

What's in SB21-137, Behavioral Health Recovery Act of 2021?

- Section 2: Continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids.
- Sections 3 & 4: Continues the funding for the medication-assisted treatment (MAT) expansion pilot program for FY2020-21 through FY2023-24.
- Section 5: Expands the Colorado State University AgrAbility project by providing funding for information, services, training, and referrals to farmers, ranchers, agricultural workers, and their families to address mental health, suicide, and substance use issues experienced by these individuals.
- Section 6: Appropriates \$2 million to Local Public Health Agencies to address behavioral health, mental health, and substance use priorities in their local communities.
- Section 7: Continuously appropriates money to the Harm Reduction Grant Program.
- Section 8: Requires a Medicaid managed care organization (MCO) to notify providers about their decision to approve or deny services within 24 hours of the submitted request, sets minimum days that must be approved for certain types of residential SUD treatment, requires an MCO to approve care recommended by a provider, and requires an MCO to provide specific justification for each denial of continued care for all 6 dimensions of the ASAM Criteria for Addictive, Substance-Related and Co-Occurring Conditions.
- Section 9: Aligns Medicaid reimbursement with best practice to have pediatricians screen for maternal perinatal depression at four well-child visits in the first 6 months of life.
- Section 10: Requires CDHS to develop a statewide data collection and information system to improve the Early Childhood Mental Health Consultant program, promote accountability, and continually improve child and program outcomes.
- Section 11: Requires CDHS, in collaboration with the Department of Agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services.
- Section 12: Requires the Center for Research into SUD Prevention, Treatment, and Recovery Support Strategies (the Center) to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery.
- Section 13: Continues the building SUD Treatment Capacity in Underserved Communities Grant Program and strikes the repeal date.
- Section 14: Requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with SUDs and their infants.
- Section 15: Requires OBH to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices.
- Section 16: Requires OBH to establish a program to provide temporary financial housing assistance to individuals with a SUD who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment. Also creates the recovery support services grant program to provide recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder.
- Section 17: Continues the appropriation to the maternal and child health pilot program.

- Section 18: Continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of naloxone and other drugs used to block the effects of an opioid overdose.
- Section 19: Allows the Department of Corrections to offer two doses of an opioid reversal medication and appropriate education in use of the medication upon release from a facility.
- Section 20: Removes fire stations from the definition of Safe Stations, since federal law does not allow fire stations to accept controlled substances.
- Section 21: Fixes the effective date of the definition of “substance use disorder” in Section 27-81-102(13.8).
- Section 22: Continues the Harm Reduction Grant Program and the Maternal Child Health Pilot Program
- Section 23: Appropriates funding to community programs to respond to the impacts of the COVID-19 pandemic:
1. \$500,000 to CDE for the behavioral health care professional matching grant program
 2. \$2,500,000 to CDE (from MTCF) for the K-5 social and emotional health pilot program
 3. For the 2021-22 state fiscal year, the following General Fund amounts to the Office of Behavioral Health:
 - a. \$3,530,000 to MSOs for SUD treatment and recovery providers for expenses related to COVID-19
 - b. \$3,250,000 for CMHCs for expenses related to COVID-19
 - c. \$500,00 to MSOs for SBIRT
 - d. \$2,000,000 for services provided to school-aged children and parents by CMHC school-based clinicians and prevention specialists
 - e. \$3,800,000 for co-responder programs, Colorado crisis system services, housing assistance, including recovery residences and momentum and transition specialist programs, and treatment for rural communities
 - f. \$2,000,000 for behavioral health treatment for children, youth, and their families
 - g. \$250,000 for treatment and detoxification programs
 - h. \$500,000 directed to community transition services for guardianship services for individuals transitioning out of mental health institutes
 - i. \$75,000 for the perinatal substance use data linkage project
 4. For FY2021-22, the following General Fund amounts to CDPHE:
 - a. \$250,000 for allocation to mental health first aid for in-person and virtual trainings
 - b. \$1,150,000 for the opiate antagonist bulk purchase fund, and school-based health centers
 - c. \$500,000 for the Colorado HIV and AIDS prevention grant program
 5. \$500,000 to CDHS for the early childhood mental health consultation program
 6. \$600,000 to the center for research into SUD prevention, treatment, and recovery support strategies for education for health-care professionals, grant writing assistance, and personal protective equipment and telehealth supplies for the medication-assisted treatment expansion pilot.
 7. \$120,000 to the Department of law for the Safe2Tell program