Second Regular Session Seventieth General Assembly STATE OF COLORADO

REVISED

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

LLS NO. 16-1169.01 Jane Ritter x4342

SENATE BILL 16-202

SENATE SPONSORSHIP

Steadman, Grantham, Lambert

HOUSE SPONSORSHIP

Young, Hamner, Rankin

Senate Committees

House Committees

Appropriations

Appropriations

A BILL FOR AN ACT CONCERNING INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES THROUGH DESIGNATED REGIONAL MANAGED SERVICE ORGANIZATIONS, AND, IN CONNECTION 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://www.leg.state.co.us/billsummaries.)

Joint Budget Committee. The bill requires each designated regional managed service organization (MSO) throughout the state to assess the sufficiency of effective substance use disorder services in its

HOUSE nd Reading Unamended May 5, 2016

SENATE
3rd Reading Unamended
May 2, 2016

SENATE Amended 2nd Reading April 29, 2016 geographic region for adolescents ages 17 and younger, young adults ages 18 through 25, pregnant women, women who are postpartum and parenting, and other adults who are in need of such services. Each MSO will provide the department of human services (department) and the department of health care policy and financing with a community action plan to increase access to effective substance use disorder services in its geographic region based on the results of the community assessment. The department shall post the results of the MSO community action plans on its website, as well as provide a summary report of the community action plans to the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or any successor committees.

On July 1, 2016, the department shall disburse to each MSO 60% of the MSO's allocation from the marijuana tax cash fund. The department shall disburse to each MSO the remaining 40% of the MSO's allocation after submission of the MSO's community action plan. Each MSO may use up to 15% of its state fiscal year 2016-17 allocation from the marijuana tax cash fund for the community assessment and related community action plan and the remainder for what is not otherwise covered by public or private insurance. Each MSO may utilize money allocated to it from the marijuana tax cash fund to implement its community action plan and increase access to effective substance use disorder services. On July 1, 2017, and on July 1 each year thereafter, the department shall disburse to each MSO 100% of the MSO's allocation from the marijuana tax cash fund.

For state fiscal year 2016-17, and each state fiscal year thereafter, the department shall allocate money that is annually appropriated from the marijuana tax cash fund to MSOs based on the department's allocation of the federal substance abuse prevention and treatment block grant for specific geographic areas. The department shall modify the allocation methodology as necessary in subsequent fiscal years.

Each MSO shall submit mid-year and annual reports to the department on its activities, use of money, and the impact of its community action plan to increase access to effective substance use disorder services

The department is directed to contract with an evaluation contractor and to work collaboratively with that entity and the department of health care policy and financing to study the overall effectiveness of intensive residential treatment in the state. Prior to entering into a contract for the evaluation of intensive residential treatment, the department shall seek input from MSOs and residential substance use disorder treatment providers concerning relevant outcome measures.

1 Be it enacted by the General Assembly of the State of Colorado:

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1 **SECTION 1.** In Colorado Revised Statutes, add 27-80-107.5 as 2 follows: 3 27-80-107.5. Increasing access to effective substance use 4 disorder services act - managed service organizations - substance use 5 disorder services - assessment - community action plan - allocations 6 - reporting requirements - evaluation. (1) THE SHORT TITLE OF THIS 7 SECTION IS THE "INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE 8 DISORDER SERVICES ACT". 9 (2) ON OR BEFORE FEBRUARY 1, 2017, EACH MANAGED SERVICE 10 ORGANIZATION DESIGNATED PURSUANT TO SECTION 27-80-107 SHALL 11 ASSESS THE SUFFICIENCY OF SUBSTANCE USE DISORDER SERVICES WITHIN 12 ITS GEOGRAPHIC REGION FOR ADOLESCENTS AGES SEVENTEEN AND 13 YOUNGER, YOUNG ADULTS AGES EIGHTEEN THROUGH TWENTY-FIVE, 14 PREGNANT WOMEN, WOMEN WHO ARE POSTPARTUM AND PARENTING, AND 15 OTHER ADULTS WHO ARE IN NEED OF SUCH SERVICES. DURING THE 16 COMMUNITY ASSESSMENT PROCESS, EACH MANAGED SERVICE 17 ORGANIZATION SHALL SEEK INPUT AND INFORMATION FROM APPROPRIATE 18 ENTITIES, SUCH AS COMMUNITY MENTAL HEALTH CENTERS, BEHAVIORAL 19 HEALTH ORGANIZATIONS, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL 20 SERVICES, LOCAL PUBLIC HEALTH AGENCIES, SUBSTANCE USE DISORDER 21 TREATMENT PROVIDERS, LAW ENFORCEMENT AGENCIES, PROBATION 22 DEPARTMENTS, __ ORGANIZATIONS THAT SERVE VETERANS OR HOMELESS 23 INDIVIDUALS, AND OTHER RELEVANT STAKEHOLDERS. THE COMMUNITY 24 ASSESSMENT MUST INCLUDE AN ANALYSIS OF EXISTING FUNDING AND 25 RESOURCES WITHIN THE COMMUNITY TO PROVIDE A CONTINUUM OF

SUBSTANCE USE DISORDER SERVICES, INCLUDING PREVENTION,

INTERVENTION, TREATMENT, AND RECOVERY SUPPORT SERVICES, FOR

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1	ADOLESCENTS AGES SEVENTEEN AND YOUNGER, YOUNG ADULTS AGES
2	EIGHTEEN THROUGH TWENTY-FIVE, PREGNANT WOMEN, WOMEN WHO ARE
3	POSTPARTUM AND PARENTING, AND OTHER ADULTS WHO ARE IN NEED OF
4	SUCH SERVICES.
5	(3) (a) On or before March 1, 2017, each managed service
6	ORGANIZATION THAT HAS COMPLETED A COMMUNITY ASSESSMENT
7	PURSUANT TO SUBSECTION (2) OF THIS SECTION SHALL PREPARE AND
8	SUBMIT IN ELECTRONIC FORMAT TO THE DEPARTMENT AND THE
9	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING A COMMUNITY
10	ACTION PLAN TO INCREASE ACCESS TO EFFECTIVE SUBSTANCE USE
11	DISORDER SERVICES, REFERRED TO IN THIS SECTION AS THE "COMMUNITY
12	ACTION PLAN". THE COMMUNITY ACTION PLAN MUST SUMMARIZE THE
13	RESULTS OF THE COMMUNITY ASSESSMENT AND INCLUDE A DESCRIPTION
14	OF HOW THE MANAGED SERVICE ORGANIZATION WILL UTILIZE ITS
15	ALLOCATION OF FUNDING FROM THE MARIJUANA TAX CASH FUND CREATED
16	IN SECTION 39-28.8-501, C.R.S., TO ADDRESS THE MOST CRITICAL SERVICE
17	GAPS IN $\underline{\text{ITS}}$ GEOGRAPHIC REGION AND A TIMELINE FOR IMPLEMENTATION
18	OF THE COMMUNITY ACTION PLAN.
19	(b) A MANAGED SERVICE ORGANIZATION MAY PERIODICALLY
20	UPDATE ITS COMMUNITY ACTION PLAN TO REFLECT CHANGES IN
21	COMMUNITY NEEDS AND PRIORITIES. ANY SUCH UPDATED PLAN MUST BE
22	SUBMITTED IN ELECTRONIC FORMAT TO THE DEPARTMENT AND THE
23	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING.
24	(c) On or before May 1, 2017, the department shall post
25	THE COMMUNITY ACTION PLANS FROM THE MANAGED SERVICE
26	ORGANIZATIONS DEVELOPED PURSUANT TO PARAGRAPH (a) OF THIS
27	SUBSECTION (3) ON ITS WEBSITE. ON OR BEFORE MAY 1, 2017, THE

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1	DEPARTMENT SHALL SUBMIT A REPORT SUMMARIZING ALL OF THE
2	COMMUNITY ACTION PLANS RECEIVED FROM THE MANAGED SERVICE
3	ORGANIZATIONS TO THE JOINT BUDGET COMMITTEE, THE HEALTH AND
4	HUMAN SERVICES COMMITTEE OF THE SENATE, AND THE PUBLIC HEALTH
5	CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
6	REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES. THE DEPARTMENT
7	SHALL POST ON ITS WEBSITE ANY UPDATED COMMUNITY ACTION PLANS
8	RECEIVED PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (3).
9	(4) (a) On July 1, 2016, the department shall disburse to
10	EACH DESIGNATED MANAGED SERVICE ORGANIZATION SIXTY PERCENT OF
11	THE DESIGNATED MANAGED SERVICE ORGANIZATION'S ALLOCATION FROM
12	THE MONEY APPROPRIATED FROM THE MARIJUANA TAX CASH FUND. EACH
13	DESIGNATED MANAGED SERVICE ORGANIZATION THAT CONDUCTS A
14	COMMUNITY ASSESSMENT AND PREPARES A COMMUNITY ACTION PLAN
15	PURSUANT TO SUBSECTION (3) OF THIS SECTION MAY USE UP TO FIFTEEN
16	PERCENT OF ITS STATE FISCAL YEAR 2016-17 ALLOCATION FROM THE
17	MARIJUANA TAX CASH FUND FOR SUCH PURPOSES AND THE REMAINDER
18	FOR SUBSTANCE USE DISORDER SERVICES. THE DEPARTMENT SHALL
19	DISBURSE THE REMAINING FORTY PERCENT OF THE DESIGNATED MANAGED
20	SERVICE ORGANIZATION'S MARIJUANA TAX CASH FUND ALLOCATION TO
21	EACH DESIGNATED MANAGED SERVICE ORGANIZATION AFTER THE
22	SUBMISSION OF ITS COMMUNITY ACTION PLAN.
23	(b) On July 1, 2017, and on every July 1 thereafter, the
24	DEPARTMENT SHALL DISBURSE TO EACH DESIGNATED MANAGED SERVICE
25	ORGANIZATION THAT HAS SUBMITTED A COMMUNITY ACTION PLAN ONE
26	HUNDRED PERCENT OF THE DESIGNATED MANAGED SERVICE
27	OPCANIZATION'S ALLOCATION FROM THE MONEY ADDRODDIATED FROM THE

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2	(c) It is the intent of the general assembly that each
3	DESIGNATED MANAGED SERVICE ORGANIZATION USE MONEY ALLOCATED
4	TO IT FROM THE MARIJUANA TAX CASH FUND TO COVER EXPENDITURES FOR
5	SUBSTANCE USE DISORDER SERVICES THAT ARE NOT OTHERWISE COVERED
6	BY PUBLIC OR PRIVATE INSURANCE. EXCEPT AS PROVIDED IN PARAGRAPH
7	(a) OF THIS SUBSECTION (4), EACH MANAGED SERVICE ORGANIZATION MAY
8	USE ITS ALLOCATION FROM THE MARIJUANA TAX CASH FUND TO
9	IMPLEMENT ITS COMMUNITY ACTION PLAN AND INCREASE ACCESS TO
10	SUBSTANCE USE DISORDER SERVICES FOR POPULATIONS IN NEED OF SUCH
11	SERVICES THAT ARE WITHIN ITS GEOGRAPHIC REGION.

- (d) (I) FOR STATE FISCAL YEAR 2016-17, AND EACH STATE FISCAL YEAR THEREAFTER, THE DEPARTMENT SHALL ALLOCATE MONEY THAT IS ANNUALLY APPROPRIATED TO IT FROM THE MARIJUANA TAX CASH FUND TO THE DESIGNATED MANAGED SERVICE ORGANIZATIONS BASED ON THE DEPARTMENT'S ALLOCATION OF THE FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT TO GEOGRAPHICAL AREAS FOR THE SAME STATE FISCAL YEAR.
- (II) FOR STATE FISCAL YEAR 2017-18 AND EACH FISCAL YEAR THEREAFTER, THE DEPARTMENT SHALL MODIFY THE ALLOCATION METHODOLOGY SET FORTH IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (d) IF THE DESIGNATED MANAGED SERVICE ORGANIZATIONS RECOMMEND, BY CONSENSUS, A CHANGE. ANY SUCH RECOMMENDATION MUST BE SUBMITTED TO THE DEPARTMENT BY FEBRUARY 28 PRIOR TO THE STATE FISCAL YEAR IN WHICH THE CHANGE WOULD APPLY.
- (5) (a) ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE EACH SEPTEMBER 1 THEREAFTER, EACH DESIGNATED MANAGED SERVICE

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1	ORGANIZATION SHALL SUBMIT AN ANNUAL REPORT TO THE DEPARTMENT
2	CONCERNING THE AMOUNT AND PURPOSE OF ACTUAL EXPENDITURES MADE
3	USING MONEY FROM THE MARIJUANA TAX CASH FUND IN THE PREVIOUS
4	STATE FISCAL YEAR. THE REPORT MUST CONTAIN A DESCRIPTION OF THE
5	IMPACT OF THE EXPENDITURES ON ADDRESSING THE NEEDS THAT WERE
6	IDENTIFIED IN THE INITIAL AND ANY SUBSEQUENT COMMUNITY
7	ASSESSMENTS AND ACTION PLANS DEVELOPED PURSUANT TO
8	SUBSECTION (3) OF THIS SECTION, AS WELL AS ANY OTHER REQUIREMENTS
9	ESTABLISHED FOR THE CONTENTS OF THE REPORT BY THE DEPARTMENT.
10	(b) On or before February 1, 2017, and on or before each
11	FEBRUARY 1 THEREAFTER, EACH DESIGNATED MANAGED SERVICE
12	ORGANIZATION SHALL SUBMIT TO THE DEPARTMENT A MID-YEAR REPORT
13	CONCERNING ACTUAL EXPENDITURES FROM JULY 1 THROUGH DECEMBER
14	31.
15	(c) On or before November 1, 2020, the department, in
16	COLLABORATION WITH THE DESIGNATED MANAGED SERVICE
17	ORGANIZATIONS, SHALL SUBMIT A REPORT TO THE JOINT BUDGET
18	COMMITTEE AND THE JOINT HEALTH AND HUMAN SERVICES COMMITTEE,
19	OR ANY SUCCESSOR COMMITTEES. THE REPORT MUST:
20	(I) SUMMARIZE EXPENDITURES MADE BY THE DESIGNATED
21	MANAGED SERVICE ORGANIZATIONS USING MONEY MADE AVAILABLE
22	PURSUANT TO THIS SECTION FOR STATE FISCAL YEARS 2016-17, 2017-18,
23	<u>2018-19</u> , AND 2019-20;
24	(II) DESCRIBE THE IMPACT THE EXPENDITURES HAVE HAD ON
25	INCREASING STATEWIDE ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER
26	SERVICES; AND
27	(III) INCLUDE ANY DECOMMENDATIONS TO STRENGTHEN OF

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IMPROVE THE PROGRAM.

- (6) (a) On or before November 1, 2016, the department SHALL ENTER INTO A CONTRACT WITH AN EVALUATION CONTRACTOR TO STUDY THE EFFECTIVENESS OF INTENSIVE RESIDENTIAL TREATMENT OF SUBSTANCE USE DISORDERS PROVIDED THROUGH MANAGED SERVICE ORGANIZATIONS. THE DEPARTMENT AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL COLLABORATE WITH THE EVALUATION CONTRACTOR ON THE DESIGN OF THE EVALUATION SO THAT THE DATA AND ANALYSES WILL BE OF MAXIMUM BENEFIT FOR EVALUATING WHETHER THE MEDICAID BEHAVIORAL HEALTH BENEFIT SHOULD BE EXPANDED TO INCLUDE INTENSIVE RESIDENTIAL TREATMENT FOR SUBSTANCE USE DISORDERS.
 - (b) PRIOR TO ENTERING INTO A CONTRACT FOR THE EVALUATION OF INTENSIVE RESIDENTIAL TREATMENT OF SUBSTANCE USE DISORDERS PROVIDED THROUGH MANAGED SERVICE ORGANIZATIONS, THE DEPARTMENT SHALL SEEK INPUT FROM MANAGED SERVICE ORGANIZATIONS AND RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PROVIDERS CONCERNING RELEVANT OUTCOME MEASURES TO BE USED BY THE EVALUATION CONTRACTOR IN THE STUDY.
 - (c) On or before February 1, 2019, the department shall submit a copy of the evaluation contractor's final report to the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or any successor committees.
- SECTION 2. In Colorado Revised Statutes, 39-28.8-501, amend
 (2) (b) (IV) introductory portion and (2) (b) (IV) (C) as follows:

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1	39-28.8-501. Marijuana tax cash fund - creation - distribution
2	- repeal. (2) (b) (IV) Subject to the limitation in subsection (5) of this
3	section, the general assembly may annually appropriate any moneys
4	MONEY in the fund for any fiscal year following the fiscal year in which
5	they were received by the state for the following purposes:
6	(C) To treat AND PROVIDE RELATED SERVICES TO people with any
7	type of substance-abuse disorder, especially SUBSTANCE USE DISORDER,
8	INCLUDING those with co-occurring disorders, OR TO EVALUATE THE
9	EFFECTIVENESS AND SUFFICIENCY OF SUBSTANCE USE DISORDER SERVICES;
10	SECTION 3. Appropriation. (1) For the 2016-17 state fiscal
11	year, \$6,000,000 is appropriated to the department of human services.
12	This appropriation is from the marijuana tax cash fund created in section
13	39-28.8-501 (1), C.R.S. To implement this act, the department may use
14	this appropriation as follows:
15	(a) \$5,823,632 for distribution to managed service organizations
16	pursuant to section 27-80-107.5 (4), C.R.S.;
17	(b) \$65,715 for personal services related to community behavioral
18	health administration, which amount is based on an assumption that the
19	department will require an additional 1.0 FTE;
20	(c) \$5,653 for operating expenses related to community behavioral
21	health administration; and
22	(d) \$105,000 for an evaluation of the effectiveness of intensive
23	residential substance use disorder treatment pursuant to section
24	27-80-107.5 (6), C.R.S.
25	SECTION 4. Safety clause. The general assembly hereby finds,
26	determines, and declares that this act is necessary for the immediate
27	preservation of the public peace, health, and safety.

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