

HOUSE COMMITTEE OF REFERENCE REPORT

June 2, 2021

Chair of Committee

Date

Committee on Public & Behavioral Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB21-137 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend reengrossed bill, page 3, after line 3 insert:

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

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

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

18 (2) Therefore, the general assembly declares that the programs and
19 services funded by the federal money transferred in this bill are
20 appropriate uses of the money transferred to Colorado under the federal
21 act. This money will be put to expeditious and efficient use in expanding
22 access to evidence-based treatment for mental health and substance use
23 disorders, especially in frontier and rural communities; supporting

1 behavioral health services for pregnant and parenting women, for families
2 of young children, and for children and youth; enhancing evidence-based
3 strategies and services to prevent drug overdose deaths; mitigating the
4 impacts of the opioid crisis; and expanding access to recovery support
5 services."

6 Renumber succeeding sections accordingly.

7 Page 3, strike line 5.

8 Page 4, strike lines 1 through 3.

9 Renumber sections accordingly.

10 Page 6, after line 4 insert:

11 "SECTION 6. In Colorado Revised Statutes, **add** part 9 to article
12 21 of title 23 as follows:

13 PART 9
14 REGIONAL HEALTH CONNECTOR
15 WORKFORCE PROGRAM

16 **23-21-901. Regional health connector workforce program -**
17 **creation - school of medicine.** (1) THERE IS CREATED IN THE UNIVERSITY
18 OF COLORADO SCHOOL OF MEDICINE THE REGIONAL HEALTH CONNECTOR
19 WORKFORCE PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM".
20 THE PROGRAM SHALL:

21 (a) EDUCATE HEALTH-CARE PROVIDERS ON EVIDENCE-BASED AND
22 EVIDENCE-INFORMED THERAPIES AND TECHNIQUES TO ENABLE
23 HEALTH-CARE PROVIDERS TO INCORPORATE SUCH PRACTICES IN THEIR
24 WORK AND TO IMPROVE COMMUNITY HEALTH;

25 (b) PROVIDE SUPPORT AND ASSISTANCE TO PRIMARY CARE
26 PROVIDERS AS A LINK BETWEEN PRIMARY CARE SERVICES, BEHAVIORAL
27 HEALTH SERVICES, PUBLIC HEALTH SERVICES, AND COMMUNITY AGENCIES
28 TO IMPROVE COMMUNITY HEALTH AND HEALTH CARE, INCLUDING
29 ATTENTION TO BEHAVIORAL HEALTH NEEDS;

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

33 (d) EDUCATE HEALTH-CARE PROVIDERS ABOUT PREVENTIVE
34 MEDICINE, HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT, AND
35 BEHAVIORAL HEALTH SERVICES; AND

1 (e) PROVIDE CLEAR INFORMATION TO PROVIDERS AND COMMUNITY
2 MEMBERS REGARDING COVID-19 PREVENTION, TREATMENT, AND
3 VACCINES."

4 Renumber succeeding sections accordingly.

5 Page 7, after line 22 insert:

6 "SECTION 9. In Colorado Revised Statutes, add 25.5-5-423 as
7 follows:

8 **25.5-5-423. Independent review organization - review denial**
9 **of residential and inpatient substance use disorder treatment claims**
10 **- contract.** NO LATER THAN JULY 1, 2023, THE STATE DEPARTMENT SHALL
11 CONTRACT WITH ONE OR MORE INDEPENDENT REVIEW ORGANIZATIONS TO
12 CONDUCT EXTERNAL MEDICAL REVIEWS REQUESTED FOR REVIEW BY A
13 MEDICAID PROVIDER WHEN THERE IS A DENIAL OR REDUCTION FOR
14 RESIDENTIAL OR INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
15 MEDICAID APPEALS PROCESSES HAVE BEEN EXHAUSTED."

16 Renumber succeeding sections accordingly.

17 Page 7, strike lines 23 through 27.

18 Page 8, strike lines 1 through 22 and substitute:

19 "SECTION 10. In Colorado Revised Statutes, add 25.5-5-423 as
20 follows:

21 **25.5-5-423. Residential and inpatient substance use disorder**
22 **treatment - MCE standardized utilization management process -**
23 **medical necessity - report.** (1) ON OR BEFORE OCTOBER 1, 2021, THE
24 STATE DEPARTMENT SHALL CONSULT WITH THE OFFICE OF BEHAVIORAL
25 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, RESIDENTIAL
26 TREATMENT PROVIDERS, AND MCEs TO DEVELOP STANDARDIZED
27 UTILIZATION MANAGEMENT PROCESSES TO DETERMINE MEDICAL
28 NECESSITY FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
29 TREATMENT. THE PROCESSES MUST INCORPORATE THE MOST RECENT
30 EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED,
31 AND CO-OCCURRING CONDITIONS" AND ALIGN WITH FEDERAL MEDICAID
32 PAYMENT REQUIREMENTS.

33 (2) ON OR BEFORE JANUARY 1, 2022, THE STATE DEPARTMENT
34 SHALL INCORPORATE THE STANDARDS DEVELOPED PURSUANT TO



1 SUBSECTION (1) OF THIS SECTION INTO EXISTING MCE CONTRACTS, AND
2 EACH MCE SHALL ADHERE TO THE STANDARDS WHEN CONDUCTING
3 UTILIZATION MANAGEMENT FOR RESIDENTIAL AND INPATIENT SUBSTANCE
4 USE DISORDER TREATMENT.

5 (3) ON OR BEFORE JANUARY 1, 2022, EACH MCE'S NOTICE OF AN
6 ADVERSE BENEFIT DETERMINATION MUST DEMONSTRATE HOW EACH
7 DIMENSION OF THE MOST RECENT EDITION OF "THE ASAM CRITERIA FOR
8 ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS"
9 WAS CONSIDERED WHEN DETERMINING MEDICAL NECESSITY.

10 (4) (a) BEGINNING OCTOBER 1, 2021, AND QUARTERLY
11 THEREAFTER, THE STATE DEPARTMENT SHALL COLLABORATE WITH THE
12 OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES,
13 RESIDENTIAL TREATMENT PROVIDERS, AND MCEs TO DEVELOP A REPORT
14 ON THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
15 UTILIZATION MANAGEMENT STATISTICS. AT A MINIMUM, THE REPORT MUST
16 INCLUDE:

17 (I) THE AVERAGE LENGTH OF AN INITIAL AUTHORIZATION AND THE
18 AVERAGE LENGTH OF CONTINUED AUTHORIZATIONS FOR EACH MCE AND
19 PROVIDER DISAGGREGATED BY LEVEL OF RESIDENTIAL CARE;

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

22 (III) THE AVERAGE RESPONSE TIME FOR AN INITIAL
23 AUTHORIZATION AND CONTINUED AUTHORIZATION, DISAGGREGATED BY
24 EACH MCE; LEVEL OF RESIDENTIAL CARE, INCLUDING THE PERCENTAGE OF
25 EXTENSIONS GRANTED TO HEALTH-CARE PROVIDERS TO SUBMIT COMPLETE
26 CLINICAL DOCUMENTATION; RETROACTIVE AUTHORIZATION REQUESTS;
27 INCOMPLETE AUTHORIZATION REQUESTS; AND THE NUMBER OF REQUESTS
28 THAT MET AND DID NOT MEET THE STATE DEPARTMENT'S RESPONSE TIME
29 REQUIREMENTS.

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

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

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

38 **25.5-5-424. Audit of MCE denials for residential and inpatient**
39 **substance use disorder treatment authorization - report.** (1) NO
40 LATER THAN JULY 1, 2022, THE STATE DEPARTMENT SHALL CONTRACT
41 WITH AN INDEPENDENT THIRD-PARTY VENDOR TO AUDIT THIRTY-THREE



1 PERCENT OF ALL DENIALS OF AUTHORIZATION FOR INPATIENT AND
2 RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FOR EACH MCE.
3 (2) BEGINNING DECEMBER 1, 2022, AND EACH DECEMBER 1
4 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT THE RESULTS OF THE
5 AUDIT CONDUCTED PURSUANT TO SUBSECTION (1) OF THIS SECTION AND
6 ANY RECOMMENDED CHANGES TO THE RESIDENTIAL AND INPATIENT
7 SUBSTANCE USE DISORDER BENEFIT TO THE HOUSE OF REPRESENTATIVES
8 HEALTH AND INSURANCE COMMITTEE, THE HOUSE OF REPRESENTATIVES
9 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE
10 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR
11 COMMITTEES, AND THE JOINT BUDGET COMMITTEE."

12 Renumber succeeding sections accordingly.

13 Page 8, line 26, strike "PARENT" and substitute "CAREGIVER".

14 Page 9, line 4, strike "PARENT" and substitute "CAREGIVER".

15 Page 9, line 6, strike "PARENT" and substitute "CAREGIVER".

16 Page 9, line 7, strike "PARENT'S" and substitute "CAREGIVER'S".

17 Page 12, after line 7 insert:

18 "SECTION 15. In Colorado Revised Statutes, **add** 27-60-108 as
19 follows:

20 **27-60-108. County-based behavioral health grant program -**
21 **created - rules - report - repeal.** (1) THERE IS CREATED IN THE OFFICE
22 THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM, REFERRED TO
23 IN THIS SECTION AS THE "GRANT PROGRAM", TO PROVIDE MATCHING
24 GRANTS TO COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES FOR
25 THE EXPANSION OR IMPROVEMENT OF LOCAL OR REGIONAL BEHAVIORAL
26 HEALTH DISORDER TREATMENT PROGRAMS.

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

- 29 (a) PEER TRAINING;
- 30 (b) AUGMENTATION OF DIRECT THERAPY;
- 31 (c) ACUTE TREATMENT UNITS;
- 32 (d) INPATIENT TREATMENT PROGRAMS;
- 33 (e) OUTREACH AND EDUCATION;
- 34 (f) NAVIGATION OR CARE COORDINATION;



1 (g) CAPITAL INVESTMENTS IN BEHAVIORAL HEALTH CENTER
2 INFRASTRUCTURE;
3 (h) SERVICES FOR NON-ENGLISH-SPEAKING INDIVIDUALS;
4 (i) CULTURALLY RESPONSIVE AND ATTUNED SERVICES;
5 (j) SUICIDE PREVENTION AND INTERVENTION;
6 (k) CRISIS RESPONSE;
7 (l) WITHDRAWAL MANAGEMENT;
8 (m) WORKFORCE DEVELOPMENT;
9 (n) SUPPORTING REGIONAL SERVICE DELIVERY; OR
10 (o) ANY OTHER PURPOSE THE OFFICE IDENTIFIES THAT WILL
11 EXPAND OR IMPROVE LOCAL OR REGIONAL BEHAVIORAL HEALTH DISORDER
12 TREATMENT PROGRAMS.

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

15 (4) THE OFFICE SHALL IMPLEMENT THE GRANT PROGRAM IN
16 ACCORDANCE WITH THIS SECTION. AT A MINIMUM, THE OFFICE SHALL
17 SPECIFY THE TIME FRAMES FOR APPLYING FOR GRANTS, THE FORM OF THE
18 GRANT PROGRAM APPLICATION, AND THE TIME FRAMES FOR DISTRIBUTING
19 GRANT MONEY.

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

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

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

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

33 (c) A DIRECT SERVICE PROVIDER THAT RECEIVES A GRANT SHALL
34 LIMIT ANY INDIRECT EXPENSES TO NO MORE THAN TEN PERCENT OF THE
35 TOTAL STATE MONEY AWARDED, AND ANY ENTITY THAT RECEIVES A
36 GRANT AND OVERSEES A DIRECT SERVICE PROVIDER SHALL LIMIT THE
37 ENTITY'S INDIRECT EXPENSES TO NO MORE THAN FIVE PERCENT OF THE
38 TOTAL STATE MONEY AWARDED.

39 (d) IF ANY GRANT MONEY IS USED FOR CAPITAL PROJECTS, THE
40 GRANT RECIPIENT SHALL DEMONSTRATE A COMMITMENT TO CONTINUE
41 THOSE SERVICES PAST THE GRANT CYCLE FOR AT LEAST AN ADDITIONAL



1 FIVE YEARS.

2 (e) A GRANT APPLICANT SHALL DISCLOSE IF ANY PROJECT OR
3 PROGRAM IS RECEIVING MONEY FROM ANOTHER PAYER SOURCE,
4 INCLUDING BUT NOT LIMITED TO PRIVATE DOLLARS, COUNTY DOLLARS,
5 STATE BLOCK GRANTS, OR MONEY AWARDED BY A MANAGED SERVICE
6 ORGANIZATION.

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

16 (7) SUBJECT TO AVAILABLE APPROPRIATIONS, BEGINNING JANUARY
17 1, 2022, AND ON OR BEFORE JANUARY 1 EACH YEAR THEREAFTER FOR THE
18 DURATION OF THE GRANT PROGRAM, THE OFFICE SHALL AWARD GRANTS
19 AS PROVIDED IN THIS SECTION. THE OFFICE SHALL DISTRIBUTE THE GRANT
20 MONEY WITHIN NINETY DAYS AFTER THE OFFICE AWARDS THE GRANTS.

21 (8) (a) ON OR BEFORE FEBRUARY 1, 2023, AND ON OR BEFORE
22 FEBRUARY 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT
23 PROGRAM, EACH COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES
24 THAT RECEIVES A GRANT THROUGH THE GRANT PROGRAM SHALL SUBMIT
25 A REPORT TO THE OFFICE ON THE USE OF THE GRANT MONEY RECEIVED
26 PURSUANT TO THIS SECTION, INCLUDING THE TOTAL NUMBER OF
27 INDIVIDUALS SERVED, DISAGGREGATED BY RACE, ETHNICITY, AND AGE.

28 (b) ON OR BEFORE APRIL 1, 2023, AND ON OR BEFORE APRIL 1
29 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM,
30 THE STATE DEPARTMENT SHALL SUBMIT A SUMMARIZED REPORT OF THE
31 INFORMATION RECEIVED PURSUANT TO SUBSECTION (8)(a) OF THIS
32 SECTION TO THE JOINT BUDGET COMMITTEE, THE HEALTH AND INSURANCE
33 COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
34 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE
35 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
36 SUCCESSOR COMMITTEES, ON THE GRANT PROGRAM.

37 (9) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL
38 ASSEMBLY SHALL APPROPRIATE TEN MILLION DOLLARS FROM THE
39 BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION
40 24-75- 230 TO THE DEPARTMENT OF HUMAN SERVICES FOR USE BY THE
41 OFFICE FOR THE PURPOSES OF THIS SECTION. IF ANY UNEXPENDED OR



1 UNENCUMBERED MONEY REMAINS AT THE END OF THE FISCAL YEAR, THE
2 OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT
3 FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

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

5 **SECTION 16.** In Colorado Revised Statutes, **add** 27-60-108 as
6 follows:

7 **27-60-109. Behavioral health-care workforce development**
8 **program - creation - rules - report.** (1) THERE IS CREATED IN THE
9 OFFICE THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
10 PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM". THE
11 PURPOSE OF THE PROGRAM IS TO INCREASE THE BEHAVIORAL
12 HEALTH-CARE WORKFORCE'S ABILITY TO TREAT INDIVIDUALS, INCLUDING
13 YOUTH, WITH SEVERE BEHAVIORAL HEALTH DISORDERS.

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

15 (a) DEVELOP AN ONLINE TRAINING SYSTEM THAT ALLOWS FOR
16 ACCESSIBLE STATEWIDE TRAINING OPPORTUNITIES;

17 (b) DEVELOP AN ONLINE TRAINING CURRICULUM FOR PROVIDERS
18 IN RURAL AND METRO AREAS TO INCREASE COMPETENCIES IN MENTAL
19 HEALTH AND SUBSTANCE USE DISORDERS THAT WILL SUPPORT A
20 HIGH-QUALITY, TRAINED, CULTURALLY RESPONSIVE, AND DIVERSE
21 BEHAVIORAL HEALTH-CARE WORKFORCE;

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

25 (d) PROVIDE TRAINING TO THE EXISTING BEHAVIORAL
26 HEALTH-CARE WORKFORCE TO BE CERTIFIED IN FEDERALLY REIMBURSED
27 SERVICES; AND

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

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

33 (4) FOR THE STATE FISCAL YEAR 2021-22 AND EACH STATE FISCAL
34 YEAR THEREAFTER FOR WHICH THE PROGRAM RECEIVES FUNDING, THE
35 STATE DEPARTMENT SHALL REPORT A SUMMARY OF THE EXPENDITURES
36 FROM THE PROGRAM, THE IMPACT OF THE EXPENDITURES IN INCREASING
37 THE BEHAVIORAL HEALTH-CARE WORKFORCE, AND ANY
38 RECOMMENDATIONS TO STRENGTHEN AND IMPROVE THE BEHAVIORAL
39 HEALTH-CARE WORKFORCE AS PART OF ITS ANNUAL PRESENTATION TO THE
40 GENERAL ASSEMBLY REQUIRED UNDER THE "STATE MEASUREMENT FOR
41 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)



1 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

2 **SECTION 17.** In Colorado Revised Statutes, 27-60-202, as
3 **added by House Bill 21-1097, add** (2.5) as follows:

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

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

11 **SECTION 18.** In Colorado Revised Statutes, part 2 of article 60
12 of title 27, **as added by House Bill 21-1097, add** 27-60-204 as follows:

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

24 (b) THE STATE DEPARTMENT SHALL CONVENE A WORKING
25 GROUP OF GEOGRAPHICALLY AND DEMOGRAPHICALLY DIVERSE
26 PARTNERS AND STAKEHOLDERS, INCLUDING THOSE WITH LIVED AND
27 PROFESSIONAL EXPERIENCE, TO PROVIDE FEEDBACK AND
28 RECOMMENDATIONS THAT INFORM AND GUIDE THE DEVELOPMENT OF
29 THE STATEWIDE CARE COORDINATION INFRASTRUCTURE DEVELOPED
30 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

31 (c) THE EXTENT TO WHICH MEDICAID AND PRIVATE INSURANCE
32 EXISTING CARE COORDINATION SERVICES ARE ALIGNED WITH THE
33 STATEWIDE CARE COORDINATION INFRASTRUCTURE DESCRIBED IN
34 SUBSECTION (1)(a) OF THIS SECTION SHALL BE DETERMINED BY THE
35 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DIVISION
36 OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, AND
37 THE WORKING GROUP CREATED PURSUANT TO SUBSECTION (1)(b) OF
38 THIS SECTION.

39 (d) THE STATE DEPARTMENT SHALL IMPLEMENT, DIRECTLY OR
40 THROUGH A CONTRACTOR, A COMPREHENSIVE AND ROBUST MARKETING
41 AND OUTREACH PLAN TO MAKE COLORADANS AWARE OF THE WEBSITE



1 AND MOBILE APPLICATION AND ASSOCIATED CARE COORDINATION
2 SERVICES DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS
3 SECTION.

4 (2) ON OR BEFORE JULY 1, 2022, THE STATEWIDE CARE
5 COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO
6 SUBSECTION (1)(a) OF THIS SECTION IS THE RESPONSIBILITY OF THE
7 BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
8 27-60-203."

9 Renumber succeeding sections accordingly.

10 Page 12, line 9, strike "and **amend** (5)" and substitute "**amend** (5)(b);
11 and **add** (4)(d)".

12 Page 12, line 12, strike "(4) (c) FOR THE 2021-22" and substitute:

13 "(4) (c) THE CENTER SHALL ENGAGE IN COMMUNITY
14 ENGAGEMENT ACTIVITIES TO ADDRESS SUBSTANCE USE PREVENTION,
15 HARM REDUCTION, CRIMINAL JUSTICE SYSTEM RESPONSE, TREATMENT,
16 AND RECOVERY.

17 (d) FOR THE 2021-22".

18 Page 12, line 17, strike "(a) The center shall develop and implement a
19 program to".

20 Page 12, strike lines 18 through 23.

21 Page 21, after line 11 insert:

22 "**SECTION 24.** In Colorado Revised Statutes, 27-80-303,
23 **amend** (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**
25 **access to care - creation - appointment of ombudsman - duties.**

26 ~~(1) (b) The office and the department shall operate pursuant to a~~
27 ~~memorandum of understanding between the two entities. The~~
28 ~~memorandum of understanding contains, at a minimum:~~

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

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

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

33 ~~(IV) A requirement that The office of behavioral health shall~~



1 offer the office limited support with respect to:
2 (A) (I) Personnel matters;
3 (B) (II) Recruitment;
4 (C) (III) Payroll;
5 (D) (IV) Benefits;
6 (E) (V) Budget submission, as needed;
7 (F) (VI) Accounting; and
8 (G) (VII) Office space, facilities, and technical support; and
9 (V) (VIII) ~~Any other provisions regarding~~ Administrative
10 support that will help maintain the independence of the office.
11 (c) The office ~~shall operate~~ OPERATES with full independence
12 and has complete autonomy, control, and authority over operations,
13 budget, and personnel decisions related to the office and the
14 ombudsman, SUBJECT TO STATE PERSONNEL AND FISCAL RULES. THE
15 OFFICE MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS
16 FOR THE PURPOSE OF OPERATING THE OFFICE. THE DEPARTMENT MAY,
17 BUT IS NOT REQUIRED TO, PROVIDE FUNDING TO THE OFFICE.
18 (2) By November 1, 2018, the governor shall designate an
19 ombudsman for behavioral health access to care, who shall serve as
20 director of the office. The ombudsman shall serve as a neutral party to
21 help consumers, including consumers who are uninsured or have
22 public or private health benefit coverage, including coverage that is not
23 subject to state regulation, and health-care providers, acting on their
24 own behalf, on behalf of a consumer with the consumer's written
25 permission, or on behalf of a group of health-care providers, navigate
26 and resolve issues ~~related to~~ AND ENSURE COMPLIANCE REGARDING
27 consumer access to behavioral health care, including care for mental
28 health conditions and substance use disorders.
29 (3) The ombudsman shall:
30 (e) Develop appropriate points of contact for referrals to other
31 state and federal agencies; and
32 (f) Provide appropriate information to help consumers or
33 health-care providers file appeals or complaints with the appropriate
34 entities, including insurers and other state and federal agencies; AND
35 (g) BE THE APPOINTING AUTHORITY FOR ANY EMPLOYEES THE
36 OFFICE MAY CHOOSE TO HIRE. ANY SUCH EMPLOYEES ARE STATE
37 EMPLOYEES SUBJECT TO THE STATE PERSONNEL SYSTEM."

38 Renumber succeeding sections accordingly.

39 Page 23, after line 17 insert:



1 DECLARES THAT:

2 (a) MANY HEALTH-CARE PROVIDERS WHO HAVE COMPLETED
3 THE TRAINING REQUIRED BY THE FEDERAL DRUG ENFORCEMENT
4 AGENCY AND ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE
5 DISORDER ARE NOT ACTIVELY PROVIDING MEDICATION FOR OPIOID USE
6 DISORDER TO PATIENTS WHO WOULD BENEFIT FROM THIS MEDICAL
7 SERVICE; AND

8 (b) PRACTICE CONSULTATION SERVICES CONSISTING OF
9 FOLLOW-UP TRAINING AND SUPPORT, INCLUDING STIPENDS, CAN
10 INCREASE THE NUMBER OF HEALTH-CARE PROVIDERS WHO PRESCRIBE
11 MEDICATION FOR OPIOID USE DISORDER AND THE NUMBER OF PATIENTS
12 RECEIVING MEDICATION FOR OPIOID USE DISORDER.

13 (2) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
14 SHALL:

15 (a) PROVIDE PRACTICE CONSULTATION SERVICES TO
16 HEALTH-CARE PROVIDERS WHO ARE ELIGIBLE TO PROVIDE MEDICATION
17 FOR OPIOID USE DISORDER. PRACTICE CONSULTATION SERVICES MUST
18 INCLUDE:

19 (I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO
20 ENCOURAGE SCREENING FOR OPIOID USE DISORDER AND EDUCATIONAL
21 MATERIALS FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE
22 DISORDER;

23 (II) SUPPORTING THE ADOPTION OF COMMUNICATION
24 STRATEGIES THAT PROVIDE INFORMATION TO PATIENTS AND REFERRAL
25 SOURCES, INCLUDING BUT NOT LIMITED TO EMERGENCY DEPARTMENTS,
26 EMERGENCY MEDICAL SERVICE PROVIDERS, HOSPITALS, SHERIFFS
27 DEPARTMENTS, HARM REDUCTION ORGANIZATIONS, AND FAITH-BASED
28 ORGANIZATIONS; AND

29 (III) PROVIDING ACCESS TO MARKETING MATERIALS DESIGNED
30 FOR PATIENTS AND DEVELOPED WITH PATIENT AND PRACTITIONER
31 INPUT.

32 (b) PROVIDE STIPENDS TO HEALTH-CARE PROVIDERS WHO ARE
33 ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER AND WHO
34 HAVE ACHIEVED CERTAIN BENCHMARKS KNOWN TO LEAD TO AN
35 INCREASED NUMBER OF PATIENTS BEING MANAGED BY MEDICATION FOR
36 OPIOID USE DISORDER. AT A MINIMUM, THE BENCHMARKS MUST
37 INCLUDE:

38 (I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO
39 ENCOURAGE SCREENING AND MEDICATION FOR OPIOID USE DISORDER
40 INDUCTION FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE
41 DISORDER;



1 (II) ADOPTION OF MARKETING AND COMMUNICATION
2 STRATEGIES; AND

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

6 (3) (a) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL
7 ASSEMBLY SHALL APPROPRIATE SIX HUNDRED THIRTY THOUSAND
8 DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND
9 CREATED IN SECTION 24-75-226 TO THE BOARD OF REGENTS OF THE
10 UNIVERSITY OF COLORADO FOR THE IMPLEMENTATION OF THIS SECTION.
11 IF ANY UNEXPENDED OR UNENCUMBERED MONEY REMAINS AT THE END
12 OF THE FISCAL YEAR, THE BOARD OF REGENTS OF THE UNIVERSITY OF
13 COLORADO MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE
14 NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

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

16 **SECTION 31.** In Colorado Revised Statutes, **add** 24-75-230
17 as follows:

18 **24-75- 230. Behavioral and mental health cash fund -**
19 **creation - allowable uses - task force - definitions - repeal.** (1) AS
20 USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

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

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

28 (c) "FUND" MEANS THE BEHAVIORAL AND MENTAL HEALTH
29 CASH FUND CREATED IN SUBSECTION (2)(a) OF THIS SECTION OR AN
30 IDENTICAL COMPANION FUND CREATED BY OPERATION OF SECTION
31 24-75-226 (4)(c).

32 (2) (a) THE BEHAVIORAL AND MENTAL HEALTH CASH FUND IS
33 CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY
34 CREDITED TO THE FUND IN ACCORDANCE WITH SUBSECTION (2)(b) OF
35 THIS SECTION AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY
36 MAY APPROPRIATE OR TRANSFER TO THE FUND. TO RESPOND TO THE
37 PUBLIC HEALTH EMERGENCY WITH RESPECT TO COVID-19 OR ITS
38 NEGATIVE ECONOMIC IMPACTS, THE GENERAL ASSEMBLY MAY
39 APPROPRIATE MONEY FROM THE FUND TO A DEPARTMENT FOR MENTAL
40 HEALTH TREATMENT, SUBSTANCE MISUSE TREATMENT, AND OTHER
41 BEHAVIORAL HEALTH 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
4 PLAN ACT OF 2021" CASH FUND CREATED IN SECTION 24-75- 226 TO
5 THE FUND.
6 (II) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
7 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN
8 THE FUND TO THE FUND.
9 (3) A DEPARTMENT MAY EXPEND MONEY APPROPRIATED FROM
10 THE FUND FOR PURPOSES PERMITTED UNDER THE "AMERICAN RESCUE
11 PLAN ACT OF 2021" PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY
12 AMENDED, AND SHALL NOT USE THE MONEY FOR ANY PURPOSE
13 PROHIBITED BY THE ACT. A DEPARTMENT OR ANY PERSON WHO
14 RECEIVES MONEY FROM THE FUND SHALL COMPLY WITH ANY
15 REQUIREMENTS SET FORTH IN SECTION 24-75- 226.
16 (4) (a) THE EXECUTIVE COMMITTEE OF THE LEGISLATIVE
17 COUNCIL SHALL, BY RESOLUTION, CREATE A TASK FORCE TO MEET
18 DURING THE 2021 INTERIM AND ISSUE A REPORT WITH
19 RECOMMENDATIONS TO THE GENERAL ASSEMBLY AND THE GOVERNOR
20 ON POLICIES TO CREATE TRANSFORMATIONAL CHANGE IN THE AREA OF
21 BEHAVIORAL HEALTH USING MONEY THE STATE RECEIVES FROM THE
22 FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUND UNDER TITLE
23 IX, SUBTITLE M OF THE "AMERICAN RESCUE PLAN ACT OF 2021",
24 PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY AMENDED.
25 (b) THE TASK FORCE MAY INCLUDE NONLEGISLATIVE MEMBERS
26 AND HAVE WORKING GROUPS CREATED TO ASSIST THEM. THE
27 EXECUTIVE COMMITTEE SHALL HIRE A FACILITATOR TO GUIDE THE
28 WORK OF THE TASK FORCE.
29 (c) THE TASK FORCE CREATED IN THIS SECTION IS NOT SUBJECT
30 TO THE REQUIREMENTS SPECIFIED IN SECTION 2-3-303.3 OR RULE 24A
31 OF THE JOINT RULES OF THE SENATE AND THE HOUSE OF
32 REPRESENTATIVES. THE EXECUTIVE COMMITTEE SHALL SPECIFY
33 REQUIREMENTS GOVERNING MEMBERS' PARTICIPATION IN THE TASK
34 FORCE. THE TASK FORCE SHALL NOT SUBMIT BILL DRAFTS AS PART OF
35 THEIR RECOMMENDATIONS.
36 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.
37 **SECTION 32.** In Colorado Revised Statutes, 25-1.5-506,
38 **amend** (4)(a) introductory portion; and **add** (4)(c) as follows:
39 **25-1.5-506. Colorado health service corps fund - created -**
40 **acceptance of grants and donations - annual appropriation from**
41 **marijuana tax cash fund - repeal.** (4) (a) For the 2018-19 fiscal year



1 and each fiscal year thereafter, the general assembly shall appropriate
2 ~~two~~ THREE million five hundred thousand dollars from the marijuana
3 tax cash fund created in section 39-28.8-501 to the primary care office
4 to:

5 (c) (I) IN ADDITION TO THE APPROPRIATION DESCRIBED IN
6 SUBSECTION (4)(a) OF THIS SECTION, FOR THE 2021-22 STATE FISCAL
7 YEAR THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION
8 SEVEN HUNDRED THOUSAND DOLLARS FROM THE BEHAVIORAL AND
9 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-226 TO THE
10 PRIMARY CARE OFFICE FOR THE USES DESCRIBED IN SUBSECTION (4)(a)
11 OF THIS SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY
12 APPROPRIATED FOR A FISCAL YEAR REMAINS AT THE END OF THAT
13 FISCAL YEAR, THE PRIMARY CARE OFFICE MAY EXPEND THE MONEY FOR
14 THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT FURTHER
15 APPROPRIATION.

16 (II) THIS SUBSECTION (4)(c) IS REPEALED, EFFECTIVE JANUARY
17 1, 2024.

18 **SECTION 33.** In Colorado Revised Statutes, 27-80-123,
19 **amend** (4) and (5)(b) as follows:

20 **27-80-123. High-risk families cash fund - creation - services**
21 **provided - report - definition.** (4) The department may expend
22 money in the fund for the following purposes:

23 (a) For services to high-risk parents, including pregnant and
24 parenting women, with substance use disorders; ~~and~~

25 (b) For services for high-risk children and youth with
26 behavioral health disorders; AND

27 (c) FOR SERVICES FOR FAMILIES WITH BEHAVIORAL HEALTH
28 NEEDS, INCLUDING FAMILY-CENTERED TREATMENT MODELS.

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

34 **SECTION 34.** In Session Laws of Colorado 2019, **amend**
35 section 2 of chapter 325 as follows:

36 Section 2. **Appropriation.** (1) For the 2019-20 state fiscal
37 year, \$2,944,809 is appropriated to the department of public health and
38 environment for use by the prevention services division. This
39 appropriation is from the marijuana tax cash fund created in section
40 39-28.8-501 (1), C.R.S. To implement this act, the division may use
41 this appropriation for the primary care office. Any money appropriated



1 in this section not expended prior to July 1, 2020, is further
2 appropriated to the division for the 2020-21 ~~and 2021-22~~ THROUGH
3 2023-24 state fiscal years for the same purpose.
4 (2) For the 2019-20 state fiscal year, \$55,191 is appropriated to
5 the department of public health and environment for use by the
6 prevention services division. This appropriation is from the marijuana
7 tax cash fund created in section 39-28.8-501 (1), C.R.S., and is based
8 on an assumption that the division will require an additional 0.8 FTE.
9 To implement this act, the division may use this appropriation for the
10 primary care office."

11 Renumber succeeding sections accordingly.

12 Page 23, strike lines 18 through 27.

13 Page 24, strike lines 1 through 18.

14 Renumber succeeding sections accordingly.

15 Page 26, after line 26 insert:

16 "(8) (a) For the 2021-22 state fiscal year, \$89,750,000 is
17 appropriated to the department of human services for use by the office
18 of behavioral health. This appropriation is from the behavioral and
19 mental health cash fund created in section 24-75-230, C.R.S., and of
20 money the state received from the federal coronavirus state fiscal
21 recovery fund. The office may use this appropriation as follows:

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

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

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

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

34 (V) \$3,000,000 for the high-risk families cash fund;

35 (VI) \$1,000,000 for a mental health awareness campaign;



1 (VII) \$18,000,000 for the workforce development program;
2 (VIII) \$30,000,000 for statewide care coordination
3 infrastructure;
4 (IX) \$10,000,000 for the county-based behavioral health grant
5 program;
6 (X) \$500,000 directed to community transition services for
7 guardianship services for individuals transitioning out of mental health
8 institutes;
9 (XI) \$5,000,000 for jail based behavioral health services; and
10 (XII) \$3,250,000 for community mental health centers for
11 unanticipated services and expenses related to COVID-19, including
12 capacity building and strategies to address the direct care workforce for
13 the purpose of increasing access to meet the growing demand for
14 services.

15 (b) Any money appropriated in this subsection (8) not expended
16 prior to July 1, 2022, is further appropriated to the office for the
17 2022-23 state fiscal year for the same purpose.

18 (9) (a) For the 2021-22 state fiscal year, \$4,200,000 is
19 appropriated to the department of public health and environment. The
20 appropriations are from the behavioral and mental health cash fund
21 created in section 24-75-226, C.R.S., and of money the state received
22 from the federal coronavirus state fiscal recovery fund. The department
23 may use this appropriation as follows:

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

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

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

29 (b) Any money appropriated in this subsection (9) not expended
30 prior to July 1, 2022, is further appropriated to the department for the
31 2022-23 state fiscal year for the same purpose.

32 (10) For the 2021-22 state fiscal year, \$500,000 is appropriated
33 to the department of human services. The appropriation is from the
34 behavioral and mental health cash fund created in section 24-75-230,
35 C.R.S., and of money the state received from the federal coronavirus
36 state fiscal recovery fund. The department may use this appropriation
37 for the early childhood mental health consultation program. Any
38 money appropriated in this subsection (10) not expended prior to July
39 1, 2022, is further appropriated to the department for the 2022-23 state
40 fiscal year for the same purpose.

41 (11) (a) For the 2021-22 state fiscal year, \$2,000,000 is



1 appropriated to the department of higher education for use by the
2 regents of the university of Colorado. The appropriation is from the
3 behavioral and mental health cash fund created in section 24-75-230,
4 C.R.S., and of money the state received from the federal coronavirus
5 state fiscal recovery fund. The regents may use this appropriation as
6 follows:

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

15 (II) \$1,000,000 for allocation to the school of medicine for the
16 regional health connector workforce program.

17 (b) Any money appropriated in this subsection (11) not
18 expended prior to July 1, 2022, is further appropriated to the
19 department for use by the regents for the 2022-23 state fiscal year for
20 the same purpose.

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

31 (13) For the 2021-22 state fiscal year, \$300,000 is appropriated
32 to the department of human services for use by the office of the
33 ombudsman for behavioral health access to care. The appropriation is
34 from the behavioral and mental health cash fund created in section
35 24-75-230, C.R.S., and of money the state received from the federal
36 coronavirus state fiscal recovery fund. The office may use the
37 appropriation to help resolve behavioral health-care access and
38 coverage concerns or complaints for consumers and health-care
39 providers. Any money appropriated in this subsection (13) not
40 expended prior to July 1, 2022, is further appropriated to the
41 department for the 2022-23 state fiscal year for the same purpose."



*** **

