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Fiscal Note

Drafting Number: LLS 22-0803 Date: April 11, 2022
Prime Sponsors: Sen. Pettersen; Rankin Bill Status: Senate HHS
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Bill Topic: INVESTMENTS IN CARE COORDINATION INFRASTRUCTURE

- Summary of Fiscal Impact:
- State Revenue
- State Expenditure
- State Transfer
- TABOR Refund
- Local Government
- Statutory Public Entity

The bill requires the Behavioral Health Administration to make certain investments as it develops the statewide care coordination infrastructure, and requires the infrastructure to include a cloud-based platform. It will increase state expenditures starting in FY 2022-23.

Appropriation Summary: For FY 2022-23, the bill requires an appropriation of \$12.2 million to the Department of Human Services.

Fiscal Note Status: The fiscal note reflects the introduced bill.

Table 1
State Fiscal Impacts Under SB 22-177

Table with 4 columns: Category, Budget Year FY 2022-23, and Out Year FY 2023-24. Rows include Revenue, Expenditures (Cash Funds, Centrally Appropriated, Total Expenditures, Total FTE), Transfers, and Other Budget Impacts.

1 FY 2022-23 funding will be spent over two fiscal years, as detailed in Table 2 in the State Expenditures section. Money in the Behavioral and Mental Health Cash Fund comes from federal ARPA funds.

## **Summary of Legislation**

In implementing the Statewide Care Coordination Infrastructure, the bill requires the Behavioral Health Administration to:

- train new and existing navigators on the behavioral health safety net system services, behavioral health service delivery procedures, and social determinants of health resources;
- ensure that the care coordination infrastructure can direct individuals where to seek in-person or virtual navigation support; and
- require each administrative services organization to implement the behavioral health crisis response system.

The bill requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not utilize electronic health records to actively participate in the care coordination infrastructure.

The bill requires an appropriation of \$12.2 million from the Behavioral and Mental Health Cash Fund for FY 2022-23.

## **Background**

The Behavioral Health Transformational Task Force recommended that the General Assembly invest in Colorado's behavioral health system through care navigation and coordination using federal American Rescue Plan Act (ARPA) funds (Recommendation H). The task force report is available online at: [https://leg.colorado.gov/sites/default/files/images/committees/2017/bhttf\\_final\\_report.pdf](https://leg.colorado.gov/sites/default/files/images/committees/2017/bhttf_final_report.pdf).

## **State Expenditures**

The bill increases state expenditures in CDHS by \$12.2 million over FY 2022-23 and FY 2023-24 from the Behavioral and Mental Health Cash Fund. In future fiscal years, ongoing staff costs of about \$300,000 will be paid for from the General Fund. Expenditures are shown in Table 2 and detailed below.

**Department of Human Services.** Beginning in FY 2022-23, the BHA requires 3.0 FTE to implement and maintain care coordination infrastructure. This includes 1.0 FTE each of program management, training specialist, and marketing and communication specialist. Staff will be responsible for collaborating with agencies and aligning infrastructure; developing, implementing, and providing ongoing improvement modifications of the new gateway and safety net website, mobile application, and cloud-based platform; developing, deploying, training, and supporting statewide platform users utilizing the existing state online Learning Management System; and ensuring sufficient communications and media coverage.

- **Care Coordination Infrastructure.** Approximately \$5.8 million will be spent in each of FY 2022-23 and FY 2023-24 on infrastructure, including a cloud-based statewide care coordination system.

**Table 2  
 Expenditures Under SB 22-177**

	FY 2022-23	FY 2023-24
<b>Department of Human Services</b>		
Personal Services	\$271,283	\$271,283
Operating Expenses	\$4,050	\$4,050
Capital Outlay Costs	\$18,600	-
Care Coordination Infrastructure	\$5,806,067	\$5,824,667
Centrally Appropriated Costs <sup>1</sup>	\$54,402	\$54,402
<b>Total Cost</b>	<b>\$6,154,402</b>	<b>\$6,154,402</b>
<b>Total FTE</b>	<b>3.0 FTE</b>	<b>3.0 FTE</b>

<sup>1</sup> Centrally appropriated costs are not included in the bill's appropriation.

**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 shown in Table 2.

## Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature.

## State Appropriations

The bill requires an appropriation of \$12,200,000 to the Department of Human Services from the Behavioral and Mental Health Cash Fund in FY 2022-23, and 3.0 FTE. The fiscal note assumes that the DHS requires roll-forward spending authority through FY 2023-24.

## State and Local Government Contacts

Human Services

Information Technology