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Fiscal Note

Drafting Number: LLS 24-0277 Date: January 10, 2024
Prime Sponsors: Rep. Bradfield; Amabile Bill Status: House Health & Human Services
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Bill Topic: CRISIS RESOLUTION TEAM PROGRAM

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

The bill creates the Crisis Resolution Team Program as a permanent program in the Behavioral Health Administration to provide services to youth experiencing acute behavioral health crises. The bill increases state expenditures on an ongoing basis starting in FY 2024-25.

Appropriation Summary: For FY 2024-25, the bill requires an appropriation of \$2.6 million to the Behavioral Health Administration; see State Appropriations section.

Fiscal Note Status: The fiscal note reflects the introduced bill, which was recommended by the Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems Committee.

Table 1
State Fiscal Impacts Under HB24-1019

Table with 5 columns: Category, Fund, Budget Year FY 2024-25, Out Year FY 2025-26, Out Year FY 2026-27. Rows include Revenue, Expenditures (General Fund), Transfers, and Other Budget Impacts (General Fund Reserve).

Summary of Legislation

The bill codifies the Crisis Resolution Team (CRT) program administered by the Behavioral Health Administration (BHA), extends the program indefinitely, and expands services available under the program. The program provides specified services to children or youth who are experiencing high-acuity behavioral health crises and their caregivers. A child or youth is eligible for services if they are 21 years of age or younger and meet other criteria in the bill.

The BHA must contract with crisis resolution team providers to provide services, which must include:

- counseling or therapy;
- case management support for meeting treatment plans;
- peer support or family skills coaching;
- medication management; and
- care coordination to connect individuals to additional community resources.

CRT providers are eligible for contracts if they meet certain criteria and are required to collect certain data and outcomes to report to the BHA. The BHA must conduct an annual evaluation of the program using collected data, and may contract with a third-party for this evaluation.

Finally, the BHA must submit a feasibility study to the General Assembly on expanding the program to serve the entire state before September 1, 2025, and must report on the progress of the program during its SMART Act hearing beginning January 2025 and every January thereafter.

Background

The bill codifies and expands the CRT Program established by [House Bill 22-1283](#). Under that bill, the BHA received \$2.5 million in one-time federal ARPA funding to administer the CRT program, and was given spending authority to use this money in FY 2023-24 and FY 2024-25. While the fiscal note for HB 22-1283 assumed that this funding would be spent over two years, the BHA reports that the entire \$2.5 million allocation is expected to be used in the current FY 2023-24. The BHA contracts with Behavioral Health Administrative Service Organizations (BHASO) to provide these services. Services are required to be provided under the program through June 30, 2026.

State Expenditures

The bill increases state expenditures in the BHA by \$2.6 million in FY 2024-25, and by \$2.5 million in FY 2025-26 and future years, paid from the General Fund, as detailed in Table 2 below.

Table 2
Expenditures Under HB24-1019

	FY 2024-25	FY 2025-26	FY 2026-27
Behavioral Health Administration			
Crisis Resolution Team Operating Costs	\$2,500,000	\$2,500,000	\$2,500,000
Feasibility Study	\$50,000	-	-
Total Cost	\$2,550,000	\$2,500,000	\$2,500,000

Behavioral Health Administration. The BHA requires funding to cover costs associated with full implementation of the CRT program as detailed in the bill.

- **Crisis resolution team operating costs.** Based on current spending levels, the annual cost of the CRT program services detailed in the bill is estimated to be \$2.5 million per year. The BHA will contract with BHASOs to provide these services, which are currently offered in seven regions of the state, covering a total of 22 counties. As outlined in the Background Section, the BHA is expected to run out of ARPA funding for the program at the end of the current FY 2023-24. As such, the BHA will require an appropriation either through this bill, or through the annual budget process, to continue funding for the program; see State Appropriation section for more information.
- **Feasibility study.** The BHA requires \$50,000 to contract for a feasibility study on expanding the CRT program to cover more regions of the state. It is assumed that any costs to expand the CRT program to additional regions of the state in FY 2026-27 and beyond will be requested through the annual budget process, and these potential costs have not been estimated here.

Other Budget Impacts

General Fund reserve. Under current law, an amount equal to 15 percent of General Fund appropriations must be set aside in the General Fund statutory reserve. Based on this fiscal note, the bill is expected to increase the amount of General Fund held in reserve by the amounts shown in Table 1, decreasing the amount of General Fund available for other purposes.

Effective Date

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

State Appropriations

For FY 2024-25, the bill requires a General Fund appropriation of \$2.55 million to the Behavioral Health Administration, including \$2.5 million to continue funding for the CRT program and \$50,000 for the feasibility study. It is assumed that the \$2.5 million needed to continue the program in the upcoming budget year will not be included in the FY 2024-25 Long Bill. However, if funding is included in the Long Bill, an appropriation in this bill is not required.

State and Local Government Contacts

Behavioral Health Administration

Human Services