

An Act

SENATE BILL 22-181

BY SENATOR(S) Bridges and Simpson, Buckner, Fields, Ginal, Gonzales, Jaquez Lewis, Lee, Moreno, Pettersen, Priola, Rankin, Sonnenberg, Winter, Fenberg;

also REPRESENTATIVE(S) Cutter and Van Beber, Amabile, Bacon, Bernett, Bird, Boesenecker, Caraveo, Duran, Exum, Gonzales-Gutierrez, Herod, Hooton, Jodeh, Kipp, Lindsay, McCluskie, McCormick, Michaelson Jenet, Ricks, Titone, Valdez A., Valdez D., Woodrow, Young.

CONCERNING THE BEHAVIORAL HEALTH ADMINISTRATION'S PLAN TO ADDRESS ISSUES REGARDING THE DELIVERY OF BEHAVIORAL HEALTH-CARE SERVICES IN THIS STATE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. Legislative declaration. (1) The general assembly hereby finds and declares that, to ensure Colorado has a high-quality, trained, culturally responsive, and diverse behavioral health-care provider workforce that delivers improved access to behavioral health-care services, it is the intent of the general assembly to direct the behavioral health administration to create and implement a plan to expand, strengthen, and invest in the behavioral health-care provider workforce that outlines how

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

to:

(a) Promote and recruit new and existing behavioral health-care providers in Colorado;

(b) Create opportunities for behavioral health-care providers to advance in their field;

(c) Increase the number of peer support professionals across the state;

(d) Support rural communities in developing the skills of their residents;

(e) Offer student loan forgiveness programs and student scholarships;

(f) Expand telehealth options; and

(g) Increase flexibility concerning credentialing and licensing reciprocity among states.

(2) The general assembly further finds that the plan implemented by the behavioral health administration must be based on the work of the behavioral health workforce development workgroup as reflected in the December 2021 "Stakeholder Recommendations to Address the Behavioral Workforce Shortage" and the final report of the behavioral health transformational task force.

(3) (a) The general assembly further finds that:

(I) During the COVID-19 pandemic, the need for behavioral health-care services from qualified behavioral health-care providers increased substantially;

(II) During this unprecedented time, Coloradans may have lost access to or encountered decreased access to behavioral health-care and mental health providers;

(III) Since the COVID-19 pandemic began, rates of psychological

distress have increased alongside symptoms of anxiety, depression, and other behavioral and mental health disorders, including substance use disorders; and

(IV) A plan to expand and strengthen the behavioral health-care provider workforce in this state will increase the number of behavioral health-care providers and aid in the control and alleviation of behavioral health issues, including access to care, that were brought on and exacerbated by the COVID-19 pandemic.

(b) The general assembly declares that:

(I) The creation and implementation of a behavioral health-care provider workforce plan and the requirement for the behavioral health administration to take other specific actions designed to expand access to behavioral health care are intended to respond to the negative public health impacts of COVID-19 on the behavioral health-care provider workforce and on the people seeking behavioral health-care services, especially on priority populations;

(II) The plan and other targeted actions required by part 3 of article 60 of title 27, Colorado Revised Statutes, and the activities related to the implementation of the plan are important government services;

(III) The federal government enacted the "American Rescue Plan Act of 2021", Pub.L. 117-2, referred to in this section as the "federal act", to provide support to state, local, and tribal governments in responding to the negative public health impacts of the COVID-19 pandemic; and

(IV) Expanding and strengthening the behavioral health-care provider workforce through the implementation of this act is an appropriate use of the money transferred to Colorado under the federal act.

(4) The general assembly further finds that:

(a) Providing additional funding for scholarships and loan repayment for behavioral health-care providers and licensure candidates will increase the number of behavioral health-care providers necessary to expand access to care by those who suffer from the negative impacts brought on by the COVID-19 pandemic;

(b) Allowing the primary care office to more easily address the growing behavioral health crisis is an important government service; and

(c) Increasing funding to the primary care office for loan repayment and scholarships for behavioral health-care providers is an appropriate use of the money transferred to Colorado under the federal act.

SECTION 2. In Colorado Revised Statutes, **add** part 3 to article 60 of title 27, as follows:

PART 3
BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE

27-60-301. Definitions. AS USED IN THIS PART 3 UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203.

(2) "BEHAVIORAL HEALTH AIDE" OR "AIDE" MEANS AN INDIVIDUAL WHO:

(a) ADDRESSES MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS TO PROMOTE HEALTHY INDIVIDUALS, FAMILIES, AND COMMUNITIES;

(b) DEPENDENT ON THE LEVEL OF CERTIFICATION OF THE INDIVIDUAL, MAY ACT AS A COMMUNITY EDUCATOR AND PROVIDE EXPANDED SERVICES FOR MORE COMPLEX BEHAVIORAL HEALTH NEEDS; AND

(c) IS FAMILIAR WITH STATE AND LOCAL RESOURCES AND CAN PROVIDE REFERRALS AND OTHER ADDITIONAL SERVICES.

(3) "BEHAVIORAL HEALTH PROVIDER" MEANS A RECOVERY COMMUNITY ORGANIZATION AS DEFINED IN SECTION 27-80-126, A RECOVERY SUPPORT SERVICES ORGANIZATION AS DEFINED IN SECTION 27-60-108, OR A LICENSED ORGANIZATION OR PROFESSIONAL THAT PROVIDES DIAGNOSTIC, THERAPEUTIC, OR PSYCHOLOGICAL SERVICES FOR BEHAVIORAL HEALTH CONDITIONS. BEHAVIORAL HEALTH PROVIDERS INCLUDE A RESIDENTIAL CHILD CARE FACILITY, AS DEFINED IN SECTION 26-6-102, AND A FEDERALLY

QUALIFIED HEALTH CENTER AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4).

(4) "COMMUNITY COLLEGE" MEANS A COMMUNITY COLLEGE DESCRIBED IN SECTION 23-60-205 THAT IS GOVERNED BY THE STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDUCATION.

(5) "FUND" MEANS THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 (2)(a).

(6) "INSTITUTION OF HIGHER EDUCATION" MEANS A LOCAL DISTRICT COLLEGE OPERATING PURSUANT TO ARTICLE 71 OF TITLE 23 OR AN INSTITUTION OF HIGHER EDUCATION.

(7) "LEARNING MANAGEMENT SYSTEM" MEANS AN ONLINE TRAINING CURRICULUM DEVELOPED FOR HEALTH-CARE PROVIDERS IN RURAL AND METRO AREAS PURSUANT TO SECTION 27-60-112 (2)(b) TO INCREASE COMPETENCIES IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS THAT WILL SUPPORT A HIGH-QUALITY, TRAINED, CULTURALLY RESPONSIVE, AND DIVERSE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE.

(8) "PEER SUPPORT PROFESSIONAL" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-60-108 (2)(b).

(9) "PLAN" MEANS THE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE PLAN CREATED BY THE BHA PURSUANT TO SECTION 27-60-302.

(10) "PRIORITY POPULATIONS" MEANS:

(a) PEOPLE EXPERIENCING HOMELESSNESS;

(b) PEOPLE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM;

(c) PEOPLE OF COLOR;

(d) AMERICAN INDIANS AND ALASKA NATIVES;

(e) VETERANS;

(f) PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR

QUEER OR QUESTIONING;

(g) OLDER ADULTS;

(h) CHILDREN AND FAMILIES; AND

(i) PEOPLE WITH DISABILITIES, INCLUDING PEOPLE WHO ARE DEAF AND HARD OF HEARING, PEOPLE WHO ARE BLIND OR DEAFBLIND, PEOPLE WITH BRAIN INJURIES, PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND PEOPLE WITH OTHER CO-OCCURRING DISABILITIES.

(11) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS, OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

27-60-302. Behavioral health-care provider workforce plan - expansion - current workforce. (1) ON OR BEFORE SEPTEMBER 1, 2022, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CREATE AND BEGIN TO IMPLEMENT A BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE PLAN TO EXPAND AND STRENGTHEN COLORADO'S BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE TO SERVE CHILDREN, YOUTH, AND ADULTS. IN CREATING THE PLAN, THE BHA SHALL CONSIDER THE STAKEHOLDER RECOMMENDATIONS THAT ADDRESS THE BEHAVIORAL HEALTH WORKFORCE SHORTAGE PUBLISHED BY THE DEPARTMENT IN DECEMBER 2021.

(2) (a) THE PLAN SHALL INCLUDE:

(I) THE DEVELOPMENT AND IMPLEMENTATION OF RECRUITMENT METHODS TO INCREASE AND DIVERSIFY THE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE THROUGH IDENTIFYING THE CULTURAL BARRIERS TO ENTERING THE BEHAVIORAL HEALTH-CARE FIELD AND INCORPORATING THE APPROPRIATE STRATEGIES TO OVERCOME THOSE BARRIERS;

(II) STRATEGIES TO AID PUBLICLY FUNDED BEHAVIORAL HEALTH PROVIDERS IN RETAINING WELL-TRAINED, CLINICAL BEHAVIORAL HEALTH-CARE PROVIDERS AT ALL LEVELS; AND

(III) REGULATORY CHANGES TO REDUCE BARRIERS.

(b) AS PART OF THE PLAN, THE BHA SHALL USE MONEY APPROPRIATED TO THE BHA TO PARTNER WITH ORGANIZATIONS SUCH AS LOCAL, STATE, AND NATIONAL ORGANIZATIONS REPRESENTING PRIORITY POPULATIONS.

(3) (a) THE PLAN SHALL REQUIRE THE BHA TO PARTNER WITH THE DEPARTMENT OF HIGHER EDUCATION TO BETTER PREPARE THE FUTURE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE FOR PUBLIC SECTOR SERVICE, TO DEVELOP PAID JOB SHADOWING AND INTERNSHIP OPPORTUNITIES, AND TO DEVELOP PARTNERSHIPS WITH ORGANIZATIONS THAT CAN OFFER SUCH OPPORTUNITIES.

(b) THE BHA AND THE DEPARTMENT OF HIGHER EDUCATION SHALL PROVIDE INCENTIVES TO INSTITUTIONS OF HIGHER EDUCATION FOR THE PURPOSE OF MARKETING AND PROMOTING BEHAVIORAL HEALTH-CARE EDUCATIONAL PROGRAMS TO STUDENTS AND INCREASING THE NUMBER OF STUDENTS WHO GRADUATE WITH A DEGREE IN A BEHAVIORAL HEALTH-CARE FIELD OF STUDY.

(4) (a) THE PLAN MUST INCLUDE STRATEGIES FOR THE BHA TO WORK WITH COMMUNITY COLLEGES AND OTHER INSTITUTIONS OF HIGHER EDUCATION TO RECRUIT AND DEVELOP THE SKILLS OF RESIDENTS OF RURAL COMMUNITIES AND RESIDENTS OF STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS, AS DEFINED IN SECTION 25-1.5-402 (11), WITH THE GOAL OF EDUCATING THESE RESIDENTS IN BEHAVIORAL HEALTH-CARE FIELDS TO PROVIDE SERVICES FOR CHILDREN, YOUTH, AND ADULTS SO THAT THE RESIDENTS RETURN AND PRACTICE IN THE RURAL AREAS AND OTHER SHORTAGE AREAS.

(b) THE STRATEGIES IMPLEMENTED BY THE BHA IN SUBSECTION (4)(a) OF THIS SECTION SHALL INCLUDE STUDENT LOAN REPAYMENT PROGRAMS AND SCHOLARSHIPS TO INDIVIDUALS WHO ARE COMMITTED TO PROVIDING BEHAVIORAL HEALTH-CARE SERVICES IN RURAL COMMUNITIES AND STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS, AS DEFINED IN SECTION 25-1.5-402 (11), FOR AT LEAST THREE YEARS. THE BHA SHALL COORDINATE AND WORK IN CONJUNCTION WITH THE COLORADO HEALTH SERVICE CORPS TO EXPAND AND INCREASE THE LOAN REPAYMENTS MADE PURSUANT TO SECTION 25-1.5-503.

(5) THE BHA, IN COLLABORATION WITH THE COMMUNITY COLLEGE

SYSTEM, THE DEPARTMENT OF HIGHER EDUCATION, AND THE WORK FORCE DEVELOPMENT COUNCIL CREATED IN SECTION 24-46.3-101, AND INSTITUTIONS OF HIGHER EDUCATION SHALL CREATE A NEW BEHAVIORAL HEALTH-CARE EDUCATIONAL PROGRAM THAT PROVIDES TIERED ADVANCEMENT OPPORTUNITIES FOR BEHAVIORAL HEALTH-CARE PROVIDERS AT ALL LEVELS, FROM ADVANCEMENT FOR INDIVIDUALS IN ENTRY-LEVEL POSITIONS TO INDIVIDUALS WHO HOLD A BACHELOR'S DEGREE.

(6) THE BHA SHALL USE THE MONEY APPROPRIATED BY THE GENERAL ASSEMBLY TO INCREASE THE NUMBER OF PEER SUPPORT PROFESSIONALS ACROSS THE STATE TO ENSURE THAT A PERSON STRUGGLING WITH A MENTAL HEALTH DISORDER OR A SUBSTANCE USE DISORDER WHO IS IN NEED OF ASSISTANCE CAN CONNECT WITH A PEER SUPPORT SPECIALIST WHO HAS HAD SIMILAR EXPERIENCES LIVING WITH A MENTAL HEALTH DISORDER OR A SUBSTANCE USE DISORDER. THE PURPOSE OF THE PEER SUPPORT PROFESSIONAL IS TO HELP PEOPLE ACHIEVE THEIR RECOVERY GOALS THROUGH SHARED UNDERSTANDING, RESPECT, AND EMPOWERMENT. PEER SUPPORT PROFESSIONALS PROVIDE NONCLINICAL SUPPORT SERVICES THAT ALIGN WITH RECOMMENDATIONS FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, INCLUDING ENGAGING INDIVIDUALS IN PEER-TO-PEER RELATIONSHIPS THAT SUPPORT HEALING, PERSONAL GROWTH, LIFE SKILLS DEVELOPMENT, SELF-CARE, AND CRISIS STRATEGY DEVELOPMENT, TO HELP ACHIEVE RECOVERY, WELLNESS, AND LIFE GOALS.

(7) THE BHA SHALL INCLUDE IN THE PLAN THE RECOMMENDATIONS OF THE DIRECTOR OF THE DIVISION OF PROFESSIONS AND OCCUPATIONS PURSUANT TO SECTION 12-20-103 (8).

(8) (a) THE PLAN MUST INCLUDE PROPOSALS TO WORK WITH LOCAL LAW ENFORCEMENT AGENCIES, THE P.O.S.T. BOARD CREATED IN SECTION 24-31-302, A PEACE OFFICER ORGANIZATION, AS DEFINED IN SECTION 24-32-3501, A STATEWIDE ORGANIZATION REPRESENTING PROFESSIONAL FIREFIGHTERS, AND A STATEWIDE ASSOCIATION REPRESENTING EMERGENCY MEDICAL SERVICE PROVIDERS TO:

(I) CROSS-TRAIN CURRENT AND FORMER FIRST RESPONDERS IN BEHAVIORAL HEALTH;

(II) HELP INCREASE CULTURAL COMPETENCIES IN FIRST RESPONDERS

AND LAW ENFORCEMENT; AND

(III) REDUCE THE STIGMA OF RECEIVING MENTAL HEALTH SERVICES.

(b) THE PROPOSALS IMPLEMENTED BY THE BHA PURSUANT TO SUBSECTION (8)(a) OF THIS SECTION MUST INCLUDE STUDENT LOAN REPAYMENT PROGRAMS AND SCHOLARSHIPS FOR CURRENT AND FORMER FIRST RESPONDERS WHO HAVE AT LEAST FIVE YEARS OF FIRST RESPONDER EXPERIENCE AND MENTAL HEALTH PROFESSIONALS WHO ARE COMMITTED TO PROVIDING BEHAVIORAL HEALTH SERVICES IN LOCAL COMMUNITIES TO FIRST RESPONDERS FOR AT LEAST FIVE YEARS.

(c) THE BHA MAY COORDINATE AND WORK IN CONJUNCTION WITH THE COLORADO HEALTH SERVICE CORPS, AS DEFINED IN SECTION 25-1.5-502, TO EXPAND AND INCREASE THE STUDENT LOAN REPAYMENTS MADE PURSUANT TO SECTION 25-1.5-503.

(9) THE PLAN SHALL INCLUDE STRATEGIES TO UTILIZE COLORADO-BASED BEHAVIORAL HEALTH-CARE PROVIDERS TO EXPAND TELEHEALTH CAPACITY AND INFRASTRUCTURE IN ORDER TO PRIORITIZE TIMELY ACCESS TO BEHAVIORAL HEALTH-CARE SERVICES AND ADDRESS SERVICE GAPS.

(10) THROUGH AN INTERAGENCY AGREEMENT, THE BHA SHALL CREATE A PLAN FOR COLLABORATION BETWEEN THE BHA, THE DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT OF EDUCATION, THE DEPARTMENT OF EARLY CHILDHOOD, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT TO RAISE AWARENESS AMONG HEALTH-CARE PROVIDERS AND BEHAVIORAL HEALTH-CARE PROVIDERS CONCERNING THE AVAILABILITY OF OPPORTUNITIES TO INVEST IN AND STRENGTHEN THEIR PROFESSIONAL BEHAVIORAL HEALTH-CARE STAFF.

27-60-303. Behavioral health administration - additional duties - collaboration with other agencies. (1) THE BHA SHALL:

(a) IN COLLABORATION WITH THE DEPARTMENT OF REGULATORY AGENCIES, ESTABLISH WORKFORCE STANDARDS THAT STRENGTHEN THE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE, INCLUDING TELEHEALTH

PROVIDERS, AND INCREASE OPPORTUNITIES FOR PEER SUPPORT PROFESSIONALS AND BEHAVIORAL HEALTH AIDES. IF PRACTICABLE, THE STANDARDS MUST BE ALIGNED WITH NATIONAL STANDARDS AND ADDRESS HEALTH EQUITY; RURAL, FRONTIER, AND URBAN NEEDS; PEDIATRIC CARE; SPECIALTY CARE; AND CARE FOR INDIVIDUALS WITH COMPLEX NEEDS.

(b) PROVIDE AND FUND OPPORTUNITIES FOR TRAINING AND CERTIFICATION WITH STATE, NATIONAL, AND INTERNATIONAL CREDENTIALING ENTITIES;

(c) WORK WITH OTHER STATE AGENCIES TO REDUCE THE ADMINISTRATIVE BURDEN ACROSS AGENCIES TO ENSURE BEHAVIORAL HEALTH-CARE PROVIDERS HAVE ADDITIONAL TIME TO FOCUS ON PATIENT CARE;

(d) COLLABORATE WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO:

(I) FURTHER DEVELOP CURRENT ASSESSMENTS THAT EXIST IN RULES PROMULGATED BY THE STATE BOARD OF HEALTH PURSUANT TO SECTION 25-1.5-404 (1)(a) THAT MEASURE COMMUNITY-LEVEL SHORTAGES OF BEHAVIORAL HEALTH-CARE PROVIDERS WHO PROVIDE SERVICES FOR CHILDREN, YOUTH, AND ADULTS; AND

(II) EXPAND THE COLORADO HEALTH SERVICE CORPS CREATED IN SECTION 25-1.5-503 TO IMPROVE ACCESS TO BEHAVIORAL HEALTH-CARE SERVICES IN COMMUNITIES WHERE WORKFORCE SHORTAGES EXIST BY PROVIDING LOANS TO BEHAVIORAL HEALTH PROVIDERS TO PRACTICE IN THESE COMMUNITIES AND TO WORK WITH PRIORITY POPULATIONS; AND

(e) COLLABORATE WITH THE DEPARTMENT OF HIGHER EDUCATION, THE STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDUCATION CREATED IN SECTION 23-60-104, THE DEPARTMENT OF EDUCATION, THE STATE WORK FORCE DEVELOPMENT COUNCIL CREATED IN SECTION 24-46.3-101, THE DEPARTMENT OF LABOR AND EMPLOYMENT, AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AS APPLICABLE, TO:

(I) UPDATE CAREER PATHWAYS TO ALIGN WITH POSTSECONDARY DEGREE PROGRAMS, WORK-BASED LEARNING PROGRAMS, AND

APPRENTICESHIP PROGRAMS TO ENSURE THAT BEHAVIORAL HEALTH EDUCATION AND TRAINING ARE RESPONSIVE TO THE NEEDS OF THE LABOR MARKET IN ORDER TO PROVIDE BEHAVIORAL HEALTH-CARE SERVICES ACROSS THE CARE CONTINUUM FOR CHILDREN, YOUTH, AND ADULTS;

(II) PREPARE STUDENTS AND CURRENT WORKERS IN THE BEHAVIORAL HEALTH-CARE FIELD WITH THE SKILLS AND CREDENTIALS THEY NEED FOR JOBS AND CAREERS, INCLUDING THROUGH THE USE OF THE DEPARTMENT OF LABOR AND EMPLOYMENT'S WORK-BASED LEARNING PROGRAMS, TO ASSIST WITH IDENTIFYING INDUSTRY-RELEVANT SKILLS, CERTIFICATIONS, AND CREDENTIALS IN THE BEHAVIORAL HEALTH-CARE FIELD;

(III) SECURE FEDERAL FUNDING THAT SUPPORTS TRAINING, EDUCATION, AND APPRENTICESHIPS IN BEHAVIORAL HEALTH-CARE-RELATED OCCUPATIONS;

(IV) ENHANCE AND EXPAND THE DIRECT-CARE WORKFORCE TO PROVIDE BEHAVIORAL HEALTH-CARE SERVICES FOR CHILDREN, YOUTH, AND ADULTS ENROLLED IN PROGRAMS ADMINISTERED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;

(V) ADDRESS LICENSING AND CREDENTIALING PORTABILITY ISSUES THAT AFFECT THE ABILITY OF CHILDREN, YOUTH, AND ADULTS TO ACCESS BEHAVIORAL HEALTH-CARE SERVICES;

(VI) EXPLORE THE REQUIREMENTS THAT MUST BE MET FOR CERTIFIED ADDICTION SPECIALIST AND CERTIFIED ADDICTION TECHNICIAN CLASSES TO BE TAUGHT REMOTELY; AND

(VII) EXPLORE THE FEASIBILITY OF REMOTE SUPERVISORY OBSERVATION FOR EACH BEHAVIORAL HEALTH-CARE FIELD.

(2) (a) THE BHA SHALL USE THE LEARNING MANAGEMENT SYSTEM TO IMPLEMENT A COMPREHENSIVE, COLLABORATIVE, AND CROSS-SYSTEM TRAINING CERTIFICATION AND TRAINING CURRICULUM OF EVIDENCE-BASED TREATMENT AND EVIDENCE-BASED CRIMINAL JUSTICE APPROACHES FOR BEHAVIORAL HEALTH-CARE PROVIDERS WORKING IN PROGRAMS TO OBTAIN A CRIMINAL JUSTICE TREATMENT PROVIDER ENDORSEMENT. THE CURRICULUM SHALL INCLUDE:

(I) TRAINING TO ENSURE CROSS-SYSTEM ALIGNMENT AROUND A PROACTIVE, COORDINATED, AND PRERELEASE CARE PLAN FOR INDIVIDUALS WHO ARE INCARCERATED IN JAIL, PRISON, AND COMMUNITY CORRECTIONS FACILITIES;

(II) SPECIALIZED TRAINING AND SKILLS-BUILDING IN CULTURAL COMPETENCIES AND OTHERWISE CULTURALLY RESPONSIVE APPROACHES TO SUPERVISION AND TREATMENT OF INDIVIDUALS WHO ARE OR WERE IN THE CRIMINAL JUSTICE SYSTEM; AND

(III) SPECIFIC STRATEGIES TO ADDRESS THE RIGHTS AND NEEDS OF CRIME VICTIMS AND THE BEHAVIORAL HEALTH-CARE PROVIDER'S ROLE IN PREVENTING HARM OR INCREASING RISK TO IDENTIFIED CRIME VICTIMS.

(b) FOR THE PURPOSES OF SUBSECTION (2)(a) OF THIS SECTION, THE BHA SHALL ADD RELEVANT CONTENT TO THE CURRICULUM DEVELOPED IN THE LEARNING MANAGEMENT SYSTEM AND SHALL ENSURE THAT THE LEARNING MANAGEMENT SYSTEM IS ACCESSIBLE AND PROMOTED TO ALL CRIMINAL JUSTICE AGENCIES IN THE STATE.

(3) THE BHA SHALL DEVELOP STRATEGIES TO STRENGTHEN COLORADO'S CURRENT BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE. THE STRATEGIES SHALL INCLUDE:

(a) USING THE LEARNING MANAGEMENT SYSTEM TO INCREASE THE CAPACITY OF PROVIDERS TO SUPPORT A CULTURALLY COMPETENT BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE TO PROVIDE SERVICES FOR CHILDREN, YOUTH, AND ADULTS. THIS INCLUDES BUILDING FROM THE STANDARDS AND STATEWIDE CORE COMPETENCIES DEVELOPED PURSUANT TO THE LEARNING MANAGEMENT SYSTEM AND OFFERING ONGOING PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO TRAIN BEHAVIORAL HEALTH-CARE PROVIDERS TO TREAT COMPLEX NEEDS ACROSS THE CONTINUUM OF CARE. IF PRACTICABLE, THE STANDARDS SHALL ALIGN WITH NATIONAL STANDARDS AND SHALL ADDRESS HEALTH EQUITY; RURAL, FRONTIER, AND URBAN NEEDS; PEDIATRIC CARE; SPECIALTY CARE; AND CARE FOR PERSONS WITH COMPLEX NEEDS. THE BHA SHALL USE THE LEARNING MANAGEMENT SYSTEM TO CREATE COURSE WORK TO INCREASE AND IMPROVE COMPETENCIES IN BEHAVIORAL HEALTH CARE.

(b) DEVELOPING METHODS SUPPORTED BY THE BHA, THE

DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT FOR BEHAVIORAL HEALTH PROVIDERS TO ADDRESS BURNOUT; TRAINING; SUPERVISION, INCLUDING THE EXPLORATION OF OPPORTUNITIES FOR BEHAVIORAL HEALTH PROVIDERS TO BE REIMBURSED FOR PROVIDING CLINICAL SUPERVISION; AND CAREER PATHWAYS FOR PROFESSIONAL BEHAVIORAL HEALTH-CARE PROVIDERS.

27-60-304. Reports. (1) IN 2023 AND 2024, THE STATE DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE AN OVERVIEW OF THE BHA'S PROGRESS TOWARD ADDRESSING THE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE SHORTAGE DURING THE HEARINGS HELD PRIOR TO THE REGULAR SESSION OF THE GENERAL ASSEMBLY UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

(2) ON OR BEFORE JANUARY 1, 2023, AND ON OR BEFORE JANUARY 1, 2024, THE COMMUNITY COLLEGE SYSTEM SHALL SUBMIT A REPORT TO THE BHA. AT A MINIMUM, THE REPORT MUST INCLUDE A SUMMARY OF THE BEHAVIORAL HEALTH CAREER PATHWAY AND ITS IMPLEMENTATION, INCLUDING AN ACCOUNTING OF HOW MONEY WAS USED TO EXPAND OR SUPPORT TRAINING, EDUCATION, AND CERTIFICATIONS IN THE BEHAVIORAL HEALTH CAREER PATHWAY TO INCREASE EMPLOYMENT IN THE BEHAVIORAL HEALTH SECTOR.

(3) THE STATE DEPARTMENT, THE BHA, AND ANY PERSON WHO RECEIVES MONEY FROM THE BHA SHALL COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION 24-75-226 (5).

27-60-305. Repeal of part. THIS PART 3 IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.

SECTION 3. In Colorado Revised Statutes, 12-20-103, **add** (8) as follows:

12-20-103. Division of professions and occupations - creation - duties of division and department head - office space - per diem for

board or commission members - review of functions - repeal. (8) ON OR BEFORE SEPTEMBER 1, 2022, THE DIVISION SHALL:

(a) MAKE RECOMMENDATIONS TO EXPAND THE PORTABILITY OF EXISTING CREDENTIALING REQUIREMENTS THROUGH STATUTORY CHANGES, INCLUDING THE ADOPTION OF INTERSTATE COMPACTS IN ORDER TO FACILITATE FOR MENTAL HEALTH AND BEHAVIORAL HEALTH-CARE PROVIDERS THE USE OF TELEHEALTH TO PRACTICE IN MULTIPLE JURISDICTIONS. THE RECOMMENDATIONS SHALL INCLUDE PROPOSALS FOR INCREASING THE AVAILABILITY OF MENTAL HEALTH AND BEHAVIORAL HEALTH-CARE SERVICES IN RURAL, FRONTIER, AND OTHER UNDER-REPRESENTED AREAS OF THE STATE.

(b) PROVIDE THE RECOMMENDATIONS TO THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203 FOR INCLUSION IN THE BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE PLAN CREATED PURSUANT TO SECTION 27-60-302.

(c) THIS SUBSECTION (8) IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.

SECTION 4. In Colorado Revised Statutes, 25-1.5-506, add (4)(d) as follows:

25-1.5-506. Colorado health service corps fund - created - acceptance of grants and donations - annual appropriation from marijuana tax cash fund - repeal. (4) (d) (I) IN ADDITION TO THE APPROPRIATIONS DESCRIBED IN SUBSECTIONS (4)(a) AND (4)(c) OF THIS SECTION, FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWENTY MILLION DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 (2)(a) TO THE PRIMARY CARE OFFICE FOR THE PURPOSES DESCRIBED IN SUBSECTION (4)(a) OF THIS SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY APPROPRIATED FOR A FISCAL YEAR REMAINS AT THE END OF THAT FISCAL YEAR, THE PRIMARY CARE OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

(II) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, PRIMARY CARE OFFICE, AND ANY PERSON WHO RECEIVES MONEY FROM THE PRIMARY CARE OFFICE, INCLUDING EACH RECIPIENT OF LOAN REPAYMENTS

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

(III) THIS SUBSECTION (4)(d) IS REPEALED, EFFECTIVE JANUARY 1, 2025.

SECTION 5. In Colorado Revised Statutes, 27-60-112, amend (2)(b) as follows:

27-60-112. Behavioral health-care workforce development program - creation - rules - report. (2) To implement the program, the office shall:

(b) (I) Develop an online training curriculum for providers in rural and metro areas to increase competencies in mental health and substance use disorders that will support a high-quality, trained, culturally responsive, and diverse behavioral health-care workforce.

(II) THE OFFICE SHALL ALSO:

(A) DEVELOP A PROCESS TO TRACK, STORE, AND CREATE REPORTS CONCERNING THE TRAINING AND CONTINUING EDUCATION IN THE CURRICULUM DEVELOPED PURSUANT TO SUBSECTION (2)(b)(I) OF THIS SECTION AND TO TRACK PROVIDERS' COMPLETION OF IN-PERSON AND VIRTUAL TRAINING OFFERED PURSUANT TO THIS SUBSECTION (2)(b); AND

(B) COLLABORATE WITH CREDENTIALING ENTITIES TO TRACK PEER SUPPORT PROFESSIONALS IN THE STATE.

SECTION 6. Appropriation. (1) For the 2022-23 state fiscal year, \$36,806,984 is appropriated to the department of human services for use by the behavioral health administration. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the department from July 1, 2023, through December 30, 2024, for the same purpose. To implement this act, the administration may use this appropriation as follows:

(a) \$573,306 for program administration, which amount is based on an assumption that the administration will require 3.0 FTE in the 2022-23 state fiscal year and 3.0 FTE in the 2023-24 state fiscal year;

(b) \$9,928,337 for the development and implementation of the behavioral health-care provider workforce plan as specified in section 27-60-302 (2), C.R.S.;

(c) \$2,928,337 for strategies to strengthen the behavioral health-care provider workforce as specified in section 27-60-303 (3), C.R.S.;

(d) \$4,735,319 for the behavioral health-care educational program as specified in section 27-60-302 (5), C.R.S.;

(e) \$5,928,337 to increase the number of peer support professionals across the state as specified in section 27-60-302 (6), C.R.S.;

(f) \$4,928,337 for workforce standards and licensing activities as specified in section 27-60-303 (1), C.R.S.;

(g) \$2,928,337 for the behavioral health-care workforce development program as specified in section 27-60-112 (2), C.R.S.;

(h) \$2,928,337 for the partnership with the department of higher education as specified in section 27-60-302 (3), C.R.S.; and

(i) \$1,928,337 for the implementation of a comprehensive, collaborative, and cross-system training certification and training curriculum for behavioral health-care providers working in programs to obtain a criminal justice treatment provider endorsement as specified in section 27-60-303 (2), C.R.S.

SECTION 7. Appropriation. For the 2022-23 state fiscal year, \$20,000,000 is appropriated to the department of public health and environment for use by the primary care office. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the department from July 1, 2023, through December 30, 2024, for the same

purpose. To implement this act, the office may use this appropriation for the purposes specified in section 25-1.5-506 (4)(a), C.R.S. This appropriation is based on the assumption that the office will require an additional 1.0 FTE in the 2022-23 state fiscal year and 1.0 FTE in the 2023-24 state fiscal year to implement this act.

SECTION 8. Appropriation. (1) For the 2022-23 state fiscal year, \$15,193,018 is appropriated to the department of higher education. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the department from July 1, 2023, through December 30, 2024, for the same purpose. To implement this act, the department may use this appropriation as follows:

(a) \$193,018 for administration, which amount is based on an assumption that the department will require 1.0 FTE in the 2022-23 state fiscal year and 1.0 FTE in the 2023-24 state fiscal year;

(b) \$15,000,000 for the state board for community colleges and occupational education state system community colleges.

SECTION 9. Effective date. This act takes effect July 1, 2022.

SECTION 10. Safety clause. The general assembly hereby finds,

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



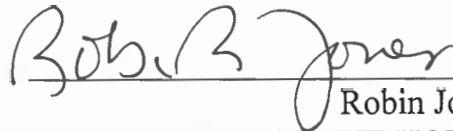
Steve Fenberg
PRESIDENT OF
THE SENATE



Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES



Cindi L. Markwell
SECRETARY OF
THE SENATE



Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED June 8, 2022 at 12:19 pm
(Date and Time)



Jared S. Polis

GOVERNOR OF THE STATE OF COLORADO