



Joint Budget Committee

Staff Budget Briefing FY 2026-27

**Department of Human Services
Office of Civil and Forensic Mental Health**

Prepared by:
Emily Pope, JBC Staff
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Joint Budget Committee Staff

200 E. 14th Avenue, 3rd Floor

Denver, Colorado 80203

Telephone: (303) 866-2061

leg.colorado.gov/agencies/joint-budget-committee

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Additional Resources

To find the online version of the briefing document search the General Assembly’s website for [budget documents](https://leg.colorado.gov/content/budget/budget-documents) (leg.colorado.gov/content/budget/budget-documents).

Overview of Civil and Forensic Mental Health

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare programs in the state. This document is limited to discussion of the Office of Civil and Forensic Mental Health (OCFMH).

OCFMH is a division within the Department of Human Services that provides mental health care including pre-trial, inpatient hospitalization, and transitional services. OCFMH operates two state mental health hospitals in Pueblo and the Fort Logan campus in Denver. Patients can be ordered to inpatient treatment at the hospitals by civil or criminal courts.

Recent Appropriations

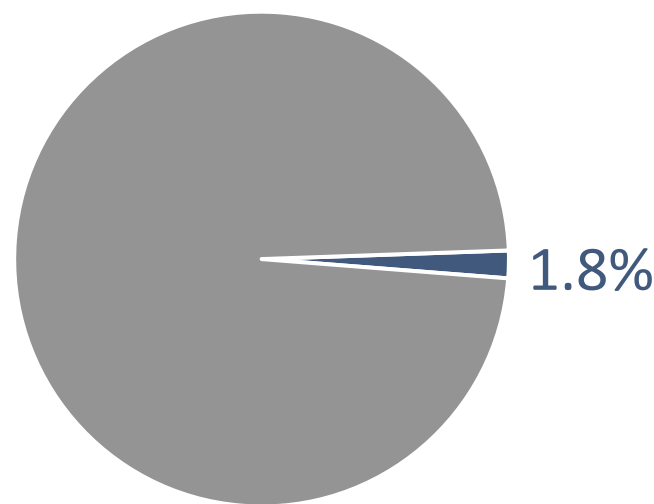
Office of Civil and Forensic Mental Health

Funding Source	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27 [1]
General Fund	\$128,036,054	\$283,973,595	\$291,319,253	\$297,060,201
Cash Funds	138,779,992	8,357,094	8,895,330	16,502,181
Reappropriated Funds	13,667,624	16,925,058	19,943,984	15,873,940
Federal Funds	0	0	0	0
Total Funds	\$280,483,670	\$309,255,747	\$320,158,567	\$329,436,322
Full Time Equivalent Staff	1,527.9	1,557.8	1,651.7	1,659.0

[1] Requested appropriation.

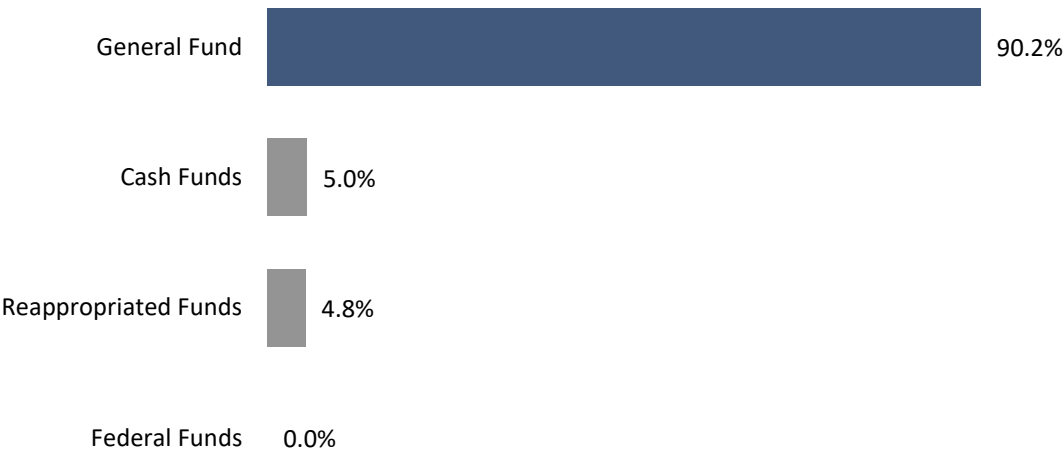
Graphic Overview

OCFMH Share of Statewide General Fund



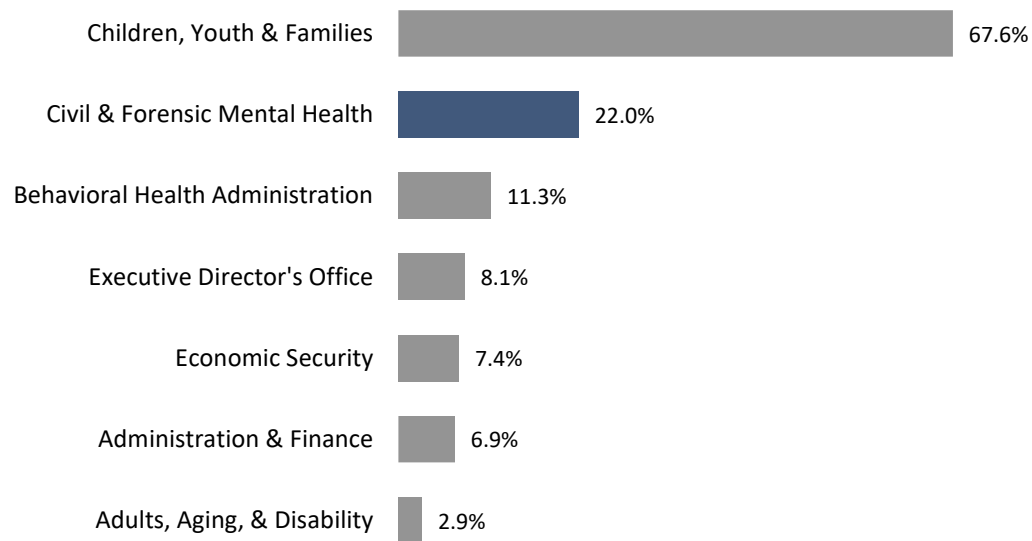
Based on the FY 2025-26 appropriation.

OCFMH Funding Sources



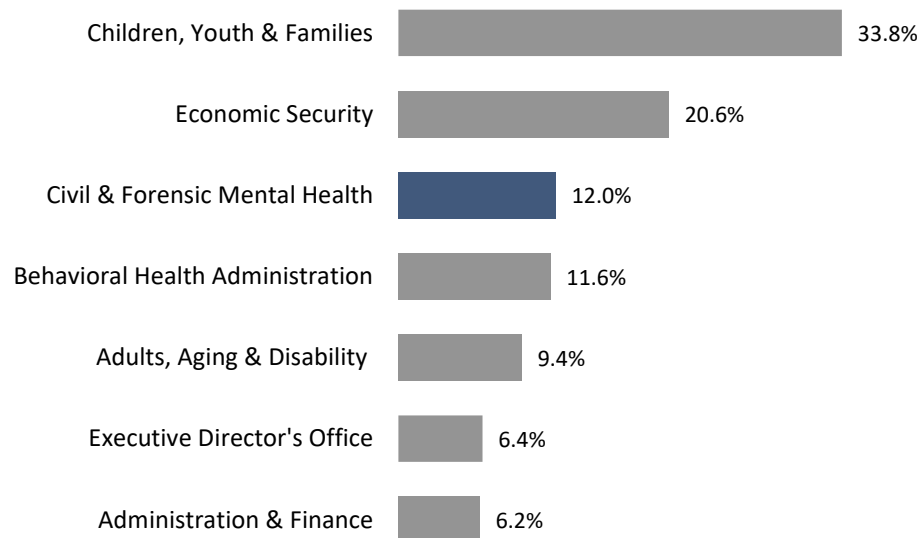
Based on the FY 2025-26 appropriation.

Distribution of General Fund by DHS Division



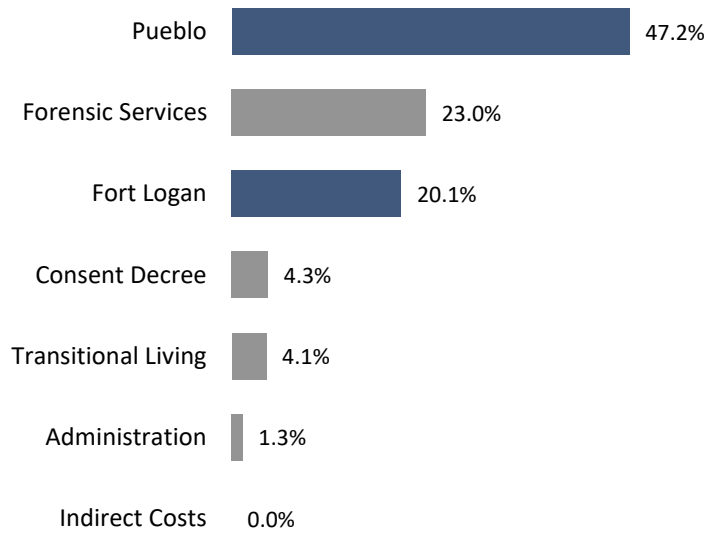
Based on the FY 2025-26 Appropriation

Distribution of Total Funds by DHS Division



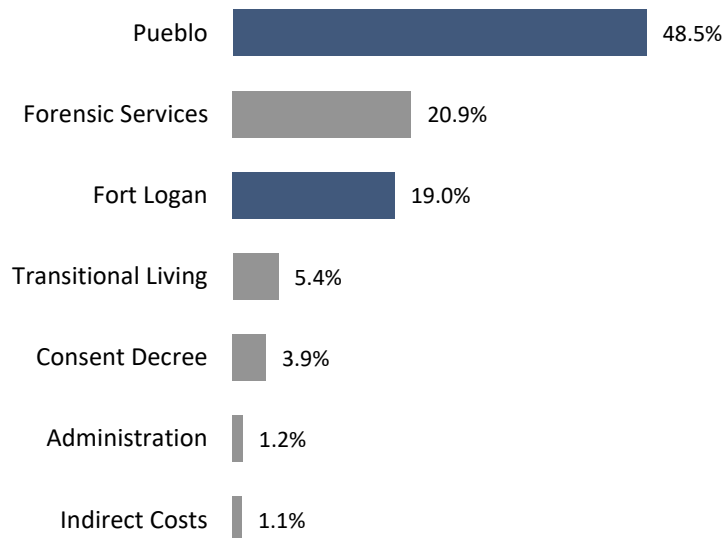
Based on the FY 2025-26 Appropriation

Distribution of General Fund by OCFMH Subdivision



Based on the FY 2025-26 Appropriation

Distribution of Total Funds by OCFMH Subdivision



Based on the FY 2025-26 Appropriation

Cash Funds Detail

Office of Civil and Forensic Mental Health

Fund Name	FY 2025-26 Approp.	Primary Revenue Sources	Primary Uses in Dept.
Patient revenues	\$7,949,197	Private insurance, Medicaid, and Medicare payments to the state hospitals	Personal services, operating expenses, and pharmaceuticals for the state hospitals.
Marijuana Tax Cash Fund	946,133	See Marijuana Tax Policy	Substance use treatment at the state hospitals.
Total	\$8,895,330		

General Factors Driving the Budget

The Office of Civil and Forensic Mental Health (OCFMH) is responsible for the operation of two state mental health hospitals and behavioral health services for clients in the criminal justice system outside the state hospitals. The hospitals serve civil and forensic patients in Pueblo and the Fort Logan campus in Denver.

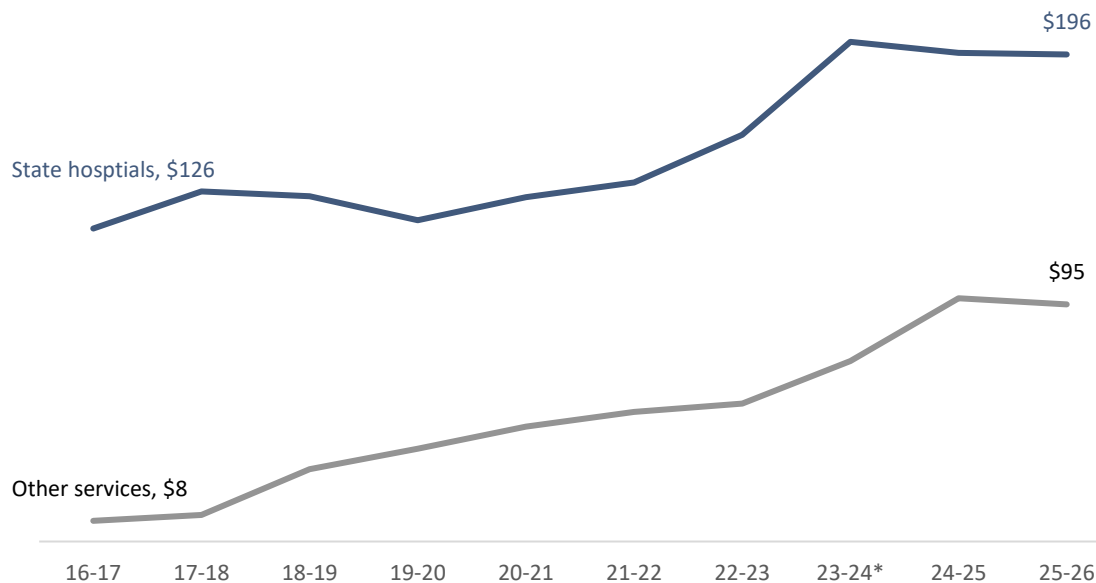
Civil patients are committed by a civil court into the care of the Department voluntarily or involuntarily due to serious and persistent mental health conditions.

Forensic patients are individuals with mental health conditions or developmental disabilities that may prevent them from assisting in their own defense during criminal proceedings, referred to as “competency.” The Department conducts court-ordered competency evaluations and inpatient competency restoration services. Forensic patients also include individuals found not guilty by reason of insanity (NGRI).

Unlike the Medicaid program, funding for behavioral health services provided through the Department of Human Services are not an entitlement. Therefore, the number of individuals served and level of services provided is largely driven by the amount of General Fund appropriated.

Appropriations to OCFMH were 90.2 percent General Fund in FY 2025-26, and are driven by staffing costs at the state hospitals. Appropriations have increased in recent years due to high vacancy rates and a resulting increase in contract nurses that are more expensive than state FTE. Appropriations outside of the state hospitals include competency evaluations, jail-based services, private hospital contracts, transitional living homes, and consent decree fines. The Department indicates that jail-based, private hospital, and state inpatient competency restoration beds totaled 640 at the end of FY 2024-25.

Inflation adjusted General Fund appropriations for state hospital and non-state hospital services have increased over the last ten fiscal years (amounts in millions).



*FY 2023-24 appropriations include ARPA funds for personal services that otherwise would have been General Fund.

Summary of Request

Office of Civil and Forensic Mental Health

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Appropriation						
SB 25-206 (Long Bill)	\$320,158,567	\$291,319,253	\$8,895,330	\$19,943,984	\$0	1,651.7
Total	\$320,158,567	\$291,319,253	\$8,895,330	\$19,943,984	\$0	1,651.7
FY 2026-27 Requested Appropriation						
FY 2025-26 Appropriation	\$320,158,567	\$291,319,253	\$8,895,330	\$19,943,984	\$0	1,651.7
R4 Hospital revenues and contracts	2,080,500	-1,800,672	7,765,022	-3,883,850	0	0.0
R11 Reduce peer support	-649,260	-649,260	0	0	0	0.0
R15 Reduce NGRI transition services	-300,000	-300,000	0	0	0	0.0
Operating common policies	-426,223	0	-237,239	-188,984	0	0.0
Prior year actions	8,572,738	8,490,880	79,068	2,790	0	7.3
Total	\$329,436,322	\$297,060,201	\$16,502,181	\$15,873,940	\$0	1,659.0
Increase/-Decrease	\$9,277,755	\$5,740,948	\$7,606,851	-\$4,070,044	\$0	7.3
Percentage Change	2.9%	2.0%	85.5%	-20.4%	0.0%	0.4%

Changes are ongoing unless otherwise noted.

R4 Hospital revenues and contracts [legislation]: The Department asks for legislation to create cash funds for patient revenues received by the state hospitals.

Current year: The total cost is \$2.1 million total funds. Amounts include a decrease of \$2.3 million General Fund, an increase of \$8.2 million cash funds, and a decrease of \$3.9 million Medicaid reappropriated funds.

Year 1: The total cost is \$2.1 million total funds. Amounts include a decrease of \$1.8 million General Fund, an increase of \$7.8 million cash funds, and a decrease of \$3.9 million Medicaid reappropriated funds.

The state hospitals currently receive revenues from private insurance, Medicaid, and Medicare for eligible patients and services. These funds are appropriated as cash funds and reappropriated funds from the Department of Health Care Policy and Financing (HCPF) in the Long Bill.

However, there is no cash fund in statute that collects patient revenues. The request indicates that patient revenues revert to the General Fund if the actual revenues collected exceed spending authority in the Long Bill. Revenues have increased in recent years due to increasing patient census and reimbursement rates.

Additionally, the Controller's Office has directed that funds received from Regional Accountability Entities (RAEs) can only be spent as cash funds rather than reappropriated funds. The Department therefore does not have the spending authority to use Medicaid funds appropriated in the Long Bill in the current fiscal year.

The request includes legislation to create two cash funds to receive revenues for the state hospitals and mental health transitional living homes. Cash funds will allow the Department to retain revenues, offset General Fund, and align Long Bill spending authority with Controller guidelines.

R11 Reduce peer support: The Department asks to eliminate a contract for peer support services at the state hospitals.

Year 1: The total decrease is \$649,260 General Fund.

Peer support specialists assist patients transitioning from the state hospitals to the community. The request indicates that utilization of the existing contract is limited due to workforce shortages and patient acuity. Peer support specialists had 260 unique patient contacts at Pueblo and 42 at Fort Logan from 2020 to 2025.

The request is a budget balancing reduction that will impact services. However, the reduction targets an under-utilized program to prioritize maintaining funding for direct treatment.

R15 Reduce Not Guilty by Reason of Insanity (NGRI) transition services: The Department asks to reduce funding that supports NGRI individuals due to recent under-expenditures.

Year 1: The total decrease is \$300,000 General Fund.

The Forensic Community Based Services program provides treatment, supervision, and case management support for NGRI individuals in the community. This can include individuals transitioning from hospitalization to the community, and people in the community on temporary removal status or conditional release.

The request indicates that the current appropriation exceeds caseload demands for the program. Under-expenditures can and have been transferred to offset over-expenditures at the state hospitals. A reduction is not expected to impact services for NGRI individuals, but does reduce overall funding available to the hospitals.

The Department's response to [request for information \(RFI\) 23](#) indicates that \$1.4 million of \$4.4 million General Fund appropriated was transferred to the personal services line item for the Pueblo hospital in FY 2024-25. The Department has indicated that this is a promising request.

Operating common policies: The request includes a net decrease of \$426,223 for indirect cost adjustments.

Prior year actions: The request includes a net increase of \$8.6 million for the impact of prior year budget decisions and legislation.

Prior year actions

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	FTE
HB 22-1238 Youth mental health	\$5,410,793	\$5,410,793	\$0	\$0	6.3
FY 25-26 Salary survey	2,318,821	2,269,225	46,806	2,790	0.0
FY 25-26 Step Plan	590,495	558,233	32,262	0	0.0
FY 25-26 Fort Logan G-wing	252,629	252,629	0	0	1.0
Total	\$8,572,738	\$8,490,880	\$79,068	\$2,790	7.3

Legislative Placeholder

The Governor's November Budget Request letter does not include legislative placeholders for OCFMH. However, the Governor's November Budget Presentation to the Committee states, "We look forward to submitting a request on January 2 to address competency needs."¹ Reporting indicates that the Governor plans to invest an additional \$8-12.0 million in competency as part of the Supplemental Request, which may or may not include legislative changes.^{2,3}

¹ [OSPFB FY 2026-27 Budget Rollout Presentation to JBC November 11, 2025.](#)

² [Colorado Politics, Gov. Jared Polis seeks \\$12M to house suspects declared incompetent.](#)

³ [KDVR, Polis says state holding millions for more beds amid competency laws concerns.](#)

Budget Reduction Options

The Executive Budget Request includes reductions of \$2.7 million General Fund for the Office of Civil and Forensic Mental Health, representing 0.9 percent of the current General Fund appropriations in this section of the budget.⁴ This issue brief reviews these proposals and additional options identified by staff.

Summary

- The Department of Human Services represents 7.8 percent of total state General Fund appropriations in FY 2025-26. The Executive budget request includes proposed reductions of \$13.8 million, representing 1.0 percent of the General Fund appropriations in this section of the budget. These reductions are offset by proposed increases, so that the Department's total General Fund is requested to increase by 2.9 percent.
- Requested reductions in OCFMH total \$2.7 million General Fund, representing 0.9 percent of General Fund appropriations. Reductions are offset by proposed increases, for a total General Fund increase of 2.0 percent.

Discussion

Funding History FY 2018-19 to FY 2025-26

OCFMH represents 1.8 percent of total state General Fund appropriations in FY 2025-26. As reflected in the table below, General Fund in this section of the budget has increased by 57.0 percent since FY 2018-19 after adjusting for inflation. This is more than the statewide increase of 13.6 percent over the same period.⁵

FY 2018-19 to FY 2025-26 Appropriations Comparison - Adjusted for Inflation

Fund	FY 2018-19 Nominal	FY 2018-19 Adjusted	FY 2025-26	\$ Change from FY 2018-19 Adjusted	% Change from FY 2018-19 Adjusted
General Fund	\$142,570,803	\$185,537,160	\$291,319,253	\$105,782,093	57.0%
Total Funds	\$166,439,025	\$216,598,514	\$329,436,322	\$112,837,808	52.1%

OCFMH did not exist in FY 2018-19. The FY 2018-19 appropriation consists of funding from the Office of Behavioral Health that remained in OCFMH when the Behavioral Health Administration was created in 2022. A summary of General Fund appropriations by DHS division is provided in the table below.

General Fund Appropriations Comparison by Division – Adjusted for Inflation

Fund	FY 2018-19 Nominal	FY 2018-19 Adjusted	FY 2025-26	\$ Change from FY 2018-19 Adjusted	% Change from FY 2018-19 Adjusted
Executive Directors Office	\$74,569,122	\$97,041,911	\$107,016,899	\$9,974,988	10.3%
Administration & Finance	48,337,977	62,905,523	91,402,658	28,497,135	45.3%

⁴ Current FY 2025-26 appropriations do not include mid-year reductions in executive orders.

⁵ Fiscal year 2018-19 appropriations are adjusted for inflation, calculated based on the Legislative Council Staff September 2025 forecast, which reflects an increase in the Denver-Aurora-Lakewood consumer price index of 30.1 percent between FY 2018-19 and FY 2025-26.

Fund	FY 2018-19 Nominal	FY 2018-19 Adjusted	FY 2025-26	\$ Change from FY 2018-19 Adjusted	% Change from FY 2018-19 Adjusted
Children, Youth & Families	415,785,304	541,089,922	546,293,133	5,203,211	1.0%
Economic Security	73,276,890	95,360,241	98,196,190	2,835,949	3.0%
Behavioral Health Administration	94,649,199	123,173,492	149,444,489	26,270,997	21.3%
Civil & Forensic Mental Health	142,570,803	185,537,160	291,319,253	105,782,093	57.0%
Adults, Aging, and Disability	33,161,954	43,155,924	38,968,989	-4,186,935	-9.7%
Total	\$882,351,249	\$1,148,264,173	\$1,322,641,611	\$174,377,438	15.2%

[1] The Division of Early Childhood is removed from FY 2018-19 appropriations for a more direct comparison to FY 2025-26 appropriations.

General Fund increases for OCFMH are driven by legislation and budget actions that have increased the number of forensic hospital units, address contract staffing costs, and add services. Added services include private hospital contracts, mental health transitional living homes, and adding a youth psychiatric residential treatment facility to the Fort Logan campus.

FY 2026-27 General Fund Impact of Recent Legislation and Budget Actions

Item	FY 2026-27 [1]
Private hospital contracts	\$31,941,301
Mental health transitional living homes	11,994,224
Fort Logan forensic units	6,648,574
Youth PRTF	5,410,793
Total	\$55,994,892

[1] Amounts reflect requested appropriation.

Prior Year Reductions

The Committee and General Assembly approved reductions of \$2.7 million General Fund for this section of the budget in FY 2025-26, including:

- \$2.3 million General Fund for jail-based competency education programs.
- \$475,000 General Fund for investigation resources at Pueblo. The reduction was based on an assumption by the Department that investigations could be conducted by local law enforcement.

Budget Requests for General Fund Relief

For this section of the budget, the budget request includes proposals for General Fund relief totaling \$2.7 million, representing 0.9 percent of the General Fund appropriations. These reductions are offset by proposed increases, so that the Division's total General Fund is requested to increase by 2.0 percent. The proposals for General Fund relief are summarized in the table below. Some of the proposals require statutory change.

Budget Requests for General Fund Relief

Option	General Fund	Other Funds	Bill? Y/N	Description
Revenue Enhancements				
None	\$0	\$0	N	N/A
Subtotal - Revenue	\$0	\$0		

Option	General Fund	Other Funds	Bill? Y/N	Description
Expenditure Reductions				
R4 Patient revenues	-\$1,800,672	\$3,881,172	Y	Legislation to adjust hospital patient revenue spending authority to offset General Fund.
R11 Reduce peer support	-649,260	0	N	Eliminate peer support contract at the state hospitals.
R15 Reduce NGRI transition services	-300,000	0	N	Reduce funding for NGRI transition services based on recent under-expenditures.
Subtotal - Expenditures	-\$2,749,932	-\$3,881,172		
<hr/>				
Net General Fund Relief	\$2,749,932			

Additional Options for JBC Consideration

The table below summarizes options identified by the JBC staff that the Committee could consider in addition to or instead of the options presented in the budget request. A General Fund reduction of 5.0 percent to the sections of the budget covered in this briefing would require a reduction of \$14.6 million.

The table below is specific to OCFMH. See Appendix B for all staff options presented for the Department of Human Services in total.

Additional Options for General Fund Relief

Option	General Fund	Other Funds	Bill? Y/N	Description
Revenue Enhancements				
ARPA reversions	\$0	\$0	Y	\$2.9 million that originated as ARPA funds allocated to OCFMH remains unencumbered.
Subtotal - Revenue	\$0	\$0		
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Expenditure Reductions				
Forensic community services	-1,000,000	0	N	Based on FY 24-25 transfer.
Pharmaceuticals	-500,000	0	N	Based on FY 24-25 transfer.
5% Jail-based reduction	-743,372	0	N	5% base reduction
Reduce 14 private hospital beds	-5,825,400	0	N	Reduce private hospital forensic contracts from approx. 84 to 70 beds
Close forensic unit	-6,648,574	0	N	Based on Fort Logan G-wing appropriation.
Subtotal - Expenditures	-\$14,717,346	\$0		
<hr/>				
Net General Fund Relief	\$14,717,346			

Revenue Enhancements

ARPA Reversions

Executive Branch reports indicate that \$2.9 million that originated as ARPA appropriations to OCFMH were unencumbered by September 2025. Expenditure reports by bill for the Department of Human Services is provided in the table below. Only the bills highlighted in blue appropriated to OCFMH.

Table 1. DHS ARPA Expenditures by Bill as of September 2025

Bill	Allocation	Reverted	Expended	Encumbered	Unencumbered
HB24-1466 ARPA Swap	\$214,000,000	\$0	\$214,000,000	\$0	\$0
SB23-214 Long Bill	130,377,154	0	130,377,154	0	0
SB21-288 Gov Cash Fund	60,034,173	369,643	59,064,530	0	600,000
HB 22-1283 Youth Mental Health	39,367,949	0	8,881,253	30,055,063	431,633
HB22-1386 Competency restoration	29,362,828	334,200	29,028,628	0	0
HB22-1303 Residential BH	25,157,411	233,531	18,131,750	4,317,852	2,474,278
HB22-1259 CO Works	25,000,000	513,330	24,175,393	124,154	187,123
HB22-1380 Low income services	6,000,000	2,579,614	3,410,106	522	9,759
SB22-183 Victim services	5,505,000	0	5,505,000	0	0
SB21-137 BH Recovery	5,300,000	648	5,299,352	0	0
SB21-027 Family supplies	5,000,000	285,140	4,714,860	0	0
SB21-292 Victims services	4,750,000	0	4,750,000	0	0
HB23-1153 BH Pathways	140,000	10,806	129,194	0	0
Total	\$549,994,515	\$4,326,911	\$507,467,220	\$34,497,591	\$3,702,793

Unencumbered amounts include \$431,633 from [H.B. 22-1283](#) for the construction of a youth psychiatric residential treatment facility on the Fort Logan campus. The Department response to [RFI 20](#) indicates that construction began in September 2025. The remaining \$2.5 million is from [H.B. 22-1303](#), which included funding for the renovation of mental health transitional living homes and a new forensic unit at Fort Logan. Both projects are complete and operational.

Table 2. H.B. 22-1303 Expenditures by Project

Project	Allocation	Reverted	Expended	Encumbered	Unencumbered
Contract beds	\$11,185,761	\$233,426	\$7,155,871	\$3,277,779	\$518,685
Fort Logan G-wing	7,355,715	0	6,264,391	602,525	488,799
Transitional homes	6,615,935	104	4,711,488	437,548	1,466,794
Total	\$25,157,411	\$233,531	\$18,131,750	\$4,317,852	\$2,474,278

S.B. 21-288 continuously appropriated any ARPA funds that remained unappropriated by the General Assembly to the Governor's Office, up to \$300.0 million. Funding from the bill has supported competency contract beds and hiring incentives at the state hospitals.

Table 3. S.B. 21-288 Expenditures by Project

Project	Allocation	Reverted	Expended	Encumbered	Unencumbered
Contract competency beds	26,950,000	0	26,950,000	0	0
Residential Youth Beds	11,891,605	0	11,891,605	0	0
Recruitment and Retention 24/7 Facilities	8,490,000	0	8,490,000	0	0
Booster Incentives	6,045,200	0	6,045,200	0	0
Staffing and Retention Efforts	2,619,000	0	2,619,000	0	0
Pueblo Administrative Staff	1,785,368	0	1,785,368	0	0
Pueblo Operating	1,653,000	369,643	1,283,357	0	0
HR 1 Benefit System Enhancements	600,000	0	0	0	600,000
Total	\$60,034,173	\$369,643	\$59,064,530	\$0	\$600,000

Reversions transfer to the General Fund after December 2026. Staff will continue to partner with the Executive Branch to determine if any ARPA reversions can be transferred to the General Fund for FY 2025-26.

Expenditure Reductions

Forensic community services

Description: Reduces funding for forensic community services by \$1.0 million General Fund for a 23.2 percent reduction above the request.

Health/Life/Safety Impact: High

Additional Information: The line item supports treatment and case management support for patients in the community, or transitioning from hospitalization to community treatment. The line item transferred \$1.4 million to personal services for the Pueblo hospital in FY 2024-25. General Fund appropriations have increased from \$2.3 million in FY 2018-19 to \$4.5 million in FY 2025-26.

The Department has already requested a \$300,000 reduction for the line item due to historic under-expenditures. Any reduction is expected to decrease overall funding available to the state hospitals and risk closing a forensic unit.

Pharmaceuticals

Description: Reduces funding for pharmaceuticals at the state hospitals by \$500,000 General Fund for a 7.9 percent reduction.

Health/Life/Safety Impact: High

Additional Information: Two line items support pharmaceutical expenses for the state hospitals. The line items transferred \$583,919 General Fund to personal services for the Pueblo hospital and outpatient restoration services in FY 2024-25. Any reduction is expected to decrease overall funding available to the state hospitals and risk closing a forensic unit.

5% Jail-based competency restoration services reduction

Description: Reduces funding for jail-based competency restoration services by \$743,372 General Fund for a 5.0 percent reduction.

Health/Life/Safety Impact: High

Additional Information: This line item supports contracts to provide competency restoration services in jails. Funding has increased from \$13.4 million in FY 2018-19 to \$14.9 million in FY 2025-26.

Reduce 14 private hospital beds

Description: Reduces funding for private hospital competency restoration contract beds by \$5.8 million General Fund for an 18.2 percent reduction.

Health/Life/Safety Impact: High

Additional Information: The Department's response to [RFI 22](#) indicates that the \$29.9 million General Fund appropriated in FY 2024-25 supported 84-96 private hospital beds for competency restoration. The Committee may choose to reduce the line by any amount as necessary to balance. The calculation is based on an assumed daily rate of \$1,200 and a 95.0 percent occupancy rate.

Close forensic unit

Description: Reduces funding for the state hospitals by \$6.6 million General Fund to reduce the number of forensic hospital units by one.

Health/Life/Safety Impact: High

Additional Information: The amount provided in the table is based on the amount appropriated for a forensic unit at Fort Logan in FY 2026-27. The actual cost of a forensic unit varies by location, number of beds, and patient needs. Reducing funding to the state hospitals by any amount could risk the Department's ability to maintain appropriate staffing ratios and force a unit closure. The Department's response to [RFI 22](#) indicates that the Pueblo hospital is already operating at reduced capacity due to renovations.

Competency Caseload Updates

The waitlist for inpatient competency restoration increased in FY 2024-25 despite recent investments by the General Assembly to increase capacity. This issue brief describes the competency process and provides an update on data for court ordered evaluations, restoration, and the waitlist.

Summary

- Competency refers to an individual's ability to assist in their own defense during a criminal trial.
- OCFMH conducts court ordered competency evaluations and provides inpatient competency restoration services at the state hospitals.
- Court orders for competency evaluations and restoration services increased in FY 2024-25.
- The waitlist for inpatient competency restoration services increased in FY 2024-25 after significant investments from the General Assembly to expand hospital capacity and step-down services.

Discussion

Competency refers to an individual's ability to assist in their own defense during legal proceedings. Competency can be called into question at any point during a criminal trial by the defense, prosecution, or court. The court pauses legal proceedings when the question of competency is raised.⁶ The question of competency can therefore interrupt the right to a speedy trial.

The Office of Civil and Forensic Mental Health (OCFMH) is responsible for conducting court-ordered competency evaluations and inpatient restoration services. Individuals may receive competency restoration services through inpatient state or private hospitals, jail-based, or outpatient community-based programs. OCFMH is operating under a consent decree that requires the Department to pay fines based on the wait times for evaluations and restoration services.

Evaluations

The competency process begins with a court-ordered evaluation. Evaluations are conducted by OCFMH.⁷ The court may order that competency evaluations be completed in an inpatient hospital, jail, or outpatient community-based setting. The evaluation is specific to the individual's factual knowledge of legal proceedings. The evaluation is not a comprehensive mental health exam.

An evaluation may find a defendant **incompetent to proceed** if they have a mental or developmental disability that:

1. Prevents them from having sufficient present ability to consult with the defense attorney with a reasonable degree of rational understanding in order to assist in the defense; or
2. prevents them from having a rational and factual understanding of the criminal proceedings.⁸

⁶ Section 16-8.5-102 (1), C.R.S.

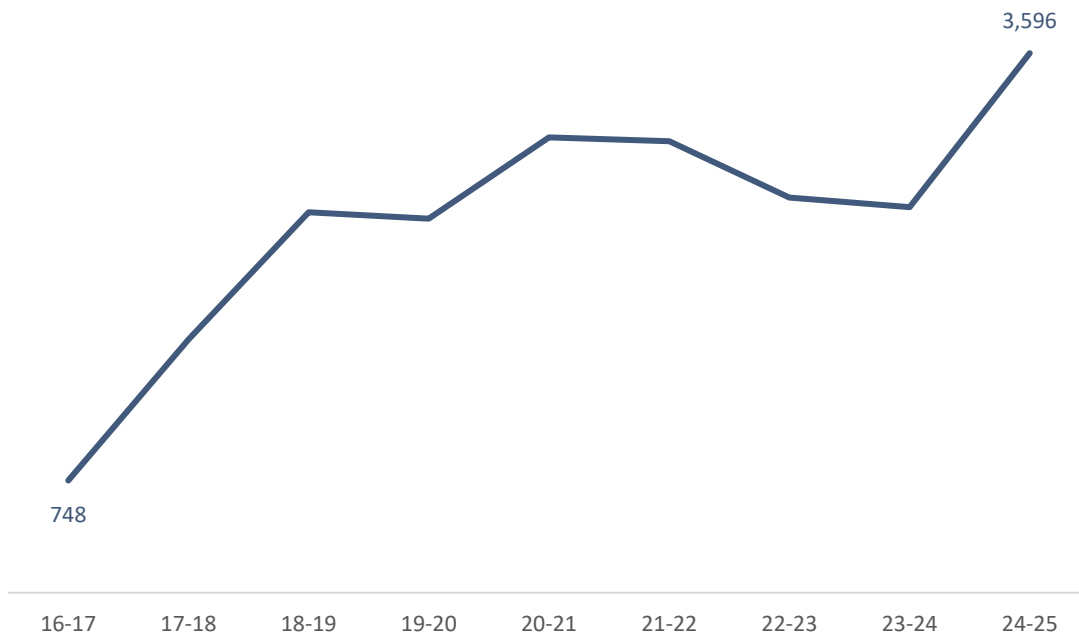
⁷ Section 16-8.5-103 (2), C.R.S.

⁸ Section 16-8.5-101 (12), C.R.S.

The standard for competency is lower than the standard imposed for a sanity evaluation. The evaluation only measures the defendant's "present" ability rather than the defendant's mental status at the time of the crime. The evaluator makes a report to the court, and a judge makes the final determination of whether the defendant is competent to proceed with the trial.

The number of court-ordered competency evaluations decreased in FY 2022-23 and FY 2023-24. However, orders reached an all time high of 3,596 in FY 2024-25. Of that amount, 17 evaluations were inpatient, 1,604 were in community, and 1,975 were jail-based.

Court ordered competency evaluations reached an all time high in FY 2024-25.



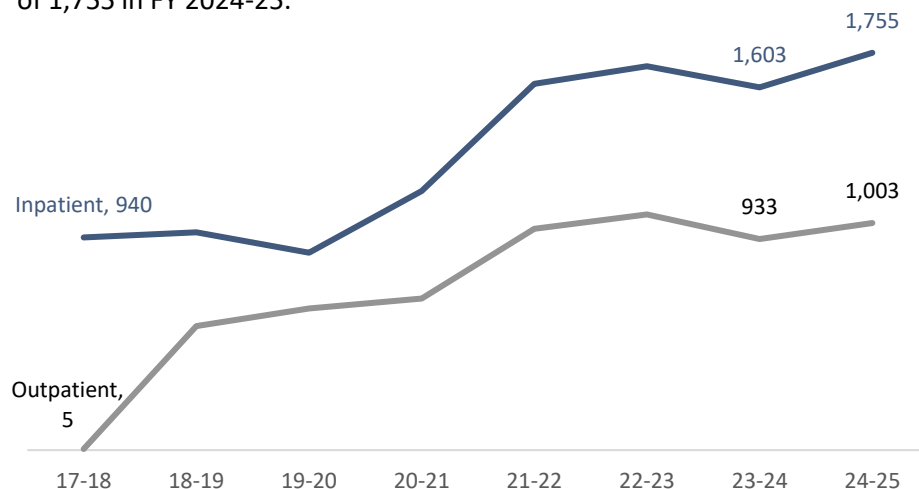
Restoration

Court proceedings continue as usual if the court finds that the defendant is competent to proceed based the evaluation report. If the defendant is found incompetent to proceed, the court may order competency restoration services before proceeding with the trial. Restoration services may be ordered to occur in an inpatient hospital, jail, or outpatient community-based setting. Outpatient services are provided by Comprehensive Safety Net Providers (CSNPs) as a condition of approval for comprehensive provider designation by the Behavioral Health Administration.

Restoration treatment focuses on barriers to competency that were identified in the evaluation. Outpatient services include education about basic court room procedures, and may or may not include mental health treatment. Inpatient services include education as well as hospital level mental and physical care.

Restoration services do not include comprehensive, long-term mental health care. Treatment is provided until an evaluation finds the patient competent to proceed. An individual cannot be confined for competency restoration treatment in excess of the time they would have served had they been charged with the accused crime. A patient may therefore be discharged without completing, or even receiving, restoration services.

Court orders for inpatient competency restoration reached an all time high of 1,755 in FY 2024-25.



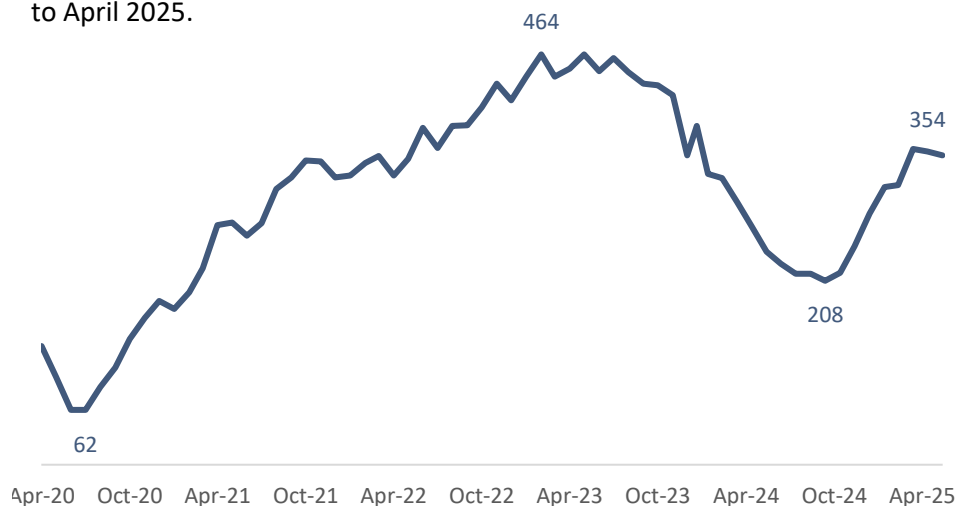
Waitlist

The caseload for inpatient competency restoration exceeds the Department's capacity, creating a waitlist for services. Caseload is driven by court orders and available step-down placements to transition patients out of the hospitals. Step-down services may include nursing homes, skilled nursing, or Mental Health Transitional Living Homes operated by OCFMH. Placements are limited and may reject patients based on criminal or other history.

The waitlist for inpatient competency restoration decreased consistently through FY 2023-24. However, the waitlist increased from 208 in October 2024 to 354 in April 2025. The waitlist decreased slightly in May and June, reaching 350 by the end of the fiscal year. OCFMH indicated that the waitlist was 354 on December 1, 2025.

The average wait time for inpatient services was 68 days in FY 2024-25. The monthly average ranged from 55 to 80 days. The maximum wait time was highest in June 2024, at 461 days. The lowest maximum wait in FY 2024-25 was 372 days. Additional caseload detail is provided in the response for [RFI 22](#) on page 25 of this document.

The waitlist for inpatient restoration services increased from October 2024 to April 2025.



Consent Decree

The Department entered into a consent decree in 2019 following a federal lawsuit about the wait time for competency services. This followed a prior consent decree from 2012. The current consent decree is legally binding and judicially enforceable through December 1, 2027. Compliance is overseen by the court and a Special Master (Groundswell Services, Inc.).

The consent decree establishes a set timeframe for competency evaluation and restoration services. The Department must pay fines for each day of violation for these timeframes, varying from \$100 to \$500 per day based on patient and service type. Patients who are gravely disabled or are an immediate threat to themselves or others are considered to be Tier 1. Tier 2 patients require inpatient restoration services, but do not meet Tier 1 criteria.

Consent Decree Daily Fines by Patient and Service Type

Service	Timeframe	Fines
Inpatient evaluation admission	14 days	\$100
Jail-based evaluation	21 days	\$100
Tier 1 Inpatient restoration admission	7 days	\$500
Tier 2 Inpatient restoration admission	28 days	\$500

The total amount the Department actually pays in fines is capped to an annual amount adjusted for inflation each year. The General Fund appropriation for consent decree fines is \$12.5 million in FY 2025-26. The response for [RFI 21](#) indicates that the fines cap was reached by December in FY 2024-25, and payments would have been \$32.1 million in absence of the cap. Fines already exceeded the annual cap for FY 2025-26 by October of this year. The consent decree could have been terminated if the Department sustained a two-year compliance period.

Fines are distributed by a Fines Committee overseen by the Special Master. Awards are made to programs expected to divert individuals from inpatient competency restoration. The Fines Committee has received \$56.9 million, awarded \$54.2 million, and spent \$43.6 million as of August 2025. Awards include competency dockets, supportive housing projects, as well as jail-based and outpatient treatment programs.⁹

Recent Legislative Investments

The General Assembly has increased General Fund appropriations for inpatient competency resources in recent years through legislation and budget actions. Investments include private hospital contracts, mental health transitional living homes, and increased funding to staff forensic units at the state hospitals.

Private Hospital Contracts

The Department began contracting with private hospitals for inpatient restoration treatment following a FY 2018-19 budget request. The original appropriation included \$3.2 million General Fund to support 10 private hospital beds in the Denver metro area. The appropriation supported 8 private hospital beds by FY 2023-24.

[House Bill 22-1386 \(Competency to Proceed and Restoration Competency\)](#) included a one-time appropriation of \$28.6 million ARPA funds to support additional private hospital competency restoration beds. The appropriation

⁹ [Colorado Competency Solutions Fines Committee Awards.](#)

supported 61 private hospital beds. The Committee and General Assembly approved an increase of \$26.3 million General Fund in FY 2024-25 to maintain the ARPA funded beds and add an additional 2 beds.

The Committee denied a request to reduce private hospital contracts by \$2.0 million General Fund for FY 2025-26. The appropriation in FY 2025-26 is \$29.9 million General Fund. The Department's response to [RFI 22](#) indicates that the appropriation supported 97 beds in July 2024, but only 84 by June 2025. One hospital elected to not renew a contract, and funding for contract beds decreased as spending for ARPA funded beds expired.

Mental Health Transitional Living Homes

Mental Health Transitional Living Homes (MHTLHs) were created by [H.B. 22-1303 \(Increase Residential Behavioral Health Beds\)](#). The bill required the Department to establish at least 125 beds for individuals in need of ongoing support services. The homes are an intermediary on the continuum of care lower than the state hospitals, but higher than community-based services.

164 beds are currently operational, including 140 private contract beds and 24 state-operated beds. State-operated beds are located in three renovated former group-homes. The FY 2025-26 appropriation includes \$14.6 million General Fund between OCFMH and HCPF.

Staffing

Capacity at the state hospitals is limited by staffing rather than facility space. The Department is forced to close units if proper staff to patient ratios cannot be maintained. Data provided by the Department for [Multi-department RFI 9](#) indicates that 828 of 2,123 positions at OCFMH were vacant in June 2025. This is a 39.0 percent vacancy rate.

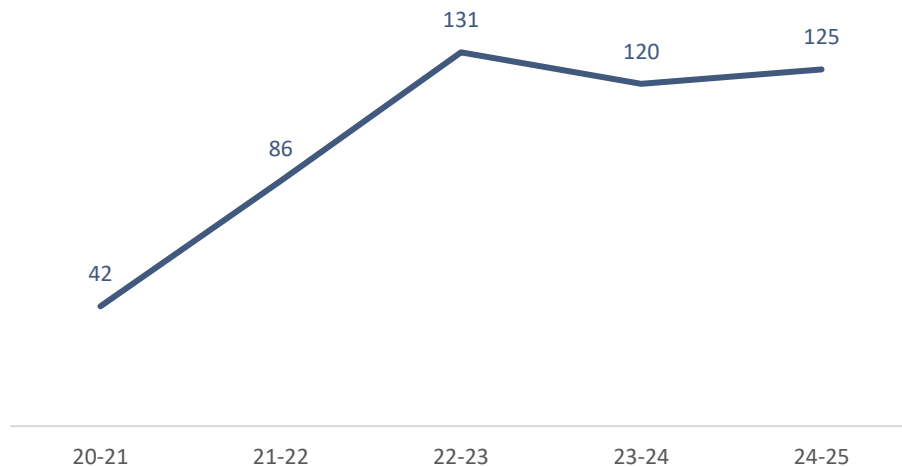
The Department overspent the General Fund appropriation for personal services at the state hospitals in FY 2022-23, requiring an interim emergency supplemental increase of \$13.1 million General Fund. The General Assembly approved increases of \$36.1 million General Fund in FY 2023-24 and \$23.4 million in FY 2024-25 to maintain contract staffing. The amount decreased between fiscal years because the Department anticipated a decrease in contract staffing.

The state has implemented several compensation incentives to improve hiring at 24/7 facilities including the state hospitals. Executive Branch reports indicate that \$11.1 million ARPA funds from S.B. 21-288 (American Rescue Plan Cash Fund) were utilized for staff incentives and bonuses for Department direct care staff. ARPA funds supported hiring incentives of \$14,000 until funds were exhausted in 2024.

The General Assembly has also approved targeted salary increases for direct care staff at 24/7 facilities through the COWINS agreement. The targeted increase included \$452,323 for 178 employees at the state hospitals in FY 2024-25 in addition to common policy increases. The FY 2024-25 Long Bill also included a one-time appropriation of \$3.3 million General Fund to support hiring and retention bonuses up to \$25,000. Targeted salary increases totaled \$3.9 million General Fund in FY 2025-26.

The Department response for [RFI 1](#) provided the following data for the average time to fill nurse I positions by fiscal year.

Average days to fill Nurse I positions by fiscal year.



Conclusion

The waitlist for inpatient competency restoration services grew in FY 2024-25 despite historic investments in inpatient resources within and outside of the state hospitals. The waitlist is driven by court orders for services and a lack of step-down transition placements from the hospitals.

Staff does not have recommendations for addressing the competency waitlist and the high level of state resources dedicated to competency at this time. However, advocates continue to recommend several changes, including but not limited to:

1. Reduce investments in inpatient forensic beds to increase civil beds.
2. Reduce investments in inpatient forensic beds to increase skilled nursing, community-based, or other transition services.
3. Reduce investments in inpatient forensic beds to divert misdemeanor offenders with severe and persistent mental illness from the criminal justice system to comprehensive behavioral health treatment.
4. Reduce investments in inpatient forensic beds to increase guardianship services.
5. Streamline facility licensing.
6. Qualified immunity for law enforcement enforcing civil commitment orders.
7. Require or incentivize certain providers or housing stipends to accept individuals with criminal records.
8. Improve data collection and sharing between OCFMH, the Judicial Department, and providers.

Executive Order

Budget Reductions

Executive Order D 2025 014, as amended, includes a reduction for the state hospitals. Staff assumes that the reduction is related to the Department's R4 request to offset General Fund with increased patient revenues for the state hospitals.

Title	General Fund	Description
Mental Health Hospitals Personal Services Reduction	-\$1,709,355	Reduces General Fund for costs that can be supported by existing patient revenue. Therefore, it will not impact programs in this fiscal year.
Total	-\$1,709,355	

Other Balancing Holds

For the State as a whole, the Governor's Office anticipates \$3.0 million General Fund savings from a FY 2025-26 hiring freeze. The Governor's Office has not provided estimates at the department level.

Footnotes and Requests for Information

Update on Long Bill Footnotes

The General Assembly includes footnotes in the Long Bill to:

9. set forth purposes, conditions, or limitations;
10. explain assumptions; or
11. express legislative intent.

This section discusses a subset of the footnotes relevant to the divisions covered in the briefing. For a full list of footnotes, see the end of each departmental section of the [2026 Long Bill](https://leg.colorado.gov/bills/sb25-206) (<https://leg.colorado.gov/bills/sb25-206>)

- 80 Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Ft. Logan; Mental Health Institute at Pueblo; Forensic Services; Consent Decree Fines and Fees – In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department may transfer up to 5.0 percent of the total appropriations in these subsections among line items in these subsections.

Comment: The transfers made as authorized by this footnote for FY 2024-25 are provided in RFI 23.

Update on Requests for Information

The Joint Budget Committee may submit requests for information (RFIs) to departments. The Joint Budget Committee must prioritize the requests per Section 2-3-203 (3), C.R.S.

This section discusses a subset of the RFIs relevant to the divisions covered in the briefing. For a full list of RFIs, see the [letters requesting information](https://leg.colorado.gov/sites/default/files/rfi_fy_2025-26.pdf) (https://leg.colorado.gov/sites/default/files/rfi_fy_2025-26.pdf).

Requests Affecting Multiple Departments

None.

Department of Example Requests

- 20 Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Fort Logan – The Department is requested to provide by November 1, information on the current status of capital projects authorized by H.B. 22-1283 (Youth and Family Behavioral Health Care) and H.B. 22-1303 (Increase Residential Behavioral Health Beds), including the estimated timeline for project completion, and the estimated timeline for hiring new staff. Projects should include the youth neuro-psych facility established by H.B. 22-1283, and the G-wing renovation and State Residential Group Home beds established by H.B. 22-1303.

Comment: The response indicates that the Fort Logan G-wing and mental health transitional living home projects are complete and operational. The groundbreaking for the youth PRTF occurred on September 17, 2025. Construction is expected to be complete by late 2026 and ready for admission in early 2027. The Department awarded a contract for service provision in October 2025.

- 21 Department of Human Services, Office of Civil and Forensic Mental Health, Consent Decree Fines and Fees – The Department is requested to provide by November 1 of each fiscal year, the actual monthly fines and fees paid by the Department in the prior fiscal year related to the Consent Decree resulting from the *Center for Legal Advocacy (d/b/a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)*.

Comment: The response includes the information provided in the table below.

RFI 21 Consent Decree Fines

Month	Fines Accrued	Fees Accrued	Fines and Fees Paid
July	\$2,711,500	\$29,177	\$2,740,677
August	2,309,400	42,732	2,352,132
September	2,195,800	13,779	2,209,579
October	2,215,500	31,234	2,246,734
November	2,640,000	27,418	2,477,598
December	2,330,400	16,362	16,362
January	2,733,300	19,635	19,635
February	2,706,600	28,369	28,369
March	3,201,700	26,688	26,688
April	3,791,100	22,275	22,275
May	4,215,100	30,797	30,797
June	1,047,500	20,865	20,865
Total	\$32,097,900	\$309,331	\$12,191,711

- 22 Department of Human Services, Office of Civil and Forensic Mental Health – The Department is requested to provide, by November 1 of each fiscal year, the following monthly data for the prior fiscal year related to competency caseload:

- The number of court ordered competency evaluations.
- The number of court ordered outpatient restoration services.
- The number of court ordered inpatient restoration services.
- The number of people on the competency restoration waitlist.
- The average wait time for competency evaluation.
- The range of wait time for competency evaluation.
- The average wait time for outpatient competency restoration services.
- The range of wait time for outpatient competency restoration services.
- The average wait time for inpatient competency restoration services.
- The range of wait time for inpatient competency restoration services.
- Estimated number of inpatient competency restoration beds.

Comment: The response includes the information provided below.

RFI 22 Competency Waitlist Data

Item	Amount
Total court ordered evals	3,596
Monthly wait list maximum (individuals)	357
Monthly wait list minimum (individuals)	208
Eval wait average: Jail (days)	16
Eval wait average: outpatient (days)	40

Item	Amount
Eval wait average: inpatient (days)	20
Restore wait average: inpatient (days)	68
Monthly max restore wait time (days)	461
Monthly min restore wait time (days)	372

The report also includes the following information about the number of inpatient competency restoration beds.

RFI 22 Competency Restoration Bed Counts

Month	Jail	Private	Fort Logan	Pueblo	Total
July	96	97	44	455	692
August	96	79	44	437	656
September	96	97	44	448	685
October	96	97	44	448	685
November	96	95	44	427	662
December	96	95	44	427	662
January	96	95	44	427	662
February	96	95	44	427	662
March	96	95	44	427	662
April	96	95	44	427	662
May	96	84	44	416	640
June	96	84	44	416	640

- 23 Department of Human Services, Office of Civil and Forensic Mental Health – The Department is requested to provide by November 1 of each fiscal year, a list of each transfer made in the previous fiscal year between division line items as authorized by FY 2024-25 Long Bill footnote 48. This information should include: the line item in which the funds originated, the line item to which the funds were transferred, the amount of each transfer, the fund split for each transfer, and the purpose of the transfer.

Comment: The response includes the following General Fund transfers.

Transfer From	Transfer To	Amount
Forensic Community Based Services	Pueblo personal services	\$1,360,045
Pueblo pharmaceuticals	Pueblo personal services	309,153
Pueblo capital outlay	Pueblo personal services	34,360
Fort Logan pharmaceuticals	Outpatient restoration	274,767
Pueblo contract medical services	Outpatient restoration	247,144
Forensic services quality assurance	Outpatient restoration	90,671
Fort Logan operating	Outpatient restoration	10,417
Pueblo operating	Fort Logan operating	455,577
Fort Logan personal services	Fort Logan contract medical services	415,269
Pueblo capital outlay	Purchased psychiatric beds	1,032
Fort Logan operating	Purchased psychiatric beds	4,943
Pueblo operating	Purchased psychiatric beds	76,057
Fort Logan personal services	Purchased psychiatric beds	165,450
Pueblo operating	Purchased psychiatric beds	92,527
Pueblo educational programs	Purchased psychiatric beds	1,139
Pueblo educational programs	Forensic services admin	716
Total		\$3,539,267

Department Annual Performance Report

Departments must publish an **Annual Performance Report**¹⁰ for the *previous state fiscal year* by November 1 of each year. This report summarizes the Department's performance plan and most recent performance evaluation. In addition, departments develop and submit a **Performance Plan**¹¹ for the *current fiscal year* to the Joint Budget Committee and the relevant Joint Committee of Reference by July 1 of each year.

Per statute¹², the Joint Budget Committee must consider performance plans submitted by departments and may prioritize budget requests intended to enhance productivity, improve efficiency, reduce costs, and eliminate waste. To find the performance plans, search the Office of State Planning and Budgeting website and select the [performance plan](http://www.colorado.gov/pacific/performancemanagement/department-performance-plans) (www.colorado.gov/pacific/performancemanagement/department-performance-plans)

¹⁰ Section 2-7-205, C.R.S.

¹¹ Section 2-7-204 (3)(a), C.R.S.

¹² Section 2-7-204 (6), C.R.S.

Appendix A: Numbers Pages

Appendix A details the actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. Appendix A organizes this information by line item and fund source.

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
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(6) Office of Civil and Forensic Mental Health

(A) Administration

Administration	<u>143,367</u>	<u>835,871</u>	<u>939,071</u>	<u>966,187</u>
FTE	42.8	15.2	4.0	4.0
General Fund	143,367	835,871	939,071	966,187
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

NOTE: An asterisk (*) indicates that the FY 2026-27 request for a line item is affected by one or more decision items.

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
Electronic Health Record and Pharmacy System	<u>2,403,802</u>	<u>2,364,771</u>	<u>2,871,718</u>	<u>2,871,718</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	2,403,802	2,364,771	2,871,718	2,871,718	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL - (A) Administration	2,547,169	3,200,642	3,810,789	3,837,905	0.7%
FTE	<u>42.8</u>	<u>15.2</u>	<u>4.0</u>	<u>4.0</u>	<u>0.0%</u>
General Fund	2,547,169	3,200,642	3,810,789	3,837,905	0.7%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

(B) Mental Health Institute - Ft. Logan

Personal Services	<u>44,484,996</u>	<u>47,002,807</u>	<u>55,176,947</u>	<u>56,085,889</u> *
FTE	257.5	0.0	385.6	386.6
General Fund	11,868,289	45,842,521	53,157,345	53,573,215
Cash Funds	32,584,829	1,065,860	1,861,650	2,266,386
Reappropriated Funds	31,878	94,426	157,952	246,288
Federal Funds	0	0	0	0

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
Contract Medical Services	<u>1,328,471</u>	<u>1,230,566</u>	<u>1,003,297</u>	<u>1,003,297</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	1,328,471	1,230,566	1,003,297	1,003,297	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Operating Expenses	<u>2,518,163</u>	<u>2,311,210</u>	<u>2,545,364</u>	<u>2,377,863</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	2,403,306	2,172,480	2,405,831	2,238,330	
Cash Funds	114,857	114,827	115,630	115,630	
Reappropriated Funds	0	23,903	23,903	23,903	
Federal Funds	0	0	0	0	
Capital Outlay	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	112,916	112,916	112,916	112,916	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Pharmaceuticals	<u>1,723,534</u>	<u>1,412,695</u>	<u>1,975,007</u>	<u>1,975,007</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	1,629,498	1,315,632	1,858,399	1,858,399	
Cash Funds	94,036	74,491	94,036	94,036	
Reappropriated Funds	0	22,572	22,572	22,572	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
SUBTOTAL - (B) Mental Health Institute - Ft. Logan	50,168,080	52,070,194	60,813,531	61,554,972	1.2%
<i>FTE</i>	<u>257.5</u>	<u>0.0</u>	<u>385.6</u>	<u>386.6</u>	<u>0.3%</u>
General Fund	17,342,480	50,674,115	58,537,788	58,786,157	0.4%
Cash Funds	32,793,722	1,255,178	2,071,316	2,476,052	19.5%
Reappropriated Funds	31,878	140,901	204,427	292,763	43.2%
Federal Funds	0	0	0	0	0.0%

(C) Mental Health Institute - Pueblo

Personal Services	<u>119,036,952</u>	<u>150,947,149</u>	<u>138,237,300</u>	<u>139,676,052</u> *
FTE	704.6	717.3	1,059.0	1,059.0
General Fund	20,343,955	142,283,750	125,414,736	123,383,530
Cash Funds	91,403,812	883,868	4,287,703	6,562,027
Reappropriated Funds	7,289,185	7,779,531	8,534,861	9,730,495
Federal Funds	0	0	0	0
Contract Medical Services	<u>2,279,175</u>	<u>2,510,519</u>	<u>2,784,664</u>	<u>2,784,664</u>
FTE	0.0	0.0	0.0	0.0
General Fund	2,279,175	2,510,519	2,784,664	2,784,664
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Operating Expenses	<u>8,861,263</u>	<u>8,434,907</u>	<u>9,038,217</u>	<u>9,038,217</u>
FTE	0.0	0.0	0.0	0.0
General Fund	5,284,527	3,728,117	4,395,918	4,395,918
Cash Funds	60,079	395,155	395,155	395,155
Reappropriated Funds	3,516,657	4,311,635	4,247,144	4,247,144
Federal Funds	0	0	0	0

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
Capital Outlay	<u>324,068</u>	<u>288,676</u>	<u>324,068</u>	<u>324,068</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	324,068	288,676	324,068	324,068	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Pharmaceuticals	<u>4,467,447</u>	<u>4,405,029</u>	<u>4,714,182</u>	<u>4,714,182</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	4,271,586	4,170,498	4,480,700	4,480,700	
Cash Funds	195,861	195,861	195,861	195,861	
Reappropriated Funds	0	38,670	37,621	37,621	
Federal Funds	0	0	0	0	
Educational Programs	<u>137,622</u>	<u>95,425</u>	<u>236,402</u>	<u>236,402</u>	
FTE	0.1	0.0	2.7	2.7	
General Fund	31,094	4,449	31,094	31,094	
Cash Funds	0	0	0	0	
Reappropriated Funds	91,776	76,123	205,308	205,308	
Federal Funds	14,752	14,853	0	0	
SUBTOTAL - (C) Mental Health Institute - Pueblo	135,106,527	166,681,705	155,334,833	156,773,585	0.9%
FTE	<u>704.7</u>	<u>717.3</u>	<u>1,061.7</u>	<u>1,061.7</u>	<u>0.0%</u>
General Fund	32,534,405	152,986,009	137,431,180	135,399,974	(1.5%)
Cash Funds	91,659,752	1,474,884	4,878,719	7,153,043	46.6%
Reappropriated Funds	10,897,618	12,205,959	13,024,934	14,220,568	9.2%
Federal Funds	14,752	14,853	0	0	0.0%

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
(D) Forensic Services					
Forensic Services Administration	<u>956,334</u>	<u>1,280,340</u>	<u>1,328,736</u>	<u>1,367,614</u>	
FTE	11.9	11.6	15.9	15.9	
General Fund	192,287	1,280,340	1,328,736	1,367,614	
Cash Funds	764,047	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Forensic Support Team	<u>1,933,714</u>	<u>3,119,439</u>	<u>2,551,541</u>	<u>2,600,192</u>	
FTE	20.4	25.2	28.0	28.0	
General Fund	491,795	3,119,439	2,551,541	2,600,192	
Cash Funds	1,441,919	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Court Services	<u>8,513,156</u>	<u>8,877,265</u>	<u>8,984,890</u>	<u>9,106,182</u>	
FTE	47.5	44.4	67.6	67.6	
General Fund	3,347,495	8,877,265	8,984,890	9,106,182	
Cash Funds	5,165,661	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Forensic Community-based Services	<u>2,934,469</u>	<u>3,079,847</u>	<u>4,560,186</u>	<u>4,313,802</u> *	
FTE	17.2	17.2	20.4	20.4	
General Fund	1,696,679	3,079,847	4,560,186	4,313,802	
Cash Funds	1,237,790	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
Jail-based Competency Restoration Program	<u>16,078,727</u>	<u>17,050,457</u>	<u>14,856,519</u>	<u>14,867,448</u>	
FTE	6.6	5.9	5.3	5.3	
General Fund	16,078,727	17,050,457	14,856,519	14,867,448	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Purchased Psychiatric Bed Capacity	<u>9,186,285</u>	<u>33,357,324</u>	<u>29,860,801</u>	<u>31,941,301</u> *	
FTE	0.1	0.0	1.0	1.0	
General Fund	9,186,285	33,357,324	29,860,801	31,941,301	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Outpatient Competency Restoration Program	<u>4,524,561</u>	<u>5,140,063</u>	<u>4,513,757</u>	<u>4,525,926</u>	
FTE	5.3	0.0	3.0	3.0	
General Fund	4,524,561	5,140,063	4,513,757	4,525,926	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Quality Assurance	<u>30,546</u>	<u>298,757</u>	<u>393,605</u>	<u>400,127</u>	
FTE	1.5	0.0	6.0	6.0	
General Fund	30,546	298,757	393,605	400,127	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
SUBTOTAL - (D) Forensic Services	44,157,792	72,203,492	67,050,035	69,122,592	3.1%
<i>FTE</i>	<u>110.5</u>	<u>104.3</u>	<u>147.2</u>	<u>147.2</u>	<u>0.0%</u>
General Fund	35,548,375	72,203,492	67,050,035	69,122,592	3.1%
Cash Funds	8,609,417	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

(E) Consent Decree Fines and Costs

Consent Decree Fines and Costs	<u>11,787,297</u>	<u>12,191,716</u>	<u>12,508,556</u>	<u>12,508,556</u>	
<i>FTE</i>	0.0	0.0	0.0	0.0	
General Fund	11,787,297	12,191,716	12,508,556	12,508,556	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL - (E) Consent Decree Fines and Costs	11,787,297	12,191,716	12,508,556	12,508,556	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	11,787,297	12,191,716	12,508,556	12,508,556	0.0%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
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(F) Mental Health Transitional Living Homes

Mental Health Transitional Living Homes	0	8,609,377	17,145,935	17,159,254	*
FTE	0.0	8.1	53.2	53.2	
General Fund	0	8,609,377	11,980,905	11,994,224	
Cash Funds	0	0	0	5,165,030	
Reappropriated Funds	0	0	5,165,030	0	
Federal Funds	0	0	0	0	

SUBTOTAL - (F) Mental Health Transitional Living Homes	0	8,609,377	17,145,935	17,159,254	0.1%
FTE	0.0	8.1	53.2	53.2	0.0%
General Fund	0	8,609,377	11,980,905	11,994,224	0.1%
Cash Funds	0	0	0	5,165,030	0.0%
Reappropriated Funds	0	0	5,165,030	0	(100.0%)
Federal Funds	0	0	0	0	0.0%

(G) Youth Psychiatric Residential Treatment Facility

Youth Psychiatric Residential Treatment Facility	0	0	0	5,410,793	
FTE	0.0	0.0	0.0	6.3	
General Fund	0	0	0	5,410,793	

SUBTOTAL - (G) Youth Psychiatric Residential Treatment Facility	0	0	0	5,410,793	NaN
FTE	0.0	0.0	0.0	6.3	NaN
General Fund	0	0	0	5,410,793	0.0%

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2026-27 Request	Request vs. Appropriation
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(H) Indirect Cost Assessment

Indirect Cost Assessment	2,232,857	6,399,467	3,494,888	3,068,665	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	892,983	4,839,132	1,945,295	1,708,056	
Reappropriated Funds	1,339,874	1,560,335	1,549,593	1,360,609	
Federal Funds	0	0	0	0	
SUBTOTAL - (H) Indirect Cost Assessment	2,232,857	6,399,467	3,494,888	3,068,665	(12.2%)
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	892,983	4,839,132	1,945,295	1,708,056	(12.2%)
Reappropriated Funds	1,339,874	1,560,335	1,549,593	1,360,609	(12.2%)
Federal Funds	0	0	0	0	0.0%
TOTAL - (6) Office of Behavioral Health	245,999,722	321,356,593	320,158,567	329,436,322	2.9%
FTE	1,115.5	844.9	1,651.7	1,659.0	0.4%
General Fund	99,759,726	299,865,351	291,319,253	297,060,201	2.0%
Cash Funds	133,955,874	7,569,194	8,895,330	16,502,181	85.5%
Reappropriated Funds	12,269,370	13,907,195	19,943,984	15,873,940	(20.4%)
Federal Funds	14,752	14,853	0	0	0.0%

Appendix B: DHS Total Staff Reduction Options

Staff will present budget reduction options by division in four separate briefing documents. The table below provides all staff options presented for the entire Department. Options are roughly ordered by staff's assessment of options that are the least to most impactful to health, life, and safety for vulnerable populations.

A General Fund reduction of 5.0 percent to the Department of Human Services would require a reduction of \$66.1 million.

Option	General Fund	Other Funds	Bill? Y/N	Description	Division
Revenue Enhancements					
ARPA Reversions	\$0	\$0	Y	\$13.8 million that originated as ARPA remains unencumbered. Funds are obligated, and any reduction is expected to prevent reimbursement to grant awardees at this time.	DHS
Subtotal - Revenue	\$0	\$0			
Expenditure Reductions					
IT systems interoperability	-\$600,000	\$0	N	Based on FY 24-25 reversion	AF
One-time admin cash refinance	-500,000	500,000	N	Continue one-time refinance of GF for admin costs from various cash funds.	BHA
91-94 Programs (CYDC)	-150,000	0	N	Based on FY 24-25 reversion	OCYF
DYS contract placements	-400,000	0	N	Reduced in FY 25-26, amount based on FY 25-26 compared to FY 24-25 actual	OCYF
Reduce case management for foster housing vouchers	-500,000	0	N	Case management needs may be less than assumed in SB23-082	OCYF
Repeal rural vouchers	-50,000	0	Y	Repeal rural BH vouchers from SB 21-137.	BHA
5% Divisional admin reduction	-75,309	-159,320	N	Reduction based on FY 25-26 appropriation	OES
5% Adult financial programs admin reduction	-21,345	-6,413	N	Reduction based on FY 25-26 appropriation	OAADS
5% Child support services admin reduction	-203,744	-488,738	N	Reduction based on FY 25-26 appropriation	OES
5% Adult protective services admin reduction	-75,190	-3,505	N	Reduction based on FY 25-26 appropriation	OAADS
5% Community services for the elderly administration	-53,289	-64,435	N	Reduction based on FY 25-26 appropriation	OAADS
Reduce Food Distribution Program	-74,151	0	N	45% reduction, based on FY 24-25 reversion	OES
Reduce county tax base relief	-1,293,252	0	N	33% reduction, based on FY 24-25 reversion	OES
Eliminate CMP GF	-2,965,039	0	N	Eliminates GF, maintains \$3.7m CF for county collaborative management incentives	OCYF
Eliminate TGYS GF	-1,835,264	0	N	Eliminates GF, maintains \$9.9m CF, impacts FY 26-27 grant awards for Tony Grampas program	OCYF
1% Jail-based reduction	-72,415	0	N	Base reduction for jail-based BH services.	BHA

Option	General Fund	Other Funds	Bill? Y/N	Description	Division
1% BH community services reduction	-300,640	0	N	Base reduction for community mental health safety net providers.	BHA
1% SUD reduction	-158,715	0	N	Base reduction for substance use treatment.	BHA
1% Core services reduction	-511,228	-226,212	N	County capped allocation, underspends but backfills over-expenditure in the block	OCYF
5% OIT reduction	-1,388,559	-1,698,805	N	5% Base reduction, no reduction in FY 25-26	AF
1% Community transition reduction	-79,459	0	N	Base reduction for support services to transition from hospitalization.	BHA
1% crisis reduction	-313,277	0	N	Base reduction for crisis services.	BHA
Reduce CW public awareness campaign	-500,000	0	N	50% reduction for child abuse and neglect hotline public awareness	OCYF
Reduce care coordination	-750,000	0	Y	50% reduction for BHA care coordination. Legislation may be preferred to reduce statutory responsibilities.	BHA
Forensic community services	-1,000,000	0	N	Based on FY 24-25 transfer.	OCFMH
Pharmaceuticals	-500,000	0	N	Based on FY 24-25 transfer.	OCFMH
Reduce Transitional Jobs Program	-1,304,502	0	N	50% reduction to FY 25-26 appropriation	OES
Reduce Colorado Diaper Distribution Program	-500,000	0	N	33% reduction to FY 25-26 appropriation	OES
Reduce Community Food Assistance Provider Grant Program	-500,000	0	N	25% reduction to FY 25-26 appropriation	OES
Reduce CW residential IDD placements	-500,000	0	N	Reduces contracts for child welfare residential IDD placements	OCYF
Reduce non-certified kinship payments to 30% foster care rate	-3,517,555	-351,755	Y	Based on FY 24-25 expenditures, likely under-estimated due to increasing caseloads	OCYF
1% DYS Secure facility reduction	-918,239	20,210	N	Base reduction	OCYF
5% Jail-based reduction	-5,825,400	0	N	5% base reduction	OCFMH
Reduce 16 private hospital beds	-6,648,574	0	N	Reduce private hospital forensic bed contracts from approx. 84 to 68	OCFMH
Reduce county staffing reimbursement to 80%	-1,024,226	1,024,226	Y	Based on 24-25 expenditures, not appropriation	OCYF
Reduce RGAP county reimbursement to 80%	-4,168,083	4,168,083	Y	Based on 24-25 expenditures, not appropriation	OCYF
Reduce State Funding for Senior Services base	-144,877	0	N	1% reduction to state funding for Area Agencies on Aging	OAADS
Reduce VCLC base	-27,739	0	N	1% reduction to the four state run VCLCs and the Homelake Veterans Cemetery	OAADS
Reduce Regional Centers base	-6,005	0	N	1% reduction to the Grand Junction and Pueblo Regional Centers waiver funding.	OAADS
Eliminate non-certified kinship payments	-5,107,657	-510,766	Y	Remainder of non-certified payment cost from reduction to 30% above. May be GF or TANF	OCYF
Repeal HB 22-1374 Foster education opportunities	-1,482,485	0	Y	Requires legislation to repeal, not to reduce	OCYF
Repeal HB 21-1094 Foster Youth Transition Grant	-1,134,609	-1,134,609	Y	Requires legislation to repeal, not to reduce	OCYF
Repeal HB 23-1307 DYS provider incentives	-1,780,137	0	Y	Requires legislation to repeal or reduce	OCYF
Repeal HB 24-1038 High acuity provider incentives	-2,606,976	0	Y	Requires legislation to repeal, not to reduce	OCYF

Option	General Fund	Other Funds	Bill? Y/N	Description	Division
5% IMatter reduction	-250,000	0	N	IMatter provides 6 free therapy sessions to school-aged youth.	BHA
Eliminate youth homelessness prevention	-4,126,499	-809,935	Y	Includes lost federal reimbursement	OCYF
Repeal recovery certification	-200,000	0	Y	Repeal contracted recovery certification from SB 21-137.	BHA
6% Housing support reduction	-250,000	0	N	Reduce SUD housing grant from SB 21-137.	BHA
Reduce Brain Injury Trust Fund	-\$225,000	0	N	50% reduction to FY 25-26 appropriation. The Trust Fund is estimated to end FY 2025-26 with a balance of \$1.4 million.	OAADS
Reduce Central Fund for VCLCs	-400,000	0	N	50% reduction to FY 25-26 appropriation	OAADS
Close forensic hospital unit	-6,648,574	0	N	Based on Fort Logan G-wing appropriation.	OCFMH
Repeal High acuity youth room & board	-5,929,104	0	Y	Eliminate room and board for high acuity youth from HB 23-1038.	BHA
Subtotal - Expenditures	-\$69,597,117	\$258,026			
Net General Fund Relief	\$69,597,117				