



**Legislative
Council Staff**

Nonpartisan Services for Colorado's Legislature

FISCAL NOTE

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Prime Sponsors:

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Bill Status: Bill Request
Fiscal Analyst: Aaron Carpenter | 303-866-4918
Aaron.Carpenter@state.co.us

Bill Topic: **EARLY CHILDHOOD MENTAL HEALTH CONSULTANTS**

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 requires the Department of Human Services (DHS) to develop and implement a statewide voluntary program of early childhood mental health consultation by July 1, 2022. The bill increases state expenditures on an ongoing basis.

Appropriation Summary: For FY 2020-21, the bill requires an appropriation of \$129,759 to the Department of Human Services.

Fiscal Note Status: This fiscal note reflects the bill draft requested by the Early Childhood and School Readiness Legislative Commission.

**Table 1
State Fiscal Impacts Under Bill 4**

		FY 2020-21	FY 2021-22
Revenue		-	-
Expenditures	General Fund	\$129,759	\$557,633
	Centrally Appropriated	\$19,518	\$32,790
	Total	\$149,278	\$590,423
	Total FTE	1.2 FTE	1.9 FTE
Transfers		-	-
TABOR Refund		-	-

Summary of Legislation

This bill requires the Department of Human Services (DHS) to develop and implement a statewide voluntary program of early childhood mental health consultation by July 1, 2022. The program is intended to increase the number of qualified mental health consultants supporting professionals who work with young children and to give guidance and support to families, caregivers, and providers in addressing health social-emotional developmental needs of children through age eight. In developing the program, the DHS must create:

- a model of consultation that includes qualifications, outcome, and job expectations for mental health consultants, and guidance on consultant ratios by July 1, 2021;
- a professional development plan to support mental health consultants in meeting expectations by July 1, 2021;
- a certification process for mental health consultants by July 1, 2022; and
- a data collection and information system to analyze implementation and outcomes of the program by July 1, 2022.

The bill also requires the DHS to present to the General Assembly on the number of available and needed mental health consultants and any adjustments needed to meet the consultants' targeted caseload. Finally, the bill requires the DHS and the Department of Health Care Policy and Financing (HCPF) to explore funding options for the program and report their findings to the Joint Budget Committee by January 1, 2022.

Assumptions

The fiscal note assumes that the Voluntary Early Childhood Mental Health Consultation program will begin on July 1, 2022.

State Expenditures

The bill increases state General Fund expenditures in the DHS by \$149,277 and 1.2 FTE in FY 2020-21 and \$590,423 and 1.9 FTE in FY 2021-22. The bill also increases workload for the DHS and HCPF. Expenditures are shown in Table 2 and impacts are described below.

**Table 2
 Expenditures Under Bill 4**

	FY 2020-21	FY 2021-22
Department of Human Services		
Personal Services	\$86,804	\$147,533
Capital Outlay and Operating Expenses	\$7,955	\$2,700
Data Collection and IT System Enhancements	-	\$140,000
Licensing Software	-	\$37,400
Evaluation	-	\$230,000
Gap Analysis Survey	\$35,000	-
Centrally Appropriated Costs*	\$19,518	\$32,790
Total Cost	\$149,277	\$590,423
Total FTE	1.2 FTE	1.9 FTE

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

Department of Human Services. The DHS will have a variety of cost to develop and implement a statewide voluntary program of early childhood mental health consultation, as discussed below.

- *Personal services.* The bill will increase expenditures in the DHS by \$86,804 in FY 2020-21 and \$147,533 in FY 2021-22 to hire a project manager and a data manager. The bill requires 1.0 FTE for a project manager in order to develop and implement the various plans outlined in the bill, and 0.7 FTE to produce a gap analysis, and to analyze any adjustments needed to meet mental health consultant caseload areas of improvement. The 0.7 FTE increases to 1.0 FTE in FY 2021-22, in order to manage data enhancements occurring in that year, and to 1.0 FTE in future years to manage the contract for an outside evaluation. These positions are assumed to start on October 1, 2020, and first year impacts are adjusted for the General Fund paydate shift. Capital outlay and standard operating costs are included.
- *Data collection and information system enhancements.* In FY 2021-22 only, expenditures in the DHS will increase by \$140,000 in FY 2021-22 to make enhancements to its Salesforce system to allow it to collect and analyze data on implementation and selected outcomes. The fiscal note assumes that 15 percent of this cost will be reappropriated to the Office of Information Technology. In future fiscal years, \$21,000 per year is required for Salesforce enhancements.

The bill also requires the DHS to develop training for mental health consultants. Expenditures will increase to the extent the DHS purchases online training for mental health consultants. The fiscal note assumes that the DHS will request funding through the annual budget process once the plan and training requirements are developed.

- *Licensing software.* Expenditures in the DHS will increase by \$37,400 in FY 2021-22 and by \$74,800 in FY 2022-23 to purchase more software licenses for the additional mental health consultants. Costs in FY 2021-22 are prorated by half to allow for a system testing before it becomes operational.
- *Evaluation.* In FY 2021-22, expenditures in the DHS will increase by \$230,000 to contract with a third-party evaluator and to plan and design the evaluation with the evaluator. In future fiscal years, expenditures are expected to increase to \$460,000 for the actual evaluation.
- *Gap analysis survey.* In FY 2020-21 only, expenditures in the DHS will increase by \$35,000 to conduct a comprehensive survey of child care providers. This cost is based on other surveys conducted by the DHS.
- *Alternative funding.* Starting in FY 2020-21, workload to HCPF and the DHS will increase to explore alternatives for funding. The fiscal note assumes that this workload can be accomplished within existing appropriations.
- *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 \$19,518 in FY 2020-21 and \$32,790 in FY 2021-22.

Effective Date

The bill takes effect August 5, 2020, if the General Assembly adjourns on May 6, 2020, as scheduled, and no referendum petition is filed.

State Appropriations

For FY 2020-21, the bill requires a General Fund appropriation of \$129,759 and an allocation of 1.2 FTE to the Department of Human Services.

State and Local Government Contacts

Health Care Policy and Financing

Human Services

Information Technology