

CHAPTER 217

HUMAN SERVICES - BEHAVIORAL HEALTH

SENATE BILL 22-148

BY SENATOR(S) Donovan and Simpson, Buckner, Coram, Fenberg, Fields, Ginal, Gonzales, Hansen, Hinrichsen, Hisey, Kolker, Lee, Moreno, Pettersen, Priola, Rankin, Smallwood, Sonnenberg, Story, Winter, Zenzinger;
 also REPRESENTATIVE(S) McLachlan and Catlin, Amabile, Bradfield, Gonzales-Gutierrez, Michaelson Jenet, Van Beber, Bacon, Benavidez, Bennett, Bird, Boesenecker, Cutter, Duran, Esgar, Exum, Froelich, Herod, Hooton, Jodeh, Kipp, Lindsay, Lontine, McCluskie, McCormick, Pico, Ricks, Sirota, Titone, Valdez A., Valdez D., Weissman, Will.

AN ACT

CONCERNING THE CREATION OF A GRANT PROGRAM TO PROVIDE A GRANT TO A COLORADO LAND-BASED TRIBE TO SUPPORT INFRASTRUCTURE IMPROVEMENTS TO TRIBAL BEHAVIORAL HEALTH FACILITIES THAT SERVE INDIGENOUS INDIVIDUALS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

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

(a) According to the April 2020 National Tribal Budget Formulation Workgroup's recommendations, Native Americans continue to rank near the bottom of all Americans in health, education, and employment outcomes. This is due to the failure of the federal government to adequately address the well-being of Native Americans over the last 2 centuries. For example, in 2014, both Native American males and females had the highest suicide rates among other racial and ethnic groups at 27.4 deaths and 8.7 deaths respectively per 100,000. Substance abuse disorder rates were found to be higher among the American Indian and Alaska native population than among any other racial or ethnic group at 16 percent, as compared to non-Latino White individuals at 8 percent, non-Hispanic Black individuals at 8.6 percent, Hispanic individuals at 8.5 percent, Asian individuals at 4.5 percent, and Native Hawaiian or other Pacific Islander individuals at 10 percent. Additionally, the rate of alcohol-related deaths for American Indian and Alaska natives is 6 times greater than the rate for all races, at 49.6 deaths per 100,000 as compared to 8.0 deaths per 100,000. These behavioral health issues have a profound impact on individuals and communities with large populations of American Indian

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

and Alaska native individuals.

(b) Additionally, the Centers for Disease Control and Prevention reports that suicide rates for American Indian and Alaska native adults and youth are higher than the national average with suicide being the second leading cause of death for American Indian and Alaska native individuals ages 10 to 34 years of age;

(c) Native Americans who struggle with behavioral health challenges often encounter limited access to behavioral health services. The COVID-19 pandemic increased the prevalence of behavioral and mental health conditions. The pandemic led to a spike in risk factors for mental health, including social isolation, unemployment, overall feelings of insecurity and instability, and grief associated with the death of loved ones. This was observed in many American Indian and Alaska native communities, as members of the communities reported an increased prevalence of anxiety and depression, increased incidents of suicide, increased substance use, and increased incidences of domestic violence since the start of the pandemic.

(d) Research by the Harvard University Native American Affairs program and the New Mexico Indian Affairs Department performed in 2020 indicated that only 2 percent of behavioral health providers in New Mexico are American Indian and Alaska native. This means a large majority of providers across the country may not have the degree of cultural competency necessary to provide optimal care for their patients. This is critical, as a provider without cultural competency can be harmful instead of helpful to the community. An important aspect of providing culturally competent care is the provider's ability to speak the native language or have access to a translator who can speak the preferred language with the patient.

(e) Studies have found that Indigenous communities have experienced an increased prevalence of behavioral and mental health conditions since the start of the COVID-19 pandemic, which led to a rise in risk factors to mental health, including social isolation, unemployment, and grief;

(f) COVID-19 social distancing measures presented barriers to access to behavioral and mental health care for these conditions, including the closure of both inpatient and outpatient treatment facilities, the inability to get an in-person appointment with a provider, and fear of leaving one's home due to the possibility of contracting the coronavirus;

(g) The American Indian and Alaska native communities have been disproportionately impacted by mental illness;

(h) The United States department of the treasury has stated that using money for behavioral health care, including behavioral health facilities and equipment, is an allowable use of the money that the state received from the coronavirus state fiscal recovery fund pursuant to 42 U.S.C. sec. 802; and

(i) The Colorado Land-based Tribe Behavioral Health Services Grant Program, created in this act to provide critical behavioral health services, is an important government service provided by the state.

(2) Therefore, the general assembly declares that by partnering with Colorado land-based tribes to support behavioral health facilities and programming, Colorado can take steps to improve behavioral and mental health outcomes for the Colorado American Indian and Alaska native population.

SECTION 2. In Colorado Revised Statutes, **add 27-60-114** as follows:

27-60-114. Colorado land-based tribe behavioral health services grant - creation - funding - definitions - repeal. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "COLORADO LAND-BASED TRIBE" MEANS THE SOUTHERN UTE INDIAN TRIBE AND THE UTE MOUNTAIN UTE TRIBE.

(b) "GRANT APPLICANT" MEANS THE SOUTHERN UTE INDIAN TRIBE, THE UTE MOUNTAIN UTE TRIBE, OR ANY AUTHORIZED DEPARTMENT, DIVISION, OR AFFILIATE THEREOF THAT APPLIES FOR THE GRANT PURSUANT TO THIS SECTION.

(c) "GRANT PROGRAM" MEANS THE COLORADO LAND-BASED TRIBE BEHAVIORAL HEALTH SERVICES GRANT PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

(d) "GRANT RECIPIENT" MEANS THE SOUTHERN UTE INDIAN TRIBE, THE UTE MOUNTAIN UTE TRIBE, OR ANY AUTHORIZED DEPARTMENT, DIVISION, OR AFFILIATE THEREOF THAT IS AWARDED THE GRANT PURSUANT TO THIS SECTION.

(2) THERE IS CREATED IN THE STATE DEPARTMENT THE COLORADO LAND-BASED TRIBE BEHAVIORAL HEALTH SERVICES GRANT PROGRAM TO PROVIDE FUNDING TO ONE OR MORE COLORADO LAND-BASED TRIBE TO SUPPORT CAPITAL EXPENDITURE FOR THE RENOVATION OR BUILDING OF A BEHAVIORAL HEALTH FACILITY TO PROVIDE BEHAVIORAL AND MENTAL HEALTH SERVICES AS THE GRANT RECIPIENT MAY DEEM APPROPRIATE, WHICH SERVICES MAY INCLUDE INPATIENT SERVICES AND TRANSITIONAL HOUSING TO PRINCIPALLY OR FULLY SERVE AMERICAN INDIAN AND ALASKA NATIVE INDIVIDUALS, INCLUDING THOSE WHO MAY BE ELIGIBLE FOR INDIAN HEALTH SERVICE BENEFITS.

(3) THE GRANT RECIPIENT MAY USE THE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR CAPITAL EXPENDITURE COSTS ASSOCIATED WITH RENOVATING AN EXISTING BEHAVIORAL HEALTH FACILITY OR BUILDING A NEW BEHAVIORAL HEALTH FACILITY TO PROVIDE BEHAVIORAL HEALTH SERVICES AS THE GRANT RECIPIENT MAY DEEM APPROPRIATE, WHICH MAY INCLUDE INPATIENT BEHAVIORAL HEALTH SERVICES AND TRANSITIONAL HOUSING, TO PRINCIPALLY SERVE THE AMERICAN INDIAN AND ALASKA NATIVE PATIENTS INCLUDING THOSE WHO MAY BE ELIGIBLE FOR INDIAN HEALTH SERVICE BENEFITS. SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL IMPLEMENT AND ADMINISTER THE GRANT PROGRAM AND SHALL AWARD THE GRANT TO THE GRANT RECIPIENT IN AN AMOUNT NOT GREATER THAN FIVE MILLION DOLLARS.

(4) AN ELIGIBLE COLORADO LAND-BASED TRIBE MAY APPLY TO THE STATE DEPARTMENT IN ACCORDANCE WITH THE PROCEDURES, TIME FRAMES, AND REQUIREMENTS SET BY THE STATE DEPARTMENT TO RECEIVE MONEY THROUGH THE GRANT PROGRAM.

(5) THE STATE DEPARTMENT SHALL REVIEW APPLICATIONS RECEIVED FROM GRANT APPLICANTS PURSUANT TO THIS SECTION.

(6) TO RECEIVE A GRANT, A GRANT APPLICANT MUST SUBMIT AN APPLICATION TO THE STATE DEPARTMENT IN THE FORM PRESCRIBED BY THE STATE DEPARTMENT.

(7) THE STATE DEPARTMENT MAY SELECT A GRANT RECIPIENT TO RECEIVE THE GRANT UNDER THIS GRANT PROGRAM IN AN AMOUNT NOT GREATER THAN FIVE MILLION DOLLARS.

(8) TO BE ELIGIBLE TO RECEIVE A GRANT, A GRANT APPLICANT MUST SUBMIT TO THE STATE DEPARTMENT A WRITTEN JUSTIFICATION AS SET FORTH IN 31 CFR 35.6 (b)(4) FOR THE CAPITAL EXPENDITURE; EXCEPT THAT THIS REQUIREMENT DOES NOT APPLY IF THE STATE DEPARTMENT DETERMINES THAT THE WRITTEN JUSTIFICATION IS NOT REQUIRED BASED ON HOW THE EXPENDITURES AUTHORIZED PURSUANT TO THIS SECTION WILL BE REPORTED TO THE UNITED STATES DEPARTMENT OF THE TREASURY.

(9) THE STATE DEPARTMENT AND THE GRANT RECIPIENT SHALL COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION 24-75-226 (5).

(10) FOR STATE FISCAL YEAR 2022-23, THE GENERAL ASSEMBLY SHALL APPROPRIATE FIVE MILLION DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 TO THE STATE DEPARTMENT TO BE USED FOR THE PURPOSES OF THIS SECTION.

(11) THE STATE DEPARTMENT SHALL DISTRIBUTE THE GRANT MONEY TO THE GRANT RECIPIENT WITHIN THIRTY DAYS AFTER THE GRANT RECIPIENT SUBMITS A WRITTEN JUSTIFICATION SPECIFIED IN SUBSECTION (8) OF THIS SECTION BUT NOT LATER THAN DECEMBER 31, 2024. THE GRANT RECIPIENT SHALL SPEND OR OBLIGATE ALL GRANT MONEY AWARDED TO THE GRANT RECIPIENT BY DECEMBER 31, 2024. ANY MONEY OBLIGATED BY DECEMBER 31, 2024, MUST BE EXPENDED BY DECEMBER 31, 2026.

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

SECTION 3. Appropriation. For the 2022-23 state fiscal year, \$5,000,000 is appropriated to the department of human services for use by the behavioral health administration. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. To implement this act, the administration may use this appropriation for the Colorado land-based tribe behavioral health services grant program. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the administration from July 1, 2023, through December 30, 2024, for the same purpose.

SECTION 4. 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.

Approved: May 24, 2022