

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

REVISED

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

LLS NO. 19-1073.01 Brita Darling x2241

HOUSE BILL 19-1287

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A BILL FOR AN ACT

101 **CONCERNING METHODS TO INCREASE ACCESS TO TREATMENT FOR**
102 **BEHAVIORAL HEALTH DISORDERS, AND, IN CONNECTION**
103 **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>.)

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

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.

SENATE
2nd Reading Unamended
May 2, 2019

HOUSE
3rd Reading Unamended
April 26, 2019

HOUSE
Amended 2nd Reading
April 25, 2019

- treatment and medical detoxification for substance use 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) WITHDRAWAL MANAGEMENT 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. ■

26 (9) THE STATE DEPARTMENT SHALL ENSURE THAT APPROPRIATE
27 TRACKING SYSTEM INFORMATION IS AVAILABLE TO THE PUBLIC ON OR

1 BEFORE JANUARY 1, 2022.

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

4 **SECTION 2.** In Colorado Revised Statutes, **amend 27-66-107** as
5 follows:

6 **27-66-107. Purchase of services by courts, counties,**
7 **municipalities, school districts, and other political subdivisions.** Any
8 county, municipality, school district, health service district, or other
9 political subdivision of the state or any county, district, or juvenile court
10 ~~is authorized to purchase mental health services from~~ MAY ENTER INTO
11 INTERGOVERNMENTAL AGREEMENTS WITH ANY MUNICIPALITY, SCHOOL
12 DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION
13 OF THE STATE OR MAY ENTER INTO CONTRACTUAL AGREEMENTS WITH ANY
14 PRIVATE PROVIDER, community mental health clinics, and such other
15 community agencies ~~as are approved for purchases by the executive~~
16 ~~director~~ FOR THE PURCHASE OF MENTAL HEALTH SERVICES. For the
17 purchase of mental health services by counties or city and counties as
18 authorized by this section, the board of county commissioners of any
19 county or the city council of any city and county may levy a tax not to
20 exceed two mills upon real property within the county or city and county
21 if the board first submits the question of such levy to a vote of the
22 qualified electors at a general election and receives their approval of such
23 levy.

24 **SECTION 3.** In Colorado Revised Statutes, **add 27-80-119** as
25 follows:

26 **27-80-119. Care navigation program - creation - reporting -**
27 **rules - legislative declaration - definition.** (1) (a) THE GENERAL

1 ASSEMBLY FINDS THAT:

2 (I) MANY INDIVIDUALS WHO NEED TREATMENT FOR SUBSTANCE
3 USE DISORDERS MUST WAIT WEEKS OR MONTHS TO ACCESS RESIDENTIAL
4 OR OUTPATIENT SERVICES;

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

8 (III) INDIVIDUALS WHO ARE ENGAGED IN SEEKING TREATMENT FOR
9 A SUBSTANCE USE DISORDER WOULD BENEFIT FROM CARE NAVIGATION
10 SERVICES TO CONNECT THOSE INDIVIDUALS WITH AVAILABLE TREATMENT
11 FACILITIES OR PROGRAMS.

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

16 (2) AS USED IN THIS SECTION, "ENGAGED CLIENT" MEANS AN
17 INDIVIDUAL WHO IS INTERESTED IN AND WILLING TO ENGAGE IN
18 SUBSTANCE USE DISORDER TREATMENT SERVICES OR OTHER TREATMENT
19 SERVICES EITHER FOR THE INDIVIDUAL OR AN AFFECTED FAMILY MEMBER
20 OR FRIEND.

21 (3) ON OR BEFORE JANUARY 1, 2020, THE DEPARTMENT SHALL
22 IMPLEMENT A CARE NAVIGATION PROGRAM TO ASSIST ENGAGED CLIENTS
23 IN OBTAINING ACCESS TO TREATMENT FOR SUBSTANCE USE DISORDERS. AT
24 A MINIMUM, SERVICES AVAILABLE STATEWIDE MUST INCLUDE
25 INDEPENDENT SCREENING OF THE TREATMENT NEEDS OF THE ENGAGED
26 CLIENT USING NATIONALLY RECOGNIZED SCREENING CRITERIA TO
27 DETERMINE THE CORRECT LEVEL OF CARE; THE IDENTIFICATION OF

1 LICENSED OR ACCREDITED SUBSTANCE USE DISORDER TREATMENT
2 OPTIONS, INCLUDING SOCIAL AND MEDICAL DETOXIFICATION SERVICES,
3 MEDICATION-ASSISTED TREATMENT, AND INPATIENT AND OUTPATIENT
4 TREATMENT PROGRAMS; AND THE AVAILABILITY OF VARIOUS TREATMENT
5 OPTIONS FOR THE ENGAGED CLIENT.

6 (4) TO IMPLEMENT THE CARE NAVIGATION PROGRAM, THE OFFICE
7 SHALL INCLUDE CARE NAVIGATION SERVICES IN THE TWENTY-FOUR-HOUR
8 TELEPHONE CRISIS SERVICE CREATED PURSUANT TO SECTION 27-60-103.

9 THE CONTRACTOR SELECTED BY THE OFFICE MUST PROVIDE CARE
10 NAVIGATION SERVICES TO ENGAGED CLIENTS STATEWIDE. CARE
11 NAVIGATION SERVICES MUST BE AVAILABLE TWENTY-FOUR HOURS A DAY
12 AND MUST BE ACCESSIBLE THROUGH VARIOUS FORMATS. THE
13 CONTRACTOR SHALL COORDINATE SERVICES IN CONJUNCTION WITH OTHER
14 STATE CARE NAVIGATION AND COORDINATION SERVICES AND BEHAVIORAL
15 HEALTH RESPONSE SYSTEMS TO ENSURE COORDINATED AND INTEGRATED
16 SERVICE DELIVERY. THE USE OF PEER SUPPORT SPECIALISTS IS
17 ENCOURAGED IN THE COORDINATION OF SERVICES. THE CONTRACTOR
18 SHALL ASSIST THE ENGAGED CLIENT WITH ACCESSING TREATMENT
19 FACILITIES, TREATMENT PROGRAMS, OR TREATMENT PROVIDERS AND
20 SHALL PROVIDE SERVICES TO ENGAGED CLIENTS REGARDLESS OF THE
21 CLIENT'S PAYER SOURCE OR WHETHER THE CLIENT IS UNINSURED. ONCE
22 THE ENGAGED CLIENT HAS INITIATED TREATMENT, THE CONTRACTOR IS NO
23 LONGER RESPONSIBLE FOR CARE NAVIGATION FOR THAT ENGAGED CLIENT
24 FOR THAT EPISODE. ENGAGED CLIENTS WHO ARE ENROLLED IN THE
25 MEDICAL ASSISTANCE PROGRAM PURSUANT TO ARTICLES 4, 5, AND 6 OF
26 TITLE 25.5 SHALL BE PROVIDED WITH CONTACT INFORMATION FOR THEIR
27 MANAGED CARE ENTITY. THE CONTRACTOR SHALL CONDUCT ONGOING

1 OUTREACH TO INFORM BEHAVIORAL HEALTH PROVIDERS, COUNTIES,
2 COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES, JAILS, LAW
3 ENFORCEMENT PERSONNEL, HEALTH CARE PROFESSIONALS, AND OTHER
4 INTERESTED PERSONS ABOUT CARE NAVIGATION SERVICES.

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

17 (6) THE CONTRACTOR SHALL COLLECT AND TRANSMIT TO THE
18 DEPARTMENT, IN THE TIME AND MANNER DETERMINED BY RULE OF THE
19 DEPARTMENT, THE FOLLOWING DATA AND INFORMATION RELATING TO
20 ENGAGED CLIENTS SERVED BY THE CONTRACTOR:

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

23 (b) THE TYPE OF SUBSTANCE FOR WHICH THE ENGAGED CLIENT IS
24 SEEKING TREATMENT;

25 (c) ANY SELF-REPORTED OR IDENTIFIED MENTAL HEALTH
26 CONDITIONS;

27 (d) WHETHER THE ENGAGED CLIENT WAS ABLE TO SECURE

1 TREATMENT AND WHERE, AND, IF NOT, THE REASONS WHY;

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

4 (f) WHETHER THE ENGAGED CLIENT HAD PRIVATE OR PUBLIC
5 INSURANCE OR WAS ELIGIBLE FOR SERVICES THROUGH THE OFFICE DUE TO
6 INCOME;

7 [REDACTED]
8 (g) SERVICES OR TREATMENT OPTIONS THAT WERE NOT AVAILABLE
9 IN THE ENGAGED CLIENT'S COMMUNITY, INCLUDING RECOVERY SERVICES,
10 HOUSING, TRANSPORTATION, AND OTHER SUPPORTS; AND

11 (h) THE NUMBER OF FAMILY MEMBERS OR FRIENDS CALLING ON
12 BEHALF OF AN ENGAGED CLIENT OR AN INDIVIDUAL WITH A SUBSTANCE
13 USE DISORDER.

14 (7) THE STATE BOARD MAY PROMULGATE ANY RULES NECESSARY
15 TO IMPLEMENT THE CARE NAVIGATION PROGRAM.

16 (8) NO LATER THAN SEPTEMBER 1, 2020, AND EACH SEPTEMBER
17 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO
18 THE JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN
19 SERVICES COMMITTEE AND THE HEALTH AND INSURANCE COMMITTEE OF
20 THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES
21 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES,
22 CONCERNING THE UTILIZATION OF CARE NAVIGATION SERVICES PURSUANT
23 TO THIS SECTION, INCLUDING A SUMMARY OF THE DATA AND INFORMATION
24 COLLECTED BY THE CONTRACTOR PURSUANT TO SUBSECTION (6) OF THIS
25 SECTION, IN ACCORDANCE WITH STATE AND FEDERAL HEALTH CARE
26 PRIVACY LAWS. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
27 (11)(a)(I), THE REPORTING REQUIREMENTS OF THIS SUBSECTION (8)

1 CONTINUE INDEFINITELY.

2 **SECTION 4.** In Colorado Revised Statutes, **add** 27-80-120 as
3 follows:

4 **27-80-120. Building substance use disorder treatment capacity**
5 **in underserved communities - grant program - repeal.** (1) THERE IS
6 CREATED IN THE DEPARTMENT THE BUILDING SUBSTANCE USE DISORDER
7 TREATMENT CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM,
8 REFERRED TO IN THIS SECTION AS THE "GRANT PROGRAM".

9 (2) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
10 SHALL AWARD GRANT PROGRAM MONEY TO INCREASE SUBSTANCE USE
11 DISORDER CAPACITY AND SERVICES IN RURAL AND FRONTIER
12 COMMUNITIES. EACH MANAGED SERVICE ORGANIZATION AREA THAT
13 CONSISTS OF AT LEAST FIFTY PERCENT RURAL OR FRONTIER COUNTIES
14 SHALL RECEIVE AN EQUAL PROPORTION OF THE ANNUAL GRANT PROGRAM
15 MONEY TO DISBURSE IN LOCAL GRANTS.

16 (3) A GRANT COMMITTEE SHALL REVIEW GRANT APPLICATIONS
17 AND, IF APPROVED, AWARD LOCAL GRANTS. THE GRANT COMMITTEE
18 INCLUDES TWO MEMBERS APPOINTED BY THE COUNTY COMMISSIONERS
19 IN THE RELEVANT MANAGED SERVICE ORGANIZATION SERVICE AREA, TWO
20 REPRESENTATIVES FROM THE MANAGED SERVICE ORGANIZATION, AND
21 TWO MEMBERS REPRESENTING THE DEPARTMENT AND APPOINTED BY THE
22 EXECUTIVE DIRECTOR OF THE DEPARTMENT. THE AWARD OF A LOCAL
23 GRANT MUST BE APPROVED BY A MAJORITY OF THE MEMBERS OF THE
24 GRANT COMMITTEE. IN AWARDING A LOCAL GRANT, THE GRANT
25 COMMITTEE SHALL PRIORITIZE GEOGRAPHIC AREAS THAT ARE UNSERVED
26 OR UNDERSERVED. AFTER LOCAL GRANTS ARE APPROVED FOR EACH
27 MANAGED SERVICE ORGANIZATION SERVICE AREA, THE DEPARTMENT

1 SHALL DISBURSE GRANT PROGRAM MONEY TO THE MANAGED SERVICE
2 ORGANIZATION FOR DISTRIBUTION TO LOCAL GRANT RECIPIENTS.

3 (4) LOCAL GRANTS MUST BE USED TO ENSURE THAT LOCAL
4 COMMUNITIES INCREASE ACCESS TO A CONTINUUM OF SUBSTANCE USE
5 DISORDER TREATMENT SERVICES, INCLUDING MEDICAL OR CLINICAL
6 DETOXIFICATION, RESIDENTIAL TREATMENT, RECOVERY SUPPORT
7 SERVICES, AND INTENSIVE OUTPATIENT TREATMENT.

8 (5) LOCAL GOVERNMENTS, MUNICIPALITIES, COUNTIES, SCHOOLS,
9 LAW ENFORCEMENT AGENCIES, AND PRIMARY CARE OR SUBSTANCE USE
10 DISORDER TREATMENT PROVIDERS WITHIN OR OUTSIDE OF THE MANAGED
11 SERVICE ORGANIZATION'S NETWORK OF PROVIDERS MAY APPLY FOR A
12 LOCAL GRANT TO PROVIDE SERVICES.

13 (6) MONEY APPROPRIATED FOR THE PILOT PROGRAM THAT
14 REMAINS UNEXPENDED AND UNENCUMBERED AT THE END OF THE FISCAL
15 YEAR IS FURTHER APPROPRIATED TO THE DEPARTMENT FOR THE PILOT
16 PROGRAM IN THE NEXT FISCAL YEAR.

17 (7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

18 **SECTION 5. Appropriation.** (1) For the 2019-20 state fiscal
19 year, \$31,961 is appropriated to the department of health care policy and
20 financing for use by the executive director's office. This appropriation
21 consists of \$21,733 from the general fund and \$10,228 from the
22 healthcare affordability and sustainability fee cash fund created in section
23 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this
24 appropriation as follows:

25 (a) \$29,182 for personal services, which amount consists of
26 \$19,844 from the general fund and \$9,338 from the healthcare
27 affordability and sustainability fee cash fund, and is based on an

1 assumption that the department will require an additional 0.8 FTE; and

2 (b) \$2,779 for operating expenses, which amount consists of
3 \$1,889 from the general fund and \$890 from the healthcare affordability
4 and sustainability fee cash fund.

5 (2) For the 2019-20 state fiscal year, the general assembly
6 anticipates that the department of health care policy and financing will
7 receive \$31,961 in federal funds to implement this act. The appropriation
8 in subsection (1) of this section is based on the assumption that the
9 department will receive this amount of federal funds to be used as
10 follows:

11 (a) \$29,182 for personal services; and

12 (b) \$2,779 for operating expenses.

13 (3) For the 2019-20 state fiscal year, \$5,589,344 is appropriated
14 to the department of human services. This appropriation is from the
15 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To
16 implement this act, the department may use this appropriation as follows:

17 (a) \$152,318 for use by the office of behavioral health for
18 personal services related to community behavioral health administration,
19 which amount is based on an assumption that the office will require an
20 additional 2.5 FTE;

21 (b) \$16,674 for use by the office of behavioral health for operating
22 expenses related to community behavioral health administration;

23 (c) \$260,206 for the behavioral health capacity tracking system;

24 (d) \$160,146 for care navigation services; and

25 (e) \$5,000,000 for the building substance use disorder treatment
26 capacity in underserved communities grant program.

27 (4) For the 2019-20 state fiscal year, \$160,206 is appropriated to

1 the office of the governor for use by the office of information technology.
2 This appropriation is from reappropriated funds received from the
3 department of human services under subsection (3)(c) of this section, and
4 is based on an assumption that the office will require an additional 1.4
5 FTE. To implement this act, the office may use this appropriation to
6 provide information technology services for the department of human
7 services.

8 **SECTION 6. Safety clause.** The general assembly hereby finds,
9 determines, and declares that this act is necessary for the immediate
10 preservation of the public peace, health, and safety.