A BILL FOR AN ACT

CONCERNING THE ALLOCATION OF MONEY THE STATE RECEIVED FROM
THE FEDERAL CORONAVIRUS RELIEF FUND FOR BEHAVIORAL
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,
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.

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

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

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

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

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

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

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

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

(II) Consider the needs of underserved populations and communities, including African-American communities, indigenous
communities, and other communities of people of color.

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

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

(b) The need for behavioral health services are compounded by the challenges associated with COVID-19 and the more than half a million individuals who have filed for unemployment. Community mental health centers (CMHCs) continue to shift resources to respond to rapidly changing behavioral health needs, including the impacts of extended social isolation and the emerging economic hardships. CMHCs in Colorado have continued to remain open and operational throughout the stages of the COVID-19 related closures. Many CMHCs operate facilities 24 hours a day, 7 days a week, as well as provide emergency services and other critical services, such as injectable medications and other pharmacy
needs. As a result, CMHCs have incurred unanticipated operational costs averaging $150,000 for each of the 17 CMHCs in Colorado.

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

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

(e) Co-responder programs have experienced unique challenges related to the COVID-19 pandemic. Health care providers and agencies have shifted services to virtual technology, where possible. Primary responses in some areas have decreased, while most co-responder programs have indicated that secondary responses have increased. Co-responder programs that pair law enforcement officials with clinicians in the same patrol car have incurred increased expenses as clinicians have
used their own vehicles to respond due to a desire to maintain social
distancing and to avoid transmission of COVID-19 between co-responder
teams. This practice is based on information from New York, which
experienced high contagion rates between co-responder teams.
Co-responder programs have added case management support during the
COVID-19 pandemic and have incurred unexpected costs associated with
client supports, virtual technology infrastructure, personal protective
equipment, cleaning supplies, and staffing.

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

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

(h) For individuals with an opioid use disorder,
medication-assisted treatment is an essential health service. Rural and
frontier communities have seen increased demand for medication-assisted
treatment during the COVID-19 pandemic. Rural and frontier health care
organizations in 17 counties and 40 clinics have expressed the need for
personal protective equipment to safely provide medication-assisted
treatment to individuals in need.
(i) The mental health crisis among adolescents experiencing, or who know someone experiencing, mental health or substance use disorders is growing at an alarming rate, especially in light of COVID-19. Educators are on the frontlines of this mental health crisis and they need to be equipped with the skills and knowledge necessary to meet new mental health dynamics this fall. Even before the current crisis, the need for mental health education was growing in Colorado because of higher rates of mental illness and suicide. CMHCs will utilize mental health first aid Colorado instructors, school-based clinicians, and the continuum of providers to assist educators and school personnel with needed support as they transition to new learning modalities and ways to stay connected to peers and students who will inevitably have challenges with social isolation and new family dynamics as a result of loss of work, changing the needs of the household and individual trauma due to COVID-19.

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

(k) Since the beginning of the COVID-19 pandemic, Colorado's 62 school-based health centers have transitioned to mostly delivering
services through telehealth for primary care and behavioral health care, which encompasses mental health and substance use interventions, screening, and referral services. School-based health centers serve communities with the highest needs, including low-income, medicaid, and uninsured populations. These populations became even more vulnerable during the pandemic due to economic insecurity and greater exposure to COVID-19. Children and adolescents in Colorado already face a high risk for suicide, vaping, anxiety, and depression, and the disruption and isolation that have occurred in response to COVID-19 has increased these risks. Because of this, it is even more critical for youth to receive behavioral health supports through telehealth from a school-based health center provider.

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

(m) According to a national study, only 62.1% of behavioral health organizations believe they can only survive financially for 3 months or less under the current COVID-19 conditions. Since the start of COVID-19, invoices have increased 30% for the center for research, which provides grant writing assistance to small organizations with limited capacity due to the number of COVID-19 related federal and state grant applications and heightened financial need. With staff stretched
even more thin due to COVID-19, grant writing assistance is necessary to respond to short deadlines and keep organizations informed of new federal opportunities, bringing more federal funds to the state.

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

(o) The safe2tell program extends beyond the school and provides students and the community with the means to relay information anonymously concerning unsafe, potentially harmful, dangerous, violent, or criminal activities, or the threat of these activities, to appropriate law enforcement and public safety agencies and school officials. The stay-at-home public health order resulted in the closure of schools, which took away school support systems for students of all ages, which can lead to increased stress and depression for students. In addition, with students at home more often, they are more at risk for abuse. Whether or not students can expect to attend school in person next year, anxieties among students is expected to be high as students adjust to a new normal. Continued isolation will likely have a negative impact on mental health and potential increase in drug use.
COVID-19 is disproportionately impacting Colorado's African-American and Latino communities. Latinos account for 35% of all positive COVID-19 cases, though they make up less than 22% of Colorado's population. Likewise, African Americans account for 7.6% of positive COVID-19 cases, but make up less than 4% of Colorado's population. Ethnic and racial minorities tend to face greater exposure to racism, discrimination, violence, and poverty, which can influence their mental health. These challenges are often coupled with poor access to mental health care and culturally-based stigma around mental health. African-American and Latino individuals fall behind when it comes to receiving help from a professional. A total of 7.3% of African Americans and 8.4% of Latinos receive support for mental health concerns compared to 13% of white Coloradans.

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

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

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

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

(IV) $2,000,000 for services provided to school-aged children and
parents by community mental health center school-based clinicians and
prevention specialists; and

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

communities.

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

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

(3) For the 2019-20 state fiscal year, $1,150,000 is appropriated
to the department of public health and environment. The appropriation is
from the care subfund in the general fund. The department may use this
appropriation for the opiate antagonist bulk purchase fund, created in
section 25-1.5-115, C.R.S., and school-based health centers, as defined
in section 25-20.5-502 (1), C.R.S. Any money appropriated in this
subsection (3) not expended prior to July 1, 2020, is further appropriated
to the department of public health and environment for the period from
July 1, 2020, through December 30, 2020, for the same purpose.

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

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

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