

First Regular Session
Seventy-second General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 19-1073.01 Brita Darling x2241

HOUSE BILL 19-1287

HOUSE SPONSORSHIP

Esgar and Wilson,

SENATE SPONSORSHIP

Pettersen and Priola,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 CONCERNING METHODS TO INCREASE ACCESS TO TREATMENT FOR
102 BEHAVIORAL HEALTH DISORDERS.

Bill Summary

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

The bill:

- ! Directs the department of human services to implement a centralized, web-based behavioral health capacity tracking system to track available treatment capacity at behavioral health facilities and at programs for medication-assisted treatment and medical detoxification for substance use

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.

- ! disorders, as well as other types of treatment (**section 1**);
- ! Directs the department of human services to implement a care navigation system to assist individuals in obtaining access to treatment for substance use disorders, including medical detoxification and residential and inpatient treatment (**section 2**); and
- ! Creates the building substance use disorder treatment capacity in underserved communities grant program to provide services in rural and frontier communities, prioritizing areas of the state that are unserved or underserved (**section 3**).

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 27-60-104.5 as
3 follows:

4 **27-60-104.5. Behavioral health capacity tracking system -**
5 **legislative declaration - definitions - rules.** (1) (a) THE GENERAL
6 ASSEMBLY FINDS THAT:

7 (I) THERE IS A SHORTAGE OF AVAILABLE BEDS FOR PSYCHIATRIC
8 EMERGENCIES, WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE
9 DISORDERS, AND INTENSIVE RESIDENTIAL INPATIENT AND OUTPATIENT
10 BEHAVIOR HEALTH SERVICES IN COLORADO;

11 (II) CREATING A BEHAVIORAL HEALTH CAPACITY TRACKING
12 SYSTEM OF AVAILABLE TREATMENT CAPACITY AND MEDICATION-ASSISTED
13 TREATMENT PROGRAMS WOULD HELP FAMILIES, LAW ENFORCEMENT
14 AGENCIES, COUNTIES, COURT PERSONNEL, AND EMERGENCY ROOM
15 PERSONNEL LOCATE AN APPROPRIATE TREATMENT OPTION FOR
16 INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH CRISES; AND

17 (III) FURTHER, A TRACKING SYSTEM WOULD DECREASE THE TIME
18 THAT INDIVIDUALS WAIT IN EMERGENCY ROOMS, ENSURE THAT EXISTING
19 RESOURCES ARE MAXIMIZED, AND INCREASE THE LIKELIHOOD THAT

1 INDIVIDUALS IN CRISIS RECEIVE SERVICES CLOSER TO THEIR COMMUNITY.

2 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE
3 CREATION OF A BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM IS AN
4 IMPORTANT TOOL FOR ADDRESSING BEHAVIORAL HEALTH CRISES,
5 INCLUDING CONNECTING INDIVIDUALS TO TREATMENT FOR OPIOID AND
6 OTHER SUBSTANCE USE DISORDERS.

7 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
8 REQUIRES:

9 (a) "CONSISTENT NONCOMPLIANCE" MEANS WHEN A PROVIDER
10 DOES NOT COMPLETE DAILY REQUIRED CAPACITY UPDATES FOR TWO OR
11 MORE CONSECUTIVE DAYS OR HAS FIVE OR MORE DAYS OF
12 NONCOMPLIANCE IN ANY GIVEN MONTH.

13 (b) "TRACKING SYSTEM" MEANS THE BEHAVIORAL HEALTH
14 CAPACITY TRACKING SYSTEM CREATED PURSUANT TO THIS SECTION.

15 (3) PURSUANT TO SUBSECTION (8) OF THIS SECTION, THE STATE
16 DEPARTMENT SHALL IMPLEMENT A BEHAVIORAL HEALTH CAPACITY
17 TRACKING SYSTEM, WHICH MUST INCLUDE THE FOLLOWING:

18 (a) A TWENTY-FOUR-HOUR, WEB-BASED PLATFORM;

19 (b) ONLINE ACCESS BY HEALTH CARE PROFESSIONALS, LAW
20 ENFORCEMENT, AND COURT PERSONNEL;

21 (c) COORDINATION WITH THE TELEPHONE CRISIS SERVICE THAT IS
22 PART OF THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PURSUANT TO
23 SECTION 27-60-103;

24 (d) REQUIRED CAPACITY UPDATES, AT LEAST DAILY, UNLESS THE
25 FACILITY IS A RESIDENTIAL FACILITY AND CAPACITY HAS NOT CHANGED,
26 WITH A PENALTY FOR CONSISTENT NONCOMPLIANCE, FOR FACILITIES
27 LISTED UNDER SUBSECTION (3)(e) OF THIS SECTION; EXCEPT THAT OPIOID

1 TREATMENT PROGRAMS LICENSED PURSUANT TO SECTION 27-80-204 ARE
2 ONLY REQUIRED TO UPDATE DAILY WHETHER THE PROGRAM IS ACCEPTING
3 NEW CLIENTS; AND

4 (e) CAPACITY REPORTING FOR THE FOLLOWING FACILITIES AND
5 TREATMENT PROVIDERS STATEWIDE:

6 (I) FACILITIES THAT PROVIDE EVALUATION AND TREATMENT TO
7 INDIVIDUALS HELD UNDER AN EMERGENCY COMMITMENT PURSUANT TO
8 SECTION 27-81-111 OR SECTION 27-82-107, AN INVOLUNTARY
9 COMMITMENT PURSUANT TO SECTION 27-81-112 OR SECTION 27-82-108,
10 OR A CIVIL COMMITMENT PURSUANT TO SECTION 27-65-105, INCLUDING
11 CRISIS STABILIZATION UNITS, ACUTE TREATMENT UNITS, COMMUNITY
12 MENTAL HEALTH CENTERS, AND HOSPITALS, INCLUDING STATE MENTAL
13 HEALTH INSTITUTES;

14 (II) INPATIENT TREATMENT FACILITIES;

15 (III) RESIDENTIAL TREATMENT FACILITIES;

16 (IV) MEDICAL DETOXIFICATION FACILITIES; AND

17 (V) FACILITIES LICENSED PURSUANT TO SECTION 27-80-204,
18 INCLUDING OPIOID TREATMENT PROGRAMS AND MEDICALLY MANAGED
19 AND CLINICALLY MANAGED WITHDRAWAL MANAGEMENT FACILITIES.

20 (4) IN ADDITION TO REPORTING BY THOSE FACILITIES LISTED IN
21 SUBSECTION (3)(e) OF THIS SECTION, THE TRACKING SYSTEM MAY ALLOW
22 ANY MEDICAL PROVIDER PROVIDING BEHAVIORAL HEALTH TREATMENT AS
23 PART OF THE PROVIDER'S MEDICAL PRACTICE TO PARTICIPATE IN THE
24 TRACKING SYSTEM WITH PRIOR APPROVAL BY THE STATE DEPARTMENT.

25 (5) TO THE EXTENT POSSIBLE, THE TRACKING SYSTEM SHOULD BE
26 DESIGNED TO COLLECT THE FOLLOWING INFORMATION:

27 (a) THE NAME, ADDRESS, WEB ADDRESS, AND TELEPHONE NUMBER

1 OF THE FACILITY OR TREATMENT PROGRAM AND INFORMATION AS TO THE
2 PROCESS FOR CONFIRMING THE CURRENT AVAILABILITY OF A BED OR A
3 SLOT IN A TREATMENT PROGRAM AND FOR RESERVING A BED OR SLOT IN
4 THE FACILITY OR TREATMENT PROGRAM;

5 (b) THE LICENSE TYPE FOR THE FACILITY OR TREATMENT PROGRAM
6 AND THE LICENSED BED CAPACITY OF THE FACILITY;

7 (c) THE NUMBER OF BEDS OR SLOTS CURRENTLY AVAILABLE AND
8 STAFFED FOR BEHAVIORAL HEALTH SERVICES;

9 (d) ADMISSION AND EXCLUSION CRITERIA, INCLUDING GENDER,
10 AGE, ACUITY LEVEL, MEDICAL COMPLICATIONS, DIAGNOSES, OR
11 BEHAVIORS EXCLUDED, SUCH AS INTELLECTUAL OR DEVELOPMENTAL
12 DISABILITIES, AGGRESSION, SUBSTANCE USE DISORDERS, TRAUMATIC
13 BRAIN INJURY, OR HISTORY OF VIOLENCE OR AGGRESSIVE BEHAVIOR;

14 (e) THE TYPE OF SUBSTANCE FOR WHICH THE FACILITY OR
15 TREATMENT PROGRAM PROVIDES TREATMENT;

16 (f) WHETHER THE FACILITY SERVES INVOLUNTARY CLIENTS;

17 (g) PAYER SOURCES ACCEPTED BY EACH FACILITY OR TREATMENT
18 PROGRAM;

19 (h) THE TIME AND DATE OF THE LAST UPDATE OF INFORMATION
20 FOR THE FACILITY OR TREATMENT PROGRAM; AND

21 (i) A LINK TO A STABLE LOCATION MAP.

22 (6) THE TRACKING SYSTEM IS DESIGNED TO PROVIDE IMMEDIATE
23 AND ACCURATE INFORMATION REGARDING THE AVAILABILITY OF FACILITY
24 BEDS OR SLOTS IN TREATMENT PROGRAMS BUT DOES NOT GUARANTEE
25 AVAILABILITY. THE USER SHALL BE DIRECTED TO CONTACT THE FACILITY
26 OR TREATMENT PROGRAM DIRECTLY TO CONFIRM CAPACITY AND TO
27 ARRANGE PLACEMENT.

1 (7) PRIOR TO CONTRACTING FOR COMPONENTS OF THE TRACKING
2 SYSTEM OR ITS IMPLEMENTATION, THE STATE DEPARTMENT SHALL
3 CONVENE A STAKEHOLDER PROCESS TO IDENTIFY AN EFFICIENT AND
4 EFFECTIVE TRACKING SYSTEM DESIGN. THE STATE DEPARTMENT SHALL
5 RECEIVE INPUT RELATING TO EXISTING INFORMATION AND REPORTING
6 SYSTEMS THAT MAY BE EXPANDED UPON FOR THE TRACKING SYSTEM,
7 ISSUES RELATING TO DATA COLLECTION AND INPUT BY FACILITIES AND
8 TREATMENT PROVIDERS, AND THE MOST EFFECTIVE INTERFACE FOR
9 TRACKING SYSTEM USERS. IN ADDITION TO ANY PERSONS OR
10 ORGANIZATIONS IDENTIFIED BY THE STATE DEPARTMENT, THE
11 STAKEHOLDER PROCESS MUST INCLUDE INPUT FROM THE DEPARTMENT OF
12 PUBLIC HEALTH AND ENVIRONMENT, EMERGENCY MEDICAL SERVICE
13 PROVIDERS, CONTRACTORS OPERATING EXISTING INFORMATION AND
14 REPORTING SYSTEMS IN THE STATE, AND FACILITIES REQUIRED TO PROVIDE
15 INFORMATION FOR THE TRACKING SYSTEM. THE STATE DEPARTMENT
16 SHALL REPORT TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS
17 STUDY COMMITTEE DURING THE LEGISLATIVE INTERIM PRECEDING THE
18 2020 LEGISLATIVE SESSION CONCERNING THE RESULTS OF THE
19 STAKEHOLDER PROCESS.

20 (8) ON OR BEFORE JANUARY 1, 2021, THE STATE DEPARTMENT
21 SHALL IMPLEMENT A CENTRALIZED, WEB-BASED TRACKING SYSTEM AS
22 DESCRIBED IN THIS SECTION. THE CONTRACTOR OF THE
23 TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICES PROVIDED PURSUANT
24 TO SECTION 27-60-103 SHALL USE THE TRACKING SYSTEM AS AN
25 AVAILABLE SERVICE RESOURCE LOCATOR. THE STATE DEPARTMENT SHALL
26 FOLLOW THE "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24,
27 IN THE SELECTION OF THE CONTRACTOR FOR THE DEVELOPMENT OF THE

1 TRACKING SYSTEM.

2 (9) THE STATE DEPARTMENT SHALL ENSURE THAT APPROPRIATE
3 TRACKING SYSTEM INFORMATION IS AVAILABLE TO THE PUBLIC ON OR
4 BEFORE JANUARY 1, 2022.

5 (10) THE STATE DEPARTMENT MAY ADOPT RULES, AS NECESSARY,
6 TO IMPLEMENT THIS SECTION.

7 **SECTION 2.** In Colorado Revised Statutes, **add** 27-80-119 as
8 follows:

9 **27-80-119. Care navigation system - creation - reporting -**
10 **rules - legislative declaration - definition.** (1) (a) THE GENERAL
11 ASSEMBLY FINDS THAT:

12 (I) MANY INDIVIDUALS WHO NEED TREATMENT FOR SUBSTANCE
13 USE DISORDERS MUST WAIT WEEKS OR MONTHS TO ACCESS RESIDENTIAL
14 OR OUTPATIENT SERVICES;

15 (II) WHEN DEALING WITH A SUBSTANCE USE DISORDER, ANY
16 DELAY IN STARTING TREATMENT COULD MEAN LIFE OR DEATH FOR THE
17 AFFECTED INDIVIDUAL; AND

18 (III) INDIVIDUALS WHO ARE ENGAGED IN SEEKING TREATMENT FOR
19 A SUBSTANCE USE DISORDER WOULD BENEFIT FROM CARE NAVIGATION
20 SERVICES TO CONNECT THOSE INDIVIDUALS WITH AVAILABLE TREATMENT
21 FACILITIES OR PROGRAMS.

22 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT CARE
23 NAVIGATION SERVICES THAT HELP INDIVIDUALS WHO ARE READY TO BEGIN
24 TREATMENT TO GAIN TIMELY ACCESS TO THAT TREATMENT ARE VITAL TO
25 THE WELL-BEING OF MANY COLORADANS IN CRISIS.

26 (2) AS USED IN THIS SECTION, "ENGAGED CLIENT" MEANS AN
27 INDIVIDUAL WHO IS INTERESTED IN AND WILLING TO ENGAGE IN

1 SUBSTANCE USE DISORDER TREATMENT SERVICES OR OTHER TREATMENT
2 SERVICES EITHER FOR THE INDIVIDUAL OR AN AFFECTED FAMILY MEMBER
3 OR FRIEND.

4 (3) ON OR BEFORE JANUARY 1, 2020, THE DEPARTMENT SHALL
5 IMPLEMENT A CARE NAVIGATION SYSTEM TO ASSIST ENGAGED CLIENTS IN
6 OBTAINING ACCESS TO TREATMENT FOR SUBSTANCE USE DISORDERS. AT
7 A MINIMUM, SERVICES AVAILABLE STATEWIDE MUST INCLUDE
8 INDEPENDENT SCREENING OF THE TREATMENT NEEDS OF THE ENGAGED
9 CLIENT USING NATIONALLY RECOGNIZED SCREENING CRITERIA TO
10 DETERMINE THE CORRECT LEVEL OF CARE; THE IDENTIFICATION OF
11 LICENSED OR ACCREDITED SUBSTANCE USE DISORDER TREATMENT
12 OPTIONS, INCLUDING SOCIAL AND MEDICAL DETOXIFICATION SERVICES,
13 MEDICATION-ASSISTED TREATMENT, AND INPATIENT AND OUTPATIENT
14 TREATMENT PROGRAMS; AND THE AVAILABILITY OF VARIOUS TREATMENT
15 OPTIONS FOR THE ENGAGED CLIENT.

16 (4) TO IMPLEMENT THE CARE NAVIGATION SYSTEM, THE OFFICE
17 SHALL ISSUE A REQUEST FOR PROPOSALS FOR CARE NAVIGATION SERVICES
18 THROUGH THE STATE PROCUREMENT SYSTEM. THE CONTRACTOR
19 SELECTED BY THE OFFICE MUST PROVIDE CARE NAVIGATION SERVICES TO
20 ENGAGED CLIENTS STATEWIDE. CARE NAVIGATION SERVICES MUST BE
21 AVAILABLE TWENTY-FOUR HOURS A DAY AND MUST BE ACCESSIBLE
22 THROUGH VARIOUS FORMATS. THE CONTRACTOR SHALL COORDINATE
23 SERVICES IN CONJUNCTION WITH OTHER STATE CARE NAVIGATION AND
24 COORDINATION SERVICES AND BEHAVIORAL HEALTH RESPONSE SYSTEMS
25 TO ENSURE COORDINATED AND INTEGRATED SERVICE DELIVERY. THE USE
26 OF PEER SUPPORT SPECIALISTS IS ENCOURAGED IN THE COORDINATION OF
27 SERVICES. THE CONTRACTOR SHALL ASSIST THE ENGAGED CLIENT WITH

1 ACCESSING TREATMENT FACILITIES, TREATMENT PROGRAMS, OR
2 TREATMENT PROVIDERS AND SHALL PROVIDE SERVICES TO ENGAGED
3 CLIENTS REGARDLESS OF THE CLIENT'S PAYER SOURCE OR WHETHER THE
4 CLIENT IS UNINSURED. ONCE THE ENGAGED CLIENT HAS INITIATED
5 TREATMENT, THE CONTRACTOR IS NO LONGER RESPONSIBLE FOR CARE
6 NAVIGATION FOR THAT ENGAGED CLIENT FOR THAT EPISODE. ENGAGED
7 CLIENTS WHO ARE ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM
8 PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5 SHALL BE PROVIDED
9 WITH CONTACT INFORMATION FOR THEIR MANAGED CARE ENTITY. THE
10 CONTRACTOR SHALL CONDUCT ONGOING OUTREACH TO INFORM
11 BEHAVIORAL HEALTH PROVIDERS, COUNTIES, COUNTY DEPARTMENTS OF
12 HUMAN OR SOCIAL SERVICES, JAILS, LAW ENFORCEMENT PERSONNEL,
13 HEALTH CARE PROFESSIONALS, AND OTHER INTERESTED PERSONS ABOUT
14 CARE NAVIGATION SERVICES.

15 (5) THE CONTRACTOR SHALL ENTER INTO A MEMORANDUM OF
16 UNDERSTANDING WITH THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL
17 HEALTH ACCESS TO CARE CREATED PURSUANT TO SECTION 27-80-303. IF
18 THE CONTRACTOR BELIEVES THAT A HEALTH BENEFIT PLAN IS IN
19 VIOLATION OF STATE AND FEDERAL PARITY LAWS, RULES, OR
20 REGULATIONS PURSUANT TO SECTION 10-16-104 (5.5) AND THE "PAUL
21 WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND
22 ADDICTION EQUITY ACT OF 2008", PUB.L. 110-343, AS AMENDED, WITH
23 THE ENGAGED CLIENT'S WRITTEN PERMISSION, THE CONTRACTOR SHALL
24 ASSIST THE ENGAGED CLIENT WITH REPORTING THE ALLEGED VIOLATION
25 TO THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO
26 CARE.

27 (6) THE CONTRACTOR SHALL COLLECT AND TRANSMIT TO THE

1 DEPARTMENT, IN THE TIME AND MANNER DETERMINED BY RULE OF THE
2 DEPARTMENT, THE FOLLOWING DATA AND INFORMATION RELATING TO
3 ENGAGED CLIENTS SERVED BY THE CONTRACTOR:

4 (a) DEMOGRAPHIC CHARACTERISTICS OF THE ENGAGED CLIENT,
5 INCLUDING AGE, SEX, ETHNICITY, AND COUNTY OF RESIDENCE;

6 (b) THE TYPE OF SUBSTANCE FOR WHICH THE ENGAGED CLIENT IS
7 SEEKING TREATMENT;

8 (c) ANY SELF-REPORTED OR IDENTIFIED MENTAL HEALTH
9 CONDITIONS;

10 (d) WHETHER THE ENGAGED CLIENT WAS ABLE TO SECURE
11 TREATMENT AND WHERE, AND, IF NOT, THE REASONS WHY;

12 (e) THE LENGTH OF TIME THE CONTRACTOR PROVIDED CARE
13 NAVIGATION SERVICES TO THE ENGAGED CLIENT;

14 (f) WHETHER THE ENGAGED CLIENT HAD PRIVATE OR PUBLIC
15 INSURANCE OR WAS ELIGIBLE FOR SERVICES THROUGH THE OFFICE DUE TO
16 INCOME;

17 (g) THE NUMBER OF SUSPECTED PARITY VIOLATION REPORTS
18 SUBMITTED TO THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH
19 ACCESS TO CARE CREATED PURSUANT TO SECTION 27-80-303;

20 (h) SERVICES OR TREATMENT OPTIONS THAT WERE NOT AVAILABLE
21 IN THE ENGAGED CLIENT'S COMMUNITY, INCLUDING RECOVERY SERVICES,
22 HOUSING, TRANSPORTATION, AND OTHER SUPPORTS; AND

23 (i) THE NUMBER OF FAMILY MEMBERS OR FRIENDS CALLING ON
24 BEHALF OF AN ENGAGED CLIENT OR AN INDIVIDUAL WITH A SUBSTANCE
25 USE DISORDER.

26 (7) THE STATE BOARD MAY PROMULGATE ANY RULES NECESSARY
27 TO IMPLEMENT THE CARE NAVIGATION SYSTEM.

1 (8) NO LATER THAN SEPTEMBER 1, 2020, AND EACH SEPTEMBER
2 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO
3 THE JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN
4 SERVICES COMMITTEE AND THE HEALTH AND INSURANCE COMMITTEE OF
5 THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES
6 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES,
7 CONCERNING THE UTILIZATION OF CARE NAVIGATION SERVICES PURSUANT
8 TO THIS SECTION, INCLUDING A SUMMARY OF THE DATA AND INFORMATION
9 COLLECTED BY THE CONTRACTOR PURSUANT TO SUBSECTION (6) OF THIS
10 SECTION, IN ACCORDANCE WITH STATE AND FEDERAL HEALTH CARE
11 PRIVACY LAWS. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
12 (11)(a)(I), THE REPORTING REQUIREMENTS OF THIS SUBSECTION (8)
13 CONTINUE INDEFINITELY.

14 **SECTION 3.** In Colorado Revised Statutes, **add** 27-80-120 as
15 follows:

16 **27-80-120. Building substance use disorder treatment capacity**
17 **in underserved communities - grant program - repeal.** (1) THERE IS
18 CREATED IN THE DEPARTMENT THE BUILDING SUBSTANCE USE DISORDER
19 TREATMENT CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM,
20 REFERRED TO IN THIS SECTION AS THE "GRANT PROGRAM".

21 (2) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
22 SHALL AWARD UP TO FIVE MILLION DOLLARS ANNUALLY IN GRANTS TO
23 INCREASE SUBSTANCE USE DISORDER CAPACITY AND SERVICES IN RURAL
24 AND FRONTIER COMMUNITIES. EACH MANAGED SERVICE ORGANIZATION
25 AREA THAT CONSISTS OF AT LEAST FIFTY PERCENT RURAL OR FRONTIER
26 COUNTIES SHALL RECEIVE AN EQUAL PROPORTION OF THE ANNUAL GRANT
27 PROGRAM MONEY TO DISBURSE IN LOCAL GRANTS.

1 (3) A GRANT COMMITTEE SHALL REVIEW GRANT APPLICATIONS
2 AND, IF APPROVED, AWARD LOCAL GRANTS. THE GRANT COMMITTEE
3 INCLUDES TWO MEMBERS APPOINTED BY THE COUNTY COMMISSIONERS FOR
4 EACH COUNTY IN THE RELEVANT MANAGED SERVICE ORGANIZATION
5 SERVICE AREA, TWO REPRESENTATIVES FROM THE MANAGED SERVICE
6 ORGANIZATION, AND TWO MEMBERS REPRESENTING THE DEPARTMENT AND
7 APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT. THE
8 AWARD OF A LOCAL GRANT MUST BE APPROVED BY A MAJORITY OF THE
9 MEMBERS OF THE GRANT COMMITTEE. IN AWARDING A LOCAL GRANT, THE
10 GRANT COMMITTEE SHALL PRIORITIZE GEOGRAPHIC AREAS THAT ARE
11 UNSERVED OR UNDERSERVED. AFTER LOCAL GRANTS ARE APPROVED FOR
12 EACH MANAGED SERVICE ORGANIZATION SERVICE AREA, THE DEPARTMENT
13 SHALL DISBURSE GRANT MONEY TO THE MANAGED SERVICE ORGANIZATION
14 FOR DISTRIBUTION TO LOCAL GRANT RECIPIENTS.

15 (4) LOCAL GRANTS MUST BE USED TO ENSURE THAT LOCAL
16 COMMUNITIES HAVE ACCESS TO A CONTINUUM OF SUBSTANCE USE
17 DISORDER TREATMENT SERVICES, INCLUDING MEDICAL OR CLINICAL
18 DETOXIFICATION, RESIDENTIAL TREATMENT, RECOVERY SUPPORT
19 SERVICES, AND INTENSIVE OUTPATIENT TREATMENT.

20 (5) LOCAL GOVERNMENTS, COUNTIES, SCHOOLS, LAW
21 ENFORCEMENT AGENCIES, AND PRIMARY CARE OR SUBSTANCE USE
22 DISORDER TREATMENT PROVIDERS WITHIN OR OUTSIDE OF THE MANAGED
23 SERVICE ORGANIZATION'S NETWORK OF PROVIDERS MAY APPLY FOR A
24 LOCAL GRANT TO PROVIDE SERVICES.

25 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

26 **SECTION 4. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, and safety.