

First Regular Session
Seventy-second General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 19-0717.01 Shelby Ross x4510

SENATE BILL 19-195

SENATE SPONSORSHIP

Fields and Gardner,

HOUSE SPONSORSHIP

Kraft-Tharp and Landgraf,

Senate Committees

Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING ENHANCEMENTS TO BEHAVIORAL HEALTH SERVICES AND
102 POLICY COORDINATION FOR CHILDREN AND YOUTH.

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 creates the office of children and youth behavioral health policy coordination (office) in the office of the governor. The bill also creates the children and youth behavioral health policy coordination commission (commission) and the children and youth behavioral health advisory council (council) in the office.

The commission consists of 15 members, which must be appointed

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.

no later than September 1, 2019. The primary duties and responsibilities of the commission include:

- ! Providing leadership to increase and enhance efficient and effective behavioral health services to children and youth;
- ! Coordinating efforts between state agencies and departments to increase public understanding and awareness of child and youth behavioral health needs;
- ! Recommending shared policies to remove administrative barriers in order to facilitate collaboration between communities, state departments, and political subdivisions of the state;
- ! Monitoring and receiving updates related to network adequacy for access to behavioral health services in the state;
- ! Compiling and disseminating information regarding best practices for delivering and funding behavioral health services;
- ! Receiving and acting on recommendations;
- ! Recommending funds contained in each department's budget that can be identified for collaborative service delivery systems; and
- ! Beginning January 1, 2020, and each January 1 thereafter, recommending performance measures for each department, office, and county represented on the commission that will quantify and demonstrate the effectiveness of the behavioral health system in Colorado.

The commission shall consult and collaborate with other organizations that incorporate child behavioral health strategies when developing proposals, activities, and implementation planning.

Beginning October 1, 2019, the commission shall work collaboratively with the department of health care policy and financing and the department of human services (departments) to implement wraparound services for children and youth at risk of out-of-home placement. No later than July 1, 2020, the commission shall:

- ! Recommend to the departments programmatic utilization of a single standardized assessment tool to facilitate identification of behavioral health issues and other needs;
- ! Recommend to the departments developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period;
- ! Design and recommend a child and youth behavioral health delivery system pilot program that addresses the challenges of fragmentation and duplication of behavioral health

services.

The council consists of 25 members, who must be appointed no later than September 1, 2019. The primary duties, responsibilities, and functions of the council include:

- ! Assisting the commission in fulfilling its duties;
- ! Reviewing the commission's data on performance measures and providing input to the commission to ensure continuous quality improvement;
- ! Identifying, monitoring, soliciting input, and providing policy and budgetary recommendations on emerging children and youth behavioral health issues affecting the quality and availability of behavioral health services reported by local collaborative management programs; and
- ! Submitting any formal recommendations to the commission.

On or before July 1, 2020, and each July 1 thereafter, the governor shall ensure that an annual external evaluation of the commission and council is conducted by an independent organization, which evaluation must be made publicly available in an electronic format.

On or before July 1, 2020, and each July 1 thereafter, the commission shall submit an annual report to the governor and the health and human services committee of the senate and the public health care and human services committee of the house of representatives (committees). On or before January 15, 2021, and annually thereafter, the commission shall present the annual report and submit a progress report on any recommendations to the committees.

The commission and council are scheduled to repeal on September 1, 2024, after review by the department of regulatory agencies.

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

2 **SECTION 1. Legislative declaration.** The general assembly
3 finds and declares that in 2017, suicide was the leading cause of death for
4 children and youth ages 10 to 24 in the state of Colorado. Childhood and
5 adolescence are critical periods of risk for the onset of a behavioral health
6 disorder. Nationally, half of all lifetime cases of mental illness begin by
7 the age of 14 and three-quarters begin by the age of 24. Children and
8 youth may be exposed to trauma, maltreatment, and other adverse
9 childhood experiences that may be risk factors for behavioral health

1 diagnoses in adolescence and adulthood, and there is a need to strengthen
2 the protective factors for child and youth health and safety because
3 children and youth have unique physical and behavioral health needs.
4 Additionally, many children and youth are left undiagnosed and untreated
5 because they have not been exposed to adverse childhood experiences or
6 do not show outward signs that would identify the child or youth as at
7 risk.

8 **SECTION 2.** In Colorado Revised Statutes, **add** part 6 to article
9 20 of title 24 as follows:

PART 6

OFFICE OF CHILDREN AND YOUTH

BEHAVIORAL HEALTH POLICY COORDINATION

13 **24-20-601. Legislative declaration.** (1) THE GENERAL ASSEMBLY
14 FINDS AND DECLARES THAT:

15 (a) THERE IS A NEED FOR A STATEWIDE, CENTRAL, AND
16 ACCOUNTABLE INTERAGENCY BODY DESIGNED TO ALIGN AND COORDINATE
17 CHILD AND YOUTH BEHAVIORAL HEALTH PREVENTION, PROMOTION, AND
18 DELIVERY SYSTEMS THAT SUPPORT THE WHOLE CHILD'S AND YOUTH'S
19 HEALTHY DEVELOPMENT AND FAMILY WELL-BEING:

20 (b) IN ORDER TO PROVIDE QUALITY BEHAVIORAL HEALTH SERVICES
21 TO FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH
22 CHALLENGES, BEHAVIORAL HEALTH SERVICES SHOULD BE COORDINATED
23 AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE,
24 AND SHOULD BE CULTURALLY COMPETENT, COST-EFFECTIVE, AND
25 PROVIDED IN THE LEAST RESTRICTIVE SETTINGS:

26 (c) THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND
27 YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE

1 CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN
2 PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND
3 SERVICES FOR CHILDREN AND YOUTH;

4 (d) CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH
5 CHALLENGES MAY REQUIRE A MULTI-SYSTEM LEVEL OF CARE THAT CAN
6 LEAD TO DUPLICATION AND FRAGMENTATION OF SERVICES. TO AVOID
7 THESE PROBLEMS, KEEP FAMILIES TOGETHER, AND SUPPORT CAREGIVERS
8 DURING A CHILD'S OR YOUTH'S BEHAVIORAL HEALTH CHALLENGE,
9 DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST
10 COLLABORATE WITH ONE ANOTHER;

11 (e) THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF
12 2018", AS DEFINED IN SECTION 26-5-101 (4.5), WILL BRING MAJOR
13 CHANGES TO THE CHILD WELFARE SYSTEM, INCLUDING SUPPORTING MORE
14 CHILDREN IN THE COMMUNITY AND REQUIRING A STRONG AND EFFECTIVE
15 CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM; AND

16 (f) THE COLORADO STATE INNOVATION MODEL, AN INITIATIVE
17 HOUSED IN THE OFFICE OF THE GOVERNOR, HAS WORKED TO INTEGRATE
18 BEHAVIORAL HEALTH AND PHYSICAL HEALTH, HAS MADE SIGNIFICANT
19 PROGRESS ADVANCING THE USE OF ALTERNATIVE PAYMENT MODELS, AND
20 HAS CREATED INFRASTRUCTURE FOR SCREENING AND INNOVATIVE
21 PAYMENT REFORMS. HOWEVER, FUTURE WORK IS NEEDED TO FURTHER
22 EXPAND AND IMPROVE INTEGRATED SERVICES FOR CHILDREN AND
23 FAMILIES, WITH A FOCUS ON EARLY AND UPSTREAM INTERVENTIONS.

24 (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT
25 BUILDING UPON WORK COMPLETED BY COLORADO'S TRAUMA-INFORMED
26 SYSTEM OF CARE, COLORADO MUST IMPLEMENT A MODEL OF
27 COMPREHENSIVE SYSTEM OF CARE FOR FAMILIES OF CHILDREN AND YOUTH

1 WITH BEHAVIORAL HEALTH CHALLENGES.

2 **24-20-602. Definitions.** AS USED IN THIS PART 6, UNLESS THE
3 CONTEXT OTHERWISE REQUIRES:

4 (1) "ADVISORY COUNCIL" MEANS THE CHILDREN AND YOUTH
5 BEHAVIORAL HEALTH ADVISORY COUNCIL CREATED IN SECTION 24-20-607.

6 (2) "AT RISK OF DEVELOPING A BEHAVIORAL HEALTH DISORDER"
7 MEANS THE OCCURRENCE OF ANY NUMBER OF PSYCHOLOGICAL OR SOCIAL
8 RISK FACTORS, SUCH AS TRAUMA, THAT MAY MAKE A PERSON MORE
9 LIKELY TO DEVELOP A BEHAVIORAL HEALTH DISORDER.

10 (3) "AT RISK OF OUT-OF-HOME PLACEMENT" MEANS A CHILD OR
11 YOUTH WHO IS CATEGORICALLY ELIGIBLE FOR MEDICAL ASSISTANCE
12 PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5 AND THE CHILD OR
13 YOUTH:

14 (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH
15 DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5);

16 (b) REQUIRES A LEVEL OF CARE THAT IS PROVIDED IN A
17 RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR
18 OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S
19 HOME;

20 (c) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR

21 (d) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

22 (4) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE
23 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL
24 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES
25 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY
26 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
27 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE

1 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
2 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
3 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
4 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
5 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
6 RELATED HEALTH PROBLEMS.

7 (5) "BEHAVIORAL HEALTH SERVICES" OR "BEHAVIORAL HEALTH
8 SYSTEM" MEANS THE CHILD AND YOUTH SERVICE SYSTEM THAT
9 ENCOMPASSES PREVENTION AND PROMOTION OF EMOTIONAL HEALTH,
10 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND
11 SUBSTANCE USE CONDITIONS, AND RECOVERY SUPPORT.

12 (6) "CHILD AND YOUTH" MEANS A PERSON WHO IS TWENTY-SIX
13 YEARS OF AGE OR YOUNGER.

14 (7) "COLLABORATIVE MANAGEMENT PROGRAM" HAS THE SAME
15 MEANING AS DESCRIBED IN ARTICLE 1.9 OF TITLE 24.

16 (8) "COMMISSION" MEANS THE CHILDREN AND YOUTH BEHAVIORAL
17 HEALTH POLICY COORDINATION COMMISSION CREATED IN SECTION
18 24-20-604.

19 (9) "DEPARTMENTS" OR "EACH DEPARTMENT" MEANS THE
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DEPARTMENT
21 OF HUMAN SERVICES; THE DEPARTMENT OF PUBLIC HEALTH AND
22 ENVIRONMENT; THE DEPARTMENT OF PUBLIC SAFETY; THE DEPARTMENT
23 OF EDUCATION; THE DEPARTMENT OF LAW; AND THE DEPARTMENT OF
24 REGULATORY AGENCIES.

25 (10) "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF
26 CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY COORDINATION
27 CREATED IN SECTION 24-20-603.

4 (12) "OFFICES AND COUNTIES" MEANS THE OFFICE OF OMBUDSMAN
5 FOR BEHAVIORAL HEALTH ACCESS TO CARE CREATED IN SECTION
6 27-80-303; THE OFFICE OF THE CHILD PROTECTION OMBUDSMAN
7 ESTABLISHED IN SECTION 19-3.3-102; THE OFFICE OF CHILDREN AND
8 YOUTH BEHAVIORAL HEALTH POLICY COORDINATION CREATED IN SECTION
9 24-20-603; AND COUNTY DEPARTMENTS.

10 (13) "MANAGED CARE ENTITY" MEANS AN ENTITY THAT ENTERS
11 INTO A CONTRACT TO PROVIDE SERVICES IN THE STATEWIDE MANAGED
12 CARE SYSTEM PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5.

13 (14) "STANDARDIZED ASSESSMENT TOOL" MEANS A
14 MULTI-PURPOSE INSTRUMENT THAT FACILITATES THE LINK BETWEEN
15 ASSESSMENT AND LEVEL OF CARE AND INDIVIDUALIZED SERVICE
16 PLANNING; FACILITATES QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS
17 FOR MONITORING OF OUTCOMES OF SERVICES.

18 (15) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,
19 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING
20 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL
21 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH
22 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE
23 FRAMEWORK.

24 **24-20-603. Office of children and youth behavioral health**
25 **policy coordination - creation.** THERE IS CREATED IN THE OFFICE OF THE
26 GOVERNOR THE OFFICE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH
27 POLICY COORDINATION, THE HEAD OF WHICH IS THE DIRECTOR OF THE

1 OFFICE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
2 COORDINATION WHO IS APPOINTED BY THE GOVERNOR AND WHO SERVES
3 AT THE PLEASURE OF THE GOVERNOR.

4 **24-20-604. Children and youth behavioral health policy**
5 **coordination commission - creation - membership - organization -**
6 **repeal.** (1) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
7 COORDINATION COMMISSION IS CREATED IN THE OFFICE OF CHILDREN AND
8 YOUTH BEHAVIORAL HEALTH POLICY COORDINATION.

9 (2) THE COMMISSION CONSISTS OF FIFTEEN VOTING MEMBERS AS
10 FOLLOWS:

11 (a) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
12 CARE POLICY AND FINANCING;

13 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
14 SERVICES;

15 (c) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
16 HEALTH AND ENVIRONMENT;

17 (d) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
18 SAFETY;

19 (e) THE ATTORNEY GENERAL;

20 (f) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION;

21 (g) THE COMMISSIONER OF INSURANCE IN THE DEPARTMENT OF
22 REGULATORY AGENCIES;

23 (h) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE
24 CREATED IN SECTION 27-80-303;

25 (i) THE CHILD PROTECTION OMBUDSMAN ESTABLISHED IN SECTION
26 19-3.3-102; AND

27 (j) THE DIRECTOR OF THE OFFICE OF CHILDREN AND YOUTH

1 BEHAVIORAL HEALTH POLICY COORDINATION;

2 (k) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF

3 COUNTIES APPOINTED BY THE GOVERNOR; AND

4 (I) FOUR MEMBERS OF THE GENERAL ASSEMBLY APPOINTED AS

5 FOLLOWS:

6 (I) ONE MEMBER APPOINTED BY THE SPEAKER OF THE HOUSE OF

7 REPRESENTATIVES;

8 (II) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE

9 HOUSE OF REPRESENTATIVES;

10 (III) ONE MEMBER APPOINTED BY THE PRESIDENT OF THE SENATE;

11 AND

12 (IV) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE

13 SENATE.

14 (3) MEMBERS OF THE COMMISSION SHALL NOT SEND A DESIGNEE,

15 EXCEPT IN EXTENUATING CIRCUMSTANCES, AS DETERMINED PURSUANT TO

16 THE BYLAWS OF THE COMMISSION.

17 (4) (a) IN APPOINTING THE REPRESENTATIVE OF A STATEWIDE

18 ASSOCIATION OF COUNTIES AS DESCRIBED IN SUBSECTION (2)(k) OF THIS

19 SECTION, THE GOVERNOR SHALL CONSIDER THE GEOGRAPHIC DIVERSITY OF

20 THE STATE.

21 (b) THE APPOINTING AUTHORITIES SHALL MAKE INITIAL

22 APPOINTMENTS TO THE COMMISSION NO LATER THAN SEPTEMBER 1, 2019.

23 APPOINTED MEMBERS SERVE TERMS OF TWO YEARS.

24 (c) THE APPOINTING AUTHORITIES MAY REAPPOINT APPOINTEES

25 FOR ONE ADDITIONAL CONSECUTIVE TERM. IN THE EVENT OF A VACANCY

26 IN AN APPOINTED POSITION, THE APPOINTING AUTHORITIES SHALL APPOINT

27 A MEMBER TO FILL THE POSITION FOR THE REMAINDER OF THE TERM.

3 (6) MEMBERS OF THE COMMISSION SERVE WITHOUT
4 COMPENSATION; EXCEPT THAT MEMBERS ARE ENTITLED TO
5 REIMBURSEMENT FOR ACTUAL AND NECESSARY TRAVEL EXPENSES
6 INCURRED IN THE PERFORMANCE OF THEIR DUTIES AND LEGISLATIVE
7 MEMBERS ARE ENTITLED TO A PER DIEM FOR ATTENDANCE AT MEETINGS
8 PURSUANT TO SECTION 2-2-306.

12 **24-20-605. Commission powers and duties.** (1) MEMBERS OF
13 THE COMMISSION SHALL PERFORM THE DUTIES DESCRIBED IN THIS SECTION
14 WITH THE AUTHORITY GRANTED ON BEHALF OF THE ORGANIZATION OR
15 DEPARTMENT THE MEMBER REPRESENTS. THE COMMISSION DOES NOT
16 HAVE RULE-MAKING AUTHORITY BUT MAY ESTABLISH BYLAWS AS
17 NECESSARY TO CARRY OUT THE DUTIES AND FUNCTIONS OF THE
18 COMMISSION.

22 (3) THE PRIMARY DUTIES AND RESPONSIBILITIES OF THE
23 COMMISSION INCLUDE:

24 (a) PROVIDING LEADERSHIP TO INCREASE AND ENHANCE EFFICIENT
25 AND EFFECTIVE BEHAVIORAL HEALTH SERVICES TO CHILDREN AND YOUTH
26 WITH BEHAVIORAL HEALTH DISORDERS AND AT RISK OF BEHAVIORAL
27 HEALTH DISORDERS AND CHILDREN AND YOUTH WHO ARE IN NEED OF

1 BEHAVIORAL HEALTH SERVICES BUT WHO MAY NOT REACH A DIAGNOSTIC
2 LEVEL BY:

3 (I) COOPERATIVELY PLANNING, MONITORING, EVALUATING, AND
4 PROMOTING INNOVATIVE AND INDIVIDUALIZED STRATEGIES TO DELIVER
5 AND FUND BEHAVIORAL HEALTH SERVICES;

6 (II) RECOMMENDING LEGISLATIVE AND REGULATORY POLICY,
7 BUDGET, AND PROCEDURAL CHANGES, INCLUDING INTERAGENCY
8 PROPOSALS FOR CONSIDERATION BY THE GOVERNOR'S OFFICE AND THE
9 GENERAL ASSEMBLY;

10 (III) DEVELOPING STRATEGIES TO ENABLE THE BEHAVIORAL
11 HEALTH SYSTEM TO WORK EFFECTIVELY AND CROSS-CULTURALLY, AND TO
12 INCREASE FAMILY AND COMMUNITY INVOLVEMENT, COLLABORATION, AND
13 PUBLIC-PRIVATE PARTNERSHIPS IN THE PLANNING AND DELIVERY OF
14 BEHAVIORAL HEALTH SERVICES AT THE STATE AND LOCAL LEVEL;

15 (IV) IDENTIFYING AND ADDRESSING BARRIERS TO BEHAVIORAL
16 HEALTH SERVICES FOR CHILDREN AND YOUTH IN SCHOOLS AND OTHER
17 APPROPRIATE SETTINGS; AND

18 (V) PROMOTING BEHAVIORAL HEALTH PREVENTION AND EARLY
19 INTERVENTION SERVICES;

20 (b) COORDINATING EFFORTS BETWEEN STATE AGENCIES AND
21 DEPARTMENTS TO INCREASE PUBLIC UNDERSTANDING AND AWARENESS OF
22 CHILD AND YOUTH BEHAVIORAL HEALTH NEEDS;

23 (c) RECOMMENDING SHARED POLICIES TO REMOVE
24 ADMINISTRATIVE BARRIERS IN ORDER TO FACILITATE COLLABORATION IN
25 COMMUNITIES AND AMONG STATE DEPARTMENTS AND POLITICAL
26 SUBDIVISIONS OF THE STATE;

27 (d) MONITORING AND RECEIVING UPDATES FROM RELEVANT STATE

1 AGENCIES AND DEPARTMENTS RELATED TO NETWORK ADEQUACY FOR
2 ACCESS TO BEHAVIORAL HEALTH SERVICES IN THE STATE;

3 (e) COMPILING AND DISSEMINATING INFORMATION REGARDING
4 BEST PRACTICES FOR DELIVERING AND FUNDING BEHAVIORAL HEALTH
5 SERVICES;

6 (f) RECEIVING AND ACTING ON RECOMMENDATIONS, INCLUDING AN
7 ANNUAL PRESENTATION FROM THE ADVISORY COUNCIL;

8 (g) RECOMMENDING FOR THE GOVERNOR'S CONSIDERATION, FOR
9 EACH FISCAL YEAR, FUNDS CONTAINED IN EACH DEPARTMENT'S BUDGET
10 THAT CAN BE IDENTIFIED FOR COLLABORATIVE SERVICE DELIVERY
11 SYSTEMS; AND

12 (h) BEGINNING JANUARY 1, 2020, AND EACH JANUARY 1
13 THEREAFTER, RECOMMENDING PERFORMANCE MEASURES FOR EACH
14 DEPARTMENT AND OFFICE AND COUNTY REPRESENTED ON THE
15 COMMISSION THAT WILL QUANTIFY AND DEMONSTRATE THE
16 EFFECTIVENESS OF THE BEHAVIORAL HEALTH SYSTEM IN COLORADO.
17 RECOMMENDED PERFORMANCE MEASURES MUST INCLUDE ASSOCIATED
18 DEMOGRAPHIC INFORMATION, INCLUDING GEOGRAPHIC, ETHNICITY, AND
19 SPECIFIC POPULATIONS THAT MAY BE AT HIGHER RISK FOR BEHAVIORAL
20 HEALTH DISORDERS, RELATED HEALTH INEQUITIES, AND SUICIDAL
21 IDEATION. EACH DEPARTMENT AND OFFICE AND COUNTY MAY DETERMINE
22 WHETHER TO ADOPT THE COMMISSION'S RECOMMENDED PERFORMANCE
23 MEASURES. THE COMMISSION SHALL MONITOR ANY DATA REPORTED BY
24 THE DEPARTMENTS AND OFFICES AND COUNTIES FOR THE PURPOSES OF
25 CONTINUOUS QUALITY IMPROVEMENT THROUGH ENHANCED
26 ACCOUNTABILITY AND DECISION-MAKING PROGRESS ACROSS STATE
27 DEPARTMENTS. FOR EACH METRIC THE DEPARTMENTS AND OFFICES AND

1 COUNTIES SELECT, THE DEPARTMENTS AND OFFICES AND COUNTIES SHALL
2 ESTABLISH A BASELINE FOR EACH PERFORMANCE MEASURE AND
3 REGULARLY REPORT ON THE PROGRESS MADE TOWARD ACHIEVING THE
4 DESIRED OUTCOME. AT A MINIMUM, DEPARTMENTS AND OFFICES AND
5 COUNTIES SHALL UPDATE DATA ON PERFORMANCE MEASURES QUARTERLY
6 AND REPORT THE DATA TO THE COMMISSION. THE COMMISSION SHALL
7 SUBMIT THE DATA TO THE GOVERNOR, WHO SHALL MAKE THE DATA
8 AVAILABLE ELECTRONICALLY TO THE PUBLIC.

9 (4) THE COMMISSION SHALL ENSURE THAT PROPOSALS, ACTIVITIES,
10 AND IMPLEMENTATION PLANNING DO NOT CONFLICT WITH OR DUPLICATE
11 EFFORTS LED BY OTHER ORGANIZATIONS THAT INCORPORATE CHILD
12 BEHAVIORAL HEALTH STRATEGIES, INCLUDING BUT NOT LIMITED TO
13 COLORADO'S TRAUMA-INFORMED SYSTEM OF CARE, THE EARLY
14 CHILDHOOD LEADERSHIP COMMISSION CREATED PURSUANT TO SECTION
15 26-6.2-103, AND THE COLORADO SUICIDE PREVENTION COMMISSION
16 CREATED PURSUANT TO SECTION 25-1.5-111.

17 (5) THE COMMISSION SHALL CONSULT WITH THE EARLY
18 CHILDHOOD LEADERSHIP COMMISSION ON ALL EARLY CHILDHOOD
19 BEHAVIORAL HEALTH PROPOSALS, ACTIVITIES, AND IMPLEMENTATION
20 PLANNING. THE COMMISSION IS NOT RESPONSIBLE FOR OVERSIGHT OF THE
21 DECISIONS AND ACTIONS OF THE EARLY CHILDHOOD LEADERSHIP
22 COMMISSION OR THE COLORADO SUICIDE PREVENTION COMMISSION.

23 (6) THE DIRECTOR SHALL SUPPORT COLLABORATION BETWEEN THE
24 COMMISSION, THE EARLY CHILDHOOD LEADERSHIP COMMISSION, AND THE
25 COLORADO SUICIDE PREVENTION COMMISSION, INCLUDING BUT NOT
26 LIMITED TO AN ANNUAL PRESENTATION FROM THE COMMISSION TO THE
27 EARLY CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE

1 PREVENTION COMMISSION ON RELEVANT CHILD AND YOUTH BEHAVIORAL
2 HEALTH INITIATIVES. RECIPROCALLY, THE EARLY CHILDHOOD LEADERSHIP
3 COMMISSION AND THE COLORADO SUICIDE PREVENTION COMMISSION
4 SHALL PROVIDE AN ANNUAL PRESENTATION TO THE COMMISSION ON
5 RELEVANT CHILD AND YOUTH BEHAVIORAL HEALTH INITIATIVES. SUBJECT
6 TO AVAILABLE APPROPRIATIONS, THE GENERAL ASSEMBLY SHALL
7 ALLOCATE MONEY TO SUPPORT SUFFICIENT STAFF AT THE EARLY
8 CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE
9 PREVENTION COMMISSION TO FACILITATE THIS COLLABORATION.

10 (7) MEMBERS OF THE COMMISSION AND ITS EMPLOYEES AND
11 CONSULTANTS ARE IMMUNE FROM CIVIL LIABILITY FOR AN OFFICIAL ACT
12 PERFORMED IN GOOD FAITH PURSUANT TO THIS PART 6. MEETINGS OF THE
13 COMMISSION MUST BE OPEN TO THE PUBLIC WITH DEDICATED TIME AT
14 EACH MEETING FOR PUBLIC COMMENT. COMMISSION MEETINGS SHALL
15 COMPLY WITH THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE
16 72 OF THIS TITLE 24.

17 **24-20-606. Commission functions.** (1) BEGINNING OCTOBER 1,
18 2019, THE COMMISSION SHALL CONDUCT THE FOLLOWING ACTIONS:

19 (a) THE COMMISSION SHALL WORK COLLABORATIVELY WITH THE
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT
21 OF HUMAN SERVICES, AND OTHER DEPARTMENTS AS APPROPRIATE, TO
22 IMPLEMENT WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK
23 OF OUT-OF-HOME PLACEMENT. WRAPAROUND SERVICES PROVIDED TO
24 ELIGIBLE CHILDREN AND YOUTH PURSUANT TO THIS SUBSECTION (1)(a)
25 MUST BE COVERED UNDER THE "COLORADO MEDICAL ASSISTANCE ACT",
26 ARTICLES 4, 5, AND 6 OF TITLE 25.5. TO IMPLEMENT THE PROVISIONS OF
27 THIS SUBSECTION (1)(a), THE FOLLOWING ACTIONS MUST BE TAKEN:

1 AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES.
2 ATTENTION MUST ALSO BE GIVEN TO THE GEOGRAPHIC DIVERSITY OF THE
3 STATE IN DESIGNING THIS PROGRAM IN RURAL COMMUNITIES. UPON
4 IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE DEPARTMENT OF
5 HEALTH CARE POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN
6 SERVICES SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS
7 ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING
8 WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,
9 PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,
10 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2
11 OF ARTICLE 7 OF TITLE 2. THE DEPARTMENT OF HEALTH CARE POLICY AND
12 FINANCING SHALL REQUIRE MANAGED CARE ENTITIES TO REPORT DATA ON
13 THE UTILIZATION AND EFFECTIVENESS OF WRAPAROUND SERVICES.

14 (b) NO LATER THAN JULY 1, 2020, THE COMMISSION SHALL
15 RECOMMEND TO THE DEPARTMENT OF HEALTH CARE POLICY AND
16 FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND OTHER
17 DEPARTMENTS AS APPROPRIATE, PROGRAMMATIC UTILIZATION OF A
18 SINGLE STANDARDIZED ASSESSMENT TOOL TO FACILITATE IDENTIFICATION
19 OF BEHAVIORAL HEALTH ISSUES AND OTHER NEEDS.

20 (c) NO LATER THAN JULY 1, 2020, AND BASED UPON
21 RECOMMENDATIONS PROVIDED BY THE EXECUTIVE WORKGROUP, THE
22 COMMISSION SHALL RECOMMEND TO THE DEPARTMENT OF HEALTH CARE
23 POLICY AND FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND
24 OTHER DEPARTMENTS AS APPROPRIATE, DEVELOPMENTALLY APPROPRIATE
25 AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH
26 STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING
27 CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,

1 INCLUDING POSTPARTUM WOMEN. THE DEPARTMENT OF HEALTH CARE
2 POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN SERVICES MAY
3 MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE
4 PROFESSIONALS AND THE PUBLIC. TO IMPLEMENT THE PROVISIONS OF THIS
5 SUBSECTION (1)(c), THE FOLLOWING ACTIONS MUST BE TAKEN:

6 (I) PRIOR TO THE ADOPTION OF THE STANDARDIZED ASSESSMENT
7 TOOL AND THE STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS
8 PURSUANT TO THIS SUBSECTION (1)(c) AND SUBSECTION (1)(b) OF THIS
9 SECTION, THE COMMISSION SHALL ESTABLISH AN EXECUTIVE WORKGROUP
10 THAT INCLUDES DESIGNEES OF THE COMMISSION, MEMBERS OF THE
11 ADVISORY COUNCIL, AND RELEVANT STAKEHOLDERS, INCLUDING HEALTH
12 CARE PROFESSIONALS, WITH INPUT FROM THE DEPARTMENT OF HEALTH
13 CARE POLICY AND FINANCING, THE DIVISION OF INSURANCE, AND THE
14 COLORADO SUICIDE PREVENTION COMMISSION;

15 (II) THE EXECUTIVE WORKGROUP SHALL ALSO RECOMMEND A
16 PROCESS FOR ESTABLISHING A SINGLE STATEWIDE REFERRAL AND ENTRY
17 POINT FOR CHILDREN AND YOUTH WHO HAVE A POSITIVE BEHAVIORAL
18 HEALTH SCREENING OR WHOSE NEEDS ARE IDENTIFIED THROUGH A
19 STANDARDIZED ASSESSMENT; AND

20 (III) FOLLOWING THE SELECTION OF THE STANDARDIZED
21 BEHAVIORAL HEALTH SCREENING TOOLS AND THE STANDARDIZED
22 ASSESSMENT TOOL, THE DEPARTMENT OF PUBLIC HEALTH AND
23 ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE TRAINING ON THE
24 SET OF STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS AND THE
25 STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND
26 OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR
27 CHILDREN, ENSURING TRAINING IS OFFERED AT NO COST TO THE

1 PROFESSIONAL. TRAINING SERVICES MAY BE CONTRACTED OUT TO A THIRD
2 PARTY.

3 (d) NO LATER THAN JULY 1, 2020, THE COMMISSION SHALL DESIGN
4 AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL HEALTH DELIVERY
5 SYSTEM PILOT PROGRAM THAT ADDRESSES THE CHALLENGES OF
6 FRAGMENTATION AND DUPLICATION OF BEHAVIORAL HEALTH SERVICES.
7 THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR BEHAVIORAL
8 HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS THE STATE TO
9 SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS. TO
10 IMPLEMENT THE PROVISIONS OF THIS SUBSECTION (1)(d), THE COMMISSION
11 SHALL ESTABLISH AN EXECUTIVE WORKGROUP THAT INCLUDES AGENCY
12 DESIGNEES AND MEMBERS OF THE ADVISORY COUNCIL, INCLUDING
13 REPRESENTATION FROM THE DEPARTMENT OF HEALTH CARE POLICY AND
14 FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND RELEVANT
15 STAKEHOLDERS, INCLUDING COUNTIES, MANAGED CARE ENTITIES, AND
16 FAMILIES.

17 (2) THE COMMISSION MAY CONSIDER ESTABLISHING ADDITIONAL
18 COMMISSION FUNCTIONS, INCLUDING BUT NOT LIMITED TO ADDRESSING:

19 (a) MENTAL HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT
20 AND RETENTION;

21 (b) BEHAVIORAL HEALTH TRAINING OPPORTUNITIES FOR
22 EDUCATORS IN LOCAL SCHOOLS;

23 (c) RESIDENTIAL CHILD CARE FACILITY CLOSURES;

24 (d) DATA AND TRANSPARENCY REQUIREMENTS;

25 (e) QUALITY IMPROVEMENT INITIATIVES;

26 (f) CHILDREN AND YOUTH WHO ARE TRANSITIONING OUT OF
27 PEDIATRIC CARE SYSTEMS AND INTO ADULT SYSTEMS;

1 (g) FEDERAL POLICY DIRECTIVES REQUIRING INTERAGENCY
2 COLLABORATION;

3 (h) SCREENING AND REFERRALS IN MIDDLE SCHOOLS AND HIGH
4 SCHOOLS;

5 (i) CHILDREN AND YOUTH WITH A BEHAVIORAL HEALTH DISORDER
6 WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM; AND

7 (j) MEETING THE NEEDS OF CHILDREN AND YOUTH WITH
8 CO-OCCURRING DIAGNOSES, INCLUDING BEHAVIORAL HEALTH DISORDERS
9 AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES, AND
10 MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS.

11 **24-20-607. Children and youth behavioral health advisory**
12 **council - creation - membership - compensation - powers and duties**
13 **- repeal.** (1) THERE IS CREATED IN THE OFFICE OF CHILDREN AND YOUTH
14 BEHAVIORAL HEALTH THE CHILDREN AND YOUTH BEHAVIORAL HEALTH
15 POLICY COORDINATION ADVISORY COUNCIL.

19 (I) A COUNTY COMMISSIONER:

20 (II) A REPRESENTATIVE OF A POLICE DEPARTMENT OR A SHERIFF'S
21 OFFICE;

22 (III) A DIRECTOR OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL
23 SERVICES;

24 (IV) A REPRESENTATIVE OF A LOCAL COLLABORATIVE
25 MANAGEMENT PROGRAM;

26 (V) A REPRESENTATIVE OF A COMMUNITY MENTAL HEALTH
27 CENTER SERVING CHILDREN AND YOUTH;

1 **(VI) A SUBSTANCE USE DISORDER TREATMENT PROVIDER SERVING**
2 **CHILDREN AND YOUTH;**

3 (VII) A MENTAL HEALTH PROFESSIONAL OR PSYCHIATRIST WHO
4 HAS CLINICAL EXPERIENCE WORKING WITH CHILDREN AND YOUTH;

5 (VIII) A PEDIATRICIAN, OR A FAMILY PHYSICIAN OR ADVANCED
6 PRACTICE PROVIDER, WHO HAS EXPERIENCE WORKING IN PRIMARY CARE
7 WITH CHILDREN, YOUTH, AND FAMILIES;

11 (X) AN INDIVIDUAL FROM AN ORGANIZATION REPRESENTING
12 CHILDREN AND YOUTH WITH CO-OCCURRING BEHAVIORAL HEALTH
13 CONDITIONS AND DISABILITIES:

14 (XI) A REPRESENTATIVE OF SCHOOL DISTRICTS:

15 (XII) A REPRESENTATIVE WHO CURRENTLY PROVIDES
16 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH;

17 (XIII) A MENTAL HEALTH PROFESSIONAL WHO HAS CLINICAL
18 MENTAL HEALTH EXPERIENCE WORKING WITH INFANTS AND YOUNG
19 CHILDREN UNDER THE AGE OF FIVE:

20 (XIV) A REPRESENTATIVE OF THE COLORADO COMMISSION ON
21 CRIMINAL AND JUVENILE JUSTICE CREATED IN SECTION 16-11.3-102;

22 (XV) A REPRESENTATIVE OF THE SUICIDE PREVENTION
23 COMMISSION CREATED IN SECTION 25-1.5-111:

24 (XVI) A REPRESENTATIVE OF A RESIDENTIAL CHILD CARE
25 FACILITY;

26 (XVII) A REPRESENTATIVE OF COURT-APPOINTED SPECIAL
27 ADVOCATES FOR CHILDREN:

1 (XVIII) A REPRESENTATIVE OF AN ORGANIZATION THAT
2 ADDRESSES CHILD MALTREATMENT ISSUES;

3 (XIX) A REPRESENTATIVE OF A DISTRICT ATTORNEY'S OFFICE;

4 (XX) A REPRESENTATIVE OF A GENERAL HOSPITAL LICENSED
5 PURSUANT TO SECTION 25-1.5-103;

6 (XXI) AN ADMINISTRATOR OF A MANAGED CARE ENTITY;

7 (XXII) AN ADMINISTRATOR OF THE BEHAVIORAL HEALTH CRISIS
8 RESPONSE SYSTEM CREATED IN SECTION 27-60-101; AND

9 (XXIII) THREE MEMBERS WHO ARE CHILDREN OR YOUTH AND
10 REPRESENT CONSUMERS OF SERVICES FOR CHILDREN AND YOUTH WITH
11 BEHAVIORAL HEALTH DISORDERS.

12 (b) DEPARTMENT AND OFFICE AND COUNTY PERSONNEL WITH
13 EXPERTISE IN CHILD AND YOUTH BEHAVIORAL HEALTH MAY ATTEND
14 MEETINGS OF THE ADVISORY COUNCIL TO EDUCATE MEMBERS OF THE
15 COUNCIL AND PROVIDE INFORMATION ON STATE PROGRAMS AND
16 INITIATIVES.

11 (I) ASSISTING THE COMMISSION IN FULFILLING ITS DUTIES
12 DESCRIBED IN SECTION 24-20-605, INCLUDING SUPPORTING AND ADVISING
13 THE COMMISSION ON THE IMPLEMENTATION OF POLICIES AND PROGRAMS;

14 (II) REVIEWING THE COMMISSION'S DATA ON PERFORMANCE
15 MEASURES DESCRIBED IN SECTION 24-20-605 (2)(i) AND PROVIDING INPUT
16 TO THE COMMISSION TO ENSURE CONTINUOUS QUALITY IMPROVEMENT:

17 (III) IDENTIFYING, MONITORING, SOLICITING INPUT, AND
18 PROVIDING POLICY AND BUDGETARY RECOMMENDATIONS ON EMERGING
19 CHILDREN AND YOUTH BEHAVIORAL HEALTH ISSUES AFFECTING THE
20 QUALITY AND AVAILABILITY OF BEHAVIORAL HEALTH SERVICES REPORTED
21 BY LOCAL COLLABORATIVE MANAGEMENT PROGRAMS AND THROUGH

23 AND

24 (IV) SUBMITTING ANY FORMAL RECOMMENDATIONS TO THE

25 COMMISSION FOR CONSIDERATION AND ACTION IN ACCORDANCE WITH

26 APPROPRIATE LEGISLATIVE AND BUDGETARY TIMELINES, IF APPLICABLE.

27 WHEN FORMAL RECOMMENDATIONS ARE SUBMITTED TO THE COMMISSION.

1 THE COMMISSION SHALL RESPOND WITHIN SIXTY DAYS TO INFORM THE
2 ADVISORY COUNCIL OF ANY DECISION TO PURSUE OR DECLINE A
3 RECOMMENDATION, WITH INFORMATION ABOUT THE RATIONALE FOR THE
4 DECISION.

5 (c) THE DIRECTOR SHALL ATTEND EACH MEETING OF THE
6 ADVISORY COUNCIL, AND THE DIRECTOR, OR THE DIRECTOR'S DESIGNEE,
7 SHALL PROVIDE ADMINISTRATIVE SUPPORT TO THE ADVISORY COUNCIL, AS
8 NEEDED.

9 (4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.
10 PRIOR TO SUCH REPEAL, THE ADVISORY COUNCIL IS SCHEDULED FOR
11 REVIEW AS PROVIDED IN SECTION 2-3-1203.

12 **24-20-608. Governor evaluation - annual.** (1) ON OR BEFORE
13 JULY 1, 2020, AND ON OR BEFORE EACH JULY 1 THEREAFTER, THE
14 GOVERNOR SHALL ENSURE THAT AN ANNUAL EXTERNAL EVALUATION OF
15 THE COMMISSION AND ADVISORY COUNCIL IS CONDUCTED BY AN
16 INDEPENDENT ORGANIZATION.

17 (2) THE GOVERNOR'S OFFICE SHALL MAKE THE EVALUATION
18 PUBLICLY AVAILABLE IN AN ELECTRONIC FORMAT. THE EVALUATION MUST
19 INCLUDE:

20 (a) A DEFINED PROCESS FOR RECEIVING INPUT DIRECTLY FROM
21 FAMILIES WHOSE CHILDREN OR YOUTH RECEIVE BEHAVIORAL HEALTH
22 SERVICES IN THE STATE;

23 (b) RECOMMENDATIONS REGARDING METHODS FOR IMPROVING
24 PERFORMANCE MEASURES RELATED TO THE CHILD AND YOUTH
25 BEHAVIORAL HEALTH SYSTEM AMONG STATE AGENCIES AND LOCAL
26 GOVERNMENTS; AND

27 (c) A REVIEW OF PERFORMANCE MEASURE IMPROVEMENT

1 ACTIVITIES IMPLEMENTED BY THE COMMISSION AND ADVISORY COUNCIL.

2 (3) IT IS STRONGLY ENCOURAGED THAT THE EXTERNAL
3 EVALUATION CONSIDER AND REPORT ON AVAILABLE DATA COLLECTED
4 AND SUPPLIED BY LOCAL COLLABORATIVE MANAGEMENT PROGRAMS.

5 **24-20-609. Commission report - annual.** (1) ON OR BEFORE
6 JULY 1, 2020, AND ON OR BEFORE EACH JULY 1 THEREAFTER, THE
7 COMMISSION SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND
8 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
9 PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
10 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES.

11 (2) THE REPORT MUST INCLUDE:

12 (a) LEGISLATIVE, RULEMAKING, POLICY, AND BUDGETARY
13 RECOMMENDATIONS, INCLUDING ANY ANTICIPATED FUNDING REDUCTIONS
14 DUE TO APPROPRIATE BEHAVIORAL HEALTH SERVICES BEING DELIVERED
15 TO CHILDREN AND YOUTH;

16 (b) BEST EFFORTS TO QUANTIFY COST SAVINGS AND TO PROJECT
17 FUTURE COST SAVINGS AS A RESULT OF THE COMMISSION'S INITIATIVES;

18 (c) COMMISSION MEMBERS' ATTENDANCE RECORDS;

19 (d) A DESCRIPTION OF HOW THE COMMISSION ACCOMPLISHED ITS
20 DUTIES AND FUNCTIONS, OUTLINED IN SECTIONS 24-20-605 AND
21 24-20-606, INCLUDING ADMINISTRATIVE, REGULATORY, AND LEGISLATIVE
22 CHANGES ADOPTED AS A RESULT OF THE COMMISSION'S WORK;

23 (e) A DESCRIPTION OF MULTI-SYSTEM EFFORTS THAT WERE MADE
24 TO IMPROVE ALIGNMENT ACROSS AGENCIES, INCLUDING ANY AVAILABLE
25 AND RELEVANT FAMILY SURVEYS;

26 (f) THE ANNUAL PROGRESS ON THE PERFORMANCE MEASURES FOR
27 EACH DEPARTMENT AND OFFICE AND COUNTY;

(g) A DESCRIPTION OF ACTIVITIES THE COMMISSION ANTICIPATES PURSUING IN THE NEXT FISCAL YEAR;

(h) ALL FORMAL ADVISORY COUNCIL RECOMMENDATIONS MADE TO THE COMMISSION, INCLUDING THE DETAILS AND RATIONALES ABOUT HOW THE RECOMMENDATIONS WERE PURSUED BY THE COMMISSION OR IF THE RECOMMENDATIONS WERE DECLINED BY THE COMMISSION;

(i) THE RESULTS OF ANY COLLABORATIVE EFFORTS WITH OTHER ORGANIZATIONS WORKING ON CHILD AND YOUTH BEHAVIORAL HEALTH ISSUES, INCLUDING BUT NOT LIMITED TO THE EARLY CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE PREVENTION COMMISSION; AND

(j) THE COSTS RELATED TO THE COMMISSION, INCLUDING THE COST OF STAFF TIME SPENT SUPPORTING THE ACTIVITIES AND THE SOURCE OF FUNDS USED TO SUPPORT THE COMMISSION'S ACTIVITIES.

(3) ON OR BEFORE JANUARY 15, 2021, AND ANNUALLY THEREAFTER, THE COMMISSION SHALL PRESENT THE ANNUAL REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS SECTION, AND SUBMIT A PROGRESS REPORT ON ANY RECOMMENDATIONS IDENTIFIED IN SUBSECTION (2)(a) OF THIS SECTION, TO 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

(4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REPORTING REQUIREMENTS PURSUANT TO THIS SECTION CONTINUE INDEFINITELY

SECTION 3. In Colorado Revised Statutes, 2-3-1203, **add** (15)(a)(VI) and (15)(a)(VII) as follows:

1 **2-3-1203. Sunset review of advisory committees - legislative**
2 **declaration - definition - repeal.** (15) (a) The following statutory
3 authorizations for the designated advisory committees are scheduled for
4 repeal on September 1, 2024:

5 (VI) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
6 COORDINATION COMMISSION CREATED IN SECTION 24-20-604.

7 (VII) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
8 COORDINATION ADVISORY COUNCIL CREATED IN SECTION 24-20-607.

9 **SECTION 4. Act subject to petition - effective date.** This act
10 takes effect at 12:01 a.m. on the day following the expiration of the
11 ninety-day period after final adjournment of the general assembly (August
12 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
13 referendum petition is filed pursuant to section 1 (3) of article V of the
14 state constitution against this act or an item, section, or part of this act
15 within such period, then the act, item, section, or part will not take effect
16 unless approved by the people at the general election to be held in
17 November 2020 and, in such case, will take effect on the date of the
18 official declaration of the vote thereon by the governor.