

HB22-1281: BEHAVIORAL HEALTH-CARE CONTINUUM GAP GRANT PROGRAM

Concerning a program to fund behavioral health-care services.

Details

Bill Sponsors:	House – <i>Gonzales-Gutierrez (D)</i> , <i>Amabile (D)</i> , <i>Bradfield (R)</i> , <i>Michaelson Jenet (D)</i> , <i>Van Beber (R)</i> Senate – <i>Winter (D)</i> & <i>Rankin (R)</i> ,
Committee:	House Public & Behavioral Health & Human Services Committee
Bill History:	3/7/2022- Introduced in House
Next Action:	4/5/2022- Hearing in House Health & Human Services Committee

Bill Summary

The bill establishes the Community Behavioral Health-care Continuum Gap Grant Program in the Behavioral Health Administration (BHA). 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. A community-based organization, local government, or nonprofit organization is eligible for a grant award. The bill appropriates \$90 million for the grant program.

Issue Summary

Prevention

Prevention encompasses a wide range of activities, which are distributed into three distinct categories: primary, secondary, and tertiary. Primary prevention aims to prevent injury or disease before it occurs by preventing exposure, altering behaviors, and increasing resistance to disease or injury.¹ Secondary prevention aims to reduce the impact of disease or injury that has occurred by early intervention, altering behaviors to prevent recurrence/re-injury, implementing programs to improve health, and preventing long-term problems. Finally, tertiary prevention aims to soften the impact of an ongoing injury or illness by helping people manage long-term issues that tend to be complex.

Medication-Assisted Treatment (MAT)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines medication-assisted treatment (MAT) as medications utilized with counseling and behavioral therapies to treat substance use disorders and to prevent opioid overdose.² Currently, there are three classes of medications that have been approved by the Food and Drug Administration (FDA) to treat opioid use disorders: methadone, buprenorphine, and naltrexone.³ Methadone is an opioid agonist that reduces the symptoms of opioid withdrawal while blocking the euphoric effects of most opioids, including heroin. Methadone is required to be administered daily in an office setting for the first few years of maintenance treatment. Federal rules require methadone to be prescribed and dispensed by a certified Opioid Treatment Program. Buprenorphine is an opioid partial agonist that can reduce the effects of withdrawal but it produces effects such as euphoria or respiratory depression. Since buprenorphine has these effects it is often produced in

¹ Institute for Work and Health (April 2015). *Primary, secondary, and tertiary prevention*. Retrieved from <https://www.iwh.on.ca/what-researchers-mean-by/primary-secondary-and-tertiary-prevention>

² Substance Abuse and Mental Health Services Administration (2015). *Medication and Counseling Treatment*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

³ California Health Care Foundation (Sept. 2017). *Why Health Plans Should Go to the "MAT" in the Fight Against Opioid Addiction*. Retrieved from <https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf>

combination with naloxone to reduce the potential for misuse.⁴ With naltrexone, an opioid antagonist, the medication blocks both the euphoric and sedative effects of opioids; additionally, a patient is to abstain from opioids for 7-10 days for beginning the medication. Injectable naltrexone must be administered in a health care setting by a licensed provider, which includes pharmacists. Naltrexone can also be utilized to treat alcohol use disorders (AUD). Studies have shown the effectiveness of naltrexone in decreasing cravings and improving outcomes.^{5,6} Evidence has demonstrated the effectiveness of MAT, yet only 10 percent of those that seek this treatment can access it in the United States.² The barriers can range from a shortage of buprenorphine prescribers⁷, to restrictive health plans, to stigma. Since methadone can only be administered by a certified Opioid Treatment Program, this places yet another barrier to treatment for patients. Insurance barriers can include dosage limits, authorization requirements, inadequate counseling coverage, cost-sharing requirements, and “fail-first” criteria.⁸

Treatment in Colorado

In 2019, there were 43,731 treatment admissions for substance use disorder in Colorado, 276 more admissions than in the previous year.⁹ Alcohol is the substance with the largest number of treatment admissions, a trend that has continued since 2009. Heroin treatment admissions have increased by 52 percent since 2015 while methamphetamine admissions have increased by 31 percent. Nearly half of treatment admissions (42%) were for heroin or meth.

Peer Support

Peer support workers work with people in recovery to assist them in following their own recovery paths.¹⁰ They bring in their own lived experience of living with mental health disorders or substance use disorders (SUDs) in order to support others’ progress to recovery. Peer support workers may practice in a variety of practice settings from recovery residences to criminal justice settings. Research compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA) has found that peer support increases self-esteem and confidence, the sense that treatment is responsive and inclusive of needs, the sense of hope and inspiration, engagement in self-care and wellness as well as decreases psychotic symptoms, reduces hospital admission rates, and decreases substance use and depression.

Housing

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness. The approach is guided by the principle that an individual needs a basic necessity like housing before they can address other issues like a substance use disorder, obtaining a job, or learning how to budget.¹¹ The housing in this approach is intended to be permanent but the types of housing provided varies by program. Services that are provided include screening, needs assessment, housing assistance, support services, case management, and sometimes on-site medical or behavioral health care.¹²

⁴ Substance Abuse and Mental Health Services Administration (2015). *Medication and Counseling Treatment*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

⁵ Anton, R.F. (May 3, 2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial. *JAMA*. 295(17). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16670409>

⁶ Helstrom, A.W. (Sept. 2016). Reductions in Alcohol Craving Following Naltrexone Treatment for Heavy Drinking, *Alcohol and Alcoholism* 51(5). Retrieved from <https://academic.oup.com/ajcalc/article/51/5/562/1740449>

⁷ Office of Inspector General, U.S. HHS (Jan 2020). *Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder*. Retrieved from <https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp>

⁸ “Fail-First” can require detox before medication coverage or failure of another medication before coverage is allowed.

⁹ Substance Abuse Trend and Response Task Force (Jan. 2021) *Annual Report*. Retrieved from <https://coag.gov/app/uploads/2020/12/2021-Annual-Report-Substance-Abuse-Trend-Response-Task-Force.pdf>

¹⁰ SAMHSA (2017) *Value of Peers*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

¹¹ National Alliance to End Homelessness (Apr. 2016). *Fact Sheet: Housing First*. Retrieved from <http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf>

¹² Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing first for homeless persons with active addiction: are we overreaching?. *The Milbank quarterly*, 87(2), 495-534.

In this approach SUD services are usually offered, although abstinence and/or treatment are not required for participation. A study found that individuals with SUD report less housing stability than those without a SUD. It further found that participants in the Housing First group were 17 times more likely than those in a “treatment as usual” group to report sustained housing and high scores on community functioning.¹³ It is important to note that all types of SUDs do not respond the same to the Housing First model; one study has shown that stimulant users, such as cocaine, have somewhat less successful housing outcomes than individuals with other SUDs.¹⁴

Harm Reduction

Naloxone is a commonly used opioid antagonist utilized to reverse an opioid overdose in order to save a person’s life. There are four methods to administer the drug: intramuscular, auto-injectable, intravenous, and nasal spray. The intramuscular, auto-injectable, and nasal spray can be used by the lay public. Paramedics utilize intravenous naloxone. Syringe Access Programs (SAPs) were illegal in Colorado until 2010, as the distribution of needles to individuals violated drug paraphernalia distribution laws. In 2010, SB10-189 was passed, exempting volunteers and staff from those drug paraphernalia laws if the needles were provided as part of a local board of health authorized program, which also provides referrals to drug treatment program, encourages and facilitates use of primary and mental health care, and follows safety protocols for the safe disposal of used syringes.

This Legislation

Definitions

Behavioral health administration or **BHA** means the behavioral health administration

Behavioral health-care services assessment tool means the assessment tool developed by the BHA to identify regional gaps in behavioral health-care services.

Care access point means a location at which a person seeking behavioral health care can receive care coordination.

Community-based organization means a nonprofit or for-profit organization that provides behavioral health-care services to clients who are receiving public benefits.

Grant program means the community behavioral health-care continuum gap grant program

Local education provider means a school district, a charter school, an institute charter school, or a board of cooperative services.

Local government means a county, municipality, city and county, federally recognized Indian tribe, or local education provider.

Medication-assisted treatment or **MAT** means a combination of behavioral therapy and medications, such as buprenorphine and all other medications and therapies, approved by the federal food and drug administration to treat opioid use disorder.¹⁵

Nonprofit organization means an organization that is exempt from taxation under section 501 (c)(3) of the federal “Internal Revenue Code of 1986.”

Continuum Gap Grant Program

The grant program is established to provide grants to local governments, community-based organizations, and nonprofit organizations for programs and services along the behavioral health care continuum in areas of need. The BHA administers the grant program and must create an application process and make the process publicly available on its website prior to accepting applications. The BHA must begin accepting grant

¹³ Division of Addiction, Cambridge Health Alliance (Jan. 24, 2018). *Substance Use: Housing First or treatment as usual?* Retrieved from <https://www.basisonline.org/2018/01/stash-vol-14-1-substance-use-housing-stability.html>

¹⁴ Edens, E.L., Tsai, J., & Rosenheck, R.A. (2014). Does stimulant use impair housing outcomes in low-demand supportive housing for chronically homeless adults?. *Am J Addict*, 23(3), 243-248. doi: 10.1111/j.1521-0391.2014.12089.x.

¹⁵ As defined in C.R.S. 23-21-803

applications no later than December 31, 2022. Additionally, the BHA shall provide grant application support to an applicant, upon request, from a grant application writing professional who is independent from the grant program. A behavioral health care services assessment tool must be created to identify regional gaps in services on the behavioral health service continuum and made publicly available on its website prior to accepting grant applications. The BHA can award two types of grants: (1) community investment grants to address identified behavioral health care needs with supporting services along the continuum of behavioral health care; and (2) children, youth, and family services grants to expand services targeted to those specific groups.

Grant Type: Community Investment Grants

A community-based organization, local government, or nonprofit organization is eligible for a community investment grant. An awarded grant may be used for evidence-based or evidence-informed services along the continuum, including prevention, treatment, crisis services, recovery, harm reduction, care navigation and coordination, transitional housing, supportive housing, and recovery homes, and for capital expenditures related to providing these services. Additionally, an award can be used to expand capacity for existing treatment, programs, or services within the grant recipient's jurisdiction or service area. If the grant recipient is a nonprofit organization that is a hospital, it may the award to redesign access to SUD treatment, create telehealth partnerships with an approved provider to support MAT and outpatient services, and fund start-up costs for mobile MAT units that serve rural areas.

Grant Type: Children, Youth, and Family Services Grants

The BHA shall award children, youth, and family services grants to expand population-specific services with the goal of establishing a care access point in each health services area, as designated by the federal Health Resources and Services Administration (HRSA). A community-based organization; local government; local collaborative management program, local juvenile services planning committee; or nonprofit organization is eligible for this type of grant. This type of grant can be used for:

- establishing and operating an access point oriented towards children, youth, and families, that is physically connected to a family resource center, or a facility that provides behavioral health treatment;
- navigation and coordination services oriented toward children, youth, and families;
- expanding evidence-based or evidence-informed treatment, including SUD treatment, for children, youth, and families;
- intensive outpatient services, including high-fidelity wraparound youth mobile response and expanded caregiver interventions;
- capital expenditures related to providing the treatment and services described above

Grant Application

In order to receive a grant, an entity must use the BHA developed assessment tool to identify gaps in services in the region served by the grant award and submit an application to the BHA. At a minimum, the application must include:

- whether the grant is a community investment grant or a children, youth, and family services grant
- the requested amount of the grant award and a description of the service that will be provided with the grant award;
- a demonstration of the need for the service that will be provided, including whether the service addresses a gap in services identified by the applicant;
- the source of contributing funds or nonfinancial contributing resources, or whether the applicant is requesting a waiver from the contributing funds requirement;

- whether the intended use of the grant award aligns with a regional opioid settlement plan, if applicable, or a local public health needs assessment for the area in which the services will be provided;
- a commitment to sustain the services provided with a grant award beyond the duration of the grant, if applicable;

The BHA shall accept and review grant applications and award grants. Preference must be given to applicants providing a service that addresses a gap in services identified with the behavioral health care services assessment tool. Grants are only to be awarded to applicants that have identified a source of contributing funds or nonfinancial contributing resources in an amount determined by the BHA. Although, the BHA may waive the requirement for an applicant that is requesting a grant award of less than \$50,000. In determining the amount of contributing funds required for an applicant, the BHA shall consider the size of the applicant organization, including available staff and annual operating budget. Nonfinancial contributing resources may be any nonmonetary resources, including in-kind local government services that directly support the services provided with an award. A grant recipient shall spend or obligate any grant money by December 31, 2024. Any money obligated by December 31, 2024, must be expended by December 31, 2026. A grant recipient may use no more than 10% of a grant award for administrative costs associated with receipt of the award.

Reporting Requirements

Each grant recipient shall submit a report to the BHA following the expiration of the grant term. The report must include:

- information about the use of the grant award, including the services provided with a grant award and where those services were provided;
- the amount of contributing funds or nonfinancial contributing resources that supported the services;
- aggregated demographic information of the individuals who receive services funded with a grant award;
- whether the recipient is continuing to provide the services, and any other information requested by the BHA.

In its annual report to the committees of reference pursuant to the “State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act”, the Department of Human Services (DHS) must provide information about the grant program, including information on the type of services funded with a grant award and where those services were provided.

Grant Program Funding

\$90 million are appropriated to DHS to implement the grant program. Of these funds, the BHA shall award \$45 million for community investment grants and \$45 million for children, youth, and family services grants. DHS, the BHA, and any person who receives money from the BHA, including each grant recipient, shall comply with all requirements established by the Office of State Planning and Budgeting (OSP) and the state controller. In order to be eligible to receive grant money for a capital expenditure, the applicant must submit to the BHA a written justification as set forth in Federal Regulations¹⁶ except that this requirement does not apply if the BHA determines that the written justification is not required based on how the expenditures will be reported to the U.S. Department of the Treasury.

The grant program is repealed effective January 31, 2027.

The bill is effective upon the Governor’s signature or if the Governor allows it to become law without their signature.

¹⁶ 31 CFR 35.6 (b)(4)

Reasons to Support

This bill creates a large fund for Colorado communities to utilize to address the systematic gaps within the behavioral health care system. This allows for community and population-specific interventions to be implemented.

Supporters

- City of Boulder
- Colorado Alliance of Boys & Girls Clubs
- Colorado Association for School-Based Health Care
- Colorado Hospital Association
- Colorado Municipal League
- Denver Health & Hospital Authority
- Young Invincibles

Reasons to Oppose

This bill is funded with American Rescue Plan Act (ARPA) federal funding; therefore, this funding is time-limited. It may be hard to sustain any interventions or strategies past the end of these funds. The grant application must contain a commitment to sustain the services provided beyond the duration of the grant.

Opponents

- Any opposition has not been made public at this time.

Other Considerations

The definition of local government does not include a special district. The Health District of Northern Larimer County may fall under the definition of community-based organization but including special districts in the definition of local government would provide more clarity.

The list of activities that a community investment grant does not explicitly include peer support services. Although these services may be fall under another activity, having these services clearly stated would ensure that all behavioral health services along the continuum are included.

The bill specifically states if the grant recipient is a nonprofit organization that is a hospital, it may use a grant award to fund telehealth partnerships and to support MAT services and mobile MAT unit start-up costs that serve rural areas. There are nonprofit organizations other than hospitals that can provide these services and should be eligible for funding.

Amending Position

- Colorado Counties, Inc.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Lisa Ward, Policy Coordinator, at (970) 224-5209, or e-mail at lward@healthdistrict.org