

**Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO
CORRECTED INTRODUCED**

LLS NO. 20-1304.01 Shelby Ross x4510

HOUSE BILL 20-1411

HOUSE SPONSORSHIP

Michaelson Jenet and Kraft-Tharp,

SENATE SPONSORSHIP

Pettersen,

House Committees

State, Veterans, & Military Affairs
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE ALLOCATION OF MONEY THE STATE RECEIVED FROM**
102 **THE FEDERAL CORONAVIRUS RELIEF FUND FOR BEHAVIORAL**
103 **HEALTH SERVICES.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill appropriates money from the cares subfund in the general fund to the department of human services, the department of public health and environment, the department of higher education, and the department of law for behavioral health programs and services that were not accounted for in the state budget most recently approved as of March 27,

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

2020, and are necessary to respond to the COVID-19 public health emergency. All of the appropriations must be expended on or before December 30, 2020.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds that:

4 (a) On March 27, 2020, the federal government enacted the
5 "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act),
6 Pub.L. 116-136, pursuant to which Colorado received approximately
7 \$1,674,000,000 from the federal coronavirus relief fund to use for
8 necessary expenditures incurred due to the current COVID-19 public
9 health emergency;

10 (b) On May 18, 2020, the Colorado governor issued Executive
11 Order 2020 D 070, transferring \$70,000,000 from the state CARES Act
12 fund to the state general fund for eligible expenditures;

13 (c) The expenditures in this bill are considered an allowable use
14 under the federal CARES Act and are necessary to respond to the
15 COVID-19 public health emergency;

16 (d) The expenditures in this bill were not accounted for in the
17 Colorado state budget most recently approved as of March 27, 2020, and
18 all of the expenses will be incurred on or before December 30, 2020; and

19 (e) Any state department that receives expenditures in this bill for
20 community programs and services shall:

21 (I) Distribute funding in a manner that utilizes existing
22 infrastructure and contracts in the most expedited way possible; and

23 (II) Consider the needs of underserved populations and
24 communities, including African-American communities, indigenous

1 communities, and other communities of people of color.

2 (2) The general assembly further finds and declares that:

3 (a) Due to the unanticipated effects of COVID-19, many
4 residential treatment providers are unable to admit new patients because
5 of the limited availability of testing and limited space for quarantine and
6 infection control practices. The office of behavioral health in the
7 department of human services applied for \$2,000,000 in emergency
8 funding from the federal Substance Abuse and Mental Health Services
9 Administration to provide step-down substance use treatment and
10 transportation for individuals discharged from the hospital setting who
11 tested positive for COVID-19. However, these funds were not sufficient
12 to support quarantine and infection control practices for asymptomatic
13 individuals entering inpatient residential treatment facilities. During April
14 2020, more than one-third of behavioral health care appointments were
15 cancelled, rescheduled, or patients were turned away and 62% of
16 behavioral health organizations have had to close at least one program
17 due to COVID-19.

18 (b) The need for behavioral health services are compounded by
19 the challenges associated with COVID-19 and the more than half a
20 million individuals who have filed for unemployment. Community mental
21 health centers (CMHCs) continue to shift resources to respond to rapidly
22 changing behavioral health needs, including the impacts of extended
23 social isolation and the emerging economic hardships. CMHCs in
24 Colorado have continued to remain open and operational throughout the
25 stages of the COVID-19 related closures. Many CMHCs operate facilities
26 24 hours a day, 7 days a week, as well as provide emergency services and
27 other critical services, such as injectable medications and other pharmacy

1 needs. As a result, CMHCs have incurred unanticipated operational costs
2 averaging \$150,000 for each of the 17 CMHCs in Colorado.

3 (c) Given the increase in substance use resulting from COVID-19,
4 substance use brief intervention services are necessary to help individuals
5 examine their relationship with substances prior to the development of a
6 substance use disorder. These services help support individuals who do
7 not have a current need for full treatment admission but need a few
8 sessions to support positive outcomes.

9 (d) There are school-based clinicians and prevention specialists
10 at every CMHC across Colorado who have been cut off from students
11 since mid-March due to COVID-19. Teachers are reporting an increased
12 need for mental health support for students struggling with schooling at
13 home. In addition, since teachers and social workers cannot be physically
14 present with students, more active mental health services and check-ins
15 may be necessary to support students' well-being and identify potential
16 abuse and neglect at home. With the uncertainty of when schools will
17 reopen this fall and whether summer programs for youth will be available
18 this summer, it is more important than ever that CMHCs receive funding
19 for the technology and tools needed to reach students and their families
20 in community settings.

21 (e) Co-responder programs have experienced unique challenges
22 related to the COVID-19 pandemic. Health care providers and agencies
23 have shifted services to virtual technology, where possible. Primary
24 responses in some areas have decreased, while most co-responder
25 programs have indicated that secondary responses have increased.
26 Co-responder programs that pair law enforcement officials with clinicians
27 in the same patrol car have incurred increased expenses as clinicians have

1 used their own vehicles to respond due to a desire to maintain social
2 distancing and to avoid transmission of COVID-19 between co-responder
3 teams. This practice is based on information from New York, which
4 experienced high contagion rates between co-responder teams.
5 Co-responder programs have added case management support during the
6 COVID-19 pandemic and have incurred unexpected costs associated with
7 client supports, virtual technology infrastructure, personal protective
8 equipment, cleaning supplies, and staffing.

9 (f) Since the beginning of the COVID-19 pandemic, the Colorado
10 crisis hotline has seen a roughly 30% increase in average monthly calls,
11 or an average of more than 20,000 calls per month, which is the hotline's
12 highest volume of calls per month since the hotline's launch in August
13 2014. Given this increase in volume, funding is needed to meet immediate
14 staffing needs for Colorado crisis services.

15 (g) Due to COVID-19, increased housing instability has been
16 coupled with higher rates of relapse from substance use, leading to an
17 unexpected greater need for recovery residences and sober housing.
18 Transitional housing for individuals leaving residential treatment,
19 hospitalization, or the criminal justice system is immediately needed to
20 prevent homelessness.

21 (h) For individuals with an opioid use disorder,
22 medication-assisted treatment is an essential health service. Rural and
23 frontier communities have seen increased demand for medication-assisted
24 treatment during the COVID-19 pandemic. Rural and frontier health care
25 organizations in 17 counties and 40 clinics have expressed the need for
26 personal protective equipment to safely provide medication-assisted
27 treatment to individuals in need.

1 (i) The mental health crisis among adolescents experiencing, or
2 who know someone experiencing, mental health or substance use
3 disorders is growing at an alarming rate, especially in light of COVID-19.
4 Educators are on the frontlines of this mental health crisis and they need
5 to be equipped with the skills and knowledge necessary to meet new
6 mental health dynamics this fall. Even before the current crisis, the need
7 for mental health education was growing in Colorado because of higher
8 rates of mental illness and suicide. CMHCs will utilize mental health first
9 aid Colorado instructors, school-based clinicians, and the continuum of
10 providers to assist educators and school personnel with needed support as
11 they transition to new learning modalities and ways to stay connected to
12 peers and students who will inevitably have challenges with social
13 isolation and new family dynamics as a result of loss of work, changing
14 the needs of the household and individual trauma due to COVID-19.

15 (j) Some communities nationwide are already witnessing an
16 increase in the rate of overdose deaths since the onset of the COVID-19
17 pandemic. In 2019, Colorado experienced an unprecedented 1,062 drug
18 overdose deaths, and fentanyl overdoses doubled between 2018 and 2019.
19 The economic, mental, financial, and social stress coupled with changes
20 in the drug supply put individuals at higher risk for relapse and overdose.
21 People recovering from COVID-19 may have diminished lung capacity,
22 increasing their risk for overdose. In addition, because of social isolation
23 and social distancing, there may be fewer bystanders of overdose. The
24 availability of naloxone is even more urgent because of these risk factors
25 during the COVID-19 pandemic.

26 (k) Since the beginning of the COVID-19 pandemic, Colorado's
27 62 school-based health centers have transitioned to mostly delivering

1 services through telehealth for primary care and behavioral health care,
2 which encompasses mental health and substance use interventions,
3 screening, and referral services. School-based health centers serve
4 communities with the highest needs, including low-income, medicaid, and
5 uninsured populations. These populations became even more vulnerable
6 during the pandemic due to economic insecurity and greater exposure to
7 COVID-19. Children and adolescents in Colorado already face a high risk
8 for suicide, vaping, anxiety, and depression, and the disruption and
9 isolation that have occurred in response to COVID-19 has increased these
10 risks. Because of this, it is even more critical for youth to receive
11 behavioral health supports through telehealth from a school-based health
12 center provider.

13 (l) As guidance for treatment of substance use has rapidly changed
14 in response to COVID-19, education is key to ensure providers and
15 clinicians understand telehealth, federal and state guidance, billing, and
16 best practices in management of chronic pain and prescribing of opioids
17 for at-risk patients. Currently, weekly virtual provider education sessions
18 are offered on a range of timely topics and additional funding is necessary
19 to expand these provider education sessions to more specialities and topic
20 areas.

21 (m) According to a national study, only 62.1% of behavioral
22 health organizations believe they can only survive financially for 3
23 months or less under the current COVID-19 conditions. Since the start of
24 COVID-19, invoices have increased 30% for the center for research,
25 which provides grant writing assistance to small organizations with
26 limited capacity due to the number of COVID-19 related federal and state
27 grant applications and heightened financial need. With staff stretched

1 even more thin due to COVID-19, grant writing assistance is necessary
2 to respond to short deadlines and keep organizations informed of new
3 federal opportunities, bringing more federal funds to the state.

4 (n) The medication assisted treatment expansion pilot program
5 (pilot program) is available to provide grants to community agencies,
6 office-based practices, behavioral health organizations, and substance use
7 treatment organizations practicing or providing treatment. The COVID-19
8 response is necessitating costly adjustments for the continuation of the
9 delivery of medicaid assisted treatment to clients in the pilot program,
10 including the need for personal protective equipment and disposable
11 mobile phones to engage patients through telehealth, increased costs for
12 personnel for follow-up visits and check-in calls to patients, increased
13 laboratory costs due to the inability to provide in-office drug testing, and
14 increased medication costs for patients who lost insurance coverage.

15 (o) The safe2tell program extends beyond the school and provides
16 students and the community with the means to relay information
17 anonymously concerning unsafe, potentially harmful, dangerous, violent,
18 or criminal activities, or the threat of these activities, to appropriate law
19 enforcement and public safety agencies and school officials. The
20 stay-at-home public health order resulted in the closure of schools, which
21 took away school support systems for students of all ages, which can lead
22 to increased stress and depression for students. In addition, with students
23 at home more often, they are more at risk for abuse. Whether or not
24 students can expect to attend school in person next year, anxieties among
25 students is expected to be high as students adjust to a new normal.
26 Continued isolation will likely have a negative impact on mental health
27 and potential increase in drug use.

1 (p) COVID-19 is disproportionately impacting Colorado's
2 African-American and Latino communities. Latinos account for 35% of
3 all positive COVID-19 cases, though they make up less than 22% of
4 Colorado's population. Likewise, African Americans account for 7.6% of
5 positive COVID-19 cases, but make up less than 4% of Colorado's
6 population. Ethnic and racial minorities tend to face greater exposure to
7 racism, discrimination, violence, and poverty, which can influence their
8 mental health. These challenges are often coupled with poor access to
9 mental health care and culturally-based stigma around mental health.
10 African-American and Latino individuals fall behind when it comes to
11 receiving help from a professional. A total of 7.3% of African Americans
12 and 8.4% of Latinos receive support for mental health concerns compared
13 to 13% of white Coloradans.

14 **SECTION 2. Appropriation.** (1) (a) For the 2019-20 state fiscal
15 year, the following amounts are appropriated to the department of human
16 services for use by the office of behavioral health. The appropriations are
17 from the care subfund in the general fund. The office may use the
18 appropriations for the following purposes:

19 (I) \$3,530,000 directed to the managed service organizations for
20 substance use disorder treatment and recovery providers for unanticipated
21 expenses related to COVID-19;

22 (II) \$3,250,000 for community mental health centers for
23 unanticipated expenses related to COVID-19;

24 (III) \$500,000 directed to the managed service organizations for
25 substance use screening, brief intervention services, referral to treatment,
26 training, and supports;

27 (IV) \$2,000,000 for services provided to school-aged children and

1 parents by community mental health center school-based clinicians and
2 prevention specialists; and

3 (V) \$3,800,000 for co-responder programs; Colorado crisis system
4 services; housing assistance, including recovery residences and
5 momentum and transition specialist programs; and treatment for rural
6 communities.

7 (b) Any money appropriated in this subsection (1) not expended
8 prior to July 1, 2020, is further appropriated to the department of human
9 services for use by the office of behavioral health for the period from July
10 1, 2020, through December 30, 2020, for the same purpose.

11 (2) For the 2019-20 state fiscal year, \$250,000 is appropriated to
12 the department of public health and environment for use by the office of
13 suicide prevention. This appropriation is from the care subfund in the
14 general fund. The office may use this appropriation for mental health
15 services for school personnel and educators. Any money appropriated in
16 this subsection (2) not expended prior to July 1, 2020, is further
17 appropriated to the department of public health and environment for use
18 by the office of suicide prevention for the period from July 1, 2020,
19 through December 30, 2020, for the same purpose.

20 (3) For the 2019-20 state fiscal year, \$1,150,000 is appropriated
21 to the department of public health and environment. The appropriation is
22 from the care subfund in the general fund. The department may use this
23 appropriation for the opiate antagonist bulk purchase fund, created in
24 section 25-1.5-115, C.R.S., and school-based health centers, as defined
25 in section 25-20.5-502 (1), C.R.S. Any money appropriated in this
26 subsection (3) not expended prior to July 1, 2020, is further appropriated
27 to the department of public health and environment for the period from

1 July 1, 2020, through December 30, 2020, for the same purpose.

2 (4) For the 2019-20 state fiscal year, \$600,000 is appropriated to
3 the department of higher education for use by the regents of the university
4 of Colorado. The appropriation is from the care subfund in the general
5 fund. The regents may use this appropriation for education for health care
6 professionals, grant writing assistance, and personal protective equipment
7 and telehealth supplies for the medication-assisted treatment expansion
8 pilot program created in section 23-21-804, C.R.S. Any money
9 appropriated in this subsection (4) not expended prior to July 1, 2020, is
10 further appropriated to the department of higher education for use by the
11 regents of the university of Colorado for the period from July 1, 2020,
12 through December 30, 2020, for the same purpose.

13 (5) For the 2019-20 state fiscal year, \$120,000 is appropriated to
14 the department of law. The appropriation is from the care subfund in the
15 general fund. The department may use this appropriation for the safe2tell
16 program created in section 24-31-606, C.R.S. Any money appropriated
17 in this subsection (5) not expended prior to July 1, 2020, is further
18 appropriated to the department of law for the period from July 1, 2020,
19 through December 30, 2020, for the same purpose.

20 **SECTION 3. Safety clause.** The general assembly hereby finds,
21 determines, and declares that this act is necessary for the immediate
22 preservation of the public peace, health, or safety.