

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-08: Crisis Services System Enhancements

Dept. Approval By: *Melissa Waudet*

Supplemental FY 2016-17

X

Change Request FY 2017-18

OSP8 Approval By: *Eric N. L. 10/26/16*

Budget Amendment FY 2017-18

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

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

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

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

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

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



Cost and FTE

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

Current Program

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

Problem or Opportunity

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

Consequences of Problem

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

Proposed Solution

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

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

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

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

Problem or Opportunity:

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

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

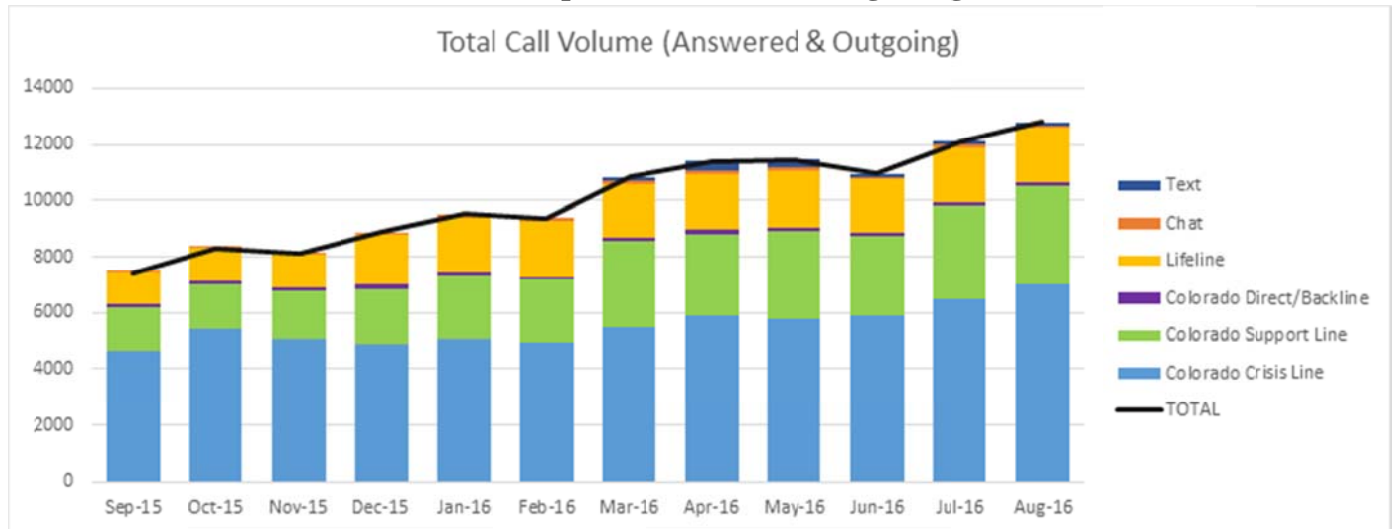
After two years of implementation of the statewide crisis response system, the Department is better equipped to understand the gaps in services offered. The Department now has the opportunity to establish best practices to ensure continuity of care between service deliveries, enhance its statewide reach,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

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

Hotline Call Volume and Duration

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

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



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

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

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

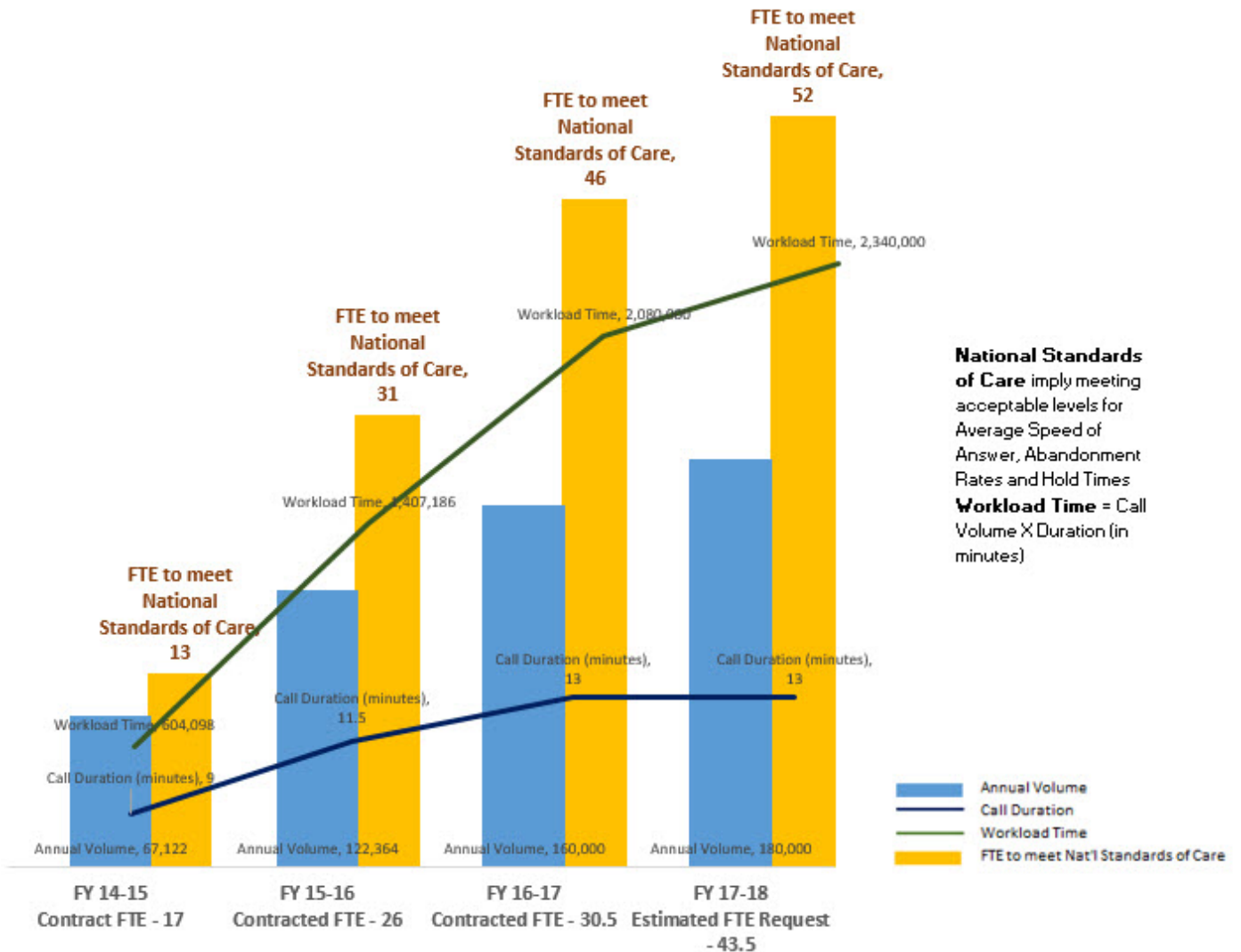
- Call abandonment rates have increased from 2.1% in June of 2015 to 5.2% in June of 2016.
- Average call wait times have increased from 11.3 seconds in June of 2015 to 30.69 seconds in June of 2016.
- A 47% staff turnover rate for the contractor’s counselor and peer staff from June 2015 to June 2016.

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

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

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

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



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

*National Suicide Prevention Lifeline and American Association of Suicidology

Crisis Services Marketing

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

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

Proposed Solution:

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

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

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

Enhancing Current Crisis Services Hotline/Warm line

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

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

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

Crisis Services Marketing

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

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

Anticipated Outcomes:

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

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

Assumptions and Calculations:

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

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

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

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

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

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

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

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