

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-14 Substance Use Disorder Treatment at the MHIs

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

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

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

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

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

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

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

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

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

RF Letternote Text Revision Required? Yes No

FF Letternote Text Revision Required? Yes No

Requires Legislation? Yes No

Type of Request? Department of Human Services Prioritized Request

Interagency Approval or Related Schedule None

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Cost and FTE

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

Current Program

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

Problem or Opportunity

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

Consequences of Problem

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

Proposed Solution

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

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-14

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

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

Problem or Opportunity:

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

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

Colorado Mental Health Institute at Fort Logan

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

Currently CMHIFL provides:

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

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

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

Colorado Mental Health Institute at Pueblo

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

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

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

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

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

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

Proposed Solution:

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

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

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

Anticipated Outcomes:

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

Assumptions and Calculations:

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

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

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

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

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

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



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

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

ESTIMATE OF COSTS:

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

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

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

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

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

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

Exhibit D: CMHIP FTE Calculator

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

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

Exhibit E: CMHIFL FTE Calculator

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