Second Regular Session Seventy-third General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 22-0550.01 Jerry Barry x4341

HOUSE BILL 22-1278

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House Committees

Public & Behavioral Health & Human Services Appropriations

Senate Committees

Health & Human Services Appropriations

A BILL FOR AN ACT

101	Concerning	THE	CREATION	OF	THE	BEHAVIORAL	HEALTH
102	ADMINIS	STRAT	ION, AND, IN	CON	NECTIO	ON THEREWITH	, MAKING
103	AND REI	OUCING	G AN APPROP	RIAT	ION.		

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 behavioral health administration (BHA) in the department of human services (department) to create a coordinated, cohesive, and effective behavioral health system in the state. The BHA will handle most of the behavioral health programs that were previously handled by the office of behavioral health in the department. The bill

SENATE Amended 3rd Reading May 5, 2022

SENATE
Amended 2nd Reading
May 4, 2022

HOUSE 3rd Reading Unamended April 12, 2022

HOUSE Amended 2nd Reading April 11, 2022

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

establishes a commissioner as the head of the BHA and authorizes the commissioner and state board of human services to adopt and amend rules that previously were promulgated by the executive director of the department.

By July 1, 2024, the bill requires the BHA to establish:

- A statewide behavioral health grievance system;
- A behavioral health performance monitoring system;
- A comprehensive behavioral health safety net system;
- Regionally-based behavioral health administrative service organizations;
- The BHA as the licensing authority for all behavioral health entities; and
- The BHA advisory council to provide feedback to the BHA on the behavioral health system in the state.

The bill transfers to the department of public health and environment responsibility for community prevention and early intervention programs previously administered by the department.

The bill makes extensive conforming amendments.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add article 50 to title
3	27 as follows:
4	ARTICLE 50
5	Behavioral Health Administration
6	PART 1
7	GENERAL PROVISIONS
8	27-50-101. Definitions. As used in this article 50, unless the
9	CONTEXT OTHERWISE REQUIRES:
10	
11	(1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL
12	AND EMOTIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S
13	OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS
14	INCLUDE SUBSTANCE USE DISORDERS, MENTAL HEALTH DISORDERS,
15	SERIOUS PSYCHOLOGICAL DISTRESS, SERIOUS MENTAL DISTURBANCE, AND

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1	SUICIDE AND RANGE FROM UNHEALTHY STRESS OR SUBCLINICAL
2	CONDITIONS TO DIAGNOSABLE AND TREATABLE DISEASES. "BEHAVIORAL
3	HEALTH" ALSO DESCRIBES SERVICE SYSTEMS THAT ENCOMPASS
4	PROMOTION OF EMOTIONAL HEALTH AND PREVENTION AND TREATMENT
5	SERVICES FOR MENTAL HEALTH DISORDERS AND SUBSTANCE USE
6	DISORDERS.
7	(2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
8	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
9	27-50-102.
10	(3) "BEHAVIORAL HEALTH DISORDER" MEANS AN ALCOHOL USE
11	DISORDER, A MENTAL HEALTH DISORDER, OR A SUBSTANCE USE DISORDER.
12	(4) "Behavioral health entity" means a facility or
13	PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED
14	HEALTH SERVICES, WHICH MAY INCLUDE SERVICES FOR A BEHAVIORAL
15	HEALTH DISORDER, BUT DOES NOT INCLUDE RESIDENTIAL CHILD CARE
16	FACILITIES, AS DEFINED IN <u>SECTION 26-6-903 (29)</u> , DETENTION AND
17	COMMITMENT FACILITIES OPERATED BY THE DIVISION OF YOUTH SERVICES
18	WITHIN THE DEPARTMENT OF HUMAN SERVICES, OR SERVICES PROVIDED BY
19	A LICENSED OR CERTIFIED MENTAL HEALTH-CARE PROVIDER UNDER THE
20	PROVIDER'S INDIVIDUAL PROFESSIONAL PRACTICE ACT ON THE PROVIDER'S
21	OWN PREMISES.
22	(5) "BEHAVIORAL HEALTH PROGRAM" MEANS THE SPECIFIC
23	SERVICES AND ADMINISTRATION OF THOSE SERVICES BY A BEHAVIORAL
24	HEALTH PROVIDER.
25	(6) "BEHAVIORAL HEALTH PROVIDER" MEANS A RECOVERY
26	COMMUNITY ORGANIZATION AS DEFINED IN 27-80-126, RECOVERY
27	SUPPORT SERVICES ORGANIZATION AS DEFINED IN 27-60-108, OR A

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1	LICENSED ORGANIZATION OR PROFESSIONAL PROVIDING DIAGNOSTIC,
2	THERAPEUTIC, OR PSYCHOLOGICAL SERVICES FOR BEHAVIORAL HEALTH
3	CONDITIONS. BEHAVIORAL HEALTH PROVIDERS INCLUDE A RESIDENTIAL
4	CHILD CARE FACILITY, AS DEFINED IN <u>SECTION 26-6-903 (29)</u> , AND A
5	FEDERALLY QUALIFIED HEALTH CENTER.
6	(7) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS ANY
7	AND ALL BEHAVIORAL HEALTH SAFETY NET PROVIDERS, INCLUDING
8	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS AND
9	ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS. A COMMUNITY
10	MENTAL HEALTH CENTER PURSUANT TO 42 U.S.C. SEC. 300X-2(C) AND
11	THAT IS LICENSED AS A BEHAVIORAL HEALTH ENTITY MAY APPLY TO BE
12	APPROVED AS A COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH
13	PROVIDER, AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER, OR
14	вотн.
15	(8) "Behavioral health safety net services" means the
16	SPECIFIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND
17	ADULTS THAT MUST BE PROVIDED STATEWIDE PURSUANT TO PART 3 OF
18	THIS ARTICLE 50.
19	(9) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
20	BEHAVIORAL HEALTH ADMINISTRATION APPOINTED PURSUANT TO
21	27-50-103.
22	(10) "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL,
23	PSYCHIATRIC HOSPITAL, DETENTION AND COMMITMENT FACILITY
24	OPERATED BY THE DIVISION OF YOUTH SERVICES WITHIN THE DEPARTMENT
25	OF HUMAN SERVICES, OR NURSING HOME.
26	(11) "Comprehensive community behavioral health
27	PROVIDER" MEANS A LICENSED BEHAVIORAL HEALTH ENTITY APPROVED BY

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1	THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE THE FOLLOWING
2	BEHAVIORAL HEALTH SAFETY NET SERVICES, EITHER DIRECTLY OR
3	THROUGH FORMAL AGREEMENTS WITH BEHAVIORAL HEALTH PROVIDERS
4	IN THE COMMUNITY OR REGION:
5	(a) EMERGENCY AND CRISIS BEHAVIORAL HEALTH SERVICES;
6	(b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
7	(c) Behavioral health high-intensity outpatient services;
8	(d) CARE MANAGEMENT;
9	(e) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
10	(f) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
11	(g) CARE COORDINATION;
12	(h) OUTPATIENT COMPETENCY RESTORATION; AND
13	(i) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK
14	ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH
15	INDICATORS.
16	(12) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN
17	SERVICES CREATED PURSUANT TO SECTION 26-1-105.
18	(13) "Essential behavioral health safety net provider"
19	MEANS A LICENSED BEHAVIORAL HEALTH ENTITY OR BEHAVIORAL HEALTH
20	PROVIDER APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION TO
21	PROVIDE AT LEAST ONE OF THE BEHAVIORAL HEALTH SAFETY NET
22	SERVICES DESCRIBED IN SUBSECTION (11) OF THIS SECTION.
23	(14) "HEALTH INFORMATION ORGANIZATION NETWORK" HAS THE
24	SAME MEANING AS DEFINED IN SECTION $25-3.5-103$ (8.5).
25	(15) "MENTAL HEALTH DISORDER" MEANS ONE OR MORE
26	SUBSTANTIAL DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL
27	PROCESSES THAT GROSSLY IMPAIRS JUDGMENT OR CAPACITY TO

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1	RECOGNIZE REALITY OR TO CONTROL BEHAVIOR.
2	(16) "PRIMARY PREVENTION" MEANS ACTIVITIES AND STRATEGIES
3	USED TO INTERVENE BEFORE HEALTH EFFECTS OCCUR THROUGH MEASURES
4	THAT PREVENT THE ONSET OF ADDICTION, DELAY INITIAL USE OF ALCOHOL,
5	MARIJUANA, AND TOBACCO, DETER THE USE OF ILLEGAL DRUGS, AND
6	PROMOTE HEALTH AND WELLNESS.
7	(17) (a) "PRIORITY POPULATIONS" MEANS PEOPLE WHO ARE:
8	(I) Uninsured, underinsured, medicaid-eligible, publicly
9	INSURED, OR WHOSE INCOME IS BELOW THRESHOLDS ESTABLISHED BY THE
10	BHA; AND
11	(II) PRESENTING WITH ACUTE OR CHRONIC BEHAVIORAL HEALTH
12	NEEDS, INCLUDING BUT NOT LIMITED TO INDIVIDUALS WHO HAVE BEEN
13	DETERMINED INCOMPETENT TO STAND TRIAL, ADULTS WITH SERIOUS
14	MENTAL ILLNESS, AND CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL
15	DISTURBANCE.
16	(b) The BHA shall further identify underserved
17	POPULATIONS MEETING THE CRITERIA OF SUBSECTION (17)(a) OF THIS
18	SECTION FOR SPECIFIC PRIORITIZATION ON A REGIONAL OR STATEWIDE
19	BASIS BASED ON HEALTH EQUITY DATA, INCLUDING BUT NOT LIMITED TO
20	PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS; CHILDREN AND
21	YOUTH AT RISK OF OUT-OF-HOME PLACEMENT AND THEIR PARENTS;
22	PEOPLE INVOLVED WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM;
23	PEOPLE OF COLOR; AMERICAN INDIANS; ALASKA NATIVES; VETERANS;
24	PEOPLE WHO ARE PREGNANT; PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL,
25	TRANSGENDER, OR QUEER OR QUESTIONING; AND INDIVIDUALS WITH
26	DISABILITIES AS DEFINED BY THE FEDERAL "AMERICANS WITH
27	DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED.

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1	THE BHA SHALL ALSO CONSIDER INPUT DIRECTLY FROM BEHAVIORAL
2	HEALTH PROVIDERS THAT ARE CULTURALLY AND LINGUISTICALLY
3	REPRESENTATIVE OF THE POPULATIONS THEY SERVE. THE BHA SHALL
4	CONSIDER RECOMMENDATIONS FROM THE BEHAVIORAL HEALTH
5	ADMINISTRATIVE SERVICES ORGANIZATIONS, THE ADVISORY COUNCIL, AND
6	REGIONAL SUBCOMMITTEES IN IDENTIFYING SUBPOPULATIONS.
7	(18) (a) "STATE AGENCY" MEANS ANY STATE DEPARTMENT, STATE
8	OFFICE, OR STATE DIVISION IN COLORADO THAT ADMINISTERS A
9	BEHAVIORAL HEALTH PROGRAM.
10	(b) "STATE AGENCY" DOES NOT INCLUDE THE JUDICIAL BRANCH OF
11	STATE GOVERNMENT.
12	(19) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN
13	SERVICES CREATED PURSUANT TO SECTION 26-1-107.
14	(20) "Substance use disorder" means a chronic relapsing
15	BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,
16	OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING
17	HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR
18	RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.
19	(21) "SUBSTANCE USE DISORDER PROGRAM" MEANS A PROGRAM
20	FOR THE DETOXIFICATION, WITHDRAWAL, MAINTENANCE, OR TREATMENT
21	OF A PERSON WITH A SUBSTANCE USE DISORDER.
22	27-50-102. Behavioral health administration - creation -
23	$\textbf{coordination.} (1) \ \textbf{THERE IS ESTABLISHED IN THE DEPARTMENT OF HUMAN}$
24	SERVICES THE BEHAVIORAL HEALTH ADMINISTRATION. NOTHING IN THIS
25	SUBSECTION (1) PRECLUDES ANY FUTURE LEGISLATIVE ACTION TAKEN
26	PURSUANT TO SECTION 27-60-203 (5) REGARDING THE FUTURE LOCATION
27	OF THE BHA.

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1	(2) THE BHA IS CHARGED WITH CREATING A COORDINATED,
2	COHESIVE, AND EFFECTIVE BEHAVIORAL HEALTH SYSTEM IN COLORADO.
3	ANY STATE AGENCY THAT ADMINISTERS A BEHAVIORAL HEALTH PROGRAM
4	SHALL COLLABORATE WITH THE BHA TO ACHIEVE THE GOALS AND
5	OBJECTIVES ESTABLISHED BY THE BHA. IN ORDER TO ENSURE REGULAR
6	ENGAGEMENT WITH OTHER STATE AGENCIES AND TO MAINTAIN
7	ALIGNMENT IN STATE PROGRAMS, RESOURCE ALLOCATION, PRIORITIES,
8	AND STRATEGIC PLANNING, THE COMMISSIONER SHALL CHAIR A REGULAR
9	MEETING OF THE EXECUTIVE DIRECTORS OF STATE AGENCIES.
10	27-50-103. Behavioral health commissioner - appointment -
11	powers, duties, and functions - subdivisions of the BHA. (1) THE
12	GOVERNOR SHALL APPOINT THE COMMISSIONER, WHO IS THE HEAD OF THE
13	BHA. THE COMMISSIONER HAS THE FULL AUTHORITY, WITH THE
14	GOVERNOR, TO LEAD AND DEVELOP THE STATE'S VISION AND STRATEGY
15	FOR BEHAVIORAL HEALTH FOR CHILDREN, YOUTH, AND ADULTS.
16	(2) THE COMMISSIONER SHALL:
17	(a) BE WELL-VERSED IN BEHAVIORAL HEALTH;
18	(b) BE REGISTERED TO VOTE IN COLORADO DURING THE
19	COMMISSIONER'S TERM OF SERVICE; AND
20	(c) HAVE NO PECUNIARY INTEREST, DIRECTLY OR INDIRECTLY, IN
21	ANY BEHAVIORAL HEALTH COMPANY OR AGENCY OTHER THAN AS A
22	BEHAVIORAL HEALTH SERVICES RECIPIENT.
23	(3) THE COMMISSIONER SHALL ENSURE THAT:
24	(a) Behavioral health programs delivered by state
25	AGENCIES AND COMMERCIAL PAYERS ARE COMPREHENSIVE,
26	EVIDENCE-BASED, AFFORDABLE, HIGH QUALITY, EQUITY-FOCUSED, AND
27	EASILY ACCESSIBLE FOR ALL COLORADANS;

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1	(b) Behavioral health strategies, program priorities, and
2	FUNDING ALLOCATIONS FOR BEHAVIORAL HEALTH ALIGN WITH THE VISION
3	SET FORTH BY THE BHA AND THE GOVERNOR; AND
4	(c) THERE IS A STREAMLINED APPROACH TO USING PUBLIC MONEY
5	TO IMPROVE BEHAVIORAL HEALTH ACROSS THE CONTINUUM OF CARE FROM
6	PREVENTION TO RECOVERY.
7	(4) THE COMMISSIONER SHALL ENGAGE WITH THE LEGISLATIVE
8	AND JUDICIAL BRANCHES OF GOVERNMENT TO ACHIEVE THE STATE'S
9	VISION FOR BEHAVIORAL HEALTH.
10	(5) THE COMMISSIONER MAY ESTABLISH SUBDIVISIONS, SECTIONS,
11	OR UNITS NECESSARY FOR THE PROPER DISCHARGE OF THE POWERS,
12	DUTIES, AND FUNCTIONS OF THE BHA.
13	(6) THE COMMISSIONER SHALL ESTABLISH AN INFRASTRUCTURE TO
14	OVERSEE AND BE ACCOUNTABLE FOR POLICY, STRATEGY, AND SERVICES
15	FOR CHILDREN AND YOUTH.
16	27-50-104. Powers and duties of the commissioner - rules.
17	(1) (a) The commissioner may adopt "commissioner rules" for
18	BEHAVIORAL HEALTH PROGRAMS ADMINISTERED AND SERVICES PROVIDED
19	BY THE BHA AS LISTED IN SECTION 27-50-105 (1). THE RULES MUST BE
20	PROMULGATED IN ACCORDANCE WITH SECTION 24-4-103.
21	(b) Any rules adopted by the executive director of the
22	DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1, 2022, TO IMPLEMENT
23	THE BEHAVIORAL HEALTH PROGRAMS TO BE ADMINISTERED AND SERVICES
24	TO BE PROVIDED BY THE BHA LISTED IN SECTION 27-50-105 (1), AND
25	WHOSE CONTENT MEETS THE DEFINITION OF "EXECUTIVE DIRECTOR RULES"
26	PURSUANT TO SECTION 26-1-108, ARE EFFECTIVE UNTIL REVISED,
27	AMENDED, OR REPEALED BY THE COMMISSIONER.

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1	(2) "COMMISSIONER RULES" ARE SOLELY WITHIN THE PROVINCE OF
2	THE COMMISSIONER, EXCEPT THOSE DETERMINATIONS PRECLUDED BY
3	AUTHORITY GRANTED TO THE STATE BOARD OF HUMAN SERVICES.
4	"COMMISSIONER RULES" MUST INCLUDE:
5	(a) MATTERS OF INTERNAL ADMINISTRATION IN THE BHA,
6	INCLUDING ORGANIZATION, STAFFING, RECORDS, REPORTS, SYSTEMS, AND
7	PROCEDURES;
8	(b) FISCAL AND PERSONNEL ADMINISTRATION FOR THE BHA; AND
9	(c) ACCOUNTING AND FISCAL REPORTING RULES FOR
10	DISBURSEMENT OF FEDERAL FUNDS, CONTINGENCY FUNDS, AND
11	PRORATION OF AVAILABLE APPROPRIATIONS.
12	(3) WHENEVER A STATUTORY GRANT OF RULE-MAKING AUTHORITY
13	In this title 27refers to the BHA, it means the behavioral health
14	ADMINISTRATION ACTING THROUGH EITHER THE STATE BOARD OF HUMAN
15	SERVICES, THE COMMISSIONER, OR BOTH. WHEN EXERCISING
16	RULE-MAKING AUTHORITY PURSUANT TO THIS TITLE 27, THE BHA SHALL
17	PROMULGATE RULES CONSISTENT WITH THE POWERS AND THE DISTINCTION
18	BETWEEN "BOARD RULES" AS SET FORTH IN SECTION 26-1-107 AND
19	"COMMISSIONER RULES" AS SET FORTH IN THIS SECTION.
20	(4) THE RULES PROMULGATED BY THE COMMISSIONER PERTAINING
21	to this title $27\mathrm{are}$ binding upon the behavioral health providers,
22	VENDORS, AND AGENTS OF THE BHA. AT ANY PUBLIC HEARING RELATING
23	TO A PROPOSED RULE, INTERESTED PERSONS HAVE THE RIGHT TO PRESENT
24	THE PERSON'S DATA, VIEWS, OR ARGUMENTS ORALLY. PROPOSED RULES OF
25	THE COMMISSIONER ARE SUBJECT TO SECTION 24-4-103.
26	27-50-105. Administration of behavioral health programs -
27	state plan - sole mental health authority. (1) THE BHA SHALL

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1	ADMINISTER AND PROVIDE THE FOLLOWING BEHAVIORAL HEALTH
2	PROGRAMS AND SERVICES:
3	(a) The regulation of recovery residences pursuant to
4	SECTION 25-1.5-108.5;
5	(b) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED
6	PURSUANT TO SECTION 27-60-103;
7	(c) THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM
8	CREATED PURSUANT TO SECTION 27-60-104.5;
9	(d) THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM
10	CREATED PURSUANT TO SECTION 27-60-106;
11	(e) CRIMINAL JUSTICE DIVERSION PROGRAMS PURSUANT TO
12	SECTION 27-60-106.5;
13	(f) PEER SUPPORT PROFESSIONALS AND RECOVERY SUPPORT
14	SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-60-108;
15	$(g) \ The \ Temporary \ YOUTH \ MENTAL \ HEALTH \ SERVICES \ PROGRAM$
16	CREATED PURSUANT TO SECTION 27-60-109;
17	(h) Behavioral Health-Care services for rural and
18	AGRICULTURAL COMMUNITIES PURSUANT TO SECTION 27-60-110;
19	(i) THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM
20	CREATED PURSUANT TO SECTION 27-60-111;
21	(j) THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
22	PROGRAM CREATED PURSUANT TO SECTION 27-60-112;
23	(k) The statewide care coordination infrastructure
24	PURSUANT TO SECTION 27-60-204;
25	(l) High-fidelity wraparound services for children and
26	YOUTH PURSUANT TO ARTICLE 62 OF THIS TITLE 27;
27	(m) THE BEHAVIORAL HEALTH SAFETY NET SYSTEM PURSUANT TO

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1	ARTICLE 63 OF THIS TITLE 27;
2	(n) The 988 crisis hotline enterprise created pursuant to
3	SECTION 27-64-103;
4	(o) THE CARE AND TREATMENT OF PERSONS WITH MENTAL HEALTH
5	DISORDERS PURSUANT TO ARTICLE 65 OF THIS TITLE 27;
6	(p) THE COMMUNITY MENTAL HEALTH SERVICES PURCHASE
7	PROGRAM PURSUANT TO SECTION 27-66-104;
8	(q) THE STANDARDS FOR APPROVAL IN THE COMMUNITY MENTAL
9	HEALTH SERVICES PURCHASE PROGRAM PURSUANT TO SECTION 27-66-105;
10	(r) TRAUMA-INFORMED CARE STANDARDS OF APPROVAL PURSUANT
11	TO SECTION 27-66-110;
12	(s) THE COMMUNITY TRANSITION SPECIALIST PROGRAM CREATED
13	PURSUANT TO ARTICLE 66.5 OF THIS TITLE 27;
14	(t) THE "CHILDREN AND YOUTH MENTAL HEALTH TREATMENT
15	ACT", ARTICLE 67 OF THIS TITLE 27;
16	(u) MEDICATION CONSISTENCY FOR INDIVIDUALS WITH
17	BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE CRIMINAL AND
18	JUVENILE JUSTICE SYSTEMS PURSUANT TO ARTICLE 70 of this title 27 ;
19	(v) Grants for public programs pursuant to section
20	27-80-103;
21	(w) THE PURCHASE OF PREVENTION AND TREATMENT SERVICES
22	PURSUANT TO SECTION 27-80-106;
23	(x) The designation of managed service organizations
24	PURSUANT TO SECTION 27-80-107;
25	(y) The "Increasing Access to Effective Substance Use
26	DISORDER SERVICES ACT" PURSUANT TO SECTION 27-80-107.5;
27	(z) The coordination of state and federal funds and

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1	PROGRAMS PURSUANT TO SECTION 27-80-109;
2	(aa) Addiction counselor training requirements pursuant
3	TO SECTION 27-80-111;
4	(bb) The treatment program for high-risk pregnant women
5	CREATED PURSUANT TO SECTION 27-80-112;
6	(cc) THE RURAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION
7	AND TREATMENT PROGRAM CREATED PURSUANT TO SECTION 27-80-117;
8	(dd) The care navigation program pursuant to section
9	27-80-119;
10	(ee) The building substance use disorder treatment
11	CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM CREATED
12	PURSUANT TO SECTION 27-80-120;
13	(ff) THE RECOVERY RESIDENCE CERTIFYING BODY PURSUANT TO
14	SECTION 27-80-122;
15	(gg) THE HIGH-RISK FAMILIES CASH FUND CREATED PURSUANT TO
16	SECTION 27-80-123;
17	
18	(hh) TEMPORARY FINANCIAL HOUSING ASSISTANCE FOR
19	INDIVIDUALS WITH SUBSTANCE USE DISORDERS PURSUANT TO SECTION
20	27-80-125;
21	(ii) THE RECOVERY SUPPORT SERVICES GRANT PROGRAM CREATED
22	PURSUANT TO SECTION 27-80-126;
23	(jj) Controlled substances licensing pursuant to part 2 of
24	ARTICLE 80 OF THIS TITLE 27;
25	(kk) THE COMPREHENSIVE AND COORDINATED PROGRAM FOR THE
26	TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS, PERSONS
27	INTOXICATED BY ALCOHOL AND PERSONS LINDER THE INFLLIENCE OF

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1	DRUGS PURSUANT TO SECTION 27-81-105;
2	(11) THE STANDARDS FOR PUBLIC AND PRIVATE TREATMENT
3	FACILITIES THAT RECEIVE PUBLIC FUNDS PURSUANT TO SECTION
4	27-81-106;
5	(mm) ACCEPTANCE FOR SUBSTANCE USE DISORDER TREATMENT
6	PURSUANT TO SECTION 27-81-108;
7	(nn) VOLUNTARY TREATMENT OF PERSONS WITH SUBSTANCE USE
8	DISORDERS PURSUANT TO SECTION 27-81-109;
9	(00) VOLUNTARY TREATMENT FOR PERSONS INTOXICATED BY
10	ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY
11	SUBSTANCES PURSUANT TO SECTION 27-81-110;
12	(pp) The emergency commitment of Persons Pursuant to
13	SECTION 27-81-111;
14	(qq) The involuntary commitment of a person with a
15	SUBSTANCE USE DISORDER PURSUANT TO SECTION 27-81-112;
16	(rr) Emergency service patrols pursuant to section
17	27-81-115;
18	(ss) Payment for treatment pursuant to section 27-81-116;
19	(tt) THE MATERNAL AND CHILD HEALTH PILOT PROGRAM PURSUANT
20	TO PART 2 OF ARTICLE 82 OF THIS TITLE 27;
21	(uu) HUMAN SERVICES REFERRAL SERVICES PURSUANT TO SECTION
22	29-11-203;
23	(vv) DUI TREATMENT PROGRAMS PURSUANT TO ARTICLE 2 OF
24	TITLE 42;
25	(ww) ALCOHOL AND DRUG DRIVING SAFETY EDUCATION OR
26	TREATMENT PURSUANT TO SECTION 42-4-1301.3;
27	(xx) Gambling addiction account funding pursuant to

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1	SECTION 44-30-1301; AND
2	(yy) Sports betting funding pursuant to section 44-30-1509.
3	(2) (a) The BHA shall formulate a comprehensive state
4	PLAN FOR SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH
5	SERVICES PROGRAMS FOR THE PURPOSE OF ADMINISTERING THE FEDERAL
6	BLOCK GRANT FUNDS DESCRIBED IN SUBSECTION (2)(c) OF THIS SECTION.
7	THE BHA SHALL SUBMIT THE STATE PLAN TO THE GOVERNOR AND, UPON
8	THE GOVERNOR'S APPROVAL, SUBMIT THE STATE PLAN TO THE
9	APPROPRIATE UNITED STATES AGENCY FOR REVIEW AND APPROVAL.
10	(b) The BHA is designated as the sole entity for the
11	SUPERVISION OF THE ADMINISTRATION OF THE STATE PLAN.
12	(c) The BHA is designated the official mental health
13	AUTHORITY AND IS AUTHORIZED TO RECEIVE AND ADMINISTER:
14	(I) GRANTS-IN-AID FROM THE FEDERAL GOVERNMENT PURSUANT
15	TO 42 U.S.C. SEC. 246; AND
16	(II) OTHER GRANTS FROM THE FEDERAL GOVERNMENT FOR THE
17	PROVISION OF MENTAL HEALTH OR INTEGRATED BEHAVIORAL HEALTH
18	SERVICES.
19	(3) THE BHA MAY PROVIDE CONSULTATION AND CONDUCT
20	TRAINING PROGRAMS AT THE STATE, REGIONAL, OR LOCAL LEVEL TO
21	SUPPORT THE PROFESSIONAL DEVELOPMENT OF LICENSED OR APPROVED
22	BEHAVIORAL HEALTH PROVIDERS. THE BHA MAY REIMBURSE PROVIDERS
23	FOR REASONABLE AND NECESSARY EXPENSES INCURRED IN ATTENDING
24	THE TRAINING PROGRAMS.
25	27-50-106. Transfer of functions. (1) The powers, duties, and
26	FUNCTIONS PREVIOUSLY ADMINISTERED BY THE DEPARTMENT OF PUBLIC
27	HEALTH AND ENVIRONMENT CONCERNING LICENSING BEHAVIORAL HEALTH

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1	ENTITIES PURSUANT TO ARTICLE 27.6 OF TITLE 25 SHALL TRANSFER TO THE
2	BHA OVER A PERIOD OF TWO YEARS, WITH ALL FUNCTIONS FULLY
3	TRANSFERRED TO THE BHA BY JULY 1, 2024, AS FOLLOWS:
4	(a) The department of public health and environment

- (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE ISSUING AND RENEWING BEHAVIORAL HEALTH ENTITY LICENSES UNTIL JUNE 30, 2023, AFTER WHICH DATE THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL NOT RENEW OR CONFER ANY NEW BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH ENTITIES THAT ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE SUBJECT TO THE RULES AND ORDERS OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT UNTIL SUCH RULES AND ORDERS ARE REVISED, AMENDED, REPEALED, OR NULLIFIED. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE COMPLIANCE MONITORING AND ENFORCEMENT ACTIVITIES UNTIL ALL LICENSES THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT HAS CONFERRED ARE EXPIRED, REVOKED, OR SURRENDERED, BUT NOT AFTER JUNE 30, 2024.
- (b) On July 1, 2023, the department of public health and environment shall transfer any applications pending as of that date to the BHA for disposition.
- (c) On July 1, 2023, the BHA shall begin licensing functions for all New or renewal behavioral health entity licenses. Behavioral health entities that are licensed by the BHA are subject to the rules and orders of the state board of human services, including those transferred and not <u>repealed</u>.
- (d) RULES CONCERNING BEHAVIORAL HEALTH ENTITIES PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO

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1	THIS SECTION ONLY APPLY TO THOSE BEHAVIORAL HEALTH ENTITIES THAT
2	ARE LICENSED BY THE BHA.
3	
4	(2) No later than July 1, 2024, all behavioral health
5	ENTITIES MUST BE LICENSED BY, AND IN COMPLIANCE WITH THE RULES AND
6	ORDERS OF, THE STATE BOARD OF HUMAN SERVICES.
7	(3) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
8	THE BHA SHALL COORDINATE TO ENSURE THAT THE OVERSIGHT AND
9	LICENSING OF BEHAVIORAL HEALTH ENTITIES TRANSFERS SMOOTHLY
10	BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
11	THE BHA WITHOUT ANY DELAYS IN OVERSIGHT OR RELATED DUTIES.
12	27-50-107. State board of human services - rules. (1) THE
13	STATE BOARD OF HUMAN SERVICES CREATED PURSUANT TO SECTION
14	26-1-107 is the type 1 board for promulgating, revising, and
15	REPEALING BHA RULES.
16	(2) ANY RULES PROMULGATED BY THE STATE BOARD OF HUMAN
17	Services to implement the provisions of this article 50 or any
18	OTHER BEHAVIORAL HEALTH PROGRAM ADMINISTERED OR SERVICE
19	PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1,
20	2022, ARE EFFECTIVE UNTIL REVISED, AMENDED, OR REPEALED BY THE
21	STATE BOARD OF HUMAN SERVICES.
22	(3) THE STATE BOARD OF HUMAN SERVICES MAY PROMULGATE
23	RULES THAT INCLUDE, BUT ARE NOT LIMITED TO:
24	(a) ANY RULES NECESSARY TO CARRY OUT THE PURPOSES OF A
25	BEHAVIORAL HEALTH PROGRAM ADMINISTERED BY THE BHA AS LISTED IN
26	SECTION 27-50-105, INCLUDING RECORD KEEPING, DATA COLLECTION, AND
27	HEALTH INFORMATION ORGANIZATION NETWORK CONNECTION;

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1	(b) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH
2	ENTITY FOR LICENSURE;
3	(c) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH
4	PROGRAM FOR THE PROGRAM TO RECEIVE PUBLIC FUNDS AS PART OF THE
5	BEHAVIORAL HEALTH SAFETY NET SYSTEM CREATED PURSUANT TO PART
6	3 of this article 50;
7	(d) REQUIREMENTS FOR PUBLIC AND PRIVATE AGENCIES,
8	ORGANIZATIONS, AND INSTITUTIONS THAT THE BHA MAY PURCHASE
9	SERVICES FROM PURSUANT TO SECTION 27-80-106 (1), WHICH
10	REQUIREMENTS MUST INCLUDE PROHIBITING THE PURCHASE OF SERVICES
11	FROM AGENCIES, ORGANIZATIONS, AND INSTITUTIONS THAT DENY OR
12	PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE DISORDER
13	TREATMENT AND SERVICES TO A PERSON WHO IS PARTICIPATING IN
14	PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION
15	23-21-803, FOR A SUBSTANCE USE DISORDER; AND
16	(e) (I) Standards that addiction counselors must meet to
17	PARTICIPATE IN BEHAVIORAL HEALTH PROGRAMS OR TO PROVIDE
18	PURCHASED SERVICES, AND REQUIREMENTS NECESSARY FOR ADDICTION
19	COUNSELORS TO BE CERTIFIED BY THE STATE BOARD OF ADDICTION
20	COUNSELOR EXAMINERS, PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE
21	12.
22	(II) The rules promulgated pursuant to subsection (3)(e)(I)
23	OF THIS SECTION MUST INCLUDE EDUCATION REQUIREMENTS FOR
24	CERTIFIED ADDICTION TECHNICIANS, CERTIFIED ADDICTION SPECIALISTS,
25	AND LICENSED ADDICTION COUNSELORS.
26	27-50-108. Systemwide behavioral health grievance system.
27	(1) (a) On or before July 1, 2024, the BHA shall create and

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IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND ADDRESSING
BEHAVIORAL HEALTH SYSTEM GRIEVANCES ACROSS PAYERS, BEHAVIORAL
HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, MANAGED CARE
ENTITIES, AND PROVIDERS AT A SYSTEMIC LEVEL THAT LEVERAGES AND
DOES NOT DUPLICATE EXISTING GRIEVANCE RESOLUTION PROGRAMS. THE
BHA SHALL ANALYZE GRIEVANCES TO IDENTIFY AND ADDRESS SERVICE
DELIVERY GAPS AND TO INFORM STATEWIDE BEHAVIORAL HEALTH SYSTEM
POLICY.
(b) THE BHA SHALL, AT A MINIMUM, TRACK GRIEVANCES BY
BEHAVIORAL HEALTH PROVIDER, TOPIC, REGION, MANAGED CARE ENTITY,
BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, PAYER
SOURCE, SERVICE, OR DIAGNOSIS AND AGGREGATE DEMOGRAPHIC DATA.
IN ORDER TO PROMOTE TRANSPARENCY, ACCOUNTABILITY, AND SYSTEM
COLLABORATION, THE BHA SHALL PUBLISH, AT LEAST ANNUALLY,
AGGREGATED AND ANONYMIZED DATA ON GRIEVANCES ON A
PUBLIC-FACING WEBSITE.
(c) THE BHA SHALL IMPLEMENT A PLAN TO STREAMLINE
GRIEVANCE RESOLUTION PROGRAMS, PROMOTE TRANSPARENCY, IMPROVE
CONSUMER EXPERIENCE, AND PROMOTE CLARITY AND TRANSPARENCY.
(2) On or before July 1, 2024, the BHA shall solicit input
FROM THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL

(2) On or before July 1, 2024, the BHA shall solicit input from the behavioral health administration advisory council created pursuant to section 27-50-701, the sub-committees created pursuant to section 27-50-703, and demographically diverse stakeholders to develop a process for addressing individual grievances when traditional grievance programs fail.

(3) THE BHA MAY REFER INDIVIDUAL GRIEVANCES TO THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED

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1	PURSUANT TO SECTION 27-80-303, WHEN AN INDIVIDUAL MAY REQUIRE
2	FURTHER INTERVENTION OR SUPPORT TO RESOLVE THE GRIEVANCE IN
3	ACCORDANCE WITH THE CHARGE OF THE OMBUDSMAN.
4	(4) On or before July 1, 2024, the BHA and state agencies
5	SHALL EXECUTE FORMAL DATA-SHARING AGREEMENTS ADDRESSING DATA
6	SHARING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS,
7	COOPERATION BETWEEN THE BHA AND STATE AGENCIES, AND ANY OTHER
8	PROVISIONS NECESSARY TO IMPLEMENT THIS SECTION. AT A MINIMUM, THE
9	$BHA\ \mbox{and}\ \mbox{the}\ \mbox{following}\ \mbox{entities}\ \mbox{shall}\ \mbox{execute}\ \mbox{such}\ \mbox{agreements}\ :$
10	(a) THE OMBUDSMAN FOR MEDICAID MANAGED CARE,
11	ESTABLISHED IN SECTION 25.5-5-406.1;
12	(b) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE,
13	DESIGNATED PURSUANT TO SECTION 27-80-303; AND
14	(c) THE CHILD PROTECTION OMBUDSMAN, APPOINTED PURSUANT
15	TO SECTION 19-3.3-103. ALL DATA RELEASED BY THE OMBUDSMAN SHALL
16	COMPLY WITH SECTIONS $19-3.3-103 (1)(a)(I)(B)$ AND (3) .
17	(5) THE BHA MAY PROMULGATE RULES AS NEEDED TO IMPLEMENT
18	THIS SECTION.
19	PART 2
20	BEHAVIORAL HEALTH SYSTEM MONITORING
21	27-50-201. Behavioral health system monitoring - capacity -
22	safety net performance. (1) On or before July 1, 2024, the BHA
23	SHALL ESTABLISH A PERFORMANCE MONITORING SYSTEM TO TRACK
24	CAPACITY AND PERFORMANCE OF ALL BEHAVIORAL HEALTH PROVIDERS,
25	INCLUDING THOSE THAT CONTRACT WITH MANAGED CARE ENTITIES OR
26	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, AND
27	INFORM NEEDED CHANGES TO THE PUBLIC AND PRIVATE BEHAVIORAL

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1	HEALTH SYSTEM IN THE STATE.
2	(2) THE BHA SHALL SET MINIMUM PERFORMANCE STANDARDS FOR
3	TREATMENT OF CHILDREN, YOUTH, AND ADULTS. THAT ADDRESS KEY
4	METRICS FOR BEHAVIORAL HEALTH PROVIDERS AND BEHAVIORAL HEALTH
5	ADMINISTRATIVE SERVICES ORGANIZATIONS LICENSED BY THE BHA
6	PURSUANT TO PART 5 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED
7	TO:
8	(a) ACCESSIBILITY OF CARE, INCLUDING:
9	(I) AVAILABILITY OF SERVICES;
10	(II) TIMELINESS OF SERVICE DELIVERY; AND
11	(III) CAPACITY TRACKING CONSISTENT WITH SECTION 27-60-104.5;
12	AND
13	(b) QUALITY OF CARE, INCLUDING APPROPRIATE TRIAGE AND
14	ACCESS BASED ON CLIENT NEED AND FOR PRIORITY POPULATIONS.
15	(3) IN SETTING MINIMUM PERFORMANCE STANDARDS, THE BHA
16	SHALL COLLABORATE WITH STATE AGENCIES TO CONSIDER:
17	(a) EVIDENCE-BASED AND PROMISING PRACTICES;
18	(b) Themes identified through grievances pursuant to
19	SECTION 27-50-108;
20	(c) INPUT FROM THE BEHAVIORAL HEALTH ADMINISTRATION
21	ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701;
22	(d) ALIGNMENT WITH EXISTING STATE AND FEDERAL
23	REQUIREMENTS;
24	(e) ALIGNMENT WITH THE BHA'S COMPREHENSIVE STATE PLAN
25	DEVELOPED PURSUANT TO SECTION 27-50-105 (2); AND
26	$(f) \ Reducing \ the \ administrative \ burden \ of \ data \ collection$
27	AND REPORTING FOR BEHAVIORAL HEALTH PROVIDERS.

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1	(4) THE BHA AND THE DEPARTMENT OF HEALTH CARE POLICY AND
2	FINANCING SHALL COLLABORATE TO ALIGN PERFORMANCE METRICS AND
3	STANDARDS FOR PROVIDERS, MANAGED CARE ENTITIES, AND BEHAVIORAL
4	HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO THE GREATEST
5	EXTENT POSSIBLE.
6	(5) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF
7	HEALTH CARE POLICY AND FINANCING TO ESTABLISH DATA COLLECTION
8	AND REPORTING REQUIREMENTS THAT ALIGN WITH THE PERFORMANCE
9	STANDARDS ESTABLISHED IN THIS SECTION AND THAT ARE OF A HIGH
10	VALUE IN PROMOTING SYSTEMIC IMPROVEMENTS. IN ESTABLISHING DATA
11	COLLECTION AND REPORTING REQUIREMENTS, THE BHA MUST CONSIDER
12	THE IMPACT ON BEHAVIORAL HEALTH PROVIDERS AND CLIENTS AND STATE
13	INFORMATION TECHNOLOGY SYSTEMS.
14	(6) COMPLIANCE WITH THE REQUIREMENTS DESCRIBED IN THIS
15	SECTION SHALL BE ENFORCED THROUGH:
16	(a) THE UNIVERSAL CONTRACTING PROVISIONS DEVELOPED
17	PURSUANT TO SECTION 27-50-203;
18	(b) DESIGNATION OF BEHAVIORAL HEALTH ADMINISTRATIVE
19	SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-50-402; AND
20	(c) APPLICABLE LICENSING STANDARDS, INCLUDING LICENSING
21	BEHAVIORAL HEALTH ENTITIES PURSUANT TO PART 5 OF THIS ARTICLE 50 .
22	(7) THE BHA SHALL ANALYZE THE DATA COLLECTED PURSUANT
23	TO THIS SECTION AND CREATE PUBLIC-FACING SYSTEM ACCOUNTABILITY
24	PLATFORMS TO REPORT ON PERFORMANCE STANDARDS FOR BEHAVIORAL
25	HEALTH PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
26	ORGANIZATIONS, AND MANAGED CARE ENTITIES.
27	(8) THE BHA SHALL DOCUMENT HOW THE BHA'S ACTIVITIES

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1	CONDUCTED PURSUANT TO THIS SECTION COMPLY WITH STATE AND
2	FEDERAL PRIVACY LAWS AND STANDARDS.
3	27-50-202. Formal agreements - state agencies and tribal
4	governments. (1) On or before July 1, 2023, the commissioner
5	SHALL COLLABORATE WITH STATE AGENCIES AND TRIBAL GOVERNMENTS,
6	WHILE RESPECTING TRIBAL SOVEREIGNTY, TO IMPLEMENT FORMAL
7	AGREEMENTS BETWEEN THE BHA AND STATE AGENCIES, AND THE BHA
8	AND TRIBAL GOVERNMENTS THAT HAVE INITIATIVES, FUNDING, PROGRAMS,
9	OR SERVICES RELATED TO BEHAVIORAL HEALTH. THE FORMAL
10	AGREEMENTS MUST PROVIDE THE STRUCTURE FOR IMPLEMENTING
11	BEHAVIORAL HEALTH STANDARDS BY FORMALIZING EXPECTATIONS
12	SPECIFIC TO:
13	(a) COLLABORATIVE PROBLEM SOLVING FOR CHALLENGES THAT
14	ARISE IN THE BEHAVIORAL HEALTH SYSTEM;
15	(b) Consideration of BHA funding and resource
16	ALLOCATION PRIORITIES ACROSS THE BEHAVIORAL HEALTH CONTINUUM
17	OF CARE, INCLUDING PRIMARY PREVENTION AND HARM REDUCTION, AS
18	WELL AS RECOMMENDATIONS FOR OTHER STATE AGENCIES' AND TRIBAL
19	GOVERNMENTS' FUNDING PRIORITIES, TO ENSURE A COORDINATED
20	STATEWIDE EFFORT TO ALIGN BEHAVIORAL HEALTH FUNDING WITH THE
21	BHA'S VISION, DEMONSTRATED GAPS IN FUNDING OR RESOURCE
22	ALLOCATION, AND GOVERNOR PRIORITIES;
23	(c) Data sharing and health information sharing,
24	INCLUDING A PROCESS FOR DATA SHARING AND ANALYSIS THAT:
25	(I) PRIORITIZES PROTECTION OF PATIENT PRIVACY AND, TO THE
26	EXTENT POSSIBLE, ELIMINATES ANY SHARING OF PERSONALLY
27	IDENTIFIABLE INFORMATION AND PERSONAL HEALTH INFORMATION; AND

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1	(II) Must be transparently disclosed to all relevant
2	PARTIES;
3	(d) REQUIRING, WHEN APPLICABLE, THE USE OF THE UNIVERSAL
4	CONTRACTING PROVISIONS GENERATED IN COLLABORATION WITH STATE
5	${\tt AGENCIESPURSUANTTOSECTION25-50-203ANDTHeUSEOFBEHAVIORAL}$
6	HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS PURSUANT TO PART
7	4 of this article 50;
8	(e) REPORTING AND DATA SHARING TO THE BHA, INCLUDING
9	BEHAVIORAL-HEALTH-RELATED METRICS, TO ENSURE STATE AGENCIES
10	AND TRIBAL GOVERNMENTS SHARE DATA;
11	(f) Managed care entity standards, such as use of
12	NATIONALLY RECOGNIZED PRACTICE GUIDELINES FOR UTILIZATION
13	MANAGEMENT APPROVED BY THE BHA AND SHARED PARAMETERS FOR
14	NETWORK ADEQUACY;
15	(g) Parity monitoring and compliance to support the
16	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S AND THE
17	DIVISION OF INSURANCE'S ENFORCEMENT OF PARITY PROVISIONS; AND
18	(h) A METHOD FOR THE STATE AGENCIES AND TRIBAL
19	GOVERNMENTS TO INFORM THE BHA OF PROBLEMS THAT NEED
20	RESOLUTION AND TO COLLABORATE WITH THE BHA TO ADDRESS THOSE
21	PROBLEMS.
22	(2) THE COMMISSIONER, IN COLLABORATION WITH STATE AGENCIES
23	AND TRIBAL GOVERNMENTS, SHALL ANNUALLY REVIEW THE FORMAL
24	AGREEMENTS AND UPDATE THE FORMAL AGREEMENTS AS NECESSARY.
25	FORMAL AGREEMENTS MAY BE EXPANDED TO OTHER STATE AGENCIES AND
26	BRANCHES OF GOVERNMENT AS NEEDED AND APPROPRIATE.
27	27-50-203. Universal contracting provisions - requirements.

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1	(1) On or before July 1, 2023, the BHA shall work with the
2	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, IN
3	COLLABORATION WITH RELEVANT STAKEHOLDERS AND OTHER STATE
4	AGENCIES, TO DEVELOP UNIVERSAL CONTRACTING PROVISIONS TO BE
5	USED BY STATE AGENCIES WHEN CONTRACTING FOR BEHAVIORAL
6	HEALTH SERVICES IN THE STATE. THE UNIVERSAL CONTRACTING
7	PROVISIONS SHALL PROVIDE CLEAR, STANDARDIZED REQUIREMENTS
8	ADDRESSING AT LEAST THE FOLLOWING:
9	(a) MINIMUM DATA COLLECTION AND REPORTING, INCLUDING
10	ELECTRONIC DATA AND PARTICIPATION IN HEALTH INFORMATION
11	ORGANIZATION NETWORKS;
12	(b) GRIEVANCE AND OCCURRENCE REPORTING, INCLUDING TO THE
13	BHA;
14	(c) COLLABORATION WITH OTHER STATE AGENCIES;
15	(d) USE OF EVIDENCE-BASED PRACTICES;
16	(e) Access to care and quality of care standards,
17	INCLUDING ACCOUNTABILITY TO THE PERFORMANCE STANDARDS
18	DEVELOPED PURSUANT TO SECTION 27-50-201;
19	(f) PROGRAMMATIC AND FINANCIAL REPORTING;
20	(g) Consequences for not meeting contract requirements;
21	(h) STANDARD PAYMENT METHODOLOGIES, BASED ON PROVIDER
22	TYPE OR OTHER FACTORS, AS DETERMINED BY THE BHA;
23	(i) CLAIMS SUBMISSIONS AND BILLING PROCEDURES AND
24	GUIDELINES;
25	(j) LIMITATIONS OF LIABILITY;
26	(k) COMPLIANCE WITH BEHAVIORAL HEALTH SAFETY NET
27	STANDARDS, INCLUDING PROVISION OF SERVICES FOR PRIORITY

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1	POPULATIONS;
2	(l) UTILIZATION MANAGEMENT;
3	(m) Utilization of required tools or programs that
4	IMPROVE QUALITY OUTCOMES, ACCESSIBILITY OF SOCIAL DETERMINANTS
5	OF HEALTH SUPPORTS, AFFORDABILITY, REFERRAL EFFICIENCY, OR OTHER
6	STATE PRIORITIES;
7	(n) POLICIES ON ACCEPTING, DISCHARGING, TRIAGING, AND
8	DENYING SERVICES TO CLIENTS CONSISTENT WITH SECTIONS 27-50-302
9	AND 27-50-303;
10	(o) STANDARDS FOR SERVING PRIORITY POPULATIONS AND
11	HIGH-ACUITY CLIENTS BASED ON STATE NEED AND PROVIDER TYPE; AND
12	(p) COMPLIANCE WITH ALL APPLICABLE FEDERAL STATUTES AND
13	REGULATIONS, INCLUDING ANTI-DISCRIMINATION LAWS.
14	(2) The universal contracting provisions may include
15	ALTERNATE STANDARDIZED PROVISIONS, DEPENDING ON ITS APPLICATION,
16	SUCH AS WHETHER THE PROVIDER IS A COMPREHENSIVE COMMUNITY
17	BEHAVIORAL HEALTH PROVIDER OR AN ESSENTIAL BEHAVIORAL HEALTH
18	SAFETY NET PROVIDER, THE SERVICE TYPE, OR OTHER FACTORS.
19	(3) ADDITIONAL TERMS NOT INCLUDED IN THE UNIVERSAL
20	CONTRACT MAY BE NEGOTIATED AND ADDED BY THE CONTRACTING
21	PARTIES.
22	27-50-204. Reporting. (1) BEGINNING OCTOBER 1, 2022, AND
23	EACH OCTOBER 1 THEREAFTER, THE BHA SHALL PREPARE AND SUBMIT A
24	REPORT, KNOWN AS THE BEHAVIORAL HEALTH SYSTEM PLAN, TO THE JOINT
25	BUDGET COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND
26	HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND
2.7	THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE OR ANY

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1	SUCCESSOR COMMITTEES. AT A MINIMUM, THE REPORT MUST INCLUDE A
2	DESCRIPTION OF THE BHA'S VISION AND STRATEGY FOR THE BEHAVIORAL
3	HEALTH SYSTEM, UPDATES ON PERFORMANCE STANDARDS DEVELOPED
4	PURSUANT TO SECTION 27-50-201 (2), ANALYSIS OF THE GRIEVANCES
5	COLLECTED PURSUANT TO SECTION 27-50-108, UPDATES ON FORMAL
6	AGREEMENTS AND COLLABORATIONS WITH STATE AGENCIES PURSUANT TO
7	THIS ARTICLE 50, OPPORTUNITIES TO IMPROVE REIMBURSEMENT FOR
8	INTEGRATED PHYSICAL AND MENTAL HEALTH SERVICES, UPDATES ON CARE
9	COORDINATION PURSUANT TO SECTION 27-50-301 (3), AND THE REPORT OF
10	THE ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701.
11	(2) Beginning January 1, 2023, and each January 1
12	THEREAFTER, THE BHA SHALL PRESENT THE REPORT PREPARED PURSUANT
13	TO SUBSECTION (1) OF THIS SECTION AS PART OF ITS "STATE
14	MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
15	(SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203.
16	PART 3
17	BEHAVIORAL HEALTH SAFETY NET SYSTEM
18	27-50-301. Behavioral health safety net system
18 19 20	27-50-301. Behavioral health safety net system
19	27-50-301. Behavioral health safety net system implementation. (1) NO LATER THAN JULY 1, 2024, THE BHA, IN
19 20	27-50-301. Behavioral health safety net system implementation. (1) No later than July 1, 2024, the BHA, in collaboration with the department of health care policy and
19 20 21 22	27-50-301. Behavioral health safety net system implementation. (1) No later than July 1, 2024, the BHA, in collaboration with the department of health care policy and financing and the department of public health and environment,
19 20 21	27-50-301. Behavioral health safety net system implementation. (1) No later than July 1, 2024, the BHA, in collaboration with the department of Health care policy and financing and the department of Public Health and Environment, shall establish a comprehensive and standardized behavioral
19 20 21 22 23 24	27-50-301. Behavioral health safety net system implementation. (1) No later than July 1, 2024, the BHA, in collaboration with the department of health care policy and financing and the department of public health and environment, shall establish a comprehensive and standardized behavioral health safety net system throughout the state that must
19 20 21 22 23	27-50-301. Behavioral health safety net system implementation. (1) No later than July 1, 2024, the BHA, in collaboration with the department of health care policy and financing and the department of public health and environment, shall establish a comprehensive and standardized behavioral health safety net system throughout the state that must include behavioral health safety net services for children,

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1	(a) PROACTIVELY ENGAGE PRIORITY POPULATIONS WITH
2	ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
3	THE CARE CONTINUUM;
4	(b) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;
5	(c) DEVELOP, MAINTAIN, AND UTILIZE ADEQUATE NETWORKS FOR
6	TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL
7	HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR CHILDREN,
8	YOUTH, AND ADULTS;
9	(d) REQUIRE COLLABORATION WITH ALL STATE AND LOCAL LAW
10	ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA,
11	INCLUDING JUDICIAL DISTRICTS AND COUNTY DEPARTMENTS OF HUMAN OR
12	SOCIAL SERVICES;
13	(e) TRIAGE INDIVIDUALS WHO NEED SERVICES OUTSIDE THE SCOPE
14	OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;
15	(f) Incorporate and demonstrate trauma-informed care
16	PRACTICES;
17	(g) PROMOTE PATIENT-CENTERED CARE AND CULTURAL
18	AWARENESS;
19	(h) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT
20	AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
21	STATE;
22	(i) Prioritize relevant programs or services eligible for
23	FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS
24	OR SERVICES IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION
25	SERVICES CLEARINGHOUSE;
26	(j) Utilize evidence-based or evidence-informed
27	PROGRAMMING TO PROMOTE OHALITY SERVICES: AND

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1	(K) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BITA.
2	(3) IN ESTABLISHING THE STANDARDIZED AND COMPREHENSIVE
3	BEHAVIORAL HEALTH SAFETY NET SYSTEM, THE BHA SHALL:
4	(a) IN COLLABORATION WITH STATE AGENCIES AND THE ADVISORY
5	COUNCIL CREATED PURSUANT TO SECTION 27-50-701, ESTABLISH AND
6	ROUTINELY ASSESS WHAT TYPES OF BEHAVIORAL HEALTH SERVICES ARE
7	PROVIDED ON A COMMUNITY, REGIONAL, AND STATEWIDE BASIS FOR
8	CHILDREN, YOUTH, AND ADULTS. THE BHA SHALL ENSURE THAT, AT A
9	MINIMUM, THE FOLLOWING BEHAVIORAL HEALTH SAFETY NET SERVICES
10	ARE AVAILABLE FOR CHILDREN, YOUTH, AND ADULTS STATEWIDE:
11	(I) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;
12	(II) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
13	(III) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
14	(IV) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;
15	(V) WITHDRAWAL MANAGEMENT SERVICES;
16	(VI) BEHAVIORAL HEALTH INPATIENT SERVICES;
17	(VII) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
18	(VIII) INTEGRATED CARE SERVICES;
19	(IX) CARE MANAGEMENT;
20	(X) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
21	
22	(XI) OUTPATIENT COMPETENCY RESTORATION;
23	(XII) CARE COORDINATION;
24	(XIII) HOSPITAL ALTERNATIVES;
25	(XIV) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK
26	ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH
27	INDICATORS; AND

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1	(XV) ADDITIONAL SERVICES THAT THE BHA DETERMINES ARE
2	NECESSARY IN A REGION OR THROUGHOUT THE STATE.
3	(b) When routinely assessing the services available
4	REGIONALLY AND STATEWIDE, AS REQUIRED IN SUBSECTION (3)(a) OF THIS
5	SECTION, THE BHA SHALL ASSESS ADEQUACY OF FUNDING AND
6	RESOURCES NECESSARY TO IMPLEMENT THE BEHAVIORAL HEALTH SYSTEM
7	PLAN PURSUANT TO SECTION 27-50-204.
8	(c) SET CLINICAL AND PRACTICE STANDARDS AND HEALTH,
9	SAFETY, AND WELFARE STANDARDS, INCLUDING STANDARDS SPECIFIC TO
10	CHILDREN AND YOUTH, WHEN APPROPRIATE, THROUGH THE LICENSING OF
11	BEHAVIORAL HEALTH ENTITIES AND THE APPROVAL OF BEHAVIORAL
12	HEALTH SAFETY NET PROVIDERS;
13	(d) ESTABLISH STATEWIDE, REGIONAL, AND LOCAL BEHAVIORAL
14	HEALTH NETWORK ADEQUACY STANDARDS, INCLUDING STANDARDS
15	SPECIFIC TO CHILDREN AND YOUTH, WHEN APPROPRIATE; AND
16	(e) IMPLEMENT A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
17	ORGANIZATION STRUCTURE PURSUANT TO PART 4 OF THIS ARTICLE 50.
18	(4) EXCEPT AS PROVIDED IN SECTION 27-50-303, BEHAVIORAL
19	HEALTH SAFETY NET PROVIDERS SHALL NOT REFUSE TO TREAT AN
20	INDIVIDUAL BASED ON THE INDIVIDUAL'S:
21	(a) Insurance coverage, lack of insurance coverage, or
22	ABILITY TO PAY;
23	(b) CLINICAL ACUITY LEVEL RELATED TO THE INDIVIDUAL'S
24	BEHAVIORAL HEALTH CONDITION OR CONDITIONS, INCLUDING WHETHER
25	THE INDIVIDUAL HAS BEEN CERTIFIED FOR SHORT-TERM TREATMENT OR
26	LONG-TERM CARE AND TREATMENT PURSUANT TO ARTICLE 65 OF THIS
27	TITLE 27;

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1	(c) READINESS TO TRANSITION OUT OF THE COLORADO MENTAL
2	HEALTH INSTITUTE AT PUEBLO, THE COLORADO MENTAL HEALTH
3	INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL HEALTH INSTITUTE OR
4	LICENSED FACILITY PROVIDING INPATIENT PSYCHIATRIC SERVICES OR
5	ACUTE CARE HOSPITAL PROVIDING STABILIZATION BECAUSE THE
6	INDIVIDUAL NO LONGER REQUIRES INPATIENT CARE AND TREATMENT;
7	(d) Involvement in the criminal or juvenile justice system;
8	(e) CURRENT INVOLVEMENT IN THE CHILD WELFARE SYSTEM;
9	(f) CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE
10	DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR DEVELOPMENTAL
11	DISABILITY, IRRESPECTIVE OF PRIMARY DIAGNOSIS, CO-OCCURRING
12	CONDITIONS, OR IF AN INDIVIDUAL REQUIRES ASSISTANCE WITH ACTIVITIES
13	OF DAILY LIVING OR INSTRUMENTAL ACTIVITIES OF DAILY LIVING, AS
14	DEFINED IN SECTION 12-270-104 (6);
15	(g) DISPLAYS OF AGGRESSIVE BEHAVIOR, OR HISTORY OF
16	AGGRESSIVE BEHAVIOR, AS A SYMPTOM OF A DIAGNOSED MENTAL HEALTH
17	DISORDER OR SUBSTANCE USE DISORDER;
18	(h) CLINICAL PRESENTATION OR BEHAVIORAL PRESENTATION IN
19	ANY PREVIOUS INTERACTION WITH A PROVIDER;
20	(i) PLACE OF RESIDENCE; OR
21	(j) DISABILITY, AGE, RACE, CREED, COLOR, SEX, SEXUAL
22	ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, MARITAL STATUS,
23	NATIONAL ORIGIN, ANCESTRY, OR TRIBAL AFFILIATION.
24	(5) The BHA MAY PROMULGATE RULES OR DETERMINE OTHER
25	APPROPRIATE PROCESSES TO APPROVE BEHAVIORAL HEALTH PROVIDERS AS
26	BEHAVIORAL HEALTH SAFETY NET PROVIDERS. BEHAVIORAL HEALTH
2.7	PROVIDERS THAT DO NOT HOLD A LICENSE FROM THE BHA BUT ARE

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1	OTHERWISE LICENSED OR AUTHORIZED TO PROVIDE BEHAVIORAL HEALTH
2	SERVICES IN THE STATE OF COLORADO ARE ELIGIBLE TO BE APPROVED AS
3	BEHAVIORAL HEALTH SAFETY NET PROVIDERS.
4	BEHAVIORAL HEALTH SAFETT NET FROVIDERS.
	27 50 202 Deminerate to see a significant
5	27-50-302. Requirement to serve priority populations -
6	screening and triage for individuals in need of behavioral health
7	services - referrals. (1) EXCEPT AS PROVIDED IN THIS SECTION,
8	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS MUST
9	PROVIDE THE SAFETY NET SERVICES LISTED IN SECTION 27-50-101 (11) TO
10	PRIORITY POPULATIONS.
11	(2) EXCEPT AS PROVIDED IN SECTION 27-50-303, ESSENTIAL
12	BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL PROVIDE THE SAFETY
13	NET SERVICE OR SERVICES THAT THEY CONTRACT WITH THE BEHAVIORAL
14	HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR MANAGED CARE
15	ENTITY TO PROVIDE TO PRIORITY POPULATIONS.
16	(3) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION TO
17	THE CONTRARY, EMERGENCY AND CRISIS SERVICES MUST BE AVAILABLE
18	TO ANY INDIVIDUAL WHO IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS,
19	REGARDLESS OF WHETHER THE INDIVIDUAL IS A PRIORITY POPULATION;
20	(4) (a) When a priority population client initiates
21	TREATMENT WITH A BEHAVIORAL HEALTH SAFETY NET PROVIDER, PRIOR
22	TO THE INTAKE THE PROVIDER SHALL COMPLETE AN INITIAL SCREENING
23	AND TRIAGE PROCESS TO DETERMINE URGENCY AND APPROPRIATENESS OF
24	CARE WITH THE PROVIDER.
25	(b) THE BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL USE
26	STANDARD CRITERIA, AS DETERMINED BY THE BHA, FOR DETERMINING
2.7	WHETHER A CLIENT'S NEEDS EXCEED THE CLINICAL EXPERTISE OF THE

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2	(c) IF A PRIORITY POPULATION CLIENT'S NEEDS EXCEED THE
3	TREATMENT CAPACITY OR CLINICAL EXPERTISE OF AN ESSENTIAL
4	BEHAVIORAL HEALTH SAFETY NET PROVIDER, THE PROVIDER SHALL REFER
5	THE CLIENT TO ANOTHER APPROPRIATE PROVIDER.

- (d) If a priority population client's needs exceed the treatment capacity or clinical expertise of a comprehensive community behavioral health provider, the provider must ensure that the client has access to interim behavioral health services in a timely manner until the client is connected to the most appropriate provider for ongoing care. This may include use of providers within the network of the behavioral health administrative services organization or the regional managed care entity.
- (e) THE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER SHALL OBTAIN APPROVAL FROM THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER IS OPERATING, OR THE REGIONAL MANAGED CARE ENTITY FOR MEDICAID CLIENTS, PRIOR TO REFERRING A PRIORITY POPULATION CLIENT TO ALTERNATIVE SERVICES; EXCEPT THAT AN INDIVIDUAL EXPERIENCING A BEHAVIORAL HEALTH CRISIS MAY BE REFERRED TO EMERGENCY OR CRISIS SERVICES WITHOUT PRIOR APPROVAL.
 - (5) WHEN REFERRING A CLIENT TO ALTERNATIVE SERVICES, A BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL ASSIST THE CLIENT IN IDENTIFYING AND INITIATING SERVICES WITH AN APPROPRIATE PROVIDER FOR ONGOING CARE. AS APPROPRIATE, THE BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL USE THE BEHAVIORAL HEALTH ADMINISTRATIVE

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1	SERVICES ORGANIZATION OR, FOR MEDICAID CLIENTS, THE REGIONAL
2	MANAGED CARE ENTITY FOR CARE COORDINATION.
3	(6) (a) BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL TRACK
4	THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS WHO WERE
5	REFERRED TO ALTERNATIVE SERVICES PURSUANT TO THIS SECTION:
6	(I) CLIENT DEMOGRAPHICS;
7	(II) STANDARDIZED DESCRIPTIONS OF THE NEEDS OF THE CLIENT
8	THAT COULD NOT BE MET AND REQUIRE THE CLIENT TO BE REFERRED TO
9	ANOTHER PROVIDER;
10	(III) THE OUTCOME AND TIMELINESS OF THE REFERRAL; AND
11	(IV) ANY OTHER INFORMATION REQUIRED BY THE BHA.
12	(b) The provider shall provide the report at regular
13	INTERVALS TO THE BHA AND TO EITHER THE BEHAVIORAL HEALTH
14	ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER
15	IS OPERATING OR, FOR MEDICAID CLIENTS, TO THE MANAGED CARE ENTITY.
16	27-50-303. Essential behavioral health safety net providers -
17	approval to serve limited priority populations. (1) ESSENTIAL
18	BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST SERVE ALL PRIORITY
19	POPULATIONS UNLESS THE UNIVERSAL CONTRACTING PROVISIONS WITH
20	THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
21	LIMIT THE PROVIDER'S SCOPE AND RESPONSIBILITY TO A SPECIFIC
22	<u>UNDERSERVED POPULATION</u> PURSUANT TO SUBSECTION (2) OF THIS
23	SECTION.
24	(2) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
25	ORGANIZATIONS MAY CONTRACT WITH AN ESSENTIAL BEHAVIORAL
26	HEALTH SAFETY NET PROVIDER TO PROVIDE A SAFETY NET SERVICE OR
27	SERVICES, INCLUDING THOSE DETERMINED NECESSARY PURSUANT TO

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1	SECTION $27-30-301$ (3)(a)(XV), TO ONLY ONE OR MORE SPECIFIC
2	UNDERSERVED POPULATIONS WITHIN THE PRIORITY POPULATIONS.
3	27-50-304. Behavioral health safety net provider network -
4	incentives - preferred status - rules. (1) The BHA shall ensure that
5	EACH REGION IN THE STATE INCLUDES A NETWORK OF BEHAVIORAL
6	HEALTH SAFETY NET PROVIDERS THAT COLLECTIVELY OFFER A FULL
7	CONTINUUM OF BEHAVIORAL HEALTH SERVICES.
8	(2) THE BHA SHALL PROVIDE STATEWIDE TECHNICAL ASSISTANCE
9	SPECIFIC TO STRENGTHENING AND EXPANDING THE BEHAVIORAL HEALTH
10	SAFETY NET SYSTEM AND INCREASING PROVIDER PARTICIPATION WITHIN
11	THE PUBLICLY FUNDED BEHAVIORAL HEALTH SAFETY NET PROVIDER
12	NETWORK.
13	(3) THE BHA AND STATE AGENCIES, THROUGH THE BEHAVIORAL
14	HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ESTABLISHED
15	PURSUANT TO PART 4 OF THIS ARTICLE 50 AND MANAGED CARE ENTITIES
16	AS DEFINED IN SECTION 25.5-5-403, SHALL:
17	(a) SUBJECT TO PERFORMANCE AND AVAILABLE FUNDS, PROVIDE
18	BEHAVIORAL HEALTH SAFETY NET PROVIDERS WITH OPPORTUNITIES FOR
19	QUALITY INCENTIVES, VALUE-BASED PAYMENT, OR OTHER ENHANCED
20	PAYMENTS OR PREFERRED CONTRACT STATUSES;
21	(b) PRIORITIZE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH
22	PROVIDERS IN AWARDING CONTRACTS FOR BEHAVIORAL HEALTH SERVICES;
23	AND
24	
25	(c) CONSIDER, UPON APPLICATION, BEHAVIORAL HEALTH SAFETY
26	NET PROVIDERS FOR STATE-ADMINISTERED AND COUNTY-ADMINISTERED
27	GRANT FUNDS RELATED TO THE PREVENTION, TREATMENT, RECOVERY,

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1	AND HARM REDUCTION FOR BEHAVIORAL HEALTH SERVICES.
2	(4) TO BE ELIGIBLE FOR ENHANCED SERVICE PAYMENTS.
3	BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST MEET SPECIFIC BHA
4	LICENSING OR APPROVAL STANDARDS, PURSUANT TO PART 5 OF THIS
5	ARTICLE 50.
6	(5) To meet the requirement in subsection (1) of this
7	SECTION, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
8	ORGANIZATIONS AND MANAGED CARE ENTITIES MAY CONTRACT WITH
9	POTENTIAL AND EXISTING APPROVED SAFETY NET PROVIDERS TO EXPAND
10	SERVICE CAPACITY IN A SPECIFIC REGION OF THE STATE.
11	(6) NOTHING IN THIS SECTION LIMITS THE ABILITY OF STATE
12	AGENCIES TO AWARD CONTRACTS OR GRANTS FOR THE PROCUREMENT OF
13	BEHAVIORAL HEALTH SERVICES DIRECTLY TO ANY COUNTY, CITY AND
14	COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR
15	OTHER POLITICAL SUBDIVISION OF THE STATE OR ANY COUNTY, CITY AND
16	COUNTY, DISTRICT, OR JUVENILE COURT, OR TO ANY NONPROFIT OR
17	FOR-PROFIT ORGANIZATION IN ACCORDANCE WITH APPLICABLE LAW.
18	(7) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
19	IMPLEMENT THIS SECTION.
20	PART 4
21	BEHAVIORAL HEALTH ADMINISTRATIVE
22	SERVICES ORGANIZATIONS
23	27-50-401. Regional behavioral health administrative services
24	organizations - establishment. (1) No Later than July 1, 2024, the
25	COMMISSIONER SHALL SELECT AND CONTRACT WITH REGIONALLY BASED
26	BEHAVIORAL HEALTH ORGANIZATIONS TO ESTABLISH, ADMINISTER, AND
27	MAINTAIN ADEQUATE NETWORKS OF BEHAVIORAL HEALTH SAFETY NET

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1	SERVICES AND CARE COORDINATION, AS DESCRIBED IN PART 3 OF THIS
2	ARTICLE 50.
3	(2) THE COMMISSIONER SHALL DESIGNATE REGIONS OF THE STATE
4	FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO
5	OPERATE. IN ESTABLISHING REGIONS, THE COMMISSIONER SHALL CONSULT
6	WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO
7	ENSURE CONSIDERATION OF THE REGIONAL STRUCTURE THAT SERVES THE
8	MEDICAID POPULATION.
9	27-50-402. Behavioral health administrative services
10	organizations - application - designation - denial - revocation. (1) AT
11	LEAST ONCE EVERY FIVE YEARS, THE COMMISSIONER SHALL SOLICIT
12	APPLICATIONS THROUGH A COMPETITIVE BID PROCESS PURSUANT TO THE
13	"PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, FOR ENTITIES
14	TO APPLY TO BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
15	ORGANIZATION. ANY QUALIFIED PUBLIC OR PRIVATE CORPORATION;
16	FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION; OR PUBLIC OR PRIVATE
17	AGENCY, ORGANIZATION, OR INSTITUTION MAY APPLY IN THE FORM AND
18	MANNER DETERMINED BY THE BHA'S RULES. THE BHA IS AUTHORIZED TO
19	AWARD CONTRACTS TO MORE THAN ONE APPLICANT. THE BHA SHALL USE
20	COMPETITIVE BIDDING PROCEDURES TO ENCOURAGE COMPETITION AND
21	IMPROVE THE QUALITY OF SERVICES.
22	(2) THE COMMISSIONER SHALL SELECT A BEHAVIORAL HEALTH
23	ADMINISTRATIVE SERVICES ORGANIZATION BASED ON FACTORS
24	ESTABLISHED BY BHA RULES AND THE "PROCUREMENT CODE", ARTICLES
25	$101\mbox{to}112\mbox{of}\mbox{title}24.$ The factors for selection must include, but
26	ARE NOT LIMITED TO, THE FOLLOWING:
27	(a) The applicant's experience working with publicly

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1	FUNDED CLIENTS, INCLUDING EXPERTISE IN TREATING PRIORITY
2	POPULATIONS DETERMINED BY THE BHA;
3	(b) THE APPLICANT'S EXPERIENCE WORKING WITH AND ENGAGING
4	RELEVANT STAKEHOLDERS IN THE SERVICE AREA, INCLUDING BEHAVIORAL
5	HEALTH PROVIDERS; STATE AND LOCAL AGENCIES; AND THE LOCAL
6	COMMUNITY, INCLUDING ADVOCACY ORGANIZATIONS AND CLIENTS OF
7	BEHAVIORAL HEALTH SERVICES;
8	(c) THE EXTENT TO WHICH REAL OR PERCEIVED CONFLICTS OF
9	INTEREST BETWEEN THE APPLICANT AND BEHAVIORAL HEALTH FACILITIES
10	OR BEHAVIORAL HEALTH PROVIDERS ARE MITIGATED; AND
11	(d) THE EXTENT TO WHICH THE APPLICANT'S BOARD COMPLIES
12	WITH CONFLICT OF INTEREST POLICIES, INCLUDING TO THE FOLLOWING:
13	(I) THE BOARD SHALL NOT HAVE MORE THAN FIFTY PERCENT OF
14	CONTRACTED PROVIDERS AS BOARD MEMBERS;
15	(II) PROVIDERS WHO HAVE OWNERSHIP OR BOARD MEMBERSHIP IN
16	A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
17	NOT HAVE CONTROL OR DECISION-MAKING AUTHORITY IN THE
18	ESTABLISHMENT OF PROVIDER NETWORKS; AND
19	(III) AN EMPLOYEE OF A CONTRACTED PROVIDER OF A
20	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
21	NOT ALSO BE AN EMPLOYEE OF THE BEHAVIORAL HEALTH ADMINISTRATIVE
22	SERVICES ORGANIZATION UNLESS THE EMPLOYEE IS THE $\underline{\underline{A}}$ CLINICAL
23	OFFICER OR UTILIZATION MANAGEMENT DIRECTOR OF THE BEHAVIORAL
24	HEALTH ADMINISTRATIVE SERVICES ORGANIZATION. IF THE INDIVIDUAL IS
25	ALSO AN EMPLOYEE OF A PROVIDER THAT HAS BOARD MEMBERSHIP OR
26	OWNERSHIP IN THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
27	ORGANIZATION, THE BEHAVIORAL HEALTH SERVICES ORGANIZATION SHALL

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1	DEVELOP POLICIES APPROVED BY THE COMMISSIONER TO MITIGATE ANY
2	CONFLICT OF INTEREST THE EMPLOYEE MAY HAVE; AND
3	(e) THE EXTENT TO WHICH THE APPLICANT'S BOARD MEMBERSHIP
4	REFLECTS THE DIVERSITY AND INTERESTS OF RELEVANT STAKEHOLDERS,
5	INCLUDING, BUT NOT LIMITED TO, REPRESENTATION BY INDIVIDUALS WITH
6	LIVED BEHAVIORAL HEALTH EXPERIENCE AND FAMILY OF INDIVIDUALS
7	WITH LIVED BEHAVIORAL HEALTH EXPERIENCE.
8	
9	27-50-403. Behavioral health administrative services
10	organizations - contract requirements - individual access - care
11	coordination. (1) The BHA shall develop a contract for
12	DESIGNATED BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
13	ORGANIZATIONS, WHICH MUST INCLUDE, BUT IS NOT LIMITED TO, THE
14	FOLLOWING:
15	(a) REQUIREMENTS TO ESTABLISH AND MAINTAIN A CONTINUUM OF
16	CARE AND NETWORK ADEQUACY IN THE SERVICE AREA CONSISTENT WITH
17	Part 3 of this article 50 , including but not limited to providing
18	ALL BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN SECTION
19	27-50-301;
20	(b) EXPECTATIONS FOR SUBCONTRACTING WITH BEHAVIORAL
21	HEALTH SAFETY NET PROVIDERS AND OTHER PROVIDERS, CONSISTENT
22	WITH PART 3 OF THIS ARTICLE 50, INCLUDING PRIORITIZATION OF
23	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS;
24	(c) EXPECTATIONS FOR ADHERENCE TO THE UNIVERSAL
25	CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203
26	AND USE OF THE UNIVERSAL CONTRACTING PROVISIONS WITH ALL
27	RELEVANT SUBCONTRACTORS;

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1	(d) REPORTING REQUIREMENTS RELATED TO CLAIMING FEDERAL
2	FUNDING FOR ELIGIBLE SERVICES AND PROGRAMS;
3	(e) PROHIBITIONS ON DENYING OR PROHIBITING ACCESS TO ANY
4	MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE, INCLUDING
5	MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION 23-21-803,
6	FOR A SUBSTANCE USE DISORDER;
7	(f) REQUIREMENTS TO SERVE ALL INDIVIDUALS IN NEED OF
8	SERVICES AND A SPECIFIC PROHIBITION ON DENIAL OF SERVICES FOR ANY
9	OF THE REASONS PROVIDED IN SECTION 27-50-301 (4);
10	(g) AGREEMENTS ON DATA COLLECTION AND REPORTING,
11	INCLUDING ANY PROVISIONS NECESSARY TO IMPLEMENT SECTION
12	27-50-201;
13	(h) PROCEDURES RELATED TO CORRECTIVE ACTIONS PURSUANT TO
14	SECTION 27-50-402;
15	(i) Any provisions necessary to ensure the behavioral
16	HEALTH ADMINISTRATIVE SERVICES ORGANIZATION FULFILLS THE
17	FUNCTIONS PROVIDED IN SUBSECTION (2) OF THIS SECTION; AND
18	(j) REQUIREMENTS FOR CALCULATING AND REPORTING THE
19	ANNUAL ADMINISTRATIVE COSTS. THE BHA SHALL ESTABLISH AND
20	ENFORCE THE MAXIMUM ALLOWABLE ADMINISTRATIVE COST RATIOS FOR
21	THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS
22	AND REPORT THE ACTUAL PERFORMANCE OF EACH BEHAVIORAL HEALTH
23	ADMINISTRATIVE SERVICES ORGANIZATION ANNUALLY.
24	(2) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
25	ORGANIZATION SHALL:
26	(a) Proactively engage hard-to-serve individuals with
27	ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT

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1	THE CARE CONTINUUM;
2	(b) IMPLEMENT TRAUMA-INFORMED CARE PRACTICES;
3	(c) ACCEPT AND PROVIDE BEHAVIORAL HEALTH SAFETY NET
4	SERVICES TO INDIVIDUALS OUTSIDE OF THE BEHAVIORAL HEALTH
5	ADMINISTRATIVE SERVICES ORGANIZATION'S REGION;
6	(d) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;
7	(e) THROUGH NETWORK ADEQUACY AND OTHER METHODS, ENSURE
8	TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL
9	HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR ALL
10	INDIVIDUALS INCLUDING CHILDREN, YOUTH, AND ADULTS;
11	(f) REQUIRE COLLABORATION WITH ALL LOCAL LAW ENFORCEMENT
12	AND COUNTY AGENCIES IN THE SERVICE AREA, INCLUDING COUNTY
13	DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;
14	(g) Triage individuals who need alternative services
15	OUTSIDE THE SCOPE OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;
16	(h) PROMOTE PATIENT-CENTERED CARE, CULTURAL AWARENESS
17	AND COORDINATION OF CARE TO APPROPRIATE BEHAVIORAL HEALTH
18	SAFETY NET PROVIDERS;
19	(i) COLLABORATE WITH SCHOOLS AND SCHOOL DISTRICTS IN THE
20	SERVICE AREA TO IDENTIFY GAPS IN SERVICES AND TO PROMOTE STUDENT
21	ACCESS TO BEHAVIORAL HEALTH SERVICES AT SCHOOL AND IN THE
22	CONTRACTING WITH PROVIDERS TO BUILD THE NETWORK OF BEHAVIORAL
23	HEALTH SAFETY NET SERVICES, INCLUSION OF RELEVANT PROGRAMS OF
24	SERVICES ELIGIBLE FOR FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING
25	RELEVANT PROGRAMS OR SERVICES IDENTIFIED IN THE FEDERAL TITLE
26	IV-E PREVENTION SERVICES CLEARINGHOUSE; AND
27	(i) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT

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1	AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
2	STATE;
3	(k) Utilize evidence-based or evidence-informed
4	PROGRAMMING TO PROMOTE QUALITY SERVICES;
5	(1) CONSIDER, WHEN CONTRACTING WITH PROVIDERS TO BUILD THE
6	NETWORK OF BEHAVIORAL HEALTH SAFETY NET SERVICES, INCLUSION OF
7	RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR FEDERAL GRANTS OR
8	REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS OR SERVICES
9	IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION SERVICES
10	CLEARINGHOUSE; AND
11	(m) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.
12	27-50-404. Care coordination - responsibilities of behavioral
13	health administrative services organizations - coordination with
14	managed care entities. (1) (a) Behavioral Health administrative
15	SERVICES ORGANIZATIONS AND MANAGED CARE ENTITIES HAVE THE
16	SHARED RESPONSIBILITY OF PROVIDING CARE COORDINATION SERVICES IN
17	A MANNER CONSISTENT WITH ARTICLE 60 OF THIS TITLE 27 FOR
18	INDIVIDUALS UTILIZING THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.
19	(b) Managed care entities are responsible for providing
20	CARE COORDINATION SERVICES, AS REQUIRED BY SECTION 25.5-5-419, TO
21	INDIVIDUALS ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM.
22	(c) Behavioral health administrative services
23	ORGANIZATIONS ARE RESPONSIBLE FOR PROVIDING CARE COORDINATION
24	SERVICES, WHETHER DIRECTLY OR THROUGH CONTRACT WITH
25	BEHAVIORAL HEALTH SAFETY NET PROVIDERS, TO INDIVIDUALS WHO ARE
26	NOT CURRENTLY ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM,
27	WITH ACCESS FOR PRIORITY POPULATIONS AS REQUIRED BY PART 3 OF THIS

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1	ARTICLE 50.
2	(2) THE BHA SHALL ESTABLISH OBJECTIVE AND STANDARDIZED
3	PROCESSES FOR CARE COORDINATION, INCLUDING:
4	(a) COORDINATION BETWEEN BEHAVIORAL HEALTH
5	ADMINISTRATIVE SERVICES ORGANIZATIONS AND OTHER CARE
6	COORDINATION ENTITIES, INCLUDING MANAGED CARE ENTITIES, CASE
7	MANAGEMENT AGENCIES, COUNTIES, AND OTHER BEHAVIORAL HEALTH
8	ADMINISTRATIVE SERVICES ORGANIZATIONS, TO ENSURE CONTINUITY OF
9	CARE ACROSS SHARED POPULATIONS CONSISTENT WITH SUBSECTION (1) OF
10	THIS SECTION;
11	(b) Referral processes between entities, including a
12	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION'S
13	RESPONSIBILITY TO PROVIDE CARE COORDINATION TO AN INDIVIDUAL
14	PENDING COMMENCEMENT OF CARE COORDINATION SERVICES BY ANOTHER
15	ENTITY; AND
16	(c) Processes to ensure efficient and person-centered care
17	COORDINATION SERVICES FOR INDIVIDUALS WHO HAVE ACUTE AND
18	COMPLEX NEEDS, INCLUDING INDIVIDUALS INVOLVED IN THE CIVIL
19	INVOLUNTARY TREATMENT SYSTEM PURSUANT TO ARTICLES 65 AND 81 OF
20	THIS TITLE 27; INDIVIDUALS TRANSITIONING OUT OF TREATMENT SETTINGS
21	OR ACUTE CARE SETTINGS; AND INDIVIDUALS INVOLVED IN THE CHILD
22	WELFARE, JUVENILE JUSTICE, OR CRIMINAL JUSTICE SYSTEMS.
23	(3) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
24	ORGANIZATION SHALL ENSURE CARE COORDINATION SERVICES THROUGH
25	ITS NETWORK AND INCLUDE LOCAL PARTNERS, WHEN APPROPRIATE, SUCH
26	AS COUNTIES AND SCHOOL DISTRICTS.
27	27-50-405. Behavioral health administrative services

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1	organizations - stakeholder input - report - rules. (1) EACH
2	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
3	DEVELOP A PROCESS TO SOLICIT AND RESPOND TO INPUT FROM
4	STAKEHOLDERS ABOUT BEHAVIORAL HEALTH SERVICES AND GAPS IN THE
5	SERVICE AREA. A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
6	ORGANIZATION SHALL PUBLICLY POST AN ANNUAL REPORT THAT
7	INCLUDES:
8	(a) A REPORT ON THE STAKEHOLDER INPUT RECEIVED IN THE PRIOR
9	YEAR, ANONYMIZED AND AGGREGATED TO PROTECT INDIVIDUAL PRIVACY;
10	(b) DESCRIPTIONS OF HOW THE BEHAVIORAL HEALTH
11	ADMINISTRATIVE SERVICES ORGANIZATION HAS RESPONDED TO, OR PLANS
12	TO RESPOND TO, STAKEHOLDER INPUT FROM THE PRIOR YEAR, INCLUDING
13	DESCRIPTIONS OF POLICY OR PRACTICE CHANGES OR EXPLANATIONS OF
14	WHY NO CHANGES WERE MADE; AND
15	(c) The plan for stakeholder engagement for the
16	UPCOMING YEAR.
17	(2) In soliciting and responding to input from
18	STAKEHOLDERS PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE
19	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL,
20	AT A MINIMUM, ENGAGE THE FOLLOWING STAKEHOLDERS WITHIN THE
21	SERVICE AREA:
22	(a) CLIENTS OF BEHAVIORAL HEALTH SERVICES AND THEIR
23	FAMILIES;
24	(b) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;
25	(c) COUNTIES;
26	(d) LAW ENFORCEMENT;
27	(e) HOSPITALS AND PHYSICAL HEALTH PROVIDERS; AND

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1	(f) Judicial districts.
2	(3) THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
3	ORGANIZATION MAY ALSO ENGAGE STAKEHOLDERS IN NEIGHBORING
4	SERVICE AREAS, AS APPROPRIATE.
5	(4) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
6	IMPLEMENT THIS SECTION.
7	PART 5
8	BEHAVIORAL HEALTH ENTITIES
9	27-50-501. Behavioral health entities - license required -
10	criminal and civil penalties. (1) (a) ON AND AFTER JULY 1, 2024, IT IS
11	UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR
12	CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY,
13	INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE
14	DISORDER PROGRAM, WITHOUT HAVING OBTAINED A LICENSE FROM THE
15	BHA.
16	(b) On and after July 1, 2023, an entity seeking initial
17	LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A
18	BEHAVIORAL HEALTH ENTITY LICENSE FROM THE BHA IF THE ENTITY
19	WOULD PREVIOUSLY HAVE BEEN LICENSED OR SUBJECT TO ANY OF THE
20	FOLLOWING:
21	(I) BEHAVIORAL HEALTH ENTITY LICENSURE BY THE DEPARTMENT
22	OF PUBLIC HEALTH AND ENVIRONMENT;
23	(II) APPROVAL OR DESIGNATION BY THE OFFICE OF BEHAVIORAL
24	HEALTH, AS IT EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR
25	THE BHA PURSUANT TO THIS ARTICLE 50 OR ARTICLE 66 OF THIS TITLE 27 ;
26	OR
27	(III) APPROVAL BY THE OFFICE OF BEHAVIORAL HEALTH, AS IT

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1	EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR THE BHA
2	PURSUANT TO SECTION 27-81-106 AS AN APPROVED TREATMENT PROGRAM
3	FOR SUBSTANCE USE DISORDERS.
4	(c) A FACILITY WITH A LICENSE OR APPROVAL ON OR BEFORE JUNE
5	30, 2023, AS A BEHAVIORAL HEALTH ENTITY OR A SUBSTANCE USE
6	DISORDER PROGRAM, SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY
7	LICENSE PRIOR TO THE EXPIRATION OF THE FACILITY'S CURRENT LICENSE
8	OR APPROVAL. SUCH A FACILITY IS SUBJECT TO THE STANDARDS UNDER
9	WHICH IT IS LICENSED OR APPROVED AS OF JULY 1, 2023, UNTIL SUCH TIME
10	$\label{eq:asthebha} \textbf{AsTheBHA'sBehavioralHealthentitylicenseisissuedordenied.}$
11	(2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION
12	IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL
13	BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
14	THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY
15	ASSESSED BY THE BHA OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
16	THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION
17	OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE
18	BHA FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE BHA
19	SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE
20	WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL
21	FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS
22	FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES
23	SET FORTH IN SECTION 24-4-105.
24	(3) (a) Notwithstanding any provision of law to the
25	CONTRARY, THE BHA SHALL NOT ISSUE OR RENEW ANY LICENSE
26	DESCRIBED IN THIS PART $\overline{5}$ UNLESS THE $\overline{\mathbf{BHA}}$ RECEIVES A CERTIFICATE OF
27	COMPLIANCE FOR THE APPLICANT'S BUILDING OR STRUCTURE FROM THE

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1	DIVISION OF FIRE PREVENTION AND CONTROL IN THE DEPARTMENT OF
2	PUBLIC SAFETY IN ACCORDANCE WITH PART 12 OF ARTICLE 33.5 OF TITLE
3	24.
4	(b) THE BHA SHALL TAKE ACTION ON AN APPLICATION FOR
5	LICENSURE WITHIN THIRTY DAYS AFTER THE DATE THAT THE BHA
6	RECEIVES FROM THE APPLICANT ALL OF THE NECESSARY INFORMATION
7	AND DOCUMENTATION REQUIRED FOR LICENSURE, INCLUDING A
8	CERTIFICATE OF COMPLIANCE FROM THE DIVISION OF FIRE PREVENTION
9	AND CONTROL.
10	27-50-502. Behavioral health entities - minimum standard -
11	rules. (1) NO LATER THAN APRIL 30, 2023, THE BHA SHALL
12	PROMULGATE RULES PURSUANT TO SECTION 24-4-103 PROVIDING
13	MINIMUM STANDARDS FOR THE OPERATION OF BEHAVIORAL HEALTH
14	ENTITIES WITHIN THE STATE, INCLUDING THE FOLLOWING:
15	(a) REQUIREMENTS TO BE MET BY ALL BEHAVIORAL HEALTH
16	ENTITIES TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF ALL
17	BEHAVIORAL HEALTH ENTITY CONSUMERS, INCLUDING, AT A MINIMUM:
18	(I) REQUIREMENTS FOR CONSUMER ASSESSMENT, TREATMENT,
19	CARE COORDINATION, PATIENT RIGHTS, AND CONSUMER NOTICE;
20	(II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR
21	GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL;
22	ADMISSION AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES TO
23	ENSURE COMPLIANCE WITH REGULATORY AND CONTRACT REQUIREMENTS;
24	AND QUALITY MANAGEMENT;
25	(III) DATA REPORTING REQUIREMENTS;
26	(IV) PHYSICAL PLANT STANDARDS, INCLUDING INFECTION
27	CONTROL; AND

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1	(V) OCCURRENCE REPORTING REQUIREMENTS PURSUANT TO
2	SECTION 27-50-510;
3	(b) SERVICE-SPECIFIC REQUIREMENTS THAT APPLY ONLY TO
4	BEHAVIORAL HEALTH ENTITIES ELECTING TO PROVIDE THAT SERVICE OR
5	SET OF SERVICES, INCLUDING, AT A MINIMUM, STANDARDS FOR THE
6	SPECIFIC TYPES OF BEHAVIORAL HEALTH SAFETY NET SERVICES AND OTHER
7	BEHAVIORAL HEALTH SERVICES ALONG THE CONTINUUM OF CARE CREATED
8	BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50, INCLUDING BUT
9	NOT LIMITED TO:
10	(I) ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER
11	STANDARDS; AND
12	(II) COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER
13	STANDARDS;
14	(c) PROCEDURES FOR MANDATORY BHA INSPECTIONS OF
15	BEHAVIORAL HEALTH ENTITIES;
16	(d) PROCEDURES FOR WRITTEN PLANS FOR A BEHAVIORAL HEALTH
17	ENTITY TO CORRECT VIOLATIONS FOUND AS A RESULT OF INSPECTIONS;
18	(e) INTERMEDIATE ENFORCEMENT REMEDIES;
19	(f) FACTORS FOR BEHAVIORAL HEALTH ENTITIES TO CONSIDER
20	WHEN DETERMINING WHETHER AN APPLICANT'S CONVICTION OF OR PLEA
21	OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES THE
22	APPLICANT FROM EMPLOYMENT WITH THE BEHAVIORAL HEALTH ENTITY.
23	THE STATE BOARD OF HUMAN SERVICES MAY DETERMINE WHICH OFFENSES
24	REQUIRE CONSIDERATION OF THESE FACTORS.
25	(g) Timelines for compliance with behavioral health
26	ENTITY STANDARDS THAT EXCEED THE STANDARDS UNDER WHICH A
27	BEHAVIORAL HEALTH ENTITY WAS PREVIOUSLY LICENSED OR APPROVED.

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1	(2) In approving or rejecting an essential behavioral
2	HEALTH SAFETY NET PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE
3	DELIVERY PAYMENT, THE COMMISSIONER SHALL:
4	(a) REQUIRE TRAINING ON AND PROVISION OF CULTURALLY
5	COMPETENT AND TRAUMA-INFORMED SERVICES;
6	(b) Consider the adequacy and quality of the services
7	PROVIDED, TAKING INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC
8	LOCATION, LOCAL COMMUNITY NEED, AND AVAILABILITY OF WORKFORCE;
9	(c) REQUIRE WRITTEN POLICIES AND PROCEDURES ON ADMITTING,
10	DISCHARGING, TRIAGING, AND DENYING SERVICES TO CLIENTS IN
11	ALIGNMENT WITH THE STANDARDS DETERMINED BY THE BHA PURSUANT
12	TO SECTIONS 27-50-302 AND 27-50-303;
13	(d) REQUIRE THAT OVERALL RESPONSIBILITY FOR THE
14	ADMINISTRATION OF AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
15	PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF
16	ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS, UNLESS THE
17	PROVIDER IS ONLY PROVIDING RECOVERY SUPPORT SERVICES. IF THE
18	DIRECTOR IS NOT A LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH
19	PROFESSIONAL, THE PROVIDER SHALL EMPLOY OR CONTRACT WITH AT
20	LEAST ONE LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH
21	PROFESSIONAL TO ADVISE THE DIRECTOR ON CLINICAL DECISIONS.
22	(e) REQUIRE THAT ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
23	PROVIDER STAFF INCLUDE, WHEREVER FEASIBLE AND APPROPRIATE IN THE
24	DISCRETION OF THE COMMISSIONER, MEDICAL STAFF ABLE TO PROVIDE
25	MEDICAL CLEARANCE ON SITE, AND OTHER PROFESSIONAL STAFF WORKERS
26	SUCH AS PSYCHOLOGISTS, SOCIAL WORKERS, EDUCATIONAL CONSULTANTS,
27	PEERS, COMMUNITY HEALTH WORKERS, AND NURSES, WITH SUCH

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1	QUALIFICATIONS, RESPONSIBILITIES, AND EXPERIENCE THAT CORRESPONDS
2	WITH THE SIZE AND CAPACITY OF THE PROVIDER; AND
3	(f) REQUIRE THAT EACH ESSENTIAL BEHAVIORAL HEALTH SAFETY
4	NET PROVIDER FROM WHICH SERVICES MAY BE PURCHASED:
5	(I) BE UNDER THE CONTROL AND DIRECTION OF A COUNTY OR
6	LOCAL BOARD OF HEALTH, A BOARD OF DIRECTORS OR BOARD OF TRUSTEES
7	OF A CORPORATION, A FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION, A
8	REGIONAL MENTAL HEALTH BOARD, OR A POLITICAL SUBDIVISION OF THE
9	STATE;
10	(II) BE FREE OF CONFLICTS OF INTEREST; AND
11	(III) ENTER INTO A CONTRACT DEVELOPED PURSUANT TO SECTION
12	27-50-203 AND ACCEPT PUBLICLY FUNDED CLIENTS.
13	(3) IN APPROVING OR REJECTING A COMPREHENSIVE COMMUNITY
14	BEHAVIORAL HEALTH PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE
15	DELIVERY PAYMENT, THE COMMISSIONER SHALL ADHERE TO THE
16	STANDARDS FOR ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS
17	ESTABLISHED IN SUBSECTION (2) OF THIS SECTION, AND THE
18	COMMISSIONER SHALL ALSO:
19	(a) REQUIRE THAT TREATMENT PROGRAMS OF THE
20	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER BE VESTED
21	IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF ONE OF THE
22	LICENSED MENTAL HEALTH PROFESSIONS. THE DIRECTOR IS NOT REQUIRED
23	TO PROVIDE OVERSIGHT OR DIRECTION FOR RECOVERY SERVICES. IF THE
24	DIRECTOR IS NOT A PHYSICIAN OR LICENSED MENTAL HEALTH
25	PROFESSIONAL, THE PROVIDER SHALL CONTRACT WITH AT LEAST ONE
26	LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL TO
27	ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

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1	(b) Consider whether the comprehensive community
2	BEHAVIORAL HEALTH PROVIDER HAS HISTORICALLY SERVED MEDICALLY
3	NEEDY OR MEDICALLY INDIGENT PATIENTS AND DEMONSTRATES A
4	COMMITMENT TO SERVE LOW-INCOME AND MEDICALLY INDIGENT
5	POPULATIONS OR, IN THE CASE OF A SOLE COMMUNITY PROVIDER, SERVES
6	THE MEDICALLY INDIGENT PATIENTS WITHIN ITS MEDICAL CAPABILITY;
7	(c) REQUIRE THE COMPREHENSIVE COMMUNITY BEHAVIORAL
8	HEALTH PROVIDER TO WAIVE CHARGES OR CHARGE FOR SERVICES ON A
9	SLIDING SCALE BASED ON INCOME AND REQUIRE THAT THE PROVIDER NOT
10	RESTRICT ACCESS OR SERVICES BECAUSE OF AN INDIVIDUAL'S FINANCIAL
11	LIMITATIONS;
12	(d) REQUIRE THE COMPREHENSIVE COMMUNITY BEHAVIORAL
13	HEALTH PROVIDER TO SERVE PRIORITY POPULATIONS;
14	(e) ENCOURAGE THE COMPREHENSIVE COMMUNITY BEHAVIORAL
15	HEALTH PROVIDER TO EMPHASIZE THE CARE AND TREATMENT OF
16	INDIVIDUALS RECENTLY RELEASED FROM INCARCERATION AND HOSPITALS
17	OR FACILITIES DIRECTED TOWARD ASSISTING INDIVIDUALS WITH
18	BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE INDIVIDUAL'S
19	ADJUSTMENT TO AND FUNCTIONING IN THE COMMUNITY;
20	
21	(f) REQUIRE A PROCESS FOR TRACKING AND REPORTING DENIALS
22	OF CARE; AND
23	(g) REQUIRE THAT THE BOARD IN CONTROL AND DIRECTION OF THE
24	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER INCLUDE
25	VOTING MEMBERS THAT HAVE LIVED EXPERIENCE WITH MENTAL HEALTH
26	DISORDERS AND SUBSTANCE USE DISORDERS AND PARENTS OF CHILDREN
27	WITH MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS.

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1	(4) IN APPROVING OR REJECTING LOCAL GENERAL OR PSYCHIATRIC
2	HOSPITALS, NONTRADITIONAL FACILITIES, INNOVATIVE CARE MODELS, AND
3	OTHER BEHAVIORAL HEALTH FACILITIES OR PROGRAMS FOR THE PURCHASE
4	OR DESIGNATION OF SERVICES NOT PROVIDED BY ESSENTIAL OR
5	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, THE
6	COMMISSIONER SHALL CONSIDER THE FOLLOWING FACTORS:
7	(a) THE GENERAL QUALITY OF CARE PROVIDED TO PATIENTS BY
8	SUCH AGENCIES;
9	(b) THE ORGANIZATION OF THE MEDICAL STAFF TO PROVIDE FOR
10	THE INTEGRATION AND COORDINATION OF THE PSYCHIATRIC TREATMENT
11	PROGRAM;
12	(c) THE PROVISIONS FOR THE AVAILABILITY OF NURSING,
13	PSYCHOLOGICAL, AND SOCIAL SERVICES AND THE EXISTENCE OF AN
14	ORGANIZED PROGRAM OF ACTIVITIES UNDER THE DIRECTION OF AN
15	OCCUPATIONAL THERAPIST OR ANOTHER QUALIFIED PERSON;
16	(d) The licensure of such entity by the department of
17	PUBLIC HEALTH AND ENVIRONMENT OR ANOTHER STATE AGENCY WHERE
18	APPLICABLE;
19	(e) THE METHODS BY WHICH THE AGENCY COORDINATES ITS
20	SERVICES WITH THOSE RENDERED BY OTHER AGENCIES TO ENSURE AN
21	UNINTERRUPTED CONTINUUM OF CARE TO INDIVIDUALS WITH BEHAVIORAL
22	OR MENTAL HEALTH DISORDERS; AND
23	$(f)\ The\ availability\ of\ such\ services\ to\ the\ general\ public.$
24	(5) IN APPROVING OR REJECTING BEHAVIORAL HEALTH SAFETY NET
25	PROVIDERS PURSUANT TO SUBSECTIONS (2) AND (3) OF THIS SECTION, OR
26	OTHER AGENCIES PURSUANT TO SUBSECTION (4) OF THIS SECTION, FOR THE
27	PURCHASE OF SERVICES, THE COMMISSIONER SHALL ENSURE THE

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1	BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND AGENCIES COMPLY
2	WITH FEDERAL FINANCIAL PARTICIPATION REQUIREMENTS FOR
3	DEPARTMENT-ADMINISTERED PROGRAMS.
4	(6) IN ADDITION TO THESE DUTIES, THE BHA MAY PROMULGATE
5	RULES RELATED TO ADDITIONAL COMPETENCIES RELATED TO SERVING
6	PRIORITY POPULATIONS. BEHAVIORAL HEALTH SAFETY NET PROVIDERS
7	APPROVED BY THE BHA AS DEMONSTRATING THESE ADDITIONAL
8	COMPETENCIES MAY BE ELIGIBLE FOR ENHANCED RATES. STATE AGENCIES
9	SHALL CONSIDER SUCH APPROVED STATUS IN DETERMINING PAYMENT
10	METHODOLOGIES FOR SERVICES PROVIDED.
11	27-50-503. Licenses - application - inspection - issuance.
12	(1) AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH
13	ENTITY MUST BE SUBMITTED TO THE BHA ANNUALLY IN THE FORM AND
14	MANNER PRESCRIBED BY THE BHA.
15	(2) (a) The BHA shall investigate and review each original
16	APPLICATION AND EACH RENEWAL APPLICATION FOR A LICENSE TO
17	OPERATE A BEHAVIORAL HEALTH ENTITY. THE BHA SHALL DETERMINE AN
18	APPLICANT'S COMPLIANCE WITH THIS ARTICLE 50 AND THE RULES ADOPTED
19	PURSUANT TO SECTION 27-50-504 BEFORE THE BHA ISSUES A LICENSE.
20	(b) THE BHA SHALL INSPECT THE APPLICANT'S FACILITIES AS IT
21	DEEMS NECESSARY TO ENSURE THAT THE HEALTH, SAFETY, AND WELFARE
22	OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS ARE PROTECTED. THE
23	BEHAVIORAL HEALTH ENTITY SHALL SUBMIT IN WRITING, IN A FORM
24	PRESCRIBED BY THE BHA, A PLAN DETAILING THE MEASURES THAT THE
25	BEHAVIORAL HEALTH ENTITY WILL TAKE TO CORRECT ANY VIOLATIONS
26	FOUND BY THE BHA AS A RESULT OF INSPECTIONS UNDERTAKEN
27	PURSUANT TO THIS SUBSECTION (2).

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(3) THE BHA SHALL KEEP ALL HEALTH-CARE INFORMATION OR DOCUMENTS OBTAINED DURING AN INSPECTION OR INVESTIGATION OF A BEHAVIORAL HEALTH ENTITY PURSUANT TO SUBSECTION (2) OF THIS SECTION CONFIDENTIAL. ANY SUCH RECORDS, INFORMATION, OR DOCUMENTS OBTAINED ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204 AND 27-50-510.

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(4) (a) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY, OR WITHIN TEN DAYS AFTER A CHANGE IN OWNERSHIP OR MANAGEMENT OF A BEHAVIORAL HEALTH ENTITY, EACH OWNER AND MANAGER SHALL SUBMIT A COMPLETE SET OF THE OWNER'S OR MANAGER'S FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS. EACH OWNER AND EACH MANAGER SHALL PAY THE COLORADO BUREAU OF INVESTIGATION THE COSTS ASSOCIATED WITH THE FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK, UPON COMPLETION OF THE CRIMINAL HISTORY RECORD CHECK, THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE RESULTS TO THE BHA. THE BHA MAY ACQUIRE A NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

(b) THE BHA SHALL USE THE INFORMATION FROM THE CRIMINAL HISTORY RECORD CHECKS PERFORMED PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION TO DETERMINE WHETHER THE PERSON APPLYING FOR

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1	LICENSURE HAS BEEN CONVICTED OF A CRIME THAT INVOLVES CONDUCT
2	THAT THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY,
3	OR WELFARE OF A BEHAVIORAL HEALTH ENTITY'S CONSUMERS. THE BHA
4	SHALL CONSIDER THAT PERSONS IN RECOVERY MAY HAVE A HISTORY OF
5	CRIMINAL JUSTICE INVOLVEMENT AND THAT CRIMINAL HISTORY DOES NOT
6	REQUIRE A DISMISSAL OF AN APPLICATION FOR A LICENSE. THE BHA
7	SHALL KEEP INFORMATION OBTAINED IN ACCORDANCE WITH THIS
8	SUBSECTION (4) CONFIDENTIAL.
9	(5) The BHA shall not issue a license to operate a
10	BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE

(5) THE BHA SHALL NOT ISSUE A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE BEHAVIORAL HEALTH ENTITY HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT INVOLVES CONDUCT THAT THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

- (6) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (7) OF THIS SECTION, THE BHA SHALL ISSUE OR RENEW A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY WHEN IT IS SATISFIED THAT THE APPLICANT OR LICENSEE IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THIS ARTICLE 50 AND THE RULES PROMULGATED PURSUANT TO THIS ARTICLE 50. EXCEPT FOR PROVISIONAL LICENSES ISSUED IN ACCORDANCE WITH SUBSECTION (7) OF THIS SECTION, A LICENSE ISSUED OR RENEWED PURSUANT TO THIS SECTION EXPIRES ONE YEAR AFTER THE DATE OF ISSUANCE OR RENEWAL.
- (7) (a) THE BHA MAY ISSUE A PROVISIONAL LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY TO AN APPLICANT FOR THE PURPOSE OF OPERATING A BEHAVIORAL HEALTH ENTITY FOR A PERIOD OF NINETY DAYS IF THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL OF THE

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1	$ \hbox{\it minimum standards required pursuant to this article 50; except} \\$
2	THAT THE BHA SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN
3	APPLICANT IF THE OPERATION OF THE BEHAVIORAL HEALTH ENTITY WILL
4	ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE
5	BEHAVIORAL HEALTH ENTITY'S CONSUMERS.
6	(b) As a condition of obtaining a provisional license, the
7	APPLICANT SHALL SHOW PROOF TO THE BHA THAT ATTEMPTS ARE BEING
8	MADE TO CONFORM AND COMPLY WITH THE APPLICABLE STANDARDS
9	REQUIRED PURSUANT TO THIS ARTICLE 50.
10	(c) THE BHA SHALL NOT GRANT A PROVISIONAL LICENSE PRIOR TO
11	THE COMPLETION OF A CRIMINAL HISTORY BACKGROUND CHECK IN
12	ACCORDANCE WITH SUBSECTION (4) OF THIS SECTION AND A
13	DETERMINATION IN ACCORDANCE WITH SUBSECTION (5) OF THIS SECTION.
14	(d) A SECOND PROVISIONAL LICENSE MAY BE ISSUED, FOR A LIKE
15	TERM AND FEE, TO EFFECT COMPLIANCE. NO FURTHER PROVISIONAL
16	LICENSES MAY BE ISSUED FOR THE CURRENT YEAR AFTER THE SECOND
17	ISSUANCE PURSUANT TO THIS SUBSECTION $(7)(d)$.
18	27-50-504. License fees - rules. (1) (a) BY APRIL 30, 2023, THE
19	COMMISSIONER SHALL PROMULGATE RULES ESTABLISHING A SCHEDULE OF
20	FEES SUFFICIENT TO MEET THE DIRECT AND INDIRECT COSTS OF
21	ADMINISTRATION AND ENFORCEMENT OF THIS PART 5.
22	(b) THE BHA SHALL ASSESS AND COLLECT, FROM BEHAVIORAL
23	HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION
24	27-50-503, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED
25	PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.
26	(2) THE BHA SHALL TRANSMIT FEES COLLECTED PURSUANT TO

SUBSECTION (1) OF THIS SECTION TO THE STATE TREASURER, WHO SHALL

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1	CREDIT THE MONEY TO THE BEHAVIORAL HEALTH LICENSING CASH FUND
2	CREATED PURSUANT TO SECTION 27-50-506.
3	(3) FEES COLLECTED PURSUANT TO SUBSECTION (1) OF THIS
4	SECTION MAY BE USED BY THE BHA TO PROVIDE TECHNICAL ASSISTANCE
5	AND EDUCATION TO BEHAVIORAL HEALTH ENTITIES RELATED TO
6	COMPLIANCE WITH COLORADO LAW, IN ADDITION TO REGULATORY AND
7	ADMINISTRATIVE FUNCTIONS. THE BHA MAY CONTRACT WITH PRIVATE
8	ENTITIES TO ASSIST THE BHA IN PROVIDING TECHNICAL ASSISTANCE AND
9	EDUCATION.
10	27-50-505. License - denial - suspension - revocation.
11	(1) When an application for an initial license to operate a
12	BEHAVIORAL HEALTH ENTITY PURSUANT TO SECTION 27-50-503 HAS BEEN
13	DENIED BY THE BHA, THE BHA SHALL NOTIFY THE APPLICANT IN WRITING
14	OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS
15	SHOWN ON THE APPLICATION. ANY APPLICANT AGGRIEVED BY A DENIAL
16	MAY PURSUE A REVIEW AS PROVIDED IN ARTICLE 4 OF TITLE 24, AND THE
17	BHA SHALL FOLLOW THE PROVISIONS AND PROCEDURES SPECIFIED IN
18	ARTICLE 4 OF TITLE 24.
19	(2) THE BHA MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE
20	LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF
21	COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 5 OR THE RULES
22	PROMULGATED PURSUANT TO THIS PART 5. SUSPENSION, REVOCATION, OR
23	REFUSAL MUST NOT OCCUR UNTIL AFTER A HEARING AND IN COMPLIANCE
24	WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE
25	24.
26	(3) THE BHA MAY IMPOSE INTERMEDIATE RESTRICTIONS OR
27	CONDITIONS ON A BEHAVIORAL HEALTH ENTITY THAT MAY INCLUDE AT

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1	LEAST ONE OF THE FOLLOWING:
2	(a) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE
3	MEASURES;
4	(b) Monitoring by the BHA for a specific period;
5	(c) Providing additional training to employees, owners, or
6	OPERATORS OF THE BEHAVIORAL HEALTH ENTITY;
7	(d) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE
8	VIOLATION; OR
9	(e) (I) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND
10	DOLLARS IN A CALENDAR YEAR.
11	(II) THE ASSESSMENT OF CIVIL FINES SHALL FOLLOW THE
12	PROCEDURES SET FORTH IN SECTION 26.5-5-323.
13	(4) IF THE BHA ASSESSES A CIVIL FINE PURSUANT TO SUBSECTION
14	(3)(e) OF THIS SECTION, THE BHA SHALL TRANSMIT THE MONEY TO THE
15	STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL
16	FUND.
17	27-50-506. Behavioral health licensing cash fund - creation.
18	THE BEHAVIORAL HEALTH LICENSING CASH FUND, REFERRED TO IN THIS
19	SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND
20	CONSISTS OF MONEY CREDITED TO THE FUND PURSUANT TO SECTION
21	27-50-504 (2). The money in the fund is subject to annual
22	APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND
23	INDIRECT COSTS OF THE BHA IN PERFORMING ITS DUTIES PURSUANT TO
24	THIS PART 5. AT THE END OF ANY STATE FISCAL YEAR, ALL UNEXPENDED
25	AND UNENCUMBERED MONEY IN THE FUND REMAINS IN THE FUND AND
26	MUST NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY
27	OTHER FUND.

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1	27-50-507. Employee and contracted service provider -
2	criminal history record check. A BEHAVIORAL HEALTH ENTITY SHALL
3	REQUIRE AN APPLICANT SEEKING EMPLOYMENT WITH, OR SEEKING TO
4	CONTRACT TO PROVIDE SERVICES FOR, THE BEHAVIORAL HEALTH ENTITY
5	TO SUBMIT TO A CRIMINAL HISTORY RECORD CHECK BEFORE EMPLOYMENT
6	OR EXECUTION OF A CONTRACT. THE BEHAVIORAL HEALTH ENTITY SHALL
7	PAY THE COSTS OF THE CRIMINAL HISTORY RECORD CHECK. THE CRIMINAL
8	HISTORY RECORD CHECK MUST BE CONDUCTED NOT MORE THAN NINETY
9	DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.
10	27-50-508. Enforcement. The BHA is responsible for the
11	Enforcement of this article 50 and the rules adopted pursuant
12	TO THIS ARTICLE 50.
13	27-50-509. Purchase of services by courts, counties,
14	$\label{eq:municipalities} \textbf{municipalities}, \textbf{school districts}, \textbf{and other political subdivisions}. \ A \texttt{NY}$
15	COUNTY, CITY AND COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH
16	SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR
17	ANY COUNTY, CITY AND COUNTY, DISTRICT, OR JUVENILE COURT MAY
18	ENTER INTO INTERGOVERNMENTAL AGREEMENTS WITH ANY COUNTY,
19	MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER
20	POLITICAL SUBDIVISION OF THE STATE OR MAY ENTER INTO CONTRACTUAL
21	AGREEMENTS WITH ANY PROVIDER LICENSED BY THE BHA FOR THE
22	PURCHASE OF BEHAVIORAL HEALTH SERVICES. FOR THE PURCHASE OF
23	BEHAVIORAL HEALTH SERVICES BY COUNTIES OR CITIES AND COUNTIES AS
24	AUTHORIZED BY THIS SECTION, THE BOARD OF COUNTY COMMISSIONERS
25	OF ANY COUNTY OR THE CITY COUNCIL OF ANY CITY AND COUNTY MAY
26	LEVY A TAX NOT TO EXCEED TWO MILLS UPON REAL PROPERTY WITHIN THE
27	

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1	OF THE LEVY TO A VOTE OF THE QUALIFIED ELECTORS AT A GENERAL
2	ELECTION AND RECEIVES THE ELECTORS' APPROVAL OF THE LEVY.
3	27-50-510. Behavioral health entities - consumer information
4	- reporting - release - rules. (1) EACH BEHAVIORAL HEALTH ENTITY
5	LICENSED, APPROVED, OR DESIGNATED PURSUANT TO THIS PART 5 SHALL
6	REPORT TO THE BHA ALL OF THE FOLLOWING OCCURRENCES:
7	(a) ANY OCCURRENCE THAT RESULTS IN THE DEATH OF A PATIENT
8	OR RESIDENT OF THE FACILITY AND IS REQUIRED TO BE REPORTED TO THE
9	CORONER PURSUANT TO SECTION 30-10-606, AS ARISING FROM AN
10	UNEXPLAINED CAUSE OR UNDER SUSPICIOUS CIRCUMSTANCES;
11	(b) ANY OCCURRENCE THAT RESULTS IN ANY OF THE FOLLOWING
12	SERIOUS INJURIES TO A PATIENT OR RESIDENT:
13	(I) BRAIN OR SPINAL CORD INJURIES;
14	(II) LIFE-THREATENING COMPLICATIONS OF ANESTHESIA OR
15	LIFE-THREATENING TRANSFUSION ERRORS OR REACTIONS; OR
16	(III) SECOND- OR THIRD-DEGREE BURNS INVOLVING TWENTY
17	PERCENT OR MORE OF THE BODY SURFACE AREA OF AN ADULT PATIENT OR
18	RESIDENT OR FIFTEEN PERCENT OR MORE OF THE BODY SURFACE AREA OF
19	A CHILD PATIENT OR RESIDENT;
20	(c) ANY OCCURRENCE WHEN A PATIENT OR RESIDENT OF THE
21	FACILITY CANNOT BE LOCATED FOLLOWING A SEARCH OF THE FACILITY,
22	THE FACILITY GROUNDS, AND THE AREA SURROUNDING THE FACILITY, AND:
23	(I) THERE ARE CIRCUMSTANCES THAT PLACE THE PATIENT'S OR
24	RESIDENT'S HEALTH, SAFETY, OR WELFARE AT RISK; OR
25	(II) THE PATIENT OR RESIDENT HAS BEEN MISSING FOR EIGHT
26	HOURS;
27	(d) ANY OCCURRENCE INVOLVING PHYSICAL, SEXUAL, OR VERBAL

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1	ABUSE OF A PATIENT OR RESIDENT, AS DESCRIBED IN SECTION 18-3-202,
2	18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, OR 18-3-405, BY
3	ANOTHER PATIENT OR RESIDENT, AN EMPLOYEE OF THE FACILITY, OR A
4	VISITOR TO THE FACILITY;
5	(e) ANY OCCURRENCE INVOLVING CARETAKER NEGLECT OF A
6	PATIENT OR RESIDENT, AS DEFINED IN SECTION 26-3.1-101 (2.3);
7	(f) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A
8	PATIENT'S OR RESIDENT'S PROPERTY. AS USED IN THIS SUBSECTION $(1)(f)$,
9	"MISAPPROPRIATION OF A PATIENT'S OR RESIDENT'S PROPERTY" MEANS A
10	PATTERN OF OR DELIBERATELY MISPLACING, EXPLOITING, OR
11	WRONGFULLY USING, EITHER TEMPORARILY OR PERMANENTLY, A
12	PATIENT'S OR RESIDENT'S BELONGINGS OR MONEY WITHOUT THE PATIENT'S
13	OR RESIDENT'S CONSENT.
14	(g) ANY OCCURRENCE IN WHICH DRUGS INTENDED FOR USE BY
15	PATIENTS OR RESIDENTS ARE DIVERTED TO USE BY OTHER PERSONS. IF THE
16	DIVERTED DRUGS ARE INJECTABLE, THE BEHAVIORAL HEALTH ENTITY
17	SHALL ALSO REPORT THE FULL NAME AND DATE OF BIRTH OF ANY
18	INDIVIDUAL WHO DIVERTED THE INJECTABLE DRUGS, IF KNOWN.
19	(h) ANY OCCURRENCE INVOLVING THE MALFUNCTION OR
20	INTENTIONAL OR ACCIDENTAL MISUSE OF PATIENT OR RESIDENT CARE
21	EQUIPMENT THAT OCCURS DURING TREATMENT OR DIAGNOSIS OF A
22	PATIENT OR RESIDENT AND THAT SIGNIFICANTLY ADVERSELY AFFECTS OR,
23	IF NOT AVERTED, WOULD HAVE SIGNIFICANTLY ADVERSELY AFFECTED A
24	PATIENT OR RESIDENT OF THE FACILITY.
25	
26	(2) THE STATE BOARD OF HUMAN SERVICES SHALL PROMULGATE

RULES SPECIFYING THE MANNER, TIME PERIOD, AND FORM IN WHICH THE

27

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1	REPORTS REQUIRED PURSUANT TO SUBSECTION (1) OF THIS SECTION MUST
2	BE MADE.
3	(3) ANY REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS
4	SECTION IS STRICTLY CONFIDENTIAL; EXCEPT THAT INFORMATION IN ANY
5	SUCH REPORT MAY BE TRANSMITTED TO AN APPROPRIATE REGULATORY
6	AGENCY HAVING JURISDICTION FOR DISCIPLINARY OR LICENSE SANCTIONS.
7	THE INFORMATION IN SUCH REPORTS SHALL NOT BE MADE PUBLIC UPON
8	SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS, OR OTHERWISE,
9	EXCEPT AS PROVIDED IN SUBSECTION (5) OF THIS SECTION.
10	(4) THE BHA SHALL INVESTIGATE EACH REPORT SUBMITTED
11	PURSUANT TO SUBSECTION (1) OF THIS SECTION THAT THE BHA
12	DETERMINES WAS APPROPRIATELY SUBMITTED. FOR EACH REPORT
13	INVESTIGATED, THE BHA SHALL PREPARE A SUMMARY OF ITS FINDINGS,
14	INCLUDING THE BHA'S CONCLUSIONS AND WHETHER THERE WAS A
15	VIOLATION OF LICENSING OR APPROVAL STANDARDS OR A DEFICIENCY AND
16	WHETHER THE FACILITY ACTED APPROPRIATELY IN RESPONSE TO THE
17	OCCURRENCE. IF THE INVESTIGATION IS NOT CONDUCTED ON SITE, THE
18	BHA SHALL SPECIFY IN THE SUMMARY HOW THE INVESTIGATION WAS
19	CONDUCTED. ANY INVESTIGATION CONDUCTED PURSUANT TO THIS
20	SUBSECTION (4) IS IN ADDITION TO AND NOT IN LIEU OF ANY INSPECTION
21	REQUIRED TO BE CONDUCTED PURSUANT TO SECTION $27-50-503$ (2) WITH
22	REGARD TO LICENSING.
23	(5) (a) The BHA shall make the following information
24	AVAILABLE TO THE PUBLIC:
25	(I) ANY INVESTIGATION SUMMARIES PREPARED PURSUANT TO
26	SUBSECTION (4) OF THIS SECTION;
27	(II) ANY COMPLAINTS AGAINST A BEHAVIORAL HEALTH ENTITY

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1	THAT HAVE BEEN FILED WITH THE BHA AND THAT THE BHA HAS
2	INVESTIGATED, INCLUDING THE CONCLUSIONS REACHED BY THE BHA AND
3	WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL
4	STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED
5	APPROPRIATELY IN RESPONSE TO THE SUBJECT OF THE COMPLAINT; AND
6	(III) A LISTING OF ANY DEFICIENCY CITATIONS ISSUED AGAINST
7	EACH BEHAVIORAL HEALTH ENTITY.
8	(b) THE INFORMATION RELEASED PURSUANT TO THIS SUBSECTION
9	(5) SHALL NOT IDENTIFY THE PATIENT OR RESIDENT OR THE HEALTH-CARE
10	PROFESSIONAL INVOLVED IN THE REPORT.
11	(6) PRIOR TO THE COMPLETION OF AN INVESTIGATION PURSUANT
12	TO THIS SECTION, THE BHA MAY RESPOND TO ANY INQUIRY REGARDING
13	A REPORT RECEIVED PURSUANT TO SUBSECTION (1) OF THIS SECTION BY
14	CONFIRMING THAT IT HAS RECEIVED SUCH REPORT AND THAT AN
15	INVESTIGATION IS PENDING.
16	(7) In addition to the report to the BHA for an occurrence
17	DESCRIBED IN SUBSECTION (1)(d) OF THIS SECTION, THE OCCURRENCE
18	MUST BE REPORTED TO A LAW ENFORCEMENT AGENCY.
19	PART 6
20	NETWORK STANDARDS
21	27-50-601. Department of health care policy and financing -
22	behavioral health network standards. (1) The statewide managed
23	Care system, created pursuant to part 4 of article 5 of title 25.5
24	AND IMPLEMENTED BY THE DEPARTMENT OF HEALTH CARE POLICY AND
25	FINANCING, SHALL USE HEALTH FACILITIES LICENSED BY THE DEPARTMENT
26	OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO ARTICLE 1.5 OF TITLE
27	25 OR LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50

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1	AND INDIVIDUAL BEHAVIORAL HEALTH PRACTITIONERS LICENSED BY THE
2	DEPARTMENT OF REGULATORY AGENCIES AND FEDERALLY QUALIFIED
3	HEALTH CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT",
4	42 U.S.C. SEC. 1395x (aa)(4), WHEN CREATING STATEWIDE OR REGIONAL
5	BEHAVIORAL HEALTH NETWORKS.
6	(2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
7	SHALL ALIGN ALL COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS
8	AND NETWORKS WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE,
9	BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION
10	PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF
11	THIS ARTICLE 50.
12	(3) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
13	SHALL REQUIRE THAT ALL BEHAVIORAL HEALTH PROVIDERS ENTER INTO
14	A CONTRACT DEVELOPED PURSUANT TO SECTION 27-50-203 WHEN
15	CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES IN
16	THE STATE.
17	(4) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF
18	HEALTH CARE POLICY AND FINANCING TO SUPPORT THE EARLY AND
19	PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT ACCESS AND
20	PROVIDER NETWORK.
21	27-50-602. Division of insurance behavioral health network
22	standards. The commissioner of the division of insurance in the
23	DEPARTMENT OF REGULATORY AGENCIES, WHILE ASSESSING AND
24	STANDARDIZING PROVIDER NETWORKS IN THIS STATE PURSUANT TO
25	SECTION 10-1-108, SHALL ENSURE COMMUNITY-BASED BEHAVIORAL
26	HEALTH NETWORKS ALIGN WITH THE BEHAVIORAL HEALTH CONTINUUM OF
27	CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE

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1	COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT					
2	TO PART 3 OF THIS ARTICLE 50.					
3	27-50-603. State agency behavioral health network and					
4	program standards. (1) ALL STATE AGENCIES ADMINISTERING					
5	COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS SHALL ENSURE THE					
6	COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS ALIGN WITH THE					
7	BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY					
8	NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED					
9	BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.					
10	(2) ALL STATE AGENCIES SHALL USE THE UNIVERSAL					
11	CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203					
12	WHEN CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH					
13	SERVICES IN THE STATE.					
14	PART 7					
15	BEHAVIORAL HEALTH ADMINISTRATION					
16	ADVISORY COUNCIL					
17	27-50-701. Behavioral health administration advisory council					
18	- creation. (1) There is created in the behavioral health					
19	ADMINISTRATION THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY					
20	COUNCIL, REFERRED TO IN THIS PART 7 AS THE "ADVISORY COUNCIL", FOR					
21	THE PURPOSE OF MAKING RECOMMENDATIONS TO THE COMMISSIONER AND					
22	THE STATE BOARD OF HUMAN SERVICES TO IMPROVE THE BEHAVIORAL					
23	HEALTH SYSTEM FOR CHILDREN, YOUTH, AND ADULTS THROUGHOUT					
24	COLORADO.					
25	(2) THE ADVISORY COUNCIL SHALL RECEIVE ROUTINE BRIEFINGS					
26	FROM THE COMMISSIONER ON THE PROGRESS OF THE BHA AND					
27	REHAVIORAL HEALTH DEFORM EFFORTS INCLUDING LIDING LIDINATES DELATED TO					

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1	PERFORMANCE DATA COLLECTED PURSUANT TO SECTION 27-50-201 AND
2	RELATED TO FORMAL AGREEMENTS AND COLLABORATIONS WITH STATE
3	AGENCIES PURSUANT TO THIS ARTICLE 50, AND MAY PROVIDE FEEDBACK
4	AS A METHOD TO ENSURE ACCOUNTABILITY AND TRANSPARENCY. OTHER
5	ADVISORY COUNCIL DUTIES INCLUDE:
6	(a) Providing diverse community input on challenges, gaps,
7	AND POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION AND STRATEGIC
8	PLAN;
9	(b) Establishing working groups to support the BHA in
10	PROBLEM SOLVING AND DEVELOPING SOLUTIONS;
11	(c) Ensuring there is public accountability and
12	TRANSPARENCY THROUGH REVIEWING THE BHA'S PUBLIC-FACING
13	TRANSPARENCY ACTIVITIES, INCLUDING THE PERFORMANCE DATA
14	COLLECTED PURSUANT TO SECTION <u>27-50-201</u> ; AND
15	(d) Preparing an annual report of recommendations and
16	SUBMITTING IT TO THE BHA BY SEPTEMBER 1 OF EACH YEAR; THE REPORT
17	SHALL BE INCLUDED IN THE BHA'S ANNUAL BEHAVIORAL HEALTH SYSTEM
18	PLAN PURSUANT TO SECTION 27-50-204 (1).
19	27-50-702. Advisory council - membership. (1) The advisory
20	COUNCIL MEMBERSHIP MUST BE REFLECTIVE OF THE DEMOGRAPHIC AND
21	GEOGRAPHIC POPULATIONS OF THIS STATE TO ENSURE ONGOING
22	STAKEHOLDER INPUT AND INVOLVEMENT.
23	(2) (a) The advisory council consists of not less than
24	FIFTEEN MEMBERS AND NOT MORE THAN TWENTY MEMBERS APPOINTED BY
25	THE COMMISSIONER FOR THREE-YEAR TERMS; EXCEPT THAT SOME OF THE
26	INITIAL TERMS MAY BE FOR TWO YEARS. IN ADDITION TO MAINTAINING A
27	MAJORITY OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED

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1	BEHAVIORAL HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH
2	LIVED BEHAVIORAL HEALTH EXPERIENCE, THE COMMISSIONER SHALL
3	APPOINT AT LEAST ONE MEMBER THAT REPRESENTS:
4	(I) RURAL COMMUNITIES;
5	(II) EACH TRIBAL GOVERNMENT WITHIN COLORADO;
6	(III) COUNTY GOVERNMENTS;
7	(IV) Persons with disabilities, as defined in section
8	24-34-301 (2.5), A FAMILY MEMBER OF A PERSON WITH A DISABILITY, OR
9	AN ADVOCACY ORGANIZATION FOR PERSONS WITH DISABILITIES;
10	(V) THE COLORADO STATE JUDICIAL BRANCH, IN CONSULTATION
11	WITH THE STATE COURT ADMINISTRATOR'S OFFICE;
12	(VI) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;
13	(VII) PERSONS WITH EXPERTISE IN THE BEHAVIORAL HEALTH
14	NEEDS OF CHILDREN AND YOUTH; AND
15	(VIII) PERSONS WITH EXPERTISE IN CRIME VICTIMIZATION,
16	TRAUMA, OR ADVERSE CHILDHOOD EXPERIENCES AS THEY IMPACT THE
17	<u>VICTIM'S LIFETIME.</u>
18	(b) IN MAKING APPOINTMENTS TO THE ADVISORY COUNCIL, THE
19	COMMISSIONER SHALL CONSIDER INCLUDING MEMBERS THAT REPRESENT
20	THE RACIAL AND ETHNIC DIVERSITY OF THE STATE; THAT REPRESENT THE
21	LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR QUESTIONING
22	COMMUNITY; THAT ARE INVOLVED IN THE CRIMINAL OR JUVENILE JUSTICE
23	SYSTEM; AND THAT REPRESENT OTHER POPULATIONS WITH HEALTH
24	DISPARITIES.
25	27-50-703. Advisory council - regional subcommittees -
26	subcommittees - working groups. (1) The BHA SHALL CREATE ONE
27	REGIONAL SUBCOMMITTEE OF THE ADVISORY COUNCIL FOR EACH

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1	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REGION
2	ESTABLISHED PURSUANT TO SECTION 27-50-401. REGIONAL
3	SUBCOMMITTEE MEMBERS ARE APPOINTED BY THE COMMISSIONER FOR
4	THREE-YEAR TERMS; EXCEPT THAT INITIAL TERMS MAY BE FOR TWO
5	YEARS. EACH REGIONAL SUBCOMMITTEE CONSISTS OF FIVE MEMBERS.
6	MEMBERSHIP OF THE REGIONAL SUBCOMMITTEES MUST INCLUDE:
7	(a) AT LEAST ONE INDIVIDUAL WITH EXPERTISE IN THE
8	BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH;
9	(b) AT LEAST ONE INDIVIDUAL WHO REPRESENTS A BEHAVIORAL
10	HEALTH SAFETY NET PROVIDER THAT OPERATES WITHIN THE REGION; AND
11	(c) A COUNTY COMMISSIONER OF A COUNTY SITUATED WITHIN THE
12	REGION.
13	(2) THE BHA MAY CREATE COMMITTEES WITHIN THE ADVISORY
14	COUNCIL TO MEET OTHER STATE AND FEDERAL BOARD OR ADVISORY
15	COUNCIL REQUIREMENTS, WHICH MAY INCLUDE:
16	(a) THE BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL,
17	AUTHORIZED PURSUANT TO 42 U.S.C. SEC. 300x-3;
18	(b) The mental health advisory board for service
19	STANDARDS AND RULES CREATED PURSUANT TO SECTION $\underline{27-65-130}$; AND
20	(c) THE CHILD AND YOUTH MENTAL HEALTH SERVICES STANDARDS
21	ADVISORY BOARD CREATED PURSUANT TO SECTION 27-67-109.
22	(3) EACH COMMITTEE MEMBERSHIP SHALL MAINTAIN A MAJORITY
23	OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL
24	HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED
25	BEHAVIORAL HEALTH EXPERIENCE.
26	(4) The advisory council has the authority to create
27	ADVISORY COUNCIL WORKGROUPS FOCUSED ON TOPICS OF NEED AS

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1	DETERMINED BY THE ADVISORY COUNCIL IN COLLABORATION WITH THE
2	BHA.
3	PART 8
4	MENTAL HEALTH PROGRAMS
5	27-50-801. Veteran suicide prevention pilot program - rules -
6	report - definitions - repeal. (1) As used in this section, unless the
7	CONTEXT OTHERWISE REQUIRES:
8	(a) "PILOT PROGRAM" MEANS THE VETERAN SUICIDE PREVENTION
9	PILOT PROGRAM DESCRIBED IN SUBSECTION (2) OF THIS SECTION.
10	(b) "VETERAN" HAS THE SAME MEANING SET FORTH IN SECTION
11	28-5-100.3.
12	(2) (a) The Behavioral Health administration shall
13	ESTABLISH A VETERAN SUICIDE PREVENTION PILOT PROGRAM TO REDUCE
14	THE SUICIDE RATE AND SUICIDAL IDEATION AMONG VETERANS BY
15	PROVIDING NO-COST, STIGMA-FREE, CONFIDENTIAL, AND EFFECTIVE
16	BEHAVIORAL HEALTH TREATMENT FOR VETERANS AND THEIR FAMILIES.
17	(b) THE BHA SHALL ESTABLISH THE PILOT PROGRAM TO PROVIDE
18	SERVICES FOR SEVEN HUNDRED VETERANS IN EL PASO COUNTY. SUBJECT
19	TO AVAILABLE APPROPRIATIONS, THE BHA MAY, AT ANY TIME, EXPAND
20	THE PILOT PROGRAM TO SERVE MORE THAN SEVEN HUNDRED VETERANS OR
21	TO OTHER AREAS OF THE STATE.
22	(3) (a) THE PILOT PROGRAM MUST:
23	(I) PROVIDE A SINGLE PHONE NUMBER OR OFFER ELECTRONIC
24	MEANS OF CONTACTING THE PILOT PROGRAM, INCLUDING E-MAIL OR AN
25	ELECTRONIC FORM ON THE PILOT PROGRAM'S WEBSITE, THAT A VETERAN
26	MAY USE TO CONTACT THE PILOT PROGRAM TO MAKE INQUIRIES ABOUT
27	AVAILABLE SERVICES AND SCHEDLILE CONSULTATIONS AND TREATMENT

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1	APPOINTMENTS;
2	(II) PROVIDE TREATMENT FOR CONDITIONS EXPERIENCED BY
3	VETERANS THAT MAY CONTRIBUTE TO SUICIDAL IDEATION, INCLUDING,
4	BUT NOT LIMITED TO, POST-TRAUMATIC STRESS DISORDER, DEPRESSION,
5	MILITARY SEXUAL TRAUMA, SUBSTANCE USE DISORDER, AND SYMPTOMS
6	OF TRAUMATIC BRAIN INJURY; AND
7	(III) DEVELOP AN INDIVIDUALIZED TREATMENT PLAN FOR EACH
8	VETERAN WHO IS RECEIVING TREATMENT.
9	(b) The Pilot Program may enter into agreements with
10	TREATMENT PROVIDERS IN THE PILOT PROGRAM AREA TO PROVIDE THE
11	SERVICES DESCRIBED IN SUBSECTIONS (3)(a)(II) AND (3)(a)(III) OF THIS
12	SECTION.
13	(4) The BHA shall adopt rules necessary for the
14	ADMINISTRATION OF THIS SECTION.
15	(5) THE BHA MAY ENTER INTO AN AGREEMENT WITH A NONPROFIT
16	OR EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.
17	THE NONPROFIT OR EDUCATIONAL ORGANIZATION MUST HAVE AT LEAST
18	FIVE YEARS' EXPERIENCE PROVIDING SERVICES DESCRIBED IN THIS SECTION
19	TO VETERANS AND SATISFY ANY ADDITIONAL QUALIFICATIONS
20	ESTABLISHED BY THE BHA. THE BHA SHALL ADOPT RULES TO ESTABLISH
21	ADDITIONAL QUALIFICATIONS FOR A NONPROFIT OR EDUCATIONAL
22	ORGANIZATION TO ENSURE EFFICIENT AND EFFECTIVE ADMINISTRATION OF
23	THE PILOT PROGRAM AND A PROCESS FOR SELECTING A NONPROFIT OR
24	EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.
25	(6) In its annual report to the committees of reference
26	Pursuant to section 2-7-203, the BHA shall include information $% \left(1\right) =\left(1\right) \left(1$
27	CONCERNING THE PILOT PROGRAM AND WHETHER ANY CHANGES SHOULD

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1	BE MADE TO THE PILOT PROGRAM THAT WOULD INCREASE ITS
2	EFFECTIVENESS. IN ITS FINAL REPORT PRIOR TO THE REPEAL OF THIS
3	SECTION, THE BHA SHALL INCLUDE A RECOMMENDATION OF WHETHER
4	THE PILOT PROGRAM SHOULD BE CONTINUED.
5	(7) This section is repealed, effective June 30, 2025.
6	SECTION 2. In Colorado Revised Statutes, add with amended
7	and relocated provisions part 14 to article 20.5 of title 25 as follows:
8	PART 14
9	COMMUNITY PREVENTION AND
10	EARLY INTERVENTION PROGRAMS
11	25-20.5-1401. Transfer of functions - employees - property -
12	records. (1) As of July 1, 2022, the department of public health
13	AND ENVIRONMENT SHALL EXECUTE, ADMINISTER, PERFORM, AND
14	ENFORCE THE RIGHTS, POWERS, DUTIES, FUNCTIONS, AND OBLIGATIONS OF
15	THE COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS
16	AUTHORIZED PURSUANT TO SECTIONS 27-80-103 (2)(d), 27-80-106,
17	27-80-117, AND 27-80-124 PREVIOUSLY ADMINISTERED BY THE
18	DEPARTMENT OF HUMAN SERVICES.
19	(2) (a) As of July 1, 2022, all employees of the department
20	OF HUMAN SERVICES WHOSE DUTIES AND FUNCTIONS CONCERNED THE
21	DUTIES AND FUNCTIONS ASSUMED BY THE DEPARTMENT OF PUBLIC HEALTH
22	AND ENVIRONMENT PURSUANT TO THIS SECTION, AND WHOSE
23	EMPLOYMENT IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
24	IS DEEMED NECESSARY TO CARRY OUT THE PURPOSES OF THE COMMUNITY
25	PREVENTION AND EARLY INTERVENTION PROGRAMS FOR THE
26	DEPARTMENT, ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH
27	AND ENVIRONMENT AND RECOME EMPLOYEES OF THE DEPARTMENT OF

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- (b) ANY EMPLOYEES TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO THIS SECTION WHO ARE CLASSIFIED EMPLOYEES IN THE STATE PERSONNEL SYSTEM RETAIN ALL RIGHTS TO THE PERSONNEL SYSTEM AND RETIREMENT BENEFITS PURSUANT TO THE LAWS OF THIS STATE, AND THEIR SERVICE IS DEEMED TO HAVE BEEN CONTINUOUS. ALL TRANSFERS AND ANY ABOLISHMENT OF POSITIONS IN THE STATE PERSONNEL SYSTEM MUST BE MADE AND PROCESSED IN ACCORDANCE WITH STATE PERSONNEL SYSTEM LAWS AND RULES.
 - (3) As of July 1, 2022, all items of property, real and personal, including office furniture and fixtures, books, documents, and records of the department of human services pertaining to the duties and functions transferred pursuant to this section are transferred to the department of public health and environment and shall become the property of the department of public health department of public health and environment.
 - (4) As of July 1, 2022, whenever the department of human services or department is referred to or designated by any contract or other document in connection with the duties and functions transferred to the department of public health and environment, such reference or designation is deemed to apply to the department of public health and environment. All contracts entered into by the departments prior to July 1, 2022, in connection with the duties and functions transferred to the department of public health and environment are hereby validated, with the department of public health and environment are hereby validated, with the department of public health and environment succeeding to all rights and obligations under

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- 1 SUCH CONTRACTS. AS OF JULY 1, 2022, ANY CASH FUNDS, CUSTODIAL
- FUNDS, TRUSTS, GRANTS, AND APPROPRIATIONS OF FUNDS FROM PRIOR
- 3 STATE FISCAL YEARS OPEN TO SATISFY OBLIGATIONS INCURRED UNDER
- 4 SUCH CONTRACTS ARE TRANSFERRED AND APPROPRIATED TO THE
- 5 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR THE PAYMENT
- 6 OF SUCH OBLIGATIONS.
- 7 (5) On and after July 1, 2022, unless otherwise specified,
- 8 WHENEVER ANY PROVISION OF LAW REFERS TO THE DEPARTMENT OF
- 9 HUMAN SERVICES IN CONNECTION WITH THE DUTIES AND FUNCTIONS
- 10 Transferred to the department of public health and
- 11 ENVIRONMENT, SUCH LAW MUST BE CONSTRUED AS REFERRING TO THE
- 12 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.
- 13 (6) As of July 1, 2022, all rules and orders of the
- 14 DEPARTMENT OF HUMAN SERVICES ADOPTED IN CONNECTION WITH THE
- 15 POWERS, DUTIES, AND FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF
- 16 PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE TO BE EFFECTIVE
- 17 UNTIL REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT TO LAW.
- 18 **25-20.5-1402.** [Formerly 27-80-124] Colorado substance use
- 19 disorders prevention collaborative created mission -
- 20 <u>administration report repeal.</u> (1) The office of behavioral health
- 21 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT shall convene and
- administer a Colorado substance use disorders prevention collaborative
- with institutions of higher education, nonprofit agencies, and state
- 24 agencies, referred to in this section as the "collaborative", for the purpose
- of gathering feedback from local public health agencies, institutions of
- higher education, nonprofit agencies, and state agencies concerning
- evidence-based prevention practices to fulfill the mission stated in

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1	subsection (2) of this section.
2	(2) The mission of the collaborative is to:
3	(a) Coordinate with and assist state agencies and communities to
4	strengthen Colorado's prevention infrastructure and to implement a
5	statewide strategic plan for primary prevention of substance use disorders
6	for state fiscal years 2021-22 through 2024-25;
7	(b) Advance the use of tested and effective prevention programs
8	and practices through education, outreach, advocacy, and technical
9	assistance, with an emphasis on addressing the needs of underserved
10	populations and communities;
11	(c) Direct efforts to raise public awareness of the cost savings of
12	prevention measures;
13	(d) Provide direct training and technical assistance to communities
14	regarding selection, implementation, and sustainment of tested and
15	effective primary prevention programs;
16	(e) Pursue local and state policy changes that enhance the use of
17	tested and effective primary prevention programs;
18	(f) Advise state agencies and communities regarding new and
19	innovative primary prevention programs and practices;
20	(g) Support funding efforts in order to align funding and services
21	and communicate with communities about funding strategies;
22	(h) Work with key state and community stakeholders to establish
23	a minimum standard for primary prevention programs in Colorado; and
24	(i) Work with prevention specialists and existing training agencies
25	to provide and support training to strengthen Colorado's prevention
26	workforce.
27	(3) The office of behavioral health DEPARTMENT OF PUBLIC

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1	HEALTH AND ENVIRONMENT and the collaborative shall:
2	(a) Establish community-based prevention coalitions and delivery
3	systems to reduce substance misuse;
4	(b) Implement effective primary prevention programs in Colorado
5	communities with the goal of increasing the number of programs to reach
6	those in need statewide; and
7	(c) Coordinate with designated state agencies and other
8	organizations to provide prevention science training to systemize, update,
9	expand, and strengthen prevention certification training and provide
10	continuing education to prevention specialists.
11	(4) In order to implement and provide sustainability to the
12	collaborative, for state fiscal years 2021-22 through 2024-25, the general
13	assembly shall appropriate money from the marijuana tax cash fund
14	created in section 39-28.8-501 (1) to the office of behavioral health
15	DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT to accomplish the
16	mission of the collaborative.
17	(5) The office of behavioral health DEPARTMENT OF PUBLIC
18	HEALTH AND ENVIRONMENT shall report its progress to the general
19	assembly on or before September 1, 2022, and each September 1 through
20	<u>September 1, 2025.</u>
21	(6) This section is repealed, effective September 30, 2025.
22	SECTION 3. In Colorado Revised Statutes, 2-7-202, amend (1)
23	and (5)(a); and add (1.5) as follows:
24	2-7-202. Definitions. As used in this part 2, unless the context
25	otherwise requires:
26	(1) "Colorado commission on criminal and juvenile justice" means
27	the Colorado commission on criminal and juvenile justice created in

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1	section 16-11.3-102, C.R.S. "BEHAVIORAL HEALTH ADMINISTRATION"
2	MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
3	SECTION 27-50-102.
4	(1.5) "COLORADO COMMISSION ON CRIMINAL AND JUVENILE
5	JUSTICE" MEANS THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE
6	JUSTICE CREATED IN SECTION 16-11.3-102.
7	(5) (a) "Department" means the judicial department, the office of
8	state public defender, the office of alternate defense counsel, the office
9	of the child's representative, the office of the child protection
10	ombudsman, the public employees' retirement association, the Colorado
11	energy office, the office of economic development, THE BEHAVIORAL
12	HEALTH ADMINISTRATION, and the principal departments of the executive
13	branch of state government as specified in section 24-1-110, C.R.S.,
14	including any division, office, agency, or other unit created within a
15	principal department.
16	SECTION 4. In Colorado Revised Statutes, 10-16-104, amend
17	(5.5)(a)(I)(B) as follows:
18	10-16-104. Mandatory coverage provisions - definitions -
19	rules. (5.5) Behavioral, mental health, and substance use disorders
20	- rules. (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this
21	article 16, except those described in section 10-16-102 (32)(b), must
22	provide coverage:
23	(B) At a minimum, for the treatment of substance use disorders in
24	accordance with the American Society of Addiction Medicine criteria for
25	placement, medical necessity, and utilization management determinations
26	as set forth in the most recent edition of "The ASAM Criteria for
27	Addictive, Substance-related, and Co-occurring Conditions"; except that

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1	the commissioner may identify by rule, in consultation with the
2	department of health care policy and financing and the office of
3	behavioral health ADMINISTRATION in the department of human services,
4	an alternate nationally recognized and evidence-based
5	substance-use-disorder-specific criteria for placement, medical necessity,
6	or utilization management, if American Society of Addiction Medicine
7	criteria are no longer available, relevant, or do not follow best practices
8	for substance use disorder treatment.
9	SECTION 5. In Colorado Revised Statutes, 12-245-203.5,
10	amend (1), (2), (3), (4), and (7); and repeal (8) as follows:
11	12-245-203.5. Minors - consent for outpatient psychotherapy
12	services - immunity - definition. (1) As used in this section, unless the
13	context otherwise requires, "mental health professional" includes a
14	professional person as defined in section 27-65-102; (17); a mental health
15	professional licensed pursuant to part 3, 4, 5, 6, or 8 of this article 245; a
16	licensed professional counselor candidate; a psychologist candidate; or a
17	school social worker licensed by the department of education A CLINICAL
18	SOCIAL WORKER CANDIDATE; A MARRIAGE AND FAMILY THERAPIST
19	CANDIDATE; OR AN ADDICTION COUNSELOR CANDIDATE.
20	(2) (a) Notwithstanding any other provision of law, a mental
21	health professional described in subsection (1) of this section may provide
22	psychotherapy services, as defined in section 12-245-202 (14)(a), to a
23	minor who is twelve years of age or older, with or without the consent of
24	the minor's parent or legal guardian, if the mental health professional
25	determines that:
26	(a) (I) The minor is knowingly and voluntarily seeking such
27	services: and

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1	(b) (II) The provision of psychotherapy services is clinically
2	indicated and necessary to the minor's well-being.
3	(b) A MINOR MAY NOT REFUSE PSYCHOTHERAPY SERVICES WHEN
4	A MENTAL HEALTH PROFESSIONAL AND THE MINOR'S PARENT OR LEGAL
5	GUARDIAN AGREE PSYCHOTHERAPY SERVICES ARE IN THE BEST INTEREST
6	OF THE MINOR.
7	(3) IF A MINOR VOLUNTARILY SEEKS PSYCHOTHERAPY SERVICES ON
8	THE MINOR'S OWN BEHALF PURSUANT TO SUBSECTION (2)(a) OF THIS
9	SECTION:
10	(a) The mental health professional may notify the minor's parent
11	or legal guardian of the psychotherapy services given or needed, with the
12	minor's consent, unless notifying the parent or legal guardian would be
13	inappropriate or detrimental to the minor's care and treatment;
14	(b) The mental health professional shall engage the minor in a
15	discussion about the importance of involving and notifying the minor's
16	parent or legal guardian and shall encourage such notification to help
17	support the minor's care and treatment; AND
18	(c) Notwithstanding the provisions of subsection (3)(a) of this
19	section, a mental health professional may notify the minor's parent or
20	legal guardian of the psychotherapy services given or needed, without the
21	minor's consent, if, in the professional opinion of the mental health
22	professional, the minor is unable to manage the minor's care or treatment.
23	(4) A mental health professional described in subsection (1) of
24	this section shall fully document when the mental health professional
25	attempts to contact or notify the minor's parent or legal guardian, and
26	whether the attempt was successful or unsuccessful, or the reason why,
27	in the mental health professional's opinion, it would be inappropriate to

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1	contact or notify the minor's parent or legal guardian. IF A MINOR SEEKS
2	PSYCHOTHERAPY SERVICES ON THE MINOR'S OWN BEHALF PURSUANT TO
3	SUBSECTION (2)(a) OF THIS SECTION, documentation must be included in
4	the minor's clinical record, along with a written statement signed by the
5	minor indicating that the minor is voluntarily seeking psychotherapy
6	services.
7	(7) If a minor who is receiving psychotherapy services pursuant
8	to this section communicates a clear and imminent intent or threat to
9	inflict serious bodily harm on themselves or others A SERIOUS THREAT OF
10	IMMINENT PHYSICAL VIOLENCE AGAINST A SPECIFIC PERSON OR PERSONS,
11	INCLUDING A PERSON WHO IS IDENTIFIABLE BY THE PERSON'S ASSOCIATION
12	WITH A SPECIFIC LOCATION OR ENTITY, the mental health professional
13	described in subsection (1) of this section is subject to the notification
14	provisions of section 13-21-117 (2) AND SHALL NOTIFY THE MINOR'S
15	PARENT OR LEGAL GUARDIAN UNLESS NOTIFYING THE PARENT OR LEGAL
16	GUARDIAN WOULD BE INAPPROPRIATE OR DETRIMENTAL TO THE MINOR'S
17	CARE AND TREATMENT.
18	(8) If a minor who is receiving psychotherapy services pursuant
19	to subsections (2) and (3) of this section communicates an intent to
20	commit suicide, the mental health professional described in subsection (1)
21	of this section shall notify the minor's parent or legal guardian of such
22	suicidal ideation.
23	SECTION 6. In Colorado Revised Statutes, 12-245-216, amend
24	(4)(d) as follows:
25	12-245-216. Mandatory disclosure of information to clients.
26	(4) The disclosure of information required by subsection (1) of this
27	section is not required when psychotherapy is being administered in any

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1	of the following circumstances:
2	(d) The client is in the physical custody of either the department
3	of corrections, or the department of human services, OR THE BEHAVIORAL
4	HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and
5	such department OR ADMINISTRATION has developed an alternative
6	program to provide similar information to the client and the program has
7	been established through rule;
8	SECTION 7. In Colorado Revised Statutes, 12-245-217, amend
9	(2) introductory portion and (2)(b) as follows:
10	12-245-217. Scope of article - exemptions. (2) The provisions
11	of this article 245 shall DO not apply to:
12	(b) Employees of the state department of human services OR THE
13	BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
14	SERVICES; employees of county departments of human or social services;
15	or personnel under the direct supervision and control of the state
16	department of human services, THE BEHAVIORAL HEALTH
17	ADMINISTRATION, or any county department of human or social services
18	for work undertaken as part of their employment;
19	SECTION 8. In Colorado Revised Statutes, amend 12-245-409
20	as follows:
21	12-245-409. Employees of social services. (1) Notwithstanding
22	the exemption in section 12-245-217 (2)(b), an employee of the state
23	department of human services OR THE BEHAVIORAL HEALTH
24	ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, AN employee
25	of a county department of human or social services, or personnel under
26	the direct control or supervision of those departments OR
27	ADMINISTRATION shall not state that he or she THE PERSON is engaged in

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the practice of social work as a social worker or refer to himself or herself THE PERSON'S SELF as a social worker unless the person is licensed pursuant to this part 4 or has completed an earned social work degree, as specified in section 12-245-401 (9).

- (2) Notwithstanding the exemption in section 12-245-217 (2)(b), any employee licensed pursuant to this article 245 who is terminated from employment by the state department of human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, or a county department of human or social services is subject to review and disciplinary action by the board that licenses or regulates the employee.
- (3) An employee of the state department of human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, or a county department of human or social services who has completed a bachelor's or master's degree in social work may apply to the board, for purposes related to licensure under this part 4, for approval for supervision by a person other than a licensed clinical social worker. The board shall consider input from representatives of the state department of human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and the county departments of human or social services when promulgating the rule concerning what qualifications or experience a person is required to possess in order to supervise an employee pursuant to this subsection (3).
- SECTION 9. In Colorado Revised Statutes, 13-5-142, amend (1)(b) and (3)(b)(II) as follows:
 - 13-5-142. National instant criminal background check system
 reporting. (1) On and after March 20, 2013, the state court administrator shall send electronically the following information to the

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1	Colorado bureau of investigation created pursuant to section 24-33.5-401,
2	referred to in this section as the "bureau":
3	(b) The name of each person who has been committed by order of
4	the court to the custody of the office of behavioral health
5	ADMINISTRATION in the department of human services pursuant to section
6	27-81-112; and
7	(3) The state court administrator shall take all necessary steps to
8	cancel a record made by the state court administrator in the national
9	instant criminal background check system if:
10	(b) No less than three years before the date of the written request:
11	(II) The period of certification or commitment of the most recent
12	order of certification, commitment, recertification, or recommitment
13	expired, or a court entered an order terminating the person's incapacity or
14	discharging the person from certification or commitment in the nature of
15	habeas corpus, if the record in the national instant criminal background
16	check system is based on an order of certification or commitment to the
17	custody of the office of behavioral health ADMINISTRATION in the
18	department of human services; except that the state court administrator
19	shall not cancel any record pertaining to a person with respect to whom
20	two recommitment orders have been entered pursuant to section
21	27-81-112 (7) and (8), or who was discharged from treatment pursuant to
22	section 27-81-112 (11) on the grounds that further treatment is not likely
23	to bring about significant improvement in the person's condition; or
24	SECTION 10. In Colorado Revised Statutes, 13-5-142.5, amend
25	(2)(a)(II) as follows:
26	13-5-142.5. National instant criminal background check
27	system - judicial process for awarding relief from federal

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1	prohibitions - legislative declaration. (2) Eligibility. A person may
2	petition for relief pursuant to this section if:
3	(a) (II) He or she THE PERSON has been committed by order of the
4	court to the custody of the office of behavioral health ADMINISTRATION
5	in the department of human services pursuant to section 27-81-112; or
6	SECTION 11. In Colorado Revised Statutes, 13-9-123, amend
7	(1)(b) and $(3)(b)(II)$ as follows:
8	13-9-123. National instant criminal background check system
9	- reporting. (1) On and after March 20, 2013, the state court
10	administrator shall send electronically the following information to the
11	Colorado bureau of investigation created pursuant to section 24-33.5-401,
12	referred to in this section as the "bureau":
13	(b) The name of each person who has been committed by order of
14	the court to the custody of the office of behavioral health
15	ADMINISTRATION in the department of human services pursuant to section
16	27-81-112; and
17	(3) The state court administrator shall take all necessary steps to
18	cancel a record made by the state court administrator in the national
19	instant criminal background check system if:
20	(b) No less than three years before the date of the written request:
21	(II) The period of certification or commitment of the most recent
22	order of certification, commitment, recertification, or recommitment
23	expired, or the court entered an order terminating the person's incapacity
24	or discharging the person from certification or commitment in the nature
25	of habeas corpus, if the record in the national instant criminal background
26	check system is based on an order of certification or commitment to the
27	custody of the office of behavioral health ADMINISTRATION in the

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1	department of human services; except that the state court administrator
2	shall not cancel any record pertaining to a person with respect to whom
3	two recommitment orders have been entered pursuant to section
4	27-81-112 (7) and (8), or who was discharged from treatment pursuant to
5	section 27-81-112 (11), on the grounds that further treatment is not likely
6	to bring about significant improvement in the person's condition; or
7	SECTION 12. In Colorado Revised Statutes, 13-9-124, amend
8	(2)(a)(II) as follows:
9	13-9-124. National instant criminal background check system
10	- judicial process for awarding relief from federal prohibitions -
11	legislative declaration. (2) Eligibility. A person may petition for relief
12	pursuant to this section if:
13	(a) (II) He or she THE PERSON has been committed by order of the
14	court to the custody of the office of behavioral health ADMINISTRATION
15	in the department of human services pursuant to section 27-81-112; or
16	SECTION 13. In Colorado Revised Statutes, 13-20-401, amend
17	(2) as follows:
18	13-20-401. Definitions. As used in this part 4, unless the context
19	otherwise requires:
20	(2) "Patient" means the person upon whom a proposed
21	electroconvulsive treatment is to be performed; except that nothing in this
22	part 4 supersedes the provisions of article 65 of title 27 or any rule
23	adopted by the BEHAVIORAL HEALTH ADMINISTRATION IN THE department
24	of human services pursuant to section 27-65-116 (2) with regard to the
25	care and treatment of any person unable to exercise written informed
26	consent or of a person with a mental health disorder.
27	SECTION 14. In Colorado Revised Statutes, 16-8.5-111, amend

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1	(2)(b)(II)(B) as follows:
2	16-8.5-111. Procedure after determination of competency or
3	incompetency. (2) If the final determination made pursuant to section
4	16-8.5-103 is that the defendant is incompetent to proceed, the court has
5	the following options:
6	(b) (II) (B) As a condition of bond, the court shall order that the
7	restoration take place on an outpatient basis. Pursuant to section
8	27-60-105, the department through the office of THE behavioral health
9	ADMINISTRATION IN THE DEPARTMENT is the entity responsible for the
10	oversight of restoration education and coordination of all competency
11	restoration services. As a condition of release for outpatient restoration
12	services, the court may require pretrial services, if available, to work with
13	the department BEHAVIORAL HEALTH ADMINISTRATION and the restoration
14	services provider under contract with the department BEHAVIORAL
15	HEALTH ADMINISTRATION to assist in securing appropriate support and
16	care management services, which may include housing resources. The
17	individual agency responsible for providing outpatient restoration
18	services for the defendant shall notify the court or other designated
19	agency within twenty-one days if restoration services have not
20	commenced.
21	SECTION 15. In Colorado Revised Statutes, 16-11.9-102
22	amend (1) introductory portion and (2) introductory portion as follows:
23	16-11.9-102. Screening for behavioral or mental health
24	disorders - standardized process - development. (1) The director of the
25	division of criminal justice within IN the department of public safety is
26	responsible for ensuring that the head of the department of psychiatry at

the university of Colorado health sciences center, the judicial department,

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the department of corrections, the state board of parole, the division of criminal justice within IN the department of public safety, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and the office of behavioral health UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES in the department of human services meet and cooperate to develop a standardized screening procedure for the assessment of behavioral or mental health disorders in persons who are involved in the adult criminal justice system. The standardized screening procedure must include, but is not limited to: In conjunction with the development of a standardized behavioral or mental health disorder screening procedure for the adult criminal justice system as specified in subsection (1) of this section, the judicial department, the division of youth services within IN the department of human services, the unit responsible for child welfare services within IN the department of human services, the office of behavioral health ADMINISTRATION in the department of human services, THE UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES IN THE DEPARTMENT OF HUMAN SERVICES, the division of criminal justice within IN the department of public safety, and the department of corrections shall cooperate to develop a standardized screening procedure for the assessment of behavioral or mental health disorders in juveniles who are involved in the juvenile justice system. The standardized screening procedure must include, but is not limited to: **SECTION 16.** In Colorado Revised Statutes, **amend** 16-11.9-105 as follows:

16-11.9-105. Periodic review. On or before October 1, 2004, and

on or before October 1 every two years thereafter, the judicial department,

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1	the department of corrections, the state board of parole, the division of
2	criminal justice within IN the department of public safety, and the
3	BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human
4	services shall jointly review the implementation of the standardized
5	procedures and the use of the standardized screening instruments
6	developed pursuant to this article ARTICLE 11.9.
7	SECTION 17. In Colorado Revised Statutes, 16-11.9-204,
8	amend (1)(f)(III) introductory portion as follows:
9	16-11.9-204. Behavioral health court liaisons - duties and
10	responsibilities - consultation and collaboration. (1) A court liaison
11	hired pursuant to this part 2 has the following duties and responsibilities:
12	(f) Identifying existing programs and resources that are already
13	available in the community, including but not limited to:
14	(III) Community mental health centers and other local community
15	behavioral health providers that receive state funding through the office
16	of behavioral health administration in the department of human
17	SERVICES for services such as:
18	SECTION 18. In Colorado Revised Statutes, 16-13-311, amend
19	(3)(a)(VII) introductory portion and (3)(a)(VII)(B) as follows:
20	16-13-311. Disposition of seized personal property. (3) (a) If
21	the prosecution prevails in the forfeiture action, the court shall order the
22	property forfeited. Such order perfects the state's right and interest in and
23	title to such property and relates back to the date when title to the property
24	vested in the state pursuant to section 16-13-316. Except as otherwise
25	provided in subsection (3)(c) of this section, the court shall also order
26	such property to be sold at a public sale by the law enforcement agency
27	in possession of the property in the manner provided for sales on

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1	execution, or in another commercially reasonable manner. Property
2	forfeited pursuant to this section or proceeds therefrom must be
3	distributed or applied in the following order:
4	(VII) The balance shall MUST be delivered, upon order of the
5	court, as follows:
6	(B) Twenty-five percent to the managed service organization
7	contracting with the office of behavioral health ADMINISTRATION in the
8	department of human services serving the judicial district where the
9	forfeiture proceeding was prosecuted to fund detoxification and substance
10	use disorder treatment. Money appropriated to the managed service
11	organization must be in addition to, and not be used to supplant, other
12	funding appropriated to the office of behavioral health ADMINISTRATION;
13	and
14	SECTION 19. In Colorado Revised Statutes, 16-13-701, repeal
15	(9) as follows:
16	16-13-701. Reports related to seizures and forfeitures -
17	legislative declaration - definitions. (9) (a) The office of behavioral
18	health shall prepare an annual accounting report of money received by the
19	managed service organization pursuant to section 16-13-311
20	(3)(a)(VII)(B), including revenues, expenditures, beginning and ending
21	balances, and services provided. The office of behavioral health shall
22	provide this report to the health and human services committee of the
23	senate and the public health care and human services committee of the
24	house of representatives, or any successor committees.
25	(b) Pursuant to section 24-1-136 (11)(a)(I), the report required in
26	this subsection (9) expires on February 1, 2021.
27	SECTION 20. In Colorado Revised Statutes, 17-1-103, amend

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1	(1)(r) as follows:
2	17-1-103. Duties of the executive director. (1) The duties of the
3	executive director are:
4	(r) In consultation with the offices of behavioral health
5	ADMINISTRATION and THE OFFICE OF economic security in the department
6	of human services, the department of health care policy and financing, the
7	department of local affairs, and local service providers, to develop
8	resources for inmates post-release that provide information to help
9	prepare inmates for release and successful reintegration into their
10	communities. The resources must reflect the needs of diverse and
11	underserved populations and communities.
12	SECTION 21. In Colorado Revised Statutes, 17-2-201, amend
13	(5.7)(a) and (5.7)(d) as follows:
14	17-2-201. State board of parole - duties - definitions. (5.7) If,
15	as a condition of parole, an offender is required to undergo counseling or
16	treatment, unless the parole board determines that treatment at another
17	facility or with another person is warranted, the treatment or counseling
18	must be at a facility or with a person:
19	(a) Approved by the office of behavioral health ADMINISTRATION
20	in the department of human services established in article 80 of title 27,
21	if the treatment is for alcohol or drug abuse;
22	(d) Licensed or certified by the division of adult parole in the
23	department of corrections, the department of regulatory agencies, the
24	office of behavioral health ADMINISTRATION in the department of human
25	services, the state board of nursing, or the Colorado medical board,
26	whichever is appropriate for the required treatment or counseling.
27	SECTION 22. In Colorado Revised Statutes, 17-26-140, amend

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1	(1)(b) as follows:
2	17-26-140. Continuity of care for persons released from jail.
3	(1) If a person is treated for a substance use disorder throughout the
4	person's incarceration, the county jail shall, at a minimum, conduct the
5	following before releasing the person from the county jail's custody:
6	(b) Provide a list of available substance use providers, to the
7	extent the office of behavioral health ADMINISTRATION in the state
8	department OF HUMAN SERVICES has such a list available.
9	SECTION 23. In Colorado Revised Statutes, 17-27.1-101,
10	amend (5)(a)(I) and (5)(a)(IV) as follows:
11	17-27.1-101. Nongovernmental facilities for offenders -
12	registration - notifications - penalties - definitions. (5) A private
13	treatment program in Colorado shall not admit or accept a supervised or
14	unsupervised person into the program unless the program:
15	(a) Is registered with the compact administrator, and, if the person
16	is a supervised person, the private treatment program is:
17	(I) Approved by the office of behavioral health ADMINISTRATION
18	in the department of human services established in article 80 of title 27,
19	if the program provides alcohol or drug abuse treatment;
20	(IV) Licensed or certified by the division of adult parole in the
21	department of corrections, the department of regulatory agencies, the
22	office of behavioral health ADMINISTRATION in the department of human
23	services, the state board of nursing, or the Colorado medical board if the
24	program provides treatment that requires certification or licensure;
25	SECTION 24. In Colorado Revised Statutes, 17-27.9-102,
26	amend (1) as follows:
27	17-27.9-102. Specialized restitution and community service

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1	programs - contract with treatment providers - division of criminal
2	justice. (1) The director of the division of criminal justice of IN the
3	department of public safety may, pursuant to section 17-27-108, contract
4	with one or more public or private providers or community corrections
5	boards, as defined in section 17-27-102 (2), who operate restitution and
6	community service facilities, to provide specialized restitution and
7	community service programs that meet the requirements of this section.
8	As used in this article 27.9, such providers are referred to as "providers".
9	The office of behavioral health ADMINISTRATION in the department of
10	human services shall approve any entity that provides treatment for
11	substance use disorders pursuant to article 80 of title 27.
12	SECTION 25. In Colorado Revised Statutes, 18-1.3-204, amend
13	(2)(c)(I) and $(2)(c)(IV)$ as follows:
14	18-1.3-204. Conditions of probation - interstate compact
15	probation transfer cash fund - creation. (2) (c) If the court orders
16	counseling or treatment as a condition of probation, unless the court
17	makes a specific finding that treatment in another facility or with another
18	person is warranted, the court shall order that the treatment or counseling
19	be at a facility or with a person:
20	(I) Approved by the office of behavioral health ADMINISTRATION
21	in the department of human services established in article 80 of title 27,
22	if the treatment is for alcohol or drug abuse;
23	(IV) Licensed or certified by the division of adult parole in the
24	department of corrections, the department of regulatory agencies, the
25	office of behavioral health ADMINISTRATION in the department of human
26	services, the state board of nursing, or the Colorado medical board,
27	whichever is appropriate for the required treatment or counseling.

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SECTION 26. In Colorado Revised Statutes, **amend** 18-1.3-210 as follows:

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18-1.3-210. Counseling or treatment for alcohol or drug abuse or substance use disorder. (1) In any case in which treatment or counseling for alcohol or drug abuse or a substance use disorder is authorized in connection with a deferred prosecution, deferred judgment and sentence, or probation, the court may require the defendant to obtain counseling or treatment for the condition. If the court orders the counseling or treatment, the court shall order that the counseling or treatment is obtained from a treatment facility or person approved by the office of behavioral health ADMINISTRATION in the department of human services, established in article 80 of title 27, unless the court makes a finding that counseling or treatment in another facility or with another person is warranted. If the defendant voluntarily submits himself or herself THE DEFENDANT'S SELF for treatment or counseling, the district attorney and the court may consider his or her THE DEFENDANT'S willingness to correct his or her THE DEFENDANT'S condition as a basis for granting deferred prosecution or deferred judgment and sentence.

(2) Notwithstanding the provisions of subsection (1) of this section, in any case in which treatment or counseling for alcohol or drug abuse or a substance use disorder is authorized and ordered by the court in connection with a deferred prosecution, deferred judgment and sentence, or probation for an offense involving unlawful sexual behavior, as defined in section 16-22-102 (9), the court shall order that the counseling or treatment is obtained from a treatment facility or person approved by the office of behavioral health ADMINISTRATION in the department of human services. established in article 80 of title 27.

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SECTION 27. In Colorado Revised Statutes, **amend** 18-1.3-211 as follows:

18-1.3-211. Sentencing of felons - parole of felons - treatment and testing based upon assessment required. (1) Each person sentenced by the court for a felony committed on or after July 1, 1992, is required, as a part of any sentence to probation, community corrections, or incarceration with the department of corrections, to undergo periodic testing and treatment for substance abuse that is appropriate to the felon based upon the recommendations of the assessment made pursuant to section 18-1.3-209, or based upon any subsequent recommendations by the department of corrections, the judicial department, or the division of criminal justice of IN the department of public safety, whichever is appropriate. Any testing or treatment must be at a facility or with a person approved by the office of behavioral health ADMINISTRATION in the department of human services established in article 80 of title 27, and at the felon's own expense, unless he or she THE FELON is indigent.

(2) Each person placed on parole by the state board of parole on or after July 1, 1992, is required, as a condition of parole, to undergo periodic testing and treatment for substance abuse that is appropriate to the parolee based upon the recommendations of the assessment made pursuant to section 18-1.3-209 or any assessment or subsequent reassessment made regarding the parolee during his or her THE PAROLEE'S incarceration or any period of parole. Any testing or treatment must be at a facility or with a person approved by the office of behavioral health ADMINISTRATION in the department of human services established in article 80 of title 27, and at the parolee's own expense, unless he or she THE PAROLEE is indigent.

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1	SECTION 28. In Colorado Revised Statutes, 18-1.9-104, amend
2	(1)(c)(IV)(A) as follows:
3	18-1.9-104. Task force concerning the treatment of persons
4	with mental health disorders in the criminal and juvenile justice
5	systems - creation - membership - duties. (1) Creation. (c) The chair
6	and vice-chair of the committee shall appoint twenty-nine members as
7	follows:
8	(IV) Five members who represent the department of human
9	services, as follows:
10	(A) One member who represents the office of behavioral health
11	ADMINISTRATION in the department of human services;
12	SECTION 29. In Colorado Revised Statutes, amend 18-1.9-105
13	as follows:
14	18-1.9-105. Task force funding - staff support. (1) The division
15	of criminal justice of IN the department of public safety, the office of
16	behavioral health ADMINISTRATION in the department of human services,
17	and any state department or agency with an active representative on the
18	task force are authorized to receive and expend gifts, grants, and
19	donations, including donations of in-kind services for staff support, from
20	any public or private entity for any direct or indirect costs associated with
21	the duties of the task force.
22	(2) The director of research of the legislative council, the director
23	of the office of legislative legal services, the director of the division of
24	criminal justice within IN the department of public safety, the director of
25	the office of COMMISSIONER OF THE behavioral health ADMINISTRATION
26	IN THE DEPARTMENT OF HUMAN SERVICES, and the executive directors of
27	the departments represented on the task force may supply staff assistance

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1 to the task force as they deem appropriate within existing appropriations 2 or if money is credited to the treatment of persons with mental health 3 disorders in the criminal and juvenile justice systems fund created in 4 section 18-1.9-106 for the purpose of and in an amount sufficient to fund 5 staff assistance. The task force may also accept donations of in-kind services for staff support from the private sector. 6 7 **SECTION 30.** In Colorado Revised Statutes, 18-13-122, amend 8 (4)(a), (4)(b)(I), (4)(b)(II), (4)(c)(I), and (18) as follows:9 18-13-122. Illegal possession or consumption of ethyl alcohol 10 or marijuana by an underage person - illegal possession of marijuana paraphernalia by an underage person - adolescent substance abuse 12 prevention and treatment fund - legislative declaration - definitions. 13 (4) (a) Upon conviction of a first offense of subsection (3) of this section, 14 the court shall sentence the underage person to a fine of not more than 15 one hundred dollars, or the court shall order that the underage person 16 complete a substance abuse education program approved by the office of 17 behavioral health ADMINISTRATION in the department of human services, 18 or both. 19 (b) Upon conviction of a second offense of subsection (3) of this 20 section, the court shall sentence the underage person to a fine of not more than one hundred dollars, and the court shall order the underage person 22 to: 23 (I) Complete a substance abuse education program approved by 24 the office of behavioral health ADMINISTRATION in the department of 25 human services; 26 (II) If determined necessary and appropriate, submit to a substance

abuse assessment approved by the office of behavioral health

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-95-1278 ADMINISTRATION in the department of human services and complete any treatment recommended by the assessment; and

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- (c) Upon conviction of a third or subsequent offense of subsection
 (3) of this section, the court shall sentence the defendant to a fine of up
 to two hundred fifty dollars, and the court shall order the underage person
 to:
 - (I) Submit to a substance abuse assessment approved by the office of behavioral health ADMINISTRATION in the department of human services and complete any treatment recommended by the assessment; and
 - (18) **Cash fund.** The surcharge collected pursuant to subsection (4)(e) of this section must be transmitted to the state treasurer, who shall credit the same MONEY to the adolescent substance abuse prevention and treatment fund, which is created and referred to in this section as the "fund". Money in the fund is subject to annual appropriation by the general assembly to the office of behavioral health ADMINISTRATION in the department of human services established in article 80 of title 27, for adolescent substance abuse prevention and treatment programs. The office of behavioral health ADMINISTRATION is authorized to seek and accept gifts, grants, or donations from private or public sources for the purposes of this section. All private and public money received through gifts, grants, or donations must be transmitted to the state treasurer, who shall credit the same MONEY to the fund. Any unexpended money in the fund may be invested by the state treasurer as provided by law. All interest and income derived from the investment and deposit of money in the fund must be credited to the fund. Any unexpended and unencumbered money remaining in the fund at the end of a fiscal year

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1	remains in the fund and must not be credited or transferred to the general
2	fund or another fund.
3	SECTION 31. In Colorado Revised Statutes, 18-18-102, amend
4	(32); repeal (8); and add (3.2) as follows:
5	18-18-102. Definitions. As used in this article 18:
6	(3.2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
7	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
8	27-50-102.
9	(8) "Department" means the department of human services.
10	(32) "Researcher" means any person licensed by the department
11	BHA pursuant to this article ARTICLE 18 to experiment with, study, or test
12	any controlled substance within this state and includes analytical
13	laboratories.
14	SECTION 32. In Colorado Revised Statutes, amend 18-18-301
15	as follows:
16	18-18-301. Rules. The board or the department BHA may adopt
17	rules and charge reasonable fees relating to the registration and control of
18	the manufacture, distribution, and dispensing of controlled substances
19	within this state.
20	SECTION 33. In Colorado Revised Statutes, 18-18-302, amend
21	(1), (2), (4), and (5) as follows:
22	18-18-302. Registration requirements - definitions. (1) Every
23	person who manufactures, distributes, or dispenses any controlled
24	substance within this state, or who proposes to engage in the manufacture,
25	distribution, or dispensing of any controlled substance within this state,
26	shall obtain annually or biannually, if applicable, a registration, issued by
27	the respective licensing board or the department BHA in accordance with

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rules adopted by such board or by the department BHA. For purposes of this section and this article 18, "registration" or "registered" means the registering of manufacturers, pharmacists, pharmacies, and humane societies located in this state, and distributors located in or doing business in this state, by the state board of pharmacy, as set forth in article 280 of title 12, the licensing of physicians by the Colorado medical board, as set forth in article 240 of title 12, the licensing of podiatrists by the Colorado podiatry board, as set forth in article 290 of title 12, the licensing of dentists by the Colorado dental board, as set forth in article 220 of title 12, the licensing of optometry, as set forth in article 275 of title 12, the licensing of veterinarians by the state board of veterinary medicine, as set forth in article 315 of title 12, and the licensing of researchers and CERTIFIED addiction programs COUNSELORS by the department of human services BHA, as set forth in part 2 of article 80 of title 27.

- (2) A person registered by the board or the department BHA under this part 3 to manufacture, distribute, dispense, or conduct research with controlled substances may possess, manufacture, distribute, dispense, or conduct research with those substances to the extent authorized by the registration and in conformity with this article 18 and with article 280 of title 12.
- (4) The board or department BHA may waive by rule the requirement for registration of certain manufacturers, distributors, or dispensers upon finding it consistent with the public health and safety.
- (5) The board or department BHA may inspect the establishment of a registrant or applicant for registration of those persons they are authorized to register under this part 3 in accordance with rules adopted

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1	by the board or department BHA.
2	SECTION 34. In Colorado Revised Statutes, 18-18-303, amend
3	(1) introductory portion and (3) as follows:
4	18-18-303. Registration. (1) The board or department BHA shall
5	register an applicant to manufacture or distribute substances included in
6	schedules I through V unless the board or department BHA determines
7	that the issuance of that registration would be inconsistent with the public
8	interest. In determining the public interest, the board or department BHA
9	shall consider the following factors:
10	(3) A practitioner must be registered with the board or department
11	BHA before dispensing a controlled substance or conducting research
12	with respect to a controlled substance included in schedules II through V.
13	The department BHA need not require separate registration under this
14	article ARTICLE 18 for practitioners engaging in research with nonnarcotic
15	substances included in schedules II through V where the registrant is
16	already registered under this article ARTICLE 18 in another capacity.
17	Practitioners registered under federal law to conduct research with
18	substances included in schedule I may conduct research with substances
19	included in schedule I within this state upon furnishing the department
20	BHA evidence of that federal registration.
21	SECTION 35. In Colorado Revised Statutes, amend 18-18-304
22	as follows:
23	18-18-304. Suspension or revocation of registration. (1) The
24	board or department BHA may suspend or revoke a registration under
25	section 18-18-303 to manufacture, distribute, or dispense a controlled
26	substance upon finding that the registrant has:
27	(a) Furnished false or fraudulent material information in any

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application filed under this part 3;

- (b) Been convicted of a felony under any state or federal law relating to any controlled substance;
 - (c) Had the registrant's federal registration suspended or revoked and is no longer authorized by federal law to manufacture, distribute, or dispense controlled substances; or
 - (d) Committed acts that would render registration under section 18-18-303 inconsistent with the public interest as determined under that section.
 - (2) The board or department BHA may deny, suspend, revoke, or take other authorized disciplinary action to limit the authority of any registrant to prescribe, distribute, dispense, or administer controlled substances, or any classification thereof, within this state if grounds for denial, suspension, or revocation exist. These proceedings shall MUST be conducted in accordance with the provisions of article 4 of title 24. C.R.S.
 - (3) If a registration is suspended or revoked, the board or department BHA may place under seal all controlled substances owned or possessed by the registrant at the time of suspension or the effective date of the revocation order. No disposition may be made of substances under seal until the time for taking an appeal has elapsed or until all appeals have been concluded unless a court, upon application, orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. When a revocation order becomes final, the court may order the controlled substances forfeited to the state.
 - (4) The board or department BHA may seize or place under seal any controlled substance owned or possessed by a registrant whose registration has expired or who has ceased to practice or do business in

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the manner contemplated by the registration. The controlled substance must be held for the benefit of the registrant or the registrant's successor in interest. The board or department BHA shall notify a registrant, or the registrant's successor in interest, whose controlled substance is seized or placed under seal, of the procedures to be followed to secure the return of the controlled substance and the conditions under which it will be returned. The board or department BHA may not dispose of any controlled substance seized or placed under seal under this subsection (4) until the expiration of one hundred eighty days after the controlled substance was seized or placed under seal. The costs incurred by the board or department BHA in seizing, placing under seal, maintaining custody, and disposing of any controlled substance under this subsection (4) may be recovered from the registrant, any proceeds obtained from the disposition of the controlled substance, or from both. Any balance remaining after the costs have been recovered from the proceeds of any disposition must be delivered to the registrant or the registrant's successor in interest.

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(5) The board or department BHA shall promptly notify the drug enforcement administration of all orders restricting, suspending, or revoking registration and all forfeitures of controlled substances.

SECTION 36. In Colorado Revised Statutes, **amend** 18-18-305 as follows:

18-18-305. Order to show cause. (1) Before denying, suspending, or revoking a registration, or refusing a renewal of registration, the board or department BHA shall serve upon the applicant or registrant an order to show cause why registration should not be denied, revoked, or suspended, or the renewal refused. The order must

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state its grounds and direct the applicant or registrant to appear before the board or department BHA at a specified time and place not less than thirty days after the date of service of the order. In case of a refusal to renew a registration, the order must be served not later than thirty days before the expiration of the registration. These proceedings must be conducted in accordance with section 24-4-105. C.R.S. The proceedings do not preclude any criminal prosecution or other proceeding. A proceeding to refuse to renew a registration does not affect the existing registration, which remains in effect until completion of the proceeding.

- (2) The board or department BHA may suspend, without an order to show cause, any registration simultaneously with the institution of proceedings under section 18-18-304, or where renewal of registration is refused, upon finding that there is an imminent danger to the public health or safety which THAT warrants this action. The suspension continues in effect until the conclusion of the proceedings, including judicial review thereof, unless sooner withdrawn by the board or department BHA or dissolved by a court of competent jurisdiction.
- **SECTION 37.** In Colorado Revised Statutes, **amend** 18-18-306 as follows:
- **18-18-306. Records of registrants.** Persons registered to manufacture, distribute, or dispense controlled substances under this part 3 shall keep records and maintain inventories in conformance with the record keeping and inventory requirements of federal law and with any additional rules adopted by the board or department BHA.
- SECTION 38. In Colorado Revised Statutes, 18-18-309, amend
 (2) and (3) as follows:
 - **18-18-309. Diversion prevention and control.** (2) The

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department BHA shall regularly prepare and make available to other state regulatory, licensing, and law enforcement agencies a report on the patterns and trends of actual distribution, diversion, and abuse of controlled substances.

(3) The department BHA shall enter into written agreements with local, state, and federal agencies for the purpose of improving identification of sources of diversion and to improve enforcement of and compliance with this article ARTICLE 18 and other laws and regulations RULES pertaining to unlawful conduct involving controlled substances. An agreement must specify the roles and responsibilities of each agency that has information or authority to identify, prevent, and control drug diversion and drug abuse. The department BHA shall convene periodic meetings to coordinate a state diversion prevention and control program. The department BHA shall arrange for cooperation and exchange of information among agencies and with neighboring states and the federal government.

SECTION 39. In Colorado Revised Statutes, 18-18-418, **amend** (1) introductory portion and (1)(c) as follows:

18-18-418. Exemptions. (1) The provisions of section 18-18-414 shall DO not apply to:

(c) A student who is in possession of an immediate precursor who is enrolled in a chemistry class for credit at an institution of higher education, or a work study student, a teaching assistant, a graduate assistant, or a laboratory assistant, if such student's or technician's ASSISTANT'S use of the immediate precursor is for a bona fide educational purpose or research purpose and if the chemistry department of the institution of higher education otherwise possesses all the necessary

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1	licenses required by the department BHA.
2	SECTION 40. In Colorado Revised Statutes, 18-18-501, amend
3	(3) introductory portion, (3)(a), and (3)(b) introductory portion as follows:
4	18-18-501. Administrative inspections and warrants. (3) The
5	board or department BHA may make CONDUCT administrative inspections
6	of controlled premises of those persons they are authorized to register
7	under this article ARTICLE 18 in accordance with the following provisions:
8	(a) If authorized by an administrative inspection warrant issued
9	pursuant to subsection (2) of this section, an officer or employee
10	designated by the board or department BHA, upon presenting the warrant
11	and appropriate credentials to the owner, operator, or agent in charge,
12	may enter controlled premises for the purpose of conducting an
13	administrative inspection.
14	(b) If authorized by an administrative inspection warrant, an
15	officer or employee designated by the board or department BHA may:
16	SECTION 41. In Colorado Revised Statutes, 18-18-503, amend
17	(1) introductory portion, (2), and (3) as follows:
18	18-18-503. Cooperative arrangements and confidentiality.
19	(1) The board and the department BHA shall cooperate with federal and
20	other state agencies in discharging the board's and the department's
21	BHA's responsibilities concerning controlled substances and in
22	controlling the abuse of controlled substances. To this end, the
23	department BHA may:
24	(2) Results, information, and evidence received from the drug
25	enforcement administration relating to the regulatory functions of this
26	article ARTICLE 18, including results of inspections conducted by it THE
27	DRUG ENFORCEMENT ADMINISTRATION, may be relied and acted upon by

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1	the board or department BHA in the exercise of the regulatory functions
2	under this article ARTICLE 18.
3	(3) A practitioner engaged in medical practice or research is not
4	required or compelled to furnish the name or identity of a patient or
5	research subject to the board or department BHA, nor may the
6	practitioner be compelled in any state or local civil, criminal,
7	administrative, legislative, or other proceedings to furnish the name or
8	identity of an individual that the practitioner is obligated to keep
9	confidential.
10	SECTION 42. In Colorado Revised Statutes, amend 18-18-505
11	as follows:
12	18-18-505. Judicial review. All final determinations, findings,
13	and conclusions of the board or department BHA under this article
14	ARTICLE 18 are subject to judicial review pursuant to section 24-4-106.
15	C.R.S.
16	SECTION 43. In Colorado Revised Statutes, 18-18-506, amend
17	(1) introductory portion, (2) introductory portion, (3), (4), and (5) as
18	follows:
19	18-18-506. Education and research. (1) The department BHA
20	shall carry out educational programs designed to prevent and deter misuse
21	and abuse of controlled substances. In connection with these programs,
22	the department BHA may:
23	(2) The department BHA shall encourage research on misuse and
24	abuse of controlled substances. In connection with the research, and in
25	furtherance of the enforcement of this article, the department ARTICLE 18,
26	THE BHA may:
27	(3) The department BHA may enter into contracts for educational

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and research activities.

- (4) The department BHA may authorize persons engaged in research on the use and effects of controlled substances to withhold the names and other identifying characteristics of individuals who are the subjects of the research. Persons who obtain this authorization are not compelled in any civil, criminal, administrative, legislative, or other proceeding to identify the individuals who are the subjects of research for which the authorization was obtained.
- (5) The department BHA may authorize the possession and distribution of controlled substances by persons engaged in research. Persons who obtain this authorization are exempt from state prosecution for possession and distribution of controlled substances to the extent of the authorization.
- SECTION 44. In Colorado Revised Statutes, 18-18-601, repeal (4) as follows:
 - 18-18-601. Pending proceedings applicability. (4) The board or department shall initially permit persons to register who own or operate any establishment engaged in the manufacture, distribution, or dispensing of any controlled substance prior to July 1, 1992, and who are registered or licensed by the state.
- SECTION 45. In Colorado Revised Statutes, 18-18-607, amend
 (2) as follows:
 - **18-18-607. Safe stations disposal of controlled substances - medical evaluation definition.** (2) Reasonable efforts should be taken by safe station personnel to determine if the person is in need of immediate medical attention and facilitate transportation to an appropriate medical facility, if necessary. If the person does not require immediate

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I	medical attention, the safe station personnel shall provide the person with
2	information about the behavioral health crisis response system, created in
3	section 27-60-103, to help identify available treatment options and, if
4	practicable, provide transportation for the person to the most appropriate
5	facility for treatment of a substance use disorder. Information about the
6	crisis hotline must be developed by the office of behavioral health in the
7	state department BHA and be provided to safe stations for distribution.
8	SECTION 46. In Colorado Revised Statutes, 18-18.5-103,
9	amend (2) introductory portion and (2)(b)(XXII) as follows:
10	18-18.5-103. State substance abuse trend and response task
11	force - creation - membership - duties - report. (2) The task force shall
12	consist CONSISTS of the following members:
13	(b) Twenty-two members appointed by the task force chair and
14	vice-chairs as follows:
15	(XXII) A representative of the office of behavioral health
16	ADMINISTRATION in the Colorado department of human services.
17	SECTION 47. In Colorado Revised Statutes, 18-19-103, amend
18	(5)(b)(IV) as follows:
19	18-19-103. Source of revenues - allocation of money.
20	(5) (b) The board consists of:
21	(IV) The executive director COMMISSIONER of THE BEHAVIORAL
22	HEALTH ADMINISTRATION IN the department of human services or his or
23	her THE COMMISSIONER'S designee. If the executive director
24	COMMISSIONER appoints a designee, the executive director COMMISSIONER
25	is encouraged to select someone with expertise in substance use disorder
26	counseling and substance abuse issues.
27	SECTION 48. In Colorado Revised Statutes, 19-2.5-704, amend

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1	(2)(b) as follows:
2	19-2.5-704. Procedure after determination of competency or
3	incompetency. (2) (b) Pursuant to section 27-60-105, the office of
4	behavioral health ADMINISTRATION in the department of human services
5	is the entity responsible for the oversight of restoration education and
6	coordination of services necessary to competency restoration.
7	SECTION 49. In Colorado Revised Statutes, 24-1-120, amend
8	(6)(d); and add (6)(f) as follows:
9	24-1-120. Department of human services - creation. (6) The
10	department consists of the following divisions, units, and offices:
11	(d) The office of behavioral health in the department of human
12	services created pursuant to article 80 of title 27. The office of behavioral
13	health and its powers, duties, and functions, including the powers, duties,
14	and functions relating to the alcohol and drug driving safety program
15	specified in section 42-4-1301.3, are transferred by a type 2 transfer to
16	the department of human services.
17	(f) THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
18	ARTICLE $50\mathrm{of}$ title $27.\mathrm{The}$ behavioral health administration and
19	ITS POWERS, DUTIES, AND FUNCTIONS ARE TRANSFERRED BY A TYPE 2
20	TRANSFER TO THE DEPARTMENT OF HUMAN SERVICES.
21	SECTION 50. In Colorado Revised Statutes, 24-34-104, amend
22	(26)(a)(IV) and (27)(a)(XI) as follows:
23	24-34-104. General assembly review of regulatory agencies
24	and functions for repeal, continuation, or reestablishment - legislative
25	declaration - repeal. (26) (a) The following agencies, functions, or both,
26	are scheduled for repeal on September 1, 2025:
27	(IV) The rural alcohol and substance abuse prevention and

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1	treatment program created pursuant to section 27-80-117 in the office of
2	behavioral health ADMINISTRATION in the department of human services;
3	(27) (a) The following agencies, functions, or both, are scheduled
4	for repeal on September 1, 2026:
5	(XI) The record-keeping, licensing, and central registry functions
6	of the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of
7	human services relating to substance use disorder treatment programs
8	under which controlled substances are compounded, administered, or
9	dispensed in accordance with part 2 of article 80 of title 27;
10	SECTION 51. In Colorado Revised Statutes, 24-33.5-1202,
11	amend (7.7) as follows:
12	24-33.5-1202. Definitions. As used in this part 12, unless the
13	context otherwise requires:
14	(7.7) "Health facility" means a general hospital, hospital unit as
15	defined in section 25-3-101 (2), C.R.S., psychiatric hospital, community
16	clinic, rehabilitation center, convalescent center, community mental
17	health center, acute treatment unit, BEHAVIORAL HEALTH ENTITY AS
18	DEFINED IN SECTION 27-50-101 (4), facility for persons with
19	developmental disabilities, habilitation center for children with brain
20	damage, chiropractic center and hospital, maternity hospital, nursing care
21	facility, rehabilitative nursing facility, hospice care facility, dialysis
22	treatment clinic, ambulatory surgical center, birthing center, home care
23	agency, assisted living residence, or other facility of a like nature; except
24	that "health facility" does not include a facility at which health services
25	are not provided to individuals.
26	SECTION 52. In Colorado Revised Statutes, 25-1.5-103, repeal
27	(3.5).

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1	SECTION 53. In Colorado Revised Statutes, 25-1.5-108.5,
2	amend (1)(b)(III), (3)(a), (4), and (5)(a)(III) as follows:
3	25-1.5-108.5. Regulation of recovery residences - definition -
4	rules. (1) (b) "Recovery residence" does not include:
5	(III) A facility approved for residential treatment by the office of
6	behavioral health ADMINISTRATION in the department of human services;
7	or
8	(3) Effective January 1, 2020, a person shall not operate a facility
9	using the term "recovery residence", "sober living facility", "sober home",
10	or a substantially similar term, and a licensed, registered, or certified
11	health-care provider or a licensed health facility shall not refer an
12	individual in need of recovery support services to a facility, unless the
13	facility:
14	(a) Is certified by a recovery residence certifying body approved
15	by the office of behavioral health ADMINISTRATION in the department of
16	human services as specified in subsection (4) of this section;
17	(4) The office of behavioral health ADMINISTRATION in the
18	department of human services shall, by rule, determine the requirements
19	for a recovery residence certifying body seeking approval for purposes of
20	subsection (3)(a) of this section, which rules must include a requirement
21	that a recovery residence certifying body include a representative from the
22	office BEHAVIORAL HEALTH ADMINISTRATION on its board.
23	(5) A recovery residence owner, employee, or administrator, or an
24	individual related to a recovery residence owner, employee, or
25	administrator, shall not directly or indirectly:
26	(a) Solicit, accept, or receive a commission, payment, trade, fee,
27	or anything of monetary or material value, excluding the supportive

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1	services required to place the resident:
2	(III) From a facility approved for residential treatment by the
3	office of behavioral health ADMINISTRATION in the department of human
4	services;
5	SECTION 54. In Colorado Revised Statutes, 25-1.5-111, amend
6	(2)(a)(II) and (3) as follows:
7	25-1.5-111. Suicide prevention commission - created -
8	responsibilities - gifts, grants, or donations - definition - repeal.
9	(2) (a) Within sixty days after May 29, 2014, the executive director of the
10	department of public health and environment shall appoint to the
11	commission no more than twenty-six members, including:
12	(II) A representative from the office of behavioral health
13	ADMINISTRATION in the department of human services;
14	(3) The department shall provide to the commission support that
15	includes the coordination of all commission activities, including: Meeting
16	logistics, agenda development, and follow-up; organizing and orienting
17	commission members; working closely with the co-chairpersons to set
18	priorities, recruit members, oversee all commission initiatives, coordinate
19	activities, and implement any commission-directed initiatives; and any
20	other duties assigned by the co-chairpersons. The director of the office of
21	COMMISSIONER OF THE behavioral health ADMINISTRATION in the
22	department of human services, a representative from the university of
23	Colorado depression center, and a representative of the suicide prevention
24	coalition of Colorado may also provide support to the commission.
25	SECTION 55. In Colorado Revised Statutes, 25-1.5-112, amend
26	(2) introductory portion and (5) as follows:
27	25-1.5-112. Colorado suicide prevention plan - established -

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1	goals - responsibilities - funding - definition. (2) The suicide
2	prevention commission, together with the office of suicide prevention, the
3	office of behavioral health administration in the department of
4	HUMAN SERVICES, the department, and the department of health care
5	policy and financing, is strongly encouraged to collaborate with criminal
6	justice and health-care systems, mental and behavioral health systems,
7	primary care providers, physical and mental health clinics in educational
8	institutions, community mental health centers, advocacy groups,
9	emergency medical services professionals and responders, public and
10	private insurers, hospital chaplains, and faith-based organizations to
11	develop and implement:
12	(5) The office of suicide prevention shall include a summary of
13	the Colorado plan in a report submitted to the office of behavioral health
14	ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, as well as the
15	report submitted annually to the general assembly pursuant to section
16	25-1.5-101 (1)(w)(III)(A) and as part of its annual presentation to the
17	general assembly pursuant to the "State Measurement for Accountable,
18	Responsive, and Transparent (SMART) Government Act", part 2 of
19	article 7 of title 2. C.R.S.
20	SECTION 56. In Colorado Revised Statutes, 25-3-103.1, amend
21	(2) as follows:
22	25-3-103.1. Health facilities general licensure cash fund.
23	(2) The general assembly shall make annual appropriations from the
24	health facilities general licensure cash fund to partially reimburse the
25	department of public health and environment for the direct and indirect
26	costs of the department incurred in the performance of its duties under
27	this article and for the purposes of section 25-1.5-103 (3.5) PURSUANT TO

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1	THIS ARTICLE 3. No appropriation shall be made out of the cash fund for
2	expenditures incurred by the department pursuant to section 25-1.5-103
3	(1)(a)(II) in carrying out duties relating to health facilities wholly owned
4	and operated by a governmental unit or agency.
5	SECTION 57. In Colorado Revised Statutes, 25-3.5-103, amend
6	(3.3), (11.4)(b)(I), and (11.4)(b)(III)(B) as follows:
7	25-3.5-103. Definitions. As used in this article 3.5, unless the
8	context otherwise requires:
9	(3.3) "Behavioral health" has the same meaning as set forth in
10	section 25-27.6-102 (4) SECTION 27-50-101 (1).
11	(11.4) (b) Secure transportation includes:
12	(I) For an individual being transported pursuant to section
13	27-65-103 or 27-65-105 (1), transportation from the community to a
14	facility designated by the executive director of COMMISSIONER OF THE
15	BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
16	services for treatment and evaluation pursuant to article 65 of title 27;
17	(III) For an individual who is receiving transportation across
18	levels of care or to a higher level of care, transportation between any of
19	the following types of facilities:
20	(B) A facility designated by the executive director of
21	COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the
22	department of human services for treatment and evaluation pursuant to
23	article 65 of title 27;
24	SECTION 58. In Colorado Revised Statutes, 25-3.5-309, amend
25	(2) as follows:
26	25-3.5-309. Secure transportation - license required - fees -
27	exceptions. (2) Ambulance agencies, transportation services provided by

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1	the office of behavioral health within the state department of human
2	services, emergency service patrols established pursuant to section
3	27-81-115, and law enforcement may provide secure transportation
4	services to an individual in need of urgent behavioral health care.
5	SECTION 59. In Colorado Revised Statutes, 25-20.5-406,
6	amend (2)(b)(III) as follows:
7	25-20.5-406. State review team - creation - membership -
8	vacancies. (2) (b) The executive director of the department of human
9	services shall appoint six voting members, as follows:
10	(III) Two members who represent the office of behavioral health
11	ADMINISTRATION in the department of human services;
12	SECTION 60. In Colorado Revised Statutes, 25-20.5-1202,
13	amend (2) as follows:
14	25-20.5-1202. Office of gun violence prevention - created -
15	director - staff - collaboration. (2) In order to effectively carry out its
16	responsibilities, the office may collaborate with other state agencies,
17	including the address confidentiality program created in section
18	24-30-2104; the office of suicide prevention established in section
19	25-1.5-101 (1)(w); the safe2tell program created in section 24-31-606; the
20	school safety resource center created in section 24-33.5-1803; the
21	department of education; the office of behavioral health within the
22	department of human services; the behavioral health administration upon
23	its creation in 2022 pursuant to part 2 of article 60 of title 27 IN THE
24	DEPARTMENT OF HUMAN SERVICES; the office of the attorney general; and
25	the division of criminal justice within IN the department of public safety.
26	The office may also collaborate with individuals, educational institutions,
27	health-care providers, and organizations with expertise in gun violence

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1	prevention and gun safety, including gun dealers, shooting ranges, and
2	firearms safety instructors.
3	SECTION 61. In Colorado Revised Statutes, 25-27.6-101,
4	amend (4) as follows:
5	25-27.6-101. Legislative declaration. (4) It is the intent of the
6	general assembly that the behavioral health entity license is implemented
7	in two separate phases as follows:
8	(a) Phase one implementation includes the incorporation of SO
9	THAT a facility currently licensed or previously eligible for licensure as
10	an acute treatment unit or as a community mental health center,
11	community mental health clinic, or crisis stabilization unit that was
12	licensed as a community clinic Such a facility will transition to the
13	behavioral health entity license no later than July 1, 2022. in accordance
14	with section 25-27.6-104 (1).
15	(b) Phase two implementation includes the incorporation of
16	behavioral health entities that provide behavioral health services for the
17	treatment of alcohol use disorders and substance use disorders; except
18	that phase two shall not include controlled substance licenses currently
19	issued by the department of human services, which shall be studied by the
20	behavioral health entity implementation and advisory committee
21	established pursuant to section 25-27.6-103. Such entities shall apply for
22	licensure as behavioral health entities no later than July 1, 2024, in
23	accordance with section 25-27.6-104 (1).
24	SECTION 62. In Colorado Revised Statutes, 25-27.6-104, repeal
25	(2); and repeal as it will become effective July 1, 2022, (1) as follows:
26	25-27.6-104. License required - criminal and civil penalties.
27	(1) (a) On or after July 1, 2024, it is unlawful for any person, partnership,

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association, or corporation to conduct or maintain a behavioral health entity, including a substance use disorder program or alcohol use disorder program, without having obtained a license therefor from the department.

- (b) On or after July 1, 2023, an entity seeking initial licensure as a behavioral health entity shall apply for a behavioral health entity license if the entity would previously have been licensed or subject to approval by the office of behavioral health in the department of human services pursuant to section 27-81-106 as an approved treatment program for alcohol use disorders or substance use disorders.
- (c) A facility with a license or approval on or before June 30, 2023, as a behavioral health entity, a substance use disorder program, or an alcohol use disorder program shall apply for a behavioral health entity license prior to the expiration of the facility's current license or approval. Such a facility is subject to the standards under which it is licensed or approved as of July 1, 2023, until such time as the behavioral health entity license is issued.
- (2) Any person who violates the provisions of this section is guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars and may be subject to a civil penalty assessed by the department of not less than fifty dollars nor more than one hundred dollars for each day the person is in violation of this section. The assessed penalty accrues from the date the department finds that the person is in violation of this section. The department shall assess, enforce, and collect the penalty in accordance with article 4 of title 24 and credit the money to the general fund. Enforcement and collection of the penalty occurs following the decision reached in accordance with procedures set forth in section

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1	24-4-105.
2	
3	SECTION 63. In Colorado Revised Statutes, amend 25-27.6-108
4	as follows:
5	25-27.6-108. Behavioral health entity cash fund - created
6	(1) The behavioral health entity cash fund, referred to in this section as
7	the "fund", is created in the state treasury. The fund consists of money
8	credited to the fund pursuant to section 25-27.6-107. The money in the
9	fund is subject to annual appropriation by the general assembly for the
10	direct and indirect costs of the department in performing its duties
11	pursuant to this article 27.6. At the end of any fiscal year, all unexpended
12	and unencumbered money in the fund remains in the fund and must no
13	be credited or transferred to the general fund or any other fund.
14	(2) On June 30, 2024, the state treasurer shall transfer
15	ALL UNEXPENDED AND UNENCUMBERED MONEY IN THE FUND TO THE
16	BEHAVIORAL HEALTH LICENSING CASH FUND CREATED PURSUANT TO
17	SECTION 27-50-506.
18	SECTION 64. In Colorado Revised Statutes, add 25-27.6-112 as
19	follows:
20	25-27.6-112. Repeal of article. THE ARTICLE 27.6 IS REPEALED
21	EFFECTIVE JULY 1, 2024.
22	SECTION 65. In Colorado Revised Statutes, amend 25.5-3-110
23	as follows:
24	25.5-3-110. Effect of part 1. This part 1 shall DOES not affect the
25	department of human services' responsibilities OF THE BEHAVIORAL
26	HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES for
27	the provision of mental health care in accordance with article 66 of title

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1	27, C.R.S., and this part 1 shall DOES not affect any provisions of article
2	22 of title 23 C.R.S., or any other provisions of law relating to the
3	university of Colorado psychiatric hospital.
4	SECTION 66. In Colorado Revised Statutes, 25.5-4-103, amend
5	as it exists until July 1, 2024, (3) as follows:
6	25.5-4-103. Definitions. As used in this article 4 and articles 5
7	and 6 of this title 25.5, unless the context otherwise requires:
8	(3) "Case management services" means services provided by
9	community-centered boards, as defined by IN section 25.5-10-202;
10	COMPREHENSIVE AND ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
11	PROVIDERS, AS DEFINED IN SECTION 27-50-101; and community mental
12	health centers and community mental health clinics, as defined by IN
13	section 27-66-101, to assist persons with intellectual and developmental
14	disabilities, as defined by IN section 25.5-10-202, and persons with mental
15	health disorders, as defined by IN section 27-65-102, (11.5), by case
16	management agencies, as defined in section 25.5-6-303 (5), providing
17	case management services, as defined in sections 25.5-6-104 (2)(b) and
18	25.5-6-303 (6), to persons with a disability, persons who are elderly or
19	blind, and long-term care clients, in gaining access to needed medical,
20	social, educational, and other services.
21	SECTION 67. In Colorado Revised Statutes, 25.5-4-401.2,
22	amend (1)(d) as follows:
23	25.5-4-401.2. Performance-based payments - reporting -
24	repeal. (1) To improve health outcomes and lower health-care costs, the
25	state department may develop payments to providers that are based on
26	quantifiable performance or measures of quality of care. These
27	performance-based payments may include, but are not limited to,

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1	payments to:
2	(d) Behavioral health providers, including, but not limited to:
3	(I) (A) Community mental health centers, as defined in section
4	27-66-101. and
5	(B) This subsection $(1)(d)(I)$ is repealed, effective July 1,
6	2024.
7	(II) BEHAVIORAL HEALTH SAFETY NET PROVIDERS, AS DEFINED IN
8	SECTION 27-50-101; AND
9	(H) (III) Entities contracted with the state department to
10	administer the statewide system of community behavioral health care
11	established in section 25.5-5-402.
12	SECTION 68. In Colorado Revised Statutes, amend 25.5-4-403
13	as follows:
14	25.5-4-403. Providers - behavioral health safety net providers
15	- reimbursement. (1) For the purpose of reimbursing community mental
16	health center and clinic ESSENTIAL BEHAVIORAL HEALTH SAFETY NET AND
17	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH providers, AS
18	DEFINED IN SECTION 27-50-101, EXCEPT FOR THOSE THAT ARE ALSO
19	FEDERALLY QUALIFIED HEALTH CENTERS, AS DEFINED IN FEDERAL "SOCIAL
20	SECURITY ACT", 42 U.S.C. SEC. 1395x(aa)(4), WHICH HAVE PAYMENT
21	METHODOLOGY PURSUANT TO 25.5-5-408, the state department shall
22	establish a price schedule AN APPROPRIATE COST ACCOUNTING
23	METHODOLOGY annually with the BEHAVIORAL HEALTH ADMINISTRATION
24	IN THE department of human services in order to reimburse each provider
25	for its actual or reasonable cost of services SUPPORT SUSTAINABLE ACCESS
26	TO BEHAVIORAL HEALTH SAFETY NET SERVICES, AS DEFINED IN SECTION
2.7	27-50-101. IN ESTABLISHING THE PAYMENT METHODOLOGY, THE STATE

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1	DEPARTMENT SHALL CONSIDER:
2	(a) ACTUAL COSTS OF <u>SERVICES</u> , <u>INCLUDING SERVICES TO ADDRESS</u>
3	LANGUAGE AND CULTURAL BARRIERS NECESSARY TO SERVE COMMUNITIES
4	OF COLOR AND OTHER UNDERSERVED POPULATIONS;
5	(b) Costs that are reasonable, as determined by the state
6	DEPARTMENT IN COLLABORATION WITH THE BEHAVIORAL HEALTH
7	ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES;
8	(c) QUALITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SAFETY
9	NET CARE PROVIDED, AS DETERMINED BY THE STATE DEPARTMENT, IN
10	COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
11	DEPARTMENT OF HUMAN SERVICES, BY RULE;
12	(d) HEALTH EQUITY;
13	(e) Access by priority populations as determined by the
14	BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
15	SERVICES; AND
16	(f) VALUE-BASED PAYMENT APPROACHES THAT INCENTIVIZE
17	PROVIDERS TO EXPAND ACCESS TO COST-EFFECTIVE BEHAVIORAL HEALTH
18	SERVICES TO SERVE THE BEHAVIORAL HEALTH SAFETY NET.
19	(2) The standards and processes for determining the
20	PAYMENT METHODOLOGY WILL BE DETERMINED BY AN AUDITING AND
21	ACCOUNTING COMMITTEE. THE MEMBERS OF THE COMMITTEE ARE
22	SELECTED BY THE STATE DEPARTMENT TO INCLUDE BEHAVIORAL HEALTH
23	ADMINISTRATIVE SERVICE ORGANIZATIONS, MANAGED CARE ENTITIES,
24	BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION
25	27-50-101, INDEPENDENT AUDITORS, ACTUARIES, CONSUMER AND FAMILY
26	ADVOCATES, LOCAL GOVERNMENT REPRESENTATIVES, OTHER STATE
27	AGENCIES, AND OTHER RELEVANT STAKEHOLDERS.

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1	SECTION 69. In Colorado Revised Statutes, 25.5-5-202, amend
2	(4) as follows:
3	25.5-5-202. Basic services for the categorically needy - optional
4	services. (4) The state department and the office of behavioral health
5	ADMINISTRATION in the department of human services, in collaboration
6	with community mental health services providers and substance use
7	disorder providers, shall establish rules that standardize utilization
8	management authority timelines for the nonpharmaceutical components
9	of medication-assisted treatment for substance use disorders.
10	SECTION 70. In Colorado Revised Statutes, 25.5-5-301, amend
11	(4) as follows:
12	25.5-5-301. Clinic services. (4) "Clinic services" also means
13	preventive, diagnostic, therapeutic, rehabilitative, or palliative items or
14	services furnished to a pregnant woman who is enrolled or eligible for
15	services pursuant to section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) in
16	a facility that is not a part of a hospital but is organized and operated as
17	a freestanding substance use disorder treatment program approved and
18	licensed by the office of behavioral health ADMINISTRATION in the
19	department of human services pursuant to section 27-80-108 (1)(c).
20	SECTION 71. In Colorado Revised Statutes, 25.5-5-309, amend
21	(1) as follows:
22	25.5-5-309. Pregnant women - needs assessment - referral to
23	treatment program - definition. (1) The health-care practitioner for
24	each pregnant woman who is enrolled or eligible for services pursuant to
25	section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) is encouraged to identify
26	as soon as possible after the woman is determined to be pregnant whether
27	the woman is at risk of a poor birth outcome due to substance use during

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1 the prenatal period and in need of special assistance in order to reduce the 2 risk. If the health-care practitioner makes such determination regarding 3 any pregnant woman, the health-care practitioner is encouraged to refer 4 the woman to any entity approved and licensed by THE BEHAVIORAL 5 HEALTH ADMINISTRATION IN the department of human services for the 6 performance of a needs assessment. Any county department of human or 7 social services may refer an eligible woman for a needs assessment, or 8 any pregnant woman who is eligible for services pursuant to section 9 25.5-5-201 (1)(m.5) may refer herself for a needs assessment. 10 **SECTION 72.** In Colorado Revised Statutes, 25.5-5-310, amend 11 (1)(b) and (2) as follows: 12 25.5-5-310. Treatment program for high-risk pregnant and 13 parenting women - cooperation with private entities - definition. 14 (1) (b) The state department, and THE BEHAVIORAL HEALTH 15 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, the 16 departments DEPARTMENT of human services, and THE DEPARTMENT OF 17 public health and environment shall cooperate with any organizations that 18 desire to assist the departments AND THE ADMINISTRATION in the 19 provision of services connected with the treatment program for high-risk 20 pregnant and parenting women. Organizations may provide services that

are not provided to persons pursuant to this article 5 or article 4 or 6 of

this title 25.5 or article 2 of title 26, which services may include but are

not limited to needs assessment services, preventive services,

rehabilitative services, care coordination, nutrition assessment,

psychosocial counseling, intensive health education, home visits,

transportation, development of provider training, child care, child care

navigation, and other necessary components of residential or outpatient

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treatment or care.

(2) (a) Health-care practitioners and county departments of human or social services are encouraged to identify any pregnant or parenting woman. If a practitioner or county department of human or social services makes such determination regarding any pregnant or parenting woman up to one year postpartum, the practitioner or county department of human or social services is encouraged to refer the woman to any entity approved and licensed by THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services for a needs assessment in order to improve outcomes for the pregnant or parenting woman and child and reduce the likelihood of out-of-home placement. Any pregnant or parenting woman up to one year postpartum may also refer herself for a needs assessment.

- (b) The BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services is authorized to use state money to provide services to women, including women enrolled in the medical assistance program established pursuant to this article 5 and articles 4 and 6 of this title 25.5, who enroll, up to one year postpartum, in residential substance use disorder treatment and recovery services, until such time as those services are covered by the medical assistance program. The BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services may continue to use state money to enroll parenting women in residential services who qualify as indigent but who are not eligible for services under the medical assistance program.
- (c) Facilities approved and licensed by the office of behavioral health ADMINISTRATION within IN the department of human services to provide substance use disorder services to high-risk pregnant and parenting women and that offer child care services must allow a woman

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1	to begin treatment without first presenting up-to-date health records for
2	her child, including those referenced in section 25-4-902. The parenting
3	woman in treatment must present up-to-date health records for her child,
4	including those referenced in section 25-4-902, within thirty days after
5	commencing treatment.
6	SECTION 73. In Colorado Revised Statutes, amend 25.5-5-311
7	as follows:
8	25.5-5-311. Treatment program for high-risk pregnant and
9	parenting women - data collection. The state department, in cooperation
10	with the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of
11	human services, shall create a data collection mechanism regarding
12	persons receiving services pursuant to the treatment program for high-risk
13	pregnant and parenting women that includes the collection of any data
14	that the departments State department and behavioral health
15	ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES deem
16	appropriate.
17	SECTION 74. In Colorado Revised Statutes, 25.5-5-325, amend
18	(2)(b)(I) as follows:
19	25.5-5-325. Residential and inpatient substance use disorder
20	treatment - medical detoxification services - federal approval -
21	performance review report. (2) (b) Prior to seeking federal approval
22	pursuant to subsection (2)(a) of this section, the state department shall
23	seek input from relevant stakeholders, including existing providers of
24	substance use disorder treatment and medical detoxification services and
25	managed service organizations. The state department shall seek input and
26	involve stakeholders in decisions regarding:
27	(I) The coordination of benefits with managed service

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1	organizations and the office of behavioral health ADMINISTRATION in the
2	department of human services;
3	SECTION 75. In Colorado Revised Statutes, 25.5-5-328, amend
4	(1) as follows:
5	25.5-5-328. Secure transportation for behavioral health crises
6	- benefit - funding. (1) On or before January 1, 2023, the state
7	department shall create a benefit for secure transportation services, as that
8	term is defined in section 25-3.5-103 (11.4). The state department shall
9	research and create a plan to establish secure transportation services,
10	which may include supplemental and coordinated community response
11	services, to be implemented on or before July 1, 2023. The state
12	department shall collaborate with the office of behavioral health
13	ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES in its research
14	and planning efforts to determine how this benefit may align with
15	co-responder, mobile crisis, and emergency crisis dispatch.
16	
17	SECTION 76. In Colorado Revised Statutes, 25.5-5-424, amend
18	(1) and (4)(a) introductory portion as follows:
19	25.5-5-424. Residential and inpatient substance use disorder
20	treatment - MCE standardized utilization management process -
21	medical necessity - report. (1) On or before October 1, 2021, the state
22	department shall consult with the office of behavioral health
23	ADMINISTRATION in the department of human services, residential
24	treatment providers, and MCEs to develop standardized utilization
25	management processes to determine medical necessity for residential and
26	inpatient substance use disorder treatment. The processes must
27	incorporate the most recent edition of "The ASAM Criteria for Addictive,

-125Substance-related, and Co-occurring Conditions" and align with federal medicaid payment requirements.

(4) (a) Beginning October 1, 2021, and quarterly thereafter, the state department shall collaborate with the office of behavioral health ADMINISTRATION in the department of human services, residential treatment providers, and MCEs to develop a report on the residential and inpatient substance use disorder utilization management statistics. At a minimum, the report must include:

SECTION 77. In Colorado Revised Statutes, **amend** 25.5-5-803 as follows:

and youth - federal approval - reporting. (1) Subject to available appropriations, the state department shall seek federal authorization from the federal centers for medicare and medicaid services to provide wraparound services for eligible children and youth who are at risk of out-of-home placement or in an out-of-home placement. Prior to seeking federal authorization, the state department shall seek input from relevant stakeholders including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, THE BEHAVIORAL HEALTH ADMINISTRATION AND THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, and other relevant departments. The state department shall consider tiered care coordination as an approach when developing the wraparound model.

(2) Upon federal authorization, and subject to available appropriations, the state department shall require managed care entities

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to implement wraparound services, which may be contracted out to a third party. Subject to available appropriations, the state department shall contract with the department of human services and office of THE behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES to ensure care coordinators and those responsible for implementing wraparound services have adequate training and resources to support children and youth who may have co-occurring diagnoses, including behavioral health disorders and physical or intellectual or developmental disabilities. Attention must also be given to the geographic diversity of the state in designing this program in rural communities.

- (3) Upon implementation of the wraparound services, the state department, THE DEPARTMENT OF HUMAN SERVICES, and THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services shall monitor and report the annual cost savings associated with eligible children and youth receiving wraparound services to the public through the annual hearing, pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2. The STATE department of health care policy and financing shall require managed care entities to report data on the utilization and effectiveness of wraparound services.
- (4) Subject to available appropriations, the state department shall work collaboratively with THE DEPARTMENT OF HUMAN SERVICES, THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services, counties, and other departments, as appropriate, to develop and implement wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. The BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services shall

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oversee that the wraparound services are delivered with fidelity to the model. As part of routine collaboration, and subject to available appropriations, the state department shall develop a model of sustainable funding for wraparound services in consultation with THE DEPARTMENT OF HUMAN SERVICES AND THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services. Wraparound services provided to eligible children and youth pursuant to this section must be covered under the "Colorado Medical Assistance Act", articles 4, 5, and 6 of this title 25.5, subject to available appropriations. The state department may use targeting criteria to ramp up wraparound services as service capacity increases, or temporarily, as necessary, to meet certain federal financial participation requirements.

SECTION 78. In Colorado Revised Statutes, **amend** 25.5-5-804 as follows:

25.5-5-804. Integrated funding pilot. Subject to available appropriations, the state department, in conjunction with THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services, counties, and other relevant departments, shall 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 pilot program shall integrate funding for behavioral health intervention and treatment services across the state to serve children and youth with behavioral health disorders. To implement the provisions of this section, the state department shall collaborate with the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services and other relevant stakeholders, including counties, managed care entities, and families.

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1	SECTION 79. In Colorado Revised Statutes, 26-1-107, amend
2	as amended by Senate Bill 22-013 (1)(b)(III); and add (1)(b)(II.5) as
3	follows:
4	26-1-107. State board of human services - rules. (1) (b) The
5	board consists of:
6	(II.5)(A) One member who is a person with lived experience
7	WITH BEHAVIORAL HEALTH DISORDERS, A FAMILY MEMBER OF A PERSON
8	WITH BEHAVIORAL HEALTH DISORDERS, A MEMBER OF AN ADVOCACY
9	GROUP FOR PERSONS EXPERIENCING BEHAVIORAL HEALTH DISORDERS, OR
10	A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL HEALTH
11	PROFESSIONS.
12	(B) A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL
13	HEALTH PROFESSIONS, IN THEIR ROLE AS A BOARD MEMBER, SHALL NOT
14	VOTE ON ANY MATTER COMING BEFORE THE BOARD THAT AFFECTS THEIR
15	EMPLOYER OR PRIVATE PRACTICE IN A MANNER DIFFERENT FROM OTHER
16	EMPLOYERS OR PRIVATE PRACTICES OF THE SAME PROFESSIONS.
17	(III) Five Four members who are from the public at large.
18	SECTION 80. In Colorado Revised Statutes, 26-1-108, amend
19	(1.7) and (1.8) as follows:
20	26-1-108. Powers and duties of the executive director - rules.
21	(1.7) (a) The executive director shall have HAS THE authority to adopt
22	"executive director rules" for programs administered and services
23	provided by the state department as set forth in this title and in title 27,
24	C.R.S. TITLE 26. Such rules shall be promulgated in accordance with the
25	provisions of section 24-4-103. C.R.S.
26	(b) Any rules adopted by the state board to implement the
27	provisions of this title or title 27, C.R.S., TITLE 26 prior to March 25,

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1	2009, whose content meets the definition of "executive director rules"
2	shall continue to be effective until revised, amended, or repealed by the
3	executive director.
4	(1.8) Whenever a statutory grant of rule-making authority in this
5	title or title 27, C.R.S., TITLE 26 refers to the state department or the
6	department of human services, it shall mean MEANS the state department
7	acting through either the state board or the executive director or both.
8	When exercising rule-making authority under this title or title 27, C.R.S.
9	TITLE 26, the state department, either acting through the state board or the
10	executive director, shall establish rules consistent with the powers and the
11	distinction between "board rules" as set forth in section 26-1-107 and
12	"executive director rules" as set forth in this section.
13	SECTION 81. In Colorado Revised Statutes, 26-1-111, repeal (5)
14	as follows:
15	26-1-111. Activities of the state department under the
16	supervision of the executive director - cash fund - report - rules -
17	statewide adoption resource registry. (5) The state department, through
18	the office of behavioral health in the state department, shall administer
19	substance use disorder treatment programs set forth in articles 80, 81, and
20	82 of title 27.
21	SECTION 82. In Colorado Revised Statutes, repeal 26-1-142.
22	SECTION 83. In Colorado Revised Statutes, 26-1-201, repeal
23	(1)(a), (1)(b), and (1)(c) as follows:
24	26-1-201. Programs administered - services provided -
25	department of human services. (1) This section specifies the programs
26	to be administered and the services to be provided by the department of
27	human services. These programs and services include the following:

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2	disorders, as specified in article 80 of title 27;
3	(b) Programs related to alcohol abuse and alcohol use disorders,
4	as specified in article 81 of title 27;
5	(c) Programs related to prevention, education, and treatment for
6	substance abuse and substance use disorders, as specified in article 82 of
7	title 27;
8	SECTION 84. In Colorado Revised Statutes, 26-2-111, amend
9	(4)(e) introductory portion and (4)(e)(I) as follows:
10	26-2-111. Eligibility for public assistance - rules - repeal.
11	(4) Aid to the needy disabled. Public assistance in the form of aid to the
12	needy disabled must be granted to any person who meets the requirements
13	of subsection (1) of this section and all of the following requirements:
14	(e) If the applicant is disabled as a result of a primary diagnosis
15	of a substance use disorder, he or she THE APPLICANT, as conditions of
16	eligibility, shall be IS required to:
17	(I) Participate in treatment services approved by the office of
18	behavioral health ADMINISTRATION in the state department; and
19	
20	SECTION <u>85.</u> In Colorado Revised Statutes, 26-20-103, amend
21	(3) as follows:
22	26-20-103. Basis for use of restraint or seclusion. (3) In
23	addition to the circumstances described in subsection (1) of this section,
24	a facility, as defined in section 27-65-102 (7), that is designated by the
25	executive director of COMMISSIONER OF THE BEHAVIORAL HEALTH
26	ADMINISTRATION IN the state department to provide treatment pursuant to
27	section 27-65-105, 27-65-106, 27-65-107, or 27-65-109 to an individual

(a) Programs related to substance abuse and substance use

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1	with a mental health disorder, as defined in section 27-65-102 (11.5), may
2	use seclusion to restrain an individual with a mental health disorder when
3	the seclusion is necessary to eliminate a continuous and serious disruption
4	of the treatment environment.
5	SECTION <u>86.</u> In Colorado Revised Statutes, 26-20-110, amend
6	(1)(d) as follows:
7	26-20-110. Youth restraint and seclusion working group -
8	membership - purpose - repeal. (1) There is established within the
9	division of youth services a youth restraint and seclusion working group,
10	referred to in this section as the "working group". The working group
11	consists of:
12	(d) The director COMMISSIONER of the office of behavioral health
13	within ADMINISTRATION IN the state department, or his or her THE
14	COMMISSIONER'S designee;
15	SECTION 87. In Colorado Revised Statutes, 27-60-100.3, repeal
16	(4.7); and add (1.1) and (1.3) as follows:
17	27-60-100.3. Definitions - repeal. As used in this article 60,
18	unless the context otherwise requires:
19	(1.1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
20	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
21	27-50-102.
22	(1.3) "Commissioner" means the commissioner of the
23	BEHAVIORAL HEALTH ADMINISTRATION.
24	(4.7) "Office" means the office of behavioral health in the
25	department of human services.
26	SECTION <u>88.</u> In Colorado Revised Statutes, 27-60-103, amend
27	(1)(a) introductory portion, (2) introductory portion, (3), (4)(a), and

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(6)(a); and **repeal** (6)(b) and (6)(c) as follows:

27-60-103. Behavioral health crisis response system - services
- request for proposals - criteria - reporting - rules. (1) (a) On or
before September 1, 2013, the state department shall THE BHA MAY issue
a statewide request for proposals to entities with the capacity to create a
coordinated and seamless behavioral health crisis response system to
provide crisis intervention services for communities throughout the state.
Separate proposals may be solicited and accepted for each of the five
components listed in subsection (1)(b) of this section. The crisis response
system created through this request for proposals process must be based
on the following principles:

- (2) The state department BHA shall collaborate with the committee of interested stakeholders established in subsection (3) of this section to develop the request for proposals, including eligibility and award criteria. Priority may be given to entities that have demonstrated partnerships with Colorado-based resources. Proposals will be evaluated on, at a minimum, an applicant's ability, relative to the specific component involved, to:
- (3) The state department BHA shall establish a committee of interested stakeholders that will be responsible for reviewing the proposals and awarding contracts pursuant to this section. Representations Representatives from the state department of health care policy and financing must be included in the committee of interested stakeholders. A stakeholder participating in the committee must not have a financial or other conflict of interest that would prevent him or her THE STAKEHOLDER from impartially reviewing proposals.
 - (4) (a) The state department shall issue the initial request for

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proposals on or before September 1, 2013, subject to available appropriations. Pursuant to the state procurement code, articles 101 and 102 of title 24, the state department shall make awards on or before January 1, 2014. If additional money is appropriated, the state department BHA may issue additional requests for proposals consistent with this section and the state procurement code, articles 101 and 102 of title 24.

- (6) (a) Beginning in January 2014, and every January thereafter, the state department BHA shall report progress on the implementation of the crisis response system, as well as information about and updates to the system, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203.
- (b) On or before November 1, 2017, the office of behavioral health within the state department shall prepare a report and submit such report to the joint judiciary committee; the joint health and human services committee; the joint budget committee; the governor; and the commission on criminal and juvenile justice, established in section 16-11.3-102. At a minimum, the report must include details concerning the current status of funding and the implementation of the expansion of behavioral health crisis services.
- (c) On or before May 1, 2018, but after January 31, 2018, the office of behavioral health within the state department shall present a report to the joint judiciary committee and the joint committee on health and human services concerning the current status of funding and the implementation of the expansion of behavioral health crisis services.

SECTION 89. In Colorado Revised Statutes, 27-60-104, **amend** (2), (3)(a), (5), (7) introductory portion, (7)(b), (8), and (9); and **amend**

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as it will become effective July 1, 2022, (6) introductory portion as follows:

27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units - report.

(2) (a) On or before January 1, 2018, the state department THE BHA shall ensure that mobile response units are available to respond to a behavioral health crisis anywhere in the state within no more than two hours, either face-to-face or using telehealth operations, for mobile crisis evaluations.

- (b) Mobile crisis services may be delivered by criminal justice diversion programs approved by the state department BHA or a crisis response system contractor.
- (3) (a) On or before January 1, 2018, All walk-in centers throughout the state's crisis response system must be appropriately designated by the executive director COMMISSIONER for a seventy-two-hour treatment and evaluation, adequately prepared, and properly staffed to accept an individual through the emergency mental health procedure outlined in section 27-65-105 or a voluntary application for mental health services pursuant to section 27-65-103. Priority for individuals receiving emergency placement pursuant to section 27-65-105 is on treating high-acuity individuals in the least restrictive environment without the use of law enforcement.
- (5) The state department BHA shall encourage crisis response system contractors in each region to develop partnerships with the broad array of crisis intervention services through mobile response units and telehealth-capable walk-in centers in rural communities that offer care twenty-four hours a day, seven days a week.
 - (6) The state department BHA shall ensure crisis response system

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1	contractors are responsible for community engagement, coordination, and
2	system navigation for key partners, including criminal justice agencies,
3	emergency departments, hospitals, primary care facilities, behavioral
4	health entities, walk-in centers, and other crisis service facilities. The
5	goals of community coordination are to:
6	(7) The state department BHA shall explore solutions for
7	addressing secure transportation, as defined in section 25-3.5-103 (11.4),
8	of individuals placed on a seventy-two-hour treatment and evaluation
9	hold pursuant to article 65 of this title 27, and shall include the following
10	information as part of its 2023 "State Measurement for Accountable,
11	Responsive, and Transparent (SMART) Government Act" presentation
12	required pursuant to section 2-7-203:
13	(b) How the state department BHA has supported and encouraged
14	crisis contractors to include secure transportation in the behavioral health
15	crisis response system.
16	(8) The state department BHA shall ensure consistent training for
17	professionals who have regular contact with individuals experiencing a
18	behavioral health crisis.
19	(9) The state department BHA shall conduct an assessment of
20	need and capacity of the statewide crisis response system to better
21	understand the state's needs for crisis response and service gaps across the
22	state.
23	SECTION <u>90.</u> In Colorado Revised Statutes, 27-60-104.5,
24	amend (3) introductory portion, (4), (8), and (10); and repeal (7) as
25	follows:

rules - legislative declaration - definitions. (3) Pursuant to subsection

27-60-104.5. Behavioral health capacity tracking system -

-136(8) of this section, the state department BHA shall implement a behavioral health capacity tracking system, which must include the following:

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- (4) In addition to reporting by those facilities listed in subsection (3)(e) of this section, the tracking system may allow any medical provider providing behavioral health treatment as part of the provider's medical practice to participate in the tracking system with prior approval by the state department BHA.
- (7) Prior to contracting for components of the tracking system or its implementation, the state department shall convene a stakeholder process to identify an efficient and effective tracking system design. The state department shall receive input relating to existing information and reporting systems that may be expanded upon for the tracking system, issues relating to data collection and input by facilities and treatment providers, and the most effective interface for tracking system users. In addition to any persons or organizations identified by the state department, the stakeholder process must include input from the department of public health and environment, emergency medical service providers, contractors operating existing information and reporting systems in the state, and facilities required to provide information for the tracking system. The state department shall report to the opioid and other substance use disorders study committee during the legislative interim preceding the 2020 legislative session concerning the results of the stakeholder process.
- (8) Subject to available appropriations, the state department BHA shall implement a centralized, web-based tracking system as described in this section and shall ensure that appropriate tracking system information

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1	is available to the public. The contractor of the twenty-four-hour
2	telephone crisis services provided pursuant to section 27-60-103 shall use
3	the tracking system as an available service resource locator.
4	(10) The state department BOARD may adopt rules, as necessary,
5	to implement this section.
6	SECTION <u>91.</u> In Colorado Revised Statutes, 27-60-105, amend
7	(2), (3), (4) introductory portion, (5) introductory portion, (5)(b), and (6)
8	as follows:
9	27-60-105. Outpatient restoration to competency services -
10	jail-based behavioral health services - responsible entity - duties -
11	report - legislative declaration. (2) The office of behavioral health
12	STATE DEPARTMENT serves as a central organizing structure and
13	responsible entity for the provision of competency restoration education
14	services, coordination of competency restoration services ordered by the
15	court pursuant to section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and
16	jail-based behavioral health services pursuant to section 27-60-106.
17	(3) On or before December 1, 2017, the office THE STATE
18	DEPARTMENT shall develop standardized juvenile and adult curricula for
19	the educational component of competency restoration services. The
20	curricula must have a content and delivery mechanism that allows it THE
21	CURRICULA to be tailored to meet individual needs, including those of
22	persons with intellectual and developmental disabilities.
23	(4) Beginning July 1, 2019, the office STATE DEPARTMENT has the
24	following duties and responsibilities, subject to available appropriations:
25	(5) Notwithstanding section 24-1-136 (11)(a)(I), on or before
26	January 1, 2019, and every January 1 thereafter, the office STATE

DEPARTMENT shall submit an annual written report to the general

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assembly summarizing the office's STATE DEPARTMENT'S provision of competency restoration education, its efforts toward the coordination of competency restoration education with other existing services, and the results of the jail-based behavioral health services program created in section 27-60-106. The report must include:

(b) A description of the office's STATE DEPARTMENT'S engagement

- (b) A description of the office's STATE DEPARTMENT'S engagement with community partners to coordinate competency restoration services in an effective and efficient manner;
- (6) In addition to subsection (4) of this section and subject to available appropriations, the office STATE DEPARTMENT shall require any county jail to assist in the provision of interim mental health services for individuals who have been court-ordered for inpatient competency restoration and who are waiting admission for an inpatient bed. This section does not toll or otherwise modify the time frames for the STATE department to offer inpatient admission pursuant to the provisions of section 16-8.5-111.
- **SECTION <u>92.</u>** In Colorado Revised Statutes, 27-60-106, **amend** (1), (3), (4) introductory portion, (4)(a), (4)(g), (4)(h), (5)(a), and (6) as follows:
 - **27-60-106. Jail-based behavioral health services program - purpose created funding.** (1) There is created in the office BEHAVIORAL HEALTH ADMINISTRATION the jail-based behavioral health services program, referred to in this section as the "program". The program may receive money from the correctional treatment cash fund pursuant to section 18-19-103 (5)(c)(V).
 - (3) The office BHA shall prioritize jails with minimal behavioral health services, including but not limited to rural and frontier jails.

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1	(4) Subject to available appropriations, the office BHA may
2	require a county jail that receives funding through the program to:
3	(a) Screen all individuals booked into the jail facility with
4	standardized evidence-based screening tools, as determined by the office
5	BHA, for mental health disorders, substance use disorders, and suicide
6	risk;
7	(g) Track performance outcomes for measures developed by the
8	office BHA, including behavioral health disorder prevalence and service
9	data through information-sharing processes, as defined by the office
10	BHA; and
11	(h) Partner with the office BHA to develop feasible health
12	information exchange strategies for medical and behavioral health
13	records.
14	(5) (a) The office BHA shall require a county jail that receives
15	funding through the program to have a policy in place on or before
16	January 1, 2020, that describes how medication-assisted treatment, as it
17	is defined in section 23-21-803, will be provided, when necessary, to
18	individuals confined in the county jail.
19	(6) Subject to available appropriations, nothing in this section
20	prohibits program funds from being used to meet the requirements
21	outlined in sections 17-26-303 and 17-26-304 for local jails, as defined
22	in section 17-26-302 (2), by providing additional staffing, training, robust
23	behavioral health services and supports, or facility changes. Any facility
24	changes must be approved by the office of behavioral health BHA before
25	funds may be expended.
26	SECTION <u>93.</u> In Colorado Revised Statutes, 27-60-106.5,

amend (1) and (2) as follows:

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1	27-60-106.5. Criminal justice diversion programs - report -
2	rules. (1) (a) The office of behavioral health in the state department
3	BHA may contract with cities and counties for the creation, maintenance,
4	or expansion of criminal justice diversion programs. The goal of each
5	program created pursuant to this section should be to connect law
6	enforcement officers FIRST RESPONDERS with behavioral health providers
7	to assist individuals in need of behavioral health intervention or to divert
8	individuals from the criminal justice system.
9	(b) The office of behavioral health in the state department BHA
10	may require criminal justice diversion programs contracted pursuant to
11	subsection (1)(a) of this section to participate as a mobile crisis service in
12	the behavioral health crisis response system, created pursuant to section
13	27-60-103.
14	(2) On or before November 1, 2021, and on or before each
15	November 1 thereafter, the state department BHA shall include an update
16	regarding the current status of funding and the criminal justice diversion
17	programs implemented pursuant to this section in its report to the
18	judiciary committees of the senate and the house of representatives, the
19	health and human services committee of the senate, the public AND
20	BEHAVIORAL health care and human services committee of the house of
21	representatives, or any successor committees, as part of its "State
22	Measurement for Accountable, Responsive, and Transparent (SMART)
23	Government Act" presentation required by section 2-7-203.
24	SECTION <u>94.</u> In Colorado Revised Statutes, repeal 27-60-107.
25	SECTION <u>95.</u> In Colorado Revised Statutes, 27-60-108, amend
26	(2)(c), (3)(a) introductory portion, (3)(a)(III)(B), (3)(c), (4), (5), (6)(d),
27	and (7) as follows:

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1	27-60-108. Peer support professionals - cash fund - fees -
2	requirements - legislative declaration - rules - definitions. (2) As used
3	in this section, unless the context otherwise requires:
4	(c) "Recovery support services organization" means an
5	independent entity led and governed by representatives of local
6	communities of recovery and approved by the executive director of the
7	state department COMMISSIONER pursuant to subsection (3)(a) of this
8	section.
9	(3) (a) On or before July 1, 2022, the state department BHA shall
10	develop a procedure for recovery support services organizations to be
11	approved by the executive director of the state department COMMISSIONER
12	for reimbursement pursuant to this section. The procedures must ensure
13	that the recovery support services organization:
14	(III) Employs or contracts with peer support professionals who
15	must:
16	(B) Have successfully completed formal training covering all
17	content areas outlined in the core competencies for peer support
18	professionals established by either the state department BHA or the
19	substance abuse and mental health services administration of the United
20	States department of health and human services; and
21	(c) The executive director of the state department COMMISSIONER,
22	in collaboration with the department of health care policy and financing,
23	may promulgate rules establishing minimum standards that recovery
24	support services organizations must meet.
25	(4) The state department BHA may charge a fee for recovery
26	support services organizations seeking approval pursuant to subsection
27	(3)(a) of this section. If the executive director of the state department

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COMMISSIONER charges a fee to recovery support services organizations, the executive director COMMISSIONER shall promulgate rules to establish the fee at IN an amount not to substantially exceed the amount charged to other behavioral health providers seeking approval from the state department. The state department BHA. THE BHA shall deposit any fees collected into the peer support professional workforce cash fund created in subsection (6) of this section.

- (5) The state department BHA may seek, accept, and expend gifts, grants, or donations from private or public sources for the purposes of this section. The state department BHA shall transfer each gift, grant, and donation to the state treasurer, who shall credit the same to the peer support professional workforce cash fund created in subsection (6) of this section.
- (6) (d) Subject to annual appropriation by the general assembly, the state department BHA may expend state money from the fund for the purpose of implementing this section.
- (7) A peer-run recovery service provider shall not be compelled to seek approval from the state department BHA to become a recovery support services organization. Expanded service funding available for recovery services through recovery support services organizations is intended to supplement existing state investment in the recovery system infrastructure. The state department BHA shall fund recovery services, within existing appropriations, including peer-run organizations that do not seek to be recovery support services organizations.

SECTION <u>96.</u> In Colorado Revised Statutes, 27-60-109, amend (2)(a), (2)(b), (3)(a) introductory portion, (3)(a)(III), (3)(b), and (4)(a) introductory portion as follows:

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- established report - rules - definitions - repeal. (2) (a) There is established in the office BEHAVIORAL HEALTH ADMINISTRATION the temporary youth mental health services program to facilitate access to mental health services, including substance use disorder services, for youth to respond to mental health needs identified in an initial mental health screening through the portal, including those needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to three mental health sessions with a youth.

- (b) The office BHA shall reimburse providers who participate in the program for each mental health session with a youth, either in-person or by telehealth, up to a maximum of three sessions per youth client; except that subject to available money, the state department BHA may reimburse a provider for additional sessions. To be eligible for reimbursement from the program, a provider must be available to provide three mental health sessions to each youth the provider accepts as a client.
- (3) (a) The office BHA shall:

- (III) Implement a statewide public awareness and outreach campaign about the program. The general assembly encourages the office BHA to involve schools, neighborhood youth organizations, health-care providers, faith-based organizations, and any other community-based organizations that interact with youth on the local level in disseminating information about the program.
- (b) The state department BOARD may promulgate rules necessary for the administration of this section, including rules to protect the privacy of youth who receive services through the program.
 - (4) (a) As soon as practicable, but no later than August 1, 2021,

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1	the state department THE BHA shall enter into an agreement with a
2	vendor to create, or use an existing, website or web-based application as
3	a portal available to youth and providers to facilitate the program. The
4	portal must:
5	SECTION <u>97.</u> In Colorado Revised Statutes, 27-60-110, amend
6	(1) as follows:
7	27-60-110. Behavioral health-care services for rural and
8	agricultural communities - vouchers - contract - appropriation.
9	(1) No later than one hundred eighty days after June 28, 2021, the state
10	department BHA, in collaboration with the department of agriculture,
11	shall contract with a nonprofit organization primarily focused on serving
12	agricultural and rural communities in Colorado, as identified by the state
13	department BHA, to provide vouchers to individuals living in rural and
14	frontier communities in need of behavioral health-care services.
15	SECTION <u>98.</u> In Colorado Revised Statutes, 27-60-111, amend
16	(1), (2)(o), (3), (4), (6), (7), (8), and (9) as follows:
17	27-60-111. County-based behavioral health grant program -
18	created - report - rules - repeal. (1) There is created in the office
19	BEHAVIORAL HEALTH ADMINISTRATION the county-based behavioral
20	health grant program, referred to in this section as the "grant program",
21	to provide matching grants to county departments of human or social
22	services for the expansion or improvement of local or regional behavioral
23	health disorder treatment programs.
24	(2) Grant recipients may use the money received through the grant
25	program for the following purposes:
26	(o) Any other purpose the office BHA identifies that will expand
27	or improve local or regional behavioral health disorder treatment

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programs.

- (3) The office BHA shall administer the grant program and shall award grants as provided in this section.
- (4) The office BHA shall implement the grant program in accordance with this section. At a minimum, the office BHA shall specify the time frames for applying for grants, the form of the grant program application, and the time frames for distributing grant money.
- (6) To receive a grant, a county department of human or social services shall submit an application to the office BHA. The office BHA shall give priority to applications that demonstrate innovation and collaboration or include rural or frontier communities; address a demonstrated need, as identified by community input and local planning efforts; and demonstrate the ability to rapidly distribute the grant money into the community. The office BHA shall award grant money equitably to reflect the geographic diversity of the state.
- (7) Subject to available appropriations, beginning January 1, 2022, and on or before January 1 each year thereafter for the duration of the grant program, the office BHA shall award grants as provided in this section. The office BHA shall distribute the grant money within ninety days after the office BHA awards the grants.
- (8) (a) On or before February 1, 2023, and on or before February 1 each year thereafter for the duration of the grant program, each county department of human or social services that receives a grant through the grant program shall submit a report to the office BHA on the use of the grant money received pursuant to this section, including the total number of individuals served, disaggregated by race, ethnicity, and age.
 - (b) On or before April 1, 2023, and on or before April 1 each year

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- 1 thereafter for the duration of the grant program, the state department 2 BHA shall submit a summarized report of the information received 3 pursuant to subsection (8)(a) of this section to the joint budget committee, 4 the health and insurance committee and the public and behavioral health 5 and human services committee of the house of representatives, and the 6 health and human services committee of the senate, or any successor 7 committees, on the grant program. 8 (9) For the 2021-22 state fiscal year, the general assembly shall 9 appropriate nine million dollars from the behavioral and mental health 10 cash fund created in section 24-75-230 to the STATE department of human 11 services for use by the office BHA for the purposes of this section. If any 12 unexpended or unencumbered money remains at the end of the fiscal year, 13 the office BHA may expend the money for the same purposes in the next 14 fiscal year without further appropriation. 15 **SECTION 99.** In Colorado Revised Statutes, 27-60-112, amend 16 (1), (2) introductory portion, (2)(e), (3), and (4) as follows: 17 27-60-112. Behavioral health-care workforce development 18 **program - creation - report - rules.** (1) There is created in the office 19 BEHAVIORAL HEALTH ADMINISTRATION the behavioral health-care 20
 - workforce development program, referred to in this section as the "program". The purpose of the program is to increase the behavioral health-care workforce's ability to treat individuals, including youth, with severe behavioral health disorders.
 - (2) To implement the program, the office BHA shall:

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(e) Provide capacity-building grants to diversify the safety net provider workforce and meet the requirements of section 27-63-103 PART 3 OF ARTICLE 50 OF THIS TITLE 27.

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1	(3) The state department BOARD may promulgate rules as
2	necessary for the implementation of this section.
3	(4) For the state fiscal year 2021-22 and each state fiscal year
4	thereafter for which the program receives funding, the state department
5	BHA shall report a summary of the expenditures from the program, the
6	impact of the expenditures in increasing the behavioral health-care
7	workforce, and any recommendations to strengthen and improve the
8	behavioral health-care workforce as part of its annual presentation to the
9	general assembly required under the "State Measurement for
10	Accountable, Responsive, and Transparent (SMART) Government Act",
11	part 2 of article 7 of title 2.
12	SECTION 100. In Colorado Revised Statutes, 27-60-113, amend
13	(2), (3), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5),
14	(6), and (8); and repeal (7) as follows:
15	27-60-113. Out-of-home placement for children and youth
16	with mental or behavioral needs - rules - report - legislative
17	declaration - definitions - repeal. (2) On or before August 1, 2021, the
18	state department shall develop a program to THE BHA SHALL provide
19	emergency resources to licensed providers to help remove barriers such
20	providers face in serving children and youth whose behavioral or mental
21	health needs require services and treatment in a residential child care
22	facility. Any such licensed provider shall meet the requirements of a
23	qualified residential treatment program, as defined in section 26-5.4-102,
24	a psychiatric residential treatment facility, as defined in section
25	26-5.4-103 (19.5), or therapeutic foster care, as defined in section
26	26-6-102 (39). SECTION 26-6-903.

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(3) The state department BOARD may promulgate rules concerning

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the placement of a child or youth in the program. The rules may address quality assurance monitoring, admissions, discharge planning, appropriate length of stay, an appeals process for children and youth who are determined ineligible for the program, and compliance with applicable federal law, including the federal "Family First Prevention Services Act"; except that rules concerning the placement of a child or youth who is not in the custody of a state or county department of human or social services shall not inappropriately apply compliance with such act.

- (4) (a) On or before December 31, 2021, the state department THE BHA shall contract with licensed providers for the delivery of services to children and youth who are determined eligible for and placed in the program. A provider that contracts with the state department BHA shall not:
- (II) Discharge a child or youth based on the severity or complexity of the child CHILD'S or youth's physical, behavioral, or mental health needs; except that the state department BHA may arrange for the placement of a child or youth with an alternate contracted provider if the placement with the alternate provider is better suited to deliver services that meet the needs of the child or youth.
- (b) The state department BHA shall reimburse a provider directly for the costs associated with the placement of a child or youth in the program for the duration of the treatment, including the costs the provider demonstrates are necessary in order for the provider to operate continuously during this period.
- (c) The state department BHA shall coordinate with the department of health care policy and financing to support continuity of care and payment for services for any children or youth placed in the

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program.

- (d) The state department BHA shall reimburse the provider one hundred percent of the cost of unutilized beds in the program to ensure available space for emergency residential out-of-home placements.
- (5) (a) A hospital, health-care provider, provider of case management services, school district, managed care entity, or state or county department of human or social services may refer a family for the placement of a child or youth in the program. The entity referring a child or youth for placement in the program shall submit or assist the family with submitting an application to the state department BHA for review. The state department BHA shall consider each application as space becomes available. The state department BHA shall approve admissions into the program and determine admission and discharge criteria for placement.
- (b) The state department BHA shall develop a discharge plan for each child or youth placed in the program. The plan must include the eligible period of placement of the child or youth and shall identify the entity that will be responsible for the placement costs if the child or youth remains with the provider beyond the date of eligibility identified in the plan.
- (c) The entity or family that places the child or youth in the program retains the right to remove the child or youth from the program any time prior to the discharge date specified by the state department BHA.
- (6) Within seven days after submitting an application to the state department for placing a child or youth in the program, the state department shall work with the referring entity and the child's or youth's

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1	parents or legal guardians to ensure the child or youth is assessed for
2	eligibility for enrollment into the state medical assistance program. A
3	child or youth who is eligible for enrollment into the state medical
4	assistance program shall be enrolled. Enrollment of a child or youth into
5	the state medical assistance program does not constitute automatic
6	placement into the program. As used in this section, unless the
7	CONTEXT OTHERWISE REQUIRES:
8	(a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY
9	CAREGIVER WHO:
10	(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
11	FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;
12	(II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A
13	MENTAL HEALTH OR CO-OCCURRING DISORDER; AND
14	(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,
15	SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
16	JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
17	OTHER STATE AND LOCAL SERVICE SYSTEMS.
18	(b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:
19	(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
20	FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;
21	(II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK
22	WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING
23	DISORDERS; AND
24	(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,
25	INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
26	JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
27	OTHER STATE AND LOCAL SERVICE SYSTEMS.

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1	(7) No later than November 1, 2022, 2023, and 2024, the state
2	department shall submit a written report to the house of representatives
3	public and behavioral health and human services committee, the senate
4	health and human services committee, or their successor committees, and
5	the joint budget committee. At a minimum, the report must include:
6	(a) The number of applications received for placement of children
7	and youth in the program;
8	(b) The number of children and youth accepted for placement in
9	the program;
10	(c) The duration of each placement; and
11	(d) The daily rate paid to each provider for placement of children
12	and youth.
13	(8) This section is intended to provide enhanced emergency
14	services resulting from the increased need for services due to the
15	COVID-19 pandemic. No later than September 30, 2024, the state
16	department BHA shall submit recommendations to the house of
17	representatives public and behavioral health and human services
18	committee, the senate health and human services committee, or their
19	successor committees, and the joint budget committee about how to
20	provide necessary services for children and youth in need of residential
21	care, including hospital step-down services on an ongoing basis.
22	SECTION 101. In Colorado Revised Statutes, 27-60-202, amend
23	(2); and repeal (3) as follows:
24	27-60-202. Definitions. As used in this part 2, unless the context
25	otherwise requires:
26	(2) "Behavioral health administration" or "BHA" means the
27	behavioral health administration established in section 27-60-203

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1	SECTION 27-50-102.
2	(3) "Plan" means the proposed plan, as described in section
3	27-60-203, for the creation of the behavioral health administration.
4	SECTION <u>102.</u> In Colorado Revised Statutes, 27-60-203, repeal
5	(1), (2), (3), and (4) as follows:
6	27-60-203. Behavioral health administration - timeline.
7	(1) (a) On or before November 1, 2021, based on the September 2020
8	recommendations from the Colorado behavioral health task force, the
9	state department shall develop a plan for the creation of the behavioral
10	health administration. The plan must include strategies to streamline and
11	improve efforts that address behavioral health needs in the state and
12	reduce behavioral health disparities.
13	(b) The state department shall solicit feedback from and engage
14	with demographically diverse community stakeholders in the
15	development of the plan described in this section. This includes, but is not
16	limited to, direct engagement of consumers and consumers' advocates,
17	county governments, municipal governments, tribal governments,
18	managed service organizations, health care providers, managed care
19	entities, insurance carriers, community mental health centers, and
20	substance use disorder services providers.
21	(c) On or before November 1, 2021, the state department shall
22	provide the plan as a written report to the joint budget committee, the
23	public and behavioral and human services committee of the house of
24	representatives, and the health and human services committee of the
25	senate, or any successor committees.
26	(2) The plan must include, but is not limited to, the following:
27	(a) Recommendations for funding and legislation necessary to

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1	appropriately implement the plan and address initial start-up as well as
2	ongoing operational costs for the BHA;
3	(b) A list and description of which state programs, both statutory
4	and nonstatutory, along with the associated funding streams and
5	personnel, that should be included or managed by the BHA. The list must
6	specifically address all the functions currently overseen by the office of
7	behavioral health in the state department of human services.
8	(c) The governance structure of the BHA, including a
9	recommendation for infrastructure within any governance structure to
10	oversee and be accountable for policy, strategy, and services for all
11	children and youth;
12	(d) Potential opportunities for collaboration with local
13	municipalities, counties, and tribes;
14	(e) Recommendations for a plan of action regarding grievances,
15	appeals, and ombudsman services within the BHA;
16	(f) A data integration plan to create a data and information sharing
17	and legal framework to support an agreed-upon approach and specific use
18	case for information sharing that leverages existing infrastructure, such
19	as health information exchanges, reusable architecture, and data standards
20	to enable and advance coordinated care and services and behavioral
21	health equity while maintaining tribal sovereignty;
22	(g) A description of how the BHA will ensure the availability of
23	services and establish a standard of care across Colorado; and
24	(h) Specific recommendations as follows:
25	(I) Recommendations for the department of health care policy and
26	financing, developed in collaboration with community stakeholders, on
27	how medical assistance programs for behavioral health should be aligned

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or integrated with the BHA in such a way that consumers of behavioral	
health services have seamless access to needed services regardless of	
payer. The recommendations must include a description of how the BHA	
will ensure that access to services deemed medically necessary pursuant	
to the early and period screening, diagnostic, and treatment benefit is	
arranged for eligible children and youth.	
(II) Recommendations for the division of insurance within the	
department of regulatory agencies, developed in collaboration with the	
community stakeholders, concerning how private insurance efforts that	
are specific to behavioral health should be aligned or integrated with the	
BHA; and	
(III) Recommendations for the department of public health and	

- (III) Recommendations for the department of public health and environment, developed in collaboration with the community stakeholders, concerning how prevention and preventive services should be aligned or integrated with the BHA and the extent to which the BHA will engage in population health.
- (3) The duties of the BHA, once established and fully operational, must include, but are not limited to:
- (a) Serving as the single state agency responsible for state behavioral health programs that were identified as appropriate to transition into the BHA;
- (b) Receiving, coordinating, and distributing appropriate community behavioral health funding throughout the state;
- (c) Monitoring, evaluating, and reporting behavioral health outcomes across the state and within various jurisdictions, while maintaining tribal sovereignty; and
- (d) Promoting a behavioral health system that supports a

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1	whole-person approach to ensure Coloradans have the best chance to
2	achieve and maintain wellness. This approach includes:
3	(I) Promoting an integrated approach to mental health and
4	substance use treatment;
5	(II) Strengthening the integration of behavioral and physical care;
6	(HI) Enhancing programmatic and funding opportunities in
7	support of the overall well-being of the individual or family;
8	(IV) Promoting culturally responsive, trauma-informed, and
9	equitable behavioral health care; and
10	(V) Promoting coordination of supportive services outside of the
11	behavioral health system to address social determinants of health, and to
12	connect people to services such as housing, transportation, and
13	employment.
14	(4) The state department shall work collaboratively with the
15	department of health care policy and financing, community stakeholders,
16	and other state departments, as appropriate, to promulgate rules for the
17	BHA to provide adequate oversight of the quality of services and set
18	standards of care for services for adults as well as children and youth.
19	SECTION 103. In Colorado Revised Statutes, 27-60-204, amend
20	(1)(a), (1)(b), (1)(d), and (2) as follows:
21	27-60-204. Care coordination infrastructure. (1) (a) The state
22	department BHA, in collaboration with the department of health care
23	policy and financing, shall develop a statewide care coordination
24	infrastructure to drive accountability and more effective behavioral health
25	navigation to care that builds upon and collaborates with existing care
26	coordination services. The infrastructure must include a website and
27	mobile application that serves as a centralized gateway for information

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1	for patients, providers, and care coordination and that facilities access and
2	navigation of behavioral health-care services and support.
3	(b) The state department BHA shall convene a working group of
4	geographically and demographically diverse partners and stakeholders,
5	including those with lived and professional experience, to provide
6	feedback and recommendations that inform and guide the development
7	of the statewide care coordination infrastructure developed pursuant to
8	subsection (1)(a) of this section.
9	(d) The state department BHA shall implement, directly or
10	through a contractor, a comprehensive and robust marketing and outreach
11	plan to make Coloradans aware of the website and mobile application and
12	associated care coordination services developed pursuant to subsection
13	(1)(a) of this section.
14	(2) On or before July 1, 2022, the statewide care coordination
15	infrastructure developed pursuant to subsection (1)(a) of this section is
16	the responsibility of the behavioral health administration established in
17	section 27-60-203 BHA.
18	SECTION <u>104.</u> In Colorado Revised Statutes, 27-62-101, repeal
19	(8); and add (1.5) and (3.5) as follows:
20	27-62-101. Definitions. As used in this article 62, unless the
21	context otherwise requires:
22	(1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
23	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
24	27-50-102.
25	(3.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
26	BEHAVIORAL HEALTH ADMINISTRATION.
27	(8) "State department" means the department of human services

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1	created pursuant to section 26-1-105.
2	SECTION <u>105.</u> In Colorado Revised Statutes, amend 27-62-102
3	as follows:
4	27-62-102. High-fidelity wraparound services for children and
5	youth - interagency coordination - reporting. (1) Pursuant to section
6	25.5-5-803 (4), the department of human services BHA shall work
7	collaboratively with the department of health care policy and financing,
8	counties, and other relevant departments, as appropriate, to develop and
9	oversee wraparound services for children and youth at risk of
10	out-of-home placement or in an out-of-home placement. As part of
11	routine collaboration, the department of human services BHA shall assist
12	the department of health care policy and financing in developing a model
13	of sustainable funding for wraparound services. The department of human
14	services BHA and the department of health care policy and financing
15	shall monitor and report the annual cost savings associated with eligible
16	children and youth receiving wraparound services to the public through
17	the annual hearing, pursuant to the "State Measurement for Accountable,
18	Responsive, and Transparent (SMART) Government Act", part 2 of

article 7 of title 2.

(2) Subject to available appropriations, two full-time staff persons shall be appointed by the executive director of the department of human services COMMISSIONER to support and facilitate interagency coordination pursuant to this article 62, part 8 of article 5 of title 25.5, and any other related interagency behavioral health efforts as determined by the executive director of the department of human services COMMISSIONER.

SECTION <u>106.</u> In Colorado Revised Statutes, **amend** 27-62-103 as follows:

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screening tools - interagency coordination - single referral and entry point. (1) Standardized assessment tool. Subject to available appropriations, the state department BHA shall select a single standardized assessment tool to facilitate identification of behavioral health issues and other related needs in children and youth and to develop a plan to implement the tool for programmatic utilization. The state department BHA shall consult with the department of health care policy and financing, managed care entities, counties, stakeholders, and other relevant departments, as appropriate, prior to selecting the tool.

- appropriations, the state department BHA shall select developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period, including postpartum women. The state department BHA and the department of human services may make the tools available electronically for health-care professionals and the public. Prior to the adoption of the standardized assessment tool described in subsection (1) of this section, and the standardized screening tools described in this subsection (2), the state department BHA shall lead a public consultation process involving relevant stakeholders, including health-care professionals and managed care entities, with input from the department of health care policy and financing, the department of public health and environment, and the division of insurance.
- (3) Single statewide referral and entry point. Subject to available appropriations, the state department BHA, in conjunction with the department of health care policy and financing, the department of

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1	public health and environment, and other relevant departments and
2	counties, as necessary, shall develop a plan for establishing a single
3	statewide referral and entry point for children and youth who have a
4	positive behavioral health screening or whose needs are identified
5	through a standardized assessment. In developing the single statewide
6	referral and entry point plan, the state department BHA shall seek input
7	from relevant stakeholders, including counties, managed care entities
8	participating in the statewide managed care system, families of children
9	and youth with behavioral health disorders, communities that have
10	previously implemented wraparound services, mental health
11	professionals, and other relevant departments.
12	SECTION <u>107.</u> In Colorado Revised Statutes, 27-63-101, repeal
13	(2); and add (3) as follows:
14	27-63-101. Definitions. As used in the article 63, unless the
15	context otherwise requires:
16	(2) "Department" means the department of human services.
17	(3) "Behavioral health administration" or "BHA" means
18	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
19	27-50-102.
20	SECTION 108. In Colorado Revised Statutes, repeal 27-63-102,
21	27-63-103, and 27-63-104.
22	
23	SECTION 109. In Colorado Revised Statutes, 27-63-105, amend
24	(1) introductory portion, (1)(b)(VII), (1)(b)(IX), and (2) as follows:
25	27-63-105. Safety net system implementation - safety net
26	system criteria. (1) No later than January 1, 2024, the department BHA
27	shall implement the comprehensive proposal, and the funding model

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1	developed pursuant to section 27-03-104 (2), which shall most meet the
2	following criteria:
3	(b) The safety net system must:
4	(VII) Update information as requested by the department BHA
5	about available treatment options and outcomes in each region of the
6	state;
7	(IX) Meet any other criteria established by the department BHA.
8	(2) The safety net system must have a network of behavioral
9	health-care providers that collectively offer a full continuum of services
10	to ensure individuals with severe behavioral health disorders are triaged
11	in a timely manner to the appropriate care setting if an individual
12	behavioral health-care provider is unable to provide ongoing care and
13	treatment for the individual. The department BHA shall consider
14	community mental health centers, managed service organizations,
15	contractors for the statewide behavioral health crisis response system, and
16	other behavioral health community providers as key elements in the
17	behavioral health safety net system.
18	SECTION <u>110.</u> In Colorado Revised Statutes, amend 27-63-106
19	as follows:
20	27-63-106. Safety net system - effectiveness - report. (1) From
21	January 1, 2022, until July 1, 2024, the department BHA shall provide an
22	annual report on the progress made by the department BHA on the
23	behavioral health safety net system to the public through the annual
24	hearing, pursuant to the "State Measurement for Accountable,
25	Responsive, and Transparent (SMART) Government Act", part 2 of
26	article 7 of title 2.
27	(2) Notwithstanding section 24-1-136 (11)(a)(I), no later than

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1	January 1, 2025, the department BHA shall provide an annual report to
2	the joint budget committee of the general assembly related to the
3	expenditures, outcomes, and effectiveness of the safety net system by
4	service area region, including any recommendations to improve the
5	system and the transparency of the system.
6	SECTION 111. In Colorado Revised Statutes, 27-64-102, add
7	(1.5) as follows:
8	27-64-102. Definitions. As used in this article 64, unless the
9	context otherwise requires:
10	(1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
11	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
12	27-50-102.
13	SECTION 112. In Colorado Revised Statutes, 27-64-103, amend
14	(1) and (4)(d)(III) as follows:
15	27-64-103. 988 crisis hotline enterprise - creation - powers and
16	duties. (1) There is created in the department of human services
17	BEHAVIORAL HEALTH ADMINISTRATION the 988 crisis hotline enterprise.
18	The enterprise is and operates as a government-owned business within the
19	department of human services BHA for the business purpose of imposing
20	charges pursuant to subsections (4)(a) and (4)(b) of this section, and
21	utilizing the charges' revenue to fund the 988 crisis hotline and provide
22	crisis outreach, stabilization, and acute care to individuals calling the 988
23	crisis hotline. The enterprise exercises its power and performs its duties
24	as if the same were transferred by a type 1 transfer, as defined in section
25	24-1-105, to the state department BHA.
26	(4) The enterprise's primary powers and duties are to:
27	(d) (III) The department of human services BHA shall provide

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1	office space and administrative staff to the enterprise pursuant to a
2	contract entered into pursuant to subsection (4)(d)(II) of this section.
3	SECTION 113. In Colorado Revised Statutes, 27-64-105, amend
4	(1) introductory portion as follows:
5	27-64-105. Reports. (1) Beginning January 1, 2023, and each
6	January 1 thereafter, the department of human services BHA shall:
7	SECTION <u>114.</u> In Colorado Revised Statutes, 27-65-102, amend
8	(5.5) and (18); repeal (6); and add (1.3) and (2.5) as follows:
9	27-65-102. Definitions. As used in this article 65, unless the
10	context otherwise requires:
11	(1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
12	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
13	27-50-102.
14	(2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
15	BEHAVIORAL HEALTH ADMINISTRATION.
16	(5.5) "Emergency medical services facility" means a facility
17	licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to
18	section 25-1.5-103, or any other licensed and certified facility that
19	provides emergency medical services. An emergency medical services
20	facility is not required to be, but may elect to become, a facility
21	designated or approved by the executive director COMMISSIONER for a
22	seventy-two-hour treatment and evaluation pursuant to section 27-65-105.
23	(6) "Executive director" means the executive director of the
24	department of human services.
25	(18) "Residential child care facility" means a facility licensed by
26	the state department of human services pursuant to article 6 of title 26
27	C.R.S., to provide group care and treatment for children as such facility

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1 is defined in section 26-6-102 (33). SECTION 26-6-903 (29). C.R.S. A 2 residential child care facility may be eligible for designation by the 3 executive director of the department of human services COMMISSIONER 4 pursuant to this article ARTICLE 65. 5 SECTION 115. In Colorado Revised Statutes, 27-65-105, amend 6 (1)(a)(I), (1)(a)(I.5), (1)(b), (1)(c), (3), (7)(a) introductory portion, and 7 (7)(b)(I) as follows: 8 **27-65-105. Emergency procedure.** (1) Emergency procedure 9 may be invoked under one of the following conditions: 10 (a) (I) When any person appears to have a mental health disorder 11 and, as a result of such mental health disorder, appears to be an imminent 12 danger to others or to himself or herself or appears to be gravely disabled, 13 then an intervening professional, as specified in subsection (1)(a)(II) of 14 this section, upon probable cause and with such assistance as may be 15 required, may take the person into custody, or cause the person to be 16 taken into custody, and placed in a facility designated or approved by the 17 executive director COMMISSIONER for a seventy-two-hour treatment and 18 evaluation. If such a facility is not available, the person may be taken to 19 an emergency medical services facility. 20 (I.5) When any person appears to have a mental health disorder 21 and, as a result of such mental health disorder, is in need of immediate 22 evaluation for treatment in order to prevent physical or psychiatric harm 23 to others or to himself or herself, then an intervening professional, as specified in subsection (1)(a)(II) of this section, upon probable cause and 24 25 with such assistance as may be required, may immediately transport the 26 person to an outpatient mental health facility or other clinically

appropriate facility designated or approved by the executive director

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COMMISSIONER. If such a facility is not available, the person may be taken to an emergency medical services facility.

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- (b) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the executive director COMMISSIONER for a seventy-two-hour treatment and evaluation. Whenever in this article 65 a facility is to be designated or approved by the executive director COMMISSIONER, hospitals, if available, must be approved or designated in each county before other facilities are approved or designated. Whenever in this article 65 a facility is to be designated or approved by the executive director COMMISSIONER as a facility for a stated purpose and the facility to be designated or approved is a private facility, the consent of the private facility to the enforcement of standards set by the executive director COMMISSIONER is a prerequisite to the designation or approval.
- (c) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, is in need of immediate evaluation for treatment to prevent physical or psychiatric harm to others or to himself or herself, the court may order the person described in the affidavit to be transported to an outpatient mental health facility or other clinically appropriate facility designated or approved by the executive director COMMISSIONER.
 - (3) When a person is taken into emergency custody by an

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intervening professional pursuant to subsection (1) of this section and is presented to an emergency medical services facility or a facility that is designated or approved by the executive director COMMISSIONER, the facility shall require an application in writing, stating the circumstances under which the person's condition was called to the attention of the intervening professional and further stating sufficient facts, obtained from the intervening professional's personal observations or obtained from others whom he or she reasonably believes to be reliable, to establish that the person has a mental health disorder and, as a result of the mental health disorder, is an imminent danger to others or to himself or herself, is gravely disabled, or is in need of immediate evaluation for treatment. The application must indicate when the person was taken into custody and who brought the person's condition to the attention of the intervening professional. A copy of the application must be furnished to the person being evaluated, and the application must be retained in accordance with the provisions of section 27-65-121 (4).

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(7) (a) On or before July 1, 2019, and each July 1 thereafter, each emergency medical services facility that has treated a person pursuant to this section shall provide an annual report to the department BHA that includes only aggregate and nonidentifying information concerning persons who were treated at an emergency medical services facility pursuant to this section. The report must comply with the provisions of section 24-1-136 (9) and is exempt from the provisions of section 24-1-136 (11)(a)(I). The report must contain the following:

(b) (I) Any information aggregated and provided to the department BHA pursuant to this subsection (7) is privileged and confidential. Such information must not be made available to the public

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except in an aggregate format that cannot be used to identify an individual facility. The information is not subject to civil subpoena and is not discoverable or admissible in any civil, criminal, or administrative proceeding against an emergency medical services facility or health-care professional. The information must be used only to assess statewide behavioral health services needs and to plan for sufficient levels of statewide behavioral health services. In the collection of data to accomplish the requirements of this subsection (7), the department BHA shall protect the confidentiality of patient records, in accordance with state and federal laws, and shall not disclose any public identifying or proprietary information of any hospital, hospital administrator, health-care professional, or employee of a health-care facility.

SECTION <u>116.</u> In Colorado Revised Statutes, 27-65-106, **amend** (4) and (6) as follows:

27-65-106. Court-ordered evaluation for persons with mental health disorders. (4) Upon receipt of a petition satisfying the requirements of subsection (3) of this section, the court shall designate a facility, approved by the executive director COMMISSIONER, or a professional person to provide screening of the respondent to determine whether there is probable cause to believe the allegations.

(6) Whenever it appears, by petition and screening pursuant to this section, to the satisfaction of the court that probable cause exists to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled and that efforts have been made to secure the cooperation of the respondent, who has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation

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1	authorizing a certified peace officer to take the respondent into custody
2	and place him or her THE RESPONDENT in a facility designated by the
3	executive director COMMISSIONER for seventy-two-hour treatment and
4	evaluation. At the time of taking the respondent into custody, a copy of
5	the petition and the order for evaluation must be given to the respondent,
6	and promptly thereafter to any one person designated by the respondent
7	and to the person in charge of the seventy-two-hour treatment and
8	evaluation facility named in the order or his or her THE RESPONDENT'S
9	designee.
10	SECTION <u>117.</u> In Colorado Revised Statutes, 27-65-107, amend
11	(1)(c) as follows:
12	27-65-107. Certification for short-term treatment - procedure.
13	(1) If a person detained for seventy-two hours pursuant to the provisions
14	of section 27-65-105 or a respondent under court order for evaluation
15	pursuant to section 27-65-106 has received an evaluation, he or she may
16	be certified for not more than three months of short-term treatment under
17	the following conditions:
18	(c) The facility which THAT will provide short-term treatment has
19	been designated or approved by the executive director COMMISSIONER to
20	provide such treatment.
21	SECTION <u>118.</u> In Colorado Revised Statutes, 27-65-109, amend
22	(1)(c) and (4) as follows:
23	27-65-109. Long-term care and treatment of persons with
24	mental health disorders - procedure. (1) Whenever a respondent has
25	received short-term treatment for five consecutive months pursuant to the
26	provisions of sections 27-65-107 and 27-65-108, the professional person
27	in charge of the evaluation and treatment may file a petition with the court

-168for long-term care and treatment of the respondent under the following conditions:

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- (c) The facility that will provide long-term care and treatment has been designated or approved by the executive director COMMISSIONER to provide the care and treatment.
- (4) The court or jury shall determine whether the conditions of subsection (1) of this section are met and whether the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled. The court shall thereupon issue an order of long-term care and treatment for a term not to exceed six months, or it shall discharge the respondent for whom long-term care and treatment was sought, or it shall enter any other appropriate order, subject to available appropriations. An order for long-term care and treatment must grant custody of the respondent to the department BHA for placement with an agency or facility designated by the executive director COMMISSIONER to provide long-term care and treatment. When a petition contains a request that a specific legal disability be imposed or that a specific legal right be deprived, the court may order the disability imposed or the right deprived if the court or a jury has determined that the respondent has a mental health disorder or is gravely disabled and that, by reason thereof, the person is unable to competently exercise said right or perform the function as to which the disability is sought to be imposed. Any interested person may ask leave of the court to intervene as a copetitioner for the purpose of seeking the imposition of a legal disability or the deprivation of a legal right.
- **SECTION** <u>119.</u> In Colorado Revised Statutes, 27-65-116, **amend** (2) introductory portion, (2)(a), and (2)(d) as follows:

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1	27-65-116. Right to treatment - rules. (2) The department BHA
2	shall adopt regulations RULES to assure that each agency or facility
3	providing evaluation, care, or treatment shall require the following:
4	(a) Consent for specific therapies and major medical treatment in
5	the nature of surgery. The nature of the consent, by whom it is given, and
6	under what conditions, shall be determined by rules of the department
7	BHA.
8	(d) Conduct according to the guidelines contained in the
9	regulations of the federal government and the department RULES OF THE
10	BHA with regard to clinical investigations, research, experimentation,
11	and testing of any kind; and
12	SECTION <u>120.</u> In Colorado Revised Statutes, amend 27-65-118
13	as follows:
14	27-65-118. Administration or monitoring of medications to
15	persons receiving care. The executive director COMMISSIONER has the
16	power to direct the administration or monitoring of medications in
17	conformity with part 3 of article 1.5 of title 25 C.R.S., to persons
18	receiving treatment in facilities created pursuant to this article ARTICLE
19	65.
20	SECTION <u>121.</u> In Colorado Revised Statutes, amend 27-65-119
21	as follows:
22	27-65-119. Employment of persons in a facility - rules. The
23	department BHA shall adopt rules governing the employment and
24	compensation therefor of persons receiving care or treatment under any
25	provision of this article ARTICLE 65. The department BHA shall establish
26	standards for reasonable compensation for such employment.
27	SECTION 122 In Colorado Revised Statutes 27-65-121 amend

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1	(1)(d) as follows:
2	27-65-121. Records. (1) Except as provided in subsection (2) of
3	this section, all information obtained and records prepared in the course
4	of providing any services pursuant to this article 65 to individuals
5	pursuant to any provision of this article 65 are confidential and privileged
6	matter. The information and records may be disclosed only:
7	(d) If the department BHA has promulgated rules for the conduct
8	of research. Such rules shall include, but not be limited to, the
9	requirement that all researchers must sign an oath of confidentiality. All
10	identifying information concerning individual patients, including names
11	addresses, telephone numbers, and social security numbers, shall not be
12	disclosed for research purposes.
13	SECTION 123. In Colorado Revised Statutes, amend 27-65-128
14	as follows:
15	27-65-128. Administration - rules. The department BHA shall
16	make such rules as will consistently enforce the provisions of this article
17	ARTICLE 65.
18	SECTION 124. In Colorado Revised Statutes, amend as
19	amended by Senate Bill 22-013 27-65-131 (1)(a) and (1)(c)(I) as
20	<u>follows:</u>
21	27-65-131. Advisory board - service standards and rules.
22	(1) (a) There is created in the department the mental health advisory
23	board for service standards and rules, referred to as the "board" in this
24	section, for the purpose of assisting and advising the executive director
25	COMMISSIONER in accordance with section 27-65-130 in the development
26	of service standards and rules.
27	(c) The board includes:

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1	(I) One representative each from the office of behavioral health
2	ADMINISTRATION, the department of human services, the department of
3	public health and environment, the university of Colorado health sciences
4	center, and a leading professional association of psychiatrists in this state;
5	SECTION 125. In Colorado Revised Statutes, 27-66-101, repeal
6	(4), (5), and (6); and add (1.3) and (1.7) as follows:
7	27-66-101. Definitions. As used in this article 66, unless the
8	context otherwise requires:
9	(1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
10	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
11	27-50-102.
12	(1.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
13	BEHAVIORAL HEALTH ADMINISTRATION.
14	(4) "Department" means the department of human services created
15	in section 26-1-105, C.R.S.
16	(5) "Executive director" means the executive director of the
17	department of human services.
18	(6) "Office of behavioral health" means the office of behavioral
19	health in the department.
20	SECTION 126. In Colorado Revised Statutes, amend 27-66-102
21	as follows:
22	27-66-102. Administration - rules. (1) The executive director
23	COMMISSIONER has the power and duty to administer and enforce the
24	provisions of this article ARTICLE 66.
25	(2) The department STATE BOARD OF HUMAN SERVICES may adopt
26	reasonable and proper rules to implement this article ARTICLE 66 in
27	accordance with the provisions of section 24-4-103 C.R.S., and consistent

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1	with sections 27-90-102 and 27-90-103.
2	SECTION 127. In Colorado Revised Statutes, amend 27-66-103
3	as follows:
4	27-66-103. Community mental health services - purchase
5	program. In order to encourage the development of preventive,
6	treatment, and rehabilitative services through new community mental
7	health programs, the improvement and expansion of existing community
8	mental health services, and the integration of community with state
9	mental health services, there is established a program to purchase
10	community mental health services by the department BHA.
11	SECTION 128. In Colorado Revised Statutes, 27-66-104, amend
12	(5); and amend as they will become effective July 1, 2022, (1), (2)(b),
13	and (3) as follows:
14	27-66-104. Types of services purchased - limitation on
15	payments. (1) Community mental health services may be purchased
16	from behavioral health entities, clinics, community mental health centers,
17	local general or psychiatric hospitals, and other agencies that have been
18	approved by the executive director COMMISSIONER.
19	(2) (b) The money appropriated for the purposes of this subsection
20	(2) shall be distributed by the executive director COMMISSIONER to
21	approved behavioral health entities, community mental health centers, and
22	other agencies on the basis of need and in accordance with the services
23	provided.
24	(3) Each year the general assembly may appropriate money in
25	addition to the money appropriated for purposes of subsection (2) of this
26	section, which money may be used by the executive director
27	COMMISSIONER to assist behavioral health entities and community mental

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health clinics and centers in instituting innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The executive director COMMISSIONER shall require that any innovative or crisis programs for which money is allocated pursuant to this subsection (3) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of money to be provided.

- (5) If there is a reduction in the financial support of local governmental bodies for community mental health services, the executive director COMMISSIONER is authorized to reduce state payments for services in an amount proportional to the reduction in such local financial support.
- SECTION 129. In Colorado Revised Statutes, 27-66-105, amend (1) introductory portion and (1)(d); amend as they will become effective July 1, 2022, (2) introductory portion, (3), and (4); repeal as it will become effective July 1, 2022, (1)(g); and add (5) as follows:
- **27-66-105. Standards for approval repeal.** (1) In approving or rejecting community mental health clinics for the purchase of behavioral or mental health services, the executive director COMMISSIONER shall:
- (d) Require that the clinic staff include, wherever feasible, other professional staff workers, such as psychologists, social workers, educational consultants, and nurses, with such qualifications, responsibilities, and time on the job as correspond with the size and capacity of the clinic. The clinic staff may include, with the approval of the executive director COMMISSIONER, such other nonprofessional persons as may be deemed necessary by the clinic board for the proper discharge

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of its functions.
(g) On and after July 1, 2022, require licensure by the department
of public health and environment pursuant to section 25-27.6-104.
(2) In approving or rejecting local general or psychiatric hospitals,

- (2) In approving or rejecting local general or psychiatric hospitals, behavioral health entities, community mental health centers, acute treatment units, and other agencies for the purchase of services not provided by local mental health clinics, including, but not limited to, twenty-four-hour and partial hospitalization, the executive director COMMISSIONER shall consider the following factors:
- (3) In the purchase of services from behavioral health entities or community mental health centers, the executive director COMMISSIONER shall specify levels and types of inpatient, outpatient, consultation, education, and training services and expenditures and shall establish minimum standards for other programs of such centers that are to be supported with state funds.
- (4) In approving or rejecting behavioral health entities, community mental health clinics, community mental health centers, acute treatment units, local general or psychiatric hospitals, and other agencies for the purchase of services, the executive director COMMISSIONER shall ensure the agencies comply with federal financial participation requirements for department-administered BHA-ADMINISTERED programs.
 - (5) This section is repealed, effective July 1, 2024.

SECTION 130. In Colorado Revised Statutes, repeal 27-66-108; and repeal as they will become effective July 1, 2022, 27-66-106 and 27-66-107.

SECTION 131. In Colorado Revised Statutes, amend 27-66-110

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1	as follows:
2	27-66-110. Trauma-informed care standards of approval. The
3	office of behavioral health BHA shall establish care standards and an
4	approval process that a qualified residential treatment program, as defined
5	in <u>section 26-6-102 (30.5)</u> , <u>SECTION 26-6-903 (26)</u> . must meet to ensure
6	that qualified residential treatment programs have a trauma-informed
7	treatment model that addresses the needs of children and youth with
8	serious emotional or behavioral health disorders or disturbances.
9	SECTION 132. In Colorado Revised Statutes, 27-66.5-102,
10	amend (1) and (2); and repeal (4) as follows:
11	27-66.5-102. Definitions. As used in this article 66.5, unless the
12	context otherwise requires:
13	(1) "Department" means the Colorado department of human
14	services created in section 26-1-105 "Behavioral Health
15	ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
16	ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.
17	(2) "Director" means the director of the office of behavioral health
18	"COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL
19	HEALTH ADMINISTRATION.
20	(4) "Office" means the office of behavioral health in the
21	department of human services.
22	SECTION 133. In Colorado Revised Statutes, 27-66.5-103,
23	amend (1), (5), and (6) as follows:
24	27-66.5-103. Community transition specialist program -
25	program requirements - acceptance of referrals - contract for
26	services - rules. (1) The community transition specialist program is
27	established in the office of behavioral health BEHAVIORAL HEALTH

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1	ADMINISTRATION. The program coordinates referrals of high-risk
2	individuals from withdrawal management facilities, facilities providing
3	acute treatment services, facilities providing crisis stabilization services,
4	and hospitals or emergency departments to appropriate transition
5	specialists.
6	(5) The office BHA may contract with a vendor to provide the
7	referral and coordination services required by this article 66.5.
8	(6) The department STATE BOARD OF HUMAN SERVICES may
9	promulgate rules necessary for the implementation of this article 66.5.
10	SECTION 134. In Colorado Revised Statutes, 27-66.5-104,
11	amend (1) introductory portion and (2) as follows:
12	27-66.5-104. Data collection and recommendations. (1) The
13	office BHA shall collect information on the following:
14	(2) On or before January 1, 2020, and on or before January 1 each
15	year thereafter, the office BHA shall analyze the data collected in
16	accordance with subsection (1) of this section and prepare
17	recommendations to increase access to, and coordination of, transition
18	specialist services for high-risk individuals. The recommendations shall
19	MUST be reported to the executive director of the department
20	COMMISSIONER and shall be included in the reporting requirements in
21	section 27-66.5-105.
22	SECTION 135. In Colorado Revised Statutes, amend
23	27-66.5-105 as follows:
24	27-66.5-105. Reporting requirements - "State Measurement
25	for Accountable, Responsive, and Transparent (SMART)
26	Government Act" report. The office BHA shall report information on
27	the community transition specialist program in the department's BHA's

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1	annual presentation to the general assembly required under the "State
2	Measurement for Accountable, Responsive, and Transparent (SMART)
3	Government Act", part 2 of article 7 of title 2.
4	SECTION 136. In Colorado Revised Statutes, 27-67-103, amend
5	(1) and (10); repeal (12); and add (1.5) and (2.5) as follows:
6	27-67-103. Definitions. As used in this article 67, unless the
7	context otherwise requires:
8	(1) "Care management" includes, but is not limited to
9	consideration of the continuity of care and array of services necessary for
10	appropriately treating a child or youth and the decision-making authority
11	regarding the child's or youth's placement in and discharge from
12	behavioral health services "Behavioral health administration" or
13	"BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED
14	IN SECTION 27-50-102.
15	(1.5) "CARE MANAGEMENT" INCLUDES, BUT IS NOT LIMITED TO
16	CONSIDERATION OF THE CONTINUITY OF CARE AND ARRAY OF SERVICES
17	NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH AND THE
18	DECISION-MAKING AUTHORITY REGARDING THE CHILD'S OR YOUTH'S
19	PLACEMENT IN AND DISCHARGE FROM BEHAVIORAL HEALTH SERVICES.
20	(2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
21	BEHAVIORAL HEALTH ADMINISTRATION.
22	(10) "Mental health agency" means a behavioral health services
23	contractor through the state department of human services BEHAVIORAL
24	HEALTH ADMINISTRATION serving children and youth statewide or in a
25	particular geographic area, including but not limited to community mental
26	health centers, and with the ability to meet all expectations of this article
27	67.

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(12) "State department" means the state department of human services.

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SECTION 137. In Colorado Revised Statutes, 27-67-104, **amend** (1) and (1.5) as follows:

27-67-104. Provision of mental health treatment services for **children and youth.** (1) (a) A parent or guardian may apply to a mental health agency on behalf of a child or youth for mental health treatment services for the child or youth pursuant to this section, if the parent or guardian believes the child or youth is at risk of out-of-home placement. The parent's or guardian's request for services described in this section may be done with assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the state department BHA is not obligated to pay for any services provided by entities with which they do not contract. In such circumstances, the mental health agency is responsible for evaluating the child or youth and clinically assessing the child's or youth's need for mental health services and, when warranted, to provide treatment services as necessary and in the best interests of the child or youth and the child's or youth's family. When evaluating a child or youth for eligibility, the mental health agency shall use a standardized risk stratification tool, in a manner determined by rule of the state department BOARD OF HUMAN SERVICES. Following the evaluation of the child or youth, the mental health agency shall provide a written notification to the child's or youth's parent or guardian that includes a comprehensive list of potential treatment providers, with a disclosure that the child's or youth's family may choose to seek services from the provider of their choice, including but not limited to the mental health agency. The written notification must

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also inform the child's or youth's family that they may request assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the state department BHA is not obligated to pay for any services provided by entities with which they do not contract. The state department BHA shall maintain a list of available providers on a public website and shall update the website quarterly. The mental health agency is responsible for the provision of the treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate for the child's or youth's needs or his or her THE CHILD'S OR YOUTH'S family's needs. A dependency or neglect action pursuant to article 3 of title 19 is not required in order to allow a family access to residential mental health treatment services for a child or youth.

(b) At the time of the assessment by the mental health agency, if requested services are denied, or at the time when the mental health agency has recommended that the child or youth be discharged from services, the mental health agency shall advise the family, both orally and in writing, of the appeal process available to them. The mental health agency shall have two working days within which to complete any internal appeal process. Within five working days after the mental health agency's final denial or recommendation for discharge, a parent or guardian may request an objective third party at the state department BHA who is a professional person to review the action of the mental health agency. A family advocate, family systems navigator, nonprofit advocacy organization, or county department may assist a family in filing an appeal; however, the state department BHA is not obligated to pay for

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1	any services provided by entities with which they do not contract. The
2	review must occur within three working days of the parent's or guardian's
3	request. The professional person shall determine if the requested services
4	are appropriate.
5	(1.5) (a) The parent or guardian of a medicaid child or youth who
6	is at risk of out-of-home placement may request, within five days after all
7	first-level medicaid appeals processes are exhausted, an objective third
8	party at the state department BHA who is a professional person to review
9	the service request made to medicaid. A family advocate, family system
10	navigator, or county department may assist a family in filing an appeal.
11	The review must occur within three working days of the parent's or
12	guardian's request.
13	(b) The administrative law judge considering the medicaid appeal
14	for the medicaid child or youth who is at risk of out-of-home placement
15	shall take into consideration the objective third-party review by the state
16	department BHA as part of his or her THE ADMINISTRATIVE LAW JUDGE'S
17	reconsideration and decision of the medicaid service request.
18	SECTION 138. In Colorado Revised Statutes, 27-67-105, amend
19	(1) introductory portion, (1)(e), (1)(f), (1)(h), and (2) as follows:
20	27-67-105. Monitoring - reports. (1) On or before September 1,
21	2018, and by September 1 of each year thereafter, each mental health
22	agency shall report to the state department BHA the following
23	information:
24	(e) The demographic information of the children, youth, and
25	families served, as outlined by the state department BHA;
26	(f) The outcomes of treatment for the children and youth served,

as determined by the state department BHA in consultation with mental

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1	health agencies, service providers, and families;
2	(h) The aggregate number of third-party reviews completed by the
3	state department BHA for children served pursuant to this article 67,
4	delineated by children who are and are not categorically eligible for
5	medicaid.
6	(2) On or after January 1, 2019, the state department BHA shall
7	make the information obtained pursuant to subsection (1) of this section
8	available to the public by posting it to the state department's BHA's
9	website. Any information so posted must not include any personal health
10	information.
11	SECTION 139. In Colorado Revised Statutes, 27-67-107, amend
12	(1) as follows:
13	27-67-107. Dispute resolution - rules. (1) The state department
14	BHA shall utilize, when appropriate, established grievance and dispute
15	resolution processes in order to assure that parents have access to mental
16	health services on behalf of their children.
17	SECTION 140. In Colorado Revised Statutes, 27-67-109, amend
18	(2) introductory portion, (2)(a), and (3) as follows:
19	27-67-109. Child and youth mental health services standards
20	- advisory board. (2) An advisory board to the state department BHA is
21	established for the purpose of assisting and advising the executive
22	director COMMISSIONER in accordance with this section in the
23	development of service standards and rules. The advisory board consists
24	of not less than eleven nor more than fifteen members appointed by the
25	state department BHA as follows:
26	(a) One representative each from the office of behavioral health
27	BHA; the office of children, youth, and families; the department of health

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1	care policy and financing; and a leading professional association of
2	psychiatrists in this state;
3	(3) In making appointments to the advisory board, the state
4	department BHA must include representation by at least one member who
5	is a person with a disability, a family member of a person with a
6	disability, or a member of an advocacy group for persons with disabilities,
7	provided that the other requirements of subsection (2) of this section are
8	met.
9	SECTION 141. In Colorado Revised Statutes, 27-70-102, amend
10	(1); and repeal (4) as follows:
11	27-70-102. Definitions. As used in this article 70, unless the
12	context otherwise requires:
13	(1) "Department" means the department of human services created
14	in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA"
15	MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
16	SECTION 27-50-102.
17	(4) "Office" means the office of behavioral health in the
18	department of human services.
19	SECTION 142. In Colorado Revised Statutes, 27-70-103, amend
20	(1)(a), (2) introductory portion, $(2)(a), (2)(b), (2)(c), (2)(d)(I), (2)(e)$, and
21	(3)(a) as follows:
22	27-70-103. Medication consistency for individuals with
23	behavioral or mental health disorders in the criminal and juvenile
24	justice systems - medication formulary - cooperative purchasing -
25	reporting - rules. (1) (a) Beginning December 1, 2017, the department
26	of human services STATE BOARD OF HUMAN SERVICES, in consultation
27	with the department of corrections, shall promulgate rules that require

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providers under each department's THE DEPARTMENT'S AND THE BHA'S authority to use a medication formulary that has been developed collaboratively by departments, agencies, and providers. Public hospitals and licensed private hospitals may also, at their discretion, participate in the medication formulary. Using consulting services as necessary, the departments DEPARTMENT AND THE BHA shall also develop processes for education and marketing related to information regarding the medication formulary and cooperative purchasing opportunities for facilities and providers. The processes for education and marketing required pursuant to this subsection (1) shall be completed on or before December 1, 2017.

- (2) Beginning July 1, 2018, the office BHA shall have the following duties and responsibilities, subject to available appropriations:
- (a) On or before September 1, 2018, and every September 1 of every even-numbered year thereafter, the office BHA shall conduct a review of the medication formulary to address any urgent concerns related to the formulary and to propose updates to the formulary. During this review, the office BHA shall also create the appropriate notification process for updates to the formulary.
- (b) On or before July 1, 2019, and every two years thereafter as necessary, the office BHA shall conduct a review of the medication formulary to update the medication formulary and ensure compliance with the medicaid formulary used by the department of health care policy and financing.
- (c) On or before September 1, 2018, the office THE BHA, in collaboration with the office of information technology, the office of e-health innovation, the department of health care policy and financing, the department of public safety, the department of corrections, and other

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agencies as appropriate, shall develop a plan by which the patient-specific information required by subsection (1)(b) of this section can be shared electronically, while still in compliance with confidentiality requirements, including any necessary memorandums of understanding between providers, set forth in the federal "Health Insurance Portability and Accountability Act of 1996", 45 CFR parts 2, 160, 162, and 164.

- (d) (I) The office BHA shall encourage providers that have been granted purchasing authority by the department of personnel pursuant to section 24-102-204 to utilize cooperative purchasing for the medication formulary, as authorized pursuant to section 24-110-201, unless the provider can obtain the medication elsewhere at a lower cost. The use of cooperative purchasing may, and is encouraged to, include external procurement activity, as defined in section 24-110-101 (2), if the external procurement activity aggregates purchasing volume to negotiate discounts with manufacturers, distributors, and other vendors.
- (e) The office BHA shall investigate and develop options for collaboration with local county jails to coordinate medication purchasing.
- (3) (a) Beginning in January 2019, and every January thereafter, the department of human services BHA and the department of corrections shall report progress on the implementation and use of the medication formulary and cooperative purchasing as part of each THE BHA'S AND department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203. Each department THE DEPARTMENT AND THE BHA shall make such reports to the joint health and human services committee and the joint judiciary committee, or any successor committees.

SECTION 143. In Colorado Revised Statutes, 27-80-101, amend

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1	(1) and (2); repeal (3) and (4.7); and add (2.3) and (2.6) as follows:
2	27-80-101. Definitions. As used in this article 80, unless the
3	context otherwise requires:
4	(1) "Department" means the department of human services created
5	in section 26-1-105, C.R.S. "BEHAVIORAL HEALTH ADMINISTRATION" OR
6	"BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED
7	IN SECTION 27-50-102.
8	(2) "Designated service area" means the geographical substate
9	planning area specified by the director of the office of behavioral health
10	to be served by a designated managed service organization, as described
11	in section 27-80-107 "COMMISSIONER" MEANS THE COMMISSIONER OF THE
12	BEHAVIORAL HEALTH ADMINISTRATION.
13	(2.3) "Department" means the department of human
14	SERVICES CREATED IN SECTION 26-1-105.
15	(2.6) "Designated service area" means the geographical
16	SUBSTATE PLANNING AREA SPECIFIED BY THE COMMISSIONER TO BE
17	SERVED BY A DESIGNATED MANAGED SERVICE ORGANIZATION, AS
18	DESCRIBED IN SECTION 27-80-107.
19	(3) "Executive director" means the executive director of the
20	department of human services.
21	(4.7) "Office of behavioral health" means the office of behavioral
22	health in the department.
23	SECTION 144. In Colorado Revised Statutes, repeal 27-80-102.
24	SECTION 145. In Colorado Revised Statutes, 27-80-103, amend
25	(1), <u>(2)(d)</u> , (3) introductory portion, (3)(e), (4), and (5) as follows:
26	27-80-103. Grants for public programs. (1) The office of
27	behavioral health BHA may make grants, from money appropriated by the

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1	general assembly for purposes of this section or available from any other
2	governmental or private source, to approved public programs.
3	(2) A public program may provide, but need not be limited to, any
4	of the following:
5	(d) Programs for prevention of alcohol and drug abuse
6	ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND
7	ENVIRONMENT;
8	(3) In approving any public program, the office of behavioral
9	health BHA shall take into consideration the following:
10	(e) Any other information the office of behavioral health BHA
11	deems necessary.
12	(4) Applications for grants made pursuant to subsection (1) of this
13	section are made to the office of behavioral health BHA, on forms
14	furnished by the office of behavioral health BHA, and must contain any
15	information the office of behavioral health BHA requires. Wherever
16	possible, the office of behavioral health BHA shall give priority to public
17	programs that are community-based and include services to children and
18	juveniles as well as adults, that provide a comprehensive range of
19	services, and that evidence a high degree of community support, either
20	financial or in the furnishing of services and facilities, or both.
21	(5) Whenever THE BHA OR any department or agency of the state
22	has money available from any source for public programs, the department
23	or agency BHA, DEPARTMENT, OR AGENCY is authorized to distribute the
24	money in accordance with the state plan and to make reasonable rules for
25	the administration of the public programs.
26	SECTION 146. In Colorado Revised Statutes, 27-80-104, amend
27	(1) introductory portion, (1)(c), and (2) as follows:

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1	27-80-104. Cancellation of grants. (1) The office of behavioral
2	health BHA may cancel a grant for any public program for any of the
3	following reasons:
4	(c) The public program does not meet the standards or
5	requirements adopted by the department BHA or does not conform to the
6	comprehensive state plan for substance use disorder treatment programs.
7	(2) Before canceling a grant for the reasons set forth in subsection
8	(1)(c) of this section, the office of behavioral health BHA shall notify the
9	person or agency in charge of the public program of the deficiency in the
10	program, and the person or agency must be given a reasonable amount of
11	time in which to correct the deficiency.
12	SECTION 147. In Colorado Revised Statutes, 27-80-106, amend
13	(1) and <u>(2)(a); and add (4)</u> as follows:
14	27-80-106. Purchase of prevention and treatment services.
15	(1) Using money appropriated for purposes of this section or available
16	from any other governmental or private source, the office of behavioral
17	health BHA may purchase services for prevention or for THE treatment of
18	alcohol and drug abuse or substance use disorders or both types of
19	services on a contract basis from any tribal nation or any public or private
20	agency, organization, or institution approved by the office of behavioral
21	health BHA. The services purchased may be any of those provided
22	through a public program, as set forth in section 27-80-103 (2). In
23	contracting for services, the office of behavioral health BHA shall attempt
24	to obtain services that are in addition to, and not a duplication of, existing
25	available services or services that are of a pilot or demonstration nature.
26	An agency operating a public program may also purchase services on a
27	contract basis.

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(2) (a) In addition to the services purchased pursuant to subsection
(1) of this section, using money appropriated for purposes of this section
or available from any other governmental or private source, the office of
behavioral health BHA may purchase services for the treatment of alcohol
and drug abuse or substance use disorders on a contract basis from a
designated managed service organization for a designated service area as
set forth in section 27-80-107. A public or private agency, organization,
or institution approved by the office of behavioral health BHA through
the process set forth in section 27-80-107 may be designated as a
designated managed service organization.
(4) As of July 1, 2022, the department of public health and
ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE
ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION.
SECTION 148. In Colorado Revised Statutes, 27-80-107, amend
(1), (2) introductory portion, (2)(b), (2)(d), (3), (4), (5), and <u>(7)</u> ; and <u>add</u>
(8) as follows:
27-80-107. Designation of managed service organizations -
purchase of services - revocation of <u>designation - repeal.</u> (1) The
purchase of services - revocation of <u>designation - repeal.</u> (1) The
purchase of services - revocation of <u>designation - repeal.</u> (1) The director of the office of behavioral health COMMISSIONER shall establish
purchase of services - revocation of <u>designation - repeal.</u> (1) The director of the office of behavioral health COMMISSIONER shall establish designated service areas to provide substance use disorder treatment and
purchase of services - revocation of <u>designation - repeal.</u> (1) The director of the office of behavioral health COMMISSIONER shall establish designated service areas to provide substance use disorder treatment and recovery services in a particular geographical region of the state.
purchase of services - revocation of <u>designation - repeal.</u> (1) The director of the office of behavioral health COMMISSIONER shall establish designated service areas to provide substance use disorder treatment and recovery services in a particular geographical region of the state. (2) To be selected as a designated managed service organization
purchase of services - revocation of <u>designation - repeal.</u> (1) The director of the office of behavioral health COMMISSIONER shall establish designated service areas to provide substance use disorder treatment and recovery services in a particular geographical region of the state. (2) To be selected as a designated managed service organization to provide services in a particular designated service area, a private

COMMISSIONER or the executive director's COMMISSIONER'S designee. The

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designation process is in lieu of a competitive bid process pursuant to the "Procurement Code", articles 101 to 112 of title 24. The director of the office of behavioral health COMMISSIONER shall make the designation based on factors established by the executive director COMMISSIONER or the executive director's COMMISSIONER's designee. The factors for designation established by the executive director COMMISSIONER or the executive director's COMMISSIONER's designee include the following:

- (b) Whether the managed service organization has experience working with publicly funded clients, including expertise in treating priority populations designated by the office of behavioral health BHA;
- (d) Whether the managed service organization has experience using the cost-share principles used by the office of behavioral health BHA in its contracts with providers and is willing to cost-share;
- (3) The designation of a managed service organization by the director of the office of behavioral health COMMISSIONER, as described in subsection (2) of this section, is an initial decision of the department BHA, which may be reviewed by the executive director COMMISSIONER in accordance with the provisions of section 24-4-105. Review by the executive director COMMISSIONER in accordance with section 24-4-105 constitutes final agency action for purposes of judicial review.
- (4) (a) The terms and conditions for providing substance use disorder treatment and recovery services must be specified in the contract entered into between the office of behavioral health BHA and the designated managed service organization. Contracts entered into between the office of behavioral health BHA and the designated managed service organization must include terms and conditions prohibiting a designated managed service organization contracted treatment provider from denying

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or prohibiting access to medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder.

- (b) Contracts entered into between the office of behavioral health BHA and the designated managed service organization must include terms and conditions that outline the expectations for the designated managed service organization to invest in the state's recovery services infrastructure, which include peer-run recovery support services and specialized services for underserved populations. Investments are based on available appropriations.
- (5) The contract may include a provisional designation for ninety days. At the conclusion of the ninety-day provisional period, the director of the office of behavioral health COMMISSIONER may choose to revoke the contract or, subject to meeting the terms and conditions specified in the contract, may choose to extend the contract for a stated time period.
- (7) (a) The director of the office of behavioral health COMMISSIONER may revoke the designation of a designated managed service organization upon finding that the managed service organization is in violation of the performance of the provisions of or rules promulgated pursuant to this article 80. The revocation must conform to the provisions and procedures specified in article 4 of title 24, and occur only after notice and an opportunity for a hearing is provided as specified in article 4 of title 24. A hearing to revoke a designation as a designated managed service organization constitutes final agency action for purposes of judicial review.
- (b) Once a designation has been revoked pursuant to subsection (7)(a) of this section, the director of the office of behavioral health COMMISSIONER may designate one or more service providers to provide

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the treatment services pending designation of a new designated managed service organization or may enter into contracts with subcontractors to provide the treatment services.

(c) From time to time, the director of the office of behavioral health COMMISSIONER may solicit applications from applicants for managed service organization designation to provide substance use disorder treatment and recovery services for a specified planning area or areas.

(8) This section is repealed, effective July 1, 2024.

SECTION 149. In Colorado Revised Statutes, 24-80-107.5, **amend** (3), (4)(b), (4)(c), (5)(a), (5)(b), and (7); and **repeal** (4)(a), (4)(d), (5)(c), and (6) as follows:

disorder services act - managed service organizations - substance use disorder services - assessment - community action plan - allocations - reporting requirements - evaluation. (3) (a) On or before March 1, 2017, each managed service organization that has completed a community assessment pursuant to subsection (2) of this section shall prepare and submit in electronic format to the department BHA and the department of health care policy and financing a community action plan to increase access to effective substance use disorder services, referred to in this section as the "community action plan". The community action plan must summarize the results of the community assessment and include a description of how the managed service organization will utilize its allocation of funding from the marijuana tax cash fund created in section 39-28.8-501 C.R.S., to address the most critical service gaps in its geographic region and a timeline for implementation of the community

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action plan.

- (b) A managed service organization may periodically update its community action plan to reflect changes in community needs and priorities. Any such updated plan must be submitted in electronic format to the department BHA and the department of health care policy and financing.
- (c) On or before May 1, 2017, the department BHA shall post the community action plans from the managed service organizations developed pursuant to paragraph (a) of this subsection (3) SUBSECTION (3)(a) OF THIS SECTION on its website. On or before May 1, 2017, the department BHA shall submit a report summarizing all of the community action plans received from the managed service organizations to the joint budget committee, the health and human services committee of the senate, and the public AND BEHAVIORAL health care and human services committee of the house of representatives, or any successor committees. The department BHA shall post on its website any updated community action plans received pursuant to paragraph (b) of this subsection (3) SUBSECTION (3)(b) OF THIS SECTION.
- (4) (a) On July 1, 2016, the department shall disburse to each designated managed service organization sixty percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund. Each designated managed service organization that conducts a community assessment and prepares a community action plan pursuant to subsection (3) of this section may use up to fifteen percent of its state fiscal year 2016-17 allocation from the marijuana tax cash fund for such purposes and the remainder for substance use disorder services. The department shall disburse the

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remaining forty percent of the designated managed service organization's marijuana tax cash fund allocation to each designated managed service organization after the submission of its community action plan.

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- (b) On July 1, 2017, and on every July 1 thereafter, the department BHA shall disburse to each designated managed service organization that has submitted a community action plan one hundred percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund.
- (c) It is the intent of the general assembly that each designated managed service organization use money allocated to it from the marijuana tax cash fund to cover expenditures for substance use disorder services that are not otherwise covered by public or private insurance. Except as provided in subsection (4)(a) of this section, Each managed service organization may use its allocation from the marijuana tax cash fund to implement its community action plan, including expenditures for substance use disorder services and for any start-up costs or other expenses necessary to increase capacity to provide such services. A designated managed service organization must spend its allocation in the state fiscal year in which it is received or in the next state fiscal year thereafter. If there is any money from the allocation remaining after the second state fiscal year, then the designated managed service organization shall return the money to the department BHA. If an enhanced residential and inpatient substance use disorder treatment and medical detoxification services benefit becomes available under the Colorado medical assistance program, managed service organizations shall determine to what extent money allocated from the marijuana tax cash fund may be used to assist in providing substance use disorder treatment, including residential and

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inpatient substance use disorder treatment and medical detoxification services, if those services are not otherwise covered by public or private insurance.

(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. Any money from the marijuana tax cash fund that is allocated in accordance with this subsection (4)(d)(I) and that is not expended by a managed service organization in the state fiscal year in which it is disbursed remains available for expenditure by the department in the next state fiscal year without further appropriation.

(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 organization shall submit an annual report to the department BHA, the joint budget committee, the health and human services committee of the senate, and the public AND BEHAVIORAL health care and human services committee of the house of representatives, or their successor committees, concerning the amount and purpose of actual expenditures made using money from

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the marijuana tax cash fund in the previous state fiscal year. The report must contain a description of the impact of the expenditures on addressing the needs that were identified in the initial and any subsequent community assessments and action plans developed pursuant to subsection (3) of this section, as well as any other requirements established for the contents of the report by the department BHA.

- (b) A designated managed service organization shall provide the department BHA with information about actual expenditures as required by the department BHA.
- (c) On or before November 1, 2020, the department, in collaboration with the designated managed service organizations, shall submit a report to the joint budget committee and the joint health and human services committee, or any successor committees. The report must:
- (I) Summarize expenditures made by the designated managed service organizations using money made available pursuant to this section for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;
- (II) Describe the impact the expenditures have had on increasing statewide access to a continuum of effective substance use disorder services, including the availability of prevention, intervention, treatment, and recovery support services in each designated service area; and
- (III) Include any recommendations to strengthen or 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

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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.
(7) Notwithstanding section 24-1-136 (11)(a)(I), the department
BHA shall report on outcomes related to the implementation of this
section as part of its annual "State Measurement for Accountable,
Responsive, and Transparent (SMART) Government Act" hearing
required by section 2-7-203, beginning with the hearing that precedes the
2019 legislative session.
SECTION 150. In Colorado Revised Statutes, 27-80-108, amend
(1)(c) and (1)(d) as follows:
27-80-108. Rules. (1) The state board of human services, created
in section 26-1-107, has the power to promulgate rules governing the
provisions of this article 80. The rules may include, but are not limited to:

(c) Requirements for public and private agencies, organizations,

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and institutions from which the office of behavioral health BHA may purchase services pursuant to section 27-80-106 (1), which requirements must include prohibiting the purchase of services from entities that deny or prohibit access to medical services or substance use disorder treatment and services to persons who are participating in prescribed medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder;

(d) Requirements for managed service organizations that are designated by the director of the office of behavioral health COMMISSIONER to provide services in a designated service area pursuant to section 27-80-106 (2);

SECTION 151. In Colorado Revised Statutes, **amend** 27-80-109 as follows:

27-80-109. Coordination of state and federal funds and programs. (1) Requests for state appropriations for substance use disorder treatment programs must be submitted to the office of behavioral health BHA and the office of state planning and budgeting on dates specified by the office of behavioral health BHA, consistent with requirements and procedures of the office of state planning and budgeting. After studying each request, the office of behavioral health BHA shall make a report with its comments and recommendations, including priorities for appropriations and a statement as to whether the requested appropriation would be consistent with the comprehensive state plan for substance use disorder treatment programs. The office of behavioral health BHA shall submit its reports to the governor, the office of state planning and budgeting, and the joint budget committee, together with all pertinent material on which the report's recommendations are

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based.

applications for federal grants for substance use disorder treatment programs submitted by any department or agency of state government; political subdivision of the state; Indian tribal reservation; or other public or private agency, organization, or institution. The office of behavioral health BHA shall transmit to the division of planning and to the appropriate United States agency its comments and recommendations, together with a statement as to whether the grant would be consistent with the comprehensive state plan for substance use disorder treatment programs.

SECTION 152. In Colorado Revised Statutes, **amend** 27-80-111 as follows:

27-80-111. Counselor training - fund created - rules. (1) The executive director COMMISSIONER shall establish by rule fees to be charged for addiction counselor training. The amount assessed must be sufficient to cover a portion of the costs of administering the training, and the money collected must be deposited in the addiction counselor training fund. Additional funding may be obtained from general, cash, or federal funds otherwise appropriated to the office of behavioral health BHA.

(2) There is created in the office of the state treasurer the addiction counselor training fund, referred to in this section as the "fund". Money collected pursuant to subsection (1) of this section shall be deposited in the fund. The money in the fund is subject to annual appropriation by the general assembly to the department for allocation to the office of behavioral health BHA for the administration of addiction counselor training requirements established by rules of the state board of

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1	human services pursuant to section 27-80-108 (1)(e). Money in the fund
2	at the end of the fiscal year must remain in the fund and not revert to the
3	general fund.
4	SECTION 153. In Colorado Revised Statutes, 27-80-112, amend
5	(2) as follows:
6	27-80-112. Legislative declaration - treatment program for
7	high-risk pregnant women - creation. (2) In recognition of such
8	problems, there is hereby created a treatment program for high-risk
9	pregnant women IN THE BEHAVIORAL HEALTH ADMINISTRATION.
10	SECTION 154. In Colorado Revised Statutes, amend 27-80-113
11	as follows:
12	27-80-113. Substance use and addiction counseling and
13	treatment - necessary components. Any entity that qualifies to provide
14	services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment
15	program for high-risk pregnant women, shall make available, in addition
16	to substance use and addiction counseling and treatment: Risk assessment
17	services; care coordination; nutrition assessment; psychosocial
18	counseling; intensive health education, including parenting education and
19	education on risk factors and appropriate health behaviors; home visits;
20	transportation services; and other services deemed necessary by the office
21	of behavioral health BHA and the department of health care policy and
22	financing.
23	SECTION 155. In Colorado Revised Statutes, 27-80-117, amend
24	(2)(a)(I) introductory portion, (2)(a)(II), (2)(b), (2)(c), and (3); and add
25	(3.5) as follows:
26	27-80-117. Rural alcohol and substance abuse prevention and
27	treatment program - creation - administration - cash fund -

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definitions - repeal. (2) (a) (I) There is created the rural alcohol and substance abuse prevention and treatment program in the office of behavioral health BHA to provide:

- (II) The office of behavioral health BHA shall administer the program pursuant to rules adopted by the state board of human services as of January 1, 2010, or as amended by the state board.
- (b) The office of behavioral health BHA shall incorporate provisions to implement the program into its regular contracting mechanism for the purchase of prevention and treatment services pursuant to section 27-80-106, including detoxification programs. The office of behavioral health BHA shall develop a method to equitably distribute and provide additional money through contracts to provide for prevention services for and treatment of persons in rural areas.
- (c) Notwithstanding any provision of this section to the contrary, the office of behavioral health BHA shall implement the program on or after January 1, 2011, subject to the availability of sufficient money to operate an effective program, as determined by the office BHA.
- (3) (a) There is created in the state treasury the rural alcohol and substance abuse cash fund, referred to in this section as the "fund", that consists of the rural youth alcohol and substance abuse prevention and treatment account, referred to in this section as the "youth account", and the rural detoxification account, referred to in this section as the "detoxification account". The fund is comprised of money collected from surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges must be divided equally between the youth account and the detoxification account. The fund also includes any money credited to the fund pursuant

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1 to subsection (3)(b) of this section. Money in the fund credited pursuant 2 to subsection (3)(b) of this section must be divided equally between the 3 youth account and the detoxification account unless the grantee or donor 4 specifies to which account the grant, gift, or donation is to be credited. 5 The money in the fund is subject to annual appropriation by the general 6 assembly to the office of behavioral health BHA for the purpose of 7 implementing the program. All interest derived from the deposit and 8 investment of money in the fund remains in the fund. Any unexpended or 9 unencumbered money remaining in the fund at the end of a fiscal year 10 remains in the fund and shall not be transferred or credited to the general 11 fund or another fund; except that any unexpended and unencumbered 12 money remaining in the fund as of August 30, 2025, is credited to the 13 general fund. 14 (b) The office of behavioral health BHA is authorized to accept 15 grants, gifts, or donations from any private or public source on behalf of 16 the state for the purpose of the program. The office of behavioral health 17 BHA shall transmit all private and public money received through grants, 18 gifts, or donations to the state treasurer, who shall credit the same to the 19 fund. 20 (3.5) As of July 1, 2022, the department of public health 21 AND ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE 22 ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION. 23 SECTION 156. In Colorado Revised Statutes, 27-80-119, amend 24 (3), (4), (6) introductory portion, (6)(f), (7), and (8) as follows: 25 27-80-119. Care navigation program - creation - reporting -26 rules - legislative declaration - definition. (3) Subject to available

appropriations, the department BHA shall implement a care navigation

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program to assist engaged clients in obtaining access to treatment for substance use disorders. At a minimum, services available statewide must include independent screening of the treatment needs of the engaged client using nationally recognized screening criteria to determine the correct level of care; the identification of licensed or accredited substance use disorder treatment options, including social and medical detoxification services, medication-assisted treatment, and inpatient and outpatient treatment programs; and the availability of various treatment options for the engaged client.

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(4) To implement the care navigation program, the office BHA shall include care navigation services in the twenty-four-hour telephone crisis service created pursuant to section 27-60-103. The contractor selected by the office BHA must provide care navigation services to engaged clients statewide. Care navigation services must be available twenty-four hours a day and must be accessible through various formats. The contractor shall coordinate services in conjunction with other state care navigation and coordination services and behavioral health response systems to ensure coordinated and integrated service delivery. The use of peer support specialists is encouraged in the coordination of services. The contractor shall assist the engaged client with accessing treatment facilities, treatment programs, or treatment providers and shall provide services to engaged clients regardless of the client's payer source or whether the client is uninsured. Once the engaged client has initiated treatment, the contractor is no longer responsible for care navigation for that engaged client for that episode. Engaged clients who are enrolled in the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5 shall be provided with contact information for their managed care entity.

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The contractor shall conduct ongoing outreach to inform behavioral health providers, counties, county departments of human or social services, jails, law enforcement personnel, health-care professionals, and other interested persons about care navigation services.

- (6) The contractor shall collect and transmit to the department BHA, in the time and manner determined by rule of the department STATE BOARD OF HUMAN SERVICES, the following data and information relating to engaged clients served by the contractor:
- (f) Whether the engaged client had private or public insurance or was eligible for services through the office BHA due to income;
- (7) The state board OF HUMAN SERVICES may promulgate any rules necessary to implement the care navigation program.
- (8) No later than September 1 during the first year in which the care navigation program is implemented pursuant to this section, and no later than September 1 of each year thereafter in which the care navigation program is implemented, the department BHA shall submit an annual report to the joint budget committee, the public AND BEHAVIORAL health care and human services committee and the health and insurance committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, concerning the utilization of care navigation services pursuant to this section, including a summary of the data and information collected by the contractor pursuant to subsection (6) of this section, in accordance with state and federal health-care privacy laws. Notwithstanding the provisions of section 24-1-136 (11)(a)(I), the reporting requirements of this subsection (8) continue indefinitely.

SECTION 157. In Colorado Revised Statutes, 27-80-120, amend

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(1), (2), (3), and (6) as follows:

27-80-120. Building substance use disorder treatment capacity in underserved communities - grant program. (1) There is created in the department BEHAVIORAL HEALTH ADMINISTRATION the building substance use disorder treatment capacity in underserved communities grant program, referred to in this section as the "grant program".

- (2) Subject to available appropriations, the department BHA shall award grant program money to increase substance use disorder capacity and services in rural and frontier communities. Each managed service organization area that consists of at least fifty percent rural or frontier counties shall receive an equal proportion of the annual grant program money to disburse in local grants.
- (3) A grant committee shall review grant applications and, if approved, award local grants. The grant committee includes two members appointed by the county commissioners in the relevant managed service organization service area, two representatives from the managed service organization, and two members representing the department BHA and appointed by the executive director of the department COMMISSIONER. The award of a local grant must be approved by a majority of the members of the grant committee. In awarding a local grant, the grant committee shall prioritize geographic areas that are unserved or underserved. After local grants are approved for each managed service organization service area, the department BHA shall disburse grant program money to the managed service organization for distribution to local grant recipients.
- (6) Money appropriated for the pilot program that remains unexpended and unencumbered at the end of the fiscal year is further

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1 appropriated to the department BHA for the pilot program in the next 2 fiscal year. 3 SECTION 158. In Colorado Revised Statutes, 27-80-121, amend 4 (1) introductory portion as follows: 5 27-80-121. Perinatal substance use data linkage project -6 center for research into substance use disorder prevention, 7 treatment, and recovery support strategies - report. (1) The center for 8 research into substance use disorder prevention, treatment, and recovery 9 support strategies established in section 27-80-118, referred to in this 10 section as the "center", in partnership with an institution of higher 11 education and the state substance abuse trend and response task force 12 established in section 18-18.5-103, may conduct a statewide perinatal 13 substance use data linkage project that uses ongoing collection, analysis, 14 interpretation, and dissemination of data for the planning, 15 implementation, and evaluation of public health actions to improve 16 outcomes for families impacted by substance use during pregnancy. The 17 data linkage project shall utilize data from the medical assistance 18 program, articles 4 to 6 of title 25.5; the electronic prescription drug 19 monitoring program created in part 4 of article 280 of title 12; the 20 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the 21 Colorado immunization information system, created pursuant to section 22 25-4-2401, et seq.; the Colorado child care assistance program, created 23 in part 8 of article 2 of title 26; the office of behavioral health in the 24 department of human services BHA; and birth and death records to 25 examine the following: 26 **SECTION 159.** In Colorado Revised Statutes, 27-80-122, amend

(1) introductory portion and (2) as follows:

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27-80-122. Recovery residence certifying body - competitive
selection process - appropriation. (1) No later than January 1, 2022, the
office of behavioral health BHA shall use a competitive selection process
pursuant to the "Procurement Code", articles 101 to 112 of title 24, to
select a recovery residence certifying body to:
(2) For the 2021-22 state fiscal year and each state fiscal year
thereafter, the general assembly shall appropriate two hundred thousand
dollars to the office of behavioral health BHA for the purpose of
implementing this section.
SECTION 160. In Colorado Revised Statutes, 27-80-123, amend
(2), (4) introductory portion, (5), (6), (7) introductory portion, and (7)(a)
as follows:
27-80-123. High-risk families cash fund - creation - services
provided - report - definition. (2) There is created in the state treasury
provided - report - definition. (2) There is created in the state treasury the high-risk families cash fund, referred to in this section as the "fund".
the high-risk families cash fund, referred to in this section as the "fund".
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the department BHA, which may expend
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the department BHA, which may expend money from the fund for the purposes specified in subsection (4) of this
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the department BHA, which may expend money from the fund for the purposes specified in subsection (4) of this section.
the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the department BHA, which may expend money from the fund for the purposes specified in subsection (4) of this section. (4) The department BHA may expend money in the fund for the

counties, nonprofit organizations, or municipalities to provide services

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1	described in subsection (4) of this section.
2	(b) Money expended by the department BHA must be used for
3	one-time allocations to increase treatment capacity, including start-up
4	costs and capital expenditures, or to provide substance use disorder
5	recovery and wraparound services, including the prenatal plus program
6	and access to child care, to high-risk families.
7	(6) After considering relevant stakeholder feedback, the
8	department BHA shall annually prioritize the use of available money in
9	the fund, recognizing statewide need and complementing existing funding
10	for behavioral health services statewide.
11	(7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I)
12	to the contrary, the department BHA shall submit a report to the general
13	assembly on July 1, 2020, and on July 1 each year thereafter, which report
14	must include:
15	(a) A summary of expenditures from the fund made by the
16	department BHA;
17	SECTION 161. Repeal of relocated provision in this act. In
18	Colorado Revised Statutes, repeal 27-80-124.
19	SECTION 162. In Colorado Revised Statutes, 27-80-125, amend
20	(1) introductory portion, (2), (3), (4), and (5) as follows:
21	27-80-125. Housing assistance for individuals with a substance
22	use disorder - rules - report - appropriation. (1) The office of
23	behavioral health BHA shall establish a program to provide temporary
24	financial housing assistance to individuals with a substance use disorder
25	who have no supportive housing options when the individual is:
26	(2) The office of behavioral health BHA may promulgate rules
27	establishing the maximum amount of temporary financial assistance that

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an individual can receive and the maximum amount of time for which an individual may receive assistance. Rules promulgated pursuant to this subsection (2) related to the time for which an individual may receive assistance must be clinically based, culturally responsive, and trauma-informed.

- (3) In awarding temporary financial housing assistance in accordance with this section, the office of behavioral health BHA shall consider funding for individuals entering into a recovery residence, as defined in section 25-1.5-108.5 (1)(a).
- (4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1, 2022, and by February 1 each year thereafter, the office of behavioral health BHA shall submit a report detailing the amount of housing assistance provided in the prior year, the number of individuals and the entities that received the housing assistance, and the duration of housing assistance each individual or entity received to the health and human services committee of the senate, the health and insurance and the public and behavioral health and human services committees of the house of representatives, and the opioid and other substance use disorders study committee created in section 10-22.3-101, or any successor committees.
- (5) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate four million dollars to the office of behavioral health BHA for the purpose of the housing program described in this section.
- **SECTION 163.** In Colorado Revised Statutes, 27-80-126, **amend** (2), (4), (5), (6)(a), (7)(a) introductory portion, (7)(a)(IV), (7)(b), and (8) as follows:
 - 27-80-126. Recovery support services grant program -

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1	creation - eligibility - reporting requirements - appropriation - rules
2	- definitions. (2) There is created in the office of behavioral health
3	ADMINISTRATION the recovery support services grant program, referred
4	to in this section as the "grant program", to provide grants to recovery
5	community organizations for the purpose of providing recovery-oriented
6	services to individuals with a substance use disorder or co-occurring
7	substance use and mental health disorder.
8	(4) The office of behavioral health BHA shall administer the grant
9	program. Subject to available appropriations, the office BHA shall
10	disburse grant money appropriated pursuant to subsection (8) of this
11	section to each managed service organization designated pursuant to
12	section 27-80-107.
13	(5) The office of behavioral health BHA shall implement the grant
14	program in accordance with this section. Pursuant to article 4 of title 24,
15	the office BHA shall promulgate rules as necessary to implement the
16	grant program.
17	(6) (a) To receive a grant, a recovery community organization
18	must submit an application to the applicable managed service
19	organization in accordance with rules promulgated by the office of
20	behavioral health BHA.
21	(7) (a) On or before December 1, 2023, and on or before
22	December 1 each year thereafter, each managed service organization that
23	awards grants shall submit a report to the office of behavioral health
24	BHA. At a minimum, the report must include the following information:
25	(IV) Any other information required by the office of behavioral
26	health BHA.

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(b) On or before March 1, 2022, and on or before March 1 each

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year thereafter for the duration of the grant program, the office of behavioral health BHA shall submit a summarized report on the grant program to the health and human services committee of the senate and the health and insurance and the public and behavioral health and human services committees of the house of representatives, or any successor committees, and to the opioid and other substance use disorders study committee created in section 10-22.3-101.

(8) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate one million six hundred thousand dollars from the general fund to the office of behavioral health BHA to implement the grant program. The office BHA may use a portion of the money appropriated for the grant program to pay the direct and indirect costs of administering the grant program.

SECTION 164. In Colorado Revised Statutes, 27-80-204, **amend** (1)(a), (1)(b)(II), (3), and (4) as follows:

27-80-204. License required - controlled substances - repeal.

(1) (a) In accordance with part 3 of article 18 of title 18, a substance use disorder treatment program that compounds, administers, or dispenses a controlled substance shall annually obtain a license issued by the department BHA for each place of business or professional practice located in this state.

(b) (II) Prior to the repeal, the department of regulatory agencies shall review the licensing functions of the department BHA as provided in section 24-34-104. In conducting the review, the department of regulatory agencies shall consider whether the licensing pursuant to this subsection (1) should be combined with the licensing of any other substance use disorder treatment programs by the department.

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1	(3) An employee of a facility, as defined in section 25-1.5-301,
2	C.R.S., who is administering and monitoring medications to persons
3	under the care or jurisdiction of the facility pursuant to part 3 of article
4	1.5 of title 25 C.R.S., need not be licensed by the department BHA to
5	lawfully possess controlled substances under this part 2.
6	(4) A person who is required to be but is not yet licensed may
7	apply for a license at any time. A person who is required to be licensed
8	under this part 2 shall not engage in any activity for which a license is
9	required until the department BHA grants the person's application and
10	issues a license to him or her THE PERSON.
11	SECTION 165. In Colorado Revised Statutes, 27-80-205, amend
12	(1) introductory portion, (3)(a.5), and (3)(b) as follows:
13	27-80-205. Issuance of license - fees. (1) The department BHA,
14	as provided in section 27-80-204 (1), shall issue the appropriate license
15	to each substance use disorder treatment program meeting all the
16	requirements of this part 2 unless it determines that the issuance of the
17	license would be inconsistent with the public interest. In determining the
18	public interest, the department BHA shall consider the following factors:
19	(3) (a.5) The department BHA may administratively set initial and
20	annual license fees for substance use disorder treatment programs to
21	approximate the direct and indirect costs of the program.
22	(b) The department BHA shall transmit the fees collected pursuant
23	to this section to the state treasurer for deposit in the controlled
24	substances program fund created in section 27-80-206.
25	SECTION 166. In Colorado Revised Statutes, amend 27-80-206
26	as follows:
27	27-80-206. Controlled substances program fund - disposition

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1	of fees. There is hereby created in the state treasury the controlled
2	substances program fund. The department BHA shall transmit all moneys
3	MONEY it collects pursuant to this part 2 to the state treasurer, who shall
4	credit the moneys MONEY to the controlled substances program fund. The
5	general assembly shall make annual appropriations ANNUALLY
6	APPROPRIATE MONEY from the controlled substances program fund to the
7	department BHA for the purposes authorized by this part 2. All moneys
8	MONEY credited to the controlled substances program fund and any
9	interest earned on the fund remain REMAINS in the fund and do DOES not
10	revert to the general fund or any other fund at the end of any fiscal year.
11	SECTION 167. In Colorado Revised Statutes, 27-80-207, amend
12	(3) as follows:
13	27-80-207. Qualifications for license. (3) The department BHA
14	shall not grant a license to a person who has been convicted within the
15	last two years of a willful violation of this part 2 or any other state or
16	federal law regulating controlled substances.
17	SECTION 168. In Colorado Revised Statutes, 27-80-208, amend
18	(1) introductory portion, (1)(d), (2), (2.5), (3), (4), and (5)(a) as follows:
19	27-80-208. Denial, revocation, or suspension of license - other
20	disciplinary actions - notice. (1) The department BHA may deny,
21	suspend, or revoke a license issued under this part 2 pursuant to article 4
22	of title 24, or take other disciplinary action as set forth in subsection (2.5)
23	of this section, at the department's BHA's discretion, upon a finding that
24	the licensee:
25	(d) Has violated any provision of this part 2 or the rules of the
26	department BHA or of the state board of human services created in
27	section 26-1-107. C.R.S.

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(2) The department BHA may limit revocation or suspension of a license to the particular controlled substance that was the basis for revocation or suspension.

- (2.5) If the department BHA determines that a licensee has committed an act that would authorize the department BHA to deny, revoke, or suspend a license, the department BHA may, at its discretion, impose other disciplinary actions that may include, but need not be limited to, a fine not to exceed five hundred dollars, probation, or stipulation.
- (3) If the department BHA suspends or revokes a license, the department BHA may place all controlled substances owned or possessed by the licensee at the time of the suspension or on the effective date of the revocation order under seal. The department BHA may not dispose of substances under seal until the time for making an appeal has elapsed or until all appeals have been concluded, unless a court orders otherwise or orders the sale of any perishable controlled substances and the deposit of the proceeds with the court. When a revocation order becomes final, all controlled substances may be forfeited to the state.
- (4) The department BHA shall promptly notify the bureau and the appropriate professional licensing agency, if any, of all charges and the final disposition of the charges, and of all forfeitures of a controlled substance.
- (5) (a) On or before July 1, 2020, the department BHA shall develop and implement a formal, simple, accurate, and objective system to track and categorize complaints made against a licensee and disciplinary action taken pursuant to this part 2.

SECTION 169. In Colorado Revised Statutes, 27-80-211, amend

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(2) introductory portion, (2)(b), and (2)(c) as follows:

27-80-211. Enforcement and cooperation. (2) The department

BHA shall cooperate with all agencies charged with the enforcement of the laws of this state, all other states, and the United States relating to

5 controlled substances. To this end, the department BHA shall:

- (b) Cooperate with the bureau and with local, state, and other federal agencies by maintaining a centralized unit to accept, catalogue, file, and collect statistics, including records of dependent and other controlled substance law offenders within the state, and make the information available for federal, state, and local law enforcement or regulatory purposes. The department BHA shall not furnish the name or identity of a patient whose identity could not be obtained under section 27-80-212.
- (c) Respond to referrals, complaints, or other information received regarding possible violations and, upon notification of the appropriate licensing authority, if applicable, and upon a written finding by the executive director of the department COMMISSIONER that probable cause exists to believe that there is illegal distribution or dispensing of controlled substances, to make any inspections, investigations, and reports that may be necessary to determine compliance with this part 2 by all licensed or otherwise authorized individuals who handle controlled substances;
- **SECTION 170.** In Colorado Revised Statutes, **amend** 27-80-213 24 as follows:
 - **27-80-213. Rules policies.** (1) The department BHA shall update rules and promulgate new rules, as necessary and pursuant to article 4 of title 24, C.R.S., to implement this part 2. The department

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BHA shall make the rules available to the public on its website.
(2) The department BHA shall promulgate rules, in accordance
with article 4 of title 24, for the conduct of detoxification treatment,
maintenance treatment, and withdrawal treatment programs for substance
use disorders related to controlled substances.
(3) The department BHA shall develop a policy that separates the
administration of this part 2 from the administration of article 81 of this
title 27. The policy must ensure that the department's BHA's performance
of its duties pursuant to this part 2 does not interfere with the performance
of its duties as required by article 81 of this title 27.
SECTION 171. In Colorado Revised Statutes, 27-80-215, amend
(1)(a), (1)(b), (2)(a)(I), (2)(a)(II), (2)(b), and (3)(b) as follows:
27-80-215. Central registry - registration required - notice -
repeal. (1) (a) On or before July 1, 2020, the department BHA shall
develop or procure a secure online central registry, referred to in this
section as the "registry", to register patients treated in a substance use
disorder treatment program.

(b) The department BHA shall operate and maintain the registry or enter into an agreement with a third party to operate and maintain the registry on its behalf.

(2) (a) (I) In order to prevent simultaneous enrollment of a patient in more than one opioid treatment program, each opioid treatment program shall fully participate in the registry, including submitting a query to the registry for each patient and entering in patient information as required by this part 2 and department BHA rule.

(II) For each patient, the entry into the registry must include the patient's name, the opioid treatment program providing treatment to the

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1	patient, and any information the department BHA deems necessary to
2	further the goals of this part 2.
3	(b) The department BHA shall establish the method for opioid
4	treatment programs to enter information into the registry and query the
5	registry for information concerning prospective patients.
6	(3) (b) Prior to the repeal, the department of regulatory agencies
7	shall review the registration functions of the department BHA as provided
8	in section 24-34-104.
9	SECTION 172. In Colorado Revised Statutes, amend 27-80-216
10	as follows:
11	27-80-216. Policy verifying identity. The department BHA shall
12	establish a policy on how a substance use disorder treatment program
13	must verify the identity of individuals initiating into detoxification,
14	withdrawal, or maintenance treatment for a substance use disorder. The
15	department BHA policy must include verification requirements for
16	individuals without identification and individuals experiencing
17	homelessness.
18	SECTION 173. In Colorado Revised Statutes, 27-80-303, amend
19	(1)(a), (1)(b) introductory portion, (4), and (5) as follows:
20	27-80-303. Office of ombudsman for behavioral health access
21	to care - creation - appointment of ombudsman - duties. (1) (a) There
22	is hereby created in the office of the executive director OF THE
23	DEPARTMENT the office of the ombudsman for behavioral health access
24	to care for the purpose of assisting Coloradans in accessing behavioral
25	health care.
26	(b) The office of behavioral health IN THE DEPARTMENT AND THE
27	BHA shall offer the office limited support with respect to:

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(4) The ombudsman, employees of the office, and any persons
acting on behalf of the office shall comply with all state and federa
confidentiality laws that govern the department AND THE BHA with
respect to the treatment of confidential information or records and the
disclosure of such information and records.
(5) In the performance of his or her THE OMBUDSMAN'S duties, the
ombudsman shall act independently of the office of behavioral health IN
THE DEPARTMENT AND THE BHA. Any recommendations made or
positions taken by the ombudsman do not reflect those of the department
or THE office of behavioral health, OR THE BHA.
SECTION 174. In Colorado Revised Statutes, amend 27-80-304
as follows:
27-80-304. Liaisons - department - commissioner of insurance
The commissioner of insurance and the executive director OF THE
DEPARTMENT shall each appoint a liaison to the ombudsman to receive
reports of concerns, complaints, and potential violations described in
section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care
providers.
SECTION 175. In Colorado Revised Statutes, 27-80-306, amend
(2) and (3) as follows:
27-80-306. Annual report. (2) The ombudsman shall submit the
report required by this section to the governor, the executive director OF
THE DEPARTMENT AND THE COMMISSIONER OF THE BHA, the
commissioner of insurance, the senate committee on health and human
services or any successor committee, and the house of representatives
committees on health AND insurance and environment and public AND

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1	committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting
2	requirement set forth in this section continues indefinitely.
3	(3) The ombudsman shall post the annual report on the
4	department's BHA's website.
5	SECTION 176. In Colorado Revised Statutes, 27-81-102, amend
6	(3); amend as it will become effective July 1, 2022, (13.7); repeal (6),
7	(8), and (13.5); and add (3.3) and (3.7) as follows:
8	27-81-102. Definitions. As used in this article 81, unless the
9	context otherwise requires:
10	(3) "Approved public treatment facility" means a treatment agency
11	operating under the direction and control of or approved by the office of
12	behavioral health BHA or providing treatment pursuant to this article 81
13	through a contract with the office of behavioral health BHA pursuant to
14	section 27-81-105 (7) and meeting the standards prescribed in section
15	27-81-106 (1) and approved pursuant to section 27-81-106.
16	(3.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
17	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
18	27-50-102.
19	(3.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
20	BEHAVIORAL HEALTH ADMINISTRATION.
21	(6) "Director" means the director of the office of behavioral
22	health.
23	(8) "Executive director" means the executive director of the
24	department.
25	(13.5) "Office of behavioral health" means the office of
26	behavioral health in the department.
27	(13.7) "Public funds" means money appropriated to the office of

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I	benavioral health Administration by the general assembly or any other
2	governmental or private sources for withdrawal management or for the
3	treatment of alcohol use disorders in approved facilities pursuant to this
4	article 81.
5	SECTION 177. In Colorado Revised Statutes, 27-81-103, amend
6	(1) introductory portion as follows:
7	27-81-103. Powers of the behavioral health administration.
8	(1) To carry out the purposes of this article 81, the office of behavioral
9	health BHA may:
10	SECTION 178. In Colorado Revised Statutes, 27-81-104, amend
11	(1) introductory portion and (1)(r) as follows:
12	27-81-104. Duties of the behavioral health administration -
13	review. (1) In addition to duties prescribed by section 27-80-102, the
14	office of behavioral health THE BHA shall:
15	(r) Submit to the governor an annual report covering the activities
16	of the office of behavioral health BHA.
17	SECTION 179. In Colorado Revised Statutes, 27-81-105, amend
18	(1), (2) introductory portion, (3), (4), (6), and (7) as follows:
19	27-81-105. Comprehensive program for treatment - regional
20	facilities. (1) The office of behavioral health BHA shall establish a
21	comprehensive and coordinated program for the treatment of persons with
22	substance use disorders, persons intoxicated by alcohol, and persons
23	under the influence of drugs.
24	(2) Insofar as money available to the office of behavioral health
25	BHA permits, the program established in subsection (1) of this section
26	must include all of the following:
27	(3) The office of behavioral health BHA shall provide adequate

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and appropriate treatment for persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs admitted pursuant to sections 27-81-109 to 27-81-112. Except as otherwise provided in section 27-81-111, treatment must not be provided at a correctional institution, except for inmates.

- (4) The office of behavioral health BHA shall maintain, supervise, and control all facilities it operates subject to policies of the department. The administrator of each facility shall make an annual report of the facility's activities to the director COMMISSIONER in the form and manner specified by the director COMMISSIONER.
- (6) The director COMMISSIONER shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.
- (7) The office of behavioral health BHA may contract for the use of any facility as an approved public treatment facility if the director COMMISSIONER, subject to the policies of the department, considers it to be an effective and economical course to follow.
- **SECTION 180.** In Colorado Revised Statutes, **amend** 27-81-106 as follows:

27-81-106. Standards for public and private treatment facilities - fees - enforcement procedures - penalties. (1) In accordance with the provisions of this article 81, the office of behavioral health BHA shall establish standards for approved treatment facilities that receive public funds. A treatment facility shall meet the established standards to be approved as a public or private treatment facility. The office of behavioral health BHA shall fix the fees to be charged for the required inspections. The fees charged to approved treatment facilities that provide

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- level I and level II programs, as provided in section 42-4-1301.3 (3)(c),
- 2 must be transmitted to the state treasurer, who shall credit the fees to the
- 3 alcohol and drug driving safety program fund created in section
- 4 42-4-1301.3 (4)(a). The standards may concern only health standards to
- 5 be met and standards of treatment to be afforded patients and must reflect
- 6 the success criteria established by the general assembly.

- (2) The office of behavioral health BHA shall periodically inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.
- (3) The office of behavioral health BHA shall maintain a list of approved public and private treatment facilities.
- (4) Each approved public and private treatment facility shall file with the office of behavioral health BHA, on request, data, statistics, schedules, and any other information the office BHA reasonably requires. The director COMMISSIONER shall remove from the list of approved treatment facilities an approved public or private treatment facility that fails, without good cause, to furnish any data, statistics, schedules, or other information, as requested, or files fraudulent returns.
- (5) The office of behavioral health BHA, after A hearing, may suspend, revoke, limit, restrict, or refuse to grant an approval for failure to meet its standards.
- (6) A person shall not operate a private or public treatment facility in this state without approval from the office of behavioral health BHA; except that this article 81 does not apply to a private treatment facility that accepts only private money and does not dispense controlled substances. The district court may restrain any violation of, review any denial, restriction, or revocation of approval under, and grant other relief

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required to enforce the provisions of this section.

(7) Upon petition of the office of behavioral health BHA and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office of behavioral health BHA authorizing him or her THE OFFICER OR EMPLOYEE to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment facility that refuses to consent to inspection or examination by the office of behavioral health BHA or which the office of behavioral health BHA has reasonable cause to believe is operating in violation of this article 81.

SECTION 181. In Colorado Revised Statutes, 27-81-107, amend (2) introductory portion and (3); and amend as it will become effective July 1, 2022, (1) as follows:

27-81-107. Compliance with local government zoning regulations - notice to local governments - provisional approval - repeal. (1) Prior to July 1, 2024, the office of behavioral health BHA shall require any residential treatment facility seeking approval as a public or private treatment facility pursuant to this article 81 to comply with any applicable zoning regulations of the municipality, city and county, or county where the facility is situated. Failure to comply with applicable zoning regulations constitutes grounds for the denial of approval of a facility.

(2) The office of behavioral health BHA shall assure that timely written notice is provided to the municipality, city and county, or county where a residential treatment facility is situated, including the address of the facility and the population and number of persons to be served by the facility, when any of the following occurs:

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1	(3) In the event of a zoning or other delay or dispute between a
2	residential treatment facility and the municipality, city and county, or
3	county where the facility is situated, the office of behavioral health BHA
4	may grant provisional approval of the facility for up to one hundred
5	twenty days pending resolution of the delay or dispute.
6	SECTION 182. In Colorado Revised Statutes, repeal as it will
7	become effective July 1, 2022, 27-81-107.5.
8	SECTION 183. In Colorado Revised Statutes, 27-81-108, amend
9	(1) introductory portion and (1)(b) as follows:
10	27-81-108. Acceptance for treatment - rules. (1) The director
11	COMMISSIONER shall adopt and may amend and repeal rules for
12	acceptance of persons into the substance use disorder treatment program,
13	considering available treatment resources and facilities, for the purpose
14	of early and effective treatment of persons with substance use disorders,
15	persons intoxicated by alcohol, and persons under the influence of drugs.
16	In establishing the rules, the following standards guide the director
17	COMMISSIONER:
18	(b) Qualified staff shall assess the proper level of care for the
19	person pursuant to rules adopted by the director COMMISSIONER and make
20	a referral for placement.
21	SECTION 184. In Colorado Revised Statutes, 27-81-109, amend
22	(2) as follows:
23	27-81-109. Voluntary treatment of persons with substance use
24	disorders. (2) Subject to rules adopted by the director COMMISSIONER,
25	the administrator in charge of an approved treatment facility shall
26	determine who is admitted for treatment. If a person is refused admission
27	to an approved treatment facility, the administrator may refer the person

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1 to another approved and appropriate treatment facility for treatment if it 2 is deemed likely to be beneficial. A person must not be referred for 3 further treatment if it is determined that further treatment is not likely to 4 bring about significant improvement in the person's condition, or 5 treatment is no longer appropriate, or further treatment is unlikely to be 6 beneficial. 7 SECTION 185. In Colorado Revised Statutes, 27-81-110, amend 8 (1) as follows: 9 27-81-110. Voluntary treatment for persons intoxicated by 10 alcohol, under the influence of drugs, or incapacitated by substances. 11 (1) A person intoxicated by alcohol, under the influence of drugs, or 12 incapacitated by substances, including a minor if provided by rules of the 13 office of behavioral health BHA, may voluntarily admit himself or herself 14 THE PERSON'S SELF to an approved treatment facility for an emergency 15 evaluation to determine need for treatment. 16 SECTION 186. In Colorado Revised Statutes, 27-81-112, amend 17 (1), (3)(a)(I), (3)(b), (3)(c), (5), (6), (7), (8), (10), and (11) introductory 18 portion as follows: 19 27-81-112. Involuntary commitment of a person with a 20 substance use disorder. (1) The court may commit a person to the 21 custody of the office of behavioral health BHA upon the petition of the 22 person's spouse or guardian, a relative, a physician, an advanced practice 23 nurse, the administrator in charge of an approved treatment facility, or 24 any other responsible person. The petition must allege that the person has 25 a substance use disorder and that the person has threatened or attempted 26 to inflict or inflicted physical harm on himself or herself THE PERSON'S

SELF or on another and that unless committed, the person is likely to

27

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inflict physical harm on himself or herself THE PERSON'S SELF or on another or that the person is incapacitated by substances. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within ten days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition, or an examination cannot be made of the person due to the person's condition. The certificate must set forth the physician's findings in support of the petition's allegations.

- (3) (a) Upon filing the petition, the person whose commitment is sought must be notified of the person's right to:
- (I) Enter into a stipulated order of the court for committed treatment in order to expedite placement in an approved treatment facility by the office of behavioral health BHA; or
- (b) If a stipulated order is entered, the office of behavioral health BHA shall place the person in an approved treatment program that reflects the level of need of the person.
- (c) If the person whose commitment is sought exercises the right to contest the petition, the court shall fix a date for a hearing no later than ten days, excluding weekends and holidays, after the date the petition was filed. A copy of the petition and the notice of the hearing, including the date fixed by the court, must be personally served on the petitioner, the person whose commitment is sought, and one of the person's parents or the person's legal guardian if the person is a minor. A copy of the petition and notice of hearing must be provided to the office of behavioral health

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BHA, to counsel for the person whose commitment is sought, to the administrator in charge of the approved treatment facility to which the person may have been committed for emergency treatment, and to any other person the court believes advisable.

- (5) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed hospital, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, the court shall make an order of commitment to the office of behavioral health. The office of behavioral health BHA. THE BHA has the right to delegate physical custody of the person to an appropriate approved treatment facility. The court may not order commitment of a person unless it THE COURT determines that the office of behavioral health BHA is able to provide adequate and appropriate treatment for the person, and the treatment is likely to be beneficial.
- (6) Upon the court's commitment of a person to the office of behavioral health BHA, the court may issue an order to the sheriff to transport the person to the facility designated by the office of behavioral health BHA.
- (7) A person committed as provided for in this section remains in the custody of the office of behavioral health BHA for treatment for a period of up to ninety days. At the end of the ninety-day period, the treatment facility shall automatically discharge the person unless the office of behavioral health BHA, before expiration of the ninety-day period, obtains a court order for the person's recommitment on the grounds set forth in subsection (1) of this section for a further period of ninety days unless discharged sooner. If a person has been committed because the person is a person with a substance use disorder who is likely

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to inflict physical harm on another, the office of behavioral health BHA shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists.

- (8) A person who is recommitted as provided for in subsection (7) of this section and who has not been discharged by the office of behavioral health BHA before the end of the ninety-day period is discharged at the expiration of that ninety-day period unless the office of behavioral health BHA, before expiration of the ninety-day period, obtains a court order on the grounds set forth in subsection (1) of this section for recommitment for a further period, not to exceed ninety days. If a person has been committed because the person is a person with a substance use disorder who is likely to inflict physical harm on another, the office of behavioral health BHA shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists. Only two recommitment orders pursuant to subsection (7) of this section and this subsection (8) are permitted.
- (10) The office of behavioral health BHA shall provide adequate and appropriate treatment of a person committed to its custody. The office of behavioral health BHA may transfer any person committed to its custody from one approved treatment facility to another, if transfer is advisable.
- (11) The office of behavioral health BHA shall discharge a person committed to its custody for treatment at any time before the end of the period for which the person has been committed if either of the following conditions is met:

SECTION 187. In Colorado Revised Statutes, 27-81-113, **amend** (2) as follows:

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27-81-113. Records of persons with substance use disorders,
persons intoxicated by alcohol, and persons under the influence of
substances. (2) Notwithstanding subsection (1) of this section, the
director COMMISSIONER may make available information from patients'
records for purposes of research into the causes and treatment of
substance use disorders. Information made available pursuant to this
subsection (2) must not be published in a way that discloses patients'
names or other identifying information.
SECTION 188. In Colorado Revised Statutes, 27-81-114, amend
(1)(c), (1)(j), and (1)(l) as follows:
27-81-114. Rights of persons receiving evaluation, care, or
treatment. (1) A facility shall immediately advise each person receiving
evaluation, care, or treatment under any provision of this article 81, orally
and in writing, that the person has and is afforded the following rights:
(c) To receive timely medical and behavioral health care and
treatment, as specified in law, that is determined based on the person's
needs and that is delivered in the least restrictive treatment setting
possible, as set forth in department BHA rules;
(j) To have reasonable opportunities for continuing visitation and
communication with the person's family and friends, consistent with an
effective treatment program and as determined in department BHA rules.
Each person may meet with the person's attorney, clergyperson, or
health-care provider at any time.
(l) Subject to department BHA rules relating to the use of
telephones and other communication devices, to have reasonable access
to telephones or other communication devices, and to make and to receive
calls or communications in privacy. Facility staff shall not open, delay,

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1	intercept, read, or censor mair or other communications or use mair or
2	other communications as a method to enforce compliance with facility
3	staff.
4	SECTION 189. In Colorado Revised Statutes, amend 27-81-115
5	as follows:
6	27-81-115. Emergency service patrol - establishment - rules.
7	(1) The office of behavioral health BHA and cities, counties, city and
8	counties, and regional service authorities may establish emergency
9	service patrols. A patrol consists of persons trained to give assistance in
10	the streets and in other public places to persons who are intoxicated by
11	alcohol, under the influence of drugs, or incapacitated by substances.
12	Members of an emergency service patrol must be capable of providing
13	first aid in emergency situations and are authorized to transport a person
14	intoxicated by alcohol, under the influence of drugs, or incapacitated by
15	substances to his or her THE PERSON'S home and to and from treatment
16	facilities.
17	(2) The director COMMISSIONER shall adopt rules for the
18	establishment, training, and conduct of emergency service patrols.
19	SECTION 190. In Colorado Revised Statutes, 27-81-116, amend
20	(3) as follows:
21	27-81-116. Payment for treatment - financial ability of
22	patients. (3) The director COMMISSIONER shall adopt rules that establish
23	a standardized ability-to-pay schedule, under which those with sufficient
24	financial ability are required to pay the full cost of services provided and
25	those who are totally without sufficient financial ability are provided
26	appropriate treatment at no charge. The schedule shall take into
27	consideration the income, including government assistance programs,

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1	savings, and other personal and real property, of the person required to
2	pay and any support the person required to pay furnishes to another
3	person as required by law.
4	SECTION 191. In Colorado Revised Statutes, 27-81-118, amend
5	(2)(a)(II) as follows:
6	27-81-118. Opioid crisis recovery funds advisory committee -
7	creation - membership - purpose. (2) (a) The committee consists of
8	members appointed as follows:
9	(II) Two members appointed by the executive director of the
10	department of human services COMMISSIONER, one of whom must
11	represent an association of substance use providers;
12	SECTION 192. In Colorado Revised Statutes, amend 27-82-201
13	as follows:
14	27-82-201. Legislative declaration. The general assembly finds
15	and declares that facilities that provide treatment to individuals with a
16	substance use disorder, including medication-assisted treatment, and
17	clinics that provide obstetric and gynecological health-care services
18	would better serve pregnant and postpartum women if the services could
19	be coordinated and provided to women at the same location. It is the
20	intent of the general assembly to fund a pilot program to integrate these
21	health-care services at specified facilities and clinics and require the
22	office of behavioral health BHA to evaluate the pilot program and report
23	the results of the pilot program to the general assembly.
24	SECTION 193. In Colorado Revised Statutes, 27-82-202, amend
25	(1) and (4); and add (1.5) as follows:
26	27-82-202. Definitions. As used in this part 2, unless the context
2.7	otherwise requires:

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1	(1) "Clinic" means a site that provides obstetric and gynecological
2	health care "Behavioral Health administration" or "BHA" means
3	THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
4	27-50-102.
5	(1.5) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
6	GYNECOLOGICAL HEALTH CARE.
7	(4) "Treatment facility" means a health-care facility that provides
8	substance use disorder or medication-assisted treatment and that is
9	approved by the office of behavioral health ADMINISTRATION pursuant to
10	section 27-81-106.
11	SECTION 194. In Colorado Revised Statutes, 27-82-203, amend
12	(1) introductory portion, (2), (4) introductory portion, and (5) as follows:
13	27-82-203. Maternal and child health pilot program - created
14	- eligibility of grant recipients - rules - report. (1) There is created in
15	the department BEHAVIORAL HEALTH ADMINISTRATION the maternal and
16	child health pilot program. The office of behavioral health BHA shall
17	administer the pilot program. The purpose of the pilot program is to:
18	(2) The office of behavioral health BHA shall determine the
19	criteria for treatment facilities and clinics to be eligible to receive the
20	grants.
21	(4) The state board of human services within the department OF
22	HUMAN SERVICES, in consultation with the office of behavioral health
23	BHA, may promulgate rules to implement the pilot program. The rules
24	must include:
25	(5) The executive director COMMISSIONER OF THE BHA shall
26	determine a process to evaluate the grant recipients and the integration of
27	health care resulting from the pilot program. The office of behavioral

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1	health BHA shall report the results of the pilot program to the public AND
2	BEHAVIORAL health care and human services and the health and insurance
3	committees of the house of representatives and the health and human
4	services committee of the senate, or their successor committees.
5	SECTION 195. In Colorado Revised Statutes, amend 27-82-204
6	as follows:
7	27-82-204. Funding for pilot program. (1) (a) For the 2021-22
8	fiscal year, and each fiscal year thereafter, the general assembly shall
9	appropriate money from the marijuana tax cash fund created in section
10	39-28.8-501 (1) to the department for allocation to the office of
11	behavioral health TO THE BHA to implement the pilot program. The office
12	of behavioral health BHA may use a portion of the money annually
13	appropriated for the pilot program to pay the direct and indirect costs
14	incurred to administer the pilot program.
15	(b) If any unexpended or uncommitted money appropriated for a
16	fiscal year remains at the end of that fiscal year, the office of behavioral
17	health BHA may expend the money in accordance with this section in the
18	succeeding fiscal year without further appropriation.
19	(2) The department BHA may solicit, accept, and expend any
20	gifts, grants, or donations from private or public sources to implement or
21	administer the pilot program.
22	SECTION 196. In Colorado Revised Statutes, 29-11-202, amend
23	the introductory portion and (1); repeal (2) and (4); and add (1.5) as
24	follows:
25	29-11-202. Definitions. For purposes of As USED IN this part 2,
26	unless the context otherwise requires:
27	(1) "Colorado 2-1-1 collaborative" means the group authorized by

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1	the public utilities commission to establish the provision of human
2	services referral services in the state of Colorado "BEHAVIORAL HEALTH
3	ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
4	ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.
5	(1.5) "COLORADO 2-1-1 COLLABORATIVE" MEANS THE GROUP
6	AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION TO ESTABLISH THE
7	PROVISION OF HUMAN SERVICES REFERRAL SERVICES IN THE STATE OF
8	COLORADO.
9	(2) "Department" means the department of human services created
10	in section 26-1-105.
11	(4) "Office of behavioral health" means the office of behavioral
12	health in the department of human services.
13	SECTION 197. In Colorado Revised Statutes, 29-11-203, amend
14	(3.2)(a) as follows:
15	29-11-203. Human services referral service - immunity - grant
16	- report - repeal. (3.2) (a) During the 2023 legislative session, the
17	department BHA shall include in its report to the committees of reference
18	pursuant to the "State Measurement for Accountable, Responsive, and
19	Transparent (SMART) Government Act" hearing required by section
20	2-7-203 information from the office of behavioral health BHA regarding
	2-7-203 information from the office of behavioral health DITA regarding
21	its contract with the Colorado 2-1-1 collaborative pursuant to subsection
21 22	
	its contract with the Colorado 2-1-1 collaborative pursuant to subsection
22	its contract with the Colorado 2-1-1 collaborative pursuant to subsection (3)(a) of this section prior to its repeal in 2022, and the impact of the
22 23	its contract with the Colorado 2-1-1 collaborative pursuant to subsection (3)(a) of this section prior to its repeal in 2022, and the impact of the statewide communication system on behavioral health referrals and
222324	its contract with the Colorado 2-1-1 collaborative pursuant to subsection (3)(a) of this section prior to its repeal in 2022, and the impact of the statewide communication system on behavioral health referrals and access to behavioral health services and other resources.

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1	operating an aircraft with excessive alcohol content - tests - penalties
2	- useful public service program - definition - repeal. (8) The office of
3	behavioral health ADMINISTRATION in the department of human services
4	shall provide presentence alcohol and drug evaluations on all persons
5	convicted of a violation of subsection (1) or (2) of this section, in the
6	same manner as described in section 42-4-1301.3.
7	SECTION 199. In Colorado Revised Statutes, 42-2-122, amend
8	(1)(i) as follows:
9	42-2-122. Department may cancel license - limited license for
10	physical or mental limitations - rules. (1) The department has the
11	authority to cancel, deny, or deny the reissuance of any driver's or minor
12	driver's license upon determining that the licensee was not entitled to the
13	issuance for any of the following reasons:
14	(i) Failure of the person to complete a level II alcohol and drug
15	education and treatment program certified by the office of behavioral
16	health ADMINISTRATION in the department of human services pursuant to
17	section 42-4-1301.3, as required by section 42-2-126 (4)(d)(II)(A) or
18	42-2-132 (2)(a)(II). The failure must be documented pursuant to section
19	42-2-144.
20	SECTION 200. In Colorado Revised Statutes, 42-2-125, amend
21	(1)(i) as follows:
22	42-2-125. Mandatory revocation of license and permit. (1) The
23	department shall immediately revoke the license or permit of any driver
24	or minor driver upon receiving a record showing that the driver has:
25	(i) Been convicted of DUI, DUI per se, or DWAI and has two
26	previous convictions of any of those offenses. The department shall
27	revoke the license of any driver for an indefinite period and only reissue

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it upon proof to the department that the driver has completed a level II alcohol and drug education and treatment program certified by the office of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3 and that the driver has demonstrated knowledge of the laws and driving ability through the regular motor vehicle testing process. The department shall not reissue the license in less than two years.

SECTION 201. In Colorado Revised Statutes, 42-2-126, **amend** (4)(d)(II) as follows:

42-2-126. Revocation of license based on administrative determination. (4) Multiple restraints and conditions on driving privileges. (d) (II) (A) If a person was driving with excess BAC and the person had a BAC that was 0.15 or more or if the person's driving record otherwise indicates a designation as a persistent drunk driver as defined in section 42-1-102 (68.5), the department shall require the person to complete a level II alcohol and drug education and treatment program certified by the office of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3 as a condition to restoring driving privileges to the person and, upon the restoration of driving privileges, shall require the person to hold a restricted license requiring the use of an ignition interlock device pursuant to section 42-2-132.5 (1)(a)(II).

(B) If a person seeking reinstatement is required to complete, but has not yet completed, a level II alcohol and drug education and treatment program, the person shall file with the department proof of current enrollment in a level II alcohol and drug education and treatment program certified by the office of behavioral health ADMINISTRATION in the

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1	department of human services pursuant to section 42-4-1301.3, on a form
2	approved by the department.
3	SECTION 202. In Colorado Revised Statutes, 42-2-127, amend
4	(14)(a)(I)(A) as follows:
5	42-2-127. Authority to suspend license - to deny license - type
6	of conviction - points. (14) (a) (I) If there is no other statutory reason for
7	denial of a probationary license, any individual who has had a license
8	suspended by the department because of, at least in part, a conviction of
9	an offense specified in subsection (5)(b) of this section may be entitled to
10	a probationary license pursuant to subsection (12) of this section for the
11	purpose of driving for reasons of employment, education, health, or
12	alcohol and drug education or treatment, but:
13	(A) If ordered by the court that convicted the individual, the
14	individual shall enroll in a program of driving education or alcohol and
15	drug education and treatment certified by the office of behavioral health
16	ADMINISTRATION in the department of human services; and
17	SECTION 203. In Colorado Revised Statutes, 42-2-132, amend
18	(2)(a)(II) and (2)(a)(III) as follows:
19	42-2-132. Period of suspension or revocation.
20	(2) (a) (II) (A) Following the period of revocation set forth in this
21	subsection (2), the department shall not issue a new license unless and
22	until it is satisfied that the person has demonstrated knowledge of the
23	laws and driving ability through the appropriate motor vehicle testing
24	process, and that the person whose license was revoked pursuant to
25	section 42-2-125 for a second or subsequent alcohol- or drug-related
26	driving offense has completed not less than a level II alcohol and drug
27	education and treatment program certified by the office of behavioral

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health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3.

- (B) If the person was in violation of section 42-2-126 (3)(a) and the person had a BAC that was 0.15 or more at the time of driving or within two hours after driving, or if the person's driving record otherwise indicates a designation as a persistent drunk driver as defined in section 42-1-102 (68.5), the department shall require the person to complete a level II alcohol and drug education and treatment program certified by the office of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, and, upon the restoration of driving privileges, shall require the person to hold a restricted license requiring the use of an ignition interlock device pursuant to section 42-2-132.5 (1)(a)(II).
- (C) If a person seeking reinstatement has not completed the required level II alcohol and drug education and treatment program, the person shall file with the department proof of current enrollment in a level II alcohol and drug education and treatment program certified by the office of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, on a form approved by the department.
- (III) In the case of a minor driver whose license has been revoked as a result of one conviction for DUI, DUI per se, DWAI, or UDD, the minor driver, unless otherwise required after an evaluation made pursuant to section 42-4-1301.3, must complete a level I alcohol and drug education program certified by the office of behavioral health ADMINISTRATION in the department of human services.

SECTION 204. In Colorado Revised Statutes, 42-2-144, amend

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(1) as follows:

education and treatment program providers - notice of administrative remedies against a driver's license - rules. (1) The department shall require all providers of level II alcohol and drug education and treatment programs certified by the office of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3 to provide quarterly reports to the department about each person who is enrolled and who has filed proof of such enrollment with the department as required by section 42-2-126 (4)(d)(II).

SECTION 205. In Colorado Revised Statutes, 42-4-1301.3, **amend** (3)(c)(IV), (4)(a), and (4)(b) as follows:

42-4-1301.3. Alcohol and drug driving safety program - definition. (3) (c) (IV) For the purpose of this section, "alcohol and drug driving safety education or treatment" means either level I or level II education or treatment programs approved by the office of behavioral health ADMINISTRATION in the department of human services. Level I programs are short-term, didactic education programs. Level II programs are therapeutically oriented education, long-term outpatient, and comprehensive residential programs. The court shall instruct a defendant sentenced to level I or level II programs to meet all financial obligations of the programs. If the financial obligations are not met, the program shall notify the sentencing court for the purpose of collection or review and further action on the defendant's sentence. Nothing in this section prohibits treatment agencies from applying to the state for money to recover the costs of level II treatment for defendants determined indigent by the court.

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(4) (a) There is created an alcohol and drug driving safety program fund in the office of the state treasurer, referred to in this subsection (4) as the "fund". The fund consists of money deposited in it as directed by this subsection (4)(a). The assessment in effect on July 1, 1998, remains in effect unless the judicial department and the office of behavioral health ADMINISTRATION in the department of human services have provided the general assembly with a statement of the cost of the program, including costs of administration for the past and current fiscal year to include a proposed change in the assessment. The general assembly shall then consider the proposed new assessment and approve the amount to be assessed against each person during the following fiscal year in order to ensure that the alcohol and drug driving safety program established in this section is financially self-supporting. Any adjustment in the amount to be assessed must be noted in the appropriation to the judicial department and the office of behavioral health ADMINISTRATION in the department of human services as a footnote or line item related to this program in the general appropriation bill. The state auditor shall periodically audit the costs of the programs to determine that they are reasonable and that the rate charged is accurate based on these costs. Any other fines, fees, or costs levied against a person are not part of the program fund. The court shall transmit to the state treasurer the amount assessed for the alcohol and drug evaluation to be credited to the fund. Fees charged pursuant to section 27-81-106 (1) to approved alcohol and drug treatment facilities that provide level I and level II programs as provided in subsection (3)(c) of this section must be transmitted to the state treasurer, who shall credit the fees to the fund. Upon appropriation by the general assembly, the money must be expended by the judicial

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1	department and the office of behavioral health ADMINISTRATION in the
2	department of human services for the administration of the alcohol and
3	drug driving safety program. In administering the alcohol and drug
4	driving safety program, the judicial department is authorized to contract
5	with any agency for any services the judicial department deems necessary.
6	Money deposited in the fund remains in the fund to be used for the
7	purposes set forth in this section and must not revert or transfer to the
8	general fund except by further act of the general assembly.
9	(b) The judicial department shall ensure that qualified personnel
10	are placed in the judicial districts. The judicial department and the office
11	of behavioral health ADMINISTRATION in the department of human
12	services shall jointly develop and maintain criteria for evaluation
13	techniques, treatment referral, data reporting, and program evaluation.
14	SECTION 206. In Colorado Revised Statutes, 42-4-1306, amend
15	(3)(a)(VI) introductory portion as follows:
16	42-4-1306. Colorado task force on drunk and impaired driving
17	- creation - legislative declaration. (3) (a) The task force shall consist
18	of:
19	(VI) Two representatives appointed by the executive director of
20	COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the
21	department of human services with the following qualifications:
22	SECTION 207. In Colorado Revised Statutes, 43-4-402, amend
23	(2)(a) as follows:
24	43-4-402. Source of revenues - allocation of money. (2) (a) The
25	general assembly shall make an annual appropriation out of the money in
26	the fund to the department of public health and environment in an amount
27	sufficient to pay for the costs of evidential breath alcohol testing,

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including any education needs associated with testing, and implied
consent specialists, the costs of which were previously paid out of the
highway users tax fund. The general assembly shall also make an annual
appropriation out of the money in the fund to the Colorado bureau of
investigation to pay for the costs of toxicology laboratory services,
including any education needs associated with the services. Of the money
remaining in the fund, eighty percent shall be deposited in a special
drunken driving account in the fund, which account is created, and be
available immediately, without further appropriation, for allocation by the
transportation commission to the office of transportation safety. The
office of transportation safety shall allocate the money in accordance with
the provisions of section 43-4-404 (1) and (2). The remaining twenty
percent shall be appropriated by the general assembly to the office of
behavioral health ADMINISTRATION in the department of human services,
which shall use the money for the purposes stated in section 43-4-404 (3).
The office of transportation safety and the office of behavioral health
ADMINISTRATION in the department of human services may use amounts
from the money allocated or appropriated to them by this subsection (2)
as necessary for the purpose of paying the costs incurred by the office of
transportation safety and the office of behavioral health ADMINISTRATION
in administering the programs established pursuant to this part 4; except
that neither the office of transportation safety nor the office of behavioral
health ADMINISTRATION may use for the purposes of this part 4 an amount
exceeding eight percent of the money allocated or appropriated.
SECTION 208. In Colorado Revised Statutes, 43-4-404, amend

(3) as follows:

43-4-404. Formula for allocation of money - rules. (3) The

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1 money in the fund appropriated to the office of behavioral health 2 ADMINISTRATION in the department of human services pursuant to section 3 43-4-402 (2) must be used to establish a statewide program for the 4 prevention of driving after drinking, including educating the public in the 5 problems of driving after drinking; training teachers, health professionals, 6 and law enforcement in the dangers of driving after drinking; preparing 7 and disseminating educational materials dealing with the effects of 8 alcohol and other drugs on driving behavior; and preparing and 9 disseminating education curriculum materials for use at all school levels. 10 The office of behavioral health ADMINISTRATION in the department of 11 human services is authorized to contract with A PUBLIC ENTITY OR a 12 qualified private corporation to provide all or part of these services and 13 to establish standards for the program. 14 **SECTION 209.** In Colorado Revised Statutes, 44-30-1301, 15 **amend** (2)(b)(I) and (2)(b)(II) introductory portion as follows: 16 44-30-1301. Definitions - local government limited gaming 17 impact fund - rules - report - legislative declaration - repeal. 18 (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the 19 executive director COMMISSIONER of the BEHAVIORAL HEALTH 20 ADMINISTRATION IN THE department of human services shall use the 21 money in the gambling addiction account to award grants for the purpose 22 of providing gambling addiction counseling services to Colorado 23 residents and to provide gambling addiction treatment training to staff at 24 nonprofit community mental health centers or clinics as defined in section 25 27-66-101. The department of human services BEHAVIORAL HEALTH 26

ADMINISTRATION may use a portion of the money in the gambling

addiction account, not to exceed ten percent in the 2008-09 fiscal year

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and five percent in each fiscal year thereafter, to cover the department's ADMINISTRATION'S direct and indirect costs associated with administering the grant program authorized in this subsection (2)(b). The executive director of the department of human services COMMISSIONER OF THE ADMINISTRATION shall award grants to state or local public or private entities or programs that provide gambling addiction counseling services and that have or are seeking nationally accredited gambling addiction counselors. The executive director of the department of human services COMMISSIONER OF THE ADMINISTRATION shall award ten percent of the money in the gambling addiction account in grants to addiction counselors who are actively pursuing national accreditation as gambling addiction counselors. In order to qualify for an accreditation grant, an addiction counselor applicant must provide sufficient proof that he or she THE APPLICANT has completed at least half of the counseling hours required for national accreditation. The executive director of the department of human services COMMISSIONER OF THE ADMINISTRATION shall adopt rules establishing the procedure for applying for a grant from the gambling addiction account, the criteria for awarding grants and prioritizing applications, and any other provision necessary for the administration of the grant applications and awards. Neither the entity, program, or gambling addiction counselor providing the gambling addiction counseling services nor the recipients of the counseling services need to be located within the jurisdiction of an eligible local governmental entity in order to receive a grant or counseling services. At the end of a fiscal year, all unexpended and unencumbered money in the gambling addiction account remains in the account and does not revert to the general fund or any other fund or account.

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1	(II) Notwithstanding section 24-1-136 (11)(a)(I), by January 1,
2	2009, and by each January 1 thereafter, the BEHAVIORAL HEALTH
3	ADMINISTRATION IN THE department of human services shall submit a
4	report to the health and human services committees of the senate and
5	house of representatives, or their successor committees, regarding the
6	grant program. The report shall detail the following information for the
7	fiscal year in which the report is submitted:
8	SECTION 210. In Colorado Revised Statutes, 44-30-1509,
9	amend (2)(d) introductory portion as follows:
10	44-30-1509. Sports betting fund - creation - rules - definitions.
11	(2) From the money in the sports betting fund, to the extent the
12	unexpended and unencumbered balance in the fund so permits, the state
13	treasurer shall:
14	(d) Fourth, transfer one hundred thirty thousand dollars annually
15	to the office of behavioral health ADMINISTRATION in the department of
16	human services, to be used as follows:
17	SECTION 211. In Colorado Revised Statutes, 25-1.5-103, add
18	(1)(a)(I)(A.5) as follows:
19	25-1.5-103. Health facilities - powers and duties of department
20	- limitations on rules promulgated by department - definitions -
21	repeal. (1) The department has, in addition to all other powers and duties
22	imposed upon it by law, the powers and duties provided in this section as
23	follows:
24	(a) (I) (A.5) Notwithstanding the provisions of subsection
25	(1)(a)(I)(A) OF THIS SECTION, AFTER JUNE 30, 2023, THE DEPARTMENT
26	SHALL NOT ISSUE A LICENSE TO A COMMUNITY MENTAL HEALTH CENTER,
27	AN ACUTE TREATMENT UNIT, OR BEHAVIORAL HEALTH ENTITIES. PRIOR TO

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1	THE EXPIRATION OF ANY LICENSE ISSUED BY THE DEPARTMENT TO SUCH AN
2	ENTITY, THE ENTITY SHALL APPLY TO THE BEHAVIORAL HEALTH
3	ADMINISTRATION PURSUANT TO PART 5 OF ARTICLE 50 OF TITLE 27 . This
4	SUBSECTION $(1)(a)(I)(A.5)$ IS REPEALED, EFFECTIVE JULY 1, 2024.
5	SECTION 212. In Colorado Revised Statutes, 10-22.3-101,
6	amend (3)(a) and (3)(b) as follows:
7	10-22.3-101. Opioid and other substance use disorders study
8	committee - creation - members - purposes. (3) (a) The committee may
9	meet in the 2022 and 2023 interims up to six times per interim IN THE
10	2023 AND 2025 INTERIMS. The committee may recommend up to a total
11	of five bills during each interim. Legislation recommended by the
12	committee must be treated as legislation recommended by an interim
13	committee for purposes of applicable deadlines, bill introduction limits,
14	and any other requirements imposed by the joint rules of the general
15	assembly.
16	(b) By December 1, 2022, and December 1, 2023, AND DECEMBER
17	1,2025, the committee shall make a report and a final report, respectively,
18	to the legislative council created in section 2-3-301 that may include
19	recommendations for legislation.
20	SECTION 213. In Colorado Revised Statutes, 27-66-101, amend
21	(1.5); and repeal (1), (2), and (3) as follows:
22	27-66-101. Definitions. As used in this article 66, unless the
23	context otherwise requires:
24	(1) "Acute treatment unit" means a facility or a distinct part of a
25	facility for short-term psychiatric care, which may include substance
26	abuse treatment and treatment for substance use disorders, that provides
27	a total, twenty-four-hour, therapeutically planned and professionally

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1	staffed environment for persons who do not require inpatient
2	hospitalization but need more intense and individual services than are
3	available on an outpatient basis, such as crisis management and
4	stabilization services.
5	(1.5) "Behavioral health entity" means a facility or provider
6	organization engaged in providing community-based health services,
7	which may include behavioral health disorder services, alcohol use
8	disorder services, or substance use disorder services, including crisis
9	stabilization, acute or ongoing treatment, or community mental health
10	center services as described in subsections (2) and (3) of this section, but
11	does not include: HAS THE SAME MEANING AS DEFINED IN SECTION
12	27-50-101.
13	(a) Residential child care facilities as defined in section 26-6-102
14	(33); or
15	(b) Services provided by a licensed or certified mental health-care
16	provider under the provider's individual professional practice act on the
17	provider's own premises.
18	(2) "Community mental health center" means either a physical
19	plant or a group of services under unified administration or affiliated with
20	one another, and including at least the following services provided for the
21	prevention and treatment of behavioral or mental health disorders in
22	persons residing in a particular community in or near the facility so
23	situated:
24	(a) Inpatient services;
25	(b) Outpatient services;
26	(c) Partial hospitalization;
27	(d) Emergency services;

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1	(e) Consultative and educational services.
2	(3) "Community mental health clinic" means a health institution
3	planned, organized, operated, and maintained to provide basic community
4	services for the prevention, diagnosis, and treatment of emotional
5	behavioral, or mental health disorders, such services being rendered
6	primarily on an outpatient and consultative basis.
7	SECTION 214. In Colorado Revised Statutes, 26-5-116, amend
8	as added by House Bill 22-1283 (2)(a), (2)(b)(I), (2)(b)(II), (2)(c), (4)(a)
9	introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5), (6), and (8); and
10	repeal (7) as follows:
11	26-5-116. Out-of-home placement for children and youth with
12	mental or behavioral needs - funding - report - rules - legislative
13	declaration - definitions - repeal. (2) (a) On or before August 1, 2021.
14	the state department BHA shall develop a program to provide emergency
15	resources to licensed providers to help remove barriers such providers
16	face in serving children and youth whose behavioral or mental health
17	needs require services and treatment in a residential child care facility
18	Any such licensed provider shall meet the requirements of a qualified
19	residential treatment program, as defined in section 26-5.4-102; a
20	psychiatric residential treatment facility, as defined in section 25.5-4-103
21	(19.5); treatment foster care; or therapeutic foster care.
22	(b) (I) Beginning July 1, 2022, the state department BHA shall
23	provide ongoing operational support for psychiatric residential treatment
24	facilities, therapeutic foster care, treatment foster care, and qualified
25	residential treatment programs as described in subsection (2)(a) of this
26	section.
27	(II) For the 2022-23 budget year, the general assembly shall

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1	appropriate money from the behavioral and mental health cash fund
2	created in section 24-75-230 to the state department BHA to fund
3	operational support for psychiatric residential treatment facilities for
4	youth, qualified residential treatment programs, therapeutic foster care,
5	and treatment foster care for youth across the state as described in this
6	subsection (2).
7	(c) The state department BHA and any person who receives
8	money from the state department BHA shall comply with the compliance,
9	reporting, record-keeping, and program evaluation requirements
10	established by the office of state planning and budgeting and the state
11	controller in accordance with section 24-75-226 (5).
12	(4) (a) On or before December 31, 2021, The state department
13	BHA shall contract with licensed providers for the delivery of services to
14	children and youth who are determined eligible for and placed in the
15	program. A provider that contracts with the state department BHA shall
16	<u>not:</u>
17	(II) Discharge a child or youth based on the severity or complexity
18	of the child's or youth's physical, behavioral, or mental health needs;
19	except that the state department BHA may arrange for the placement of
20	a child or youth with an alternate contracted provider if the placement
21	with the alternate provider is better suited to deliver services that meet the
22	needs of the child or youth.
23	(b) The state department BHA shall reimburse a provider directly
24	for the costs associated with the placement of a child or youth in the
25	program for the duration of the treatment, including the costs the provider
26	demonstrates are necessary in order for the provider to operate
27	continuously during this period.

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1	(c) The state department BHA shall coordinate with the
2	department of health care policy and financing to support continuity of
3	care and payment for services for any children or youth placed in the
4	program.
5	(d) The state department BHA shall reimburse the provider one
6	hundred percent of the cost of unutilized beds in the program to ensure
7	available space for emergency residential out-of-home placements.
8	(5) (a) A hospital, health-care provider, provider of case
9	management services, school district, managed care entity, or state or
10	county department of human or social services may refer a family for the
11	placement of a child or youth in the program. The entity referring a child
12	or youth for placement in the program shall submit or assist the family
13	with submitting an application to the state department BHA for review.
14	The state department BHA shall consider each application as space
15	becomes available. The state department BHA shall approve admissions
16	into the program and determine admission and discharge criteria for
17	placement.
18	(b) The state department BHA shall develop a discharge plan for
19	each child or youth placed in the program. The plan must include the
20	eligible period of placement of the child or youth and shall identify the
21	entity that will be responsible for the placement costs if the child or youth
22	remains with the provider beyond the date of eligibility identified in the
23	<u>plan.</u>
24	(c) The entity or family that places the child or youth in the
25	program retains the right to remove the child or youth from the program
26	any time prior to the discharge date specified by the state department
27	BHA.

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1	(b) Within seven days after submitting an application to the state
2	department for placing a child or youth in the program, the state
3	department shall work with the referring entity and the child's or youth's
4	parents or legal guardians to ensure the child or youth is assessed for
5	eligibility for enrollment into the state medical assistance program. A
6	child or youth who is eligible for enrollment into the state medical
7	assistance program shall be enrolled. Enrollment of a child or youth into
8	the state medical assistance program does not constitute automatic
9	placement into the program. As used in this section, unless the
10	CONTEXT OTHERWISE REQUIRES:
11	(a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY
12	CAREGIVER WHO:
13	(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
14	FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;
15	(II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A
16	MENTAL HEALTH OR CO-OCCURRING DISORDER; AND
17	(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,
18	SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
19	JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
20	OTHER STATE AND LOCAL SERVICE SYSTEMS.
21	(b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:
22	(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
23	FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;
24	(II) Has the skills, experience, and knowledge to work
25	WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING
26	DISORDERS; AND
27	(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,

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1	INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
2	JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
3	OTHER STATE AND LOCAL SERVICE SYSTEMS.
4	(7) On or before November 1, 2023, and every November 1
5	thereafter, the state department shall submit a written report to the house
6	of representatives public and behavioral health and human services
7	committee, the senate health and human services committee, or their
8	successor committees, and the joint budget committee. At a minimum, the
9	report must include:
10	(a) The number of applications received for placement of children
11	and youth in the program;
12	(b) The number of children and youth accepted for placement in
13	the program;
14	(c) The duration of each placement; and
15	(d) The daily rate paid to each provider for placement of children
16	and youth.
17	(8) This section is intended to provide enhanced emergency
18	services resulting from the increased need for services due to the
19	COVID-19 pandemic. No later than September 30, 2024, the state
20	department BHA shall submit recommendations to the house of
21	representatives public and behavioral health and human services
22	committee, the senate health and human services committee, or their
23	successor committees, and the joint budget committee about how to
24	provide necessary services for children and youth in need of residential
25	care, including hospital step-down services on an ongoing basis.
26	SECTION 215. In Colorado Revised Statutes, amend as
27	amended by House Bill 22-1278 27-66-104 as follows:

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1	27-66-104. Types of services purchased - limitation on
2	payments. (1) Community mental health services may be purchased
3	from behavioral health entities, clinics, community mental health centers,
4	local general or psychiatric hospitals, and other agencies SAFETY-NET
5	PROVIDERS that have been approved by the commissioner.
6	(2) (a) Each year the general assembly shall appropriate money
7	for the purchase of mental health services from:
8	(I) Community mental health centers;
9	(II) Agencies that provide specialized clinic-type services but do
10	not serve a specific designated service area;
11	(HI) Acute treatment units; and
12	(IV) Behavioral health entities.
13	(b) The money appropriated for the purposes of this subsection (2)
14	shall be distributed by the commissioner to approved behavioral health
15	entities, community mental health centers, and other agencies on the basis
16	of need and in accordance with the services provided.
17	(3) Each year the general assembly may appropriate money in
18	addition to the money appropriated for purposes of subsection (2) of this
19	section, which money may be used by the commissioner to assist
20	behavioral health entities and community mental health clinics and
21	centers in instituting innovative programs, in providing mental health
22	services to impoverished areas, and in dealing with crisis situations. The
23	commissioner shall require that any innovative or crisis programs for
24	which money is allocated pursuant to this subsection (3) be clearly
25	defined in terms of services to be rendered, program objectives, scope and
26	duration of the program, and the maximum amount of money to be
27	provided.

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1	(4) Repealed.
2	(5) If there is a reduction in the financial support of local
3	governmental bodies for community mental health services, the
4	commissioner is authorized to reduce state payments for services in an
5	amount proportional to the reduction in such local financial support.
6	(6) For purposes of entering into a cooperative purchasing
7	agreement pursuant to section 24-110-201, a nonprofit behavioral health
8	entity, nonprofit community mental health center, or nonprofit community
9	mental health clinic may be certified as a local public procurement unit
10	as provided in section 24-110-207.5.
11	SECTION <u>216.</u> In Colorado Revised Statutes, 12-280-135,
12	amend (1)(b) as follows:
13	12-280-135. Unused medication - licensed facilities -
14	correctional facilities - reuse - definitions - rules. (1) As used in this
15	section, unless the context otherwise requires:
16	(b) "Licensed facility" means a hospital, hospital unit, community
17	mental health center, acute treatment unit BEHAVIORAL HEALTH SAFETY
18	NET PROVIDER, hospice, nursing care facility, assisted living residence, or
19	any other facility that is required to be licensed pursuant to section
20	25-3-101, or a licensed long-term care facility as defined in section
21	25-1-124 (2.5)(b).
22	SECTION 217. In Colorado Revised Statutes, 13-21-117, amend
23	(1)(a) as follows:
24	13-21-117. Civil liability - mental health providers - duty to
25	warn - definitions. (1) As used in this section, unless the context
26	otherwise requires:
27	(a) "Mental health provider" means a physician, social worker

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1	psychiatric nurse, psychologist, or other mental health professional, or a
2	mental health hospital, community mental health center or clinic
3	BEHAVIORAL HEALTH ENTITY, institution, or their staff.
4	SECTION 218. In Colorado Revised Statutes, amend
5	13-64-303.5 as follows:
6	13-64-303.5. Exclusion - mental health- care facilities. The
7	provisions of section 13-64-301 do not apply to any outpatient mental
8	health-care facility, including but not limited to a community mental
9	health center or clinic A BEHAVIORAL HEALTH SAFETY NET PROVIDER, and
10	to any extended care facility or hospice with sixteen or fewer inpatient
11	beds, including but not limited to nursing homes or rehabilitation
12	facilities. The department of public health and environment shall by rule
13	establish financial responsibility standards which THAT are less than those
14	prescribed in this section for classes of health-care institutions which
15	THAT have less risk of exposure to medical malpractice claims or for
16	other reasons that render the limits provided in section 13-64-301 (1)(b)
17	unreasonable or unattainable.
18	SECTION 219. In Colorado Revised Statutes, 14-15-107, amend
19	(5)(n) as follows:
20	14-15-107. Rights, benefits, protections, duties, obligations,
21	responsibilities, and other incidents of parties to a civil union.
22	(5) Rights, benefits, protections, duties, obligations, responsibilities, and
23	other incidents under law as are granted to or imposed upon spouses, that
24	apply in like manner to parties to a civil union under this section, include
25	but are not limited to:
26	(n) Laws or rules regarding the right to visit a partner who is in a
27	correctional facility, as defined in section 17-1-102 (1.7), a local jail, as

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1 defined in section 17-1-102 (7), or a private contract prison, as defined in 2 section 17-1-102 (7.3), or who is receiving treatment in a public hospital 3 or a licensed private hospital, clinic, community mental health center or 4 clinic, or acute treatment unit BEHAVIORAL HEALTH SAFETY NET 5 PROVIDER, or institution that provides treatment for a person with a 6 behavioral or mental health disorder; 7 SECTION 220. In Colorado Revised Statutes, 16-8-115, amend 8 (3)(b) and (3)(e) as follows: 9 16-8-115. Release from commitment after verdict of not guilty by reason of insanity or not guilty by reason of impaired mental 10 11 **condition.** (3) (b) When a defendant is conditionally released, the chief 12 officer of the institution in which the defendant is committed shall 13 forthwith give written notice of the terms and conditions of such release 14 to the executive director of the department of human services and to the 15 director of any community mental health center which BEHAVIORAL 16 HEALTH SAFETY NET PROVIDER THAT may be charged with continued 17 treatment of the defendant. The director of such mental health center 18 BEHAVIORAL HEALTH SAFETY NET PROVIDER, shall make written reports 19 every three months to the executive director of the department of human 20 services and to the district attorney for the judicial district where the 21 defendant was committed and to the district attorney for any judicial 22 district where the defendant may be required to receive treatment 23 concerning the treatment and status of the defendant. Such reports shall 24 include all known violations of the terms and conditions of the 25 defendant's release and any changes in the defendant's mental status 26 which THAT would indicate that the defendant has become ineligible to 27 remain on conditional release as defined in section 16-8-102 (4.5).

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1	(e) As long as the defendant is granted conditional release and is
2	subject to the provisions thereof, there shall be free transmission of all
3	information, including clinical information regarding the defendant,
4	among the department of human services, the appropriate community
5	mental health centers BEHAVIORAL HEALTH SAFETY NET PROVIDERS, and
6	appropriate district attorneys, law enforcement, and court personnel.
7	SECTION 221. In Colorado Revised Statutes, 16-11.9-203,
8	amend (5) introductory portion as follows:
9	16-11.9-203. Statewide behavioral health court liaison
10	program - established - purpose - administration. (5) Each judicial
11	district shall use allocated program money to partner with community
12	mental health providers such as a community mental health center, that
13	are able to provide a continuum of community-based behavioral health
14	services in their region to accomplish the program goals set forth in
15	subsections (1) and (2) of this section. Program money may be used for
16	the purposes established by the state court administrator pursuant to
17	subsection (3) of this section, including but not limited to:
18	SECTION 222. In Colorado Revised Statutes, 16-11.9-204,
19	amend as amended by House Bill 22-1278 (1)(f)(III) introductory
20	portion as follows:
21	16-11.9-204. Behavioral health court liaisons - duties and
22	responsibilities - consultation and collaboration. (1) A court liaison
23	hired pursuant to this part 2 has the following duties and responsibilities:
24	(f) Identifying existing programs and resources that are already
25	available in the community, including but not limited to:
26	(III) Community mental health centers BEHAVIORAL HEALTH
27	SAFETY NET PROVIDERS and other local community behavioral health

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1	providers that receive state funding through the behavioral health
2	administration in the department of human services for services such as:
3	SECTION 223. In Colorado Revised Statutes, 24-1.9-102,
4	amend (1)(a)(IV) and (1)(a)(V) as follows:
5	24-1.9-102. Memorandum of understanding - local-level
6	interagency oversight groups - individualized service and support
7	teams - coordination of services for children and families -
8	requirements - waiver. (1) (a) Local representatives of each of the
9	agencies specified in this subsection (1)(a) and county departments of
10	human or social services may enter into memorandums of understanding
11	that are designed to promote a collaborative system of local-level
12	interagency oversight groups and individualized service and support
13	teams to coordinate and manage the provision of services to children and
14	families who would benefit from integrated multi-agency services. The
15	memorandums of understanding entered into pursuant to this subsection
16	(1) must be between interested county departments of human or social
17	services and local representatives of each of the following agencies or
18	entities:
19	(IV) Each community mental health center COMPREHENSIVE
20	BEHAVIORAL HEALTH SAFETY NET PROVIDER;
21	(V) Each behavioral health ADMINISTRATIVE SERVICES
22	organization;
23	SECTION 224. In Colorado Revised Statutes, 24-110-207.5,
24	amend as it will become effective July 1, 2024, (1)(a) as follows:
25	24-110-207.5. Certification of certain entities as local public
26	procurement units - rules - report. (1) The executive director may
27	certify any of the following entities as a local public procurement unit:

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1	(a) Any nonprofit community mental health center, as defined in
2	section 27-66-101, any nonprofit community mental health clinic, as
3	defined in section 27-66-101 BEHAVIORAL HEALTH SAFETY NET PROVIDER,
4	AS DEFINED IN SECTION 27-50-101, any nonprofit case management
5	agency, as defined in section 25.5-6-1702 (2), or any nonprofit service
6	agency, as defined in section 25.5-10-202, if the entity uses the supplies,
7	services, or construction procured for the public mental health system or
8	the public developmental disability system;
9	SECTION 225. In Colorado Revised Statutes, 25-1-1202, amend
10	(1)(u) as follows:
11	25-1-1202. Index of statutory sections regarding medical
12	record confidentiality and health information. (1) Statutory provisions
13	concerning policies, procedures, and references to the release, sharing,
14	and use of medical records and health information include the following:
15	(u) Section 13-21-117, C.R.S., concerning civil liability of a
16	mental health professional, mental health hospital, community mental
17	health center, or clinic OR BEHAVIORAL HEALTH SAFETY NET PROVIDER
18	related to a duty to warn or protect;
19	SECTION <u>226.</u> In Colorado Revised Statutes, 25-1.5-103,
20	amend (1)(a)(I)(A); and repeal (2)(a), (2)(a.3), and (2)(b) as follows:
21	25-1.5-103. Health facilities - powers and duties of department
22	- limitations on rules promulgated by department - definitions.
23	(1) The department has, in addition to all other powers and duties
24	imposed upon it by law, the powers and duties provided in this section as
25	follows:
26	(a) (I) (A) To annually license and to establish and enforce
27	standards for the operation of general hospitals, hospital units as defined

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- in section 25-3-101 (2), freestanding emergency departments as defined in section 25-1.5-114, psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, community mental health centers, acute treatment units, behavioral health entities, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, home care agencies, and other facilities of a like nature, except those wholly owned and operated by any governmental unit or agency.
 - (2) For purposes of this section, unless the context otherwise requires:

- (a) "Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which may include substance abuse treatment, and which provides a total, twenty-four-hour therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.
- (a.3) "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in section 27-66-101 (2) and (3), but does not include:
- 26 (I) Residential child care facilities, as defined in section 26-6-102 27 (33); or

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1	(II) Services provided by a licensed or certified mental health-care
2	provider under the provider's individual professional practice act on the
3	provider's own premises.
4	(b) "Community mental health center" means either a physical
5	plant or a group of services under unified administration and including at
6	least the following: Inpatient services; outpatient services; day
7	hospitalization; emergency services; and consultation and educational
8	services, which services are provided principally for persons with
9	behavioral or mental health disorders residing in a particular community
10	in or near which the facility is situated.
11	SECTION 227. In Colorado Revised Statutes, 25-1.5-112,
12	amend as amended in House Bill 22-1278 (2) introductory portion as
13	follows:
14	25-1.5-112. Colorado suicide prevention plan - established -
15	goals - responsibilities - funding - definition. (2) The suicide
16	prevention commission, together with the office of suicide prevention, the
17	behavioral health administration in the department of human services, the
18	department, and the department of health care policy and financing, is
19	strongly encouraged to collaborate with criminal justice and health-care
20	systems, mental and behavioral health systems, primary care providers,
21	physical and mental health clinics in educational institutions, community
22	
23	mental health centers BEHAVIORAL HEALTH SAFETY NET PROVIDERS,
_	mental health centers BEHAVIORAL HEALTH SAFETY NET PROVIDERS, advocacy groups, emergency medical services professionals and
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	advocacy groups, emergency medical services professionals and
24	advocacy groups, emergency medical services professionals and responders, public and private insurers, hospital chaplains, and

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1	25-3-101. Hospitals - health facilities - licensed - definitions.
2	(1) It is unlawful for any person, partnership, association, or corporation
3	to open, conduct, or maintain any general hospital; hospital unit;
4	freestanding emergency department as defined in section 25-1.5-114;
5	psychiatric hospital; community clinic; rehabilitation hospital;
6	convalescent center; behavioral health entity; community mental health
7	center or acute treatment unit licensed as a behavioral health entity;
8	facility for persons with developmental disabilities, as defined in section
9	25-1.5-103 (2)(c); nursing care facility; hospice care; assisted living
10	residence, except an assisted living residence shall be assessed a license
11	fee as set forth in section 25-27-107; dialysis treatment clinic; ambulatory
12	surgical center; birthing center; home care agency; or other facility of a
13	like nature, except those wholly owned and operated by any governmental
14	unit or agency, without first having obtained a license from the
15	department.
16	SECTION <u>229.</u> In Colorado Revised Statutes, 25-3-103.7,
17	amend (1)(d); and repeal (1)(a) as follows:
18	25-3-103.7. Employment of physicians - when permissible -
19	conditions - definitions. (1) For purposes of this section:
20	(a) "Community mental health center" means a community mental
21	health center, as defined in section 25-1.5-103 (2), that is currently
22	licensed and regulated by the department pursuant to the department's
23	authority under section 25-1.5-103 (1)(a).
24	(d) "Health-care facility" means a hospital, hospice, community
25	mental health center, BEHAVIORAL HEALTH SAFETY NET PROVIDER, AS
26	<u>DEFINED IN SECTION 27-50-101 (7)</u> , federally qualified health center,
27	school-based health center, rural health clinic, PACE organization, or

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1	long-term care facility.
2	SECTION 230. In Colorado Revised Statutes, 25-20.5-1302.
3	amend (2) introductory portion as follows:
4	25-20.5-1302. Community behavioral health disaster
5	preparedness and response program - creation - department duties
6	- rules. (2) The program is intended to enhance, support, and formalize
7	behavioral health disaster preparedness and response activities conducted
8	by community behavioral health organizations; including community
9	mental health centers as defined in section 27-66-101 (2); except that the
10	activities must not replace or supersede any disaster plans prepared or
11	maintained by a local or interjurisdictional emergency management
12	agency, as established in section 24-33.5-707. The activities may include
13	but are not limited to:
14	SECTION 231. In Colorado Revised Statutes, 25.5-1-204
15	amend (2)(a)(IV) as follows:
16	25.5-1-204. Advisory committee to oversee the all-payer health
17	claims database - creation - members - duties - legislative declaration
18	- rules - report. (2) (a) No later than August 1, 2013, the executive
19	director shall appoint an advisory committee to oversee the Colorado
20	all-payer health claims database. The advisory committee shall include
21	the following members:
22	(IV) A representative from a community mental health center
23	COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER, AS
24	DEFINED IN SECTION 27-50-101, who has experience in behavioral health
25	data collection;
26	SECTION 232. In Colorado Revised Statutes, 25.5-4-103.
27	amend as it will become effective July 1, 2024, (3) as follows:

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1	25.5-4-103. Definitions. As used in this article 4 and articles 5
2	and 6 of this title 25.5, unless the context otherwise requires:
3	(3) "Case management services" means services provided by case
4	management agencies and community mental health centers and
5	community mental health clinics, as defined in section 27-66-101 (2) and
6	(3) COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, AS
7	DEFINED IN SECTION 27-50-101, to assist persons in gaining access to
8	needed medical, social, educational, and other services.
9	SECTION 233. In Colorado Revised Statutes, 25.5-5-202,
10	amend (1)(g) as follows:
11	25.5-5-202. Basic services for the categorically needy - optional
12	services. (1) Subject to the provisions of subsection (2) of this section,
13	the following are services for which federal financial participation is
14	available and that Colorado has selected to provide as optional services
15	under the medical assistance program:
16	(g) Rehabilitation services as appropriate to community mental
17	health centers BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED
18	IN SECTION 27-50-101;
19	SECTION 234. In Colorado Revised Statutes, 25.5-5-402,
20	amend (3)(e) as follows:
21	25.5-5-402. Statewide managed care system - rules - definition.
22	(3) The statewide managed care system must include a statewide system
23	of community behavioral health care that must:
24	(e) Be paid for by the state department establishing capitated rates
25	specifically for community mental BEHAVIORAL health services that
26	account for a comprehensive continuum of needed services such as those
27	provided by community mental health centers as defined in section

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1	27-66-101 LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING
2	ESSENTIAL AND COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH
3	PROVIDERS, AS DEFINED IN SECTION 27-50-101;
4	SECTION 235. In Colorado Revised Statutes, 27-65-102, amend
5	(1.5) and (7) as follows:
6	27-65-102. Definitions. As used in this article 65, unless the
7	context otherwise requires:
8	(1.5) "Behavioral health entity" means a facility or provider
9	organization engaged in providing community-based health services,
10	which may include behavioral health disorder services, alcohol use
11	disorder services, or substance use disorder services, including crisis
12	stabilization, acute or ongoing treatment, or community mental health
13	center services as described in section 27-66-101 (2) and (3), but does not
14	include: HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.
15	(a) Residential child care facilities as defined in section 26-6-102
16	(33); or
17	(b) Services provided by a licensed or certified mental health-care
18	provider under the provider's individual professional practice act on the
19	provider's own premises.
20	(7) "Facility" means a public hospital or a licensed private
21	hospital, clinic, behavioral health entity, community mental health center
22	or clinic, acute treatment unit, institution, or residential child care facility
23	that provides treatment for persons with mental health disorders.
24	SECTION 236. In Colorado Revised Statutes, 27-67-103, amend
25	(10); repeal (4); and add (1.3) as follows:
26	27-67-103. Definitions. As used in this article 67, unless the
27	context otherwise requires:

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l	(1.3) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" HAS THE
2	SAME MEANING AS DEFINED IN SECTION $27-50-101$.
3	(4) "Community mental health center" has the same meaning as
4	provided in section 27-66-101 (2).
5	(10) "Mental health agency" means a behavioral health services
6	contractor through the state department of human services BEHAVIORAL
7	HEALTH ADMINISTRATION serving children and youth statewide or in a
8	particular geographic area including but not limited to community mental
9	health centers, and with the ability to meet all expectations of this article
10	67.
11	SECTION 237. In Colorado Revised Statutes, 27-67-109, amend
12	(2)(f) as follows:
13	27-67-109. Child and youth mental health services standards
14	- advisory board. (2) An advisory board to the state department is
15	established for the purpose of assisting and advising the executive
16	director in accordance with this section in the development of service
17	standards and rules. The advisory board consists of not less than eleven
18	nor more than fifteen members appointed by the state department as
19	follows:
20	(f) One member representing a community mental health center
21	BEHAVIORAL HEALTH SAFETY NET PROVIDER that performs evaluations
22	pursuant to this article 67;
23	SECTION 238. In Colorado Revised Statutes, 27-70-102, amend
24	(2) as follows:
25	27-70-102. Definitions. As used in this article 70, unless the
26	context otherwise requires:
27	(2) "Facility" means a federally qualified health-care center,

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1	clinic, community mental health center or clinic, behavioral health entity,
2	institution, acute treatment unit, jail, facility operated by the department
3	of corrections, or a facility operated by the division of youth services.
4	SECTION 239. In Colorado Revised Statutes, 27-81-102, amend
5	(3.5) as follows:
6	27-81-102. Definitions. As used in this article 81, unless the
7	context otherwise requires:
8	(3.5) "Behavioral health entity" means a facility or provider
9	organization engaged in providing community-based health services,
10	which may include behavioral health disorder services, alcohol use
11	disorder services, or substance use disorder services, including crisis
12	stabilization, acute or ongoing treatment, or community mental health
13	center services as described in section 27-66-101 (2) and (3), but does not
14	include: HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.
15	(a) Residential child care facilities as defined in section 26-6-102
16	(33); or
17	(b) Services provided by a licensed or certified mental health-care
18	provider under the provider's individual professional practice act on the
19	provider's own premises.
20	SECTION 240. In Colorado Revised Statutes, 44-30-1301,
21	amend as amended in House Bill 22-1278 (2)(b)(I) as follows:
22	44-30-1301. Definitions - local government limited gaming
23	impact fund - rules - report - legislative declaration - repeal.
24	(2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the
25	commissioner of the behavioral health administration in the department
26	of human services shall use the money in the gambling addiction account
27	to award grants for the purpose of providing gambling addiction

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counseling services to Colorado residents and to provide gambling addiction treatment training to staff at nonprofit community mental health centers or clinics as defined in section 27-66-101 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION 27-50-101. The behavioral health administration may use a portion of the money in the gambling addiction account, not to exceed ten percent in the 2008-09 fiscal year and five percent in each fiscal year thereafter, to cover the administration's direct and indirect costs associated with administering the grant program authorized in this subsection (2)(b). The commissioner of the administration shall award grants to state or local public or private entities or programs that provide gambling addiction counseling services and that have or are seeking nationally accredited gambling addiction counselors. The commissioner of the administration shall award ten percent of the money in the gambling addiction account in grants to addiction counselors who are actively pursuing national accreditation as gambling addiction counselors. In order to qualify for an accreditation grant, an addiction counselor applicant must provide sufficient proof that the applicant has completed at least half of the counseling hours required for national accreditation. The commissioner of the administration shall adopt rules establishing the procedure for applying for a grant from the gambling addiction account, the criteria for awarding grants and prioritizing applications, and any other provision necessary for the administration of the grant applications and awards. Neither the entity, program, or gambling addiction counselor providing the gambling addiction counseling services nor the recipients of the counseling services need to be located within the jurisdiction of an eligible local governmental entity in order to receive a grant or counseling services. At

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1	the end of a fiscal year, all unexpended and unencumbered money in the
2	gambling addiction account remains in the account and does not revert to
3	the general fund or any other fund or account.
4	SECTION 241. In Colorado Revised Statutes, 16-13-311, amend
5	as amended by House Bill 22-1278 (3)(a)(VII)(B) as follows:
6	16-13-311. Disposition of seized personal property. (3) (a) If
7	the prosecution prevails in the forfeiture action, the court shall order the
8	property forfeited. Such order perfects the state's right and interest in and
9	title to such property and relates back to the date when title to the property
10	vested in the state pursuant to section 16-13-316. Except as otherwise
11	provided in subsection (3)(c) of this section, the court shall also order
12	such property to be sold at a public sale by the law enforcement agency
13	in possession of the property in the manner provided for sales on
14	execution, or in another commercially reasonable manner. Property
15	forfeited pursuant to this section or proceeds therefrom must be
16	distributed or applied in the following order:
17	(VII) The balance must be delivered, upon order of the court, as
18	<u>follows:</u>
19	(B) Twenty-five percent to the managed service BEHAVIORAL
20	HEALTH ADMINISTRATIVE SERVICES organization contracting with the
21	behavioral health administration in the department of human services
22	serving the judicial district where the forfeiture proceeding was
23	prosecuted to fund detoxification and substance use disorder treatment.
24	Money appropriated to the managed service BEHAVIORAL HEALTH
25	ADMINISTRATIVE SERVICES organization must be in addition to, and not
26	be used to supplant, other funding appropriated to the behavioral health
27	administration; and

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1	SECTION 242. In Colorado Revised Statutes, amend as
2	amended by House Bill 22-1278 25.5-5-325 (2)(b) introductory portion
3	and (2)(b)(I) as follows:
4	25.5-5-325. Residential and inpatient substance use disorder
5	treatment - medical detoxification services - federal approval -
6	performance review report. (2) (b) Prior to seeking federal approval
7	pursuant to subsection (2)(a) of this section, the state department shall
8	seek input from relevant stakeholders, including existing providers of
9	substance use disorder treatment and medical detoxification services and
10	managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
11	organizations. The state department shall seek input and involve
12	stakeholders in decisions regarding:
13	(I) The coordination of benefits with managed service
14	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations and the
15	behavioral health administration in the department of human services;
16	SECTION 243. In Colorado Revised Statutes, amend as
17	amended by House Bill 22-1278 27-63-105 (2) as follows:
18	27-63-105. Safety net system implementation - safety net
19	system criteria. (2) The safety net system must have a network of
20	behavioral health-care providers that collectively offer a full continuum
21	of services to ensure individuals with severe behavioral health disorders
22	are triaged in a timely manner to the appropriate care setting if an
23	individual behavioral health-care provider is unable to provide ongoing
24	care and treatment for the individual. The BHA shall consider community
25	mental health centers, managed service BEHAVIORAL HEALTH SAFETY NET
26	PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
27	organizations, contractors for the statewide behavioral health crisis

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1	response system, and other behavioral health community providers as key
2	elements in the behavioral health safety net system.
3	SECTION 244. In Colorado Revised Statutes, amend as
4	amended by House Bill 22-1278 27-80-101 (2.6) as follows:
5	27-80-101. Definitions. As used in this article 80, unless the
6	context otherwise requires:
7	(2.6) "Designated service area" means the geographical substate
8	planning area specified by the commissioner to be served by a designated
9	managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
10	organization, as described in section 27-80-107.
11	SECTION 245. In Colorado Revised Statutes, amend as
12	amended by House Bill 22-1278 27-80-106 (2)(a); and amend (2)(b) as
13	<u>follows:</u>
14	27-80-106. Purchase of prevention and treatment services.
15	(2) (a) In addition to the services purchased pursuant to subsection (1) of
16	this section, using money appropriated for purposes of this section or
17	available from any other governmental or private source, the BHA may
18	purchase services for the treatment of alcohol and drug abuse or
19	substance use disorders on a contract basis from a designated managed
20	service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization for
21	a designated service area as set forth in section 27-80-107. A public or
22	private agency, organization, or institution approved by the BHA through
23	the process set forth in section 27-80-107 may be designated as a
24	designated managed service BEHAVIORAL HEALTH ADMINISTRATIVE
25	SERVICES organization.
26	(b) Designated managed service BEHAVIORAL HEALTH
27	ADMINISTRATIVE SERVICES organizations receiving money pursuant to this

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1 subsection (2) shall comply with all relevant provisions of and rules 2 promulgated pursuant to this article 80. 3 SECTION 246. In Colorado Revised Statutes, amend as 4 amended by House Bill 22-1278 27-80-107.5 (3), (4)(b), (4)(c), (5)(a), 5 and (5)(b); and **amend** (2) as follows: 6 27-80-107.5. Increasing access to effective substance use 7 disorder services act - managed service organizations - substance use 8 <u>disorder services - assessment - community action plan - allocations</u> 9 - reporting requirements - evaluation. (2) On or before February 1, 10 2017, each managed service BEHAVIORAL HEALTH ADMINISTRATIVE 11 SERVICES organization designated pursuant to section 27-80-107 shall 12 assess the sufficiency of substance use disorder services within its 13 geographic region for adolescents ages seventeen and younger, young 14 adults ages eighteen through twenty-five, pregnant women, women who 15 are postpartum and parenting, and other adults who are in need of such 16 services. During the community assessment process, each managed 17 service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization 18 shall seek input and information from appropriate BEHAVIORAL HEALTH 19 entities, such as community mental health centers, behavioral health 20 organizations, county departments of human or social services, local 21 public health agencies, substance use disorder treatment providers, law 22 enforcement agencies, probation departments, organizations that serve 23 veterans or homeless individuals, and other relevant stakeholders. The 24 community assessment must include an analysis of existing funding and 25 resources within the community to provide a continuum of substance use 26 disorder services, including prevention, intervention, treatment, and 27 recovery support services, for adolescents ages seventeen and younger,

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1 young adults ages eighteen through twenty-five, pregnant women, women 2 who are postpartum and parenting, and other adults who are in need of 3 such services. 4 (3) (a) On or before March 1, 2017, each managed service 5 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization that has 6 completed a community assessment pursuant to subsection (2) of this 7 section shall prepare and submit in electronic format to the BHA and the 8 department of health care policy and financing a community action plan 9 to increase access to effective substance use disorder services, referred to 10 in this section as the "community action plan". The community action 11 plan must summarize the results of the community assessment and 12 include a description of how the managed service BEHAVIORAL HEALTH 13 ADMINISTRATIVE SERVICES organization will utilize its allocation of 14 funding from the marijuana tax cash fund created in section 39-28.8-501, 15 to address the most critical service gaps in its geographic region and a 16 timeline for implementation of the community action plan. 17 (b) A managed service BEHAVIORAL HEALTH ADMINISTRATIVE 18 SERVICES organization may periodically update its community action plan 19 to reflect changes in community needs and priorities. Any such updated 20 plan must be submitted in electronic format to the BHA and the 21 department of health care policy and financing. 22 (c) On or before May 1, 2017, the BHA shall post the community 23 action plans from the managed service BEHAVIORAL HEALTH 24 ADMINISTRATIVE SERVICES organizations developed pursuant to 25 SUBSECTION (3)(a) OF THIS SECTION on its website. On or before May 1, 26 2017, the BHA shall submit a report summarizing all of the community 27 action plans received from the managed service BEHAVIORAL HEALTH

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1	ADMINISTRATIVE SERVICES organizations to the joint budget committee,
2	the health and human services committee of the senate, and the public
3	AND BEHAVIORAL health care and human services committee of the house
4	of representatives, or any successor committees. The BHA shall post on
5	its website any updated community action plans received pursuant to
6	subsection (3)(b) OF THIS SECTION.
7	(4) (b) On July 1, 2017, and on every July 1 thereafter, the BHA
8	shall disburse to each designated managed service BEHAVIORAL HEALTH
9	ADMINISTRATIVE SERVICES organization that has submitted a community
10	action plan one hundred percent of the designated managed service
11	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization's allocation
12	from the money appropriated from the marijuana tax cash fund.
13	(c) It is the intent of the general assembly that each designated
14	managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
15	organization use money allocated to it from the marijuana tax cash fund
16	to cover expenditures for substance use disorder services that are not
17	otherwise covered by public or private insurance. Each managed service
18	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization may use its
19	allocation from the marijuana tax cash fund to implement its community
20	action plan, including expenditures for substance use disorder services
21	and for any start-up costs or other expenses necessary to increase capacity
22	to provide such services. A designated managed service BEHAVIORAL
23	HEALTH ADMINISTRATIVE SERVICES organization must spend its allocation
24	in the state fiscal year in which it is received or in the next state fiscal
25	year thereafter. If there is any money from the allocation remaining after
26	the second state fiscal year, then the designated managed service
27	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization shall return

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1	the money to the BHA. If an enhanced residential and inpatient substance
2	use disorder treatment and medical detoxification services benefit
3	becomes available under the Colorado medical assistance program,
4	managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
5	organizations shall determine to what extent money allocated from the
6	marijuana tax cash fund may be used to assist in providing substance use
7	disorder treatment, including residential and inpatient substance use
8	disorder treatment and medical detoxification services, if those services
9	are not otherwise covered by public or private insurance.
10	(5) (a) On or before September 1, 2017, and on or before each
11	September 1 thereafter, each designated managed service BEHAVIORAL
12	HEALTH ADMINISTRATIVE SERVICES organization shall submit an annual
13	report to the BHA, the joint budget committee, the health and human
14	services committee of the senate, and the public and behavioral health and
15	human services committee of the house of representatives, or their
16	successor committees, concerning the amount and purpose of actual
17	expenditures made using money from the marijuana tax cash fund in the
18	previous state fiscal year. The report must contain a description of the
19	impact of the expenditures on addressing the needs that were identified
20	in the initial and any subsequent community assessments and action plans
21	developed pursuant to subsection (3) of this section, as well as any other
22	requirements established for the contents of the report by the BHA.
23	(b) A designated managed service BEHAVIORAL HEALTH
24	ADMINISTRATIVE SERVICES organization shall provide the BHA with
25	information about actual expenditures as required by the BHA.".
26	SECTION 247. In Colorado Revised Statutes, amend as
27	amended by House Bill 22-1278 27-50-703 (2)(b) as follows:

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1	<u> 27-50-703. Advisory council - regional subcommittees - </u>
2	subcommittees - working groups. (2) The BHA may create committees
3	within the advisory council to meet other state and federal board or
4	advisory council requirements, which may include:
5	(b) The mental health advisory board for service standards and
6	rules created pursuant to section 27-65-131 SECTION 27-65-130; and
7	SECTION 248. In Colorado Revised Statutes, amend as
8	amended by House Bill 22-1278 13-20-401 (2) as follows:
9	13-20-401. Definitions. As used in this part 4, unless the context
10	otherwise requires:
11	(2) "Patient" means the person upon whom a proposed
12	electroconvulsive treatment is to be performed; except that nothing in this
13	part 4 supersedes the provisions of article 65 of title 27 or any rule
14	adopted by the behavioral health administration in the department of
15	human services pursuant to section 27-65-116 (2) SECTION 27-65-118
16	with regard to the care and treatment of any person unable to exercise
17	written informed consent or of a person with a mental health disorder.
18	SECTION 249. In Colorado Revised Statutes, amend as
19	amended by House Bill 22-1278 25-3.5-103 (11.4)(b)(I) as follows:
20	25-3.5-103. Definitions. As used in this article 3.5, unless the
21	context otherwise requires:
22	(11.4) (b) Secure transportation includes:
23	(I) For an individual being transported pursuant to section
24	27-65-103 or 27-65-105 (1) SECTION 27-65-104 OR 27-65-106 (1),
25	transportation from the community to a facility designated by the
26	commissioner of the behavioral health administration in the department
27	of human services for treatment and evaluation pursuant to article 65 of

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1	<u>title 27;</u>
2	SECTION 250. In Colorado Revised Statutes, amend as
3	amended by House Bill 22-1278 26-20-103 (3) as follows:
4	26-20-103. Basis for use of restraint or seclusion. (3) In
5	addition to the circumstances described in subsection (1) of this section,
6	a facility, as defined in section 27-65-102, (7), that is designated by the
7	commissioner of the behavioral health administration in the state
8	department to provide treatment pursuant to section 27-65-105,
9	27-65-106, 27-65-107, or 27-65-109 SECTION 27-65-106, 27-65-108,
10	27-65-109, OR 27-65-110 to an individual with a mental health disorder,
11	as defined in section 27-65-102, (11.5), may use seclusion to restrain an
12	individual with a mental health disorder when the seclusion is necessary
13	to eliminate a continuous and serious disruption of the treatment
14	environment.
15	SECTION 251. In Colorado Revised Statutes, amend as
16	amended by House Bill 22-1278 27-60-104 (3)(a) as follows:
17	27-60-104. Behavioral health crisis response system - crisis
18	10 service facilities - walk-in centers - mobile response units - report.
19	(3) (a) All walk-in centers throughout the state's crisis response system
20	must be appropriately designated by the commissioner for a
21	seventy-two-hour treatment and evaluation AN EMERGENCY MENTAL
22	HEALTH HOLD, adequately prepared, and properly staffed to accept an
23	individual through the emergency mental health procedure outlined in
24	section 27-65-105 SECTION 27-65-106 or a voluntary application for
25	mental health services pursuant to section 27-65-103 OR 27-65-104.
26	Priority for individuals receiving emergency placement PLACED UNDER AN
27	EMERGENCY MENTAL HEALTH HOLD pursuant to section 27-65-105

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1	SECTION 27-65-106 is on treating high-acuity individuals in the least
2	restrictive environment without the use of law enforcement.
3	SECTION 252. In Colorado Revised Statutes, 18-1.9-105,
4	amend as repealed and reenacted by Senate Bill 22-021 (2) as follows:
5	18-1.9-105. Task force funding - staff support. (2) The division
6	of criminal justice in the department of public safety, the office of
7	behavioral health ADMINISTRATION in the department of human services,
8	and any state department or agency with an active representative on the
9	task force are authorized to receive and expend gifts, grants, and
10	donations, including donations of in-kind services for staff support, from
11	any public or private entity for any direct or indirect costs associated with
12	the duties of the task force.
13	SECTION <u>253.</u> Appropriation. (1) For the 2022-23 state fiscal
14	year, \$671,538 is appropriated to the department of human services for
15	use by the executive director's office. This appropriation is from the
16	general fund. To implement this act, the office may use this appropriation
17	as follows:
18	(a) \$259,000 for health life and dental;
19	(b) \$3,703 for short-term disability;
20	(c) \$115,705 for S.B. 04-257 amortization equalization
21	disbursement;
22	(d) \$115,705 for S.B. 06-235 supplemental amortization
23	equalization disbursement; and
24	(e) \$177,426 for the purchase of legal services.
25	(2) For the 2022-23 state fiscal year, \$177,426 is appropriated to
26	the department of law. This appropriation is from reappropriated funds
27	received from the department of human services under subsection (1)(e)

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1	of this section and is based on an assumption that the department of law
2	will require an additional 1.0 FTE. To implement this act, the department
3	of law may use this appropriation to provide legal services for the
4	department of human services.
5	SECTION <u>254.</u> Appropriation. (1) For the 2022-23 state fiscal
6	year, \$542,470 is appropriated to the department of human services for
7	administration and finance. This appropriation is from the general fund.
8	To implement this act, the office may use this appropriation as follows:
9	(a) \$479,380 for personal services related to administration, which
10	amount is based on an assumption that the department will require an
11	additional 4.5 FTE; and
12	(b) \$63,090 for operating expenses related to administration.
13	SECTION <u>255.</u> Appropriation. For the 2022-23 state fiscal year,
14	\$2,495,231 is appropriated to the department of human services for use
15	by the behavioral health administration. This appropriation is from the
16	general fund and is based on an assumption that the administration will
17	require an additional 21.4 FTE. To implement this act, the administration
18	may use this appropriation for program administration related to
19	community behavioral health administration.
20	SECTION <u>256.</u> Appropriation - adjustments to 2022 long bill.
21	(1) To implement this act, appropriations made in the annual general
22	appropriation act for the 2022-23 state fiscal year to the department of
23	human services are adjusted as follows:
24	(a) The general fund appropriation for use by the behavioral
25	health administration for prevention programs is decreased by \$37,565;
26	(b) The general fund appropriation for use by the behavioral
27	health administration for community prevention and treatment programs

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1	is decreased by \$10,546;
2	(c) The cash funds appropriation from the marijuana tax cash fund
3	created in section 36-28.8-501 (1), C.R.S., for use by the behavioral
4	health administration for community prevention and treatment programs
5	is decreased by \$498,550; and
6	(d) The cash funds appropriation from the marijuana tax cash fund
7	created in section 36-28.8-501 (1), C.R.S., for use by the behavioral
8	health administration for community behavioral health administration
9	program administration is decreased by \$91,947, and the related FTE is
10	decreased by 11.2 FTE.
11	(2) For the 2022-23 state fiscal year, $\frac{$638,608}{}$ is appropriated to
12	the department of public health and environment for use by the prevention
13	services division. This appropriation consists of $\underline{\$48,111}$ from the general
14	fund and \$590,497 from the marijuana tax cash fund created in section
15	36-28.8-501 (1), C.R.S., and is based on an assumption that the division
16	will require an additional 11.2 FTE. To implement this act, the division
17	may use this appropriation for prevention programming.
18	(3) For the 2022-23 state fiscal year, \$8,181,248 is appropriated
19	to the department of public health and environment for use by the
20	prevention services division. This appropriation is from reappropriated
21	funds that originated as federal substance abuse prevention and treatment
22	block grant funds reflected in multiple line items in the department of
23	human services. To implement this act, the division may use this
24	appropriation for prevention programming. This figure is subject to the
25	"(I)" notation as defined in the annual general appropriation act for the
26	same fiscal year.
27	SECTION 257. Appropriation - adjustments to 2022 long bill.

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1	(1) To implement this act, appropriations made in the annual general
2	appropriation act for the 2022-23 state fiscal year to the department of
3	human services are adjusted as follows:
4	(a) The cash funds appropriation from the marijuana tax cash fund
5	created in section 39-28.8-501 (1), C.R.S., for health, life, and dental is
6	decreased by \$12,282;
7	(b) The cash funds appropriation from the marijuana tax cash fund
8	created in section 39-28.8-501 (1), C.R.S., for short-term disability is
9	decreased by \$91;
10	(c) The cash funds appropriation from the marijuana tax cash fund
11	created in section 39-28.8-501 (1), C.R.S., for S.B. 04-257 amortization
12	equalization disbursement is decreased by \$2,877; and
13	(d) The cash funds appropriation from the marijuana tax cash fund
14	created in section 39-28.8-501 (1), C.R.S., for S.B. 06-235 supplemental
15	amortization equalization disbursement is decreased by \$2,877.
16	(2) For the 2022-23 state fiscal year, \$18,127 is appropriated to
17	the department of public health and environment. This appropriation is
18	from the marijuana tax cash fund created in section 39-28.8-501 (1),
19	C.R.S. To implement this act, the department may use this appropriation
20	<u>as follows:</u>
21	(a) \$12,282 for health, life, and dental;
22	(b) \$91 for short-term disability;
23	(c) \$2,877 for S.B. 04-257 amortization equalization
24	disbursement; and
25	(d) \$2,877 for S.B. 06-235 supplemental amortization equalization
26	<u>disbursement.</u>
2.7	SECTION 258. Appropriation. For the 2022-23 state fiscal year.

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1	\$11,846 is appropriated to the department of public health and
2	environment for use by administration and support. This appropriation is
3	from the general fund and is based on an assumption that the department
4	will require an additional 0.2 FTE. To implement this act, the department
5	may use this appropriation for personal services related to administration.
6	SECTION <u>259.</u> Appropriation - adjustments to 2022 long bill.
7	To implement this act, the general fund appropriation made in the annual
8	general appropriation act for the 2022-23 state fiscal year to the
9	department of public health and environment for use by the health
10	facilities and emergency medical services division for behavioral health
11	entity licensing is decreased by \$36,033, and the related FTE is decreased
12	by 0.4 FTE.
13	SECTION <u>260.</u> Appropriation. (1) For the 2022-23 state fiscal
14	year, \$246,399 is appropriated to the department of health care policy and
15	financing for use by the executive director's office. This appropriation is
16	from the general fund. To implement this act, the office may use this
17	appropriation as follows:
18	(a) \$227,524 for personal services, which amount is based on an
19	assumption that the office will require an additional 4.5 FTE; and
20	(b) \$18,875 for operating expenses.
21	(2) For the 2022-23 state fiscal year, the general assembly
22	anticipates that the department of health care policy and financing will
23	receive \$246,399 in federal funds to implement this act, which amount is
24	subject to the "(I)" notation as defined in the annual general appropriation
25	act for the same fiscal year. The appropriation in subsection (1) of this
26	section is based on the assumption that the department will receive this
27	amount of federal funds to be used as follows:

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1	(a) \$227,524 for personal services; and
2	(b) \$18,875 for operating expenses.
3	SECTION <u>261.</u> Appropriation. (1) For the 2022-23 state fiscal
4	year, \$142,766 is appropriated to the department of regulatory agencies
5	for use by the division of insurance. This appropriation is from the
6	division of insurance cash fund created in section 10-1-103 (3), C.R.S. To
7	implement this act, the division may use this appropriation as follows:
8	(a) \$127,666 for personal services, which amount is based on an
9	assumption that the division will require an additional 2.0 FTE;
10	(b) \$15,100 for operating expenses.
11	SECTION 262. Appropriation - adjustments to 2022 long bill.
12	(1) To implement this act, appropriations made in the annual general
13	appropriation act for the 2022-23 state fiscal year to the legislative
14	department are adjusted as follows:
15	(a) The general fund appropriation for use by the legislative
16	council is decreased by \$20,736, and the related FTE is decreased by 0.3
17	<u>FTE;</u>
18	(b) The general fund appropriation for use by the office of
19	legislative legal services is decreased by \$17,095, and the related FTE is
20	decreased by 0.2 FTE; and
21	(c) The general fund appropriation for use by the general assembly
22	is decreased by \$14,117.
23	SECTION 263. Effective date. (1) (a) Except as otherwise
24	provided in this section, this act takes effect July 1, 2022.
25	(b) Section 212 takes effect July 1, 2023, and sections 215 through
26	240 take effect July 1, 2024.
27	(2) Section 18, section 74, section 109, section 144, section 148,

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1	and section 150 take effect only if House Bill 22-1256 does not become
2	<u>law;</u>
3	(3) Sections 241 through 246 take effect only if House Bill
4	22-1256 becomes law, in which case sections 241 through 246 take effect
5	on July 1, 2022, or on the effective date of House Bill 22-1256,
6	whichever is later.
7	(4) Sections 247 through 251 take effect only if House Bill
8	22-1256 becomes law; in which case sections 247 through 251 take effect
9	on July 1, 2022, or on the effective date of House Bill 22-1256,
10	whichever is later.
11	(5) Section 100 takes effect only if House Bill 22-1283 does not
12	become law;
13	(6) Section 214 takes effect only if House Bill 22-1283 becomes
14	law; in which case section 214 takes effect on the effective date of House
15	Bill 22-1283 or House Bill 1278, whichever is later.
16	(7) Section 16 and section 17 take effect only if Senate Bill
17	22-021 does not become law; and
18	(8) Section 252 takes effect only if Senate Bill 22-021 becomes
19	law, in which case section 252 takes effect on the effective date of Senate
20	Bill 22-021 or House Bill 1278, whichever is later.
21	SECTION <u>264.</u> Safety clause. The general assembly hereby
22	finds, determines, and declares that this act is necessary for the immediate
23	preservation of the public peace, health, or safety.

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