

Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0817.02 Kristen Forrestal x4217

SENATE BILL 22-181

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SENATE SPONSORSHIP

Bridges and Simpson,

HOUSE SPONSORSHIP

Cutter and Van Beber,

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Senate Committees  
Health & Human Services

House Committees

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A BILL FOR AN ACT

101 CONCERNING THE BEHAVIORAL HEALTH ADMINISTRATION'S PLAN TO  
102 ADDRESS ISSUES REGARDING THE DELIVERY OF BEHAVIORAL  
103 HEALTH-CARE SERVICES IN THIS STATE.

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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 requires the behavioral health administration (BHA) in the department of human services (department) to create and implement a behavioral health-care provider workforce plan on or before September 1, 2022.

The plan is required to:

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.

- Include recruitment methods to increase and diversify the behavioral health-care provider workforce;
- 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 learning facilities and training centers;
- Include strategies for the BHA to work with community colleges and other institutions of higher education to recruit residents of health professional shortage areas, with the goal of educating these individuals in behavioral health-care fields so that they will return to practice in areas of need;
- In collaboration with institutions of higher education, including the community college system, create a new program to help behavioral health-care providers advance in their respective fields;
- Require the BHA to expand the peer support professional workforce; and
- Through an interagency agreement with other state agencies, raise awareness among health-care providers concerning opportunities to invest in and strengthen their behavioral health-care staff.

The bill requires the division of professions and occupations in the department of regulatory agencies (DORA) to make recommendations to expand the portability of existing credentialing requirements and behavioral health-care practice through telehealth.

The bill requires the BHA to:

- In collaboration with DORA, establish workforce standards that strengthen the behavioral health-care provider workforce and increase opportunities for unlicensed behavioral health-care providers;
- 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;
- Collaborate with other state agencies on behavioral health-care issues;
- Use the learning management system to develop and 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; and

- Develop methods to strengthen Colorado's current behavioral health-care provider workforce.

The department is required to provide 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".

From the behavioral and mental health cash fund, the general assembly shall appropriate:

- \$52 million to the BHA for the purposes outlined in the bill; and
- \$20 million to the Colorado health services corps fund to provide student loan repayment for behavioral health-care providers and candidates for licensure and to award scholarships to addiction counselors.

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

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

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

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

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

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

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

3 (f) Expand telehealth options; and

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

6 (2) (a) The general assembly further finds that:

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

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

13 (III) Since the COVID-19 pandemic began, rates of psychological  
14 distress have increased alongside symptoms of anxiety, depression, and  
15 other behavioral and mental health disorders, including substance use  
16 disorders; and

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

22 (b) The general assembly declares that:

23 (I) The creation and implementation of a behavioral health-care  
24 provider workforce plan and the requirement for the behavioral health  
25 administration to take other specific actions designed to expand access to  
26 behavioral health care are intended to respond to the negative public  
27 health impacts of COVID-19 on the behavioral health-care provider

1 workforce and on the people seeking behavioral health-care services,  
2 especially on priority populations;

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

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

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

14 (3) The general assembly further finds that:

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

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

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

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

1 PART 3

2 BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE

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

5 (1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
6 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
7 27-60-203.

8 (2) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS A  
9 LICENSED BEHAVIORAL HEALTH ENTITY APPROVED BY THE BEHAVIORAL  
10 HEALTH ADMINISTRATION TO PROVIDE THE FOLLOWING BEHAVIORAL  
11 HEALTH SAFETY NET SERVICES, EITHER DIRECTLY OR THROUGH FORMAL  
12 AGREEMENTS WITH BEHAVIORAL HEALTH PROVIDERS IN THE COMMUNITY  
13 OR REGION:

14 (a) EMERGENCY AND CRISIS BEHAVIORAL HEALTH SERVICES;

15 (b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;

16 (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;

17 (d) CLINICAL CASE MANAGEMENT;

18 (e) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;

19 (f) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;

20 (g) CARE COORDINATION; AND

21 (h) OUTPATIENT COMPETENCY RESTORATION.

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

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

27 (5) "INSTITUTION OF HIGHER EDUCATION" MEANS A LOCAL

1 DISTRICT COLLEGE OPERATING PURSUANT TO ARTICLE 71 OF TITLE 23 OR  
2 A STATE INSTITUTION OF HIGHER EDUCATION AS DEFINED IN SECTION  
3 23-18-102 (10)(a).

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

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

13 (8) "PLAN" MEANS THE BEHAVIORAL HEALTH-CARE PROVIDER  
14 WORKFORCE PLAN CREATED BY THE BHA PURSUANT TO SECTION  
15 27-60-302.

16 (9) "PRIORITY POPULATIONS" MEANS:

17 (a) PEOPLE EXPERIENCING HOMELESSNESS;

18 (b) PEOPLE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM;

19 (c) PEOPLE OF COLOR;

20 (d) AMERICAN INDIANS AND ALASKA NATIVES;

21 (e) VETERANS;

22 (f) PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR  
23 QUEER OR QUESTIONING;

24 (g) OLDER ADULTS;

25 (h) CHILDREN AND FAMILIES; AND

26 (i) PEOPLE WITH DISABILITIES, INCLUDING PEOPLE WHO ARE DEAF  
27 AND HARD OF HEARING, PEOPLE WHO ARE BLIND OR DEAFBLIND, PEOPLE

1 WITH BRAIN INJURIES, PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL  
2 DISABILITIES, AND PEOPLE WITH OTHER CO-OCCURRING DISABILITIES.

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

8 **27-60-302. Behavioral health-care provider workforce plan -**  
9 **expansion - current workforce.** (1) ON OR BEFORE SEPTEMBER 1, 2022,  
10 THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CREATE AND BEGIN TO  
11 IMPLEMENT A BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE PLAN TO  
12 EXPAND AND STRENGTHEN COLORADO'S BEHAVIORAL HEALTH-CARE  
13 PROVIDER WORKFORCE TO SERVE CHILDREN, YOUTH, AND ADULTS.

14 (2) (a) THE PLAN SHALL INCLUDE:

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

20 (II) STRATEGIES TO AID PUBLICLY FUNDED BEHAVIORAL HEALTH  
21 SAFETY NET PROVIDERS IN RETAINING WELL-TRAINED, CLINICAL  
22 BEHAVIORAL HEALTH-CARE PROVIDERS AT ALL LEVELS.

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

27 (3) (a) THE PLAN SHALL REQUIRE THE BHA TO PARTNER WITH THE



1 DEPARTMENT OF HIGHER EDUCATION TO BETTER PREPARE THE FUTURE  
2 BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE FOR PUBLIC SECTOR  
3 SERVICE, TO DEVELOP PAID JOB SHADOWING AND INTERNSHIP  
4 OPPORTUNITIES, AND TO DEVELOP PARTNERSHIPS WITH ORGANIZATIONS  
5 THAT CAN OFFER SUCH OPPORTUNITIES.

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

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

21 (b) THE STRATEGIES IMPLEMENTED BY THE BHA IN SUBSECTION  
22 (4)(a) OF THIS SECTION SHALL INCLUDE STUDENT LOAN REPAYMENT  
23 PROGRAMS AND SCHOLARSHIPS TO INDIVIDUALS WHO ARE COMMITTED TO  
24 PROVIDING BEHAVIORAL HEALTH-CARE SERVICES IN RURAL COMMUNITIES  
25 AND STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS, AS  
26 DEFINED IN SECTION 25-1.5-402 (11), FOR AT LEAST THREE YEARS. THE  
27 BHA SHALL COORDINATE AND WORK IN CONJUNCTION WITH THE

1 COLORADO HEALTH SERVICE CORPS TO EXPAND AND INCREASE THE LOAN  
2 REPAYMENTS MADE PURSUANT TO SECTION 25-1.5-503.

3 (5) IN DIRECT COLLABORATION WITH INSTITUTIONS OF HIGHER  
4 EDUCATION AND THE COMMUNITY COLLEGE SYSTEM, THE BHA SHALL  
5 CREATE A NEW BEHAVIORAL HEALTH-CARE EDUCATIONAL PROGRAM THAT  
6 PROVIDES TIERED ADVANCEMENT OPPORTUNITIES FOR BEHAVIORAL  
7 HEALTH-CARE PROVIDERS AT ALL LEVELS, FROM ADVANCEMENT FOR  
8 INDIVIDUALS IN ENTRY-LEVEL POSITIONS TO INDIVIDUALS WHO HOLD A  
9 BACHELOR'S DEGREE.

10 (6) THE PLAN SHALL REQUIRE THE BHA TO INCREASE THE  
11 NUMBER OF PEER SUPPORT PROFESSIONALS ACROSS THE STATE TO ENSURE  
12 THAT A PERSON STRUGGLING WITH A SUBSTANCE USE DISORDER WHO IS IN  
13 NEED OF ASSISTANCE CAN CONNECT WITH A PEER SUPPORT SPECIALIST  
14 WHO HAS HAD SIMILAR EXPERIENCES LIVING WITH A MENTAL HEALTH  
15 DISORDER OR A SUBSTANCE USE DISORDER. THE PURPOSE OF THE PEER  
16 SUPPORT PROFESSIONAL IS TO SERVE AS A PERSONAL GUIDE TO OTHERS  
17 SEEKING TO INITIATE AND MAINTAIN RECOVERY BY WORKING TO REMOVE  
18 BARRIERS AND OBSTACLES TO THEIR RECOVERY AND TO LINK PEOPLE TO  
19 SERVICES AS THEY EXPERIENCE CARE AND RECOVERY AND TRANSITION  
20 BACK INTO THEIR COMMUNITY.

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

24 (8) THE PLAN SHALL INCLUDE STRATEGIES TO UTILIZE  
25 COLORADO-BASED BEHAVIORAL HEALTH-CARE PROVIDERS TO EXPAND  
26 TELEHEALTH IN ORDER TO PRIORITIZE TIMELY ACCESS TO BEHAVIORAL  
27 HEALTH-CARE SERVICES.

1 (9) THROUGH AN INTERAGENCY AGREEMENT, THE BHA SHALL  
2 CREATE A PLAN FOR COLLABORATION BETWEEN THE BHA, THE  
3 DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC  
4 HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY  
5 AND FINANCING, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT TO  
6 RAISE AWARENESS AMONG HEALTH-CARE PROVIDERS AND BEHAVIORAL  
7 HEALTH-CARE PROVIDERS CONCERNING THE AVAILABILITY OF  
8 OPPORTUNITIES TO INVEST IN AND STRENGTHEN THEIR PROFESSIONAL  
9 BEHAVIORAL HEALTH-CARE STAFF.

10 **27-60-303. Behavioral health administration - additional**  
11 **duties - collaboration with other agencies.** (1) THE BHA SHALL:

12 (a) IN COLLABORATION WITH THE DEPARTMENT OF REGULATORY  
13 AGENCIES, ESTABLISH WORKFORCE STANDARDS THAT STRENGTHEN THE  
14 BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE AND INCREASE  
15 OPPORTUNITIES FOR UNLICENSED BEHAVIORAL HEALTH-CARE PROVIDERS.  
16 IF PRACTICABLE, THE STANDARDS MUST BE ALIGNED WITH NATIONAL  
17 STANDARDS AND ADDRESS HEALTH EQUITY; RURAL, FRONTIER, AND  
18 URBAN NEEDS; PEDIATRIC CARE; SPECIALTY CARE; AND CARE FOR  
19 INDIVIDUALS WITH COMPLEX NEEDS.

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

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

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

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

6 (II) EXPAND THE COLORADO HEALTH SERVICE CORPS CREATED IN  
7 SECTION 25-1.5-503 TO IMPROVE ACCESS TO BEHAVIORAL HEALTH-CARE  
8 SERVICES IN COMMUNITIES AND FOR PRIORITY POPULATIONS WHERE  
9 WORKFORCE SHORTAGES EXIST BY PROVIDING INCENTIVES TO  
10 BEHAVIORAL HEALTH-CARE PROVIDERS TO PRACTICE IN THOSE  
11 COMMUNITIES THROUGH THE REPAYMENT OF STUDENT LOANS; AND

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

19 (I) UPDATE CAREER PATHWAYS TO ALIGN WITH POSTSECONDARY  
20 DEGREE PROGRAMS, WORK-BASED LEARNING PROGRAMS, AND  
21 APPRENTICESHIP PROGRAMS TO ENSURE THAT BEHAVIORAL HEALTH  
22 EDUCATION AND TRAINING ARE RESPONSIVE TO THE NEEDS OF THE LABOR  
23 MARKET IN ORDER TO PROVIDE BEHAVIORAL HEALTH-CARE SERVICES  
24 ACROSS THE CARE CONTINUUM FOR CHILDREN, YOUTH, AND ADULTS;

25 (II) PREPARE STUDENTS AND CURRENT WORKERS IN THE  
26 BEHAVIORAL HEALTH-CARE FIELD WITH THE SKILLS AND CREDENTIALS  
27 THEY NEED FOR JOBS AND CAREERS, INCLUDING THROUGH THE USE OF THE

1 DEPARTMENT OF LABOR AND EMPLOYMENT'S WORK-BASED LEARNING  
2 PROGRAMS, TO ASSIST WITH IDENTIFYING INDUSTRY-RELEVANT SKILLS,  
3 CERTIFICATIONS, AND CREDENTIALS IN THE BEHAVIORAL HEALTH-CARE  
4 FIELD;

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

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

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

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

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

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

27 (I) TRAINING TO ENSURE CROSS-SYSTEM ALIGNMENT AROUND A

1 PROACTIVE, COORDINATED, AND PRERELEASE CARE PLAN FOR  
2 INDIVIDUALS WHO ARE INCARCERATED IN JAIL, PRISON, AND COMMUNITY  
3 CORRECTIONS FACILITIES;

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

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

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

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

19 (a) USING THE LEARNING MANAGEMENT SYSTEM TO INCREASE THE  
20 CAPACITY OF PROVIDERS TO SUPPORT A CULTURALLY COMPETENT  
21 LICENSED AND UNLICENSED BEHAVIORAL HEALTH-CARE PROVIDER  
22 WORKFORCE TO PROVIDE SERVICES FOR CHILDREN, YOUTH, AND ADULTS.  
23 THIS INCLUDES BUILDING FROM THE STANDARDS AND STATEWIDE CORE  
24 COMPETENCIES DEVELOPED PURSUANT TO THE LEARNING MANAGEMENT  
25 SYSTEM AND OFFERING ONGOING PROFESSIONAL DEVELOPMENT  
26 OPPORTUNITIES TO TRAIN BEHAVIORAL HEALTH-CARE PROVIDERS TO  
27 TREAT COMPLEX NEEDS ACROSS THE CONTINUUM OF CARE. IF

1 PRACTICABLE, THE STANDARDS SHALL ALIGN WITH NATIONAL STANDARDS  
2 AND SHALL ADDRESS HEALTH EQUITY; RURAL, FRONTIER, AND URBAN  
3 NEEDS; PEDIATRIC CARE; SPECIALTY CARE; AND CARE FOR PERSONS WITH  
4 COMPLEX NEEDS. THE BHA SHALL USE THE LEARNING MANAGEMENT  
5 SYSTEM TO CREATE COURSE WORK TO INCREASE AND IMPROVE  
6 COMPETENCIES IN BEHAVIORAL HEALTH CARE.

7 (b) DEVELOPING METHODS SUPPORTED BY THE BHA, THE  
8 DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC  
9 HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY  
10 AND FINANCING, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT FOR  
11 BEHAVIORAL HEALTH SAFETY NET PROVIDERS TO ADDRESS BURNOUT,  
12 TRAINING AND SUPERVISION, AND CAREER PATHWAYS FOR PROFESSIONAL  
13 BEHAVIORAL HEALTH-CARE PROVIDERS.

14 **27-60-304. Reports.** (1) IN 2023 AND 2024, THE STATE  
15 DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE AN OVERVIEW OF THE  
16 BHA'S PROGRESS TOWARD ADDRESSING THE BEHAVIORAL HEALTH-CARE  
17 PROVIDER WORKFORCE SHORTAGE DURING THE HEARINGS HELD PRIOR TO  
18 THE REGULAR SESSION OF THE GENERAL ASSEMBLY UNDER THE "STATE  
19 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT  
20 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

21 (2) THE STATE DEPARTMENT, BHA, AND ANY PERSON WHO  
22 RECEIVES MONEY FROM THE BHA SHALL COMPLY WITH THE COMPLIANCE,  
23 REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION  
24 REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND  
25 BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION  
26 24-75-226 (5).

27 **27-60-305. Repeal of part.** THIS PART 3 IS REPEALED, EFFECTIVE

1 SEPTEMBER 1, 2024.

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

4 **12-20-103. Division of professions and occupations - creation**  
5 **- duties of division and department head - office space - per diem for**  
6 **board or commission members - review of functions - repeal.** (8) ON  
7 OR BEFORE SEPTEMBER 1, 2022, THE DIVISION SHALL:

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

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

21 (c) THIS SUBSECTION (8) IS REPEALED, EFFECTIVE SEPTEMBER 1,  
22 2024.

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

25 **25-1.5-506. Colorado health service corps fund - created -**  
26 **acceptance of grants and donations - annual appropriation from**  
27 **marijuana tax cash fund - repeal.** (4) (d) (I) IN ADDITION TO THE



1 APPROPRIATIONS DESCRIBED IN SUBSECTIONS (4)(a) AND (4)(c) OF THIS  
2 SECTION, FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL ASSEMBLY  
3 SHALL APPROPRIATE TWENTY MILLION DOLLARS FROM THE BEHAVIORAL  
4 AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 (2)(a)  
5 TO THE PRIMARY CARE OFFICE FOR THE PURPOSES DESCRIBED IN  
6 SUBSECTION (4)(a) OF THIS SECTION. IF ANY UNEXPENDED OR  
7 UNENCUMBERED MONEY APPROPRIATED FOR A FISCAL YEAR REMAINS AT  
8 THE END OF THAT FISCAL YEAR, THE PRIMARY CARE OFFICE MAY EXPEND  
9 THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT  
10 FURTHER APPROPRIATION.

11 (II) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT,  
12 PRIMARY CARE OFFICE, AND ANY PERSON WHO RECEIVES MONEY FROM  
13 THE PRIMARY CARE OFFICE, INCLUDING EACH RECIPIENT OF LOAN  
14 REPAYMENTS OR A SCHOLARSHIP, SHALL COMPLY WITH THE COMPLIANCE,  
15 REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION  
16 REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND  
17 BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION  
18 24-75-226 (5).

19 (III) THIS SUBSECTION (4)(d) IS REPEALED, EFFECTIVE JANUARY  
20 1, 2025.

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

23 **27-60-112. Behavioral health-care workforce development**  
24 **program - creation - rules - report.** (2) To implement the program, the  
25 office shall:

26 (b) (I) Develop an online training curriculum for providers in  
27 rural and metro areas to increase competencies in mental health and

1 substance use disorders that will support a high-quality, trained, culturally  
2 responsive, and diverse behavioral health-care workforce;

3 (II) THE OFFICE SHALL:

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

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

11 **SECTION 6. Appropriation.** (1) For the 2022-23 state fiscal  
12 year, \$52,000,000 is appropriated to the department of human services  
13 for use by the behavioral health administration. This appropriation is  
14 from the behavioral and mental health cash fund created in section  
15 24-75-230 (2)(a), C.R.S. To implement this act, the behavioral health  
16 administration may use this appropriation as follows:

17 (a) \$10,000,000 for the purposes specified in section 27-60-302  
18 (2), C.R.S.;

19 (b) \$6,000,000 for the purposes specified in section 27-60-303  
20 (3), C.R.S.;

21 (c) \$20,000,000 for the purposes specified in section 27-60-302  
22 (5), C.R.S.;

23 (d) \$6,000,000 for the purposes specified in section 27-60-302  
24 (6), C.R.S.;

25 (e) \$5,000,000 for the purposes specified in section 27-60-303,  
26 C.R.S.; and

27 (f) \$5,000,000 for the purposes specified in section 27-60-112 (2),

1 C.R.S.

2 (2) For the 2022-23 state fiscal year, \$20,000,000 is appropriated  
3 to the department of public health and environment for use by the  
4 primary care office. This appropriation is from the behavioral and mental  
5 health cash fund created in section 24-75-230 (2)(a), C.R.S. To  
6 implement this act, the office may use this appropriation for the purposes  
7 specified in section 25-1.5-506 (4)(a), C.R.S.

8 **SECTION 7. Effective date.** This act takes effect July 1, 2022.

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