



## Behavioral Health

During the 2022 legislative session, the General Assembly considered measures related to behavioral health, including several bills recommended by Behavioral Health Transformational Task Force to address gaps in the continuum of care using federal American Rescue Plan Act (ARPA) funds, as well as bills addressing the establishment of the Behavioral Health Administration, youth and students, mental health holds, and crisis system facilities.

### Behavioral Health Administration

In 2021, the General Assembly adopted legislation requiring the Department of Human Services (DHS) to develop a plan to create and establish the Behavioral Health Administration (BHA). [House Bill 22-1278](#) implements that plan, and creates the BHA in the DHS. The BHA is charged with creating a coordinated, cohesive, and effective behavioral health system in Colorado. The BHA must establish:

- a statewide behavioral health grievance system;
- a behavioral health performance monitoring system;
- a comprehensive behavioral health safety net system; and
- regionally-based behavioral health administrative service organizations.

The BHA is the licensing authority for all behavioral health entities. Any state agency

that administers a behavioral health program must collaborate with the BHA.

### Behavioral Health Transformation Task Force Legislation

During the 2021 session, the General Assembly authorized the creation of the Behavioral Health Transformation Task Force to make recommendations to the General Assembly on policies to create transformational change in the area of behavioral health using the ARPA funds received by the state. The following bills were based on recommendations from the task force.

[Senate Bill 22-177](#) requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not utilize electronic health records to actively participate in the care coordination infrastructure. In implementing the statewide care coordination infrastructure, the BHA must:

- train new and existing navigators on the behavioral health safety net system services, behavioral health service delivery procedures, and social determinants of health resources;
- ensure that the care coordination infrastructure can direct individuals where to seek in-person or virtual navigation support; and
- ensure the 988 crisis hotline responds to anyone experiencing a mental health or substance use crisis.

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## Behavioral Health (cont'd)

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*Senate Bill 22-181* requires the BHA to create and implement a behavioral health-care provider workforce plan. The workforce plan must be made in collaboration with the Department of Higher Education, institutions of higher education, and community colleges to provide job shadowing, internship, incentives, loan repayment, scholarships, marketing, and other programs to increase the behavioral health workforce. The BHA is also required to collaborate with state agencies to improve behavioral health care provider workforce numbers, reduce administrative burdens, and develop criminal justice-related trainings.

*House Bill 22-1283* enhances residential services for person with behavioral health needs. DHS must fund operational support for psychiatric residential treatment facilities and qualified residential treatment programs for youth. DHS must create in-home and residential respite care in up to seven regions of the state for children and families. The bill also directs DHS to build and staff a neuro-psych facility at the Colorado Mental Health Institute at Fort Logan. The facility must have capacity of up to 16 residential beds for youth who are under 21 years old.

*House Bill 22-1303* increases the number of residential behavioral health beds. DHS must renovate a building at the Colorado Mental Health Institute at Fort Logan to add at least 16 inpatient beds. The additional beds may be used for persons needing competency services until the waitlist for competency services is eliminated or trending so that it is expected to be eliminated within one year and the beds transitioned to civil beds. Additionally, DHS and Department of Health Care Policy and Financing (HCPF) are required to jointly create, develop, or contract for at least 125 beds at mental health residential facilities throughout the state. The bill creates the mental health residential facility provider type license, for which the BHA must establish the standards.

*House Bill 22-1302* creates the Primary Care and Behavioral Health Statewide Integration Grant Program to be administered by HCPF to provide grants to physical and behavioral health care providers for implementation of evidence-based clinical integration care models. Grants may be used to:

- develop outpatient health care infrastructure;
- increase access to health care;
- invest in early behavioral health-related interventions;
- address the behavioral health workforce; and
- develop and implement alternative payment models.

The bill also requires HCPF to undertake efforts to transform its process for clients attempting to receive long-term care in the community.

*House Bill 22-1281* creates the Behavioral Health-Care Continuum Gap Grant Program to be administered by the BHA. Grants may be awarded to nonprofit and community-based organizations, as well as local governments. The bill also establishes the Substance Use Workforce Stability Grant Program in the BHA to support direct care staff who spend 50 percent or more of their time working with clients. Support may include temporary salary increases, recruitment and retention bonuses, and other strategies that support staff. The BHA must develop an assessment tool that grant applicants can use to identify regional gaps in behavioral health-care and substance use service.

*Senate Bill 22-148* creates the Colorado Land-based Tribe Behavioral Health Services Grant Program in DHS to fund the renovation or construction of a behavioral health facility. The Southern Ute Indian tribe, the Ute Mountain Ute tribe, or any authorized

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## Behavioral Health (cont'd)

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department, division, or affiliate are eligible for grant funding.

*Senate Bill 22-147* addresses behavioral health-care integration services for children by appropriating funds from the Behavioral and Mental Health Cash Fund to the following three programs:

- the Colorado Pediatric Psychiatry Consultation and Access Program created in the University of Colorado;
- the Behavioral Health Care Professional Matching Grant Program; and
- the School-based Health Center Grant Program.

### Youth and Students

*House Bill 22-1052*, which was recommended by the Colorado Youth Advisory Council Review Committee, requires that student identification cards (IDs) issued to a public school student contain information for Colorado Crisis Services. If the school does not issue IDs, the school must display outreach materials from Colorado Crisis Services and send the information about Colorado Crisis Services to parents or guardians at the beginning of each school year. The bill also requires that DHS annually notify each school about the behavioral health crisis response system and Colorado Crisis Services.

Under *House Bill 22-1369*, the Department of Early Childhood must contract with a Colorado-based nonprofit entity to provide children's mental health programs. The entity must have previous and current experience serving children and use curriculum outlined in the bill. The contract entity must perform readiness assessments and evaluations, provide training, and monitor the outcomes of the implemented children's mental health programs.

Under current law, DHS contracts with providers to place children and youths with intellectual disabilities requiring out-of-home placement in a residential facility. *Senate Bill 22-102* requires DHS to create new rules for children and youths placed in the program. For children and youths determined to be ineligible for the program or removed from the program before meeting discharge criteria, the bill requires access to an interdisciplinary appeals review panel in the DHS with no association to the child or youth being appealed. A parent, legal guardian, county department, program provider, or the DHS may appeal the decision of the interdisciplinary appeals review panel to an independent hearing officer.

### Mental Health Holds

*House Bill 22-1256* transfers duties relating to the care and treatment of persons with mental health disorders from the Office of Behavioral Health to the Behavioral Health Administration (BHA) in DHS. It modifies procedures for 72-hour emergency mental health holds, and outlines processes related to transport, oversight, care coordination, and access to legal representation.

*House Bill 22-1065*, which was deemed postponed indefinitely, would have changed the standard for an emergency 72-hour mental health hold to include when a person appears to have a mental health disorder or be gravely disabled, and if a person appears to present a substantial risk of harm to self or others.

### Crisis System Facilities

*House Bill 22-1214* requires crisis system facilities and programs, including walk-in centers and mobile crisis programs, to meet minimum regulatory standards that include mental health and substance use disorder standards. Additionally, the bill clarifies that

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## Behavioral Health (cont'd)

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mobile crisis services and walk-in center services can be provided to youth without parental or guardian consent.

### Other Behavioral Health Bills

*Senate Bill 22-196* creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program in the DHS to support community responses to behavioral health crises and mitigate individuals' involvement in the criminal justice system related to behavioral health needs. The bill creates the Behavioral Health Information and Data-Sharing Program in the Department of Public Safety (DPS) to enable counties to integrate their jail data system to exchange behavioral health information with the Colorado Integrated Criminal Justice Information System. HCPF must evaluate whether the state should seek additional federal authority to provide services through the federal Medical Assistance Program to individuals immediately prior to release from a correctional facility and, if it determines so, to submit a report to the Joint Budget Committee by October 1, 2023. Community corrections programs in DPS must partner with a county department of human or social services to facilitate enrolling offenders into Medicaid.

*House Bill 22-1221* would have created the County Coroner and Mortuary Mental Health and Wellness Program in the Behavioral Health Administration to provide mental health services to county coroner offices, funeral directors, and mortuary science practitioners where existing health insurance plans do not include coverage. The bill was vetoed by the Governor.



## Human Services

During the 2022 legislative session, the General Assembly considered measures related to human services, including bills concerning seniors and protected persons, assistance programs, and repurposing the Ridge View campus.

### Seniors and Protected Persons

*House Bill 22-1035* modernizes the Older Coloradans' Act and restructures the Colorado Commission on Aging. The bill creates a Technical Advisory Committee to implement the Strategic Action Plan on Aging's recommendations and strategies. Additionally, the bill creates the Lifelong Colorado Initiative in the Department of Human Services (DHS) to develop and implement strategies that support aging and assist older Coloradans.

*Senate Bill 22-185* extends the Area Agency on Aging Grant Program within DHS indefinitely and renames the program as the Strategic Investments in Aging Grant Program (program). Under the bill, additional entities may apply for the program, and the funds may be used for community assessments, data collection, and research, as well as pilot programs and demonstration projects.

As amended by the House Public and Behavioral Health and Human Services Committee, *House Bill 22-1271*, which was deemed postponed indefinitely, would have required the Public Guardianship Commission to create a workgroup to study issues and make

recommendations related to protected persons, including:

- providing notifications to a protected person's close family under certain circumstances;
- appropriate parameters for visitation of a protected person; and
- development of a care plan for protected persons.

### Assistance Programs

Colorado Works is the state's implementation of the federal Temporary Assistance for Needy Families (TANF) Program. It is funded through a federal block grant, overseen by DHS, and administered by counties in Colorado. *House Bill 22-1259* makes several changes to the Colorado Works Program. The bill increases program benefits, expands eligibility for specific populations, modifies program rules and operations, and requires new public outreach, data collection, and reporting. The bill requires monthly basic cash assistance payments under Colorado Works to increase by 10 percent above the previous year's level in FY 2022-23. Starting in FY 2024-25, the basic cash assistance amount must increase by the greater of 2 percent or the three-year average of the prior year's Social Security cost of living adjustments. Additionally, HB 22-1259 increases the length of time Colorado Works participants may receive benefits. DHS is encouraged to align Colorado Works redetermination and verification timelines with

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## Human Services (cont'd)

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other public assistance programs. DHS must provide comprehensive program training to county workers, and counties are encouraged to contact program participants for exit interviews and recommend to DHS any potential rule changes to enhance the client experience.

Currently, program management systems that counties use to manage certain benefits and services for programs such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Colorado Works are not standardized across the state. [House Bill 22-1380](#) implements a new work management system that can interface with the Colorado Benefits Management System (CBMS) and other DHS technology systems used to process, approve, and manage various benefit applications. The bill also creates the Community Food Access Program in the Colorado Department of Agriculture to improve access to and lower prices for healthy foods in low-income or underserved areas in Colorado by supporting small grocery retailers.

[Senate Bill 22-235](#) requires the development and implementation of the County Administration of Public and Medical Assistance Programs Funding Model.

To implement the model, DHS and the Department of Health Care Policy and Financing, in consultation with county departments, must contract with a third-party entity to conduct a comprehensive assessment of best practices related to the administration of public and medical assistance programs. DHS must submit an analysis of the fiscal impact of the assessment's recommendations to the Joint Budget Committee.

Based on the assessment, DHS is required to contract with an outside entity to develop a funding model to determine the amount of money necessary to fund the administration of public and medical assistance programs in each county. The bill outlines the elements the

funding model must include. DHS must report on the funding model's results and work with an outside entity to annually update and modify the model.

### Repurposing Ridge View Campus

The state-owned Ridge View campus operated as a youth services center for over 20 years through a contract DHS held with a private provider, Rite of Passage. The campus has not been operational since DHS ended the contract with Rite of Passage in June 2021. [Senate Bill 22-211](#) transfers ownership of all or part of the Ridge View Campus from the DHS to the Department of Personnel and Administration (DPA) for use by the Division of Housing in the Department of Local Affairs (DOLA) as a supportive residential community for people experiencing homelessness. DOLA, in collaboration with the DHS, must develop a master plan for the redevelopment and operation of the Ridge View Campus into the Ridge View Supportive Residential Community (community). The community must provide transitional housing, a continuum of behavioral health services and treatment, medical care, vocational training, skill development, and transportation for residents and the public. The administrator of the community must also work with local providers across the state to set up a referral system for clients to live at the community. To be eligible for the community, an individual must be experiencing or at risk of experiencing homelessness; voluntarily choose to focus on recovery; and be medically able to be in transitional housing.



## Health Care and Health Insurance

The General Assembly adopted several measures during the 2022 legislative session related to health care and health insurance.

### Health Insurance

The legislature passed bills to reduce and monitor insurance premiums, review Medicaid provider rates, and address surprise billing laws.

*House Bill 22-1008* clarifies that in accordance with House Bill 20-1158 all individual, small group, and large group health benefit plans must provide coverage for the diagnosis of and treatment for infertility and standard fertility preservation services. For individual and small group plans the federal Department of Health and Human Services (HHS) must determine that these benefits would not require the state to pay the cost for premium increases attributable to the mandate. Coverage is required for large employer health benefit plans issued or renewed on or after January 1, 2023 and individual and small group health benefit plans must implement the coverage within 12 months of HHS making a determination.

*House Bill 22-1269* requires the Commissioner of Insurance (commissioner) in the Division of Insurance (DOI) to oversee individuals offering health care sharing plans or arrangements that serve Colorado residents. Health care sharing plans are faith-based programs which facilitate voluntary sharing

among members for eligible medical expenses. Specifically, members send in monthly 'shares' which are distributed to or on behalf of other members with medical expenses. Under the bill, persons offering the health care sharing plan are required to submit certified information to the commissioner about the plan or arrangement, including:

- the number of current and estimated participants;
- the total amount of funds collected;
- the dollar amount of requests submitted for reimbursement;
- specific counties and other states where the plan or arrangement is offered;
- copies of any marketing materials; and
- contact information for the individual acting as the contact for the plan or arrangement.

The DOI's website must include information about how to file a complaint about a health care sharing plan or arrangement.

*House Bill 22-1284* protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency and non-emergency services from out-of-network providers at in-network facilities by aligning state surprise billing laws with the federal No Surprises Act. The bill specifically:

- prohibits providers and facilities from billing patients an amount above what

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## Health Care and Health Insurance (cont'd)

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they would typically pay for their in-network cost-sharing;

- requires a carrier to disclose to an individual the possible impacts of receiving services from an out-of-network provider or at an out-of-network facility;
- requires the commissioner to convene a working group; and
- establishes that the failure to disclose to consumers the potential effects of receiving emergency or nonemergency services from an out-of-network provider is a deceptive trade practice.

*Senate Bill 22-040* creates a process for DOI to conduct up to six actuarial reviews each year of bills that create a health benefit coverage mandate or reduce or eliminate a coverage mandate. Members of the General Assembly may request a review of a bill draft prior to the start of each legislative session. Two members of the majority party and one member of the minority party in both houses are permitted to request a review. Legislative Council Staff fiscal notes must indicate when a review has been prepared for a bill.

Previous law required the Department of Health Care Policy and Financing (HCPF) to establish a schedule for reviewing Medicaid provider rates so that each provider rate is reviewed at least every five years. HCPF was required to provide the schedule to the Joint Budget Committee (JBC). *Senate Bill 22-236* requires HCPF to develop a three-year review schedule and provide the schedule to both the Medicaid Provider Rate Review Advisory Committee (MMPRAC) and the JBC. The JBC and the MMPRAC may also request out-of-cycle reviews. If a request for an out-of-cycle review cannot be fulfilled, HCPF must inform the MMPRAC or JBC within 30 days after the request is submitted. In addition the MMPRAC is reduced from 24 members to 7 members on August 1, 2023.

### Health Care

Legislators clarified the rules around hospital pricing transparency and an individual's right to reproductive autonomy.

*House Bill 22-1279* creates the Reproductive Health Equity Act which establishes an individual's fundamental right to reproductive autonomy, including the right to use or refuse contraception and the right to continue or terminate a pregnancy. The bill prohibits state and local public entities from denying, restricting, interfering with an individual's right to access contraceptives, refuse to continue a pregnancy, or receive family planning information. The bill also establishes that a fertilized egg, embryo, or fetus does not have rights under state law.

Under federal law, hospitals are required to post standard charges on a publically available website. On or after February 15, 2023, *House Bill 22-1285* prohibits a critical access hospital from pursuing debt collection against a patient if the hospital was not in compliance with hospital price transparency laws when the services were provided. Patients may file suit against the hospital to determine if the hospital was in compliance.

### Prescription Drugs

During the 2022 session the legislature considered three bills related to improving access to prescription drugs.

The United States Drug Enforcement Agency currently classifies 3,4-methylenedioxymethamphetamine (MDMA) as a schedule I controlled substance, meaning it has a high potential for abuse, currently has no accepted medical treatment use in the U.S., and is not accepted as safe for use under medical supervision. Recent studies have suggested



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## Health Care and Health Insurance (cont'd)

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that MDMA could be used to treat post-traumatic stress disorder and could lead to the development of new prescription drugs in the future. [House Bill 22-1344](#) allows prescription drugs containing MDMA to be prescribed, dispensed, transported, possessed, and used in Colorado if approved by the federal Food and Drug Administration, and placed on a schedule other than schedule 1.

Beginning January 1, 2023, [House Bill 22-1370](#) requires health insurance carriers to offer at least 25 percent of their plans on the Colorado health benefit exchange, Connect for Health Colorado, and to use a set dollar amount for co-pays instead of percentage-based coinsurance for all prescription drug cost tiers. Also beginning in 2023, the bill requires HCPF to conduct an annual analysis of the prescription drug rebates received by carriers in the previous calendar year, by carrier and prescription drug tier, and make the analysis available to the public. In 2024 the bill bans health insurance companies from raising the out-of-pocket costs of prescription medications in the middle of a coverage period and prohibits companies from dropping coverage of a medication a patient needs midway through the patients' coverage. Finally, starting in 2024, 100 percent of the estimated rebates and discounts received by carriers are used to reduce policyholder costs.

In 2005, House Bill 05-1130 established Colorado's Prescription Drug Monitoring Program (PDMP) to track all controlled substances prescribed in Colorado to help reduce prescription drug misuse, abuse, and diversion. [Senate Bill 22-027](#) modifies the PDMP to require each licensed prescriber and pharmacist in Colorado to maintain a PDMP user account and for each prescriber to search the PDMP prior to prescribing any opioid or benzodiazepine. Additionally, the Prescription Drug Monitoring Task Force must

evaluate and make recommendations to the Executive Director of the Department of Regulatory Agencies regarding balancing enforcement of the PDMP with its use as a healthcare tool.



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## Public Health

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During the 2022 legislative session, the General Assembly considered numerous bills related to public health, including bills related to service providers and equipment, rare diseases, environmental quality, and data collection.

### Service Providers and Equipment

Under *House Bill 22-1285*, a critical access hospital licensed and certified by the Colorado Department of Public Health and Environment (CDPHE) is prohibited from pursuing a collection action against a patient owing debt if the hospital was not in material compliance with federal hospital price transparency laws on the date that the items or services were provided to the patient. A patient is allowed to file suit to determine if the hospital was out of compliance.

*Senate Bill 22-053* specifies exceptions to a patient's right to private and unrestricted communication with any person for patients of a skill nursing or intermediate care facility. Health care facilities are required to allow patients and residents to have at least one visitor of their choosing and must have written policies and procedures concerning visitation.

*House Bill 22-1199* was a similar measure that did not advance from committee.

*Senate Bill 22-079* requires CDPHE and the Department of Health Care Policy and Financing (HCPF) to promulgate rules requiring nursing homes, assisted living

residences, and adult day care facilities to provide dementia training for staff providing direct care services.

*Senate Bill 22-154* directs the State Board of Health to promulgate rules and specific enforcement actions for assisted living residences related to involuntary discharge notices, the grievance process for residents, education and experience for administrators, and background checks for employees.

*Senate Bill 22-225* requires ambulance operators to be licensed by CDPHE and creates the Emergency Medical Services Sustainability Task Force. It covers requirements for state licensing of ambulance operators as well as local oversight.

*House Bill 22-1251* creates the Office of Sudden Cardiac Arrest Management in CDPHE and authorizes the State Board of Health to promulgate rules related to the work of the office.

*House Bill 22-1352* requires the Division of Homeland Security and Emergency Management in the Department of Public Safety (DPS) to procure and maintain stockpiles of essential materials to be available for distribution after the Governor has declared a disaster emergency. Essential materials include personal protective equipment, ventilators, and any other items the DPS determines are necessary to respond to a disaster emergency. DPS, in consultation with CDPHE, may

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## Public Health (cont'd)

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distribute the essential materials to state agencies, schools, local public health agencies, hospitals, or other health-care providers, or to others in need.

### Rare Diseases

*Senate Bill 22-186* creates the Colorado Rare Disease Advisory Council in CDPHE to study and make recommendations concerning the needs of individuals with rare diseases. The bill outlines the council membership, lists the activities the council must perform, and establishes meeting and reporting requirements for the council.

### Environmental Quality

By May 31, 2023, *House Bill 22-1358* requires that eligible schools, child care centers, and family child care homes, to test drinking water sources by having a state-certified laboratory measure the lead content of water drawn from each drinking water source. The testing must be done in accordance with the latest federal guidance. Results, as well as any remediation plans, must be posted on the facilities website and submitted to the Water Quality Control Commission within 30 days of receipt. The CDPHE must provide training, technical assistance, and funds to help schools and child care facilities comply. The bill provides ways for family child care centers to opt out of the water testing requirements. Certain child care centers and eligible schools are exempt from the bill's requirements.

*House Bill 22-1244* creates a new program in CDPHE to regulate toxic air contaminants based on adverse health effects. Toxic air contaminants (TAC) are defined by the Air Quality Control Commission. An initial list of TAC's must be designated by October 1, 2022.

*Senate Bill 22-193* offers a set of initiatives to address Colorado's air pollution, including

funding for electric school buses and ebikes and a clean air grant program to reduce air pollution from industrial and manufacturing options. Additionally, it creates the Cannabis Resource Optimization Cash Fund, which creates incentives to encourage sustainable practices in cannabis operations. The bill also modifies definitions, reviews form and filling requirements, addresses hearing deadlines, and makes changes to the legislative review process.

Although it did not pass committee, *House Bill 22-1134* was introduced to reduce single-use meal accessories which has been a hot topic for several years. *House Bill 22-1159* creates the Circular Economy Development Center in CDPHE including reporting requirements to create a sustainable circular economy for recycled commodities and compost in Colorado.

*House Bill 22-1355* creates a producer responsibility statewide recycling program and requires the Executive Director of CDPHE to select a nonprofit organization to implement the program. The program must provide recycling services to residences, businesses, schools, hospitality services, government buildings, and public spaces. Producers of packaging materials and paper products will pay annual dues to fund the project.

### Data Collection

Under *House Bill 22-1157*, CDPHE must expand the collection of health data to include certain volunteer demographic information concerning race, ethnicity, disability, sexual orientation, and gender identity. CDPHE must provide direct and technical assistance for entities that collect the data. The bill establishes a data advisory working group to advise the Health Equity Commission in carrying out its duties related to the data collection required by the bill.



## Child & Domestic Matters

During the 2022 legislative session, the General Assembly considered numerous bills related to child & domestic matters. Following is a recap of the major legislation considered in this subject area.

### Dependency and Neglect

A number of bills passed in 2022 that addressed dependency and neglect cases, when a parent is accused of neglecting or abusing a child.

*House Bill 22-1113* requires the Child Welfare Appeals Workgroup to monitor and study changes made to the child welfare appeals system by the Child Welfare Appeals Workgroup in the State Judicial Department. The bill requires the district court to make written orders related to child welfare appeals within 35 days after the hearing.

*House Bill 22-1240* creates the Mandatory Reporter Task Force to analyze best practices and recommend changes to training materials and reporting procedures for people required by law to report child abuse or neglect. The task force operates for two years and must submit a final report on its finding and recommendations on January 1, 2025.

*House Bill 22-1090* clarifies that a child is not neglected when allowed to participate in certain independent activities that a reasonable parent, guardian, or legal custodian would consider safe given the child's maturity, condition, and

abilities. Under previous law, a child is neglected or dependent if the child's environment is injurious to the child's health or welfare.

### Mental and Behavioral Health

Multiple bills passed this legislative session with a focus on the mental and behavioral health of children.

*Senate Bill 22-147* creates in the University of Colorado the Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP). The purpose of CoPPCAP is to support primary care providers in identifying and treating mild to moderate behavioral health conditions in children in primary care practices or school-based health centers. The bill requires the General Assembly to appropriate from the Behavioral Mental Cash Fund to CoPPCAP, the Behavioral Health Care Professional Matching Grant Program, and the School-based Health Center Grant Program.

*House Bill 22-1375* creates the Timothy Montoya Task Force to prevent children from running away from out-of-home placement in the Office of the Child Protection Ombudsman. The Office of the Child Protection Ombudsman must enter into an agreement with an institution of higher education to perform research to support the task force's work. The task force is required to issue a preliminary report by October 1, 2023, and a final report by October 1, 2024.

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## Child & Domestic Matters (cont'd)

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*House Bill 22-1369* directs the Department of Early Childhood to contract with a Colorado-based nonprofit to provide children's mental health programs.

*House Bill 22-1283* implements recommendations of the Behavioral Transformational Task Force concerning youth and family residential care. The bill creates in-home and residential respite care in up to seven regions of the state, provides operations support for psychiatric residential treatment facilities and qualified residential treatment programs for youth, and provides funds to build and staff a neuro-psych facility at the Colorado Mental Health Institute at Fort Logan.

### Early Childhood

The creation of the Department of Early Childhood (DEC) was one of the major changes made in the previous session.

*House Bill 22-1295* establishes powers, functions, and responsibilities of the DEC, the executive director of the department in overseeing and administering early childhood, and family support programs and services. The bill relocates most programs from the Department of Human Services (DHS) and the Department of Education (CDE) to the DEC, effective July 1, 2022. The authority to operate a preschool program transfers July 1, 2023.

### Foster Care

Multiple pieces of legislation were introduced in the previous session regarding children in foster care.

*Senate Bill 22-008* requires all public higher education institutions in Colorado to provide to Colorado resident students who have been in foster care or, in a noncertified kinship care in Colorado at any time on or after reaching the age of 13, financial assistance for the remaining

balance of the student's total cost of attendance in excess of any amount of private, state, or federal financial assistance received by the student. The institutions are required to designate an employee as a liaison to qualifying or prospective qualifying students.

*House Bill 22-1374* creates the Fostering Education Opportunities for Youth in Foster Care program in DHS and modifies Department of Education training. It includes plans for expansion and reporting requirements.

*House Bill 22-1231* creates the Foster Parent Bill of Rights, which creates certain rights for foster parents including training and support, clear expectations, certain court notices, and exceptions for parents who jeopardize the safety of children or youths.

### Legal Matters

There were a number of bills related to the legal matters of youths discussed and passed during the 2022 session

*House Bill 22-1131* changes the minimum age of a juvenile who is subject to the juvenile court's jurisdiction. The bill increases the age for prosecution in juvenile court to 13 except in the case of homicide, which is 10. The bill clarifies juveniles 10, 11, and 12 years of age may be taken into temporary custody. The bill extends certain sentencing limitations currently provided to juveniles 10 or 11 years of age to juveniles who are 13 or 14 years of age.

*House Bill 22-1038* prohibits the waiver of a child's or youth's right to counsel in dependency and neglect proceedings. It also allows a child or youth to be a party in a dependency or neglect proceeding.

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## Child & Domestic Matters (cont'd)

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*House Bill 22-1003* establishes the Delinquency Prevention and Young Offender Intervention Pilot Grant Program in the Division of Criminal Justice within the Department of Public Safety. The program awards two-year grants to local governments, American Indian tribes, and nonprofit organizations to fund projects to reduce crime among youth. The division administers the program while the Juvenile Justice and Delinquency Prevention Council serves as an advisory board for the program. The program is a two-year pilot program.

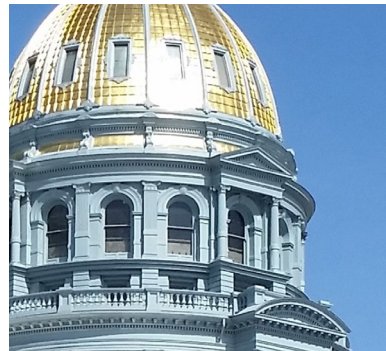
# 2022

Report to the Colorado General Assembly

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## Statewide Health Care Review Committee



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# **Statewide Health Care Review Committee**

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***December 2022***





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*This report is also available online at:*

<http://leg.colorado.gov/committees/statewide-health-care-review-committee/2022-regular-session>



## **Committee Charge**

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Pursuant to Section 10-16-221, Colorado Revised Statutes, the Statewide Health Care Review Committee was created to study health care issues across the state. The committee is authorized to meet two times during each interim, unless additional meetings are authorized by the Executive Committee of the Legislative Council. The two meetings may incorporate field trips. The committee is charged with studying health care issues that affect Colorado residents throughout the state, including the following:

- emerging trends in Colorado health care and their effects on consumers, providers, and payers;
- the ability of consumers to obtain and keep adequate, affordable health insurance coverage;
- the effect of changes in the way health care is delivered and paid for;
- trends in health care coverage rates for individuals, employees, and employers and in reimbursement rates for health care services;
- access to and availability of federal funds and waivers of federal law;
- innovations in health care and health care coverage;
- health care issues that arise in or are unique to rural areas of the state;
- access to timely and quality health care and emergency and nonemergency medical transportation;
- options for addressing the needs of uninsured and underinsured populations;
- issues related to the health care workforce, including network adequacy and the adequacy of access to providers; and
- any other health care issue affecting Colorado residents that the committee deems necessary to study.

The committee is not authorized to request legislation.

## **Committee Activities**

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The committee held one meeting and toured several health care facilities during the 2022 interim. Briefings and presentations were made by the Colorado Health Foundation, the Colorado Department of Public Health and Environment, the Colorado Department of Correction, Lincoln Health, and the Colorado Center for Nursing Excellence on the following topics:

- Pulse Poll;
- Healthy Kids Colorado survey;
- monkeypox outbreak and the state's response;
- Hepatitis C within the Colorado Department of Corrections;
- challenges in rural health care; and
- virtual dementia training.

The following sections discuss the committee's activities during the 2022 interim.

## **Pulse Poll**

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Annually, the Colorado Health Foundation (foundation) conducts the Pulse Poll, which is a public opinion survey of Coloradans on a range of issues. The survey is used to inform policy makers of the citizens' priorities. In April 2022, almost 3,000 Coloradans participated in the poll. Staff from the foundation presented to the committee on the findings of the poll and reported that the cost of living, affordable housing, and environmental concerns were the biggest concerns for the survey respondents.

The Colorado Health Foundation representative stated that concerns about the cost of living and crime have increased, while concern about COVID has fallen and the spread of new COVID variants is rated as the least serious problem facing the state. The Pulse Poll found that eastern plains residents are less concerned about health care costs and mental health, and more concerned about drug and alcohol use. The poll also found that Coloradans have increasingly postponed medical care in the last 12 months and that LGBTQ+ people, uninsured Coloradans, and people living with disabilities are among the most likely to postpone care. Coloradans cited a lack of insurance, fear of racial bias, and financial instability as reasons for postponing care.

The Colorado Health Foundation representative highlighted that mental health is another major issue facing the state. Three in five of the respondents say they experienced mental health strain in the last year and that out-of-pocket costs present the greatest challenge to accessing mental health care regardless of income or insurance type. Making treatment for addiction affordable and connecting people with others who can support them was considered a top priority by the respondents.

## **Healthy Kids Colorado Survey**

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Representatives from the Colorado Department of Public Health and Environment (CDPHE) presented on the Healthy Kids Colorado Survey. This survey is conducted in partnership with the Colorado School of Public Health (CSPH) and is meant to better understand youth health and the factors that help young people in Colorado make healthy choices. During the latest survey, over 68,000 high school students and approximately 38,500 middle school students participated in the survey, which is voluntary, confidential, and anonymous. Topics covered in the survey address:

- protective factors, such as family involvement;
- health behaviors, including substance use, safety, and violence; and
- social-emotional indicators, including suicide and bullying.

The survey found an increase in the percentage of youth who experienced feelings of depression in the past year, and a decrease in the percentage of youth who currently use substances, including alcohol, marijuana, cigarettes, electronic vapor products, and prescription pain medication without a prescription. Overall, youth felt it was harder to access substances than in prior survey years and reported increased perceived risk of harm by the daily use of substances.

The CDPHE representatives discussed how the data is analyzed, including how protective and risk factors vary across demographics. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes, while protective factors are associated with a lower likelihood of negative outcomes. The CSPH found that LGBTQ+ students reported higher risk factors and lower protective risk factors when compared to their straight or cisgender peers. The CDPHE representatives discussed how data related to the intersectionality of gender identity, sexual orientation, and race and ethnicity. The representatives shared data that LGBTQ+ youth of color reported having a trusted adult at significantly lower rates compared to straight, cisgender, white students. LGBTQ+ youth of color also reported that they felt they belonged at their school at significantly lower rates compared to straight, cisgender, white students.

## **Monkeypox Outbreak and the State's Response**

CDPHE representatives presented on the recent monkeypox outbreak and how it was affecting Colorado. The outbreak began in May 2022 and as of September 6, 2022, there were a total of 250 cases reported in Colorado. The CDPHE began to heavily test for monkeypox in early July and by late August there was a reduction of positive lab reports. The CDPHE representatives also presented on the department's strategy for addressing the issue in Colorado, including mitigating spread in communities where transmission has been highest among populations most at risk, increasing provider awareness, engaging and educating high-risk communities, and increasing access to testing and vaccinations.

## **Hepatitis C Within the Colorado Department of Corrections**

A representative from the Colorado Department of Corrections (CDOC) presented on CDOC's response to treating inmates with Hepatitis C. In 2018, the CDOC finalized a settlement with the American Civil Liberties Union of Colorado to spend \$41 million over two years to treat prisoners with Hepatitis C. Since then the department has removed the requirement that inmates undergo drug or alcohol treatment as a precondition of treatment for Hepatitis C and stipulated that treatment will not be refused as a result of any disciplinary violation. The CDOC representative provided the history of Hepatitis C within the CDOC and an overview of the viral course with and without treatment. Presently the CDOC tests all inmates on entry, and intake numbers indicate that roughly 10 percent of entries test positive for the Hepatitis C antibody. This is lower than the estimated 18 percent national average. The CDOC also treats all who enter the department who qualify for treatment.

## **Challenges in Rural Health Care**

A representative from Lincoln Health, which is a rural health system located based in Hugo, presented to the committee on challenges facing rural hospitals. He discussed issues related to maintaining essential services, workforce shortages, and lack of revenue and capital. He also addressed ways the General Assembly could assist with possible solutions to the issues he identified.

**Maintaining essential services.** The representative from Lincoln Health discussed how rural health care facilities have struggled to maintain essential services such as obstetrics, senior services, oncology care, and high-end imaging. Only a small number of providers offer obstetrics care in the eastern plains, and most were more than 100 miles from one another. He noted that nursing homes were rapidly closing due to the high cost of providing care, an aging population, and insufficient reimbursement for services. The Lincoln Health representative recommended using funds from the Office of eHealth and Innovation to assist hospitals in updating their electronic health records to allow for greater connectivity and to allow hospitals to work together to care for patients locally.

**Workforce shortages.** The Lincoln Health representative discussed that the pandemic has resulted in a high number of resignations and staff shortages. He also shared that wages are increasing, making it difficult for rural hospitals to compete with urban wages. The Lincoln Health representative discussed how high school teacher shortages and low wages for community colleges instructors are leading to a lack of health occupation classes in rural communities. He stated that administrative turnover in rural hospitals is at approximately 25 percent a year and further compounds upon the workforce shortages due to a lack of leadership. The Lincoln Health representative suggested that tuition reimbursement would encourage long-term placements of rural providers. He also recommended health occupation and leadership training to alleviate the challenges impacting the workforce.

**Lack of revenue and capital.** The Lincoln Health representative noted that Medicaid changes tend to have a disproportionate impact on small, rural hospitals and that with Rural Support Fund payments ending soon, some hospitals may struggle to effectively transition. He also noted that small hospitals struggle to negotiate with insurance companies due to their smaller volumes and limited services; and that low reimbursement rates make it harder for rural hospitals to maintain a standard of care and keep facilities functioning at a high level. Two solutions the Lincoln Health representative suggested were to convert to a cost-based Medicaid reimbursement for critical access hospitals and to provide additional state grant funding.

## **Virtual Dementia Tour Demonstration**

Colorado Center for Nursing Excellence (CCNE) staff members provided an opportunity for committee members to participate in a virtual dementia tour. The tour provided a simulation of what a person who has mid-stage dementia experiences by temporarily altering the participants' physical and sensory abilities. The virtual dementia tour demonstrates what dementia feels like, how it affects the brain, and how caregivers can provide better care for those living with dementia.

After completing the tour, the committee members and legislative staff who participated in the virtual dementia tour met with CCNE staff to discuss their experiences. The committee members and CCNE staff discussed how the program is funded and provided throughout the state. As part of a federal grant, several center staff members have been trained to deliver the virtual dementia tour, which is an evidence-based product of Second Wind Dreams, a nonprofit that provides educational opportunities to eldercare caregivers and communities. The tour is provided free of cost to agencies across Colorado.

## **Tour of Denver and Aurora Health Facilities**

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**Tepeyac Community Health Center.** The committee toured the future location of Tepeyac Community Health Center (Tepeyac) in the Globeville Elyria-Swansea neighborhood that is currently under construction. Tepeyac offers a model of centralized health care services for those who are medically underserved. A majority of the clinical staff are bicultural and bilingual, and all direct-service clinic providers are proficient or fluent in both Spanish and English. Tepeyac began providing health education services in Denver in 1994, and opened a clinic in 1995. Tepeyac has since undergone moves and expansions to meet the community's growing need. The new clinic will be over three times the size of the current clinic, at more than 24,000 square feet, and will have the capacity to serve approximately 9,600 clients.

Tepeyac currently provides comprehensive primary care, prenatal and postpartum care, lab testing, radiology services, patient education and health promotion, behavioral health care and limited dental care. The new location will be offering this same slate of services, as well as comprehensive dental care, pharmacy services, and expanded services for children and those with behavioral health care needs. The committee was also able to visit Vina Apartments, a housing complex co-located with the clinic serving those with incomes in the 30 percent to 80 percent area median income range.

**Denver Health Refugee Clinic.** The committee visited the Denver Health Refugee Clinic, located at the Lowry Family Health Center, and learned about the clinic and the services offered. The Colorado Refugee Services Program and Colorado Department of Human Services partner with Denver Health to provide a health screening to newly-arrived refugee families and certain individuals seeking asylum. Among other services, the clinic:

- ensures follow-up of specific health conditions identified overseas, including tuberculosis, HIV, and mental health challenges;
- identifies and provides treatment for individuals with communicable diseases of potential public health importance; and
- identifies and provides treatment for health conditions that negatively impact an individual's ability to engage in activities important to successful resettlement, such as job placement, language training, or school attendance.

In addition, the clinic provides health education, as well as education around how to use Medicaid benefits, obtain prescription medications and schedule appointments. Patients are also provided information about available community resources. Clients receiving a screening through the Refugee Medical Screening Program are referred to a local primary care clinic for ongoing health care services.

The committee was also provided detailed information about the services that the clinic provided to the Afghan refugee population.



**Children’s Colorado Health Pavilion.** The committee toured the Children’s Colorado Health Pavilion that opened in 2019. The Health Pavilion offers outpatient primary care, specialty care, dental care, and mental health services. Through a universal psychosocial screening tool delivered to each patient, patients and families seen in the Health Pavilion who indicate unmet social needs, such as accessing regular meals or uninterrupted electricity at home, are referred to the facility’s Resource Connect.

Resource Connect is located in the Health Pavilion where a network of community health navigators and partners provide wrap-around care and support to the Health Pavilion clients. Resource Connect partners include: Adams County Workforce, A Precious Child, Energy Outreach Colorado, Healthy Roots Food Clinic, and Medical Legal Partnership. Children’s Colorado Health Pavilion staff members discussed how Resource Connect was able to continue to provide food resources during the pandemic through a partnership with Aurora Public Schools. They also discussed how the Health Pavilion and Resource Center model is being shared with other health care systems throughout the nation.

## **Tour of Greeley and Evans Health Facilities**

**North Range Behavioral Health.** North Range Behavioral Health is a nonprofit organization, established in 1971, that provides a spectrum of care for people, including children, youth, and families, who are facing mental health and substance use disorder challenges. It is a certified community behavioral health clinic that has 25 locations throughout Weld County. The committee toured two North Range Behavioral Health locations – the Littler Prevention Campus and the Crisis Campus.

*The Littler Prevention Campus.* The Littler Prevention Campus houses both the Family Connects and the Wings Programs. It was named for Representative Kathleen Littler, who was the first woman elected to serve in the General Assembly from Weld County. The committee learned about the Family Connects Programs, which include:

- early childhood mental health consultations, which provide community-based consultations, training, and support services to parents and families;
- Home Instruction for Parents of Preschool Youngsters (HIPPI), which is an early learning and literacy home-visiting program available to families with children aged two to five years old;
- Incredible Years, which is an evidence-based group support for adult caregivers that provides strategies and skills for raising children;
- outpatient therapy, which is traditional office-setting therapy for families who have children birth to age seven and includes evidence-based screenings, assessments, consultations, trauma interventions, psychoeducation, and mental health therapies;
- Parents as Teachers (PAT), which is an evidence-based, home-visitation program that provides screenings and assessments for children up to three-years old to monitor vision, hearing, health, and general development; and

- SafeCare Colorado, which is a parent-support, home-visitation program for families with children aged five and under focused on increasing children’s positive behaviors and identifying and removing common household hazards, as well as educating parents on how to respond to common childhood illnesses and injuries.

The Wings Program is an intensive family-centered treatment facility that serves pregnant women and women with children from zero to five years old. It helps women recover from substance use disorders and promotes family health and self-sufficiency with a whole-family, two-generational approach. The Wings Program provides:

- case management;
- communication and assertiveness classes;
- employment preparation;
- health and prenatal classes;
- life skills classes;
- mindfulness classes;
- parenting skills groups;
- primary pediatric care for children; and
- relationship building workshops.

The committee saw the living space for the clients in the Wings Program, as well as the common spaces. The staff explained the expectations placed on the clients with regard to chores and child-rearing. They also explained how the dietician on staff helps to provide a holistic approach to recovery by providing specific dietary options.

*Crisis Campus.* The committee toured the North Range Behavioral Health Crisis Campus that houses the Crisis Support Services, residential respite facility, and Youth and Family Intensive Services Campus. The committee learned how the three entities work together to provide services to people in need of mental health services.

The North Range Crisis Support Services includes the crisis response team, walk-in center, and mobile response, which are all part of Colorado Crisis Services. The services team provides free, immediate, and confidential help 24 hours a day, seven days a week. The Residential Respite facility is a short-term, peer-run facility for individuals in crisis. It is available to people who are referred from the crisis system; however, children and teens under 18 years of age must be accompanied by a trusted adult. A typical respite stay is three to five days. During their respite stay, clients must develop mental health goals and participate in activities. The Youth and Family Intensive Services Campus provides individual, group, family, and multi-family group therapy. The services provided include:

- case management;
- collaborative safety plans;
- crisis intervention with referrals to ongoing behavioral health care;
- development of coping skills;
- diversion of teens and young adults from inpatient stays;
- life skills training;

- mental health and substance use disorder treatment; and
- psychiatric services.

During the tour, the committee discussed the impact of gangs on youth in the community, the partnerships North Range has developed with schools in the area, and the impact COVID-19 had on providing services, especially in the residential respite facility.

**North Colorado Medical Center.** The committee toured the North Colorado Medical Center, which is part of Banner Health Hospitals, and met with members of the hospital staff. During the tour, the committee saw how the hospital uses telehealth to treat patients in both the intensive care unit, as well as in the emergency department. They discussed their experience with COVID-19 cases and how an increase in local cases indicated another surge was coming to the state. The staff discussed the workforce shortage the hospital is facing, especially the impact traveling nurses have on the hospital's budget and staff morale. They highlighted the moral injury hospital staff is facing, which may be caused by a number of factors including the pandemic, significant increased violence against health care workers, and the workforce shortages.

According to information provided by the North Colorado Medical Center staff, the average hourly rate for core medical-surgical registered nurses in Colorado is about \$40, compared to almost \$90 per hour for traveling medical-surgical registered nurses. They discussed the efforts they have made to address the nursing workforce shortage, including offering apprenticeships; career development support and mentor programs; collaboration with school districts, colleges, and universities; the Nurse Residency Program; and the Wellness in Nursing Program. The staff highlighted the recent successes they have had with the New Nurse Experience Program, which provides a collaborative learning environment for recent nursing graduates to refine their nursing skills, enhance their knowledge, and transition from a new graduate to a fully competent, professional nurse. The committee and staff discussed ways to address the impact traveling nurses have on workforce and health care providers' budgets.

Additionally, the North Colorado Medical Center staff discussed issues related to public guardianship. They said that patients often wait 120 days in the hospital for guardianship after being medically cleared. They explained that patients awaiting guardianships often average \$1,000 in costs per day, which would be avoidable costs if a guardian was available. They staff stated that these costs are not reimbursable, and must be absorbed by the hospital. The committee engaged with the staff on ways to help address issues related to public guardianship.

**Sunrise Monfort Family Health Clinic.** The committee met with staff members of the Sunrise Monfort Family Health Clinic in Evans and toured the clinic. Sunrise Community Health is a federally qualified health center serving northern Colorado from 11 clinic sites in Greeley, Evans, and Loveland. The clinics provide medical, dental, behavioral health, vision, and pharmacy services.

Mitzi Moran, Chief Executive Officer, of Sunrise Community Health discussed the Health Care Cost Analysis Task Force created by House Bill 19-1176. She served as chair of the task force, which was charged with hiring a contract analyst to provide a detailed analysis of the following health care financing systems:

- the current Colorado health care financing system;
- a multi-payer universal health care system in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly and privately funded and also paid for by employer and employee contributions; and
- a publicly financed and privately delivered universal health care system that directly compensates providers.

The task force worked with the Colorado School of Public Health to conduct the analysis. The task force also solicited public feedback. The final report of the task force was issued on September 1, 2021, and can be found here: <https://bit.ly/3RkUx16>. Ms. Moran encouraged to committee to review the report and use the modeling created by the Colorado School of Public Health in future policy making decisions.

The staff members of Sunrise Community Health and North Range Behavioral Health discussed the partnership they have formed. Specifically, they highlighted how the partnership helps avoid competing for the same limited workforce, as well as provides continuity in care and warm hand-offs for clients. During the tour, the Sunrise Community Health staff discussed the impact COVID-19 had on the clinic. They discussed the vaccine clinics they provided to the community, as well as how some of the practices developed during the pandemic, such as drive-up prescription pick-up, benefited their clients and will probably continue for the foreseeable future.



## Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

<https://leg.colorado.gov/content/committees>

### Meeting Date and Topics Discussed

September 8, 2022

- ◆ Presentation on the Pulse Poll by the Colorado Health Foundation
- ◆ Presentation on the Healthy Kids Colorado Survey by the Colorado Department of Public Health and Environment
- ◆ Presentation on Monkeypox by the Colorado Department of Public Health and Environment
- ◆ Virtual Dementia Tour Demonstration
- ◆ Presentation on Hepatitis C Treatments in Colorado Prisons by Colorado Department of Corrections
- ◆ Presentation by Lincoln Health on challenges in rural health care
- ◆ Tepeyac Community Health Center Tour
- ◆ Denver Health Refugee Clinic Tour
- ◆ Children's Colorado Health Pavilion Tour

September 9, 2022

- ◆ North Range Behavioral Health Facilities Tour
- ◆ North Colorado Medical Center Tour
- ◆ Sunrise Monfort Family Health Clinic Tour



## Overview of the Behavioral Health Administration

By Kristine McLaughlin

The health care system frequently distinguishes between physical and behavioral health. Physical health refers to the condition of the body. Behavioral health refers to the condition of cognitive processing systems. Behavioral health services include, among others: individual and group therapy; psychiatric care; assertive community treatment; substance use disorder services; and prevention and early intervention activities.

The Behavioral Health Administration (BHA) was formally established through House Bill 22-1278 as the single entity responsible for coordinating behavioral health services throughout the state. This *issue brief* provides an overview of behavioral health coordination before the BHA, the process of creating the BHA, and the new administration's duties.

### Administration of Behavioral Health Services Prior to House Bill 22-1278

Multiple state agencies have some connection to the behavioral health system. Prior to the passage of HB 22-1278, no one agency was responsible for system-wide coordination. Three primary agencies supported the behavioral health system.

- The Department of Human Services' (DHS) Office of Behavioral Health contracted for safety net behavioral health services, regulated certain providers and facilities, and operated the state's two mental health hospitals. As many of its functions are being transferred to the BHA, it was renamed the Office of Civil and Forensic Mental Health and its core duties will focus on operating the mental health

hospitals and providing forensic mental health services.

- The Department of Health Care Policy and Financing (HCPF) oversees income-based public insurance plans. HCPF covers behavioral health services for most of its enrollees and, as a result, is the largest purchaser of behavioral health services in the state.
- The Department of Public Health and Environment (CDPHE) licenses behavioral health facilities until the BHA assumes that responsibility by July 1, 2023.

### Task Force and BHA Legislation

In April 2019, Governor Jared Polis directed the DHS to form the Colorado Behavioral Health Task Force. The task force's charge included issuing a [report](#) detailing the state of behavioral health in Colorado and a [blueprint](#) for reform.

In response to the task force's findings, the General Assembly passed House Bill 21-1097 directing DHS to develop a plan for the creation of the Behavioral Health Administration (BHA).

In line with the approved plan, House Bill 22-1278 created the BHA to better coordinate behavioral health services across the private and public sectors and among state agencies.

## House Bill 22-1278: Behavioral Health Administration

HB 22-1278 established the BHA in the DHS, under the rulemaking authority of the State Board of Human Services. A governor-appointed commissioner will lead the BHA and may promulgate rules and take other actions to coordinate behavioral health services across the state.

**Transfer of functions.** The BHA will assume:

- most of the programs previously administered by the Office of Behavioral Health;
- the behavioral health licensing responsibilities previously performed by the CDPHE; and
- responsibility for federal behavioral health grants previously received and administered by a variety of state agencies.

**Universal contracting provisions.** To ensure that behavioral health service providers meet BHA standards and participate in data sharing, the BHA, in coordination with stakeholders, must establish universal contracting provisions by July 1, 2023.

**Regional coordination and safety net services.** By July 1, 2024, the BHA must contract with regionally based behavioral health administrative services organizations (BHASOs) to establish, administer, and maintain adequate networks of behavioral health safety net services and care coordination, each under the direction of a regional subcommittee.

Also by that date, and in collaboration with HCPF and the CDPHE, the BHA must establish a behavioral health safety net system to ensure access to services for children, youth, and adults, including proactive engagement of low-income, high behavioral health needs populations.

**Statewide grievance system.** By July 1, 2024, the BHA must create a behavioral health grievance system to address grievances across payers, BHASOs, managed care entities, and providers and publish an annual grievance report. To

facilitate this process, the BHA is required to execute formal data sharing agreements with, at a minimum, HCPF, the CDPHE, and the Child Protection Ombudsman.

**Performance standards and monitoring.** By July 1, 2024, the BHA will develop a set of performance standards for all behavioral health entities. The standards, updated regularly, will seek to coordinate care across all provider types in order to create a safety net system that ensures that all Coloradans can be promptly treated by an appropriate behavioral health provider. These standards will be enforced through updated licensing requirements and an updated universal contract.

After July 1, 2024, the BHA will regularly update the licensing requirements, universal contract, public accountability platform, and performance standards, and take any additional steps necessary to ensure that all Coloradans have access to behavioral health services.

**Reporting requirements.** The BHA is required to submit a report on the [Behavioral Health System Plan](#) beginning October 1, 2022, and as part of its SMART Act hearing in subsequent years.

### Additional Resources

The BHA has a [website](#) that details its current programs and a [newsletter](#) that updates subscribers on any program announcements.

In addition to HB 22-1278, the General Assembly passed several other bills during the 2022 legislative session in response to the task force's findings. A summary of that legislation can be found [here](#).





## Colorado Department of Early Childhood

By Shukria Maktabi

The Colorado Department of Early Childhood (CDEC), Colorado's newest state department, began operations in July 2022 to provide a range of programs and services that support young children, families, and the professionals that serve them. This *issue brief* provides an overview of the CDEC, including its creation, programs and services offered through the department, and budget for FY 2022-23.

### Legislative History

The CDEC was established through [House Bill 21-1304](#) to align state early childhood program delivery and funding streams to develop a more comprehensive childhood system in Colorado. The bill created a working group, comprised of diverse stakeholders and experts in the early childhood space, tasked with developing an implementation plan for the new [state department](#) and a [universal preschool program](#). The group submitted its final recommendations to the Early Childhood Leadership Commission, the Governor, and the Joint Budget Committee in January 2022.

[House Bill 22-1197](#) provided initial departmental funding for hiring leadership and establishing data systems, while [House Bill 22-1295](#) further established operating procedures, authorized rulemaking authority for the executive director, and transferred programs and functions to the new department.

### Rulemaking and Evaluation

Through HB 22-1295, the executive director of the CDEC is authorized to promulgate rules with the support of a 15-member rules advisory council. The council members provide rulemaking

recommendations and are director-appointed to represent the diversity of persons and regions of the state, including a county subcommittee to advise on county issues. The director must provide a written explanation for any decisions that do not follow the council's recommendations. This rulemaking authority repeals September 1, 2024, after a sunset review.

The CDEC is required to contract for an independent evaluation of the department's performance by November 2025. The evaluation includes reviewing the transition of programs from current agencies to the CDEC, whether other programs should be moved to the CDEC, and whether a policy board with rulemaking authority should be created. In addition to an evaluation, the CDEC must report annually on progress made, challenges encountered, and the impact of its programs.

### Programs and Services

Beginning July 1, 2022, the CDEC is responsible for administering the programs and duties that were previously in the Office of Early Childhood in the Department of Human Services, as well as early childhood workforce development programs formerly in the Colorado Department of Education. Beginning in FY 2023-24, the CDEC will administer the newly created Colorado Universal Preschool Program. These programs are summarized below, and a complete list of programs offered by the department can be found on the [CDEC website](#).

**Health and safety programs.** The CDEC administers programs that protect the physical and mental health and safety of children in their early childhood years. These include community-based child abuse prevention programs, substance use programs, early childhood mental health consultations, and nurse home visitation programs. These programs also include support for children with developmental needs.

**Child care oversight.** The CDEC oversees programs that provide resources, tools, and financial assistance for families to access quality child care. The programs include:

- licensing child care facilities in Colorado;
- the Colorado Shines Quality Rating and Improvement System;
- the Colorado Child Care Assistance Program (CCCAP), which provides child care subsidies for families experiencing financial hardship; and
- a variety of grant programs, including quality improvement, facility, and emergency relief grant programs.

**Local coordination.** The CDEC coordinates with and oversees local family resource centers and early childhood councils, which allow families to connect to services within their communities. In addition, HB 22-1295 required that the CDEC select a local coordinating organization in each region of the state to serve as the point of entry for families and providers to access preschool, workforce development, and other early childhood programs and services.

**Early childhood education.** The CDEC oversees early childhood education programs, such as the Head Start program and Early Childhood At-Risk Enhancement program, which prepare the state’s most vulnerable youth for success in school. The department also oversees early childhood evaluations and intervention services.

**Early childhood workforce.** The CDEC oversees the early childhood workforce through the management of the Professional Development

Information System (PDIS) and the credentialing of early childhood educators. The CDEC’s Early Childhood Workforce Development Team supports early childhood educators in their career development.

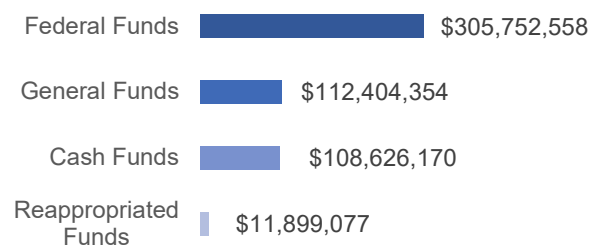
**Universal preschool program.** HB 22-1295 established CDEC oversight of the Colorado Universal Preschool Program, which was originally passed by voters in 2020 through Proposition EE. The program will provide at least ten hours of free preschool care per week for every Colorado child in the year before kindergarten. The bill also lays out provision of preschool for students with disabilities, the process for distributing funding to providers, and program evaluation and reporting. The program begins in Fall 2023 and will be accessed at the local level through the local coordinating organizations in each area of the state.

**Other services.** In addition to administering programs, the CDEC is required to work with local organizations and state and local agencies to collect and analyze data related to early childhood programing and workforce development. These efforts are aimed at expanding the state’s capacity to build a robust early childhood system and an educator workforce to support it.

## Department Funding

For FY 2022-23, the CDEC is appropriated \$538.7 million in total funding to establish the department and carry out its statutory responsibilities. The majority of funds will come from federal funding, as shown in Figure 1.

**Figure 1**  
**FY 2022-23 Appropriated Operating Budget**



Source: [JBC Appropriations Report](#).