

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 20-1304.01 Shelby Ross x4510

HOUSE BILL 20-1411

HOUSE SPONSORSHIP

Michaelson Jenet and Kraft-Tharp,

SENATE SPONSORSHIP

Pettersen,

House Committees

State, Veterans, & Military Affairs
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE ALLOCATION OF MONEY THE STATE RECEIVED FROM**
102 **THE FEDERAL CORONAVIRUS RELIEF FUND FOR BEHAVIORAL**
103 **HEALTH SERVICES.**

Bill Summary

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

The bill appropriates money from the cares subfund in the general fund to the department of human services, the department of public health and environment, the department of higher education, and the department of law for behavioral health programs and services that were not accounted for in the state budget most recently approved as of March 27,

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

2020, and are necessary to respond to the COVID-19 public health emergency. All of the appropriations must be expended on or before December 30, 2020.

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

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

4 (a) On March 27, 2020, the federal government enacted the
5 "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act),
6 Pub.L. 116-136, pursuant to which Colorado received approximately
7 \$1,674,000,000 from the federal coronavirus relief fund to use for
8 necessary expenditures incurred due to the current COVID-19 public
9 health emergency;

10 (b) On May 18, 2020, the Colorado governor issued Executive
11 Order 2020 D 070, transferring \$70,000,000 from the state CARES Act
12 fund to the state general fund for eligible expenditures;

13 (c) The expenditures in this bill are considered an allowable use
14 under the federal CARES Act and are necessary to respond to the
15 COVID-19 public health emergency;

16 (d) The expenditures in this bill were not accounted for in the
17 Colorado state budget most recently approved as of March 27, 2020, and
18 all of the expenses will be incurred on or before December 30, 2020; and

19 (e) Any state department that receives expenditures in this bill for
20 community programs and services shall:

21 (I) Distribute funding in a manner that utilizes existing
22 infrastructure and contracts in the most expedited way possible; and

23 (II) Consider the needs of underserved populations and
24 communities, including African-American communities, indigenous

1 communities, and other communities of people of color.

2 (2) The general assembly further finds and declares that:

3 (a) Due to the unanticipated effects of COVID-19, many
4 treatment providers are unable to admit new patients because of the
5 limited availability of testing and limited space for quarantine and
6 infection control practices. During April 2020, in a national study, more
7 than one-third of behavioral health care appointments were cancelled,
8 rescheduled, or patients were turned away and 62% of behavioral health
9 organizations have had to close at least one program due to COVID-19.
10 Additionally, for all substance use disorder treatment and recovery
11 providers, the need to expand and adjust services has introduced new
12 expenses to achieve those changes. Due to social distancing and isolation
13 requirements and other COVID-19 related issues, further funding focused
14 on sustainability of services is needed to meet the challenges to ensure
15 that programs are able to remain operational.

16 (b) The need for behavioral health services are compounded by
17 the challenges associated with COVID-19 and the more than half a
18 million individuals who have filed for unemployment. Community mental
19 health centers (CMHCs) continue to shift resources to respond to rapidly
20 changing behavioral health needs, including the impacts of extended
21 social isolation and the emerging economic hardships. CMHCs in
22 Colorado have continued to remain open and operational throughout the
23 stages of the COVID-19 related closures. Many CMHCs operate facilities
24 24 hours a day, 7 days a week, as well as provide emergency services and
25 other critical services, such as injectable medications and other pharmacy
26 needs.

27 (c) Given the increase in substance use resulting from COVID-19,

1 substance use brief intervention services are necessary to help individuals
2 examine their relationship with substances prior to the development of a
3 substance use disorder. These services help support individuals who do
4 not have a current need for full treatment admission but need a few
5 sessions to support positive outcomes.


6 (d) There are school-based clinicians and prevention specialists
7 at every CMHC across Colorado who have been cut off from students
8 since mid-March due to COVID-19. Teachers are reporting an increased
9 need for mental health support for students struggling with schooling at
10 home. In addition, since teachers and social workers cannot be physically
11 present with students, more active mental health services and check-ins
12 may be necessary to support students' well-being and identify potential
13 abuse and neglect at home. With the uncertainty of when schools will
14 reopen this fall and whether summer programs for youth will be available
15 this summer, it is more important than ever that CMHCs receive funding
16 for the technology and tools needed to reach students and their families
17 in community settings.

18 (e) Co-responder programs have experienced unique challenges
19 related to the COVID-19 pandemic. Health care providers and agencies
20 have shifted services to virtual technology, where possible. Primary
21 responses in some areas have decreased, while most co-responder
22 programs have indicated that secondary responses have increased.
23 Co-responder programs that pair law enforcement officials with clinicians
24 in the same patrol car have incurred increased expenses as clinicians have
25 used their own vehicles to respond due to a desire to maintain social
26 distancing and to avoid transmission of COVID-19 between co-responder
27 teams. This practice is based on information from New York, which

1 experienced high contagion rates between co-responder teams.
2 Co-responder programs have added case management support during the
3 COVID-19 pandemic and have incurred unexpected costs associated with
4 client supports, virtual technology infrastructure, personal protective
5 equipment, cleaning supplies, and staffing.

6 (f) Since the beginning of the COVID-19 pandemic, the Colorado
7 crisis hotline has seen a roughly 30% increase in average monthly calls,
8 or an average of more than 20,000 calls per month, which is the hotline's
9 highest volume of calls per month since the hotline's launch in August
10 2014. Given this increase in volume, funding is needed to meet immediate
11 staffing needs for Colorado crisis services.

12 (g) Due to COVID-19, increased housing instability has been
13 coupled with higher rates of relapse from substance use, leading to an
14 unexpected greater need for recovery residences and sober housing.
15 Transitional housing for individuals leaving residential treatment,
16 hospitalization, or the criminal justice system is immediately needed to
17 prevent homelessness.

18 
19 (h) The mental health crisis among adolescents experiencing, or
20 who know someone experiencing, mental health or substance use
21 disorders is growing at an alarming rate, especially in light of COVID-19.
22 Educators are on the frontlines of this mental health crisis and they need
23 to be equipped with the skills and knowledge necessary to meet new
24 mental health dynamics this fall. Even before the current crisis, the need
25 for mental health education was growing in Colorado because of higher
26 rates of mental illness and suicide. CMHCs will utilize mental health first
27 aid Colorado instructors, school-based clinicians, and the continuum of

1 providers to assist educators and school personnel with needed support as
2 they transition to new learning modalities and ways to stay connected to
3 peers and students who will inevitably have challenges with social
4 isolation and new family dynamics as a result of loss of work, changing
5 the needs of the household and individual trauma due to COVID-19.

6 (i) Some communities nationwide are already witnessing an
7 increase in the rate of overdose deaths since the onset of the COVID-19
8 pandemic. In 2019, Colorado experienced an unprecedented 1,062 drug
9 overdose deaths, and fentanyl overdoses doubled between 2018 and 2019.
10 The economic, mental, financial, and social stress coupled with changes
11 in the drug supply put individuals at higher risk for relapse and overdose.
12 People recovering from COVID-19 may have diminished lung capacity,
13 increasing their risk for overdose. In addition, because of social isolation
14 and social distancing, there may be fewer bystanders of overdose. The
15 availability of naloxone is even more urgent because of these risk factors
16 during the COVID-19 pandemic.

17 (j) Since the beginning of the COVID-19 pandemic, Colorado's
18 62 school-based health centers have transitioned to mostly delivering
19 services through telehealth for primary care and behavioral health care,
20 which encompasses mental health and substance use interventions,
21 screening, and referral services. School-based health centers serve
22 communities with the highest needs, including low-income, medicaid, and
23 uninsured populations. These populations became even more vulnerable
24 during the pandemic due to economic insecurity and greater exposure to
25 COVID-19. Children and adolescents in Colorado already face a high risk
26 for suicide, vaping, anxiety, and depression, and the disruption and
27 isolation that have occurred in response to COVID-19 has increased these

1 risks. Because of this, it is even more critical for youth to receive
2 behavioral health supports through telehealth from a school-based health
3 center provider.

4 (k) As guidance for treatment of substance use has rapidly
5 changed in response to COVID-19, education is key to ensure providers
6 and clinicians understand telehealth, federal and state guidance, billing,
7 and best practices in management of chronic pain and prescribing of
8 opioids for at-risk patients. Currently, weekly virtual provider education
9 sessions are offered on a range of timely topics and additional funding is
10 necessary to expand these provider education sessions to more specialities
11 and topic areas.

12 (l) According to a national study, only 62.1% of behavioral health
13 organizations believe they can only survive financially for 3 months or
14 less under the current COVID-19 conditions. Since the start of
15 COVID-19, invoices have increased 30% for the center for research,
16 which provides grant writing assistance to small organizations with
17 limited capacity due to the number of COVID-19 related federal and state
18 grant applications and heightened financial need. With staff stretched
19 even more thin due to COVID-19, grant writing assistance is necessary
20 to respond to short deadlines and keep organizations informed of new
21 federal opportunities, bringing more federal funds to the state.

22 (m) The medication assisted treatment expansion pilot program
23 (pilot program) is available to provide grants to community agencies,
24 office-based practices, behavioral health organizations, and substance use
25 treatment organizations practicing or providing treatment. The COVID-19
26 response is necessitating costly adjustments for the continuation of the
27 delivery of medicaid assisted treatment to clients in the pilot program,

1 including the need for personal protective equipment and disposable
2 mobile phones to engage patients through telehealth, increased costs for
3 personnel for follow-up visits and check-in calls to patients, increased
4 laboratory costs due to the inability to provide in-office drug testing, and
5 increased medication costs for patients who lost insurance coverage.

6 (n) The safe2tell program extends beyond the school and provides
7 students and the community with the means to relay information
8 anonymously concerning unsafe, potentially harmful, dangerous, violent,
9 or criminal activities, or the threat of these activities, to appropriate law
10 enforcement and public safety agencies and school officials. The
11 stay-at-home public health order resulted in the closure of schools, which
12 took away school support systems for students of all ages, which can lead
13 to increased stress and depression for students. In addition, with students
14 at home more often, they are more at risk for abuse. Whether or not
15 students can expect to attend school in person next year, anxieties among
16 students is expected to be high as students adjust to a new normal.
17 Continued isolation will likely have a negative impact on mental health
18 and potential increase in drug use.

19 (o) COVID-19 is disproportionately impacting Colorado's
20 African-American and Latino communities. Latinos account for 35% of
21 all positive COVID-19 cases, though they make up less than 22% of
22 Colorado's population. Likewise, African Americans account for 7.6% of
23 positive COVID-19 cases, but make up less than 4% of Colorado's
24 population. Ethnic and racial minorities tend to face greater exposure to
25 racism, discrimination, violence, and poverty, which can influence their
26 mental health. These challenges are often coupled with poor access to
27 mental health care and culturally-based stigma around mental health.

1 African-American and Latino individuals fall behind when it comes to
2 receiving help from a professional. A total of 7.3% of African Americans
3 and 8.4% of Latinos receive support for mental health concerns compared
4 to 13% of white Coloradans.

5 **SECTION 2. Appropriation.** (1) (a) For the 2019-20 state fiscal
6 year, the following amounts are appropriated to the department of human
7 services for use by the office of behavioral health. The appropriations are
8 from the care subfund in the general fund. The office may use the
9 appropriations for the following purposes:

10 (I) \$3,530,000 directed to the managed service organizations for
11 substance use disorder treatment and recovery providers for unanticipated
12 expenses related to COVID-19;

13 (II) \$3,250,000 for community mental health centers for
14 unanticipated expenses related to COVID-19;

15 (III) \$500,000 directed to the managed service organizations for
16 substance use screening, brief intervention services, referral to treatment,
17 training, and supports;

18 (IV) \$2,000,000 for services provided to school-aged children and
19 parents by community mental health center school-based clinicians and
20 prevention specialists; and

21 (V) \$3,800,000 for co-responder programs; Colorado crisis system
22 services; housing assistance, including recovery residences and
23 momentum and transition specialist programs; and treatment for rural
24 communities.

25 (b) Any money appropriated in this subsection (1) not expended
26 prior to July 1, 2020, is further appropriated to the department of human
27 services for use by the office of behavioral health for the period from July

1 1, 2020, through December 30, 2020, for the same purpose.

2 (2) For the 2019-20 state fiscal year, \$250,000 is appropriated to
3 the department of public health and environment. This appropriation is
4 from the care subfund in the general fund. The office may use this
5 appropriation for allocation to mental health first aid for in-person and
6 virtual trainings. Any money appropriated in this subsection (2) not
7 expended prior to July 1, 2020, is further appropriated to the department
8 of public health and environment for the period from July 1, 2020,
9 through December 30, 2020, for the same purpose.

10 (3) For the 2019-20 state fiscal year, \$1,150,000 is appropriated
11 to the department of public health and environment. The appropriation is
12 from the care subfund in the general fund. The department may use this
13 appropriation for the opiate antagonist bulk purchase fund, created in
14 section 25-1.5-115, C.R.S., and school-based health centers, as defined
15 in section 25-20.5-502 (1), C.R.S. Any money appropriated in this
16 subsection (3) not expended prior to July 1, 2020, is further appropriated
17 to the department of public health and environment for the period from
18 July 1, 2020, through December 30, 2020, for the same purpose.

19 (4) For the 2019-20 state fiscal year, \$600,000 is appropriated to
20 the department of higher education for use by the regents of the university
21 of Colorado. The appropriation is from the care subfund in the general
22 fund. The regents may use this appropriation for allocation to the center
23 for research into substance use disorder prevention, treatment, and
24 recovery support strategies for education for health care professionals,
25 grant writing assistance, and personal protective equipment and telehealth
26 supplies for the medication-assisted treatment expansion pilot program
27 created in section 23-21-804, C.R.S. Any money appropriated in this

1 subsection (4) not expended prior to July 1, 2020, is further appropriated
2 to the department of higher education for use by the regents of the
3 university of Colorado for the period from July 1, 2020, through
4 December 30, 2020, for the same purpose.

5 (5) For the 2019-20 state fiscal year, \$120,000 is appropriated to
6 the department of law. The appropriation is from the care subfund in the
7 general fund. The department may use this appropriation for the safe2tell
8 program created in section 24-31-606, C.R.S. Any money appropriated
9 in this subsection (5) not expended prior to July 1, 2020, is further
10 appropriated to the department of law for the period from July 1, 2020,
11 through December 30, 2020, for the same purpose.

12 **SECTION 3. Safety clause.** The general assembly hereby finds,
13 determines, and declares that this act is necessary for the immediate
14 preservation of the public peace, health, or safety.