



Legislative  
Council Staff

*Nonpartisan Services for Colorado's Legislature*

**FISCAL NOTE**

<b>Drafting Number:</b>	LLS 19-0779	<b>Date:</b>	February 22, 2019
<b>Prime Sponsors:</b>	Rep. Caraveo Sen. Fields	<b>Bill Status:</b>	House Public Health
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**Bill Topic:** COLORADO CHILD ABUSE RESPONSE AND EVALUATION NETWORK

**Summary of Fiscal Impact:**

<input type="checkbox"/> State Revenue	<input type="checkbox"/> TABOR Refund
<input checked="" type="checkbox"/> State Expenditure	<input type="checkbox"/> Local Government
<input type="checkbox"/> State Transfer	<input type="checkbox"/> Statutory Public Entity

This bill creates the Colorado Child Abuse Response and Evaluation Network to develop and maintain a standardized, coordinated response in suspected cases of abuse or neglect of children ages 12 and under. It increases state expenditures on an ongoing basis.

**Appropriation Summary:** For FY 2019-20, the bill requires an appropriation of \$114,902 to the Department of Public Health and Environment.

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

**Table 1  
State Fiscal Impacts Under HB 19-1133**

		FY 2019-20	FY 2020-21
<b>Revenue</b>		-	-
<b>Expenditures</b>	General Fund	\$114,902	at least \$644,030
	Centrally Appropriated	\$24,025	\$71,550
	<b>Total</b>	<b>\$138,927</b>	<b>at least \$715,580</b>
	<b>Total FTE</b>	<b>0.9 FTE</b>	<b>0.9 FTE</b>
<b>Transfers</b>		-	-
<b>TABOR Refund</b>		-	-

## **Summary of Legislation**

This bill establishes the Colorado Child Abuse Response and Evaluation Network (CARENetwork) and the CARENetwork Advisory Committee in the Department of Public Health and Environment (CDPHE). The CDPHE is required to work in consultation with the Department of Human Services (DHS) to implement the bill.

**CARENetwork resource center.** The CARENetwork is created to support the provision of health services to children age 5 and under in suspected cases of physical or sexual abuse or neglect, and children age 12 and under in suspected cases of sexual abuse. The CDPHE is required to award a contract to a resource center to establish the CARENetwork by September 1, 2019. The resource center must be a nationally recognized organization specializing in child abuse pediatrics with the expertise to establish standards for the CARENetwork, and to provide education and training for designated providers. The resource center will:

- work to increase local capacity of providers to perform health assessments for suspected cases of abuse or neglect;
- develop best practice standards for exams and assessments;
- develop a streamlined referral process;
- establish a structure to ensure a coordinated response to suspected cases of abuse;
- encourage participation and enhance the role of providers in multidisciplinary teams to provide support for the CARENetwork;
- provide education, training, collaborative mentorship, and support for providers, including education and training about signs that children may be at risk of abuse and resources available to families;
- collect and analyze data to identify and monitor outcomes of the CARENetwork;
- develop a structure for appropriate payments to designated providers; and
- report annually to the CARENetwork advisory committee, the CDPHE, and the DHS.

**CARENetwork advisory committee.** The CARENetwork advisory committee is created to:

- advise the CDPHE on the activities of the CARENetwork;
- make recommendations to the State Board of Health on covered services for eligible children;
- establish payment rates for covered services;
- develop requirements for designated providers; and
- develop standards of medical and behavioral health care for the network.

The committee is composed of nine members, appointed by CDPHE's executive director, that have experience in providing medical or mental health to children; working within the child welfare system; and administering child welfare programming at the county level; as well as representatives from the education, law enforcement, and child advocacy communities. Members of the advisory committee serve without compensation or expense reimbursement. The advisory committee repeals September 1, 2029, pending a sunset review.

## **State Expenditures**

In FY 2019-20, state expenditures in the CDPHE will increase by \$138,927 and 0.9 FTE and by at least \$715,580 and 0.9 FTE in FY 2020-21, as shown in Table 2 and discussed below. Workload will also increase in the DHS beginning in FY 2019-20.

**Table 2  
Expenditures Under HB 19-1133**

	FY 2019-20	FY 2020-21
<b>Department of Public Health and Environment</b>		
Personal Services	\$59,069	\$57,995
Operating Expenses and Capital Outlay Costs	\$5,653	\$855
Claims Data	\$50,000	-
Online Meeting Facilitation	\$180	\$180
Resource Center Contract	-	at least \$585,000
Centrally Appropriated Costs*	\$24,025	\$71,550
<b>Total Cost</b>	<b>\$138,927</b>	<b>at least \$715,580</b>
<b>Total FTE</b>	<b>0.9 FTE</b>	<b>0.9 FTE</b>

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

**Assumptions.** The fiscal note assumes an alternate timeline than what is currently in the bill to accommodate rulemaking in FY 2019-20. Under this assumption, CDPHE will award the resource center contract in FY 2020-21. See Technical Note.

**Department of Public Health and Environment.** Beginning in FY 2019-20, CDPHE requires 0.9 FTE health professional to assist the stakeholder and rulemaking process; recruit, onboard, and support the work of the advisory committee; prepare and award the competitive solicitation; and monitor the resource center contract. First-year personal services costs include standard operating expenses and capital outlay and reflect the General Fund pay date shift. The fiscal note assumes that any related accounting and support can be accomplished within the department's existing appropriations.

**Claims data.** The advisory committee requires a one-time purchase of claims data from the All-Payer Claims Database in order to research reimbursement rates available to Colorado providers for screening and assessment services of child abuse and neglect currently and to determine payment rates for covered services as required under the bill.

**Online meeting facilitation.** The purchase of an annual online meeting platform subscription will facilitate broad participation of committee members that are required to serve without compensation or expense reimbursement.

**Resource center contract.** In FY 2020-21, costs will increase by at least \$585,000 to pay a vendor to operate the CARENetwork resource center. This estimate is preliminary and based on the annual costs of operating the School Safety Resource Center; the actual cost will be established through the competitive solicitation process and requested through the annual budget process.

**Department of Human Services.** Beginning in FY 2019-20, DHS workload will increase to coordinate with the CDPHE. The DHS receives annual grant funds under the Children's Justice Act and the Child Abuse Prevention and Treatment Act that will support this work and no additional appropriation is required.

**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 \$24,025 in FY 2019-20 and \$71,550 in FY 2020-21.

### **Technical Note**

CDPHE will be unable to award a contract to a resource center by September 1, 2019, due to the extensive rulemaking requirements under the bill. The fiscal note has assumed this date will be adjusted to September 1, 2020.

### **Effective Date**

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

### **State Appropriations**

For FY 2019-20, this bill requires a General Fund appropriation of \$114,902 to the Department of Public Health and Environment and an allocation of 0.9 FTE.

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

Counties  
Public Health and Environment

Human Services  
Regulatory Agencies

Information Technology