

Enhancing Behavioral Health Access

Background

While behavioral health has become a staple health care subject at the capitol in recent years, the issue was particularly active this year – in part due to the focus on health equity and in part as a COVID-19 response issue, in addition to some longstanding work coming back for legislative approval. CHA supported House Bill (HB) 21-1097 and Senate Bill (SB) 21-137, which took steps to implement recommendations from the Governor’s Behavioral Health Task Force. CHA also monitored HB 21-1085, which allows counties to license secure transportation services to provide urgent transportation for individuals experiencing a behavioral health crisis to several locations, including a hospital.

HB 21-1085: Secure Transportation Behavioral Health Crisis

HB 21-1085 allows counties to license secure transportation services in order to provide urgent transportation for individuals experiencing a behavioral health crisis to a hospital, a mental health treatment facility, an approved alcohol and substance abuse treatment center, or a walk-in crisis center.

What You Need to Know

By July 1, 2022, the Colorado Department of Public Health and Environment (CDPHE) must promulgate rules establishing the minimum requirements for secure transportation for people experiencing a behavioral health crisis. Secure transportation includes:

- An individual being transported from the community to a facility designated under Article 65 of Title 27 (“27-65 designated facility”).
- An individual being transported to an approved treatment facility under Article 81 of Title 27 (“27-81 facility”) or a walk-in crisis center operating as a part of a behavioral health crisis response system.
- An individual receiving transportation across levels of care to a higher level of care between:
 - An emergency medical services facility;
 - A 27-65 designated facility;
 - A 27-81 approved treatment facility;
 - A walk-in crisis center operating as a part of a behavioral health crisis response system; or,
 - A Behavioral Health Entity.

After Jan. 1, 2023, an entity cannot provide public or private secure transportation services to people experiencing a behavioral health crisis unless that entity holds a valid license issued by the Board of County Commissioners in their county. By the same date, the bill requires Medicaid to create a secure transportation benefit and authorizes the Department of Health Care Policy and Financing (HCPF) to seek gifts, grants, and donations to fund the benefit beyond the current non-emergency medical transportation funding.

Continued

Additional Resources

- [HB 21-1085](#)

HB 21-1097: Establish Behavioral Health Administration

In September 2020, the Colorado Behavioral Health Task Force released recommendations on how to reform the state's behavioral health system, including the creation of a Behavioral Health Administration (BHA). HB 21-1097 establishes the BHA, tasked with responsibility for most state behavioral health programs – excluding issues related to private insurance overseen by the Division of Insurance and public coverage programs overseen by HCPF. It will coordinate and distribute behavioral health funding and be responsible for monitoring, evaluating, and reporting data on behavioral health outcomes.

What You Need to Know

The Colorado Department of Human Services (CDHS) is required to publish a plan for the creation of the BHA by Nov. 1, and then establish a Behavioral Health Administration by July 1, 2022. The plan for the BHA must include:

- Recommendations for funding and legislation;
- State programs that should be managed by the BHA;
- Governance structure;
- Recommendations on how to deal with grievances, appeals, and ombudsman services; and,
- A data integration plan.

CDHS began hosting Behavioral Health Reform stakeholder meetings to discuss BHA implementation in January 2021. Specifically, CDHS is seeking guidance from stakeholders regarding expansion to the state's safety net system, envisioning care coordination efforts, improving services for individuals with co-occurring disabilities and behavioral health conditions, and addressing the workforce shortage.

Additional Resources

- [HB 21-1097](#) and [Fiscal Note](#)
- CDHS [Behavioral Health Reform Website](#)

SB 21-137: Behavioral Health Recovery Act

SB 21-137 provides funding for behavioral health programs throughout state government, including several programs whose budgets were cut when the legislature was forced to cut \$3.3 billion from the state budget due to COVID-19 in the 2020 legislative session. Funded programs include those addressing maternal and child health, the Colorado crisis system, behavioral health workforce development, community transitions, and co-responder efforts. The bill also dedicated \$550 million in federal stimulus funds from the American Rescue Plan Act (ARPA) to behavioral health, disbursement of which will be the focus of a task force meeting during the interim.

What You Need to Know

In addition to reinstatement of funding for certain programs that were cut in 2020, there are a number of notable new efforts being funded in accordance with recommendations from the Behavioral Health Task Force's as a result of ARPA funding, specifically:

- Care Coordination – \$26 million will be dedicated to the development of a centralized gateway for information for patients, providers, and care coordinators. CDHS will partner with HCPF to create a website and mobile application that connects individuals with guidance to initiate and navigate care and benefits, access local resources (i.e., food and housing), and access Colorado Crisis Services.
- Workforce Development – \$18 million will be dedicated to the creation of a workforce development program that will increase the number of behavioral health providers. CDHS will:
 - Develop an online training system;
 - Create free coursework for providers to increase competencies in mental health, substance use, co-occurring, and culturally responsive care;
 - Provide fiscal incentives for lower income individuals to get a degree in behavioral health with funding specifically targeted for rural areas;
 - Provide training to the existing behavioral health workforce to be certified in federally reimbursable services; and
 - Provide capacity building grants to behavioral health safety net providers.

SB 21-137 also creates the Behavioral Health Transformational Task Force, which will meet during the 2021 interim and develop a report with recommendations to the General Assembly and the Governor on policies to create transformational change in behavioral health using ARPA funding. This task force will be convened by July 26, with recommendations published no later than Jan. 11, 2022.

Additional Resources

- [SB 21-137](#) and [Fiscal Note](#)
- CDHS [Behavioral Health Reform Website](#)