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FISCAL NOTE

Drafting Number: LLS 18-0634
Prime Sponsors: Sen. Kefalas

Date: February 9, 2018
Bill Status: Senate SVMA
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Bill Topic: BEHAVIORAL HEALTH CARE RELATED TO SUICIDE IDEATION

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

The bill increases the responsibilities of the Office of Suicide Prevention in the Colorado Department of Public Health and Environment. It increases state expenditures on an ongoing basis.

Appropriation Summary: For FY 2018-19, the bill requires an appropriation of \$268,691 to the Colorado Department of Public Health and Environment and 1.2 FTE.

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

Table 1
State Fiscal Impacts Under SB 18-153

Table with 3 columns: Category, FY 2018-19, FY 2019-20. Rows include Revenue, Expenditures (General Fund, Centrally Appropriated, Total), Total FTE, and Transfers.

## **Summary of Legislation**

This bill requires the Colorado Department of Public Health and Environment (CDPHE) to:

- identify and address gaps in data collected by the Office of Suicide Prevention and analyze data related to suicides;
- collaborate with community partners and state agencies to evaluate behavioral health care standards and best practices for prevention and intervention for suicide ideation and opioid abuse issues;
- implement new Medicare payment codes for collaborative care;
- provide information and analysis when there is an unattended death of a recipient of medical assistance;
- develop a universal outpatient mental health authorization form;
- work with Colorado hospitals to evaluate the effectiveness of the Colorado Plan; and
- provide a report of its findings by December 1, 2019.

The bill requires licensed health facilities to have a plan in place for individuals who are being treated for suicide ideation and are transitioning from inpatient care to community-based care.

## **Background**

Currently, the Office of Suicide Prevention in the Prevention Services Division in CDPHE coordinates suicide prevention and intervention efforts, supports the Suicide Prevention Commission, and conducts outreach to healthcare facilities following a suicide attempt, and operates a community grant program working in suicide prevention. The office receives \$539,000 from General Fund and \$736,000 from a five-year federal grant to support youth suicide prevention in eight counties in Colorado. It is allocated 2.6 FTE.

## **State Expenditures**

This bill will increase General Fund expenditures by \$285,778 in FY 2018-19 and \$226,189 in FY 2019-20 to the CDPHE. The costs are shown in Table 2 and described below.

**Personal services and operating expenses.** The Office of Suicide Prevention requires additional staffing of 1.6 FTE in FY 2018-19 and 1.0 FTE in FY 2019-20 to implement the bill. Because the bill is effective in August 8, 2018, and the General Fund paydate shift applies, the 1.6 FTE for the first year is prorated to 1.2 FTE. Staff will conduct training, collect and analyze data, develop a universal release form, review health facility coordination plans, and produce a report for the General Assembly. The fiscal note includes standard operating and capital costs for these staff.

**Computer programming.** To collect data on unattended deaths, the CDPHE will add a field to update its electronic death certificate system at a cost of \$15,000.

**Training and travel.** Costs include \$157,500 in FY 2018-19 and \$142,500 in FY 2019-20 for training materials. This includes gatekeeper training to teach primary care practice staff about the warning signs of a suicide crisis and appropriate response, and suicide prevention training toolkits. Travel costs are included in FY 2018-19 for staff to conduct training statewide.

**Table 2  
Expenditures Under SB 18-153**

	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>Department of Public Health and Environment</b>		
Personal Services	\$82,200	\$68,500
Operating Expenses and Capital Outlay Costs	\$10,546	\$950
Computer programming	\$15,000	-
Training materials	\$157,500	\$142,500
Travel	\$3,445	-
Centrally Appropriated Costs*	\$17,087	\$14,239
FTE – Personal Services	1.2 FTE	1.0 FTE
<b>Total Cost</b>	<b>\$285,778</b>	<b>\$226,189</b>
<b>Total FTE</b>	<b>1.2 FTE</b>	<b>1.0 FTE</b>

\* 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 estimated to be \$17,087 in FY 2018-19 and \$14,239 in FY 2019-20.

### Technical Note

The bill requires the CDPHE to implement new Medicare payment codes for collaborative care but Medicare implementation is not a function of the CDPHE.

### Effective Date

The bill takes effect August 8, 2018, if the General Assembly adjourns on May 9, 2018, as scheduled, and no referendum petition is filed.

### State Appropriations

For FY 2018-19, the bill requires a General Fund appropriation of \$268,691 and an allocation of 1.2 FTE.

### Departmental Difference

The CDPHE estimates that it will require \$609,454 and 3.6 FTE in FY 2018-19 and \$371,495 and 1.9 FTE in FY 2019-20 to implement this bill. For FY 2018-19, this assumes that 0.4 FTE are required for data surveillance, 1.0 FTE for evaluation activities, 0.5 FTE to implement Medicare payment codes, 0.6 FTE to implement evidence based model of care, 0.5 FTE to create

the universal release form, and 0.6 FTE to support evaluation of health facility coordination plans. For FY 2019-20, CDPHE assumes 0.2 FTE for data surveillance, 0.5 FTE for evaluation activities, 0.6 FTE to implement evidence based model of care, and 0.6 FTE to support evaluation of health facility coordination plans. The fiscal note assumes these tasks can be completed with less staff time.

**State and Local Government Contacts**

Counties  
Health Care Policy and Financing  
Human Services  
Law  
Public Health and Environment

Governor  
Higher Education  
Information Technology  
Municipalities  
Regulatory Agencies