAAs in Colorado. NASUAD's report outlines key factors needed to support the completion of program evaluations, including robust and streamlined data collection and identifying outcome measures that should be included in evaluation. Additionally, the report makes recommendations on how the Department can improve the administration of senior services to support these activities. As the implementation of senior services across the state varies depending on the combination of resources available to each AAA (federal, state, and local funds) in addition to the individualized needs of each senior receiving services, measuring data and identifying common outcomes of all services is complex. Documenting and developing a plan to address implementation and evaluation barriers and opportunities is an essential first step to furthering the understanding about service efficacy. The Governor's Research and Evidence-Based Policy team commends the Department for taking this first step toward evaluating senior services and recommends that information from the report be used to aid in the completion of process evaluations of each AAA service.

Evaluation Considerations:
To improve the evidence-base of all senior services provided by AAAs, the Department is working to collect better data to measure the specific impacts of senior services throughout Colorado. After careful review of program evaluations on senior populations, the Governor's Research and Evidence-Based Policy team recommends that the Department work to collect measures on the following outcomes:

- Delayed or avoided nursing home placements
- Emergency room visits, hospitalizations, and/or outpatient visits
- Use of primary care
- Symptoms of major depressive disorder
- Symptoms of anxiety, and
- General quality of life and/or well-being

All outcomes except two –delay or avoided nursing home placements and general quality of life and/or well-being– can be monetized by Colorado's Results First model (if adequate program evaluation data is available), allowing for a robust benefit-cost analysis of services to be completed. Additionally, all of these outcomes are associated with senior independent living and it is anticipated that they can be measured for each service provided.

In order to measure the outcomes listed above, it is important that AAAs and the Department have a thorough understanding of how services are being delivered. Building on the recommendations set forth in the NASUAD report, the AAAs in partnership with the Department should work to complete program evaluations of each senior service, including process evaluations. Process evaluations work to document service activities, outputs, and preliminary outcomes across program sites, ensuring administrative frameworks are capable of supporting high quality and consistent service delivery. Additionally, they help identify data collection needs and needed data systems.

As completing program evaluations across all sites and for all services will be complex, it is recommended that some portion of future funding be dedicated to the completion of evaluation, building off the Department's existing program documentation.[1]

[1] The Department has completed an internal working document that outlines services' general inputs, outputs, and outcomes. This document could serve as a framework to aid in the completion of the process evaluations for select services.

Anticipated Outcomes:

The programs and services provided through AAAs address the Department's Strategic Policy Initiative that every Coloradan will have the opportunity to thrive in the community of their choice.

With an additional $4 million provided to AAAs beginning in FY 2018-19, the number of older adults served could increase by as much as 10,000 based on the average amount expended per older adult.

The outcomes for older adults who receive services through AAAs vary depending on several factors such as the type of service received, amount of service, and level of need of the client. The following is a sample of some of the national research findings that demonstrate the impact on the older adults served by AAA programs and services provided:

- A study completed in 2014 by the Area Agency on Aging in southeastern Michigan evaluated the impact of remaining on a waiting list for in-home services. More than half (54%) of the people remaining on the wait list who relocated had moved to a nursing home. In comparison, only 21 percent of those receiving services who relocated had moved to a nursing home. Overall, the study found that individuals waiting to receive services were more likely to move to a nursing home, require emergency room attention, and/or die than their counterparts who began receiving services at some point during the two years.
- In a report on transportation presented to Congress, the General Accounting Office stated that as people age, their physical, visual, and cognitive abilities may decline, making it difficult for them to drive safely. A decline in mobility can severely decrease an older person's quality of life, leading to issues such as fewer out-of-home activities, increases in health and nutrition problems, and isolation. The report concluded that when flexible transportation services exist and are accessible, older adults can more comfortably age in place in their homes and communities for as long as possible.
- According to Mathematica Policy Research, individuals who have difficulty performing three or more ADLs are at increased risk of nursing home placement, and seniors receiving home-delivered meals, case management, homemaker services, and National Family Caregiver Support Program care recipients are six to eight times more likely to have this level of functional limitation.
- Research on home-delivered meals conducted in 2015 by Brown University's School of Public Health compared individuals who received daily home-delivered meals, individuals who received once-weekly frozen meals and others who remained on the waiting lists with times averaging six months or more. "More than a Meal, Results from a Pilot Randomized Control Trial of Home-Delivered Meal Programs," research had the following findings. Between baseline and follow-up, compared to individuals either receiving once-weekly frozen meals or remaining on the waiting list, respondents receiving daily-delivered meals were more likely to exhibit improvement in mental health (i.e., anxiety), improvement in self-rated health, improvement in feelings of isolation and loneliness. They also had statistically significant reductions in falls (79 percent among individuals receiving daily meals who had fallen in the past did not fall again during the study period, compared to 59 percent in the frozen meal group and 46 percent in the control/waiting list group). There was a statistically significant decrease in anxiety about being able to remain in home (32 percent improvement among individuals receiving daily meals, compared to 18 percent from the group

receiving frozen meals, and 21 percent in the control/waiting list group). In addition, individuals receiving daily-delivered meals were more likely to attribute their meals to making them feel safer and report that their meals helped them to eat healthier foods. These same participants also reported that receiving weekly delivered meals resulted in more social contact and less loneliness, as compared to individuals receiving frozen meals.

In addition, the Colorado Area Agencies on Aging conducted a survey of 12,800 older adults receiving services through the Older Americans Act/State Funding for Senior Services in FY 2016-17. The following are some key findings from that survey:

- 98 percent of consumers attending congregate meal sites reported that they are satisfied with the opportunity to socialize with others.
- 87 percent of consumers at congregate meal sites reported that the program helps them to live independently.
- 98 percent of home-delivered meal consumers reported that the program helps them to live independently.

Finally, it is important to point out that not only will expansion of the programs and services provided by the AAAs help older adults live independently in their own homes and communities, but they will likely contribute to cost savings for the State as well. Specifically, when older adults "age-in-place" with the help of supportive services, they are more likely to have delayed entry into assisted living and nursing facilities. Not only do most older adults prefer to live in their own home, but long term care facilities are often more costly alternatives. While some older adults are able to pay for long term care facilities for a period of time, often when they have spent down their resources and have no other resources, they must apply for Medicaid for their long term care needs. With the number of older adults in Colorado increasing by 61 percent over the next 13 years, it is important that the State invest in options that will help older adults remain independent and in their own homes. Unfortunately, the Department does not have access to all the data necessary to perform a cost-benefit analysis to determine the cost savings potentially attributable to the services provided by the AAAs.

Assumptions and Calculations:

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 and Beyond				
Line Item: State Funding For Senior Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**
FY 2017-18 Appropriation (SB 17-254)	$21,811,622	$10,803,870	$10,007,752	$1,000,000
Requested Funding (or Spending Authority)	$4,000,000	$4,000,000	$0	$0
FY 2018-19 Total Requested Appropriation	**$25,811,622**	**$14,803,870**	**$10,007,752**	**$1,000,000**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0
FY 2019-2020 Total Requested Appropriation	**$25,811,622**	**$14,803,870**	**$10,007,752**	**$1,000,000**
FY 2020-2021 Total Requested Appropriation	**$25,811,622**	**$14,803,870**	**$10,007,752**	**$1,000,000**

NOTE: No federal funds are listed in this table because federal funds only go toward these Line Items: Area Agencies on Aging Administration, and Older Americans Act (OAA) Programs. No federal funds go toward the State Funding For Senior Services line.

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-15 Enhancing County Colorado Works Case Management Performance

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

	Supplemental FY 2017-18
X	Change Request FY 2018-19
	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$60,172,117	$0	$60,305,589	$3,164,163	$3,165,736
	FTE	18.0	0.0	18.0	1.8	2.0
	GF	$40,958,351	$0	$41,021,383	$0	$0
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$6,909,909	$0	$6,943,686	$3,164,163	$3,165,736

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$15,854	$15,854
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$0	$0
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$15,854	$15,854
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	Total	$415,157	$0	$415,833	$172	$188
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$0	$0
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$172	$188

01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	**Total**	**$11,255,675**	**$0**	**$11,273,476**	**$4,528**	**$4,940**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$4,528	$4,940

01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	**Total**	**$11,255,675**	**$0**	**$11,273,476**	**$4,528**	**$4,940**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$4,528	$4,940

07. Office of Self Sufficiency, (B) Colorado Works Program -- Administration	**Total**	**$1,618,865**	**$0**	**$1,652,642**	**$3,139,081**	**$3,139,814**
	FTE	18.0	0.0	18.0	1.8	2.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$1,618,865	$0	$1,652,642	$3,139,081	$3,139,814

CF Letternote Text Revision Required? Yes ____ No X ____ **If Yes, see schedule 4 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: Office of Information Technology

Cost and FTE

- The Department requests 1.8 FTE and $3,164,163 total funds/federal funds (Temporary Assistance for Needy Families, TANF) in FY 2018-19 and 2.0 FTE and $3,165,736 total funds/federal funds (TANF) in FY 2019-20 and $2,340,236 total funds/federal funds (TANF) ongoing to enhance county Colorado Works case management performance.
- This is a new appropriation of federal funds for FY 2018-19; as such, it is a 100% increase over the FY 2017-18 appropriation.

Current Program

- The Colorado Works/Temporary Assistance for Needy Families (TANF) program provides cash assistance, education and training to low income families to help them become self-sufficient.
- Program components are provided by county departments of human and social services. Performance is measured by participant engagement in work activities and employment entry.

Problem or Opportunity

- Colorado has struggled to meet the federal Work Participation Rate (WPR) requirement.
- Colorado Works participants face delays and other barriers in developing employment and family stability goals and a plan to move towards those goals – for instance, it takes an average of 30 days from eligibility determination to develop an individualized case plan with the participant.
- This request seeks funds to improve counties' Colorado Works case management processes to improve efficiency, increase employment entry, and increase the State's WPR performance.
- The Department has worked to make changes to systems, data collection, and reporting, as well as work with counties to improve program efficiency and data entry, yet ongoing performance success will require additional interventions.

Consequences of Problem

- Limited resources and high caseworker caseloads (in many counties, the ratio is 1:75-150 families) make it challenging to support families adequately as they work to achieve their goals.
- While the State is projected to successfully achieve the Work Participation Rate in FFY 2017-18, the State's failure to meet the Work Participation Rate in several previous years may result in a penalty up to $42,773,455 if performance is not sustained.

Proposed Solution

- The Department requests 1.8 FTE $3,164,163 total funds/federal TANF funds in FY 2018-19 to improve work participation rate, increase employment entry, and increase county efficiency.
- The requested funding would be used to continue successful data quality oversight, contract for business process reengineering/LEAN support for counties similar to the successful interventions used for timely eligibility determinations, and implement an automated data entry tool statewide to offer a modernized approach to case management.

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Department Priority: R-15
Request Detail: Enhancing County Colorado Works Case Management Performance

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Federal Funds
Enhancing County Performance	$3,164,163	1.8	$3,164,163
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Federal Fund**
Enhancing County Performance	$3,165,736	2.0	$3,165,736

Problem or Opportunity:

The Department requests 1.8 FTE and $3,164,163 total funds/federal funds in FY 2018-19 and 2.0 FTE and $3,165,736 total funds/federal funds in FY 2019-20 and 2.0 FTE and $2,340,236 total funds/federal funds ongoing in order to enhance county Colorado Works case management performance to improve practices in order to connect participants with gainful employment.

In recent years, counties have achieved great efficiency and performance gains in making eligibility determination and processing benefits. System (CBMS) improvements, business process reengineering, and policy changes have combined to improve counties' speed in application determinations. Yet, few measurable gains have been made in the area of case management. This request seeks funds to apply similar strategies to counties' Colorado Works case management processes to improve efficiency, increase employment entry, and improve and maintain the State's Work Participation Rate (WPR) performance.

Administrative Burden for Case Managers

Administrative tasks, such as collecting forms from participants and entering required data, can take 20-60% of a caseworker's time, leaving too little time to deliver high-quality case management services to participants. Case management is a vital link to helping participants set and attain employment and life goals. Furthermore, manual processes required to complete these administrative tasks contribute to errors and delays. Reducing this burden through state data quality efforts, LEAN-style process improvements, and automated data entry would allow for more time to provide more and better services to participants. Improving processes will help counties capture efficiency using available TANF resources.

Employment Outcomes
Since 2014, the Department has monitored "Employment Entry" among Colorado Works participants: the number of individuals who enter employment divided by the total number of work-eligible (i.e. required to participate in work activities by federal definition) individuals on the caseload. In any given month, about 8.2% of Colorado Works participants gain employment while enrolled in the program. Cumulatively, 30.85% of Colorado Works participants gained employment while enrolled in the program during FY 2015-16. Survey results concur, indicating about 35% of people left Colorado Works due to increased income. While these results are consistent with similar programs nationwide, they fall short of the Department's targets.

Work Participation Rate
The Colorado Works program has been notified by the federal government that it is out of compliance with the federal WPR requirement for FY 2011-12, FY 2012-13, FY 2013-14, FY 2014-15, and FY 2015-16, risking a financial penalty to Colorado. WPR measures how well programs engage families in certain requirements, including some activities that lead to employment, by tracking the number of hours individuals spend in specific activities.

Compliance with the federal work participation rate requires fifty percent of all cases and ninety percent of two-parent cases to meet a minimum number of monthly work hours. States can meet the requirement through a combination of 1) reported participant activity hours, and 2) credit for reducing caseload or increasing state maintenance of effort. Table 1 shows the number of states not meeting the required federal measures.

Table 1: Number of States not Meeting Federal Measures		
	FFY 2015	FFY 2016
States/Territories Not Meeting the All Families Rate	6	5*
States/Territories Not Meeting the Two-Parent Rate	15	11*

*Twenty-seven states do not serve two-parent families, so they do not have a two-parent rate.

Other states have met the WPR requirement through strict sanctioning policies, shortened eligibility terms for benefits, work requirements before services are provided, and other actions that are not moving participants from welfare to work, but simply off welfare. Colorado is striving not only to move participants from welfare to work, but to ensure that the work contributes to their long-term economic stability.

States cite a combination of reasons that make it difficult to meet the WPR requirement, including, but not limited to:

1) Recipients who are working more than about 20-25 hours per week become ineligible for cash assistance as a result of too much income, so the state gets no credit for their participation hours.
2) The TANF population is very disadvantaged; many require services prior to being "work ready" that are unlikely to qualify for WPR.
3) Some activities (e.g. Vocational Education) are time-limited or are only allowed for a sub-set of the

whole population. Once the time limit or the number of allowable participants has been exceeded, those participation hours do not count.

Colorado's internal analyses indicate that complete data entry, effective program design and implementation, and individualized case planning and follow up are three concrete ways the State will meet the WPR. Unfortunately, time-crunched county staff, serving caseloads as high as 150 individuals, struggle to design individualized plans that engage participants swiftly or record employment-centered participation when it does occur. Only 83%[1] of Colorado Works participants have a plan in place within 30 days of application and only 50% of assigned activities have at least one verified participation hour recorded in a month.

Continued non-compliance with the WPR may result in a financial penalty: for the first year of non-compliance, federal law defines the base penalty as five percent of the adjusted state family assistance (TANF) grant. This amount is then reduced by the degree of noncompliance. To calculate the second year's penalty, the first year's amount is added to two percent of the adjusted state family assistance grant. Colorado faces potential penalty amounts as presented in Table 2.

Table 2: Potential Sanctions by Fiscal Year

Fiscal Year	Potential Sanction
2012	$4,761,984
2013	$6,043,904
2014	$8,751,062
2015	$10,655,856
2016	$12,560,649
Total	**$42,773,455**

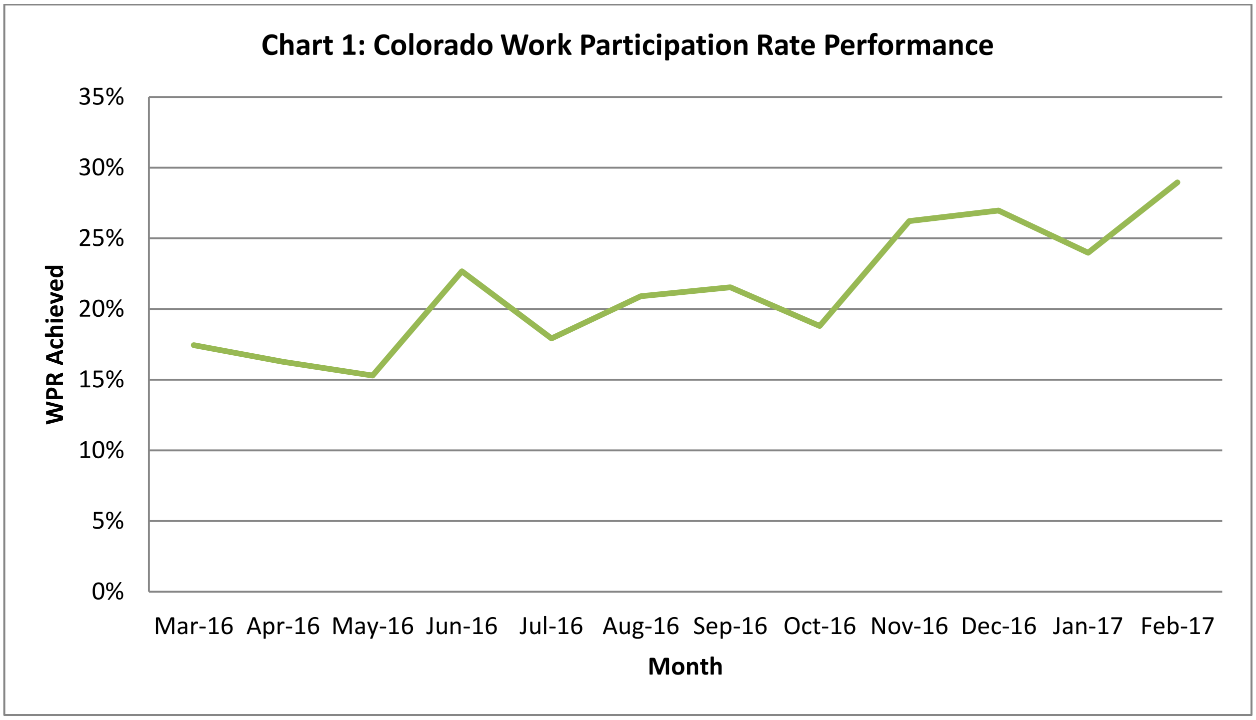
However, any year the State meets the WPR erases all prior sanctions. Colorado can avoid payment of a penalty by meeting WPR going forward.

Working closely with both county and federal partners, the Department has made significant progress to comply with WPR by training county workers, making changes in the automated system (CBMS), issuing new guidance, increasing performance management data, and centralizing specific state-level functions. The Department has provided a clearer message on WPR expectations and outcomes, which has resulted in achieving performance milestones quickly. Additional adjustments and resources are needed to sustain practices in order to advance and sustain progress and ultimately avoid penalty.

Chart 1 illustrates Colorado's improved WPR, per the federal sample, achieved as a result of interventions made since the Department was first notified on May 29, 2015 that Colorado had missed the WPR for FY 2012. These changes were accomplished within existing resources. Improvements are evident among cases included in the federal sample used to measure Colorado's compliance in the most recent 12 month period

[1] April 2017

data are available.



*Data reflects performance among federally sampled cases

This request supports the Department's strategic policy initiative to "Improve the lives of Colorado families in need by helping them to achieve economic security."

Proposed Solution:

The Department requests 1.8 FTE and $3,164,163 total funds/federal TANF funds in FY 2018-19 and 2.0 FTE and $3,165,736 total funds/federal TANF funds in FY 2019-20 and $2,340,236 total funds/federal funds ongoing in order to address the federal work participation requirement by improving data quality, contracting for LEAN support for counties, and adopting a statewide data entry tool.

The request provides the tools necessary to improve the efficiency among existing county operations and implement an automated data entry tool statewide for participants to enter their own data and verification documents. Together, these strategies would lead to improved customer service, allowing caseworkers to focus more on assisting clients to become self-sufficient and less on administrative tasks. As Table 3 describes, implementing these solutions will address several problems, ultimately improving performance.

Table 3: Problems and Solutions Matrix			
	Solutions		
Problem	Improve Data Quality	Automated Data Entry Tool	BPR/LEAN
Employment Outcomes		X	X
Work Participation Rate	X	X	X
Administrative Burden		X	X

Improve Data Quality

Manually monitoring and reviewing the federally-sampled cases every month at the statewide level has increased WPR. Continuing to conduct this work at the Department standardizes the analysis and results, applies a state-level perspective as all the data is rolled up for the federal reporting, and reduces a burden on counties that is better managed at the Department. The State can capitalize on various gains that can only be applied when considering statewide application of federal rules versus county-specific application.

Borrowing from other states' successful efforts, the Department began pilot-testing an intensive data quality review of all cases included in the federal sample used to calculate WPR in November 2016. Using existing funds, the Department hired two full-time contractors to conduct manual reviews of every sampled case to ensure complete, accurate data entry necessary to gain WPR credit. This investment resulted in immediate improvement in the WPR; that improvement has continued throughout the pilot period (currently in its fifth month), increasing WPR from 18.4% to 29.0%.

Due to the highly specialized nature of the work, the Department seeks to hire 2.0 FTE thoroughly review every case in the sample and contact counties regarding specific cases, as needed, for additional information or data entry. As other states have found, there is much value in having a state-level perspective on WPR because it is ultimately a statewide measure; county sampling makes it difficult for any individual county to consistently conduct this work. Moreover, the WPR formula contains many moving parts that can be hard to see from the perspective of any individual sampled case or from any individual county.

This manual review process is time-intensive, requiring two full-time state-level staff. While current permanent Department staff produce the data and serve as policy guides for various issues, the two contractors have worked full-time on the detailed work required to complete the manual review and follow-up throughout the pilot. This strategy has been successful in increasing WPR, but it is not sustainable without additional funding for contractors or permanent staff to conduct this manual review and statewide management on an ongoing basis. This intensive work remains important to Colorado's success.

Automated Data Entry Tool

Easier, faster methods for county workers to collect work participation information will increase WPR and lead to improved employment outcomes for participants. The Department will procure a vendor to implement an effective data entry tool in county offices. Early evidence from a similar pilot in Larimer County using a data entry tool (developed via collaboration among six counties, with input from national behavioral economics and welfare program implementation experts) shows two main benefits:

- Participants are 76% more likely to submit their work participation information on time versus by traditional paper reports. Increased reporting of activities more accurately captures the hours participants were engaged in work activities, which will likely improve the reported WPR.
- The tool saves each case manager 8-9 hours per week – this time can be devoted to working with participants on career planning and other goals rather than administrative work.

Without an automated tool, WPR data must be collected from participants, verified, and manually entered into the State's eligibility system (CBMS). Counties report this process takes 40-60% of their case managers' time. The process is also burdensome on participants: not only are they required to collect various documentation of their participation throughout a month, they are often required to physically bring the documents to their case manager to ensure timely submission.

This manual, burdensome process can result in missing data that contributes to Colorado's WPR compliance problem. In order to automate and streamline data collection, the Department proposes procuring a web-based data entry tool. Given the evidence from the Larimer County pilot, the Department is aware of at least one potential tool that could meet the need. This particular tool could provide a web-based application for statewide Colorado Works participants to enter their own participation data and upload verification documents for case manager approval, seamlessly capturing the necessary information with minimal manual work required by county staff. It can also allow caseworkers to view and manage their cases more effectively via an easy-to-read format displaying cases that have and have not entered data and cases that require action. Similarly, it can allow supervisors and managers to monitor caseworkers' and participants' activity in a new way. Other tools that may provide similar (or enhanced) attributes may be available and will be fully explored through a competitive procurement process to secure a tool to automate and ease data entry and case management.

Freeing up case manager time for more meaningful interactions, and supporting improved performance monitoring, will equip counties to help participants achieve economic security through meaningful work, a CDHS strategic policy initiative and Wildly Important Priority (WIP).

Business Process Reengineering/LEAN

The Department and the counties have participated in Business Process Reengineering (BPR) to analyze workflows and design efficient processes. To date, these efforts have only focused on eligibility determination processes, resulting in increased timeliness and accuracy. This proposal will extend those BPR efforts to case management processes.

Business Process Reengineering for case management will enable the Department and counties to re-think workflows and processes in order to improve customer service and increase efficiency, ultimately leading to improved outcomes. For example, considering and revamping the time elapsed between an eligibility decision and case management appointment may result in timely engagement. Participants engaged timely are more likely to contribute positively toward WPR and ultimately attach to employment.)

Case management processes and workflows are antiquated in most counties, requiring manual (and sometimes duplicate) data entry, research within multiple systems, and overall inefficient workflows. BPR will entail a thorough review of existing policies and guidance that may eliminate unintended barriers. Building more intentional workflow designs will improve case management processes, thereby encouraging timely data entry and avoiding lost WPR and employment entry-related paperwork.

The Department will procure a vendor with both BPR and case management expertise in order to successfully implement Business Process Reengineering at the State and county levels. The vendor will tailor Business Process Reengineering to streamline case management processes while addressing the varying needs of each county.

BPR would be completed in a phased approach in the ten largest counties:
1. Assess office operations and strategize with leadership – resulting in operational descriptions of service delivery models and processes.
2. Engage county and State staff in determining how case management should be done and redesigning the way those activities are completed.
3. Work with pilot counties to implement the redesigned processes.
4. Develop implementation roll-out plan for remaining counties.
5. Roll out BPR processes in remaining counties.
6. Evaluate efforts and final reporting.

Table 4 details the implementation plan over the next two years.

Table 4: Implementation Plan for Improved County Performance

	FY 2018-19				FY 2019-20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Assess office operations and strategize with leadership	X							
Develop evaluation criteria	X	X						
Develop redesign of case management processes		X	X					
Work with pilot counties to implement redesigns			X	X	X			
Develop implementation plan to roll-out for remaining counties				X	X			
Work with remaining counties to implement redesigns					X	X	X	
Evaluate implementation plan and develop reporting						X	X	X

Anticipated Outcomes:

The Department's primary outcomes from this investment are increasing employment entry and meeting the federal WPR requirement. In addition, the Department anticipates that the combination of reengineering case management processes and automating data entry will result in effective time invested in assisting clients achieve goals. Collectively, these efforts are expected to produce the following outcomes:

Participant Impacts:

- Reduce elapsed time between application and activity initiation. 95% of participants have a plan in place within 30 days of application, increased from 83% currently.
- Participant hours submitted timely. Early pilot results in one large county show that participants who use an electronic submission form are 76% more likely complete their participation hours on time.
- Reduce likelihood for being sanctioned for not submitting their time sheet. Participants are less likely to lose their time sheet and more likely to complete their entries throughout the month. This will reduce administrative monitoring time and increase the likelihood of continued case management leading to employment outcomes.
- Eliminates submission barriers. Use of the tool eliminates the need for participants to mail or bring the documentation into the office since it can be uploaded via the automated tool. By saving time and eliminating a submission barrier, the program emphasizes its support of participants' employment activities.

Case Manager/County Impacts:

- Time savings by faster data entry and review. Handwritten logs can take as long as 60 minutes to enter data; confirming back-up documentation is a laborious process; handwriting is often illegible; errors such as recording a 29^{th} day in February require follow-up; hours are often added incorrectly, causing problems with matching documentation is provided. Counties currently testing an electronic data entry method report case manager time savings of 8-12 hours *per week,* or 20-30% of a caseworkers' time. This is the equivalent of one full time equivalent county staff for every 3-5 existing staff.
- Focus on employment entry. Reduced time required to explain how to fill out a manual form results in a potential 33% increase in time spent with the participant in setting and working towards goals. Employment outcomes, such as employment entry, should improve.
- Improve WPR. Collecting more countable WPR hours and employment entry will increase the State's Work Participation Rate and Employment Entry measure without increasing workload or changing programming dramatically.
- Improve employment outcomes and goal attainment as emphasis shifts from paperwork toward progress.
- Reduce administrative monitoring workload. Quicker engagement and stronger employment outcomes will reduce monitoring burden, further increasing the time spent coaching participants versus administrative work.

Statewide Impacts:

- Increase employment entry from 8.2% in a month to 10%, increase from 35% to 40% survey respondents who credit getting a job or an increased earned income as reasons for leaving the program.
- Increase WPR from 26% to 31% (exceeding the projected target WPR).

The Department will monitor outcomes through C-Stat, and federal reports and compliance. Work Participation Rate achieved will be tracked by the Department using the internal monthly estimate and the annual federal calculation. The Department will also track the number of activities with hours entered monthly and will continue to monitor Employment Entry rates. Together, the Department expects all three strategies outlined to improve employment outcomes among participants.

Assumptions and Calculations:

This request will be funded with existing federal TANF funds available in the State's Long Term Colorado Works Reserve (LTR). Sufficient funds exist in reserve given Colorado's receipt of federal TANF Contingency Funds each year since 2009; since Federal Fiscal Year 2012-13, Contingency Funds received have averaged $13.4 million. Contingency Funds are based on eligibility criteria the state will continue to meet. States apply for the funds annually.

Table 5: TANF Long-term Reserve Projections			
	FY 2017-18 Long Bill	FY 2018-19 Requested	FY 2019-20 Projected
Beginning Long-term Reserve Balance	$53,318,649	$52,297,162	$48,560,499
State Family Assistance Grant	$135,607,703	$135,607,703	$136,056,690
Contingency Fund*	$12,000,000	$12,000,000	$12,000,000
Total TANF Funds Available to Appropriate	**$200,926,352**	**$200,353,852**	**$196,617,189**
Appropriations	$148,629,190	$151,793,353	$151,793,353
Ending Long-term Reserve Balance	$52,297,162	$48,560,499	$44,823,836

* Contingency funds are awarded annually and amounts received vary; Colorado has been successful in applying for and receiving Contingency Funds, but there is no guarantee funds will be awarded.

Data Quality

2.0 FTE – Social Services Specialist III = $136,519 in FY 2018-19, $138,092 in FY 2019-20 and ongoing

Salary cost to pay two Social Service Specialist III positions to analyze federally-sampled cases every month at the state-level perspective. The Department initially funded the pilot work starting mid-year in FY 2016-17 with vacancy savings. The Department does not anticipate the same level of vacancies in the future, so existing administrative funds will not be available.

The Department would initiate the human resource process in once the Long Bill is adopted to onboard the staff on July 1, 2018.

Table 6: FTE Calculation						
Expenditure Detail		FY 2018-19		FY 2019-20		
Personal Services:						
Classification Title	Monthly	FTE		FTE		
Social Services Specialist III	$4,117	1.8	$90,567	2.0	$98,808	
PERA			$9,193		$10,029	
AED			$4,528		$4,940	
SAED			$4,528		$4,940	
Medicare			$1,313		$1,433	
STD			$172		$188	
Health-Life-Dental			$15,854		$15,854	
Subtotal Personal Services		-	**$126,155**	-	**$136,192**	
Operating Expenses:						
		FTE		FTE		
Regular FTE Operating	$500	1.8	$917	2.0	$1,000	
Telephone Expenses	$450	1.8	$825	2.0	$900	
PC, One-Time	$1,230	1.8	$2,255	-		
Office Furniture, One-Time	$3,473	1.8	$6,367	-		
Subtotal Operating Expenses			**$10,364**		**$1,900**	
TOTAL REQUEST		-	**$136,519**	-	**$138,092**	
	Federal Funds:		*$136,519*		*$138,092*	

Automated Data Entry Tool
13,108 average monthly cases
$14/case/month
$2,202,144 annual license fee

Costs from the similar pilot in Larimer County have been used to project the annual license fee that the State would pay to implement an Automated Data Entry Tool statewide. Through conversations with Larimer County's vendor and the Department's internal technology experts, the Department believes the costs presented in this budget request are reasonable to procure a statewide license. Given the Department's confidence in these cost projections, they will be used in the procurement process to solicit a vendor to provide an automated data entry tool. The Request for Proposals will solicit bids within cost parameters of $2,202,144 for county licenses and one-time, up-front costs to initialize the system in Colorado and train county staff.

The Department would initiate the procurement process in the Spring of 2018, as soon as the funds have been approved by the General Assembly, for an intended start-date in July 2018. Set-up, training, and implementation would be complete by October 1, 2018.

Business Process Reengineering

The Department estimates that the Business Process Reengineering initiative will cost $1,651,000. The funds will be used to pay for county office assessments, statewide and county-wide planning, a base model of real-time data tracking, specific training for leadership and staff, and to prepare a core group of individuals to carry the model forward in Colorado.

Table 7 presents preliminary cost estimates from a private vendor to implement Business Process Reengineering in county offices within the ten largest Colorado counties.

Table 7: Business Process Reengineering Cost Estimates		
	FY 2018-19	FY 2019-20
18 local county office assessments @ $15,000/each local office	$135,000	$135,000
Planning, preparation, implementation, roll out, training, support	$690,500	$690,500
Total	**$825,500**	**$825,500**

Tables 7 and 8 illustrate the total costs required to implement the three components required to fully implement this proposal and the total appropriation required.

Table 8: Cost Summary to Enhance County Performance			
	FY 2018-19	FY 2019-20	FY 2020-21 and ongoing
Improve Data Quality	$136,519	$138,092	$138,092
Business Process Reengineering	$825,500	$825,500	$0
Automated Data Entry Tool	$2,202,144	$2,202,144	$2,202,144
Total	**$3,164,163**	**$3,165,736**	**$2,340,236**

Table 9 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond

Table 9: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21			
Line Item: (1) Executive Director's Office, Health, Life and Dental	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0
Requested Funding (or Spending Authority)	$15,854	$0	$15,854
FY 2018-19 Total Requested Appropriation	**$15,854**	**$0**	**$15,854**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0
FY 2019-2020 Total Requested Appropriation	**$15,854**	**$0**	**$15,854**
FY 2020-2021 Total Requested Appropriation	**$15,854**	**$0**	**$15,854**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0
Requested Funding (or Spending Authority)	$172	$0	$172
FY 2018-19 Total Requested Appropriation	**$172**	**$0**	**$172**
FY 2019-20 Annualization of Prior Year Funding	$16	$0	$16
FY 2019-2020 Total Requested Appropriation	**$188**	**$0**	**$188**
FY 2020-2021 Total Requested Appropriation	**$188**	**$0**	**$188**
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Federal Funds**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0
Requested Funding (or Spending Authority)	$4,528	$0	$4,528
FY 2018-19 Total Requested Appropriation	**$4,528**	**$0**	**$4,528**
FY 2019-20 Annualization of Prior Year Funding	$412	$0	$412
FY 2019-2020 Total Requested Appropriation	**$4,940**	**$0**	**$4,940**
FY 2020-2021 Total Requested Appropriation	**$4,940**	**$0**	**$4,940**

Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Federal Funds
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0
Requested Funding (or Spending Authority)	$4,528	$0	$4,528
FY 2018-19 Total Requested Appropriation	**$4,528**	**$0**	**$4,528**
FY 2019-20 Annualization of Prior Year Funding	$412	$0	$412
FY 2019-2020 Total Requested Appropriation	**$4,940**	**$0**	**$4,940**
FY 2020-2021 Total Requested Appropriation	**$4,940**	**$0**	**$4,940**

Line Item: (7) Office of Self Sufficiency (B) Colorado Works Programs	Total Funds	General Fund	Federal Funds
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0
Requested Funding (or Spending Authority)	$3,139,081	$0	$3,139,081
FY 2018-19 Total Requested Appropriation	**$3,139,081**	**$0**	**$3,139,081**
FY 2019-20 Annualization of Prior Year Funding	$733	$0	$733
FY 2019-2020 Total Requested Appropriation	**$3,139,814**	**$0**	**$3,139,814**
FY 2020-2021 Total Requested Appropriation	**$2,314,314**	**$0**	**$2,314,314**

R

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-16 Promoting Permanency

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$64,443,280	$0	$64,357,817	$406,588	$399,814
	FTE	59.3	0.0	59.3	1.8	2.0
	GF	$45,890,927	$0	$45,748,130	$376,995	$371,373
	CF	$964,053	$0	$1,000,716	$0	$0
	RF	$11,482,812	$0	$11,485,108	$0	$0
	FF	$6,105,488	$0	$6,123,863	$29,593	$28,441

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration – Health, Life, And Dental	Total	$35,626,745	$0	$35,690,162	$15,854	$15,854
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$13,159	$13,159
	CF	$204,384	$0	$228,165	$0	$0
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$2,695	$2,695
01. Executive Director's Office, (A) General Administration – Short-Term Disability	Total	$415,157	$0	$415,833	$214	$234
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$178	$195
	CF	$13,979	$0	$14,219	$0	$0
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$36	$39
01. Executive Director's Office, (A) General Administration – Amortization Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$5,626	$6,138
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$4,670	$5,095
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$956	$1,043

01. Executive Director's Office, (A) General Administration – S.B. 06-235 Supplemental Equalization Disbursement	Total	$11,255,675	$0	$11,273,476	$5,626	$6,138
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$4,670	$5,095
	CF	$372,845	$0	$379,166	$0	$0
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$956	$1,043

05. Division of Child Welfare – Administration	Total	$5,890,028	$0	$5,704,870	$146,768	$138,950
	FTE	59.3	0.0	59.3	1.8	2.0
	GF	$4,932,576	$0	$4,726,747	$121,818	$115,329
	CF	$0	$0	$0	$0	$0
	RF	$143,008	$0	$145,304	$0	$0
	FF	$814,444	$0	$832,819	$24,950	$23,621

05. Division of Child Welfare – Permanency Services	Total	$0	$0	$0	$232,500	$232,500
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$232,500	$232,500
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Lettemote Text Revision Required? Yes ____ No X **If Yes, see schedule 4 fund source detail.**
RF Lettemote Text Revision Required? Yes ____ No X
FF Lettemote 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 $406,588 total funds ($376,995 General Fund and $29,593 federal funds) and 1.8 FTE in FY 2018-19 and $399,814 total funds ($371,373 General Fund and $28,441 federal funds) and 2.0 FTE in FY 2019-20 and on-going to add staff in order to increase the timeliness of service and achievement rate for permanency for Colorado's most vulnerable population of children/youth.
- This is a 100% increase compared to the FY 2017-18 appropriation.

Current Program

- The Department currently funds one time-limited FTE, from IV-E Waiver Savings, to provide intensive support and technical assistance to county departments specific to children and youth who are legally freed for adoption or guardianship.
- The Department is in the second year of a two year contract with the Dave Thomas Foundation for Adoption (DTFA) which provides two time-limited recruiters, from IV-E Waiver Savings, from the Wendy's Wonderful Kids program (WWK) to connect children who are waiting for permanency with families who wish to adopt by implementing and coordinating effective recruitment and supportive services.

Problem or Opportunity

- As of April 3, 2017, there are 945 children/youth that are legally free who have not achieved permanency in Colorado. Out of the 945 children/youth, 364 of them are between the ages of 10-21.
- This is an opportunity at the State level to assist counties and decrease existing barriers to permanency to obtain permanency for these children/youth.
- Additional staff will support county departments with conducting Permanency Round Tables and Family Engagement Meetings for children/youth that may experience delayed permanency.

Consequences of Problem

- The children/youth who are not obtaining permanency experience lower rates of education and income, and higher rates of homelessness.
- With children/youth not achieving permanency in an expeditious manner, the overall improved safety, independence and well-being of the children/youth of Colorado is jeopardized, which is not in alignment with the goals of the Department.

Proposed Solution

- The Department is requesting $404,088 total funds for 1.8 FTE and contracted services to assist the most vulnerable population of children/youth in obtaining permanency.

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Department Priority: ***R-16***
Request Detail: ***Promoting Permanency***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**General Fund**	**Federal Funds**
Promoting Permanency	$406,588	1.8	$376,993	$29,595
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**General Fund**	**Federal Funds**
Promoting Permanency	$399,814	2.0	$371,371	$28,443

Problem or Opportunity:

The Department requests $406,588 total funds ($376,993 General Fund and $29,595 federal funds) and 1.8 FTE in FY 2018-19 and $399,814 total funds ($371,371 General Fund and $28,443 federal funds) and 2.0 FTE in FY 2019-20 and on-going to add staff in order to increase the timeliness of service and achievement rate for permanency for Colorado's most vulnerable population of children/youth. The additional resources of the 1.8 FTE and two Wendy's Wonderful Kids recruiter program (WWK) recruiters enable the Department to increase the percentage of children who achieve permanency through adoption or guardianship and decrease the percentage of children who re-enter foster care as a result of the increased efforts specifically aimed at achieving permanency.

Unfortunately not all children and youth achieve permanency and, consequently, emancipate from the child welfare system. Youth who emancipate from care are at higher risk of negative outcomes across all independent living domains. For those youth emancipating out of care, data shows that, "across a wide range of outcome measures, including postsecondary educational attainment, employment, housing stability, public assistance receipt, and criminal justice system involvement, these former foster youth are faring poorly as a group" (Midwest Evaluation of Adult Functioning of Former Foster Youth at Age 26, 2011).

Counties are working diligently for children and youth, who are legally free, to achieve permanency. Efforts are seen through diligent recruitment plans, partnership with The Adoption Exchange, and exploration of creative ideas to identify viable kinship or psychological kin adoptive options, as well as Permanency Round Tables (PRTs) and Family Engagement Meetings (FEMs) interventions, both of which are part of the State's IV-E Waiver Demonstration Project and are designed to promote case progress and to establish permanency as effectively as possible. These interventions have assisted the participating counties with specific formats to address barriers to permanency for individual cases. PRTs are currently occurring in twenty-nine counties. FEMs are currently occurring in forty-one counties.

As every child deserves permanency before they transition into adulthood, it was incumbent upon the Department to identify barriers impacting the ability of identified children and youth in achieving permanency. As a result, the Department utilized predictive analytics to identify children and youth who are at high risk of emancipating from the child welfare system. The process of establishing a predictive analytics model entailed identifying risk factors from youth who had not historically achieved permanency and creating an algorithm to predict children and youth who are currently in the system that may be at high risk of emancipating.

Predictive analytics is a progressive and proactive effort designed to enhance existing interventions, establish and maintain community collaboration, and eliminate systemic barriers with the overall goal of achieving permanency for all children and youth in Colorado. Understanding the importance of obtaining permanency for all children, the Department utilized IV-E Waiver Savings to fund one time-limited Permanency Specialist position to monitor and provide intensive support and technical assistance to county departments specific to the highest need of children/youth that have not obtained permanency. This was a new position that was created due to the number of children in Colorado that have not obtained permanency as a result of the predictive analytics efforts. The funds for this position must be spent by June 30, 2019. The current time-limited position will end at this time.

Each quarter, a case report is generated, based upon the predictive analytics algorithm, for the Permanency Specialist to examine. The cases chosen are then reviewed by members of the Department's Executive Leadership and the Division of Child Welfare. This group determines if there are system barriers or case specific barriers to permanency. The Permanency Specialist from the Division then reaches out to the specific counties and other stakeholders to address the barriers and potential resolutions. The Permanency Specialist provides in-depth technical assistance for the counties and assists in identifying recruitment practices or alleviating any identified systems barriers.

In addition to the time-limited Permanency Specialist position, the Department is in the second year of a two year contract with the Dave Thomas Foundation for Adoption (DTFA) to expand on their existing Wendy's Wonderful Kids program (WWK) to connect children who are waiting for permanency with families who wish to adopt by implementing and coordinating effective recruitment and supportive services. The expansion consisted of the Department providing time-limited funding for two additional WWK recruiters through IV-E Waiver Savings, which must be spent by June 30, 2019. Resources were utilized for WWK recruiters, as this program is listed on the California Evidenced Based Clearinghouse as having promising research evidence.

While the two WWK recruiters have been an asset to finding homes for children, they are only able to serve 12 children each at a time, the majority of whom are in out of home placement in the Denver Metro area. Currently, there are more than 287 children in Colorado who are available for adoption and who are waiting for permanency. These children/ youth will benefit from the services of a WWK recruiter. More funding will allow for WWK recruiters to travel throughout the state and serve more children/youth that are waiting for permanency.

Since January 2005, WWK recruiters in Colorado, including existing DTFA WWK recruiters and the two time-limited Department funded WWK recruiters, have served 234 youth ranging in age from two to nineteen years old; 137 of them have been matched with pre-adoptive families; 90 of them have achieved permanency through an adoption and 7 of them have achieved legal guardianship or permanent custody. Nationwide, since 2004 WWK recruiters have assisted in achieving permanency for more than 2,500 children/youth.

Currently, WWK recruiters are serving children in only thirteen counties across Colorado. Each WWK recruiter currently has a waitlist of youth that county caseworkers have requested to be part of the program. The majority of youth are from Adams, Weld, Arapahoe, Mesa and Pueblo Counties, with a few others from smaller counties as well.

To demonstrate the effectiveness of WWK recruiters, a five year program (2004 - 2009) evaluation project was conducted by the DTFA, along with the national organization Child Trends, to evaluate the impact of child-focused recruitment using the WWK model. The evaluation compared the permanency outcomes of 517 children, served by 30 recruiters in a subset of 21 WWK grantee agencies, to the outcomes of 497 children receiving traditional recruitment services in the same locations (control group). The target population for the project was youth twelve and older who have been in care seventeen months or longer.

Their 2011 report found that a larger share of children in the WWK group were adopted than in the control group (31.4% compared to 22.5%) without regard to child characteristics, recruiting agency, or jurisdiction.

The evaluation also showed that older youth, and those with mental health disorders, — groups that have traditionally waited the longest for adoption or that are least likely to achieve adoption – were three times more likely to be adopted than those not served by a WWK recruiter. Additional findings of note included:

- The WWK model produced even larger impacts for children referred at older ages:
    - For children referred at age eight, the likelihood of adoption was 1.5 times higher for a child served by WWK than a child who was not;
    - For children referred at age eleven, the likelihood of adoption was twice as high;
    - For youth referred at age fifteen, the likelihood of adoption was three times as high.
- A key component for success was establishing strong one-on-one relationships with the children/youth.
- The diligent search for potential adoptive families and aggressive follow-up with any identified contacts was essential.

- Ensuring opportunities for the WWK recruiter to meet with the child/youth regularly to establish rapport, build trust and to assist in preparing the youth for adoption were key to successful outcomes.

Other states are utilizing similar interventions as Colorado to address permanency barriers for children and youth in their child welfare systems.

In Ohio, the Ohio Child Welfare Training Program (OCWTP) prepared a pool of trainers (including foster alums) to train agency staff and community stakeholders on the permanency values that are so central to the project as well as on the specific skills for facilitating successful PRTs. ODJFS has contracted with the Family and Youth Law Center (FYLaw) to administer the pilot and its advisory council.

Because many of the identified children are currently placed outside public foster care, the Ohio Association of Child Caring Agencies (OACCA) has agreed to join the effort. As part of Casey Family Programs' (Casey) mission to safely reduce the number of children in foster care by 50 percent by the year 2020, Casey began working with jurisdictions in 2008 to expedite permanency for youth in care through permanency roundtables. Casey's ultimate goal is to share its knowledge of what works best to help child welfare systems provide the best service possible, so that more children and families stay together and thrive. Casey's strategic consultants work with jurisdictions to meet the needs identified by the jurisdiction to create a partnership that will safely reduce the number of children and youth in out-of-home care.

Ohio also has a strong presence of WWK recruiters throughout the state and has credited their success in achieving permanency using the following strategies:

- The use of family team meetings to develop case plans and establish permanency goals.
- Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Establishing more frequent caseworker visits with parents and provision of post-reunification services.

In 2014, they also initiated Youth-Centered Permanency Roundtables (PRTs), led by the Ohio Department of Job and Family Services (ODJFS) and Public Children Services Association of Ohio (PCSAO) with funding from Casey Family Programs.

California partnered with Casey Family Programs in June 2013 to address permanency, partnership and perseverance within the child welfare system in California. This effort brought a conclusion of seven elements that were common throughout the counties. These include:

- Intensive and immediate family finding, engagement and involvement.
- Transformed campus environments designed to support shortened lengths of stay and extensive family inclusion.

- Flexible staffing systems that permit the simultaneous delivery of parallel on-campus and home and community-based services to prepare youth, families and their community support networks for reunification.
- Research-based individual and family therapeutic services with the specificity and intensity required to address the complex issues of attachment, trauma, parenting, family conflict, neurobiological challenge, and emotional and behavioral development faced by these children and those who are or will become their permanent family caregivers.
- The capacity to provide continuity of care and crisis response wherever a youth may be located during the course of care, including interim placements in community settings such as treatment foster care.
- The ability to provide aftercare assistance as needed following reunification.
- Comprehensive, family-centered and strength-based care coordination from intake to closure

The Georgia Department of Human Services has also found success in the use of Permanency Roundtables. In a report by Casey Family Programs, it analyzed data on 9,000 children in foster care throughout Georgia and found a significant improvement in permanency achievement in 2009 – the first year that roundtables were implemented statewide.

Prioritizing funding for additional Permanency Specialists positions and additional WWK recruiters will cement Colorado's commitment to sustainable, effective, and long-lasting efforts toward permanency for every child and youth within the child welfare system.

Proposed Solution:

The Department requests $406,588 total funds ($376,993 General Fund and $29,595 federal funds) and 1.8 FTE in FY 2018-19 and $399,814 total funds ($371,371 General Fund and $28,443 federal funds) and 2.0 FTE in FY 2019-20 and on-going in order to assist the most vulnerable population of children/youth in obtaining permanency.

The requested funding would be used to provide additional support in creating permanency for legally freed children/youth. Also county departments of human/social services will be able to identify children/youth that have the highest rate of likelihood of emancipating from out of home placement and obtain additional resources from the Department. These additional resources will allow for the permanency round table practice to be standardized and trained statewide.

As of June 2017, there are 58 children out of 287 total children needing to be adopted through predictive analytics that has been identified as having high risk of emancipation. The 1.8 FTE will empower the Department to address permanency and the wellbeing of children and youth in the child welfare system in multiple capacities. These additional Permanency Specialists will: increase oversight, technical assistance, and support to county departments to improve permanency services and outcomes; help the Department identify and address systemic barriers related to permanency and focus efforts and resources on reducing the impacts of those barriers while increasing the likelihood of achieving permanency; outreach to other stakeholder addresses any barriers so that no children/youth emancipate without a permanent connection;

present information on predictive analytic to county partners to encourage the use and understanding of both the WWK recruiters and predictive analytics; monitor the outcomes for permanency for Colorado's children and identify barriers and address those at the local and potentially the state level; and work to identify and monitor the efforts of the WWK recruiters for Colorado's children waiting for permanency.

The Department will contract with WWK to provide two recruiters to promote permanency and wellbeing of children and youth. The WWK recruiters target recruitment of permanent homes for the children and youth that are least likely to achieve permanency. The WWK recruiters will be able to overcome barriers to achieving permanency for this population, in conjunction with the efforts of the two requested FTE, and address the different barriers that prevent these children from achieving permanency. This allows the WWK recruiters to create specialized recruitment plans which include creating and reviewing genograms for each youth on the caseload.

The WWK recruiters follow the Child-Focused Recruitment Model developed by the DTFA. This model is composed of seven components that each recruiter is required to engage in with the goal of achieving legal permanency for the children on their caseloads. The components are not linear, but are all performed throughout the recruitment process with each child. Here are the seven components of the model:

- Diligent search—This is an on-going process to identify, locate and contact people with whom the child has or had a positive relationship.
- Recruitment plan – Customized, comprehensive plan to find an adoptive family that is based on the child's needs.
- Assessment of adoption readiness – Determines if the child has needs to address before moving forward with adoption.
- Relationship with child – Meet with the child monthly to build trust and understand the child's needs.
- Adoption preparation – Assure that the child is ready for adoption and that the family is ready to meet the child's needs.
- Case record review – Taking a deep dive into the child's case record to find significant people from the past.
- Network-building – Work with all people involved with child.

Research and Evidence-Based Policy Team Recommendation: The request is comprised of three program models –Permanency Round Tables (PRT), Family Engagement Meetings (FEM), and Wendy's Wonderful Kids (WWK). Currently, PRT and FEM are being evaluated as part of the Title IV-E Waiver Demonstration evaluation being completed by the Human Services Research Institute in association with the Social Work Research Center at Colorado State University and Chapin Hall at the University of Chicago. Preliminary findings from this evaluation indicate that both program models are capable of increasing permanency; however, the evaluation also indicates that implementation supports are needed on the county level to increase counties' capacities to deliver multiple program models concurrently. A preliminary outcome evaluation on WWK indicates that the program model may be capable of increasing permanency; however, additional research is needed to fully understand its long-term impacts.

As research is limited on these program models, and in taking into account the implementation supports needed, the Research and Evidence-Based Policy team recommends funding for Promoting Permanency under the following conditions:

1. A process evaluation needs to be completed on each program model to ensure that counties have the proper implementation supports to successfully deliver the program models concurrently, and to ensure that output and outcome data is tracked for each model; and
2. An outcome evaluation needs to be completed on WWK to ensure the efficacy of the program model is understood.

Research Outcomes: PRT and FEM are not currently included in the Results First model or the Results First Clearinghouse Database. Though research is not currently included in these resources, an outcome evaluation of PRT was completed by the Casey Family Programs[1] that measured permanency outcomes for children 12 and 24 months after participating in the program. The evaluation did not include a comparison group –a component of a rigorous outcome evaluation; it was a pre- and post-test evaluation that measured permanency status, living situation, time to permanency and predictors of permanency. Results from this outcome evaluation indicate that the PRT program model may be capable of increasing permanency. Additionally, PRT along with FEM are undergoing evaluation as part of the Title IV-E Waiver Demonstration evaluation being completed by the Human Services Research Institute in association with the Social Work Research Center at Colorado State University and Chapin Hall at the University of Chicago. Preliminary outcomes show that both program models may be capable of increasing permanency. Final outcomes from this evaluation are anticipated December 31, 2018; however, if approved an extension, results may not be available until 2019.

WWK is included in the Results First Clearinghouse Database as a "promising practice." The program model was evaluated using a randomized controlled trial in 2015. The program model is considered "promising" because the evaluation was unable to show sustained effects due to the research design not having a follow-up. Results from the evaluation indicate that children served by WWK are 1.7 times more likely to be adopted than children not served by WWK. Additionally, results indicate that WWK is most successful at increasing permanency for older children and children with psychological disorders compared to other children.

Evaluation Recommendations: The Research and Evidence-Based Policy team recommends that all three components of the request –PRT, FEM, and WWK– undergo a process evaluation. Additionally, the team recommends that the WWK program model undergo an outcome evaluation.

Process Evaluation

Preliminary results from the Title IV-E Waiver Demonstration evaluation indicate that counties need implementation supports in order to successfully deliver multiple program models concurrently. A process evaluation will support implementation (including technical assistance and coaching), refine the program models' administrative frameworks, document preliminary outputs and outcomes, and ensure that the program models are capable of being scaled in the future.

[1] Please see http://www.casey.org/media/garoundtable_12month_ES.pdf for more information.

The process evaluation will likely take a year and a half to complete; however, additional implementation support may need to be provided after the process evaluation has been completed. This timeline is based on the Department already having logic models for two of the program models –PRT and FEM- as a result of the Title IV-E Waiver Demonstration evaluation.

Outcome Evaluation

The WWK program model warrants a rigorous outcome evaluation to ensure that its program activities are capable of sustaining long-term impact.[2] Since the population awaiting permanency is relatively small, and because the request indicates that the program model will be made available to the population shortly after funding, a quasi-experimental design, such as an Interrupted Time Series Design with Comparison Group, could be completed to rigorously measure outcomes. Quasi-experimental designs are capable of leveraging administrative data on outcomes of interest. In this case, the evaluation should capture outcome data related to permanent placement and placement stability. [3] The use of administrative data to capture program outcomes may mitigate the complexity of the evaluation and lower its cost.

The Department should work with an evaluation entity to determine the best research design for WWK taking into account implementation and data collection needs. Additionally, it is important that the outcomes for WWK be measured once counties have built capacity to successfully implement the program model.[4]

Evaluation Cost

It is anticipated that evaluation activities will last for 4 years. Process evaluation activities will likely begin on day one of the program rollout, and the WWK outcome evaluation will likely need to track outcomes in Year 1 through Year 4. Thus, funding for evaluation should be tapered to reflect the process and outcome activities that will be completed each year. Additionally, the funding for the evaluation should include roll-forward authority to ensure that moneys can be spent over multiple years.

<u>Year 1 (FY 2018-19) - $92,500 with roll-forward</u>

Funding should support initial capacity building and the process evaluation. Activities should include, but may not be limited to, the completion of a survey to identify implementation barriers and community resources needed to successfully implement each program model, and defining program outputs and outcomes and selecting measures for each. In Year 1, $92,500 should be dedicated to evaluation; however, this amount does not take into account the "in-kind" hours that county staff will likely need to dedicate to capacity building and data collection.

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[2] The Research and Evidence-Based Policy team is not recommending that PRT and FEM be included in the outcome evaluation, as they are currently being evaluated as part of the Title IV-E Waiver Demonstration evaluation.

[3] It should be noted that these outcomes are currently not monetizable through the Results First model, but are still important outcomes to measure.

[4] This includes ensuring that recruiters are providing the time to build strong relationships with stakeholders, as this has been cited as being an important component of the program model.

Year 2 (FY 2019-20) - $92,500 with roll-forward

Funding should support the process evaluation, which includes implementation supports and the collection of output and outcome data. During Year 2, outcome data collected for WWK will need to align with the data needs for the rigorous outcome evaluation. In Year 2, $92,500 should be dedicated to evaluation. Again, this amount does not take into account the "in-kind" hours that county staff will likely need to dedicate to the capacity building process and data collection.

Year 3 (FY 2020-21) - $95,000 with roll-forward

As it is likely that a quasi-experimental design will be used, the cost to complete the rigorous outcome evaluation of WWK is anticipated to be $95,000 ($50,000/year for WWK outcome evaluation plus $45,000/year for implementation supports and data collection).

Year 4 (FY 2021-22) - $45,000 with roll-forward

Funding should support targeted implementation supports, output and outcome data collection for PRT and FEM, and the completion of the rigorous outcome evaluation for WWK. The cost of implementation supports and the outputs and outcomes data collection is anticipated to be $45,000.

This request is an on-going request that does not affect other departments and does not require a statutory change. This request will require a new line item in the Long Bill titled Permanency Services.

Anticipated Outcomes:

An additional permanency specialist will expand the Department's capacity to provide direct technical assistance to county departments, and increase the ability to pursue a resolution to systematic barrier identified through the analysis of the predictive analytics cases. The additional position is necessary to continue coordinated efforts of counties and build capacity for the State to address the needs of children/youth in out of home placement, especially youth who do not have a permanent placement or have not achieved legal permanence. The purpose of this position is to act as a staff authority to direct, lead and oversee the implementation, coordination and continued support of county departments' that address issues for children and youth in out of home care through the use of permanency round tables and predictive analytics. This position will develop practice standards regarding the use permanency round tables and predictive analytics.

Two additional WWK recruiters would expand recruitment services to an additional 28 children/youth that have a high risk of not achieving permanency. These 2 additional positions would expand the already existing WWK program by addressing needs statewide, which will include Colorado's urban and rural counties. These funded positions will be used to directly positively impact the permanency rates of children/ youth in Colorado.

C-Stat and on-going administrative reviews will be used to measure the permanency related outcomes as well as to monitor for improved performance. The Department will know if the solution is successful when there is an increase in the number of children that achieve permanency in a timely manner.

Assumptions and Calculations:

Table 1 details the expenditures for the 1.8 FTE for FY 2018-19, which annualizes to 2.0 FTE in FY 2019-20 and on-going.

Table 1: Expenditure Detail			**FY 2018-19**		**FY 2019-20**	
Personal Services:						
Position 1	Class Code	Monthly Salary	FTE		FTE	
SOC SERVICES SPEC IV	H1T4	$ 5,115	0.9	56,261	1.0	61,380
PERA				5,710		6,230
AED				2,813		3,069
SAED				2,813		3,069
Medicare				816		890
STD				107		117
Health-Life-Dental				7,927		7,927
Subtotal Position 1			**0.9**	**$ 76,447**	**1.0**	**$ 82,682**
Position 2	Class Code	Monthly Salary	FTE		FTE	
SOC SERVICES SPEC IV	H1T4	$ 5,115	0.9	56,261	1.0	61,380
PERA				5,710		6,230
AED				2,813		3,069
SAED				2,813		3,069
Medicare				816		890
STD				107		117
Health-Life-Dental				7,927		7,927
Subtotal Position 2			**0.9**	**$ 76,447**	**1.0**	**$ 82,682**
Subtotal Personal Services			**1.8**	**$ 152,894**	**2.0**	**$ 165,364**
Operating Expenses						
Regular FTE Operating Expenses		$500	1.8	917	2.0	1,000
Telephone Expenses		$450	1.8	825	2.0	900
PC, One-Time		$1,230	2.0	2,460	-	-
Office Furniture, One-Time		$3,473	2.0	6,946	-	-
Other: Leased Space		$5,000	2.0	10,000	2.0	-
Other: HR		$25.05	1.8	46	2.0	50
Other: Accounting/ Contracts/ Procurement		$0	-	-	-	-
Subtotal Operating Expenses				**$ 11,148**		**$ 1,900**
Subtotal Other Expenses				**$ 10,046**		**$ 50**
Subtotal Expenses				**$ 21,193**		**$ 1,950**
<u>TOTAL REQUEST</u>			1.8	**$ 174,088**	2.0	**$ 167,314**
		General Fund:		*$ 144,493*		*$ 138,871*
		Cash funds:		*$0*		*$0*
		Reappropriated Funds:		*$0*		*$0*
		Federal Funds:		*$29,595*		*$28,443*

Table 2 is a summarization of the annual costs from FY 2018-19 through FY 2021-22 and on-going (except for the program evaluation, which is a four year expense).

Table 2: FTE Personal Services and Operating Calculations				
Item	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**
FTE	1.8	2.0	2.0	2.0
Salaries (including Medicare and PERA)	$125,574	$137,000	$137,000	$137,000
AED	$5,626	$6,138	$6,138	$6,138
SAED	$5,626	$6,138	$6,138	$6,138
STD	$214	$234	$234	$234
HLD	$15,854	$15,854	$15,854	$15,854
Operating Expenses	$11,148	$1,900	$1,900	$1,900
Program Evaluation*	$92,500	$92,500	$95,000	$45,000
WKK Recruiters	$140,000	$140,000	$140,000	$140,000
Other Operating Expenses	$10,046	$50	$50	$50
Total	**$406,588**	**$399,814**	**$402,314**	**$352,314**

*Roll-forward authority.

The Department is currently in the second year of a two year contract with the Dave Thomas Foundation for Adoption (DTFA) for two time-limited WWK recruiters using savings from the Title IV-E Waiver program. The Waiver ends in FY 2017-18. The cost for the WWK recruiters is $70,000 per recruiter per year. The cost for two recruiters for one year is $140,000.

The other operating expenses line is for leased space and human resources expenses. Funding of $92,500 in FY 2018-19 is also requested for an evaluation to show that this promising program works in Colorado.

Table 3 illustrates the Long Bill appropriation and requested funding for FY 2018-19 through FY 2020-21.

Table 3: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (5) Division of Child Welfare, Administration	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,590,028	$4,632,576	$0	$143,008	$814,444	59.3
Requested Funding (or Spending Authority)	$146,767	$121,817	$0	$0	$24,950	1.8
FY 2018-19 Total Requested Appropriation	**$5,736,795**	**$4,754,393**	**$0**	**$143,008**	**$839,394**	**61.1**
FY 2019-20 Annualization of Prior Year Funding	($7,817)	($6,488)	$0	$0	($1,329)	0.2
FY 2019-2020 Total Requested Appropriation	**$5,728,978**	**$4,747,905**	**$0**	**$143,008**	**$838,066**	**61.3**
FY 2020-2021 Total Requested Appropriation	**$5,728,978**	**$4,747,905**	**$0**	**$143,008**	**$838,066**	**61.3**

Table 3 (continued)

Table 3: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
NEW Line Item: (5) Permanency Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$232,500	$232,500	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$232,500**	**$232,500**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$232,500**	**$232,500**	**$0**	**$0**	**$0**	**0.0**
FY 20120-21 Annualization of Prior Year Funding	**$2,500**	**$2,500**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$235,000**	**$235,000**	**$0**	**$0**	**$0**	**$0**
Line Item: (1) Executive Director's Office, Health, Life, and Dental	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$35,626,745	$25,469,588	$204,384	$7,148,083	$2,804,690	0.0
Requested Funding (or Spending Authority)	$15,854	$13,159	$0	$0	$2,695	0.0
FY 2018-19 Total Requested Appropriation	**$35,642,599**	**$25,482,747**	**$204,384**	**$7,148,083**	**$2,807,385**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,642,599**	**$25,482,747**	**$204,384**	**$7,148,083**	**$2,807,385**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,642,599**	**$25,482,747**	**$204,384**	**$7,148,083**	**$2,807,385**	**0.0**
Line Item: (1) Executive Director's Office, Short-term Disability	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$415,157	$280,491	$13,979	$74,685	$46,002	0.0
Requested Funding (or Spending Authority)	$214	$178	$0	$0	$36	0.0
FY 2018-19 Total Requested Appropriation	**$415,371**	**$280,669**	**$13,979**	**$74,685**	**$46,038**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$20	$17	$0	$0	$3	0.0
FY 2019-2020 Total Requested Appropriation	**$415,391**	**$280,685**	**$13,979**	**$74,685**	**$46,042**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$415,391**	**$280,685**	**$13,979**	**$74,685**	**$46,042**	**0.0**

Table 3 (continued)

Table 3: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21						
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$5,626	$4,670	$0	$0	$956	0.0
FY 2018-19 Total Requested Appropriation	**$11,261,301**	**$7,608,806**	**$372,845**	**$2,058,518**	**$1,221,132**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$512	$425	$0	$0	$87	0.0
FY 2019-2020 Total Requested Appropriation	**$11,261,813**	**$7,609,231**	**$372,845**	**$2,058,518**	**$1,221,219**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,261,813**	**$7,609,231**	**$372,845**	**$2,058,518**	**$1,221,219**	**0.0**
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	
FY 2017-18 Appropriation (SB 17-254)	$11,255,675	$7,604,136	$372,845	$2,058,518	$1,220,176	0.0
Requested Funding (or Spending Authority)	$5,626	$4,670	$0	$0	$956	0.0
FY 2018-19 Total Requested Appropriation	**$11,261,301**	**$7,608,806**	**$372,845**	**$2,058,518**	**$1,221,132**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$512	$425	$0	$0	$87	0.0
FY 2019-2020 Total Requested Appropriation	**$11,261,813**	**$7,609,231**	**$372,845**	**$2,058,518**	**$1,221,219**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,261,813**	**$7,609,231**	**$372,845**	**$2,058,518**	**$1,221,219**	**0.0**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-17, Expansion of Evidence Based Incredible Years Program

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$58,553,252**	**$0**	**$58,652,947**	**$624,612**	**$843,867**
	FTE	0.0	0.0	0.0	1.1	1.1
	GF	$40,958,351	$0	$41,021,383	$0	$0
	CF	$964,053	$0	$1,000,716	$624,612	$843,867
	RF	$11,339,804	$0	$11,339,804	$0	$0
	FF	$5,291,044	$0	$5,291,044	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (A) General Administration -- Health, Life, And Dental	**Total**	**$35,626,745**	**$0**	**$35,690,162**	**$15,854**	**$15,854**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,469,588	$0	$25,509,224	$0	$0
	CF	$204,384	$0	$228,165	$15,854	$15,854
	RF	$7,148,083	$0	$7,148,083	$0	$0
	FF	$2,804,690	$0	$2,804,690	$0	$0
01. Executive Director's Office, (A) General Administration -- Short-Term Disability	**Total**	**$415,157**	**$0**	**$415,833**	**$135**	**$135**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$280,491	$0	$280,927	$0	$0
	CF	$13,979	$0	$14,219	$135	$135
	RF	$74,685	$0	$74,685	$0	$0
	FF	$46,002	$0	$46,002	$0	$0
	Total	**$11,255,675**	**$0**	**$11,273,476**	**$3,539**	**$3,539**

01. Executive Director's Office, (A) General Administration -- Amortization Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$3,539	$3,539
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	**$11,255,675**	**$0**	**$11,273,476**	**$3,539**	**$3,539**
01. Executive Director's Office, (A) General Administration -- S.B. 06-235 Supplemental Equalization Disbursement	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,604,136	$0	$7,615,616	$0	$0
	CF	$372,845	$0	$379,166	$3,539	$3,539
	RF	$2,058,518	$0	$2,058,518	$0	$0
	FF	$1,220,176	$0	$1,220,176	$0	$0

	Total	**$0**	**$0**	**$0**	**$601,545**	**$820,800**
06. Division of Early Childhood, (B) Division of Community and Family Support -- Expansion of Evidence Based Incredible Years Program	FTE	0.0	0.0	0.0	1.1	1.1
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$601,545	$820,800
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ____ No X **If Yes, see schedule 4 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 $624,612 total funds/marijuana tax cash funds, and 1.1 FTE in FY 2018-19 and $843,867 total funds/marijuana tax cash funds, and 1.1 FTE in FY 2019-20 and on-going to maximize access to the evidence based Incredible Years® (IY) program.
- This is an increase of 100% over the FY 2017-18 appropriation as this is a new line item.

Current Program

- IY is a rigorously researched Two-generational program to foster child social-emotional well-being.
- Implemented since 2002 by a non-profit organization with philanthropic support, 8,000 Colorado children a year are currently served in communities with high rates of poverty.
- IY includes 3 components: classroom management support for teachers, a 60 lesson curriculum delivered in Pre-K and kindergarten classrooms, and a parenting program.
- The implementation design includes sustainability through the transfer of capacity to communities.
- A single point increase in social-emotional competence as a kindergartner translates to a 54% increased likelihood of high school graduation and 46% greater chance of having a stable, full-time job at age 25[1].
- Colorado Results First report (2/2017) shows a $4.13 return for every $1 invested in the Parent Program.
- The overall cost for each individual partner site and corresponding per participant cost decreases each year based on an initial investment of materials and intensive training and coaching supports.

Problem or Opportunity

- Though proven to reverse negative trends for vulnerable children, lack of funding is a barrier to expansion of IY in many Colorado communities that want and need the program.

Consequences of Problem

- Children from low-income families will continue to lag behind higher income peers in achieving the same outcomes. Specifically, children will continue to struggle to develop social-emotional competence in areas such as prosocial communication, emotional regulation and academic skills.
- Colorado continues to make limited progress in preventing suspensions and expulsions of young children by reducing conduct problems at home and school.

Proposed Solution

- The Department requests $624,612 total funds and 1.1 FTE in FY 2018-19 to expand the IY program's current penetration though a public-private partnership so that more Colorado children and families can benefit from its critically important, supportive services.

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[1] Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. *American Journal of Public Health, 105* (11), 2283-2290. 10.2105/AJPH.2015.302630. http://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302630

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-17***
Request Detail: ***Expansion of Evidence-Based Incredible Years Program***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Cash Funds
Expansion of Evidence-Based Incredible Years Program	$624,612	1.1	$624,612
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Cash Fund**
Expansion of Evidence-Based Incredible Years Program	$843,867	1.1	$843,867

Problem or Opportunity:

The Department requests $624,612 total funds/marijuana tax cash funds for FY 2018-19 and $843,867 beyond for the purpose of expanding the Incredible Years® (IY) program that increases children's social-emotional well-being and puts them on a path to early success in school and throughout life. The Department also requests 1.1 FTE that will be responsible for fiscal and administrative management of the statewide program.

Young children from low-income families often struggle to achieve the same outcomes as their higher income peers because they rarely have access to the same supports, particularly those with a focus on the development of social-emotional skills like emotion regulation, pro-social communications, and problem solving. With this request, the Department seeks to expand the reach of a locally proven evidence-based prevention program, The Incredible Years® (IY), so that more families in Colorado can benefit from its supportive services. IY is a strengths-based, Two-generational program grounded in research on the impacts of risk and protective factors in early childhood. Exposure to poverty, a stressful home environment, and early delays in behavioral and academic skills at a young age are strong predictors of later academic challenges, health issues, behavior problems, substance abuse, lower education attainment, lower rates of employment, a younger age of becoming a parent, and the likelihood of recreating these risk factors for their own children. Research also demonstrates that the opportunity to support positive development experiences during this period using the evidence based interventions that support sensitive and responsive caregiver-child interactions are linked to children's academic and social competence. IY is a proven strategy to strengthen the teacher-child and parent-child relationships, and promote child behavioral change, including self-regulation and decreased aggressive behavior and impulsivity.

IY is a service model that gives thoughtful consideration to cultural differences and is clearly aligned with the five protective factors of the Strengthening Families approach. The program delivers on the desired outcomes of the Colorado Early Childhood Framework in the areas of early learning, family support and parent education, and social-emotional and mental health to ensure all children are valued, healthy and thriving. It is a clear fit with the framework's Strategies for Action, including, but not limited to: connect and empower families, make data informed decisions, pursue continuous quality improvement and ensure coordinated services. IY outcomes align across all three framework domains – Family Support and Education, Health and Well-Being and Learning and Development.

IY's 3 programs can be offered independently or jointly within a given community:

- Teacher Classroom Management (TCM) is a framework through which teachers and paraprofessionals learn positive teaching strategies (focusing on what children are doing well), how to connect to children with challenging behaviors, and how to help those children control their behaviors, among many other essential skills and strategies for classroom management including parent engagement.

- Dinosaur School is a curriculum that includes 60 lessons delivered 2-3 times per week in Pre-K and kindergarten classrooms. Trained teachers co-lead the lessons using life-size puppets, engaging activities, games, and video vignettes. The lessons focus on how to solve problems, control one's anger, self-monitor emotions, succeed in school, and make friends. The curriculum targets specific known child risk and protective factors and the resulting short and long-term outcomes.

- The Preschool Basic Parenting Program (Parent Program) is delivered by trained co-leaders over 14 weekly group meetings. Parents learn strategies and skills to promote children's social competence and reduce behavior problems such as: effective praise and use of incentives, establishing predictable routines, effective limit-setting, strategies to manage misbehavior and teaching children to problem solve.

IY meets the most rigorous evidence-based definitions[2]. Research proving the effectiveness of IY for different populations, across many settings and over multiple decades, is unparalleled. Utilizing independent observation, multiple randomized control trial studies of IY since 1982 by the developer and independent researchers have shown significant:

[2] The Substance Abuse Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Practices and Science to Service Award; Blueprints for Healthy Youth Development (Promising Practice Rating); Office of Juvenile Justice and Delinquency Prevention (Effective Evidence Rating); California Evidence-Based Clearinghouse (highest scientific rating); Child Trends 2015 "Social Service Programs that Foster Multiple Positive Outcomes"

- Increases in parent use of effective limit-setting by replacing spanking and harsh discipline with non-violent discipline techniques and increased monitoring of children.
- Reductions in parental depression and increases in parental self-confidence.
- Increases in positive family communication and problem-solving.
- Increases in children's appropriate cognitive problem-solving strategies and more prosocial conflict management strategies with peers.
- Reductions in conduct problems at home and school that can lead to suspension and expulsion
- Increases in children's positive affect and cooperation with teachers, positive interactions with peers, school readiness and engagement with school activities.

According to the 2016 Edition of Kids Count in Colorado, it is estimated that 66,000 children under the age of six lived in poverty in 2014 (half of whom lived in extreme poverty), despite an overall decrease in recent years. A 2012 report from The Brookings Institution estimates more than half of low-income children are not school-ready by age five (compared to only 25% of moderate-high income children). Without the right early childhood education and support with a focus on social-emotional development and responsive caregiver-child interactions, these children fall behind and often never catch up. Children who lack the skills to succeed in school are more likely to drop out – often leading to low-wage jobs, unemployment, and welfare dependence.

While research on the IY program has shown the benefits of the program across all levels of socio-economic status, the Colorado implementation has focused on underserved communities with high rates of poverty. The current implementer, Invest In Kids (IIK), serves public preschools and kindergartens that enroll a high percentage of students eligible for free or reduced lunches. Family income data tracked by IIK shows that in the case of the IY Parent Program, nearly half of families served report household income below $30,000.

Additionally, there is clear alignment between the IY model and the following state initiatives:

- Colorado Early Childhood Mental Health Strategic Plan
- Child care facility licensing and quality initiatives related to social emotion development and suspensions/expulsions
- Positive Behavior Intervention Supports (PBIS) framework
- Colorado Early Learning and Development Guidelines
- Colorado Child Maltreatment Prevention Framework for Action

Research shows that proven, primary prevention and early intervention approaches beginning as early in life as possible can reverse the negative trends facing our most vulnerable children. Specifically, research shows the importance of social-emotional development in early childhood and its lifelong impact. A study reported in the November 2015 publication in the American Journal of Public Health[3] found statistically significant associations between measured social-emotional skills in kindergarten and young adult outcomes. For example, a single point increase in social competence as a kindergartner translated to a 54%

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[3] Jones et al., 2015

increased likelihood of high school graduation and 46% greater chance of having a stable, full-time job at age 25. The study also demonstrates how these non-cognitive skills can be taught and enhanced. This work utilized the same measurement tool IIK uses to measure social competence gains of Colorado children benefiting from IY.

The need for the Incredible Years® programming is exacerbated by the still limited investments in prevention programs in the State. Few efforts to scale evidence-based programs have been fully successful, and fewer yet have included investments in a high-quality implementation approach and a well-developed sustainability plan. However, the Department's proposed support of IY expansion in Colorado presents a clear opportunity to do so.

The Incredible Years® program in Colorado is funded almost exclusively by private philanthropy. Colorado's IY implementer has spent 15 years developing and enhancing its support of IY. The program has been sustainably scaled (more than 70% of implementers have been doing so for three years or more, and IY currently reaches 11% of Colorado's eligible children across 22 counties). However, the demand for the program far outpaces the ability to meet it. Annually, only one-third of local community requests for support can be funded. For example, requests last year totaled $734,000 and IIK was able to provide $270,000 in support. While many foundations remain dedicated to the continued availability of IY, their collective resources cannot support growth beyond the program's current penetration. The current reality is that funding is a barrier to implementation or expansion of this program in many communities, regardless of its success.

Proposed Solution:

The Department requests $624,612 total funds/ marijuana tax cash funds, and 1.1 FTE in FY 2018-19 and $843,867 beyond to support the expansion of the Incredible Years® program. The requested funding will be used to increase child social-emotional well-being through the IY program, which increases children's school readiness and puts them on a path to early success in school and life. Financial support provided by this request will enhance the State's ability to more proactively offer, scale and sustain the implementation of IY through a strong public-private partnership.

As noted, very few social-emotional programs have evidence of effectiveness and fewer still have high-quality implementation supports and the ability to successfully scale and sustain them. This service delivery issue has created a significant access gap for vulnerable Colorado families. IY's proven effectiveness combined with a service delivery approach that includes expertise in the IY model as well as expertise in implementation, scaling and sustaining an evidence based program like IY is the best option for gaining ground on the issues identified above. An expansion of this evidence-based program will enable more children coming from low-income families to receive critical services to support healthy social-emotional development of young children in Colorado.

Implementation of IY in Colorado was initiated by IIK in 2002. Working with hundreds of community partners, 74,000 Colorado children and parents have been served. The growth and retention of implementing sites has been supported by clear outcomes and impact, with the number of IY implementers (teachers, paraprofessionals, parent group facilitators) growing every year since the program was initiated. While 8,000 children and parents are currently served annually, the 2016 Edition of Kids Count in Colorado estimated that 66,000 children under the age of six lived in poverty in 2014.

The Department is committed to maintaining high-quality implementation while sustaining and scaling the impact of the IY program by creating a public-private partnership with a private entity that has expertise in the IY model and in implementation science. A formal procurement process will be used to identify this Implementation Partner within the first six months of the 2018-19 fiscal year. Simultaneously, the Department will solicit proposals from entities with interest and capacity to implement or expand an IY program. A full implementation timeline will be provided.

The consequence of this request not being approved is the stagnation of the IY penetration rate for Colorado children and families needing it most. Fewer parents and teachers would receive the necessary supports to engage more fully in the healthy social-emotional development of the children in their care. Ultimately, the problem of children from low-income families not having access to the same supports as their higher income peers, and as a result struggling to achieve the same outcomes as those higher income peers, would not be improved. Additionally, the Department would miss an opportunity to provide an evidence-based prevention program to these families that is proven to increase child social-emotional well-being which increases school readiness and puts them on a path to early success in school and throughout life.

Anticipated Outcomes:

In order to successfully bridge the gap between research and practice, it must be shown that local sites implementing IY achieve results similar to those produced in research. Thorough Colorado outcome data is currently collected annually by the implementer, IIK, and the Department will replicate this process for the state-funded sites. This includes outputs such as numbers of teachers and parent group facilitators supported, number of training days and coaching visits. It also includes the numbers of children and parents benefiting from each program component. Additionally, descriptive teacher and child data as well as satisfaction surveys are collected, analyzed and reported. For measures of pre/post behavior change, subscale and total mean/median scores at each time point are generated and a matched sample of scores is analyzed to determine if significant behavior changes over time are reported.

For 15 years, Colorado has seen statistically significant increases in participating children’s prosocial communications, emotion regulation and academic skills as reported by his or her teacher, parent or caregiver as measured using the Social Competence Scale. The prosocial communication subscale includes: resolves peer problems, is helpful, listens to others, etc. The emotion regulation subscale includes: copes with failure, thinks before acting, etc. The academic skills subscale includes: is a self-starter, works well in a group, follows directions, etc. Additionally, the Parenting Practices Interview used with Parent Program participants has consistently shown statistically significant increases in positive parenting (appropriate discipline, clear expectations, positive verbal communication, and praise and incentives) and decreases in negative parenting (harsh and inconsistent discipline and physical punishment). The Department will ensure that outcomes continue to be measured in this manner, as it is closely tied to the research outcomes, and has been proven through replication to be a tried and true approach.

At the end of each program year, IIK makes detailed data reports available specific to a county, district or site (depending on the relevant level in each community) to ensure positive outcomes for children and families are being realized, and to identify areas for practice improvement. These reports provide an annual opportunity to know if the site has been successful in achieving intended impact. Additionally, these reports help drive an ongoing quality improvement process that celebrates implementation successes at the site and community level and highlights opportunities for ongoing improvement. The Department will ensure this practice is continued with the state-funded sites.

In addition to utilizing data to inform practice in local communities, IIK organizationally looks at data to inform its own practices, including: staffing structure, geographic distribution of services, etc. to ensure the identification of opportunities to effectively and efficiently scale their impact. The Department will ensure this practice is also an expectation for the state-funded expansion work.

Finally, the February 2017 Colorado Results First report shows the IY Parent Program to have a $4.13 return for every $1 invested. The report also shows a positive return on investment when the IY Parent Program and Dinosaur School are implemented together.

Assumptions and Calculations:

The Department's request is for $624,612 and 1.1 FTE in FY 2018-19, which would represent a significant increase in resources to scale IY in communities across Colorado.

Table 1 shows a breakdown of estimated overall expenses for the requested Incredible Years® expansion.

Table 1: Summary of Expenses

Item	Year 1 (FY 2018-19)	Year 2 (FY 2019-20 and ongoing)
IY Implementation*	$440,170	$664,128
Data Analysis	$50,000	$50,000
FTE and associated costs	$134,442	$129,739
Total Request	$624,612	**$843,867**

*Table 2, Implementation Cost Summary provides a breakdown of IY implementation costs for Year 1 (FY 2018-19) and Year 2 (FY 2019-20 and ongoing).

The Data Analysis expense includes the estimated cost to develop a new program module in the DCFS database and purchase licenses and support hours to maintain the module in order to collect and analyze program data for continuous quality improvement and performance monitoring.

Table 2: Implementation Cost Summary		
	FY 2018-19	**FY 2019-20**
	Year 1 Summarized	Year 2 Summarized
Implementation Partner Salaries & Benefits	$ 322,365	$ 318,417
Direct Program Costs	$ 50,291	$ 79,084
Indirect Program Costs	$ 20,138	$ 31,668
Implementation Total	$ 392,794	$ 429,169
Site Funding	$ 47,376	$ 234,959
Direct Site Total	$ 47,376	$ 234,959
IMPLEMENTATION PARTNER TOTAL	$ 440,170	$ 664,128

The Implementation Partner costs ensure the following:

- Community readiness and site selection
- Training, coaching and fidelity monitoring
- Local Implementation Team development
- Site-specific and statewide process and outcomes evaluation
- Ongoing quality improvements to ensure high-quality scale and sustainability

The direct, local costs ensure the following:

- Classroom materials (significant in year two given transition to Dinosaur School)
- Parent Group facilitator stipends, food, child care, books and materials

The overall cost for each individual partner site, and corresponding per participant cost, decreases each year based on an initial investment of materials and intensive training and coaching supports. The sharpest decrease can be seen in the Implementation Partner costs, which is representative of having more fully transferred the implementation capacity to the local communities over time.

Attachment A: Incredible Years® Budget Detail provides further information on how the Department calculated indirect and direct program and site costs. More detail on how the Department anticipates implementing IY can be found in Attachment B: 4-Year Anticipated Implementation Plan.

The annual investment would allow for increased reach each year as initially supported sites move into less expensive subsequent implementation years, and funding would be available to support a continuous pipeline of new sites in later years. Over the course of several years, this request would support service delivery of IY to approximately 2,000 children and parents annually.

Real-world implementation factors that impact cost, but are not included in the theoretical site example include implementer turnover rates and initiatives such as our Peer Coach model.

In terms of timing, implementation of the classroom-based components occurs during the school year. The Parent Program is offered during 14 consecutive weeks typically in the fall and spring. Currently, interested communities reply to a request for proposals annually in the spring with implementation decisions (and accompanying award notifications) being made in June.

The Department is also requesting 1.1 FTE, which will be responsible for:

- Prepare and manage RFP process
- Negotiate and finalize scopes of work with sites and the Implementation Partner
- Oversee the Implementation Partner, site contracts process, contract monitoring, contractor TA, and data collection in the DCFS database
- Review and approve invoices including the resolution of invoice concerns
- Resolve budget issues with sites
- Plan and deliver new grantee orientations regionally
- Participate in IY Coordination Team meetings with the Implementation Partner
- Serve as the internal expert on IY programs

Table 3 shows a timeline for key steps in implementation of the Department's request for Year 1 (FY 2018-19).

Table 3: Incredible Years (IY) Implementation Timeline - Year 1

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Hire IY State Program Manager												
Draft Implementation Partner RFP												
Publish Implementation Partner RFP												
Draft IY Sites RFP												
Publish IY Sites RFP												
Implementation Partner Awarded												
Implementation Partner Contract Executed												
Site Proposals Awarded												
Site Contracts Executed												
New Grantee Orientation												
Training/TA Provided for Sites												
Parent Groups Begin												
Evaluation Activities												
Monitoring Activities												
Y2 Contracts are Developed												

Table 4 shows a timeline for key steps in implementation of the Department's request for Year 2 (FY 2019-20) and ongoing.

Table 4: Incredible Years (IY) Implementation Timeline - Year 2 and Ongoing												
Y2 Contract Amendments Executed	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Teacher Classroom Management Programs Begin												
Dinosaur School Programs Begin												
Parent Groups Continue												
Fiscal and Contracts TA												
Evaluation Activities												
Monitoring Activities												

Table 5 provides a breakdown of FTE calculations and related costs:

Table 5: 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 2018-19		FY 2019-20	
Personal Services:					
Classification Title	Monthly Salary	FTE		FTE	
Project Manager I	$5,115	1.0	$61,380	1.0	$61,380
PERA			$6,230		$6,230
AED			$3,069		$3,069
SAED			$3,069		$3,069
Medicare			$890		$890
STD			$117		$117
Health-Life-Dental			$7,927		$7,927
Subtotal Position 1, #.# FTE		**1.0**	**$82,682**	**1.0**	**$82,682**
Classification Title	Monthly Salary	FTE		FTE	
Program Management II	$7,839	0.1	$9,407	0.1	$9,407
PERA			$955		$955
AED			$470		$470
SAED			$470		$470
Medicare			$136		$136
STD			$18		$18
Health-Life-Dental			$7,927		$7,927
Subtotal Position 2, #.# FTE		**0.1**	**$19,383**	**0.1**	**$19,383**
Subtotal Personal Services		1.1	**$102,065**	1.1	**$102,065**
Operating Expenses:					
		FTE		FTE	
Regular FTE 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	-	
Travel			$1,824		$1,824
DCFS Admin Cost			$11,460		$11,460
OEC Admin Cost			$13,440		$13,440
Subtotal Operating Expenses			**$32,377**		**$27,674**
TOTAL REQUEST		1.1	**$134,442**	1.1	**$129,739**

Attachment C identifies the core functions and time allocation of the FTE.

Table 6 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 6 : Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21			
Line Item: Expansion of Evidence-Based Incredible Years® Program	**Total Funds**	**Cash Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	0.0
Requested Funding (or Spending Authority)	$624,612	$624,612	1.1
FY 2018-19 Total Requested Appropriation	$624,612	$624,612	**1.1**
FY 2019-20 Annualization of Prior Year Funding	$219,255	$219,255	0.0
FY 2019-2020 Total Requested Appropriation	**$843,867**	**$843,867**	**1.1**
FY 2020-2021 Total Requested Appropriation	**$843,867**	**$843,867**	**1.1**

Attachment A: Incredible Years Budget Detail

	Year 1	Year 2
Direct Program Costs Detail	**FY 2018-19**	**FY 2019-20**
Education/Staff Development	$ 4,638	$ 7,293
Evaluation Expense	$ 3,891	$ 6,118
Professional Services	$ 12,080	$ 18,996
Technical Consulting	$ 4,411	$ 6,937
Travel	$ 9,071	$ 14,265
Business/Function Meal	$ 2,256	$ 3,547
IYP Training	$ 10,228	$ 16,084
Telecommunications	$ 2,818	$ 4,431
Software, License renewals	$ 898	$ 1,413
TOTAL Direct Program Costs Detail	$ 50,291	$ 79,084
Indirect Program Costs Detail		
Rent	$ 14,179	$ 22,297
Liability & Other Insurance	$ 2,238	$ 3,520
Other Operating Expenses	$ 3,721	$ 5,851
TOTAL Indirect Program Costs Detail	$ 20,138	$ 31,668
Direct Site Cost Detail		
Parent Books	$ -	$ 5,695
Attendance Icnentives	$ 2,229	$ 10,080
Group Meals	$ 13,377	$ 50,400
Child Care	$ 11,705	$ 50,400
Group Leader Stipends	$ 20,065	$ 84,000
Parent Group Subtotal	$ 47,376	$ 200,575
Dina School	$ -	$ 33,685
TCM Implementers	$ -	$ 699
TOTAL Direct Site Cost Detail	$ 47,376	$ 234,959
REQUEST SUMMARY	**Year 1**	**Year 2**
Salaries & Benefits	$ 322,365	$ 318,417
Direct Program	$ 50,291	$ 79,084
Indirect Program	$ 20,138	$ 31,668
Implementation Total	$ 392,794	$ 429,169
Direct Site	$ 47,376	$ 234,959
TOTAL REQUEST	$ 440,170	$ 664,128

Expansion of Evidence-Based Incredible Years Program

Attachment B: 4-Year Anticipated Implementation Plan

While the chosen IY components, year of implementation and other factors create variables that make no two sites the same, for the purposes of this request the Department created a hypothetical site with the following IY rollout:

- Year 1 – Five Teacher Classroom Management (TCM) classrooms and two Parent Groups
- Year 2 – Five first year Dinosaur School classrooms and two Parent Groups
- Year 3 – Five second year Dinosaur School classrooms and two Parent Groups
- Year 4 – Five third year Dinosaur School classrooms and two Parent Groups

Based on this scenario, each site would serve approximately 100 unique children each year through the classroom components (five classrooms starting with Teacher Classroom Management in Year 1 and transitioning to Dinosaur School in subsequent years) and up to 28 unique parents each year through the two Parent Programs (plus at least 28 children in their care). Below is an estimation of the total annual cost, the intermediary partner's cost to support implementation, direct/local costs and the cost per participant based on this scenario:

	Total Cost	Implementation Partner	Direct/Site	Cost per Participant
Year 1	$41,828	$28,320	$13,508	$268
Year 2	$46,600	$26,820	$19,780	$299
Year 3	$31,880	$18,400	$13,480	$204
Year 4	$22,180	$8,700	$13,480	$142

Incredible Years Attachment C: FTE Hours Justification

Reporting on Implementation and Use of the Formulary:
The Department is requesting 1.0 FTE to manage the Incredible Years program. This position will be housed in the Division of Community and Family Support Home Visiting Unit and will be responsible for the fiscal and administrative management of the statewide program. Job duties will include conducting the request for application (RFA) process, negotiating contract budgets and scopes of work, training, and technical assistance, and providing leadership to the local multi-sector coalition and coordinated service teams.

FTE Incredible Years Program Manager Summary of Job Duties

Summary of Job Duties	Number of Hours Per Year
Prepare and manage RFP process	200
Negotiate and finalize scopes of work with sites and the Implementation Partner	225
Oversee the Implementation Partner, site contracts process, contract monitoring, contractor TA, and data collection in the DCFS database	600
Review and approve invoices including the resolution of invoice concerns. Resolve budget issues with sites	600
Plan and deliver new grantee orientations regionally	100
Participate in IY Coordination Team meetings with the Implementation Partner	100
Serve as the internal expert on IY. Build partnerships with state-level agencies such as Colorado Department of Education, systems-building nonprofits (such as Early Childhood Councils and Family Resource Centers), foundations leading two-generation initiatives (such as Ascend Institute and Annie E Casey Foundation), along with other private and public partnerships in order to inform best practices and build state-wide collective impact efforts for Incredible Years.	255
Total Hours	**2,080**

The Incredible Years Program Manager will write the RFA for the Implementation Partner with input from internal and external partners, distribute the RFA statewide, convene a review committee, and coordinate the procurement process. After the Implementation Partner is selected, the Incredible Years Program Manager will coordinate the site contracts process for the local implementing agencies. The Program Manager will work directly with sites to review and approve invoices, monitor budget revisions and provide ongoing technical assistance regarding data collection and fiscal concerns. The Program Manager will organize regional grantee orientations to deliver fiscal and contract information as well as data tracking protocol. The Program Manager will also coordinate with the Implementation Partner to identify key stakeholders to participate in quarterly implementation team meetings. The Program Manager will serve as the internal expert on Incredible Years and will build partnerships with public and private partners to ensure cross sector collaboration

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-18 Restore Regional Center Funding

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

	Supplemental FY 2017-18
X	Change Request FY 2018-19
	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	$13,052,309	$0	$13,349,879	$6,682,728	$6,682,728
	FTE	356.0	0.0	356.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	$0	$0	$0	$0	$0
	CF	$938,120	$0	$938,120	$0	$0
	RF	$12,114,189	$6,682,728	$12,411,759	$6,682,728	$6,682,728
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	$5,103,775	$4,264,910	$5,221,893	$4,264,910	$4,264,910
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	$4,705,511	$4,264,910	$4,823,629	$4,264,910	$4,264,910
	FF	$0	$0	$0	$0	$0
	Total	$7,948,534	$2,417,818	$8,127,986	$2,417,818	$2,417,818

Department of Human Services

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
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	$7,408,678	$2,417,818	$7,588,130	$2,417,818	$2,417,818
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ___ No X If Yes, see schedule 4 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: Department of Health Care Policy and Financing

Cost and FTE

- The Department requests $6,682,728 total funds/reappropriated funds from the Department of Health Care Policy and Financing in FY 2018-19 and $6,682,728 total funds/reappropriated funds from HCPF in FY 2019-20 and on-going in order to adequately fund the Home and Community-Based Services (HCBS) waiver services at the Grand Junction and Pueblo Regional Centers.
- This is a 0% increase over the FY 2017-18 final appropriation for the Grand Junction Regional Center (GJRC) and Pueblo Regional Center (PRC) Waiver Services lines. In September 2017, FY 2017-18 funding was increased by $6,682,728 through a 1331 Emergency Supplemental to restore this funding that was removed during Figure Setting on March 14, 2017.

Current Program

- The Regional Centers serve individuals with intellectual and developmental disabilities (I/DD) with the most intensive behavioral and medical needs at three State-owned Regional Centers in Grand Junction, Pueblo, and Wheat Ridge.
- Individuals at the Regional Centers live mostly in group homes and receive services including 24-hour care, recreational programs, and vocational/life skills training.

Problem or Opportunity

- The original FY 2017-18 appropriation for the GJRC and PRC Waiver Services lines represented a decrease of $7,847,052, or 37.6% compared to their FY 2016-17 appropriation. The rationale for this reduction was that the actual expenditures for the Regional Centers in FY 2015-16 were much lower than their appropriation, resulting in significant reversions.
- Based on a new, comprehensive analysis of Regional Center budgets by the Department, the Joint Budget Committee (JBC) approved a 1331 Emergency Supplemental request submitted by the Department in September 2017 to restore $6,682,728 in funding for the GJRC and PRC Waiver Services lines for FY 2017-18. The purpose of this request is to restore the same amount of funding to these two lines for FY 2018-19 and ongoing.

Consequences of Problem

- Without the restored funding, the Department estimates that the GJRC and PRC Waiver programs will exhaust their appropriations as of January 2019 and not have the legal authority to incur further expenditures after that date, assuming that the census for the waiver programs remain stable. Alternatively, the GJRC and PRC Waiver programs could operate on their lowered appropriations in FY 2018-19 if their censuses were reduced by approximately 44%.

Proposed Solution

- The Department requests $6,682,728 total funds in FY 2018-19 to serve the current residents at the GJRC and PRC waiver programs.

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Department Priority: ***R-18***
Request Detail: ***Restore Regional Center Funding***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Reappropriated Funds
Restore Regional Center Funding	$6,682,728	0.0	$6,682,728
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Reappropriated Fund**
Restore Regional Center Funding	$6,682,728	0.0	$6,682,728

Problem or Opportunity:

The Department requests $6,682,728 total funds/reappropriated funds to insure the Department can continue to serve the current residents in the Grand Junction Regional Center (GJRC) Waiver Services and Pueblo Regional Center (PRC) Waiver Services programs in FY 2018-19 and ongoing. Without additional funding, the Grand Junction Regional Center (GJRC) Waiver Services and Pueblo Regional Center (PRC) Waiver Services programs cannot operate at current levels for FY 2018-19. Specifically, for FY 2017-18, the Department originally requested $20,940,558 total funds, including $20,002,438 in reappropriated funds to operate the GJRC and PRC Waiver Services programs that provide services to individuals with intellectual and developmental disabilities. The General Assembly originally approved a budget of $13,052,309 in total funds for the GJRC and PRC Waiver Services lines, or about $7.9 million less than the Department requested.

The Joint Budget Committee (JBC) approved a 1331 Emergency Supplemental request to increase the GJRC and PRC Waiver Services lines by $6,682,728 in September 2017 after the Department completed a comprehensive analysis of the GJRC and PRC Waiver programs' budgets. The purpose of this analysis was to determine if these programs could continue to serve their current censuses within their new, reduced appropriations. The analysis found that neither program could serve their current censuses with their original FY 2017-18 appropriations. If this FY 2018-19 funding request is not approved, the appropriations for the GJRC and PRC Waiver Services lines will revert to the lowered amounts initially approved by the JBC for FY 2017-18, and these programs will be unable to serve their current censuses.

Proposed Solution:

The Department requests $6,682,728 total funds/reappropriated funds from the Department of Health Care Policy and Financing (HCPF) in FY 2018-19 and $6,682,728 total funds/reappropriated funds in FY 2019-20 and on-going in order to provide adequate funding for the GJRC and PRC Waiver programs. The requested funding would align these programs' funding for FY 2018-19 and ongoing with their FY 2017-18 appropriations, as outlined in the Department's September 2017 1331 request approved by the JBC.

Anticipated Outcomes:

If approved, this budget request would allow the GJRC and PRC Waiver programs to continue to serve their current censuses (number of residents currently served). Without this budget request, the Department estimates that both programs will exhaust their FY 2018-19 appropriations as of January 2019 and not be legally able to incur expenditures after that date, assuming that their censuses remain stable. Alternatively, the waiver programs could operate on their revised, lowered appropriations if their censuses were reduced by about 44%.

Assumptions and Calculations:

The Department presented the following analysis in its September 2017 1331 request, which found that neither program could serve their current censuses with their FY 2017-18 appropriations. This analysis is also applicable for showing that the programs cannot serve their current censuses in FY 2018-19 and ongoing if the additional funding approved for FY 2017-18 in the September 2017 1331 request is not extended for FY 2018-19 and ongoing.

Table 1 shows the results of the Department's analysis for the GJRC Waiver program, and Table 2 shows the results for the PRC Waiver program. Both tables contain three columns that can be compared as described below:

- **FY 2016-17 Expenditures** – This column shows actual expenditures for the program in FY 2016-17 and also includes program data related to census, staff size, number of group homes in use, and capacity. This column represents the scope of the waiver programs' operations (e.g., census and staff size) as of August 2017. FY 2016-17 Expenditures have not been finalized, as of August 31, 2017, through the fiscal year-end accounting closing process and will likely be revised. Also, these figures reflect compression pay increases given to all Regional Center direct care staff effective November 1, 2016 and, therefore, do not reflect the full-year effect of the pay raises.

- **FY 2018-19 Budget Request** – This column reflects the funding that the Department has determined that it needs for FY 2018-19 and ongoing for the waiver programs. The specific assumptions and calculations supporting this column include:
    - Current census (60 for GJRC and 48 for PRC) will be maintained.
    - Direct care staff will be maintained at the level needed to staff group homes with six residents at a 3:3:2 daily ratio using a 1.2 shift relief factor.
        - The 3:3:2 ratio means that there are three direct care staff serving six residents during the first and second shifts and two direct care staff serving six residents during third (overnight) shift. Both GJRC and PRC currently staff their homes at this ratio.
        - The shift relief factor accounts for the fact that staff take leave (e.g., annual or sick) throughout the year, and the 1.2 figure is based on GJRC and PRC's current leave patterns.

- Differences in FTE in this column compared to the FY 2016-17 Expenditures column represent vacant positions that will not be filled. The Department will fill any direct care vacancies that occur during FY 2018-19 if filling those positions are necessary to maintain the 3:3:2 staffing ratio and 1.2 shift relief factor. The Department will not fill any non-direct care vacancies that occur during FY 2018-19 unless those positions are critical (e.g., facility director or director of nursing).

Table 1. Grand Junction Regional Center Waiver Program Budget Analysis		
	FY 2016-17 Expenditures	**FY 2018-19 Budget Request**
Census to be Served	60	60
Licensed Capacity	80	80
Number of Homes	9	9
Residents per Home	6-7	6-7
Direct Care FTE	122	114
Direct Care Supervisor FTE	9	9
All Other FTE	41	38
Total FTE	172	161
Standard Shift Ratio	3:3:2	3:3:2
Personal Services Expenses	$10,661,455	$9,001,185
Operating Expenses	$477,431	$367,500
Total Expenses	$11,138,886	$9,368,685
FY 2017-18 Spending Authority – GJRC Waiver Services	$5,103,775	$5,103,775
(Over)/Under FY 2017-18 Spending Authority	($6,035,111)	($4,264,910)
Source: Division for Regional Center Operations data.		

Table 2. Pueblo Regional Center Waiver Program Budget Analysis		
	FY 2016-17 Expenditures	**FY 2017-18 Budget Request**
Census to be Served	48	48
Licensed Capacity	88	88
Number of Homes	8	8
Residents per Home	6	6
Direct Care FTE	131	118
Direct Care Supervisor FTE	10	8
All Other FTE	65	56
Total FTE	206	182
Standard Shift Ratio	3:3:2	3:3:2
Personal Services Expenses	$11,718,561	$9,706,840
Admin Expenses	$735,597	$659,512
Total Expenses	$12,454,158	$10,366,352
FY 2017-18 Spending Authority – PRC Waiver Services	$7,948,534	$7,948,534
(Over)/Under FY 2017-18 Spending Authority	($4,505,624)	($2,417,818)
Source: Division for Regional Center Operations data.		

Table 3: FY 2018-19 Appropriation			
(9) Services for People with Disabilities, (A) Regional Centers for People with Developmental Disabilities, (2) Grand Junction Regional Center, Grand Junction Regional Center Waiver Services	**Total Funds**	**Cash Funds**	**Reappropriated Funds**
FY 2017-18 Appropriation (SB 17-254)	$5,103,775	$398,264	$4,705,511
Requested Funding (or Spending Authority)	$4,264,910	$0	$4,264,910
FY 2018-19 Total Requested Appropriation	$9,368,685	$398,264	$8,970,421

(9) Services for People with Disabilities, (A) Regional Centers for People with Developmental Disabilities, (3) Pueblo Regional Center, Pueblo Regional Center Waiver Services	Total Funds	Cash Funds	Reappropriated Funds
FY 2017-18 Appropriation (SB 17-254)	$7,948,534	$539,856	$7,408,678
Requested Funding (or Spending Authority)	$2,417,818	$0	$2,417,818
FY 2018-19 Total Requested Appropriation	$10,366,352	$539,856	$9,826,496

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-19 Spending Authority for the Crimes Against At-Risk Persons

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___	Supplemental FY 2017-18
X	Change Request FY 2018-19
___	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$378,370**	**$0**	**$378,370**	**$20,000**	**$20,000**
Total of All Line Items Impacted by Change Request	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$350,000	$0	$350,000	$0	$0
	CF	$28,370	$0	$28,370	$20,000	$20,000
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$378,370**	**$0**	**$378,370**	**$20,000**	**$20,000**
10. Adult Assistance Programs, (D) Community Services for the Elderly -- Respite Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$350,000	$0	$350,000	$0	$0
	CF	$28,370	$0	$28,370	$20,000	$20,000
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required?	Yes ___	No X	**If Yes, see schedule 4 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		

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Cost and FTE

- The Department requests an increase of $20,000 cash fund spending authority from the Crimes against At-Risk Persons Surcharge fund to increase respite services in FY 2018-19 and beyond.
- This is an increase of 70.5% over the FY 2017-18 appropriation.

Current Program

- HB 12-1226 established the Crimes against At-Risk Persons Surcharge Fund (fund), which collects funds through charges on persons who are convicted of crimes against at-risk adults and juveniles.
- Revenues from the fund are ultimately awarded to respite programs that provide respite care for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and older adult parents providing care for adult children with disabilities.
- Respite provides temporary relief to a caregiver from the physical and emotional impacts of caring for children or adults of any age with special needs who are unable or need assistance to care for themselves. It can be provided for a few hours, overnight, or on an extended basis by a friend, family member, volunteer, paid service provider, or in a community-based care setting.

Problem or Opportunity

- Since FY 2014-15, the Department has seen a substantial increase in fund revenue from surcharges collected. As a result, the fund balance has increased from $3,089 in FY 2013-14 to a projected amount of about $20,894 by the end of FY 2017-18. The Department projects that revenues and the fund balance will continue to increase due to district attorneys becoming more familiar with the fund, an increase of assessments of the surcharge, and an increase of individuals with the imposed surcharge finding employment and making payments.
- No reserve for this fund is required as the legislation did not include reserve requirements.

Consequences of Problem

- Without additional spending authority in FY 2018-19, the Department would not be able to utilize all of the funds available in the fund to benefit vulnerable individuals and their caregivers in the state. Specifically, the Department could potentially jeopardize the opportunity to provide up to 1,880 additional hours of respite services per year to Colorado families.

Proposed Solution

- The Department requests an increase of $20,000 total funds/cash funds spending authority from the Crimes against At-Risk Persons Surcharge fund in FY 2018-19 and beyond.
- The funding made available from the requested increase in spending authority would be used to provide additional respite for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and older adult parents providing care for adult children with disabilities.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2018-19 Funding Request | November 1, 2017

Department Priority: ***R-19***
Request Detail: ***Spending Authority for the Crimes against At-Risk Persons Cash Fund***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Cash Funds
Spending Authority for the Crimes against At-Risk Persons Cash Fund	$20,000	0.0	$20,000
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Cash Fund**
Spending Authority for the Crimes against At-Risk Persons Cash Fund	$20,000	0.0	$20,000

Problem or Opportunity:

The Department requests an increase of $20,000 cash fund spending authority from the Crimes against At-Risk Persons Surcharge fund to increase respite services in FY 2018-19 and beyond.

HB 12-1226: Creation of the Crimes against At-Risk Persons Surcharge Fund

HB 12-1226 established the Crimes against At-Risk Persons Surcharge fund (fund), which collects revenue through surcharges on persons who are convicted of crimes against at-risk adults and at-risk juveniles. The surcharges vary and range from $75 for a class 3 misdemeanor to $1,500 for a class 2 felony and may be waived in court. Once collected, the surcharge is transferred to the fund, and appropriated to the Department. The Department then contracts with a Fiscal Agent (Easter Seals) to award the funding to different respite programs. Each program receiving funding from the fund shall provide respite services, maintain a signed agreement and protocol with the Fiscal Agent, conduct a fingerprint-based criminal history record check of staff and providers, and satisfy the accountability and performance standards established by the Department.

Respite Services

Respite provides temporary relief to a caregiver from the physical and emotional impacts of caring for children or adults of any age with special needs who are unable or need assistance to care for themselves. It can be provided for a few hours, overnight, or on an extended basis by a friend, family member, volunteer, paid service provider, or in a community-based care setting.

The Department provides funding for respite care for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and older adult parents providing care for adult children with disabilities. Respite can include services such as adult day programming; temporary paid caregiver support; oversight and monitoring; companionship services; and children's day camps, after school programs, and Saturday programs. This temporary relief allows caregivers and parents to engage in their community, go out to dinner, go to the grocery store, connect with other family members, and complete other tasks that they might otherwise not be able to do while caregiving for their child or family member.

Inadequate Cash Fund Spending Authority

1. Cash fund balance is growing. Since FY 2013-14, the fund balance in the Crimes against At-Risk Persons Surcharge fund has steadily grown from $3,089 at the end of FY 2013-14 to a projected amount of about $21,664 by the end of FY 2016-17 because of a substantial increase in fund revenue. This can be attributed to district attorneys becoming more familiar with the fund, an increase of assessments of the surcharge, and an increase of individuals with the imposed surcharge finding employment and making payments. Revenue in FY 2013-14 was $3,950 compared to $26,248 in FY 2016-17. Based on trends from previous fiscal years, the Department anticipates that a conservative growth rate of at least 15% is expected in FY 2017-18 and beyond. Table 1 illustrates the revenue deposited into the fund since FY 2013-14 and projected revenue in FY 2016-17 through FY 2019-20 as well as the percentage revenue growth year over year.

Table 1: Revenue for the Crimes against At-Risk Persons Surcharge Fund		
Fiscal Year	**Revenue**	**% Increase from Prior Year**
FY 2013-14	$ 3,950	NA
FY 2014-15	$ 15,153	283.61%
FY 2015-16	$ 17,663	16.57%
FY 2016-17	$ 26,248	48.60%
FY 2017-18 (Projected)	$ 30,185	15.00%
FY 2018-19 (Projected)	$ 34,713	15.00%
FY 2019-20 (Projected)	$ 39,920	15.00%
Data Source: Revenue from CORE and projections from State Unit on Aging.		

An increase in revenue creates a higher fund balance at the end of each fiscal year. Based on trends from the past three fiscal years, coupled with educational outreach to the District Courts of the requirement of the surcharge being imposed, the Department anticipates that the revenues and the resulting cash fund balance for the fund will continue to increase each fiscal year unless the spending authority for the fund is increased.

Current spending authority is set at $28,370 and has not been increased since FY 2014-15.

2. Capacity for additional funding for services will be unnecessarily limited.

Historically, the Department has provided its respite vendor, Easter Seals, with a funding award at the beginning of each fiscal year based on the fund balance at the time. As surcharges are collected throughout the year and deposited as revenue into the fund, the Department has amended its original award letter to Easter Seals to provide additional funding for respite care services expeditiously. In FY 2018-19 and beyond, the Department projects that the fund balance and additional revenues collected during the year will exceed the current cash fund spending authority level of $28,370. As a result, funds that could be provided for needed services will unnecessarily remain in the cash fund balance, as the enabling legislation does not require the Department to maintain reserves for this fund. Further, Easter Seals has indicated that there is sufficient demand in the State to use any monies that are provided through this fund for respite services as soon as those monies are available. See Table 3 for more details on projected expenditures and cash fund balances.

Proposed Solution:

The Department requests an increase of $20,000 total funds/cash funds spending authority from the Crimes against At-Risk Persons Surcharge fund in FY 2018-19 and beyond. While the exact amount of additional spending authority needed in future years cannot be predicted, the Department is requesting $20,000 in additional spending authority to ensure it has a sufficient spending authority to use these funds for respite services in years to come. The funding made available from the requested increase in spending authority would be used to provide additional respite services for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and older adult parents providing care for adult children with disabilities.

Anticipated Outcomes:

With an increase in spending authority, the Department anticipates to increase the funding award to its respite vendor. As a result, additional respite services will be available to families and caregivers relying on much needed temporary relief from providing care. Based on the Final Grant Report data reported by the Colorado Respite Care, Respite Grant Program in FY 2014-15 through FY 2015-16, an hour of respite ranges in cost from $10.63 to $14.50 per hour. Therefore, $20,000 of increased spending authority would allow the Department to potentially provide 1,378-1,880 additional hours of respite to families in that year. Depending on the respite program and population type served, on average, one family uses around 30 hours of respite services.

Additionally, the Respite Care Task Force published a report in 2016 that provided a variety of data and analysis of existing respite services available in Colorado and concluded, “Based on the limited data that exist and the experience of Colorado respite care experts, it appears that the need for affordable, geographically accessible, culturally competent respite care--especially for high needs recipients--exceeds the existing supply.” With increased spending authority, the Department has the ability to utilize more of its cash fund balance and award additional funding to its respite vendor, who can then coordinate respite services to more individuals.

Assumptions and Calculations:

The Department anticipates the need for additional spending authority in FY 2018-19 in order to decrease the Crimes against At-Risk Persons Surcharge cash fund balance. The total amount of cash funds expended by the Department each year goes directly to the respite services vendor, Easter Seals. Table 2 illustrates the fund beginning balance, revenue, expenditures, and year-end balance since FY 2013-14. FY 2017-18 through FY 2019-20 figures reflect projected revenues, expenditures, and cash fund balances. The Department requests $20,000 of additional cash fund spending authority to allow for some flexibility as the revenues are projected a year in advance. As demonstrated in Table 2, the amount projected to be available in the fund in FY 2018-19 is greater than the current spending authority amount of $28,370.

Table 2: Cash Fund Revenues, Expenditures, and Balances for the Crimes against At-Risk Persons Surcharge Fund

	(A) Cash Fund Beginning Balance	(B) Revenue	(C) Total Amount Available (A+B)	(D) Expenditures/ (Easter Seals Funding Award)	(C-D) Cash Fund Year End Balance
FY 2013-14	$2,139	$3,950	$6,089	$3,000	$3,089
FY 2014-15	$3,089	$15,153	$18,242	$6,090	$12,152
FY 2015-16	$12,152	$17,663	$29,815	$12,000	$17,815
FY 2016-17	$17,815	$26,248	$44,063	$19,000	$25,063
FY 2017-18 (Projected)	$25,063	$30,185[1]	$55,248	$28,370[2]	$26,878
FY 2018-19 (Projected)	$26,878	$34,713[1]	$61,591	$48,370	$13,221
FY 2019-20 (Projected)	$13,221	$39,920[1]	$53,141	$48,370	$4,771

Data Source: CORE

[1]Assumes a 15% increase in surcharges from the prior fiscal year. See Table 1.

[2]Spending authority appropriated in SB 17-254.

Table 3 illustrates the Long Bill appropriation and requested funding for FY 2018-19 and beyond.

Table 3: Long Bill Line Item Requested Funding for FY 2018-19 and Beyond

Line Item: (10) Adult Assistance Programs; (D) Community Services for the Elderly, Respite Services	Total Funds	General Fund	Cash Funds	Notes
FY 2017-18 Appropriation (SB 17-254)	$378,370	$350,000	$28,370	
Requested Funding (or Spending Authority)	$20,000	$0	$20,000	
FY 2018-19 Total Requested Appropriation	**$398,370**	**$350,000**	**$48,370**	
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	
FY 2019-2020 Total Requested Appropriation	**$398,370**	**$350,000**	**$48,370**	
FY 2020-2021 Total Requested Appropriation	**$398,370**	**$350,000**	**$48,370**	

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-20 Increase Colorado Brain Injury Program Spending Authority

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18
X Change Request FY 2018-19
___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$2,800,000	$0	$2,805,483	$200,000	$200,000
	FTE	1.5	0.0	1.5	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,800,000	$0	$2,805,483	$200,000	$200,000
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
09. Services for People with Disabilities, (C) Older Blind Grants and Traumatic Brain Injury Trust -- Traumatic Brain Injury Trust Fund	Total	$2,800,000	$0	$2,805,483	$200,000	$200,000
	FTE	1.5	0.0	1.5	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$2,800,000	$0	$2,805,483	$200,000	$200,000
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required? Yes ___ No X — **If Yes, see schedule 4 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

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Cost and FTE

- The Department requests an increase in spending authority for the Colorado Brain Injury Program (CBIP) of $200,000 total funds/cash funds in FY 2018-19 and $200,000 total funds/cash funds in FY 2019-20 to allow for access to its cash reserves, the Traumatic Brain Injury Trust Fund. This request is being made to replace funding for a federal grant that will end May 31, 2018.
- Without the increase in spending authority to access its cash reserves, CBIP will not be able to continue to meet the need of the criminal justice population this grant was supporting as CBIP has allocated its full current spending authority to other priorities.
- This is an increase of 7.14% over the FY 2017-18 appropriation.

Current Program

- CBIP has three focus areas: providing technical assistance to state and private entities, managing the Traumatic Brain Injury (TBI) Trust Fund Program, and overseeing a U.S. Department of Health and Human Services TBI Implementation grant. Services are provided to individuals with brain injuries.
- The TBI Trust Fund statute mandates that CBIP provides case management services. CBIP contracts with the Brain Injury Alliance of Colorado (BIAC) to deliver these services.

Problem or Opportunity

- CBIP was awarded a four-year grant from the U.S. Department of Health and Human Services that ends on May 31, 2018. This grant is not appropriated under the long bill. The focus is to screen for brain injury in 20 criminal justice settings and connect those who screen positively to case management services through BIAC. Work on the grant identified that about 65% of all individuals screen positively for lifetime history of brain injury. Of those screening positively for lifetime history, about 80% screen positively for neuropsychological impairment. Those screening positively are then referred to BIAC for case management support. Without replacing the federal grant funding with CBIP's cash reserves, those served by the grant may not receive services or be put on a waitlist, as CBIP will not be able to sustain the staff at BIAC who are currently being supported through the federal grant program. The BIAC staff are not State employees.
- Concurrently, CBIP is seeking to backfill the revenue from the federal grant by further educating Colorado municipalities about the municipal speeding conviction surcharge that supports the TBI Trust Fund. The purpose of the educational campaign is to increase the number of municipalities collecting this surcharge during FY 2017-18 and 2018-19. Increasing this number by just two municipalities would allow CBIP to maintain the services initiated by the federal grant, as surcharges collected by municipalities increases the TBI Trust Fund balance.

Consequences of Problem

- Individuals served by the federal grant may no longer receive services or may be put on a waitlist.

Proposed Solution

- The Department requests an increase in CBIP spending authority of $200,000 in cash funds for FY 2018-19 and FY 2019-20 for total spending authority of $3,000,000 in both fiscal years. The program will be able to access these cash reserves in order to continue the services previously provided by the aforementioned federal grant.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2018-19 Funding Request | November 1, 2017

Department Priority: ***R-20***
Request Detail: ***Increase Colorado Brain Injury Program Spending Authority***

Summary of Incremental Funding Change for FY 2018-19	**Total Funds**	**FTE**	**Cash Funds**
Increase Colorado Brain Injury Program Spending Authority	$200,000	0.0	$200,000
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Cash Fund**
Increase Colorado Brain Injury Program Spending Authority	$200,000	0.0	$200,000

Problem or Opportunity:

The Department requests an increase in spending authority for the Colorado Brain Injury Program (CBIP) of $200,000 total funds/cash funds in FY 2018-19 and $200,000 total funds/cash funds in FY 2019-20 and beyond to allow for access to its cash reserves. The Colorado Brain Injury Program (CBIP) risks not being able to fund brain injury screenings and case management services for individuals in criminal justice settings without an increase in its spending authority appropriation from $2,800,000 to $3,000,000. Specifically, CBIP was awarded a four-year federal grant from the U.S. Department of Health and Human Services that ends on May 31, 2018. The focus of this grant is to screen for brain injury in 20 criminal justice settings and to connect those who screen positively for brain injury to long-term community-based brain injury case management supports. Through the implementation of this grant, CBIP has discovered that there is a high prevalence of individuals with brain injury in criminal justice settings who can benefit from case management services. Thus far, about 65% of all individuals have screened positively for lifetime history of brain injury. Once the individual screens positively for life time history of brain injury, a neuropsychological screen for impairment is conducted. Of those screening positively for lifetime history, approximately 80% also screen positively for impairment. Those who screen positively for both lifetime history and impairment are referred to CBIP's contractor, the Brain Injury Alliance of Colorado (BIAC), for case management support.

The federal grant is not appropriated in the long bill and, therefore, CBIP's $2,800,000 current appropriation does not include or reflect the $250,000-$300,000 that CBIP annually spends on the grant. As a result, once the grant ends, CBIP would have to pay for these services out of its existing appropriation. However, CBIP has fully budgeted its current $2,800,000 appropriation for the other services it provides for FY 2017-18 and expects to do the same for FY 2018-19. As a result, without increasing CBIP's spending authority to replacing the federal grant funding, those individuals in the criminal justice settings screening positively for brain injuries may face wait lists for case management services or not receive services at all. The delay or disruption in services would occur because CBIP would no longer be able to sustain the additional 2.5 FTE at BIAC currently being supported through the federal grant. The BIAC staff are not State employees.

Proposed Solution:

Increasing CBIP's spending authority from $2,800,000 to $3,000,000 (total of $200,000 cash funds) in FY 2018-19 and beyond will help ensure that CBIP can continue its brain injury outreach efforts to those in criminal justice settings. CBIP's cash fund currently has reserves of about $1 million, which would be the short-term source of the $200,000 in additional cash funds needed to continue this outreach. For the longer term, CBIP is developing an educational campaign geared to increase the number of Colorado municipalities that collect the optional municipal speeding conviction surcharge that supports the TBI Trust Fund. Currently there are 21 municipalities collecting the surcharge, meaning the vast majority of municipalities opt not to collect. CBIP has been working with its Board of Directors and a branding and marketing company to develop a strategy to educate municipalities of the benefits of collecting the surcharge with the goal of increasing municipal participation. CBIP will be engaged in this effort during FY 2017-18 and FY 2018-19 with a goal of increasing participation by a minimum of two municipalities, which CBIP sees as very doable. Should this campaign be successful, the increase in revenue should backfill the $200,000 needed to sustain the efforts initiated via the federal grant.

The Research and Evidence-Based Policy Team in the Office of State Planning and Budgeting considers case management strategies to be evidence-based, and there are rigorous evaluations to support the efficacy of case management. Case management has been studied on several different populations, and has demonstrated improvements on multiple outcomes, including reductions in crime and improved mental health outcomes. In addition to these outcomes, studies related to case management found that individuals with traumatic brain injury receiving case management were more likely to connect to and follow through with community resources/supports such as vocational rehabilitation. Additionally, it has been found that these individuals demonstrated an improved overall outcome and quality of life.

Anticipated Outcomes:

Should this request be approved there will be two significant and positive outcomes:

1. The access to the program's existing reserves will allow for case management support to continue to be provided to a growing number of clients being identified with brain injury in criminal justice settings. These individuals are all eligible for support and even if the program was not able to secure the increase in spending authority they will be referred. Allowing access to the reserves will ensure that CBIP is able to continue to support the 2.5 FTE at BIAC dedicated to serve this population and avoid a wait list for services.
2. Allowing for this increase for FY 2018-19 and FY 2019-20 will provide CBIP with two fiscal years to develop and implement the municipality education campaign to increase participation in the collection of the municipal speeding conviction surcharge. Thus, increasing the CBIP revenue which will allow for the sustainability of case management services on-going.

Assumptions and Calculations:

Currently CBIP has a spending authority of $2,800,000. For FY 2015-16, CBIP spent $2,022,658 on this line item. CBIP also spent $250,000 on the aforementioned unappropriated federal grant. For FY 2016-17 CBIP estimates that it will spend $2,500,000 on its appropriated line item and $300,000 on the federal grant. In FY 2017-18 CBIP is budgeted to expend $2,800,000 in appropriated funds and $250,000 in federal grant funds, for a total of $3,025,000.

Historically, CBIP has been cautious about budgeting because its revenue has been stagnant. However, CBIP is projecting that its revenue will increase in future years. As a result, CBIP plans on expanding existing research and education programs in FY 2017-18 and FY 2018-19. In addition, CBIP expects that demand for its services will continue to increase in those years. As a result, CBIP does not expect that it will be able to use any of its existing $2,800,000 appropriation to continue the work initiated by the federal grant for individuals in criminal justice settings.

This request is to increase the spending authority to $3,000,000. CBIP expects to have cash reserves of $1,061,281 at the end of FY 2016-17. In order to sustain the current initiatives being supported through the federal grant, CBIP will need to be able to access an additional $200,000 from the cash reserves. This will total $400,000 over the two fiscal years which still leaves a healthy balance in the reserves to cover any additional unanticipated expenditures should they arise. In fiscal years after FY 2019-20, CBIP expects to backfill the federal grant funding with increased municipality participation in the speeding conviction surcharge.

Table 1 provides an analysis of cash fund balances, revenues, and expenditures.

Table 1: Cash Fund Revenues, Expenditures, and Balances for the Colorado Traumatic Brain Injury Trust Fund

Fiscal Year	(A) Cash Fund Beginning Balance	(B) Revenue	(C) Expenditures	(A + B - C) Cash Fund Year End Balance
FY 2013-14	$551,344	$2,200,576	$1,921,288	$830,632
FY 2014-15	$830,632	$2,200,499	$1,965,757	$1,065,374
FY 2015-16	$1,065,374	$2,229,565	$2,033,658	$1,261,281
FY 2016-17 (Estimated)	$1,261,281	$2,200,000	$2,400,000	$1,061,281
FY 2017-18 (Projected)	$1,061,281	$2,300,000	$2,800,000[1]	$561,281
FY 2018-19 (Projected)	$561,281	$2,800,000[2]	$3,005,483	$355,798
FY 2019-20 (Projected)	$355,798	$3,000,000[3]	$3,005,483	$350,315

[1]CBIP is budgeting at $2,800,000 for expenditures in FY 2017-18 based on an increase in research grants and in an effort to reduce the program's reserves.

[2]CBIP began an effort in FY 2016-17 to increase municipality participation in the collection of the municipal speeding conviction surcharge supporting CBIP. As a result, the program expects to see an increase in revenue starting in FY2017-18 and growing steadily the next three fiscal years.

[3] Due to a federal grant ending May 31, 2018, the program expects to expend $3,000,000 starting FY 2018-19 to continue the work of the federal grant. The federal grant is not appropriated through the Long Bill.

Table 2: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21			
(9) Services for People with Disabilities (C) Traumatic Brain Injury Trust Fund, Traumatic Brain Injury Trust Fund	**Total Funds**	**Cash Funds**	**Notes**
FY 2017-18 Appropriation (SB 17-254)	$2,800,000	$2,800,000	
Requested Funding (or Spending Authority)	$200,000	$200,000	
Annualization of FY 2016-17 Salary Survey and Merit	$5,483	$5,483	
FY 2018-19 Total Requested Appropriation	**$3,005,483**	**$3,005,483**	
FY 2019-20 Annualization of Prior Year Funding	$0	$0	
FY 2019-2020 Total Requested Appropriation	**$3,005,483**	**$3,005,483**	
FY 2020-2021 Total Requested Appropriation	**$3,005,483**	**$3,005,483**	

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-21 VCLC Staffing Technical Adjustment

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

	Supplemental FY 2017-18
X	Change Request FY 2018-19
	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$50,557,530	$0	$50,557,530	($619,209)	($619,209)
	FTE	596.3	0.0	596.3	(19.0)	(19.0)
	GF	$186,130	$0	$186,130	$0	$0
	CF	$28,939,600	$0	$28,939,600	($619,209)	($619,209)
	RF	$0	$0	$0	$0	$0
	FF	$21,431,800	$0	$21,431,800	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
09. Services for People with Disabilities, (D) Veterans Community Living Centers -- Fitzsimons Veterans Community Living Center	Total	$22,140,700	$0	$22,140,700	($47,943)	($47,943)
	FTE	238.4	0.0	238.4	(2.0)	(2.0)
	GF	$0	$0	$0	$0	$0
	CF	$10,627,500	$0	$10,627,500	($47,943)	($47,943)
	RF	$0	$0	$0	$0	$0
	FF	$11,513,200	$0	$11,513,200	$0	$0
Veterans Community Living Centers -- Florence	Total	$11,502,900	$0	$11,502,900	($227,214)	($227,214)
	FTE	140.0	0.0	140.0	(5.0)	(5.0)
	GF	$0	$0	$0	$0	$0

Department of Human Services

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Community Living Centers -- Florence Veterans Community Living Center	CF	$7,131,800	$0	$7,131,800	($227,214)	($227,214)
	RF	$0	$0	$0	$0	$0
	FF	$4,371,100	$0	$4,371,100	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$7,924,230**	**$0**	**$7,924,230**	**($188,359)**	**($188,359)**
09. Services for People with Disabilities, (D) Veterans Community Living Centers -- Homelake Veterans Community Living Center	FTE	102.3	0.0	102.3	(7.0)	(7.0)
	GF	$186,130	$0	$186,130	$0	$0
	CF	$4,797,600	$0	$4,797,600	($188,359)	($188,359)
	RF	$0	$0	$0	$0	$0
	FF	$2,940,500	$0	$2,940,500	$0	$0

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$8,989,700**	**$0**	**$8,989,700**	**($155,693)**	**($155,693)**
09. Services for People with Disabilities, (D) Veterans Community Living Centers -- Rifle Veterans Community Living Center	FTE	115.6	0.0	115.6	(5.0)	(5.0)
	GF	$0	$0	$0	$0	$0
	CF	$6,382,700	$0	$6,382,700	($155,693)	($155,693)
	RF	$0	$0	$0	$0	$0
	FF	$2,607,000	$0	$2,607,000	$0	$0

CF Letternote Text Revision Required? Yes ____ No X **If Yes, see schedule 4 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 of Human Services (Department) proposes an on-going reduction of $619,209 total funds/cash funds and 19.0 FTE in Long Bill Section 9(D) – Veterans Community Living Centers (VCLCs) to align its appropriation with actual expenditures. This represents a 1.2% reduction compared to its FY 2017-18 appropriation. • The reduced FTE is comprised of vacant positions at the four VCLCs run by the Department.

Current Program
• The VCLCs provide nursing home and assisted living accommodations at five skilled nursing centers around the State: Aurora (Fitzsimons), Bruce McCandless (Florence), Homelake (Monte Vista), Rifle, and Walsenburg. The Department directly operates all the VCLCs except for the one in Walsenburg, which is run by an independent contractor selected by the Department. • Individuals must be a Veteran, spouse of a Veteran, or a Gold Star Parent (i.e., parent that had a child killed in active duty) to be eligible to live at the VCLCs. • The VCLCs currently serve nearly 400 residents and are appropriated 596.3 FTE for FY 2017-18.

Problem or Opportunity
• The reduction in FTE is an opportunity to realign current budgets with past experience by eliminating no longer needed vacant positions. • VCLCs meet the staffing ratios as the positions represent direct care, janitorial, and housekeeping FTE.

Consequences of Problem
• If this adjustment is not made the VCLC's budget will continue to be slightly larger than necessary for the VCLCs to continue providing quality care to its residents.

Proposed Solution
• The Department requests an on-going reduction of $619,209 total funds/cash funds (Central Fund for Veterans' Community Living Centers) and 19.0 FTE at the VCLCs.

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COLORADO
Department of Human Services

FY 2018-19 Funding Request | November 1, 2017

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-21***
Request Detail: ***VCLC Staffing Technical Adjustment***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	Cash Funds
VCLC Staffing Technical Adjustment	($619,209)	(19.0)	($619,209)
Summary of Incremental Funding Change for FY 2019-20	**Total Funds**	**FTE**	**Cash Fund**
VCLC Staffing Technical Adjustment	($619,209)	(19.0)	($619,209)

Problem or Opportunity:

The Veterans Community Living Centers (VCLCs) provide nursing home and assisted living accommodations at five skilled nursing centers around the State: Aurora (Fitzsimons), Bruce McCandless (Florence), Homelake (Monte Vista), Rifle, and Walsenburg. The Department directly operates all the VCLCs except for the one in Walsenburg, which is run by an independent contractor selected by the Department. Individuals must be a Veteran, spouse of a Veteran, or a Gold Star Parent (i.e., parent that had a child killed in active duty) to be eligible to live at the VCLCs. The VCLCs currently serve nearly 400 residents and are appropriated 596.3 FTE for FY 2017-18.

The Department has reevaluated staffing needs at the VCLCs and determined that 19 currently vacant FTE can be eliminated. Resident acuity drives direct care staffing at the VCLCs. Over the past year, the VCLCs have refined the methodology used to determine resident acuity so that this determination relies more heavily on quantitative resident assessment data using a nationally recognized tool. As a result of this effort, the VCLCs found that they were slightly overstaffed relative to their current average resident acuity. The 19.0 FTE to be eliminated include: 2.0 FTE at Fitzsimons, 5.4 FTE at Florence, 6.6 FTE at Homelake, and 5.0 FTE at Rifle. All but 4.6 of the FTE are in direct care positions. However, the reductions in direct care FTE are not expected to prevent the VCLCs from meeting required staffing ratios to provide quality care that is safe and meets the needs of the residents.

Proposed Solution:

The Department proposes reducing VCLC funding by $619,209 total funds, including $619,209 cash funds, and 19.0 FTE in FY 2018-19 and $619,209 total funds, including $619,209 cash funds (Central Fund for Veterans' Community Living Centers), and 19.0 FTE in FY 2019-20 and on-going in order to realign the VCLCs' budget with past experience.

Anticipated Outcomes:

The VCLCS budget will no longer be larger than necessary for the VCLCs to continue providing quality care to its residents.

Assumptions and Calculations:

Cost reductions are based on the salary and benefits levels associated with the affected FTE as noted in Table 1.

Table 1: Position Summary							
	FTE	**Monthly Salary**	**Total Monthly Salary**	**PERA 10.15%**	**Medicare 1.45%**	**Monthly TTL**	**Annual TTL**
Homelake - Client Care Aide I	3.0	$1,989	$5,967	$606	$87	$6,659	$79,910
Homelake - Client Care Aide II	1.0	$2,138	$2,138	$217	$31	$2,386	$28,632
Homelake - Health Care Tech II	1.0	$3,070	$3,070	$312	$45	$3,426	$41,113
Homelake - Dining Service I	0.6	$1,725	$1,035	$105	$15	$1,155	$13,861
Homelake - Dining Service II	1.0	$1,855	$1,855	$188	$27	$2,070	$24,842
Florence - Client Care Aide II	3.0	$2,138	$6,414	$651	$93	$7,158	$85,896
Florence - Health Care Tech III	0.2	$3,299	$660	$67	$10	$736	$8,836
Florence - Custodian III	1.0	$3,439	$3,439	$349	$50	$3,838	$46,055
Florence - Nurse II	1.2	$5,378	$6,454	$655	$94	$7,202	$86,427
Rifle - Client Care Aide I	3.0	$2,258	$6,773	$687	$98	$7,558	$90,698
Rifle - Client Care Aide II	2.0	$2,427	$4,853	$493	$70	$5,416	$64,995
Fitz - Dining Service II	1.0	$1,855	$1,855	$188	$27	$2,070	$24,842
Fitz - Dining Service I	1.0	$1,725	$1,725	$175	$25	$1,925	$23,101
Total	**19.0**	**$33,295**	**$46,237**	**$4,693**	**$670**	**$51,601**	**$619,209**

Table 2: Long Bill Line Item Requested Funding for FY 2018-19 and Beyond			
Line Item: (10) Services for People with Disabilities; (D) Veterans Community Living Centers	**Total Funds**	**General Fund**	**Cash Funds**
FY 2017-18 Appropriation (SB 17-254)	$53,824,930	$800,000	$53,024,930
Requested Funding (or Spending Authority)	($619,209)	$0	($619,209)
FY 2018-19 Total Requested Appropriation	**$53,205,721**	**$800,000**	**$52,405,721**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0
FY 2019-2020 Total Requested Appropriation	**$53,205,721**	**$800,000**	**$52,405,721**
FY 2020-2021 Total Requested Appropriation	**$53,205,721**	**$800,000**	**$52,405,721**

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-22 Reduce Micro Grants to Increase Access to Child Care

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

___ Supplemental FY 2017-18
X Change Request FY 2018-19
___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$250,000**	**$0**	**$250,000**	**($250,000)**	**($250,000)**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$250,000	$0	$250,000	($250,000)	($250,000)

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
	Total	**$250,000**	**$0**	**$250,000**	**($250,000)**	**($250,000)**
06. Division of Early Childhood, (A) Division of Early Care and Learning -- Micro Grants to Increase Access to Child Care	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$250,000	$0	$250,000	($250,000)	($250,000)

CF Letternote Text Revision Required? Yes ___ No X — **If Yes, see schedule 4 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

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Cost and FTE

- The Department proposes a reduction of ($250,000) total funds, including ($250,000) of federal funds in FY 2018-19 in Child Care and Development Fund (CCDF) and beyond due to a lack of participation/uptake in a micro grant program targeting the child care provider population.
- This request eliminates the funding and discontinues the program.

Current Program

- In FY 2015-16, the Legislature approved a Department request for CCDF spending authority to create a micro grant program to increase access to licensed, quality child care across the State.
- The Department based its request on an identified need for funding to cover start-up costs for rural family, friend, and neighbor (FFN) child care providers.

Problem or Opportunity

- Although the Department modeled the program after similar initiatives in other states, several factors made it difficult to replicate the model in Colorado.
- Economies of scale and logistics made it difficult to administer a statewide program within the available budget, and the cost of administration consumed a significant portion of funding.
- The Department is aware that initial investment is one of the barriers to opening a child care facility; however, the micro grant program did not provide enough financial support to offset the other challenges of opening and operating a new business.

Consequences of Problem

- Based on data and expenditures for FY 2016-17, the Department does not believe the micro grant program is viable and has stopped issuing grants. As a result, the program will not show any expenditures in FY 2017-18.

Proposed Solution

- The Department requests to reduce its budget by ($250,000) total funds in FY 2018-19 and beyond for the child care micro grant program.
- The Department strived to explore all possible options in order to continue the micro grant program in an effective and meaningful way. However, the Department has determined that the program is unable to meet its intended goals due to administrative and logistical challenges.
- This change request will, in part, help mitigate the anticipated shortfall in CCDF and contribute toward the fund's long-term sustainability.

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Department Priority: ***R-22***
Request Detail: ***Reduce Micro Grants to Increase Access to Child Care Change Request***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	Federal Funds
Reduce Micro Grants to Increase Access to Child Care	($250,000)	($250,000)

Problem or Opportunity:

The Department requests a reduction in spending authority of ($250,000) total funds/Child Care and Development Fund (CCDF) in FY 2018-19 and beyond due to a lack of participation/uptake in a micro grant program targeting the child care provider population.

The Department submitted a FY 2015-16 request for funding to create a micro grant program intended to increase access to licensed, quality child care across the State. The Department based its request on an identified need for funding to cover start-up costs for rural family, friend, and neighbor (FFN) child care providers. Since corporate providers do not typically operate in rural and underserved areas due to insufficient population density, family incomes, and business economies of scale, smaller community-based providers often have the potential to fill the gap in the availability of licensed care.

As a key Department goal is to ensure access to licensed child care in all Colorado communities, the Department's proposed solution to this identified need was to create a micro grant program that would provide monetary assistance to FFN child care providers. The Legislature approved the request for $250,000 to fund the micro grant program annually starting in FY 2015-16, using CCDF spending authority.

During FY 2015-16, ninety-seven applications were received, and all were awarded funding. Table 1 shows a breakdown of the number of micro grant applications the Department received and the total amount of funding awarded by county.

Table 1: Micro Grant Awards by County		
County	**Number of Applications Received**	**Total Amount Awarded**
Adams	11	$6,980.75
Arapahoe	13	$8,727.37
Boulder	5	$3,535.19
Broomfield	3	$2,431.85
Denver	4	$3,859.07
Douglas	7	$6,168.70
El Paso	9	$6,972.78
Garfield	1	$300.26
Grand	1	$334.71
Jefferson	4	$4,108.60
Kit Carson	1	$873.76
La Plata	1	$1,836.05
Larimer	13	$13,842.75
Mesa	5	$3,425.51
Morgan	2	$2,146.12
Prowers	1	$527.17
Routt	2	$3,464.42
Summit	3	$1,308.13
Weld	10	$8,304.71
Yuma	1	$750.48
TOTAL:	**97**	**$79,898.38**

Child care providers had the opportunity to apply for funding for materials and/or required provider trainings. Applicants applying for funding for materials had the option to choose among a variety of kits containing items focused on a specific theme, including infant safe sleep, health and safety, literacy, and toddler rest and relaxation. Applicants applying for funding for trainings could get reimbursed for qualifying expenses related to obtaining their license. These expenses included, but were not limited to, equipment, access to training, and site capital improvements. Only those applicants who obtained their license from September 15, 2015, to May 30, 2016, or had a pending application at Office of Early Childhood (OEC), received this reimbursement. Providers had to submit proof of expenditures such as: itemized receipts, copies of checks, bank statements, or credit card statements showing the dates that items were purchased.

In addition, applicants could request funding that would help them prepare for a pre-licensing inspection. In order to pass pre-licensing inspections, child care providers with pending licenses needed to demonstrate they have complied in full with all the regulations and rules from the State to provide a quality and safe environment to children. Providers applying for funding in this area could be reimbursed for some equipment, site capital improvement, health and safety items and educational materials.

The Department modeled the program after similar initiatives in other states. However, several factors made it difficult to replicate that model within Colorado. First, economies of scale and logistics made it difficult to administer a statewide program within the available budget. The cost of administration consumed a significant portion of funding. In addition, the need for statewide coverage made the program too difficult to administer with a single contract FTE. As a result, the outreach and marketing did not result in additional facilities being opened. Although the program did provide tangible benefits in terms of safety and quality improvements for individual providers, it did not have the desired impact of increasing overall capacity.

The second challenge the Department faced in administering the program related to the size of the grants. The program was designed to award grants between $1,000 and $5,000, with an average award of approximately $2,500. In practice, this amount proved to be an insufficient incentive for prospective providers to launch a new business, particularly in the child care deserts that the Department targeted. The Department is aware that initial investment is one of the barriers to opening a child care facility. Unfortunately, the micro grant program did not provide enough financial support to offset the other challenges of opening and operating a new business.

Proposed Solution:

The Department requests a reduction in spending authority of ($250,000) in Child Care and Development Fund (CCDF) FY 2018-19 and beyond due to a lack of participation/uptake in a micro grant program targeting the child care provider population.

The Department has strived to explore all possible options in order to continue the micro grant program in an effective and meaningful way. However, the Department has determined that the program is unable to meet its intended goals due to administrative and logistical challenges. As such, it requests to conclude the program and to reduce CCDF spending authority by ($250,000), the amount allocated to fund the program.

Anticipated Outcomes:

The Department is requesting a negative change request to eliminate the funding for the micro grant program. Since the time the Department implemented the program, growth in other programs funded with Child Care and Development Fund (CCDF) has increased significantly, and the Department has concerns about the long-term sustainability of the fund. This negative change request will, in part, help mitigate the anticipated shortfall.

Assumptions and Calculations:

The Department requests to reduce CCDF spending authority at a level commensurate with the amount of CCDF the Department currently receives for the micro grant program. Therefore, the Department is submitting a negative change request for ($250,000) CCDF/total funds.

Table 2 provides a breakdown of the funding already appropriated to the Micro Grants to Increase Access to Child Care line item in the Long Bill as well as the funding change requested by the Department.

Table 2: Long Bill Appropriation and Requested Funding for FY 2018-19 and Beyond

Line Item: Micro Grants to Increase Access to Child Care	**FTE**	**Total Funds**	**General Fund**	**Cash Funds**	**Reapp. Funds**	**Federal Funds**
FY 2017-18 Appropriation (HB 17-254)	0.0	$250,000	$0	$0	$0	$250,000
Current Request	0.0	($250,000)	$0	$0	$0	($250,000)
FY 2018-19 Total Requested Appropriation	**0.0**	**($250,000)**	**$0**	**$0**	**$0**	**($250,000)**
FY 2019-20 and Beyond Requested Appropriation	0.0	$0	$0	$0	$0	$0

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-23 HIPAA Security Remediation

Dept. Approval By: Melissa Wavrlit

OSPB Approval By:

___ Supplemental FY 2017-18

X Change Request FY 2018-19

___ Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$50,810,281	$0	$50,682,407	($153,300)	($153,300)
	FTE	1.0	0.0	1.0	0.0	0.0
	GF	$172,011	$0	$173,491	($56,700)	($56,700)
	CF	$8,349,091	$0	$8,327,629	($7,986)	($7,986)
	RF	$13,871,396	$58,032	$13,836,477	($64,075)	($64,075)
	FF	$28,417,783	$0	$28,344,810	($24,539)	($24,539)

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (B) Special Purpose -- HIPAA - Security Remediation	Total	$318,538	$0	$320,460	($105,000)	($105,000)
	FTE	1.0	0.0	1.0	0.0	0.0
	GF	$172,011	$0	$173,491	($56,700)	($56,700)
	CF	$0	$0	$0	$0	$0
	RF	$146,527	$0	$146,892	($48,300)	($48,300)
	FF	$0	$0	$77	$0	$0
01. Executive Director's Office, (C) Indirect Costs -- Indirect Costs	Total	$103,782	$0	$103,516	($99)	($99)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$39,126	$0	$39,025	($37)	($37)
	RF	$64,656	$0	$64,491	($62)	($62)
	FF	$0	$0	$0	$0	$0
03. Office of Operations, (C) Indirect Cost Assessment -- Indirect Cost Assessments	Total	$102,410	$3,286	$102,147	($98)	($98)
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$65,378	$3,286	$65,210	($63)	($63)
	RF	$37,032	$0	$36,937	($35)	($35)
	FF	$0	$0	$0	$0	$0

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Cost and FTE

- The Department proposes to reduce funding for the development and continuation of a Department-wide system-based risk assessment and the integration of the HIPAA Security rule into the Department's operations. This will result in a reduction of ($153,300), including ($56,700) General Fund, ($7,986) cash funds, ($54,075) reappropriated funds and ($24,539) federal funds in FY 2018-19 and beyond. Of this amount, the indirect cost assessment is ($48,300) and is included in this request. This strategy will not require a reduction in FTE.

Current Program

- The Executive Director's Office (EDO) provides for Special Purpose services/activities in the Long Bill Section (1) B, Line HIPPA – Security Remediation.
- This program is responsible for the risk assessments and integration of the assessments into the Department's operations. The staff conducts periodic evaluations for all systems where technical, environmental, or operational changes have occurred. The program is also responsible for the continuation of consolidation efforts associated with protected health information covered by the security rules, for an annual test that details the Department's security management processes, and for on-going privacy and security training.

Problem or Opportunity

- The Department proposes a reduction of ($153,300), including ($56,700) General Fund, ($7,986) cash funds, ($54,075) reappropriated funds and ($24,539) federal funds in FY 2018-19 and beyond. Of this amount, the indirect cost assessment is ($48,300) and is included in this request.
- The Department requests this reduction due to historically underspending this appropriation.
- The strategy does not require a reduction in FTE.

Consequences of Problem

- If unaddressed, this line may continue to reflect underspending in this appropriation.

Proposed Solution

- The Department proposes reducing funding its activities related to conducting risk assessments and implementing remediation to ensure privacy of protected health information under the Health Information Privacy and Accountability Act (HIPAA).
- This will result in a reduction of ($153,300), including ($56,700) General Fund, ($7,986) cash funds, ($54,075) reappropriated funds and ($24,539) federal funds in FY 2018-19 and beyond. Of this amount, the indirect cost assessment is ($48,300) and is included in this request.
- The strategy does not require a reduction in FTE.
- The Department requests this reduction due to historically underspending this appropriation.

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Department Priority:	***R-23***
Request Detail:	***HIPAA –Security Remediation***

Summary of Incremental Funding Change for FY 2018-19	Total Funds	FTE	General Fund	Cash Fund	Reappropriated Funds	Federal Funds
Reduction of Funding for HIPAA Security Remediation	($153,300)	0.0	($56,700)	($7,986)	($64,075)	($24,539)

Problem or Opportunity:

The Department proposes a reduction of ($153,300), including ($56,700) General Fund, ($7,986) cash funds, ($54,075) reappropriated funds and ($24,539) federal funds in FY 2018-19 and beyond. Of this amount, the indirect cost assessment is ($48,300) and is included in this request. This Department requests this reduction due to historically underspending this appropriation. The strategy does not require a reduction in FTE.

The Executive Director's Office (EDO) through the HIPAA Security Remediation appropriation (Long Bill Section (1)B), conducts risk assessments to identify potential violation of privacy laws, rules or regulations under HIPAA. Once risks are identified, the Department implements plans of correction to mitigate risks identified that could lead to a breach of confidentiality related to health information protected under HIPAA. The staff conducts periodic evaluations for all systems where technical, environmental, or operational changes have occurred. The program is also responsible for the continuation of consolidation efforts associated with protected health information covered by the security rules, for an annual test that details the Department's security management processes, and for on-going privacy and security. At this time, the Department believes it can continue its current level of risk assessment and remediation (pending any unforeseen circumstances) within the funding remaining after this reduction.

Proposed Solution:

- The Department proposes reducing funding its activities related to conducting risk assessments and implementing remediation to ensure privacy of protected health information under the Health Information Privacy and Accountability Act (HIPAA).
- This will result in a reduction of ($153,300) total funds, including ($56,700) General Fund, ($7,986) cash funds, ($54,075) reappropriated funds, and ($24,539) federal funds in FY 2018-19 and beyond.
- This amount includes a cost assessment distribution of ($48,300). This decrease does not require a reduction in FTE.
- The Department requests this reduction due to historically underspending this appropriation.

Anticipated Outcomes:

The Department anticipates continuing with its current level of HIPAA risk assessment and remediation within the funds remaining in this appropriation.

Assumptions and Calculations:

The Department reviewed the prior three years of expenses within the HIPAA Security Remediation line in the EDO section of the Long Bill and found that this line has historically been underspent (reflected as negative reversions) as follows: FY 2014-15 Expenditure Authority of $357,513, Reversion of ($72,308); FY 2015-16 Expenditure Authority of $363,256, Reversion of ($130,749); and, FY 2016-17 Initial Appropriation of $318,538, Reversion of ($110,965). Given any unforeseen circumstances arising, the Department believes it can continue its current level of operations with ($153,300) fewer total funds which includes ($105,000) to directly fund this activity and ($48,300) attributable to the indirect distribution in the appropriation for this activity.

Schedule 13

Funding Request for the FY 2018-19 Budget Cycle

Department of Human Services

Request Title

R-24 DHS 1% Provider Rate Increase

Dept. Approval By: Melissa Wavelet

OSPB Approval By:

	Supplemental FY 2017-18
X	Change Request FY 2018-19
	Budget Amendment FY 2018-19

Summary Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
Total of All Line Items Impacted by Change Request	Total	$1,015,925,596	$0	$1,020,181,776	$8,220,928	$8,220,928
	FTE	1,393.7	2.6	1,421.5	0.0	0.0
	GF	$572,346,937	$0	$576,187,959	$4,796,501	$4,796,501
	CF	$155,432,788	$0	$155,730,438	$1,306,649	$1,306,649
	RF	$39,677,613	$0	$39,686,588	$390,783	$390,783
	FF	$248,468,258	$0	$248,576,791	$1,726,995	$1,726,995

Line Item Information	Fund	FY 2017-18 Initial Appropriation	FY 2017-18 Supplemental Request	FY 2018-19 Base Request	FY 2018-19 Change Request	FY 2019-20 Continuation
01. Executive Director's Office, (B) Special Purpose – Colorado Commission for the Deaf and Hard of Hearing	Total	$1,367,977	$0	$1,382,701	$6,834	$6,834
	FTE	8.3	0.0	8.3	0.0	0.0
	GF	$138,575	$0	$144,324	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$1,229,402	$0	$1,238,377	$6,834	$6,834
	FF	$0	$0	$0	$0	$0

04. County Administration, (A) Administration -- County Administration	Total	$75,139,593	$0	$75,139,593	$166,666	$166,666
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$25,012,653	$0	$25,012,653	$50,000	$50,000
	CF	$15,027,918	$0	$15,027,918	$33,333	$33,333
	RF	$0	$0	$0	$0	$0
	FF	$35,099,022	$0	$35,099,022	$83,333	$83,333

05. Division of Child Welfare -- Child Welfare Services	Total	$355,864,012	$0	$355,864,012	$3,558,641	$3,558,641
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$187,709,554	$0	$187,709,554	$1,877,096	$1,877,096
	CF	$66,083,715	$0	$66,083,715	$660,837	$660,837
	RF	$15,410,746	$0	$15,410,746	$154,108	$154,108
	FF	$86,659,997	$0	$86,659,997	$866,600	$866,600

05. Division of Child Welfare -- County Child Welfare Staffing	Total	$15,285,015	$0	$14,950,015	$152,850	$152,850
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$13,712,127	$0	$13,410,627	$137,121	$137,121
	CF	$1,547,023	$0	$1,513,523	$15,470	$15,470
	RF	$0	$0	$0	$0	$0
	FF	$25,865	$0	$25,865	$259	$259

05. Division of Child Welfare -- Family and Children's Programs	Total	$54,760,054	$0	$54,760,054	$547,601	$547,601
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$46,086,668	$0	$46,086,668	$460,867	$460,867
	CF	$5,725,091	$0	$5,725,091	$57,251	$57,251
	RF	$0	$0	$0	$0	$0
	FF	$2,948,295	$0	$2,948,295	$29,483	$29,483

05. Division of Child Welfare -- Hotline for Child Abuse and Neglect	Total	$3,129,828	$0	$3,139,575	$8,739	$8,739
	FTE	6.0	0.0	6.0	0.0	0.0
	GF	$3,078,594	$0	$3,088,146	$8,739	$8,739
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$51,234	$0	$51,429	$0	$0

06. Division of Early Childhood, (A) Division of Early Care and Learning -- Child Care Licensing and Administration	Total	$8,938,106	$0	$9,057,594	$46,433	$46,433
	FTE	54.0	0.0	54.0	0.0	0.0
	GF	$2,478,438	$0	$2,515,479	$14,394	$14,394
	CF	$858,526	$0	$871,670	$5,108	$5,108
	RF	$0	$0	$0	$0	$0
	FF	$5,601,142	$0	$5,670,445	$26,931	$26,931

06. Division of Early Childhood, (A) Division of Early Care and Learning -- Child Care Assistance Program	Total	$92,147,947	$0	$92,147,947	$921,479	$921,479
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$24,791,827	$0	$24,791,827	$247,918	$247,918
	CF	$9,899,322	$0	$9,899,322	$98,993	$98,993
	RF	$0	$0	$0	$0	$0
	FF	$57,456,798	$0	$57,456,798	$574,568	$574,568

06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Childhood Mental Health Services	Total	$2,987,632	$0	$2,994,801	$29,948	$29,948
	FTE	0.7	0.0	0.7	0.0	0.0
	GF	$1,260,317	$0	$1,263,328	$12,633	$12,633
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$1,727,315	$0	$1,731,473	$17,315	$17,315

06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Intervention Services	Total	$44,597,569	$0	$44,614,499	$446,145	$446,145
	FTE	6.5	0.0	6.5	0.0	0.0
	GF	$23,630,843	$0	$23,630,843	$236,308	$236,308
	CF	$12,693,988	$0	$12,693,988	$126,940	$126,940
	RF	$0	$0	$0	$0	$0
	FF	$8,272,738	$0	$8,289,668	$82,897	$82,897

06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Intervention Services Case Management	Total	$11,138,994	$0	$11,138,994	$111,390	$111,390
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$4,483,635	$0	$4,483,635	$44,836	$44,836
	CF	$0	$0	$0	$0	$0
	RF	$6,655,359	$0	$6,655,359	$66,554	$66,554
	FF	$0	$0	$0	$0	$0

07. Office of Self Sufficiency, (C) Special Purpose Welfare Programs -- Refugee Assistance	Total	$10,756,948	$0	$10,774,895	$18,439	$18,439
	FTE	10.0	0.0	10.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$10,756,948	$0	$10,774,895	$18,439	$18,439

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Community Programs	Total	$35,167,897	$0	$35,167,897	$267,664	$267,664
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$26,766,411	$0	$26,766,411	$267,664	$267,664
	CF	$0	$0	$0	$0	$0
	RF	$161,909	$0	$161,909	$0	$0
	FF	$8,239,577	$0	$8,239,577	$0	$0

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Assertive Community Treatment Programs	Total	$16,972,468	$296,820	$16,972,468	$162,768	$162,768
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$16,276,827	$296,820	$16,276,827	$162,768	$162,768
	CF	$695,641	$0	$695,641	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Services for Juvenile and Adult Offenders	Total	$5,519,298	$0	$5,519,298	$55,193	$55,193
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$5,519,298	$0	$5,519,298	$55,193	$55,193
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Treatment Services for Youth	Total	$1,093,969	$0	$1,093,969	$10,940	$10,940
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$664,408	$0	$664,408	$6,644	$6,644
	CF	$304,205	$0	$304,205	$3,042	$3,042
	RF	$125,356	$0	$125,356	$1,254	$1,254
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health First Aid	Total	$210,000	$0	$210,000	$2,100	$2,100
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$210,000	$0	$210,000	$2,100	$2,100
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services -- Treatment and Detoxification Contracts	Total	$32,021,865	$0	$32,021,865	$128,284	$128,284
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$12,417,148	$0	$12,417,148	$124,171	$124,171
	CF	$411,250	$0	$411,250	$4,113	$4,113
	RF	$0	$0	$0	$0	$0
	FF	$19,193,467	$0	$19,193,467	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services -- Increasing Access to Effective Substance Disorder Services	Total	$12,084,109	$0	$12,084,109	$120,841	$120,841
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$12,084,109	$0	$12,084,109	$120,841	$120,841
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services – High Risk Pregnant Women Program	Total	$1,622,430	$0	$1,622,430	$16,224	$16,224
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$1,622,430	$0	$1,622,430	$16,224	$16,224
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services – Prevention Programs	Total	$6,417,342	$0	$6,417,342	$864	$864
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$35,076	$0	$35,076	$351	$351
	CF	$51,250	$0	$51,250	$513	$513
	RF	$0	$0	$0	$0	$0
	FF	$6,331,016	$0	$6,331,016	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services – Community Prevention and Treatment Programs	Total	$6,595,987	$0	$6,595,987	$32,081	$32,081
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$9,848	$0	$9,848	$98	$98
	CF	$3,198,321	$0	$3,198,321	$31,983	$31,983
	RF	$0	$0	$0	$0	$0
	FF	$3,387,818	$0	$3,387,818	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services – Offender Services	Total	$4,699,085	$0	$4,699,085	$62,076	$62,076
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,190,597	$0	$3,190,597	$31,906	$31,906
	CF	$0	$0	$0	$0	$0
	RF	$1,508,488	$0	$1,508,488	$30,170	$30,170
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services -- Gambling Addiction Counseling Services	Total	$100,000	$0	$100,000	$1,000	$1,000
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$100,000	$0	$100,000	$1,000	$1,000
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Crisis Response System Services	Total	$27,344,478	$0	$27,618,598	$232,742	$232,742
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$23,274,160	$0	$23,274,160	$232,742	$232,742
	CF	$4,070,318	$0	$4,344,438	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Crisis Response System Telephone Hotline	Total	$3,037,912	$0	$3,037,912	$30,379	$30,379
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,037,912	$0	$3,037,912	$30,379	$30,379
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Community Transition Services	Total	$4,307,449	$0	$4,307,449	$43,074	$43,074
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$4,307,449	$0	$4,307,449	$43,074	$43,074
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Criminal Justice Diversion Programs	Total	$5,517,942	$0	$5,561,828	$24,761	$24,761
	FTE	1.3	0.0	1.3	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$5,517,942	$0	$5,561,828	$24,761	$24,761
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Jail-based Behavioral Health Services	Total	$5,256,185	$0	$5,256,185	$105,124	$105,124
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$5,256,185	$0	$5,256,185	$105,124	$105,124
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Rural Co-occurring Disorder Services	Total	$1,035,529	$0	$1,035,529	$10,355	$10,355
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$0	$0
	CF	$1,035,529	$0	$1,035,529	$10,355	$10,355
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (1) Mental Health Institutes - Ft. Logan -- Personal Services	Total	$19,189,195	$0	$19,544,654	$39,486	$39,486
	FTE	221.6	0.0	221.6	0.0	0.0
	GF	$17,410,281	$0	$17,765,740	$39,486	$39,486
	CF	$1,751,418	$0	$1,751,418	$0	$0
	RF	$27,496	$0	$27,496	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo – Personal Services	Total	$70,620,903	$2,574,611	$72,397,417	$101,693	$101,693
	FTE	995.4	0.6	1,001.3	0.0	0.0
	GF	$60,902,596	$2,574,611	$62,679,110	$101,693	$101,693
	CF	$3,195,849	$0	$3,195,849	$0	$0
	RF	$6,522,458	$0	$6,522,458	$0	$0
	FF	$0	$0	$0	$0	$0

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Jail-based Competency Restoration Program	Total	$6,156,602	$1,910,167	$6,166,723	$90,688	$90,688
	FTE	3.0	2.0	3.0	0.0	0.0
	GF	$6,156,602	$1,910,167	$6,166,723	$90,688	$90,688
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

10. Adult Assistance Programs, (E) Adult Protective Services – Adult Protective Services	Total	$18,170,196	$0	$18,170,196	$188,462	$188,462
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$12,466,517	$0	$12,466,517	$131,131	$131,131
	CF	$3,634,039	$0	$3,634,039	$36,635	$36,635
	RF	$0	$0	$0	$0	$0
	FF	$2,069,640	$0	$2,069,640	$20,696	$20,696

11. Division of Youth Services, (B) Institutional Programs – Medical Services	Total	$8,805,206	$0	$10,689,154	$33,216	$33,216
	FTE	52.1	0.0	74.0	0.0	0.0
	GF	$8,805,206	$0	$10,689,154	$33,216	$33,216
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

11. Division of Youth Services, (B) Institutional Programs – Educational Programs	Total	$6,338,509	$0	$6,399,636	$30,473	$30,473
	FTE	34.8	0.0	34.8	0.0	0.0
	GF	$5,990,917	$0	$6,052,044	$28,060	$28,060
	CF	$0	$0	$0	$0	$0
	RF	$347,592	$0	$347,592	$2,413	$2,413
	FF	$0	$0	$0	$0	$0

11. Division of Youth Services, (C) Community Programs -- Purchase of Contract Placements	Total	$20,095,310	$0	$20,095,310	$200,953	$200,953
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$18,673,479	$0	$18,673,479	$186,735	$186,735
	CF	$0	$0	$0	$0	$0
	RF	$774,445	$0	$774,445	$7,744	$7,744
	FF	$647,386	$0	$647,386	$6,474	$6,474

11. Division of Youth Services, (C) Community Programs -- Managed Care Pilot Project	Total	$1,475,016	$0	$1,475,016	$14,751	$14,751
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,439,269	$0	$1,439,269	$14,393	$14,393
	CF	$0	$0	$0	$0	$0
	RF	$35,747	$0	$35,747	$358	$358
	FF	$0	$0	$0	$0	$0

11. Division of Youth Services, (C) Community Programs -- S.B. 91-94 Juvenile Services	Total	$15,000,172	$0	$15,000,172	$150,002	$150,002
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$12,972,136	$0	$12,972,136	$129,721	$129,721
	CF	$2,028,036	$0	$2,028,036	$20,281	$20,281
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

11. Division of Youth Services, (C) Community Programs -- Parole Program Services	Total	$4,956,867	$0	$4,956,867	$49,569	$49,569
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$4,956,867	$0	$4,956,867	$49,569	$49,569
	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 ___ If Yes, see schedule 4 fund source detail.

RF Letternote Text Revision Required? Yes X No ___

FF Letternote Text Revision Required? Yes X No ___

Requires Legislation? Yes ___ No X

Type of Request? Department of Human Services Prioritized Request

Interagency Approval or Related Schedule 13s: Department of Health Care Policy and Financing

Cost and FTE

- The Department requests an increase of $8,220,928 total funds, including $4,796,501 General Fund, $1,306,649 cash funds, $390,783 reappropriated funds, and $1,726,995 federal funds in FY 2018-19 and beyond for a 1.0% rate increase for contracted community provider services.

Current Program

- Numerous agencies in the State of Colorado contract with community providers to provide services to eligible clients. The General Assembly has the authority to provide annual inflationary increases or decreases based on budget projections and constraints.
- The programs in the Department of Human Services that typically receive community provider rate adjustments include County Administration, Child Welfare, Child Care, Mental Health Community Programs, Vocational Rehabilitation, and community programs in Youth Services.

Problem or Opportunity

- Since FY 2013-14 providers have experienced a 6.2% cumulative increase, including increases of 2.0% in FY 2013-14, 2.5% in FY 2014-15, and 1.7% in FY 2015-16 but these increases have not kept pace with inflation.

Consequences of Problem

- If the request is not approved, providers will have less purchasing power to provide needed contractual services and will continue to manage community programs and services within existing appropriations.

Proposed Solution

- An across the board 1.0% increase for contracted community provider services resulting in increases of $8,220,928 total funds, including $4,796,501 General Fund, $1,306,649 cash funds, $390,783 reappropriated funds, and $1,726,995 federal funds in FY 2018-19 and beyond will aid in addressing providers increased administrative and personnel costs.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2018-19 Funding Request | November 1, 2017

Department Priority: R-24
Request Detail: DHS 1% Provider Rate Increase

Summary of Incremental Funding Change for FY 18-19	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds
DHS 1% Provider Rate Increase (various line items)	$8,220,928	$4,796,501	$1,306,649	$390,783	1,726,995

Problem or Opportunity:

The Department of Human Services (Department) requests an increase of $8,220,928 total funds, including $4,796,501 General Fund, $1,306,649 cash funds, $390,783 reappropriated funds, and $1,726,995 federal funds in FY 2018-19 and beyond for a 1.0% rate increase for contracted community provider services.

Provider rate levels apply to community programs and services provided by contracted providers or county staff. The Department currently contracts with community providers to provide services under County Administration, Child Welfare, Child Care, Mental Health Community Programs, Vocational Rehabilitation, and community programs in Youth Services.

Client service providers are facing increased labor and supplies costs as a result of salary increases, cost of living adjustments and general inflation. For example, the Denver-Boulder-Greeley Consumer Price Index (CPI) increased 2.8% in 2016, more than twice the national average and is projected to increase by 3.0% before moderating through 2018 based on the September OSPB Forecast. As a result, providers have less purchasing power to provide needed contractual services.

Proposed Solution:

The Department requests a 1.0% provider rate increase of $8,220,928 total funds, including $4,796,501 General Fund, $1,306,649 cash funds, $390,783 reappropriated funds, and $1,726,995 federal funds in FY 2018-19 and beyond.

An across-the-board provider rate increase would be equitable since all of the community programs and services that are provided by contracted providers or county staff face similar inflationary issues. The 1.0% provider rate increase would enable the providers to address the rising costs for labor and supplies.

Anticipated Outcomes:

Contracted providers and county staff will be in a better position to manage increased labor and supplies costs in order to provide needed contractual services.

Assumptions and Calculations:

Calculations are included in Table 1 by Long Bill Line Item. Please see the Department of Health Care Policy and Financing budget request for the related Medicaid impacts of this request.

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
01. Executive Director's Office, (B) Special Purpose -- Colorado Commission for the Deaf and Hard of Hearing	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$1,367,977	$138,575	$0	$1,229,402	$0	$0	$0	$0	8.3
Requested Funding (or Spending Authority)	$6,834	$0	$0	$6,834	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$1,374,811**	**$138,575**	**$0**	**$1,236,236**	**$0**	**$0**	**$0**	**$0**	**8.3**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,374,811**	**$138,575**	**$0**	**$1,236,236**	**$0**	**$0**	**$0**	**$0**	**8.3**
FY 2020-2021 Total Requested Appropriation	**$1,374,811**	**$138,575**	**$0**	**$1,236,236**	**$0**	**$0**	**$0**	**$0**	**8.3**
04. County Administration, (A) Administration -- County Administration	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$75,139,593	$25,012,653	$15,027,918	$0	$35,099,022	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$166,666	$50,000	$33,333	$0	$83,333	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$75,306,259**	**$25,062,653**	**$15,061,251**	**$0**	**$35,182,355**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$75,306,259**	**$25,062,653**	**$15,061,251**	**$0**	**$35,182,355**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$75,306,259**	**$25,062,653**	**$15,061,251**	**$0**	**$35,182,355**	**$0**	**$0**	**$0**	**0.0**
05. Division of Child Welfare -- Child Welfare Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$355,864,012	$187,709,554	$66,083,715	$15,410,746	$86,659,997	$15,410,746	$7,705,373	$7,705,373	0.0
Requested Funding (or Spending Authority)	$3,558,641	$1,877,096	$660,837	$154,108	$866,600	$154,108	$77,054	$77,054	0.0
FY 2018-19 Total Requested Appropriation	**$359,422,653**	**$189,586,650**	**$66,744,552**	**$15,564,854**	**$87,526,597**	**$15,564,854**	**$7,782,427**	**$7,782,427**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$359,422,653**	**$189,586,650**	**$66,744,552**	**$15,564,854**	**$87,526,597**	**$15,564,854**	**$7,782,427**	**$7,782,427**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$359,422,653**	**$189,586,650**	**$66,744,552**	**$15,564,854**	**$87,526,597**	**$15,564,854**	**$7,782,427**	**$7,782,427**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
05. Division of Child Welfare -- County Child Welfare Staffing	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$15,285,015	$13,712,127	$1,547,023	$0	$25,865	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$152,850	$137,121	$15,470	$0	$259	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$15,437,865**	**$13,849,248**	**$1,562,493**	**$0**	**$26,124**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$15,437,865**	**$13,849,248**	**$1,562,493**	**$0**	**$26,124**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$15,437,865**	**$13,849,248**	**$1,562,493**	**$0**	**$26,124**	**$0**	**$0**	**$0**	**0.0**
05. Division of Child Welfare -- Family and Children's Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$54,760,054	$46,086,668	$5,725,091	$0	$2,948,295	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$547,601	$460,867	$57,251	$0	$29,483	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$55,307,655**	**$46,547,535**	**$5,782,342**	**$0**	**$2,977,778**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$55,307,655**	**$46,547,535**	**$5,782,342**	**$0**	**$2,977,778**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$55,307,655**	**$46,547,535**	**$5,782,342**	**$0**	**$2,977,778**	**$0**	**$0**	**$0**	**0.0**
05. Division of Child Welfare -- Hotline for Child Abuse and Neglect	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$3,129,828	$3,078,594	$0	$0	$51,234	$0	$0	$0	6.0
Requested Funding (or Spending Authority)	$8,739	$8,739	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$3,138,567**	**$3,087,333**	**$0**	**$0**	**$51,234**	**$0**	**$0**	**$0**	**6.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$3,138,567**	**$3,087,333**	**$0**	**$0**	**$51,234**	**$0**	**$0**	**$0**	**6.0**
FY 2020-2021 Total Requested Appropriation	**$3,138,567**	**$3,087,333**	**$0**	**$0**	**$51,234**	**$0**	**$0**	**$0**	**6.0**
06. Division of Early Childhood, (A) Division of Early Care and Learning -- Child Care Licensing and Administration	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$8,938,106	$2,478,438	$858,526	$0	$5,601,142	$0	$0	$0	54.0
Requested Funding (or Spending Authority)	$46,433	$14,394	$5,108	$0	$26,931	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$8,984,539**	**$2,492,832**	**$863,634**	**$0**	**$5,628,073**	**$0**	**$0**	**$0**	**54.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$8,984,539**	**$2,492,832**	**$863,634**	**$0**	**$5,628,073**	**$0**	**$0**	**$0**	**54.0**
FY 2020-2021 Total Requested Appropriation	**$8,984,539**	**$2,492,832**	**$863,634**	**$0**	**$5,628,073**	**$0**	**$0**	**$0**	**54.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
06. Division of Early Childhood, (A) Division of Early Care and Learning -- Child Care Assistance Program	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$92,147,947	$24,791,827	$9,899,322	$0	$57,456,798	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$921,479	$247,918	$98,993	$0	$574,568	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$93,069,426**	**$25,039,745**	**$9,998,315**	**$0**	**$58,031,366**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$93,069,426**	**$25,039,745**	**$9,998,315**	**$0**	**$58,031,366**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$93,069,426**	**$25,039,745**	**$9,998,315**	**$0**	**$58,031,366**	**$0**	**$0**	**$0**	**0.0**
06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Childhood Mental Health Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$2,987,632	$1,260,317	$0	$0	$1,727,315	$0	$0	$0	0.7
Requested Funding (or Spending Authority)	$29,948	$12,633	$0	$0	$17,315	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$3,017,580**	**$1,272,950**	**$0**	**$0**	**$1,744,630**	**$0**	**$0**	**$0**	**0.7**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$3,017,580**	**$1,272,950**	**$0**	**$0**	**$1,744,630**	**$0**	**$0**	**$0**	**0.7**
FY 2020-2021 Total Requested Appropriation	**$3,017,580**	**$1,272,950**	**$0**	**$0**	**$1,744,630**	**$0**	**$0**	**$0**	**0.7**
06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Intervention Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$44,597,569	$23,630,843	$12,693,988	$0	$8,272,738	$0	$0	$0	6.5
Requested Funding (or Spending Authority)	$446,145	$236,308	$126,940	$0	$82,897	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$45,043,714**	**$23,867,151**	**$12,820,928**	**$0**	**$8,355,635**	**$0**	**$0**	**$0**	**6.5**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$45,043,714**	**$23,867,151**	**$12,820,928**	**$0**	**$8,355,635**	**$0**	**$0**	**$0**	**6.5**
FY 2020-2021 Total Requested Appropriation	**$45,043,714**	**$23,867,151**	**$12,820,928**	**$0**	**$8,355,635**	**$0**	**$0**	**$0**	**6.5**
06. Division of Early Childhood, (B) Division of Community and Family Support -- Early Intervention Services Case Management	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$11,138,994	$4,483,635	$0	$6,655,359	$0	$6,655,359	$3,327,680	$3,327,679	0.0
Requested Funding (or Spending Authority)	$111,390	$44,836	$0	$66,554	$0	$66,554	$33,277	$33,277	0.0
FY 2018-19 Total Requested Appropriation	**$11,250,384**	**$4,528,471**	**$0**	**$6,721,913**	**$0**	**$6,721,913**	**$3,360,957**	**$3,360,956**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$11,250,384**	**$4,528,471**	**$0**	**$6,721,913**	**$0**	**$6,721,913**	**$3,360,957**	**$3,360,956**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$11,250,384**	**$4,528,471**	**$0**	**$6,721,913**	**$0**	**$6,721,913**	**$3,360,957**	**$3,360,956**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
07. Office of Self Sufficiency, (C) Special Purpose Welfare Programs -- Refugee Assistance	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$10,756,948	$0	$0	$0	$10,756,948	$0	$0	$0	10.0
Requested Funding (or Spending Authority)	$18,439	$0	$0	$0	$18,439	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$10,775,387**	**$0**	**$0**	**$0**	**$10,775,387**	**$0**	**$0**	**$0**	**10.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$10,775,387**	**$0**	**$0**	**$0**	**$10,775,387**	**$0**	**$0**	**$0**	**10.0**
FY 2020-2021 Total Requested Appropriation	**$10,775,387**	**$0**	**$0**	**$0**	**$10,775,387**	**$0**	**$0**	**$0**	**10.0**

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Community Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$35,167,897	$26,766,411	$0	$161,909	$8,239,577	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$267,664	$267,664	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$35,435,561**	**$27,034,075**	**$0**	**$161,909**	**$8,239,577**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$35,435,561**	**$27,034,075**	**$0**	**$161,909**	**$8,239,577**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$35,435,561**	**$27,034,075**	**$0**	**$161,909**	**$8,239,577**	**$0**	**$0**	**$0**	**0.0**

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Assertive Community Treatment Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$162,768	$162,768	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$162,768**	**$162,768**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$162,768**	**$162,768**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$162,768**	**$162,768**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Services for Juvenile and Adult Offenders	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$5,519,298	$0	$5,519,298	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$55,193	$0	$55,193	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,574,491**	**$0**	**$5,574,491**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,574,491**	**$0**	**$5,574,491**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$5,574,491**	**$0**	**$5,574,491**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health Treatment Services for Youth	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$1,093,969	$664,408	$304,205	$125,356	$0	$125,356	$62,678	$62,678	0.0
Requested Funding (or Spending Authority)	$10,940	$6,644	$3,042	$1,254	$0	$1,254	$627	$627	0.0
FY 2018-19 Total Requested Appropriation	**$1,104,909**	**$671,052**	**$307,247**	**$126,610**	**$0**	**$126,610**	**$63,305**	**$63,305**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,104,909**	**$671,052**	**$307,247**	**$126,610**	**$0**	**$126,610**	**$63,305**	**$63,305**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$1,104,909**	**$671,052**	**$307,247**	**$126,610**	**$0**	**$126,610**	**$63,305**	**$63,305**	**0.0**
08. Behavioral Health Services, (B) Mental Health Community Program, (1) Community Program -- Mental Health First Aid	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$210,000	$210,000	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$2,100	$2,100	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$212,100**	**$212,100**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$212,100**	**$212,100**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$212,100**	**$212,100**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Treatment and Detoxification Contracts	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$32,021,865	$12,417,148	$411,250	$0	$19,193,467	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$128,284	$124,171	$4,113	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$32,150,149**	**$12,541,319**	**$415,363**	**$0**	**$19,193,467**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$32,150,149**	**$12,541,319**	**$415,363**	**$0**	**$19,193,467**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$32,150,149**	**$12,541,319**	**$415,363**	**$0**	**$19,193,467**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Increasing Access to Effective Substance Disorder Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$12,084,109	$0	$12,084,109	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$120,841	$0	$120,841	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$12,204,950**	**$0**	**$12,204,950**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$12,204,950**	**$0**	**$12,204,950**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$12,204,950**	**$0**	**$12,204,950**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - High Risk Pregnant Women	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$1,622,430	$0	$0	$1,622,430	$0	$1,622,430	$811,215	$811,215	0.0
Requested Funding (or Spending Authority)	$16,224	$0	$0	$16,224	$0	$16,224	$8,112	$8,112	0.0
FY 2018-19 Total Requested Appropriation	**$1,638,654**	**$0**	**$0**	**$1,638,654**	**$0**	**$1,638,654**	**$819,327**	**$819,327**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,638,654**	**$0**	**$0**	**$1,638,654**	**$0**	**$1,638,654**	**$819,327**	**$819,327**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$1,638,654**	**$0**	**$0**	**$1,638,654**	**$0**	**$1,638,654**	**$819,327**	**$819,327**	**0.0**
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Prevention Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$6,417,342	$35,076	$51,250	$0	$6,331,016	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$864	$351	$513	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$6,418,206**	**$35,427**	**$51,763**	**$0**	**$6,331,016**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$6,418,206**	**$35,427**	**$51,763**	**$0**	**$6,331,016**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$6,418,206**	**$35,427**	**$51,763**	**$0**	**$6,331,016**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Community Prevention and Treatment Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$32,081	$98	$31,983	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$32,081**	**$98**	**$31,983**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$32,081**	**$98**	**$31,983**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$32,081**	**$98**	**$31,983**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Offender Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$4,699,085	$3,190,597	$0	$1,508,488	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$62,076	$31,906	$0	$30,170	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$4,761,161**	**$3,222,503**	**$0**	**$1,538,658**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$4,761,161**	**$3,222,503**	**$0**	**$1,538,658**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$4,761,161**	**$3,222,503**	**$0**	**$1,538,658**	**$0**	**$0**	**$0**	**$0**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
08. Behavioral Health Services, (C) Substance Use Treatment and Prevention, (1) Treatment Services - Gambling Addiction Counseling Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$1,000	$0	$1,000	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$1,000**	**$0**	**$1,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,000**	**$0**	**$1,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$1,000**	**$0**	**$1,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Crisis Response System Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$27,344,478	$23,274,160	$4,070,318	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$232,742	$232,742	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$27,577,220**	**$23,506,902**	**$4,070,318**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$27,577,220**	**$23,506,902**	**$4,070,318**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$27,577,220**	**$23,506,902**	**$4,070,318**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Crisis Response System Telephone Hotline	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$3,037,912	$3,037,912	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$30,379	$30,379	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$3,068,291**	**$3,068,291**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$3,068,291**	**$3,068,291**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$3,068,291**	**$3,068,291**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Community Transition Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$4,307,449	$4,307,449	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$43,074	$43,074	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$4,350,523**	**$4,350,523**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$4,350,523**	**$4,350,523**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$4,350,523**	**$4,350,523**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Criminal Justice Diversion Programs	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$5,517,942	$0	$5,517,942	$0	$0	$0	$0	$0	1.3
Requested Funding (or Spending Authority)	$24,761	$0	$24,761	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,542,703**	**$0**	**$5,542,703**	**$0**	**$0**	**$0**	**$0**	**$0**	**1.3**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,542,703**	**$0**	**$5,542,703**	**$0**	**$0**	**$0**	**$0**	**$0**	**1.3**
FY 2020-2021 Total Requested Appropriation	**$5,542,703**	**$0**	**$5,542,703**	**$0**	**$0**	**$0**	**$0**	**$0**	**1.3**

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Jail-based Behavioral Health Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$5,256,185	$0	$0	$5,256,185	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$105,124	$0	$0	$105,124	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,361,309**	**$0**	**$0**	**$5,361,309**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,361,309**	**$0**	**$0**	**$5,361,309**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$5,361,309**	**$0**	**$0**	**$5,361,309**	**$0**	**$0**	**$0**	**$0**	**0.0**

08. Behavioral Health Services, (D) Integrated Behavioral Health Services -- Rural Co-occuring Disorder Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$0	$0	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$10,355	$0	$10,355	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$10,355**	**$0**	**$10,355**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$10,355**	**$0**	**$10,355**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$10,355**	**$0**	**$10,355**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

08. Behavioral Health Services, (E) Mental Health Institutes, (1) Mental Health Institutes - Ft. Logan -- Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$19,189,195	$17,410,281	$1,751,418	$27,496	$0	$0	$0	$0	221.6
Requested Funding (or Spending Authority)	$39,486	$39,486	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$19,228,681**	**$17,449,767**	**$1,751,418**	**$27,496**	**$0**	**$0**	**$0**	**$0**	**221.6**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$19,228,681**	**$17,449,767**	**$1,751,418**	**$27,496**	**$0**	**$0**	**$0**	**$0**	**221.6**
FY 2020-2021 Total Requested Appropriation	**$19,228,681**	**$17,449,767**	**$1,751,418**	**$27,496**	**$0**	**$0**	**$0**	**$0**	**221.6**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$70,620,903	$60,902,596	$3,195,849	$6,522,458	$0	$0	$0	$0	995.4
Requested Funding (or Spending Authority)	$101,693	$101,693	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$70,722,596**	**$61,004,289**	**$3,195,849**	**$6,522,458**	**$0**	**$0**	**$0**	**$0**	**995.4**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$70,722,596**	**$61,004,289**	**$3,195,849**	**$6,522,458**	**$0**	**$0**	**$0**	**$0**	**995.4**
FY 2020-2021 Total Requested Appropriation	**$70,722,596**	**$61,004,289**	**$3,195,849**	**$6,522,458**	**$0**	**$0**	**$0**	**$0**	**995.4**

08. Behavioral Health Services, (E) Mental Health Institutes, (2) Mental Health Institutes - Pueblo -- Jail-based Competency Restoration Program	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$6,156,602	$6,156,602	$0	$0	$0	$0	$0	$0	3.0
Requested Funding (or Spending Authority)	$90,688	$90,688	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$6,247,290**	**$6,247,290**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**3.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$6,247,290**	**$6,247,290**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**3.0**
FY 2020-2021 Total Requested Appropriation	**$6,247,290**	**$6,247,290**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**3.0**

10. Adult Assistance Programs, (E) Adult Protective Services -- Adult Protective Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$18,170,196	$12,466,517	$3,634,039	$0	$2,069,640	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$188,462	$131,131	$36,635	$0	$20,696	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$18,358,658**	**$12,597,648**	**$3,670,674**	**$0**	**$2,090,336**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$18,358,658**	**$12,597,648**	**$3,670,674**	**$0**	**$2,090,336**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$18,358,658**	**$12,597,648**	**$3,670,674**	**$0**	**$2,090,336**	**$0**	**$0**	**$0**	**0.0**

11. Divison of Youth Services, (B) Institutional Programs -- Medical Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2017-18 Appropriation (SB 17-254)	$8,805,206	$8,805,206	$0	$0	$0	$0	$0	$0	52.1
Requested Funding (or Spending Authority)	$33,216	$33,216	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$8,838,422**	**$8,838,422**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**52.1**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$8,838,422**	**$8,838,422**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**52.1**
FY 2020-2021 Total Requested Appropriation	**$8,838,422**	**$8,838,422**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**52.1**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
11. Division of Youth Services, (B) Institutional Programs -- Educational Programs	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$6,338,509	$5,990,917	$0	$347,592	$0	$0	$0	$0	34.8
Requested Funding (or Spending Authority)	$30,473	$28,060	$0	$2,413	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$6,368,982**	**$6,018,977**	**$0**	**$350,005**	**$0**	**$0**	**$0**	**$0**	**34.8**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$6,368,982**	**$6,018,977**	**$0**	**$350,005**	**$0**	**$0**	**$0**	**$0**	**34.8**
FY 2020-2021 Total Requested Appropriation	**$6,368,982**	**$6,018,977**	**$0**	**$350,005**	**$0**	**$0**	**$0**	**$0**	**34.8**
11. Division of Youth Services, (C) Community Programs -- Purchase of Contract Placements	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$20,095,310	$18,673,479	$0	$774,445	$647,386	$774,445	$387,223	$387,222	0.0
Requested Funding (or Spending Authority)	$200,953	$186,735	$0	$7,744	$6,474	$7,744	$3,872	$3,872	0.0
FY 2018-19 Total Requested Appropriation	**$20,296,263**	**$18,860,214**	**$0**	**$782,189**	**$653,860**	**$782,189**	**$391,095**	**$391,094**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$20,296,263**	**$18,860,214**	**$0**	**$782,189**	**$653,860**	$782,189	**$391,095**	**$391,094**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$20,296,263**	**$18,860,214**	**$0**	**$782,189**	**$653,860**	**$782,189**	**$391,095**	**$391,094**	**0.0**
11. Division of Youth Services, (C) Community Programs -- Managed Care Pilot Project	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$1,475,016	$1,439,269	$0	$35,747	$0	$35,747	$17,873.50	$17,873.50	0.0
Requested Funding (or Spending Authority)	$14,750	$14,393	$0	$357	$0	$357	$178	$179	0.0
FY 2018-19 Total Requested Appropriation	**$1,489,766**	**$1,453,662**	**$0**	**$36,104**	**$0**	**$36,104**	**$18,052**	**$18,053**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$1,489,766**	**$1,453,662**	**$0**	**$36,104**	**$0**	$36,104	**$18,052**	**$18,053**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$1,489,766**	**$1,453,662**	**$0**	**$36,104**	**$0**	**$36,104**	**$18,052**	**$18,053**	**0.0**
11. Division of Youth Services, (C) Community Programs -- S.B. 91-094 Juvenile Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$15,000,172	$12,972,136	$2,028,036	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$150,002	$129,721	$20,281	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$15,150,174**	**$13,101,857**	**$2,048,317**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$15,150,174**	**$13,101,857**	**$2,048,317**	**$0**	**$0**	$0	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$15,150,174**	**$13,101,857**	**$2,048,317**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**

Table 1 (continued)

Table 1: Long Bill Appropriation and Requested Funding for FY 2018-19 Through FY 2020-21									
11. Division of Youth Services, (C) Community Programs -- Parole Program Services	**Total Funds**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**Medicaid Total Funds**	**Medicaid General Fund**	**Medicaid Federal Funds**	**FTE**
FY 2017-18 Appropriation (SB 17-254)	$4,956,867	$4,956,867	$0	$0	$0	$0	$0	$0	0.0
Requested Funding (or Spending Authority)	$49,569	$49,569	$0	$0	$0	$0	$0	$0	0.0
FY 2018-19 Total Requested Appropriation	**$5,006,436**	**$5,006,436**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2019-20 Annualization of Prior Year Funding	$0	$0	$0	$0	$0	$0	$0	$0	0.0
FY 2019-2020 Total Requested Appropriation	**$5,006,436**	**$5,006,436**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**
FY 2020-2021 Total Requested Appropriation	**$5,006,436**	**$5,006,436**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0**