Schedule 13
Change Request for FY 08-09 Budget Request Cycle

Decision Item FY 08-09 ☑ Base Reduction Item FY 08-09 ☐ Supplemental FY 07-08 ☐ Budget Request Amendment FY 08-09 ☐

Request Title: Covering Mental Health Services for Indigent Clients

Department: Human Services

Priority Number: 10

Dept. Approval by: Reginald Jefferson Date: 10/17/07

OSPB Approval: Date: 10/22/07 for 11/1/07

	Fund	1 Prior-Year Actual FY 06-07	2 Appropriation FY 07-08	3 Supplemental Request FY 07-08	4 Total Revised Request FY 07-08	5 Base Request FY 08-09	6 Decision/ Base Reduction FY 08-09	November 1 Request FY 08-09	8 Budget Amendment FY 08-09	9 Total Revised Request FY 08-09	10 Change from Base (Column 5) FY 09-10
Total of All Line Items	Total	36,023,738	37,534,243	0	37,534,243	37,534,243	2,998,464	40,532,707	0	40,532,707	2,998,464
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	30,065,061	31,389,126	0	31,389,126	31,389,126	2,998,464	34,387,590	0	34,387,590	2,998,464
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	0	161,909	0	161,909	161,909	0	161,909	0	161,909	0
	FF	5,958,677	5,983,208	0	5,983,208	5,983,208	0	5,983,208	0	5,983,208	0
	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	30,065,061	31,389,126	0	31,389,126	31,389,126	2,998,464	34,387,590	0	34,387,590	2,998,464
(8) Mental Health & Alcohol & Drug Abuse Services (B) Mental Health Community Programs (1) Mental Health Service for the Medically Indigen Services for 10,296 Indigent Mentally Ill Clients	Total	36,023,738	37,534,243	0	37,534,243	37,534,243	2,998,464	40,532,707	0	40,532,707	2,998,464
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	30,065,061	31,389,126	0	31,389,126	31,389,126	2,998,464	34,387,590	0	34,387,590	2,998,464
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	0	161,909	0	161,909	161,909	0	161,909	0	161,909	0
	FF	5,958,677	5,983,208	0	5,983,208	5,983,208	0	5,983,208	0	5,983,208	0
	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	30,065,061	31,389,126	0	31,389,126	31,389,126	2,998,464	34,387,590	0	34,387,590	2,998,464

Letternote revised text:

Cash Fund name/number, Federal Fund Grant name:

IT Request: ☐ Yes ☑ No

Request Affects Other Departments: ☐ Yes ☑ No If Yes, List Other Departments Here:

CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Colorado Department of Human Services
Priority Number:	10
Change Request Title:	Covering Mental Health Services for Indigent Clients

SELECT ONE (click on box):

☒ Decision Item FY 08-09
☐ Base Reduction Item FY 08-09
☐ Supplemental Request FY 07-08
☐ Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

☒ Not a Supplemental or Budget Request Amendment
☐ An emergency
☐ A technical error which has a substantial effect on the operation of the program
☐ New data resulting in substantial changes in funding needs
☐ Unforeseen contingency such as a significant workload change

Short Summary of Request:

The purpose of this request is to provide public community mental health services to 966 additional clients, including children with serious emotional disturbance (SED) and adults with serious mental illness (SMI), who live under 300 percent of the federal poverty level (FPL), and who do not currently receive care in any system. The total annual request is $2,998,464. The rate used to calculate the increase in number of clients served is $3,104 per client.

Background and Appropriation History:

The "(8) Mental Health and Alcohol and Drug Abuse Services; (B) Mental Health Community Programs; (1) Mental Health Services for the Medically Indigent; Services for 10,296 Indigent Mentally Ill Clients" budget line item provides various mental health services to non-Medicaid eligible, indigent clients through services provided by various agencies such as Licensed Community Mental Health Centers, Licensed Mental Health Clinics and support services provided by mental health consumer organizations (e.g. Mental Health Planning and Advisory Council, Mental Health America, Federation for Families, and National Association for the Mentally Ill). At the beginning of FY 2007-08, funding for this line item consist of 83.6% General Fund, approximately 16% federal

funds and approximately 0.4% cash funds exempt funds from the Division of Vocational Rehabilitation.

Recent and significant changes in the appropriations to this budget line item include the following actions: approval of FY 2007-08 decision item ($1,372,788); annualization of FY 2006-07 supplemental budget initiatives to move and add to the former "Goebel Lawsuit" appropriations to this line item $6,981,062; FY 2005-06 ($1,450,000) and FY 2006-07 ($4,350,000) State General Fund restoration; $900,000 for cost sharing of mental health center inpatient facilities (Durango and Grand Junction); and updates in federal grant spending authority and yearly provider cost of living increases.

The table below is a five-year expenditure/appropriations history of this line item.

	FY 2004-05 Actual	**FY 2005-06 Actual**	**FY 2006-07 Actual**	**FY 2007-08 Appropriation**	**FY 2008-09 Request**
Total	$20,670,213	$22,590,843	$36,023,738	$37,534,243	$40,532,707
General Fund	$15,069,799	$16,821,195	$30,065,061	$31,389,126	$34,387,590
Cash Funds	$0	$0	$0	$0	$0
Cash Funds Exempt	$0	$0	$0	$161,909	$161,909
Federal Funds	$5,600,413	5,769,648	$5,958,677	$5,983,208	$5,983,208

General Description of Request:

This request seeks funding to increase the number of Coloradoans served in the public mental health system who are indigent and who have a serious mental illness. It is critical that Colorado specifically address the estimated unmet need for mental health services for citizens with the most severe mental illnesses, who, if adequate resources and outreach were available, would actively seek said services. Untreated substance use and mental health disorders are expensive. The social and financial impacts of untreated mental illnesses is felt across a multitude of systems, such as child welfare, primary and secondary education, community hospitals, juvenile justice, employment, or the adult criminal justice system.

In 2002, the Department, with support from the General Assembly, studied the prevalence of mental illness and the met and unmet need for public mental health services.[1] The Colorado "Population-in-Need" study, performed by national experts from the Bristol Observatory and Western Interstate Commission on Higher Education, is a nationally recognized and validated method of estimating the mental health needs of Coloradoans and is considered to be "leading edge" in the field. Based on the 2002 "Population-in-Need" study, the Department estimates that 66,453 persons (approximately 36,412 adults and 30,041 children), living under 300 percent of the federal poverty level have a serious emotional disturbance or a serious mental illness and are currently not receiving services in any system. The most seriously affected children are defined under Federal regulations as having "serious emotional disturbance," which is a diagnosable disorder that severely disrupts social, academic, and emotional functioning. About 7-9 percent of all children (ages 9 to 17) have serious emotional disturbance. This translates to one or two children with serious emotional problems in virtually every classroom. The mental health service delivery system in many communities is more fragmented for children than for adults with uncoordinated funding streams and differing eligibility requirements. All of these problems are disproportionately worse for children who are ethnic and racial minorities.[2]

Due to limited funding, the community mental health centers have not been able to meet the demand for public mental health services. For example, some clients receive inadequate levels of care or are denied access to more effective, yet more expensive, medications. Between FY 1999-00 and FY 2004-05, the unduplicated number of non-Medicaid eligible children served has declined from 11,094 to 8,592 (22.5 percent). The number of non-Medicaid eligible adults served during the same time period declined by 15.3 percent, from 29,943 to 25,371 persons. FY 2006-07 numbers of persons served are not yet available; however, the Department expects to see more persons served due to the restoration of General Fund dollars and an appropriated cost of living rate increase.

[1] Colorado Department of Human Services, Division of Mental Health, Population in Need study, 2002.
[2] Department of Health and Human Services (DHHS), 2001.

The impact of persons with untreated mental illness has been evidenced in the growing population within the juvenile justice and adult criminal justice systems. In addition, untreated mental illness drives increased costs in health care (e.g., emergency room visits and psychiatric hospital inpatient admissions), education (e.g., rates of truancy and drop outs), and employment (e.g., rates of absenteeism and unemployment). Of note, data collected nationally through the federal Data Infrastructure and Mental Health Block Grants underscores Colorado's low rate of utilization of community mental health services in FY 2005-06. Compared to rest of the United States, the rate of mental health service utilization in Colorado is 13.7 per 1,000 people; the average U. S. mental health service utilization rate is 18.58 per 1,000 people (Center for Mental Health Services, FY 2005-06 National Outcome Measures, Uniform Reporting System).

Other, more expensive public systems have experienced increases in the number of persons with mental illness during the same time period that the mental health system sustained substantial budget cuts and declines in the number of people served. According to data collected by the Mental Health Association of Colorado through its *Summit Project*:

- The number of offenders in the State prison system diagnosed with a serious mental illness has grown more than 550% in the past decade.[3] The average annual cost per inmate in the Department of Corrections is $27,588[4]; whereas, the average annual cost per offender (both male and female offenders) of probation is $6,928.[5] (Please note that Department of Corrections does not generally house offenders with serious mental illness in private prisons; therefore the average annual rate from State prisons was used for comparison.) For offenders coming out of jails and prisons, community supervision reduces repeat arrests by 44 percent.[6] In addition, recently released offenders who

[3] Colorado Department of Corrections, FY 2006-07, Statistical Report.
[4] Ibid.
[5] Colorado Department of Corrections; Colorado Department of Human Services, Division of Mental Health.
[6] Ibid.

participate in community-based, Assertive Community Treatment (ACT) are less likely to return to jail or prison than those not participating in ACT.[7]

- In FY 2003-04, 40 percent of committed youth were assessed on the Colorado Client Assessment Record (CCAR) as having 'high-moderate' to 'severe' mental health needs, a four percent increase from FY 2002-03.[8] The Division of Youth Corrections (DYC) estimates this population has continued to grow in FY 2004-05 to 41 percent of the committed youth population. The average annual cost of a DYC placement is $69,444, compared to annual costs of community-based mental health services for children with serious emotional disturbance ($3,200) and adults with serious mental illness ($3,063).[9]
- Over a three-year period (2001-2003), hospitals surveyed reported an 83 percent increase in the number of mental health and substance abuse emergency department admissions (for both Medicaid-eligible and indigent populations).[10] Uncompensated emergency room visits often translate to increases in health care costs for the general population. "The greater the percentage of patients whose care is unfunded, the more a hospital will need to collect from other patients or payers to make up for these losses and meet its financial requirements."[11]
- From 1999 to 2003, community health centers and clinics experienced an increase of 133 percent in the number of mental health encounters, further demonstrating an increase in demand for mental health services.[12]

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[7] Ibid.
[8] Colorado Department of Human Services, Division of Youth Corrections.
[9] Colorado Department of Human Services, Division of Youth Corrections; Average FY 2007-08 daily cost is $190.26.
[10] Mental Health Association of Colorado. (2004). The Impact of the State Budget Cuts on Mental Health and Substance Abuse in Colorado; http://www.mhacolorado.org/pdf/Policy%20Docs/Summit%20Doc%20FULL.pdf.)
[11] Colorado Health and Hospital Association, *Reference Guide to Hospital Financial and Utilization Data 2002 & 2003.*
[12] Mental Health Association of Colorado. (2004). *The Impact of the State Budget Cuts on Mental Health and Substance Abuse in Colorado*; (http://www.mhacolorado.org/pdf/Policy%20Docs/Summit%20Doc%20FULL.pdf.)

Additional funding to the public mental health system would significantly reduce the number of children with serious emotional disturbance and adults with serious mental illness who would otherwise not access or be denied access to mental health treatment services. In the short and long term, the Department would be able to ensure appropriate early intervention and mental health care to the public who needs it and markedly reduce the number of persons with mental illness who end up accessing less appropriate and, often, more costly systems of care.

Beginning FY 2006-07, the Department has funded an update of its "Population in Need (PIN)" study that will serve as a basis for requesting new resources and making allocations to contractors. The initial phase of the PIN study should be available November 2007 and will for the first time include prevalence estimates of substance use disorders and co-occurring disorders in addition to estimates of serious mental illness and serious emotional disturbance for the population living at or below 300% of the federal poverty level. The second phase of the study will generate better estimates of utilization of services and unmet need. The final stage of the study will examine the demand for services in the Colorado population.

The Department plans to utilize the findings of the updated PIN study as early as it is feasible to request new resources and to make new funding allocations of funding to its providers. The degree to which the Department is able to incorporate the changes into its contracts for FY 2008-09 will depend upon the timing of the final report and the magnitude of the findings in the PIN study. In addition, the Department will need to retain flexibility in its allocation methodology in order to develop and support evidence-based practices and corresponding pricing structures. The Department is interested in both funding capacity statewide to deliver mental health services and targeting funds to address priority issues and outcomes.

Consequences if Not Funded:

Should this request not be funded, the Department will continue to administer and monitor community mental health programs that serve children with serious emotional disturbances and adults with serious mental illness. Within available resources, the Department will make efforts to periodically update the estimated number of Coloradoans

in need (as stated earlier, the Department is currently updating the 2002 "Population-in-Need" study), and to leverage the delivery of mental health services in other systems. There are fiscal consequences associated with not funding this request. Most notably, failure to fund this request will result in a continued shift of the costs to deliver mental health services to other private and government funded systems (i.e., local community health clinics, hospitals, homeless service providers, schools, county jails, the Division of Youth Corrections, and the Department of Corrections).

The following statistics have been presented by the Division of Mental Health in various documents, and reveal the potential costs that could be avoided by funding this request:

- Studies show that for offenders on community supervision, mental health treatment decreases repeat arrests by 44%.
- The daily cost of incarceration at the state's San Carlos facility is $163.76 compared with $18.98 in probation with mental health treatment. Likewise, the annual cost of incarceration at San Carlos is $59,722 compared with $6,928 in probation with mental health treatment.
- Youth who are at-risk of or in the juvenile justice system experience a 38.7 percent decrease in costs in other systems while receiving community based mental health services.
- Serving adults in the community mental health system results in 91.3 percent maintaining their employment and 18.61 percent gaining a part-time, full-time or military job.

Calculations for Request:

Summary of Request FY 08-09	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	$2,998,464	$2,998,464	$0	$0	$0	0.0
(8) Mental Health and Alcohol and Drug Abuse Services (B) Mental Health Community Programs (1) Mental Health Services for the Medically Indigent Services for 10,296 Indigent Mentally Ill Clients	$2,998,464	$2,998,464	$0	$0	$0	0.0

Summary of Request FY 09-10	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	$2,998,464	$2,998,464	$0	$0	$0	0.0
(8) Mental Health and Alcohol and Drug Abuse Services (B) Mental Health Community Programs (1) Mental Health Services for the Medically Indigent Services for 10,296 Indigent Mentally Ill Clients	$2,998,464	$2,998,464	$0	$0	$0	0.0

Assumptions for Calculations:

The average cost per person served reflects the 'case mix' represented in the populations served by community mental health centers (CMHCs). This approach allows a cost estimate for providing services to different populations based on the severity of their illness and their age, which are significant predictors of cost of treatment, and are key components of the Department's "Population in Need" study.

These averages are derived by taking the units of service delivered (as reported by the CMHCs) for each severity and age group, multiplied by the established cost for that mental health service or the cost for a similar service, and then dividing by the number of persons served in the respective severity and age group.

For the purpose of this request the average cost per person is calculated at $3,104, which assumes the estimated FY 2008-09 cost of living increase of 1.35 percent applied to the Department's current FY 2007-08 contract service rate of $3,063. The current FY 2007-08 contractual rate is calculated using the FY 2006-07 rate plus the FY 2007-08 1.5 percent cost of living increase. It is estimated that the rate of $3,104 will be effective July 1, 2008.

Requested Alternative Costs, Services to Non-Medicaid individuals

Number of persons served	966
Average cost per person served	$3,104
Total FY 2008-09 request	$2,998,464

Impact on Other Government Agencies: As mentioned above, the costs of preventing and treating mental illness at the community level is more cost effective than having children with serious emotional disturbances and adults with serious mental illness be admitted to inpatient psychiatric hospital units or commit crimes and enter the juvenile justice and criminal justice systems.

Cost Benefit Analysis:

Community Mental Health Services	**$2,998,464 (based on service delivery cost of $3,104 x 966 persons served)**		
Reduction in use of criminal/juvenile justice systems	**Adults**	**Children**	**SOURCE**
Projected number served	754	212	Based on percentage of adults and children served, FY 2005-06
Estimated percent who will enter the justice system	10.34	9.06	FY 05-06 CCAR data: percent reporting contact with justice system during past year
Estimated number who will enter the justice system	78	19	
Average # days reduction in incarceration/ detention	13.07	2.1	ADULTS: Assertive Community Treatment (ACT) showed an avg. reduction of 13.07 days of incarceration. CHILDREN: Avg. reduction per youth in detention days during community treatment from H.B. 00-1034 (CDHS, 11/04 Report).
Total estimated reduction of days incarcerated	1,019.5	39.9	
Average cost per day	$75.58	$190.26	$75.58 avg. daily cost for DOC; $190.26 avg. daily cost of DYC (FY 2007-08; this includes Medicaid payment of $19.06).
Subtotal Benefits/Costs Avoided: Justice System	**$77,054**	**$7,591**	
Reduction in inpatient psychiatric hospitalization	**Adults**	**Children**	**SOURCE**
Projected number served	754	212	Based on percentage of adults and children served FY 2005-06
Average reduction of inpatient days	21.7	0.3	ADULTS: ACT clients demonstrated an avg. reduction of 21.66 hospital days. CHILDREN: Avg. reduction of inpatient hospitalization days for youth in H.B. 00-1034 program.
Total estimated reduction of inpatient days	16,361.8	63.6	
Average cost of inpatient hospitalization	$500	$800	Average daily cost of inpatient hospitalization at the State Hospitals.
Subtotal Benefits/Costs Avoided: Hospitalization	**$8,180,900**	**$50,880**	
TOTAL Benefits/Costs Avoided	**$8,257,954**	**$58,471**	
TOTAL Benefits/Costs Avoided (adults & children)	**$8,316,425**		
Estimated Net Benefits (Service Dollars Only)	**$5,317,961**		

Assumptions of Benefits/Analysis:

Reduction in use of criminal/juvenile justice systems: These assumptions are conservative and do not include data on other criminal or juvenile justice costs, such as additional court filings, probation/parole costs or other law enforcement or court costs, and do not include estimates of days incarcerated in Department of Corrections facilities, which are typically higher than the cost of jail incarceration. ACT program participants represent adults with the highest treatment needs. Reduction in inpatient hospitalization is based on the costs associated with youth and adults who are hospitalized at the State Mental Health Institutes. In comparison, costs for hospitalization at community or private facilities are generally higher on average.

Implementation Schedule:

Task	Month/Year
Internal Research/Planning Period	January – April 2008
Contract Written	April 2008
Contract Signed	May 2008
Start-Up Date	July 1, 2008

Statutory and Federal Authority:

Sections 27-1-203 and 204, C.R.S. (2007) apply to this decision item.

27-1-203. Community mental health services - purchase program: In order to encourage the development of preventive, treatment, and rehabilitative services through new community mental health programs, the improvement and expansion of existing community mental health services, and the integration of community with state mental health services, there is established a program to purchase community mental health services by the Department of Human Services.

27-1-204 Types of services purchased - limitation on payments - offender mental health services fund: (1) Community mental health services may be purchased from clinics, community mental health centers, local general or psychiatric hospitals, and other

agencies, which have been approved by the executive director of the Department of Human Services for such purchase.

(2) and (3) Repealed.

(4) (a) Each year the general assembly shall appropriate funds for the purchase of mental health services from:

(I) Community mental health centers;

(II) Agencies that provide specialized clinic-type services but do not serve a specific designated service area; and

(III) Acute treatment units.

(b) The funds appropriated for the purposes of this subsection (4) shall be distributed by the executive director of the Department of Human Services to approved community mental health centers and other agencies on the basis of need and in accordance with the services provided.

(5) Each year the general assembly may appropriate funds in addition to those appropriated for purposes of subsection (4) of this section which may be used by the executive director of the Department of Human Services to assist community mental health clinics and centers in instituting innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The executive director of the Department of Human Services shall require that any innovative or crisis programs for which funds are allocated under this subsection (5) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of funds to be provided.

(5.5) The offender mental health services fund is hereby created in the state treasury. The principal of the fund shall consist of tobacco litigation settlement moneys transferred by

the state treasurer to the fund in accordance with section 24-75-1104.5 (1.5) (a) (II), C.R.S., for the purchase of mental health services for juvenile and adult offenders who have mental health problems and are involved in the criminal justice system. The division of mental health in the Department of Human Services, subject to annual appropriation by the general assembly, shall distribute the principal of the fund to the community mental health centers; except that, at the end of the 2007-08 fiscal year and at the end of each fiscal year thereafter, all unexpended and unencumbered principal of the fund shall be transferred to the short-term innovative health program grant fund created in section 25-36-101 (2), C.R.S., in accordance with section 24-75-1104.5 (1.5) (b), C.R.S. Interest and income earned on the deposit and investment of moneys in the offender mental health services fund shall be credited to the fund and shall remain in the fund until the end of the fiscal year in which credited, when it shall be transferred to the short-term innovative health program grant fund.

(6) If there is a reduction in the financial support of local governmental bodies for community mental health services, the executive director of the Department of Human Services is authorized to reduce state payments for services in an amount proportional to the reduction in such local financial support.

(7) Repealed.

(8) For purposes of entering into a cooperative purchasing agreement pursuant to section 24-110-201, C.R.S., a nonprofit community mental health center or a nonprofit community mental health clinic may be certified as a local public procurement unit as provided in section 24-110-207.5, C.R.S.

Performance Measures:

This request for community mental health services directly aligns with the Department's mission, "to design and deliver quality human services that improve the safety and independence of the people of Colorado," and the Department's principles, specifically, "identifying the critical needs of our customers, devoting our resources to meeting those needs, and being accountable for the outcomes of our services."

The Department places a high value on the health and well being of Coloradoans and in doing so, has earmarked improvement in mental health functioning as a Departmental performance measure.

III. Health and Well-Being

Improve the level of physical, mental and social functioning of individuals.

Department Measure: Increase the percent of clients/consumers showing improved functioning.

- *Performance Measure 5:*
  Reduce overall symptom severity of persons with mental illness served in the public mental health system.

- *Description of Metrics:*
  Change in scores on overall symptom severity scale of Colorado Client Assessment Record (CCAR).

Furthermore, the performance measures for CDHS, Behavioral Health Services-Division of Mental Health are as follows:

Program	Performance Measure	Outcome	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Current	FY 2008-09 Request
Division of Mental Health	Increase the level of functioning in employment of persons treated for mental illness in the public mental health system.	**Benchmark**	23.1%	23.8%	24.6%	25.4%
		Actual	26.3%	*	NA	NA

Program	Performance Measure	Outcome	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Current	FY 2008-09 Request
Division of Mental Health	Increase the level of functioning in school performance of persons treated for mental illness in the public mental health system.	**Benchmark**	85.0%	85.0%	85.0%	85.0%
		Actual	85.0%	*	NA	NA

Program	Performance Measure	Outcome	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Current	FY 2008-09 Request
Division of Mental Health	Increase the level of functioning in independent living of persons treated for mental illness in the public mental health system.	**Benchmark**	78.0%	79.0%	80.0%	81.0%
		Actual	79.5%	*	NA	NA

* Due to technical problems with the IT database, FY 2006-07 actual data are pending completion of Colorado Client Assessment Record (CCAR) data collection and validation. The Department expects that data will be available and reported by November 1, 2007.

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