

**Schedule 13**

**Funding Request for the FY 2017-18 Budget Cycle**

Department of Human Services

Request Title

R-03 DYC Detention Mental Health

Dept. Approval By:

*Melissa Wardet*

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

*Erin M. Bell 10/26/16*

Budget Amendment FY 2017-18

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

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

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

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### ***Cost and FTE***

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

### ***Current Program***

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

### ***Problem or Opportunity***

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

### ***Consequences of Problem***

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

### ***Proposed Solution***

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

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**COLORADO**  
Department of Human Services

*John W. Hickenlooper*  
Governor

*Reggie Bicha*  
Executive Director

*FY 2017-18 Funding Request | November 1, 2016*

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

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

***Problem or Opportunity:***

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

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

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

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

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

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

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

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

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

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

### **National Standards, Commitment and Detention Service Equity**

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

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

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

### **The Family Connection**

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

### **The Community Connection**

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

### **Liability**

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

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

### ***Proposed Solution:***

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

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

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

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

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

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

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

### **Other Options**

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

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



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

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

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

***Anticipated Outcomes:***

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

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

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

***Assumptions and Calculations:***

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

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

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

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

**Table 1: Mental Health Clinician Need by Detention Facility**

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

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

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

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

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

**Cost of Contract FTE to Provide Detention Mental Health Services**

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

**Table 3: Current and Proposed Contracted FTE**

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

Table 4 provides a line item summary of the request.

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