



## Behavioral Health

During the 2022 legislative session, the General Assembly considered measures related to behavioral health, including several bills recommended by Behavioral Health Transformational Task Force to address gaps in the continuum of care using federal American Rescue Plan Act (ARPA) funds, as well as bills addressing the establishment of the Behavioral Health Administration, youth and students, mental health holds, and crisis system facilities.

### Behavioral Health Administration

In 2021, the General Assembly adopted legislation requiring the Department of Human Services (DHS) to develop a plan to create and establish the Behavioral Health Administration (BHA). [House Bill 22-1278](#) implements that plan, and creates the BHA in the DHS. The BHA is charged with creating a coordinated, cohesive, and effective behavioral health system in Colorado. The BHA must establish:

- a statewide behavioral health grievance system;
- a behavioral health performance monitoring system;
- a comprehensive behavioral health safety net system; and
- regionally-based behavioral health administrative service organizations.

The BHA is the licensing authority for all behavioral health entities. Any state agency

that administers a behavioral health program must collaborate with the BHA.

### Behavioral Health Transformation Task Force Legislation

During the 2021 session, the General Assembly authorized the creation of the Behavioral Health Transformation Task Force to make recommendations to the General Assembly on policies to create transformational change in the area of behavioral health using the ARPA funds received by the state. The following bills were based on recommendations from the task force.

[Senate Bill 22-177](#) requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not utilize electronic health records to actively participate in the care coordination infrastructure. In implementing the statewide care coordination infrastructure, the BHA must:

- train new and existing navigators on the behavioral health safety net system services, behavioral health service delivery procedures, and social determinants of health resources;
- ensure that the care coordination infrastructure can direct individuals where to seek in-person or virtual navigation support; and
- ensure the 988 crisis hotline responds to anyone experiencing a mental health or substance use crisis.

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## Behavioral Health (cont'd)

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*Senate Bill 22-181* requires the BHA to create and implement a behavioral health-care provider workforce plan. The workforce plan must be made in collaboration with the Department of Higher Education, institutions of higher education, and community colleges to provide job shadowing, internship, incentives, loan repayment, scholarships, marketing, and other programs to increase the behavioral health workforce. The BHA is also required to collaborate with state agencies to improve behavioral health care provider workforce numbers, reduce administrative burdens, and develop criminal justice-related trainings.

*House Bill 22-1283* enhances residential services for person with behavioral health needs. DHS must fund operational support for psychiatric residential treatment facilities and qualified residential treatment programs for youth. DHS must create in-home and residential respite care in up to seven regions of the state for children and families. The bill also directs DHS to build and staff a neuro-psych facility at the Colorado Mental Health Institute at Fort Logan. The facility must have capacity of up to 16 residential beds for youth who are under 21 years old.

*House Bill 22-1303* increases the number of residential behavioral health beds. DHS must renovate a building at the Colorado Mental Health Institute at Fort Logan to add at least 16 inpatient beds. The additional beds may be used for persons needing competency services until the waitlist for competency services is eliminated or trending so that it is expected to be eliminated within one year and the beds transitioned to civil beds. Additionally, DHS and Department of Health Care Policy and Financing (HCPF) are required to jointly create, develop, or contract for at least 125 beds at mental health residential facilities throughout the state. The bill creates the mental health residential facility provider type license, for which the BHA must establish the standards.

*House Bill 22-1302* creates the Primary Care and Behavioral Health Statewide Integration Grant Program to be administered by HCPF to provide grants to physical and behavioral health care providers for implementation of evidence-based clinical integration care models. Grants may be used to:

- develop outpatient health care infrastructure;
- increase access to health care;
- invest in early behavioral health-related interventions;
- address the behavioral health workforce; and
- develop and implement alternative payment models.

The bill also requires HCPF to undertake efforts to transform its process for clients attempting to receive long-term care in the community.

*House Bill 22-1281* creates the Behavioral Health-Care Continuum Gap Grant Program to be administered by the BHA. Grants may be awarded to nonprofit and community-based organizations, as well as local governments. The bill also establishes the Substance Use Workforce Stability Grant Program in the BHA to support direct care staff who spend 50 percent or more of their time working with clients. Support may include temporary salary increases, recruitment and retention bonuses, and other strategies that support staff. The BHA must develop an assessment tool that grant applicants can use to identify regional gaps in behavioral health-care and substance use service.

*Senate Bill 22-148* creates the Colorado Land-based Tribe Behavioral Health Services Grant Program in DHS to fund the renovation or construction of a behavioral health facility. The Southern Ute Indian tribe, the Ute Mountain Ute tribe, or any authorized

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## Behavioral Health (cont'd)

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department, division, or affiliate are eligible for grant funding.

*Senate Bill 22-147* addresses behavioral health-care integration services for children by appropriating funds from the Behavioral and Mental Health Cash Fund to the following three programs:

- the Colorado Pediatric Psychiatry Consultation and Access Program created in the University of Colorado;
- the Behavioral Health Care Professional Matching Grant Program; and
- the School-based Health Center Grant Program.

### Youth and Students

*House Bill 22-1052*, which was recommended by the Colorado Youth Advisory Council Review Committee, requires that student identification cards (IDs) issued to a public school student contain information for Colorado Crisis Services. If the school does not issue IDs, the school must display outreach materials from Colorado Crisis Services and send the information about Colorado Crisis Services to parents or guardians at the beginning of each school year. The bill also requires that DHS annually notify each school about the behavioral health crisis response system and Colorado Crisis Services.

Under *House Bill 22-1369*, the Department of Early Childhood must contract with a Colorado-based nonprofit entity to provide children's mental health programs. The entity must have previous and current experience serving children and use curriculum outlined in the bill. The contract entity must perform readiness assessments and evaluations, provide training, and monitor the outcomes of the implemented children's mental health programs.

Under current law, DHS contracts with providers to place children and youths with intellectual disabilities requiring out-of-home placement in a residential facility. *Senate Bill 22-102* requires DHS to create new rules for children and youths placed in the program. For children and youths determined to be ineligible for the program or removed from the program before meeting discharge criteria, the bill requires access to an interdisciplinary appeals review panel in the DHS with no association to the child or youth being appealed. A parent, legal guardian, county department, program provider, or the DHS may appeal the decision of the interdisciplinary appeals review panel to an independent hearing officer.

### Mental Health Holds

*House Bill 22-1256* transfers duties relating to the care and treatment of persons with mental health disorders from the Office of Behavioral Health to the Behavioral Health Administration (BHA) in DHS. It modifies procedures for 72-hour emergency mental health holds, and outlines processes related to transport, oversight, care coordination, and access to legal representation.

*House Bill 22-1065*, which was deemed postponed indefinitely, would have changed the standard for an emergency 72-hour mental health hold to include when a person appears to have a mental health disorder or be gravely disabled, and if a person appears to present a substantial risk of harm to self or others.

### Crisis System Facilities

*House Bill 22-1214* requires crisis system facilities and programs, including walk-in centers and mobile crisis programs, to meet minimum regulatory standards that include mental health and substance use disorder standards. Additionally, the bill clarifies that

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## Behavioral Health (cont'd)

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mobile crisis services and walk-in center services can be provided to youth without parental or guardian consent.

### Other Behavioral Health Bills

*Senate Bill 22-196* creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program in the DHS to support community responses to behavioral health crises and mitigate individuals' involvement in the criminal justice system related to behavioral health needs. The bill creates the Behavioral Health Information and Data-Sharing Program in the Department of Public Safety (DPS) to enable counties to integrate their jail data system to exchange behavioral health information with the Colorado Integrated Criminal Justice Information System. HCPF must evaluate whether the state should seek additional federal authority to provide services through the federal Medical Assistance Program to individuals immediately prior to release from a correctional facility and, if it determines so, to submit a report to the Joint Budget Committee by October 1, 2023. Community corrections programs in DPS must partner with a county department of human or social services to facilitate enrolling offenders into Medicaid.

*House Bill 22-1221* would have created the County Coroner and Mortuary Mental Health and Wellness Program in the Behavioral Health Administration to provide mental health services to county coroner offices, funeral directors, and mortuary science practitioners where existing health insurance plans do not include coverage. The bill was vetoed by the Governor.