			SB 20-187	
Legislative Council Staff Nonpartisan Services for Colorado's Le		FINAL FISCAL NOTE		
Drafting Number: Prime Sponsors:	LLS 20-0889 Sen. Lee Rep. Gonzales-Gutierrez	Date: Bill Status: Fiscal Analyst:	July 30, 2020 Postponed Indefinitely Jeff Stupak   303-866-5834 Jeff.Stupak@state.co.us	
Bill Topic:	DYS THERAPEUTIC GROUP TREATMENT PILOT PROGRAM			
Summary of Fiscal Impact:	<ul> <li>State Revenue</li> <li>TABOR Refund</li> <li>State Expenditure</li> <li>Local Government</li> <li>State Transfer</li> <li>Statutory Public Entity</li> </ul> This bill would have eliminated the second therapeutic and rehabilitation culture pilot program in the Division of Youth Services and extended the term of the contractor providing implementation assistance for the pilot program at the existing location through June 30, 2021. The bill would have decreased state expenditures in FY 2020-21 and FY 2021-22.			
Appropriation Summary:	For FY 2020-21, the bill would have decreased appropriations by \$183,804 to the Department of Human Services.			
Fiscal Note Status:	The fiscal note reflects the introduced bill. This bill was not enacted into law; therefore, the impacts identified in this analysis do not take effect.			

# Table 1State Fiscal Impacts Under SB 20-187

		FY 2020-21	FY 2021-22
Revenue		-	-
Expenditures	General Fund	(\$183,804)	(\$77,604)
	Centrally Appropriated	(\$16,620)	(\$16,620)
	Total	(\$200,424)	(\$94,224)
	Total FTE	(1.0 FTE)	(1.0 FTE)
Transfers		-	-
TABOR Refund		-	-

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## Summary of Legislation

House Bill 17-1329 established the therapeutic and rehabilitation culture pilot program in the Department of Human Services (DHS). Senate Bill 19-136 expanded the pilot program to implement the pilot program at a second location and extended the existing pilot program by one year. This bill eliminates the pilot program at the second location and extends the term of the contractor providing implementation assistance for the pilot program at the existing location through June 30, 2021. Further, the bill maintains the requirement that the independent contractor conduct a final evaluation of the pilot program at the existing site, which will be delivered to the General Assembly by October, 1 2021.

## Background

As part of the initial pilot program, the DHS was charged with providing treatment to at least 20 committed youth. Currently, youth are divided into therapeutic groups of no more than 12 in a trauma-responsive organizational environment. The DHS established the initial pilot program at the Lookout Mountain Youth Services Center and contracted with the Missouri Youth Services Institute to help implement the program and the RAND Corporation to evaluate the program. The program began on July 1, 2018, and is currently serving 24 youth. The pilot program at the second location has not yet been implemented.

## **State Expenditures**

The bill decreases General Fund expenditures in the DHS by \$200,424 and 1.0 FTE in FY 2020-21, and by \$94,224 and 1.0 FTE in FY 2021-22, as shown in Table 2 and discussed below.

	FY 2020-21	FY 2021-22
Department of Human Services		
Personal Services	(\$76,254)	(\$76,254)
Operating Expenses	(\$1,350)	(\$1,350)
Capital Outlay Costs	(\$6,200)	-
Implementation Consultant at Second Site	(\$270,000)	-
Implementation Consultant at Existing Site	\$180,000	
Renovations	(\$10,000)	-
Centrally Appropriated Costs*	(\$16,620)	(\$16,620)
Total Cost	(\$200,424)	(\$94,224)
Total FTE	(1.0 FTE)	(1.0 FTE)

#### Table 2 Expenditures Under SB 20-187

\* Centrally appropriated costs are not included in the bill's appropriation.

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**Staffing costs.** Under the bill, DHS staff will decrease by 1.0 FTE youth services counselor in FY 2020-21 and FY 2021-22. The second pilot program will not be implemented, as such the DHS does not require the additional staff member to implement the pilot, liaison between the program and the vendor, coordinate assignments, and train existing facility staff.

**Implementation consultant.** In FY 2020-21, costs in the DHS will decrease to contract with an implementation consultant for fewer days per year than under current law.

Under Senate Bill 19-136, the DHS was appropriated funds to contract with an implementation consultant to assist with the second pilot program. Per the fiscal note for Senate Bill 19-136, consulting costs were assumed at 215 days (3 days a week) at a rate of \$1,500 per day for a total cost of \$270,000 in FY 2020-21. Under this bill, the implementation consultant is no longer required for the second pilot program because it is eliminated. However, the bill also extends the term for which an implementation consultant is required for the initial pilot program for an additional year. Given that the initial pilot program been running since July 2018, the workload for the implementation consultant is expected to be lower for the existing pilot program since the DHS staff at the existing location already has experience with the program. The fiscal note assumes the implementation consultant will be contracted for 120 days (2 days per week) at a rate of \$1,500 per day for a total cost of \$180,000 in FY 2020-21, resulting in a decrease in expenditures of \$90,000.

**Renovations.** The bill decreases expenditures by \$10,000 in FY 2020-21, as a renovations will no longer be necessary to establish the pilot program at a second location.

**Centrally appropriated costs.** Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are estimated to be reduced by \$16,620 in FY 2020-21 and FY 2021-22.

# Effective Date

This bill was postponed indefinitely by the Senate Judiciary Committee on May 26, 2020.

## **State Appropriations**

For FY 2020-21, the bill requires a decrease in General Fund appropriations of \$183,804 and 1.0 FTE to the Department of Human Services.

## State and Local Government Contacts

Human Services Information Technology