# **Department of Human Services**

	Funding Request f	or the FY 2023-24 Budget Cycle	
Request Title			
	R-01 State Hospital Quality Assurance	e Funding	
Dept. Approval By:			Supplemental FY 2022-23
CODD Assessed Dec	m	<del></del>	
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24
		X	
			Change Request FY 2023-24

		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$266,759,122	\$0	\$262,872,531	\$783,260	\$783,260	
	FTE	1,907.1	0.0	1,861.3	6.5	6.5	
Total of All Line Items	GF	\$194,851,480	\$0	\$201,627,978	\$783,260	\$783,260	
Impacted by Change Request	CF	\$9,015,436	\$0	\$10,246,587	\$0	\$0	
Toquot	RF	\$43,640,684	\$0	\$37,240,635	\$0	\$0	
	FF	\$19,251,522	\$0	\$13,757,331	\$0	\$0	

		FY 202	22-23	FY 20	23-24	FY 2024-25	
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$57,736,219	\$0	\$56,355,407	\$71,715	\$71,715	
	FTE	0.0	0.0	0.0	0.0	0.0	
01. Executive Director's Office, (A) General	GF	\$37,653,120	\$0	\$36,781,258	\$71,715	\$71,715	
Administration, (1)	CF	\$2,196,120	\$0	\$3,266,075	\$0	\$0	
General Administration - Health, Life, And Dental	RF	\$8,680,892	\$0	\$7,683,540	\$0	\$0	
	FF	\$9,206,087	\$0	\$8,624,534	\$0	\$0	
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	Total	\$521,705	\$0	\$456,923	\$593	\$593	
04 5 " " " " " " " " " " " " " " " " " "	FTE	0.0	0.0	0.0	0.0	0.0	
01. Executive Director's Office, (A) General	GF	\$357,116	\$0	\$305,744	\$593	\$593	
Administration, (1) General Administration -	CF	\$19,709	\$0	\$20,906	\$0	\$0	
Short-Term Disability	RF	\$66,517	\$0	\$55,312	\$0	\$0	
	FF	\$78,363	\$0	\$74,961	\$0	\$0	
	Total	\$16,781,677	\$0	\$15,609,714	\$18,527	\$18,527	
01. Executive Director's	FTE	0.0	0.0	0.0	0.0	0.0	
Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$18,527	\$18,527	
General Administration - Amortization	CF	\$668,991	\$0	\$725,454	\$0	\$0	
Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0	
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0	
a. = a	Total	\$16,781,677	\$0	\$15,609,714	•	\$18,527	
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0	
Administration, (1) General Administration -	GF	\$11,418,944	\$0	\$10,446,260	\$18,527	\$18,527	
S.B. 06-235	CF	\$668,991	\$0	\$725,454	\$0	\$0	
Supplemental Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0	
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0	
	Total	\$38,646,164	\$0	\$39,846,975		\$36,513	
02 Administration and	FTE	486.6	0.0	491.7	0.5	0.5	
02. Administration and Finance, (A)	GF	\$15,557,458	\$0	\$22,128,718	\$36,513	\$36,513	
Administration, (1) Administration -	CF	\$0	\$0	\$0	\$0	\$0	
Personal Services	RF	\$22,716,442	\$0	\$17,718,257	\$0	\$0	
	FF	\$372,264	\$0	\$0	\$0	\$0	

		FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$36,423,484	\$0	\$33,037,923	\$50,000	\$50,000
06. Office Of Behavior	FTE	364.7	0.0	313.4	0.0	0.0
Health, (B) Mental	GF	\$30,124,072	\$0	\$31,257,751	\$50,000	\$50,000
Health Institutes at Ft. Logan, (1) Mental Health	CF	\$1,662,368	\$0	\$1,685,746	\$0	\$0
Institutes at Ft. Logan - Personal Services	RF	\$94,426	\$0	\$94,426	\$0	\$0
reisoliai seivices	FF	\$4,542,618	\$0	\$0	\$0	\$0
	Total	\$99,868,196	\$0	\$101,955,875	\$587,385	\$587,385
06. Office Of Behavior	FTE	1,055.8	0.0	1,056.2	6.0	6.0
Health, (C) Mental Health Institute at Pueblo, (1) Mental Health Institute at Pueblo - Personal	GF	\$88,321,826	\$0	\$90,261,987	\$587,385	\$587,385
	CF	\$3,799,257	\$0	\$3,822,952	\$0	\$0
	RF	\$7,747,113	\$0	\$7,870,936	\$0	\$0
Services	FF	\$0	\$0	\$0	\$0	\$0

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

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November 1, 2022

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-01 Request Detail: State Hospital Quality Assurance Funding

Summary of Funding Change for FY 2023-24					
	Increment	al Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$266,759,122	\$783,260	\$783,260		
FTE	1,907.1	6.5	6.5		
General Fund	\$194,851,480	\$783,260	\$783,260		
Cash Funds	\$9,015,436	\$0	\$0		
Reappropriated Funds	\$43,640,684	\$0	\$0		
Federal Funds	\$19,251,522	\$0	\$0		

# Summary of Request

The Department of Human Services (DHS, Department), Office of Civil and Forensic Mental Health (OCFMH) requests \$783,260 General Fund for FY 2023-24, and \$783,260 General Fund for FY 2024-25 and all future years, for quality assurance activities in the mental health hospitals (MHHs). This request includes an increase of 6.5 FTE in FY 2023-24 and in future years.

In July 2021, the Department of Public Health and Environment (DPHE) cited the Colorado Mental Health Hospital in Pueblo (CMHHIP) for violations impacting client safety. As a result, CMHHIP was required to comply with a directed plan of correction to maintain eligibility for Medicaid and Medicare reimbursements. This request addresses the ongoing needs for compliance with that plan and mitigates future safety risks to patients.

- Continue quality improvement consultation services, which can support both of the MHHs to identify and correct problem areas (\$248,000 per year for the next two years); and
- Hire 6.5 FTE for CMHHIP to meet quality assurance regulatory and licensing requirements. (\$535,260 in 2023-24).

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	27-90-103, C.R.S. (CMHHIP); 27-94-103, C.R.S. (CMHHIFL)

#### **Current Program**

The Department's OCFMH operates two state-run psychiatric hospitals: CMHHIP and the Colorado Mental Health Hospital in Fort Logan (CMHHIFL) in Denver. The hospitals serve civil and forensic patients. Civil patients are committed into the care of CDHS, whether voluntarily or involuntarily, because they have serious and persistent mental health conditions. They are unable to live in the community and need inpatient levels of care. Forensic patients meet these same criteria and have been ordered by the criminal court to receive inpatient evaluations for competency, restoration treatment, or sanity evaluations.

These facilities must meet state and federal requirements to maintain licensure and accreditation and to be reimbursed for services. DPHE, which licenses facilities, and the Joint Commission, which provides accreditation, are each responsible for ensuring CMHHIP and CMHHIFL are in compliance with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Medicare and Medicaid reimbursement.

DPHE conducts surveys (inspections) on behalf of CMS to verify the MHHs' ability to comply with CMS "Conditions of Participation." If an institution is out of compliance with one or more of the Conditions of Participation during any given survey, it must attain substantial compliance in a timely manner to continue participating in Medicaid or Medicare. Continued failure to substantially meet one or more Conditions of Participation is a cause for termination of CMS participation and reimbursement and loss of hospital licensure. CMS defines three levels of deficiencies:

- Standard level deficiencies are less emergent and do not substantially limit a facility's ability to provide adequate patient care. Often, alternative mitigation strategies can be employed while funding is requested via the regular capital request process.
- Condition level deficiencies indicate a critical health or safety breach and all deficiencies must be corrected within 30-90 days.
- Immediate Jeopardy level deficiencies indicate noncompliance with one or more requirements of participation and have caused, or are likely to cause, serious injury, harm, impairment, or death to a patient. Immediate Jeopardy deficiencies must be corrected immediately or a facility will be placed in the 23-day CMS termination track. If corrected immediately, the deficiency becomes a condition level finding and must be corrected within 30-90 days.

Many licensing requirements and Conditions of Participation relate to patient safety and suicide risk mitigation, including environmental conditions and staff procedures. The Department has taken several actions over the last several years to reduce suicide risks in the Mental Health Hospitals including planning, assessments, programmatic, operational, and physical environment improvements. These actions include risk assessment as part of the pre-referral and intake process, ongoing patient assessment to identify and evaluate risk, suicide risk training for clinical and direct care staff on an annual basis (and more frequently in higher risk units), increased physical observation of patients, removal of ligature points, and installation of suicide-resistant hardware. Standards in this area are evolving constantly, so there is a frequent and ongoing need to reassess and revise practices and safety procedures and to renovate facilities or replace equipment.

### Problem or Opportunity

#### **CMHHIP Quality Assurance**

Despite the enhancements described above, CMHHIP needs further improvements and resources to adequately address patient safety. In July 2021, there was a critical life safety incident at CMHHIP related to a patient's self-harming behavior. Subsequently, on July 28, 2021, DPHE, as directed by CMS, conducted an unannounced survey (inspection) at CMHHIP. The DPHE cited CMHHIP for six violations related to patient safety including suicide risk mitigation. Of these, four were Immediate Jeopardy Level Deficiencies (see definitions above) which required immediate remediation. These four findings were addressed over a period of 16 days, during which CMHHIP was not permitted to admit patients. Once the immediate conditions were improved, the four Immediate Jeopardy Level Deficiencies were downgraded to Condition Level Deficiencies.

CMHHIP was issued a directed plan of correction, which required DPHE to provide an approved plan of correction within 30 days of the unannounced survey as well as continual follow-up reporting to ensure all corrections are being made to bring CMHHIP into compliance. This plan included the directive to hire a quality improvement specialist to provide consultation and oversight for quality management activities. In FY 2021-22, CMHHIP hired a nationally recognized firm to serve as the quality improvement consultant.

CMS has permitted CMHHIP longer than the usual 30-90 days to address remaining concerns because of the monitoring activities and support provided by the consultant. As of October 2022, there are two remaining Condition Level Deficiencies that CMHHIP continues to address:

- 1. Failure to provide adequate resources for quality assurance and performance improvement activities, including an incident management system, updated video monitoring cameras, suicide mitigated doors, and adequate quality assurance monitoring for follow up to complaints.
- 2. Locking patient bedroom doors (automatically locking doors are only permitted for seclusion/restraint rooms). These were categorized as critical health or safety breaches needing correction within thirty to ninety (30-90) days ("condition level deficiencies"), which is the second of three levels of severity defined by CMS.

CMHHIP is still vulnerable to future safety incidents and violations and needs more resources to successfully conclude the directed plan of correction. Specifically, DPHE identified that CMHHIP lacks resources to meet quality assurance requirements including incident management and investigations, audits, performance improvement projections, weekend/after hours follow-up, and maintenance of security cameras and networks ("quality assurance requirements").

To meet the patient safety needs without additional staff, CMHHIP has been mandating staff work overtime, as well as relying on other disciplines to pick up duties. In addition, CMHHIP has three units currently closed due to unrelated staffing shortages, which has enabled CMHHIP to temporarily use existing Client Safety Specialist positions to meet some of these needs. CMHHIP is planning to re-open these units in stages over the next year, with the first unit (21 beds) reopening in Fall 2022, the second unit (22 beds) reopening in Winter 2022, and the third unit (39 beds) reopening in Summer 2023 (actual timing may change depending on the labor market).

### **CMHHIFL Quality Assurance**

CMHHIFL is preparing for a 64% increase in its patient census in two phases over the next two years:

- 1. CMHHIFL will add an additional 44 forensic beds to the current civil patient population with anticipated opening dates in 2022 and 2023, increasing the patient census from 94 to 138.
- 2. Pursuant to H.B. 22-1303, CMHHIFL will add another 16 inpatient beds, expected to become available in Summer 2024.

This rapid growth is necessary to meet increasing demand. For this growth to be successful, however, CMHHIFL needs to assess how to adapt its current practices to meet the needs of a larger and more clinically diverse patient population. Consultation services will ensure systems are in place to execute the hospital's mission and ensure patient safety during this period of expansion. The request is in line with regulatory guidelines and conditions of participation for psychiatric hospitals.

### **Proposed Solution and Anticipated Outcomes**

The Department requests \$783,260 total funds/General Fund and 6.5 FTE for FY 2023-24, and \$783,260 total funds/General Fund and 6.5 FTE for FY 2024-25 and beyond, for quality assurance activities in the mental health hospitals (MHHs) as follows:

- Continue quality improvement consultation services, which can support both of the Mental Health Hospitals to identify and correct problem areas for both MHHs. (\$248,000 in FY 2023-24 and FY 2024-25);
- Hire 6.5 FTE for CMHHIP to meet quality assurance regulatory and licensing requirements. (\$535,260 in 2023-24 and ongoing).

Table 1: Request Summary							
Request         FY 2023-24         FTE         FY 2024-25         FTE							
FTE	\$535,260	6.5	\$535,260	6.5			
Consultants	\$248,000	N/A	\$248,000	N/A			
Total	\$783,260	6.5	\$783,260	6.5			

#### CMHHIP Quality Assurance FTE (6.5 FTE)

Of these 6.5 requested FTE, 6.0 FTE would align CMHHIP's quality assurance staff with DPHE's recommended staffing ratios, and 0.5 FTE would perform camera maintenance necessary for patient safety.

- 1.0 Health Professional IV
- 3.0 Health Professional IIIs
- 1.0 Project Coordinator
- 1.0 Policy Advisor III
- 0.5 Electronic Specialist III

DPHE surveyors identified that CMHHIP is not appropriately staffed to perform mandated quality assurance activities. This determination was based on CMHHIP's size (516 beds), its status as a 24/7 facility, the clients served, and the volume of critical incidents. Although CMHHIP currently has three units closed, six additional FTE are requested for incident management and investigations, audits, performance improvement projects, and weekend/after-hours follow-up to ensure compliance with regulatory and statutory requirements.

Of the 6.5 FTE requests, four FTE are Occurrence Reporters (1.0 Health Professional IV and 3.0 Health Professional IIIs). This is the minimum number of staff required for a census of 516 patients. Although there are three temporarily closed units at CMHHIP, they are planned for reopening in phases over the next year, bringing CMHHIP's census up to full capacity by Summer 2023. This request equates to a ratio of 129 patients per reporter. The four occurrence reporters each would be responsible for one of the four programs within the hospital.

Table 2: Occurrence Reporter Data								
Occurrence Reporters Patients Charts/Day Incidents/Day								
Health Professional IV	129	6	20					
Health Professional III	129	6	20					
Health Professional III	129	6	20					
Health Professional III	129	6	20					
Total	516	24	80					

One Project Coordinator and one Policy Advisor III would coordinate the hundreds of policies, records, and associated databases for quality assurance activities. The hospital has policies for practices and documentation around virtually every activity and item in the facility. For example, the hospital has policies and documentation requirements on:

- how frequently to visually observe each patient, based on individual needs, and what types of incidents to document and how those should be documented and communicated;
- how many times and how often to offer a patient a flu vaccine and how to document patient refusal;
- what belongings patients may have, where those belongings may or must be stored, and how and where to document patients' belongings; and
- timing and conditions of patients' visitors, such as who may visit, when and where visits occur, and under what circumstances a visit may be denied or ended early.

Finally, a part-time (0.5 FTE) Electronic Specialist III position would maintain, calibrate, and tune the additional cameras to conform to program requirements. This position will also maintain all of the I/P camera network (digital security cameras must be cleaned and maintained quarterly), recording systems and electronic switches associated with the new camera networks in each building.

It is imperative that these consultation services and additional staff report directly to CMHHIP per the directed plan of correction and in accordance with the Section 482.21 of the Code of Federal Regulations and the CMS Condition of Participation: Quality Assessment and Performance Improvement Program. As stated in the State Operations Manual, Quality Assurance and Performance Improvement requires:

The hospital must develop, implement, and maintain an effective, ongoing, hospital wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.

#### **CMHHIP Quality Improvement Specialist Consultants**

CMHHIP's directed plan of correction included the mandate to hire a quality improvement consultant with experience in psychiatric hospital settings to provide consultation and oversight for quality management activities appropriate to a psychiatric hospital of greater than 500 beds. Further, DPHE had to approve the selected consultant. Accordingly, in FY 2021-22, CMHHIP contracted with a hospital consulting and education firm to provide support in addressing challenges in regulatory compliance, medical staff issues, physician alignment, quality and patient safety.

While CMHHIP's directed plan of correction no longer specifically mandates use of this consultant, CMHHIP is still under the directed plan of correction for other requirements.

Continuing these consulting services will allow CMHHIP to meet the remaining requirements much more efficiently and effectively because the consultant specializes in staying up to date on ever-evolving national standards and serves psychiatric hospitals all around the country. As a result, the company has unparalleled expertise and ready access to resources specific to the needs of hospitals. For example, in July 2021, when CMHHIP was cited for an Immediate Jeopardy deficiency for having an insufficient incident management process, in 24 hours the consultant was able to provide a temporary database for incident management containing 17,000 records. This brought CMHHIP immediately back into compliance with this requirement. This is one of many examples of how the consultant has provided valuable support to the hospital.

This portion of the request is based on the consultant's point-based service model to provide continued onsite and offsite consultation services. The services require an annual fee of approximately \$48,000 to purchase twelve initial points (\$4,000/point). Each point provides one day of consultation services. Beyond that, the cost is \$4,000 per point (or \$500/hr).

The Department also requests \$200,000 for 400 additional hours for consultation support. The service would benefit both CMHHIP and CMHHIFL. Both MHHs are routinely surveyed by the Joint Commission and DPHE, and both MHHs are subject to the same statutory and regulatory requirements. This service supports the MHHs in identifying and mitigating risk and in proactively addressing compliance issues, which improves patient care and safety.

#### Risk if Not Funded

This funding request provides the Department the resources needed to safely operate CMHHIP and CMHHIFL units.

The CMHHIP portions of this request are the direct outcome of the July 2021 critical safety incident, the DPHE survey, and the directed plan of correction. This request will provide the needed operating funds to mitigate further citations and, in an extreme case, loss of licensure and ability to serve patients.

The CMHHIFL portion of this request addresses quality assurance proactively to ensure the hospital maintains high standards of safety and adheres to all CMS Conditions of Participation as it expands its census over the next two years.

Should this request not be funded, the Department has no other ongoing source of funding to address these needs. A loss of federal funding would result in significant fiscal impacts to both the Department and the State. The loss of licensure and the ability to serve patients would result in the loss of approximately \$12.5 million in Medicare/Medicaid revenue annually. Most importantly, these activities are necessary to ensure the high standards of care and safety patients need in both facilities.

# Evidence-Continuum

Program Objective	<ul> <li>To meet the CMS Conditions of Participation, which are required for Medicaid and Medicare reimbursement, and correct the deficiencies identified by the DPHE surveyors</li> <li>Avoid further citations</li> <li>Address patient and staff safety concerns</li> <li>Meet recommended staffing ratios, lowering the need for overtime and improving staff morale.</li> </ul>					
Outputs being measured	Compliance with	Compliance with licensing measures				
Outcomes being measured	Incident/occurrence data is collected and reported quarterly to the governing bodies (CDPHE, the Joint Commission, CMS). This includes the total volume of incidents, trends identified, quality analysis, and plans of correction.					
Evaluations	Pre-Post Quasi-Experimental Randomized Control Design Trial					
Results of Evaluation	N/A N/A N/A					
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 2 (theory-informed)					

# Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with mental illness	Individuals with mental illness are more likely to experience a host of poor outcomes including involvement in in the criminal justice system and/or loss of liberties.	This request aims to ensure high quality of service and treatment at the mental health hospitals, where the patients are some of the most vulnerable and/or highest risk in Colorado. High quality of care for these individuals would ensure that patients who can be treated and safely transitioned into the community are able to do so, and those that are in the state hospitals are safe and have their treatment needs met.

# **Assumptions and Calculations**

The following tables provide the assumptions and calculations for this request:

- Table 1 provides a cost summary of the FTE and Operating request by DHS Office.
- Table 2 provides a summary of the requested FTE by classification.
- Table 3 provides cost estimate calculations for the Quality Improvement Specialist Consultants.

Table 1: Operating and FTE Summary							
ОСГМН	FY 2023-24	FTE	FY 2024-25	FTE			
Personal Services: Wages	\$338,712	6.0	\$338,712	6.0			
Personal Services: Benefits	\$43,863		\$43,863				
Operating Expenses: FTE	\$6,810		\$6,810				
Consultant Expense	\$248,000		\$248,000				
OCFMH Subtotal	\$637,385	6.0	\$637,385	6.0			
Administration and Finance							
Personal Services: Wages	\$31,824	0.5	\$31,824	0.5			
Personal Services: Benefits	\$4,121		\$4,121				
Operating Expenses: FTE	\$568		\$568				
Office of Operations Subtotal	\$36,513	0.5	\$36,513	0.5			
Executive Director's Office (EDO)							
AED	\$18,527		\$18,527				
SAED	\$18,527		\$18,527				
STD	\$593		\$593				
Health-Life-Dental	\$71,715		\$71,715				
	\$109,362		\$109,362				
GRAND TOTAL	\$783,260	6.5	\$783,260	6.5			

Table 2: Staffing Resources					
FTE by Discipline FY 2023-24 FY 2024-2					
Quality Assurance FTEs					
Policy Advisor III	1.0	1.0			
Project Coordinator	1.0	1.0			
Health Professional IV	1.0	1.0			
Health Professional III	3.0	3.0			
Subtotal (Quality Assurance Staff)	6.0	6.0			
Camera Maintenance					
Electronic Specialist III	0.5	0.5			
Subtotal (Camera Maint. Staff)	0.5	0.5			
Grand Total All Staff	6.5	6.5			

Table 3: Estimated Consultants Cost				
Description Fee Total				
Annual Membership Fee	\$48,000	\$48,000		
Hourly rate not included in membership fee	\$200,000			
	Total	\$248,000		

Table 4: Assumptions and Calculations Summary Table						
	FY 2022-23 FY 2023-24 Change Request FY 2024-25 Ongoing Costs Request FY 2024-25					
Total Funds	\$266,759,122	\$267,542,382	\$783,260	\$267,542,382	\$783,260	
General Fund	\$194,851,480	\$195,634,740	\$783,260	\$195,634,740	\$783,260	

Table 5: FTE Cost Summary				
Total FTE	6.5			
Total Salary Cost (includes salary, Medicare, PERA)	\$418,520			
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$109,362			
Total Ongoing Operating Costs	\$255,378			
Total Costs	\$783,260			

# Supplemental, 1331 Supplemental

Not applicable.

# **Department of Human Services**

Funding Request for the FY 2023-24 Budget Cycle					
Request Title					
	R-02 Preventing Youth Homelessness				
Dept. Approval By:			Supplemental FY 2022-23		
OSPB Approval By:	Megan Davisson		Budget Amendment EV 2022 24		
	$\mathcal{O}$		Budget Amendment FY 2023-24		
		X	Change Request FY 2023-24		
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		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$7,735,023	\$0	\$8,021,320	\$5,100,837	\$5,164,275	
	FTE	82.2	0.0	82.2	7.4	8.0	
Total of All Line Items	GF	\$6,810,574	\$0	\$7,096,871	\$5,049,825	\$5,109,144	
Impacted by Change Request	CF	\$98,734	\$0	\$98,734	\$0	\$0	
	RF	\$164,941	\$0	\$164,941	\$0	\$0	
	FF	\$660,774	\$0	\$660,774	\$51,012	\$55,131	

		FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$0	\$0	\$0	\$4,681,203	\$4,712,889
03. Office of Children,	FTE	0.0	0.0	0.0	3.7	4.0
Youth, and Families, (B) Division of Child	GF	\$0	\$0	\$0	\$4,630,191	\$4,657,758
Welfare, (1) Division of	CF	\$0	\$0	\$0	\$0	\$0
Child Welfare - Preventing Youth	RF	\$0	\$0	\$0	\$0	\$0
Homelessness	FF	\$0	\$0	\$0	\$51,012	\$55,131
	Total	\$7,735,023	\$0	\$8,021,320	\$419,634	\$451,386
03. Office of Children, Youth, and Families, (C) Division of Youth Services, (3) Community	FTE	82.2	0.0	82.2	3.7	4.0
	GF	\$6,810,574	\$0	\$7,096,871	\$419,634	\$451,386
	CF	\$98,734	\$0	\$98,734	\$0	\$0
Programs - Program Administration	RF	\$164,941	\$0	\$164,941	\$0	\$0
Auministration	FF	\$660,774	\$0	\$660,774	\$0	\$0

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

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November 1, 2022



Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-02 Request Detail: Preventing Youth Homelessness

Summary of Funding Change for FY 2023-24					
	Increment	Incremental Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$7,735,023	\$5,100,837	\$5,164,275		
FTE	82.2	7.4	8.0		
General Fund	6,810,574	\$5,049,825	\$5,109,144		
Cash Funds	\$98,734	\$0	\$0		
Reappropriated Funds	\$164,941	\$0	\$0		
Federal Funds	\$660,774	\$51,012	\$55,131		

#### Summary of Request

The Department of Human Services (DHS, Department) requests \$5,100,837 total funds including \$5,049,825 in General Fund, \$51,012 in Title IV-E federal funds, and 7.4 FTE for FY 2023-24; and \$5,164,275 total funds including \$5,109,144 in General Fund, \$55,131 in Title IV-E federal funds, and 8.0 FTE for FY 2024-25 and subsequent years, to address the factors that contribute to homelessness and invest in opportunities for enhanced interventions to address the root causes of child and youth homelessness.

Most recent counts estimate that there are 606 homeless children and youth under 18, and 262 youth aged 18-24 on a typical day in Colorado. Many of these children and youth already are, or could be, interacting with DHS in some capacity. Through an examination of the full continuum of services with the Office of Children, Youth and Families (OCYF, Office) and several years of stakeholder feedback on system-wide gaps for kids and families, DHS identified three prime opportunities to reduce the likelihood that children and youth will experience homelessness: (1) preventing adverse childhood experiences, (2) addressing youth risk factors, and (3) strengthening support for transition-age youth. Through investing in these three strategies, DHS expects to significantly decrease the number of vulnerable children and youth experiencing homelessness in Colorado.

<sup>&</sup>lt;sup>1</sup> U.S. Department of Housing and Urban Development (2021), *HUD 2021 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*, <a href="https://files.hudexchange.info/reports/published/CoC\_PopSub\_State\_CO\_2021.pdf">https://files.hudexchange.info/reports/published/CoC\_PopSub\_State\_CO\_2021.pdf</a>.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
Yes	Step 3 Theory- Informed & Step 4 Evidence- Informed	No	This proposal entails creation of a specific former foster youth voucher program linked to S.B. 21-1094. DHS has existing authority through the Children's Code to support child welfare prevention activities and enhance programming that keeps families safe and stable (Sections 19-1-102, 19-1-116, 19-1-125, C.R.S.)

#### Current Program

DHS, through county departments of human or social services, provides services to protect children from harm and assists families in caring for and protecting their children. DHS programs comprise Colorado's efforts 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.

Within OCYF, the Division of Child Welfare (DCW, Division) administers the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), which provides services and supports to youth aging out of foster care. This program, in part funded by the federal Chafee Program and supplemented by state funds established in H.B. 21-1094, is the predominant program available to assist youth in transition with housing stability. Activities and programs allowable under the Chafee program include help with education, employment financial management, housing, emotional support, and assured connections to caring adults for older youth in foster care.

DCW further houses the Child Protection and Prevention Unit, which focuses on administration of programs designed to keep families safely together. In conjunction with the Department of Public Health and Environment (DPHE), the Behavioral Health Administration (BHA), and the Department of Early Childhood (DEC), the Prevention Unit supports a critical part of Colorado's safety net for families by partnering with prevention service intermediaries to expand access to community-based services that support economic security, housing stability, mental and behavioral health treatment, and parenting skills.

Also within OCYF, the Division of Youth Services (DYS) administers the Parole and Transition Services program which is responsible for assisting DYS youth who have been committed to the care of DYS through the juvenile justice system with successful transition back into the community and independent living, often for the first time. The Parole and Transition Services program provides youth with ongoing mental health services and substance abuse counseling, employment skills and job search coaching, education programming, and assistance with housing and general household skills.

#### **Problem or Opportunity**

Homelessness among Colorado children persists as a symptom of several complex and pervasive issues that may arise during a child's early development, adolescence, and transition to adulthood. As a manifestation of multiple existing issues rather than a discrete problem in and of itself, homelessness has no single solution; as a result, it is necessary to discuss several variables affecting children and youth to understand the unique factors that may contribute to this outcome.

#### **Childhood Homelessness**

The U.S. Department of Housing and Urban Development's state of homelessness report estimates that just over 3,000 Colorado families with children are experiencing homelessness. Housing instability among families with children may result from economic instability, unmet mental and behavioral health needs, or substance use disorders, among other issues, and may be short-term or chronic depending on the specific drivers. Similar to root causes of child abuse, often the underlying issues relate to a family's unfilled economic, mental health, or treatment need, which in turn leads to negative outcomes for the family.

The experience of homelessness as a child is marked by extreme, toxic stress that fundamentally affects brain development and can actually lead to an increased risk of homelessness for the young person later in life. As explained by the Substance Abuse and Mental Health Services Administration (SAMHSA), the chronic elevation of the stress hormone cortisol can lead to permanent alterations to a child's brain and can lead to the expression of mental and behavioral health issues later in life.<sup>3</sup> In turn, these issues themselves are correlated with likelihood of homelessness, leading to a cycle of negative outcomes where a child's early adverse experiences with homelessness can in turn beget homelessness in adulthood. Thus, the first opportunity for intervention is to prevent childhood homelessness through the provision of critical services that support family stability.

#### Risk Factors for Homelessness Among Foster Youth

According to the National Foster Care Institute, approximately 50% of the homeless population has spent time in foster care. This correlation, while not necessarily causational, indicates that certain characteristics of the foster care population require special attention to ensure the right services and supports are available to reverse this trend.

Several studies have successfully begun to isolate these factors, finding that, all else equal, foster youth are more likely to experience homelessness if they (1) had run away more than once while in foster care, (2) were placed in a group care setting, (3) had been physically abused before entering foster care, (4) had engaged in delinquent behaviors, (5) did not feel very close to a biological parent or grandparent, and (6) had symptoms of mental health

Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf.

https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/reducing-toxic-stress-childhood

<sup>&</sup>lt;sup>2</sup> U.S. Department of Housing and Urban Development (2021), The 2021 Annual Homeless

<sup>&</sup>lt;sup>3</sup> American Academy of Pediatrics. SAMSHA, Reducing toxic stress in childhood.

disorders.<sup>4</sup> Therefore, the second opportunity for intervention is to prevent future homelessness by providing youth-specific restorative services to address these risk factors. This should include secondary and tertiary prevention services that address mental health needs, reduce delinquent behaviors, and create healthy and stable connections with adults.

#### Youth Transitioning to Independence

One of the most critical points in time to address risk of homelessness is at the point a youth transitions out of foster care to independence. While sources vary on the exact percentage of former foster youth experiencing homelessness, the National Youth in Transition Database indicates that approximately 35% of Colorado youth experience homelessness within the first few years of emancipation. Further, an estimated 20% of young adults who are in care become homeless the moment they're emancipated at the age of 18.5

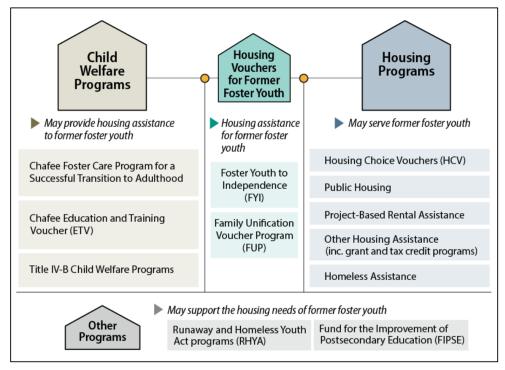
A constellation of state and federal programs exist to provide support to youth in transition, including several child welfare programs and federal and state housing voucher programs. Figure 1 below indicates the array of federal programs that may provide housing support, though notably, these resources are limited. The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) is one such program. While federal funds are provided to States to support youth in transition through this capped allocation, dwindling federal funds combined with an expansion of eligible youth have constrained resources (see Figure 2 below).

In FY 2020-21, Colorado took steps to supplement the federal funds with state General Fund through S.B. 21-1094. H.B. 21-1094 established the Foster Youth in Transition (FYiT) program, which has served 42 youth who opted back into the program as reentry youth. Counties have shared stories of preventing youth from becoming homeless, helping them get off the streets, and providing opportunities to help youth get back on their feet. A total of 246 youth, including youth who have both reentered care or opted to continue in care beyond their 18th birthday, have participated in the program since it was established on June 26, 2021. Of the youth participating in the program, 146 are in supervised independent living arrangements (SILP). SILP is designed to create developmentally appropriate opportunities for youth to practice living in an apartment or another living arrangement that they have chosen. Despite the additional support of FYiT, several gaps remain, particularly for youth who need housing assistance but are either not eligible for FYiT or do not want an open case. Some youth lose eligibility for FYiT or are no longer eligible due to age and need the added support of a housing voucher.

<sup>&</sup>lt;sup>4</sup> Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. American journal of public health, 103 Suppl 2(Suppl 2), S318–S323. https://doi.org/10.2105/AJPH.2013.301455; Dworsky A, Courtney ME. Homelessness and the transition from foster care to adulthood among 19 year old former foster youth. Child Welfare. 2009;88(4):23–56.

<sup>&</sup>lt;sup>5</sup> The National Foster Youth Institute estimates that an average of one out of every four youth in foster care will become homeless within four years of aging out of foster care, with Colorado-specific youth experiencing homelessness at a rate of 33-to-35% (National Foster Youth Institute, https://nfyi.org/issues/homelessness/, accessed April 19, 2022). Likewise, a study of Midwestern foster youth found that 36% became homeless by the age of 26 (Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. American journal of public health, 103 Suppl 2(Suppl 2), S318–S323. https://doi.org/10.2105/AJPH.2013.301455).

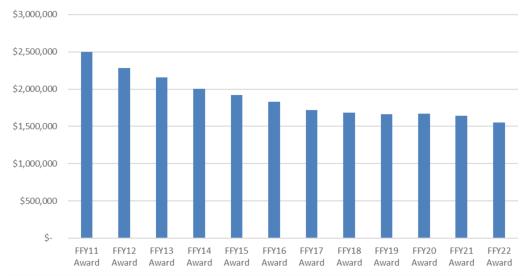
Figure 1. Federal Programs That Can Support the Housing Needs of Former Foster Youth



Source: Congressional Research Service.

Figure 2. Declining Federal Funds

10 Year Funding Trend for Federal Chafee Awards



Outside of Chafee and FYiT supports, youth transitioning to independence are further limited by an inability to access currently insufficient existing voucher programs. Two federally-funded vouchers, Foster Youth to Independence (FYI) and Family Unification Program (FUP), are provided to qualifying Colorado youth and families annually. For youth unable to receive an FYI or FUP voucher, the Department of Local Affairs (DOLA) has Colorado-based vouchers available to populations at risk of housing instability. However, these vouchers were originally designed to support individuals exiting Colorado's mental health facilities and currently require the youth to attest to having a disabling condition (defined as any condition that may jeopardize housing stability), which may simultaneously restrict a youth's ability to pursue careers in the military, among other opportunities, in the future. This additional criteria limits youth access to the existing state voucher programs, further increasing competition for a very small number of housing vouchers distributed among several populations.

Given these gaps, the third opportunity for intervention is to prevent homelessness among former foster youth through enhanced housing-specific resources and supports.

Taken together, these three opportunities for enhanced intervention collectively represent the framework to more responsively address the root causes of child and youth homelessness.

#### **Proposed Solution and Anticipated Outcomes**

The Department proposes to reduce homelessness among children, youth, and former foster youth by individually addressing three evidence-informed opportunities to impact outcomes: (1) prevent childhood homelessness through the provision of critical services that support family stability, (2) prevent future homelessness by providing youth-specific restorative services to address risk factors, and (3) prevent homelessness among former foster youth through enhanced housing-specific resources. Taken along a continuum, this approach can also be thought of as (1) preventing adverse childhood experiences, (2) addressing youth risk factors, and (3) strengthening support for transition-age youth.

1. Preventing Adverse Childhood Experiences (\$717,688 total funds, including \$690,946 in General Fund, \$26,742 in federal funds, and 2.0 FTE): The most successful way to prevent childhood homelessness, child abuse and neglect, and other adverse experiences that can lead to negative outcomes later in life, is to deploy supportive services that respond to a family's unique needs. The Department, through its partnerships with the DPHE, Health Care Policy and Financing (HCPF), the BHA, DEC, county departments of human/social services, and community partners has begun the work of identifying and expanding a well-rounded array of accessible services that can create a comprehensive network of economic support, parenting, mental health, and substance abuse treatment needs by building on the principles of the protective factors.

The greatest opportunity for expansion of these community-based services and supports is through designated program intermediaries, or agencies that specialize in delivery of one or more evidence-based models and provide related technical assistance to providers. Program intermediaries are the liaison between the Department and the local

service providers, such as Savio House and Health Solutions. These intermediaries support services included on the Family First Prevention Services Clearinghouse<sup>6</sup>; each has a significant evidence base supporting the ability of the individual service to promote positive outcomes for the relevant target populations. The current intermediaries overseeing specific programs include: Invest in Kids, Parent Possible, the Kempe Center, and Illuminate Colorado.

The Family First Prevention Services Clearinghouse provides an inventory of evidence-based programs that are either "supported" or "well supported" in their ability to address certain risk factors. Under this proposal, DHS will only disburse funding for services that have been reviewed and validated by the Family First Prevention Services Clearinghouse or other national clearinghouse indicating that the service has been empirically evaluated and is proven to address the risk factors outlined in the decision item.

By ensuring that intermediaries have the resources to collect data around child outcomes and program fidelity, as well as build capacity for evidence-based programs, programs provide the most upstream opportunity to tackle the drivers of family instability and homelessness. Accordingly, the Department proposes an investment of \$512,000 in FY 2023-24 and beyond to fund program intermediary work to assess and build site readiness, develop capacity, engage in data collection, and expand programming to new sites. The Department further requests 1.0 FTE (Social Services Specialist [SSS] IV) to coordinate program intermediaries and 1.0 FTE (SSS V) to engage in strategic planning related to development, oversight and expansion of prevention services across offices, departments, and funding sources.

2. Addressing Youth Risk Factors (\$1,250,000 General Fund): As noted above, research has isolated several factors that impact a foster youth's likelihood of becoming homeless, including a lack of support from relatives (instability of connections), mental and behavioral health needs, and juvenile justice involvement. Evidence-based programs (EBPs) that target these factors can break the association between these factors and homelessness as an outcome. Examples of the types of services that may be considered include multisystemic therapy and Fostering Healthy Futures.

Multisystemic therapy (MST) is an intensive home-based intervention rated as "well-supported" on the Family First Prevention Services Clearinghouse. MST "aims to promote prosocial behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community<sup>7</sup>." With a strong evidence base and an emphasis on addressing root causes of juvenile justice involvement, MST is an excellent candidate for

<sup>&</sup>lt;sup>6</sup> "Title IV-E Prevention Services Clearinghouse," Administration for Children and Families, <a href="https://preventionservices.acf.hhs.gov/">https://preventionservices.acf.hhs.gov/</a>, accessed Oct. 2022.

<sup>&</sup>lt;sup>7</sup> *Multisystemic Therapy.* Title IV-E Prevention Services Clearinghouse, <a href="https://preventionservices.acf.hhs.gov/programs/257/show">https://preventionservices.acf.hhs.gov/programs/257/show</a>.

a youth-focused intervention to address a major factor correlated with homelessness among foster youth. Further, MST is eligible for a 50% federal match under Family First when administered to youth at risk of out-of-home placement.

Fostering Healthy Futures Preteen and Teen are two service iterations that focus on using a combination of mentoring and weekly skills groups to promote mental health, prevent adverse life outcomes, and enhance competencies. Fostering Healthy Futures Preteen focuses on ages nine to eleven, and the Teen adaptation focuses on youth entering eighth or ninth grades. These services have been prioritized by Colorado's Service Continuum Working Group for evaluation and submission to the federal Family First Prevention Services Clearinghouse, which would allow for a 50% federal match for services rendered to youth at risk of out-of-home placement. The Colorado Evaluation and Action Lab's independent evaluation of both has been completed with the determination that Fostering Healthy Futures Preteen qualifies as "well-supported," and Fostering Healthy Futures Teen qualifies as "supported."

Prioritizing expansion of these types of evidence-based services in tandem with the other targeted investments in this proposal will ensure that youth with adverse childhood experiences have access to data-based supports proven to address risk factors correlated with homelessness in young adulthood. Accordingly, the Department requests \$1,250,000 to disburse to service providers in order to build capacity in EBPs for youth. While funding streams such as Medicaid are available to sustain programs, start-up costs present a common barrier to agencies seeking to implement evidence-based services. Up-front funding for capacity building allows providers to hire, train staff, and seek appropriate licenses and certifications prior to being able to tap into federal reimbursement.

3. Strengthening Support for Transition-Age Youth (\$3,133,149 total funds, including \$2,689,245 in General Fund, \$24,270 in federal funds, and 2.0 FTE for DCW; and \$419,634 in General Fund and 4.0 FTE for DYS): In order to reduce competition for housing assistance and provide dedicated assistance to youth transitioning out of care, the Department requests \$1,086,800 to fund one hundred vouchers annually as part of a new voucher program specific to former foster youth, including a landlord incentive fund. While the Department does not currently have comprehensive data on youth need for vouchers, the estimate of one hundred has been extrapolated from waiting list data and would represent a significant increase in voucher availability for youth. Creating a former foster youth-specific voucher program appropriately prioritizes housing for a population making up as much as 50% of homeless individuals without necessitating competition with other populations.

Eligibility for the voucher will be the same as eligibility for the Foster Youth in Transition program, which allows youth in foster care to re-enter care or remain in care continuously until their 21st birthday. However, some youth lose eligibility for FYiT or are no longer eligible due to age and need the added support of a housing voucher. For those youth, this voucher would provide the additional support they need to continue their transition to adulthood beyond their 21st birthday up to age 26, or allow them to

access support without the additional burdens of an open FYiT case and the associated requirements and oversight. DOLA/Division of Housing (DOH) income standards for voucher eligibility would also apply. DHS will work with DOLA/DOH to develop, streamline, and implement the referral and application process. DHS and DOLA will each administer the elements of this voucher program that lend to each agency's strengths and each agency's roles.

Because vouchers themselves do not carry requirements of intensive case management, the Department also proposes to link voucher receipt to participation in the State's Chafee and Foster Youth Successful Transition to Adulthood grant programming. This participation will ensure that these workers are able to provide a range of case management services as needed in order to ensure youth are able to successfully retain employment, access physical and mental health services, and address other needs that may jeopardize stability even with an existing voucher. The Department requests \$1,440,000 to supplement the State Foster Youth Successful Transition to Adulthood grant appropriation to support this case management component. Two Social Services Specialist IVs will be needed for voucher and program support.

Finally, in order to further prioritize support for DYS youth transitioning back into the community, the Department proposes to add four Transitional Specialists in the Youth Service Counselor II classification (YSC II) to ensure these youth have access to resources to set them up for success in finding housing, treatment, education, job readiness, transportation, and secure employment prior to and during their transition to the community. Many DYS youth do not have family support to assist with activities related to securing housing such as where and how to begin to look for housing, filling out rental applications and agreements, finding and purchasing household items. The proposed FTEs are a critical component in the package to connect transitioning youth to economic and housing stability.

#### **Evidence-Continuum**

Program Objective	These interventions seek to address child and family risk factors at multiple points along the continuum, bolster systems and services that promote family safety and stability, and reduce homelessness as a symptom of several root causes.
Outputs being measured	Number of youth receiving vouchers, duration of voucher usage, families served with prevention services
Outcomes being measured	The prevention strategies included in this proposal are evidence-based and proven to reduce downstream system usage, including healthcare utilization, out-of-home placement, and juvenile justice involvement.

Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial
Results of Evaluation	N/A	Positive effects noted for several evidence-based services supported through this proposal.	Positive effects noted for several evidence-based services supported through this proposal.
S.B.21-284 Evidence Category and Evidence Continuum Level	supported in Step intermediaries as are rated as prom Prevention Servic randomized control Requested fundin with Step 3. The implement, and i designed to preve formative evaluations with Step 3 access FUP and Fiprocess, the project looked at the chayouth-accessible changes that came	well as those proposed for nising, supported, or well-sides Clearinghouse as part of rolled trial.  If to support the Youth in Trust Department has had the open in the midst of a rigorousent homelessness among for tion phase, the Department administered by DOLA/DOHYI vouchers when they are a sect team in collaboration wallenges with existing housing in Colorado. A crosswalk wi	supported by the referenced additional direct investment apported on the Family First either a quasi-experimental or ansition program is associated portunity to design, evaluation of a model mer foster youth. During the was granted access to state in addition to continuing to available. Through that with local partner agencies ag voucher programs that are the recommendations for a be found here and includes

# Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Low-income families	Equity gaps currently exist in rural and underserved areas of Colorado, as communities outside the Front Range often lack access to services that support improved outcomes. Geographic location is currently a predominant indicator of service availability.	Many prevention services largely exist in metropolitan areas. Support to service intermediaries provides for expansion into rural and underserved areas of Colorado.

#### **Assumptions and Calculations**

OCYF determined the appropriate request amounts as follows:

Funding to prevention service intermediaries: OCYF has existing partnerships with intermediaries for evidence-based services included in Colorado's Prevention Plan. OCYF has worked with intermediaries to understand capacity building challenges and determined the appropriate support needed for each to engage in continuous quality improvement and fidelity monitoring activities. The requested amount includes a combination of operational and personnel costs for intermediaries to engage in data collection and site readiness for expansion of prevention services. Costs were identified by each intermediary depending on current staffing levels and data collection mechanisms already in place.

Funding to address youth risk factors: OCYF estimated \$1.25 million as the initial investment required to make a substantial difference in access to services (e.g. this amount would fund approximately ten Multisystemic Therapy teams, which would effectively bring the program to scale in Colorado). This investment balances the ability to make a substantial impact on access to services in underserved communities while managing other budget and policy priorities.

Funding to support transition-age youth: According to data from the National Youth in Transition Database (NYTD), approximately 30% of respondent youth between the ages of 17 and 21 report being homeless. In the past 12 months, 282 youth have transitioned from child welfare custody to adulthood. Applying a 30% rate would indicate that approximately 85 of those youth will become homeless within two years. An additional 95 youth who would be eligible for this program exited DYS custody to adulthood in the past 12 months, and applying the same homelessness rate indicates that an additional 29 of those youth will experience homelessness in the next two years, for a total estimated population of 114 youth. DHS conducted outreach to Chafee workers and Mile High United Way's Bridging the Gap program to determine the scope of workers waiting on vouchers for youth. Mile High United Way indicated approximately 200 Colorado youth are waiting in their community queue for housing resources. Based on this and the NYTD data, DHS elected to conservatively estimate the need for 100 vouchers, and will request funds to expand as needed following program implementation and enhanced tracking of the demand. Costs were determined using the standard DOLA/DOH per voucher cost (an estimate of \$10,668 per voucher per year), as well as the county staffing needed to support the additional caseload.

The following tables illustrate the assumptions and costs for this request:

Table 1: Summary of Costs by Opportunity					
	FY 20	23-24	FY 2024-25 and Ongoing		
Opportunity	Total Funds FTE		Total Funds	FTE	

Preventing Adverse Childhood Experiences	\$717,680	1.8	\$734,357	2.0
Addressing Youth Risk Factors	\$1,250,000	0.0	\$1,250,000	0.0
Strengthening Support for Transition Age Youth	\$3,133,147	5.6	\$3,179,918	6.0
Total Cost	\$5,100,837	7.4	\$5,164,275	8.0

Table 2: Assumptions and Calculations - Division of Child Welfare					
Division of Child Welfare	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25
Total Funds	\$0	\$4,681,203	\$4,681,203	\$4,712,889	\$4,712,889
General Fund	\$0	\$4,630,191	\$4,630,191	\$4,657,758	\$4,657,758
Cash Fund	\$0	\$0	\$0	\$0	\$0
Reappropriated Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$51,012	\$51,012	\$55,131	\$55,131

Funding for DCW would be in a new line item, Preventing Youth Homelessness.

Table 3: Assumptions and Calculations- Division of Youth Services						
Division of Youth Services	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25	
Total Funds	\$7,735,023	\$8,021,320	\$419,634	\$8,053,072	\$8,053,072	
General Fund	\$6,810,574	\$7,096,871	\$419,634	\$7,128,623	\$7,128,623	
Cash Fund	\$98,734	\$98,734	\$0	\$98,734	\$98,734	
Reappropriated Fund	\$164,941	\$164,941	\$0	\$164,941	\$164,941	
Federal Funds	\$660,774	\$660,774	\$0	\$660,774	\$660,774	

# Supplemental, 1331 Supplemental

Not applicable.

# **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle				
Request Title					
	R-03 County Adult Protective Services	s Support			
Dept. Approval By:			Supplemental FY 2022-23		
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24		
	· ·	<u>x</u>	Change Request FY 2023-24		

	_	FY 202	22-23	FY 20	FY 2024-25	
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$20,339,885	\$0	\$20,382,502	\$1,609,266	\$1,606,969
	FTE	10.5	0.0	10.5	1.0	1.0
Total of All Line Items Impacted by Change Request	GF	\$14,286,985	\$0	\$14,323,217	\$1,309,266	\$1,306,969
	CF	\$3,868,959	\$0	\$3,868,959	\$300,000	\$300,000
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,183,941	\$0	\$2,190,326	\$0	\$0

		FY 202	2-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,348,993	\$0	\$1,385,225	\$0	\$0
07. Office of Adults,	FTE	10.5	0.0	10.5	1.0	1.0
Aging and Disability	GF	\$1,278,193	\$0	\$1,314,425	\$0	\$0
Services, (F) Aging Programs, (1) Adult	CF	\$70,800	\$0	\$70,800	\$0	\$0
Protective Services -	RF	\$0	\$0	\$0	\$0	\$0
State Administration	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$18,990,892	\$0	\$18,997,277	\$1,609,266	\$1,606,969
07. Office of Adults, Aging and Disability Services, (F) Aging	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$13,008,792	\$0	\$13,008,792	\$1,309,266	\$1,306,969
Programs, (1) Adult	CF	\$3,798,159	\$0	\$3,798,159	\$300,000	\$300,000
Protective Services - Adult Protective	RF	\$0	\$0	\$0	\$0	\$0
Services	FF	\$2,183,941	\$0	\$2,190,326	\$0	\$0

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

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November 1, 2022



Jared Polis Governor

Michelle Barnes Executive Director

Department Priority: R-03
Request Detail: County Adult Protective Services Support

Summary of Funding Change for FY 2023-24					
		Increment	al Change		
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$20,339,885	\$1,609,266	\$1,606,969		
FTE	10.5	1.0	1.0		
General Fund	\$14,286,985	\$1,309,266	\$1,306,969		
Cash Funds	\$3,868,959	\$300,000	\$300,000		
Reappropriated Funds	\$0	\$0	\$0		
Federal Funds	\$2,183,941	\$0	\$0		

## Summary of Request

The Department of Human Services (DHS, Department) requests an increase of \$1,609,266 total funds, including \$1,309,266 General Fund and \$300,000 cash funds (local county matching funds), and 1.0 FTE in FY 2023-24 and ongoing to true-up the Adult Protective Services (APS) Program staffing levels across the State. This represents an increase of 8% total funds.

Over the past ten years, due to a variety of legislative and policy initiatives that have been completed, the Colorado APS Program has evolved into a more robust program and consequently the program has grown considerably in size and scope. While the changes to the program have led to better outcomes for at-risk adults in Colorado, these advancements along with Colorado's projected 86% increase in the 65+ population and the projected 33% increase in the 18-64 population between 2020 and 2050 have increased the workload for Department and county department APS staff. On average, APS serves approximately 9,000 at-risk adults annually. This request is necessary to ensure that the APS Program has adequate staff capacity to appropriately meet the needs of at-risk adults in Colorado who have experienced mistreatment or self-neglect.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	Section 26-3.1-101, C.R.S.

#### **Current Program**

The APS Program was created in statute in 1983 (Section 26-3.1-101, C.R.S.). The APS Program exists to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect across the State. The program is state-supervised and county-administered. This tiered structure means the Department is responsible for oversight of the program through training, policymaking, monitoring, technical assistance, and quality assurance. The county departments of human and or social services (county departments) administer the APS programs locally, hiring and supervising the caseworkers who conduct the APS casework. County programs are required to adhere to the guiding principles of the APS program, which include consent, self-determination, and the least-restrictive interventions to best serve at-risk adults. The following is an overview of how the APS Program operates.

### APS Reports

An initial report is defined as "an oral or written report of suspected mistreatment or self-neglect of a suspected at-risk adult, received by the county department" (12 CCR 2518-1 30.100). Anyone may make a report to the county department. In addition, people in certain professions, as defined in Sections 26-3.1-102(1)(b) and 18-6.5-108(1)(b), C.R.S., are urged or required respectively to report potential incidents of observed or learned mistreatment or self-neglect of an at-risk adult to the local county department not more than 24 hours after such observation or discovery. Law enforcement agencies are then required to provide the report information to the county department in which the at-risk elder or at-risk adult with intellectual or developmental disability (IDD) resides.

#### Evaluating the Report/Intake Process

County department APS staff evaluate each report they receive to determine whether the criteria for further APS involvement is met. In order for APS to become involved, the report must: (1) involve an at-risk adult and (2) involve allegation(s) of mistreatment (physical and sexual abuse, caretaker neglect, exploitation and harmful acts) and/or self-neglect, as defined in APS statutes. If a report meets this criteria, the report is screened in and assigned to an APS caseworker as a case. If a report does not meet this criteria, the report is screened out and the county department may provide a referral(s) to other programs and services.

#### APS Cases

A case is "the process by which a county department provides services to an at-risk adult. A case begins when a report identifies an at-risk adult and allegations that qualify as a mistreatment or self-neglect, and the report is screened in for investigation and assessment" (12 CCR 2518-1 30.100). The key components of an APS case, investigation and assessment, are often conducted simultaneously as the caseworker gathers information about the case.

- Investigation: The APS caseworker conducts a thorough investigation into the allegations to determine whether the alleged mistreatment occurred, and if so, whether the allegation(s) met the alleged APS definition of mistreatment. If an allegation of mistreatment is substantiated based on a preponderance of the evidence, APS notifies the involved individual of their due process rights and the appeals process. Substantiated findings are subject to reporting requirements during pre-employment background checks of the APS data system (CAPS) for a prospective employee who would have direct care responsibilities for at-risk adults. The intent of the CAPS Checks, authorized by H.B. 17-1284, is to minimize the potential for employment of persons with a history of mistreating at-risk adults in positions with access to at-risk adults in order to prevent future mistreatment of at-risk adults.
- Assessment/Case Planning: The caseworker conducts a thorough assessment of the needs of the client, including any needs unrelated to the alleged mistreatment but which may increase risk to the client's health and safety. For any significant unmet needs, the caseworker is required to engage in case planning, which includes identifying potential services or supports that may meet the identified needs and working with the client to coordinate or provide protective services. It is important to note that only a limited amount of funds are available in the APS line item for use by county departments to purchase items or services needed to support APS clients. Beyond that, county departments must try to find and use existing community-based services and resources, health care services, family and friends, and other support systems to try to meet the needs of APS clients.

The APS Program is not a federally-funded or federally-regulated program. Rather, each state must establish their own statutes and regulations for the operation of APS and provide the necessary funding to support the work associated with meeting those requirements. In Colorado, 80% of non-federal funding for the APS program is from General Fund and 20% is from the required county departments' matching funds. The cash funds in this line item represent the local matching funds required to implement the program. In addition, a portion (currently \$2.2M) of federal Title XX funds are designated for the APS Program.

<sup>&</sup>lt;sup>1</sup> APS received one-time stimulus funds from H.R. 133 and H.R. 1319. These funds per federal guidance must complement and not supplant existing APS spending. The funds are expected to be fully expended by {month/year} at which point APS will no longer have federal funds.

#### Problem or Opportunity

Over the past ten years, due to a variety of legislative and policy initiatives, the APS Program has evolved into a more robust program and consequently has grown in size and scope. While these changes have led to better outcomes for at-risk adults, they have created a cumulative increase in the quantity and quality of APS work for Department and county department staff beyond what was anticipated during the onset of these various initiatives.

#### **Key APS Program Changes**

Key statutory and budget initiatives affecting the APS Program in Colorado over the past decade include:

- Colorado APS Data System (CAPS): Prior to 2014, data for the APS Program was tracked in the statewide public assistance eligibility system, Colorado Benefits Management System (CBMS). In 2014, as part of the implementation of S.B. 13-111 and the creation of a mandatory reporting requirement for at-risk elders in Colorado, the Department contracted with a vendor to create an independent data system for the APS Program, called CAPS. The use of the CAPS data system to track APS casework data has led to significant improvements in the quality of APS casework, documentation, and data analysis, which has also led to increased time and resources needed for Department and county department APS staff to train, document, analyze, and use the data to inform policy and practice changes to improve the program.
- CAPS Checks and Due Process: H.B. 17-1284 established a requirement for certain employers to request pre-employment checks of CAPS for prospective employees with responsibilities to provide direct care to at-risk adults (Section 26-3.1-111, C.R.S.), and required the Department to create due process for people who are substantiated in a case of mistreatment against an at-risk adult. Because these changes had significant impacts on the prospective employees for whom CAPS Checks were being conducted, the bill also required the Department to expand its existing training for county department staff to ensure greater quality and accuracy of findings made. Over the past five years, the time spent by the Department and county department APS staff on conducting, documenting, and reviewing APS casework has led to significant improvements in the quality of the work, accuracy of findings, and documentation. However, this has come at the cost of more time and resources spent on these activities as opposed to casework.
- APS Quality Assurance Reviews: In FY 2017-18, the Department received increased funding for the Administrative Review Division (ARD), which conducts independent quality assurance reviews of the county departments' Child Welfare Programs, to begin conducting similar reviews of county departments' APS Programs. With the addition of these quality assurance reviews, the quality of APS casework and investigations has markedly improved, which results in better outcomes for the

at-risk adults served by the program. For example, the measure of interviewing all people with relevant knowledge of the situation improved from 70% compliance statewide during the first year of ARD quality assurance reviews in 2019 to 89% compliance in 2021, and the measure related to addressing allegations and safety concerns in interviews with alleged perpetrators improved from 76% in 2019 to 90% in 2021. Both of these requirements are key to achieving defensible, thoroughly investigated findings and accurately identifying clients needs. However, the improvement in the quality assurance scores for these requirements are likely due to an increase in the amount of time the county departments spend on the activities. Again, with this increased quality of APS casework, there has been an incremental additional workload burden for Department and county department staff.

Under current funding levels, typically, large counties such as Denver and Adams employ full-time APS staff, while approximately 46 counties employ staff with responsibilities split between the APS program and other county program assignments (most commonly, the Child Welfare program). This shared staff position is most commonly used in medium or small counties, such as Montrose and Summit.

According to data reported by counties in FY 2021-22, 25 of the 60 county programs have less than 1 FTE dedicated to APS work. Some have as little as a 0.25 FTE supporting the APS Program for an entire county. As one county department director stated, "APS has grown in leaps and bounds, in very important ways, but the work is taking more time and resources and the funding has not kept pace with what is needed."

# APS Workload Study

To better understand how these changes have affected the Department and county department APS workload, the Department has contracted with an independent evaluator, RTI International, to conduct the first-ever Workload Study of the APS Program. The Department expects to have a final report with conclusions and recommendations in October 2022. RTI International is taking a mixed-methods, data-driven approach to understanding the Colorado APS Program workload burden and developing operational recommendations on (1) factors related to optimal workload, staffing, and training necessary to maintain a strong, well-trained, and stable workforce; and (2) financial resources needed to sustain and improve client outcomes through the APS program across Colorado.

In May 2022 RTI International provided an interim report to the Department that identified three main areas in which the APS landscape has changed over the past several years that are likely contributing to an increasing workload for APS staff: (1) a growing need in the community for APS services; (2) APS cases have become increasingly complex, time-consuming, and challenging to manage; and (3) the increased burden and time needed to effectively document APS casework and meet requirements of the program. Additionally, the interim report noted that initial research conducted with Department and county department representatives identified these wider issues within the context of significant constraints that further affect their workloads, including staffing concerns,

limited availability of community-based resources, and the wider impact of the COVID-19 pandemic in recent years.

In addition, the volume of APS reports has steadily increased since the onset of mandatory reporting on July 1, 2014. In FY 2021-22, county departments across the State received 26,460 reports of suspected mistreatment and/or self-neglect of at-risk adults. As shown in Table 1, this represents an increase of 14,822 reports, or a 125% increase, in the eight year period from FY 2013-14 to FY 2021-22.

The number of APS cases managed by county departments also increased steadily until FY 2019-20, when the COVID-19 pandemic began. During that time, the number of APS cases declined slightly and is now starting to ramp back up again. This is likely attributable to the fact that many at-risk adults were not actively out in the community during the high points of the COVID-19 pandemic, resulting in fewer opportunities for others to observe or learn of suspected instances of mistreatment or self-neglect among that population and make reports to their county departments. The Department anticipates the number of APS reports and cases will continue to increase in the coming years as more at-risk adults resume community-based activities and interactions with family and friends.

Table 1: APS Reports and Cases FY 2013-14 through FY 2021-22							
	Reports % increase Cases % increase						
FY 2013-14	11,818	N/A	6,760	N/A			
FY 2014-15	16,696	41.28%	8,932	32.13%			
FY 2015-16	17,743	6.27%	8,583	-3.91%			
FY 2016-17	20,327	14.56%	9,121	6.27%			
FY 2017-18	22,581	11.09%	9,338	2.38%			
FY 2018-19	25,004	10.73%	9,479	1.51%			
FY 2019-20	24,039	-3.86%	8,955	-5.53%			
FY 2020-21	24,637	2.49%	8,781	-1.94%			
FY 2021-22 (projected)	26,640	8.13%	8,866	0.97%			
Total Increase	14,822	125%	2,106	31%			

The RTI International interim report also pointed out that, in their interviews with Department and county department APS staff, the workload challenges were not often ascribed to issues of case volume, but rather case complexity. And, the quantitative case data supports participants' observations that case volume has not been the primary driver of changes in perceived workload. Participants described that coordinating responses to

clients with complex service needs can be very time-consuming, particularly when staffing is inadequate and when partners are not fully aware of APS guidelines and screen-in criteria. Moreover, such challenges are compounded in areas with poor community-based infrastructure where it is difficult to find and link clients to adequate resources. Interviewees also reported increased administrative burdens, largely related to changes to the role and oversight by the Department with the addition of quality assurance reviews by the Administrative Review Division (ARD).

# Proposed Solution and Anticipated Outcomes

The Department requests an increase of \$1,609,266 total funds, including \$1,309,266 General Fund and \$300,000 cash funds (local county matching funds), and 1.0 FTE in FY 2023-24 and \$1,606,969 total funds, including \$1,306,969 General Fund and \$300,000 cash funds, and 1.0 FTE in FY 2024-25 and beyond to true up the APS Program staffing levels across the state to appropriately meet the needs of at-risk adults in Colorado who have experienced mistreatment or self-neglect.

# **County Department Funding**

Funding for the APS Program has not kept pace with the increased APS workload county departments are experiencing. As Table 2 shows, county departments have collectively spent more to operate the APS Program than they received from the APS appropriation each of the past four fiscal years. When this happens, to adequately respond to the needs of at-risk adults and ensure compliance with APS statutes, county departments must use county funds to support the effective operation of the APS program beyond their 20% matching funds requirements. In FY 2021-22, when the total revenue for the county department administration of the APS Program was \$18,618,424 and the total spending by county departments on the APS Program was \$20,093,588, county departments contributed \$1,475,164 from county funds, beyond their 20% matching funds requirements.

Table 2: APS County Administration Appropriations and Expenditures FY 2018-19 through FY 2021-22				
Fiscal Year	Appropriation	Expenditures	Over-Expenditure	
2018-19	\$18,358,658	\$18,411,421	(\$52,763)	
2019-20	\$18,357,274	\$18,559,436	(\$202,162)	
2020-21	\$18,097,629	\$18,265,248	(\$167,619)	
2021-22 (projected)	\$18,618,957	\$20,084,352	(\$1,465,395)	

In an effort to better understand the increased spending on the APS Program, in March 2022 the Department met with representatives from approximately 20 county departments that were on track to overspend their APS allocation that fiscal year. The Department identified the following common causes for increased county department spending on the APS Program: additional staff time required for APS casework as compared to prior years due to greater demands of documentation and quality assurance activities, increased county caseloads, more complex cases, escalated costs of new APS staff to manage the workload for the program, and increased costs due to salaries and health insurance.

The Department requests \$1,500,000 in FY 2023-24 and ongoing to support county departments' APS Programs based on current and projected overexpenditure.

# Department Funding

In addition, the Department requests \$109,266 to support 1.0 FTE to sufficiently meet the Department's obligation to support the effective operation of the APS program. Similar to the cumulative increase in workload that county departments have experienced in recent years, Department staff have also had an increase in their workload as a result of legislative and policy initiatives that have been completed. When county departments' workload increases in frequency and/or complexity, the Department's capacity to address county department staff needs must also increase to support APS Program consistency and quality. Major responsibilities added to the workload of the Department's APS staff include:

- Conducting policy analysis rule promulgation, and stakeholder engagement to recommend new rules to the State Human Services Board to implement statutory changes resulting from recent legislation;
- Developing and delivery of training and technical assistance regarding CAPS checks for APS staff, improved investigations skills for defensible findings, due process, perpetrator notifications, confidentiality as affected by CAPS checks, and new CAPS system functionality to sustain the documentation needed for new procedures;
- Expansion of the APS caseworker training academy from a four-day training to a nine-day training to accommodate practice changes and ensure better quality of assessment, investigations, and fidelity to rule changes;
- Increased volume of questions received by APS policy staff from employers and the community related to the CAPS Check process, due process notifications, and other rule changes;
- Collaboration with ARD staff and processes, including program team attendance at ARD report-out meetings; review of ARD data; implementation of a county "QA Action Plan" process to address areas needing improvement per ARD; and efforts to increase consistent communication between units.

The Department APS team is currently unable to support the county departments in a proactive manner. The Department APS staff are currently at capacity with their existing work and initiatives. As a result, the Department APS staff have had to postpone and

sometimes indefinitely delay multiple requested and/or necessary projects critical to supporting increased effectiveness of the APS Program, including:

- the development of dedicated resources and training for counties to educate their community and agency partners on the role and scope of the APS Program. As the program increases in scope, community partners are operating with outdated notions of how APS works, unaware of important changes that may impact how APS partners with these individuals or entities;
- development of a comprehensive workforce support strategy to develop APS caseworker skills, increase quality of training, and enhance opportunities for seasoned and supervisory APS staff. This includes offering targeted skills training and a supervisory support initiative as well as increasing engagement, accessibility, and quality of existing training offerings;
- reinstatement of previously successful and temporarily suspended "County Engagement" practice which is a proactive quarterly contact with every county department to offer support and technical guidance, ensure they have received all updates and communications, and offer case consult/training; and
- development of a coordinated Continuous Quality Improvement strategy to assess our practices, evaluate opportunities for improvement, and apply data gleaned from multiple sources to improve program operations. This includes evaluation of information from complaints to the program, surveys and training feedback, research into national practices in APS, and trends in program data to identify opportunities for innovation and improvement.

In terms of other efforts to address funding challenges, the Department explored the use of federal stimulus funding as a way to address the increased need for funding for the APS Program in the short term. Specifically, the Department received one-time federal stimulus funds from the Elder Justice Act and the American Rescue Plan Act in 2021 and 2022. However, federal requirements for these funds state that they can only be spent on items/initiatives that are not possible within existing State resources and do not create permanent funding needs that cannot be sustained after funding is liquidated. The Department was able to use some of these funds to provide direct payments to county departments to address needs that were above and beyond what was needed to operate the APS Program; for example, funding regional contracts with service providers to assist in under-resourced areas. However, the Department is not able to provide this federal funding to county departments to make up for the funding they need to operate their APS Programs in compliance with current state laws and regulations.

This request will result in the APS Program's ability to better meet the needs of at-risk adults who have experienced mistreatment or self-neglect and to increase prevention of recurrent mistreatment. It is necessary to provide county departments sufficient resources to operate the APS Program effectively to ensure the health, safety, and wellbeing of at-risk adults across Colorado and maintain compliance with statutory requirements, rules, and policies. In particular, this request will enable the Department and county departments to true-up staffing levels to meet the workload demands resulting from the increases in quantity and quality of APS casework that have taken place

in recent years. This request will also help reduce disparities around involvement of minority groups in the APS Program, as caseworkers are able to dedicate more time in their service to clients and addressing barriers and inequities they face.

The vision of the Colorado APS Program is to support at-risk Coloradans through an innovative, collaborative, and client-focused APS workforce that seeks to prevent and reduce negative outcomes, promote equity, and strengthen support networks. In keeping with this vision, the legislative and policy changes that have taken place in recent years related to the APS Program have resulted in critical, ongoing improvements to the program that help ensure the safety and welfare of at-risk adults in Colorado. This request is an opportunity to continue that trajectory. If this request is not funded adequately, the Department and county departments may not be able to continue to do the quality and quantity of work that has been achieved in recent years and may fall short of their statutory requirements to effectively operate the APS Program. Moreover, momentum toward our vision will be stalled as counties will be increasingly forced to make choices which prioritize efficiency over those of highest quality. When APS quality suffers, Colorado's at-risk adults are at greater risk for mistreatment and self-neglect. Additionally, as the aging population increases, providing protection to this vulnerable population will be all the more critical. Colorado has made a commitment to the protection of at-risk adults through the various legislative and policy initiatives undertaken over the past decade. In order to maintain that commitment, adequate funding to continue that work is needed.

# Evidence-Continuum

Program Objective	The Colorado APS Program exists to improve the health, safety, and welfare of at-risk adults experiencing mistreatment or self-neglect across the State.			
Outputs being measured	Number of reports, number of cases, number/% of monthly contacts completed, number of case closures by reason type, number of clients successfully set up with services to meet their needs, etc.			
Outcomes being measured	Improved quality of APS casework and effective and efficient management and operation of the APS Program at the state and local level through the development and deliver of quality training for APS staff, effective policy analysis and changes in the APS system that lead to better outcomes for at-risk adults, effective case planning to assist at-risk adults with meeting their needs, accurate findings in the APS database, CAPS, that are used in pre-employment screening, etc.			
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial	
Results of Evaluation	N/A N/A N/A			
Evidence Continuum Level	Step 2 (theory-informed)			

# **Promoting Equitable Outcomes**

The following table describes how this request affects existing equity gaps for historically underserved, marginalized, or adversely affected groups.

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps?
At-risk adults, as defined by Colorado's APS statutes, include adults whose independence is limited. These limitations can include individuals with disabilities, the aging population, individuals with mental health diagnoses, and individuals of lower socioeconomic status who lack resources for adequate support.	The psychosocial risk factors commonly associated with individuals who meet our definition of "at-risk adult" often include increased risk of health problems, lower access to supports, and increased morbidity/mortality rates. Additionally, current funding disproportionately affects rural counties where APS allocations cannot fund even a full salary for a worker, compounding an already existing equity issue related to lack of available community resources.	When APS is not sufficiently funded, APS casework is negatively affected, which can reduce the potential for APS to help address equity gaps for clients. Adequate funding for the APS workforce will improve the potential for APS caseworkers to address existing equity gaps identified for clients. Additionally, increased funding for the APS program would increase support for rural counties who are unable to manage the full program within current allocations.

# **Assumptions and Calculations**

At this time, the Department does not know how many additional APS caseworkers and supervisors county departments need to address the workload challenges they are experiencing. Pending the results of the APS Workload Study and given the constraints on the State budget, the Department is requesting an increase of \$1.5 million for county departments. The Department will have more accurate data with which to plan to address the APS workload issues when the APS Workload Study is completed in December 2022.

The following tables show the FY 2022-23 Long Bill appropriation, FY 2023-24 request for both the Department's APS Program Administration and the county departments' APS Program Administration.

DHS APS Program Administration (F) Aging Programs (1) Adult Protective Services Administration								
	FY 2022-23 Appropriation	Change   Cha						
Total Funds	\$1,348,993	\$1,458,259	\$109,266	\$1,455,962	\$1,455,962			
General Fund	\$1,278,193	\$1,387,459	\$109,266	\$1,385,162	\$1,385,162			
Cash Fund	\$70,800	\$70,800	\$0	\$70,800	\$70,800			
Reappropriated Funds	\$0	\$0	\$0	\$0	\$0			
Federal Funds	\$0	\$0	\$0	\$0	\$0			
FTE	10.5	11.5	1.0	11.5	11.5			

County Departments of Human Services APS Program Administration (F) Aging Programs (1) Adult Protective Services								
	FY 2022-23 Appropriation	Thange   Tha						
Total Funds	\$18,990,892	\$20,490,892	\$1,500,000	\$20,490,892	\$20,490,892			
General Fund	\$13,008,792	\$14,208,792	\$1,200,000	\$14,208,792	\$14,208,792			
Cash Fund	\$3,798,159	\$4,098,159	\$300,000	\$4,098,159	\$4,098,159			
Reappropriated Funds	\$0	\$0	\$0	\$0	\$0			
Federal Funds	\$2,183,941	\$2,183,941	\$0	\$2,183,941	\$2,183,941			

In order to keep pace with the expansion and growth that has taken place in the APS Program in recent years, 1.0 FTE is needed to support statewide programs. The following table shows the costs associated with the FTE for the state position requested. This FTE request is ongoing as the position will be needed to support the workload for APS going forward and the program budget currently has little to no flexibility to absorb these increased salary costs.

FTE Costs for FY 2023-24 and FY 2024-25 and Beyond					
Social Services Specialist IV	FY 2023-24	FY 2024-25 and Beyond			
Total FTE	1.0	1.0			
Total Salary Cost	\$80,961	\$84,203			
Total Centrally Appropriated Costs	\$20,598	\$22,031			
Total One-time Operating Costs	\$7,000	\$0			
Total Ongoing Operating Costs	\$707	\$735			
Total Costs	\$109,266	\$106,969			

Finally, the Department anticipates significant challenges with recruiting and hiring a qualified candidate to fill this Social Services Specialist IV position at the minimum of the salary range. In recent recruitment efforts for positions with the same salary range, qualified candidates required a higher compensation level that was between the Q2 and midpoint of the range. Recruiting quality staff in these positions is critical to maintaining institutional knowledge and essential functions of the program therefore the Q2 rate is requested.

# Supplemental, 1331 Supplemental

Not applicable.

# **Department of Human Services**

# Funding Request for the FY 2023-24 Budget Cycle Request Title R-04 Improving Medicaid Access for Child Welfare Youth Dept. Approval By: OSPB Approval By: Meyan Davisson Supplemental FY 2022-23 Budget Amendment FY 2023-24 X Change Request FY 2023-24

		FY 2022-23		FY 2023-24		FY 2024-25
Summary			Supplemental			
Information	Fund	Initial Appropriation	Request	Base Request	Change Request	Continuation
	Total	\$16,874,026	\$0	\$16,860,970	\$541,573	\$821,637
	FTE	74.5	0.0	74.8	2.7	3.0
Total of All Line Items	GF	\$12,993,491	\$0	\$12,929,023	\$162,500	\$325,000
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0
rtoquoot	RF	\$66,803	\$0	\$69,785	\$291,573	\$321,637
	FF	\$3,813,732	\$0	\$3,862,162	\$87,500	\$175,000
		FY 2022	-23	FY 20	)23-24	FY 2024-25
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation

		FY 2022	2-23	FY 20	023-24	FY 2024-25
Line Item			Supplemental			
Information	Fund	Initial Appropriation	Request	Base Request	Change Request	Continuation
	Total	\$9,141,970	\$0	\$8,962,914	\$291,573	\$321,637
	FTE	74.5	0.0	74.8	2.7	3.0
03. Office of Children, Youth, and Families, (B)	GF	\$7,974,754	\$0	\$7,802,386	\$0	\$0
Division of Child Welfare,	CF	\$0	\$0	\$0	\$0	\$0
(1) Division of Child Welfare - Administration	RF	\$66,803	\$0	\$69,785	\$291,573	\$321,637
	FF	\$1,100,413	\$0	\$1,090,743	\$0	\$0
	Total	\$7,732,056	\$0	\$7,898,056	\$250,000	\$500,000
	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children,						
Youth, and Families, (B) Division of Child Welfare, (1) Division of Child Welfare - Colorado Trails	GF	\$5,018,737	\$0	\$5,126,637	\$162,500	\$325,000
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,713,319	\$0	\$2,771,419	\$87,500	\$175,000

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



Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-04 Request Detail: Improving Medicaid Access for Child Welfare Youth

Summary of Funding Change for FY 2023-24					
	Incremental Change				
	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$16,874,026	\$541,573	\$821,637		
FTE	74.5	2.7	3.0		
General Fund	\$12,993,491	\$162,500	\$325,000		
Cash Funds	\$0	\$0	\$0		
Reappropriated Funds	\$66,803	\$291,573	\$321,637		
Federal Funds	\$3,813,732	\$87,500	\$175,000		

# Summary of Request

The Department of Human Services (DHS, Department) requests \$541,573 total funds, including \$162,500 General Fund, \$291,573 in reappropriated funds, \$87,500 in federal funds, and 2.7 FTE in FY 2023-24; and, \$821,637 total funds, including \$325,000 General Fund, \$321,637 in reappropriated funds, \$175,000 in federal funds, and 3.0 FTE in FY 2024-25, in order to more equitably and effectively connect children and youth in child welfare to physical and behavioral health services through Medicaid.

Children and youth in child welfare who are eligible for Medicaid encounter additional barriers to accessing needed physical and behavioral health care due to the various funding streams, complex custody, and regulations specific to the child welfare population. DHS, Health Care Policy and Financing (HCPF), and the Office of Information Technology (OIT) completed a root cause analysis last year, which found approximately 1,000 children and youth who experienced eligibility disruptions. These eligibility disruptions represent instances where children and youth attempted to access critical physical or behavioral health care services, including medications, and their access was at best delayed or at worst denied. This analysis led to a list of 11 short, medium, and long-term recommendations to fix these issues and barriers. Cross-agency teams are currently working on the short and medium-term recommendations, but implementing the long-term recommendations requires additional funds. This request will fund the needed staff and technology enhancements to address the long term recommendations to better serve children and youth in Child Welfare.

Requires Legislation	Evidence Level	Impacts Another Department? (If yes, name department)	Rolloff of ARPA Funds?	Statutory Authority
No	3 Theory- Informed	Yes, HCPF and OIT	No	Medicaid: 25.5-5-101 (2) (e), C.R.S. Child Welfare: 26-1-111 (2) (b), C.R.S.

# **Current Program**

According to the Department's Colorado Code of Regulations (Section 12 CCR 2509-5-7.402 - Medical Resources), DCW, Colorado counties, and the Colorado Medicaid program are required to provide medical assistance to specialized populations in the child welfare system including foster care, adoption, emancipation, and Division of Youth Services (DYS) community placed youth.

Child Welfare Medicaid programs are managed by the Office of Children, Youth, and Families (OCYF) within DHS, but rely on cross-agency collaboration for successful implementation. OCYF is responsible for the specialized population, while Health Care Policy and Financing (HCPF) is responsible for providing the benefits and services.

On a technical level, Child Welfare Medicaid relies on multiple data systems successfully interfacing. This has proven to be challenging. For example, most Child Welfare Medicaid programs are opened and managed in Trails but rely on interfacing with Colorado Benefits Management System (CBMS) to connect client eligibility information to the Colorado interChange's provider-facing systems. Other programs, such as Continuous Eligibility and Former Foster Care, are managed in CBMS but are opened through stored procedures built into Trails. Currently, there is limited staff capacity at Trails to manage the technical elements of the Medicaid entitlement and only one staff developer who can complete thorough case research and implement analyst fixes for help desk tickets. This diminished capacity has created a bottleneck of technical issues that create operational and audit risks for DHS and HCPF, as well as health and safety risks for children and youth in the child welfare system.

On the program side, DHS relies on a combination of program administrators and one Medicaid Liaison to successfully implement an entitlement that affects over 15,000 children in the child welfare system. On the HCPF side, there are designated staff that act as subject matter experts for benefits and another for eligibility policy; however, these staff members divide their time between various responsibilities. The diffused nature of managing this entitlement creates a fragmented system characterized by the inefficient flow of data, subject matter expertise, and program management.

# Problem or Opportunity

Child welfare-involved children and youth are more susceptible to eligibility disruptions due to the sheer complexity of their system involvement and medical needs. For example, children and youth can experience multiple changes in custody and providers or placement through their involvement, each of which requires changes to their insurance enrollment status. Additionally, paying for services in child welfare often involves utilizing various funding streams in addition to Medicaid to ensure access to appropriate types of care, which adds an additional layer of administrative complexity. Finally, research suggests that children are both more likely to have complex needs that require more continuous access to health care services and are more likely to experience barriers to access.

More than any other population, child welfare-involved children and youth maintain eligibility for Medicaid services, but how they are eligible can change. While engaged in the child welfare system, a youth may experience changes in legal custody status, entry points into care, reunification, adoption, and/or emancipation. Each scenario requires completing specific case management and data entry tasks, with each task representing a potential touchpoint for errors and eligibility disruptions.

In July 2021, the Delivery of Child Welfare Services Task Force (DCWSTF) Medicaid Subcommittee wrote a letter to the Executive Directors of DHS, HCPF, and the Office of Information Technology (OIT), expressing concern over the management of the Child Welfare Medicaid program. Specifically, the DCWSTF voiced concerns regarding the number of eligibility disruptions that children and youth in the child welfare system experienced and the length of time it took to resolve those disruptions. In response, DHS appointed a strategic project manager to lead cross-agency efforts to complete four root cause analyses and create a list of short, medium, and long-term recommendations to fix these issues.

Through four root cause analyses, Trails, CBMS, and HCPF identified at least 1,396 eligibility disruption events for Child Welfare Medicaid - approximately one event for every 15 children and youth who receive Medicaid eligibility through the child welfare system. These disruption events represent a break in Medicaid insurance enrollment, which can prevent vulnerable children and youth from accessing critical healthcare services. Over the last year, we have documented several cases where children or youth needed to refill essential medications, such as seizure medications and blood thinners, and their access was delayed due to eligibility disruptions. While we have identified more direct pathways for escalation, these disruption events represent more profound systemic vulnerabilities that jeopardize the health and safety of children and youth in the child welfare system.

These 1,396 eligibility disruption events were caused by 13 root causes and five systemic issues. Root causes include technical issues across systems, data quality problems, business process breakdowns, and a lack of training. The systemic issues that created the root causes include diminished technical capacity and documentation, ineffective cross-agency collaboration, and insufficient state processes to manage identity and state identification numbers. An overarching systemic issue that created the conditions for each root cause was the lack of centralized expertise on Medicaid services and access issues for the specialized population we serve in the child welfare system.

Lack of centralized expertise in part reflects the split responsibility across HCPF and CDHS for Child Welfare Medicaid. HCPF is responsible for overseeing Medicaid enrollment, eligibility, and termination for all who receive Medicaid and are the experts in eligibility and benefits policy. CDHS is responsible for the child welfare-involved population and all the services they need.

While HCPF is the single state agency responsible for Medicaid, neither department can successfully manage the program on their own. Child Welfare Medicaid requires subject matter expertise in child welfare policy, rules, and statute at a level that cannot be easily achieved at HCPF alone. Reversely, Child Welfare Medicaid requires subject expertise in Medicaid policy, rules, and statute at a level that cannot be easily achieved at DHS alone.

Beyond Medicaid enrollment, one of the most significant barriers to accessing treatment beds is state processes for efficiently maximizing Medicaid funding to support that treatment. OCYF has increasingly encountered incidents in which children and youth in need of residential treatment are unable to access that treatment because it is either outside of their Regional Accountable Entity (RAE), the child is not enrolled in Medicaid or is enrolled incorrectly, or the facility is unsure how to bill Medicaid for treatment appropriately. On several occasions, this has resulted in children and youth being denied access to open beds for no reason other than billing.

Current resources are insufficient to achieve sustainable solutions. Trails, CBMS, and HCPF are pursuing short- and medium-term improvements to minimize eligibility disruptions and build a larger community of practice. Short-term improvements include developing additional training resources for state and county partners, releasing updated guidance, and creating resources counties can use to more efficiently troubleshoot and escalate issues as they are identified. Medium-term improvements include technical enhancements that will expedite case research and increase interoperability.

Absent long-term investments, systemic vulnerabilities will persist and roll back any improvements we make in the short and medium-term. To sustainably resolve this problem, we must build programmatic and technical capacity.

# **Proposed Solutions and Anticipated Outcomes**

After completing the four root cause analyses, the cross-agency project team identified short, medium, and long-term recommendations to ensure children and youth in the child welfare system can access critical physical and behavioral health care services.

1. Establishment of a Child Welfare Medicaid Specialist Team: (\$182,959 total reappropriated funds, including \$91,480 in general fund, \$91,480 in federal funds, and 1.84 FTE) The Department request includes two Child Welfare Medicaid Specialists to provide expert navigation to ensure that child welfare and Medicaid processes are not a barrier to accessing care. The Child Welfare Medicaid Specialist team would function as navigators for child welfare-involved families, county departments of human/social services, as well as for 24/7 providers serving these children and youth. The specialists would ensure successful eligibility enrollment, facilitate access to care, address systematic barriers across systems, and provide recommendations on how to simplify and gain efficiencies in Child Welfare Medicaid. These staff would also work with counties, RAEs, and providers to troubleshoot Medicaid-related treatment issues, a key barrier towards accessing specialized residential care, psychiatric evaluations, and other services for high acuity youth.

- a. Anticipated Outcomes: The Child Welfare Medicaid Specialist team will ensure that children and youth in the child welfare system have a more seamless connection to physical and behavioral healthcare services, which will improve health outcomes, minimize harm to children and youth, and ensure timely permanency planning.
- b. Performance Improvement Metrics:
  - i. Increase the number of training resources and learning opportunities related to Child Welfare Medicaid.
  - ii. Reduce the number of errors and exceptions for Child Welfare Medicaid programs.
  - iii. Reduce the response time for Trails Child Welfare Medicaid Help Desk Tickets.
  - iv. Increase the total number of high-quality treatment beds funded through Medicaid.

Given that these positions would exist at the intersection of child welfare programs, policy, and rule; and Medicaid programs, policy, and rule; we plan to have these positions jointly (matrix) report to both DHS and HCPF. This reporting structure would formalize each agency's shared accountability for the program, provide centralized subject matter expertise, reduce inefficiencies, and most importantly, provide whole person, whole family, and whole community care for children and youth.

- 2. Increase the Technical Capacity for Sustainable Systems Enhancements: (\$358,615 total funds including \$189,654 in (\$27,154 reappropriated) general fund, \$168,961 in (\$81,461 reappropriated) federal funds, and .092 FTE) Given the limited staff capacity at Trails to manage the technical elements of the Medicaid entitlement and the existence of only one staff developer who can complete thorough case research and implement analyst fixes to help desk tickets, this funding would create the capacity for sustainable systems enhancements and maintenance. The additional technical capacity, which includes one Contract Developer (\$250,000 in total fund) and one Business Analyst (\$108,615 in total fund, 0.92 FTE) would help align business value and technical systems, resolve Help Desk Tickets more quickly, and lay the groundwork for future information technology (IT) innovation and interoperability between Trails, CBMS, and the Colorado interChange.
  - a. Anticipated Outcomes: Leveraging technology to improve front-end functionality, improve data quality, better define and analyze business processes, and move the technical system more closely into alignment with business requirements and business value.
  - b. Performance Improvement Metrics:
    - i. Reduce the number of errors and exceptions for Child Welfare Medicaid programs.
    - ii. Reduce the response time for Trails Child Welfare Medicaid Help Desk Tickets.

Similar to the Child Welfare Medicaid Specialists, the business analyst position would jointly (matrix) report between DHS and HCPF. Successfully executing the Child Welfare Medicaid program requires defining and aligning business requirements across Trails, CBMS, and the Colorado interChange, three of the largest systems in Colorado. Jointly (matrix) reporting could build the technical expertise necessary for interoperable solutions.

For the Contract Developer position, the Department proposes to draw down federal funds from Title IV-E, at a match rate of 65:35, which place the total expenditure at \$162,500 in General Fund and \$250,000 in total funds.

- 3. Enhance Quality Assurance Functions between Trails, CBMS, and the Colorado interChange: (\$250,000 total funds, including \$162,500 in General Fund, \$87,500 in federal funds, and 0.0 FTE) After additional capacity has been built, the next priority would be to help improve and expand the Quality Assurance (QA) capacity with one contract QA/Tester. This funding is requested to start for FY 2024-25.
  - a. Anticipated Outcomes: A greater capacity to refine technical solutions to reduce bugs, optimize development resources, and provide ongoing quality assurance to identify technical risks and trends to minimize risk.
  - b. Performance Improvement Metrics:
    - i. Reduce the number of errors and exceptions for Child Welfare Medicaid programs.
    - ii. Reduce the response time for Trails Child Welfare Medicaid Help Desk Tickets.

For the Contract QA/Tester position, the Department proposes to draw down federal funds from Title IV-E, at a match rate of 65:35, which place the total expenditure at \$162,500 General Fund and \$250,000 in total funds.

Table 1: FY 2023-24 & FY 2024-25 Fund Split						
		FY 20	23-24	FY 2024-25		
Position(s)	Fund Split	General Fund	Total Cost	General Fund	Total Cost	
Child Welfare Medicaid Specialists	50:50 General Fund - HCPF & CMS	\$91,480	\$182,959	\$100,866	\$201,732	
Contract Developer	65:35 General Fund - Title IV-E	\$162,500	\$250,000	\$162,500	\$250,000	
Business Analyst	25:75 General Fund - HCPF & CMS	\$27,154	\$108,615	\$29,976	\$119,905	
Contract QA/Tester	65:35 General Fund - Title IV-E	\$0	\$0	\$162,500	\$250,000	
Total		\$281,134	\$541,573	\$455,842	\$821,637	

In total, this proposal aims to pair increased program management with increased technical capacity. Innovative, interoperable IT solutions require both strong program management and technical capability. Absent additional investment in program management, OCYF will struggle to prioritize the Child Welfare Medicaid entitlement as they respond to other service areas. Likewise, lacking additional technical capacity, the business value created by the improvements made on the programmatic side will not materialize in Trails.

If this proposal is not approved, DHS, HCPF, and the counties will fail to maximize Medicaid funds for the child welfare system and children and youth will continue to experience prolonged eligibility disruptions that threaten their safety, health, and wellbeing.

# **Evidence-Continuum**

Program Objective	Provide Medical Assistance through the Colorado Medicaid Program to children in child welfare				
Outputs being measured		Reduced eligibility disruptions and more children and youth more continuously enrolled in Child Welfare Medicaid			
Outcomes being measured	Improve health outcomes, minimize harm to children and youth, and ensure timely permanency planning.				
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial		
	N/A N/A N/A				
Results of Evaluation	N/A	N/A	N/A		

As reducing health disparities has become a priority for healthcare systems, systems have opted to create teams of healthcare specialists that help vulnerable, specialized populations access care. Natalie-Pereira et al. (2011)¹ found that patient navigators, such as the Child Welfare Medicaid Specialist team in this request, play a critical role in facilitating access to care, addressing systemic barriers to effective care, and creating the conditions for improved healthcare outcomes for historically marginalized patients. Certain states even utilize healthcare specialists to increase access to care for children in the child welfare system. For example, Connecticut² created a Health Advocate team that provides real-time assistance to child welfare professionals to remove insurance-related barriers to medical, dental, behavioral, health, transportation, and pharmacy services. Additionally, these specialists provide ongoing recommendations to systems and protocols

<sup>&</sup>lt;sup>1</sup> Natalie-Pereira et al. (2011). The role of patient navigators in eliminating health disparities. National Library of Medicine, National Center for Biotechnology Information.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121958/#:~:text=Patient%20navigators%20can%20not%20only,health%20problems%20and%20non%2Dcompliance

<sup>&</sup>lt;sup>2</sup> Connecticut (2021). Health care standards and practice for children and youth in care. https://portal.ct.gov/-/media/DCF/Policy/BPGuides/215-PG-Health-and-Wellness-PG-542021.pdf

to improve health outcomes. This proposal would initiate an evidenced-based approach to reduce complexity and connect the people we serve to the services they need.

# **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Children in the child welfare system are often marginalized and historically underserved based on various socio-economic factors, including race, gender identity, sexual orientation, income, and disability status.	Children and youth in the child welfare system often experience equity gaps, including access to healthcare systems.	This proposal would increase the programmatic and technical resources necessary to ensure children/youth in the child welfare system have more equitable access to critical physical and behavioral health services.

# **Assumptions and Calculations**

# Table 2: FY 2023-24 Request

To sustainably solve these issues we recommend increasing capacity with two Child Welfare Medicaid Specialists, one Contract Developer, and one Business Analyst beginning in FY 2023-24 for \$291,573 in reappropriated funds, \$162,500 in General Fund, and \$541,573 in total funds and one contract QA/Tester beginning in FY 2024-25 for \$284,391 in reappropriated funds, \$370,000 in General Fund and \$784,391 in total funds.

	FY 2023-24 Child Welfare Medicaid Specialist	FY 2023-24 Business Analyst	Total FY 2023-24 DCW Administration	FY 2023-24 Contract Developer	Total FY 2023-24 Colorado Trails	Total FY 2023-24
Total Funds	\$182,959	\$112,587	\$291,573	\$250,000	\$250,000	\$541,573
General Fund	\$0	\$0	\$0	\$162,500	\$162,500	\$162,500
Reappropriated Funds	\$182,959	\$112,587	\$291,573	\$0	\$0	\$291,573
Federal Funds	\$0	\$0	\$0	\$87,500	\$87,500	\$87,500

# Table 3: FY 2024-25 Request

To sustainably solve these issues we recommend increasing capacity with two Child Welfare Medicaid Specialists, one Contract Developer, and one Business Analyst beginning in FY 2023-24 for \$291,573 in reappropriated funds, \$162,500 in General Fund, and \$541,573 in total funds and one contract QA/Tester beginning in FY 2024-25 for \$325,000 in reappropriated funds, \$321,637 in General Fund and \$821,637 in total funds.

	FY 2024-25 Child Welfare Medicaid Specialists	FY 2024-25 Business Analyst	Total FY 2024-25 DCW Administration	FY 2024-25 Contract Developer & QA/Tester	Total FY 2024-25 Colorado Trails	Total FY 2024-25
Total Funds	\$201,732	\$119,905	\$321,637	\$500,000	\$500,000	\$821,637
General Fund	\$0	\$0	\$0	\$325,000	\$325,000	\$325,000
Reappropriated Funds	\$201,732	\$119,905	\$321,637	\$0	\$0	\$321,637
Federal Funds	\$0	\$0	\$0	\$175,000	\$175,000	\$175,000

Table 4: Summary of Funding Change for FY 2023-24, Colorado Trails One Contract Developer in FY 2023-24 One Contract Developer and One QA/Tester in FY 2024-25

	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$7,732,056	\$250,000	\$500,000
FTE	0.0	0.0	0.0
General Fund	\$5,018,737	\$162,500	\$325,000
Cash Funds	\$0	\$0	\$0
Reappropriated Funds	\$0	\$0	\$0
Federal Funds <1>	\$2,713,319	\$87,500	\$175,000
<1> Federal funds are Title IV-E	•	•	•

Table 5: Summary of Funding Change for FY 2023-24, Division of Child Welfare, Administration
Two Child Welfare Medicaid Specialists
One Business Analyst

		Incremental Change		
	FY 2022-23 Appropriation	FY 2023-24 Request<1>	FY 2024-25 Request	
Total Funds	\$9,141,970	\$291,573	\$321,637	
FTE	74.5	3.0	3.0	
General Fund	\$7,974,754	\$0	\$0	
Cash Funds	\$0	\$0	\$0	
Reappropriated Funds	\$66,803	\$291,573	\$321,637	
Federal Funds	\$1,100,413	\$0	\$0	
<1> See Table 6: Other Departme	ent Impact Calculation Table			

Table 6: Other Department Impact Calculation Table						
HCPF - FY 2023-24 DHS - FY 2023-24 HCPF - FY 2024-25 DHS - FY FY 2024-25						
Total Funds	\$291,573	\$291,573	\$321,637	\$321,637		
FTE	0.0	2.7	0.0	3.0		
General Fund	\$118,905	N/A	\$131,142	\$0		
Reappropriated funds	\$0	\$291,573	\$0	\$321,637		
Federal	\$172,669	\$0	\$190,495	\$0		

Table 7: FTE Table					
	FTE Category #1 SSS IV	FTE Category #2 Analyst IV			
Total FTE	2.0	1.0			
Total Salary Cost (includes salary, Medicare, PERA)	\$135,087	\$73,667			
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$32,548	\$17,746			
Total One-time Operating Costs	\$14,000	\$7,000			
Total Ongoing Operating Costs	\$1,323	\$662			
Total Costs	\$182,959	\$108,615			

We are requesting that the Business Analyst (Analyst IV) position be funded at the Midpoint Q3. To align with market trends for comparable positions, HCPF currently funds their Business Analysts (Analyst IVs) at a Midpoint Q3 level.

# Supplemental, 1331 Supplemental

Not applicable.

# **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-05 Reforming IT Project Ownership					
Dept. Approval By:			Supplemental FY 2022-23			
OSPB Approval By:	Megan Davisson	·	Budget Amendment FY 2023-24			
		<u>x</u>	Change Request FY 2023-24			

	_	FY 202	FY 2022-23		FY 2023-24	
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$82,973,035	\$0	\$91,495,522	\$0	\$0
	FTE	486.6	0.0	491.7	0.0	0.0
Total of All Line Items	GF	\$32,379,696	\$0	\$41,731,707	\$0	\$0
Impacted by Change Request	CF	\$713	\$0	\$706	\$0	\$0
	RF	\$50,220,362	\$0	\$49,763,109	\$0	\$0
	FF	\$372,264	\$0	\$0	\$0	\$0

		FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$38,646,164	\$0	\$39,846,975	\$3,657,002	\$3,685,872
	FTE	486.6	0.0	491.7	0.0	0.0
02. Administration and Finance, (A)	GF	\$15,557,458	\$0	\$22,128,718	\$1,337,849	\$1,348,410
Administration, (1) Administration -	CF	\$0	\$0	\$0	\$0	\$0
Personal Services	RF	\$22,716,442	\$0	\$17,718,257	\$2,319,153	\$2,337,462
	FF	\$372,264	\$0	\$0	\$0	\$0
	Total	\$44,326,871	\$0	\$51,6 <b>48</b> ,547	(\$3,657,002)	(\$3,685,872)
	FTE	0.0	0.0	0.0	0.0	0.0
02. Administration and Finance, (B) Information	GF	\$16,822,238	\$0	\$19,602,989	(\$1,337,849)	(\$1,348,410)
Technology, (1) Information Technology	CF	\$713	\$0	\$706	\$0	\$0
- Payments to OIT	RF	\$27,503,920	\$0	\$32,044,852	(\$2,319,153)	(\$2,337,462)
	FF	\$0	\$0	\$0	\$0	\$0

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

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November 1, 2022



Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-05 Request Detail: Reforming IT Project Ownership

Summary of Funding Change for FY 2023-24						
	Incremental Change					
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$82,973,035	\$0	\$0			
FTE	486.6	0.0	0.0			
General Fund	\$32,379,696	\$0	\$0			
Cash Funds	\$713	\$0	\$0			
Reappropriated Funds	\$50,220,362	\$0	\$0			
Federal Funds	\$372,264	\$0	\$0			

# Summary of Request

The Colorado Department of Human Services (Department, DHS) requests a net-zero transfer of \$3,657,002 total funds, including \$1,337,849 in General Fund and \$2,319,153 in reappropriated funds in FY 2023-24, to increase agency ownership and accountability for information technology (IT) projects. This request annualizes to \$3,685,872 total funds, including \$1,348,410 General Fund and \$2,337,462 reappropriated funds.

The proposed changes outlined in this request will occur in partnership with the Governor's Office of Information Technology (OIT) using a phased approach over two to three years, resulting in better quality and timely delivery of information technology initiatives and allow the Department to better represent business technology needs.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	Step 3 Theory- Informed	Yes, OIT	Section 26-1-111, C.R.S.

# Current Program

DHS has 100+ live IT systems across 80+ lines of business. The systems currently in the DHS portfolio include major systems that administer child welfare cases across the State, as well as manage child support distributions and are utilized by benefits administrations agencies at the county level across Colorado. Among many other things, these systems provide case management, financial management, and healthcare management to the Department and the citizens of Colorado. Currently, OIT, as well as multiple vendors, maintain the infrastructure and systems on behalf of the Department.

# Problem or Opportunity

"Leveraging Technology" is one of the four keys in the DHS Strategic Plan. Due to the fast-paced, ever-changing, and innovative technology world and unique client needs, our client focused technology response and deployment efforts need to be sped up and DHS must respond more appropriately. The best way to position ourselves to be able to deploy strategic interventions in a way that is predictive, rather than reactive, of our clients' unique needs is to internalize many pieces of business, innovation, technology and security and ultimately change the way that DHS does our technology business.

In order to be bold and accountable, DHS needs to own its IT projects and innovate in a way that meets our customers where they are. By bringing innovation and certain IT functions internally and closer to our business needs, the Department will be able to better collaborate with our coworkers, partners and clients and utilize their mission and vision as the driver of our technological solutions, and not the other way around - where the solutions are driving the business of helping people. In addition, improving efficiencies in delivery of technology will reduce the likelihood of projects not being appropriately scoped and budgeted. DHS would like to maximize the chances that IT projects deliver the expected value on time and within budget.

As part of the Governor's Reimagine IT initiative, there is a vision to build increased agency IT accountability and ownership, collaborative IT governance and oversight, and a more nimble and process-oriented IT organization.

Consistent with that initiative, DHS created a new division for business technology called Business Innovation, Technology and Security (BITS) in November 2020 to steer through a new and modern IT approach. This proposal is formalizing and ramping up our IT management needs to address the goals of Reimagine IT and DHS to increase agency ownership and accountability. This will permit BITS to act as experts in various aspects of IT solutions to help our program offices achieve their mission and vision through technology. Most importantly, this structure will help DHS be a better partner with OIT and vendors engaged on our IT initiatives.

DHS offices and programs, in unison with BITS, are best positioned to understand our clients' needs, develop appropriate solutioning, and deploy those solutions in accordance with our mission. For example, in recent months, BITS has been able to take over the management of certain technology projects normally managed by OIT such as NextGen VPN conversion and certain portions of our MS Access Database Modernization effort. In both of these instances, BITS was able to effectively push forward projects that have been stalled for months, or years in some cases.

The key to technology success lies in proper alignment and transformation paired with an adaptive structural unit (BITS) that can not only help programs innovate, but also deploy and implement those solutions.

# Proposed Solution and Anticipated Outcomes

In order to achieve our goals of increased agency ownership and accountability, BITS has identified several key services, currently provided by OIT or vendors, that DHS and BITS should take responsibility for. Some of these key services include software implementation and maintenance management, software testing, data management and strategy, as well as overall agency wide technology coordination. With the overarching goal of an improved technology delivery, our focus area is related to management of technology strategy and stakeholders that entails an increase of IT governance within the agency - i.e. budget, contract, product ownership, and change management. Taking agency ownership and accountability for these areas would result in better quality and timely delivery of our IT initiatives and allow us to better represent our business technology needs. Having well-defined business cases, alignment of major stakeholders, a stable initiative scope, internal governance, and robust contract management with clear responsibilities would go a long way in us being a better partner to program areas, OIT, and technology vendors. Ultimately this would result in increased on-time delivery and cost accountability of in-house projects.

The overall intent of this request is to take ownership of DHS IT initiatives from a vision and backlog perspective, including prioritizing our business technology needs, overseeing

development stages, and anticipating our line of business needs. BITS, with an increase in resources, will act as a primary liaison between programmatic stakeholders and IT service delivery teams (including OIT). This is important because our DHS programs and internal BITS staff are closest to our business needs, and therefore DHS should be facilitating technology innovation and bringing synergies among our program areas. This approach offers a balance between autonomy, agility, cost efficiency, and risk. For this vision to be realized, DHS is requesting a transfer of FY 2023-24 Payments to OIT common policy funding from OIT to DHS in the amount of \$3,657,002. This request seeks to add additional contracted FTE and term-limited solution experts to adequately staff BITS to assume responsibility for the transferred services.

This is based on the IT funding requested by OIT for FY 2022-23 and based on the functions that are envisioned to be shifted from OIT to DHS. For reference, total budgeted common policy spend for FY 2022-23 is \$46,090,247.

This proposal would bring flexibility and responsiveness to DHS' business technology requirements. This would ensure a better partnership between DHS and OIT, where DHS is more focused on supporting innovative solutions for our clients and citizens of Colorado while OIT manages the underlying core technological aspects such as architecture, development, enterprise solutions, security, and infrastructure areas. The intent of this proposal is to establish a long term and flexible funding plan for DHS IT operations. This approach is intended to reduce the need for additional funding requests by our state agency in future years as the State IT environment, and DHS IT administration needs, continue to change.

If this request is not approved, DHS may not be able to realize the vision of the Reimagine IT initiative, and our technology initiatives may continue to maintain high risk of schedule and budget overruns, quality issues, and high number of manual workarounds. DHS will also not be able to keep up with the IT accountability standards set forth for state agencies in H.B. 21-1236, making our systems less effective. Because BITS is more closely aligned with these programs and initiatives within DHS, BITS will be able to more effectively take accountability for these technology products and their outcomes.

# Evidence-Continuum

Program Objective	Migrate some IT Ownership Responsibilities from OIT to DHS			
Outputs being measured	# of Contractors I	Hired, # of Projects Brought	: In-House	
Outcomes being measured	# of Projects Delivered on time, # of Projects Delivered on or Under Budget			
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial	
Results of Evaluation	N/A N/A N/A			
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 3 (theory-informed)			

# **Promoting Equitable Outcomes**

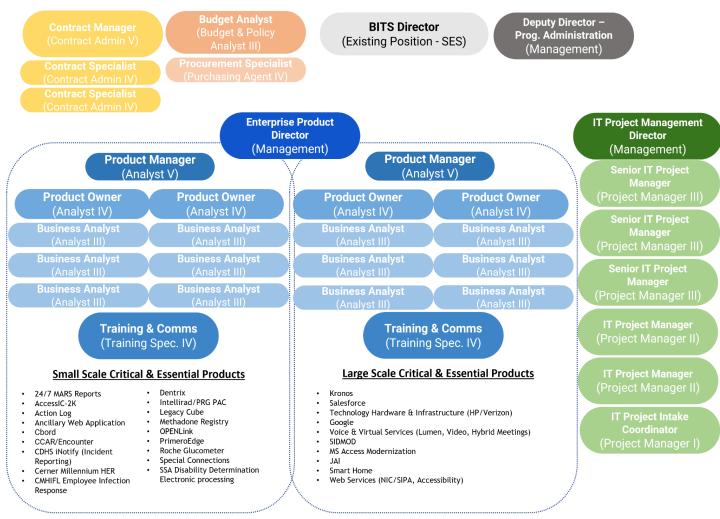
Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
N/A	N/A	After analysis of the expected outcomes of this decision item, the Department believes that this budget request is equity-neutral.

# **Assumptions and Calculations**

The calculations for the request are included below. This is based on the IT funding requested by OIT for FY 2022-23 and based on the functions that are envisioned to be repurposed and delegated from OIT to DHS. The request assumes that OIT will submit an associated non-prioritized request to reflect reductions for the following services, currently paid for via the DHS Payments to OIT line item:

Engagement Services: \$2,665,692
Project Management: \$786,193
Central Administration: \$205,117

The below organizational chart is a potential organizational structure for the BITS team. More work will be done to ensure these positions are aligned correctly and roles and responsibilities are clearly defined to meet the proposed outcomes in this decision item.



Proposed BITS IT Administration Structure

Personnel costs in the tables that follow were calculated using classified positions and estimated accordingly. BITS intends to procure these services using predominantly or entirely contract staff, at least initially.

Table 1: IT Product Ownership							
Role Classification Annual Cost FTE Cost % Overall							
Business Analyst	Analyst III	\$73,123	12.0	\$877,476	37%		
Product Owner	Analyst IV	\$88,958	4.0	\$355,832	15%		
Product Manager	Analyst V	\$109,390	2.0	\$218,780	9%		
Training & Communications	Training Specialist IV	\$88,958	2.0	\$177,916	7%		

Business Solution Analyst	Analyst V - Staff Authority	\$130,000	4.0	\$520,000	22%
Enterprise Product Director/Deputy Director	Management	\$124,407	2.0	\$248,814	10%
	T Product Ownership Total			\$2,398,818	100%

Table 2: IT Project Management							
Role Classification Annual Cost FTE Cost % Overall Co							
Sr. IT Project Manager	Project Manager III	\$118,016	3.0	\$354,048	45%		
IT Project Manager	Project Manager II	\$109,390	2.0	\$218,780	28%		
IT Project Intake Coordinator	Project Manager I	\$88,958	1.0	\$88,958	11%		
IT Project Management Director	Management	\$124,407	1.0	\$124,407	16%		
	Information Technolog Total	gy Project Manage	ment	\$786,193	100%		

In addition, to support the Contract/Budget Management resourcing needs, DHS would need the following staffing plan. This includes the positions for managing the procurement and budget for HP Lease program as well as IT contract analysis, OIT Common Policy and Real Time Billing financial management, IT procurement management/consultation, and data sharing agreement management for DHS.

Table 3: Budget/Contract Management								
Role Classification Annual Cost Cost Cost Cost								
Contract Manager	Contract Administrator V	\$109,390	1	\$109,390	23%			
Contract Specialist	Contract Administrator IV	\$88,958	2	\$177,916	38%			
Procurement Specialist	Purchasing Agent IV	\$88,958	1	\$88,958	19%			
Budget Analyst	Budget and Policy Analyst III	\$95,727	1	\$95,727	20%			
	\$471,991	100%						

# Supplemental, 1331 Supplemental or Budget Amendment Criteria

Not applicable.

# **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle						
Request Title							
	R-06 DYS Security Equipment Upgrades	i					
Dept. Approval By:			Supplemental FY 2022-23				
OSPB Approval By:	Meyan Davisson		Budget Amendment FY 2023-24				
		<u>x</u>	Change Request FY 2023-24				

Summary Information Fund		FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$73,083,169	\$0	\$75,723,513	\$540,600	\$137,000
	FTE	934.0	0.0	934.0	0.0	0.0
Total of All Line Items	GF	\$71,705,624	\$0	\$74,345,968	\$540,600	\$137,000
Impacted by Change Request	CF	\$70,000	\$0	\$70,000	\$0	\$0
	RF	\$1,294,469	\$0	\$1,294,469	\$0	\$0
	FF	\$13,076	\$0	\$13,076	\$0	\$0

	FY 2022-2		23 FY 2023-24		FY 2024-25	
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$73,083,169	\$0	\$75,723,513	\$540,600	\$137,000
03. Office of Children,	FTE	934.0	0.0	934.0	0.0	0.0
Youth, and Families, (C) Division of Youth Services, (2) Institutional Programs - Program Administration	GF	\$71,705,624	\$0	\$74,345,968	\$540,600	\$137,000
	CF	\$70,000	\$0	\$70,000	\$0	\$0
	RF	\$1,294,469	\$0	\$1,294,469	\$0	\$0
	FF	\$13,076	\$0	\$13,076	\$0	\$0

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

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-06 Request Detail: DYS Security Equipment Upgrades

Summary of Funding Change for FY 2023-24					
		Incremental Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$73,083,169	\$540,600	\$137,000		
FTE	934.0	0.0	0.0		
General Fund	\$71,705,624	\$540,600	\$137,000		
Cash Funds	\$70,000	\$0	\$0		
Reappropriated Funds	\$1,294,469	\$0	\$0		
Federal Funds	\$13,076	\$0	\$0		

# Summary of Request

The Department of Human Services (DHS) requests an increase of \$540,600 General Fund in FY 2023-24, and \$137,000 General Fund in FY 2024-25 and ongoing to implement a suite of innovative technology solutions to achieve a contraband-free environment. The detection and prevention of contraband is critical to providing and ensuring the safe environment; physically and psychologically necessary to protect youth and staff, which further supports the trauma responsive environment necessary to support youth in the Department's care.

The request for FY 2023-24 represents an increase of 1% over the FY 2022-23 General Fund appropriation. The first-year cost includes the cost of purchase for 11 drug trace detectors, five digital fingerprinting machines, and one handheld x-ray machine. The ongoing cost is for maintenance of all of the equipment purchased.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	Colorado Revised Statutes 2021 TITLE 19. CHILDREN'S CODE

# **Current Program**

The Department's Office of Children, Youth and Families (OCYF) oversees the Division of Youth Services (DYS), which provides for the care and supervision of youth committed or ordered detained by the District Court into the custody of the Department. The Division operates 15 secure youth centers that serve youth between the ages of 10-21 who need secure custody, care, and/or treatment.

DYS currently utilizes several interventions to prevent and detect drug contraband:

- Pat and full search of youth when warranted by policy
- Drug detection dogs used to search all areas of the facility/campus
- Staff and visitors entering facilities must carry all personal items in a clear bag and subject to full search
- Hand-held metal detectors
- Urine detection screens for suspicion of drug use
- Visible signage at entry point clearly stating no drugs are allowed
- Visible search of all youth mail

# **Problem or Opportunity**

As synthetic drug manufacturing techniques have quickly evolved, DYS has experienced instances of highly undetectable synthetic drugs entering its facilities, which risks the safety and treatment goal progress of all youth in the Department's care. Due to the prohibitive cost of new, innovative technology to detect these street drugs and other contraband, DYS has been unable to keep up using existing resources with the newest and most effective detection technology in its effort to prevent street drugs and other contraband from entering its secure facilities.

The detection and prevention of drug contraband is critical to providing and ensuring a safe environment for the youth in the Department's care. In addition to the physical safety of keeping drugs out of 24/7 youth facilities, the psychological and emotional safety of a drug and contraband-free environment is a critical foundation of the trauma responsive environment DYS is responsible for providing and maintaining.

# **Proposed Solution and Anticipated Outcomes**

The Department is requesting resources to purchase and implement a suite of innovative technology tools to modernize DYS security and detection equipment. This request supports goal #4 of the DYS strategic plan to "ensure all DYS settings support physical safety and security," which is supported by the activity, "provide all youth centers with high quality screening and detection equipment<sup>1</sup>."

Implementing the newest, innovative technology to detect small, synthetic drugs and other contraband will drastically reduce the amount of contraband making it inside facilities. This reduction will result in improvements for both DYS staff and youth in the Department's care in the following ways:

- DYS Staff: Increased ability to detect and prevent the entry of harmful substances will lead to an increase in workplace physical and psychological safety.
- DYS Youth: This proposal will lead to improvement in youth safety by drastically reducing the risk of access to drugs and other contraband which present significant risks such as disruption of treatment progress and the risk of accidental or intentional overdose and death.
- Both DYS Staff and Youth: A reduction in contraband will lead to a reduction in unsafe behaviors such as fights, assaults, self-harm, and erratic behavior requiring staff intervention, and enhance the ability of DYS to provide a therapeutic and trauma-responsive environment for youth in the Department's care. Contraband is highly counterproductive to this mission, as drugs within a secure setting can be used as currency and therefore become highly sought after. This dynamic creates gang-related issues that can lead to fights and assaults. Further, ingestion of these substances can also alter an individual's mindset, which creates erratic and unpredictable behavior that can escalate conflict.

The proposed suite of detection tools is shown below:

# Contraband Detection Tools: \$315,600

1. Handheld X-Ray machines: \$56,000
Handheld X-Ray machines will allow for more accurate detection of drugs and contraband entering facilities, including the ability to detect contraband that is hidden more deeply in walls, mattresses, etc. The Department's performance management system, C-STAT, has documented this as an area to be addressed. The Department is requesting funding for one handheld x-ray machine in the first year, annualizing to three in the following year. This will allow for DYS staff to develop effective processes and procedures before expanding use to other facilities.

<sup>&</sup>lt;sup>1</sup> DYS strategic plan goals and strategies

2. Drug Trace Detectors: \$23,600 X 11 = \$259,600

Drug Trace Detectors will allow DYS to screen staff, visitors, mail, and packages to keep environments safe and drug free. These devices will detect both explosive and narcotic substances in trace amounts and will provide information on the specific substance detected. Staff, visitors, and parcels are swiped with a tab (it could be the hands, shoes, belt buckle, parcel). The tab is inserted into the drug detection machine and within seconds it can tell you if there is a positive match for illegal substances. This allows further review of the person and/or the parcel and prevents dangerous drug contraband from entering the youth center.

#### Identification and Youth Processing Modernization Tools: \$225,000

3. Digital Fingerprint Machines for five DYS Commitment Facilities: First year, 5 X \$45,000, Ongoing maintenance 5 X \$5,000 per year.

Digital fingerprinting systems are the most accurate and reliable method for fingerprinting by preventing "bad" ink prints, reducing rejection rates and the need for reprocessing, and are easier to use and train staff on than traditional rolling fingerprints with ink and paper. Utilizing a Livescan to digitally capture fingerprints and print on FD-258 cards with black ink (accepted and preferred by all federal, state and other agencies) with no smudging or smearing results in less than 1% of fingerprints rejected. Deploying digital prints in DYS intake will increase accuracy and expediency, and will provide faster access to information used for placement decisions by assessment teams and caseworkers. Rejected prints can take up to double or triple the time to process, including weeks of mailing back and forth. Processing time on a Livescan is an average of less than 24 hours. Additionally, the digital print system will eliminate the need to rely on and coordinate with other agencies who do fingerprinting, and eliminate time spent waiting on hard copy prints to be physically transported. While Livescan machines, similar to other equipment, entails a larger up-front cost, ongoing maintenance costs reflect annual software updates and cleaning to maintain functionality.

If this request is not approved, DYS facilities will continue to be vulnerable to external threats including an increasing amount of highly small, highly undetectable synthetic drugs and other contraband entering the facility through increasingly sophisticated means, and an increased potential for youth harm including intentional and unintentional drug overdose.

#### Evidence-Continuum

Program Objective	To modernize DYS security and detection equipment and to increase overnight exterior security at one 21-acre facility		
Outputs being measured	<ul> <li>Number of "bad" prints need to re-process</li> <li>Amount and number of drugs and other contraband detected on visitors and staff on entry to facility</li> </ul>		
Outcomes being measured	Decrease in the amount and number of incidents of drugs and other contraband introduced into DYS 24/7 secure facilities		

Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial	
Results of Evaluation	N/A	N/A	N/A	
S.B.21-284 Evidence Category and Evidence Continuum Level		Step 2 (theory-informed, identify outputs)		

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

See the Proposed Solution section for the detailed cost assumptions.

Table 1: Assumptions and Calculations Summary Table							
	FY 2022-23 FY 2023-24 Change FY 2024-25 Ongoing Costs Appropriation Request Request past FY 2024-25						
Total Funds	\$73,083,169	\$73,623,769	\$540,600	\$73,108,169	\$137,000		
General Fund	\$71,705,624	\$72,246,224	\$540,600	\$71,730,624	\$137,000		
Cash Fund - Name	\$70,000	\$70,000	\$0	\$70,000	\$0		
Federal Funds	\$13,076	\$13,076	\$0	\$13,076	\$0		

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-07 Improving SNAP Delivery					
Dept. Approval By:			Supplemental FY 2022-23			
OSPB Approval By:	Meyan Davisson		Budget Amendment FY 2023-24			
		<b>X</b>	Change Request FY 2023-24			

		FY 202	22-23	FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$7,363,604	\$0	\$7,509,076	\$0	\$0	
	FTE	22.0	0.0	22.0	5.6	6.0	
Total of All Line Items	GF	\$2,752,867	\$0	\$2,796,944	\$0	\$0	
Impacted by Change Request	CF	\$1,009,535	\$0	\$1,014,181	\$0	\$0	
	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$3,601,202	\$0	\$3,697,951	\$0	\$0	

FY 2024-25	23-24	FY 202	2-23	FY 202		Line Item Information	
Continuation	Change Request	Base Request	Supplemental Request	Initial Appropriation	Fund _		
\$626,569	\$622,173	\$3,719,411	\$0	\$3,612,264	Total		
6.0	5.6	15.0	0.0	15.0	FTE	04. Office of Economic	
\$313,285	\$311,087	\$1,781,531	\$0	\$1,746,458	GF	Security, (D) Food and Energy Assistance, (1)	
\$(	\$0	\$0	\$0	\$0	CF	Food and Energy Assistance -	
\$0	\$0	\$0	\$0	\$0	RF	Supplemental Nutrition	
\$313,284	\$311,086	\$1,937,880	\$0	\$1,865,806	FF	Assistance Program Administration	
(\$626,569	(\$622,173)	\$3,789,665	\$0	\$3,751,340	Total		
0.0	0.0	7.0	0.0	7.0	FTE	04. Office of Economic	
(\$313,285	(\$311,087)	\$1,015,413	\$0	\$1,006,409	GF	Security, (D) Food and Energy Assistance, (1)	
\$(	\$0	\$1,014,181	\$0	\$1,009,535	CF	Food and Energy	
\$0	\$0	\$0	\$0	\$0	RF	Assistance - Electronic Benefits Transfer	
(\$313,284	(\$311,086)	\$1,760,071	\$0	\$1,735,396	FF	Service	

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

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Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-07 Request Detail: Improving SNAP Delivery

Summary of Funding Change for FY 2023-24						
Incremental Change						
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$7,363,604	\$0	\$0			
FTE	22.0	5.6	6.0			
General Fund	\$2,752,867	\$0	\$0			
Cash Funds	\$1,009,535	\$0	\$0			
Reappropriated Funds	\$0	\$0	\$0			
Federal Funds	\$3,601,202	\$0	\$0			

#### Summary of Request

The Department of Human Services (DHS, Department) requests a net-neutral adjustment of \$622,173 total funds, including \$311,087 General Fund and \$311,086 federal Supplemental Nutrition Assistance Program (SNAP) funds to increase program staffing by 5.6 FTE in FY 2023-24. This increase is offset by repurposing underspent funds in the Electronic Benefits Transfer Service (EBTS) appropriation, which reflects a lower-cost negotiated vendor contract, beginning in FY 2023-24, at about 20% less. The net-neutral adjustment of funds will increase to \$626,569 total funds (\$313,285 General Fund and \$313,284 federal SNAP funds) to fund 6.0 FTE in FY 2024-25.

State staff provide an array of support to counties who are administering the SNAP program and processing applications for food assistance, including training, technical assistance, system support, and more. When caseloads increase, it increases the demand for support from State staff to provide this technical assistance, training, and support. In addition, the federal Public Health Emergency (PHE) and other pandemic area regulations have resulted in an entirely new set of complex and ever-evolving policy changes that State staff must first digest and understand, and then train counties on how to handle. This request will right-size SNAP administrative funding and staffing to maintain consistent, high-quality services ultimately in support of Coloradans facing food insecurity.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 26-2-301, C.R.S.

#### **Current Program**

SNAP is the cornerstone of nutrition assistance programs serving all demographics (e.g., the working poor, children, seniors, students, veterans) in every county in the state. As such, SNAP is both a critical component of the nutritional safety net and an economic driver with a measurable return of \$1.54 for every dollar of SNAP benefits spent in Colorado communities. Increased awareness of the importance of SNAP as a basic nutritional safety net generally available to households with income below 130% of the federal poverty level has resulted in increased program access and participation.

SNAP is an entitlement program, meaning that benefits are available for any household who meets the eligibility criteria. The State's costs to administer the program are paid with a 50-50 state/federal match, subject to a federal cap. In Colorado's state-supervised, county-administered system, the Department is responsible for fiscal oversight, training, technical assistance, maintaining the eligibility system, monitoring and reporting, and more. The counties are primarily responsible for processing applications to determine eligibility and responding to clients' questions.

Research shows that SNAP is efficiently targeted to families that need benefits the most<sup>1</sup>. As such, SNAP reduces the likelihood that families have trouble affording food and serves as an automatic fiscal stabilizer during economic downturns. Program recipients quickly spend their benefits, providing a rapid stimulus to the local economy including the retail, wholesale, and transportation systems that deliver food. SNAP also offers vital long-term benefits to children and provides key benefits across people's lives. Individuals who had access to SNAP benefits as children are more likely to graduate from high school and grow up healthier. Women in particular are more likely to become economically successful due to childhood access to SNAP benefits.

SNAP benefits are passed directly from the federal government to recipients via an Electronic Benefits Transfer (EBT) card that looks and operates just like a debit card. This functionality makes it easier for SNAP recipients to access their benefits when shopping for groceries. However, fraud reports from cardholders and counties reveal that card skimming and cloning have become commonplace criminal activities that deprive SNAP households of their benefits. This fraudulent activity requires significant staff time to address and prevent rampant sweeps of Colorado numbers.

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<sup>&</sup>lt;sup>1</sup> See Schanzenbach, Diane (2022) <u>SNAP Supports Rural Families</u>, American Enterprise Institute for Public Policy Research

A high-quality state workforce of policy, fiscal, automated systems, and outreach staff is required to ensure that the SNAP program operates effectively, within federal guidelines and expectations. Historically, Colorado's SNAP operations have been lean.

The COVID-19 pandemic and subsequent economic instability have increased the SNAP caseload significantly. Statewide, cases have increased nearly 20% from an average pre-Covid (March 2019-February 2020) caseload of 226,114 to an average post-Covid-spike caseload (May 2021-April 2022) of 270,944. In April 2022, 281,605 Colorado households received more than \$133 million in SNAP benefits. In turn, these benefits generated more than \$208 million in monthly economic activity in Colorado communities.

Thus, a \$316,999 General Fund investment to ensure high-quality services represents less than 0.02% of the cost of a single *month* of benefits.

#### Problem or Opportunity

State SNAP operations have operated very leanly, often requiring the Department to prioritize the workload that can be completed and determine what must be left undone. For instance, the Department struggled with the capacity to provide high-quality customer service and technical assistance to all counties prior to the COVID-19 pandemic. Instead, these constraints forced the Department to prioritize required federal management reviews over customer service to all counties. Moreover, understaffing in the SNAP program creates challenges for the Department to implement and comply with federal changes. SNAP is the most federally prescribed public assistance program operated by the Department; the federal Food & Nutrition Service (FNS) regularly changes program requirements. Insufficient staffing makes it challenging to implement the various changes, which may result in financial consequences for non-compliance.

Colorado's lean operations magnify challenges that are created outside the Department's control (e.g., a government shutdown, a natural disaster, or an external security breach), making them more difficult to navigate. Additionally, many projects, modernizations, and process efficiencies that could streamline operations are not pursued because the Department lacks the resources to implement those projects. Ultimately, program efficiency and integrity are the sacrifices of a lack of staff resources.

A 2015 external assessment of the Department's food programs workload identified critical deficiencies in SNAP operations and recommended strategies to improve program effectiveness.<sup>2</sup> In terms of staffing gaps, the assessment found that the Division is understaffed and existing staff were supporting a range of activities outside their formal job responsibilities and expertise.

Subsequently, staffing deficiencies were identified as a key cause of low morale and high turnover. Nine positions out of 19 total working in the SNAP program (including

<sup>&</sup>lt;sup>2</sup> See the <u>SNAP Assessment Report</u> for the full workload assessment and report of the Department's operation of food programs

Policy/Initiatives, Performance/Compliance, and Outreach and Education) are new or were vacant within the last two years. Eight of the 18 positions working on the EBT and Automated Systems teams are new or were vacant in the last two years.

Since the assessment was completed, several major events have magnified staffing challenges:

- Government shutdown (2019) drastically impacted affected workloads and significantly taxed the capacity of state staff to respond quickly and effectively to maintain Coloradans' benefits during a time of crisis.
- A major system upgrade and transition to the cloud (i.e., CBMS "Transformation")
  (2019) significantly altered the application's usage and created a host of issues in
  delivering benefits as system hiccups were addressed and staff were trained and
  became comfortable with the new processes.
- The COVID-19 pandemic increased caseloads significantly over pre-pandemic levels (reaching as high as 42% higher in the initial months of the pandemic). The pandemic's effect on the SNAP program was immediate, beginning in March 2020 and continuing into 2022. Previous economic downturns have followed a pattern whereby SNAP cases return to more normal levels five or more years after the economy rebounds. Currently, some economic sectors have rebounded, but low-income populations continue to struggle. Additionally, pandemic-era program administration obligations (e.g., implementing a number of waivers and options), including the Public Health Emergency, is dynamic, complicated, and constantly evolving.

The historical understaffing of the state SNAP program will lead to performance issues, both in "normal" and "extreme" circumstances. These issues will be exacerbated in the short term and amid any extreme events that may emerge.

## Proposed Solution and Anticipated Outcomes

The Department requests 6.0 FTE (5.6 FTE in the first year, per the pay-day shift) in order to operate the SNAP program equitably, effectively, and efficiently. Specifically, these positions include:

- 2.0 SNAP Program Specialists (Social Services Specialist III) who are responsible for
  policy analysis, interpretation, and protocol development based on federal guidance
  and provide input on proposed state rules and regulations to impact change.
  Additionally, these staff assist with client escalations and are the first point of
  contact for county staff seeking assistance and clarifications in complex cases.
- 1.0 SNAP Data Analyst (Data Manager V) to design documentation to map origins of data used to populate client and case files within CBMS and compile a required data dictionary. Additionally, this position will create structured datasets (e.g., including demographics, case information, benefits issuance) to facilitate independent research that increases program usage and removes barriers.

- 1.0 EBT Program Analyst (Analyst III) to apply knowledge of EBT rules, regulations and basic principles to help support counties and clients in the access of SNAP and cash benefits. Responsibilities will include mitigating client benefit theft through the response and prevention of card cloning and skimming.
- 1.0 Automated Systems Specialist (Analyst IV) to independently interpret how federal and state regulations can be implemented and recommend CBMS functionality as well as recognize and address defects. This position is critical to address the dramatic increase in light of implementing automated processes to reduce burdens on county workers and increase accuracy.
- 1.0 CBMS Help Desk Technician (Social Services Specialist III) to answer calls, which have increased more than 33% since 2019, from clients who are temporarily out-of-state and need to verify their identity and add their card numbers in the system so they can access their benefits. Additionally, this position will update clients' new addresses and trigger another EBT card to be mailed to the correct address.

Without these positions, the Department will struggle to support counties and clients with questions and clarifications per complex cases, remove barriers to access, and improve outcomes, including reduced errors, overpayments, as well as to address and prevent client benefit theft. Ultimately, this request promotes health equity and food security for Coloradans who have lower incomes. Among the various social determinants of health (as defined by the Centers for Disease Control and Prevention), food insecurity has one of the most extensive impacts on the overall health of individuals.

Meanwhile, the Department anticipates roughly \$325,000-\$350,000 General Fund savings in the EBT appropriation, based on anticipated underspending of the EBT appropriation. This estimate is based on consistent underspending in the last five years, beginning with selection of the State's new EBT vendor. Furthermore, the current vendor's contract is being renegotiated and extended; beginning in July 2023, the contracted costs will be about 20% less than the current contract. Even as other program costs may increase, the Department estimates that the appropriation will continue to be underspent by at least \$325,000. The renegotiated contract will extend through at least FY 2028-29. In turn, this repurposed General Fund will draw-down a corresponding \$325,000-\$350,000 in federal SNAP funds.

Therefore, the Department proposes a budget neutral approach to repurpose funds from supporting the EBT contract to funding six critical positions. The EBT appropriation consists of 50% General Fund and 50% federal SNAP funds, which can be shifted to support the 50-50 (General Fund/federal funds) split required for these positions. The Department is confident that shifting this appropriation to the SNAP State Administration line will be sustainable.

## **Promoting Equitable Outcomes**

This proposal is budget-neutral and wholly administrative in nature. While the SNAP program addresses economic equity, this administratively-focused proposal does not entail equity outcomes, per se.

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with income below 200% of the federal poverty level (FPL) can be eligible to receive SNAP.	By definition, individuals below 200% FPL struggle economically. These issues are magnified among seniors, individuals with disabilities, and other marginalized groups who are eligible for SNAP.	By providing resources to improve program administration, households will be more likely to receive accurate, timely benefits. Since food is a basic need, shoring up administrative functions will help to ensure this critical need is met among vulnerable households who apply for SNAP.

### **Assumptions and Calculations**

This proposal is administrative, wholly inclusive of staffing and shifting available resources. It is a budget-neutral approach, shifting funds from the EBT budget line to the SNAP Administration line, both housed within the Food and Energy Assistance section of the Long Bill. The FTE tables are below.

	Table 1: Assumptions and Calculations Summary Table							
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25			
Electronic Benefits Tr	ansfer Service							
Total Funds	\$3,751,340	\$3,129,167	(\$622,173)	(\$626,569)	\$0			
General Fund	\$1,006,409	\$695,322	(\$311,087)	(\$313,285)	\$0			
Cash Fund	\$1,009,535	\$1,009,535	\$0	\$0	\$0			
Federal Funds	\$1,735,396	\$1,424,310	(\$311,086)	(\$313,284)	\$0			
Supplemental Nutrition	on Assistance Progr	am Administratio	n					
Total Funds	\$3,612,264	\$4,234,437	\$622,173	\$626,569	\$0			
General Fund	\$1,746,458	\$2,057,545	\$311,087	\$313,285	\$0			
Federal Funds	\$1,865,806	\$2,176,892	\$311,086	\$313,284	\$0			

Table 2: FTE Summary					
	Soc Services Specialist III	Data Manager V	Analyst IV	Analyst III	
Total FTE*	2.8	0.9	0.9	0.9	
Total Salary Cost (Salary, Medicare, PERA)	\$208,352	\$108,674	\$85,057	\$68,460	
Total Centrally Appropriated Costs (HLD, AED, SAED, STD)	\$50,464	\$20,359	\$18,139	\$16,580	
Total One-time Operating Costs	\$21,000	\$7,000	\$7,000	\$7,000	
Total Ongoing Operating Costs	\$2,058	\$676	\$676	\$676	
Total Costs	\$281,874	\$136,710	\$110,872	\$92,716	

<sup>\*</sup>All FTE totals are FY 2023-24, which are estimated at 0.92 FTE to account for a four-week hiring period

These positions are requested at the mid-range of the salary scale. During the last two years it has taken, on average, more than six months to fill vacancies and most positions have to be reposted at least once. At least eight candidates have turned down verbal offers when presented with the salary. It will be critical to fund positions at the mid-range in order to recruit and hire high-quality candidates.

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for	r the FY 2023-24 Budget Cycle	
Request Title			
	R-08 Forensic Services Division Capac	ity Expansion	
Dept. Approval By:			Supplemental FY 2022-23
OCDD Approval Dv	Mana Paulina		
ОЗРВ Арргочаг ву.	Megan Davisson		Budget Amendment FY 2023-24
		X	
			Change Request FY 2023-24

		FY 2022-23		FY 2023-24		FY 2024-25
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$115,584,029	\$0	\$112,156,624	\$3,704,803	\$3,697,389
	FTE	95.7	0.0	95.8	23.2	25.0
Total of All Line Items	GF	\$84,610,875	\$0	\$82,104,388	\$3,704,803	\$3,697,389
Impacted by Change Request	CF	\$3,553,811	\$0	\$4,737,889	\$0	\$0
	RF	\$13,082,703	\$0	\$11,557,016	\$0	\$0
	FF	\$14,336,640	\$0	\$13,757,331	\$0	\$0

	FY 2022-23		FY 20	23-24	FY 2024-25	
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$57,736,219	\$0	\$56,355,407	\$233,458	\$246,807
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$37,653,120	\$0	\$36,781,258	\$233,458	\$246,807
Administration, (1)	CF	\$2,196,120	\$0	\$3,266,075	\$0	\$0
General Administration - Health, Life, And Dental	RF	\$8,680,892	\$0	\$7,683,540	\$0	\$0
- Treatili, Elle, Alla Beritai	FF	\$9,206,087	\$0	\$8,624,534	\$0	\$0
	Total	\$521,705	\$0	\$456,923	\$2,274	\$2,471
O4 Francisco Discostado	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General	GF	\$357,116	\$0	\$305,744	\$2,274	\$2,471
Administration, (1) General Administration -	CF	\$19,709	\$0	\$20,906	\$0	\$0
Short-Term Disability	RF	\$66,517	\$0	\$55,312	\$0	\$0
	FF	\$78,363	\$0	\$74,961	\$0	\$0
	Total	\$16,781,677	\$0	\$15,609,714	\$71,062	\$77,241
01. Executive Director's	FTE	0.0	0.0	0.0	0.0	0.0
Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$71,062	\$77,241
General Administration - Amortization	CF	\$668,991	\$0	\$725,454	\$0	\$0
Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
04 5 " " " " " " "	Total	\$16,781,677	\$0	\$15,609,714		\$77,241
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0
Administration, (1) General Administration -	GF	\$11,418,944	\$0	\$10,446,260	\$71,062	\$77,241
S.B. 06-235	CF	\$668,991	\$0	\$725,454	\$0	\$0
Supplemental Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0
	Total	\$1,167,746	\$0	\$1,194,843		\$102,994
06. Office Of Behavior	FTE	14.3	0.0	14.4	0.9	1.0
Health, (D) Forensic	GF	\$1,167,746	\$0	\$1,194,843	\$101,754	\$102,994
Services, (D) Forensic Services - Forensic	CF	\$0	\$0	\$0	\$0	\$0
Services Administration	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

		FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,495,996	\$0	\$1,534,057	\$1,085,303	\$1,060,577
	FTE	19.0	0.0	19.0	8.4	9.0
06. Office Of Behavior	GF	\$1,495,996	\$0	\$1,534,057	\$1,085,303	\$1,060,577
Health, (D) Forensic Services, (D) Forensic	CF	\$0	\$0	\$0	\$0	\$0
Services - Forensic	RF	\$0	\$0	\$0	\$0	\$0
Support Team	FF	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
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	Total	\$7,018,403	\$0	\$7,269,359	\$1,701,035	\$1,706,303
	FTE	58.1	0.0	58.1	7.4	8.0
06. Office Of Behavior Health, (D) Forensic	GF	\$7,018,403	\$0	\$7,269,359	\$1,701,035	\$1,706,303
Services, (D) Forensic	CF	\$0	\$0	\$0	\$0	\$0
Services - Court Services	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$14,080,606	\$0	\$14,126,607	\$67,139	\$65,368
00 000 000 1	FTE	4.3	0.0	4.3	0.9	1.0
06. Office Of Behavior Health, (D) Forensic	GF	\$14,080,606	\$0	\$14,126,607	\$67,139	\$65,368
Services, (D) Forensic Services - Jail-based	CF	\$0	\$0	\$0	\$0	\$0
Competency Restoration	RF	\$0	\$0	\$0	\$0	\$0
Program	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$0	\$0	\$0	\$371,716	\$358,387
06. Office Of Behavior	FTE	0.0	0.0	0.0	5.5	6.0
Health, (D) Forensic	GF	\$0	\$0	\$0	\$371,716	\$358,387
Services, (D) Forensic Services - Quality	CF	\$0	\$0	\$0	\$0	\$0
Assurance	RF	\$0	\$0	\$0	\$0	\$0
-	FF	\$0	\$0	\$0	\$0	\$0

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

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November 1, 2022

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-08 Request Detail: Forensic Services Division Capacity Expansion

Summary of Funding Change for FY 2023-24				
	Incremental Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request	
Total Funds	\$115,584,029	\$3,704,803	\$3,697,389	
FTE	95.7	23.2	25.0	
General Fund	\$84,610,875	\$3,704,803	\$3,697,389	
Cash Funds	\$3,553,811	\$0	\$0	
Reappropriated Funds	\$13,082,703	\$0	\$0	
Federal Funds	\$14,336,640	\$0	\$0	

#### Summary of Request

The Department of Human Services (DHS, Department), Office of Civil and Forensic Mental Health (OCFMH) requests \$3,704,803 total funds General Fund and 23.2 FTE in FY 2023-24 and \$3,697,389 General Fund and 25.0 FTE for FY 2024-2025 and beyond. In the judicial system, "competency" is a legal construct that refers to an individual's current capacity to function meaningfully and knowingly in a legal proceeding. DHS is statutorily required to provide both court-ordered competency and restoration evaluations. In recent years, court orders for evaluations have increased by 72% overall, from 3,577 in 2018 to 6,156 as of September, 2022. Given the steady change over several years, this increase does not appear to be temporary.

This budget request will add staff to both enable and ensure the delivery of high quality service. This request includes:

- 19.0 FTE clinical and administration staff for evaluation and restoration services. These staff will address the increase in demand for direct services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to support the Forensic Services Division (FSDV, Division). These staff will ensure the quality of services provided by both internal staff and through contracted vendors.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	3 Theory- Informed	No	C.R.S 16-8.5-121 and S.B. 19-223.

### **Current Program**

The FSDV in OCFMH was created in June of 2017 to oversee forensic clients served outside the Colorado Mental Health Hospital at Pueblo (CMHHIP). The Division consists of one director and five work units: Forensic Support Team (FST), Court Services, Forensic Community Based Services (FCBS), Jail Based Evaluation and Restoration, and Outpatient Restoration Services. These units are responsible for coordinating, managing, and responding to court orders for forensic evaluation and related forensic services statewide. This request will add staff to all of these teams except the Outpatient Restoration Team.

The Division serves individuals who have been court-ordered to the Department for competency evaluations, competency restoration services, and community-based supervision, including oversight for individuals found not guilty for reason of insanity (NGRI). The Division served 7,358 individuals in FY 2021-22.

The Department was sued in 2011 for failure to provide timely competency evaluations and restoration treatment to pretrial detainees in violation of the defendants' constitutional rights. The Department has been subject to requirements resulting from the lawsuit since then and is currently under court oversight of a 2019 consent decree.

#### Forensic Support Team

Through S.B. 19-223, OCFMH was allocated 19.0 FTE to serve as the FST. This team consists of 16.0 Forensic Navigators, who provide care coordination for competency and restoration clients who are in jail while awaiting services. They are also responsible for providing critical status updates on these clients through written reports and court attendance, attending staffings to transition clients, and engaging in policy committees and workgroups. The Forensic Navigators are located within 55 county jails across the state of Colorado (the other nine counties use jails in neighboring counties) and in all 22 judicial districts.

This team also includes 1.0 Program Assistant and 2.0 Program Coordinators, who are licensed clinicians. The Program Coordinators provide supervision to the Forensic Navigators and ensure consistent coordination of competency restoration services. The FST serves as the primary point of contact for OCFMH competency services for stakeholders.

The FST was created as a result of the consent decree requirements to address client needs while they are in jail awaiting services. This team does not perform forensic evaluations.

#### **Court Services**

Court Services responds to court-ordered evaluations and provides opinions to the court regarding competency to proceed, restoration to competency, sanity, and mental condition as mandated by State statute. Court Services is responsible for evaluations concerning adults and juveniles involved in the criminal justice or juvenile justice systems ordered for forensic evaluations.

A team of 36.0 FTE psychologists and 9.0 FTE professional support staff located in Pueblo, Denver, and along the Western Slope conduct evaluations in state psychiatric facilities, correctional facilities, and in the community. Additionally, OCFMH contracts with 22 private psychologists to conduct evaluations. These contracts vary in scale depending on the capacity of the psychologist and their private practice: for example, some contractors may conduct only one evaluation per year while others conduct up to eight per month. On average, contractors complete two evaluations per month.

Court Services provides evaluations for defendants who are in custody, in jail ("in custody") and for defendants who have been released on bond ("bond"). In custody competency evaluations must be completed within 21 days. These are prioritized because the clients are detained in jail, making it especially urgent that these evaluations are completed in the 21-day statutory and consent decree-mandated time frame. Bond competency evaluations must be completed within 42 days.

In addition to the different time frames depending on whether the client is in custody, there are different types of evaluations - e.g., misdemeanor cases, felony cases, high profile cases, and sanity and mental condition evaluations - and some of these can only be completed by certain highly qualified psychologists.

The average number of jail evaluations ordered is about 150-170 a month. In order to stay compliant with jail evaluations per the consent decree and statute requirements, this population is prioritized, leaving fewer resources available for bond evaluations.

Court Services has relied on contract evaluators to assist with the workload. This strategy was effective initially; however, the court orders for evaluations have now outpaced the workload the contractors can take on. Additional efficiencies have been established around processes for evaluations since June 2020, including:

- implementing video conferencing in county jails to conduct evaluations during the COVID-19 pandemic;
- working with District Attorneys on case dismissals;
- working with courts on not requesting competency evaluations on cases that already had competency raised in another district; and
- continuing education for judicial stakeholders on the following:
  - juvenile evaluations;
  - o in custody competency evaluations;
  - second opinions (a repeat evaluation when the defendant/the public defender disagrees with an evaluation);

- o re-evaluations (this is a subsequent evaluation that occurs every 90 days); and
- the reasoning behind Court Services' competency opinions.

#### Forensic Community Based Services

The FCBS oversees the transition and monitoring of individuals acquitted under NGRI. These clients may be in the community or may be residing in the Mental Health Hospitals (MHHs). All of these clients require close monitoring on a daily or weekly basis based on criminogenic risk and clinical needs. Timely and accurate clinical documentation of client needs and behaviors is critical to ensure client and community safety. For example, clinical staff need timely information on clients' adherence to prescribed medication, on escalations in client behavior, and information about patient substance use. Clinical staff who are responsible for managing client interventions use this information to make time sensitive, critical decisions to maintain the safety of the client, other patients (for those in the MHHs), and the community.

#### Jail Based Restoration

The Jail Based Restoration team oversees about \$14 million of contracted restoration services in three jails and assists with oversight of about \$30 million worth of services with private hospitals. Part of overseeing restoration programs includes coordinating admissions and discharges and providing oversight for client care. These tasks require staff to provide thorough monitoring, including being on-site in the jails and private hospitals, in order to (1) effectively monitor contract compliance and quality of client care; and (2) consult frequently with providers about clients to inform decisions about client transfers and triage.

The Jail Based Restoration Program currently lacks a clinical staff member to coordinate admissions and discharges or provide sufficient oversight for client care.

In the absence of dedicated staff to perform these functions, the Clinical Supervisor and Director have been fulfilling these duties. Their primary responsibilities are higher level program oversight and clinical oversight, which includes supervision, programmatic planning and management, contract management, policy development, and administration. They do not have the capacity to adequately fulfill their primary responsibilities or to spend enough time on site for the coordination and oversight responsibilities. This has resulted in deficiencies in both areas. Currently, the time the Clinical Supervisor and Director have been required to spend on site and coordinating admissions and discharges has severely limited their time for overall programmatic planning and administration, addressing systemic problems, providing training to vendors, or providing enough oversight to all programs. For example, the program was unable to perform a formal audit of RISE this year.

A Health Professional III FTE is required to provide additional support for this team.

## Problem or Opportunity

#### Increased Volume and Workload

Between FY 2019-20 and FY 2021-22, Colorado experienced a 511% increase in the total number of court orders for competency evaluations and a 1,648% increase in the number of court orders for competency restoration services. These individuals have been ordered to the Department by a judge for competency evaluations, restoration services, and to be supervised in the community. In 2018, the average number of court orders for all competency evaluations (including for clients in custody and out on bond) was about 53 per month. Over the past fiscal year, OCFMH now receives about that number of orders each week for in custody competency evaluations alone. This growth impacts all areas of the Division and has created unacceptable risk.

The workload for each of these cases is also increasing due to clients presenting with higher acuity. Navigators must report weekly on high-acuity clients, which informs the evaluators' opinions on competency. S.B. 19-233 has also driven increased workload due to more frequent court interaction. The higher volume and acuity of cases not only increases the demand for the primary service (e.g., competency evaluations and discharge planning) but also collateral impacts such as records management, responding to records requests and complaints, and internal quality assurance activities driven by the consent decree.

Staff have also been traveling more and need resources to continue the increase of in-person activities. In FY 2019-20, the 16 Forensic Navigators traveled a total of 121,123 miles at a total cost of approximately \$60,000. Additionally, in FY 2019-20, navigators covering rural areas spent a total of \$5,834 in hotel expenses. It is important to note that the Forensic Support Team staff was not hired until August of 2019, so there was no travel during July 2019. Also, due to the COVID-19 Pandemic, navigators did not travel from March through June of 2020. The total travel budget for FST is \$50K per fiscal year. When the FST is able to regularly conduct jail visits, the current travel budget is not sufficient for the current team of sixteen.

#### **Growing Waitlists**

The Division has relied on contractors and existing staff to meet these needs, but this has been inadequate to meet the increased demand. The backlog is getting worse for competency and restoration evaluation services:

- In custody competency evaluations: The average number of in custody competency evaluations ordered is increasing and is currently approximately 150-170 monthly. As described above, this population is prioritized because they are in jail while waiting for their evaluation. As a result, growth in this population can contribute to growing waitlists for other services.
- Bond competency evaluations: Partially as a result of the growing population of in-custody clients needing evaluations, Court Services is behind in completing bond competency evaluations. As of September 2022, there are 352 clients on the bond competency waitlist. Court Services has not been higher than 67% compliant in meeting the statutory time frame of 42 days in completing bond evaluations since 2019. Failure to meet this deadline has increased the risk of the Department being held in contempt

- of court, with staff sometimes being required to wait all day in court to explain the missed deadline at the end of the court's docket for the day. Consequences of contempt can include fines and even jail time.
- Restoration: The inpatient waitlist for clients awaiting restoration services is also increasing. As of June 2022, there are 372 clients on the inpatient waitlist.

#### Increased Demand For Quality Assurance Services

Quality assurance procedures and monitoring are critical to maintaining client and community safety. In particular, the Division has struggled recently with adherence to proper documentation requirements. Without proper and timely documentation, the necessary client interventions are not put in place to address urgent client needs. This has resulted in clients decompensating and, in some cases, serious crisis situations that could have been avoided including the FCBS team having to coordinate emergency readmissions to CMHHIP or contracted inpatient beds.

The Division has implemented internal program oversight processes. However, as evidenced by the continuing problems in this area, an independent team is necessary to effectively oversee the quality of services. Currently, the Division does not have the resources to oversee the quality of services or assist with standardized program audit processes or reviews of internal work quality driven by the consent decree. The Division lacks a point person to oversee the creation, renewal and review of operational policies as well as tracking of staff training on these policies.

This is distinct from the need for additional staff to complete clinical work and direct client services. Even with sufficient staff for direct client services, the Division needs staff to ensure the quality of those services in order to minimize or mitigate risks to the client and the community. Additionally, the Division does not have a dedicated staff resource to coordinate the records requests and releases for the individuals served by the programs under Forensic Services. Currently, these records are released by coordinating with staff at CMHHIP and Ft. Logan, which is unsustainable for these staff due to the increased volume of individuals served by the Division. OCFMH has addressed several complaints in the last year from attorneys who are seeking records and information for clients they are representing. As a result of the lack of capacity to manage records and requests, attorneys have not been able to receive information their clients are entitled to and have resorted to the Colorado Open Records Act (CORA) process instead. These CORA requests and related complaints have resulted in a substantial workload impact for the Department.

OCFMH currently does not have staff resources or expertise for quality assurance to prevent problems or to address or investigate complaints as a result of problems that do occur. Considering the size of the Division (about 120.0 FTE), high volume of clients, sensitivity of clients' needs and high impact of error, high volume of contracts, and the protected health information (PHI) managed out of the Forensic Services Division, it is crucial to mitigate risks.

## **Proposed Solution and Anticipated Outcomes**

The Division is requesting the following FTE to address its growing demand for services.

	Table 1: Reques	ited FTE by Category		
	Clin	ical Staff		
Department	Classification	Positions Type	FY 23-24 FTE	FY 24-25 FTE
Administration	Program Management II	Deputy Director	.92	1.0
Court Services	Psychologist I	Forensic Evaluator	4.60	5.0
Court Services	Psychologist II	Forensic Evaluator Supervisor	.92	1.0
Court Services	Administrative Assist.	Support Staff	1.84	2.0
Forensic Support Team	Social Worker IV	Social Worker (Program Coordinator)	.92	1.0
Forensic Support Team	Health Professional III	Forensic Navigator	5.52	6.0
Forensic Support Team	Contract Case Manager	Social Worker (contracted staff)	2.0	2.0
Jail Based Restoration Services	Health Professional III	Clinical masters level position	.92	1.0
	Quality Assura	nce Staff		
Department	Classification	Positions Type	FY 23-24 FTE	FY 24-25 FTE
Quality Assurance Program	Health Professional VI	Supervisor	.92	1.0
Quality Assurance Program	Health Professional III	QA Auditor	.92	1.0
Quality Assurance Program	Health Professional II	Policy Specialist/Auditor	.92	1.0
Quality Assurance Program	Data Entry Operator II	Records Management	1.84	2.0
Quality Assurance Program	Admin. Assist. III	Support Staff	.92	1.0
Tota	1		23.2	25.0

#### Clinical Staff

### Forensic Support Team

The Forensic Support Team's total request is \$1,085,303 General Fund, which includes 6.0 Forensic Navigators, 1.0 Social Worker IV (Program Coordinator), 2.0 Contracted Case Managers, a budget to support staff travel, and client transitions support. Since the program's inception, the Forensic Navigators have worked remotely in their local assigned regions; the hiring of additional Navigators will require an additional travel budget of \$163,951 (see Table 3

in Assumptions and Calculation Section below). In addition, the Navigators will provide greater support to individuals transitioning into the community from jails and individuals in outpatient restoration; primarily by coordinating the continuity of care until Momentum or another community agency starts services. Once the person is in the community the Navigators are no longer involved. As part of this process, the Navigators are required to travel to the local jails. There is currently an existing shortfall of travel expenses which will continue to increase as the Navigator's workloads increase. Individuals with serious and persistent mental health illness and/or substance use disorders involved with the criminal justice system face many obstacles accessing quality behavioral health service. For individuals with behavioral health diagnoses, reentering the community after incarceration is a critical time. Barriers to transitions include access to health care, job skills, education, stable housing, transportation, and poor connection with community behavioral health providers. This may jeopardize their recovery and increase their probability of relapse and/or re-arrest. Additionally, individuals leaving correctional facilities often have lengthy waiting periods before attaining benefits and receiving services in the community. Too often, many return to drug use, criminal behavior, or homelessness when these obstacles prevent access to needed services. The Department requests \$99,792 (see Table 4 in Assumptions and Calculations Section) to support individuals who transition from incarceration by providing transportation vouchers, hygiene items, and when appropriate, bridge gaps related to access to healthcare and housing. We support on average forty clients a month who are eligible for bond with transitional care.

#### **Court Services**

The Department requests 8.0 FTE for the Court Services team to address competency evaluations that are completed throughout Colorado. This will include all locations of evaluations (jails, community and inpatient). It will provide the ability to complete an estimated 66 additional initial competency evaluations per month as follows:

- twelve (12) evaluations completed per Psychologist I positions;
- six (6) evaluations per supervisor position (a lower number due to supervisory duties);
- weekly and monthly metrics are completed; which allows Court Services to track the number of clients found incompetent to proceed; the number of evaluations completed; and compliance trends associated with the consent decree and statutory mandates; and
- evaluators have weekly trackers that track court dates and compliance.

#### Jail Based Restoration

The Department requests 1.0 FTE for a clinical Masters level position (Health Professional III) for the Jail Based Restoration team. Clinical staff members on the Jail Based Restoration team assist in coordinating admissions and discharges to the program, technical assistance and training for program start-up, auditing jail based restoration and private hospital restoration service contracted programs, and providing oversight for client care at jail based restoration programs and private hospital restoration contracts. If approved, it will lead to improved programming at jail-based restoration programs and improved client care to result in improved length of stay, increased bed utilization, and additional training.

#### Deputy Director for Forensic Services

The Department requests a Deputy Director for the Forensic Services Division at the Program Management II level. This position will assist the Division Director with management and oversight of the Division's over 120 existing FTE within five work units.

#### **Quality Assurance Staff**

The Department requests 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to support the Forensic Services Division. These staff are critical to ensure the quality of services provided both through internal staff resources and externally through contracted vendors.

Without these additional staff to perform services and provide oversight of services, the individuals served will continue to be at risk of being detained in the judicial system longer. This ultimately places the Department at risk of remaining out of compliance with the consent decree and places the pretrial defendants at risk of losing due process rights.

FSDV will know it is successful with feedback from the courts and stakeholders and it will be measured in weekly, monthly, and annual compliance reports. There should be a decrease in the waitlist for competency evaluations and outpatient restoration evaluations. The following are examples of outcomes that will be used to determine success of these additional positions:

- clients are receiving timely services in all locations;
- there are less clients in jail;
- resources match the number of clients (Both FST, Court Services, and Deputy duties);
- less employee turnover;
- better employee satisfaction;
- less negative media coverage; and
- more time to do succession planning and work on projects put on hold or delayed due to the consent decree deadlines.

#### Evidence-Continuum

Program Objective	Ensure that individuals referred to for evaluation and restoration receive those services within statutory and decree-mandated timeframes.
Outputs being measured	Reduction of clients waiting for inpatient restoration services by an increased number of clients being served in the community, jails, and hospitals.
Outcomes being measured	The primary outcome is to reduce the number of clients waiting for restoration services while increasing the volume of

	evaluations being conducted. Success will be measured in weekly, monthly, and annual compliance reports. There should be a decrease in the waitlist for competency evaluations and outpatient restoration evaluations, as measured by:  • Clients are receiving timely services in all locations  • There are less clients in jail  • Resources match the number of clients (Both FST, Court Services, and Deputy duties)  • Less employee turnover  • Better employee satisfaction  • Less negative media coverage  • More time to do succession planning and work past the consent decree		
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial
Results of Evaluation	N/A	N/A	N/A
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 3 (theory-informed)		

## Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with mental illness	Individuals with mental illness are overrepresented in the criminal justice system and more likely to be incarcerated or served in restrictive settings.	Timely and high quality services from the Forensics Services Division ensures that individuals with mental illness who are charged with crimes are served appropriately and in the least restrictive setting for their clinical needs, consistent with community safety.

## **Assumptions and Calculations**

The following tables provide the assumptions or calculations for this request:

- Table 1 provides a summary of the FTE and supporting operating needs required to support this request.
- Table 2 provides a summary of the request by fund source.
- Table 3 provides the Navigator Program travel costs assumptions and calculations.
- Table 4 provides the Navigator Program transition costs assumptions and calculations.

	el 1: Requested FTE	ETE	E)/ 202 / 25	
	FY 2023-24	FTE	FY 2024-25	FTE
Forensic Services Administration				
Personal Services: Wages	\$82,966	.92	\$90,180	1.0
Personal Services: Benefits	\$10,744		\$11,679	
Operating Expenses: FTE	\$8,044		\$1,135	
Forensic Services Admin Subtotal	\$101,754	.92	\$102,994	1.0
Court Services				
Personal Services: Wages	\$616,407	7.36	\$670,008	8.0
Personal Services: Benefits	\$79,825		\$86,766	
Operating Expenses: FTE	\$1,004,803		\$949,529	
Court Services Subtotal	\$1,701,035	7.36	\$1,706,303	8.0
Forensic Support Team				
Personal Services: Wages	\$383,198	6.44	\$416,520	7.0
Personal Services: Benefits	\$49,624		\$53,940	
Operating Expenses: (Inc Travel and Transition budget and Contract staff)	\$652,481	2.0	\$590,117	2.0
Forensic Support Team Subtotal	\$1,085,303	8.44	\$1,060,577	9.0
Jail Based Competency Restoration				
Personal Services: Wages	\$52,319	.92	\$56,868	1.0
Personal Services: Benefits	\$6,776		\$7,365	
Operating Expenses: FTE	\$8,044		\$1,135	
Jail Based Competency Restoration Subtotal	\$67,139	.92	\$65,368	1.0
Quality Assurance Program				
Personal Services: Wages	\$286,367	5.52	\$311,268	6.0
Personal Services: Benefits	\$37,084		\$40,309	
Operating Expenses: FTE	\$48,265		\$6,810	
Quality Assurance Program Subtotal	\$371,716	5.52	\$358,387	6.0

Executive Director's Office (EDO)				
AED	\$71,062	21.16	\$77,241	23.0
SAED	\$71,062		\$77,241	
STD	\$2,274		\$2,471	
Health-Life-Dental	\$233,458		\$246,807	
Executive Director's Office Subtotal	\$377,856	21.16	\$403,760	23.0
GRAND TOTAL	\$3,704,803	23.2	\$3,697,389	25.0

Table 2: Assumptions and Calculations Summary Table						
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25?	
Total Funds	\$115,584,029	\$119,288,832	\$3,704,803	\$119,281,418	\$119,281,418	
General Fund	\$84,610,875	\$88,315,678	\$3,704,803	\$88,308,264	\$88,308,2646	

	Table 3: Navigator Program Travel Costs Assumptions and Calculations										
	Travel Expense FY 2019-20	Number of Months Traveled FY 2019-20	Annualized Travel Expense FY 2019-20	Current Travel Budget	Current Travel Budget Shortfall	Monthly Travel Expense	Existing Navigat- ors FY 2019-20	Monthly Travel Expense per Navigator FY20	Annual- ized Cost per Navigator	Cost for 9 New Positions	Requested Budget for Travel
Mileage Reimburse- ment	\$65,271	7	\$111,893			\$9,324	16	\$583	\$6,993	\$62,940	
Travel Meals	\$6,305	7	\$10,809			\$901	16	\$56	\$676	\$6,080	
Lodging Expense	\$8,299	7	14,227			\$1,186	16	\$74	\$889	\$8,003	
Total	\$79,875		\$136,929	\$50,000	-\$86,929	\$11,411		\$713	\$8,558	\$77,023	\$163,951

Table 4: Transition Costs Assumptions and Calculations					
Average Census	Individuals Transitioned FY 2021-22	Transition Cost per Client	Projected Transitions FY 2023-24 (44%)*	Projected Transition Cost FY 2023-24	
900	300	\$231	432	\$99,792	

\*Note: In addition to the complexities involved in navigating the COVID-19 pandemic, FST client census increased by 40% in FY 2020-21 and as of September 2021, increased another 18% for a total increase of 58%. As of March 2021, FST was providing care coordination to 1,001 incarcerated individuals awaiting admission to inpatient restoration, returning from inpatient restoration, waiting on a court decision, or waiting on a competency evaluation. This was a sharp increase from 537, or 86% in cases. The 44% increase represents an overall average increase over the last 32 months and the increase in transitions each year.

Table 5: FTE Cost Summary					
	FTE				
Total FTE	23.2				
Total Salary Cost (includes salary, Medicare, PERA)	\$1,605,309				
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$377,856				
Total One-time Operating Costs	\$175,000				
Total Ongoing Operating Costs	\$1,546,637				
Total Costs	\$3,704,803				

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-09 Salary Increase for Hospital Medi	cal Staff				
Dept. Approval By:			Supplemental FY 2022-23			
		<del></del>	очрения :			
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24			
		X				
			Change Request FY 2023-24			

		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$136,291,680	\$0	\$134,993,798	\$1,808,328	\$1,808,328	
	FTE	1,420.5	0.0	1,369.6	0.0	0.0	
Total of All Line Items	GF	\$118,445,898	\$0	\$121,519,738	\$1,808,328	\$1,808,328	
Impacted by Change Request	CF	\$5,461,625	\$0	\$5,508,698	\$0	\$0	
	RF	\$7,841,539	\$0	\$7,965,362	\$0	\$0	
	FF	\$4,542,618	\$0	\$0	\$0	\$0	

		FY 202	22-23	FY 20	23-24	FY 2024-25	
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$36,423,484	\$0	\$33,037,923	\$831,831	\$831,831	
06. Office Of Behavior	FTE	364.7	0.0	313.4	0.0	0.0	
Health, (B) Mental	GF	\$30,124,072	\$0	\$31,257,751	\$831,831	\$831,831	
Health Institutes at Ft. Logan, (1) Mental Health	CF	\$1,662,368	\$0	\$1,685,746	\$0	\$0	
Institutes at Ft. Logan - Personal Services	RF	\$94,426	\$0	\$94,426	\$0	\$0	
reisoliai services	FF	\$4,542,618	\$0	\$0	\$0	\$0	
	Total	\$99,868,196	\$0	\$101,955,875	\$976,497	\$976,497	
06. Office Of Behavior	FTE	1,055.8	0.0	1,056.2	0.0	0.0	
Health, (C) Mental Health Institute at Pueblo, (1) Mental	GF	\$88,321,826	\$0	\$90,261,987	\$976,497	\$976,497	
	CF	\$3,799,257	\$0	\$3,822,952	\$0	\$0	
Health Institute at Pueblo - Personal	RF	\$7,747,113	\$0	\$7,870,936	\$0	\$0	
Services	FF	\$0	\$0	\$0	\$0	\$0	

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

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Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-09 Request Detail: Salary Increase for Hospital Medical Staff

Summary of Funding Change for FY 2023-24						
	Increment	al Change				
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds <sup>1</sup>	\$136,291,680	\$1,808,328	\$1,808,328			
FTE	1,420.5	0.0	0.0			
General Fund	\$118,445,898	\$1,808,328	\$1,808,328			
Cash Funds	\$5,461,625	\$0	\$0			
Reappropriated Funds	\$7,841,539	\$0	\$0			
Federal Funds	\$4,542,618	\$0	\$0			

 $<sup>^{1}\</sup>mbox{Includes}$  total appropriation for CMHHIP and CMHHIFL personal services line items.

### Summary of Request

The Department of Human Services (DHS, Department), Office of Civil and Forensic Mental Health (OCFMH) requests \$1,808,328 General Fund for FY 2023-24 and beyond to increase contracted medical staff salaries to effectively recruit qualified psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants. These physicians provide critical services to forensic and civil patients in the state's two Mental Health Hospitals. This salary increase is necessary due to the national shortage of direct care providers which has resulted in increased market rates outside of the Mental Health Hospitals.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	27-90-103, C.R.S. (CMHHIP); 27-94-103, C.R.S. (CMHHIFL)

#### **Current Program**

OCFMH operates two state-run psychiatric hospitals: the Colorado Mental Health Hospital in Pueblo (CMHHIP) and the Colorado Mental Health Hospital in Fort Logan (CMHHIFL). The state hospitals contract with the University of Colorado (CU) to employ all of their psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants. These positions are responsible for assessing and diagnosing patients, developing plans for treatment, prescribing medication, and evaluating patient response to treatment. The last salary adjustment for these contracted staff was \$1,148,010 as part of a two-phase increase approved by the General Assembly in FY 2018-19 and funded in FY 2018-19 and FY 2020-21.

The Department was sued in 2011 for failure to provide timely competency evaluations and restoration treatment to pretrial detainees awaiting their trials in jail. The Department has been subject to requirements resulting from the lawsuit since then and is currently operating under a 2019 consent decree. These medical positions are critical to addressing the requirements of the consent decree. The two state hospitals are the primary setting for competency services, including inpatient restoration services. The State continues to be out of compliance with the consent decree due to a long wait list for inpatient restoration services, in part due to medical staff vacancies. Staffing these medical positions is necessary to reduce the waitlist and comply with the consent decree. The Mental Health Hospitals (MHHs) in Fort Logan and Pueblo utilize contracted psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants. These positions are responsible for the completion of a thorough medical history and physical examination, assessing and diagnosing patients, developing plans for treatment, prescribing medication, and evaluating patient response to treatment. Ability to maintain adequate staffing levels is foundational to compliance with the consent decree.

## Problem or Opportunity

The national shortage of direct care providers has affected the Department's ability to effectively recruit and retain qualified staff, especially given the competitive market rates in the private sector. The last salary adjustment was funded by the General Assembly in FY 2018-19.

The MHHs have a long history of difficulty recruiting qualified staff. For example, the current vacancy rates for physicians are 29.4 percent at CMHHIFL and 11.6 percent at CMHHIP. The MHHs have had to reduce patient census as a result of staffing shortages. In addition, the

vacancy rate is expected to worsen with upcoming retirements, and while multiple candidates have expressed interest in the positions they are unwilling to accept offered salaries.

Below-market salaries have limited ability to hire permanent physicians through the CU contract. When CU cannot hire physicians, the MHHs often have to secure temporary physicians through more costly and non-preferred contracts through a temporary staffing agency. The cost of hiring temporary physicians can be double the cost of hiring physicians through the CU contract. This has resulted in morale and retention problems at the Mental Health Hospitals because the cost of living and merit adjustment for current psychiatrists and medical staff have not kept pace with the base rate within the local communities.

If this request is not approved, the MHH's difficulty to recruit and retain qualified medical and psychiatric providers will be exacerbated. It will compound the staffing challenges at the Hospitals and the Department's ability to comply with the Consent Decree; require an increased utilization of contracts with temporary staffing agencies, adding a greater than 100% increase in cost for each vacancy; and increase the rate of staff burnout.

### Proposed Solution and Anticipated Outcomes

The Department requests \$1,808,328 General Fund in FY 2023-24 and beyond in order to hire and retain physicians for Colorado's MHHs. This request will bring current salaries closer to market pay and prevent further loss of physicians and mid-level practitioners. The salary increases will assist in the recruitment of skilled physicians.

In order to hire and retain staff, this request is to provide a salary adjustment that would bring physician annual salaries closer to the market rate, \$251,000, supervisory physician positions to \$269,280, chief of medicine positions to \$307,484, chief medical officer position to \$322,858, and nurse practitioner and physician assistant salaries to \$136,660. Salary adjustments will also be made based on years of experience for each classification (tables below outline the years of experience adjustments).

The interagency agreement with CU is renewed on an annual basis. Over the last two years, CU's contract administrator has asked for salary analysis to meet current market rates. DHS's Human Resources team assisted with the market rate analysis. Market rate salaries were determined utilizing multiple 2021 and 2022 sources, such as ZipRecruiter Salary Study, 2021 Merritt Hawkins Review of Physician and Advanced Practitioner Recruiting Incentives, 2021 Medscape Physician Compensation Report, and PhysiciansThrive.com Physician Compensation Report. CU's contract administrator has reviewed the recommendations and endorses the proposed increases.

This solution supports the continuation of building behavioral health capacity, increasing psychiatric access to care at the Hospitals as well as DHS' goal of making DHS a great place to work.

Table 1a: Medical Doctor Years of Experience Adjustments				
Years of	Years of Experience Percent	FY 2023-24 Base Salary + Years of		
Experience	Increase	Experience Increase		
0-4 yrs.	0.00%	\$ 251,000		
5-9	2.00%	\$ 256,020		
10-14	3.00%	\$ 258,530		
15-19	4.00%	\$ 261,040		
20+	5.00%	\$ 263,550		

Table 1b: Nurse Practitioner and Physician Assistant Years of Experience Adjustments				
Years of	rs of Years of Experience Percent FY 2023-24 Base Salary			
Experience	Increase	Experience Increase		
0-4 yrs.	0.00%	\$ 136,660		
5-9	2.00%	\$ 139,393		
10-14	3.00%	\$ 140,760		
15-19	4.00%	\$ 142,126		
20+	5.00%	\$ 143,493		

## Evidence-Continuum

Program Objective	To increase direct care contract staff salaries to market rate and improve the MHH's ability to hire and retain staff.			
Outputs being measured	Ability to recruit and retain direct care contract staff.			
Outcomes being measured	Monitoring vacancy rates, candidate feedback, and temporary contract agency utilization.			
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial	
Results of Evaluation	N/A	N/A	N/A	
S.B.21-284 Evidence Category and Evidence Continuum Level	ce Step 2 (theory-informed)		rmed)	

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

	Assumptions and Calculations Summary Table										
FY 2022-23 FY 2023-24 Change FY 2024-25 Request Past FY 2024-2!											
Total Funds	\$136,291,680	\$138,100,008	\$1,808,328	\$138,100,008	\$1,808,328						
General Fund	\$118,445,898	\$120,254,226	\$1,808,328	\$120,254,226	\$1,808,328						

Tables 1c-1g, below, represent the salary cost calculations for each position in each discipline, including benefits and administrative fees. The tables also identify stipends paid to specific positions for work outside of normal job functions or hard to fill disciplines such as adolescent psychiatry. With the exception of the adolescent MD, stipends are not part of the requested salary adjustment. The adolescent MD stipend is included as this is a new stipend for this difficult to fill discipline. The position was vacant as of the date this request was submitted.

					Table 1c:	CMHHIP Ph	ysician S	Staff					
MDs	Discipline	FTE	FY 2022-23 Stipend	FY 2022-23 Salary	FY 2023-24 Requested Salary	Difference	% Increase	Benefits (25.04%)	Total Difference	Admin Fee Increase (10.5%)	Net Grand Total		
MD	Medical	0.5	\$0	\$107,619	\$118,598	\$10,979	10.20%	\$2,749	\$13,728	\$1,441	\$15,169		
MD	Psychiatry	1.0	\$0	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708		
MD	Psychiatry	1.0	\$0	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708		
MD	Medical	0.5	\$0	\$126,751	\$139,682	\$12,931	10.20%	\$3,238	\$16,168	\$1,698	\$17,866		
MD													
MD													
MD	Psychiatry	1.0	\$0	\$232,321	\$256,020	\$23,699	10.20%	\$5,934	\$29,633	\$3,111	\$32,745		
MD	Psychiatry	1.0	\$0	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708		
MD	Psychiatry	0.8	\$0	\$179,366	\$197,663	\$18,297	10.20%	\$4,581	\$22,878	\$2,402	\$25,280		
MD	Psychiatry	1.0	\$12,000	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708		
MD	Psychiatry	1.0	\$0	\$258,825	\$269,280	\$10,455	4.04%	\$2,618	\$13,073	\$1,373	\$14,446		
MD	Medical	0.5	\$0	\$119,578	\$131,775	\$12,197	10.20%	\$3,054	\$15,251	\$1,601	\$16,852		
MD	Psychiatry	0.2	\$0	\$47,831	\$52,208	\$4,377	9.15%	\$1,096	\$5,473	\$575	\$6,048		
MD	Psychiatry	1.0	\$6,000	\$227,766	\$251,000	\$23,234	10.20%	\$5,818	\$29,052	\$3,050	\$32,102		
MD	Psychiatry	1.0	\$48,000	\$248,472	\$269,280	\$20,808	8.37%	\$5,210	\$26,018	\$2,732	\$28,750		
MD	Psychiatry	1.0	\$86,798	\$227,766	\$345,328	\$117,562	51.62%	\$29,438	\$147,000	\$15,435	\$162,434		
MD	Medical	1.0	\$0	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708		
MD	Psychiatry	1.0	\$0	\$232,321	\$256,020	\$23,699	10.20%	\$5,934	\$29,633	\$3,111	\$32,745		
MD	Medical	1.0	\$0	\$279,531	\$307,484	\$27,953	10.00%	\$6,999	\$34,952	\$3,670	\$38,622		
MD	Medical	1.0	\$0	\$232,321	\$256,020	\$23,699	10.20%	\$5,934	\$29,633	\$3,111	\$32,745		
MD	Psychiatry	1.0	\$0	\$227,766	\$258,530	\$30,764	13.51%	\$7,703	\$38,467	\$4,039	\$42,506		
		18.48		·		\$531,191.50		\$133,010.35	\$664,201.85	\$69,741.19	\$733,943.05		
*Perc	ent increase	include	es the \$86	,798 stipe	nd being req	uested for th	e adolesc	ent MD.					

					Table 1d:	CMHHIFL P	hysician :	Staff			
MDs	Discipline	FTE	FY 2022-23 Stipend	FY 2022-23 Salary	FY 2023-24 Requested Salary	Current: Request Difference	% Increase	Benefits (25.0%)	Total Difference	Administrat ive Difference	Net Grand Total
MD	Psychiatry	1.0	\$8,000	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708
MD	Psychiatric	1.0	\$12,000	\$227,766	\$251,000	\$23,234	10.20%	\$5,818	\$29,052	\$3,050	\$32,102
MD	Psychiatry	1.0	\$14,000	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708
DO	Medical	1.0	\$0	\$234,599	\$258,530	\$23,931	10.20%	\$5,992	\$29,923	\$3,142	\$33,065
MD	Medical	1.0	\$0	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708
MD	Medical	1.0	\$0	\$234,599	\$258,530	\$23,931	10.20%	\$5,992	\$29,923	\$3,142	\$33,065
MD	Psychiatry	1.0	\$8,000	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708
MD	Medical	1.0	\$0	\$279,531	\$307,484	\$27,953	10.00%	\$6,999	\$34,952	\$3,670	\$38,622
MD	Psychiatry	1.0	\$0	\$232,321	\$256,020	\$23,699	10.20%	\$5,934	\$29,633	\$3,111	\$32,745
MD	Psychiatry	1.0	\$9,500	\$239,154	\$263,550	\$24,396	10.20%	\$6,109	\$30,505	\$3,203	\$33,708
MD	Psychiatry	1.0	\$0	\$227,766	\$251,000	\$23,234	10.20%	\$5,818	\$29,052	\$3,050	\$32,102
MD	Psychiatric	1.0	\$30,000	\$227,766	\$258,530	\$30,764	13.51%	\$7,703	\$38,467	\$4,039	\$42,506
MD	Psychiatry	1.0	\$0	\$248,472	\$269,280	\$20,808	8.37%	\$5,210	\$26,018	\$2,732	\$28,750
MD	Medical	1.0	\$0	\$248,472	\$269,280	\$20,808	8.37%	\$5,210	\$26,018	\$2,732	\$28,750
MD	Medical	1.0	\$0	\$279,531	\$322,858	\$43,327	15.50%	\$10,849	\$54,176	\$5,688	\$59,865
		16.0	\$81,500			\$383,669.00		\$96,070.72	\$479,739.72	\$50,372.67	\$530,112.39

			Table 1	le: CMHH	IP Nurse Pr	actitioner/	Physicia	n Assistant	Staff		
Non MDs	Discipline	FTE	FY 22-23 Stipend	FY 22-23 Salary	FY 2023-24 Requested Salary	Difference	% Increase	Benefits (25.0%)	Total Difference	Administrativ e Difference	Net Grand Total
NP	Medical	1.0	\$0	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509
NP	Medical	.40	\$0	\$53,223	\$56,304	\$3,081	5.79%	\$771	\$3,852	\$405	\$4,257
PMH-NP	Psychiatry	1.0	\$14,600	\$129,205	\$142,126	\$12,921	10.00%	\$3,236	\$16,157	\$1,696	\$17,853
NP	Medical	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
FNP	Medical	1.0	\$0	\$124,236	\$136,660	\$12,424	10.00%	\$3,111	\$15,535	\$1,631	\$17,166
PMH-NP	Psychiatry	1.0	\$0	\$124,236	\$140,760	\$16,524	13.30%	\$4,138	\$20,661	\$2,169	\$22,831
PMH-NP	Psychiatric	0.9	\$24,600	\$110,881	\$121,969	\$11,088	10.00%	\$2,776	\$13,864	\$1,456	\$15,320
PMH-NP	Medical	0.5	\$0	\$64,603	\$71,063	\$6,460	10.00%	\$1,618	\$8,078	\$848	\$8,926
PMH-NP	Psychiatric	1.0	\$0	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509
PMH-NP	Psychiatric	1.0	\$0	\$124,236	\$136,660	\$12,424	10.00%	\$3,111	\$15,535	\$1,631	\$17,166
PA-C	Medical	1.0	\$0	\$139,973	\$140,760	\$787	0.56%	\$197	\$984	\$103	\$1,087
PMH-NP	Psychiatric	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
NP	Medical	1.0	\$0	\$124,236	\$140,760	\$16,524	13.30%	\$4,138	\$20,661	\$2,169	\$22,831
NP	Medical	1.0	\$0	\$124,236	\$140,760	\$16,524	13.30%	\$4,138	\$20,661	\$2,169	\$22,831
FNP	Psychiatric	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
PMH-NP	Psychiatric	1.0	\$0	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509
PMH-NP	Medical	1.0	\$17,400	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509
PMH-NP	Psychiatric	1.0	\$0	\$127,963	\$140,760	\$12,797	10.00%	\$3,204	\$16,001	\$1,680	\$17,681
NP	Medical	1.0	\$0	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509

NP - Nurse Practitioner; PMHNP-Psychiatric Mental Health Nurse Practitioner; PA- Physician Assistant											
		29.15	\$71,600			\$348,445.81		\$87,250.83	\$435,696.64	\$45,748.15	\$498,610.93
NP		1.0	\$0	\$124,236	\$136,660	\$12,424	10.00%	\$3,111	\$15,535	\$1,631	\$17,166
PMH-NP	Psychiatric	1.0	\$15,000	\$129,205	\$142,126	\$12,921	10.00%	\$3,236	\$16,157	\$1,696	\$17,853
PA	Psychiatric	1.0	\$0	\$131,004	\$143,493	\$12,489	9.53%	\$3,127	\$15,616	\$1,640	\$17,256
NP	Medical	0.4	\$0	\$55,989	\$57,397	\$1,408	2.52%	\$353	\$1,761	\$185	\$1,946
PMH-NP	Psychiatric	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
PMH-NP	Psychiatric	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
PA-C	Psychiatric	1.0	\$0	\$102,370	\$112,608	\$10,238	10.00%	\$2,564	\$12,801	\$1,344	\$14,146
PA-C	Psychiatric	1.0	\$0	\$124,236	\$136,660	\$12,424	10.00%	\$3,111	\$15,535	\$1,631	\$17,166
ANP-C	Medical	1.0	\$0	\$130,448	\$143,493	\$13,045	10.00%	\$3,266	\$16,311	\$1,713	\$18,024
PA-C	Medical	1.0	\$0	\$130,448	\$140,760	\$10,312	7.90%	\$2,582	\$12,894	\$1,354	\$14,248
PMH-NP	Psychiatric	1.0	\$0	\$127,963	\$140,760	\$12,797	10.00%	\$3,204	\$16,001	\$1,680	\$17,681
PMH-NP	Psychiatric	1.0	\$0	\$126,721	\$139,393	\$12,672	10.00%	\$3,173	\$15,845	\$1,664	\$17,509

	Table 1f: CMHHIFL Nurse Practitioner/Physician Assistant Staff											
NP/PA Discipline FTE FY Salary Stipend FY Salary FY Salary Salary FY Salary Salary Salary FY Salary Salary Salary FY Salary Sala												
PMH-NP	Psychiatry	1.00	\$0	\$124,236	\$140,760	\$16,524	13.30%	\$4,138	\$20,661	\$2,169	\$22,831	
CNS	Psychiatry	1.00	\$0	\$124,236	\$140,760	\$16,524	13.30%	\$4,138	\$20,661	\$2,169	\$22,831	
Total NP	Total NP/PA 2.00 \$33,047.60 \$8,275.12 \$41,322.72 \$4,338.89 \$45,661.								\$45,661.60			

NP - Nurse Practitioner, PA - Physician Assistant; PMH-NP - Psychiatric Mental Health Nurse Practitioner; CNS - Clinical Nurse Specialist

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for	r the FY 2023-24 Budget Cycle	
Request Title			
	R-10 Community Provider Rate		
Dept. Approval By:			Supplemental FY 2022-23
OSPB Approval By:	Meyan Davisson		Budget Amendment FY 2023-24
	Ç	<u>x</u>	Change Request FY 2023-24

	_	FY 202	22-23	FY 20	FY 2023-24		
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$887,325,636	\$0	\$857,370,757	\$22,491,357	\$22,491,357	
	FTE	1,660.9	0.0	1,610.0	0.0	0.0	
Total of All Line Items	GF	\$542,270,219	\$0	\$545,112,683	\$13,879,529	\$13,879,529	
Impacted by Change Request	CF	\$115,131,597	\$0	\$115,178,670	\$3,290,100	\$3,290,100	
Roquoot	RF	\$24,759,819	\$0	\$24,914,957	\$446,776	\$446,776	
	FF	\$205,164,001	\$0	\$172,164,447	\$4,874,952	\$4,874,952	

	_	FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$42,773,830	\$0	\$42,773,830	\$1,283,215	\$1,283,215
03. Office of Children,	FTE	0.0	0.0	0.0	0.0	0.0
Youth, and Families, (B) Division of Child	GF	\$23,153,201	\$0	\$23,153,201	\$694,596	\$694,596
Welfare, (1) Division of	CF	\$4,312,095	\$0	\$4,312,095	\$129,363	\$129,363
Child Welfare - Adoption and Relative	RF	\$0	\$0	\$0	\$129,303	\$129,500 \$0
Guardianship Assistance	FF	\$15,308,534	\$0	\$15,308,534	\$459,256	\$459,256
	Total	\$393,539,156	\$0	\$393,539,156	\$11,806,175	\$11,806,175
	FTE	0.0	0.0	0.0	0.0	911,800,178
03. Office of Children, Youth, and Families, (B)	GF	\$207,983,125	\$0	\$207,983,125	\$6,239,494	\$6,239,494
Division of Child	CF	\$73,674,949	\$0	\$73,674,949	\$2,210,248	\$2,210,248
Welfare, (1) Division of Child Welfare - Child	RF	\$13,690,244	\$0	\$13,690,244	\$410,708	\$410,708
Welfare services	FF	\$98,190,838	\$0	\$98,190,838	\$2,945,725	\$2,945,725
		<b>400,100,000</b>		400,.00,000	ΨΞ,0:0,:20	<b>4</b> 2,0 .0,. 20
	Total	\$27,683,668	\$0	\$27,683,668	\$830,510	\$830,510
03. Office of Children,	FTE	0.0	0.0	0.0	0.0	0.0
Youth, and Families, (B) Division of Child	GF	\$20,152,502	\$0	\$20,152,502	\$604,575	\$604,575
Welfare, (1) Division of Child Welfare - County	CF	\$2,787,923	\$0	\$2,787,923	\$83,638	\$83,638
Level Child Welfare	RF	\$0	\$0	\$0	\$0	\$0
Staffing	FF	\$4,743,243	\$0	\$4,743,243	\$142,297	\$142,297
	Total	\$3,671,857	\$0	\$3,677,422	\$103,598	\$103,598
03. Office of Children, Youth, and Families, (B)	FTE	2.0	0.0	2.0	0.0	0.0
Division of Child	GF	\$3,656,690	\$0	\$3,662,682	\$103,598	\$103,598
Welfare, (1) Division of Child Welfare -	CF	\$0	\$0	\$0	\$0	\$0
Residential Placement	RF	\$0	\$0	\$0	\$0	\$0
for Children with Intellectual and Dev	FF	\$15,167	\$0	\$14,740	\$0	\$0
	Total	\$57,818,369	\$0	\$57,818,369	\$1,734,551	\$1,734,551
00 Office of Obligation	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children, Youth, and Families, (B)	GF	\$48,660,581	\$0	\$48,660,581	\$1,459,817	\$1,459,817
Division of Child Welfare, (1) Division of	CF	\$6,044,833	\$0	\$6,044,833	\$181,345	\$181,345
Child Welfare - Family	RF	\$0	\$0	\$0	\$0	\$0
and Children's Programs	FF	\$3,112,955	\$0	\$3,112,955	\$93,389	\$93,389

		FY 202	2-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$13,131,503	\$0	\$13,455,466	\$163,429	\$163,429
03. Office of Children,	FTE	84.2	0.0	84.2	0.0	0.0
Youth, and Families, (C)	GF	\$13,131,503	\$0	\$13,455,466	\$163,429	\$163,429
Division of Youth Services, (2) Institutional	CF	\$0	\$0	\$0	\$0	\$0
Programs - Medical	RF	\$0	\$0	\$0	\$0	\$0
Services	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$9,555,270	\$0	\$8,652,398	\$82,487	\$82,487
OO Office of Oblidge	FTE	44.1	0.0	44.1	0.0	0.0
03. Office of Children, Youth, and Families, (C)	GF	\$9,178,960	\$0	\$8,234,448	\$82,487	\$82,487
Division of Youth Services, (2) Institutional	CF	\$0	\$0	\$0	\$0	\$0
Programs - Educational	RF	\$350,005	\$0	\$350,005	\$0	\$0
Programs	FF	\$26,305	\$0	\$67,945	\$0	\$0
	Total	\$8,511,653	\$0	\$8,559,313	\$181, <b>46</b> 3	\$181,463
00 Office of Children	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children, Youth, and Families, (C)	GF	\$7,406,706	\$0	\$7,450,076	\$167,976	\$167,976
Division of Youth Services, (3) Community	CF	\$0	\$0	\$0	\$0	\$0
Programs - Purchase of Contract Placements	RF	\$584,122	\$0	\$584,122	\$13,487	\$13,487
Contract Flacements	FF	\$520,825	\$0	\$525,115	\$0	\$0
	Total	\$1,557,778	\$0	\$1,557,778	\$46,734	\$46,734
	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children, Youth, and Families, (C)	GF	\$1,519,652	\$0	\$1,519,652	\$45,590	\$45,590
Division of Youth Services, (3) Community	CF	\$0	\$0	\$0	\$0	\$0
Programs - Managed	RF	\$38,126	\$0	\$38,126	\$1,144	\$1,144
Care Project	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$15,833,682	\$0	\$15,833,682	\$475,011	\$475,011
OO Office of Obildren	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children, Youth, and Families, (C)	GF	\$12,648,887	\$0	\$12,648,887	\$379,467	\$379,467
Division of Youth Services, (3) Community	CF	\$3,184,795	\$0	\$3,184,795	\$95,544	\$95,544
Programs - SB 91-94	RF	\$0	\$0	\$0	\$0	\$0
Programs	FF	\$0	\$0	\$0	\$0	\$0

	_	FY 202	2-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,235,279	\$0	\$4,235,279	\$106,058	\$106,058
02 Office of Children	FTE	0.0	0.0	0.0	0.0	0.0
03. Office of Children, Youth, and Families, (C)	GF	\$4,235,279	\$0	\$4,235,279	\$106,058	\$106,058
Division of Youth Services, (3) Community	CF	\$0	\$0	\$0	\$0	\$0
Programs - Parole	RF	\$0	\$0	\$0	\$0	\$0
Program Services	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$10,897,466	\$0	\$10,951,470	\$56,989	\$56,989
04. Office of Economic	FTE	10.0	0.0	10.0	0.0	0.0
Security, (C) Employment and	GF	\$0	\$0	\$0	\$0	\$0
Benefits Division, (3)	CF	\$0	\$0	\$0	\$0	\$0
Other Employment- focused Programs -	RF	\$0	\$0	\$0	\$0	\$0
Refugee Assistance	FF	\$10,897,466	\$0	\$10,951,470	\$56,989	\$56,989
	Total	\$79,336,093	\$0	\$79,336,093	\$2,380,082	\$2,380,082
	FTE	0.0	0.0	0.0	0.0	0.0
04. Office of Economic Security, (F) County	GF	\$26,409,594	\$0	\$26,409,594	\$792,287	\$792,287
Administration, (1)	CF	\$15,867,218	\$0	\$15,867,218	\$476,017	\$476,017
County Administration - County Administration	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$37,059,281	\$0	\$37,059,281	\$1,111,778	\$1,111,778
	Total	\$36,423,484	\$0	\$33,037,923	\$411,948	\$411,948
00 05 01 1	FTE	364.7	0.0	313.4	0.0	0.0
06. Office Of Behavior Health, (B) Mental	GF	\$30,124,072	\$0	\$31,257,751	\$411,948	\$411,948
Health Institutes at Ft. Logan, (1) Mental Health	CF	\$1,662,368	\$0	\$1,685,746	\$0	\$0
Institutes at Ft. Logan -	RF	\$94,426	\$0	\$94,426	\$0	\$0
Personal Services	FF	\$4,542,618	\$0	\$0	\$0	\$0
	Total	\$99,868,196	\$0	\$101,955,875	\$1,552,338	\$1,552,338
06. Office Of Behavior	FTE	1,055.8	0.0	1,056.2	0.0	0.0
Health, (C) Mental Health Institute at	GF	\$88,321,826	\$0	\$90,261,987	\$1,552,338	\$1,552,338
Pueblo, (1) Mental	CF	\$3,799,257	\$0	\$3,822,952	\$0	\$0
Health Institute at Pueblo - Personal	RF	\$7,747,113	\$0	\$7,870,936	\$0	\$0
Services	FF	\$0	\$0	\$0	\$0	\$0

		FY 202	22-23	FY 20	23-24	FY 2024-25	
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$7,018,403	\$0	\$7,269,359	\$81,403	\$81,403	
	FTE	58.1	0.0	58.1	0.0	0.0	
06. Office Of Behavior Health, (D) Forensic	GF	\$7,018,403	\$0	\$7,269,359	\$81,403	\$81,403	
Services, (D) Forensic	CF	\$0	\$0	\$0	\$0	\$0	
Services - Court Services	RF	\$0	\$0	\$0	\$0	\$0	
-	FF	\$0	\$0	\$0	\$0	\$0	
	Total	\$4,115,239	\$0	\$4,176,155	\$43,573	\$43,573	
06. Office Of Behavior	FTE	20.4	0.0	20.4	0.0	0.0	
Health, (D) Forensic	GF	\$4,115,239	\$0	\$4,176,155	\$43,573	\$43,573	
Services, (D) Forensic Services - Forensic	CF	\$0	\$0	\$0	\$0	\$0	
Community-based Services	RF	\$0	\$0	\$0	\$0	\$0	
Services	FF	\$0	\$0	\$0	\$0	\$0	
	Total	\$14,080,606	\$0	\$14,095,639	\$362,943	\$362,943	
OO Office Of Debastics	FTE	4.3	0.0	4.3	0.0	0.0	
06. Office Of Behavior Health, (D) Forensic	GF	\$14,080,606	\$0	\$14,095,639	\$362,943	\$362,943	
Services, (D) Forensic Services - Jail-based	CF	\$0	\$0	\$0	\$0	\$0	
Competency Restoration	RF	\$0	\$0	\$0	\$0	\$0	
Program	FF	\$0	\$0	\$0	\$0	\$0	
	Total	\$31,975,768	\$0	\$3,412,940	\$94,170	\$94,170	
00 000 000 1	FTE	1.0	0.0	1.0	0.0	0.0	
06. Office Of Behavior Health, (D) Forensic	GF	\$3,412,940	\$0	\$3,412,940	\$94,170	\$94,170	
Services, (D) Forensic Services - Purchased	CF	\$0	\$0	\$0	\$0	\$0	
Psychiatric Bed	RF	\$0	\$0	\$0	\$0	\$0	
Capacity	FF	\$28,562,828	\$0	\$0	\$0	\$0	
	Total	\$3,948,447	\$0	\$3,961,353	\$103,516	\$103,516	
OG Office Of Debastics	FTE	3.0	0.0	3.0	0.0	0.0	
06. Office Of Behavior Health, (D) Forensic	GF	\$3,948,447	\$0	\$3,961,353	\$103,516	\$103,516	
Services, (D) Forensic Services - Outpatient	CF	\$0	\$0	\$0	\$0	\$0	
Competency Restoration	RF	\$0	\$0	\$0	\$0	\$0	
Program	FF	\$0	\$0	\$0	\$0	\$0	

		FY 202	22-23	FY 202	23-24	FY 2024-25
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,358,997	\$0	\$2,390,312	\$21,437	\$21,43
07. Office of Adults,	FTE	13.3	0.0	13.3	0.0	0.0
Aging and Disability Services, (B) Programs	GF	\$103,214	\$0	\$103,214	\$0	\$0
and Commissions for Persons with	CF	\$0	\$0	\$0	\$0	\$0
Disabilities, (1) Programs and Commissions for	RF	\$2,255,783	\$0	\$2,287,098	\$21,437	\$21,43
Persons with Disabilities - Colorado Commission for the Deaf, Hard of Hearing, and DeafB	FF	\$0	\$0	\$0	\$0	\$(
	Total	\$18,990,892	\$0	\$18,997,277	\$569,727	\$569,727
07. Office of Adults,	FTE	0.0	0.0	0.0	0.0	0.0
Aging and Disability Services, (F) Aging	GF	\$13,008,792	\$0	\$13,008,792	\$390,264	\$390,264
Programs, (1) Adult	CF	\$3,798,159	\$0	\$3,798,159	\$113,945	\$113,945
Protective Services - Adult Protective	RF	\$0	\$0	\$0	\$0	\$0
Services	FF	\$2,183,941	\$0	\$2,190,326	\$65,518	\$65,518

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

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Universe: PB - Budget Data
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Result Déjects: Program Code, Program Name, Parent Prog Code, Parent Prog Name
Filters: ( Program Consolidation Code Equal PROGRAM_ALL
AND Parent Prog External Level Equal 2
AND Program External Level Equal 7
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Universe: PB - Budget Data
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Are you seeing an error message?
Please see the Helpful Links section before contenting the PB Help Deak
PB\_Help@state.co.us
PB Knowledge Library
PB Website



Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-10 Request Detail: Community Provider Rate

Summary of Funding Change for FY 2023-24					
	Increment	al Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$887,325,636	\$22,491,357	\$22,491,357		
FTE	1,660.9	0.0	0.0		
General Fund	\$542,270,219	\$13,879,529	\$13,879,529		
Cash Funds	\$115,131,597	\$3,290,100	\$3,290,100		
Reappropriated Funds	\$24,759,819	\$446,776	\$446,776		
Federal Funds	\$205,164,001	\$4,874,952	\$4,874,952		

## Summary of Request

The Colorado Department of Human Services (Department, DHS) requests an increase of \$22,491,357 total funds, including \$13,879,529 General Fund, \$3,290,100 cash funds, \$446,776 reappropriated funds, and \$4,874,952 federal funds in FY 2023-24 and ongoing to provide a 3.0% provider rate increase for community-based providers

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	Yes (HCPF)	N/A

## **Current Program**

Provider rate adjustments apply to community programs and services provided by contracted providers or county staff. Within the Department, this community provider rate has been applied to County Administration, Child Welfare providers, County Child Welfare Staffing, community-based Youth Services entities, Domestic Violence Providers, community-based refugee assistance providers, and other similar providers.

## Problem or Opportunity

Contracted providers and counties are facing increased labor and supply costs as a result of salary increases, cost of living adjustments, and general inflation. However, OSPB anticipates the next three quarters (starting in Q4 of 2022) to demonstrate a reversion towards normal inflation as a reflection of tightening federal monetary policy; the September OSPB forecast expects 2.8% inflation growth in the calendar year 2024.

## **Proposed Solution and Anticipated Outcomes**

The Department requests an increase of \$22,491,357 total funds, including \$13,879,529 General Fund, \$3,290,100 cash funds, \$446,776 reappropriated funds, and \$4,874,952 federal funds in FY 2023-24 and ongoing to provide a 3.0% provider rate increase for community-based providers. While this increase is less than inflation, it is intended to support community-based providers as they face increasing costs.

The Department proposes an across-the-board provider rate increase since all of the community programs and services that are provided by contracted providers or county staff face similar inflationary issues. The 3.0% provider rate increase would enable the providers to address the rising costs for labor and supplies.

Contracted providers and county staff will be in a better position to manage increased labor and supply costs in order to provide needed contractual services

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

Community provider rates were calculated using a 3.0% increase based on the FY 2023-24 appropriation. Some line items, such as the Mental Health Hospitals - Fort Logan Personal Services line item, include personal services outside community-based provider costs, but those costs were excluded in the 3.0% calculation of community-based provider costs included in this request.

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for	the FY 2023-24 Budget Cycle	
Request Title			
	R-11 Aid for Parents to Make Child Sup	port Payments	
Dept. Approval By:			Supplemental FY 2022-23
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24
		<b>X</b>	Change Request FY 2023-24

		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$1,820,720	\$0	\$0	\$1,140,274	\$1,140,274	
	FTE	1.0	0.0	0.0	1.0	1.0	
Total of All Line Items	GF	\$0	\$0	\$0	\$0	\$0	
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0	
. roquest	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$1,820,720	\$0	\$0	\$1,140,274	\$1,140,274	

		FY 2022-23		FY 2023-24		FY 2024-25	
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request Change Request		Continuation	
	Total	\$1,820,720	\$0	\$0	\$1,140,274	\$1,140,274	
04. Office of Economic	FTE	1.0	0.0	0.0	1.0	1.0	
Security, (C) Employment and	GF	\$0	\$0	\$0	\$0	\$0	
Benefits Division, (3) Other Employment-	CF	\$0	\$0	\$0	\$0	\$0	
focused Programs - Child Support Services	RF	\$0	\$0	\$0	\$0	\$0	
Program	FF	\$1,820,720	\$0	\$0	\$1,140,274	\$1,140,274	

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

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Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-11 Request Detail: Aid for Parents to Make Child Support Payments

Summary of Funding Change for FY 2023-24					
	Incremental Change				
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$1,820,720	\$1,140,274	\$1,140,274		
FTE	1.0	1.0	1.0		
General Fund	\$0	\$0	\$0		
Cash Funds	\$0	\$0	\$0		
Reappropriated Funds	\$0	\$0	\$0		
Federal Funds	\$1,820,720	\$1,140,274	\$1,140,274		

## Summary of Request

The Department of Human Services (DHS, Department) requests \$1,140,274 federal funds [Temporary Assistance for Needy Families (TANF)] and 1.0 FTE in FY 2023-24 through FY 2026-27 to provide employment services to a minimum of 300 low-income, non-custodial parents (NCPs) across Colorado, through the Improved Payments and Child Success (IMPACS) program. The program is scheduled to end as of June 2023.

IMPACS is designed to assist NCPs who inconsistently (or never) pay child support by minimizing barriers via employment supports, supportive services, and individualized case management enabling consistent child support payments. When parents make consistent child support payments, children are less likely to live in poverty and are more likely to achieve positive outcomes, including increased educational attainment and reduced likelihood to be involved with the child welfare or juvenile justice systems. Continuing IMPACS for four more years will ensure its full impact and a robust evaluation is realized, as its start-up was delayed amid the COVID-19 pandemic. The requested budget represents a 37% cost savings over the FY 2022-23 annual appropriation of \$1.8 million, reflecting the projected funds needed to serve 300 participants and complete the evaluation. A robust, complete evaluation will inform the Department of the barriers faced by child support parents and indicate policies and programming required to address these challenges.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	4 Evidence- Informed	No	Sections 26-2-706 (1)(d) and 26-2-706.6 (4), C.R.S.

### **Current Program**

In 2019, the General Assembly approved an annual appropriation of \$1.8 million federal TANF dollars to implement IMPACS for four years, through FY 2022-23. The program is designed to assist NCPs who inconsistently (or never) pay child support by minimizing barriers to ensure consistent child support payments via employment supports, supportive services, and individualized case management. Amid the COVID-19 pandemic, the program's launch was delayed until March 2021. Currently, IMPACS is operating in four counties (Delta, Denver, Montrose, and Weld) through partnerships between county child support offices and non-profits, family resource centers, and workforce development programs.

One hundred and seventy-six individuals were referred for services between March 2021 and May 2022. These NCPs had average monthly child support obligations of \$450 and average child support arrears balances of \$14,617. Among those referred, 60% (106) engaged in services to increase monthly child support payments, enhance employment outcomes, and improve parent-child relationships.

The IMPACS program provides comprehensive case management services to identify, address, and overcome the issues underlying the parents' challenges in meeting their child support obligations. Specifically:

- 30% of participants received services to secure housing, overcome transportation barriers, initiate substance abuse treatment, secure essential documents, or meet other basic needs;
- 52% of participants achieved child support milestones, including increased payments, order modifications, reinstatement of driver's licenses, and reductions in arrears; and
- 58% of participants achieved employment milestones, including securing and retaining employment, engagement with workforce development services and training programs, and occupational certifications.

Current program data shows that once a parent is employed, they begin to make child support payments within four to six weeks. The Department's contracts with IMPACS vendors require participants to pay 100% of their monthly support obligation for 3-6 months (varies by site) in order to successfully graduate from the program. Once a more robust sample is available, the Department will pull data from Automated Child Support Enforcement System (ACSES) to track payment maintenance for one year post-program exit.

## **Problem or Opportunity**

The IMPACS program was intended to launch in the spring of 2020. This was unfortunately at the outset of the COVID-19 pandemic, which delayed implementation until the following year. When the program began in March 2021, take-up was very slow as county officers were remote and many participants lacked technology and/or were not comfortable engaging in person. These factors prevented the program effects from being maximized. Ultimately, too few NCPs were served in order to have a sufficient sample for a robust program evaluation. Moreover, the delayed start has prevented hundreds of struggling NCPs from receiving services likely to increase their employment outcomes and improve the economic well-being of their children. Unused funds (approximately \$3.5M) were returned to the TANF Reserve and remain available to support programming, if appropriated.

If IMPACS is not continued, 300 participants will be negatively affected and will exacerbate a number of issues, including the following, and ultimately keeping more children in poverty:

- According to the federal Office of Child Support Enforcement (OCSE), child support represents an average of 41% of family income for custodial families who receive it. Yet approximately 30,000 Colorado families (one-third of the child support services caseload) receive \$0 in monthly child support owed in any given month and are more likely than other families to live in poverty. Additionally, research shows that every dollar of child support income has a more significant positive effect on how well a child does in school than any other source of family income, exacerbating the negative effect of a child not receiving child support.
- \$11.9 million owed in child support each month in Colorado goes unpaid, negatively affecting children. Not unsurprisingly, a disproportionate percentage of the NCPs who do not consistently pay child support have very low incomes themselves and face an array of employment barriers that limit their ability to contribute to their children. Survey data collected through the national Child Support Parent Employment Demonstration (CSPED) grant indicates that nearly 70% of parents failing to pay child support obligations have some kind of criminal conviction.
- Among those NCPs with any reported income, monthly earnings average only \$683, less than 70% of the federal poverty level (FPL) for a family of one. The validation study of Colorado's Family Resource Assessment (FRA) found that the odds of paying child support decreased by 34-38% for every barrier to employment reported by NCPs.

Despite the documented need, few opportunities currently exist to engage NCPs in employment-focused activities. Federal rules restrict states from using any federal child support program funds for employment services, leaving counties with few resources to meet this significant need among their caseload. Few counties have the resources to provide these types of services internally.

#### COVID-19 Stalled Colorado's Solution

The Department planned to launch the IMPACS program in FY 2019-20. However, the COVID-19 pandemic significantly stalled implementation of the IMPACS program, as all county child support offices closed to the public in March 2020. Thus, the Department chose to delay the release of the first Request For Applications (RFA) to allow counties time to transition to remote services and to increase partners' bandwidth to engage in the program. When the RFA was released, three vendor contracts were secured for FY 2020-21 but many of the local county child support offices were still operating remotely. Without the flow of in-person traffic in county offices, IMPACS recruitment solely relied on child support workers reaching out to parents virtually, which was a slower process. Furthermore, many of the first cohort of parents enrolled in IMPACS were hesitant to meet in-person or explore new work opportunities amid the ongoing health guidelines that encouraged social distancing. Many participants cited barriers such as lack of access to the internet, a computer, or a working cell phone, which made it difficult to engage remotely. IMPACS enrollment began to increase in the spring and summer of 2021 as vaccines became more widely available and NCPs became more comfortable exploring in-person employment opportunities and services.

Ultimately, the start-up delays directly attributable to the COVID-19 pandemic have reduced program enrollment. Without a substantial sample, it will be difficult to make conclusions about the best approaches to serve NCPs seeking employment and paying child support. Moreover, evidence indicates that there are thousands of Colorado families living in poverty that could be addressed through employment interventions.

## Proposed Solution and Anticipated Outcomes

The Department is requesting available and unappropriated TANF funds (TANF Long-term Reserve) to continue to implement IMPACS for an additional four years, serving at least 300 more NCPs and ensuring a robust program evaluation by the Center for Policy Research, the entity initially contracted to evaluate the program in 2020. Formal analysis of IMPACS outcomes related to increased child support payments, employment outcomes and parent-child engagement will be forthcoming as more clients engage in services. Specifically, this request will enable a third request for proposal (RFP) solicitation to secure additional vendors and serve more participants. Recognizing the potential barriers to serving small and rural counties, the Department will actively pursue partnerships among county child support programs to reach marginalized and less populated areas of the state. Current and future vendors will provide IMPACS services in their communities and contribute to the success of a final evaluation report analyzing the relative effect of strategies used in the IMPACS program and outcomes among participants. This funding request is critical both to serve participants and increase the sample size to ensure a robust, meaningful program evaluation.

Participant recruitment will also be aided by the Department's recent re-implementation of federally required automated enforcement remedies (e.g., income withholding, intercepts, credit reporting), which were paused in March 2020. Previous non-custodial employment programs have shown that deferring such enforcement remedies while a parent is participating in the program is a successful recruitment and retention tool.

#### **IMPACS** Evaluation

Extending the program to serve more participants will increase the sample size, leading to a more valid and reliable understanding of barriers that parents face, informing an evaluation that can be used to accurately inform policy and reduce poverty in future years. Specifically, primary program outcomes include (1) increase the number of child support payments received; (2) improve parent-child relationships (e.g. parenting time agreements); and (3) increase employment outcomes, including obtaining a job, wages, and earning potential. As such, the IMPACS evaluation design includes both outcome and process analyses. The evaluation will assess impacts related to the three primary outcomes for the program as a whole and for each vendor. It will also include a process evaluation per program implementation and will provide real-time, date-informed, continuous quality improvement feedback. Additionally, the evaluator will provide technical assistance to vendors through educational workshops, written material, and coaching on the process of providing employment and supportive services to NCPs.

The evaluation results will be critical to inform future programming in Colorado and ensure that program policies, procedures, and enforcement remedies are administered in a manner that better supports both parents and the child. Evaluation results will also add to the national body of research on employment programs for NCPs. If this request is not approved, the existing sample size of the evaluation would be small. A small sample could diminish the reliability, validity, and generalizability of the overall results, and could impede the efficacy of policy recommendations to enhance equitable access for Colorado families. Table 1 summarizes the processes for data collection and analysis of IMPACS.

	Table 1: IMPACS Data Collection and Analysis					
Research Question	Data	Source	Time Period	Analysis		
What relationship is there between participation in the IMPACS program and improved child support payment patterns?	Participant child support payment records	Automated Child Support Enforcement System (ACSES) data extract	Designated periods prior to, and after program participation	Quantitative comparison of child support payment patterns during designated periods		
What relationship is there between participation in the IMPACS program and employment outcomes, including changes to employment status and wages?	Employment status, wages, participation in training, participant self-report items	Employment services records, ACSES data extract, participant Intake and Exit Survey	At onset of client participation, during service and at completion of participation	Quantitative comparison of employment indicators during designed periods		

What relationship is there between participation in the IMPACS program and changes in parent-child relationships?	Participant perceptions	Child-Parent Relationship Scale, Co-Parenting Scale, Participant Intake and Exit Survey	At onset of client participation, and at completion of participation	Quantitative comparison of pre and post assessment
What relationship is there between participation in the IMPACS program and changes in client perceptions of employment and parenting barriers?	Participant perceptions	Barriers Scale administered in Participant Intake and Exit Surveys	At onset of client participation, and at completion of participation	Quantitative comparison of pre and post assessment
Have the intended five types of services (case management, employment services, parenting, supportive services, and child support services) been effectively implemented by each of the vendors?	Service records, feedback from service providers, feedback from clients	Service data recorded in program management information system, interviews and focus groups with vendor staff, child support agencies and other partner organizations and participants	Ongoing staff focus groups participant focus groups	Qualitative analysis of quarterly summaries of services provided; cumulative summary of services provided Quantitative and qualitative content analysis of feedback relative to common themes.

This request will be important to achieve overarching statewide goals and positive outcomes for families. For instance, research shows that when parents are financially stable, it reduces the risk of violence in the home and involvement with child welfare. Expanding IMPACS services to more participants will support the Department's goal to reduce the average daily out-of-home placement population. Additionally, IMPACS participants are likely to expand job-specific skills and find employment, directly supporting the Department of Labor and Employment's 'Full Employment and Upskilling' goal.

#### **Fund Source**

Available and unappropriated TANF funds (TANF Long-term Reserve) can be used to pay for any project that meets a purpose of TANF and serves TANF-eligible households.

Federal child support rules restrict any federal child support dollars from funding employment-related services for parents. Thus, this request accesses available funds to pay for allowable services, under TANF, to expand the types of services available to families receiving/paying child support and decrease barriers to ongoing payment of child support. Research shows that every dollar of child support income has a greater effect on how well a child does in school than any other source of family income, exacerbating the negative effect of a child not receiving child support. This request meets several of the federal purposes of TANF, including assisting needy families so children can be cared for in their own homes; promoting job preparation and work; and encouraging two parents to be engaged in a child's life. In this way, this request helps to reduce the cycle of poverty among future generations.

#### **Evidence-Continuum**

Program Objective	<ol> <li>NCPs make more consistent child support payments</li> <li>NCPs will improve their relationships with their children</li> <li>NCPs overcome barriers to employment and gain skills to sustain employment</li> </ol>				
Outputs being measured	Improved ability to meet and pay child support obligations; Suppression of enforcement remedies with program engagement; Order adjustment; Increased contact with children; Establishment of parenting time plans; Participation in mediation or other access and visitation services; Improved co-parent relationship; Enhanced employment skills; Employment; Increased wages and benefits; Increased child support payments.				
Outcomes being measured	Increase percentage of child support cases receiving payment; Improve employment outcomes (attainment, wages, and retention); Improve parent-child relationships				
Evaluations	Pre-Post Quasi-Experimental Randomized Control Tria				
Results of Evaluation	X				
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 4 (evidence-informed)				

## **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Children living in single parent households	Children living in single parent households experience higher rates of poverty	Colorado's poverty rate in 2020 was 9.8%. Single parent families are disproportionately affected by poverty with 22% of single-parent families with children being below poverty in 2020.
Families living in poverty	Racial and ethnic minorities experience higher rates of poverty than white Coloradans.	2020 rates of poverty among racial and ethnic minority groups are higher than the state average poverty rate: 18.5% for African Americans, 17.9% for Native Americans, and 14.3% for Latinos. This is compared with the rate among Caucasians at 7.1%. (Source: Spotlightonpoverty.org and talkpoverty.org.)

The IMPACS evaluation will collect demographic data, household income and assets, and barriers and risk factors faced by program participants. Currently participating counties have poverty rates higher than the state average: Delta 14.6%, Denver 11.7%, Montrose 11.6%, and Weld 10.5%. Outcomes and process data from the evaluation of the IMPACS program will inform the effectiveness of service delivery as they relate to various equity factors collected for the evaluation.

### **Assumptions and Calculations**

The following assumptions guided development of this proposal:

- continuing the program for three years (with one additional year following participants for evaluation purposes) will serve 300 more participants, which will ensure a robust sample in order to assess program outcomes and meet the intended goals of the program (that were hampered by the pandemic);
- based on existing costs to serve IMPACS participants, the total average cost per participant will be \$3,000 per participant so it will cost \$900,000 to serve 300 participants (\$3,000 x 300 = \$900,000); and
- the existing FTE operating the program will remain (costs reflect the salary/benefits for this position).

The program will operate from FY 2023-24 through FY 2026-27. All costs will be covered by available federal TANF funds in reserve.

Additional costs include administrative and operating costs and an evaluation, as presented in Table 2:

Table 2: Child Support Employment Initiative (IMPACS)			
Fiscal			
Administrative Costs			
Personal services & operating expenses	\$85,294		
Printing, communication, outreach	\$4,980		
Program Delivery Costs			
\$3,000/participant x 300 participants	\$900,000		
Program Evaluation	\$150,000		
Total Annual Cost	\$1,140,274		

Table 3: Assumptions and Calculations Summary Table						
	FY 2022-23 FY 2023-24 Change Request PY 2024-25 Ongoing Cost Past FY 2024-25 Past FY 2024-25					
Total Funds	\$1,820,720	\$1,140,274	(\$680,446)	\$1,140,274	\$1,140,274	
Federal Funds	\$1,820,720	\$1,140,274	(\$680,446)	\$1,140,274	\$1,140,274	

In FY 2022-23, the appropriation is \$1.8 million. IMPACS was scheduled to end on June 30, 2023. This request will continue the program for four years at a reduced budget of \$1.1 million per year. It will maintain the existing 1.0 FTE operating the program. No additional FTE will be added.

As presented in TANF RFI #4, submitted on November 1, 2022, the FY 2022-23 TANF Long-term Reserve balance is \$44,600,490. In FY 2022-23, the balance is anticipated to be \$39,178,143.

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-12 Momentum Program Funding					
Dept. Approval By:			Supplemental FY 2022-23			
OSPB Approval By	Manay Davissa					
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		FY 2022-23		FY 2023-24		FY 2024-25
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,948,447	\$0	\$3,961,353	\$328,747	\$328,747
	FTE	3.0	0.0	3.0	0.0	0.0
Total of All Line Items	GF	\$3,948,447	\$0	\$3,961,353	\$328,747	\$328,747
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0
Noquosi	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

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Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$3,948,447	\$0	\$3,961,353	\$328,747	\$328,747	
06. Office Of Behavior	FTE	3.0	0.0	3.0	0.0	0.0	
Health, (D) Forensic	GF	\$3,948,447	\$0	\$3,961,353	\$328,747	\$328,747	
Services, (D) Forensic Services - Outpatient	CF	\$0	\$0	\$0	\$0	\$0	
Competency Restoration Program	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$0	\$0	\$0	\$0	\$0	

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

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Jared Polis Governor

Michelle Barnes Executive Director

November 1, 2022

# Department Priority: R-12 Request Detail: Momentum Program Funding

Summary of Funding Change for FY 2023-24					
	Increment	al Change			
	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$3,948,447	\$328,747	\$328,747		
FTE	3.0	0.0	0.0		
General Fund	\$3,948,447	\$328,747	\$328,747		
Cash Funds	\$0	\$0	\$0		
Reappropriated Funds	\$0	\$0	\$0		
Federal Funds	\$0	\$0	\$0		

## Summary of Request

The Department of Human Services (DHS, Department), Office of Civil and Forensic Mental Health (OCFMH, Office) requests \$328,747 General Fund for FY 2023-24 and beyond to expand community-based services provided by the Momentum Program to meet the rapidly increasing demand for these services. Clients receiving outpatient restoration are referred to Momentum for additional, individualized support to successfully and safely live in the community. These resources are based on the individual's needs and are meant to further stabilize clients in their own community so that they may more fully participate in competency restoration. These services range from basic to complex and include resources such as transportation vouchers, temporary housing, peer support, basic needs items, and benefits attainment.

Stabilizing more individuals in the community allows the Department to divert more individuals to the least restrictive setting, which allows the Department to prioritize facility beds for those who truly need them. In addition, and in coordination with the CDHS Forensic Support Team, the Momentum Program will divert additional clients from inpatient settings through transition planning for individuals who are in custody.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	Section 27-60-105, C.R.S.

### **Current Program**

The Forensic Services Division (Division, FSDV) in the Office of Civil and Forensic Mental Health (OCFMH) oversees forensic clients served outside of the Mental Health Hospitals. The Division serves individuals who have been court ordered to the Department for competency evaluations, competency restoration services, and community-based supervision.

The Outpatient Restoration Program was implemented in 2018 to serve adults and juveniles who are found incompetent to proceed in court. In addition to reporting the clinical status and current services of pretrial detainees, the Program is responsible for creating and implementing discharge plans for individuals who are incarcerated and have been recommended or required to engage in services in their community. Services include education of the court system, referral to community-based resources that address barriers to competency, and support within their community such as housing, medical care, guardianship services and any other non-behavioral health stabilizing services. These services promote long-term stabilization and encourage exit from the criminal justice system.

To fulfill these objectives, the Division began contracting for the Momentum Program in 2019 to provide supportive services for individuals ordered to community restoration and individuals transitioning from incarceration into the community. Momentum is a statewide program that works with clients in jails, mental health hospitals (MHHs), and in the community.

The Department contracts with Rocky Mountain Human Services to serve both forensic clients (starting in 2019, as described above) and civil clients; the Division serves forensic clients while the Behavioral Health Administration (BHA) serves civil clients. Today, these different populations are all incorporated into one contract between DHS and Rocky Mountain Human Services.

The Community Behavioral Health programs previously in OCFMH, now in the BHA, have been contracting with Momentum since 2014 when the General Assembly initially funded the program under the Community Transition Services line item. FSDV funds services for the forensic clients through this contract from two separate line items: the Forensic Community Based Services and Outpatient Restoration Services line items. Table 1 shows these expenditures for the prior three fiscal years. The demand for these services has been

increasing due to pressure from the courts to reduce the number of people waiting in jail for these services. For FY 2021-22, the number served was higher than anticipated, and OCFMH expected over expenditures.

Table 1: Momentum Funding (Expenditures)							
FY 2019-20 FY 2020-21 FY 2021-22 FY 2022-23 (1st year of Program Actuals) FY 2021-3 (Projected)							
Forensic Community Based Services	\$0	\$83,822	\$216,533	\$220,000			
Outpatient Restoration Services	\$0	\$390,028	\$725,000	\$725,000			
Total	\$0	\$473,850	\$941,533	\$945,000			

The BHA funds two separate programs through Rocky Mountain Human Services that help clients of all ages who have barriers to discharging from a hospital and/or are in the hospital or withdrawal management centers frequently due to behavioral health issues. The Momentum program in the BHA, formerly in the Community Behavioral Health programs of CDHS, has a history of underspending. H.B.21-1130 expanded the scope of allowable uses of this funding, and the Community Behavioral Health programs (now the BHA) have been increasing their use of the fund over several years. For FY 2021-22, and in response to the growing forensic need, BHA covered the cost of some forensic clients. However, as they ramp up their funding and the forensic population increases, that will no longer be feasible. Therefore, OCFMH has a need for additional funding.

The Momentum Program's work with the Outpatient Restoration Program consists of two main areas, including:

- care coordination, which are services that provide case management support, benefits attainment, and coordination of ancillary services for competency restoration clients in the community (about 64% of FY 2022-23 budget); and
- client expenses, which is specific monetary or tangible support to meet clients' needs for stabilization in the community (about 36% of FY 2022-23 budget).

This program supplements the clinical restoration services clients receive with comprehensive, person-centered support to identify needs, define goals, and access benefits and other resources. For example, Momentum helps connect clients with housing assistance, including clients in need of assisted living, host homes, or supported living. Peers are also available to provide unique support to clients based on their own personal experience with mental illness and recovery.

## Problem or Opportunity

Demand for outpatient restoration services has increased rapidly since 2019 due to a higher number of referrals for community-based restoration and the higher level of acuity of these clients. Demand is projected to continue increasing. Meanwhile, higher-levels of care are

strained and operating on growing waitlists, which compounds the need to divert individuals from jails or inpatient settings.

Table 2: Actuals and Projection of Individuals Referred to Outpatient Restoration Services					
Fiscal Year Individuals Referred % High Acuity (Tier 1 or Tier 2 for hospitalization)					
FY 2018-19 182 6%					
FY 2019-20	486	23%			
FY 2020-21	733	30%			
FY 2021-22	942 (Projected)	Greater than 30% (projected)			
FY 2022-23	1,130 (Projected)	Greater than 30% (projected)			
FY 2023-24	1,254 (Projected)	Greater than 30% (projected)			

Many of these outpatient clients are served by community mental health centers (CMHCs), but the CMHCs do not have capacity to serve all of the clients ordered into outpatient restoration or to meet the complete range of client needs. For example, of the individuals who are transitioning from incarceration into the community, 78% need some level of housing assistance. Of these, 40% are in need of assisted living, host homes, or supportive housing that Momentum helps facilitate. The Momentum Program is a critical service to meet gaps for outpatient clients.

In FY 2020-21, the Momentum Program served 32 outpatient clients with the available funding from the outpatient restoration program. The Momentum Program served 58 clients in FY 2021-22, an 81% increase. The program's client services targets are set by the available budget under the Outpatient Restoration Program. Currently not all forensics clients who would benefit are referred due to a known lack of capacity; more forensics clients would be referred to the program if the program had greater capacity.

## **Proposed Solution and Anticipated Outcomes**

The Department requests that funding for the Momentum Program be increased by \$328,747 for FY 2023-24 and beyond to total \$950,000. This increase is necessary to serve the growing number of individuals referred to the program and higher acuity levels of those clients. Every individual who is diverted into community-based services potentially diverts them from the inpatient waitlist.

#### Anticipated outcomes include:

- maintaining stability in the community for individuals in the competency system;
- an opportunity to divert these individuals out of the criminal justice system via this long-term stabilization and connection to meaningful community resources; and
- the ability to facilitate more transitions from jail to community.

#### Evidence-Continuum

Program Objective	To stabilize clients in the community and prevent entry or re-entry to more restrictive settings (i.e., jail or the mental health hospitals)			
Outputs being measured	Clients accessing care coordination services, tangible and monetary supports to clients			
Outcomes being measured	Engagement with therapy six months after discharge			
Evaluations	Pre-Post Quasi-Experimental Design		Randomized Control Trial	
Results of Evaluation	N/A N/A N/A			
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 2 (theory-informed)			

## **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with mental illness	Individuals with mental illness are overrepresented in the criminal justice system and more likely to be incarcerated or served in restrictive settings.	The Momentum Program provides services that enable some individuals with mental illness, and who have been charged with a crime, to be served in the community. It reduces the need for and duration of incarceration and inpatient services.

## **Assumptions and Calculations**

The FY 2021-22 budget for the Momentum Program was \$621,253, and the program spent \$725,000. The program was able to accommodate the over-expenditure with one-time funding from other funding sources within the Division, but does not have the capacity to sustain the expense going forward. Further, the overspending covered expenses for current clients, but there is still a waitlist for services. The waitlist ranges from about nine to 15 people at any given time. As of June 2022, there are ten people on the waitlist. The waitlist is believed to be an underrepresentation of the true need since many eligible clients are not referred due to awareness that the program lacks capacity to serve more clients. An important objective of H.B.22-1386 is to increase the number of misdemeanor defendants who can receive competency services in an outpatient setting, when consistent with community safety. The increased availability for Momentum Services will allow more

clients to be served in an outpatient setting instead of receiving competency services in jail or an MHH.

#### Cost Per Client

Increases were considered using \$725,000 as the base rate from FY 2021-22, which included \$462,193 for care coordination and \$262,807 for client expenses. Client costs in the Momentum program are based on individual needs and offered as one element of many services the client is receiving. For example, some clients may have expenses under the program that are only a few hundred dollars, such as a deposit on an apartment, a one-time grocery card, or the cost of a storage unit. Other clients may have several thousand dollars in expenses, such as several months of an extended stay hotel, transportation needs, or medical expenses not covered by insurance. Similarly, some clients may need significant staff time toward care coordination while others need less. Accordingly, the estimated average cost per client is based on a mean of the overall spending in FY 2021-22.

In FY 2020-21, the Momentum Program served 32 outpatient clients. In FY 2021-22 the Momentum Program served 58 clients, an 81 percent increase from the prior year:

\$725,000 / 58 clients = \$12,500 mean cost per client

Note that the calculations above are an estimate based on the spending for FY 2021-22 and the costs per client that year. Actual average spending for each client may be slightly more or less, and costs per client vary greatly.

The projected increase in the number of clients served by the Momentum Program takes into account the overall increase in clients referred to outpatient services and the fact that the Momentum program has maintained a waitlist of between nine and 15 clients.

	Table 3: Outpatient Clients and Momentum Clients - Actual and Projected						
	Outpatient Se	ervices Overall	Momentum Program				
Fiscal Year	All individuals Referred			Percent Increase From Prior Year			
2020-21	733	50%	32	N/A¹			
2021-22	942 (Projected)	29% (Projected)	58	81%			
2022-23	1,130 (Projected)	20% (Projected)	58	0% (assumes stable funding)			
2023-24	1,254 (Projected)	11% (Projected)	76	31%			

<sup>&</sup>lt;sup>1</sup> Momentum served two clients from April through June of 2020.

The requested increase is based on the projected number of clients multiplied by the average cost per client as follows:

Projected 76 clients x \$12,500 mean cost per client = \$950,000 total FY 2023-24

Table 4: Assumptions and Calculations Summary Table							
FY 2022-23 FY 2023-24 C Appropriation Request				FY 2024-25 Request	Ongoing Costs past FY 2024-25?		
Total Funds	\$3,948,447	\$4,277,194	\$328,747	\$4,277,194	\$328,747		
General Fund	\$3,948,447	\$4,277,194	\$328,747	\$4,277,194	\$328,747		

# Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-13 Sustaining ReHire Colorado					
Dept. Approval By:			Supplemental FY 2022-23			
Bopti Approval By:		<del></del>	Supplemental F1 2022-23			
OSPB Approval By:	Megan Davisson	·	Budget Amendment FY 2023-24			
		<u>x</u>	Change Request FY 2023-24			

		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$2,572,588	\$0	\$2,575,483	\$102,904	\$102,904	
	FTE	2.0	0.0	2.0	0.0	0.0	
Total of All Line Items	GF	\$2,572,588	\$0	\$2,575,483	\$102,904	\$102,904	
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0	
	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$0	\$0	\$0	\$0	\$0	

	_	FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,572,588	\$0	\$2,575,483	\$102,904	\$102,904
04. Office of Economic	FTE	2.0	0.0	2.0	0.0	0.0
Security, (C) Employment and	GF	\$2,572,588	\$0	\$2,575,483	\$102,904	\$102,904
Benefits Division, (3) Other Employment-	CF	\$0	\$0	\$0	\$0	\$0
focused Programs - Transitional Jobs	RF	\$0	\$0	\$0	\$0	\$0
Program	FF	\$0	\$0	\$0	\$0	\$0

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

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Jared Polis Governor

Michelle Barnes Executive Director

Department Priority: R-13
Request Detail: Sustaining ReHire Colorado

Summary of Funding Change for FY 2023-24							
	Increment	al Change					
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request				
Total Funds	\$2,572,588	\$102,904	\$102,904				
FTE	2.0	0.0	0.0				
General Fund	\$2,572,588	\$102,904	\$102,904				
Cash Funds	\$0	\$0	\$0				
Reappropriated Funds	\$0	\$0	\$0				
Federal Funds	\$0	\$0	\$0				

## Summary of Request

The Department of Human Services (DHS, Department) requests an extension of the ReHire Colorado program (Section 26-2-110-1104, C.R.S.), along with a corresponding program increase of \$102,904 General Fund, in order to pay participant wages consistent with the current economy. ReHire Colorado provides transitional jobs for low-income and un/underemployed non-custodial parents, veterans, and displaced workers over fifty. The additional \$102,904 will keep pace with increasing wages for program participants. The 2.0 FTE and all other program costs will remain consistent with current funding levels.

ReHire supports approximately 400 Coloradans every year. In FY 2021-22, the primary industries in which ReHire participants obtained unsubsidized employment after program completion were transportation and warehouse, healthcare, construction, retail, hospitality and food Services, making ReHire participants an important part of the solution to the State's labor challenges.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
Yes	5 Proven	No	Section 26-2-110-1104, C.R.S.

### **Current Program**

During the Great Recession, the Department implemented the HIRE Colorado program, using federal funds to provide transitional jobs to eligible Coloradans. Building off this program's success, the Department created the ReHire Transitional Jobs Program (known as ReHire Colorado) in 2013 (Section 26-2-1101-1104, C.R.S.). This program provides paid, on-the-job training (i.e., transitional jobs) and employment-related supportive services to eligible participants, prioritizing unemployed or underemployed noncustodial parents, veterans, and workers over age 50 living below 150% of the federal poverty level (FPL). The program is operated through a network of community organizations, workforce centers, and employers. It has demonstrated consistently strong outcomes: ReHire participants were 38% more likely to obtain employment and earned, on average, 35% more in any given quarter than non-participants.<sup>1</sup>

ReHire operates in a streamlined, efficient process. Clients are connected to the program through the ReHire website and/or directly with local area contractors (LACs) that operate the program. LACs are community-based organizations that provide a menu of support to low-income Coloradans, including employment support. For ReHire, each LAC is responsible for partnering with employers in their area and matching clients with employers. In FY 2022-23, the LACs included Catholic Charities, Goodwill Colorado, Colorado Coalition for the Homeless, and the Center for Employment Opportunities. In turn, the Department is responsible for contract administration, technical assistance, monitoring performance and compliance, and evaluation.

Since 2013, ReHire Colorado has been reauthorized twice. The budget has remained consistent at \$2.6 million for the past decade. The vast majority of the program budget pays wage subsidies for participants participating in on-the-job training opportunities. Participants are paid comparable wages to similar positions employed by the same employer, with the ReHire wage subsidy covering some or all of the participants' wages. A small portion of administrative funding supports an evaluation and 2.0 FTE to operate the program. The program serves approximately 400 participants annually.

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<sup>&</sup>lt;sup>1</sup> See the Evaluation of the ReHire Colorado Program Updated Progress Report for findings from the random control trial evaluation of the ReHire program:

https://drive.google.com/file/d/1ExewgbbS70HidHDAwaOOIoGO5EzEhIFn/view?usp=sharing

## **Problem or Opportunity**

ReHire Colorado is highly effective and demonstrates strong outcomes. It is set to be repealed in 2025. However, current statute dictates that "no new transitional jobs shall be offered after December 31, 2023." This ostensibly ends the program in FY 2023-24, six months prior to its formal conclusion. Thus, a legislative solution is required in the 2023 session to continue the program throughout FY 2023-24 and extend it beyond 2025.

The two previous reauthorizations extended the sunset date, but the mismatched dates continue to put program continuity at risk. Aligning dates in statute and extending the program would maximize funding while continuing an effective program that promotes self-sufficiency among vulnerable Coloradans. In general, the population served by the ReHire program is not eligible for Colorado Works or Employment First. Thus, no existing funding stream is available to serve the targeted ReHire population, absent reauthorizing the program.

Moreover, prevailing wages across Colorado's in-demand occupations, typically filled by ReHire participants, have increased in the past decade. Yet, the base budget for ReHire Colorado has not changed since 2013, thus limiting the wage subsidy that ReHire is able to provide. In recent years, some clients have rejected a transitional job because the wage was too low, thus missing out on critical job training opportunities. While in the short-term, finding a higher paying job may seem beneficial, the participant misses out on training and career pathing opportunities in their chosen field. Therefore, when participants leave their placement, it may limit the long-term benefits of sustainable, higher paying careers.

In FY 2021-22, the primary industries in which ReHire participants obtained unsubsidized employment after participation in ReHire were transportation and warehouse, healthcare, construction, retail, hospitality and food services, making ReHire participants an important part of the solution to the state's labor challenges. In order to provide a more equitable wage to continue attracting and compensating participants, the program budget needs to be increased by 4%, or about \$103,000.

## **Proposed Solution and Anticipated Outcomes**

The Department requests to remove the ReHire sunset provision and extend the program indefinitely. Additionally, the Department requests the base appropriation to increase by 4% to keep pace with wage growth in the Colorado economy. Increasing the appropriation will enable the program to continue to serve the same number of participants and pay the prevailing wage for their job placements.

Ultimately, this request continues a successful employment program targeting noncustodial parents, veterans, and adults over 50. Approximately 75% of ReHire participants are placed

in a transitional job and are more likely to sustain employment relative to non-ReHire participants.

ReHire Colorado is evaluated through a randomized control trial, whereby a treatment group of program participants is compared to a control group. ReHire consistently achieves strong outcomes. Relative to the control group, ReHire participants were more likely (77% vs. 56%) to be employed upon completing the program; on average, participants earned about 35% more in a given quarter than non-participants. These effects persist beyond program enrollment, with ReHire participants being 9% more likely to be employed two years after the program than those in the control group. Specifically, evidence indicates that the transitional jobs component of the program had positive effects on the treatment group in terms of sustained employment.

Since the program began in 2013, ReHire Colorado's LACs have expanded program services to seven new counties, including Boulder, Broomfield, Larimer, Weld, Fremont, Las Animas, and Huerfano counties. The Department anticipates further expanding counties served by ReHire Colorado, focusing on rural areas.

#### **Evidence-Continuum**

As intended in the initial program design, ReHire is operated as a Randomized Control Trial. Historically, it demonstrates strong returns. The program evaluation shows that ReHire participants are more likely to be employed in the quarter after finishing the program (77% vs. 56%) compared to the control group. Additionally, the annual wages earned are about \$617 higher than the control group. Moreover, these employment gains are also sustained over time, as ReHire participants are more likely to be employed two years after the program than non-participants. It is important to note that subsidized employment and transitional jobs programs have a strong evidence base, as indicated in the U.S. Department of Health and Human Services, Administration for Children and Families' Pathways to Work Evidence Clearinghouse.<sup>2</sup>

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<sup>&</sup>lt;sup>2</sup> See Elkin, Sam, Jillian Stein, and Dana Rotz (2022). Evidence snapshot: Subsidized employment and transitional jobs, OPRE Report #2022-83, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

https://www.acf.hhs.gov/opre/report/evidence-snapshot-subsidized-employment-and-transitional-jobs

Program Objective	Increase employment among un/underemployed Coloradans.			
Outputs being measured		ral descriptive data, suppor other job placements.	rtive payments, transitional job	
Outcomes being measured	Employment by quarter after the program, impact on a participant's poverty status, long-term employment, SNAP and TANF participation, and customer satisfaction.			
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial	
Results of Evaluation	The program is evaluated through a RCT; results indicate strong outcomes.			
S.B.21-284 Evidence Category and Evidence Continuum Level	Step 5 (proven)			

## **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with income below 150% of the FPL who are un/underemployed. 70% of participants must be veterans, non-custodial parents, and individuals over age 50	By definition, un/underemployed individuals below 150% FPL struggle economically. No other employment programs currently serve this target population.	The program targets populations that are less likely to be gainfully employed. Focusing on priority populations such as older job seekers, veterans, and non-custodial parents promotes broader inclusivity within the labor force.

## **Assumptions and Calculations**

Continuing the statutory authority for ReHire Colorado indefinitely will enable more struggling Coloradans to receive employment services and will promote program continuity. Program operations will remain consistent with the current program (\$2.57 million budget and 2.0 FTE), with the exception of increasing funds for participant wages in transitional jobs.

Increasing the appropriation by \$102,904 will keep pace with wage growth and offset some of the inflationary increases that would reduce the value of the current program wages. This increase is designed to offset some inflationary increases that would reduce the value of the current wages provided in the program.

- In FY 2023-24, ReHire Colorado is anticipated to enroll 400 participants and place 300 participants into transitional jobs. The average cost for the LACs to serve all 400 participants is \$1,800 per participant, including LAC administration and case management plus supportive services such as transportation assistance, work uniforms, licensing, training, etc.
- On average, it will cost \$5,804 to subsidize wages for each of the 300 participants placed into transitional jobs. (Serving 300 participants for an average of 25 hours/week for 16 weeks at an average wage of \$14.51/hour.) This cost is increased 4% (\$102,904) over the current appropriation in order to pay prevailing wages that have increased in the last decade.

All other program costs, including the Department's administrative and evaluation costs, will remain unchanged. No other departments are affected by this request.

Table 1: Assumptions and Calculations Summary Table						
					Ongoing Costs past FY 2024-25	
Total Funds	\$2,572,588	\$2,675,492	\$102,904	\$2,675,492	\$2,675,492	
General Fund	\$2,572,588	\$2,675,492	\$102,904	\$2,675,492	\$2,675,492	

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

Funding Request for the FY 2023-24 Budget Cycle					
Request Title					
	R-14 OCFMH Data Management and	Reporting			
Dept. Approval By:			Supplemental FY 2022-23		
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24		
		<u>x</u>	Change Request FY 2023-24		

		FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$229,280,704	\$0	\$224,220,399	\$236,314	\$234,038	
	FTE	1,434.8	0.0	1,384.0	2.8	3.0	
Total of All Line Items	GF	\$180,461,768	\$0	\$180,694,103	\$236,314	\$234,038	
Impacted by Change Request	CF	\$9,015,436	\$0	\$10,246,587	\$0	\$0	
Noquoot	RF	\$20,924,242	\$0	\$19,522,378	\$0	\$0	
	FF	\$18,879,258	\$0	\$13,757,331	\$0	\$0	

		FY 202	22-23	FY 20	23-24	FY 2024-25	
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$57,736,219	\$0	\$56,355,407	\$30,451	\$33,099	
	FTE	0.0	0.0	0.0	0.0	0.0	
01. Executive Director's	GF	\$37,653,120	\$0	\$36,781,258	\$30,451	\$33,099	
Office, (A) General Administration, (1)	CF	\$2,196,120	\$0	\$3,266,075	\$0	\$0	
General Administration - Health, Life, And Dental	RF	\$8,680,892	\$0	\$7,683,540	\$0	\$0	
Health, Life, And Dental	FF	\$9,206,087	\$0 \$0	\$8,624,534	\$0	\$0	
	Total	\$521,705	\$0	\$456,923	\$236	\$257	
	FTE	0.0	0.0	0.0	0.0	0.0	
01. Executive Director's Office, (A) General	GF	\$357,116	\$0	\$305,744	\$236	\$257	
Administration, (1)	CF	\$19,709	\$0	\$20,906	\$0	\$0	
General Administration - Short-Term Disability	RF	\$66,517	\$0	\$55,312	\$0	\$0	
	FF	\$78,363	\$0	\$74,961	\$0	\$0	
	Total	\$16,781,677	\$0	\$15,609,714	\$7,381	\$8,023	
01. Executive Director's	FTE	0.0	0.0	0.0	0.0	0.0	
Office, (A) General Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$7,381	\$8,023	
General Administration -	CF	\$668,991	\$0	\$725,454	\$0	\$0	
Amortization Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0	
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0	
	Total	\$16,781,677	\$0	\$15,609,714	\$7,381	\$8,023	
01. Executive Director's Office, (A) General	FTE	0.0	0.0	0.0	0.0	0.0	
Administration, (1)	GF	\$11,418,944	\$0	\$10,446,260	\$7,381	\$8,023	
General Administration - S.B. 06-235	CF	\$668,991	\$0	\$725,454	\$0	\$0	
Supplemental Equalization	RF	\$2,167,647	\$0	\$1,909,082	\$0	\$0	
Disbursement	FF	\$2,526,095	\$0	\$2,528,918	\$0	\$0	
	Total	\$36,423,484	\$0	\$33,037,923	\$62,985	\$61,545	
06. Office Of Behavior	FTE	364.7	0.0	313.4	0.9	1.0	
Health, (B) Mental	GF	\$30,124,072	\$0	\$31,257,751	\$62,985	\$61,545	
Health Institutes at Ft. Logan, (1) Mental Health	CF	\$1,662,368	\$0	\$1,685,746	\$0	\$0	
Institutes at Ft. Logan -	RF	\$94,426	\$0	\$94,426	\$0	\$0	
Personal Services	FF	\$4,542,618	\$0	\$0	\$0	\$0	

	_	FY 202	2-23	FY 2023-24		FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$99,868,196	\$0	\$101,955,875	\$62,986	\$61,546
06. Office Of Behavior	FTE	1,055.8	0.0	1,056.2	1.0	1.0
Health, (C) Mental Health Institute at	GF	\$88,321,826	\$0	\$90,261,987	\$62,986	\$61,546
Pueblo, (1) Mental	CF	\$3,799,257	\$0	\$3,822,952	\$0	\$0
Health Institute at Pueblo - Personal	RF	\$7,747,113	\$0	\$7,870,936	\$0	\$0
Services	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$1,167,746	\$0	\$1,194,843	\$64,894	\$61,545
	FTE	14.3	0.0	14.4	0.9	1.0
06. Office Of Behavior Health, (D) Forensic	GF	\$1,167,746	\$0	\$1,194,843	\$64,894	\$61,545
Services, (D) Forensic	CF	\$0	\$0	\$0	\$0	\$0
Services - Forensic Services Administration	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

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

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November 1, 2022

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-14 Request Detail: OCFMH Data Management and Reporting

Summary of Funding Change for FY 2023-24						
	Incremental Change					
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$229,280,704	\$236,314	\$234,038			
FTE	1,434.8	2.8	3.0			
General Fund	\$180,461,768	\$236,314	\$234,038			
Cash Funds	\$9,015,436	\$0	\$0			
Reappropriated Funds	\$20,924,242	\$0	\$0			
Federal Funds	\$18,879,258	\$0	\$0			

## Summary of Request

The Department of Human Services (DHS, Department), Office of Civil and Forensic Mental Health (OCFMH, Office) requests \$236,314 General Fund and 2.8 FTE in FY 2023-24 and \$234,038 General Fund and 3.0 FTE in FY 2024-25 and beyond. This request is to support the additional Mental Health Hospital (MHH) and Forensic Services Division (FSDV) systems and data reporting being developed as part of the companion capital Information Technology (IT) request titled "OCFMH Information Management Systems and Data Reporting." These staff will support the development and enhancement of systems during the capital development and support the ongoing maintenance, enhancement, and functionality of the system in out-years. The updates are necessary to protect highly sensitive information, including data related to criminal proceedings and personal health information (PHI), as well as eliminate the onerous process of manual data entry for staff. Ultimately, these improvements will result in a more efficient forensics system for Coloradans.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	Section 27-90-103, C.R.S.; Section 27-94-103, C.R.S.

## **Current Program**

OCFMH operates two MHHs, or state-run psychiatric hospitals: the Colorado Mental Health Hospital Pueblo (CMHHIP) and the Colorado Mental Health Hospital Fort Logan (CMHHIFL) in Denver. OCFMH also includes FSDV, which was created in June 2017 to serve individuals who have been court ordered to the Department for competency evaluations, competency restoration services, and community-based supervision.

The MHHs and FSDV collect highly sensitive information, including data related to criminal proceedings and PHI that is subject to the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). This information is collected and stored in various disconnected systems, which has resulted in problems with communication gaps, compliance, and data reporting. Additionally, without an adequate database (or in the case of FSDV, without any database at all), staff are spending extensive time manually entering, retrieving, and validating data.

### Role of the Consent Decree

The Department was sued in 2011 for failure to provide timely competency evaluations and restoration treatment to pretrial detainees awaiting their trial in jail. The Department has been subject to requirements resulting from the lawsuit since then and is currently operating under a 2019 consent decree.

One of the recommendations from the consent decree is to improve the data infrastructure for OCFMH. In response, S.B. 19-223 provided funding for the initial build for the MHH's "Data Warehouse," which was built for data and reports related to the consent decree.

#### MHHs and the Data Warehouse

The Data Warehouse is a custom, centralized database built to contain certain patient level information from otherwise disconnected sources: the Electronic Health Record (EHR) and from other supporting ancillary systems (Ancillary Web and Legacy Cube) that contain legal and other patient-level information. The Data Warehouse combines certain data from these various sources to facilitate reporting and analysis that requires a combination of medical, legal, and other ancillary information. The Data Warehouse was built specifically to address data mandated to be reported as part of the consent decree; it does not integrate all

relevant data. Examples of data not crossing from the EHR to the Data Warehouse include:

- diagnosis, including certain conditions that impact potential for restoration such as intellectual and developmental disabilities;
- race and ethnicity;
- medications prescribed and administered; and
- circumstances surrounding medications, such as whether medications were administered due to an emergency or whether medications were court-ordered.

The above data elements are relevant to teams within FSDV to assist with transition planning or to ensure the individuals do not regress when they are returned to jail once restored to competency or moved to a lower level of care. At present the staff must manually locate this information for each patient in the EHR and cannot access aggregate information when several individuals are transferred.

In previous years, OCFMH has used Microsoft (MS) Access to build custom databases and reports integrating these types of data. However, MS Access does not meet the security needs of the sensitive data stored, and the system is outdated and not eligible for needed enhancements (see "Problem or Opportunity" section below).

The Data Warehouse is used by the staff who oversee services for clients that are tracked for the consent decree, which includes clients in both the MHHs and with FSDV. The Data Warehouse aggregates data and produces reports for data visualization. It does not have functionality to serve as an operational tool for the everyday use of MHH or FSDV staff in their work with clients.

#### Forensic Services Division

FSDV is responsible for coordinating, managing, and complying with court orders for forensic evaluations and related forensic services statewide. FSDV coordinates data and documents with internal and external sources including providers, District Attorney offices, and court systems. These include sensitive material such as health records and competency evaluations.

Currently, the FSDV exchanges records via email and stores records on multiple shared drive locations; there is no centralized application or database that all Forensic Services teams reference, update, or use for reporting. This reduces data accuracy and creates duplicate data in multiple systems. As a result, FSDV staff currently spend a significant amount of time manually entering, retrieving, validating, and analyzing data.

## **Problem or Opportunity**

OCFMH has insufficient data tools and often relies on time-intensive manual processes to fill the gaps and meet the critical business needs. The current systems are outdated, and modernization efforts already underway do not address the need for new operability. The manual processes and disparate systems are inadequate for developing program strategies, providing data for federal and state reporting requirements, or for meeting daily operational needs for serving clients.

The Office has developed a plan to address these needs for the FSDV and the MHHs, which is outlined in the IT capital request "OCFMH Information Management Systems and Data Reporting." The 3.0 FTE requested will support the additional MHH and FSDV systems and data reporting resulting from that request. These staff support efforts will include the design of data reports and to ensure the pursuit of data consumption is aligned with the Consent Decree. Additionally, these staff will analyze the data requirements of current and future (out-years) to ensure comprehensive data repositories in support of the MHHs.

## Updates to the Data Warehouse and Phasing Out Microsoft Access

The Data Warehouse needs to be updated to include new data points, which will be used by the MHHs, FSDV, and OCFMH leadership to forecast staffing needs, identify treatment protocols, and identify areas for improvement. This work can no longer be done using MS Access, as this system is being phased out and does not meet security needs. OCFMH is actively working on the App Modernization project, which will eliminate use of MS Access databases. While the teams leverage Office of Information Technology (OIT) technical resources to augment staff, this is done only on an ad-hoc basis. Further, the timeline to convert these business critical databases stretches until 2025. Focus on these efforts does not allow for new data needs to be met. There is no funding to prioritize new builds without delaying current priorities. Although spending under this request will continue over three years, OBH will be able to partner with OIT (or vendor) to understand their technology needs thus aligning purchases with business direction as the BHA/BITS continues to form and the Office of Civil and Mental Health sets a direction. The Division is looking for a more comprehensive and sustainable approach to solving its data problems.

#### Mental Health Hospitals

The MHHs have identified several data and reporting needs to be researched, developed, purchased, or enhanced for the clinical and administrative staff. These are outlined in the capital development request, which is submitted separately. Each of these requires staff time to support during the capital development, and they will also all need ongoing operational staff time to guide and prioritize the work assigned to the technical teams who conduct routine maintenance, support and enhancements to business systems, allowing program staff the ability to focus on client-facing work.

#### Forensics Services Division

Many of the process changes that the FSDV has implemented have been driven by the State's efforts to comply with the 2019 federal consent decree, which requires the Department to provide pretrial defendants timely evaluations and competency restoration services. In response to updated requirements and timelines, each team within the FSDV has developed isolated solutions that meet certain needs of the team but are not integrated with one another nor with external partners.

Through a consultant, the FSDV conducted a discovery and assessment needs analysis in May 2021 to identify the challenges and potential solutions. The analysis reflects FSDV staff spend significant amounts of time entering, retrieving, and validating data elements. Creating and supporting automated systems to complete these tasks would allow FSDV staff

to devote more time to direct client needs instead of tedious and unnecessary administrative work, at the expense of direct services for the clients on their caseloads. For example:

- Each member of the Forensic Services Team estimates that they spend one hour daily going through spreadsheets manually seeking out updated court orders for their clients. This administration effort is equivalent to 2.5 FTE per year. Centralizing the data and allowing the team to view a dashboard of changes would reduce administrative time manually searching for new court orders and increase team capacity for conducting client support activities.
- The Outpatient Restoration Team coordinators spend a combined 80 hours during the first week of each month manually tracking the receipt of monthly provider assessment reports and submitting them to the courts. Enhancing the system will save time by enabling automatic notification and file uploading for legal records.
- Functionality supporting the provider assessment reports would save 0.5 FTE per year and increase the team's capacity to provide programmatic technical assistance and support to the providers.
- The Court Services team spends more than 13 hours weekly on manually intensive and redundant data entry, including ten hours logging collateral information requests, three hours entering report due dates, and more time ensuring there are no blank fields on the report. With the proposed functionality, data validation would prevent blank fields in the data, or error reports could be generated automatically for blank fields, reducing the number of pages required for review from 700 to 100.

Aggregating and centralizing data and documents currently stored in disparate systems and locations with add-on dashboards, notifications, and enhanced reporting functionality would address many of the administrative inefficiencies, which, ultimately, would shift focus where it belongs onto activities that directly benefit clients.

#### Summary

OCFMH is currently operating with a constellation of outdated systems and applications to meet various data needs. In many cases, particularly for the FSDV, there are no standard systems or applications at all, and staff are manually tracking client data and individually problem-solving to manage the data necessary for their clients. The Data Warehouse created a foundation for a better system, but it needs major enhancements to keep up with evolving needs. Addressing each of these problems on an ad-hoc basis would perpetuate duplication, system incompatibility or overlap, and data security and integrity problems. Instead, OCFMH needs a comprehensive, strategic approach to solving its data needs.

## **Proposed Solution and Anticipated Outcomes**

The Department requests \$236,314 General Fund and 3.0 FTE to support strategic and comprehensive improvements to data systems. These 3.0 FTE would support the capital request "OCFMH Information Management Systems and Data Reporting." These staff are

necessary to support the capital project and to ensure return on investment through ongoing support after the capital project concludes.

OCFMH requests 3.0 FTE in the Data Management III classification. These staff would have knowledge of .NET programming to ensure the ability to translate between business requirements to a technology developer when writing user stories, and Business Knowledge of interface programming to ensure timeliness and business translation of requirements to ensure development accuracy. Breaking from past piecemeal approaches, these staff will promote a coherent strategic plan over the next three fiscal years and beyond.

The following enhancements and systems are required, each of which requires staff support for building, enhancements, and maintenance. With the companion capital request, some of these roles will be fulfilled by contractors during the development stage. When OCFMH enters the enhancement and maintenance stage, OCFMH will continue to need these three additions to OCFMH's current Information Management staff and existing OIT resources for maintenance and enhancements.

1. Improved and enhanced system capabilities: The MHHs have leveraged analysis done by a nationally recognized consultant to better understand types of systems needed to support hospital operations. FSDV had a needs/gap analysis done by another healthcare consulting to identify areas for program need and data infrastructure to match the growth of the Division.

The approach defined here delivers functionality incrementally to the MHH Clinical, MHH Administrative, and FSDV Forensic Services teams. This rollout approach builds on each delivery. A centralized application and database are foundational to the approach. Data integrity would be preserved by requiring data input and maintenance standards along with security protocols built into the tools to allow and restrict the ability to add, modify and delete data by roles. Leveraging that foundation, dashboards such as My-Tasks, Metrics, Capacity Tracking, and Patient Status can be built to deliver on-demand access to important information, increasing team productivity. Reporting and system generated notifications can be developed concurrently, leveraging the centralized database, reducing manual efforts to research updates to client case files from internal and external sources.

- 2. Document Repository: Implement a proven document repository tool that can organize, store, and provide the appropriate access and security to those individuals who need to read, create, or update the documents.
- 3. Automated Testing: Align with OIT to implement an automated testing tool, which would be used on in-house developed forensic systems to playback pre-recorded and predefined test cases, compare the results to expected behavior, and report pass/fail. Once the test cases are created, they can be executed repeatedly with minimal effort, reducing testing time from days to minutes. The automated testing tool will also support regression testing needed for new functionality deployment. The use of automated testing tools allows for extensive testing with minimal user intervention

- once the test cases are developed, which is exponentially more efficient and effective than manual testing.
- 4. Enhanced Information Management Team Staffing: Align with OIT through the implementation of an Agile Delivery Team. OCFMH would require a Product Owner, operational analysts or users story writers. These positions would be added to an OIT Scrum Team with a Scrum Master and tech lead (five positions in total) to drive enhanced information management. While much progress has been made, the rollout of functionality and solutions to the current problems could be accomplished more quickly with additional team members. The Information Technology team uses a scaled down version of the Agile methodology due to its small team size. As a result, each team member must support multiple Agile roles, splitting their focus and productivity.

#### Evidence-Continuum

Program Objective	Efficient data systems that meet the needs of staff providing direct client services and management in performing systemic analysis			
Outputs being measured	Staff time spent i	manually processing data		
Outcomes being measured	N/A			
Evaluations	Pre-Post Quasi-Experimental Randomized (		Randomized Control Trial	
Results of Evaluation	N/A N/A N/A			
SB21-284 Evidence Category and Evidence Continuum Level	Step 2 (theory-informed)			

## **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Individuals with mental illness	Individuals with mental illness are overrepresented in the criminal justice system and more likely to be incarcerated or served in restrictive settings.	This request supports providing timely and high quality services to ensure that individuals with mental illness are served appropriately and for their clinical needs.

## Assumptions and Calculations

Table 1: Operating and FTE Summary, provides a summary of the FTE and supporting operating needs required to support the request.

Table 1: (	Table 1: Operating and FTE Summary						
OCFMH Information Management FY 2023-24 FTE FY 2024-25							
Personal Services: Wages	\$147,616	2.8	\$160,452	3.0			
Personal Services: Benefits	\$19,116		\$20,779				
Operating Expenses: FTE	\$24,133		\$3,405				
OCFMH Subtotal	\$190,865	2.8	\$184,636	3.0			
Executive Director's Office (EDO)							
AED	\$7,381		\$8,023				
SAED	\$7,381		\$8,023				
STD	\$236		\$257				
Health-Life-Dental	\$30,451		\$33,099				
Executive Director's Office Subtotal	\$45,449		\$50,124				
GRAND TOTAL	\$236,314	2.8	\$234,038	3.0			

Assumptions and Calculations Summary Table						
	FY 2022-23 FY 2023-24 Change FY 2024-25 Ongoing Appropriation Request Request past FY 2024-25					
Total Funds	\$229,280,704	\$229,517,018	\$236,314	\$229,514,742	\$234,038	
General Fund	\$180,461,768	\$180,698,082	\$236,314	\$180,695,806	\$234,038	

	FTE Category #1
Total FTE	2.8
Total Salary Cost (includes salary, Medicare, PERA)	\$166,732
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$45,449
Total One-time Operating Costs	\$21,000
Total Ongoing Operating Costs	\$3,133
Total Costs	\$236,314

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

Funding Request for the FY 2023-24 Budget Cycle					
Supplemental FY 2022-23					
Budget Amendment FY 2023-24					
X Change Request FY 2023-24					

	U		-	<u>x</u>	Change R	equest FY 2023-24
		FY 202	2-23	FY 20	)23-24	FY 2024-25
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$76,972,647	\$0	\$79,721,139	\$0	\$0
Total of All Line Items	FTE	973.4	0.0	973.4	0.0	0.0
Impacted by Change	GF	\$74,691,074	\$0	\$77,454,266	\$0	\$0
Request	CF	\$84,489	\$0	\$70,000	\$0	\$1
	RF FF	\$1,294,469 \$902,615	\$0 \$0	\$1,294,469 \$902,404	\$0 \$0	\$( \$(
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Line Item		FY 202		FY 20	)23-24	FY 2024-25
Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,371,975	\$0	\$3,457,614	\$517,503	\$517,503
	FTE	33.4	0.0	33.4	6.0	6.0
02. Administration and Finance, (D) Special	GF	\$2,545,837	\$0	\$2,646,176	\$439,613	\$439,613
Purpose, (1) Special	CF	\$14,489	\$0	\$0	\$0	\$0
Purpose - Administrative Review Unit	RF	\$0	\$0	\$0	\$0	\$0
Review Offic	FF	\$811,649	\$0	\$811,438	\$77,890	\$77,890
	Total	\$0	\$0	\$22,509	\$721,574	\$721,574
02. Administration and	FTE	0.0	0.0	0.0	7.0	7.0
Finance, (D) Special	GF	\$0	\$0	\$22,509	\$721,574	\$721,574
Purpose, (1) Special Purpose - Quality	CF	\$0	\$0	\$0	\$0	\$0
Assurance Youth	RF	\$0	\$0	\$0	\$0	\$0
Services	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$517,503	\$0	\$517,503	(\$517,503)	(\$517,503)
03. Office of Children,	FTE	6.0	0.0	6.0	(6.0)	(6.0)
Youth, and Families, (B)	GF	\$439,613	\$0	\$439,613	(\$439,613)	(\$439,613)
Division of Child Welfare,  (1) Division of Child	CF	\$0	\$0	\$0	\$0	\$0
Welfare - Continuous	RF	\$0	\$0	\$0	\$0	\$0

\$0

\$77,890

\$77,890

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	Total	\$73,083,169	\$0	\$75,723,513	(\$721,574)	(\$721,574)
03. Office of Children,	FTE	934.0	0.0	934.0	(7.0)	(7.0)
Youth, and Families, (C)	GF	\$71,705,624	\$0	\$74,345,968	(\$721,574)	(\$721,574)
Division of Youth Services, (2) Institutional	CF	\$70,000	\$0	\$70,000	\$0	\$0
Programs - Program Administration	RF	\$1,294,469	\$0	\$1,294,469	\$0	\$0
Administration	FF	\$13,076	\$0	\$13,076	\$0	\$0

Auxiliary Data

Requires Legislation? NO

Type of Request? Human Serv

Human Services Prioritized Request

Interagency Approval or Related Schedule 13s:

No Other Agency Impact

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: Priority R-15 Request Detail: Quality Assurance Budget Alignments

Summary of Funding Change for FY 2023-24						
		Increment	al Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$76,972,647	\$0	\$0			
FTE	973.4	0.0	0.0			
General Fund	\$74,691,074	\$0	\$0			
Cash Funds	\$84,489	\$0	\$0			
Reappropriated Funds	\$1,294,469	\$0	\$0			
Federal Funds	\$902,615	\$0	\$0			

## Summary of Request

The Department of Human Services (DHS, Department) requests two ongoing net-neutral budget adjustments to align the budget structure with the current organizational structure of the Administrative Review Division (ARD) and the Quality Assurance Youth Services (QAYS) Division. The first request is a net-neutral budget adjustment of \$517,503 total funds, including \$439,613 General Fund, \$77,890 federal funds, and 6.0 FTE from the Continuous Quality Improvement (CQI) line of the Division of Child Welfare (DCW) line to the ARD line item, eliminating the CQI line of the DCW budget in the Long Bill. The second request is a net-neutral budget adjustment of \$721,574 total funds in General Fund and 7.0 FTE from the Office of Children, Youth, and Families (OCYF), Division of Youth Services (DYS) line item to establish the QAYS budget line item within the Administration and Finance section of the Long Bill. The requested changes will have no programmatic impact and will eliminate inefficiencies by removing the additional steps of the cross-organizational approval process in the current structure.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 26-1-139, C.R.S.; Section 19-2.5-1502 C.R.S.

## **Current Program**

Over the past several years, CDHS has intentionally separated various quality assurance processes from the programs they review. This independence is essential to ensure integrity of the reviews and recommendations that result from these processes. However, funding for these functions have remained at the programmatic level, which creates unnecessary administrative burden.

#### Administrative Review Division

From 2013 through 2018, several functions were moved organizationally from DCW to ARD. This included the Child Fatality Review Team (CFRT) (1.0 FTE) and the Foster Home Certification Review (FHCR) process (5.0 FTE). However, the funding for these positions has remained in the DCW budget line item. Several years ago, the Joint Budget Committee moved the funding for these positions into a unique line item, CQI, within the DCW budget. This structure creates administrative inefficiencies for approvals and leaving funding structures misaligned with organizational structures.

The staff and functions included in this net-neutral budget adjustment for ARD include:

- CFRT: Per Section 26-1-139, C.R.S., the CFRT reviews incidents of fatal, near fatal, or egregious abuse or neglect determined to be a result of child maltreatment, when the child or family had previous involvement with the child welfare system within the last three years. The process includes a review of the incident, identification of contributing factors that may have led to the incident, the quality and sufficiency of service delivery from state and local agencies, and the families' prior involvement with the child welfare system. After considering the identified strengths, as well as systemic gaps and/or deficiencies, recommendations are put forth regarding policy and practice considerations that may help prevent future incidents of fatal, near fatal, or egregious abuse or neglect, and/or strengthen the systems that provide direct service delivery to children and families; and,
- FHCR: The purpose of the annual foster home certification review is to determine if county departments of human or social services are in compliance with certification requirements for foster homes and kinship foster homes as outlined in the Code of Colorado Regulations, Colorado Revised Statutes, and federal law. A thorough qualitative case review of the county-certified provider case file is completed to determine if the certifying county and provider are in compliance with rules and regulations during the review period to provide a safe living environment for children in out-of-home care. This Division is also responsible for monitoring Stage II

investigations of county certified foster homes when the Institutional Abuse Review Team (IART) recommends the need for a Stage II investigation and reviewing and following up on all County Critical Incident Reporting.

## Quality Assurance Youth Services (QAYS) Division

This request also includes a net-neutral adjustment to move funds and FTE from OCYF, DYS to establish the QAYS budget line item within the Administration and Finance section of the Long Bill and align funding with function. Under the current Long Bill structure, QAYS staff are housed within Administrative Solutions, but the funding for their operating expenses and FTE has remained in the DYS line item, creating administrative inefficiencies for approvals and leaving funding structures misaligned with organizational structures.

The QAYS Division exists to support DYS in achieving the highest level of service provision to the youth and families they serve, the staff they employ, and the communities they help to protect. QAYS does this by:

- providing regular, independent, and comprehensive reviews of DYS-operated youth centers, high-profile privately operated youth residential programs, and DYS regional parole and client management offices;
- developing and maintaining quality standards based on Colorado Revised Statutes, Department policy, DYS policy, and requirements established by other regulatory entities;
- using rigorous methodology to provide accurate and objective feedback;
- providing consultation and support on emerging needs; and,
- collaborating with Department partners to ensure high quality support and a consistent approach to quality assurance review and quality improvement processes with DYS.

#### Functions of the QAYS Division include:

- annual compliance reviews at DYS Youth Centers;
- annual compliance reviews at specifically identified DYS contracted private youth residential programs;
- annual compliance reviews at DYS region client management and parole offices;
- quarterly monitor visits at DYS Youth Centers;
- quarterly monitor visits at specifically identified DYS contracted private youth residential programs;
- compliance review standard maintenance; and,
- stage II reviews of allegations of abuse at DYS Youth Centers.

In 2014, the Department moved QAYS outside of DYS after a determination that embedding the QAYS Division within DYS created significant perception and practical concerns. The QAYS Division is now located within Administrative Solutions. This includes the Director (1.0 FTE: Program Manager II), a Program Assistant II (1.0 FTE), a Behavioral Health Quality Assurance Specialist (1.0 FTE: Health Professional V), and four Program Monitor Quality Assurance Specialists (4.0 FTE: three Youth Counselor IIIs and one Auditor III).

## **Problem or Opportunity**

These two net-neutral adjustments of funds will align the budget structure with the current organizational structure of each Division. Neither of the requested changes will have a programmatic impact, and both will eliminate inefficiencies by removing the additional steps of the cross-organizational approval process in the current structure.

The CFRT process was codified in H.B. 11-1181 (Section 26-1-139, C.R.S.). At that time, one FTE was allocated to DCW for this work. In 2013, the Department moved responsibility for the CFRT from DCW to ARD. This included 1.0 FTE. In 2013, S.B. 13-255 expanded the cases to be reviewed, and provided two additional FTE to support the function. These two FTE and their funding were appropriated to the ARD budget. As a result, the staffing and funding to support this function is currently split across two Divisions and budget lines.

The FHCR was moved from the DCW to the ARD in the summer of 2013. As such, while all programmatic responsibilities reside within the ARD, the budget is still controlled and managed by the DCW.

Because the funding is still appropriated to the DCW, it often requires extra, unnecessary, steps to be taken regarding fiscal actions. This includes extra steps to approve Travel Reimbursements (DCW must sign off on them as well, even though they are not making decisions related to travel) and staffing/personnel changes (DCW must approve, even though they are not responsible or accountable for program design and efficiency).

In the spring of 2014, QAYS functions and staff were moved out of the DYS Director's Office and into a consolidated Department quality assurance organizational structure. QAYS currently resides in the Administrative Solutions organizational structure, but the funding for the QAYS operating expenses and FTE has remained in the DYS line item. While the supervision of QAYS is outside of DYS, the operations and personnel budget is managed through a cost allocated dispersal from the DYS budget. As such, while all programmatic responsibilities reside with the Administrative Solutions and QAYS, the budget is still controlled and managed by DYS.

Similar to the ARD, this creates inefficiencies wherein QAYS oversees all staff and functions, but requires extra steps for Division of Youth Services approval of expenditures, travel reimbursements, and staffing changes, thus requiring extra, unnecessary steps to be taken regarding fiscal actions.

The current funding structures for QAYS remain misaligned with the organizational structures. The General Assembly has undertaken recent efforts to align the Department's budget structure. Leaving this line item in DYS was an oversight by the Department when identifying items for the alignment. This decision item would further last year's work to realign the DHS' long bill.

## **Proposed Solution and Anticipated Outcomes**

The first request is a net-neutral budget adjustment of \$517,503 total funds, including \$439,613 General Fund, \$77,890 in federal funds, and 6.0 FTE from the CQI line of the DCW line to the ARD line item, eliminating the CQI line of the DCW budget in the Long Bill. This request proposes to align the budget structure with the organizational structure by moving the funding and FTE from the CQI line of the DCW budget in the Long Bill to the ARD section of the Long Bill. With the reorganization, the ARD would have both programmatic and fiscal responsibility.

The second request is a net-neutral budget adjustment of \$721,574 total funds General Fund and 7.0 FTE from the OCYF, DYS line item to establish the QAYS budget line item within the Administration and Finance section of the Long Bill. This request also seeks to align the budget structure with the organizational structure of the QAYS Division by moving the funding and FTE from the (3) OCYF, (C) DYS, (1) Administration, Program Administration line item and the (2) Institutional Programs, Medical Services line item in the Long Bill and establishing the QAYS line within the Administration and Finance section. With the reorganization, Administrative Solutions and QAYS would have both programmatic and fiscal responsibility, and streamlined decision making would enable QAYS to make timely personnel decisions and purchase goods and services that facilitate quality completion of mission essential tasks.

The requested changes will have no programmatic impact and will eliminate inefficiencies by removing the additional steps of the cross-organizational approval process in the current structure.

## **Promoting Equitable Outcomes**

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
N/A	N/A	This is a technical, net-neutral request to align appropriations and expenditures, and does not affect programmatic outcomes. The Department believes that this budget request is equity-neutral.

## **Assumptions and Calculations**

The following table represents the net change in the original DCW-CQI budget line and how the ARD line is increased accordingly.

Table 1: Net Changes to Budget Lines							
FY 2022-23 Budget	DCW-CQI	New DCW-CQI	ARD Original	New ARD	Net Effect to Department		
Total Funds	\$517,503	\$0	\$3,371,975	\$3,889,397	\$0		
FTE	6.0	0.0	33.4	39.4	0.0		
General Fund	\$439,613	\$0	\$2,545,837	\$2,985,450	\$0		
Cash Funds	\$0	\$0	\$14,489	\$14,489	\$0		
Reappropriated Funds	\$0	\$0	\$0	\$0	\$0		
Federal Funds	\$77,890	\$0	\$811,649	\$889,458	\$0		

The following FTE Costs Table\* illustrates the FTE costs of the FTE that are requested to be transferred.

Table 2: FTE Costs Table					
Staff	Job Title	Monthly Salary	12 Months		
Staff #1	Compl Investigator II	\$5,756	\$69,080		
Staff #2	Program Management II	\$7,664	\$91,971		
Staff #3	Compl Investigator III	\$7,685	\$92,218		
Staff #4	Compl Investigator II	\$7,211	\$86,532		
Staff #5	Compl Investigator II	\$6,272	\$75,260		
Staff #6	Compl Investigator II	\$5,646	\$67,758		
		Salary Total	\$482,819		

<sup>\*</sup>Total salary costs do not reconcile to total request due to ancillary costs such as travel, etc.

The following table represents the summary of funding change and FTE cost summary for the Quality Assurance Youth Services Division. Six of the seven FTE covered under this request are already filled and have known salaries. The Health Professional V position has been posted. The potential salary that the DHS Human Resources Job Evaluation and Compensation team provided for the Health Professional V position was significantly higher than the midpoint of the range. This calculation was based on the salary of the other person(s) in this job class to ensure consistent and fair compensation.

Table 1: Summary of Funding Change								
	Incremental Change							
	FY 2023-24 Request FY 2024-25 Request							
	Division of Youth Services	Quality Assurance Youth Services	Division of Youth Services	Quality Assurance Youth Services				
Total Funds	(\$721,574)	\$721,574	(\$721,574)	\$721,574				
FTE	(7.0) 7.0 (7.0) 7.0							
General Fund	(\$721,574)	(\$721,574) \$721,574 (\$721,574) \$721,574						

Table 2: FTE Cost Summary					
FY 2023-24 FY 2024-25 and Ong					
Total # FTE	7.0	7.0			
Total Salary Cost (includes salary, Medicare, PERA)	\$616,944	\$616,944			
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD)	\$57,130	\$57,130			
Total Ongoing Operating Costs	\$47,500	\$47,500			
Total Costs	\$721,574	\$721,574			

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Reque	st for the FY 2023-24 Budget Cy	ycle
Request Title	R-16 Juvenile Justice Budget A	lignment	
Dept. Approval By: OSPB Approval By:	Megan Davisson	<u>x</u>	Supplemental FY 2022-23 Budget Amendment FY 2023-24 Change Request FY 2023-24

		FY 202	2-23	FY 20	FY 2023-24		
Summary			Supplemental			FY 2024-25	
Information	Fund	Initial Appropriation	Request	Base Request	Change Request	Continuation	
	Total	\$89,960,162	\$0	\$92,707,747	\$0	\$0	
Total of All Line Items	FTE	1,090.7	0.0	1,091.0	0.0	0.0	
Impacted by Change	GF	\$86,490,952	\$0	\$89,245,225	\$0	\$0	
Request	CF	\$168,734	\$0	\$168,734	\$0	\$0	
	RF	\$1,526,213	\$0	\$1,529,195	\$0	\$0	
	FF	\$1,774,263	\$0	\$1,764,593	\$0	\$0	
		FY 202	2-23	FY 20	023-24	FY 2024-25	
Line Item			Supplemental				
Information	Fund	Initial Appropriation	Request	Base Request	Change Request	Continuation	
	Total	\$9,141,970	\$0	\$8,962,914	(\$281,249)	(\$281,249)	
00 000 (01:11	FTE	74.5	0.0	74.8	(3.0)	(3.0)	
03. Office of Children, Youth, and Families, (B)	GF	\$7,974,754	\$0	\$7,802,386	(\$281,249)	(\$281,249)	
Division of Child Welfare,	CF	\$0	\$0	\$0	\$0	\$0	
(1) Division of Child Welfare - Administration	RF	\$66,803	\$0	\$69,785	\$0	\$0	
	FF	\$1,100,413	\$0	\$1,090,743	\$0	\$0	
	Total	\$73,083,169	\$0	\$75,723,513	\$173,125	\$173,125	
03. Office of Children,	FTE	934.0	0.0	934.0	2.0	2.0	
Youth, and Families, (C)	GF	\$71,705,624	\$0	\$74,345,968	\$173,125	\$173,125	
Division of Youth Services, (2) Institutional	CF	\$70,000	\$0	\$70,000	\$0	\$0	
Programs - Program	RF	\$1,294,469	\$0	\$1,294,469	\$0	\$0	
Administration	FF	\$13,076	\$0	\$13,076	\$0	\$0	
	Total	\$7,735,023	\$0	\$8,021,320	\$108,124	\$108,124	
03. Office of Children,	FTE	82.2	0.0	82.2	1.0	1.0	
Youth, and Families, (C)	GF	\$6,810,574	\$0	\$7,096,871	\$108,124	\$108,124	
Division of Youth Services, (3) Community	CF	\$98,734	\$0	\$98,734	\$0	\$0	
Programs - Program	RF	\$164,941	\$0	\$164,941	\$0	\$0	
Administration	FF	\$660,774	\$0	\$660,774	\$0	\$0	

\$660,774

Auxiliary Data

Requires Legislation? NO

Type of Request? Human Services Prioritized Request

Interagency Approval or Related Schedule 13s:

No Other Agency Impact

November 1, 2022

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-16 Request Detail: Juvenile Justice Budget Alignment

Summary of Funding Change for FY 2023-24					
	Incremental Change				
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$89,960,162	\$0	\$0		
FTE	1,090.7	0.0	0.0		
General Fund	\$86,490,952	\$0	\$0		
Cash Funds	\$168,734	\$0	\$0		
Reappropriated Funds	\$1,526,213	\$0	\$0		
Federal Funds	\$1,774,263	\$0	\$0		

## Summary of Request

The Department of Human Services (DHS, Department) requests a net-zero adjustment including a transfer of \$281,249 total funds/General Fund and 3.0 FTE from Division of Child Welfare (DCW) Administration to the Division of Youth Services (DYS) Administration in FY 2023-24 and ongoing to align the FTE and funding in the Long Bill line items so that they can be more appropriately managed.

This program will have no impact on the children and youth of Colorado.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Section 19-2.5-1405, C.R.S.

## **Current Program**

DHS, through county departments of human or social services, provides services to protect children from harm and assists families in caring for and protecting their children. DHS programs comprise Colorado's efforts 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.

DHS' DYS provides for the care and supervision of youth committed or ordered detained by the District Court into the custody of the Department. The Division operates 15 secure youth centers that serve youth between the ages of 10-21 who need secure custody, care, and/or treatment. Funding for juvenile justice-related research and data positions in DYS are currently incorrectly appropriated to DCW.

## **Problem or Opportunity**

S.B.21-071 (Limit the Detention of Juveniles) incorrectly appropriated funding for the DYS FTE in the DCW Administration budget line. Since the two Divisions manage their budgets separately, it is appropriate to transfer the FTE and funding. While both programs receive appropriations in section (3) of the Department's Long Bill, the incorrect allocation of funding creates an unnecessary administrative burden as funds expended by one program must be monitored and approved with another program with no operational oversight. In order to streamline operations and ensure finance divisions have oversight of their respective programmatic funds, the appropriation should be realigned.

## **Proposed Solution and Anticipated Outcomes**

The Department requests a technical correction in the Long Bill to move the funds to the sections where they are managed. Specifically, the Department requests \$281,249 total funds/General Fund and 3.0 FTE be transferred from DCW Administration line item to the DYS, Institutional Programs, Program Administration line item in FY 2023-24 and ongoing so that the FTE and funding are in the appropriate line items so that they can be more efficiently managed.

If the budget request is not approved, each year DCW will need to continue to set up separate account coding so that DYS can apply expenditures against a DCW appropriation. DYS does not have flexibility with the expenditures since there is a limitation on the

separate account established in the DCW appropriation. Moving the appropriation to the intended direction of S.B.21-071 allows DYS to manage their FTE effectively.

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

Table 1: Assumptions and Calculations- Division of Child Welfare						
Division of Child Welfare	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25	
Total Funds	\$9,141,970	\$8,962,914	(\$281,249)	\$8,962,914	\$8,962,914	
General Fund	\$7,974,754	\$7,802,386	(\$281,249)	\$7,802,386	\$7,802,386	
Cash Fund	\$0	\$0	\$0	\$0	\$0	
Reappropriated Fund	\$66,803	\$69,785	\$0	\$69,785	\$69,785	
Federal Funds	\$1,100,413	\$1,090,743	\$0	\$1,090,743	\$1,090,743	

Table 2: Assumptions and Calculations- Division of Youth Services (1 FTE)						
Division of Youth Services	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25	
Total Funds	\$73,083,169	\$75,723,513	\$173,125	\$75,723,513	\$75,723,513	
General Fund	\$71,705,624	\$74,345,968	\$173,125	\$74,345,968	\$74,345,968	
Cash Fund	\$70,000	\$70,000	\$0	\$70,000	\$70,000	
Reappropriated Fund	\$1,294,469	\$1,294,469	\$0	\$1,294,469	\$1,294,469	
Federal Funds	\$13,076	\$13,076	\$0	\$13,076	\$13,076	

Table 2: Assumptions and Calculations- Division of Youth Services (2 FTE)					
Division of Youth Services	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25
Total Funds	\$7,735,023	\$8,021,320	\$108,124	\$8,021,320	\$8,021,320
General Fund	\$6,810,574	\$7,096,871	\$108,124	\$7,096,871	\$7,096,871
Cash Fund	\$98,734	\$98,734	\$0	\$98,734	\$98,734
Reappropriated Fund	\$164,941	\$164,941	\$0	\$164,941	\$164,941
Federal Funds	\$660,774	\$660,774	\$0	\$660,774	\$660,774

The calculated changes correspond to funding provided for FTE in S.B.21-071.

## Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle					
Request Title						
	R-17 Realign Child Welfare Hotline Bud	get				
Dept. Approval By:			Supplemental FY 2022-23			
OSPB Approval By:	7/1- 0	<del></del>				
COI B Apploval by.	Megan Davisson		Budget Amendment FY 2023-24			
	-	X				
			Change Request FY 2023-24			

	_	FY 2022-23		FY 2023-24		FY 2024-25	
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$2,984,047	\$0	\$3,458,752	(\$535,787)	\$0	
	FTE	6.0	0.0	6.0	0.0	0.0	
Total of All Line Items	GF	\$2,932,320	\$0	\$3,408,364	(\$535,787)	\$0	
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0	
	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$51,727	\$0	\$50,388	\$0	\$0	

		FY 202	22-23	FY 20	23-24	FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request Change Request		Continuation
	Total	\$2,984,047	\$0	\$3,458,752	(\$535,787)	\$0
03. Office of Children,	FTE	6.0	0.0	6.0	0.0	0.0
Youth, and Families, (B) Division of Child	GF	\$2,932,320	\$0	\$3,408,364	(\$535,787)	\$0
Welfare, (1) Division of Child Welfare - Hotline	CF	\$0	\$0	\$0	\$0	\$0
for Child Abuse and	RF	\$0	\$0	\$0	\$0	\$0
Neglect	FF	\$51,727	\$0	\$50,388	\$0	\$0

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

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Governor Jared Polis

Michelle Barnes Executive Director

# Department Priority: R-17 Request Detail: Realign Child Welfare Hotline Budget

Summary of Funding Change for FY 2023-24					
	Incremental Change				
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$2,984,047	(\$535,787)	\$0		
FTE	6.00	0.0	0.0		
General Fund	\$2,932,320	(\$535,787)	\$0		
Cash Funds	\$0	\$0	\$0		
Reappropriated Funds	\$0	\$0	\$0		
Federal Funds	\$51,727	\$0	\$0		

#### Summary of Request

The Department of Human Services (DHS, Department) requests a one-time reduction of \$535,787 General Fund to the Hotline for Child Abuse and Neglect (Hotline) budget in FY 2023-24. The Hotline line item shares line item flexibility at the end of the fiscal year close-out in the Division of Child Welfare (DCW, Division) with other line items, including the Training line item. Historically, Hotline under-expenditures have been used to cover Training over-expenditures. The Department anticipates a decreased need to use Hotline funds for this purpose in FY 2023-24 given cost efficiencies realized in FY 2020-21 and ongoing in the Training program. This is a one-time decrease of 18% General Fund for FY 2023-24. This will have no programmatic impact for FY 2023-24.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2 Theory- Informed	No	Section 26-5-111, C.R.S

#### **Current Program**

The Department implemented the Child Abuse Reporting Hotline in FY 2014-15 as required by H.B. 13-1271 and as a means for the public to report known or suspected instances of child abuse or neglect. Under the direction of the bill, the Department developed a statewide reporting hotline system to serve as a direct, immediate, and efficient route for accepting and responding to reports of abuse and neglect. As of January 1, 2015, the Colorado Child Abuse and Neglect Hotline was established to make it easier to report child abuse and neglect. The Hotline is a statewide toll-free number, 1-844-264-5437 (844-CO-4-KIDS), and is available 24 hours a day, 365 days per year.

Calls made directly to local county-dedicated numbers go through the statewide phone system. Through telecommunications technology, calls are routed seamlessly through the statewide system unbeknownst to the caller. This enables the system to collect data on calls made directly to the counties. There were 208,949 total calls to the Colorado Child Abuse and Neglect Hotline in calendar year 2021.

The current spending authority for the Hotline for Child Abuse and Neglect is \$2,984,047 total funds, including \$2,932,320 General Fund and \$51,727 federal funds. This amount includes a one-time reduction of \$457,787 for FY 2022-23, and the Department expects a similar one-time reduction in FY 2023-24 would not affect the overall operation of the hotline. Federal funds in this line item are Title IV-E and are claimable for by the FTE costs in this line item.

The Hotline line item shares line item flexibility at the end of the fiscal year close-out in the DCW with the following other line items: DCW Training; Foster and Adoptive Parent Recruitment, Training, and Support; Child Welfare Services; and Family and Children's Programs.

### **Problem or Opportunity**

The Department requests a one-time reduction of \$535,787 General Fund to the Hotline for Child Abuse and Neglect budget in order to reallocate funding to other high-priority programs.

With this one-time reduction, the Hotline budget will still fund the supporting FTE and associated operating costs, the Hotline Central Call Center, and hosting services and security platforms. This reduction's primary impact will be the limitation of available funding to contribute to line item flexibility as part of fiscal year-end close-out for related child welfare programs. There is no critical need for modifications to the hotline system this year; waiting until FY 2024-25 will not jeopardize the operations of the calling system.

The Hotline budget provides funding for:

- salary, benefits, travel, and operating expenses for 6.0 state FTE;
- the Hotline Call Center in Prowers County, which includes:
  - salary, benefits, travel, and operating expenses for 16.4 FTE call takers and supervisors;
  - call routing, voice recognition, recording and collecting information support(currently through CenturyLink);
  - infrastructure for platforms, taxes, fees, storage and licenses (currently through CenturyLink); and
  - location mapping using Google Maps;
- translation services;
- lease of facility through Focus Triad; and
- select hotline-related Trails expenses.

### **Proposed Solution and Anticipated Outcomes**

The Department requests a one-time reduction of \$535,787 General Fund to the Hotline for Child Abuse and Neglect budget in FY 2023-24. This reduction will still allow the Department to retain critical funds for operating the Hotline. During this period, the Department will continue to measure outcomes and report through the Joint Budget Committee Request for Information (RFI) fiscal year comparisons of appropriate workload indicators for the child abuse and neglect hotline reporting system.

The Department requests a one-time only reduction in order to make technological improvements in FY 2024-25 and beyond. While these enhancements are able to be deferred without major programmatic impact in the short-term, the Department may require funding in the outyears to avoid accumulation of technical debt.

## **Evidence-Continuum**

Program Objective	applicable entiti	The hotline system serves as a direct, immediate, and efficient route to applicable entities responsible for accepting and responding to reports of abuse and neglect.			
Outputs being measured	Number of hotline calls     Number of referrals generated     General hotline metrics ie average speed to answer, abandon call rates     Other workload indicators				
Outcomes being measured	The Department will continue to measure outcomes and report through the Joint Budget Committee Request for Information (RFI) fiscal year comparisons of appropriate workload.  Indicators for the child abuse and neglect hotline reporting system.				
Evaluations	Pre-Post Quasi-Experimental Randomized Control Trial Design				
Results of Evaluation	N/A N/A N/A				
SB21-284 Evidence	Step 2 (theory-informed)				
Category and Evidence Continuum Level	The hotline system will still function as usual, including collecting and using data as it fits on Step 2 to identify outputs of the evidence continuum.				

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

The following table identifies transfers from the Hotline using line item flexibility to close out the Division at the end of the past four fiscal years.

	Hotline Total Expenditures and Long Bill Footnote Transfers					
Spent Transferred Out Comments						
FY 18-19	\$3,269,633	\$ -	Nothing transferred out of Hotline, needed funds transferred in from other lines to cover overspend of original budget			
FY 19-20	\$2,064,833	\$536,780	Transferred to Child Welfare Services			
FY 20-21	\$2,475,075	\$898,570	Transferred to Child Welfare Services			
FY 21-22	\$2,597,069	\$ -	Transferred to Child Welfare Services			

Table 1 below identifies current appropriations, this reduction request, and ongoing appropriations by fund source.

Table 1: Assumptions and Calculations Summary Table							
	FY 2022-23 FY 2023-24 Change FY 2024-25 Ongoing Costs Request Past FY 2024-25						
Total Funds	\$2,984,047	\$2,448,260	(\$535,787)	\$2,984,047	\$2,984,047		
General Fund	\$2,932,320	\$2,396,533	(\$535,787)	\$2,932,320	\$2,932,320		
Cash Fund	\$0	\$0	\$0	\$0	\$0		
Federal Funds	\$51,727	\$51,727	\$0	\$51,727	\$51,727		

The following Table 2 shows the sources of anticipated one-time savings.

Table 2: Projected Hotline Budget Savings in FY 2023-24					
Category	Amount				
Personnel (vacancy savings, personal services contracts, operating expenses)	\$113,787				
Storage	\$102,000				
Infrastructure	\$80,000				
Trails Modifications	\$240,000				
Total	\$535,787				

# Supplemental, 1331 Supplemental

Not applicable.

November 1, 2022

Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-18 Request Detail: DYS Caseload Reduction - Parole & Transition

Summary of Funding Change for FY 2023-24						
	Increment	al Change				
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request			
Total Funds	\$4,235,279	(\$700,000)	(\$700,000)			
FTE	0.0	0.0	0.0			
General Fund	\$4,235,279	(\$700,000)	(\$700,000)			
Cash Funds	\$0	\$0	\$0			
Reappropriated Funds	\$0	\$0	\$0			
Federal Funds	\$0	\$0	\$0			

#### Summary of Request

The Department of Human Services (DHS), Office of Children, Youth & Families (OCYF) requests an ongoing reduction of \$700,000 General Fund in the Parole Program Services appropriation beginning in FY 2023-24 and ongoing in order to better align funding with population needs.

The Department's Division of Youth Services (DYS) Parole Program Services program assists youth with a successful transition from the commitment setting through a 90-day pre-parole period and through the successful completion of parole. Client managers and juvenile parole officers provide supervision of committed youth transitioning through the parole process, which includes the development, implementation, and monitoring of a robust parole plan. As of early June 2022, the average daily population (ADP) of committed youth is projected to decline by 2% in FY 2021-22 over the previous year. The request reflects a lower caseload.

The Division does not anticipate any change in services or negative impacts on youth outcomes as a result of this reduction. The Division will continue to have the resources to appropriately fund critical transition and parole services and resources supporting successful reintegration into their home communities beginning at the 90-day pre-parole period. If this request is not approved, the Department projects there will be a likely year-end funding reversion.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	No	Colorado Revised Statutes 2021 TITLE 19. CHILDREN'S CODE

#### **Current Program**

The Department's DYS Parole Program Services program assists youth with a successful transition from the commitment setting through a 90-day pre-parole period and through the successful completion of parole. Client managers/juvenile parole officers provide supervision of committed youth transitioning through the parole process, which includes the development, implementation, and monitoring of a robust parole plan. The services purchased for transition and parole are almost wholly spent with private providers which include (but are not limited to) outpatient substance use treatment, individual and group therapy, employment and job coaching, tutoring, and general transition counseling. These providers are managed through a Provider Managed Network with whom the Division has a contract and services may be provided to youth while still in a State facility or contracted placement facility in advance of parole and throughout the parole process.

## Problem or Opportunity

Over the last several years, there have been several factors contributing to a growing disparity between the appropriation amount and actual expenditures required to align services with a decline in parole ADP:

- Historically, transition services funded by this line item have been initiated when the pre-parole period begins, defined as 90 days prior to a youth's transition from commitment status to parole. As the population of committed youth and, consequently, the parole population have been decreasing since FY 2010-11, the Department began relying on these funds earlier during the residential stay to augment an increasing need for behavioral health resources. The increasing need for mental health services has been driven by the changing needs of a smaller commitment population. As the population has declined, the acuity level of DYS youth has increased. As practices in juvenile justice have changed more quickly than funding, the Department has reallocated funding where needed and appropriate to accommodate the changing needs of youth while seeking longer-term changes in specialized funding. Over the past several years, the Division has requested and received increased mental health resources, which has reduced the Division's reliance on using the Parole and Transition Services appropriation.
- Uncertainty over the impact of the COVID-19 pandemic on DYS commitment and parole populations has caused difficulty in medium and longer term trend projection analyses. During the initial COVID-19 response, facility populations were highly

controlled with fewer numbers of youth detained and committed to DYS and a large number of youth were paroled early in an effort to reduce the spread of COVID-19 infections and risk of death among youth and Department staff. As of June 2022, the population trends are now stabilizing post-COVID-19, presenting an opportunity to re-establish the population baseline.

## Proposed Solution and Anticipated Outcomes

The Department requests an ongoing reduction to its Parole and Transition Services program of \$700,000 General Fund to correspond with the decline in the number of youth accessing parole and transition services.

The Division does not anticipate any change in services or negative impacts to youth outcomes as a result of this reduction. The Division will continue to have the resources to appropriately fund critical transition and parole services and resources supporting successful reintegration into their home communities beginning at the 90-day pre-parole period.

As of early June 2022, the ADP of committed youth is projected to decline 2% in FY 2021-22 over the previous year. As the average length of stay (LOS) for this population during FY 2021-22 is 12.6 months, the population trends are stabilizing post-COVID-19 and DYS does not project future reduction requests beyond this ongoing newly established baseline if this current request is approved.

During FY 2020-21, the Department proposed and the General Assembly approved a reduction of \$850,000 via a mid-year supplemental, and reverted \$439,637 at year-end for a total under-expenditure of \$1,289,673. Similarly, at the end of FY 2021-222, DYS reverted \$1,412,935. If this request is not approved, the Department projects there will be a likely year-end reversion of this funding. This request attempts to honor the Committee's intent to keep ample per youth resources intact while also balancing the need to right-size the appropriation to the population trend.

## **Promoting Equitable Outcomes**

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

#### **Assumptions and Calculations**

For FY 2021-22 the Department requested a reduction of \$2 million; however, the Joint Budget Committee did not approve the request in its entirety, and took a reduction of just \$316,216. During the 2022 legislative session, the Joint Budget Committee approved an additional reduction of \$533,784 for FY 2022-23.

The FY 2021-22 appropriation was considered by the Joint Budget Committee based on a per youth funding model, which accounted for the enhanced apprehension capabilities and the intensive parole services model. At the time of the FY 2021-22 Committee action, the decision resulted in a per youth budget allocation of \$36,000/youth. Data over the previous four years shows the historic funding amount allocated per youth averages \$22,824/youth. This request attempts to honor the Committee's intent to keep ample per youth resources intact while also balancing the need to right-size the appropriation to the population trend. This request allows for resources equivalent to \$26,782/youth and while it is lower than the previous calculation driving the Committee decision, it still allows for an additional \$4,000 per youth in excess of the actual expenditure average over the previous five years in order to support more robust transition services for youth.

The \$700,000 reduction is calculated by subtracting the projected FY 2023-24 appropriation from the current FY 2022-23 appropriation shown in Table 2: Per Youth Funding Comparison, which follows. Numbers may not add due to rounding.

Table 2: Per Youth Funding Comparison							
Fiscal Year	ADP	ADP % Change	Final Appropriation	Per Youth	Actual Expenses	Per Youth	
FY 2017-18	210.1		\$4,956,867	\$23,593	\$4,955,066	\$23,584	
FY 2018-19	213.9	-2%	\$4,961,248	\$23,194	\$4,828,362	\$22,573	
FY 2019-20	207	-4%	\$4,961,248	\$23,967	\$4,621,839	\$22,328	
FY 2020-21	163.5	-21%	\$4,111,248	\$25,145	\$3,621,337	\$22,108	
FY 2021-22	110.5	-32%	\$4,769,063	\$43,159	\$3,406,403	\$30,827	
FY 2022-23	120(Projected)	Assuming Population Trend Stabilizes	\$4,235,279	\$35,294			
FY 2023-24 (Projected)	120	Assuming Population Trend Stabilizes	\$3,535,279	\$29,461			

Table 3: Assumptions and Calculations Summary								
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25?			
Total Funds	\$4,235,279	\$3,535,279	(\$700,000)	\$3,535,279	\$3,535,279			
General Fund	\$4,235,279	\$3,535,279	(\$700,000)	\$3,535,279	\$3,535,279			

# Supplemental, 1331 Supplemental

Not applicable.

## **Department of Human Services**

Funding Request for the FY 2023-24 Budget Cycle						
Request Title						
	R-18 DYS Caseload Reduction - Parol	e & Transition				
Dept. Approval By:			Supplemental FY 2022-23			
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24			
	·	<u>x</u>	Change Request FY 2023-24			

	_	FY 2022-23		FY 2023-24		FY 2024-25
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,235,279	\$0	\$4,235,279	(\$700,000)	(\$700,000)
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items	GF	\$4,235,279	\$0	\$4,235,279	(\$700,000)	(\$700,000)
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

	_	FY 2022-23		FY 2023-24		FY 2024-25
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,235,279	\$0	\$4,235,279	(\$700,000)	(\$700,000)
03. Office of Children,	FTE	0.0	0.0	0.0	0.0	0.0
Youth, and Families, (C)	GF	\$4,235,279	\$0	\$4,235,279	(\$700,000)	(\$700,000)
Division of Youth Services, (3) Community	CF	\$0	\$0	\$0	\$0	\$0
Programs - Parole Program Services	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

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

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## **Department of Human Services**

	Funding Request for the FY 2023-24 Budget Cycle						
Request Title							
	R-19 DYS Caseload Reduction - State	Facilities					
Dept. Approval By:			Supplemental FY 2022-23				
OSPB Approval By:	Megan Davisson		Budget Amendment FY 2023-24				
		<u>x</u>	Change Request FY 2023-24				

	_	FY 2022-23		FY 2023-24		FY 2024-25
Summary Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$8,511,653	\$0	\$8,559,313	(\$1,927,398)	(\$1,927,398)
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items	GF	\$7,406,706	\$0	\$7,450,076	(\$1,675,864)	(\$1,675,864)
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$584,122	\$0	\$584,122	(\$134,557)	(\$134,557)
	FF	\$520,825	\$0	\$525,115	(\$116,977)	(\$116,977)

	_	FY 2022-23		FY 2023-24		FY 2024-25	
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$8,511,653	\$0	\$8,559,313	(\$1,927,398)	(\$1,927,398)	
03. Office of Children,	FTE	0.0	0.0	0.0	0.0	0.0	
Youth, and Families, (C)	GF	\$7,406,706	\$0	\$7,450,076	(\$1,675,864)	(\$1,675,864)	
Division of Youth Services, (3) Community	CF	\$0	\$0	\$0	\$0	\$0	
Programs - Purchase of Contract Placements	RF	\$584,122	\$0	\$584,122	(\$134,557)	(\$134,557)	
	FF	\$520,825	\$0	\$525,115	(\$116,977)	(\$116,977)	

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

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Jared Polis Governor

Michelle Barnes Executive Director

# Department Priority: R-19 Request Detail: DYS Caseload Reduction - State Facilities

Summary of Funding Change for FY 2023-24					
		Incremental Change			
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request		
Total Funds	\$8,511,653	(\$1,927,398)	(\$1,927,398)		
FTE	0.0	0.0	0.0		
General Fund	\$7,406,706	(\$1,675,864)	(\$1,675,864)		
Cash Funds	\$0	\$0	\$0		
Reappropriated Funds	\$584,122	(\$134,557)	(\$134,557)		
Federal Funds	\$520,825	(\$116,977)	(\$116,977)		

#### Summary of Request

The Department of Human Services (DHS, Department) requests a decrease in total funds of \$1,927,398, including decreases of \$1,675,864 General Fund, \$134,557 reappropriated funds, and \$116,977 federal funds for FY 2023-24 and FY 2024-25. This request is based on savings incurred from a reduced caseload of previously forecasted youth placed in non-State-secure contract placement programs; a shift in general acuity levels of Division of Youth Services (DYS, Division) youth requiring a longer length of stay based on the need for more intense State-secure interventions prior to transitioning to "step-down" community programs as they transition into their parole process; and, a temporary reduction in contracted services resulting from the closure of a 32-bed facility in Watkins, Colorado. This request represents a 23% reduction in the total appropriation from FY 2022-23.

The Department anticipates this adjustment will align the needed General Fund to the Purchase of Contract Placements with the projected population forecast and projected available State capacity and will not have a programmatic impact.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	N/A	Yes (HCPF)	Colorado Revised Statutes 2021 TITLE 19. CHILDREN'S CODE

#### **Current Program**

DYS operates 15 State-owned secure youth centers for detention and commitment populations. In addition, the State also places 'step-down,' transitioning youth in non-State-non-secure housing and treatment programs operated by private providers, funded by the General Fund in the DYS Community Programs, Purchase of Contract Placement appropriation.

Traditionally, the Division adjusts the need for placement with private providers in conjunction with the total commitment population forecast and corresponding State facility capacity.

### **Problem or Opportunity**

The Department's funding for the Purchase of Contract Placements appropriation line is driven by the commitment Average Daily Population (ADP). DYS' ADP is forecasted annually, and a resulting number of youth are assumed to be eventually bound for a contract placement facility. While DYS has experienced an overall declining caseload in committed youth populations and is forecasted to continue this trend, one result of this decline is that the youth population in DYS has seen an increase in acuity levels as DYS is generally receiving only the most serious youth cases. In general, this has resulted in a trend where DYS youth are more often housed in DYS State-secure facilities for treatment interventions before transitioning to a "step-down" community program, whereas in the past more youth have bypassed the State-secure facilities and gone straight into community programs.

The commitment ADP in DYS facilities began to stabilize during the last month of FY 2021-22 after a sustained period of declines. During FY 2021-22, the YTD ADP declined 17% while the number of youth placed in contract placement programs decreased by 58% in the same time period. During the first two months of FY 2022-23 the decrease in the commitment population shrank to 13% compared to the same time period over the prior year and the decrease in the number of youth in contract placement programs shrank to 33%.

The number of detained youth housed in DYS facilities actually increased by approximately 48% during this same period.

The 58% percent reduction rate in the contract placement line is due to two factors: (1) the trend discussed above, as DYS population decreases DYS is experiencing higher acuity and

higher need youth requiring more intensive treatment interventions which delays placements into community programs, and (2) the closure of the 32-bed State-owned, privately operated facility located in Watkins, Colorado. The FY 2021-22 ADP reduction in contract placements was approximately 32.9, corresponding to the number of contracted beds in the facility. The Division is currently working to develop small, regionally located, community based residential commitment capacity as needed for step-down programming in other locations run by contracted providers.

Both factors described above, as well as the general shift away from large highly institutional congregate care environments and toward home-like, healthy and therapeutic environments has guided the Department to seek several smaller, high quality step-down facilities for its community programs instead of large programs. The Department anticipates sufficient savings over the next two years during these transitions: (1) finding and contracting with small community based program providers and (2) the delay currently occurring with DYS' higher acuity youth spending longer in State secure facilities for more intense treatment interventions prior to moving into community programs.

Table 1: ADP Change from FY 2020-21 to FY 2022-23

	Detained Youth (Awaiting Adjudication)	# of Youth Change	% Change from Prior Year	Committed Youth (Adjudicated)	# of Youth Change	% Change from Prior Year	Contract Placement	# of Youth Change	% Change from Prior Year
FY 2020 - 21	146.2			341.2			79.6		
FY 2021 - 22	158.8	12.6	8.62%	283.0	-58.2	-17.06%	34.8	-44.8	-56.28%
FY 2022 - 23	186.6	27.8	17.50%	251.1	-31.9	-11.27%	28.6	-6.2	-17.82%

## **Proposed Solution and Anticipated Outcomes**

The Department requests a decrease in total funds of \$1,927,398, including a decrease of \$1,675,864 General Fund, \$134,557 reappropriated funds, and \$116,977 federal funds funds beginning in FY 2023-24 in the Community Programs, Purchase of Contract Placements line.

The significant reduction in ADP in contract placement programs corresponds to the closure of the contracted 32-bed facility in Watkins, Colorado. The expenditure reduction during FY 2021-22 equated to \$3,557,027, calculated as follows: 32 beds x \$304.54 daily rate x 365 days.

As DYS continues to work with private providers to establish additional programming for youth stepping down from secure DYS facilities, DYS also establishes new capacity for youth whose commitment can be completed in non-secure contract placement programs. The Department assumes that DYS will regain a portion of the community based commitment capacity through the development of contracts with small, regionally located providers across the State. While the Department does not anticipate needing 100% of the

32.9 previously contracted placements, it is assuming it can utilize just under half, or 16 daily placements. Therefore, the proposed reduction equates to 17 no longer needed contract placements at the FY 2022-23 daily rate: 17 beds  $\times$  \$310.62 daily rate  $\times$  365 days = \$1,927,398. The total reduction is proportionally allocated across the General Fund, reappropriated, and federal appropriations according to the percent of total appropriation.

## **Promoting Equitable Outcomes**

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

## **Assumptions and Calculations**

Table 2: Assumptions and Calculations Summary Table						
	FY 2022-23 Appropriation	FY 2023-24 Request	Change	FY 2024-25 Request	Ongoing Costs past FY 2024-25	
Total Funds	\$8,511,653	\$6,584,255	\$1,927,398	\$6,584,255	\$8,511,653	
General Fund	\$7,406,706	\$5,730,842	\$1,675,864	\$5,730,842	\$7,406,706	
Reappropriated	\$584,122	\$449,565	\$134,557	\$449,565	\$584,122	
Federal Funds	\$520,825	\$403,848	\$116,977	\$403,848	\$520,825	

## Supplemental, 1331 Supplemental

Not applicable.