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HOUSE BILL 19-1287

BY REPRESENTATIVE(S) Esgar and Wilson, Arndt, Beckman, Bird, Buckner, Buentello, Caraveo, Carver, Catlin, Coleman, Cutter, Duran, Exum, Galindo, Gonzales-Gutierrez, Gray, Herod, Hooton, Jackson, Jaquez Lewis, Kennedy, Kipp, Liston, Lontine, McCluskie, McLachlan, Michaelson Jenet, Mullica, Roberts, Sandridge, Singer, Sirota, Snyder, Tipper, Titone, Valdez A., Valdez D., Van Winkle, Will, Becker; also SENATOR(S) Pettersen and Priola, Bridges, Court, Danielson, Donovan, Fenberg, Fields, Ginal, Gonzales, Lee, Moreno, Story, Todd, Winter.

CONCERNING METHODS TO INCREASE ACCESS TO TREATMENT FOR BEHAVIORAL HEALTH DISORDERS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** 27-60-104.5 as follows:

27-60-104.5. Behavioral health capacity tracking system - legislative declaration - definitions - rules. (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(I) THERE IS A SHORTAGE OF AVAILABLE BEDS FOR PSYCHIATRIC EMERGENCIES, WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE DISORDERS, AND INTENSIVE RESIDENTIAL INPATIENT AND OUTPATIENT BEHAVIOR HEALTH SERVICES IN COLORADO;

(II) CREATING A BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM OF AVAILABLE TREATMENT CAPACITY AND MEDICATION-ASSISTED TREATMENT PROGRAMS WOULD HELP FAMILIES, LAW ENFORCEMENT AGENCIES, COUNTIES, COURT PERSONNEL, AND EMERGENCY ROOM PERSONNEL LOCATE AN APPROPRIATE TREATMENT OPTION FOR INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH CRISES; AND

(III) FURTHER, A TRACKING SYSTEM WOULD DECREASE THE TIME THAT INDIVIDUALS WAIT IN EMERGENCY ROOMS, ENSURE THAT EXISTING RESOURCES ARE MAXIMIZED, AND INCREASE THE LIKELIHOOD THAT INDIVIDUALS IN CRISIS RECEIVE SERVICES CLOSER TO THEIR COMMUNITY.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE CREATION OF A BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM IS AN IMPORTANT TOOL FOR ADDRESSING BEHAVIORAL HEALTH CRISES, INCLUDING CONNECTING INDIVIDUALS TO TREATMENT FOR OPIOID AND OTHER SUBSTANCE USE DISORDERS.

(2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "CONSISTENT NONCOMPLIANCE" MEANS WHEN A PROVIDER DOES NOT COMPLETE DAILY REQUIRED CAPACITY UPDATES FOR TWO OR MORE CONSECUTIVE DAYS OR HAS FIVE OR MORE DAYS OF NONCOMPLIANCE IN ANY GIVEN MONTH.

(b) "TRACKING SYSTEM" MEANS THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM CREATED PURSUANT TO THIS SECTION.

(3) PURSUANT TO SUBSECTION (8) OF THIS SECTION, THE STATE DEPARTMENT SHALL IMPLEMENT A BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM, WHICH MUST INCLUDE THE FOLLOWING:

(a) A TWENTY-FOUR-HOUR, WEB-BASED PLATFORM;

(b) ONLINE ACCESS BY HEALTH CARE PROFESSIONALS, LAW ENFORCEMENT, AND COURT PERSONNEL;

(c) COORDINATION WITH THE TELEPHONE CRISIS SERVICE THAT IS PART OF THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PURSUANT TO SECTION 27-60-103;

(d) REQUIRED CAPACITY UPDATES, AT LEAST DAILY, UNLESS THE FACILITY IS A RESIDENTIAL FACILITY AND CAPACITY HAS NOT CHANGED, WITH A PENALTY FOR CONSISTENT NONCOMPLIANCE, FOR FACILITIES LISTED UNDER SUBSECTION (3)(e) OF THIS SECTION; EXCEPT THAT OPIOID TREATMENT PROGRAMS LICENSED PURSUANT TO SECTION 27-80-204 ARE ONLY REQUIRED TO UPDATE DAILY WHETHER THE PROGRAM IS ACCEPTING NEW CLIENTS; AND

(e) CAPACITY REPORTING FOR THE FOLLOWING FACILITIES AND TREATMENT PROVIDERS STATEWIDE:

(I) FACILITIES THAT PROVIDE EVALUATION AND TREATMENT TO INDIVIDUALS HELD UNDER AN EMERGENCY COMMITMENT PURSUANT TO SECTION 27-81-111 OR SECTION 27-82-107, AN INVOLUNTARY COMMITMENT PURSUANT TO SECTION 27-81-112 OR SECTION 27-82-108, OR A CIVIL COMMITMENT PURSUANT TO SECTION 27-65-105, INCLUDING CRISIS STABILIZATION UNITS, ACUTE TREATMENT UNITS, COMMUNITY MENTAL HEALTH CENTERS, AND HOSPITALS, INCLUDING STATE MENTAL HEALTH INSTITUTES;

(II) INPATIENT TREATMENT FACILITIES;

(III) RESIDENTIAL TREATMENT FACILITIES;

(IV) WITHDRAWAL MANAGEMENT FACILITIES; AND

(V) FACILITIES LICENSED PURSUANT TO SECTION 27-80-204, INCLUDING OPIOID TREATMENT PROGRAMS AND MEDICALLY MANAGED AND CLINICALLY MANAGED WITHDRAWAL MANAGEMENT FACILITIES.

(4) IN ADDITION TO REPORTING BY THOSE FACILITIES LISTED IN SUBSECTION (3)(e) OF THIS SECTION, THE TRACKING SYSTEM MAY ALLOW ANY MEDICAL PROVIDER PROVIDING BEHAVIORAL HEALTH TREATMENT AS

PART OF THE PROVIDER'S MEDICAL PRACTICE TO PARTICIPATE IN THE TRACKING SYSTEM WITH PRIOR APPROVAL BY THE STATE DEPARTMENT.

(5) TO THE EXTENT POSSIBLE, THE TRACKING SYSTEM SHOULD BE DESIGNED TO COLLECT THE FOLLOWING INFORMATION:

(a) THE NAME, ADDRESS, WEB ADDRESS, AND TELEPHONE NUMBER OF THE FACILITY OR TREATMENT PROGRAM AND INFORMATION AS TO THE PROCESS FOR CONFIRMING THE CURRENT AVAILABILITY OF A BED OR A SLOT IN A TREATMENT PROGRAM AND FOR RESERVING A BED OR SLOT IN THE FACILITY OR TREATMENT PROGRAM;

(b) THE LICENSE TYPE FOR THE FACILITY OR TREATMENT PROGRAM AND THE LICENSED BED CAPACITY OF THE FACILITY;

(c) THE NUMBER OF BEDS OR SLOTS CURRENTLY AVAILABLE AND STAFFED FOR BEHAVIORAL HEALTH SERVICES;

(d) ADMISSION AND EXCLUSION CRITERIA, INCLUDING GENDER, AGE, ACUITY LEVEL, MEDICAL COMPLICATIONS, DIAGNOSES, OR BEHAVIORS EXCLUDED, SUCH AS INTELLECTUAL OR DEVELOPMENTAL DISABILITIES, AGGRESSION, SUBSTANCE USE DISORDERS, TRAUMATIC BRAIN INJURY, OR HISTORY OF VIOLENCE OR AGGRESSIVE BEHAVIOR;

(e) THE TYPE OF SUBSTANCE FOR WHICH THE FACILITY OR TREATMENT PROGRAM PROVIDES TREATMENT;

(f) WHETHER THE FACILITY SERVES INVOLUNTARY CLIENTS;

(g) PAYER SOURCES ACCEPTED BY EACH FACILITY OR TREATMENT PROGRAM;

(h) THE TIME AND DATE OF THE LAST UPDATE OF INFORMATION FOR THE FACILITY OR TREATMENT PROGRAM; AND

(i) A LINK TO A STABLE LOCATION MAP.

(6) THE TRACKING SYSTEM IS DESIGNED TO PROVIDE IMMEDIATE AND ACCURATE INFORMATION REGARDING THE AVAILABILITY OF FACILITY BEDS OR SLOTS IN TREATMENT PROGRAMS BUT DOES NOT GUARANTEE

AVAILABILITY. THE USER SHALL BE DIRECTED TO CONTACT THE FACILITY OR TREATMENT PROGRAM DIRECTLY TO CONFIRM CAPACITY AND TO ARRANGE PLACEMENT.

(7) PRIOR TO CONTRACTING FOR COMPONENTS OF THE TRACKING SYSTEM OR ITS IMPLEMENTATION, THE STATE DEPARTMENT SHALL CONVENE A STAKEHOLDER PROCESS TO IDENTIFY AN EFFICIENT AND EFFECTIVE TRACKING SYSTEM DESIGN. THE STATE DEPARTMENT SHALL RECEIVE INPUT RELATING TO EXISTING INFORMATION AND REPORTING SYSTEMS THAT MAY BE EXPANDED UPON FOR THE TRACKING SYSTEM, ISSUES RELATING TO DATA COLLECTION AND INPUT BY FACILITIES AND TREATMENT PROVIDERS, AND THE MOST EFFECTIVE INTERFACE FOR TRACKING SYSTEM USERS. IN ADDITION TO ANY PERSONS OR ORGANIZATIONS IDENTIFIED BY THE STATE DEPARTMENT, THE STAKEHOLDER PROCESS MUST INCLUDE INPUT FROM THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, EMERGENCY MEDICAL SERVICE PROVIDERS, CONTRACTORS OPERATING EXISTING INFORMATION AND REPORTING SYSTEMS IN THE STATE, AND FACILITIES REQUIRED TO PROVIDE INFORMATION FOR THE TRACKING SYSTEM. THE STATE DEPARTMENT SHALL REPORT TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE DURING THE LEGISLATIVE INTERIM PRECEDING THE 2020 LEGISLATIVE SESSION CONCERNING THE RESULTS OF THE STAKEHOLDER PROCESS.

(8) ON OR BEFORE JANUARY 1, 2021, THE STATE DEPARTMENT SHALL IMPLEMENT A CENTRALIZED, WEB-BASED TRACKING SYSTEM AS DESCRIBED IN THIS SECTION. THE CONTRACTOR OF THE TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICES PROVIDED PURSUANT TO SECTION 27-60-103 SHALL USE THE TRACKING SYSTEM AS AN AVAILABLE SERVICE RESOURCE LOCATOR.

(9) THE STATE DEPARTMENT SHALL ENSURE THAT APPROPRIATE TRACKING SYSTEM INFORMATION IS AVAILABLE TO THE PUBLIC ON OR BEFORE JANUARY 1, 2022.

(10) THE STATE DEPARTMENT MAY ADOPT RULES, AS NECESSARY, TO IMPLEMENT THIS SECTION.

SECTION 2. In Colorado Revised Statutes, **amend** 27-66-107 as follows:

27-66-107. Purchase of services by courts, counties,

municipalities, school districts, and other political subdivisions. Any county, municipality, school district, health service district, or other political subdivision of the state or any county, district, or juvenile court ~~is authorized to purchase mental health services from~~ MAY ENTER INTO INTERGOVERNMENTAL AGREEMENTS WITH ANY MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR MAY ENTER INTO CONTRACTUAL AGREEMENTS WITH ANY PRIVATE PROVIDER, community mental health clinics, and such other community agencies ~~as are approved for purchases by the executive director~~ FOR THE PURCHASE OF MENTAL HEALTH SERVICES. For the purchase of mental health services by counties or city and counties as authorized by this section, the board of county commissioners of any county or the city council of any city and county may levy a tax not to exceed two mills upon real property within the county or city and county if the board first submits the question of such levy to a vote of the qualified electors at a general election and receives their approval of such levy.

SECTION 3. In Colorado Revised Statutes, **add** 27-80-119 as follows:

27-80-119. Care navigation program - creation - reporting - rules - legislative declaration - definition. (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

(I) MANY INDIVIDUALS WHO NEED TREATMENT FOR SUBSTANCE USE DISORDERS MUST WAIT WEEKS OR MONTHS TO ACCESS RESIDENTIAL OR OUTPATIENT SERVICES;

(II) WHEN DEALING WITH A SUBSTANCE USE DISORDER, ANY DELAY IN STARTING TREATMENT COULD MEAN LIFE OR DEATH FOR THE AFFECTED INDIVIDUAL; AND

(III) INDIVIDUALS WHO ARE ENGAGED IN SEEKING TREATMENT FOR A SUBSTANCE USE DISORDER WOULD BENEFIT FROM CARE NAVIGATION SERVICES TO CONNECT THOSE INDIVIDUALS WITH AVAILABLE TREATMENT FACILITIES OR PROGRAMS.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT CARE NAVIGATION SERVICES THAT HELP INDIVIDUALS WHO ARE READY TO BEGIN TREATMENT TO GAIN TIMELY ACCESS TO THAT TREATMENT ARE VITAL TO

THE WELL-BEING OF MANY COLORADANS IN CRISIS.

(2) AS USED IN THIS SECTION, "ENGAGED CLIENT" MEANS AN INDIVIDUAL WHO IS INTERESTED IN AND WILLING TO ENGAGE IN SUBSTANCE USE DISORDER TREATMENT SERVICES OR OTHER TREATMENT SERVICES EITHER FOR THE INDIVIDUAL OR AN AFFECTED FAMILY MEMBER OR FRIEND.

(3) ON OR BEFORE JANUARY 1, 2020, THE DEPARTMENT SHALL IMPLEMENT A CARE NAVIGATION PROGRAM TO ASSIST ENGAGED CLIENTS IN OBTAINING ACCESS TO TREATMENT FOR SUBSTANCE USE DISORDERS. AT A MINIMUM, SERVICES AVAILABLE STATEWIDE MUST INCLUDE INDEPENDENT SCREENING OF THE TREATMENT NEEDS OF THE ENGAGED CLIENT USING NATIONALLY RECOGNIZED SCREENING CRITERIA TO DETERMINE THE CORRECT LEVEL OF CARE; THE IDENTIFICATION OF LICENSED OR ACCREDITED SUBSTANCE USE DISORDER TREATMENT OPTIONS, INCLUDING SOCIAL AND MEDICAL DETOXIFICATION SERVICES, MEDICATION-ASSISTED TREATMENT, AND INPATIENT AND OUTPATIENT TREATMENT PROGRAMS; AND THE AVAILABILITY OF VARIOUS TREATMENT OPTIONS FOR THE ENGAGED CLIENT.

(4) TO IMPLEMENT THE CARE NAVIGATION PROGRAM, THE OFFICE SHALL INCLUDE CARE NAVIGATION SERVICES IN THE TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICE CREATED PURSUANT TO SECTION 27-60-103. THE CONTRACTOR SELECTED BY THE OFFICE MUST PROVIDE CARE NAVIGATION SERVICES TO ENGAGED CLIENTS STATEWIDE. CARE NAVIGATION SERVICES MUST BE AVAILABLE TWENTY-FOUR HOURS A DAY AND MUST BE ACCESSIBLE THROUGH VARIOUS FORMATS. THE CONTRACTOR SHALL COORDINATE SERVICES IN CONJUNCTION WITH OTHER STATE CARE NAVIGATION AND COORDINATION SERVICES AND BEHAVIORAL HEALTH RESPONSE SYSTEMS TO ENSURE COORDINATED AND INTEGRATED SERVICE DELIVERY. THE USE OF PEER SUPPORT SPECIALISTS IS ENCOURAGED IN THE COORDINATION OF SERVICES. THE CONTRACTOR SHALL ASSIST THE ENGAGED CLIENT WITH ACCESSING TREATMENT FACILITIES, TREATMENT PROGRAMS, OR TREATMENT PROVIDERS AND SHALL PROVIDE SERVICES TO ENGAGED CLIENTS REGARDLESS OF THE CLIENT'S PAYER SOURCE OR WHETHER THE CLIENT IS UNINSURED. ONCE THE ENGAGED CLIENT HAS INITIATED TREATMENT, THE CONTRACTOR IS NO LONGER RESPONSIBLE FOR CARE NAVIGATION FOR THAT ENGAGED CLIENT FOR THAT EPISODE. ENGAGED CLIENTS WHO ARE ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5 SHALL BE PROVIDED WITH CONTACT INFORMATION FOR THEIR MANAGED CARE ENTITY. THE CONTRACTOR SHALL CONDUCT ONGOING

OUTREACH TO INFORM BEHAVIORAL HEALTH PROVIDERS, COUNTIES, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES, JAILS, LAW ENFORCEMENT PERSONNEL, HEALTH CARE PROFESSIONALS, AND OTHER INTERESTED PERSONS ABOUT CARE NAVIGATION SERVICES.

(5) THE CONTRACTOR SHALL ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE CREATED PURSUANT TO SECTION 27-80-303. IF THE CONTRACTOR BELIEVES THAT A HEALTH BENEFIT PLAN IS IN VIOLATION OF STATE AND FEDERAL PARITY LAWS, RULES, OR REGULATIONS PURSUANT TO SECTION 10-16-104 (5.5) AND THE "PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008", PUB.L. 110-343, AS AMENDED, WITH THE ENGAGED CLIENT'S WRITTEN PERMISSION, THE CONTRACTOR SHALL ASSIST THE ENGAGED CLIENT WITH REPORTING THE ALLEGED VIOLATION TO THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE.

(6) THE CONTRACTOR SHALL COLLECT AND TRANSMIT TO THE DEPARTMENT, IN THE TIME AND MANNER DETERMINED BY RULE OF THE DEPARTMENT, THE FOLLOWING DATA AND INFORMATION RELATING TO ENGAGED CLIENTS SERVED BY THE CONTRACTOR:

(a) DEMOGRAPHIC CHARACTERISTICS OF THE ENGAGED CLIENT, INCLUDING AGE, SEX, ETHNICITY, AND COUNTY OF RESIDENCE;

(b) THE TYPE OF SUBSTANCE FOR WHICH THE ENGAGED CLIENT IS SEEKING TREATMENT;

(c) ANY SELF-REPORTED OR IDENTIFIED MENTAL HEALTH CONDITIONS;

(d) WHETHER THE ENGAGED CLIENT WAS ABLE TO SECURE TREATMENT AND WHERE, AND, IF NOT, THE REASONS WHY;

(e) THE LENGTH OF TIME THE CONTRACTOR PROVIDED CARE NAVIGATION SERVICES TO THE ENGAGED CLIENT;

(f) WHETHER THE ENGAGED CLIENT HAD PRIVATE OR PUBLIC INSURANCE OR WAS ELIGIBLE FOR SERVICES THROUGH THE OFFICE DUE TO INCOME;

(g) SERVICES OR TREATMENT OPTIONS THAT WERE NOT AVAILABLE IN THE ENGAGED CLIENT'S COMMUNITY, INCLUDING RECOVERY SERVICES, HOUSING, TRANSPORTATION, AND OTHER SUPPORTS; AND

(h) THE NUMBER OF FAMILY MEMBERS OR FRIENDS CALLING ON BEHALF OF AN ENGAGED CLIENT OR AN INDIVIDUAL WITH A SUBSTANCE USE DISORDER.

(7) THE STATE BOARD MAY PROMULGATE ANY RULES NECESSARY TO IMPLEMENT THE CARE NAVIGATION PROGRAM.

(8) NO LATER THAN SEPTEMBER 1, 2020, AND EACH SEPTEMBER 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, CONCERNING THE UTILIZATION OF CARE NAVIGATION SERVICES PURSUANT TO THIS SECTION, INCLUDING A SUMMARY OF THE DATA AND INFORMATION COLLECTED BY THE CONTRACTOR PURSUANT TO SUBSECTION (6) OF THIS SECTION, IN ACCORDANCE WITH STATE AND FEDERAL HEALTH CARE PRIVACY LAWS. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136 (11)(a)(I), THE REPORTING REQUIREMENTS OF THIS SUBSECTION (8) CONTINUE INDEFINITELY.

SECTION 4. In Colorado Revised Statutes, **add** 27-80-120 as follows:

27-80-120. Building substance use disorder treatment capacity in underserved communities - grant program - repeal. (1) THERE IS CREATED IN THE DEPARTMENT THE BUILDING SUBSTANCE USE DISORDER TREATMENT CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM, REFERRED TO IN THIS SECTION AS THE "GRANT PROGRAM".

(2) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT SHALL AWARD GRANT PROGRAM MONEY TO INCREASE SUBSTANCE USE DISORDER CAPACITY AND SERVICES IN RURAL AND FRONTIER COMMUNITIES. EACH MANAGED SERVICE ORGANIZATION AREA THAT CONSISTS OF AT LEAST FIFTY PERCENT RURAL OR FRONTIER COUNTIES SHALL RECEIVE AN EQUAL PROPORTION OF THE ANNUAL GRANT PROGRAM MONEY TO DISBURSE IN

LOCAL GRANTS.

(3) A GRANT COMMITTEE SHALL REVIEW GRANT APPLICATIONS AND, IF APPROVED, AWARD LOCAL GRANTS. THE GRANT COMMITTEE INCLUDES TWO MEMBERS APPOINTED BY THE COUNTY COMMISSIONERS IN THE RELEVANT MANAGED SERVICE ORGANIZATION SERVICE AREA, TWO REPRESENTATIVES FROM THE MANAGED SERVICE ORGANIZATION, AND TWO MEMBERS REPRESENTING THE DEPARTMENT AND APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT. THE AWARD OF A LOCAL GRANT MUST BE APPROVED BY A MAJORITY OF THE MEMBERS OF THE GRANT COMMITTEE. IN AWARDED A LOCAL GRANT, THE GRANT COMMITTEE SHALL PRIORITIZE GEOGRAPHIC AREAS THAT ARE UNSERVED OR UNDERSERVED. AFTER LOCAL GRANTS ARE APPROVED FOR EACH MANAGED SERVICE ORGANIZATION SERVICE AREA, THE DEPARTMENT SHALL DISBURSE GRANT PROGRAM MONEY TO THE MANAGED SERVICE ORGANIZATION FOR DISTRIBUTION TO LOCAL GRANT RECIPIENTS.

(4) LOCAL GRANTS MUST BE USED TO ENSURE THAT LOCAL COMMUNITIES INCREASE ACCESS TO A CONTINUUM OF SUBSTANCE USE DISORDER TREATMENT SERVICES, INCLUDING MEDICAL OR CLINICAL DETOXIFICATION, RESIDENTIAL TREATMENT, RECOVERY SUPPORT SERVICES, AND INTENSIVE OUTPATIENT TREATMENT.

(5) LOCAL GOVERNMENTS, MUNICIPALITIES, COUNTIES, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND PRIMARY CARE OR SUBSTANCE USE DISORDER TREATMENT PROVIDERS WITHIN OR OUTSIDE OF THE MANAGED SERVICE ORGANIZATION'S NETWORK OF PROVIDERS MAY APPLY FOR A LOCAL GRANT TO PROVIDE SERVICES.

(6) MONEY APPROPRIATED FOR THE PILOT PROGRAM THAT REMAINS UNEXPENDED AND UNENCUMBERED AT THE END OF THE FISCAL YEAR IS FURTHER APPROPRIATED TO THE DEPARTMENT FOR THE PILOT PROGRAM IN THE NEXT FISCAL YEAR.

(7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

SECTION 5. Appropriation. (1) For the 2019-20 state fiscal year, \$31,961 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation consists of \$21,733 from the general fund and \$10,228 from the healthcare

affordability and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this appropriation as follows:

(a) \$29,182 for personal services, which amount consists of \$19,844 from the general fund and \$9,338 from the healthcare affordability and sustainability fee cash fund, and is based on an assumption that the department will require an additional 0.8 FTE; and

(b) \$2,779 for operating expenses, which amount consists of \$1,889 from the general fund and \$890 from the healthcare affordability and sustainability fee cash fund.

(2) For the 2019-20 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$31,961 in federal funds to implement this act. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$29,182 for personal services; and

(b) \$2,779 for operating expenses.

(3) For the 2019-20 state fiscal year, \$5,589,344 is appropriated to the department of human services. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the department may use this appropriation as follows:

(a) \$152,318 for use by the office of behavioral health for personal services related to community behavioral health administration, which amount is based on an assumption that the office will require an additional 2.5 FTE;

(b) \$16,674 for use by the office of behavioral health for operating expenses related to community behavioral health administration;

(c) \$260,206 for the behavioral health capacity tracking system;

(d) \$160,146 for care navigation services; and

(e) \$5,000,000 for the building substance use disorder treatment capacity in underserved communities grant program.

(4) For the 2019-20 state fiscal year, \$160,206 is appropriated to the office of the governor for use by the office of information technology. This appropriation is from reappropriated funds received from the department of human services under subsection (3)(c) of this section, and is based on an assumption that the office will require an additional 1.4 FTE. To implement this act, the office may use this appropriation to provide information technology services for the department of human services.

SECTION 6. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

KC Becker
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Leroy M. Garcia
PRESIDENT OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO