

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0806.01 Chelsea Princell x4335

SENATE BILL 22-148

SENATE SPONSORSHIP

Donovan and Simpson,

HOUSE SPONSORSHIP

McLachlan and Catlin, Amabile, Bradfield, Gonzales-Gutierrez, Michaelson Jenet, Van Beber

Senate Committees
State, Veterans, & Military Affairs

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A GRANT PROGRAM TO PROVIDE A**
102 **GRANT TO A COLORADO LAND-BASED TRIBE TO SUPPORT**
103 **INFRASTRUCTURE IMPROVEMENTS TO TRIBAL BEHAVIORAL**
104 **HEALTH FACILITIES THAT SERVE INDIGENOUS INDIVIDUALS.**

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://leg.colorado.gov>.)

The bill requires the general assembly to appropriate \$5 million from the behavioral and mental health cash fund to the department of health and human services for the purpose of making a grant to one or

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

more Colorado land-based tribes to support capital expenditure for the renovation or building of a behavioral health facility to provide behavioral and mental health services.

The grant program repeals on July 1, 2027.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) According to the April 2020 National Tribal Budget
5 Formulation Workgroup's recommendations, Native Americans continue
6 to rank near the bottom of all Americans in health, education, and
7 employment outcomes. This is due to the failure of the federal
8 government to adequately address the well-being of Native Americans
9 over the last 2 centuries. For example, in 2014, both Native American
10 males and females had the highest suicide rates among other racial and
11 ethnic groups at 27.4 deaths and 8.7 deaths respectively per 100,000.
12 Substance abuse disorder rates were found to be higher among the
13 American Indian and Alaska native population than among any other
14 racial or ethnic group at 16 percent, as compared to non-Latino White
15 individuals at 8 percent, non-Hispanic Black individuals at 8.6 percent,
16 Hispanic individuals at 8.5 percent, Asian individuals at 4.5 percent, and
17 Native Hawaiian or other Pacific Islander individuals at 10 percent.
18 Additionally, the rate of alcohol-related deaths for American Indian and
19 Alaska natives is 6 times greater than the rate for all races, at 49.6 deaths
20 per 100,000 as compared to 8.0 deaths per 100,000. These behavioral
21 health issues have a profound impact on individuals and communities
22 with large populations of American Indian and Alaska native individuals.

23 (b) Additionally, the Centers for Disease Control and Prevention

1 reports that suicide rates for American Indian and Alaska native adults
2 and youth are higher than the national average with suicide being the
3 second leading cause of death for American Indian and Alaska native
4 individuals ages 10 to 34 years of age.

5 (c) Native Americans who struggle with behavioral health
6 challenges often encounter limited access to behavioral health services.
7 The COVID-19 pandemic increased the prevalence of behavioral and
8 mental health conditions. The pandemic led to a spike in risk factors for
9 mental health, including social isolation, unemployment, overall feelings
10 of insecurity and instability, and grief associated with the death of loved
11 ones. This was observed in many American Indian and Alaska native
12 communities, as members of the communities reported an increased
13 prevalence of anxiety and depression, increased incidents of suicide,
14 increased substance use, and increased incidences of domestic violence
15 since the start of the pandemic.

16 (d) Research by the Harvard University Native American Affairs
17 program and the New Mexico Indian Affairs Department performed in
18 2020 indicated that only 2 percent of behavioral health providers in New
19 Mexico are American Indian and Alaska native. This means a large
20 majority of providers across the country may not have the degree of
21 cultural competency necessary to provide optimal care for their patients.
22 This is critical, as a provider without cultural competency can be harmful
23 instead of helpful to the community. An important aspect of providing
24 culturally competent care is the provider's ability to speak the native
25 language or have access to a translator who can speak the preferred
26 language with the patient.

27 (e) Studies have found that Indigenous communities have

1 experienced an increased prevalence of behavioral and mental health
2 conditions since the start of the COVID-19 pandemic which led to a rise
3 in risk factors to mental health, including social isolation, unemployment,
4 and grief.

5 (f) COVID-19 social distancing measures presented barriers to
6 access to behavioral and mental health care for these conditions,
7 including the closure of both inpatient and outpatient treatment facilities,
8 the inability to get an in-person appointment with a provider, and fear of
9 leaving one's home due to the possibility of contracting the coronavirus.

10 (g) The American Indian and Alaska native communities have
11 been disproportionately impacted by mental illness.

12 (h) The United States department of the treasury has stated that
13 using money for behavioral health care, including behavioral health
14 facilities and equipment, is an allowable use of the money that the state
15 received from the coronavirus state fiscal recovery fund pursuant to 42
16 U.S.C. sec. 802.

17 (i) The Colorado Land-based Tribe Behavioral Health Services
18 Grant Program, created in this act to provide critical behavioral health
19 services, is an important government service provided by the state.

20 (2) Therefore, the general assembly declares that by partnering
21 with Colorado land-based tribes to support behavioral health facilities and
22 programming, Colorado can take steps to improve behavioral and mental
23 health outcomes for the Colorado American Indian and Alaska native
24 population.

25 **SECTION 2.** In Colorado Revised Statutes, **add** 27-60-114 as
26 follows:

27 **27-60-114. Colorado land-based tribe behavioral health**

1 **services grant - creation - funding - definitions - repeal.** (1) AS USED
2 IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

3 (a) "COLORADO LAND-BASED TRIBE" MEANS THE SOUTHERN UTE
4 INDIAN TRIBE AND THE UTE MOUNTAIN UTE TRIBE.

5 (b) "GRANT APPLICANT" MEANS THE SOUTHERN UTE INDIAN TRIBE,
6 THE UTE MOUNTAIN UTE TRIBE, OR ANY AUTHORIZED DEPARTMENT,
7 DIVISION, OR AFFILIATE THEREOF THAT APPLIES FOR THE GRANT PURSUANT
8 TO THIS SECTION.

9 (c) "GRANT PROGRAM" MEANS THE COLORADO LAND-BASED TRIBE
10 BEHAVIORAL HEALTH SERVICES GRANT PROGRAM CREATED IN SUBSECTION
11 (2) OF THIS SECTION.

12 (d) "GRANT RECIPIENT" MEANS THE SOUTHERN UTE INDIAN TRIBE,
13 THE UTE MOUNTAIN UTE TRIBE, OR ANY AUTHORIZED DEPARTMENT,
14 DIVISION, OR AFFILIATE THEREOF THAT IS AWARDED THE GRANT PURSUANT
15 TO THIS SECTION.

16 (2) THERE IS CREATED IN THE STATE DEPARTMENT THE COLORADO
17 LAND-BASED TRIBE BEHAVIORAL HEALTH SERVICES GRANT PROGRAM TO
18 PROVIDE FUNDING TO ONE OR MORE COLORADO LAND-BASED TRIBE TO
19 SUPPORT CAPITAL EXPENDITURE FOR THE RENOVATION OR BUILDING OF A
20 BEHAVIORAL HEALTH FACILITY TO PROVIDE BEHAVIORAL AND MENTAL
21 HEALTH SERVICES AS THE GRANT RECIPIENT MAY DEEM APPROPRIATE,
22 WHICH SERVICES MAY INCLUDE INPATIENT SERVICES AND TRANSITIONAL
23 HOUSING TO PRINCIPALLY OR FULLY SERVE AMERICAN INDIAN AND
24 ALASKA NATIVE INDIVIDUALS, INCLUDING THOSE WHO MAY BE ELIGIBLE
25 FOR INDIAN HEALTH SERVICE BENEFITS.

26 (3) THE GRANT RECIPIENT MAY USE THE MONEY RECEIVED
27 THROUGH THE GRANT PROGRAM FOR CAPITAL EXPENDITURE COSTS

1 ASSOCIATED WITH RENOVATING AN EXISTING BEHAVIORAL HEALTH
2 FACILITY OR BUILDING A NEW BEHAVIORAL HEALTH FACILITY TO PROVIDE
3 BEHAVIORAL HEALTH SERVICES AS THE GRANT RECIPIENT MAY DEEM
4 APPROPRIATE, WHICH MAY INCLUDE INPATIENT BEHAVIORAL HEALTH
5 SERVICES AND TRANSITIONAL HOUSING, TO PRINCIPALLY SERVE THE
6 AMERICAN INDIAN AND ALASKA NATIVE PATIENTS INCLUDING THOSE WHO
7 MAY BE ELIGIBLE FOR INDIAN HEALTH SERVICE BENEFITS. SUBJECT TO
8 AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL IMPLEMENT
9 AND ADMINISTER THE GRANT PROGRAM AND SHALL AWARD THE GRANT TO
10 THE GRANT RECIPIENT IN AN AMOUNT NOT GREATER THAN FIVE MILLION
11 DOLLARS.

12 (4) AN ELIGIBLE COLORADO LAND-BASED TRIBE MAY APPLY TO
13 THE STATE DEPARTMENT IN ACCORDANCE WITH THE PROCEDURES, TIME
14 FRAMES, AND REQUIREMENTS SET BY THE STATE DEPARTMENT TO RECEIVE
15 MONEY THROUGH THE GRANT PROGRAM.

16 (5) THE STATE DEPARTMENT SHALL REVIEW APPLICATIONS
17 RECEIVED FROM GRANT APPLICANTS PURSUANT TO THIS SECTION.

18 (6) TO RECEIVE A GRANT, A GRANT APPLICANT MUST SUBMIT AN
19 APPLICATION TO THE STATE DEPARTMENT IN THE FORM PRESCRIBED BY
20 THE STATE DEPARTMENT.

21 (7) THE STATE DEPARTMENT MAY SELECT A GRANT RECIPIENT TO
22 RECEIVE THE GRANT UNDER THIS GRANT PROGRAM IN AN AMOUNT NOT
23 GREATER THAN FIVE MILLION DOLLARS.

24 (8) TO BE ELIGIBLE TO RECEIVE A GRANT, A GRANT APPLICANT
25 MUST SUBMIT TO THE STATE DEPARTMENT A WRITTEN JUSTIFICATION AS
26 SET FORTH IN 31 CFR 35.6 (b)(4) FOR THE CAPITAL EXPENDITURE; EXCEPT
27 THAT THIS REQUIREMENT DOES NOT APPLY IF THE STATE DEPARTMENT

1 DETERMINES THAT THE WRITTEN JUSTIFICATION IS NOT REQUIRED BASED
2 ON HOW THE EXPENDITURES AUTHORIZED PURSUANT TO THIS SECTION
3 WILL BE REPORTED TO THE UNITED STATES DEPARTMENT OF THE
4 TREASURY.

5 (9) THE STATE DEPARTMENT AND THE GRANT RECIPIENT SHALL
6 COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND
7 PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF
8 STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN
9 ACCORDANCE WITH SECTION 24-75-226 (5).

10 (10) FOR STATE FISCAL YEAR 2022-23, THE GENERAL ASSEMBLY
11 SHALL APPROPRIATE FIVE MILLION DOLLARS FROM THE BEHAVIORAL AND
12 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 TO THE
13 STATE DEPARTMENT TO BE USED FOR THE PURPOSES OF THIS SECTION.

14 (11) THE STATE DEPARTMENT SHALL DISTRIBUTE THE GRANT
15 MONEY TO THE GRANT RECIPIENT WITHIN THIRTY DAYS AFTER THE GRANT
16 RECIPIENT SUBMITS A WRITTEN JUSTIFICATION SPECIFIED IN SUBSECTION
17 (8) OF THIS SECTION BUT NOT LATER THAN DECEMBER 31, 2024. THE
18 GRANT RECIPIENT SHALL SPEND OR OBLIGATE ALL GRANT MONEY
19 AWARDED TO THE GRANT RECIPIENT BY DECEMBER 31, 2024. ANY MONEY
20 OBLIGATED BY DECEMBER 31, 2024, MUST BE EXPENDED BY DECEMBER
21 31, 2026.

22 (12) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

23 **SECTION 3. Safety clause.** The general assembly hereby finds,
24 determines, and declares that this act is necessary for the immediate
25 preservation of the public peace, health, or safety.