

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

REVISED

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

LLS NO. 22-0817.02 Kristen Forrestal x4217

SENATE BILL 22-181

SENATE SPONSORSHIP

Bridges and Simpson, Buckner, Fenberg, Fields, Ginal, Gonzales, Jaquez Lewis, Lee, Moreno, Pettersen, Priola, Rankin, Sonnenberg, Winter

HOUSE SPONSORSHIP

Cutter and Van Beber,

Senate Committees

Health & Human Services
Appropriations

House Committees

Public & Behavioral Health & Human Services
Appropriations

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, AND, IN CONNECTION**
104 **THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

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

The bill 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

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.

HOUSE
Amended 2nd Reading
May 4, 2022

SENATE
3rd Reading Unamended
April 25, 2022

SENATE
Amended 2nd Reading
April 22, 2022

1, 2022.

The plan is required to:

- 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.

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

1 residents;

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

4 (f) Expand telehealth options; and

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

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

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

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

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

20 (III) Since the COVID-19 pandemic began, rates of psychological
21 distress have increased alongside symptoms of anxiety, depression, and
22 other behavioral and mental health disorders, including substance use
23 disorders; and

24 (IV) A plan to expand and strengthen the behavioral health-care
25 provider workforce in this state will increase the number of behavioral
26 health-care providers and aid in the control and alleviation of behavioral
27 health issues, including access to care, that were brought on and

1 exacerbated by the COVID-19 pandemic.

2 (b) The general assembly declares that:

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

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

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

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

21 (4) The general assembly further finds that:

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

27 (b) Allowing the primary care office to more easily address the

1 growing behavioral health crisis is an important government service; and
2 (c) Increasing funding to the primary care office for loan
3 repayment and scholarships for behavioral health-care providers is an
4 appropriate use of the money transferred to Colorado under the federal
5 act.

6 **SECTION 2.** In Colorado Revised Statutes, **add** part 3 to article
7 60 of title 27, as follows:

8 PART 3

9 BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE

10 **27-60-301. Definitions.** AS USED IN THIS PART 3 UNLESS THE
11 CONTEXT OTHERWISE REQUIRES:

12 (1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
13 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
14 27-60-203.

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

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

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

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

26 (3) "BEHAVIORAL HEALTH PROVIDER" MEANS A RECOVERY
27 COMMUNITY ORGANIZATION AS DEFINED IN SECTION 27-80-126, A

1 RECOVERY SUPPORT SERVICES ORGANIZATION AS DEFINED IN SECTION
2 27-60-108, OR A LICENSED ORGANIZATION OR PROFESSIONAL THAT
3 PROVIDES DIAGNOSTIC, THERAPEUTIC, OR PSYCHOLOGICAL SERVICES FOR
4 BEHAVIORAL HEALTH CONDITIONS. BEHAVIORAL HEALTH PROVIDERS
5 INCLUDE A RESIDENTIAL CHILD CARE FACILITY, AS DEFINED IN SECTION
6 26-6-102, AND A FEDERALLY QUALIFIED HEALTH CENTER AS DEFINED IN
7 THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4).

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

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

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

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

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

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

- 1 (10) "PRIORITY POPULATIONS" MEANS:
- 2 (a) PEOPLE EXPERIENCING HOMELESSNESS;
- 3 (b) PEOPLE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM;
- 4 (c) PEOPLE OF COLOR;
- 5 (d) AMERICAN INDIANS AND ALASKA NATIVES;
- 6 (e) VETERANS;
- 7 (f) PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR
- 8 QUEER OR QUESTIONING;
- 9 (g) OLDER ADULTS;
- 10 (h) CHILDREN AND FAMILIES; AND
- 11 (i) PEOPLE WITH DISABILITIES, INCLUDING PEOPLE WHO ARE DEAF
- 12 AND HARD OF HEARING, PEOPLE WHO ARE BLIND OR DEAFBLIND, PEOPLE
- 13 WITH BRAIN INJURIES, PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL
- 14 DISABILITIES, AND PEOPLE WITH OTHER CO-OCCURRING DISABILITIES.

15 (11) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING

16 BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,

17 OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING

18 HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR

19 RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

20 **27-60-302. Behavioral health-care provider workforce plan -**

21 **expansion - current workforce.** (1) ON OR BEFORE SEPTEMBER 1, 2022,

22 THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CREATE AND BEGIN TO

23 IMPLEMENT A BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE PLAN TO

24 EXPAND AND STRENGTHEN COLORADO'S BEHAVIORAL HEALTH-CARE

25 PROVIDER WORKFORCE TO SERVE CHILDREN, YOUTH, AND ADULTS. IN

26 CREATING THE PLAN, THE BHA SHALL CONSIDER THE STAKEHOLDER

27 RECOMMENDATIONS THAT ADDRESS THE BEHAVIORAL HEALTH

1 WORKFORCE SHORTAGE PUBLISHED BY THE DEPARTMENT IN DECEMBER
2 2021.

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

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

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

12 (III) REGULATORY CHANGES TO REDUCE BARRIERS.

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

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

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

1 HEALTH-CARE FIELD OF STUDY.

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

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

20 (5) THE BHA, IN COLLABORATION WITH THE COMMUNITY
21 COLLEGE SYSTEM, THE DEPARTMENT OF HIGHER EDUCATION, AND THE
22 WORK FORCE DEVELOPMENT COUNCIL CREATED IN SECTION 24-46.3101,
23 AND INSTITUTIONS OF HIGHER EDUCATION SHALL CREATE A NEW
24 BEHAVIORAL HEALTH-CARE EDUCATIONAL PROGRAM THAT PROVIDES
25 TIERED ADVANCEMENT OPPORTUNITIES FOR BEHAVIORAL HEALTH-CARE
26 PROVIDERS AT ALL LEVELS, FROM ADVANCEMENT FOR INDIVIDUALS IN
27 ENTRY-LEVEL POSITIONS TO INDIVIDUALS WHO HOLD A BACHELOR'S

1 DEGREE.

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

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

22 (8)(a) THE PLAN MUST INCLUDE PROPOSALS TO WORK WITH LOCAL
23 LAW ENFORCEMENT AGENCIES, THE P.O.S.T. BOARD CREATED IN SECTION
24 24-31-302, A PEACE OFFICER ORGANIZATION, AS DEFINED IN SECTION
25 24-32-3501, A STATEWIDE ORGANIZATION REPRESENTING PROFESSIONAL
26 FIREFIGHTERS, AND A STATEWIDE ASSOCIATION REPRESENTING
27 EMERGENCY MEDICAL SERVICE PROVIDERS TO:

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

3 (II) HELP INCREASE CULTURAL COMPETENCIES IN FIRST
4 RESPONDERS AND LAW ENFORCEMENT; AND

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

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

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

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

23 (10) THROUGH AN INTERAGENCY AGREEMENT, THE BHA SHALL
24 CREATE A PLAN FOR COLLABORATION BETWEEN THE BHA, THE
25 DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC
26 HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY
27 AND FINANCING, THE DEPARTMENT OF EDUCATION, THE DEPARTMENT OF

1 EARLY CHILDHOOD, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT
2 TO RAISE AWARENESS AMONG HEALTH-CARE PROVIDERS AND BEHAVIORAL
3 HEALTH-CARE PROVIDERS CONCERNING THE AVAILABILITY OF
4 OPPORTUNITIES TO INVEST IN AND STRENGTHEN THEIR PROFESSIONAL
5 BEHAVIORAL HEALTH-CARE STAFF.

6 **27-60-303. Behavioral health administration - additional**
7 **duties - collaboration with other agencies. (1) THE BHA SHALL:**

8 (a) IN COLLABORATION WITH THE DEPARTMENT OF REGULATORY
9 AGENCIES, ESTABLISH WORKFORCE STANDARDS THAT STRENGTHEN THE
10 BEHAVIORAL HEALTH-CARE PROVIDER WORKFORCE, INCLUDING
11 TELEHEALTH PROVIDERS, AND INCREASE OPPORTUNITIES FOR PEER
12 SUPPORT PROFESSIONALS AND BEHAVIORAL HEALTH AIDES. IF
13 PRACTICABLE, THE STANDARDS MUST BE ALIGNED WITH NATIONAL
14 STANDARDS AND ADDRESS HEALTH EQUITY; RURAL, FRONTIER, AND
15 URBAN NEEDS; PEDIATRIC CARE; SPECIALTY CARE; AND CARE FOR
16 INDIVIDUALS WITH COMPLEX NEEDS.

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

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

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

26 (I) FURTHER DEVELOP CURRENT ASSESSMENTS THAT EXIST IN
27 RULES PROMULGATED BY THE STATE BOARD OF HEALTH PURSUANT TO

1 SECTION 25-1.5-404 (1)(a) THAT MEASURE COMMUNITY-LEVEL
2 SHORTAGES OF BEHAVIORAL HEALTH-CARE PROVIDERS WHO PROVIDE
3 SERVICES FOR CHILDREN, YOUTH, AND ADULTS; AND

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

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

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

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

1 FIELD;

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

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

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

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

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

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

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

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

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

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

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

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

1 LEARNING MANAGEMENT SYSTEM TO CREATE COURSE WORK TO INCREASE
2 AND IMPROVE COMPETENCIES IN BEHAVIORAL HEALTH CARE.

3 (b) DEVELOPING METHODS SUPPORTED BY THE BHA, THE
4 DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF PUBLIC
5 HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY
6 AND FINANCING, AND THE DEPARTMENT OF LABOR AND EMPLOYMENT FOR
7 BEHAVIORAL HEALTH PROVIDERS TO ADDRESS BURNOUT; TRAINING;
8 SUPERVISION, INCLUDING THE EXPLORATION OF OPPORTUNITIES FOR
9 BEHAVIORAL HEALTH PROVIDERS TO BE REIMBURSED FOR PROVIDING
10 CLINICAL SUPERVISION; AND CAREER PATHWAYS FOR PROFESSIONAL
11 BEHAVIORAL HEALTH-CARE PROVIDERS.

12 **27-60-304. Reports.** (1) IN 2023 AND 2024, THE STATE
13 DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE AN OVERVIEW OF THE
14 BHA'S PROGRESS TOWARD ADDRESSING THE BEHAVIORAL HEALTH-CARE
15 PROVIDER WORKFORCE SHORTAGE DURING THE HEARINGS HELD PRIOR TO
16 THE REGULAR SESSION OF THE GENERAL ASSEMBLY UNDER THE "STATE
17 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
18 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

19 (2) ON OR BEFORE JANUARY 1, 2023, AND ON OR BEFORE JANUARY
20 1, 2024, THE COMMUNITY COLLEGE SYSTEM SHALL SUBMIT A REPORT TO
21 THE BHA. AT A MINIMUM, THE REPORT MUST INCLUDE A SUMMARY OF
22 THE BEHAVIORAL HEALTH CAREER PATHWAY AND ITS IMPLEMENTATION,
23 INCLUDING AN ACCOUNTING OF HOW MONEY WAS USED TO EXPAND OR
24 SUPPORT TRAINING, EDUCATION, AND CERTIFICATIONS IN THE
25 BEHAVIORAL HEALTH CAREER PATHWAY TO INCREASE EMPLOYMENT IN
26 THE BEHAVIORAL HEALTH SECTOR.

27 (3) THE STATE DEPARTMENT, BHA, AND ANY PERSON WHO

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

6 **27-60-305. Repeal of part.** THIS PART 3 IS REPEALED, EFFECTIVE
7 SEPTEMBER 1, 2024.

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

10 **12-20-103. Division of professions and occupations - creation**
11 **- duties of division and department head - office space - per diem for**
12 **board or commission members - review of functions - repeal.** (8) ON
13 OR BEFORE SEPTEMBER 1, 2022, THE DIVISION SHALL:

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

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

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

1 2024.

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

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

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

25 (III) THIS SUBSECTION (4)(d) IS REPEALED, EFFECTIVE JANUARY
26 1, 2025.

27 **SECTION 5.** In Colorado Revised Statutes, 27-60-112, **amend**

1 (2)(b) as follows:

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

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

9 (II) THE OFFICE SHALL:

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

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

17 **SECTION 6. Appropriation.** For the 2022-23 state fiscal year,
18 \$36,806,984 is appropriated to the department of human services for use
19 by the behavioral health administration. This appropriation is from the
20 behavioral and mental health cash fund created in section 24-75-230
21 (2)(a), C.R.S., and is of money the state received from the federal
22 coronavirus state fiscal recovery fund. Any money appropriated in this
23 section not expended prior to July 1, 2023, is further appropriated to the
24 department from July 1, 2023, through December 30, 2024, for the same
25 purpose. To implement this act, the administration may use this
26 appropriation as follows:

27 (a) \$573,306 for program administration, which amount is based

1 on an assumption that the administration will require 3.0 FTE in the
2 2022-23 state fiscal year and 3.0 FTE in the 2023-24 state fiscal year;

3 (b) \$9,928,337 for the development and implementation of the
4 behavioral health-care provider workforce plan as specified in section
5 27-60-302 (2), C.R.S.;

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

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

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

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

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

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

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

25 **SECTION 7. Appropriation.** For the 2022-23 state fiscal year,
26 \$20,000,000 is appropriated to the department of public health and
27 environment for use by the primary care office. This appropriation is

1 from the behavioral and mental health cash fund created in section
2 24-75-230 (2)(a), C.R.S., and is of money the state received from the
3 federal coronavirus state fiscal recovery fund. Any money appropriated
4 in this section not expended prior to July 1, 2023, is further appropriated
5 to the department from July 1, 2023, through December 30, 2024, for the
6 same purpose. To implement this act, the office may use this
7 appropriation for the purposes specified in section 25-1.5-506 (4)(a),
8 C.R.S. This appropriation is based on the assumption that the office will
9 require an additional 1.0 FTE in the 2022-23 state fiscal year and 1.0 FTE
10 in the 2023-24 state fiscal year to implement this act.

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

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

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

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

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

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