



2022

Legislative Session Review



CBHC

Colorado Behavioral
Healthcare Council

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2022 Legislative Session Review

Dear CBHC Members,

It seems like every year in our legislative review we use words like “significant,” “historic,” or “transformative” to describe the session that has just concluded.

Although we won’t know its true impact until several years from now, I am confident that the 2022 legislative session will live up to those descriptions. This year you, the members, and your talented teams pulled us through with incredible committee testimony, participation in workgroups, transformational task forces, and challenging stakeholder discussions as we, the collective “we,” sought the right path forward to ensure Coloradans have the behavioral health services they deserve. Caring as passionately as you all do for the most vulnerable with such tenacity and dedication has kept me going when things were less than rosy at the legislature and in the press. You are an inspiring group, and it is my honor to get to spend time with you, advocate for you, and fight alongside you and your teams as we work together to ensure that community behavioral health values are represented in reform efforts and that the ultimate outcome of those efforts is the improvement of the health and wellbeing of all Coloradans. When you look back on the legislative session of 2022, I hope you will think fondly about the roots that were planted to grow and nurture the next phase of community behavioral health in Colorado.



Sincerely,



Doyle Forrestal
Chief Executive Officer
Colorado Behavioral Healthcare Council

2022 Legislative & Budget Summary

The 2022 Colorado General Assembly adjourned on May 15th after introducing 657 bills, of which 503 were passed. CBHC tracked 47 of those bills with thoughtful input from our statewide network of community-based behavioral health organizations.

When we review legislation, we prioritize bills that directly impact our members and the individuals and communities they serve. This includes care delivery and behavioral health financing, but we also look at legislation that promotes mental well-being for all Coloradans, as well as legislation that impacts our members' ability to operate efficiently and effectively as community-based non-profit organizations.

Several of the bills we've chosen to highlight in this review focus on addressing the persistent effects of the COVID-19 pandemic, legislation that was drafted based on recommendations of the Behavioral Health Transformational Task Force. This interim task force was tasked with developing recommendations to spend \$450M of federal funding from the American Rescue Plan Act (ARPA) to "transform" Colorado's behavioral health system. That amount of funding dwarfs the annual budget of the Office of Behavioral Health (OBH) and represents a generational opportunity to strengthen – and redefine – Colorado's system. The impact of this funding, which Colorado received in 2021, is present across all the traditional state department budgets that CBHC tracks during a typical legislative session.

In OBH within the Colorado Department of Human Services (CDHS), for example, behavioral health programs decreased by 6.2% in total due to a reduction in one-time federal funds. This reduction was the result of SB21-137, the Behavioral Health Recovery Act of 2021, which made a one-time transfer of money from the ARPA Cash Fund to the Behavioral and Mental Health Cash Fund in FY22. The ARPA cash transfer, along with a technical correction request aimed at improving program alignment, was also reflected in the substance use disorder (SUD) programs budget, which showed a net decrease of 11.9%.

In the Department of Health Care Policy and Financing (HCPF), behavioral health capitation and fee-for-service requested appropriations increased by 13.25% from FY22 to FY23 and, for the first time ever, the Behavioral Health Capitation Program exceeds \$1B. The reductions in federal funds related to the public health emergency and the utilization trends led to a 14.4% decrease in Medicaid fee-for-service, while projections for capitation led to an increase of 13.8%. The largest portion of the state's operating budget is made up by HCPF's budget at 41.5% or \$14.18B.

Finally, a highlight in the Governor's budget this year was a 2% provider rate increase, one of the largest in the past several years. This is a true provider rate increase unlike the targeted increase that CBHC advocated for in 2019. While the increase is welcome news, it is blunted by the fact that inflation is increasing at a much faster rate.



CBHC Tracked 46 Pieces of Legislation

Actively Supported	Supported	Monitored	Amended	Opposed
4	27	13	2	2

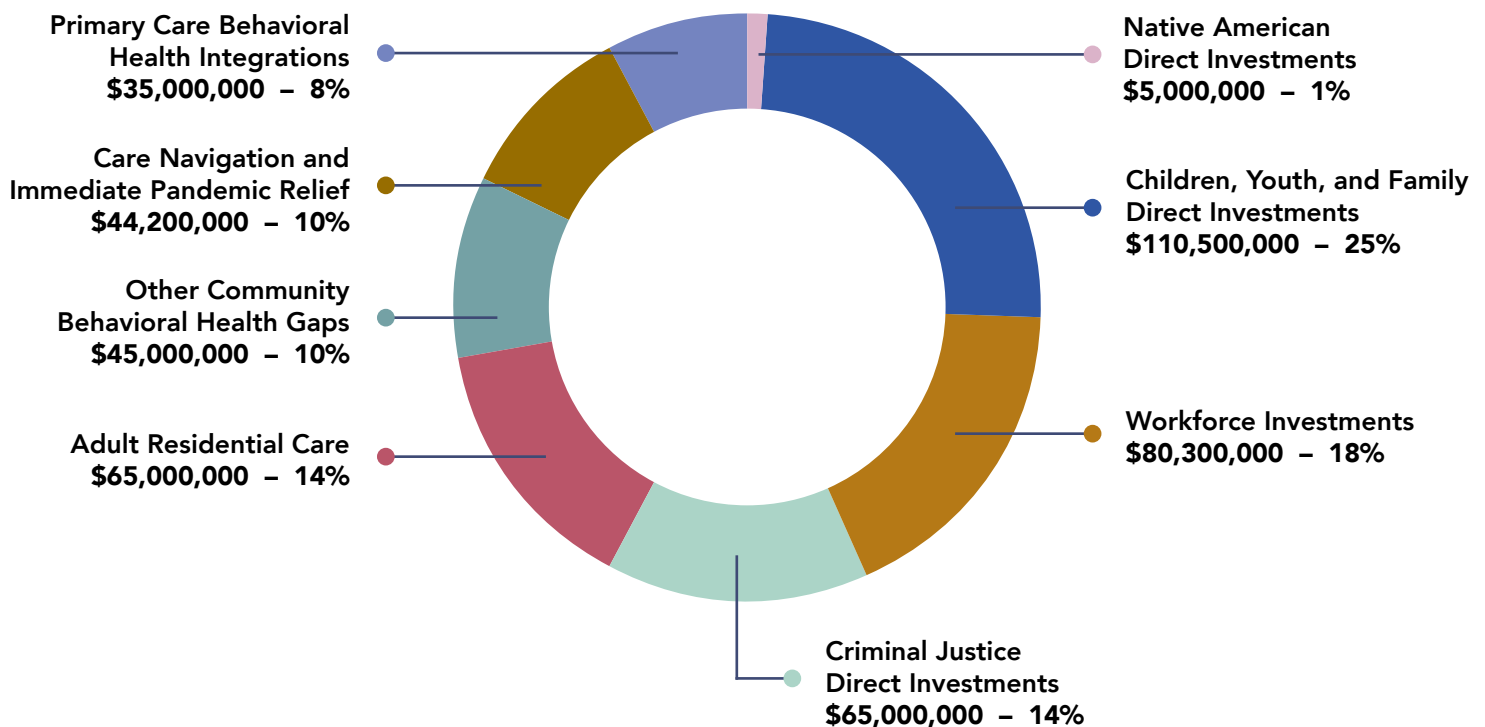
Behavioral Health Transformational Task Force Legislation

The Covid-19 pandemic has had both immediate and long-term consequences for the mental well-being of all Coloradans. As a result, demand for behavioral health services is higher than ever before.

In response to the mental health impacts of the pandemic, the Colorado General Assembly established the [Behavioral Health Transformational Task Force](#) (BHTTF) to develop recommendations to address widespread issues in behavioral health and to create a spending plan for the \$450M the state set aside for behavioral health from the federal Coronavirus State Fiscal Recovery Fund. CBHC members played an active role in this task force, including taking on several leadership positions. Among them, Dr. Lesley Brooks, Chief Addictions Officer at SummitStone Health Partners, played an instrumental role as Vice-Chair of the task force. Others participating on the subpanel included Michael Allen, CEO, SummitStone Health Partners; Harry Budisidharta, CEO, Asian Pacific Development Center; Heather Hankins, Chief Operating Officer/Chief Clinical Officer, Health Solutions; and Ana Vizoso, Vice President of Health & Wellness, Servicios de La Raza. CBHC is thankful for the countless hours these individuals contributed to the task force.

In January of 2022, the [Behavioral Health Transformational Task Force Report](#) was released and highlighted the key areas of behavioral health that should take priority for spending of the relief funds. The report identified eight categories of behavioral health needs that could be met with the new influx of funding. These categories include behavioral health and primary care integration, care navigation and immediate pandemic relief, addressing gaps in behavioral health, adult residential care, criminal justice diversion efforts, workforce investments, children, youth, and family direct investments, and Native American direct investments. The following bills are a direct result of the BHTTF Report recommendations.

Summary of Funding Investments by Category



CBHC 2022 Legislative Summary - Priority Bills

SUPPORT

HB22-1243: School Security & School Behavioral Health Services Funding

Representatives Exum & Van Winkle

Senators Kolker & Hinrichsen

Summary: The bill creates the School Security Disbursement Program Cash Fund. The Department of Public Safety may disburse money from the Cash Fund to school districts, charter schools, and boards of cooperative services to improve security within public schools. The bill appropriates \$6M to the Cash Fund.

ACTIVELY SUPPORT

HB22-1281: Behavioral Health-care Continuum Gap Grant Program

Representatives Gonzales-Gutierrez & Amabile

Senators Winter & Rankin

Summary: The bill appropriates \$90M to create the Community Behavioral Health-care Continuum Gap Grant Program in the Behavioral Health Administration (BHA). As part of the grant program, the BHA may award community investment grants to support services along the continuum of behavioral health care and children, youth, and family services grants to expand youth-oriented and family-oriented behavioral health-care services. CBHC worked closely with Rep. Serena Gonzales-Gutierrez on amendments that better support providers and ensure that CBHC members are eligible for the grants. CBHC also coordinated staff and members to testify in support of the bill and related amendments.

SUPPORT

HB22-1283: Youth & Family Behavioral Health Care

Representatives Michaelson Jenet & Bradfield

Senators Buckner & Priola

Summary: HB22-1283 creates in-home and residential respite care in 10-12 regions of the state for children and families. The bill also provides operational support for psychiatric residential treatment facilities and qualified residential treatment programs for youth and provides funds to build and staff a neuro-psych facility at the Fort Logan Mental Health Institute. The total appropriation for this bill was \$39.4M.

CBHC 2022 Legislative Summary - Priority Bills

ACTIVELY SUPPORT

HB22-1302: Health-care Practice Transformation

Representatives Kennedy & Will

Senators Jaquez Lewis & Priola

Summary: HB22-1302 appropriates \$35M to create the Primary Care and Behavioral Health Statewide Integration Grant Program in the Department of Health Care Policy and Financing (HCPF) to provide grants to primary care clinics and behavioral health providers for the implementation of evidence-based clinical integration care models. The bill requires HCPF, the BHA, and other state agencies to develop a universal contract for behavioral health services. CBHC strongly supports the integration of behavioral health services into primary care settings. CBHC worked with bill sponsors to ensure the majority of the \$35M appropriation was allocated to direct grants to providers. CBHC also coordinated testimony from CMHC staff from Jefferson Center for Mental Health, Mental Health Partners, and Community Reach Center.

SUPPORT

HB22-1303: Increases Residential Behavioral Health Beds

Representatives Amabile & Gonzales-Gutierrez

Senators Winter & Smallwood

Summary: This bill appropriates \$65M for building renovation, creation, development, or contracting for new adult residential and inpatient treatment beds. The bill requires the Department of Human Services to renovate a building at the Fort Logan Mental Health Institute to create at least 16 additional beds for persons in need of residential behavioral health treatment. The beds are to be used for persons needing competency restoration services until the backlog is eliminated. The bill also directs CDHS and HCPF to create, develop, or contract to add at least 125 additional beds at licensed mental health residential treatment facilities throughout the state.

SUPPORT

SB22-147: Behavioral Health-care Services for Children

Senators Kolker & Sonnenberg

Representatives Young & Pelton

Summary: SB22-147 appropriates \$4.6M to the University of Colorado to create the Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP), \$5M to the behavioral health care professional matching grant program, and \$1.5M to the School-Based Health Center Grant Program. The purpose of CoPPCAP is to support primary care providers in identifying and treating mild to moderate behavioral health conditions in children in primary care practices or school-based health centers.

CBHC 2022 Legislative Summary - Priority Bills

SUPPORT

SB22-177: Investments in Care Coordination Infrastructure

Senators Pettersen & Rankin

Representatives Titone & Bradfield

Summary: For the 2022-23 state fiscal year, the bill requires the General Assembly to appropriate \$12.2M from the Behavioral and Mental Health Cash Fund to CDHS for use by the BHA for the care coordination infrastructure. The bill requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not utilize an electronic health record to actively participate in the care coordination infrastructure. The BHA will ensure navigators are available through the statewide care coordination infrastructure website and mobile application, as well as in specific regional locations; and will utilize BHA service organizations to help individuals and families initiate care and ensure timely access to services.

ACTIVELY SUPPORT

SB22-181: Behavioral Health-care Workforce

Senators Bridges & Simpson

Representatives Cutter & Van Beber

Summary: The bill appropriates \$72M and requires the BHA to establish and implement a behavioral health-care provider workforce plan by September 1, 2022. The workforce plan includes recruitment methods, partnerships with the Department of Higher Education to establish a workforce pipeline, and behavioral health professional advancements. CBHC played a lead role in coordinating the stakeholder efforts to get this bill in good shape before it was introduced.

OPPOSE

HB22-1326: Fentanyl Accountability & Prevention

Representative Garnett

Senators Pettersen & Cooke

The bill makes it unlawful to possess or distribute any material, compound, mixture, or preparation that weighs more than 4 grams and contains any amount of fentanyl, carfentanil, or an analog thereof a level 4 drug felony. CBHC opposed this bill along with a broad coalition of advocacy organizations and supporters of harm reduction principles.

Priority Legislation Highlight: The Behavioral Health Administration

HIGHLIGHT



In 2019, Governor Jared Polis charged Michelle Barnes, CDHS Executive Director, with creating the Behavioral Health Task Force. The Task Force culminated in the creation of a [blueprint for reform](#), including three overarching recommendations, the first of which was to create a centralized agency to oversee and regulate behavioral health in Colorado. In 2021, HB21-1097 was passed establishing the Behavioral Health Administration and setting timelines and establishing authority for its development. HB22-1278 continues this important work.

SUPPORT

HB22-1278: Behavioral Health Administration

Representatives Young & Pelton | Senators Lee & Simpson

Summary: The bill operationalizes the Behavioral Health Administration (BHA) in the Department of Human Services to create a coordinated, cohesive, and effective behavioral health system in the state. The BHA will handle most of the behavioral health programs that were previously handled by the Office of Behavioral Health and establishes, for the first time ever, a cabinet-level Behavioral Health Commissioner as the head of the BHA. It authorizes the Commissioner and State Board of Human Services to adopt and amend rules that previously were promulgated by the Executive Director of CDHS.

CBHC Engagement: CBHC worked hard to amend this bill in several ways, including negotiating to retain a reference to Community Mental Health Centers (CMHCs) in statute and ensuring health equity language reflected the importance of behavioral health specialty providers. In the House Committee hearing, CBHC organized 25 witnesses who testified in support of the amendment to reference the federal definition of CMHCs in statute.

CBHC 2022 Legislative Summary: Other Priority Bills

ACTIVELY SUPPORT

SB22-077: Interstate Licensed Professional Counselor Compact

Senators Ginal & Woodward | Representatives Larson & Young

Summary: The bill enacts the “Interstate Licensed Professional Counselors Compact”, which will allow licensed professional counselors in any state who have joined the compact to provide licensed professional counselor services in each member state to practice and provide telehealth services.

CBHC Engagement: CBHC was an early supporter of this legislation and joined the advocacy effort to ensure it passed.

SUPPORT

HB22-1214: Behavioral Health Crisis Response System

Representatives Young & Pelton | Senators Kolker & Priola

Summary: The bill requires crisis system facilities and programs, including crisis walk-in centers and mobile crisis programs, to meet minimum standards to provide mental health and substance use disorder services. The bill clarifies that crisis system facilities and programs shall provide behavioral health services to individuals experiencing a substance use disorder crisis. Mobile crisis programs and crisis walk-in centers shall provide crisis services to any individual, including youth of any age.

CBHC Engagement: CBHC worked with members to understand the impact of this legislation on their work. We supported testimony in both chambers and engaged with our state partners to provide feedback on the bill.

SUPPORT

HB22-1299: License Registration Fee Relief for Mental Health Professionals

Representatives Young & Bacon | Senators Kolker & Fields

Summary: The bill directs the State Treasurer to transfer \$3.7M from the General Fund to the Division of Professions and Occupations Cash Fund for use beginning in the 2022-23 state fiscal year and until fully expended to fund the expenses of the State Board of Psychologist Examiners, the State Board of Social Work Examiners, the State Board of Marriage and Family Therapist Examiners, the State Board of Licensed Professional Counselor Examiners, the State Board of Unlicensed Psychotherapists, and the State Board of Addiction Counselor Examiners in order to facilitate fee relief for mental health professionals regulated by those boards.

CBHC 2022 Legislative Summary: Other Priority Bills

SUPPORT

SB22-106: Conflict of Interest Public Behavioral Health

Senators Kolker & Sonnenberg

Representatives Michaelson Jenet & Rich

Summary: On, or before January 1, 2023, the bill requires each managed care entity, administrative service organization, and managed service organization that has 25% or more ownership by providers of behavioral health services to comply with certain conflict of interest policies in order to promote transparency and accountability.

CBHC Engagement: CBHC vetted the implications of this bill with members and offered amendments early in the drafting process. We worked with stakeholders to understand the origins of this legislation. CBHC tracked the amendments through the process and supported CBHC member Daniel Darting, CEO, Signal Behavioral Health Network, who offered supportive testimony in the Senate.

MONITOR

HB22-1256: Modifications to Civil Involuntary Commitment

Representatives Amabile & McCluskie

Senators Moreno & Gardner

Summary: HB22-1256 modifies existing procedures by transferring the duties of the Executive Director of the Department of Human Services to the Commissioner of the Behavioral Health Administration. The bill limits who can take a person into protective custody and transport the person to a BHA-approved facility. The bill also requires the facility where the person is transported to require an application, in writing, stating the circumstances and specific facts under which the person's condition was called to the attention of a certified peace officer or emergency medical services provider. The bill requires an intervening professional to screen the person immediately or within 8 hours after the person arrives at the facility to determine if the person meets the criteria for an emergency mental health hold and establishes certain rights for a person being transported, which must be explained prior to transport.

CBHC Engagement: CBHC and several members participated in the stakeholder meetings leading up to the bill draft.

You can follow the progress of all the bills we tracked [here](#). Thank you, to all of our members, who helped CBHC as we navigated this challenging, yet promising, legislative session.



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