

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 21-0586.01 Shelby Ross x4510

SENATE BILL 21-137

SENATE SPONSORSHIP

Pettersen and Winter, Bridges, Coram, Danielson, Donovan, Fields, Gardner, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Moreno, Priola, Simpson, Story, Zenzinger

HOUSE SPONSORSHIP

Michaelson Jenet and Kennedy,

Senate Committees

Health & Human Services
Appropriations

House Committees

Public & Behavioral Health & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING THE "BEHAVIORAL HEALTH RECOVERY ACT OF 2021",**
102 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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>.)

Section 1 of the bill titles the bill the "Behavioral Health Recovery Act of 2021".

Section 2 of the bill continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids.

Sections 3 and 4 of the bill continue the funding for the medication-assisted treatment expansion pilot program (pilot program) for

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.

HOUSE
Amended 2nd Reading
June 7, 2021

SENATE
3rd Reading Unamended
May 11, 2021

SENATE
Amended 2nd Reading
May 10, 2021

the 2020-21 through 2022-23 state fiscal years and repeal the pilot program on June 30, 2023.

Section 5 of the bill expands the Colorado state university AgrAbility project (project) by providing funding for the project's rural rehabilitation specialists to provide information, services, and research-based, stress-assistance information, education, suicide prevention training, and referrals to behavioral health-care services to farmers, ranchers, agricultural workers, and their families to mitigate incidences of harmful responses to stress experienced by these individuals.

Section 6 of the bill appropriates money to the department of public health and environment to address behavioral health disorders through public health prevention and intervention and to work with community partners to address behavioral health, mental health, and substance use priorities throughout the state.

Section 7 of the bill continuously appropriates money to the harm reduction grant program.

Section 8 of the bill requires a managed care organization (MCO) to notify a person's provider of approval of authorization of services no later than 24 hours after the submission of the request for services. The initial authorization for intensive residential treatment must be no less than 7 days, and the initial authorization for transitional residential treatment must be no less than 14 days. The initial authorization period may be longer if the MCO does not have sufficient information from the person's provider. MCOs shall continually authorize services in accordance with the person's provider if the MCO's determination conflicts with the provider's recommendation. MCOs shall provide specific justification for each denial of continued authorization for all 6 dimensions in the most recent edition of "The ASAM Criteria for Addictive, Substance-related, and Co-occurring Conditions".

Section 9 of the bill requires the state medical assistance program (medicaid) to include screening for perinatal mood and anxiety disorders for each child enrolled in medicaid in accordance with the health resources and services administration guidelines. The screening must be made available to any person, regardless of whether the person is enrolled in medicaid, so long as the person's child is enrolled in medicaid.

Section 10 of the bill requires the department of human services to develop a statewide data collection and information system to analyze implementation data and selected outcomes to identify areas for improvement, promote accountability, and provide insights to continually improve child and program outcomes.

Section 11 of the bill requires the department of human services, in collaboration with the department of agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in

rural and frontier communities in need of behavioral health-care services.

Section 12 of the bill requires the center for research into substance use disorder prevention, treatment, and recovery support strategies to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery.

Section 13 of the bill continues the building substance use disorder treatment capacity in underserved communities grant program.

Section 14 of the bill requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with substance use disorders and their infants.

Section 15 of the bill requires the office of behavioral health to use a competitive selection process to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices.

Section 16 of the bill requires the office of behavioral health to establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for the individual's substance use disorder.

Section 16 of the bill also creates the recovery support services grant program for the purpose of providing recovery-oriented services to individuals with a substance use and co-occurring mental health disorder.

Section 17 of the bill continues the appropriation to the maternal and child health pilot program.

Section 18 of the bill continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of nalaxone and other drugs used to block the effects of an opioid overdose.

Section 19 of the bill continues the harm reduction grant program and the maternal and child health pilot program.

Section 20 of the bill appropriates money to various state departments for certain programs.

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

2 **SECTION 1. Short title.** The short title of this act is the
3 "Behavioral Health Recovery Act of 2021".

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

1 (a) The federal government enacted the "American Rescue Plan
2 Act of 2021" to provide support to state, local, and tribal governments in
3 responding to the impact of COVID-19 and to assist their efforts to
4 contain the effects of COVID-19 on their communities, residents, and
5 businesses. Under the federal act, the state of Colorado received over
6 three billion dollars to be used for the purposes identified in the federal
7 act.

8 (b) Regulations construing the federal act promulgated by the
9 United States treasury identify a nonexclusive list of uses that address a
10 broad range of public health needs exacerbated by the pandemic. Under
11 these regulations, funds may be used for mental health and substance
12 misuse treatment; hotlines and warmlines; crisis intervention, services, or
13 outreach to promote access to health and social services; and other
14 behavioral health services.

15 (2) Therefore, the general assembly declares that the programs and
16 services funded by the federal money transferred in this bill are
17 appropriate uses of the money transferred to Colorado under the federal
18 act. This money will be put to expeditious and efficient use in expanding
19 access to evidence-based treatment for mental health and substance use
20 disorders, especially in frontier and rural communities; supporting
21 behavioral health services for pregnant and parenting women, for families
22 of young children, and for children and youth; enhancing evidence-based
23 strategies and services to prevent drug overdose deaths; mitigating the
24 impacts of the opioid crisis; and expanding access to recovery support
25 services.

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1 SECTION 3. In Colorado Revised Statutes, 23-1-104, amend
2 (1)(b)(II); and amend as it will become effective July 1, 2021, (1)(c) as
3 follows:

4 23-1-104. Financing the system of postsecondary education -
5 report. (1) (b) (II) For the 2010-11 fiscal year and for fiscal years
6 beginning on or after July 1, 2016, the general assembly shall also make
7 annual appropriations of cash funds, other than cash funds received as
8 tuition income or as fees, as a single line item to each governing board for
9 the operation of its campuses. Each governing board shall allocate said
10 cash fund appropriations to the institutions under its control in the manner
11 deemed most appropriate by the governing board; except that, if the
12 general assembly appropriates money pursuant to section 23-31.5-112 OR
13 27-80-118, that money is not included within the single line item
14 appropriation described in this subsection (1)(b)(II).

15 (c) [Editor's note: This version of subsection (1)(c) introductory
16 portion is effective July 1, 2021.] In addition to any appropriations made
17 pursuant to subsection (1)(a) or (1)(b) of this section, the general
18 assembly may make annual appropriations of general fund money and of
19 money received pursuant to a fee-for-service contract negotiated by the
20 board of governors of the Colorado state university system and the
21 department of higher education, as described in section 23-18-303 or
22 23-18-303.5, whichever is applicable, as separate line items to:

23 (I) The Colorado state forest service described in part 3 of article
24 31 of this title TITLE 23;

25 (II) The agricultural experiment station department of the
26 Colorado state university described in part 6 of article 31 of this title; and
27 TITLE 23;

1 (III) The Colorado state university cooperative extension service
2 described in part 7 of article 31 of this title TITLE 23; AND

3 (IV) THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER
4 PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES CREATED
5 IN SECTION 27-80-118.

6 **SECTION 4.** In Colorado Revised Statutes, 23-21-808, **amend**
7 (1) as follows:

8 **23-21-808. Funding for pilot program.** (1) (a) For the 2019-20
9 and 2020-21 state fiscal years YEAR 2021-22, AND EACH STATE FISCAL
10 YEAR THEREAFTER, the general assembly shall annually appropriate ~~two~~
11 ~~THREE~~ million five hundred thousand dollars per fiscal year from the
12 marijuana tax cash fund created in section 39-28.8-501 to the board of
13 regents of the university of Colorado, for allocation to the center to
14 implement and administer the MAT expansion pilot program. The center
15 may use a portion of the money annually appropriated for the pilot
16 program to pay the direct and indirect costs that the center incurs to
17 administer the pilot program, as well as to provide consulting services to
18 and oversight of grant recipients, for data collection and analysis,
19 evaluation of the pilot program, and program reporting.

20 (b) If any unexpended or uncommitted money appropriated for a
21 fiscal year remains at the end of that fiscal year, the center may expend
22 the money in accordance with this section in the succeeding fiscal year.
23 Any unexpended or uncommitted money remaining at the end of the
24 2020-21 fiscal year reverts to the marijuana tax cash fund.

25 **SECTION 5.** In Colorado Revised Statutes, **repeal** 23-21-809 as
26 follows:

27 **23-21-809. Repeal of part.** This part 8 is repealed, effective June

1 30, 2022.

2 **SECTION 6.** In Colorado Revised Statutes, **add** part 9 to article
3 21 of title 23 as follows:

4 **PART 9**
5 **REGIONAL HEALTH CONNECTOR**
6 **WORKFORCE PROGRAM**

7 **23-21-901. Regional health connector workforce program -**
8 **creation - school of medicine.** (1) THERE IS CREATED IN THE UNIVERSITY
9 OF COLORADO SCHOOL OF MEDICINE THE REGIONAL HEALTH CONNECTOR
10 WORKFORCE PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM".

11 **THE PROGRAM SHALL:**

12 (a) EDUCATE HEALTH-CARE PROVIDERS ON EVIDENCE-BASED AND
13 EVIDENCE-INFORMED THERAPIES AND TECHNIQUES TO ENABLE
14 HEALTH-CARE PROVIDERS TO INCORPORATE SUCH PRACTICES IN THEIR
15 WORK AND TO IMPROVE COMMUNITY HEALTH;

16 (b) PROVIDE SUPPORT AND ASSISTANCE TO PRIMARY CARE
17 PROVIDERS AS A LINK BETWEEN PRIMARY CARE SERVICES, BEHAVIORAL
18 HEALTH SERVICES, PUBLIC HEALTH SERVICES, AND COMMUNITY AGENCIES
19 TO IMPROVE COMMUNITY HEALTH AND HEALTH CARE, INCLUDING
20 ATTENTION TO BEHAVIORAL HEALTH NEEDS;

21 (c) ASSIST PRIMARY CARE PRACTICES AND COMMUNITY AGENCIES
22 IN CONNECTING PATIENTS WITH MENTAL HEALTH OR SUBSTANCE USE
23 DISORDERS TO SUPPORT AND TREATMENT OPTIONS;

24 (d) EDUCATE HEALTH-CARE PROVIDERS ABOUT PREVENTIVE
25 MEDICINE, HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT, AND
26 BEHAVIORAL HEALTH SERVICES; AND

27 (e) PROVIDE CLEAR INFORMATION TO PROVIDERS AND COMMUNITY

1 MEMBERS REGARDING COVID-19 PREVENTION, TREATMENT, AND
2 VACCINES.

3 SECTION 7. In Colorado Revised Statutes, add 23-31-707 as
4 follows:

5 23-31-707. Colorado AgrAbility project - extension program
6 - creation - appropriation - legislative declaration. (1) THE GENERAL
7 ASSEMBLY FINDS THAT COLORADO SHOULD EXPAND THE COLORADO
8 AGRABILITY PROJECT BY PROVIDING FUNDING FOR THE PROJECT'S RURAL
9 REHABILITATION SPECIALISTS WITH THE GOAL OF INFORMING, EDUCATING,
10 AND ASSISTING FARMERS, RANCHERS, AND FARM WORKERS WITH
11 DISABILITIES AND THEIR FAMILIES SO THEY CAN CONTINUE TO HAVE
12 SUCCESSFUL CAREERS IN AGRICULTURE.

13 (2) COLORADO STATE UNIVERSITY SHALL IMPLEMENT AND
14 ADMINISTER THE COLORADO AGRABILITY PROJECT, REFERRED TO IN THIS
15 SECTION AS THE "AGRABILITY PROJECT", IN COOPERATION WITH THE
16 FEDERAL GOVERNMENT PURSUANT TO THE "FOOD, AGRICULTURE,
17 CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED. COLORADO
18 STATE UNIVERSITY SHALL EXPAND THE AGRABILITY PROJECT BY
19 PROVIDING RURAL REHABILITATION SPECIALISTS WITH FUNDING TO
20 PROVIDE INFORMATION, SERVICES, AND RESEARCH-BASED,
21 STRESS-ASSISTANCE INFORMATION, EDUCATION, SUICIDE PREVENTION
22 TRAINING, AND REFERRALS TO BEHAVIORAL HEALTH-CARE SERVICES TO
23 FARMERS, RANCHERS, AGRICULTURAL WORKERS, AND THEIR FAMILIES TO
24 MITIGATE INCIDENCES OF HARMFUL RESPONSES TO STRESS EXPERIENCED
25 BY THESE INDIVIDUALS. RURAL REHABILITATION SPECIALISTS SHALL BE
26 CULTURALLY RESPONSIVE AND TRAUMA-INFORMED.

27 (3) FOR THE 2021-22 FISCAL YEAR, AND EACH FISCAL YEAR

1 THEREAFTER, THE GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE
2 NINE HUNDRED THOUSAND DOLLARS TO COLORADO STATE UNIVERSITY
3 FOR THE AGRABILITY PROJECT TO EXPAND BEHAVIORAL HEALTH
4 EDUCATION AND SERVICES PURSUANT TO SUBSECTION (2) OF THIS SECTION.

5 (4) NOTHING IN THIS SECTION PREVENTS COLORADO STATE
6 UNIVERSITY FROM COMPLYING WITH FEDERAL REQUIREMENTS FOR THE
7 AGRABILITY PROJECT IN ORDER FOR COLORADO STATE UNIVERSITY TO
8 QUALIFY FOR FEDERAL FUNDS UNDER THE FEDERAL "FOOD, AGRICULTURE,
9 CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED.

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11 **SECTION 8.** In Colorado Revised Statutes, 25-20.5-1102,
12 **amend** (3); and **repeal** (4) as follows:

13 **25-20.5-1102. Harm reduction grant program cash fund -**
14 **creation.** ~~(3) Subject to annual appropriation by the general assembly,~~
15 ~~the department may expend money from the fund for the purposes of this~~
16 ~~part~~ **|| MONEY IN THE FUND IS CONTINUOUSLY APPROPRIATED TO THE**
17 **DEPARTMENT FOR THE IMPLEMENTATION OF THIS PART 11.**

18 ~~(4) The state treasurer shall transfer all unexpended and~~
19 ~~unencumbered money in the fund on September 1, 2024, to the general~~
20 ~~fund.~~

21 **SECTION 9.** In Colorado Revised Statutes, **add 25.5-5-423** as
22 **follows:**

23 **25.5-5-423. Independent review organization - review denial**
24 **of residential and inpatient substance use disorder treatment claims**
25 **- contract.** **NO LATER THAN JULY 1, 2023, THE STATE DEPARTMENT SHALL**
26 **CONTRACT WITH ONE OR MORE INDEPENDENT REVIEW ORGANIZATIONS TO**
27 **CONDUCT EXTERNAL MEDICAL REVIEWS REQUESTED FOR REVIEW BY A**

1 MEDICAID PROVIDER WHEN THERE IS A DENIAL OR REDUCTION FOR
2 RESIDENTIAL OR INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
3 MEDICAID APPEALS PROCESSES HAVE BEEN EXHAUSTED.

4 **SECTION 10.** In Colorado Revised Statutes, add 25.5-5-423
5 as follows:

6 **25.5-5-423. Residential and inpatient substance use disorder**
7 **treatment - MCE standardized utilization management process -**
8 **medical necessity - report.** (1) ON OR BEFORE OCTOBER 1, 2021, THE
9 STATE DEPARTMENT SHALL CONSULT WITH THE OFFICE OF BEHAVIORAL
10 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, RESIDENTIAL
11 TREATMENT PROVIDERS, AND MCEs TO DEVELOP STANDARDIZED
12 UTILIZATION MANAGEMENT PROCESSES TO DETERMINE MEDICAL
13 NECESSITY FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
14 TREATMENT. THE PROCESSES MUST INCORPORATE THE MOST RECENT
15 EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED,
16 AND CO-OCCURRING CONDITIONS" AND ALIGN WITH FEDERAL MEDICAID
17 PAYMENT REQUIREMENTS.

18 (2) ON OR BEFORE JANUARY 1, 2022, THE STATE DEPARTMENT
19 SHALL INCORPORATE THE STANDARDS DEVELOPED PURSUANT TO
20 SUBSECTION (1) OF THIS SECTION INTO EXISTING MCE CONTRACTS, AND
21 EACH MCE SHALL ADHERE TO THE STANDARDS WHEN CONDUCTING
22 UTILIZATION MANAGEMENT FOR RESIDENTIAL AND INPATIENT SUBSTANCE
23 USE DISORDER TREATMENT.

24 (3) ON OR BEFORE JANUARY 1, 2022, EACH MCE'S NOTICE OF AN
25 ADVERSE BENEFIT DETERMINATION MUST DEMONSTRATE HOW EACH
26 DIMENSION OF THE MOST RECENT EDITION OF "THE ASAM CRITERIA FOR
27 ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS"

1 WAS CONSIDERED WHEN DETERMINING MEDICAL NECESSITY.

2 (4) (a) BEGINNING OCTOBER 1, 2021, AND QUARTERLY
3 THEREAFTER, THE STATE DEPARTMENT SHALL COLLABORATE WITH THE
4 OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES,
5 RESIDENTIAL TREATMENT PROVIDERS, AND MCEs TO DEVELOP A REPORT
6 ON THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
7 UTILIZATION MANAGEMENT STATISTICS. AT A MINIMUM, THE REPORT MUST
8 INCLUDE:

9 (I) THE AVERAGE LENGTH OF AN INITIAL AUTHORIZATION AND THE
10 AVERAGE LENGTH OF CONTINUED AUTHORIZATIONS FOR EACH MCE AND
11 PROVIDER DISAGGREGATED BY LEVEL OF RESIDENTIAL CARE;

12 (II) DENIALS OF INITIAL AUTHORIZATIONS REPORTED FOR EACH
13 MCE AND PROVIDER AND THE REASONS FOR THE DENIALS; AND

14 (III) THE AVERAGE RESPONSE TIME FOR AN INITIAL
15 AUTHORIZATION AND CONTINUED AUTHORIZATION, DISAGGREGATED BY
16 EACH MCE; LEVEL OF RESIDENTIAL CARE, INCLUDING THE PERCENTAGE OF
17 EXTENSIONS GRANTED TO HEALTH-CARE PROVIDERS TO SUBMIT COMPLETE
18 CLINICAL DOCUMENTATION; RETROACTIVE AUTHORIZATION REQUESTS;
19 INCOMPLETE AUTHORIZATION REQUESTS; AND THE NUMBER OF REQUESTS
20 THAT MET AND DID NOT MEET THE STATE DEPARTMENT'S RESPONSE TIME
21 REQUIREMENTS.

22 (b) THE STATE DEPARTMENT SHALL MAKE THE REPORT DEVELOPED
23 PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION PUBLICLY AVAILABLE
24 ON THE STATE DEPARTMENT'S WEBSITE.

25 (c) ANY INFORMATION REQUIRED TO BE REPORTED PURSUANT TO
26 SUBSECTION (4)(a) OF THIS SECTION MAY BE AGGREGATED AS NECESSARY
27 TO ENSURE CONFIDENTIALLY PURSUANT TO 42 CFR PART 2.

1 **SECTION 11.** In Colorado Revised Statutes, **add 25.5-5-424** as
2 follows:

3 **25.5-5-424. Audit of MCE denials for residential and inpatient**
4 **substance use disorder treatment authorization - report.** (1) NO
5 LATER THAN JULY 1, 2022, THE STATE DEPARTMENT SHALL CONTRACT
6 WITH AN INDEPENDENT THIRD-PARTY VENDOR TO AUDIT THIRTY-THREE
7 PERCENT OF ALL DENIALS OF AUTHORIZATION FOR INPATIENT AND
8 RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FOR EACH MCE.

9 (2) BEGINNING DECEMBER 1, 2022, AND EACH DECEMBER 1
10 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT THE RESULTS OF THE
11 AUDIT CONDUCTED PURSUANT TO SUBSECTION (1) OF THIS SECTION AND
12 ANY RECOMMENDED CHANGES TO THE RESIDENTIAL AND INPATIENT
13 SUBSTANCE USE DISORDER BENEFIT TO THE HOUSE OF REPRESENTATIVES
14 HEALTH AND INSURANCE COMMITTEE, THE HOUSE OF REPRESENTATIVES
15 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE
16 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR
17 COMMITTEES, AND THE JOINT BUDGET COMMITTEE.

18 **SECTION 12.** In Colorado Revised Statutes, **add 25.5-5-327** as
19 follows:

20 **25.5-5-327. Screening for perinatal mood and anxiety**
21 **disorder.** (1) FOR THE CAREGIVER OF EACH CHILD ENROLLED IN THE
22 MEDICAL ASSISTANCE PROGRAM IN THE STATE, THE PROGRAM MUST
23 INCLUDE SCREENING FOR PERINATAL MOOD AND ANXIETY DISORDERS IN
24 ACCORDANCE WITH THE HEALTH RESOURCES AND SERVICES
25 ADMINISTRATION GUIDELINES.

26 (2) THE SCREENING MUST BE MADE AVAILABLE TO THE CAREGIVER
27 OF EACH CHILD ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM,

1 REGARDLESS OF WHETHER THE CAREGIVER IS ENROLLED IN THE MEDICAL
2 ASSISTANCE PROGRAM, SO LONG AS THE CAREGIVER'S CHILD IS ENROLLED
3 IN THE MEDICAL ASSISTANCE PROGRAM.

4 **SECTION 13.** In Colorado Revised Statutes, **add** 26-6.5-406 and
5 26-6.5-407 as follows:

6 **26-6.5-406. Data collection - reporting.** (1) ON OR BEFORE JULY
7 1, 2023, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA
8 COLLECTION AND INFORMATION SYSTEM TO ANALYZE IMPLEMENTATION
9 DATA AND SELECTED OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT,
10 PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS TO CONTINUALLY
11 IMPROVE CHILD AND PROGRAM OUTCOMES. THE DATA COLLECTION AND
12 INFORMATION SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE
13 LEAST BURDEN POSSIBLE ON THE MENTAL HEALTH CONSULTANTS IN THE
14 PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES,
15 THE DEPARTMENT SHALL INCORPORATE THE VARIABILITY ACROSS DIVERSE
16 SETTINGS AND POPULATIONS.

17 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
18 DEPARTMENT SHALL, BEGINNING IN 2023 AND CONTINUING EVERY TWO
19 YEARS THEREAFTER, IN ITS PRESENTATION TO THE JOINT BUDGET
20 COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS ITS PRESENTATION
21 TO ITS COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO
22 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
23 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
24 GOVERNMENT ACT" IN JANUARY 2027, REPORT ON THE FOLLOWING
25 ISSUES:

26 (a) A GAP ANALYSIS OF THE AVAILABLE NUMBER OF MENTAL
27 HEALTH CONSULTANTS AND THE UNMET NEED IN THE TYPE OF SETTINGS IN

1 WHICH MENTAL HEALTH CONSULTANTS PRACTICE IN ACCORDANCE WITH
2 THE PROGRAM; AND

3 (b) IDENTIFIED ADJUSTMENTS TO BETTER MEET MENTAL HEALTH
4 CONSULTANT CASELOAD, WITH THE DEPARTMENT IDENTIFYING A TARGET
5 NUMBER OF NEEDED CONSULTANTS IN THE PROGRAM.

6 (3) ON OR BEFORE AUGUST 1, 2026, THE DEPARTMENT SHALL
7 CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN
8 EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE
9 PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM
10 OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE
11 RESULTS OF THE EVALUATION AS PART OF ITS PRESENTATION TO ITS
12 COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO SECTION
13 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,
14 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN
15 JANUARY 2027.

16 **26-6.5-407. Funding support.** THE DEPARTMENT AND THE
17 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL EXPLORE
18 FUNDING OPTIONS FOR THE PROGRAM AND IMPROVING ACCESS TO MENTAL
19 HEALTH CONSULTANTS, INCLUDING ACCESS TO VARIOUS FUNDING
20 SOURCES, AS WELL AS THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF
21 TITLE 25.5, AND THE STATE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4
22 TO 6 OF TITLE 25.5. ON OR BEFORE JANUARY 1, 2023, THE DEPARTMENTS
23 SHALL REPORT ON ANY IDENTIFIED FUNDING OPTIONS TO THE JOINT
24 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AS NECESSARY
25 THEREAFTER, IN ACCORDANCE WITH SECTION 24-1-136.

26 **SECTION 14.** In Colorado Revised Statutes, **add** 27-60-108 as
27 follows:

1 **27-60-108. Behavioral health-care services for rural and**
2 **agricultural communities - vouchers - contract - appropriation.**

3 (1) NO LATER THAN ONE HUNDRED EIGHTY DAYS AFTER THE EFFECTIVE
4 DATE OF THIS SECTION, THE STATE DEPARTMENT, IN COLLABORATION WITH
5 THE DEPARTMENT OF AGRICULTURE, SHALL CONTRACT WITH A NONPROFIT
6 ORGANIZATION PRIMARILY FOCUSED ON SERVING AGRICULTURAL AND
7 RURAL COMMUNITIES IN COLORADO, AS IDENTIFIED BY THE STATE
8 DEPARTMENT, TO PROVIDE VOUCHERS TO INDIVIDUALS LIVING IN RURAL
9 AND FRONTIER COMMUNITIES IN NEED OF BEHAVIORAL HEALTH-CARE
10 SERVICES.

11 (2) THE NONPROFIT ORGANIZATION AWARDED THE CONTRACT
12 PURSUANT TO SUBSECTION (1) OF THIS SECTION SHALL:

13 (a) CONTRACT WITH LICENSED BEHAVIORAL HEALTH-CARE
14 PROVIDERS THAT HAVE COMPLETED TRAINING ON CULTURAL
15 COMPETENCIES SPECIFIC TO THE COLORADO AGRICULTURAL AND RURAL
16 COMMUNITY LIFESTYLE TO PROVIDE DIRECT BEHAVIORAL HEALTH-CARE
17 SERVICES TO FARMERS, RANCHERS, FARM AND RANCH WORKERS AND
18 THEIR FAMILIES, AND OTHER UNDERSERVED POPULATIONS IN RURAL AND
19 AGRICULTURAL COMMUNITIES. AT LEAST SIXTY PERCENT OF THE MONEY
20 RECEIVED PURSUANT TO THE CONTRACT MUST BE USED FOR DIRECT
21 BEHAVIORAL HEALTH-CARE SERVICES DESCRIBED IN THIS SUBSECTION
22 (2)(a).

23 (b) DEVELOP TRAINING MATERIALS AND TRAIN BEHAVIORAL
24 HEALTH-CARE PROVIDERS ON CULTURAL COMPETENCIES SPECIFIC TO THE
25 COLORADO AGRICULTURAL AND RURAL COMMUNITY LIFESTYLE.

26 (3) FOR THE 2021-22 FISCAL YEAR, AND EACH FISCAL YEAR
27 THEREAFTER, THE GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE

1 FIFTY THOUSAND DOLLARS FOR THE CONTRACT AWARDED PURSUANT TO
2 SUBSECTION (1) OF THIS SECTION.

3 **SECTION 15.** In Colorado Revised Statutes, **add 27-60-108** as
4 follows:

5 **27-60-108. County-based behavioral health grant program -**
6 **created - rules - report - repeal.** (1) THERE IS CREATED IN THE OFFICE
7 THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM, REFERRED TO
8 IN THIS SECTION AS THE "GRANT PROGRAM", TO PROVIDE MATCHING
9 GRANTS TO COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES FOR
10 THE EXPANSION OR IMPROVEMENT OF LOCAL OR REGIONAL BEHAVIORAL
11 HEALTH DISORDER TREATMENT PROGRAMS.

12 (2) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED THROUGH
13 THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

- 14 (a) PEER TRAINING;
- 15 (b) AUGMENTATION OF DIRECT THERAPY;
- 16 (c) ACUTE TREATMENT UNITS;
- 17 (d) INPATIENT TREATMENT PROGRAMS;
- 18 (e) OUTREACH AND EDUCATION;
- 19 (f) NAVIGATION OR CARE COORDINATION;
- 20 (g) CAPITAL INVESTMENTS IN BEHAVIORAL HEALTH CENTER
21 INFRASTRUCTURE;
- 22 (h) SERVICES FOR NON-ENGLISH-SPEAKING INDIVIDUALS;
- 23 (i) CULTURALLY RESPONSIVE AND ATTUNED SERVICES;
- 24 (j) SUICIDE PREVENTION AND INTERVENTION;
- 25 (k) CRISIS RESPONSE;
- 26 (l) WITHDRAWAL MANAGEMENT;
- 27 (m) WORKFORCE DEVELOPMENT;

1 (n) SUPPORTING REGIONAL SERVICE DELIVERY; OR

2 (o) ANY OTHER PURPOSE THE OFFICE IDENTIFIES THAT WILL
3 EXPAND OR IMPROVE LOCAL OR REGIONAL BEHAVIORAL HEALTH DISORDER
4 TREATMENT PROGRAMS.

5 (3) THE OFFICE SHALL ADMINISTER THE GRANT PROGRAM AND
6 SHALL AWARD GRANTS AS PROVIDED IN THIS SECTION.

7 (4) THE OFFICE SHALL IMPLEMENT THE GRANT PROGRAM IN
8 ACCORDANCE WITH THIS SECTION. AT A MINIMUM, THE OFFICE SHALL
9 SPECIFY THE TIME FRAMES FOR APPLYING FOR GRANTS, THE FORM OF THE
10 GRANT PROGRAM APPLICATION, AND THE TIME FRAMES FOR DISTRIBUTING
11 GRANT MONEY.

12 (5) (a) EACH GRANT APPLICANT SHALL DEMONSTRATE:

13 (I) A DEDICATION OF LOCAL FUNDING TO SUPPORT THE EXPANSION
14 OR IMPROVEMENT OF LOCAL BEHAVIORAL HEALTH DISORDER TREATMENT
15 PROGRAMS, WHICH MAY BE FROM THE COUNTY'S LOCAL SHARE OF THE
16 FEDERAL "AMERICAN RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE
17 ACT MAY BE SUBSEQUENTLY AMENDED, OR OTHER LOCAL REVENUE
18 SOURCES; OR

19 (II) A PLAN FOR REGIONAL COLLABORATION BETWEEN NO FEWER
20 THAN THREE COUNTIES TO SUPPORT THE EXPANSION OR IMPROVEMENT OF
21 REGIONAL BEHAVIORAL HEALTH DISORDER TREATMENT PROGRAMS.

22 (b) NO SINGLE GRANT AWARDED MAY EXCEED ONE MILLION
23 DOLLARS, UNLESS A GRANT IS AWARDED FOR A REGIONAL EFFORT
24 INVOLVING TWO OR MORE COUNTIES.

25 (c) A DIRECT SERVICE PROVIDER THAT RECEIVES A GRANT SHALL
26 LIMIT ANY INDIRECT EXPENSES TO NO MORE THAN TEN PERCENT OF THE
27 TOTAL STATE MONEY AWARDED, AND ANY ENTITY THAT RECEIVES A

1 GRANT AND OVERSEES A DIRECT SERVICE PROVIDER SHALL LIMIT THE
2 ENTITY'S INDIRECT EXPENSES TO NO MORE THAN FIVE PERCENT OF THE
3 TOTAL STATE MONEY AWARDED.

4 (d) IF ANY GRANT MONEY IS USED FOR CAPITAL PROJECTS, THE
5 GRANT RECIPIENT SHALL DEMONSTRATE A COMMITMENT TO CONTINUE
6 THOSE SERVICES PAST THE GRANT CYCLE FOR AT LEAST AN ADDITIONAL
7 FIVE YEARS.

8 (e) A GRANT APPLICANT SHALL DISCLOSE IF ANY PROJECT OR
9 PROGRAM IS RECEIVING MONEY FROM ANOTHER PAYER SOURCE,
10 INCLUDING BUT NOT LIMITED TO PRIVATE DOLLARS, COUNTY DOLLARS,
11 STATE BLOCK GRANTS, OR MONEY AWARDED BY A MANAGED SERVICE
12 ORGANIZATION.

13 (6) TO RECEIVE A GRANT, A COUNTY DEPARTMENT OF HUMAN OR
14 SOCIAL SERVICES SHALL SUBMIT AN APPLICATION TO THE OFFICE. THE
15 OFFICE SHALL GIVE PRIORITY TO APPLICATIONS THAT DEMONSTRATE
16 INNOVATION AND COLLABORATION OR INCLUDE RURAL OR FRONTIER
17 COMMUNITIES; ADDRESS A DEMONSTRATED NEED, AS IDENTIFIED BY
18 COMMUNITY INPUT AND LOCAL PLANNING EFFORTS; AND DEMONSTRATE
19 THE ABILITY TO RAPIDLY DISTRIBUTE THE GRANT MONEY INTO THE
20 COMMUNITY. THE OFFICE SHALL AWARD GRANT MONEY EQUITABLY TO
21 REFLECT THE GEOGRAPHIC DIVERSITY OF THE STATE.

22 (7) SUBJECT TO AVAILABLE APPROPRIATIONS, BEGINNING JANUARY
23 1, 2022, AND ON OR BEFORE JANUARY 1 EACH YEAR THEREAFTER FOR THE
24 DURATION OF THE GRANT PROGRAM, THE OFFICE SHALL AWARD GRANTS
25 AS PROVIDED IN THIS SECTION. THE OFFICE SHALL DISTRIBUTE THE GRANT
26 MONEY WITHIN NINETY DAYS AFTER THE OFFICE AWARDS THE GRANTS.

27 (8) (a) ON OR BEFORE FEBRUARY 1, 2023, AND ON OR BEFORE

1 FEBRUARY 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT
2 PROGRAM, EACH COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES
3 THAT RECEIVES A GRANT THROUGH THE GRANT PROGRAM SHALL SUBMIT
4 A REPORT TO THE OFFICE ON THE USE OF THE GRANT MONEY RECEIVED
5 PURSUANT TO THIS SECTION, INCLUDING THE TOTAL NUMBER OF
6 INDIVIDUALS SERVED, DISAGGREGATED BY RACE, ETHNICITY, AND AGE.

7 (b) ON OR BEFORE APRIL 1, 2023, AND ON OR BEFORE APRIL 1
8 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM,
9 THE STATE DEPARTMENT SHALL SUBMIT A SUMMARIZED REPORT OF THE
10 INFORMATION RECEIVED PURSUANT TO SUBSECTION (8)(a) OF THIS
11 SECTION TO THE JOINT BUDGET COMMITTEE, THE HEALTH AND INSURANCE
12 COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
13 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE
14 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
15 SUCCESSOR COMMITTEES, ON THE GRANT PROGRAM.

16 (9) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL
17 ASSEMBLY SHALL APPROPRIATE TEN MILLION DOLLARS FROM THE
18 BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION
19 24-75- 230 TO THE DEPARTMENT OF HUMAN SERVICES FOR USE BY THE
20 OFFICE FOR THE PURPOSES OF THIS SECTION. IF ANY UNEXPENDED OR
21 UNENCUMBERED MONEY REMAINS AT THE END OF THE FISCAL YEAR, THE
22 OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT
23 FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

24 (10) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2023.

25 **SECTION 16.** In Colorado Revised Statutes, add 27-60-109 as
26 follows:

27 **27-60-109. Behavioral health-care workforce development**

1 **program - creation - rules - report.** (1) THERE IS CREATED IN THE
2 OFFICE THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
3 PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM". THE
4 PURPOSE OF THE PROGRAM IS TO INCREASE THE BEHAVIORAL
5 HEALTH-CARE WORKFORCE'S ABILITY TO TREAT INDIVIDUALS, INCLUDING
6 YOUTH, WITH SEVERE BEHAVIORAL HEALTH DISORDERS.

7 (2) TO IMPLEMENT THE PROGRAM, THE OFFICE SHALL:

8 (a) DEVELOP AN ONLINE TRAINING SYSTEM THAT ALLOWS FOR
9 ACCESSIBLE STATEWIDE TRAINING OPPORTUNITIES;

10 (b) DEVELOP AN ONLINE TRAINING CURRICULUM FOR PROVIDERS
11 IN RURAL AND METRO AREAS TO INCREASE COMPETENCIES IN MENTAL
12 HEALTH AND SUBSTANCE USE DISORDERS THAT WILL SUPPORT A
13 HIGH-QUALITY, TRAINED, CULTURALLY RESPONSIVE, AND DIVERSE
14 BEHAVIORAL HEALTH-CARE WORKFORCE;

15 (c) PROVIDE FISCAL INCENTIVES FOR LOWER INCOME INDIVIDUALS
16 TO OBTAIN A DEGREE IN BEHAVIORAL HEALTH, WITH FUNDING
17 SPECIFICALLY TARGETED FOR RURAL AREAS OF THE STATE;

18 (d) PROVIDE TRAINING TO THE EXISTING BEHAVIORAL
19 HEALTH-CARE WORKFORCE TO BE CERTIFIED IN FEDERALLY REIMBURSED
20 SERVICES; AND

21 (e) PROVIDE CAPACITY-BUILDING GRANTS TO DIVERSIFY THE
22 SAFETY-NET PROVIDER WORKFORCE AND MEET THE REQUIREMENTS OF
23 SECTION 27-63-103.

24 (3) THE STATE DEPARTMENT MAY PROMULGATE RULES AS
25 NECESSARY FOR THE IMPLEMENTATION OF THIS SECTION.

26 (4) FOR THE STATE FISCAL YEAR 2021-22 AND EACH STATE FISCAL
27 YEAR THEREAFTER FOR WHICH THE PROGRAM RECEIVES FUNDING, THE

1 STATE DEPARTMENT SHALL REPORT A SUMMARY OF THE EXPENDITURES
2 FROM THE PROGRAM, THE IMPACT OF THE EXPENDITURES IN INCREASING
3 THE BEHAVIORAL HEALTH-CARE WORKFORCE, AND ANY
4 RECOMMENDATIONS TO STRENGTHEN AND IMPROVE THE BEHAVIORAL
5 HEALTH-CARE WORKFORCE AS PART OF ITS ANNUAL PRESENTATION TO THE
6 GENERAL ASSEMBLY REQUIRED UNDER THE "STATE MEASUREMENT FOR
7 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
8 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

9 SECTION 17. In Colorado Revised Statutes, add 27-60-110 as
10 follows:

11 27-60-110. Out-of-home placement for children and youth
12 with mental or behavioral needs - rules - report - legislative

13 declaration - repeal. (1) (a) THE GENERAL ASSEMBLY FINDS AND
14 DECLARES THAT:

15 (I) THE COVID-19 PANDEMIC HAS LEAD TO AN EMERGENCY NEED
16 FOR INCREASED PLACEMENTS FOR CHILDREN AND YOUTH WITH
17 BEHAVIORAL OR MENTAL HEALTH NEEDS, INCLUDING THOSE INVOLVED
18 WITH THE CHILD WELFARE SYSTEM; AND

19 (II) AS THE STATE WORKS TO TRANSITION TO THE CRITICAL
20 REQUIREMENTS OF THE FEDERAL "FAMILY FIRST PREVENTION SERVICES
21 ACT", IT MUST ENSURE A SMOOTH TRANSITION BY HELPING EXISTING
22 RESIDENTIAL CHILD CARE FACILITIES TRANSITION TO QUALIFIED
23 RESIDENTIAL TREATMENT PROGRAMS OR PSYCHIATRIC RESIDENTIAL
24 TREATMENT FACILITIES.

25 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE
26 STATE SHOULD PROVIDE RESOURCES TO QUALIFIED RESIDENTIAL
27 TREATMENT PROGRAMS, PSYCHIATRIC RESIDENTIAL TREATMENT

1 FACILITIES, OR THERAPEUTIC FOSTER CARE PROVIDERS TO ADDRESS THIS
2 EMERGENCY SITUATION AND ENSURE THERE ARE HIGH-QUALITY
3 PROVIDERS AVAILABLE TO MEET THESE NEEDS.

4 (2) ON OR BEFORE AUGUST 1, 2021, THE STATE DEPARTMENT
5 SHALL DEVELOP A PROGRAM TO PROVIDE EMERGENCY RESOURCES TO
6 LICENSED PROVIDERS TO HELP REMOVE BARRIERS SUCH PROVIDERS FACE
7 IN SERVING CHILDREN AND YOUTH WHOSE BEHAVIORAL OR MENTAL
8 HEALTH NEEDS REQUIRE SERVICES AND TREATMENT IN A RESIDENTIAL
9 CHILD CARE FACILITY. ANY SUCH LICENSED PROVIDER SHALL MEET THE
10 REQUIREMENTS OF A QUALIFIED RESIDENTIAL TREATMENT PROGRAM, AS
11 DEFINED IN SECTION 26-5.4-102, A PSYCHIATRIC RESIDENTIAL TREATMENT
12 FACILITY, AS DEFINED IN SECTION 26-5.4-103 (19.5), OR THERAPEUTIC
13 FOSTER CARE, AS DEFINED IN SECTION 26-6-102 (39).

14 (3) THE STATE DEPARTMENT MAY PROMULGATE RULES
15 CONCERNING THE PLACEMENT OF A CHILD OR YOUTH IN THE PROGRAM.
16 THE RULES MAY ADDRESS QUALITY ASSURANCE MONITORING,
17 ADMISSIONS, DISCHARGE PLANNING, APPROPRIATE LENGTH OF STAY, AN
18 APPEALS PROCESS FOR CHILDREN AND YOUTH WHO ARE DETERMINED
19 INELIGIBLE FOR THE PROGRAM, AND COMPLIANCE WITH APPLICABLE
20 FEDERAL LAW, INCLUDING THE FEDERAL "FAMILY FIRST PREVENTION
21 SERVICES ACT"; EXCEPT THAT RULES CONCERNING THE PLACEMENT OF A
22 CHILD OR YOUTH WHO IS NOT IN THE CUSTODY OF A STATE OR COUNTY
23 DEPARTMENT OF HUMAN OR SOCIAL SERVICES SHALL NOT
24 INAPPROPRIATELY APPLY COMPLIANCE WITH SUCH ACT.

25 (4) (a) ON OR BEFORE DECEMBER 31, 2021, THE STATE
26 DEPARTMENT SHALL CONTRACT WITH LICENSED PROVIDERS FOR THE
27 DELIVERY OF SERVICES TO CHILDREN AND YOUTH WHO ARE DETERMINED

1 ELIGIBLE FOR AND PLACED IN THE PROGRAM. A PROVIDER THAT
2 CONTRACTS WITH THE STATE DEPARTMENT SHALL NOT:

3 (I) DENY ADMITTANCE OF A CHILD OR YOUTH IF THE CHILD OR
4 YOUTH OTHERWISE MEETS THE ELIGIBILITY CRITERIA FOR THE PROGRAM;
5 OR

6 (II) DISCHARGE A CHILD OR YOUTH BASED ON THE SEVERITY OR
7 COMPLEXITY OF THE CHILD OR YOUTH'S PHYSICAL, BEHAVIORAL, OR
8 MENTAL HEALTH NEEDS; EXCEPT THAT THE STATE DEPARTMENT MAY
9 ARRANGE FOR THE PLACEMENT OF A CHILD OR YOUTH WITH AN ALTERNATE
10 CONTRACTED PROVIDER IF THE PLACEMENT WITH THE ALTERNATE
11 PROVIDER IS BETTER SUITED TO DELIVER SERVICES THAT MEET THE NEEDS
12 OF THE CHILD OR YOUTH.

13 (b) THE STATE DEPARTMENT SHALL REIMBURSE A PROVIDER
14 DIRECTLY FOR THE COSTS ASSOCIATED WITH THE PLACEMENT OF A CHILD
15 OR YOUTH IN THE PROGRAM FOR THE DURATION OF THE TREATMENT,
16 INCLUDING THE COSTS THE PROVIDER DEMONSTRATES ARE NECESSARY IN
17 ORDER FOR THE PROVIDER TO OPERATE CONTINUOUSLY DURING THIS
18 PERIOD.

19 (c) THE STATE DEPARTMENT SHALL COORDINATE WITH THE
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SUPPORT
21 CONTINUITY OF CARE AND PAYMENT FOR SERVICES FOR ANY CHILDREN OR
22 YOUTH PLACED IN THE PROGRAM.

23 (d) THE STATE DEPARTMENT SHALL REIMBURSE THE PROVIDER ONE
24 HUNDRED PERCENT OF THE COST OF UNUTILIZED BEDS IN THE PROGRAM TO
25 ENSURE AVAILABLE SPACE FOR EMERGENCY RESIDENTIAL OUT-OF-HOME
26 PLACEMENTS.

27 (5) (a) A HOSPITAL, HEALTH-CARE PROVIDER, PROVIDER OF CASE

1 MANAGEMENT SERVICES, SCHOOL DISTRICT, MANAGED CARE ENTITY, OR
2 STATE OR COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES MAY
3 REFER A FAMILY FOR THE PLACEMENT OF A CHILD OR YOUTH IN THE
4 PROGRAM. THE ENTITY REFERRING A CHILD OR YOUTH FOR PLACEMENT IN
5 THE PROGRAM SHALL SUBMIT OR ASSIST THE FAMILY WITH SUBMITTING AN
6 APPLICATION TO THE STATE DEPARTMENT FOR REVIEW. THE STATE
7 DEPARTMENT SHALL CONSIDER EACH APPLICATION AS SPACE BECOMES
8 AVAILABLE. THE STATE DEPARTMENT SHALL APPROVE ADMISSIONS INTO
9 THE PROGRAM AND DETERMINE ADMISSION AND DISCHARGE CRITERIA FOR
10 PLACEMENT.

11 (b) THE STATE DEPARTMENT SHALL DEVELOP A DISCHARGE PLAN
12 FOR EACH CHILD OR YOUTH PLACED IN THE PROGRAM. THE PLAN MUST
13 INCLUDE THE ELIGIBLE PERIOD OF PLACEMENT OF THE CHILD OR YOUTH
14 AND SHALL IDENTIFY THE ENTITY THAT WILL BE RESPONSIBLE FOR THE
15 PLACEMENT COSTS IF THE CHILD OR YOUTH REMAINS WITH THE PROVIDER
16 BEYOND THE DATE OF ELIGIBILITY IDENTIFIED IN THE PLAN.

17 (c) THE ENTITY OR FAMILY THAT PLACES THE CHILD OR YOUTH IN
18 THE PROGRAM RETAINS THE RIGHT TO REMOVE THE CHILD OR YOUTH FROM
19 THE PROGRAM ANY TIME PRIOR TO THE DISCHARGE DATE SPECIFIED BY THE
20 STATE DEPARTMENT.

21 (6) WITHIN SEVEN DAYS AFTER SUBMITTING AN APPLICATION TO
22 THE STATE DEPARTMENT FOR PLACING A CHILD OR YOUTH IN THE
23 PROGRAM, THE STATE DEPARTMENT SHALL WORK WITH THE REFERRING
24 ENTITY AND THE CHILD'S OR YOUTH'S PARENTS OR LEGAL GUARDIANS TO
25 ENSURE THE CHILD OR YOUTH IS ASSESSED FOR ELIGIBILITY FOR
26 ENROLLMENT INTO THE STATE MEDICAL ASSISTANCE PROGRAM. A CHILD
27 OR YOUTH WHO IS ELIGIBLE FOR ENROLLMENT INTO THE STATE MEDICAL

1 ASSISTANCE PROGRAM SHALL BE ENROLLED. ENROLLMENT OF A CHILD OR
2 YOUTH INTO THE STATE MEDICAL ASSISTANCE PROGRAM DOES NOT
3 CONSTITUTE AUTOMATIC PLACEMENT INTO THE PROGRAM.

4 (7) NO LATER THAN NOVEMBER 1, 2022, 2023, AND 2024, THE
5 STATE DEPARTMENT SHALL SUBMIT A WRITTEN REPORT TO THE HOUSE OF
6 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
7 SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES
8 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND THE JOINT BUDGET
9 COMMITTEE. AT A MINIMUM, THE REPORT MUST INCLUDE:

10 (a) THE NUMBER OF APPLICATIONS RECEIVED FOR PLACEMENT OF
11 CHILDREN AND YOUTH IN THE PROGRAM;

12 (b) THE NUMBER OF CHILDREN AND YOUTH ACCEPTED FOR
13 PLACEMENT IN THE PROGRAM;

14 (c) THE DURATION OF EACH PLACEMENT; AND

15 (d) THE DAILY RATE PAID TO EACH PROVIDER FOR PLACEMENT OF
16 CHILDREN AND YOUTH.

17 (8) THIS SECTION IS INTENDED TO PROVIDE ENHANCED EMERGENCY
18 SERVICES RESULTING FROM THE INCREASED NEED FOR SERVICES DUE TO
19 THE COVID-19 PANDEMIC. NO LATER THAN SEPTEMBER 30, 2024, THE
20 STATE DEPARTMENT SHALL SUBMIT RECOMMENDATIONS TO THE HOUSE OF
21 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
22 SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES
23 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND THE JOINT BUDGET
24 COMMITTEE ABOUT HOW TO PROVIDE NECESSARY SERVICES FOR CHILDREN
25 AND YOUTH IN NEED OF RESIDENTIAL CARE, INCLUDING HOSPITAL
26 STEP-DOWN SERVICES ON AN ONGOING BASIS.

27 (9) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

1 **SECTION 18.** In Colorado Revised Statutes, 27-60-202, as
2 **added by House Bill 21-1097, add (2.5) as follows:**

3 **27-60-202. Definitions.** As used in this part 2, unless the context
4 otherwise requires:

5 (2.5) "CARE COORDINATION" MEANS SERVICES THAT SUPPORT
6 INDIVIDUALS AND FAMILIES AND INITIATE CARE AND NAVIGATING CRISIS
7 SUPPORTS, MENTAL HEALTH AND SUBSTANCE USE DISORDER ASSISTANCE,
8 AND SERVICES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH,
9 AND PREVENTIVE CARE SERVICES.

10 **SECTION 19.** In Colorado Revised Statutes, part 2 of article 60
11 of title 27, as added by House Bill 21-1097, add 27-60-204 as follows:

12 **27-60-204. Care coordination infrastructure.** (1) (a) THE STATE
13 DEPARTMENT, IN COLLABORATION WITH THE DEPARTMENT OF HEALTH
14 CARE POLICY AND FINANCING, SHALL DEVELOP A STATEWIDE CARE
15 COORDINATION INFRASTRUCTURE TO DRIVE ACCOUNTABILITY AND MORE
16 EFFECTIVE BEHAVIORAL HEALTH NAVIGATION TO CARE THAT BUILDS UPON
17 AND COLLABORATES WITH EXISTING CARE COORDINATION SERVICES. THE
18 INFRASTRUCTURE MUST INCLUDE A WEBSITE AND MOBILE APPLICATION
19 THAT SERVES AS A CENTRALIZED GATEWAY FOR INFORMATION FOR
20 PATIENTS, PROVIDERS, AND CARE COORDINATION AND THAT FACILITIES
21 ACCESS AND NAVIGATION OF BEHAVIORAL HEALTH-CARE SERVICES AND
22 SUPPORT.

23 (b) THE STATE DEPARTMENT SHALL CONVENE A WORKING GROUP
24 OF GEOGRAPHICALLY AND DEMOGRAPHICALLY DIVERSE PARTNERS AND
25 STAKEHOLDERS, INCLUDING THOSE WITH LIVED AND PROFESSIONAL
26 EXPERIENCE, TO PROVIDE FEEDBACK AND RECOMMENDATIONS THAT
27 INFORM AND GUIDE THE DEVELOPMENT OF THE STATEWIDE CARE

1 COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO SUBSECTION
2 (1)(a) OF THIS SECTION.

3 (c) THE EXTENT TO WHICH MEDICAID AND PRIVATE INSURANCE
4 EXISTING CARE COORDINATION SERVICES ARE ALIGNED WITH THE
5 STATEWIDE CARE COORDINATION INFRASTRUCTURE DESCRIBED IN
6 SUBSECTION (1)(a) OF THIS SECTION SHALL BE DETERMINED BY THE
7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DIVISION OF
8 INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, AND THE
9 WORKING GROUP CREATED PURSUANT TO SUBSECTION (1)(b) OF THIS
10 SECTION.

11 (d) THE STATE DEPARTMENT SHALL IMPLEMENT, DIRECTLY OR
12 THROUGH A CONTRACTOR, A COMPREHENSIVE AND ROBUST MARKETING
13 AND OUTREACH PLAN TO MAKE COLORADANS AWARE OF THE WEBSITE
14 AND MOBILE APPLICATION AND ASSOCIATED CARE COORDINATION
15 SERVICES DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

16 (2) ON OR BEFORE JULY 1, 2022, THE STATEWIDE CARE
17 COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO SUBSECTION
18 (1)(a) OF THIS SECTION IS THE RESPONSIBILITY OF THE BEHAVIORAL
19 HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203.

20 **SECTION 20.** In Colorado Revised Statutes, 27-80-118, **recreate**
21 **and reenact, with amendments,** (4)(c); **amend** (5)(b); and **add** (4)(d) as
22 follows:

23 **27-80-118. Center for research into substance use disorder**
24 **prevention, treatment, and recovery support strategies - established**
25 **- appropriation - legislative declaration.** (4) (c) THE CENTER SHALL
26 ENGAGE IN COMMUNITY ENGAGEMENT ACTIVITIES TO ADDRESS
27 SUBSTANCE USE PREVENTION, HARM REDUCTION, CRIMINAL JUSTICE

1 ~~SYSTEM RESPONSE, TREATMENT, AND RECOVERY.~~

2 (d) ~~FOR THE 2021-22 STATE FISCAL YEAR, AND EACH FISCAL YEAR~~
3 ~~THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE SEVEN~~
4 ~~HUNDRED FIFTY THOUSAND DOLLARS TO THE CENTER FROM THE~~
5 ~~MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 FOR THE~~
6 ~~PURPOSES OF THIS SUBSECTION (4).~~

7 (5) ~~(b) (f) (A) For the 2019-20 2021-22 state fiscal year,~~
8 ~~the general assembly shall appropriate seven hundred fifty thousand~~
9 ~~dollars to the center from the marijuana tax cash fund created in section~~
10 ~~39-28.8-501 (1) for the purposes of this subsection (5).~~

11 ~~(B) For the 2020-21 2021-22 state fiscal year, and each state fiscal~~
12 ~~year thereafter, through the 2023-24 state fiscal year, the general~~
13 ~~assembly shall appropriate two hundred fifty thousand dollars per year to~~
14 ~~the center from the marijuana tax cash fund created in section~~
15 ~~39-28.8-501 (1) for the purposes of this subsection (5).~~

16 ~~(H) This subsection (5) is repealed, effective September 1, 2024.~~
17 ~~Before its repeal, the program created in this subsection (5) is scheduled~~
18 ~~for review pursuant to section 24-34-104.~~

19 **SECTION 21.** In Colorado Revised Statutes, 27-80-120, **repeal**
20 **(7) as follows:**

21 **27-80-120. Building substance use disorder treatment capacity**
22 **in underserved communities - grant program. (7) This section is**
23 **repealed, effective July 1, 2024.**

24 **SECTION 22.** In Colorado Revised Statutes, **amend** 27-80-121
25 **as follows:**

26 **27-80-121. Perinatal substance use data linkage project -**
27 **center for research into substance use disorder prevention,**

1 **treatment, and recovery support strategies - report.** (1) The center for
2 research into substance use disorder prevention, treatment, and recovery
3 support strategies established in section 27-80-118, referred to in this
4 section as the "center", in partnership with an institution of higher
5 education and the state substance abuse trend and response task force
6 established in section 18-18.5-103, may conduct a statewide perinatal
7 substance use data linkage project that uses ongoing collection, analysis,
8 interpretation, and dissemination of data for the planning,
9 implementation, and evaluation of public health actions to improve
10 outcomes for families impacted by substance use during pregnancy. The
11 data linkage project ~~may consider state-administered data sources that~~
12 ~~include~~ SHALL UTILIZE DATA FROM THE MEDICAL ASSISTANCE PROGRAM,
13 ARTICLES 4 TO 6 OF TITLE 25.5; THE ELECTRONIC PRESCRIPTION DRUG
14 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;
15 THE COLORADO TRAILS SYSTEM, AS DEFINED IN SECTION 16-20.5-102
16 (10); THE COLORADO IMMUNIZATION INFORMATION SYSTEM, CREATED
17 PURSUANT TO SECTION 25-4-2401, ET SEQ.; THE COLORADO CHILD CARE
18 ASSISTANCE PROGRAM, CREATED IN PART 8 OF ARTICLE 2 OF TITLE 26; THE
19 OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES;
20 AND BIRTH AND DEATH RECORDS TO EXAMINE THE FOLLOWING:

21 (a) Health-care MORTALITY utilization by pregnant and postpartum
22 women with substance use disorders and their infants COMPARED TO THE
23 GENERAL POPULATION;

24 (b) Human service, and public health program utilization, AND
25 SUBSTANCE USE TREATMENT by pregnant and postpartum women with
26 substance use disorders and their infants;

27 (c) Health-care, human service, and public health program

1 outcomes among pregnant and postpartum women with substance use
2 disorders and their infants; and

3 (d) Costs associated with health-care, human service, and public
4 health program provisions for pregnant and postpartum women with
5 substance use disorders and their infants.

6 (2) The data linkage project shall use vital records to establish
7 maternal and infant dyads beginning at the birth hospitalization and
8 retrospectively link the prenatal period and prospectively link the first
9 year postpartum.

10 ~~(2.5)~~ (3) The ~~statewide perinatal substance use~~ data linkage
11 project may conduct ongoing research related to the incidence of perinatal
12 substance exposure or related infant and family health and human service
13 outcomes based on the standards specified in sections 19-1-103
14 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or
15 whether a child is neglected or dependent.

16 (4) THE DATA LINKAGE PROJECT MAY CONNECT ADDITIONAL STATE
17 AND NON-STATE DATA SOURCES FOR THE PURPOSE OF IMPROVING
18 POPULATION-LEVEL ESTIMATES OF PERINATAL SUBSTANCE EXPOSURE AND
19 EXAMINING SYSTEM UTILIZATION AND OUTCOMES.

20 ~~(3)~~ (5) The governor's office of information technology ~~will~~
21 SHALL obtain data and perform secure linkage and anonymization on
22 behalf of the state.

23 ~~(4)~~ (6) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), on or
24 before January 1, 2021, AND ANNUALLY THEREAFTER THROUGHOUT THE
25 DURATION OF THE DATA LINKAGE PROJECT, the center shall report progress
26 on the data linkage project and the results, if available, to the health and
27 insurance committee and the public health care and human services

1 committee of the house of representatives and the health and human
2 services committee of the senate or their successor committees.

3 **SECTION 23.** In Colorado Revised Statutes, **repeal and reenact,**
4 **with amendments,** 27-80-122 as follows:

5 **27-80-122. Recovery residence certifying body - competitive**
6 **selection process - appropriation.** (1) NO LATER THAN JANUARY 1,
7 2022, THE OFFICE OF BEHAVIORAL HEALTH SHALL USE A COMPETITIVE
8 SELECTION PROCESS PURSUANT TO THE "PROCUREMENT CODE", ARTICLES
9 101 TO 112 OF TITLE 24, TO SELECT A RECOVERY RESIDENCE CERTIFYING
10 BODY TO:

11 (a) CERTIFY RECOVERY RESIDENCES PURSUANT TO SECTION
12 25-1.5-108.5; AND

13 (b) EDUCATE AND TRAIN RECOVERY RESIDENCE OWNERS AND
14 RECOVERY RESIDENCE STAFF ON INDUSTRY BEST PRACTICES, INCLUDING
15 BEST PRACTICES FOR PROVIDING CULTURALLY RESPONSIVE AND
16 TRAUMA-INFORMED CARE.

17 (2) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL
18 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO
19 HUNDRED THOUSAND DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH
20 FOR THE PURPOSE OF IMPLEMENTING THIS SECTION.

21 **SECTION 24.** In Colorado Revised Statutes, **add** 27-80-124 and
22 27-80-125 as follows:

23 **27-80-124. Housing assistance for individuals with a substance**
24 **use disorder - rules - report - appropriation.** (1) THE OFFICE OF
25 BEHAVIORAL HEALTH SHALL ESTABLISH A PROGRAM TO PROVIDE
26 TEMPORARY FINANCIAL HOUSING ASSISTANCE TO INDIVIDUALS WITH A
27 SUBSTANCE USE DISORDER WHO HAVE NO SUPPORTIVE HOUSING OPTIONS

1 WHEN THE INDIVIDUAL IS:

2 (a) TRANSITIONING OUT OF A RESIDENTIAL TREATMENT SETTING
3 AND INTO RECOVERY; OR

4 (b) RECEIVING TREATMENT FOR THE INDIVIDUAL'S SUBSTANCE USE
5 DISORDER.

6 (2) THE OFFICE OF BEHAVIORAL HEALTH MAY PROMULGATE RULES
7 ESTABLISHING THE MAXIMUM AMOUNT OF TEMPORARY FINANCIAL
8 ASSISTANCE THAT AN INDIVIDUAL CAN RECEIVE AND THE MAXIMUM
9 AMOUNT OF TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE.
10 RULES PROMULGATED PURSUANT TO THIS SUBSECTION (2) RELATED TO
11 THE TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE MUST BE
12 CLINICALLY BASED, CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED.

13 (3) IN AWARDING TEMPORARY FINANCIAL HOUSING ASSISTANCE IN
14 ACCORDANCE WITH THIS SECTION, THE OFFICE OF BEHAVIORAL HEALTH
15 SHALL CONSIDER FUNDING FOR INDIVIDUALS ENTERING INTO A RECOVERY
16 RESIDENCE, AS DEFINED IN SECTION 25-1.5-108.5 (1)(a).

17 (4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BY
18 FEBRUARY 1, 2022, AND BY FEBRUARY 1 EACH YEAR THEREAFTER, THE
19 OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A REPORT DETAILING THE
20 AMOUNT OF HOUSING ASSISTANCE PROVIDED IN THE PRIOR YEAR, THE
21 NUMBER OF INDIVIDUALS AND THE ENTITIES THAT RECEIVED THE HOUSING
22 ASSISTANCE, AND THE DURATION OF HOUSING ASSISTANCE EACH
23 INDIVIDUAL OR ENTITY RECEIVED TO THE HEALTH AND HUMAN SERVICES
24 COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE AND THE
25 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEES OF
26 THE HOUSE OF REPRESENTATIVES, AND THE OPIOID AND OTHER SUBSTANCE
27 USE DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101, OR

1 ANY SUCCESSOR COMMITTEES.

2 (5) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL
3 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE FOUR
4 MILLION DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH FOR THE
5 PURPOSE OF THE HOUSING PROGRAM DESCRIBED IN THIS SECTION.

6 **27-80-125. Recovery support services grant program -**
7 **creation - eligibility - reporting requirements - appropriation - rules**
8 **- definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
9 OTHERWISE REQUIRES:

10 (a) "GRANT PROGRAM" MEANS THE RECOVERY SUPPORT SERVICES
11 GRANT PROGRAM CREATED IN THIS SECTION.

12 (b) "RECOVERY COMMUNITY ORGANIZATION" MEANS AN
13 INDEPENDENT, NONPROFIT ORGANIZATION LED AND GOVERNED BY
14 REPRESENTATIVES OF LOCAL COMMUNITIES OF RECOVERY THAT ORGANIZE
15 RECOVERY-FOCUSED POLICY ADVOCACY ACTIVITIES, CARRY OUT
16 RECOVERY-FOCUSED COMMUNITY EDUCATION AND OUTREACH PROGRAMS,
17 OR PROVIDE PEER-RUN RECOVERY SUPPORT SERVICES.

18 (2) THERE IS CREATED IN THE OFFICE OF BEHAVIORAL HEALTH THE
19 RECOVERY SUPPORT SERVICES GRANT PROGRAM, REFERRED TO IN THIS
20 SECTION AS THE "GRANT PROGRAM", TO PROVIDE GRANTS TO RECOVERY
21 COMMUNITY ORGANIZATIONS FOR THE PURPOSE OF PROVIDING
22 RECOVERY-ORIENTED SERVICES TO INDIVIDUALS WITH A SUBSTANCE USE
23 DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH
24 DISORDER.

25 (3) A RECOVERY COMMUNITY ORGANIZATION THAT RECEIVES A
26 GRANT FROM THE GRANT PROGRAM MAY USE THE MONEY TO:

27 (a) OFFER OPPORTUNITIES FOR INDIVIDUALS WITH A SUBSTANCE

1 USE DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH
2 DISORDER IN RECOVERY TO ENGAGE IN ACTIVITIES FOCUSED ON MENTAL
3 OR PHYSICAL WELLNESS OR COMMUNITY SERVICE;

4 (b) PROVIDE GUIDANCE TO INDIVIDUALS WITH A SUBSTANCE USE
5 DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH
6 DISORDER AND THEIR FAMILY MEMBERS ON NAVIGATING TREATMENT,
7 SOCIAL SERVICE, AND RECOVERY SUPPORT SYSTEMS;

8 (c) HELP INDIVIDUALS WITH A SUBSTANCE USE DISORDER OR
9 CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDER TO
10 CONNECT WITH RESOURCES NEEDED TO INITIATE AND MAINTAIN
11 RECOVERY AS OUTLINED BY THE FEDERAL SUBSTANCE ABUSE AND MENTAL
12 HEALTH SERVICES ADMINISTRATION'S FOUR DIMENSIONS OF RECOVERY:
13 HEALTH, HOME, COMMUNITY, AND PURPOSE;

14 (d) ASSIST IN ESTABLISHING AND SUSTAINING A SOCIAL AND
15 PHYSICAL ENVIRONMENT SUPPORTIVE OF RECOVERY;

16 (e) PROVIDE LOCAL AND STATE RECOVERY RESOURCES TO
17 RECOVERY COMMUNITY ORGANIZATION PARTICIPANTS AND COMMUNITY
18 MEMBERS; AND

19 (f) PROVIDE RECOVERY SUPPORT SERVICES FOR CAREGIVERS AND
20 FAMILIES OF INDIVIDUALS RECOVERING FROM A SUBSTANCE USE AND
21 CO-OCCURRING MENTAL HEALTH DISORDER.

22 (4) THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE
23 GRANT PROGRAM. SUBJECT TO AVAILABLE APPROPRIATIONS, THE OFFICE
24 SHALL DISBURSE GRANT MONEY APPROPRIATED PURSUANT TO SUBSECTION
25 (8) OF THIS SECTION TO EACH MANAGED SERVICE ORGANIZATION
26 DESIGNATED PURSUANT TO SECTION 27-80-107.

27 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL IMPLEMENT THE

1 GRANT PROGRAM IN ACCORDANCE WITH THIS SECTION. PURSUANT TO
2 ARTICLE 4 OF TITLE 24, THE OFFICE SHALL PROMULGATE RULES AS
3 NECESSARY TO IMPLEMENT THE GRANT PROGRAM.

4 (6) (a) TO RECEIVE A GRANT, A RECOVERY COMMUNITY
5 ORGANIZATION MUST SUBMIT AN APPLICATION TO THE APPLICABLE
6 MANAGED SERVICE ORGANIZATION IN ACCORDANCE WITH RULES
7 PROMULGATED BY THE OFFICE OF BEHAVIORAL HEALTH.

8 (b) EACH MANAGED SERVICE ORGANIZATION SHALL REVIEW THE
9 APPLICATIONS RECEIVED PURSUANT TO THIS SECTION. IN AWARDING
10 GRANTS, THE MANAGED SERVICE ORGANIZATION SHALL PRIORITIZE AN
11 APPLICANT WHOSE PROGRAM OUTLINES THE CAPACITY TO DELIVER
12 RECOVERY SUPPORT SERVICES TO MEET THE NEEDS OF DIVERSE RACIAL,
13 CULTURAL, INCOME, ABILITY, AND OTHER UNDERSERVED GROUPS,
14 INCLUDING THE DELIVERY OF RECOVERY SUPPORT SERVICES BY
15 CULTURALLY RESPONSIVE AND TRAUMA-INFORMED PROFESSIONALS.

16 (7) (a) ON OR BEFORE DECEMBER 1, 2023, AND ON OR BEFORE
17 DECEMBER 1 EACH YEAR THEREAFTER, EACH MANAGED SERVICE
18 ORGANIZATION THAT AWARDS GRANTS SHALL SUBMIT A REPORT TO THE
19 OFFICE OF BEHAVIORAL HEALTH. AT A MINIMUM, THE REPORT MUST
20 INCLUDE THE FOLLOWING INFORMATION:

21 (I) THE NUMBER OF COMMUNITY MEMBERS INVOLVED IN THE
22 RECOVERY COMMUNITY ORGANIZATION;

23 (II) A DETAILED DESCRIPTION OF THE ORGANIZATION'S ADVOCACY
24 EFFORTS;

25 (III) ANY COLLABORATIVE PROJECTS A RECOVERY COMMUNITY
26 ORGANIZATION HAS WITH OTHER RECOVERY COMMUNITY ORGANIZATIONS
27 ACROSS THE STATE; AND

1 (IV) ANY OTHER INFORMATION REQUIRED BY THE OFFICE OF
2 BEHAVIORAL HEALTH.

3 (b) ON OR BEFORE MARCH 1, 2022, AND ON OR BEFORE MARCH 1
4 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM,
5 THE OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A SUMMARIZED
6 REPORT ON THE GRANT PROGRAM TO THE HEALTH AND HUMAN SERVICES
7 COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE AND THE
8 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEES OF
9 THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AND
10 TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE
11 CREATED IN SECTION 10-22.3-101.

12 (c) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
13 REPORTING REQUIREMENTS SET FORTH IN THIS SUBSECTION (7) CONTINUE
14 INDEFINITELY.

15 (8) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL
16 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE
17 MILLION SIX HUNDRED THOUSAND DOLLARS FROM THE GENERAL FUND TO
18 THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE GRANT PROGRAM.
19 THE OFFICE MAY USE A PORTION OF THE MONEY APPROPRIATED FOR THE
20 GRANT PROGRAM TO PAY THE DIRECT AND INDIRECT COSTS OF
21 ADMINISTERING THE GRANT PROGRAM.

22 **SECTION 25.** In Colorado Revised Statutes, 27-80-303, **amend**
23 **(1)(b), (1)(c), (2), (3)(e) and (3)(f); and add (3)(g) as follows:**

24 **27-80-303. Office of ombudsman for behavioral health access**
25 **to care - creation - appointment of ombudsman - duties.** (1) (b) ~~The~~
26 ~~office and the department shall operate pursuant to a memorandum of~~
27 ~~understanding between the two entities. The memorandum of~~

1 ~~understanding contains, at a minimum:~~

2 ~~(I) A requirement that the office has its own personnel rules;~~

3 ~~(II) A requirement that the ombudsman has independent hiring~~
4 ~~and termination authority over office employees;~~

5 ~~(III) A requirement that the office must follow state fiscal rules;~~

6 ~~(IV) A requirement that The office of behavioral health shall offer~~
7 ~~the office limited support with respect to:~~

8 ~~(A) (I) Personnel matters;~~

9 ~~(B) (II) Recruitment;~~

10 ~~(C) (III) Payroll;~~

11 ~~(D) (IV) Benefits;~~

12 ~~(E) (V) Budget submission, as needed;~~

13 ~~(F) (VI) Accounting; and~~

14 ~~(G) (VII) Office space, facilities, and technical support; and~~

15 ~~(V) (VIII) Any other provisions regarding Administrative support~~
16 ~~that will help maintain the independence of the office.~~

17 (c) The office shall operate OPERATES with full independence and
18 has complete autonomy, control, and authority over operations, budget,
19 and personnel decisions related to the office and the ombudsman,
20 SUBJECT TO STATE PERSONNEL AND FISCAL RULES. THE OFFICE MAY SEEK,
21 ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FOR THE PURPOSE OF
22 OPERATING THE OFFICE. THE DEPARTMENT MAY, BUT IS NOT REQUIRED TO,
23 PROVIDE FUNDING TO THE OFFICE.

24 (2) By November 1, 2018, the governor shall designate an
25 ombudsman for behavioral health access to care, who shall serve as
26 director of the office. The ombudsman shall serve as a neutral party to
27 help consumers, including consumers who are uninsured or have public

1 or private health benefit coverage, including coverage that is not subject
2 to state regulation, and health-care providers, acting on their own behalf,
3 on behalf of a consumer with the consumer's written permission, or on
4 behalf of a group of health-care providers, navigate and resolve issues
5 ~~related to~~ AND ENSURE COMPLIANCE REGARDING consumer access to
6 behavioral health care, including care for mental health conditions and
7 substance use disorders.

8 (3) The ombudsman shall:

9 (e) Develop appropriate points of contact for referrals to other
10 state and federal agencies; ~~and~~

11 (f) Provide appropriate information to help consumers or
12 health-care providers file appeals or complaints with the appropriate
13 entities, including insurers and other state and federal agencies; AND

14 (g) BE THE APPOINTING AUTHORITY FOR ANY EMPLOYEES THE
15 OFFICE MAY CHOOSE TO HIRE. ANY SUCH EMPLOYEES ARE STATE
16 EMPLOYEES SUBJECT TO THE STATE PERSONNEL SYSTEM.

17 **SECTION 26.** In Colorado Revised Statutes, 27-82-204, **amend**
18 (1) as follows:

19 **27-82-204. Funding for pilot program.** (1) (a) ~~For the 2019-20~~
20 ~~through 2021-22 fiscal years,~~ FOR THE 2021-22 FISCAL YEAR, AND EACH
21 FISCAL YEAR THEREAFTER, the general assembly shall appropriate money
22 ~~each fiscal year~~ from the marijuana tax cash fund created in section
23 39-28.8-501 (1) to the department for allocation to the office of
24 behavioral health to implement the pilot program. The office of
25 behavioral health may use a portion of the money annually appropriated
26 for the pilot program to pay the direct and indirect costs incurred to
27 administer the pilot program.

1 (b) If any unexpended or uncommitted money appropriated for the
2 ~~2019-20 or 2020-21~~ A fiscal year remains at the end of ~~either~~ THAT fiscal
3 year, the office of behavioral health may expend the money in accordance
4 with this section in the succeeding fiscal year without further
5 appropriation. ~~Any unexpended or uncommitted money remaining at the~~
6 ~~end of the 2021-22 fiscal year reverts to the marijuana tax cash fund~~
7 ~~created in section 39-28.8-501 (1).~~

8 **SECTION 27.** In Colorado Revised Statutes, 24-34-104, **repeal**
9 (25)(a)(XX) as follows:

10 **24-34-104. General assembly review of regulatory agencies**
11 **and functions for repeal, continuation, or reestablishment - legislative**
12 **declaration - repeal.** (25) (a) The following agencies, functions, or both,
13 are scheduled for repeal on September 1, 2024:

14 (XX) ~~The program to increase public awareness concerning the~~
15 ~~safe use, storage, and disposal of opioids and the availability of naloxone~~
16 ~~and other drugs used to block the effects of an opioid overdose developed~~
17 ~~pursuant to section 27-80-118 (5);~~

18 **SECTION 28.** In Colorado Revised Statutes, 17-1-113.4, **amend**
19 **(2) and (4)(b); and add (3.5) as follows:**

20 **17-1-113.4. Opioid treatment for a person in custody -**
21 **definitions.** (2) (a) Qualified medication administration personnel may,
22 in accordance with a written physician's order, administer opioid agonists
23 and opioid antagonists FOR THE TREATMENT OF AN OPIOID USE DISORDER
24 pursuant to subsection (1) of this section.

25 **(b) AS FUNDING AND SUPPLIES ALLOW, IF A PERSON IN CUSTODY IS**
26 **TREATED FOR AN OPIOID USE DISORDER PURSUANT TO THIS SECTION, THE**
27 **CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL OFFER THE**

1 PERSON, UPON RELEASE FROM THE FACILITY, AT LEAST TWO DOSES OF AN
2 OPIOID REVERSAL MEDICATION, IN A FORM APPROVED BY THE FEDERAL
3 DRUG ADMINISTRATION, AND PROVIDE EDUCATION TO THE PERSON ABOUT
4 THE APPROPRIATE USE OF THE MEDICATION.

5 (3.5) NOTHING IN THIS SECTION IMPOSES CIVIL OR CRIMINAL
6 LIABILITY ON STATE LAW ENFORCEMENT AGENCY OR LAW ENFORCEMENT
7 OFFICER WHEN ORDINARY CARE IS USED IN THE ADMINISTRATION OR
8 PROVISION OF AN OPIOID REVERSAL MEDICATION IN CASES WHEN AN
9 INDIVIDUAL APPEARS TO BE EXPERIENCING AN OPIOID OVERDOSE.

10 (4) As used in this section, unless the context otherwise requires:

11 (b) "Opioid antagonist" means naltrexone, AN OPIOID REVERSAL
12 MEDICATION, or any similarly acting drug USED FOR THE TREATMENT OF
13 AN OPIOID USE DISORDER that is not a controlled substance and that is
14 approved by the federal food and drug administration for the treatment of
15 an opioid use disorder."

16 **SECTION 29.** In Colorado Revised Statutes, 18-18-607, amend
17 (4) as follows:

18 **18-18-607. Safe stations - disposal of controlled substances -**
19 **medical evaluation - definition.** (4) As used in this section, unless the
20 context otherwise requires, a "safe station" means any municipal police
21 station OR county sheriff's office. ~~or municipal, county, or fire protection~~
22 district fire station."

23 **SECTION 30.** In Colorado Revised Statutes, 10-22.3-101,
24 **amend (1)(b), (2)(h), (2)(i), and (3) as follows:**

25 **10-22.3-101. Opioid and other substance use disorders study**
26 **committee - creation - members - purposes.** (1) (b) The speaker of the
27 house of representatives shall appoint the chair of the committee in the

1 2023 interim and the vice-chair in the ~~2021~~ 2022 interim, and the
2 president of the senate shall appoint the chair of the committee in the
3 ~~2021~~ 2022 interim and the vice-chair in the 2023 interim.

4 (2) The committee shall:

5 (h) During the ~~2021~~ 2022 interim, study the relationship between
6 mental health conditions and substance use disorders and examine
7 treatment modalities that best serve individuals with co-occurring mental
8 health conditions and substance use disorders, including the benefits of
9 integrated services; and

10 (i) During the ~~2021~~ 2022 interim, study the impact of COVID-19,
11 the coronavirus disease caused by the severe acute respiratory syndrome
12 coronavirus 2, also known as SARS-CoV-2, on the provision of
13 prevention, harm reduction, treatment and recovery support services, and
14 related behavioral health services, including the impact related to the
15 opioid crisis and drug overdoses, and prepare legislative
16 recommendations for the general assembly for addressing the impacts.

17 (3) (a) The committee may meet in the ~~2021~~ 2022 and 2023
18 interims up to six times per interim. The committee may recommend up
19 to a total of five bills during each interim. Legislation recommended by
20 the committee must be treated as legislation recommended by an interim
21 committee for purposes of applicable deadlines, bill introduction limits,
22 and any other requirements imposed by the joint rules of the general
23 assembly.

24 (b) By ~~December 1, 2021~~ DECEMBER 1, 2022, and December 1,
25 2023, the committee shall make a report and a final report, respectively,
26 to the legislative council created in section 2-3-301 that may include
27 recommendations for legislation.

1 **SECTION 31.** In Colorado Revised Statutes, add part 10 to
2 article 21 of title 23 as follows:

3 **PART 10**

4 **MEDICATION FOR OPIOID USE DISORDER**

5 **23-21-1001. Medication for opioid use disorder - consultation**
6 **- stipends - school of medicine duties - legislative declaration - repeal.**

7 **(1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:**

8 **(a) MANY HEALTH-CARE PROVIDERS WHO HAVE COMPLETED THE**
9 **TRAINING REQUIRED BY THE FEDERAL DRUG ENFORCEMENT AGENCY AND**
10 **ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER ARE NOT**
11 **ACTIVELY PROVIDING MEDICATION FOR OPIOID USE DISORDER TO PATIENTS**
12 **WHO WOULD BENEFIT FROM THIS MEDICAL SERVICE; AND**

13 **(b) PRACTICE CONSULTATION SERVICES CONSISTING OF FOLLOW-UP**
14 **TRAINING AND SUPPORT, INCLUDING STIPENDS, CAN INCREASE THE**
15 **NUMBER OF HEALTH-CARE PROVIDERS WHO PRESCRIBE MEDICATION FOR**
16 **OPIOID USE DISORDER AND THE NUMBER OF PATIENTS RECEIVING**
17 **MEDICATION FOR OPIOID USE DISORDER.**

18 **(2) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL:**

19 **(a) PROVIDE PRACTICE CONSULTATION SERVICES TO HEALTH-CARE**
20 **PROVIDERS WHO ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE**
21 **DISORDER. PRACTICE CONSULTATION SERVICES MUST INCLUDE:**

22 **(I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO**
23 **ENCOURAGE SCREENING FOR OPIOID USE DISORDER AND EDUCATIONAL**
24 **MATERIALS FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE**
25 **DISORDER;**

26 **(II) SUPPORTING THE ADOPTION OF COMMUNICATION STRATEGIES**
27 **THAT PROVIDE INFORMATION TO PATIENTS AND REFERRAL SOURCES,**

1 INCLUDING BUT NOT LIMITED TO EMERGENCY DEPARTMENTS, EMERGENCY
2 MEDICAL SERVICE PROVIDERS, HOSPITALS, SHERIFFS DEPARTMENTS, HARM
3 REDUCTION ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS; AND

4 (III) PROVIDING ACCESS TO MARKETING MATERIALS DESIGNED FOR
5 PATIENTS AND DEVELOPED WITH PATIENT AND PRACTITIONER INPUT.

6 (b) PROVIDE STIPENDS TO HEALTH-CARE PROVIDERS WHO ARE
7 ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER AND WHO
8 HAVE ACHIEVED CERTAIN BENCHMARKS KNOWN TO LEAD TO AN
9 INCREASED NUMBER OF PATIENTS BEING MANAGED BY MEDICATION FOR
10 OPIOID USE DISORDER. AT A MINIMUM, THE BENCHMARKS MUST INCLUDE:

11 (I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO
12 ENCOURAGE SCREENING AND MEDICATION FOR OPIOID USE DISORDER
13 INDUCTION FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE
14 DISORDER;

15 (II) ADOPTION OF MARKETING AND COMMUNICATION STRATEGIES;
16 AND

17 (III) DOCUMENTATION OF HAVING PROVIDED MEDICATION FOR
18 OPIOID USE DISORDER TO AT LEAST TEN PATIENTS WITHIN A
19 TWELVE-MONTH PERIOD.

20 (3) (a) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL
21 ASSEMBLY SHALL APPROPRIATE SIX HUNDRED THIRTY THOUSAND DOLLARS
22 FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN
23 SECTION 24-75-226 TO THE BOARD OF REGENTS OF THE UNIVERSITY OF
24 COLORADO FOR THE IMPLEMENTATION OF THIS SECTION. IF ANY
25 UNEXPENDED OR UNENCUMBERED MONEY REMAINS AT THE END OF THE
26 FISCAL YEAR, THE BOARD OF REGENTS OF THE UNIVERSITY OF COLORADO
27 MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL

1 YEAR WITHOUT FURTHER APPROPRIATION.

2 (b) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2023.

3 SECTION 32. In Colorado Revised Statutes, add 24-75-230 as
4 follows:

5 24-75- 230. Behavioral and mental health cash fund - creation
6 - allowable uses - task force - definitions - repeal. (1) AS USED IN THIS
7 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

8 (a) "AMERICAN RESCUE PLAN ACT OF 2021" MEANS THE FEDERAL
9 "AMERICAN RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE ACT MAY
10 BE SUBSEQUENTLY AMENDED.

11 (b) "DEPARTMENT" MEANS A PRINCIPAL DEPARTMENT IDENTIFIED
12 IN SECTION 24-1-110 AND THE JUDICIAL DEPARTMENT. THE TERM ALSO
13 INCLUDES THE OFFICE OF THE GOVERNOR, INCLUDING ANY OFFICES
14 CREATED THEREIN.

15 (c) "FUND" MEANS THE BEHAVIORAL AND MENTAL HEALTH CASH
16 FUND CREATED IN SUBSECTION (2)(a) OF THIS SECTION OR AN IDENTICAL
17 COMPANION FUND CREATED BY OPERATION OF SECTION 24-75-226 (4)(c).

18 (2) (a) THE BEHAVIORAL AND MENTAL HEALTH CASH FUND IS
19 CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY
20 CREDITED TO THE FUND IN ACCORDANCE WITH SUBSECTION (2)(b) OF THIS
21 SECTION AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY
22 APPROPRIATE OR TRANSFER TO THE FUND. TO RESPOND TO THE PUBLIC
23 HEALTH EMERGENCY WITH RESPECT TO COVID-19 OR ITS NEGATIVE
24 ECONOMIC IMPACTS, THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY
25 FROM THE FUND TO A DEPARTMENT FOR MENTAL HEALTH TREATMENT,
26 SUBSTANCE MISUSE TREATMENT, AND OTHER BEHAVIORAL HEALTH
27 SERVICES.

1 (b) (I) THREE DAYS AFTER THE EFFECTIVE DATE OF THIS
2 SUBSECTION (2)(b)(I), THE STATE TREASURER SHALL TRANSFER FIVE
3 HUNDRED FIFTY MILLION DOLLARS FROM THE "AMERICAN RESCUE PLAN
4 ACT OF 2021" CASH FUND CREATED IN SECTION 24-75- 226 TO THE FUND.

5 (II) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
6 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
7 FUND TO THE FUND.

8 (3) A DEPARTMENT MAY EXPEND MONEY APPROPRIATED FROM THE
9 FUND FOR PURPOSES PERMITTED UNDER THE "AMERICAN RESCUE PLAN
10 ACT OF 2021" PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY
11 AMENDED, AND SHALL NOT USE THE MONEY FOR ANY PURPOSE PROHIBITED
12 BY THE ACT. A DEPARTMENT OR ANY PERSON WHO RECEIVES MONEY FROM
13 THE FUND SHALL COMPLY WITH ANY REQUIREMENTS SET FORTH IN
14 SECTION 24-75- 226.

15 (4) (a) THE EXECUTIVE COMMITTEE OF THE LEGISLATIVE COUNCIL
16 SHALL, BY RESOLUTION, CREATE A TASK FORCE TO MEET DURING THE 2021
17 INTERIM AND ISSUE A REPORT WITH RECOMMENDATIONS TO THE GENERAL
18 ASSEMBLY AND THE GOVERNOR ON POLICIES TO CREATE
19 TRANSFORMATIONAL CHANGE IN THE AREA OF BEHAVIORAL HEALTH USING
20 MONEY THE STATE RECEIVES FROM THE FEDERAL CORONAVIRUS STATE
21 FISCAL RECOVERY FUND UNDER TITLE IX, SUBTITLE M OF THE "AMERICAN
22 RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE ACT MAY BE
23 SUBSEQUENTLY AMENDED.

24 (b) THE TASK FORCE MAY INCLUDE NONLEGISLATIVE MEMBERS
25 AND HAVE WORKING GROUPS CREATED TO ASSIST THEM. THE EXECUTIVE
26 COMMITTEE SHALL HIRE A FACILITATOR TO GUIDE THE WORK OF THE TASK
27 FORCE.

1 (c) THE TASK FORCE CREATED IN THIS SECTION IS NOT SUBJECT TO
2 THE REQUIREMENTS SPECIFIED IN SECTION 2-3-303.3 OR RULE 24A OF THE
3 JOINT RULES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES. THE
4 EXECUTIVE COMMITTEE SHALL SPECIFY REQUIREMENTS GOVERNING
5 MEMBERS' PARTICIPATION IN THE TASK FORCE. THE TASK FORCE SHALL
6 NOT SUBMIT BILL DRAFTS AS PART OF THEIR RECOMMENDATIONS.

7 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

8 **SECTION 33.** In Colorado Revised Statutes, 25-1.5-506, **amend**
9 (4)(a) introductory portion; and **add** (4)(c) as follows:

10 **25-1.5-506. Colorado health service corps fund - created -**
11 **acceptance of grants and donations - annual appropriation from**
12 **marijuana tax cash fund - repeal.** (4) (a) For the 2018-19 fiscal year
13 and each fiscal year thereafter, the general assembly shall appropriate ~~two~~
14 **THREE** million five hundred thousand dollars from the marijuana tax cash
15 fund created in section 39-28.8-501 to the primary care office to:

16 (c) (I) IN ADDITION TO THE APPROPRIATION DESCRIBED IN
17 SUBSECTION (4)(a) OF THIS SECTION, FOR THE 2021-22 STATE FISCAL YEAR
18 THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION SEVEN
19 HUNDRED THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL
20 HEALTH CASH FUND CREATED IN SECTION 24-75-226 TO THE PRIMARY
21 CARE OFFICE FOR THE USES DESCRIBED IN SUBSECTION (4)(a) OF THIS
22 SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY APPROPRIATED
23 FOR A FISCAL YEAR REMAINS AT THE END OF THAT FISCAL YEAR, THE
24 PRIMARY CARE OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES
25 IN THE NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

26 (II) THIS SUBSECTION (4)(c) IS REPEALED, EFFECTIVE JANUARY 1,
27 2024.

1 **SECTION 34.** In Colorado Revised Statutes, 27-80-123, **amend**
2 (4) and (5)(b) as follows:

3 **27-80-123. High-risk families cash fund - creation - services**
4 **provided - report - definition.** (4) The department may expend money
5 in the fund for the following purposes:

6 (a) For services to high-risk parents, including pregnant and
7 parenting women, with substance use disorders; **and**

8 (b) For services for high-risk children and youth with behavioral
9 health disorders; **AND**

10 (c) **FOR SERVICES FOR FAMILIES WITH BEHAVIORAL HEALTH NEEDS,**
11 **INCLUDING FAMILY-CENTERED TREATMENT MODELS.**

12 (5) (b) Money expended by the department must be used for
13 one-time allocations to increase treatment capacity, including start-up
14 costs and capital expenditures, or to provide substance use disorder
15 recovery and wraparound services, including **THE PRENATAL PLUS**
16 **PROGRAM AND** access to child care, to high-risk families.

17 **SECTION 35.** In Session Laws of Colorado 2019, **amend** section
18 2 of chapter 325 as follows:

19 Section 2. **Appropriation.** (1) For the 2019-20 state fiscal year,
20 \$2,944,809 is appropriated to the department of public health and
21 environment for use by the prevention services division. This
22 appropriation is from the marijuana tax cash fund created in section
23 39-28.8-501 (1), C.R.S. To implement this act, the division may use this
24 appropriation for the primary care office. Any money appropriated in this
25 section not expended prior to July 1, 2020, is further appropriated to the
26 division for the 2020-21 **and 2021-22** **THROUGH 2023-24** state fiscal years
27 for the same purpose.

1 (2) For the 2019-20 state fiscal year, \$55,191 is appropriated to
2 the department of public health and environment for use by the prevention
3 services division. This appropriation is from the marijuana tax cash fund
4 created in section 39-28.8-501 (1), C.R.S., and is based on an assumption
5 that the division will require an additional 0.8 FTE. To implement this
6 act, the division may use this appropriation for the primary care office.

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8 **SECTION 36.** In Colorado Revised Statutes, **repeal**
9 25-20.5-1104 and 27-82-205.

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14 **SECTION 37. Appropriation.** (1) For the 2021-22 state fiscal
15 year, \$1,017,614 is appropriated to the department of health care policy
16 and financing. This appropriation is from the general fund. To implement
17 this act, the department may use this appropriation as follows:

18 (a) \$130,043 for use by the executive director's office for personal
19 services, which amount is based on an assumption that the office will
20 require an additional 2.8 FTE.;

21 (b) \$11,325 for use by the executive director's office for operating
22 expenses;

23 (c) \$33,960 for use by the executive director's office for general
24 professional services and special projects related to general
25 administration;

26 (d) \$764,067 for use by the executive director's office for
27 professional services contracts related to utilization and quality review

1 contracts, which amount is subject to the "(M)" notation as defined in the
2 annual general appropriation act for the same fiscal year; and

3 (e) \$78,219 for medical and long-term care services for
4 medicaid-eligible individuals, which amount is subject to the "(M)"
5 notation as defined in the annual general appropriation act for the same
6 fiscal year.

7 (2) For the 2021-22 state fiscal year, \$250,000 is appropriated to
8 the department of health care policy and financing. This appropriation is
9 from the behavioral and mental health cash fund created in section
10 24-75-230, C.R.S., and of money the state received from the federal
11 coronavirus state fiscal recovery fund. The department may use the
12 appropriation for training health-care and behavioral health-care
13 professionals in substance use screening, brief intervention, and referral
14 to treatment. Any money appropriated in this subsection (2) not expended
15 prior to July 1, 2022, is further appropriated to the department for the
16 2022-23 state fiscal year for the same purpose.

17 (3) For the 2021-22 state fiscal year, the general assembly
18 anticipates that the department of health care policy and financing will
19 receive \$1,017,613 in federal funds to implement this act. The
20 appropriation in subsection (1) of this section is based on the assumption
21 that the department will receive this amount of federal funds to be used
22 as follows:

23 (a) \$130,042 for use by the executive director's office for personal
24 services, which amount is subject to the "(I)" notation as defined in the
25 annual general appropriation act for the same fiscal year;

26 (b) \$11,325 for use by the executive director's office for operating
27 expenses, which amount is subject to the "(I)" notation as defined in the

1 annual general appropriation act for the same fiscal year;

2 (c) \$33,960 for use by the executive director's office for general
3 professional services and special projects related to general
4 administration, which amount is subject to the "(I)" notation as defined
5 in the annual general appropriation act for the same fiscal year;

6 (d) \$764,067 for use by the executive director's office for
7 professional services contracts related to utilization and quality review
8 contracts; and

9 (e) \$78,219 for medical and long-term care services for
10 medicaid-eligible individuals.

11 (4) For the 2021-22 state fiscal year, \$3,825,000 is appropriated
12 to the department of higher education from the marijuana tax cash fund
13 created in section 39-28.8-501 (1), C.R.S., for use by the center for
14 research into substance use disorder prevention, treatment, and recovery
15 support strategies at the university of Colorado health sciences center.
16 The center may use this appropriation as follows:

17 (a) \$3,000,000 for the medication-assisted treatment expansion
18 pilot program;

19 (b) \$750,000 for public awareness campaigns related to safe
20 medication practices; and

21 (c) \$75,000 for the perinatal substance use data linkage project.

22 (5) For the 2021-22 state fiscal year, \$900,000 is appropriated to
23 the department of higher education for use by the board of governors of
24 the Colorado state university system. This appropriation is from the
25 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To
26 implement this act, the board may use this appropriation for the agrability
27 project.

1 (6) (a) For the 2021-22 state fiscal year, \$2,630,000 is
2 appropriated to the department of higher education. This appropriation is
3 from the behavioral and mental health cash fund created in section
4 24-75-230, C.R.S., and of money the state received from the federal
5 coronavirus state fiscal recovery fund. To implement this act, the
6 department may use this appropriation as follows:

7 (I) \$1,000,000 for use by the center for research into substance use
8 disorder prevention, treatment, and recovery support strategies at the
9 university of Colorado health sciences center for training and education
10 for health-care, behavioral health-care, and public health-care
11 professionals, to further promote the use of evidence-based models of
12 care for treatment of pain and substance use disorders, grant writing
13 assistance for local organizations, and to further strengthen recovery
14 support programs and services;

15 (II) \$1,000,000 for use by the regents of the university of
16 Colorado for allocation to the school of medicine for the regional health
17 connector workforce program; and

18 (III) \$630,000 for use by the regents of the university of Colorado
19 for allocation to the school of medicine for practice consultation services
20 and stipends for health-care providers who are eligible to provide
21 medication for opioid use disorder.

22 (b) Any money appropriated in this subsection (6) not expended
23 prior to July 1, 2022, is further appropriated to the department for the
24 2022-23 state fiscal year for the same purposes.

25 (7) For the 2021-22 state fiscal year, \$6,050,000 is appropriated
26 to the department of human services for use by the office of behavioral
27 health. This appropriation is from the general fund. To implement this act,

1 the office may use this appropriation as follows:

2 (a) \$4,000,000 for the housing assistance program, which amount
3 is based on an assumption that the office will require an additional 1.0
4 FTE;

5 (b) \$1,600,000 for the recovery support services grant program,
6 which amount is based on an assumption that the office will require an
7 additional 1.0 FTE;

8 (c) \$50,000 for rural behavioral health vouchers;

9 (d) \$200,000 for treatment and detoxification programs; and

10 (e) \$200,000 for recovery residence certification.

11 (8) For the 2021-22 state fiscal year, \$190,000 is appropriated to
12 the department of human services for use by the office of early childhood.
13 This appropriation is from the general fund. To implement this act, the
14 office may use this appropriation for early childhood mental health
15 services.

16 (9) (a) For the 2021-22 state fiscal year, \$86,750,000 is
17 appropriated to the department of human services for use by the office of
18 behavioral health. This appropriation is from the behavioral and mental
19 health cash fund created in section 24-75-230, C.R.S., and of money the
20 state received from the federal coronavirus state fiscal recovery fund. The
21 office may use this appropriation as follows:

22 (I) \$10,000,000 directed to the managed service organizations for
23 increasing access to effective substance use disorder treatment and
24 recovery;

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

1 (III) \$5,000,000 for Colorado crisis system services in response
2 to the effect of COVID-19 on the behavioral health of Colorado residents,
3 including statewide access to crisis system services for children and
4 youth;

5 (IV) \$2,000,000 for behavioral health and substance use disorder
6 treatment for children, youth, and their families;

7 (V) \$1,000,000 for a mental health awareness campaign;

8 (VI) \$18,000,000 for the workforce development program;

9 (VII) \$26,000,000 for statewide care coordination infrastructure;

10 (VIII) \$9,000,000 for the county-based behavioral health grant
11 program;

12 (IX) \$500,000 for community transition services for guardianship
13 services for individuals transitioning out of mental health institutes;

14 (X) \$5,000,000 for jail based behavioral health services;

15 (XI) \$3,250,000 for community mental health centers for
16 unanticipated services and expenses related to COVID-19, including
17 capacity building and strategies to address the direct care workforce for
18 the purpose of increasing access to meet the growing demand for
19 services; and

20 (XII) \$5,000,000 for a pilot program for residential placement of
21 children and youth with high acuity physical, mental, or behavioral health
22 needs.

23 (b) Any money appropriated in this subsection (9) not expended
24 prior to July 1, 2022, is further appropriated to the office for the 2022-23
25 state fiscal year for the same purpose.

26 (10) For the 2021-22 state fiscal year, \$3,000,000 is appropriated
27 to the high-risk families cash fund created in section 27-80-123 (2),

1 C.R.S. This appropriation is from the behavioral and mental health cash
2 fund created in section 24-75-230, C.R.S., and of money the state
3 received from the federal coronavirus state fiscal recovery fund. The
4 department of human services is responsible for the accounting related to
5 this appropriation.

6 (11) For the 2021-22 state fiscal year, \$500,000 is appropriated to
7 the department of human services. This appropriation is from the
8 behavioral and mental health cash fund created in section 24-75-230,
9 C.R.S., and of money the state received from the federal coronavirus state
10 fiscal recovery fund. The department may use this appropriation for the
11 early childhood mental health consultation program. Any money
12 appropriated in this subsection (11) not expended prior to July 1, 2022,
13 is further appropriated to the department for the 2022-23 state fiscal year
14 for the same purpose.

15 (12) For the 2021-22 state fiscal year, \$300,000 is appropriated to
16 the department of human services for use by the office of the ombudsman
17 for behavioral health access to care. This appropriation is from the
18 behavioral and mental health cash fund created in section 24-75-230,
19 C.R.S., and of money the state received from the federal coronavirus state
20 fiscal recovery fund. The office may use the appropriation to help resolve
21 behavioral health-care access and coverage concerns or complaints for
22 consumers and health-care providers. Any money appropriated in this
23 subsection (12) not expended prior to July 1, 2022, is further appropriated
24 to the department for the 2022-23 state fiscal year for the same purpose.

25 (13) For the 2021-22 state fiscal year, \$50,000 is appropriated to
26 the legislative department. This appropriation is from the general fund.
27 The department may use this appropriation to implement this act.

1 (14) For the 2021-22 state fiscal year, \$750,000 is appropriated to
2 the department of public health and environment. This appropriation is
3 from the general fund. To implement this act, the department may use this
4 appropriation as follows:

5 (a) \$500,000 for sexually transmitted infections, HIV and AIDS
6 operating expenses; and

7 (b) \$250,000 for mental health first aid training.

8 (15) For the 2021-22 state fiscal year, \$2,700,000 is appropriated
9 to the department of public health and environment for use by the primary
10 care office. This appropriation consists of \$1,000,000 from the marijuana
11 tax cash fund created in section 39-28.8-501 (1), C.R.S., and \$1,700,000
12 from the behavioral and mental health cash fund created in section
13 24-75-230, C.R.S., of money the state received from the federal
14 coronavirus state fiscal recovery fund, and is based on an assumption that
15 the office will require an additional 1.0 FTE. To implement this act, the
16 office may use this appropriation for loan repayments for behavioral
17 healthcare providers and candidates for licensure participating in the
18 Colorado mental health services corps and scholarships for addiction
19 counselors.

20 (16) (a) For the 2021-22 state fiscal year, \$4,200,000 is
21 appropriated to the department of public health and environment. This
22 appropriation is from the behavioral and mental health cash fund created
23 in section 24-75-230, C.R.S., and of money the state received from the
24 federal coronavirus state fiscal recovery fund. The department may use
25 this appropriation as follows:

26 (I) \$1,000,000 for the opiate antagonist bulk purchase fund,
27 created in section 25-1.5-115, C.R.S.;

1 (II) \$2,000,000 for the Colorado HIV and AIDS prevention grant
2 program created in section 25-4-1403, C.R.S; and

3 (III) \$1,200,000 for school-based health centers.

4 (b) Any money appropriated in this subsection (16) not expended
5 prior to July 1, 2022, is further appropriated to the department for the
6 2022-23 state fiscal year for the same purpose.

7 **SECTION 37. Effective date.** Sections 2, 6, 15, 16, 17, 18, 19,
8 25, 31, 32, 33, 37 (2), 37 (6), 37 (9), 37 (10), 37 (11), 37 (12), 37 (15),
9 and 37 (16) of this act take effect only if Senate Bill 21-288 becomes law,
10 and, in which case, sections 2, 6, 15, 16, 17, 18, 19, 25, 31, 32, 33, 37 (2),
11 37 (6), 37 (9), 37 (10), 37 (11), 37 (12), 37 (15), and 37 (16) of this act
12 take effect either upon the effective date of this act or one day after the
13 passage of Senate Bill 21-288, whichever is later.

14 **SECTION 38. Safety clause.** The general assembly hereby finds,
15 determines, and declares that this act is necessary for the immediate
16 preservation of the public peace, health, or safety.