

**JBC STAFF FISCAL ANALYSIS
SENATE APPROPRIATIONS COMMITTEE**

CONCERNING THE IMPROVEMENT OF ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS AT RISK OF INSTITUTIONALIZATION.

Prime Sponsors: Sens. Lee and Story
Reps. Esgar and Landgraf

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Fiscal Impact of Bill as Amended to Date

The most recent Legislative Council Staff Fiscal Note (attached) reflects the fiscal impact of the bill as of 04/08/19.

XXX	No Change: Attached LCS Fiscal Note accurately reflects the fiscal impact of the bill
	Update: Fiscal impact has changed due to <i>new information or technical issues</i>
	Update: Fiscal impact has changed due to <i>amendment adopted</i> after LCS Fiscal Note was prepared
	Non-Concurrence: JBC Staff and Legislative Council Staff disagree about the fiscal impact of the bill

The Judiciary Committee Report (04/12/19) includes amendments to the bill, however, Legislative Council Staff and JBC Staff agree that the committee amendments do not change the fiscal impact of the bill.

Amendments in This Packet for Consideration by Appropriations Committee

Amendment	Description
J.001	Staff-prepared appropriation amendment

Current Appropriations Clause in Bill

The bill requires but does not contain an appropriation clause.

Description of Amendments in This Packet

J.001 Staff has prepared amendment **J.001** (attached) to add a provision appropriating a total of \$75,000 to the Department of Health Care Policy and Financing for FY 2019-20, including \$51,000 General Fund and \$24,000 cash funds from the Healthcare Affordability and Sustainability Fee Cash Fund. This provision also states that the appropriation is based on the assumption that the Department will receive \$75,000 federal funds to implement the act.

This amendment also adds a provision stating that the General Assembly anticipates that the Department of Human Services will receive \$220,707 federal funds for FY 2019-20 to

implement the act, and the office of behavioral health will require an additional 1.0 FTE. It is staff's understanding that this amount will be from the Mental Health Services Block Grant.

Points to Consider

General Fund Impact

1. The Joint Budget Committee has proposed a budget package for FY 2019-20 based on the March 2019 Legislative Council Staff revenue forecast. The budget package leaves approximately \$47.9 million General Fund unallocated. Thus, the General Assembly could appropriate up to \$44.7 million General Fund to fund 2019 legislation and maintain a 7.25 percent General Fund reserve. This bill requires a General Fund appropriation of \$51,000 for FY 2019-20, reducing the excess General Fund reserve by \$54,698.

Future Fiscal Impact

2. Section 5 of the bill adds a provision to article 94 of title 27, C.R.S., concerning the Mental Health Institute at Fort Logan (CMHIFL). This provision states that:

"Access to inpatient civil beds must be based on the need of the individual and the inability of that individual to be stabilized in the community. Geographic location, current health care provider, and payer type must not determine whether an individual has access to a civil inpatient bed."

This provision does not define "need" (is it limited to a patient's clinical acuity?) or "stabilized in the community" (does this mean that locally available residential and inpatient services should be attempted first?). Further, does the General Assembly intend that this provision requires the Department to *triage and prioritize* patients to be admitted to CMHIFL based on this criteria, or that it requires the Department to provide access by *admitting* any individual in need of inpatient psychiatric services? The answer to this question will significantly impact the future facility and staffing resources the Department will require to comply with this provision.

3. Section 6 of the bill requires the Department, no later than January 1, 2024, to implement a comprehensive proposal to strengthen and expand the safety net system that provides behavioral health services for individuals with severe behavioral health disorders along with an associated funding model that supplements state funding, Medicaid, federal funding, and private pay funding. Does the General Assembly intend that this implementation be subject to available appropriations?