



**Colorado
Legislative
Council
Staff**

SB16-147

**REVISED
FISCAL NOTE**

(replaces fiscal note dated March 10, 2016)

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

Drafting Number: LLS 16-0760 **Date:** April 18, 2016
Prime Sponsor(s): Sen. Newell; **Bill Status:** House Health, Insurance, & Environment
 Martinez Humenik **Fiscal Analyst:** Amanda Hayden (303-866-4918)
 Rep. Pettersen

BILL TOPIC: CREATING THE COLORADO SUICIDE PREVENTION PLAN

Fiscal Impact Summary	FY 2015-2016 <i>current year</i>	FY 2016-2017	FY 2017-2018
State Revenue Cash Funds	Potential gifts, grants, and donations. See State Revenue section.		
State Expenditures Cash Funds	Minimal workload increase. See State Expenditures section.		
Appropriation Required: None.			
Future Year Impacts: Ongoing potential revenue and minimal workload increase.			

Summary of Legislation

The **reengrossed** bill establishes the Colorado suicide prevention plan within the Office of Suicide Prevention (office) in the Colorado Department of Public Health and Environment (CDPHE). Through system-level implementation in the criminal justice and health care systems, the plan is intended to reduce suicide rates in Colorado. The bill encourages the office, the CDPHE, the Office of Behavioral Health in the Department of Human Services (DHS), and the Department of Health Care Policy and Financing (HCPF) to work with various stakeholders to develop and implement a plan to improve training on:

- identification of indicators of suicidal thoughts and behavior;
- emergency procedures for 72-hour mental health holds;
- federal health care privacy laws; and
- risk assessment and management.

The bill encourages the following groups and organizations to contribute to and implement the plan on or before July 1, 2019:

- community mental health centers;
- hospitals;
- the state crisis services system;
- emergency medical services professionals and responders;
- regional health and behavioral health systems;

- substance abuse treatment systems;
- physical and mental health clinics in educational institutions;
- criminal justice systems; and
- advocacy groups, hospital chaplains, and faith-based organizations.

The bill requires the office to include a summary of its activities under the plan 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 plan, all of which must be transmitted to the Suicide Prevention Coordination Cash Fund.

State Revenue

The bill potentially increases state cash fund revenue to CDPHE from gifts, grants, and donations. This revenue is deposited into the Suicide Prevention Coordination Cash Fund. As of this writing, no source of gifts, grants, or donations has been identified.

State Expenditures

Beginning in the current FY 2015-16, this bill increases workload for CDPHE, HCPF, and DHS. The bill encourages these departments to work together to develop and implement a system-level plan aimed at reducing suicide rates. In addition, the bill requires CDPHE to report on the activities of the plan to the General Assembly. The development of this plan falls within the scope of current and planned activities for the office and can be accomplished within existing appropriations. To the extent that development of the plan identifies new initiatives or practices for reducing suicide rates, the fiscal note assumes that any increase in appropriations necessary to implement such measures under the plan for any agency will be requested through the annual budget process.

To the extent that CDPHE receives revenue from gifts, grants, or donations, the fiscal note assumes that spending authority will be requested through the annual budget process.

Local Government Impact

The bill may increase costs for any local government agencies or entities that choose to participate in the development or implementation of the plan. The fiscal note has not estimated the costs to local governments.

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
Information Technology
Public Health and Environment

Health Care Policy and Financing
Human Services
Municipalities