



**Colorado  
Legislative  
Council  
Staff**

**SB16-147**

**FISCAL NOTE**

**FISCAL IMPACT:**  State  Local  Statutory Public Entity  Conditional  No Fiscal Impact

**Drafting Number:** LLS 16-0760 **Date:** March 10, 2016  
**Prime Sponsor(s):** Sen. Newell; **Bill Status:** Senate Health & Human Services  
 Martinez Humenik **Fiscal Analyst:** Amanda Hayden (303-866-4918)  
 Rep. Pettersen

**BILL TOPIC:** SUICIDE PREVENTION THROUGH ZERO SUICIDE MODEL

<b>Fiscal Impact Summary</b>	<b>FY 2016-2017</b>	<b>FY 2017-2018</b>
<b>State Revenue</b> Cash Funds		
<b>State Expenditures</b> Cash Funds	Minimal workload increase. See State Expenditures section.	
<b>TABOR Impact</b>	Potential grants.	
<b>Appropriation Required:</b> None.		
<b>Future Year Impacts:</b> Ongoing potential revenue and minimal workload increase.		

**Summary of Legislation**

This bill establishes the zero suicide model within the Office of Suicide Prevention (office) of the Department of Public Health and Environment (CDPHE). Through system-level adoption and implementation in health systems, the model is intended to reduce suicide rates in Colorado. The bill encourages the office, CDPHE, the Office of Behavioral Health within the Department of Human Services (DHS), and the Department of Health Care Policy and Financing (HCPF) to work together to improve suicide prevention training programs for health care personnel and to provide professional development resources and training opportunities.

The bill encourages the following organizations to adopt the seven core tenets of the national zero suicide model on or before July 1, 2019:

- community mental health centers;
- hospitals;
- the state crisis services system;
- regional health and behavioral health systems;
- substance abuse treatment systems; and
- physical and mental health clinics in educational institutions.

The bill encourages the office and CDPHE to request and analyze existing data in order to better understand suicide and how to prevent it. It requires the office to include a summary of its activities under the model in a report submitted to the Office of Behavioral Health and annually to the General Assembly.

CDPHE may accept gifts, grants, and donations for the direct and indirect costs of implementing the model, all of which must be transmitted to the Suicide Prevention Coordination Cash Fund.

### **State Revenue**

The bill potentially increases state cash fund revenue to the CDPHE from gifts, grants, and donations. This revenue is deposited into the Suicide Prevention Coordination Cash Fund and may be used to cover the direct and indirect costs of implementing the model. As of this writing, no gifts, grants, or donations have been identified.

### **TABOR Impact**

This bill may increase state revenue from grants, which may increase the amount of money required to be refunded under TABOR. TABOR refunds are paid out of the General Fund.

### **State Expenditures**

This bill may increase workload for CDPHE, HCPF, and DHS. The bill encourages these departments to adopt best practices around suicide prevention and to coordinate their actions. In addition, the bill requires CDPHE to report on the activities of the model to the General Assembly. Any increase in workload for these departments is expected to be minimal and does not require an increase in appropriations. To the extent that CDPHE receives additional revenue from gifts, grants, or donations, the fiscal note assumes that spending authority will be requested through the annual budget process.

### **Effective Date**

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

### **State and Local Government Contacts**

Counties	Higher Education	Human Services
Health Care Policy and Financing	Information Technology	Municipalities
Public Health and Environment		