

Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

**ENGROSSED**

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

LLS NO. 22-0550.01 Jerry Barry x4341

**HOUSE BILL 22-1278**

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**HOUSE SPONSORSHIP**

**Young and Pelton,**

**SENATE SPONSORSHIP**

**Lee and Simpson,**

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**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE CREATION OF THE BEHAVIORAL HEALTH**  
102 **ADMINISTRATION, AND, IN CONNECTION THEREWITH, MAKING**  
103 **AND REDUCING AN APPROPRIATION.**

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**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

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

HOUSE  
Amended 2nd Reading  
April 11, 2022



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 SECTION 26-6-102 (33), 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

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 SECTION 26-6-102 (33), 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 BOTH.

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

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

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 MAY FURTHER IDENTIFY SUBPOPULATIONS FOR  
17 PRIORITIZATION ON A REGIONAL OR STATEWIDE BASIS BASED ON HEALTH  
18 EQUITY DATA, INCLUDING BUT NOT LIMITED TO PEOPLE EXPERIENCING OR  
19 AT RISK OF HOMELESSNESS; CHILDREN AND YOUTH AT RISK OF  
20 OUT-OF-HOME PLACEMENT AND THEIR PARENTS; PEOPLE INVOLVED WITH  
21 THE CRIMINAL OR JUVENILE JUSTICE SYSTEM; PEOPLE OF COLOR;  
22 AMERICAN INDIANS; ALASKA NATIVES; VETERANS; PEOPLE WHO ARE  
23 PREGNANT; PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR  
24 QUEER OR QUESTIONING; AND INDIVIDUALS WITH DISABILITIES AS DEFINED  
25 BY THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42  
26 U.S.C. SEC. 12101 ET SEQ., AS AMENDED.

27 (18) (a) "STATE AGENCY" MEANS ANY STATE DEPARTMENT, STATE

1 OFFICE, OR STATE DIVISION IN COLORADO THAT ADMINISTERS A  
2 BEHAVIORAL HEALTH PROGRAM.

3 (b) "STATE AGENCY" DOES NOT INCLUDE THE JUDICIAL BRANCH OF  
4 STATE GOVERNMENT.

5 (19) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN  
6 SERVICES CREATED PURSUANT TO SECTION 26-1-107.

7 (20) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING  
8 BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,  
9 OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING  
10 HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR  
11 RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

12 (21) "SUBSTANCE USE DISORDER PROGRAM" MEANS A PROGRAM  
13 FOR THE DETOXIFICATION, WITHDRAWAL, MAINTENANCE, OR TREATMENT  
14 OF A PERSON WITH A SUBSTANCE USE DISORDER.

15 **27-50-102. Behavioral health administration - creation -**  
16 **coordination.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT OF HUMAN  
17 SERVICES THE BEHAVIORAL HEALTH ADMINISTRATION. NOTHING IN THIS  
18 SUBSECTION (1) PRECLUDES ANY FUTURE LEGISLATIVE ACTION TAKEN  
19 PURSUANT TO SECTION 27-60-203 (5) REGARDING THE FUTURE LOCATION  
20 OF THE BHA.

21 (2) THE BHA IS CHARGED WITH CREATING A COORDINATED,  
22 COHESIVE, AND EFFECTIVE BEHAVIORAL HEALTH SYSTEM IN COLORADO.  
23 ANY STATE AGENCY THAT ADMINISTERS A BEHAVIORAL HEALTH PROGRAM  
24 SHALL COLLABORATE WITH THE BHA TO ACHIEVE THE GOALS AND  
25 OBJECTIVES ESTABLISHED BY THE BHA. IN ORDER TO ENSURE REGULAR  
26 ENGAGEMENT WITH OTHER STATE AGENCIES AND TO MAINTAIN  
27 ALIGNMENT IN STATE PROGRAMS, RESOURCE ALLOCATION, PRIORITIES,

1 AND STRATEGIC PLANNING, THE COMMISSIONER SHALL CHAIR A REGULAR  
2 MEETING OF THE EXECUTIVE DIRECTORS OF STATE AGENCIES.

3 **27-50-103. Behavioral health commissioner - appointment -**  
4 **powers, duties, and functions - subdivisions of the BHA.** (1) THE  
5 GOVERNOR SHALL APPOINT THE COMMISSIONER, WHO IS THE HEAD OF THE  
6 BHA. THE COMMISSIONER HAS THE FULL AUTHORITY, WITH THE  
7 GOVERNOR, TO LEAD AND DEVELOP THE STATE'S VISION AND STRATEGY  
8 FOR BEHAVIORAL HEALTH FOR CHILDREN, YOUTH, AND ADULTS.

9 (2) THE COMMISSIONER SHALL:

10 (a) BE WELL-VERSED IN BEHAVIORAL HEALTH;

11 (b) BE REGISTERED TO VOTE IN COLORADO DURING THE  
12 COMMISSIONER'S TERM OF SERVICE; AND

13 (c) HAVE NO PECUNIARY INTEREST, DIRECTLY OR INDIRECTLY, IN  
14 ANY BEHAVIORAL HEALTH COMPANY OR AGENCY OTHER THAN AS A  
15 BEHAVIORAL HEALTH SERVICES RECIPIENT.

16 (3) THE COMMISSIONER SHALL ENSURE THAT:

17 (a) BEHAVIORAL HEALTH PROGRAMS DELIVERED BY STATE  
18 AGENCIES AND COMMERCIAL PAYERS ARE COMPREHENSIVE,  
19 EVIDENCE-BASED, AFFORDABLE, HIGH QUALITY, EQUITY-FOCUSED, AND  
20 EASILY ACCESSIBLE FOR ALL COLORADANS;

21 (b) BEHAVIORAL HEALTH STRATEGIES, PROGRAM PRIORITIES, AND  
22 FUNDING ALLOCATIONS FOR BEHAVIORAL HEALTH ALIGN WITH THE VISION  
23 SET FORTH BY THE BHA AND THE GOVERNOR; AND

24 (c) THERE IS A STREAMLINED APPROACH TO USING PUBLIC MONEY  
25 TO IMPROVE BEHAVIORAL HEALTH ACROSS THE CONTINUUM OF CARE FROM  
26 PREVENTION TO RECOVERY.

27 (4) THE COMMISSIONER SHALL ENGAGE WITH THE LEGISLATIVE

1 AND JUDICIAL BRANCHES OF GOVERNMENT TO ACHIEVE THE STATE'S  
2 VISION FOR BEHAVIORAL HEALTH.

3 (5) THE COMMISSIONER MAY ESTABLISH SUBDIVISIONS, SECTIONS,  
4 OR UNITS NECESSARY FOR THE PROPER DISCHARGE OF THE POWERS,  
5 DUTIES, AND FUNCTIONS OF THE BHA.

6 (6) THE COMMISSIONER SHALL ESTABLISH AN INFRASTRUCTURE TO  
7 OVERSEE AND BE ACCOUNTABLE FOR POLICY, STRATEGY, AND SERVICES  
8 FOR CHILDREN AND YOUTH.

9 **27-50-104. Powers and duties of the commissioner - rules.**

10 (1) (a) THE COMMISSIONER MAY ADOPT "COMMISSIONER RULES" FOR  
11 BEHAVIORAL HEALTH PROGRAMS ADMINISTERED AND SERVICES PROVIDED  
12 BY THE BHA AS LISTED IN SECTION 27-50-105 (1). THE RULES MUST BE  
13 PROMULGATED IN ACCORDANCE WITH SECTION 24-4-103.

14 (b) ANY RULES ADOPTED BY THE EXECUTIVE DIRECTOR OF THE  
15 DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1, 2022, TO IMPLEMENT  
16 THE BEHAVIORAL HEALTH PROGRAMS TO BE ADMINISTERED AND SERVICES  
17 TO BE PROVIDED BY THE BHA LISTED IN SECTION 27-50-105 (1), AND  
18 WHOSE CONTENT MEETS THE DEFINITION OF "EXECUTIVE DIRECTOR RULES"  
19 PURSUANT TO SECTION 26-1-108, ARE EFFECTIVE UNTIL REVISED,  
20 AMENDED, OR REPEALED BY THE COMMISSIONER.

21 (2) "COMMISSIONER RULES" ARE SOLELY WITHIN THE PROVINCE OF  
22 THE COMMISSIONER, EXCEPT THOSE DETERMINATIONS PRECLUDED BY  
23 AUTHORITY GRANTED TO THE STATE BOARD OF HUMAN SERVICES.

24 "COMMISSIONER RULES" MUST INCLUDE:

25 (a) MATTERS OF INTERNAL ADMINISTRATION IN THE BHA,  
26 INCLUDING ORGANIZATION, STAFFING, RECORDS, REPORTS, SYSTEMS, AND  
27 PROCEDURES;

1 (b) FISCAL AND PERSONNEL ADMINISTRATION FOR THE BHA; AND

2 (c) ACCOUNTING AND FISCAL REPORTING RULES FOR  
3 DISBURSEMENT OF FEDERAL FUNDS, CONTINGENCY FUNDS, AND  
4 PRORATION OF AVAILABLE APPROPRIATIONS.

5 (3) WHENEVER A STATUTORY GRANT OF RULE-MAKING AUTHORITY  
6 IN THIS TITLE 27 REFERS TO THE BHA, IT MEANS THE BEHAVIORAL HEALTH  
7 ADMINISTRATION ACTING THROUGH EITHER THE STATE BOARD OF HUMAN  
8 SERVICES, THE COMMISSIONER, OR BOTH. WHEN EXERCISING  
9 RULE-MAKING AUTHORITY PURSUANT TO THIS TITLE 27, THE BHA SHALL  
10 PROMULGATE RULES CONSISTENT WITH THE POWERS AND THE DISTINCTION  
11 BETWEEN "BOARD RULES" AS SET FORTH IN SECTION 26-1-107 AND  
12 "COMMISSIONER RULES" AS SET FORTH IN THIS SECTION.

13 (4) THE RULES PROMULGATED BY THE COMMISSIONER PERTAINING  
14 TO THIS TITLE 27 ARE BINDING UPON THE BEHAVIORAL HEALTH PROVIDERS,  
15 VENDORS, AND AGENTS OF THE BHA. AT ANY PUBLIC HEARING RELATING  
16 TO A PROPOSED RULE, INTERESTED PERSONS HAVE THE RIGHT TO PRESENT  
17 THE PERSON'S DATA, VIEWS, OR ARGUMENTS ORALLY. PROPOSED RULES OF  
18 THE COMMISSIONER ARE SUBJECT TO SECTION 24-4-103.

19 **27-50-105. Administration of behavioral health programs -**  
20 **state plan - sole mental health authority.** (1) THE BHA SHALL  
21 ADMINISTER AND PROVIDE THE FOLLOWING BEHAVIORAL HEALTH  
22 PROGRAMS AND SERVICES:

23 (a) THE REGULATION OF RECOVERY RESIDENCES PURSUANT TO  
24 SECTION 25-1.5-108.5;

25 (b) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED  
26 PURSUANT TO SECTION 27-60-103;

27 (c) THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM

- 1       CREATED PURSUANT TO SECTION 27-60-104.5;
- 2           (d) THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM
- 3       CREATED PURSUANT TO SECTION 27-60-106;
- 4           (e) CRIMINAL JUSTICE DIVERSION PROGRAMS PURSUANT TO
- 5       SECTION 27-60-106.5;
- 6           (f) PEER SUPPORT PROFESSIONALS AND RECOVERY SUPPORT
- 7       SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-60-108;
- 8           (g) THE TEMPORARY YOUTH MENTAL HEALTH SERVICES PROGRAM
- 9       CREATED PURSUANT TO SECTION 27-60-109;
- 10          (h) BEHAVIORAL HEALTH-CARE SERVICES FOR RURAL AND
- 11       AGRICULTURAL COMMUNITIES PURSUANT TO SECTION 27-60-110;
- 12          (i) THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM
- 13       CREATED PURSUANT TO SECTION 27-60-111;
- 14          (j) THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
- 15       PROGRAM CREATED PURSUANT TO SECTION 27-60-112;
- 16          (k) THE STATEWIDE CARE COORDINATION INFRASTRUCTURE
- 17       PURSUANT TO SECTION 27-60-204;
- 18          (l) HIGH-FIDELITY WRAPAROUND SERVICES FOR CHILDREN AND
- 19       YOUTH PURSUANT TO ARTICLE 62 OF THIS TITLE 27;
- 20          (m) THE BEHAVIORAL HEALTH SAFETY NET SYSTEM PURSUANT TO
- 21       ARTICLE 63 OF THIS TITLE 27;
- 22          (n) THE 988 CRISIS HOTLINE ENTERPRISE CREATED PURSUANT TO
- 23       SECTION 27-64-103;
- 24          (o) THE CARE AND TREATMENT OF PERSONS WITH MENTAL HEALTH
- 25       DISORDERS PURSUANT TO ARTICLE 65 OF THIS TITLE 27;
- 26          (p) THE COMMUNITY MENTAL HEALTH SERVICES PURCHASE
- 27       PROGRAM PURSUANT TO SECTION 27-66-104;

1 (q) THE STANDARDS FOR APPROVAL IN THE COMMUNITY MENTAL  
2 HEALTH SERVICES PURCHASE PROGRAM PURSUANT TO SECTION 27-66-105;

3 (r) TRAUMA-INFORMED CARE STANDARDS OF APPROVAL PURSUANT  
4 TO SECTION 27-66-110;

5 (s) THE COMMUNITY TRANSITION SPECIALIST PROGRAM CREATED  
6 PURSUANT TO ARTICLE 66.5 OF THIS TITLE 27;

7 (t) THE "CHILDREN AND YOUTH MENTAL HEALTH TREATMENT  
8 ACT", ARTICLE 67 OF THIS TITLE 27;

9 (u) MEDICATION CONSISTENCY FOR INDIVIDUALS WITH  
10 BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE CRIMINAL AND  
11 JUVENILE JUSTICE SYSTEMS PURSUANT TO ARTICLE 70 OF THIS TITLE 27;

12 (v) GRANTS FOR PUBLIC PROGRAMS PURSUANT TO SECTION  
13 27-80-103;

14 (w) THE PURCHASE OF PREVENTION AND TREATMENT SERVICES  
15 PURSUANT TO SECTION 27-80-106;

16 (x) THE DESIGNATION OF MANAGED SERVICE ORGANIZATIONS  
17 PURSUANT TO SECTION 27-80-107;

18 (y) THE "INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE  
19 DISORDER SERVICES ACT" PURSUANT TO SECTION 27-80-107.5;

20 (z) THE COORDINATION OF STATE AND FEDERAL FUNDS AND  
21 PROGRAMS PURSUANT TO SECTION 27-80-109;

22 (aa) ADDICTION COUNSELOR TRAINING REQUIREMENTS PURSUANT  
23 TO SECTION 27-80-111;

24 (bb) THE TREATMENT PROGRAM FOR HIGH-RISK PREGNANT WOMEN  
25 CREATED PURSUANT TO SECTION 27-80-112;

26 (cc) THE RURAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION  
27 AND TREATMENT PROGRAM CREATED PURSUANT TO SECTION 27-80-117;

1 (dd) THE CARE NAVIGATION PROGRAM PURSUANT TO SECTION  
2 27-80-119;

3 (ee) THE BUILDING SUBSTANCE USE DISORDER TREATMENT  
4 CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM CREATED  
5 PURSUANT TO SECTION 27-80-120;

6 (ff) THE RECOVERY RESIDENCE CERTIFYING BODY PURSUANT TO  
7 SECTION 27-80-122;

8 (gg) THE HIGH-RISK FAMILIES CASH FUND CREATED PURSUANT TO  
9 SECTION 27-80-123;

10   
11 (hh) TEMPORARY FINANCIAL HOUSING ASSISTANCE FOR  
12 INDIVIDUALS WITH SUBSTANCE USE DISORDERS PURSUANT TO SECTION  
13 27-80-125;

14 (ii) THE RECOVERY SUPPORT SERVICES GRANT PROGRAM CREATED  
15 PURSUANT TO SECTION 27-80-126;

16 (jj) CONTROLLED SUBSTANCES LICENSING PURSUANT TO PART 2 OF  
17 ARTICLE 80 OF THIS TITLE 27;

18 (kk) THE COMPREHENSIVE AND COORDINATED PROGRAM FOR THE  
19 TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS, PERSONS  
20 INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE OF  
21 DRUGS PURSUANT TO SECTION 27-81-105;

22 (ll) THE STANDARDS FOR PUBLIC AND PRIVATE TREATMENT  
23 FACILITIES THAT RECEIVE PUBLIC FUNDS PURSUANT TO SECTION  
24 27-81-106;

25 (mm) ACCEPTANCE FOR SUBSTANCE USE DISORDER TREATMENT  
26 PURSUANT TO SECTION 27-81-108;

27 (nn) VOLUNTARY TREATMENT OF PERSONS WITH SUBSTANCE USE

1 DISORDERS PURSUANT TO SECTION 27-81-109;

2 (oo) VOLUNTARY TREATMENT FOR PERSONS INTOXICATED BY  
3 ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY  
4 SUBSTANCES PURSUANT TO SECTION 27-81-110;

5 (pp) THE EMERGENCY COMMITMENT OF PERSONS PURSUANT TO  
6 SECTION 27-81-111;

7 (qq) THE INVOLUNTARY COMMITMENT OF A PERSON WITH A  
8 SUBSTANCE USE DISORDER PURSUANT TO SECTION 27-81-112;

9 (rr) EMERGENCY SERVICE PATROLS PURSUANT TO SECTION  
10 27-81-115;

11 (ss) PAYMENT FOR TREATMENT PURSUANT TO SECTION 27-81-116;

12 (tt) THE MATERNAL AND CHILD HEALTH PILOT PROGRAM PURSUANT  
13 TO PART 2 OF ARTICLE 82 OF THIS TITLE 27;

14 (uu) HUMAN SERVICES REFERRAL SERVICES PURSUANT TO SECTION  
15 29-11-203;

16 (vv) DUI TREATMENT PROGRAMS PURSUANT TO ARTICLE 2 OF  
17 TITLE 42;

18 (ww) ALCOHOL AND DRUG DRIVING SAFETY EDUCATION OR  
19 TREATMENT PURSUANT TO SECTION 42-4-1301.3;

20 (xx) GAMBLING ADDICTION ACCOUNT FUNDING PURSUANT TO  
21 SECTION 44-30-1301; AND

22 (yy) SPORTS BETTING FUNDING PURSUANT TO SECTION 44-30-1509.

23 (2) (a) THE BHA SHALL FORMULATE A COMPREHENSIVE STATE  
24 PLAN FOR SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH  
25 SERVICES PROGRAMS FOR THE PURPOSE OF ADMINISTERING THE FEDERAL  
26 BLOCK GRANT FUNDS DESCRIBED IN SUBSECTION (2)(c) OF THIS SECTION.  
27 THE BHA SHALL SUBMIT THE STATE PLAN TO THE GOVERNOR AND, UPON

1 THE GOVERNOR'S APPROVAL, SUBMIT THE STATE PLAN TO THE  
2 APPROPRIATE UNITED STATES AGENCY FOR REVIEW AND APPROVAL.

3 (b) THE BHA IS DESIGNATED AS THE SOLE ENTITY FOR THE  
4 SUPERVISION OF THE ADMINISTRATION OF THE STATE PLAN.

5 (c) THE BHA IS DESIGNATED THE OFFICIAL MENTAL HEALTH  
6 AUTHORITY AND IS AUTHORIZED TO RECEIVE AND ADMINISTER:

7 (I) GRANTS-IN-AID FROM THE FEDERAL GOVERNMENT PURSUANT  
8 TO 42 U.S.C. SEC. 246; AND

9 (II) OTHER GRANTS FROM THE FEDERAL GOVERNMENT FOR THE  
10 PROVISION OF MENTAL HEALTH OR INTEGRATED BEHAVIORAL HEALTH  
11 SERVICES.

12 (3) THE BHA MAY PROVIDE CONSULTATION AND CONDUCT  
13 TRAINING PROGRAMS AT THE STATE, REGIONAL, OR LOCAL LEVEL TO  
14 SUPPORT THE PROFESSIONAL DEVELOPMENT OF LICENSED OR APPROVED  
15 BEHAVIORAL HEALTH PROVIDERS. THE BHA MAY REIMBURSE PROVIDERS  
16 FOR REASONABLE AND NECESSARY EXPENSES INCURRED IN ATTENDING  
17 THE TRAINING PROGRAMS.

18 **27-50-106. Transfer of functions.** (1) THE POWERS, DUTIES, AND  
19 FUNCTIONS PREVIOUSLY ADMINISTERED BY THE DEPARTMENT OF PUBLIC  
20 HEALTH AND ENVIRONMENT CONCERNING LICENSING BEHAVIORAL HEALTH  
21 ENTITIES PURSUANT TO ARTICLE 27.6 OF TITLE 25 SHALL TRANSFER TO THE  
22 BHA OVER A PERIOD OF TWO YEARS, WITH ALL FUNCTIONS FULLY  
23 TRANSFERRED TO THE BHA BY JULY 1, 2024, AS FOLLOWS:

24 (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
25 SHALL CONTINUE ISSUING AND RENEWING BEHAVIORAL HEALTH ENTITY  
26 LICENSES UNTIL JUNE 30, 2023, AFTER WHICH DATE THE DEPARTMENT OF  
27 PUBLIC HEALTH AND ENVIRONMENT SHALL NOT RENEW OR CONFER ANY

1 NEW BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH  
2 ENTITIES THAT ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH  
3 AND ENVIRONMENT ARE SUBJECT TO THE RULES AND ORDERS OF THE  
4 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT UNTIL SUCH RULES  
5 AND ORDERS ARE REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT  
6 TO SUBSECTION (2)(a) OF THIS SECTION. THE DEPARTMENT OF PUBLIC  
7 HEALTH AND ENVIRONMENT SHALL CONTINUE COMPLIANCE MONITORING  
8 AND ENFORCEMENT ACTIVITIES UNTIL ALL LICENSES THE DEPARTMENT OF  
9 PUBLIC HEALTH AND ENVIRONMENT HAS CONFERRED ARE EXPIRED,  
10 REVOKED, OR SURRENDERED, BUT NOT AFTER JUNE 30, 2024.

11 (b) ON JULY 1, 2023, THE DEPARTMENT OF PUBLIC HEALTH AND  
12 ENVIRONMENT SHALL TRANSFER ANY APPLICATIONS PENDING AS OF THAT  
13 DATE TO THE BHA FOR DISPOSITION.

14 (c) ON JULY 1, 2023, THE BHA SHALL BEGIN LICENSING  
15 FUNCTIONS FOR ALL NEW OR RENEWAL BEHAVIORAL HEALTH ENTITY  
16 LICENSES. BEHAVIORAL HEALTH ENTITIES THAT ARE LICENSED BY THE  
17 BHA ARE SUBJECT TO THE RULES AND ORDERS OF THE STATE BOARD OF  
18 HUMAN SERVICES, INCLUDING THOSE TRANSFERRED AND NOT REPEALED  
19 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

20 (d) RULES CONCERNING BEHAVIORAL HEALTH ENTITIES  
21 PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO  
22 THIS SECTION ONLY APPLY TO THOSE BEHAVIORAL HEALTH ENTITIES THAT  
23 ARE LICENSED BY THE BHA.

24 (2) (a) AS OF JULY 1, 2024, ALL RULES AND ORDERS OF THE  
25 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ADOPTED IN  
26 CONNECTION WITH LICENSING BEHAVIORAL HEALTH ENTITIES  
27 TRANSFERRED TO THE BHA CONTINUE TO BE EFFECTIVE UNTIL REVISED,

1 AMENDED, REPEALED, OR NULLIFIED PURSUANT TO LAW.

2 (b) NO LATER THAN JULY 1, 2024, ALL BEHAVIORAL HEALTH  
3 ENTITIES MUST BE LICENSED BY, AND IN COMPLIANCE WITH THE RULES AND  
4 ORDERS OF, THE STATE BOARD OF HUMAN SERVICES.

5 (3) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND  
6 THE BHA SHALL COORDINATE TO ENSURE THAT THE OVERSIGHT AND  
7 LICENSING OF BEHAVIORAL HEALTH ENTITIES TRANSFERS SMOOTHLY  
8 BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND  
9 THE BHA WITHOUT ANY DELAYS IN OVERSIGHT OR RELATED DUTIES.

10 **27-50-107. State board of human services - rules.** (1) THE  
11 STATE BOARD OF HUMAN SERVICES CREATED PURSUANT TO SECTION  
12 26-1-107 IS THE **TYPE 1** BOARD FOR PROMULGATING, REVISING, AND  
13 REPEALING BHA RULES.

14 (2) ANY RULES PROMULGATED BY THE STATE BOARD OF HUMAN  
15 SERVICES TO IMPLEMENT THE PROVISIONS OF THIS ARTICLE 50 OR ANY  
16 OTHER BEHAVIORAL HEALTH PROGRAM ADMINISTERED OR SERVICE  
17 PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1,  
18 2022, ARE EFFECTIVE UNTIL REVISED, AMENDED, OR REPEALED BY THE  
19 STATE BOARD OF HUMAN SERVICES.

20 (3) THE STATE BOARD OF HUMAN SERVICES MAY PROMULGATE  
21 RULES THAT INCLUDE, BUT ARE NOT LIMITED TO:

22 (a) ANY RULES NECESSARY TO CARRY OUT THE PURPOSES OF A  
23 BEHAVIORAL HEALTH PROGRAM ADMINISTERED BY THE BHA AS LISTED IN  
24 SECTION 27-50-105, INCLUDING RECORD KEEPING, DATA COLLECTION, AND  
25 HEALTH INFORMATION ORGANIZATION NETWORK CONNECTION;

26 (b) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH  
27 ENTITY FOR LICENSURE;

1 (c) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH  
2 PROGRAM FOR THE PROGRAM TO RECEIVE PUBLIC FUNDS AS PART OF THE  
3 BEHAVIORAL HEALTH SAFETY NET SYSTEM CREATED PURSUANT TO PART  
4 3 OF THIS ARTICLE 50;

5 (d) REQUIREMENTS FOR PUBLIC AND PRIVATE AGENCIES,  
6 ORGANIZATIONS, AND INSTITUTIONS THAT THE BHA MAY PURCHASE  
7 SERVICES FROM PURSUANT TO SECTION 27-80-106 (1), WHICH  
8 REQUIREMENTS MUST INCLUDE PROHIBITING THE PURCHASE OF SERVICES  
9 FROM AGENCIES, ORGANIZATIONS, AND INSTITUTIONS THAT DENY OR  
10 PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE DISORDER  
11 TREATMENT AND SERVICES TO A PERSON WHO IS PARTICIPATING IN  
12 PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION  
13 23-21-803, FOR A SUBSTANCE USE DISORDER; AND

14 (e) (I) STANDARDS THAT ADDICTION COUNSELORS MUST MEET TO  
15 PARTICIPATE IN BEHAVIORAL HEALTH PROGRAMS OR TO PROVIDE  
16 PURCHASED SERVICES, AND REQUIREMENTS NECESSARY FOR ADDICTION  
17 COUNSELORS TO BE CERTIFIED BY THE STATE BOARD OF ADDICTION  
18 COUNSELOR EXAMINERS, PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE  
19 12.

20 (II) THE RULES PROMULGATED PURSUANT TO SUBSECTION (3)(e)(I)  
21 OF THIS SECTION MUST INCLUDE EDUCATION REQUIREMENTS FOR  
22 CERTIFIED ADDICTION TECHNICIANS, CERTIFIED ADDICTION SPECIALISTS,  
23 AND LICENSED ADDICTION COUNSELORS.

24 **27-50-108. Systemwide behavioral health grievance system.**

25 (1) (a) ON OR BEFORE JULY 1, 2024, THE BHA SHALL CREATE AND  
26 IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND ADDRESSING  
27 BEHAVIORAL HEALTH SYSTEM GRIEVANCES ACROSS PAYERS, BEHAVIORAL

1 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, MANAGED CARE  
2 ENTITIES, AND PROVIDERS AT A SYSTEMIC LEVEL THAT LEVERAGES AND  
3 DOES NOT DUPLICATE EXISTING GRIEVANCE RESOLUTION PROGRAMS. THE  
4 BHA SHALL ANALYZE GRIEVANCES TO IDENTIFY AND ADDRESS SERVICE  
5 DELIVERY GAPS AND TO INFORM STATEWIDE BEHAVIORAL HEALTH SYSTEM  
6 POLICY.

7 (b) THE BHA SHALL, AT A MINIMUM, TRACK GRIEVANCES BY  
8 BEHAVIORAL HEALTH PROVIDER, TOPIC, REGION, MANAGED CARE ENTITY,  
9 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, PAYER  
10 SOURCE, SERVICE, OR DIAGNOSIS AND AGGREGATE DEMOGRAPHIC DATA.  
11 IN ORDER TO PROMOTE TRANSPARENCY, ACCOUNTABILITY, AND SYSTEM  
12 COLLABORATION, THE BHA SHALL PUBLISH, AT LEAST ANNUALLY,  
13 AGGREGATED AND ANONYMIZED DATA ON GRIEVANCES ON A  
14 PUBLIC-FACING WEBSITE.

15 (c) THE BHA SHALL IMPLEMENT A PLAN TO STREAMLINE  
16 GRIEVANCE RESOLUTION PROGRAMS, PROMOTE TRANSPARENCY, IMPROVE  
17 CONSUMER EXPERIENCE, AND PROMOTE CLARITY AND TRANSPARENCY.

18 (2) ON OR BEFORE JULY 1, 2024, THE BHA SHALL SOLICIT INPUT  
19 FROM THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL  
20 CREATED PURSUANT TO SECTION 27-50-701, THE SUB-COMMITTEES  
21 CREATED PURSUANT TO SECTION 27-50-703, AND DEMOGRAPHICALLY  
22 DIVERSE STAKEHOLDERS TO DEVELOP A PROCESS FOR ADDRESSING  
23 INDIVIDUAL GRIEVANCES WHEN TRADITIONAL GRIEVANCE PROGRAMS FAIL.

24 (3) THE BHA MAY REFER INDIVIDUAL GRIEVANCES TO THE OFFICE  
25 OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED  
26 PURSUANT TO SECTION 27-80-303, WHEN AN INDIVIDUAL MAY REQUIRE  
27 FURTHER INTERVENTION OR SUPPORT TO RESOLVE THE GRIEVANCE IN

1 ACCORDANCE WITH THE CHARGE OF THE OMBUDSMAN.

2 (4) ON OR BEFORE JULY 1, 2024, THE BHA AND STATE AGENCIES  
3 SHALL EXECUTE FORMAL DATA-SHARING AGREEMENTS ADDRESSING DATA  
4 SHARING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS,  
5 COOPERATION BETWEEN THE BHA AND STATE AGENCIES, AND ANY OTHER  
6 PROVISIONS NECESSARY TO IMPLEMENT THIS SECTION. AT A MINIMUM, THE  
7 BHA AND THE FOLLOWING ENTITIES SHALL EXECUTE SUCH AGREEMENTS:

8 (a) THE OMBUDSMAN FOR MEDICAID MANAGED CARE,  
9 ESTABLISHED IN SECTION 25.5-5-406.1;

10 (b) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE,  
11 DESIGNATED PURSUANT TO SECTION 27-80-303; AND

12 (c) THE CHILD PROTECTION OMBUDSMAN, APPOINTED PURSUANT  
13 TO SECTION 19-3.3-103. ALL DATA RELEASED BY THE OMBUDSMAN SHALL  
14 COMPLY WITH SECTIONS 19-3.3-103 (1)(a)(I)(B) AND (3).

15 (5) THE BHA MAY PROMULGATE RULES AS NEEDED TO IMPLEMENT  
16 THIS SECTION.

17 PART 2

18 BEHAVIORAL HEALTH SYSTEM MONITORING

19 **27-50-201. Behavioral health system monitoring - capacity -**  
20 **safety net performance.** (1) ON OR BEFORE JULY 1, 2024, THE BHA  
21 SHALL ESTABLISH A PERFORMANCE MONITORING SYSTEM TO TRACK  
22 CAPACITY AND PERFORMANCE OF ALL BEHAVIORAL HEALTH PROVIDERS,  
23 INCLUDING THOSE THAT CONTRACT WITH MANAGED CARE ENTITIES OR  
24 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, AND  
25 INFORM NEEDED CHANGES TO THE PUBLIC AND PRIVATE BEHAVIORAL  
26 HEALTH SYSTEM IN THE STATE.

27 (2) THE BHA SHALL SET MINIMUM PERFORMANCE STANDARDS FOR

1 TREATMENT OF CHILDREN, YOUTH, AND ADULTS. THAT ADDRESS KEY  
2 METRICS FOR BEHAVIORAL HEALTH PROVIDERS AND BEHAVIORAL HEALTH  
3 ADMINISTRATIVE SERVICES ORGANIZATIONS LICENSED BY THE BHA  
4 PURSUANT TO PART 5 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED  
5 TO:

- 6 (a) ACCESSIBILITY OF CARE, INCLUDING:
  - 7 (I) AVAILABILITY OF SERVICES;
  - 8 (II) TIMELINESS OF SERVICE DELIVERY; AND
  - 9 (III) CAPACITY TRACKING CONSISTENT WITH SECTION 27-60-104.5;

10 AND

- 11 (b) QUALITY OF CARE, INCLUDING APPROPRIATE TRIAGE AND  
12 ACCESS BASED ON CLIENT NEED AND FOR PRIORITY POPULATIONS.

13 (3) IN SETTING MINIMUM PERFORMANCE STANDARDS, THE BHA  
14 SHALL COLLABORATE WITH STATE AGENCIES TO CONSIDER:

- 15 (a) EVIDENCE-BASED AND PROMISING PRACTICES;
- 16 (b) THEMES IDENTIFIED THROUGH GRIEVANCES PURSUANT TO  
17 SECTION 27-50-108;
- 18 (c) INPUT FROM THE BEHAVIORAL HEALTH ADMINISTRATION  
19 ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701;
- 20 (d) ALIGNMENT WITH EXISTING STATE AND FEDERAL  
21 REQUIREMENTS;
- 22 (e) ALIGNMENT WITH THE BHA'S COMPREHENSIVE STATE PLAN  
23 DEVELOPED PURSUANT TO SECTION 27-50-105 (2); AND
- 24 (f) REDUCING THE ADMINISTRATIVE BURDEN OF DATA COLLECTION  
25 AND REPORTING FOR BEHAVIORAL HEALTH PROVIDERS.

26 (4) THE BHA AND THE DEPARTMENT OF HEALTH CARE POLICY AND  
27 FINANCING SHALL COLLABORATE TO ALIGN PERFORMANCE METRICS AND

1 STANDARDS FOR PROVIDERS, MANAGED CARE ENTITIES, AND BEHAVIORAL  
2 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO THE GREATEST  
3 EXTENT POSSIBLE.

4 (5) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF  
5 HEALTH CARE POLICY AND FINANCING TO ESTABLISH DATA COLLECTION  
6 AND REPORTING REQUIREMENTS THAT ALIGN WITH THE PERFORMANCE  
7 STANDARDS ESTABLISHED IN THIS SECTION AND THAT ARE OF A HIGH  
8 VALUE IN PROMOTING SYSTEMIC IMPROVEMENTS. IN ESTABLISHING DATA  
9 COLLECTION AND REPORTING REQUIREMENTS, THE BHA MUST CONSIDER  
10 THE IMPACT ON BEHAVIORAL HEALTH PROVIDERS AND CLIENTS AND STATE  
11 INFORMATION TECHNOLOGY SYSTEMS.

12 (6) COMPLIANCE WITH THE REQUIREMENTS DESCRIBED IN THIS  
13 SECTION SHALL BE ENFORCED THROUGH:

14 (a) THE UNIVERSAL CONTRACTING PROVISIONS DEVELOPED  
15 PURSUANT TO SECTION 27-50-203;

16 (b) DESIGNATION OF BEHAVIORAL HEALTH ADMINISTRATIVE  
17 SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-50-402; AND

18 (c) APPLICABLE LICENSING STANDARDS, INCLUDING LICENSING  
19 BEHAVIORAL HEALTH ENTITIES PURSUANT TO PART 5 OF THIS ARTICLE 50.

20 (7) THE BHA SHALL ANALYZE THE DATA COLLECTED PURSUANT  
21 TO THIS SECTION AND CREATE PUBLIC-FACING SYSTEM ACCOUNTABILITY  
22 PLATFORMS TO REPORT ON PERFORMANCE STANDARDS FOR BEHAVIORAL  
23 HEALTH PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
24 ORGANIZATIONS, AND MANAGED CARE ENTITIES.

25 (8) THE BHA SHALL DOCUMENT HOW THE BHA'S ACTIVITIES  
26 CONDUCTED PURSUANT TO THIS SECTION COMPLY WITH STATE AND  
27 FEDERAL PRIVACY LAWS AND STANDARDS.

1           **27-50-202. Formal agreements - state agencies and tribal**  
2 **governments.** (1) ON OR BEFORE JULY 1, 2023, THE COMMISSIONER  
3 SHALL COLLABORATE WITH STATE AGENCIES AND TRIBAL GOVERNMENTS,  
4 WHILE RESPECTING TRIBAL SOVEREIGNTY, TO IMPLEMENT FORMAL  
5 AGREEMENTS BETWEEN THE BHA AND STATE AGENCIES, AND THE BHA  
6 AND TRIBAL GOVERNMENTS THAT HAVE INITIATIVES, FUNDING, PROGRAMS,  
7 OR SERVICES RELATED TO BEHAVIORAL HEALTH. THE FORMAL  
8 AGREEMENTS MUST PROVIDE THE STRUCTURE FOR IMPLEMENTING  
9 BEHAVIORAL HEALTH STANDARDS BY FORMALIZING EXPECTATIONS  
10 SPECIFIC TO:

11           (a) COLLABORATIVE PROBLEM SOLVING FOR CHALLENGES THAT  
12 ARISE IN THE BEHAVIORAL HEALTH SYSTEM;

13           (b) CONSIDERATION OF BHA FUNDING AND RESOURCE  
14 ALLOCATION PRIORITIES ACROSS THE BEHAVIORAL HEALTH CONTINUUM  
15 OF CARE, INCLUDING PRIMARY PREVENTION AND HARM REDUCTION, AS  
16 WELL AS RECOMMENDATIONS FOR OTHER STATE AGENCIES' AND TRIBAL  
17 GOVERNMENTS' FUNDING PRIORITIES, TO ENSURE A COORDINATED  
18 STATEWIDE EFFORT TO ALIGN BEHAVIORAL HEALTH FUNDING WITH THE  
19 BHA'S VISION, DEMONSTRATED GAPS IN FUNDING OR RESOURCE  
20 ALLOCATION, AND GOVERNOR PRIORITIES;

21           (c) DATA SHARING AND HEALTH INFORMATION SHARING,  
22 INCLUDING A PROCESS FOR DATA SHARING AND ANALYSIS THAT:

23           (I) PRIORITIZES PROTECTION OF PATIENT PRIVACY AND, TO THE  
24 EXTENT POSSIBLE, ELIMINATES ANY SHARING OF PERSONALLY  
25 IDENTIFIABLE INFORMATION AND PERSONAL HEALTH INFORMATION; AND

26           (II) MUST BE TRANSPARENTLY DISCLOSED TO ALL RELEVANT  
27 PARTIES;

1 (d) REQUIRING, WHEN APPLICABLE, THE USE OF THE UNIVERSAL  
2 CONTRACTING PROVISIONS GENERATED IN COLLABORATION WITH STATE  
3 AGENCIES PURSUANT TO SECTION 25-50-203 AND THE USE OF BEHAVIORAL  
4 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS PURSUANT TO PART  
5 4 OF THIS ARTICLE 50;

6 (e) REPORTING AND DATA SHARING TO THE BHA, INCLUDING  
7 BEHAVIORAL-HEALTH-RELATED METRICS, TO ENSURE STATE AGENCIES  
8 AND TRIBAL GOVERNMENTS SHARE DATA;

9 (f) MANAGED CARE ENTITY STANDARDS, SUCH AS USE OF  
10 NATIONALLY RECOGNIZED PRACTICE GUIDELINES FOR UTILIZATION  
11 MANAGEMENT APPROVED BY THE BHA AND SHARED PARAMETERS FOR  
12 NETWORK ADEQUACY;

13 (g) PARITY MONITORING AND COMPLIANCE TO SUPPORT THE  
14 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S AND THE  
15 DIVISION OF INSURANCE'S ENFORCEMENT OF PARITY PROVISIONS; AND

16 (h) A METHOD FOR THE STATE AGENCIES AND TRIBAL  
17 GOVERNMENTS TO INFORM THE BHA OF PROBLEMS THAT NEED  
18 RESOLUTION AND TO COLLABORATE WITH THE BHA TO ADDRESS THOSE  
19 PROBLEMS.

20 (2) THE COMMISSIONER, IN COLLABORATION WITH STATE AGENCIES  
21 AND TRIBAL GOVERNMENTS, SHALL ANNUALLY REVIEW THE FORMAL  
22 AGREEMENTS AND UPDATE THE FORMAL AGREEMENTS AS NECESSARY.  
23 FORMAL AGREEMENTS MAY BE EXPANDED TO OTHER STATE AGENCIES AND  
24 BRANCHES OF GOVERNMENT AS NEEDED AND APPROPRIATE.

25 **27-50-203. Universal contracting provisions - requirements.**

26 (1) ON OR BEFORE JULY 1, 2023, THE BHA, IN COLLABORATION WITH  
27 RELEVANT STAKEHOLDERS, THE DEPARTMENT OF HEALTH CARE POLICY

1 AND FINANCING, AND OTHER STATE AGENCIES, SHALL DEVELOP UNIVERSAL  
2 CONTRACTING PROVISIONS TO BE USED BY STATE AGENCIES WHEN  
3 CONTRACTING FOR BEHAVIORAL HEALTH SERVICES IN THE STATE. THE  
4 UNIVERSAL CONTRACTING PROVISIONS SHALL PROVIDE CLEAR,  
5 STANDARDIZED REQUIREMENTS ADDRESSING AT LEAST THE FOLLOWING:

6 (a) MINIMUM DATA COLLECTION AND REPORTING, INCLUDING  
7 ELECTRONIC DATA AND PARTICIPATION IN HEALTH INFORMATION  
8 ORGANIZATION NETWORKS;

9 (b) GRIEVANCE AND OCCURRENCE REPORTING, INCLUDING TO THE  
10 BHA;

11 (c) COLLABORATION WITH OTHER STATE AGENCIES;

12 (d) USE OF EVIDENCE-BASED PRACTICES;

13 (e) ACCESS TO CARE AND QUALITY OF CARE STANDARDS,  
14 INCLUDING ACCOUNTABILITY TO THE PERFORMANCE STANDARDS  
15 DEVELOPED PURSUANT TO SECTION 27-50-201;

16 (f) PROGRAMMATIC AND FINANCIAL REPORTING;

17 (g) CONSEQUENCES FOR NOT MEETING CONTRACT REQUIREMENTS;

18 (h) STANDARD PAYMENT METHODOLOGIES, BASED ON PROVIDER  
19 TYPE OR OTHER FACTORS, AS DETERMINED BY THE BHA;

20 (i) CLAIMS SUBMISSIONS AND BILLING PROCEDURES AND  
21 GUIDELINES;

22 (j) LIMITATIONS OF LIABILITY;

23 (k) COMPLIANCE WITH BEHAVIORAL HEALTH SAFETY NET  
24 STANDARDS, INCLUDING PROVISION OF SERVICES FOR PRIORITY  
25 POPULATIONS;

26 (l) UTILIZATION MANAGEMENT;

27 (m) UTILIZATION OF REQUIRED TOOLS OR PROGRAMS THAT

1 IMPROVE QUALITY OUTCOMES, ACCESSIBILITY OF SOCIAL DETERMINANTS  
2 OF HEALTH SUPPORTS, AFFORDABILITY, REFERRAL EFFICIENCY, OR OTHER  
3 STATE PRIORITIES;

4 (n) POLICIES ON ACCEPTING, DISCHARGING, TRIAGING, AND  
5 DENYING SERVICES TO CLIENTS CONSISTENT WITH SECTIONS 27-50-302  
6 AND 27-50-303;

7 (o) STANDARDS FOR SERVING PRIORITY POPULATIONS AND  
8 HIGH-ACUITY CLIENTS BASED ON STATE NEED AND PROVIDER TYPE; AND

9 (p) COMPLIANCE WITH ALL APPLICABLE FEDERAL STATUTES AND  
10 REGULATIONS, INCLUDING ANTI-DISCRIMINATION LAWS.

11 (2) THE UNIVERSAL CONTRACTING PROVISIONS MAY INCLUDE  
12 ALTERNATE STANDARDIZED PROVISIONS, DEPENDING ON ITS APPLICATION,  
13 SUCH AS WHETHER THE PROVIDER IS A COMPREHENSIVE COMMUNITY  
14 BEHAVIORAL HEALTH PROVIDER OR AN ESSENTIAL BEHAVIORAL HEALTH  
15 SAFETY NET PROVIDER, THE SERVICE TYPE, OR OTHER FACTORS.

16 (3) ADDITIONAL TERMS NOT INCLUDED IN THE UNIVERSAL  
17 CONTRACT MAY BE NEGOTIATED AND ADDED BY THE CONTRACTING  
18 PARTIES.

19 **27-50-204. Reporting.** (1) BEGINNING OCTOBER 1, 2022, AND  
20 EACH OCTOBER 1 THEREAFTER, THE BHA SHALL PREPARE AND SUBMIT A  
21 REPORT, KNOWN AS THE BEHAVIORAL HEALTH SYSTEM PLAN, TO THE JOINT  
22 BUDGET COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND  
23 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND  
24 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY  
25 SUCCESSOR COMMITTEES. AT A MINIMUM, THE REPORT MUST INCLUDE A  
26 DESCRIPTION OF THE BHA'S VISION AND STRATEGY FOR THE BEHAVIORAL  
27 HEALTH SYSTEM, UPDATES ON PERFORMANCE STANDARDS DEVELOPED

1 PURSUANT TO SECTION 27-50-201 (2), ANALYSIS OF THE GRIEVANCES  
2 COLLECTED PURSUANT TO SECTION 27-50-108, UPDATES ON FORMAL  
3 AGREEMENTS AND COLLABORATIONS WITH STATE AGENCIES PURSUANT TO  
4 THIS ARTICLE 50, OPPORTUNITIES TO IMPROVE REIMBURSEMENT FOR  
5 INTEGRATED PHYSICAL AND MENTAL HEALTH SERVICES, UPDATES ON CARE  
6 COORDINATION PURSUANT TO SECTION 27-50-301 (3), AND THE REPORT OF  
7 THE ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701.

8 (2) BEGINNING JANUARY 1, 2023, AND EACH JANUARY 1  
9 THEREAFTER, THE BHA SHALL PRESENT THE REPORT PREPARED PURSUANT  
10 TO SUBSECTION (1) OF THIS SECTION AS PART OF ITS "STATE  
11 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT  
12 (SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203.

13 PART 3

14 BEHAVIORAL HEALTH SAFETY NET SYSTEM

15 **27-50-301. Behavioral health safety net system**  
16 **implementation.** (1) NO LATER THAN JULY 1, 2024, THE BHA, IN  
17 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND  
18 FINANCING AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT,  
19 SHALL ESTABLISH A COMPREHENSIVE AND STANDARDIZED BEHAVIORAL  
20 HEALTH SAFETY NET SYSTEM THROUGHOUT THE STATE THAT MUST  
21 INCLUDE BEHAVIORAL HEALTH SAFETY NET SERVICES FOR CHILDREN,  
22 YOUTH, AND ADULTS ALONG A CONTINUUM OF CARE.

23 (2) THE BHA SHALL ENSURE THAT ALL COLORADANS HAVE  
24 ACCESS TO THE BEHAVIORAL HEALTH SAFETY NET SYSTEM, WHICH MUST:

25 (a) PROACTIVELY ENGAGE PRIORITY POPULATIONS WITH  
26 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT  
27 THE CARE CONTINUUM;

- 1 (b) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;
- 2 (c) DEVELOP, MAINTAIN, AND UTILIZE ADEQUATE NETWORKS FOR  
3 TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL  
4 HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR CHILDREN,  
5 YOUTH, AND ADULTS;
- 6 (d) REQUIRE COLLABORATION WITH ALL STATE AND LOCAL LAW  
7 ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA,  
8 INCLUDING JUDICIAL DISTRICTS AND COUNTY DEPARTMENTS OF HUMAN OR  
9 SOCIAL SERVICES;
- 10 (e) TRIAGE INDIVIDUALS WHO NEED SERVICES OUTSIDE THE SCOPE  
11 OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;
- 12 (f) INCORPORATE AND DEMONSTRATE TRAUMA-INFORMED CARE  
13 PRACTICES;
- 14 (g) PROMOTE PATIENT-CENTERED CARE AND CULTURAL  
15 AWARENESS;
- 16 (h) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT  
17 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE  
18 STATE;
- 19 (i) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED  
20 PROGRAMMING TO PROMOTE QUALITY SERVICES; AND
- 21 (j) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.
- 22 (3) IN ESTABLISHING THE STANDARDIZED AND COMPREHENSIVE  
23 BEHAVIORAL HEALTH SAFETY NET SYSTEM, THE BHA SHALL:
- 24 (a) IN COLLABORATION WITH STATE AGENCIES AND THE ADVISORY  
25 COUNCIL CREATED PURSUANT TO SECTION 27-50-701, ESTABLISH AND  
26 ROUTINELY ASSESS WHAT TYPES OF BEHAVIORAL HEALTH SERVICES ARE  
27 PROVIDED ON A COMMUNITY, REGIONAL, AND STATEWIDE BASIS FOR

1 CHILDREN, YOUTH, AND ADULTS. THE BHA SHALL ENSURE THAT, AT A  
2 MINIMUM, THE FOLLOWING BEHAVIORAL HEALTH SAFETY NET SERVICES  
3 ARE AVAILABLE FOR CHILDREN, YOUTH, AND ADULTS STATEWIDE:

- 4 (I) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;
- 5 (II) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
- 6 (III) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- 7 (IV) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;
- 8 (V) WITHDRAWAL MANAGEMENT SERVICES;
- 9 (VI) BEHAVIORAL HEALTH INPATIENT SERVICES;
- 10 (VII) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- 11 (VIII) INTEGRATED CARE SERVICES;
- 12 (IX) CARE MANAGEMENT;
- 13 (X) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- 14
- 15 (XI) OUTPATIENT COMPETENCY RESTORATION;
- 16 (XII) CARE COORDINATION;
- 17 (XIII) HOSPITAL ALTERNATIVES;
- 18 (XIV) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK  
19 ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH  
20 INDICATORS; AND

21 (XV) ADDITIONAL SERVICES THAT THE BHA DETERMINES ARE  
22 NECESSARY IN A REGION OR THROUGHOUT THE STATE.

23 (b) WHEN ROUTINELY ASSESSING THE SERVICES AVAILABLE  
24 REGIONALLY AND STATEWIDE, AS REQUIRED IN SUBSECTION (3)(a) OF THIS  
25 SECTION, THE BHA SHALL ASSESS ADEQUACY OF FUNDING AND  
26 RESOURCES NECESSARY TO IMPLEMENT THE BEHAVIORAL HEALTH SYSTEM  
27 PLAN PURSUANT TO SECTION 27-50-204.

1 (c) SET CLINICAL AND PRACTICE STANDARDS AND HEALTH,  
2 SAFETY, AND WELFARE STANDARDS, INCLUDING STANDARDS SPECIFIC TO  
3 CHILDREN AND YOUTH, WHEN APPROPRIATE, THROUGH THE LICENSING OF  
4 BEHAVIORAL HEALTH ENTITIES AND THE APPROVAL OF BEHAVIORAL  
5 HEALTH SAFETY NET PROVIDERS;

6 (d) ESTABLISH STATEWIDE, REGIONAL, AND LOCAL BEHAVIORAL  
7 HEALTH NETWORK ADEQUACY STANDARDS, INCLUDING STANDARDS  
8 SPECIFIC TO CHILDREN AND YOUTH, WHEN APPROPRIATE; AND

9 (e) IMPLEMENT A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
10 ORGANIZATION STRUCTURE PURSUANT TO PART 4 OF THIS ARTICLE 50.

11 (4) EXCEPT AS PROVIDED IN SECTION 27-50-303, BEHAVIORAL  
12 HEALTH SAFETY NET PROVIDERS SHALL NOT REFUSE TO TREAT AN  
13 INDIVIDUAL BASED ON THE INDIVIDUAL'S:

14 (a) INSURANCE COVERAGE, LACK OF INSURANCE COVERAGE, OR  
15 ABILITY TO PAY;

16 (b) CLINICAL ACUITY LEVEL RELATED TO THE INDIVIDUAL'S  
17 BEHAVIORAL HEALTH CONDITION OR CONDITIONS, INCLUDING WHETHER  
18 THE INDIVIDUAL HAS BEEN CERTIFIED FOR SHORT-TERM TREATMENT OR  
19 LONG-TERM CARE AND TREATMENT PURSUANT TO ARTICLE 65 OF THIS  
20 TITLE 27;

21 (c) READINESS TO TRANSITION OUT OF THE COLORADO MENTAL  
22 HEALTH INSTITUTE AT PUEBLO, THE COLORADO MENTAL HEALTH  
23 INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL HEALTH INSTITUTE OR  
24 LICENSED FACILITY PROVIDING INPATIENT PSYCHIATRIC SERVICES OR  
25 ACUTE CARE HOSPITAL PROVIDING STABILIZATION BECAUSE THE  
26 INDIVIDUAL NO LONGER REQUIRES INPATIENT CARE AND TREATMENT;

27 (d) INVOLVEMENT IN THE CRIMINAL OR JUVENILE JUSTICE SYSTEM;

1 (e) CURRENT INVOLVEMENT IN THE CHILD WELFARE SYSTEM;

2 (f) Co-occurring mental health and substance use  
3 disorders, physical disability, or intellectual or developmental  
4 disability, irrespective of primary diagnosis, co-occurring  
5 conditions, or if an individual requires assistance with activities  
6 of daily living or instrumental activities of daily living, as  
7 defined in section 12-270-104 (6);

8 (g) Displays of aggressive behavior, or history of  
9 aggressive behavior, as a symptom of a diagnosed mental health  
10 disorder or substance use disorder;

11 (h) Clinical presentation or behavioral presentation in  
12 any previous interaction with a provider;

13 (i) Place of residence; or

14 (j) Disability, age, race, creed, color, sex, sexual  
15 orientation, gender identity, gender expression, marital status,  
16 national origin, ancestry, or tribal affiliation.

17 (5) The BHA may promulgate rules or determine other  
18 appropriate processes to approve behavioral health providers as  
19 behavioral health safety net providers. Behavioral health  
20 providers that do not hold a license from the BHA but are  
21 otherwise licensed or authorized to provide behavioral health  
22 services in the state of Colorado are eligible to be approved as  
23 behavioral health safety net providers.

24  
25 **27-50-302. Requirement to serve priority populations -**  
26 **screening and triage for individuals in need of behavioral health**  
27 **services - referrals. (1) Except as provided in this section,**

1 COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS MUST  
2 PROVIDE THE SAFETY NET SERVICES LISTED IN SECTION 27-50-101 (11) TO  
3 PRIORITY POPULATIONS.

4 (2) EXCEPT AS PROVIDED IN SECTION 27-50-303, ESSENTIAL  
5 BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL PROVIDE THE SAFETY  
6 NET SERVICE OR SERVICES THAT THEY CONTRACT WITH THE BEHAVIORAL  
7 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR MANAGED CARE  
8 ENTITY TO PROVIDE TO PRIORITY POPULATIONS.

9 (3) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION TO  
10 THE CONTRARY, EMERGENCY AND CRISIS SERVICES MUST BE AVAILABLE  
11 TO ANY INDIVIDUAL WHO IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS,  
12 REGARDLESS OF WHETHER THE INDIVIDUAL IS A PRIORITY POPULATION;

13 (4) (a) WHEN A PRIORITY POPULATION CLIENT INITIATES  
14 TREATMENT WITH A BEHAVIORAL HEALTH SAFETY NET PROVIDER, PRIOR  
15 TO THE INTAKE THE PROVIDER SHALL COMPLETE AN INITIAL SCREENING  
16 AND TRIAGE PROCESS TO DETERMINE URGENCY AND APPROPRIATENESS OF  
17 CARE WITH THE PROVIDER.

18 (b) THE BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL USE  
19 STANDARD CRITERIA, AS DETERMINED BY THE BHA, FOR DETERMINING  
20 WHETHER A CLIENT'S NEEDS EXCEED THE CLINICAL EXPERTISE OF THE  
21 PROVIDER.

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

26 (d) IF A PRIORITY POPULATION CLIENT'S NEEDS EXCEED THE  
27 TREATMENT CAPACITY OR CLINICAL EXPERTISE OF A COMPREHENSIVE

1 COMMUNITY BEHAVIORAL HEALTH PROVIDER, THE PROVIDER MUST  
2 ENSURE THAT THE CLIENT HAS ACCESS TO INTERIM BEHAVIORAL HEALTH  
3 SERVICES IN A TIMELY MANNER UNTIL THE CLIENT IS CONNECTED TO THE  
4 MOST APPROPRIATE PROVIDER FOR ONGOING CARE. THIS MAY INCLUDE USE  
5 OF PROVIDERS WITHIN THE NETWORK OF THE BEHAVIORAL HEALTH  
6 ADMINISTRATIVE SERVICES ORGANIZATION OR THE REGIONAL MANAGED  
7 CARE ENTITY.

8 (e) THE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH  
9 PROVIDER SHALL OBTAIN APPROVAL FROM THE BEHAVIORAL HEALTH  
10 ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER  
11 IS OPERATING, OR THE REGIONAL MANAGED CARE ENTITY FOR MEDICAID  
12 CLIENTS, PRIOR TO REFERRING A PRIORITY POPULATION CLIENT TO  
13 ALTERNATIVE SERVICES; EXCEPT THAT AN INDIVIDUAL EXPERIENCING A  
14 BEHAVIORAL HEALTH CRISIS MAY BE REFERRED TO EMERGENCY OR CRISIS  
15 SERVICES WITHOUT PRIOR APPROVAL.

16 (5) WHEN REFERRING A CLIENT TO ALTERNATIVE SERVICES, A  
17 BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL ASSIST THE CLIENT IN  
18 IDENTIFYING AND INITIATING SERVICES WITH AN APPROPRIATE PROVIDER  
19 FOR ONGOING CARE. AS APPROPRIATE, THE BEHAVIORAL HEALTH SAFETY  
20 NET PROVIDER SHALL USE THE BEHAVIORAL HEALTH ADMINISTRATIVE  
21 SERVICES ORGANIZATION OR, FOR MEDICAID CLIENTS, THE REGIONAL  
22 MANAGED CARE ENTITY FOR CARE COORDINATION.

23 (6)(a) BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL TRACK  
24 THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS WHO WERE  
25 REFERRED TO ALTERNATIVE SERVICES PURSUANT TO THIS SECTION:

26 (I) CLIENT DEMOGRAPHICS;

27 (II) STANDARDIZED DESCRIPTIONS OF THE NEEDS OF THE CLIENT

1 THAT COULD NOT BE MET AND REQUIRE THE CLIENT TO BE REFERRED TO  
2 ANOTHER PROVIDER;

3 (III) THE OUTCOME AND TIMELINESS OF THE REFERRAL; AND

4 (IV) ANY OTHER INFORMATION REQUIRED BY THE BHA.

5 (b) THE PROVIDER SHALL PROVIDE THE REPORT AT REGULAR  
6 INTERVALS TO THE BHA AND TO EITHER THE BEHAVIORAL HEALTH  
7 ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER  
8 IS OPERATING OR, FOR MEDICAID CLIENTS, TO THE MANAGED CARE ENTITY.

9 **27-50-303. Essential behavioral health safety net providers -**  
10 **approval to serve limited priority populations.** (1) ESSENTIAL  
11 BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST SERVE ALL PRIORITY  
12 POPULATIONS UNLESS THE UNIVERSAL CONTRACTING PROVISIONS WITH  
13 THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
14 LIMIT THE PROVIDER'S SCOPE AND RESPONSIBILITY TO A SPECIFIC  
15 SUBPOPULATION PURSUANT TO SUBSECTION (2) OF THIS SECTION.

16 (2) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
17 ORGANIZATIONS MAY CONTRACT WITH AN ESSENTIAL BEHAVIORAL  
18 HEALTH SAFETY NET PROVIDER TO PROVIDE A SAFETY NET SERVICE OR  
19 SERVICES, INCLUDING THOSE DETERMINED NECESSARY PURSUANT TO  
20 SECTION 27-50-301 (3)(a)(XV), TO ONLY A SUBPOPULATION OF THE  
21 PRIORITY POPULATIONS.

22 **27-50-304. Behavioral health safety net provider network -**  
23 **incentives - preferred status - rules.** (1) THE BHA SHALL ENSURE THAT  
24 EACH REGION IN THE STATE INCLUDES A NETWORK OF BEHAVIORAL  
25 HEALTH SAFETY NET PROVIDERS THAT COLLECTIVELY OFFER A FULL  
26 CONTINUUM OF BEHAVIORAL HEALTH SERVICES.

27 (2) THE BHA SHALL PROVIDE STATEWIDE TECHNICAL ASSISTANCE



1 POTENTIAL AND EXISTING APPROVED SAFETY NET PROVIDERS TO EXPAND  
2 SERVICE CAPACITY IN A SPECIFIC REGION OF THE STATE.

3 (6) NOTHING IN THIS SECTION LIMITS THE ABILITY OF STATE  
4 AGENCIES TO AWARD CONTRACTS OR GRANTS FOR THE PROCUREMENT OF  
5 BEHAVIORAL HEALTH SERVICES DIRECTLY TO ANY COUNTY, CITY AND  
6 COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR  
7 OTHER POLITICAL SUBDIVISION OF THE STATE OR ANY COUNTY, CITY AND  
8 COUNTY, DISTRICT, OR JUVENILE COURT, OR TO ANY NONPROFIT OR  
9 FOR-PROFIT ORGANIZATION IN ACCORDANCE WITH APPLICABLE LAW.

10 (7) THE BHA MAY PROMULGATE RULES AS NECESSARY TO  
11 IMPLEMENT THIS SECTION.

12 PART 4  
13 BEHAVIORAL HEALTH ADMINISTRATIVE  
14 SERVICES ORGANIZATIONS

15 **27-50-401. Regional behavioral health administrative services**  
16 **organizations - establishment.** (1) NO LATER THAN JULY 1, 2024, THE  
17 COMMISSIONER SHALL SELECT AND CONTRACT WITH REGIONALLY BASED  
18 BEHAVIORAL HEALTH ORGANIZATIONS TO ESTABLISH, ADMINISTER, AND  
19 MAINTAIN ADEQUATE NETWORKS OF BEHAVIORAL HEALTH SAFETY NET  
20 SERVICES AND CARE COORDINATION, AS DESCRIBED IN PART 3 OF THIS  
21 ARTICLE 50.

22 (2) THE COMMISSIONER SHALL DESIGNATE REGIONS OF THE STATE  
23 FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO  
24 OPERATE. IN ESTABLISHING REGIONS, THE COMMISSIONER SHALL CONSULT  
25 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO  
26 ENSURE CONSIDERATION OF THE REGIONAL STRUCTURE THAT SERVES THE  
27 MEDICAID POPULATION.

1           **27-50-402. Behavioral health administrative services**  
2 **organizations - application - designation - denial - revocation.** (1) AT  
3 LEAST ONCE EVERY FIVE YEARS, THE COMMISSIONER SHALL SOLICIT  
4 APPLICATIONS THROUGH A COMPETITIVE BID PROCESS PURSUANT TO THE  
5 "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, FOR ENTITIES  
6 TO APPLY TO BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
7 ORGANIZATION. ANY QUALIFIED PUBLIC OR PRIVATE CORPORATION;  
8 FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION; OR PUBLIC OR PRIVATE  
9 AGENCY, ORGANIZATION, OR INSTITUTION MAY APPLY IN THE FORM AND  
10 MANNER DETERMINED BY THE BHA'S RULES.

11           (2) THE COMMISSIONER SHALL SELECT A BEHAVIORAL HEALTH  
12 ADMINISTRATIVE SERVICES ORGANIZATION BASED ON FACTORS  
13 ESTABLISHED BY BHA RULES AND THE "PROCUREMENT CODE", ARTICLES  
14 101 TO 112 OF TITLE 24. THE FACTORS FOR SELECTION MUST INCLUDE, BUT  
15 ARE NOT LIMITED TO, THE FOLLOWING:

16           (a) THE APPLICANT'S EXPERIENCE WORKING WITH PUBLICLY  
17 FUNDED CLIENTS, INCLUDING EXPERTISE IN TREATING PRIORITY  
18 POPULATIONS DETERMINED BY THE BHA;

19           (b) THE APPLICANT'S EXPERIENCE WORKING WITH AND ENGAGING  
20 RELEVANT STAKEHOLDERS IN THE SERVICE AREA, INCLUDING BEHAVIORAL  
21 HEALTH PROVIDERS; STATE AND LOCAL AGENCIES; AND THE LOCAL  
22 COMMUNITY, INCLUDING ADVOCACY ORGANIZATIONS AND CLIENTS OF  
23 BEHAVIORAL HEALTH SERVICES;

24           (c) THE EXTENT TO WHICH REAL OR PERCEIVED CONFLICTS OF  
25 INTEREST BETWEEN THE APPLICANT AND BEHAVIORAL HEALTH FACILITIES  
26 OR BEHAVIORAL HEALTH PROVIDERS ARE MITIGATED; AND

27           (d) THE EXTENT TO WHICH THE APPLICANT'S BOARD COMPLIES

1 WITH CONFLICT OF INTEREST POLICIES, INCLUDING TO THE FOLLOWING:

2 (I) THE BOARD SHALL NOT HAVE MORE THAN FIFTY PERCENT OF  
3 CONTRACTED PROVIDERS AS BOARD MEMBERS;

4 (II) PROVIDERS WHO HAVE OWNERSHIP OR BOARD MEMBERSHIP IN  
5 A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL  
6 NOT HAVE CONTROL OR DECISION-MAKING AUTHORITY IN THE  
7 ESTABLISHMENT OF PROVIDER NETWORKS; AND

8 (III) AN EMPLOYEE OF A CONTRACTED PROVIDER OF A  
9 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL  
10 NOT ALSO BE AN EMPLOYEE OF THE BEHAVIORAL HEALTH ADMINISTRATIVE  
11 SERVICES ORGANIZATION UNLESS THE EMPLOYEE IS THE CHIEF CLINICAL  
12 OFFICER OR UTILIZATION MANAGEMENT DIRECTOR OF THE BEHAVIORAL  
13 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION. IF THE INDIVIDUAL IS  
14 ALSO AN EMPLOYEE OF A PROVIDER THAT HAS BOARD MEMBERSHIP OR  
15 OWNERSHIP IN THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
16 ORGANIZATION, THE BEHAVIORAL HEALTH SERVICES ORGANIZATION SHALL  
17 DEVELOP POLICIES APPROVED BY THE COMMISSIONER TO MITIGATE ANY  
18 CONFLICT OF INTEREST THE EMPLOYEE MAY HAVE; AND

19 (e) THE EXTENT TO WHICH THE APPLICANT'S BOARD MEMBERSHIP  
20 REFLECTS THE DIVERSITY AND INTERESTS OF RELEVANT STAKEHOLDERS,  
21 INCLUDING, BUT NOT LIMITED TO, REPRESENTATION BY INDIVIDUALS WITH  
22 LIVED BEHAVIORAL HEALTH EXPERIENCE AND FAMILY OF INDIVIDUALS  
23 WITH LIVED BEHAVIORAL HEALTH EXPERIENCE.

24 (3) THE INITIAL CONTRACT MAY BE PROVISIONAL FOR NINETY  
25 DAYS. AT THE CONCLUSION OF THE NINETY-DAY PROVISIONAL PERIOD, THE  
26 COMMISSIONER MAY CHOOSE TO REVOKE THE CONTRACT OR, SUBJECT TO  
27 MEETING THE TERMS AND CONDITIONS SPECIFIED IN THE CONTRACT, MAY

1 CHOOSE TO EXTEND THE CONTRACT FOR A STATED TIME PERIOD.

2 (4) THE BHA MAY IMPOSE CORRECTIVE ACTIONS, INCLUDING  
3 FISCAL SANCTIONS, INTERMEDIATE RESTRICTIONS, OR CONDITIONS ON A  
4 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION THAT IS  
5 NOT IN COMPLIANCE WITH THIS ARTICLE 50, APPLICABLE RULES, OR ANY  
6 CONTRACTUAL OBLIGATIONS.

7 (5) THE COMMISSIONER MAY REVOKE THE CONTRACT WITH A  
8 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION UPON  
9 FINDING THAT THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
10 ORGANIZATION IS IN VIOLATION OF ITS CONTRACT OR RULES  
11 PROMULGATED PURSUANT TO THIS ARTICLE 50. THE REVOCATION MUST  
12 CONFORM TO THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4  
13 OF TITLE 24, INCLUDING ONLY AFTER NOTICE AND AN OPPORTUNITY FOR  
14 A HEARING IS PROVIDED, AS SPECIFIED IN ARTICLE 4 OF TITLE 24.

15 (6) IF A CONTRACT HAS BEEN REVOKED PURSUANT TO THIS  
16 SECTION, THE COMMISSIONER MAY DESIGNATE ANOTHER EXISTING  
17 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION TO  
18 TEMPORARILY PROVIDE THE BEHAVIORAL HEALTH CONTINUUM OF CARE,  
19 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION  
20 FOR THAT REGION. TEMPORARY DESIGNATION PURSUANT TO THIS  
21 SUBSECTION (6) IS NOT SUBJECT TO THE "PROCUREMENT CODE", ARTICLES  
22 101 TO 112 OF TITLE 24. TEMPORARY DESIGNATION MAY BE RENEWED  
23 ANNUALLY UNTIL THE END OF THE ORIGINAL FIVE-YEAR CONTRACT  
24 PERIOD.

25 (7) THE SELECTION, DENIAL, OR REVOCATION OF A CONTRACT TO  
26 BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION BY  
27 THE COMMISSIONER IS A FINAL AGENCY ACTION FOR PURPOSES OF JUDICIAL

1 REVIEW.

2 **27-50-403. Behavioral health administrative services**  
3 **organizations - contract requirements - individual access - care**  
4 **coordination.** (1) THE BHA SHALL DEVELOP A CONTRACT FOR  
5 DESIGNATED BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
6 ORGANIZATIONS, WHICH MUST INCLUDE, BUT IS NOT LIMITED TO, THE  
7 FOLLOWING:

8 (a) REQUIREMENTS TO ESTABLISH AND MAINTAIN A CONTINUUM OF  
9 CARE AND NETWORK ADEQUACY IN THE SERVICE AREA CONSISTENT WITH  
10 PART 3 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED TO PROVIDING  
11 ALL BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN SECTION  
12 27-50-301;

13 (b) EXPECTATIONS FOR SUBCONTRACTING WITH BEHAVIORAL  
14 HEALTH SAFETY NET PROVIDERS AND OTHER PROVIDERS, CONSISTENT  
15 WITH PART 3 OF THIS ARTICLE 50, INCLUDING PRIORITIZATION OF  
16 COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS;

17 (c) EXPECTATIONS FOR ADHERENCE TO THE UNIVERSAL  
18 CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203  
19 AND USE OF THE UNIVERSAL CONTRACTING PROVISIONS WITH ALL  
20 RELEVANT SUBCONTRACTORS;

21 (d) REPORTING REQUIREMENTS RELATED TO CLAIMING FEDERAL  
22 FUNDING FOR ELIGIBLE SERVICES AND PROGRAMS;

23 (e) PROHIBITIONS ON DENYING OR PROHIBITING ACCESS TO ANY  
24 MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE, INCLUDING  
25 MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION 23-21-803,  
26 FOR A SUBSTANCE USE DISORDER;

27 (f) REQUIREMENTS TO SERVE ALL INDIVIDUALS IN NEED OF

1 SERVICES AND A SPECIFIC PROHIBITION ON DENIAL OF SERVICES FOR ANY  
2 OF THE REASONS PROVIDED IN SECTION 27-50-301 (4);

3 (g) AGREEMENTS ON DATA COLLECTION AND REPORTING,  
4 INCLUDING ANY PROVISIONS NECESSARY TO IMPLEMENT SECTION  
5 27-50-201;

6 (h) PROCEDURES RELATED TO CORRECTIVE ACTIONS PURSUANT TO  
7 SECTION 27-50-402;

8 (i) ANY PROVISIONS NECESSARY TO ENSURE THE BEHAVIORAL  
9 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION FULFILLS THE  
10 FUNCTIONS PROVIDED IN SUBSECTION (2) OF THIS SECTION; AND

11 (j) REQUIREMENTS FOR CALCULATING AND REPORTING THE  
12 ANNUAL ADMINISTRATIVE COSTS. THE BHA SHALL ESTABLISH AND  
13 ENFORCE THE MAXIMUM ALLOWABLE ADMINISTRATIVE COST RATIOS FOR  
14 THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS  
15 AND REPORT THE ACTUAL PERFORMANCE OF EACH BEHAVIORAL HEALTH  
16 ADMINISTRATIVE SERVICES ORGANIZATION ANNUALLY.

17 (2) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
18 ORGANIZATION SHALL:

19 (a) PROACTIVELY ENGAGE HARD-TO-SERVE INDIVIDUALS WITH  
20 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT  
21 THE CARE CONTINUUM;

22 (b) IMPLEMENT TRAUMA-INFORMED CARE PRACTICES;

23 (c) ACCEPT AND PROVIDE BEHAVIORAL HEALTH SAFETY NET  
24 SERVICES TO INDIVIDUALS OUTSIDE OF THE BEHAVIORAL HEALTH  
25 ADMINISTRATIVE SERVICES ORGANIZATION'S REGION;

26 (d) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

27 (e) THROUGH NETWORK ADEQUACY AND OTHER METHODS, ENSURE

1 TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL  
2 HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR ALL  
3 INDIVIDUALS INCLUDING CHILDREN, YOUTH, AND ADULTS;

4 (f) REQUIRE COLLABORATION WITH ALL LOCAL LAW ENFORCEMENT  
5 AND COUNTY AGENCIES IN THE SERVICE AREA, INCLUDING COUNTY  
6 DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;

7 (g) TRIAGE INDIVIDUALS WHO NEED ALTERNATIVE SERVICES  
8 OUTSIDE THE SCOPE OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;

9 (h) PROMOTE PATIENT-CENTERED CARE, CULTURAL AWARENESS,  
10 AND COORDINATION OF CARE TO APPROPRIATE BEHAVIORAL HEALTH  
11 SAFETY NET PROVIDERS;

12 (i) COLLABORATE WITH SCHOOLS AND SCHOOL DISTRICTS IN THE  
13 SERVICE AREA TO IDENTIFY GAPS IN SERVICES AND TO PROMOTE STUDENT  
14 ACCESS TO BEHAVIORAL HEALTH SERVICES AT SCHOOL AND IN THE  
15 CONTRACTING WITH PROVIDERS TO BUILD THE NETWORK OF BEHAVIORAL  
16 HEALTH SAFETY NET SERVICES, INCLUSION OF RELEVANT PROGRAMS OR  
17 SERVICES ELIGIBLE FOR FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING  
18 RELEVANT PROGRAMS OR SERVICES IDENTIFIED IN THE FEDERAL TITLE  
19 IV-E PREVENTION SERVICES CLEARINGHOUSE; AND

20 (j) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT  
21 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE  
22 STATE;

23 (k) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED  
24 PROGRAMMING TO PROMOTE QUALITY SERVICES;

25 (l) CONSIDER, WHEN CONTRACTING WITH PROVIDERS TO BUILD THE  
26 NETWORK OF BEHAVIORAL HEALTH SAFETY NET SERVICES, INCLUSION OF  
27 RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR FEDERAL GRANTS OR

1 REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS OR SERVICES  
2 IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION SERVICES  
3 CLEARINGHOUSE; AND

4 (m) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.

5 **27-50-404. Behavioral health administrative services**  
6 **organizations - stakeholder input - report - rules.** (1) EACH  
7 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL  
8 DEVELOP A PROCESS TO SOLICIT AND RESPOND TO INPUT FROM  
9 STAKEHOLDERS ABOUT BEHAVIORAL HEALTH SERVICES AND GAPS IN THE  
10 SERVICE AREA. A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
11 ORGANIZATION SHALL PUBLICLY POST AN ANNUAL REPORT THAT  
12 INCLUDES:

13 (a) A REPORT ON THE STAKEHOLDER INPUT RECEIVED IN THE PRIOR  
14 YEAR, ANONYMIZED AND AGGREGATED TO PROTECT INDIVIDUAL PRIVACY;

15 (b) DESCRIPTIONS OF HOW THE BEHAVIORAL HEALTH  
16 ADMINISTRATIVE SERVICES ORGANIZATION HAS RESPONDED TO, OR PLANS  
17 TO RESPOND TO, STAKEHOLDER INPUT FROM THE PRIOR YEAR, INCLUDING  
18 DESCRIPTIONS OF POLICY OR PRACTICE CHANGES OR EXPLANATIONS OF  
19 WHY NO CHANGES WERE MADE; AND

20 (c) THE PLAN FOR STAKEHOLDER ENGAGEMENT FOR THE  
21 UPCOMING YEAR.

22 (2) IN SOLICITING AND RESPONDING TO INPUT FROM  
23 STAKEHOLDERS PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE  
24 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL,  
25 AT A MINIMUM, ENGAGE THE FOLLOWING STAKEHOLDERS WITHIN THE  
26 SERVICE AREA:

27 (a) CLIENTS OF BEHAVIORAL HEALTH SERVICES AND THEIR

- 1 FAMILIES;
- 2 (b) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;
- 3 (c) COUNTIES;
- 4 (d) LAW ENFORCEMENT;
- 5 (e) HOSPITALS AND PHYSICAL HEALTH PROVIDERS; AND
- 6 (f) JUDICIAL DISTRICTS.
- 7 (3) THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
- 8 ORGANIZATION MAY ALSO ENGAGE STAKEHOLDERS IN NEIGHBORING
- 9 SERVICE AREAS, AS APPROPRIATE.
- 10 (4) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
- 11 IMPLEMENT THIS SECTION.

12 PART 5

13 BEHAVIORAL HEALTH ENTITIES

14 **27-50-501. Behavioral health entities - license required -**

15 **criminal and civil penalties.** (1) (a) ON AND AFTER JULY 1, 2024, IT IS

16 UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR

17 CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY,

18 INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE

19 DISORDER PROGRAM, WITHOUT HAVING OBTAINED A LICENSE FROM THE

20 BHA.

21 (b) ON AND AFTER JULY 1, 2023, AN ENTITY SEEKING INITIAL

22 LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A

23 BEHAVIORAL HEALTH ENTITY LICENSE FROM THE BHA IF THE ENTITY

24 WOULD PREVIOUSLY HAVE BEEN LICENSED OR SUBJECT TO ANY OF THE

25 FOLLOWING:

26 (I) BEHAVIORAL HEALTH ENTITY LICENSURE BY THE DEPARTMENT

27 OF PUBLIC HEALTH AND ENVIRONMENT;

1 (II) APPROVAL OR DESIGNATION BY THE OFFICE OF BEHAVIORAL  
2 HEALTH, AS IT EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR  
3 THE BHA PURSUANT TO THIS ARTICLE 50 OR ARTICLE 66 OF THIS TITLE 27;  
4 OR

5 (III) APPROVAL BY THE OFFICE OF BEHAVIORAL HEALTH, AS IT  
6 EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR THE BHA  
7 PURSUANT TO SECTION 27-81-106 AS AN APPROVED TREATMENT PROGRAM  
8 FOR ■ SUBSTANCE USE DISORDERS.

9 (c) A FACILITY WITH A LICENSE OR APPROVAL ON OR BEFORE JUNE  
10 30, 2023, AS A BEHAVIORAL HEALTH ENTITY OR A SUBSTANCE USE  
11 DISORDER PROGRAM, ■ SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY  
12 LICENSE PRIOR TO THE EXPIRATION OF THE FACILITY'S CURRENT LICENSE  
13 OR APPROVAL. SUCH A FACILITY IS SUBJECT TO THE STANDARDS UNDER  
14 WHICH IT IS LICENSED OR APPROVED AS OF JULY 1, 2023, UNTIL SUCH TIME  
15 AS THE BHA'S BEHAVIORAL HEALTH ENTITY LICENSE IS ISSUED OR DENIED.

16 (2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION  
17 IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL  
18 BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE  
19 THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY  
20 ASSESSED BY THE BHA OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE  
21 THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION  
22 OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE  
23 BHA FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE BHA  
24 SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE  
25 WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL  
26 FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS  
27 FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES

1 SET FORTH IN SECTION 24-4-105.

2 (3) (a) NOTWITHSTANDING ANY PROVISION OF LAW TO THE  
3 CONTRARY, THE BHA SHALL NOT ISSUE OR RENEW ANY LICENSE  
4 DESCRIBED IN THIS PART 5 UNLESS THE BHA RECEIVES A CERTIFICATE OF  
5 COMPLIANCE FOR THE APPLICANT'S BUILDING OR STRUCTURE FROM THE  
6 DIVISION OF FIRE PREVENTION AND CONTROL IN THE DEPARTMENT OF  
7 PUBLIC SAFETY IN ACCORDANCE WITH PART 12 OF ARTICLE 33.5 OF TITLE  
8 24.

9 (b) THE BHA SHALL TAKE ACTION ON AN APPLICATION FOR  
10 LICENSURE WITHIN THIRTY DAYS AFTER THE DATE THAT THE BHA  
11 RECEIVES FROM THE APPLICANT ALL OF THE NECESSARY INFORMATION  
12 AND DOCUMENTATION REQUIRED FOR LICENSURE, INCLUDING A  
13 CERTIFICATE OF COMPLIANCE FROM THE DIVISION OF FIRE PREVENTION  
14 AND CONTROL.

15 **27-50-502. Behavioral health entities - minimum standard -**  
16 **rules.** (1) NO LATER THAN APRIL 30, 2023, THE BHA SHALL  
17 PROMULGATE RULES PURSUANT TO SECTION 24-4-103 PROVIDING  
18 MINIMUM STANDARDS FOR THE OPERATION OF BEHAVIORAL HEALTH  
19 ENTITIES WITHIN THE STATE, INCLUDING THE FOLLOWING:

20 (a) REQUIREMENTS TO BE MET BY ALL BEHAVIORAL HEALTH  
21 ENTITIES TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF ALL  
22 BEHAVIORAL HEALTH ENTITY CONSUMERS, INCLUDING, AT A MINIMUM:

23 (I) REQUIREMENTS FOR CONSUMER ASSESSMENT, TREATMENT,  
24 CARE COORDINATION, PATIENT RIGHTS, AND CONSUMER NOTICE;

25 (II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR  
26 GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL;  
27 ADMISSION AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES TO

1 ENSURE COMPLIANCE WITH REGULATORY AND CONTRACT REQUIREMENTS;  
2 AND QUALITY MANAGEMENT;

3 (III) DATA REPORTING REQUIREMENTS;

4 (IV) PHYSICAL **PLANT** STANDARDS, INCLUDING INFECTION  
5 CONTROL; AND

6 (V) OCCURRENCE REPORTING REQUIREMENTS PURSUANT TO  
7 SECTION 27-50-510;

8 (b) SERVICE-SPECIFIC REQUIREMENTS THAT APPLY ONLY TO  
9 BEHAVIORAL HEALTH ENTITIES ELECTING TO PROVIDE THAT SERVICE OR  
10 SET OF SERVICES, INCLUDING, AT A MINIMUM, STANDARDS FOR THE  
11 SPECIFIC TYPES OF BEHAVIORAL HEALTH SAFETY NET SERVICES AND OTHER  
12 BEHAVIORAL HEALTH SERVICES ALONG THE CONTINUUM OF CARE CREATED  
13 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50, INCLUDING BUT  
14 NOT LIMITED TO:

15 (I) ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER  
16 STANDARDS; AND

17 (II) **COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER**  
18 STANDARDS;

19 (c) PROCEDURES FOR MANDATORY BHA INSPECTIONS OF  
20 BEHAVIORAL HEALTH ENTITIES;

21 (d) PROCEDURES FOR WRITTEN PLANS FOR A BEHAVIORAL HEALTH  
22 ENTITY TO CORRECT VIOLATIONS FOUND AS A RESULT OF INSPECTIONS;

23 (e) INTERMEDIATE ENFORCEMENT REMEDIES;

24 (f) FACTORS FOR BEHAVIORAL HEALTH ENTITIES TO CONSIDER  
25 WHEN DETERMINING WHETHER AN APPLICANT'S CONVICTION OF OR PLEA  
26 OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES THE  
27 APPLICANT FROM EMPLOYMENT WITH THE BEHAVIORAL HEALTH ENTITY.

1 THE STATE BOARD OF HUMAN SERVICES MAY DETERMINE WHICH OFFENSES  
2 REQUIRE CONSIDERATION OF THESE FACTORS.

3 (g) TIMELINES FOR COMPLIANCE WITH BEHAVIORAL HEALTH  
4 ENTITY STANDARDS THAT EXCEED THE STANDARDS UNDER WHICH A  
5 BEHAVIORAL HEALTH ENTITY WAS PREVIOUSLY LICENSED OR APPROVED.

6 (2) IN APPROVING OR REJECTING AN ESSENTIAL BEHAVIORAL  
7 HEALTH SAFETY NET PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE  
8 DELIVERY PAYMENT, THE COMMISSIONER SHALL:

9 (a) REQUIRE TRAINING ON AND PROVISION OF CULTURALLY  
10 COMPETENT AND TRAUMA-INFORMED SERVICES;

11 (b) CONSIDER THE ADEQUACY AND QUALITY OF THE SERVICES  
12 PROVIDED, TAKING INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC  
13 LOCATION, LOCAL COMMUNITY NEED, AND AVAILABILITY OF WORKFORCE;

14 (c) REQUIRE WRITTEN POLICIES AND PROCEDURES ON ADMITTING,  
15 DISCHARGING, TRIAGING, AND DENYING SERVICES TO CLIENTS IN  
16 ALIGNMENT WITH THE STANDARDS DETERMINED BY THE BHA PURSUANT  
17 TO SECTIONS 27-50-302 AND 27-50-303;

18 (d) REQUIRE THAT OVERALL RESPONSIBILITY FOR THE  
19 ADMINISTRATION OF AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET  
20 PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF  
21 ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS, UNLESS THE  
22 PROVIDER IS ONLY PROVIDING RECOVERY SUPPORT SERVICES. IF THE  
23 DIRECTOR IS NOT A LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH  
24 PROFESSIONAL, THE PROVIDER SHALL EMPLOY OR CONTRACT WITH AT  
25 LEAST ONE LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH  
26 PROFESSIONAL TO ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

27 (e) REQUIRE THAT ESSENTIAL BEHAVIORAL HEALTH SAFETY NET

1 PROVIDER STAFF INCLUDE, WHEREVER FEASIBLE AND APPROPRIATE IN THE  
2 DISCRETION OF THE COMMISSIONER, MEDICAL STAFF ABLE TO PROVIDE  
3 MEDICAL CLEARANCE ON SITE, AND OTHER PROFESSIONAL STAFF WORKERS  
4 SUCH AS PSYCHOLOGISTS, SOCIAL WORKERS, EDUCATIONAL CONSULTANTS,  
5 PEERS, COMMUNITY HEALTH WORKERS, AND NURSES, WITH SUCH  
6 QUALIFICATIONS, RESPONSIBILITIES, AND EXPERIENCE THAT CORRESPONDS  
7 WITH THE SIZE AND CAPACITY OF THE PROVIDER; AND

8 (f) REQUIRE THAT EACH ESSENTIAL BEHAVIORAL HEALTH SAFETY  
9 NET PROVIDER FROM WHICH SERVICES MAY BE PURCHASED:

10 (I) BE UNDER THE CONTROL AND DIRECTION OF A COUNTY OR  
11 LOCAL BOARD OF HEALTH, A BOARD OF DIRECTORS OR BOARD OF TRUSTEES  
12 OF A CORPORATION, A FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION, A  
13 REGIONAL MENTAL HEALTH BOARD, OR A POLITICAL SUBDIVISION OF THE  
14 STATE;

15 (II) BE FREE OF CONFLICTS OF INTEREST; AND

16 (III) ENTER INTO A CONTRACT DEVELOPED PURSUANT TO SECTION  
17 27-50-203 AND ACCEPT PUBLICLY FUNDED CLIENTS.

18 (3) IN APPROVING OR REJECTING A COMPREHENSIVE COMMUNITY  
19 BEHAVIORAL HEALTH PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE  
20 DELIVERY PAYMENT, THE COMMISSIONER SHALL ADHERE TO THE  
21 STANDARDS FOR ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS  
22 ESTABLISHED IN SUBSECTION (2) OF THIS SECTION, AND THE  
23 COMMISSIONER SHALL ALSO:

24 (a) REQUIRE THAT TREATMENT PROGRAMS OF THE  
25 COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER BE VESTED  
26 IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF ONE OF THE  
27 LICENSED MENTAL HEALTH PROFESSIONS. THE DIRECTOR IS NOT REQUIRED

1 TO PROVIDE OVERSIGHT OR DIRECTION FOR RECOVERY SERVICES. IF THE  
2 DIRECTOR IS NOT A PHYSICIAN OR LICENSED MENTAL HEALTH  
3 PROFESSIONAL, THE PROVIDER SHALL CONTRACT WITH AT LEAST ONE  
4 LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL TO  
5 ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

6 (b) CONSIDER WHETHER THE COMPREHENSIVE COMMUNITY  
7 BEHAVIORAL HEALTH PROVIDER HAS HISTORICALLY SERVED MEDICALLY  
8 NEEDY OR MEDICALLY INDIGENT PATIENTS AND DEMONSTRATES A  
9 COMMITMENT TO SERVE LOW-INCOME AND MEDICALLY INDIGENT  
10 POPULATIONS OR, IN THE CASE OF A SOLE COMMUNITY PROVIDER, SERVES  
11 THE MEDICALLY INDIGENT PATIENTS WITHIN ITS MEDICAL CAPABILITY;

12 (c) REQUIRE THE COMPREHENSIVE COMMUNITY BEHAVIORAL  
13 HEALTH PROVIDER TO WAIVE CHARGES OR CHARGE FOR SERVICES ON A  
14 SLIDING SCALE BASED ON INCOME AND REQUIRE THAT THE PROVIDER NOT  
15 RESTRICT ACCESS OR SERVICES BECAUSE OF AN INDIVIDUAL'S FINANCIAL  
16 LIMITATIONS;

17 (d) REQUIRE THE COMPREHENSIVE COMMUNITY BEHAVIORAL  
18 HEALTH PROVIDER TO SERVE PRIORITY POPULATIONS; [REDACTED]

19 (e) ENCOURAGE THE COMPREHENSIVE COMMUNITY BEHAVIORAL  
20 HEALTH PROVIDER TO EMPHASIZE THE CARE AND TREATMENT OF  
21 INDIVIDUALS RECENTLY RELEASED FROM INCARCERATION AND HOSPITALS  
22 OR FACILITIES DIRECTED TOWARD ASSISTING INDIVIDUALS WITH  
23 BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE INDIVIDUAL'S  
24 ADJUSTMENT TO AND FUNCTIONING IN THE COMMUNITY;

25 [REDACTED]  
26 (f) REQUIRE A PROCESS FOR TRACKING AND REPORTING DENIALS  
27 OF CARE; AND

1           (g) REQUIRE THAT THE BOARD IN CONTROL AND DIRECTION OF THE  
2           COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER INCLUDE  
3           VOTING MEMBERS THAT HAVE LIVED EXPERIENCE WITH MENTAL HEALTH  
4           DISORDERS AND SUBSTANCE USE DISORDERS AND PARENTS OF CHILDREN  
5           WITH MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS.

6           (4) IN APPROVING OR REJECTING LOCAL GENERAL OR PSYCHIATRIC  
7           HOSPITALS, NONTRADITIONAL FACILITIES, INNOVATIVE CARE MODELS, AND  
8           OTHER BEHAVIORAL HEALTH FACILITIES OR PROGRAMS FOR THE PURCHASE  
9           OR DESIGNATION OF SERVICES NOT PROVIDED BY ESSENTIAL OR  
10          COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, THE  
11          COMMISSIONER SHALL CONSIDER THE FOLLOWING FACTORS:

12          (a) THE GENERAL QUALITY OF CARE PROVIDED TO PATIENTS BY  
13          SUCH AGENCIES;

14          (b) THE ORGANIZATION OF THE MEDICAL STAFF TO PROVIDE FOR  
15          THE INTEGRATION AND COORDINATION OF THE PSYCHIATRIC TREATMENT  
16          PROGRAM;

17          (c) THE PROVISIONS FOR THE AVAILABILITY OF NURSING,  
18          PSYCHOLOGICAL, AND SOCIAL SERVICES AND THE EXISTENCE OF AN  
19          ORGANIZED PROGRAM OF ACTIVITIES UNDER THE DIRECTION OF AN  
20          OCCUPATIONAL THERAPIST OR ANOTHER QUALIFIED PERSON;

21          (d) THE LICENSURE OF SUCH ENTITY BY THE DEPARTMENT OF  
22          PUBLIC HEALTH AND ENVIRONMENT OR ANOTHER STATE AGENCY WHERE  
23          APPLICABLE;

24          (e) THE METHODS BY WHICH THE AGENCY COORDINATES ITS  
25          SERVICES WITH THOSE RENDERED BY OTHER AGENCIES TO ENSURE AN  
26          UNINTERRUPTED CONTINUUM OF CARE TO INDIVIDUALS WITH BEHAVIORAL  
27          OR MENTAL HEALTH DISORDERS; AND

1 (f) THE AVAILABILITY OF SUCH SERVICES TO THE GENERAL PUBLIC.

2 (5) IN APPROVING OR REJECTING BEHAVIORAL HEALTH SAFETY NET  
3 PROVIDERS PURSUANT TO SUBSECTIONS (2) AND (3) OF THIS SECTION, OR  
4 OTHER AGENCIES PURSUANT TO SUBSECTION (4) OF THIS SECTION, FOR THE  
5 PURCHASE OF SERVICES, THE COMMISSIONER SHALL ENSURE THE  
6 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND AGENCIES COMPLY  
7 WITH FEDERAL FINANCIAL PARTICIPATION REQUIREMENTS FOR  
8 DEPARTMENT-ADMINISTERED PROGRAMS.

9 (6) IN ADDITION TO THESE DUTIES, THE BHA MAY PROMULGATE  
10 RULES RELATED TO ADDITIONAL COMPETENCIES RELATED TO SERVING  
11 PRIORITY POPULATIONS. BEHAVIORAL HEALTH SAFETY NET PROVIDERS  
12 APPROVED BY THE BHA AS DEMONSTRATING THESE ADDITIONAL  
13 COMPETENCIES MAY BE ELIGIBLE FOR ENHANCED RATES. STATE AGENCIES  
14 SHALL CONSIDER SUCH APPROVED STATUS IN DETERMINING PAYMENT  
15 METHODOLOGIES FOR SERVICES PROVIDED.

16 **27-50-503. Licenses - application - inspection - issuance.**

17 (1) AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH  
18 ENTITY MUST BE SUBMITTED TO THE BHA ANNUALLY IN THE FORM AND  
19 MANNER PRESCRIBED BY THE BHA.

20 (2)(a) THE BHA SHALL INVESTIGATE AND REVIEW EACH ORIGINAL  
21 APPLICATION AND EACH RENEWAL APPLICATION FOR A LICENSE TO  
22 OPERATE A BEHAVIORAL HEALTH ENTITY. THE BHA SHALL DETERMINE AN  
23 APPLICANT'S COMPLIANCE WITH THIS ARTICLE 50 AND THE RULES ADOPTED  
24 PURSUANT TO SECTION 27-50-504 BEFORE THE BHA ISSUES A LICENSE.

25 (b) THE BHA SHALL INSPECT THE APPLICANT'S FACILITIES AS IT  
26 DEEMS NECESSARY TO ENSURE THAT THE HEALTH, SAFETY, AND WELFARE  
27 OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS ARE PROTECTED. THE

1 BEHAVIORAL HEALTH ENTITY SHALL SUBMIT IN WRITING, IN A FORM  
2 PRESCRIBED BY THE BHA, A PLAN DETAILING THE MEASURES THAT THE  
3 BEHAVIORAL HEALTH ENTITY WILL TAKE TO CORRECT ANY VIOLATIONS  
4 FOUND BY THE BHA AS A RESULT OF INSPECTIONS UNDERTAKEN  
5 PURSUANT TO THIS SUBSECTION (2).

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

12 (4) (a) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE  
13 TO OPERATE A BEHAVIORAL HEALTH ENTITY, OR WITHIN TEN DAYS AFTER  
14 A CHANGE IN OWNERSHIP OR MANAGEMENT OF A BEHAVIORAL HEALTH  
15 ENTITY, EACH OWNER AND MANAGER SHALL SUBMIT A COMPLETE SET OF  
16 THE OWNER'S OR MANAGER'S FINGERPRINTS TO THE COLORADO BUREAU  
17 OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A  
18 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO  
19 BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE  
20 FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING  
21 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS. EACH OWNER  
22 AND EACH MANAGER SHALL PAY THE COLORADO BUREAU OF  
23 INVESTIGATION THE COSTS ASSOCIATED WITH THE FINGERPRINT-BASED  
24 CRIMINAL HISTORY RECORD CHECK. UPON COMPLETION OF THE CRIMINAL  
25 HISTORY RECORD CHECK, THE COLORADO BUREAU OF INVESTIGATION  
26 SHALL FORWARD THE RESULTS TO THE BHA. THE BHA MAY ACQUIRE A  
27 NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO

1 HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY  
2 RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

3 (b) THE BHA SHALL USE THE INFORMATION FROM THE CRIMINAL  
4 HISTORY RECORD CHECKS PERFORMED PURSUANT TO SUBSECTION (4)(a)  
5 OF THIS SECTION TO DETERMINE WHETHER THE PERSON APPLYING FOR  
6 LICENSURE HAS BEEN CONVICTED OF A CRIME THAT INVOLVES CONDUCT  
7 THAT THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY,  
8 OR WELFARE OF A BEHAVIORAL HEALTH ENTITY'S CONSUMERS. THE BHA  
9 SHALL CONSIDER THAT PERSONS IN RECOVERY MAY HAVE A HISTORY OF  
10 CRIMINAL JUSTICE INVOLVEMENT AND THAT CRIMINAL HISTORY DOES NOT  
11 REQUIRE A DISMISSAL OF AN APPLICATION FOR A LICENSE. THE BHA  
12 SHALL KEEP INFORMATION OBTAINED IN ACCORDANCE WITH THIS  
13 SUBSECTION (4) CONFIDENTIAL.

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

20 (6) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (7) OF THIS  
21 SECTION, THE BHA SHALL ISSUE OR RENEW A LICENSE TO OPERATE A  
22 BEHAVIORAL HEALTH ENTITY WHEN IT IS SATISFIED THAT THE APPLICANT  
23 OR LICENSEE IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN  
24 THIS ARTICLE 50 AND THE RULES PROMULGATED PURSUANT TO THIS  
25 ARTICLE 50. EXCEPT FOR PROVISIONAL LICENSES ISSUED IN ACCORDANCE  
26 WITH SUBSECTION (7) OF THIS SECTION, A LICENSE ISSUED OR RENEWED  
27 PURSUANT TO THIS SECTION EXPIRES ONE YEAR AFTER THE DATE OF

1 ISSUANCE OR RENEWAL.

2 (7) (a) THE BHA MAY ISSUE A PROVISIONAL LICENSE TO OPERATE  
3 A BEHAVIORAL HEALTH ENTITY TO AN APPLICANT FOR THE PURPOSE OF  
4 OPERATING A BEHAVIORAL HEALTH ENTITY FOR A PERIOD OF NINETY DAYS  
5 IF THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL OF THE  
6 MINIMUM STANDARDS REQUIRED PURSUANT TO THIS ARTICLE 50; EXCEPT  
7 THAT THE BHA SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN  
8 APPLICANT IF THE OPERATION OF THE BEHAVIORAL HEALTH ENTITY WILL  
9 ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE  
10 BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

11 (b) AS A CONDITION OF OBTAINING A PROVISIONAL LICENSE, THE  
12 APPLICANT SHALL SHOW PROOF TO THE BHA THAT ATTEMPTS ARE BEING  
13 MADE TO CONFORM AND COMPLY WITH THE APPLICABLE STANDARDS  
14 REQUIRED PURSUANT TO THIS ARTICLE 50.

15 (c) THE BHA SHALL NOT GRANT A PROVISIONAL LICENSE PRIOR TO  
16 THE COMPLETION OF A CRIMINAL HISTORY BACKGROUND CHECK IN  
17 ACCORDANCE WITH SUBSECTION (4) OF THIS SECTION AND A  
18 DETERMINATION IN ACCORDANCE WITH SUBSECTION (5) OF THIS SECTION.

19 (d) A SECOND PROVISIONAL LICENSE MAY BE ISSUED, FOR A LIKE  
20 TERM AND FEE, TO EFFECT COMPLIANCE. NO FURTHER PROVISIONAL  
21 LICENSES MAY BE ISSUED FOR THE CURRENT YEAR AFTER THE SECOND  
22 ISSUANCE PURSUANT TO THIS SUBSECTION (7)(d).

23 **27-50-504. License fees - rules.** (1) (a) BY APRIL 30, 2023, THE  
24 COMMISSIONER SHALL PROMULGATE RULES ESTABLISHING A SCHEDULE OF  
25 FEES SUFFICIENT TO MEET THE DIRECT AND INDIRECT COSTS OF  
26 ADMINISTRATION AND ENFORCEMENT OF THIS PART 5.

27 (b) THE BHA SHALL ASSESS AND COLLECT, FROM BEHAVIORAL

1 HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION  
2 27-50-503, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED  
3 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

4 (2) THE BHA SHALL TRANSMIT FEES COLLECTED PURSUANT TO  
5 SUBSECTION (1) OF THIS SECTION TO THE STATE TREASURER, WHO SHALL  
6 CREDIT THE MONEY TO THE BEHAVIORAL HEALTH LICENSING CASH FUND  
7 CREATED PURSUANT TO SECTION 27-50-506.

8 (3) FEES COLLECTED PURSUANT TO SUBSECTION (1) OF THIS  
9 SECTION MAY BE USED BY THE BHA TO PROVIDE TECHNICAL ASSISTANCE  
10 AND EDUCATION TO BEHAVIORAL HEALTH ENTITIES RELATED TO  
11 COMPLIANCE WITH COLORADO LAW, IN ADDITION TO REGULATORY AND  
12 ADMINISTRATIVE FUNCTIONS. THE BHA MAY CONTRACT WITH PRIVATE  
13 ENTITIES TO ASSIST THE BHA IN PROVIDING TECHNICAL ASSISTANCE AND  
14 EDUCATION.

15 **27-50-505. License - denial - suspension - revocation.**

16 (1) WHEN AN APPLICATION FOR AN INITIAL LICENSE TO OPERATE A  
17 BEHAVIORAL HEALTH ENTITY PURSUANT TO SECTION 27-50-503 HAS BEEN  
18 DENIED BY THE BHA, THE BHA SHALL NOTIFY THE APPLICANT IN WRITING  
19 OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS  
20 SHOWN ON THE APPLICATION. ANY APPLICANT AGGRIEVED BY A DENIAL  
21 MAY PURSUE A REVIEW AS PROVIDED IN ARTICLE 4 OF TITLE 24, AND THE  
22 BHA SHALL FOLLOW THE PROVISIONS AND PROCEDURES SPECIFIED IN  
23 ARTICLE 4 OF TITLE 24.

24 (2) THE BHA MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE  
25 LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF  
26 COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 5 OR THE RULES  
27 PROMULGATED PURSUANT TO THIS PART 5. SUSPENSION, REVOCATION, OR

1 REFUSAL MUST NOT OCCUR UNTIL AFTER A HEARING AND IN COMPLIANCE  
2 WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE  
3 24.

4 (3) THE BHA MAY IMPOSE INTERMEDIATE RESTRICTIONS OR  
5 CONDITIONS ON A BEHAVIORAL HEALTH ENTITY THAT MAY INCLUDE AT  
6 LEAST ONE OF THE FOLLOWING:

7 (a) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE  
8 MEASURES;

9 (b) MONITORING BY THE BHA FOR A SPECIFIC PERIOD;

10 (c) PROVIDING ADDITIONAL TRAINING TO EMPLOYEES, OWNERS, OR  
11 OPERATORS OF THE BEHAVIORAL HEALTH ENTITY;

12 (d) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE  
13 VIOLATION; OR

14 (e) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS  
15 IN A CALENDAR YEAR.

16 (4) IF THE BHA ASSESSES A CIVIL FINE PURSUANT TO SUBSECTION  
17 (3)(e) OF THIS SECTION, THE BHA SHALL TRANSMIT THE MONEY TO THE  
18 STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL  
19 FUND.

20 **27-50-506. Behavioral health licensing cash fund - creation.**

21 THE BEHAVIORAL HEALTH LICENSING CASH FUND, REFERRED TO IN THIS  
22 SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND  
23 CONSISTS OF MONEY CREDITED TO THE FUND PURSUANT TO SECTION  
24 27-50-504 (2). THE MONEY IN THE FUND IS SUBJECT TO ANNUAL  
25 APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND  
26 INDIRECT COSTS OF THE BHA IN PERFORMING ITS DUTIES PURSUANT TO  
27 THIS PART 5. AT THE END OF ANY STATE FISCAL YEAR, ALL UNEXPENDED

1 AND UNENCUMBERED MONEY IN THE FUND REMAINS IN THE FUND AND  
2 MUST NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY  
3 OTHER FUND.

4 **27-50-507. Employee and contracted service provider -**  
5 **criminal history record check.** A BEHAVIORAL HEALTH ENTITY SHALL  
6 REQUIRE AN APPLICANT SEEKING EMPLOYMENT WITH, OR SEEKING TO  
7 CONTRACT TO PROVIDE SERVICES FOR, THE BEHAVIORAL HEALTH ENTITY  
8 TO SUBMIT TO A CRIMINAL HISTORY RECORD CHECK BEFORE EMPLOYMENT  
9 OR EXECUTION OF A CONTRACT. THE BEHAVIORAL HEALTH ENTITY SHALL  
10 PAY THE COSTS OF THE CRIMINAL HISTORY RECORD CHECK. THE CRIMINAL  
11 HISTORY RECORD CHECK MUST BE CONDUCTED NOT MORE THAN NINETY  
12 DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.

13 **27-50-508. Enforcement.** THE BHA IS RESPONSIBLE FOR THE  
14 ENFORCEMENT OF THIS ARTICLE 50 AND THE RULES ADOPTED PURSUANT  
15 TO THIS ARTICLE 50.

16 **27-50-509. Purchase of services by courts, counties,**  
17 **municipalities, school districts, and other political subdivisions.** ANY  
18 COUNTY, CITY AND COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH  
19 SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR  
20 ANY COUNTY, CITY AND COUNTY, DISTRICT, OR JUVENILE COURT MAY  
21 ENTER INTO INTERGOVERNMENTAL AGREEMENTS WITH ANY COUNTY,  
22 MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER  
23 POLITICAL SUBDIVISION OF THE STATE OR MAY ENTER INTO CONTRACTUAL  
24 AGREEMENTS WITH ANY PROVIDER LICENSED BY THE BHA FOR THE  
25 PURCHASE OF BEHAVIORAL HEALTH SERVICES. FOR THE PURCHASE OF  
26 BEHAVIORAL HEALTH SERVICES BY COUNTIES OR CITIES AND COUNTIES AS  
27 AUTHORIZED BY THIS SECTION, THE BOARD OF COUNTY COMMISSIONERS

1 OF ANY COUNTY OR THE CITY COUNCIL OF ANY CITY AND COUNTY MAY  
2 LEVY A TAX NOT TO EXCEED TWO MILLS UPON REAL PROPERTY WITHIN THE  
3 COUNTY OR CITY AND COUNTY IF THE BOARD FIRST SUBMITS THE QUESTION  
4 OF THE LEVY TO A VOTE OF THE QUALIFIED ELECTORS AT A GENERAL  
5 ELECTION AND RECEIVES THE ELECTORS' APPROVAL OF THE LEVY.

6 **27-50-510. Behavioral health entities - consumer information**  
7 **- reporting - release - rules.** (1) EACH BEHAVIORAL HEALTH ENTITY  
8 LICENSED, APPROVED, OR DESIGNATED PURSUANT TO THIS PART 5 SHALL  
9 REPORT TO THE BHA ALL OF THE FOLLOWING OCCURRENCES:

10 (a) ANY OCCURRENCE THAT RESULTS IN THE DEATH OF A PATIENT  
11 OR RESIDENT OF THE FACILITY AND IS REQUIRED TO BE REPORTED TO THE  
12 CORONER PURSUANT TO SECTION 30-10-606, AS ARISING FROM AN  
13 UNEXPLAINED CAUSE OR UNDER SUSPICIOUS CIRCUMSTANCES;

14 (b) ANY OCCURRENCE THAT RESULTS IN ANY OF THE FOLLOWING  
15 SERIOUS INJURIES TO A PATIENT OR RESIDENT:

16 (I) BRAIN OR SPINAL CORD INJURIES;

17 (II) LIFE-THREATENING COMPLICATIONS OF ANESTHESIA OR  
18 LIFE-THREATENING TRANSFUSION ERRORS OR REACTIONS; OR

19 (III) SECOND- OR THIRD-DEGREE BURNS INVOLVING TWENTY  
20 PERCENT OR MORE OF THE BODY SURFACE AREA OF AN ADULT PATIENT OR  
21 RESIDENT OR FIFTEEN PERCENT OR MORE OF THE BODY SURFACE AREA OF  
22 A CHILD PATIENT OR RESIDENT;

23 (c) ANY OCCURRENCE WHEN A PATIENT OR RESIDENT OF THE  
24 FACILITY CANNOT BE LOCATED FOLLOWING A SEARCH OF THE FACILITY,  
25 THE FACILITY GROUNDS, AND THE AREA SURROUNDING THE FACILITY, AND:

26 (I) THERE ARE CIRCUMSTANCES THAT PLACE THE PATIENT'S OR  
27 RESIDENT'S HEALTH, SAFETY, OR WELFARE AT RISK; OR

1 (II) THE PATIENT OR RESIDENT HAS BEEN MISSING FOR EIGHT  
2 HOURS;

3 (d) ANY OCCURRENCE INVOLVING PHYSICAL, SEXUAL, OR VERBAL  
4 ABUSE OF A PATIENT OR RESIDENT, AS DESCRIBED IN SECTION 18-3-202,  
5 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, OR 18-3-405, BY  
6 ANOTHER PATIENT OR RESIDENT, AN EMPLOYEE OF THE FACILITY, OR A  
7 VISITOR TO THE FACILITY;

8 (e) ANY OCCURRENCE INVOLVING CARETAKER NEGLECT OF A  
9 PATIENT OR RESIDENT, AS DEFINED IN SECTION 26-3.1-101 (2.3);

10 (f) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A  
11 PATIENT'S OR RESIDENT'S PROPERTY. AS USED IN THIS SUBSECTION (1)(f),  
12 "MISAPPROPRIATION OF A PATIENT'S OR RESIDENT'S PROPERTY" MEANS A  
13 PATTERN OF OR DELIBERATELY MISPLACING, EXPLOITING, OR  
14 WRONGFULLY USING, EITHER TEMPORARILY OR PERMANENTLY, A  
15 PATIENT'S OR RESIDENT'S BELONGINGS OR MONEY WITHOUT THE PATIENT'S  
16 OR RESIDENT'S CONSENT.

17 (g) ANY OCCURRENCE IN WHICH DRUGS INTENDED FOR USE BY  
18 PATIENTS OR RESIDENTS ARE DIVERTED TO USE BY OTHER PERSONS. IF THE  
19 DIVERTED DRUGS ARE INJECTABLE, THE BEHAVIORAL HEALTH ENTITY  
20 SHALL ALSO REPORT THE FULL NAME AND DATE OF BIRTH OF ANY  
21 INDIVIDUAL WHO DIVERTED THE INJECTABLE DRUGS, IF KNOWN.

22 (h) ANY OCCURRENCE INVOLVING THE MALFUNCTION OR  
23 INTENTIONAL OR ACCIDENTAL MISUSE OF PATIENT OR RESIDENT CARE  
24 EQUIPMENT THAT OCCURS DURING TREATMENT OR DIAGNOSIS OF A  
25 PATIENT OR RESIDENT AND THAT SIGNIFICANTLY ADVERSELY AFFECTS OR,  
26 IF NOT AVERTED, WOULD HAVE SIGNIFICANTLY ADVERSELY AFFECTED A  
27 PATIENT OR RESIDENT OF THE FACILITY.

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(2) THE STATE BOARD OF HUMAN SERVICES SHALL PROMULGATE RULES SPECIFYING THE MANNER, TIME PERIOD, AND FORM IN WHICH THE REPORTS REQUIRED PURSUANT TO SUBSECTION (1) OF THIS SECTION MUST BE MADE.

(3) ANY REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS SECTION IS STRICTLY CONFIDENTIAL; EXCEPT THAT INFORMATION IN ANY SUCH REPORT MAY BE TRANSMITTED TO AN APPROPRIATE REGULATORY AGENCY HAVING JURISDICTION FOR DISCIPLINARY OR LICENSE SANCTIONS. THE INFORMATION IN SUCH REPORTS SHALL NOT BE MADE PUBLIC UPON SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS, OR OTHERWISE, EXCEPT AS PROVIDED IN SUBSECTION (5) OF THIS SECTION.

(4) THE BHA SHALL INVESTIGATE EACH REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS SECTION THAT THE BHA DETERMINES WAS APPROPRIATELY SUBMITTED. FOR EACH REPORT INVESTIGATED, THE BHA SHALL PREPARE A SUMMARY OF ITS FINDINGS, INCLUDING THE BHA'S CONCLUSIONS AND WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED APPROPRIATELY IN RESPONSE TO THE OCCURRENCE. IF THE INVESTIGATION IS NOT CONDUCTED ON SITE, THE BHA SHALL SPECIFY IN THE SUMMARY HOW THE INVESTIGATION WAS CONDUCTED. ANY INVESTIGATION CONDUCTED PURSUANT TO THIS SUBSECTION (4) IS IN ADDITION TO AND NOT IN LIEU OF ANY INSPECTION REQUIRED TO BE CONDUCTED PURSUANT TO SECTION 27-50-503 (2) WITH REGARD TO LICENSING.

(5) (a) THE BHA SHALL MAKE THE FOLLOWING INFORMATION AVAILABLE TO THE PUBLIC:

1 (I) ANY INVESTIGATION SUMMARIES PREPARED PURSUANT TO  
2 SUBSECTION (4) OF THIS SECTION;

3 (II) ANY COMPLAINTS AGAINST A BEHAVIORAL HEALTH ENTITY  
4 THAT HAVE BEEN FILED WITH THE BHA AND THAT THE BHA HAS  
5 INVESTIGATED, INCLUDING THE CONCLUSIONS REACHED BY THE BHA AND  
6 WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL  
7 STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED  
8 APPROPRIATELY IN RESPONSE TO THE SUBJECT OF THE COMPLAINT; AND

9 (III) A LISTING OF ANY DEFICIENCY CITATIONS ISSUED AGAINST  
10 EACH BEHAVIORAL HEALTH ENTITY.

11 (b) THE INFORMATION RELEASED PURSUANT TO THIS SUBSECTION  
12 (5) SHALL NOT IDENTIFY THE PATIENT OR RESIDENT OR THE HEALTH-CARE  
13 PROFESSIONAL INVOLVED IN THE REPORT.

14 (6) PRIOR TO THE COMPLETION OF AN INVESTIGATION PURSUANT  
15 TO THIS SECTION, THE BHA MAY RESPOND TO ANY INQUIRY REGARDING  
16 A REPORT RECEIVED PURSUANT TO SUBSECTION (1) OF THIS SECTION BY  
17 CONFIRMING THAT IT HAS RECEIVED SUCH REPORT AND THAT AN  
18 INVESTIGATION IS PENDING.

19 (7) IN ADDITION TO THE REPORT TO THE BHA FOR AN OCCURRENCE  
20 DESCRIBED IN SUBSECTION (1)(d) OF THIS SECTION, THE OCCURRENCE  
21 MUST BE REPORTED TO A LAW ENFORCEMENT AGENCY.

22 PART 6

23 NETWORK STANDARDS

24 **27-50-601. Department of health care policy and financing -**  
25 **behavioral health network standards.** (1) THE STATEWIDE MANAGED  
26 CARE SYSTEM, CREATED PURSUANT TO PART 4 OF ARTICLE 5 OF TITLE 25.5  
27 AND IMPLEMENTED BY THE DEPARTMENT OF HEALTH CARE POLICY AND

1 FINANCING, SHALL USE HEALTH FACILITIES LICENSED BY THE DEPARTMENT  
2 OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO ARTICLE 1.5 OF TITLE  
3 25 OR LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50  
4 AND INDIVIDUAL BEHAVIORAL HEALTH PRACTITIONERS LICENSED BY THE  
5 DEPARTMENT OF REGULATORY AGENCIES AND FEDERALLY QUALIFIED  
6 HEALTH CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT",  
7 42 U.S.C. SEC. 1395x (aa)(4), WHEN CREATING STATEWIDE OR REGIONAL  
8 BEHAVIORAL HEALTH NETWORKS.

9 (2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
10 SHALL ALIGN ALL COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS  
11 AND NETWORKS WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE,  
12 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION  
13 PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF  
14 THIS ARTICLE 50.

15 (3) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
16 SHALL REQUIRE THAT ALL BEHAVIORAL HEALTH PROVIDERS ENTER INTO  
17 A CONTRACT DEVELOPED PURSUANT TO SECTION 27-50-203 WHEN  
18 CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES IN  
19 THE STATE.

20 (4) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF  
21 HEALTH CARE POLICY AND FINANCING TO SUPPORT THE EARLY AND  
22 PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT ACCESS AND  
23 PROVIDER NETWORK.

24 **27-50-602. Division of insurance behavioral health network**  
25 **standards.** THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE  
26 DEPARTMENT OF REGULATORY AGENCIES, WHILE ASSESSING AND  
27 STANDARDIZING PROVIDER NETWORKS IN THIS STATE PURSUANT TO

1 SECTION 10-1-108, SHALL ENSURE COMMUNITY-BASED BEHAVIORAL  
2 HEALTH NETWORKS ALIGN WITH THE BEHAVIORAL HEALTH CONTINUUM OF  
3 CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE  
4 COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT  
5 TO PART 3 OF THIS ARTICLE 50.

6 **27-50-603. State agency behavioral health network and**  
7 **program standards.** (1) ALL STATE AGENCIES ADMINISTERING  
8 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS SHALL ENSURE THE  
9 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS ALIGN WITH THE  
10 BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY  
11 NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED  
12 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.

13 (2) ALL STATE AGENCIES SHALL USE THE UNIVERSAL  
14 CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203  
15 WHEN CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH  
16 SERVICES IN THE STATE.

17 PART 7

18 BEHAVIORAL HEALTH ADMINISTRATION

19 ADVISORY COUNCIL

20 **27-50-701. Behavioral health administration advisory council**  
21 **- creation.** (1) THERE IS CREATED IN THE BEHAVIORAL HEALTH  
22 ADMINISTRATION THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY  
23 COUNCIL, REFERRED TO IN THIS PART 7 AS THE "ADVISORY COUNCIL", FOR  
24 THE PURPOSE OF MAKING RECOMMENDATIONS TO THE COMMISSIONER AND  
25 THE STATE BOARD OF HUMAN SERVICES TO IMPROVE THE BEHAVIORAL  
26 HEALTH SYSTEM FOR CHILDREN, YOUTH, AND ADULTS THROUGHOUT  
27 COLORADO.

1 (2) THE ADVISORY COUNCIL SHALL RECEIVE ROUTINE BRIEFINGS  
2 FROM THE COMMISSIONER ON THE PROGRESS OF THE BHA AND  
3 BEHAVIORAL HEALTH REFORM EFFORTS, INCLUDING UPDATES RELATED TO  
4 PERFORMANCE DATA COLLECTED PURSUANT TO SECTION 27-50-201 AND  
5 RELATED TO FORMAL AGREEMENTS AND COLLABORATIONS WITH STATE  
6 AGENCIES PURSUANT TO THIS ARTICLE 50, AND MAY PROVIDE FEEDBACK  
7 AS A METHOD TO ENSURE ACCOUNTABILITY AND TRANSPARENCY. OTHER  
8 ADVISORY COUNCIL DUTIES INCLUDE:

9 (a) PROVIDING DIVERSE COMMUNITY INPUT ON CHALLENGES, GAPS,  
10 AND POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION AND STRATEGIC  
11 PLAN;

12 (b) ESTABLISHING WORKING GROUPS TO SUPPORT THE BHA IN  
13 PROBLEM SOLVING AND DEVELOPING SOLUTIONS; AND

14 (c) ENSURING THERE IS PUBLIC ACCOUNTABILITY AND  
15 TRANSPARENCY THROUGH REVIEWING THE BHA'S PUBLIC-FACING  
16 TRANSPARENCY ACTIVITIES, INCLUDING THE PERFORMANCE DATA  
17 COLLECTED PURSUANT TO SECTION 27-50-201.

18 **27-50-702. Advisory council - membership.** (1) THE ADVISORY  
19 COUNCIL MEMBERSHIP MUST BE REFLECTIVE OF THE DEMOGRAPHIC AND  
20 GEOGRAPHIC POPULATIONS OF THIS STATE TO ENSURE ONGOING  
21 STAKEHOLDER INPUT AND INVOLVEMENT.

22 (2) (a) THE ADVISORY COUNCIL CONSISTS OF NOT LESS THAN  
23 FIFTEEN MEMBERS AND NOT MORE THAN TWENTY MEMBERS APPOINTED BY  
24 THE COMMISSIONER FOR THREE-YEAR TERMS; EXCEPT THAT SOME OF THE  
25 INITIAL TERMS MAY BE FOR TWO YEARS. IN ADDITION TO MAINTAINING A  
26 MAJORITY OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED  
27 BEHAVIORAL HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH

1 LIVED BEHAVIORAL HEALTH EXPERIENCE, THE COMMISSIONER SHALL  
2 APPOINT AT LEAST ONE MEMBER THAT REPRESENTS:

- 3 (I) RURAL COMMUNITIES;
- 4 (II) EACH TRIBAL GOVERNMENT WITHIN COLORADO;
- 5 (III) COUNTY GOVERNMENTS;
- 6 (IV) PERSONS WITH DISABILITIES, AS DEFINED IN SECTION  
7 24-34-301 (2.5), A FAMILY MEMBER OF A PERSON WITH A DISABILITY, OR  
8 AN ADVOCACY ORGANIZATION FOR PERSONS WITH DISABILITIES;
- 9 (V) THE COLORADO STATE JUDICIAL BRANCH, IN CONSULTATION  
10 WITH THE STATE COURT ADMINISTRATOR'S OFFICE;
- 11 (VI) BEHAVIORAL HEALTH SAFETY NET PROVIDERS; AND
- 12 (VII) PERSONS WITH EXPERTISE IN THE BEHAVIORAL HEALTH  
13 NEEDS OF CHILDREN AND YOUTH.

14 (b) IN MAKING APPOINTMENTS TO THE ADVISORY COUNCIL, THE  
15 COMMISSIONER SHALL CONSIDER INCLUDING MEMBERS THAT REPRESENT  
16 THE RACIAL AND ETHNIC DIVERSITY OF THE STATE; THAT REPRESENT THE  
17 LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR QUESTIONING  
18 COMMUNITY; THAT ARE INVOLVED IN THE CRIMINAL OR JUVENILE JUSTICE  
19 SYSTEM; AND THAT REPRESENT OTHER POPULATIONS WITH HEALTH  
20 DISPARITIES.

21 **27-50-703. Advisory council - regional subcommittees -**  
22 **subcommittees - working groups.** (1) THE BHA SHALL CREATE ONE  
23 REGIONAL SUBCOMMITTEE OF THE ADVISORY COUNCIL FOR EACH  
24 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REGION  
25 ESTABLISHED PURSUANT TO SECTION 27-50-401. REGIONAL  
26 SUBCOMMITTEE MEMBERS ARE APPOINTED BY THE COMMISSIONER FOR  
27 THREE-YEAR TERMS; EXCEPT THAT INITIAL TERMS MAY BE FOR TWO

1 YEARS. EACH REGIONAL SUBCOMMITTEE CONSISTS OF FIVE MEMBERS.

2 MEMBERSHIP OF THE REGIONAL SUBCOMMITTEES MUST INCLUDE:

3 (a) AT LEAST ONE INDIVIDUAL WITH EXPERTISE IN THE  
4 BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH;

5 (b) AT LEAST ONE INDIVIDUAL WHO REPRESENTS A BEHAVIORAL  
6 HEALTH SAFETY NET PROVIDER THAT OPERATES WITHIN THE REGION; AND

7 (c) A COUNTY COMMISSIONER OF A COUNTY SITUATED WITHIN THE  
8 REGION.

9 (2) THE BHA MAY CREATE COMMITTEES WITHIN THE ADVISORY  
10 COUNCIL TO MEET OTHER STATE AND FEDERAL BOARD OR ADVISORY  
11 COUNCIL REQUIREMENTS, WHICH MAY INCLUDE:

12 (a) THE BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL,  
13 AUTHORIZED PURSUANT TO 42 U.S.C. SEC. 300x-3;

14 (b) THE MENTAL HEALTH ADVISORY BOARD FOR SERVICE  
15 STANDARDS AND RULES CREATED PURSUANT TO SECTION 27-65-131; AND

16 (c) THE CHILD AND YOUTH MENTAL HEALTH SERVICES STANDARDS  
17 ADVISORY BOARD CREATED PURSUANT TO SECTION 27-67-109.

18 (3) EACH COMMITTEE MEMBERSHIP SHALL MAINTAIN A MAJORITY  
19 OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL  
20 HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED  
21 BEHAVIORAL HEALTH EXPERIENCE.

22 (4) THE ADVISORY COUNCIL HAS THE AUTHORITY TO CREATE  
23 ADVISORY COUNCIL WORKGROUPS FOCUSED ON TOPICS OF NEED AS  
24 DETERMINED BY THE ADVISORY COUNCIL IN COLLABORATION WITH THE  
25 BHA.

26 PART 8

27 MENTAL HEALTH PROGRAMS

1           **27-50-801. Veteran suicide prevention pilot program - rules -**  
2 **report - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE  
3 CONTEXT OTHERWISE REQUIRES:

4           (a) "PILOT PROGRAM" MEANS THE VETERAN SUICIDE PREVENTION  
5 PILOT PROGRAM DESCRIBED IN SUBSECTION (2) OF THIS SECTION.

6           (b) "VETERAN" HAS THE SAME MEANING SET FORTH IN SECTION  
7 28-5-100.3.

8           (2) (a) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL  
9 ESTABLISH A VETERAN SUICIDE PREVENTION PILOT PROGRAM TO REDUCE  
10 THE SUICIDE RATE AND SUICIDAL IDEATION AMONG VETERANS BY  
11 PROVIDING NO-COST, STIGMA-FREE, CONFIDENTIAL, AND EFFECTIVE  
12 BEHAVIORAL HEALTH TREATMENT FOR VETERANS AND THEIR FAMILIES.

13           (b) THE BHA SHALL ESTABLISH THE PILOT PROGRAM TO PROVIDE  
14 SERVICES FOR SEVEN HUNDRED VETERANS IN EL PASO COUNTY. SUBJECT  
15 TO AVAILABLE APPROPRIATIONS, THE BHA MAY, AT ANY TIME, EXPAND  
16 THE PILOT PROGRAM TO SERVE MORE THAN SEVEN HUNDRED VETERANS OR  
17 TO OTHER AREAS OF THE STATE.

18           (3) (a) THE PILOT PROGRAM MUST:

19           (I) PROVIDE A SINGLE PHONE NUMBER OR OFFER ELECTRONIC  
20 MEANS OF CONTACTING THE PILOT PROGRAM, INCLUDING E-MAIL OR AN  
21 ELECTRONIC FORM ON THE PILOT PROGRAM'S WEBSITE, THAT A VETERAN  
22 MAY USE TO CONTACT THE PILOT PROGRAM TO MAKE INQUIRIES ABOUT  
23 AVAILABLE SERVICES AND SCHEDULE CONSULTATIONS AND TREATMENT  
24 APPOINTMENTS;

25           (II) PROVIDE TREATMENT FOR CONDITIONS EXPERIENCED BY  
26 VETERANS THAT MAY CONTRIBUTE TO SUICIDAL IDEATION, INCLUDING,  
27 BUT NOT LIMITED TO, POST-TRAUMATIC STRESS DISORDER, DEPRESSION,

1 MILITARY SEXUAL TRAUMA, SUBSTANCE USE DISORDER, AND SYMPTOMS  
2 OF TRAUMATIC BRAIN INJURY; AND

3 (III) DEVELOP AN INDIVIDUALIZED TREATMENT PLAN FOR EACH  
4 VETERAN WHO IS RECEIVING TREATMENT.

5 (b) THE PILOT PROGRAM MAY ENTER INTO AGREEMENTS WITH  
6 TREATMENT PROVIDERS IN THE PILOT PROGRAM AREA TO PROVIDE THE  
7 SERVICES DESCRIBED IN SUBSECTIONS (3)(a)(II) AND (3)(a)(III) OF THIS  
8 SECTION.

9 (4) THE BHA SHALL ADOPT RULES NECESSARY FOR THE  
10 ADMINISTRATION OF THIS SECTION.

11 (5) THE BHA MAY ENTER INTO AN AGREEMENT WITH A NONPROFIT  
12 OR EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.  
13 THE NONPROFIT OR EDUCATIONAL ORGANIZATION MUST HAVE AT LEAST  
14 FIVE YEARS' EXPERIENCE PROVIDING SERVICES DESCRIBED IN THIS SECTION  
15 TO VETERANS AND SATISFY ANY ADDITIONAL QUALIFICATIONS  
16 ESTABLISHED BY THE BHA. THE BHA SHALL ADOPT RULES TO ESTABLISH  
17 ADDITIONAL QUALIFICATIONS FOR A NONPROFIT OR EDUCATIONAL  
18 ORGANIZATION TO ENSURE EFFICIENT AND EFFECTIVE ADMINISTRATION OF  
19 THE PILOT PROGRAM AND A PROCESS FOR SELECTING A NONPROFIT OR  
20 EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.

21 (6) IN ITS ANNUAL REPORT TO THE COMMITTEES OF REFERENCE  
22 PURSUANT TO SECTION 2-7-203, THE BHA SHALL INCLUDE INFORMATION  
23 CONCERNING THE PILOT PROGRAM AND WHETHER ANY CHANGES SHOULD  
24 BE MADE TO THE PILOT PROGRAM THAT WOULD INCREASE ITS  
25 EFFECTIVENESS. IN ITS FINAL REPORT PRIOR TO THE REPEAL OF THIS  
26 SECTION, THE BHA SHALL INCLUDE A RECOMMENDATION OF WHETHER  
27 THE PILOT PROGRAM SHOULD BE CONTINUED.

1 (7) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2025.

2 **SECTION 2.** In Colorado Revised Statutes, **add** part 14 to article  
3 20.5 of title 25 as follows:

4 PART 14  
5 COMMUNITY PREVENTION AND  
6 EARLY INTERVENTION PROGRAMS

7 **25-20.5-1401. Transfer of functions - employees - property -**  
8 **records.** (1) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH  
9 AND ENVIRONMENT SHALL EXECUTE, ADMINISTER, PERFORM, AND  
10 ENFORCE THE RIGHTS, POWERS, DUTIES, FUNCTIONS, AND OBLIGATIONS OF  
11 THE COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS  
12 AUTHORIZED PURSUANT TO SECTIONS 27-80-103 (2)(d), 27-80-106,  
13 27-80-117, AND 27-80-124 PREVIOUSLY ADMINISTERED BY THE  
14 DEPARTMENT OF HUMAN SERVICES.

15 (2) (a) AS OF JULY 1, 2022, ALL EMPLOYEES OF THE DEPARTMENT  
16 OF HUMAN SERVICES WHOSE DUTIES AND FUNCTIONS CONCERNED THE  
17 DUTIES AND FUNCTIONS ASSUMED BY THE DEPARTMENT OF PUBLIC HEALTH  
18 AND ENVIRONMENT PURSUANT TO THIS SECTION, AND WHOSE  
19 EMPLOYMENT IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
20 IS DEEMED NECESSARY TO CARRY OUT THE PURPOSES OF THE COMMUNITY  
21 PREVENTION AND EARLY INTERVENTION PROGRAMS FOR THE  
22 DEPARTMENT, ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH  
23 AND ENVIRONMENT AND BECOME EMPLOYEES OF THE DEPARTMENT OF  
24 PUBLIC HEALTH AND ENVIRONMENT.

25 (b) ANY EMPLOYEES TRANSFERRED TO THE DEPARTMENT OF  
26 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO THIS SECTION WHO ARE  
27 CLASSIFIED EMPLOYEES IN THE STATE PERSONNEL SYSTEM RETAIN ALL

1 RIGHTS TO THE PERSONNEL SYSTEM AND RETIREMENT BENEFITS PURSUANT  
2 TO THE LAWS OF THIS STATE, AND THEIR SERVICE IS DEEMED TO HAVE  
3 BEEN CONTINUOUS. ALL TRANSFERS AND ANY ABOLISHMENT OF POSITIONS  
4 IN THE STATE PERSONNEL SYSTEM MUST BE MADE AND PROCESSED IN  
5 ACCORDANCE WITH STATE PERSONNEL SYSTEM LAWS AND RULES.

6 (3) AS OF JULY 1, 2022, ALL ITEMS OF PROPERTY, REAL AND  
7 PERSONAL, INCLUDING OFFICE FURNITURE AND FIXTURES, BOOKS,  
8 DOCUMENTS, AND RECORDS OF THE DEPARTMENT OF HUMAN SERVICES  
9 PERTAINING TO THE DUTIES AND FUNCTIONS TRANSFERRED PURSUANT TO  
10 THIS SECTION ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH  
11 AND ENVIRONMENT AND SHALL BECOME THE PROPERTY OF THE  
12 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

13 (4) AS OF JULY 1, 2022, WHENEVER THE DEPARTMENT OF HUMAN  
14 SERVICES OR DEPARTMENT IS REFERRED TO OR DESIGNATED BY ANY  
15 CONTRACT OR OTHER DOCUMENT IN CONNECTION WITH THE DUTIES AND  
16 FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND  
17 ENVIRONMENT, SUCH REFERENCE OR DESIGNATION IS DEEMED TO APPLY  
18 TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. ALL  
19 CONTRACTS ENTERED INTO BY THE DEPARTMENTS PRIOR TO JULY 1, 2022,  
20 IN CONNECTION WITH THE DUTIES AND FUNCTIONS TRANSFERRED TO THE  
21 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE HEREBY  
22 VALIDATED, WITH THE DEPARTMENT OF PUBLIC HEALTH AND  
23 ENVIRONMENT SUCCEEDING TO ALL RIGHTS AND OBLIGATIONS UNDER  
24 SUCH CONTRACTS. AS OF JULY 1, 2022, ANY CASH FUNDS, CUSTODIAL  
25 FUNDS, TRUSTS, GRANTS, AND APPROPRIATIONS OF FUNDS FROM PRIOR  
26 STATE FISCAL YEARS OPEN TO SATISFY OBLIGATIONS INCURRED UNDER  
27 SUCH CONTRACTS ARE TRANSFERRED AND APPROPRIATED TO THE

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR THE PAYMENT  
2 OF SUCH OBLIGATIONS.

3 (5) ON AND AFTER JULY 1, 2022, UNLESS OTHERWISE SPECIFIED,  
4 WHENEVER ANY PROVISION OF LAW REFERS TO THE DEPARTMENT OF  
5 HUMAN SERVICES IN CONNECTION WITH THE DUTIES AND FUNCTIONS  
6 TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND  
7 ENVIRONMENT, SUCH LAW MUST BE CONSTRUED AS REFERRING TO THE  
8 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

9 (6) AS OF JULY 1, 2022, ALL RULES AND ORDERS OF THE  
10 DEPARTMENT OF HUMAN SERVICES ADOPTED IN CONNECTION WITH THE  
11 POWERS, DUTIES, AND FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF  
12 PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE TO BE EFFECTIVE  
13 UNTIL REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT TO LAW.

14 **SECTION 3.** In Colorado Revised Statutes, 2-7-202, **amend** (1)  
15 and (5)(a); and **add** (1.5) as follows:

16 **2-7-202. Definitions.** As used in this part 2, unless the context  
17 otherwise requires:

18 (1) ~~"Colorado commission on criminal and juvenile justice" means~~  
19 ~~the Colorado commission on criminal and juvenile justice created in~~  
20 ~~section 16-11.3-102, C.R.S.~~ "BEHAVIORAL HEALTH ADMINISTRATION"  
21 MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN  
22 SECTION 27-50-102.

23 (1.5) "COLORADO COMMISSION ON CRIMINAL AND JUVENILE  
24 JUSTICE" MEANS THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE  
25 JUSTICE CREATED IN SECTION 16-11.3-102.

26 (5) (a) "Department" means the judicial department, the office of  
27 state public defender, the office of alternate defense counsel, the office

1 of the child's representative, the office of the child protection  
2 ombudsman, the public employees' retirement association, the Colorado  
3 energy office, the office of economic development, THE BEHAVIORAL  
4 HEALTH ADMINISTRATION, and the principal departments of the executive  
5 branch of state government as specified in section 24-1-110, ~~C.R.S.~~,  
6 including any division, office, agency, or other unit created within a  
7 principal department.

8 **SECTION 4.** In Colorado Revised Statutes, 10-16-104, **amend**  
9 (5.5)(a)(I)(B) as follows:

10 **10-16-104. Mandatory coverage provisions - definitions -**  
11 **rules. (5.5) Behavioral, mental health, and substance use disorders**  
12 **- rules.** (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this  
13 article 16, except those described in section 10-16-102 (32)(b), must  
14 provide coverage:

15 (B) At a minimum, for the treatment of substance use disorders in  
16 accordance with the American Society of Addiction Medicine criteria for  
17 placement, medical necessity, and utilization management determinations  
18 as set forth in the most recent edition of "The ASAM Criteria for  
19 Addictive, Substance-related, and Co-occurring Conditions"; except that  
20 the commissioner may identify by rule, in consultation with the  
21 department of health care policy and financing and the ~~office of~~  
22 behavioral health ADMINISTRATION in the department of human services,  
23 an alternate nationally recognized and evidence-based  
24 substance-use-disorder-specific criteria for placement, medical necessity,  
25 or utilization management, if American Society of Addiction Medicine  
26 criteria are no longer available, relevant, or do not follow best practices  
27 for substance use disorder treatment.

1           **SECTION 5.** In Colorado Revised Statutes, 12-245-203.5,  
2           **amend** (1), (2), (3), (4), and (7); and **repeal** (8) as follows:

3           **12-245-203.5. Minors - consent for outpatient psychotherapy**  
4           **services - immunity - definition.** (1) As used in this section, unless the  
5           context otherwise requires, "mental health professional" includes a  
6           professional person as defined in section 27-65-102 (17); a mental health  
7           professional licensed pursuant to part 3, 4, 5, 6, or 8 of this article 245; a  
8           licensed professional counselor candidate; a psychologist candidate; ~~or a~~  
9           ~~school social worker licensed by the department of education~~ A CLINICAL  
10          SOCIAL WORKER CANDIDATE; A MARRIAGE AND FAMILY THERAPIST  
11          CANDIDATE; OR AN ADDICTION COUNSELOR CANDIDATE.

12           (2) (a) Notwithstanding any other provision of law, a mental  
13          health professional ~~described in subsection (1) of this section~~ may provide  
14          psychotherapy services, as defined in section 12-245-202 (14)(a), to a  
15          minor who is twelve years of age or older, ~~with or~~ without the consent of  
16          the minor's parent or legal guardian, if the mental health professional  
17          determines that:

18           ~~(a)~~ (I) The minor is knowingly and voluntarily seeking such  
19          services; and

20           ~~(b)~~ (II) The provision of psychotherapy services is clinically  
21          indicated and necessary to the minor's well-being.

22           (b) A MINOR MAY NOT REFUSE PSYCHOTHERAPY SERVICES WHEN  
23          A MENTAL HEALTH PROFESSIONAL AND THE MINOR'S PARENT OR LEGAL  
24          GUARDIAN AGREE PSYCHOTHERAPY SERVICES ARE IN THE BEST INTEREST  
25          OF THE MINOR.

26           (3) IF A MINOR VOLUNTARILY SEEKS PSYCHOTHERAPY SERVICES ON  
27          THE MINOR'S OWN BEHALF PURSUANT TO SUBSECTION (2)(a) OF THIS

1 SECTION:

2 (a) The mental health professional may notify the minor's parent  
3 or legal guardian of the psychotherapy services given or needed, with the  
4 minor's consent, unless notifying the parent or legal guardian would be  
5 inappropriate or detrimental to the minor's care and treatment;

6 (b) The mental health professional shall engage the minor in a  
7 discussion about the importance of involving and notifying the minor's  
8 parent or legal guardian and shall encourage such notification to help  
9 support the minor's care and treatment; AND

10 (c) Notwithstanding the provisions of subsection (3)(a) of this  
11 section, a mental health professional may notify the minor's parent or  
12 legal guardian of the psychotherapy services given or needed, without the  
13 minor's consent, if, in the professional opinion of the mental health  
14 professional, the minor is unable to manage the minor's care or treatment.

15 (4) A mental health professional ~~described in subsection (1) of~~  
16 ~~this section~~ shall fully document when the mental health professional  
17 attempts to contact or notify the minor's parent or legal guardian, and  
18 whether the attempt was successful or unsuccessful, or the reason why,  
19 in the mental health professional's opinion, it would be inappropriate to  
20 contact or notify the minor's parent or legal guardian. IF A MINOR SEEKS  
21 PSYCHOTHERAPY SERVICES ON THE MINOR'S OWN BEHALF PURSUANT TO  
22 SUBSECTION (2)(a) OF THIS SECTION, documentation must be included in  
23 the minor's clinical record, along with a written statement signed by the  
24 minor indicating that the minor is voluntarily seeking psychotherapy  
25 services.

26 (7) If a minor who is receiving psychotherapy services pursuant  
27 to this section communicates ~~a clear and imminent intent or threat to~~

1 ~~inflict serious bodily harm on themselves or others~~ A SERIOUS THREAT OF  
2 IMMINENT PHYSICAL VIOLENCE AGAINST A SPECIFIC PERSON OR PERSONS,  
3 INCLUDING A PERSON WHO IS IDENTIFIABLE BY THE PERSON'S ASSOCIATION  
4 WITH A SPECIFIC LOCATION OR ENTITY, the mental health professional  
5 ~~described in subsection (1) of this section~~ is subject to the notification  
6 provisions of section 13-21-117 (2) AND SHALL NOTIFY THE MINOR'S  
7 PARENT OR LEGAL GUARDIAN UNLESS NOTIFYING THE PARENT OR LEGAL  
8 GUARDIAN WOULD BE INAPPROPRIATE OR DETRIMENTAL TO THE MINOR'S  
9 CARE AND TREATMENT.

10 (8) ~~If a minor who is receiving psychotherapy services pursuant~~  
11 ~~to subsections (2) and (3) of this section communicates an intent to~~  
12 ~~commit suicide, the mental health professional described in subsection (1)~~  
13 ~~of this section shall notify the minor's parent or legal guardian of such~~  
14 ~~suicidal ideation.~~

15 **SECTION 6.** In Colorado Revised Statutes, 12-245-216, **amend**  
16 (4)(d) as follows:

17 **12-245-216. Mandatory disclosure of information to clients.**

18 (4) The disclosure of information required by subsection (1) of this  
19 section is not required when psychotherapy is being administered in any  
20 of the following circumstances:

21 (d) The client is in the physical custody of ~~either~~ the department  
22 of corrections, ~~or~~ the department of human services, OR THE BEHAVIORAL  
23 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and  
24 such department OR ADMINISTRATION has developed an alternative  
25 program to provide similar information to the client and the program has  
26 been established through rule;

27 **SECTION 7.** In Colorado Revised Statutes, 12-245-217, **amend**

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

2 **12-245-217. Scope of article - exemptions.** (2) The provisions  
3 of this article 245 ~~shall~~ DO not apply to:

4 (b) Employees of the ~~state~~ department of human services OR THE  
5 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
6 SERVICES; employees of county departments of human or social services;  
7 or personnel under the direct supervision and control of the state  
8 department of human services, THE BEHAVIORAL HEALTH  
9 ADMINISTRATION, or any county department of human or social services  
10 for work undertaken as part of their employment;

11 **SECTION 8.** In Colorado Revised Statutes, **amend** 12-245-409  
12 as follows:

13 **12-245-409. Employees of social services.** (1) Notwithstanding  
14 the exemption in section 12-245-217 (2)(b), an employee of the ~~state~~  
15 department of human services OR THE BEHAVIORAL HEALTH  
16 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, AN employee  
17 of a county department of human or social services, or personnel under  
18 the direct control or supervision of those departments OR  
19 ADMINISTRATION shall not state that ~~he or she~~ THE PERSON is engaged in  
20 the practice of social work as a social worker or refer to ~~himself or herself~~  
21 THE PERSON'S SELF as a social worker unless the person is licensed  
22 pursuant to this part 4 or has completed an earned social work degree, as  
23 specified in section 12-245-401 (9).

24 (2) Notwithstanding the exemption in section 12-245-217 (2)(b),  
25 any employee licensed pursuant to this article 245 who is terminated from  
26 employment by the ~~state~~ department of human services, THE BEHAVIORAL  
27 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, or a

1 county department of human or social services is subject to review and  
2 disciplinary action by the board that licenses or regulates the employee.

3 (3) An employee of the ~~state~~ department of human services, THE  
4 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
5 SERVICES, or a county department of human or social services who has  
6 completed a bachelor's or master's degree in social work may apply to the  
7 board, for purposes related to licensure under this part 4, for approval for  
8 supervision by a person other than a licensed clinical social worker. The  
9 board shall consider input from representatives of the ~~state~~ department of  
10 human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE  
11 DEPARTMENT OF HUMAN SERVICES, and the county departments of human  
12 or social services when promulgating the rule concerning what  
13 qualifications or experience a person is required to possess in order to  
14 supervise an employee pursuant to this subsection (3).

15 **SECTION 9.** In Colorado Revised Statutes, 13-5-142, **amend**  
16 (1)(b) and (3)(b)(II) as follows:

17 **13-5-142. National instant criminal background check system**  
18 **- reporting.** (1) On and after March 20, 2013, the state court  
19 administrator shall send electronically the following information to the  
20 Colorado bureau of investigation created pursuant to section 24-33.5-401,  
21 referred to in this section as the "bureau":

22 (b) The name of each person who has been committed by order of  
23 the court to the custody of the ~~office~~ of behavioral health  
24 ADMINISTRATION in the department of human services pursuant to section  
25 27-81-112; and

26 (3) The state court administrator shall take all necessary steps to  
27 cancel a record made by the state court administrator in the national

1 instant criminal background check system if:

2 (b) No less than three years before the date of the written request:

3 (II) The period of certification or commitment of the most recent  
4 order of certification, commitment, recertification, or recommitment  
5 expired, or a court entered an order terminating the person's incapacity or  
6 discharging the person from certification or commitment in the nature of  
7 habeas corpus, if the record in the national instant criminal background  
8 check system is based on an order of certification or commitment to the  
9 custody of the ~~office of~~ behavioral health ADMINISTRATION in the  
10 department of human services; except that the state court administrator  
11 shall not cancel any record pertaining to a person with respect to whom  
12 two recommitment orders have been entered pursuant to section  
13 27-81-112 (7) and (8), or who was discharged from treatment pursuant to  
14 section 27-81-112 (11) on the grounds that further treatment is not likely  
15 to bring about significant improvement in the person's condition; or

16 **SECTION 10.** In Colorado Revised Statutes, 13-5-142.5, **amend**  
17 (2)(a)(II) as follows:

18 **13-5-142.5. National instant criminal background check**  
19 **system - judicial process for awarding relief from federal**  
20 **prohibitions - legislative declaration. (2) Eligibility.** A person may  
21 petition for relief pursuant to this section if:

22 (a) (II) ~~He or she~~ THE PERSON has been committed by order of the  
23 court to the custody of the ~~office of~~ behavioral health ADMINISTRATION  
24 in the department of human services pursuant to section 27-81-112; or

25 **SECTION 11.** In Colorado Revised Statutes, 13-9-123, **amend**  
26 (1)(b) and (3)(b)(II) as follows:

27 **13-9-123. National instant criminal background check system**

1 - **reporting.** (1) On and after March 20, 2013, the state court  
2 administrator shall send electronically the following information to the  
3 Colorado bureau of investigation created pursuant to section 24-33.5-401,  
4 referred to in this section as the "bureau":

5 (b) The name of each person who has been committed by order of  
6 the court to the custody of the ~~office~~ of behavioral health  
7 ADMINISTRATION in the department of human services pursuant to section  
8 27-81-112; and

9 (3) The state court administrator shall take all necessary steps to  
10 cancel a record made by the state court administrator in the national  
11 instant criminal background check system if:

12 (b) No less than three years before the date of the written request:

13 (II) The period of certification or commitment of the most recent  
14 order of certification, commitment, recertification, or recommitment  
15 expired, or the court entered an order terminating the person's incapacity  
16 or discharging the person from certification or commitment in the nature  
17 of habeas corpus, if the record in the national instant criminal background  
18 check system is based on an order of certification or commitment to the  
19 custody of the ~~office~~ of behavioral health ADMINISTRATION in the  
20 department of human services; except that the state court administrator  
21 shall not cancel any record pertaining to a person with respect to whom  
22 two recommitment orders have been entered pursuant to section  
23 27-81-112 (7) and (8), or who was discharged from treatment pursuant to  
24 section 27-81-112 (11), on the grounds that further treatment is not likely  
25 to bring about significant improvement in the person's condition; or

26 **SECTION 12.** In Colorado Revised Statutes, 13-9-124, **amend**  
27 (2)(a)(II) as follows:

1           **13-9-124. National instant criminal background check system**  
2   **- judicial process for awarding relief from federal prohibitions -**  
3   **legislative declaration. (2) Eligibility.** A person may petition for relief  
4 pursuant to this section if:

5           (a) (II) ~~He or she~~ THE PERSON has been committed by order of the  
6 court to the custody of the ~~office of~~ behavioral health ADMINISTRATION  
7 in the department of human services pursuant to section 27-81-112; or

8           **SECTION 13.** In Colorado Revised Statutes, 13-20-401, **amend**  
9 (2) as follows:

10          **13-20-401. Definitions.** As used in this part 4, unless the context  
11 otherwise requires:

12          (2) "Patient" means the person upon whom a proposed  
13 electroconvulsive treatment is to be performed; except that nothing in this  
14 part 4 supersedes the provisions of article 65 of title 27 or any rule  
15 adopted by the BEHAVIORAL HEALTH ADMINISTRATION IN THE department  
16 of human services pursuant to section 27-65-116 (2) with regard to the  
17 care and treatment of any person unable to exercise written informed  
18 consent or of a person with a mental health disorder.

19          **SECTION 14.** In Colorado Revised Statutes, 16-8.5-111, **amend**  
20 (2)(b)(II)(B) as follows:

21          **16-8.5-111. Procedure after determination of competency or**  
22 **incompetency.** (2) If the final determination made pursuant to section  
23 16-8.5-103 is that the defendant is incompetent to proceed, the court has  
24 the following options:

25          (b) (II) (B) As a condition of bond, the court shall order that the  
26 restoration take place on an outpatient basis. Pursuant to section  
27 27-60-105, ~~the department through the office of~~ THE behavioral health

1 ADMINISTRATION IN THE DEPARTMENT is the entity responsible for the  
2 oversight of restoration education and coordination of all competency  
3 restoration services. As a condition of release for outpatient restoration  
4 services, the court may require pretrial services, if available, to work with  
5 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION and the restoration  
6 services provider under contract with the ~~department~~ BEHAVIORAL  
7 HEALTH ADMINISTRATION to assist in securing appropriate support and  
8 care management services, which may include housing resources. The  
9 individual agency responsible for providing outpatient restoration  
10 services for the defendant shall notify the court or other designated  
11 agency within twenty-one days if restoration services have not  
12 commenced.

13 **SECTION 15.** In Colorado Revised Statutes, 16-11.9-102,  
14 **amend** (1) introductory portion and (2) introductory portion as follows:

15 **16-11.9-102. Screening for behavioral or mental health**  
16 **disorders - standardized process - development.** (1) The director of the  
17 division of criminal justice ~~within~~ IN the department of public safety is  
18 responsible for ensuring that the head of the department of psychiatry at  
19 the university of Colorado health sciences center, the judicial department,  
20 the department of corrections, the state board of parole, the division of  
21 criminal justice ~~within~~ IN the department of public safety, THE  
22 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
23 SERVICES, and the ~~office of behavioral health~~ UNITS RESPONSIBLE FOR THE  
24 MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES in the department  
25 of human services meet and cooperate to develop a standardized  
26 screening procedure for the assessment of behavioral or mental health  
27 disorders in persons who are involved in the adult criminal justice system.

1 The standardized screening procedure must include, but is not limited to:

2 (2) In conjunction with the development of a standardized  
3 behavioral or mental health disorder screening procedure for the adult  
4 criminal justice system as specified in subsection (1) of this section, the  
5 judicial department, the division of youth services ~~within~~ IN the  
6 department of human services, the unit responsible for child welfare  
7 services ~~within~~ IN the department of human services, the ~~office of~~  
8 behavioral health ADMINISTRATION in the department of human services,  
9 THE UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND  
10 FORENSIC SERVICES IN THE DEPARTMENT OF HUMAN SERVICES, the  
11 division of criminal justice ~~within~~ IN the department of public safety, and  
12 the department of corrections shall cooperate to develop a standardized  
13 screening procedure for the assessment of behavioral or mental health  
14 disorders in juveniles who are involved in the juvenile justice system. The  
15 standardized screening procedure must include, but is not limited to:

16 **SECTION 16.** In Colorado Revised Statutes, **amend** 16-11.9-105  
17 as follows:

18 **16-11.9-105. Periodic review.** On or before October 1, 2004, and  
19 on or before October 1 every two years thereafter, the judicial department,  
20 the department of corrections, the state board of parole, the division of  
21 criminal justice ~~within~~ IN the department of public safety, and the  
22 BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human  
23 services shall jointly review the implementation of the standardized  
24 procedures and the use of the standardized screening instruments  
25 developed pursuant to this ~~article~~ ARTICLE 11.9.

26 **SECTION 17.** In Colorado Revised Statutes, 16-11.9-204,  
27 **amend** (1)(f)(III) introductory portion as follows:

1           **16-11.9-204. Behavioral health court liaisons - duties and**  
2 **responsibilities - consultation and collaboration.** (1) A court liaison

3 hired pursuant to this part 2 has the following duties and responsibilities:

4           (f) Identifying existing programs and resources that are already  
5 available in the community, including but not limited to:

6           (III) Community mental health centers and other local community  
7 behavioral health providers that receive state funding through the ~~office~~  
8 ~~of behavioral health~~ ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
9 SERVICES for services such as:

10           **SECTION 18.** In Colorado Revised Statutes, 16-13-311, **amend**  
11 (3)(a)(VII) introductory portion and (3)(a)(VII)(B) as follows:

12           **16-13-311. Disposition of seized personal property.** (3) (a) If  
13 the prosecution prevails in the forfeiture action, the court shall order the  
14 property forfeited. Such order perfects the state's right and interest in and  
15 title to such property and relates back to the date when title to the property  
16 vested in the state pursuant to section 16-13-316. Except as otherwise  
17 provided in subsection (3)(c) of this section, the court shall also order  
18 such property to be sold at a public sale by the law enforcement agency  
19 in possession of the property in the manner provided for sales on  
20 execution, or in another commercially reasonable manner. Property  
21 forfeited pursuant to this section or proceeds therefrom must be  
22 distributed or applied in the following order:

23           (VII) The balance ~~shall~~ MUST be delivered, upon order of the  
24 court, as follows:

25           (B) Twenty-five percent to the managed service organization  
26 contracting with the ~~office of behavioral health~~ ADMINISTRATION in the  
27 department of human services serving the judicial district where the

1 forfeiture proceeding was prosecuted to fund detoxification and substance  
2 use disorder treatment. Money appropriated to the managed service  
3 organization must be in addition to, and not be used to supplant, other  
4 funding appropriated to the office of behavioral health ADMINISTRATION;  
5 and

6 **SECTION 19.** In Colorado Revised Statutes, 16-13-701, **repeal**  
7 (9) as follows:

8 **16-13-701. Reports related to seizures and forfeitures -**  
9 **legislative declaration - definitions.** (9) ~~(a) The office of behavioral~~  
10 ~~health shall prepare an annual accounting report of money received by the~~  
11 ~~managed service organization pursuant to section 16-13-311~~  
12 ~~(3)(a)(VII)(B), including revenues, expenditures, beginning and ending~~  
13 ~~balances, and services provided. The office of behavioral health shall~~  
14 ~~provide this report to the health and human services committee of the~~  
15 ~~senate and the public health care and human services committee of the~~  
16 ~~house of representatives, or any successor committees.~~

17 ~~(b) Pursuant to section 24-1-136 (11)(a)(I), the report required in~~  
18 ~~this subsection (9) expires on February 1, 2021.~~

19 **SECTION 20.** In Colorado Revised Statutes, 17-1-103, **amend**  
20 (1)(r) as follows:

21 **17-1-103. Duties of the executive director.** (1) The duties of the  
22 executive director are:

23 (r) In consultation with the ~~offices~~ of behavioral health  
24 ADMINISTRATION and THE OFFICE OF economic security in the department  
25 of human services, the department of health care policy and financing, the  
26 department of local affairs, and local service providers, to develop  
27 resources for inmates post-release that provide information to help

1 prepare inmates for release and successful reintegration into their  
2 communities. The resources must reflect the needs of diverse and  
3 underserved populations and communities.

4 **SECTION 21.** In Colorado Revised Statutes, 17-2-201, **amend**  
5 (5.7)(a) and (5.7)(d) as follows:

6 **17-2-201. State board of parole - duties - definitions.** (5.7) If,  
7 as a condition of parole, an offender is required to undergo counseling or  
8 treatment, unless the parole board determines that treatment at another  
9 facility or with another person is warranted, the treatment or counseling  
10 must be at a facility or with a person:

11 (a) Approved by the ~~office of~~ behavioral health ADMINISTRATION  
12 in the department of human services ~~established in article 80 of title 27,~~  
13 if the treatment is for alcohol or drug abuse;

14 (d) Licensed or certified by the division of adult parole in the  
15 department of corrections, the department of regulatory agencies, the  
16 ~~office of~~ behavioral health ADMINISTRATION in the department of human  
17 services, the state board of nursing, or the Colorado medical board,  
18 whichever is appropriate for the required treatment or counseling.

19 **SECTION 22.** In Colorado Revised Statutes, 17-26-140, **amend**  
20 (1)(b) as follows:

21 **17-26-140. Continuity of care for persons released from jail.**

22 (1) If a person is treated for a substance use disorder throughout the  
23 person's incarceration, the county jail shall, at a minimum, conduct the  
24 following before releasing the person from the county jail's custody:

25 (b) Provide a list of available substance use providers, to the  
26 extent the ~~office of~~ behavioral health ADMINISTRATION in the ~~state~~  
27 department OF HUMAN SERVICES has such a list available.

1           **SECTION 23.** In Colorado Revised Statutes, 17-27.1-101,  
2 **amend** (5)(a)(I) and (5)(a)(IV) as follows:

3           **17-27.1-101. Nongovernmental facilities for offenders -**  
4 **registration - notifications - penalties - definitions.** (5) A private  
5 treatment program in Colorado shall not admit or accept a supervised or  
6 unsupervised person into the program unless the program:

7           (a) Is registered with the compact administrator, and, if the person  
8 is a supervised person, the private treatment program is:

9           (I) Approved by the ~~office of~~ behavioral health ADMINISTRATION  
10 in the department of human services ~~established in article 80 of title 27,~~  
11 if the program provides alcohol or drug abuse treatment;

12           (IV) Licensed or certified by the division of adult parole in the  
13 department of corrections, the department of regulatory agencies, the  
14 ~~office of~~ behavioral health ADMINISTRATION in the department of human  
15 services, the state board of nursing, or the Colorado medical board if the  
16 program provides treatment that requires certification or licensure;

17           **SECTION 24.** In Colorado Revised Statutes, 17-27.9-102,  
18 **amend** (1) as follows:

19           **17-27.9-102. Specialized restitution and community service**  
20 **programs - contract with treatment providers - division of criminal**  
21 **justice.** (1) The director of the division of criminal justice ~~of~~ IN the  
22 department of public safety may, pursuant to section 17-27-108, contract  
23 with one or more public or private providers or community corrections  
24 boards, as defined in section 17-27-102 (2), who operate restitution and  
25 community service facilities, to provide specialized restitution and  
26 community service programs that meet the requirements of this section.  
27 As used in this article 27.9, such providers are referred to as "providers".

1 The ~~office of~~ behavioral health ADMINISTRATION in the department of  
2 human services shall approve any entity that provides treatment for  
3 substance use disorders pursuant to article 80 of title 27.

4 **SECTION 25.** In Colorado Revised Statutes, 18-1.3-204, **amend**  
5 (2)(c)(I) and (2)(c)(IV) as follows:

6 **18-1.3-204. Conditions of probation - interstate compact**  
7 **probation transfer cash fund - creation.** (2) (c) If the court orders  
8 counseling or treatment as a condition of probation, unless the court  
9 makes a specific finding that treatment in another facility or with another  
10 person is warranted, the court shall order that the treatment or counseling  
11 be at a facility or with a person:

12 (I) Approved by the ~~office of~~ behavioral health ADMINISTRATION  
13 in the department of human services ~~established in article 80 of title 27,~~  
14 if the treatment is for alcohol or drug abuse;

15 (IV) Licensed or certified by the division of adult parole in the  
16 department of corrections, the department of regulatory agencies, the  
17 ~~office of~~ behavioral health ADMINISTRATION in the department of human  
18 services, the state board of nursing, or the Colorado medical board,  
19 whichever is appropriate for the required treatment or counseling.

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

22 **18-1.3-210. Counseling or treatment for alcohol or drug abuse**  
23 **or substance use disorder.** (1) In any case in which treatment or  
24 counseling for alcohol or drug abuse or a substance use disorder is  
25 authorized in connection with a deferred prosecution, deferred judgment  
26 and sentence, or probation, the court may require the defendant to obtain  
27 counseling or treatment for the condition. If the court orders the

1 counseling or treatment, the court shall order that the counseling or  
2 treatment is obtained from a treatment facility or person approved by the  
3 ~~office of behavioral health ADMINISTRATION~~ in the department of human  
4 services, ~~established in article 80 of title 27~~, unless the court makes a  
5 finding that counseling or treatment in another facility or with another  
6 person is warranted. If the defendant voluntarily submits ~~himself or~~  
7 ~~herself~~ THE DEFENDANT'S SELF for treatment or counseling, the district  
8 attorney and the court may consider ~~his or her~~ THE DEFENDANT'S  
9 willingness to correct ~~his or her~~ THE DEFENDANT'S condition as a basis for  
10 granting deferred prosecution or deferred judgment and sentence.

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

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

22 **18-1.3-211. Sentencing of felons - parole of felons - treatment**  
23 **and testing based upon assessment required.** (1) Each person  
24 sentenced by the court for a felony committed on or after July 1, 1992, is  
25 required, as a part of any sentence to probation, community corrections,  
26 or incarceration with the department of corrections, to undergo periodic  
27 testing and treatment for substance abuse that is appropriate to the felon

1 based upon the recommendations of the assessment made pursuant to  
2 section 18-1.3-209, or based upon any subsequent recommendations by  
3 the department of corrections, the judicial department, or the division of  
4 criminal justice ~~of~~ IN the department of public safety, whichever is  
5 appropriate. Any testing or treatment must be at a facility or with a person  
6 approved by the ~~office of~~ behavioral health ADMINISTRATION in the  
7 department of human services ~~established in article 80 of title 27~~, and at  
8 the felon's own expense, unless ~~he or she~~ THE FELON is indigent.

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

20 **SECTION 28.** In Colorado Revised Statutes, 18-1.9-104, **amend**  
21 (1)(c)(IV)(A) as follows:

22 **18-1.9-104. Task force concerning the treatment of persons**  
23 **with mental health disorders in the criminal and juvenile justice**  
24 **systems - creation - membership - duties. (1) Creation. (c) The chair**  
25 **and vice-chair of the committee shall appoint twenty-nine members as**  
26 **follows:**

27 (IV) Five members who represent the department of human

1 services, as follows:

2 (A) One member who represents the ~~office of~~ behavioral health  
3 ADMINISTRATION in the department of human services;

4 **SECTION 29.** In Colorado Revised Statutes, **amend** 18-1.9-105  
5 as follows:

6 **18-1.9-105. Task force funding - staff support.** (1) The division  
7 of criminal justice ~~of~~ IN the department of public safety, the ~~office of~~  
8 behavioral health ADMINISTRATION in the department of human services,  
9 and any state department or agency with an active representative on the  
10 task force are authorized to receive and expend gifts, grants, and  
11 donations, including donations of in-kind services for staff support, from  
12 any public or private entity for any direct or indirect costs associated with  
13 the duties of the task force.

14 (2) The director of research of the legislative council, the director  
15 of the office of legislative legal services, the director of the division of  
16 criminal justice ~~within~~ IN the department of public safety, the ~~director of~~  
17 ~~the office of~~ COMMISSIONER OF THE behavioral health ADMINISTRATION  
18 IN THE DEPARTMENT OF HUMAN SERVICES, and the executive directors of  
19 the departments represented on the task force may supply staff assistance  
20 to the task force as they deem appropriate within existing appropriations  
21 or if money is credited to the treatment of persons with mental health  
22 disorders in the criminal and juvenile justice systems fund created in  
23 section 18-1.9-106 for the purpose of and in an amount sufficient to fund  
24 staff assistance. The task force may also accept donations of in-kind  
25 services for staff support from the private sector.

26 **SECTION 30.** In Colorado Revised Statutes, 18-13-122, **amend**  
27 (4)(a), (4)(b)(I), (4)(b)(II), (4)(c)(I), and (18) as follows:

1           **18-13-122. Illegal possession or consumption of ethyl alcohol**  
2           **or marijuana by an underage person - illegal possession of marijuana**  
3           **paraphernalia by an underage person - adolescent substance abuse**  
4           **prevention and treatment fund - legislative declaration - definitions.**

5           (4) (a) Upon conviction of a first offense of subsection (3) of this section,  
6           the court shall sentence the underage person to a fine of not more than  
7           one hundred dollars, or the court shall order that the underage person  
8           complete a substance abuse education program approved by the ~~office of~~  
9           behavioral health ADMINISTRATION in the department of human services,  
10          or both.

11          (b) Upon conviction of a second offense of subsection (3) of this  
12          section, the court shall sentence the underage person to a fine of not more  
13          than one hundred dollars, and the court shall order the underage person  
14          to:

15               (I) Complete a substance abuse education program approved by  
16          the ~~office of~~ behavioral health ADMINISTRATION in the department of  
17          human services;

18               (II) If determined necessary and appropriate, submit to a substance  
19          abuse assessment approved by the ~~office of~~ behavioral health  
20          ADMINISTRATION in the department of human services and complete any  
21          treatment recommended by the assessment; and

22          (c) Upon conviction of a third or subsequent offense of subsection  
23          (3) of this section, the court shall sentence the defendant to a fine of up  
24          to two hundred fifty dollars, and the court shall order the underage person  
25          to:

26               (I) Submit to a substance abuse assessment approved by the ~~office~~  
27          of behavioral health ADMINISTRATION in the department of human

1 services and complete any treatment recommended by the assessment;  
2 and

3 (18) **Cash fund.** The surcharge collected pursuant to subsection  
4 (4)(e) of this section must be transmitted to the state treasurer, who shall  
5 credit the ~~same~~ MONEY to the adolescent substance abuse prevention and  
6 treatment fund, which is created and referred to in this section as the  
7 "fund". Money in the fund is subject to annual appropriation by the  
8 general assembly to the ~~office of~~ behavioral health ADMINISTRATION in  
9 the department of human services ~~established in article 80 of title 27~~, for  
10 adolescent substance abuse prevention and treatment programs. The  
11 ~~office of~~ behavioral health ADMINISTRATION is authorized to seek and  
12 accept gifts, grants, or donations from private or public sources for the  
13 purposes of this section. All private and public money received through  
14 gifts, grants, or donations must be transmitted to the state treasurer, who  
15 shall credit the ~~same~~ MONEY to the fund. Any unexpended money in the  
16 fund may be invested by the state treasurer as provided by law. All  
17 interest and income derived from the investment and deposit of money in  
18 the fund must be credited to the fund. Any unexpended and  
19 unencumbered money remaining in the fund at the end of a fiscal year  
20 remains in the fund and must not be credited or transferred to the general  
21 fund or another fund.

22 **SECTION 31.** In Colorado Revised Statutes, 18-18-102, **amend**  
23 (32); **repeal** (8); and **add** (3.2) as follows:

24 **18-18-102. Definitions.** As used in this article 18:

25 (3.2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
26 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
27 27-50-102.

1 (8) "~~Department~~" means the department of human services.

2 (32) "Researcher" means any person licensed by the department  
3 BHA pursuant to this ~~article~~ ARTICLE 18 to experiment with, study, or test  
4 any controlled substance within this state and includes analytical  
5 laboratories.

6 **SECTION 32.** In Colorado Revised Statutes, **amend** 18-18-301  
7 as follows:

8 **18-18-301. Rules.** The board or the ~~department~~ BHA may adopt  
9 rules and charge reasonable fees relating to the registration and control of  
10 the manufacture, distribution, and dispensing of controlled substances  
11 within this state.

12 **SECTION 33.** In Colorado Revised Statutes, 18-18-302, **amend**  
13 (1), (2), (4), and (5) as follows:

14 **18-18-302. Registration requirements - definitions.** (1) Every  
15 person who manufactures, distributes, or dispenses any controlled  
16 substance within this state, or who proposes to engage in the manufacture,  
17 distribution, or dispensing of any controlled substance within this state,  
18 shall obtain annually or biannually, if applicable, a registration, issued by  
19 the respective licensing board or the ~~department~~ BHA in accordance with  
20 rules adopted by such board or by the ~~department~~ BHA. For purposes of  
21 this section and this article 18, "registration" or "registered" means the  
22 registering of manufacturers, pharmacists, pharmacies, and humane  
23 societies located in this state, and distributors located in or doing business  
24 in this state, by the state board of pharmacy, as set forth in article 280 of  
25 title 12, the licensing of physicians by the Colorado medical board, as set  
26 forth in article 240 of title 12, the licensing of podiatrists by the Colorado  
27 podiatry board, as set forth in article 290 of title 12, the licensing of

1 dentists by the Colorado dental board, as set forth in article 220 of title  
2 12, the licensing of optometrists by the state board of optometry, as set  
3 forth in article 275 of title 12, the licensing of veterinarians by the state  
4 board of veterinary medicine, as set forth in article 315 of title 12, and the  
5 licensing of researchers and CERTIFIED addiction programs COUNSELORS  
6 by the ~~department of human services~~ BHA, as set forth in part 2 of article  
7 80 of title 27.

8 (2) A person registered by the board or the ~~department~~ BHA under  
9 this part 3 to manufacture, distribute, dispense, or conduct research with  
10 controlled substances may possess, manufacture, distribute, dispense, or  
11 conduct research with those substances to the extent authorized by the  
12 registration and in conformity with this article 18 and with article 280 of  
13 title 12.

14 (4) The board or ~~department~~ BHA may waive by rule the  
15 requirement for registration of certain manufacturers, distributors, or  
16 dispensers upon finding it consistent with the public health and safety.

17 (5) The board or ~~department~~ BHA may inspect the establishment  
18 of a registrant or applicant for registration of those persons they are  
19 authorized to register under this part 3 in accordance with rules adopted  
20 by the board or ~~department~~ BHA.

21 **SECTION 34.** In Colorado Revised Statutes, 18-18-303, **amend**  
22 (1) introductory portion and (3) as follows:

23 **18-18-303. Registration.** (1) The board or ~~department~~ BHA shall  
24 register an applicant to manufacture or distribute substances included in  
25 schedules I through V unless the board or ~~department~~ BHA determines  
26 that the issuance of that registration would be inconsistent with the public  
27 interest. In determining the public interest, the board or ~~department~~ BHA

1 shall consider the following factors:

2 (3) A practitioner must be registered with the board or ~~department~~  
3 BHA before dispensing a controlled substance or conducting research  
4 with respect to a controlled substance included in schedules II through V.  
5 The ~~department~~ BHA need not require separate registration under this  
6 ~~article~~ ARTICLE 18 for practitioners engaging in research with nonnarcotic  
7 substances included in schedules II through V where the registrant is  
8 already registered under this ~~article~~ ARTICLE 18 in another capacity.  
9 Practitioners registered under federal law to conduct research with  
10 substances included in schedule I may conduct research with substances  
11 included in schedule I within this state upon furnishing the ~~department~~  
12 BHA evidence of that federal registration.

13 **SECTION 35.** In Colorado Revised Statutes, **amend** 18-18-304  
14 as follows:

15 **18-18-304. Suspension or revocation of registration.** (1) The  
16 board or ~~department~~ BHA may suspend or revoke a registration under  
17 section 18-18-303 to manufacture, distribute, or dispense a controlled  
18 substance upon finding that the registrant has:

19 (a) Furnished false or fraudulent material information in any  
20 application filed under this part 3;

21 (b) Been convicted of a felony under any state or federal law  
22 relating to any controlled substance;

23 (c) Had the registrant's federal registration suspended or revoked  
24 and is no longer authorized by federal law to manufacture, distribute, or  
25 dispense controlled substances; or

26 (d) Committed acts that would render registration under section  
27 18-18-303 inconsistent with the public interest as determined under that

1 section.

2 (2) The board or ~~department~~ BHA may deny, suspend, revoke, or  
3 take other authorized disciplinary action to limit the authority of any  
4 registrant to prescribe, distribute, dispense, or administer controlled  
5 substances, or any classification thereof, within this state if grounds for  
6 denial, suspension, or revocation exist. These proceedings ~~shall~~ MUST be  
7 conducted in accordance with the provisions of article 4 of title 24. ~~C.R.S.~~

8 (3) If a registration is suspended or revoked, the board or  
9 ~~department~~ BHA may place under seal all controlled substances owned  
10 or possessed by the registrant at the time of suspension or the effective  
11 date of the revocation order. No disposition may be made of substances  
12 under seal until the time for taking an appeal has elapsed or until all  
13 appeals have been concluded unless a court, upon application, orders the  
14 sale of perishable substances and the deposit of the proceeds of the sale  
15 with the court. When a revocation order becomes final, the court may  
16 order the controlled substances forfeited to the state.

17 (4) The board or ~~department~~ BHA may seize or place under seal  
18 any controlled substance owned or possessed by a registrant whose  
19 registration has expired or who has ceased to practice or do business in  
20 the manner contemplated by the registration. The controlled substance  
21 must be held for the benefit of the registrant or the registrant's successor  
22 in interest. The board or ~~department~~ BHA shall notify a registrant, or the  
23 registrant's successor in interest, whose controlled substance is seized or  
24 placed under seal, of the procedures to be followed to secure the return  
25 of the controlled substance and the conditions under which it will be  
26 returned. The board or ~~department~~ BHA may not dispose of any  
27 controlled substance seized or placed under seal under this subsection (4)

1 until the expiration of one hundred eighty days after the controlled  
2 substance was seized or placed under seal. The costs incurred by the  
3 board or ~~department~~ BHA in seizing, placing under seal, maintaining  
4 custody, and disposing of any controlled substance under this subsection  
5 (4) may be recovered from the registrant, any proceeds obtained from the  
6 disposition of the controlled substance, or from both. Any balance  
7 remaining after the costs have been recovered from the proceeds of any  
8 disposition must be delivered to the registrant or the registrant's successor  
9 in interest.

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

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

15 **18-18-305. Order to show cause.** (1) Before denying,  
16 suspending, or revoking a registration, or refusing a renewal of  
17 registration, the board or ~~department~~ BHA shall serve upon the applicant  
18 or registrant an order to show cause why registration should not be  
19 denied, revoked, or suspended, or the renewal refused. The order must  
20 state its grounds and direct the applicant or registrant to appear before the  
21 board or ~~department~~ BHA at a specified time and place not less than thirty  
22 days after the date of service of the order. In case of a refusal to renew a  
23 registration, the order must be served not later than thirty days before the  
24 expiration of the registration. These proceedings must be conducted in  
25 accordance with section 24-4-105. ~~C.R.S.~~ The proceedings do not  
26 preclude any criminal prosecution or other proceeding. A proceeding to  
27 refuse to renew a registration does not affect the existing registration,

1 which remains in effect until completion of the proceeding.

2 (2) The board or ~~department~~ BHA may suspend, without an order  
3 to show cause, any registration simultaneously with the institution of  
4 proceedings under section 18-18-304, or where renewal of registration is  
5 refused, upon finding that there is an imminent danger to the public health  
6 or safety ~~which~~ THAT warrants this action. The suspension continues in  
7 effect until the conclusion of the proceedings, including judicial review  
8 thereof, unless sooner withdrawn by the board or ~~department~~ BHA or  
9 dissolved by a court of competent jurisdiction.

10 **SECTION 37.** In Colorado Revised Statutes, **amend** 18-18-306  
11 as follows:

12 **18-18-306. Records of registrants.** Persons registered to  
13 manufacture, distribute, or dispense controlled substances under this part  
14 3 shall keep records and maintain inventories in conformance with the  
15 record keeping and inventory requirements of federal law and with any  
16 additional rules adopted by the board or ~~department~~ BHA.

17 **SECTION 38.** In Colorado Revised Statutes, 18-18-309, **amend**  
18 (2) and (3) as follows:

19 **18-18-309. Diversion prevention and control.** (2) The  
20 ~~department~~ BHA shall regularly prepare and make available to other state  
21 regulatory, licensing, and law enforcement agencies a report on the  
22 patterns and trends of actual distribution, diversion, and abuse of  
23 controlled substances.

24 (3) The ~~department~~ BHA shall enter into written agreements with  
25 local, state, and federal agencies for the purpose of improving  
26 identification of sources of diversion and to improve enforcement of and  
27 compliance with this ~~article~~ ARTICLE 18 and other laws and ~~regulations~~

1 RULES pertaining to unlawful conduct involving controlled substances. An  
2 agreement must specify the roles and responsibilities of each agency that  
3 has information or authority to identify, prevent, and control drug  
4 diversion and drug abuse. The ~~department~~ BHA shall convene periodic  
5 meetings to coordinate a state diversion prevention and control program.  
6 The ~~department~~ BHA shall arrange for cooperation and exchange of  
7 information among agencies and with neighboring states and the federal  
8 government.

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

11 **18-18-418. Exemptions.** (1) The provisions of section 18-18-414  
12 ~~shall~~ DO not apply to:

13 (c) A student who is in possession of an immediate precursor who  
14 is enrolled in a chemistry class for credit at an institution of higher  
15 education, or a work study student, a teaching assistant, a graduate  
16 assistant, or a laboratory assistant, if such student's or ~~technician's~~  
17 ASSISTANT'S use of the immediate precursor is for a bona fide educational  
18 purpose or research purpose and if the chemistry department of the  
19 institution of higher education otherwise possesses all the necessary  
20 licenses required by the ~~department~~ BHA.

21 **SECTION 40.** In Colorado Revised Statutes, 18-18-501, **amend**  
22 (3) introductory portion, (3)(a), and (3)(b) introductory portion as follows:

23 **18-18-501. Administrative inspections and warrants.** (3) The  
24 board or ~~department~~ BHA may ~~make~~ CONDUCT administrative inspections  
25 of controlled premises of those persons they are authorized to register  
26 under this ~~article~~ ARTICLE 18 in accordance with the following provisions:

27 (a) If authorized by an administrative inspection warrant issued

1 pursuant to subsection (2) of this section, an officer or employee  
2 designated by the board or ~~department~~ BHA, upon presenting the warrant  
3 and appropriate credentials to the owner, operator, or agent in charge,  
4 may enter controlled premises for the purpose of conducting an  
5 administrative inspection.

6 (b) If authorized by an administrative inspection warrant, an  
7 officer or employee designated by the board or ~~department~~ BHA may:

8 **SECTION 41.** In Colorado Revised Statutes, 18-18-503, **amend**  
9 (1) introductory portion, (2), and (3) as follows:

10 **18-18-503. Cooperative arrangements and confidentiality.**

11 (1) The board and the ~~department~~ BHA shall cooperate with federal and  
12 other state agencies in discharging the board's and the ~~department's~~  
13 BHA'S responsibilities concerning controlled substances and in  
14 controlling the abuse of controlled substances. To this end, the  
15 ~~department~~ BHA may:

16 (2) Results, information, and evidence received from the drug  
17 enforcement administration relating to the regulatory functions of this  
18 ~~article~~ ARTICLE 18, including results of inspections conducted by ~~it~~ THE  
19 DRUG ENFORCEMENT ADMINISTRATION, may be relied and acted upon by  
20 the board or ~~department~~ BHA in the exercise of the regulatory functions  
21 under this ~~article~~ ARTICLE 18.

22 (3) A practitioner engaged in medical practice or research is not  
23 required or compelled to furnish the name or identity of a patient or  
24 research subject to the board or ~~department~~ BHA, nor may the  
25 practitioner be compelled in any state or local civil, criminal,  
26 administrative, legislative, or other proceedings to furnish the name or  
27 identity of an individual that the practitioner is obligated to keep

1 confidential.

2 **SECTION 42.** In Colorado Revised Statutes, **amend** 18-18-505  
3 as follows:

4 **18-18-505. Judicial review.** All final determinations, findings,  
5 and conclusions of the board or ~~department~~ BHA under this ~~article~~  
6 ARTICLE 18 are subject to judicial review pursuant to section 24-4-106.  
7 ~~C.R.S.~~

8 **SECTION 43.** In Colorado Revised Statutes, 18-18-506, **amend**  
9 (1) introductory portion, (2) introductory portion, (3), (4), and (5) as  
10 follows:

11 **18-18-506. Education and research.** (1) The ~~department~~ BHA  
12 shall carry out educational programs designed to prevent and deter misuse  
13 and abuse of controlled substances. In connection with these programs,  
14 the ~~department~~ BHA may:

15 (2) The ~~department~~ BHA shall encourage research on misuse and  
16 abuse of controlled substances. In connection with the research, and in  
17 furtherance of the enforcement of this ~~article~~, ~~the department~~ ARTICLE 18,  
18 THE BHA may:

19 (3) The ~~department~~ BHA may enter into contracts for educational  
20 and research activities.

21 (4) The ~~department~~ BHA may authorize persons engaged in  
22 research on the use and effects of controlled substances to withhold the  
23 names and other identifying characteristics of individuals who are the  
24 subjects of the research. Persons who obtain this authorization are not  
25 compelled in any civil, criminal, administrative, legislative, or other  
26 proceeding to identify the individuals who are the subjects of research for  
27 which the authorization was obtained.

1           (5) The ~~department~~ BHA may authorize the possession and  
2 distribution of controlled substances by persons engaged in research.  
3 Persons who obtain this authorization are exempt from state prosecution  
4 for possession and distribution of controlled substances to the extent of  
5 the authorization.

6           **SECTION 44.** In Colorado Revised Statutes, 18-18-601, **repeal**  
7 (4) as follows:

8           **18-18-601. Pending proceedings - applicability.** (4) ~~The board~~  
9 ~~or department shall initially permit persons to register who own or operate~~  
10 ~~any establishment engaged in the manufacture, distribution, or dispensing~~  
11 ~~of any controlled substance prior to July 1, 1992, and who are registered~~  
12 ~~or licensed by the state.~~

13           **SECTION 45.** In Colorado Revised Statutes, 18-18-607, **amend**  
14 (2) as follows:

15           **18-18-607. Safe stations - disposal of controlled substances -**  
16 **medical evaluation - definition.** (2) Reasonable efforts should be taken  
17 by safe station personnel to determine if the person is in need of  
18 immediate medical attention and facilitate transportation to an appropriate  
19 medical facility, if necessary. If the person does not require immediate  
20 medical attention, the safe station personnel shall provide the person with  
21 information about the behavioral health crisis response system, created in  
22 section 27-60-103, to help identify available treatment options and, if  
23 practicable, provide transportation for the person to the most appropriate  
24 facility for treatment of a substance use disorder. Information about the  
25 crisis hotline must be developed by the ~~office of behavioral health in the~~  
26 ~~state department~~ BHA and be provided to safe stations for distribution.

27           **SECTION 46.** In Colorado Revised Statutes, 18-18.5-103,

1 **amend** (2) introductory portion and (2)(b)(XXII) as follows:

2 **18-18.5-103. State substance abuse trend and response task**  
3 **force - creation - membership - duties - report.** (2) The task force ~~shall~~  
4 ~~consist~~ CONSISTS of the following members:

5 (b) Twenty-two members appointed by the task force chair and  
6 vice-chairs as follows:

7 (XXII) A representative of the ~~office of~~ behavioral health  
8 ADMINISTRATION in the ~~Colorado~~ department of human services.

9 **SECTION 47.** In Colorado Revised Statutes, 18-19-103, **amend**  
10 (5)(b)(IV) as follows:

11 **18-19-103. Source of revenues - allocation of money.**

12 (5) (b) The board consists of:

13 (IV) The ~~executive director~~ COMMISSIONER of THE BEHAVIORAL  
14 HEALTH ADMINISTRATION in the department of human services or ~~his or~~  
15 ~~her~~ THE COMMISSIONER'S designee. If the ~~executive director~~  
16 COMMISSIONER appoints a designee, the ~~executive director~~ COMMISSIONER  
17 is encouraged to select someone with expertise in substance use disorder  
18 counseling and substance abuse issues.

19 **SECTION 48.** In Colorado Revised Statutes, 19-2.5-704, **amend**  
20 (2)(b) as follows:

21 **19-2.5-704. Procedure after determination of competency or**  
22 **incompetency.** (2) (b) Pursuant to section 27-60-105, the ~~office of~~  
23 behavioral health ADMINISTRATION in the department of human services  
24 is the entity responsible for the oversight of restoration education and  
25 coordination of services necessary to competency restoration.

26 **SECTION 49.** In Colorado Revised Statutes, 24-1-120, **amend**  
27 (6)(d); and **add** (6)(f) as follows:

1           **24-1-120. Department of human services - creation.** (6) The  
2 department consists of the following divisions, units, and offices:

3           (d) The office of behavioral health in the department of human  
4 services created pursuant to article 80 of title 27. ~~The office of behavioral~~  
5 ~~health and its powers, duties, and functions, including the powers, duties,~~  
6 ~~and functions relating to the alcohol and drug driving safety program~~  
7 ~~specified in section 42-4-1301.3, are transferred by a type 2 transfer to~~  
8 ~~the department of human services.~~

9           (f) THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN  
10 ARTICLE 50 OF TITLE 27. THE BEHAVIORAL HEALTH ADMINISTRATION AND  
11 ITS POWERS, DUTIES, AND FUNCTIONS ARE TRANSFERRED BY A TYPE 2  
12 TRANSFER TO THE DEPARTMENT OF HUMAN SERVICES.

13           **SECTION 50.** In Colorado Revised Statutes, 24-34-104, **amend**  
14 (26)(a)(IV) and (27)(a)(XI) as follows:

15           **24-34-104. General assembly review of regulatory agencies**  
16 **and functions for repeal, continuation, or reestablishment - legislative**  
17 **declaration - repeal.** (26) (a) The following agencies, functions, or both,  
18 are scheduled for repeal on September 1, 2025:

19           (IV) The rural alcohol and substance abuse prevention and  
20 treatment program created pursuant to section 27-80-117 in the ~~office of~~  
21 behavioral health ADMINISTRATION in the department of human services;

22           (27) (a) The following agencies, functions, or both, are scheduled  
23 for repeal on September 1, 2026:

24           (XI) The record-keeping, licensing, and central registry functions  
25 of the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of  
26 human services relating to substance use disorder treatment programs  
27 under which controlled substances are compounded, administered, or

1 dispensed in accordance with part 2 of article 80 of title 27;

2 **SECTION 51.** In Colorado Revised Statutes, 24-33.5-1202,  
3 **amend** (7.7) as follows:

4 **24-33.5-1202. Definitions.** As used in this part 12, unless the  
5 context otherwise requires:

6 (7.7) "Health facility" means a general hospital, hospital unit as  
7 defined in section 25-3-101 (2), ~~C.R.S.~~, psychiatric hospital, community  
8 clinic, rehabilitation center, convalescent center, ~~community mental~~  
9 ~~health center, acute treatment unit,~~ BEHAVIORAL HEALTH ENTITY AS  
10 DEFINED IN SECTION 27-50-101 (4), facility for persons with  
11 developmental disabilities, habilitation center for children with brain  
12 damage, chiropractic center and hospital, maternity hospital, nursing care  
13 facility, rehabilitative nursing facility, hospice care facility, dialysis  
14 treatment clinic, ambulatory surgical center, birthing center, home care  
15 agency, assisted living residence, or other facility of a like nature; except  
16 that "health facility" does not include a facility at which health services  
17 are not provided to individuals.

18 **SECTION 52.** In Colorado Revised Statutes, 25-1.5-103, **repeal**  
19 (3.5). [REDACTED]

20 **SECTION 53.** In Colorado Revised Statutes, 25-1.5-108.5,  
21 **amend** (1)(b)(III), (3)(a), (4), and (5)(a)(III) as follows:

22 **25-1.5-108.5. Regulation of recovery residences - definition -**  
23 **rules.** (1) (b) "Recovery residence" does not include:

24 (III) A facility approved for residential treatment by the ~~office of~~  
25 behavioral health ADMINISTRATION in the department of human services;  
26 or

27 (3) Effective January 1, 2020, a person shall not operate a facility

1 using the term "recovery residence", "sober living facility", "sober home",  
2 or a substantially similar term, and a licensed, registered, or certified  
3 health-care provider or a licensed health facility shall not refer an  
4 individual in need of recovery support services to a facility, unless the  
5 facility:

6 (a) Is certified by a recovery residence certifying body approved  
7 by the ~~office of~~ behavioral health ADMINISTRATION in the department of  
8 human services as specified in subsection (4) of this section;

9 (4) The ~~office of~~ behavioral health ADMINISTRATION in the  
10 department of human services shall, by rule, determine the requirements  
11 for a recovery residence certifying body seeking approval for purposes of  
12 subsection (3)(a) of this section, which rules must include a requirement  
13 that a recovery residence certifying body include a representative from the  
14 ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION on its board.

15 (5) A recovery residence owner, employee, or administrator, or an  
16 individual related to a recovery residence owner, employee, or  
17 administrator, shall not directly or indirectly:

18 (a) Solicit, accept, or receive a commission, payment, trade, fee,  
19 or anything of monetary or material value, excluding the supportive  
20 services required to place the resident:

21 (III) From a facility approved for residential treatment by the  
22 ~~office of~~ behavioral health ADMINISTRATION in the department of human  
23 services;

24 **SECTION 54.** In Colorado Revised Statutes, 25-1.5-111, **amend**  
25 (2)(a)(II) and (3) as follows:

26 **25-1.5-111. Suicide prevention commission - created -**  
27 **responsibilities - gifts, grants, or donations - definition - repeal.**

1 (2) (a) Within sixty days after May 29, 2014, the executive director of the  
2 department of public health and environment shall appoint to the  
3 commission no more than twenty-six members, including:

4 (II) A representative from the ~~office of~~ behavioral health  
5 ADMINISTRATION in the department of human services;

6 (3) The department shall provide to the commission support that  
7 includes the coordination of all commission activities, including: Meeting  
8 logistics, agenda development, and follow-up; organizing and orienting  
9 commission members; working closely with the co-chairpersons to set  
10 priorities, recruit members, oversee all commission initiatives, coordinate  
11 activities, and implement any commission-directed initiatives; and any  
12 other duties assigned by the co-chairpersons. The ~~director of the office of~~  
13 COMMISSIONER OF THE behavioral health ADMINISTRATION in the  
14 department of human services, a representative from the university of  
15 Colorado depression center, and a representative of the suicide prevention  
16 coalition of Colorado may also provide support to the commission.

17 **SECTION 55.** In Colorado Revised Statutes, 25-1.5-112, **amend**  
18 (2) introductory portion and (5) as follows:

19 **25-1.5-112. Colorado suicide prevention plan - established -**  
20 **goals - responsibilities - funding - definition.** (2) The suicide  
21 prevention commission, together with the office of suicide prevention, the  
22 ~~office of~~ behavioral health ADMINISTRATION IN THE DEPARTMENT OF  
23 HUMAN SERVICES, the department, and the department of health care  
24 policy and financing, is strongly encouraged to collaborate with criminal  
25 justice and health-care systems, mental and behavioral health systems,  
26 primary care providers, physical and mental health clinics in educational  
27 institutions, community mental health centers, advocacy groups,

1 emergency medical services professionals and responders, public and  
2 private insurers, hospital chaplains, and faith-based organizations to  
3 develop and implement:

4 (5) The office of suicide prevention shall include a summary of  
5 the Colorado plan in a report submitted to the ~~office of behavioral health~~  
6 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, as well as the  
7 report submitted annually to the general assembly pursuant to section  
8 25-1.5-101 (1)(w)(III)(A) and as part of its annual presentation to the  
9 general assembly pursuant to the "State Measurement for Accountable,  
10 Responsive, and Transparent (SMART) Government Act", part 2 of  
11 article 7 of title 2. ~~C.R.S.~~

12 **SECTION 56.** In Colorado Revised Statutes, 25-3-103.1, **amend**  
13 (2) as follows:

14 **25-3-103.1. Health facilities general licensure cash fund.**

15 (2) The general assembly shall make annual appropriations from the  
16 health facilities general licensure cash fund to partially reimburse the  
17 department of public health and environment for the direct and indirect  
18 costs of the department incurred in the performance of its duties ~~under~~  
19 ~~this article and for the purposes of section 25-1.5-103 (3.5)~~ PURSUANT TO  
20 THIS ARTICLE 3. No appropriation shall be made out of the cash fund for  
21 expenditures incurred by the department pursuant to section 25-1.5-103  
22 (1)(a)(II) in carrying out duties relating to health facilities wholly owned  
23 and operated by a governmental unit or agency.

24 **SECTION 57.** In Colorado Revised Statutes, 25-3.5-103, **amend**  
25 (3.3), (11.4)(b)(I), and (11.4)(b)(III)(B) as follows:

26 **25-3.5-103. Definitions.** As used in this article 3.5, unless the  
27 context otherwise requires:

1 (3.3) "Behavioral health" has the same meaning as set forth in  
2 ~~section 25-27.6-102 (4)~~ SECTION 27-50-101 (1).

3 (11.4) (b) Secure transportation includes:

4 (I) For an individual being transported pursuant to section  
5 27-65-103 or 27-65-105 (1), transportation from the community to a  
6 facility designated by the ~~executive director of~~ COMMISSIONER OF THE  
7 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human  
8 services for treatment and evaluation pursuant to article 65 of title 27;

9 (III) For an individual who is receiving transportation across  
10 levels of care or to a higher level of care, transportation between any of  
11 the following types of facilities:

12 (B) A facility designated by the ~~executive director of~~  
13 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the  
14 department of human services for treatment and evaluation pursuant to  
15 article 65 of title 27;

16 **SECTION 58.** In Colorado Revised Statutes, 25-3.5-309, **amend**  
17 (2) as follows:

18 **25-3.5-309. Secure transportation - license required - fees -**  
19 **exceptions.** (2) Ambulance agencies, transportation services provided by  
20 ~~the office of behavioral health within~~ the state department of human  
21 services, emergency service patrols established pursuant to section  
22 27-81-115, and law enforcement may provide secure transportation  
23 services to an individual in need of urgent behavioral health care.

24 **SECTION 59.** In Colorado Revised Statutes, 25-20.5-406,  
25 **amend** (2)(b)(III) as follows:

26 **25-20.5-406. State review team - creation - membership -**  
27 **vacancies.** (2) (b) The executive director of the department of human

1 services shall appoint six voting members, as follows:

2 (III) Two members who represent the ~~office of behavioral health~~  
3 ADMINISTRATION in the department of human services;

4 **SECTION 60.** In Colorado Revised Statutes, 25-20.5-1202,  
5 **amend** (2) as follows:

6 **25-20.5-1202. Office of gun violence prevention - created -**  
7 **director - staff - collaboration.** (2) In order to effectively carry out its  
8 responsibilities, the office may collaborate with other state agencies,  
9 including the address confidentiality program created in section  
10 24-30-2104; the office of suicide prevention established in section  
11 25-1.5-101 (1)(w); the safe2tell program created in section 24-31-606; the  
12 school safety resource center created in section 24-33.5-1803; the  
13 department of education; ~~the office of behavioral health within the~~  
14 ~~department of human services;~~ the behavioral health administration ~~upon~~  
15 ~~its creation in 2022 pursuant to part 2 of article 60 of title 27~~ IN THE  
16 DEPARTMENT OF HUMAN SERVICES; the office of the attorney general; and  
17 the division of criminal justice ~~within~~ IN the department of public safety.  
18 The office may also collaborate with individuals, educational institutions,  
19 health-care providers, and organizations with expertise in gun violence  
20 prevention and gun safety, including gun dealers, shooting ranges, and  
21 firearms safety instructors.

22 **SECTION 61.** In Colorado Revised Statutes, 25-27.6-101,  
23 **amend** (4) as follows:

24 **25-27.6-101. Legislative declaration.** (4) It is the intent of the  
25 general assembly that the behavioral health entity license is implemented  
26 ~~in two separate phases as follows:~~

27 ~~(a) Phase one implementation includes the incorporation of SO~~

1 THAT a facility currently licensed or previously eligible for licensure as  
2 an acute treatment unit or as a community mental health center,  
3 community mental health clinic, or crisis stabilization unit that was  
4 licensed as a community clinic ~~Such a facility~~ will transition to the  
5 behavioral health entity license no later than July 1, 2022. ~~in accordance~~  
6 ~~with section 25-27.6-104 (1).~~

7 ~~(b) Phase two implementation includes the incorporation of~~  
8 ~~behavioral health entities that provide behavioral health services for the~~  
9 ~~treatment of alcohol use disorders and substance use disorders; except~~  
10 ~~that phase two shall not include controlled substance licenses currently~~  
11 ~~issued by the department of human services, which shall be studied by the~~  
12 ~~behavioral health entity implementation and advisory committee~~  
13 ~~established pursuant to section 25-27.6-103. Such entities shall apply for~~  
14 ~~licensure as behavioral health entities no later than July 1, 2024, in~~  
15 ~~accordance with section 25-27.6-104 (1).~~

16 **SECTION 62.** In Colorado Revised Statutes, 25-27.6-104, **repeal**  
17 **(2); and repeal as it will become effective July 1, 2022, (1)** as follows:

18 **25-27.6-104. License required - criminal and civil penalties.**

19 ~~(1) (a) On or after July 1, 2024, it is unlawful for any person, partnership,~~  
20 ~~association, or corporation to conduct or maintain a behavioral health~~  
21 ~~entity, including a substance use disorder program or alcohol use disorder~~  
22 ~~program, without having obtained a license therefor from the department.~~

23 ~~(b) On or after July 1, 2023, an entity seeking initial licensure as~~  
24 ~~a behavioral health entity shall apply for a behavioral health entity license~~  
25 ~~if the entity would previously have been licensed or subject to approval~~  
26 ~~by the office of behavioral health in the department of human services~~  
27 ~~pursuant to section 27-81-106 as an approved treatment program for~~

1 alcohol use disorders or substance use disorders.

2 (c) ~~A facility with a license or approval on or before June 30,~~  
3 ~~2023, as a behavioral health entity, a substance use disorder program, or~~  
4 ~~an alcohol use disorder program shall apply for a behavioral health entity~~  
5 ~~license prior to the expiration of the facility's current license or approval.~~  
6 ~~Such a facility is subject to the standards under which it is licensed or~~  
7 ~~approved as of July 1, 2023, until such time as the behavioral health entity~~  
8 ~~license is issued.~~

9 (2) ~~Any person who violates the provisions of this section is guilty~~  
10 ~~of a misdemeanor, and upon conviction thereof, shall be punished by a~~  
11 ~~fine of not less than fifty dollars nor more than five hundred dollars and~~  
12 ~~may be subject to a civil penalty assessed by the department of not less~~  
13 ~~than fifty dollars nor more than one hundred dollars for each day the~~  
14 ~~person is in violation of this section. The assessed penalty accrues from~~  
15 ~~the date the department finds that the person is in violation of this section.~~  
16 ~~The department shall assess, enforce, and collect the penalty in~~  
17 ~~accordance with article 4 of title 24 and credit the money to the general~~  
18 ~~fund. Enforcement and collection of the penalty occurs following the~~  
19 ~~decision reached in accordance with procedures set forth in section~~  
20 ~~24-4-105.~~

21 ■ ■

22 **SECTION 63.** In Colorado Revised Statutes, **amend** 25-27.6-108  
23 as follows:

24 **25-27.6-108. Behavioral health entity cash fund - created.**

25 (1) The behavioral health entity cash fund, referred to in this section as  
26 the "fund", is created in the state treasury. The fund consists of money  
27 credited to the fund pursuant to section 25-27.6-107. The money in the

1 fund is subject to annual appropriation by the general assembly for the  
2 direct and indirect costs of the department in performing its duties  
3 pursuant to this article 27.6. At the end of any fiscal year, all unexpended  
4 and unencumbered money in the fund remains in the fund and must not  
5 be credited or transferred to the general fund or any other fund.

6 (2) ON JUNE 30, 2024, THE STATE TREASURER SHALL TRANSFER  
7 ALL UNEXPENDED AND UNENCUMBERED MONEY IN THE FUND TO THE  
8 BEHAVIORAL HEALTH LICENSING CASH FUND CREATED PURSUANT TO  
9 SECTION 27-50-506.

10 **SECTION 64.** In Colorado Revised Statutes, **add 25-27.6-112** as  
11 follows:

12 **25-27.6-112. Repeal of article.** THE ARTICLE 27.6 IS REPEALED,  
13 EFFECTIVE JULY 1, 2024.

14 **SECTION 65.** In Colorado Revised Statutes, **amend 25.5-3-110**  
15 as follows:

16 **25.5-3-110. Effect of part 1.** This part 1 ~~shall~~ DOES not affect the  
17 ~~department of human services'~~ responsibilities OF THE BEHAVIORAL  
18 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES for  
19 the provision of mental health care in accordance with article 66 of title  
20 27, ~~C.R.S.~~, and this part 1 ~~shall~~ DOES not affect any provisions of article  
21 22 of title 23 ~~C.R.S.~~, or any other provisions of law relating to the  
22 university of Colorado psychiatric hospital.

23 **SECTION 66.** In Colorado Revised Statutes, 25.5-4-103, **amend**  
24 **as it exists until July 1, 2024,** (3) as follows:

25 **25.5-4-103. Definitions.** As used in this article 4 and articles 5  
26 and 6 of this title 25.5, unless the context otherwise requires:

27 (3) "Case management services" means services provided by

1 community-centered boards, as defined by IN section 25.5-10-202;  
2 COMPREHENSIVE AND ESSENTIAL BEHAVIORAL HEALTH SAFETY NET  
3 PROVIDERS, AS DEFINED IN SECTION 27-50-101; and community mental  
4 health centers and community mental health clinics, as defined by IN  
5 section 27-66-101, to assist persons with intellectual and developmental  
6 disabilities, as defined by IN section 25.5-10-202, and persons with mental  
7 health disorders, as defined by IN section 27-65-102 (11.5), by case  
8 management agencies, as defined in section 25.5-6-303 (5), providing  
9 case management services, as defined in sections 25.5-6-104 (2)(b) and  
10 25.5-6-303 (6), to persons with a disability, persons who are elderly or  
11 blind, and long-term care clients, in gaining access to needed medical,  
12 social, educational, and other services.

13 **SECTION 67.** In Colorado Revised Statutes, 25.5-4-401.2,  
14 **amend** (1)(d) as follows:

15 **25.5-4-401.2. Performance-based payments - reporting -**  
16 **repeal.** (1) To improve health outcomes and lower health-care costs, the  
17 state department may develop payments to providers that are based on  
18 quantifiable performance or measures of quality of care. These  
19 performance-based payments may include, but are not limited to,  
20 payments to:

21 (d) Behavioral health providers, including, but not limited to:

22 (I) (A) Community mental health centers, as defined in section  
23 27-66-101. **and**

24 (B) **THIS SUBSECTION (1)(d)(I) IS REPEALED, EFFECTIVE JULY 1,**  
25 **2024.**

26 (II) BEHAVIORAL HEALTH SAFETY NET PROVIDERS, AS DEFINED IN  
27 SECTION 27-50-101; AND

1           (H) (III) Entities contracted with the state department to  
2 administer the statewide system of community behavioral health care  
3 established in section 25.5-5-402.

4           **SECTION 68.** In Colorado Revised Statutes, **amend** 25.5-4-403  
5 as follows:

6           **25.5-4-403. Providers - behavioral health safety net providers**  
7 **- reimbursement.** (1) For the purpose of reimbursing ~~community mental~~  
8 ~~health center and clinic~~ ESSENTIAL BEHAVIORAL HEALTH SAFETY NET AND  
9 COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH providers, AS  
10 DEFINED IN SECTION 27-50-101, EXCEPT FOR THOSE THAT ARE ALSO  
11 FEDERALLY QUALIFIED HEALTH CENTERS, AS DEFINED IN FEDERAL "SOCIAL  
12 SECURITY ACT", 42 U.S.C. SEC. 1395x(aa)(4), WHICH HAVE PAYMENT  
13 METHODOLOGY PURSUANT TO 25.5-5-408, the state department shall  
14 establish ~~a price schedule~~ AN APPROPRIATE COST ACCOUNTING  
15 METHODOLOGY annually with the BEHAVIORAL HEALTH ADMINISTRATION  
16 IN THE department of human services in order to ~~reimburse each provider~~  
17 ~~for its actual or reasonable cost of services~~ SUPPORT SUSTAINABLE ACCESS  
18 TO BEHAVIORAL HEALTH SAFETY NET SERVICES, AS DEFINED IN SECTION  
19 27-50-101. IN ESTABLISHING THE PAYMENT METHODOLOGY, THE STATE  
20 DEPARTMENT SHALL CONSIDER:

21           (a) ACTUAL COSTS OF SERVICES;

22           (b) COSTS THAT ARE REASONABLE, AS DETERMINED BY THE STATE  
23 DEPARTMENT IN COLLABORATION WITH THE BEHAVIORAL HEALTH  
24 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES;

25           (c) QUALITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SAFETY  
26 NET CARE PROVIDED, AS DETERMINED BY THE STATE DEPARTMENT, IN  
27 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE

1 DEPARTMENT OF HUMAN SERVICES, BY RULE;

2 (d) HEALTH EQUITY;

3 (e) ACCESS BY PRIORITY POPULATIONS AS DETERMINED BY THE  
4 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
5 SERVICES; AND

6 (f) VALUE-BASED PAYMENT APPROACHES THAT INCENTIVIZE  
7 PROVIDERS TO EXPAND ACCESS TO COST-EFFECTIVE BEHAVIORAL HEALTH  
8 SERVICES TO SERVE THE BEHAVIORAL HEALTH SAFETY NET.

9 (2) THE STANDARDS AND PROCESSES FOR DETERMINING THE  
10 PAYMENT METHODOLOGY WILL BE DETERMINED BY AN AUDITING AND  
11 ACCOUNTING COMMITTEE. THE MEMBERS OF THE COMMITTEE ARE  
12 SELECTED BY THE STATE DEPARTMENT TO INCLUDE BEHAVIORAL HEALTH  
13 ADMINISTRATIVE SERVICE ORGANIZATIONS, MANAGED CARE ENTITIES,  
14 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION  
15 27-50-101, INDEPENDENT AUDITORS, ACTUARIES, CONSUMER AND FAMILY  
16 ADVOCATES, LOCAL GOVERNMENT REPRESENTATIVES, OTHER STATE  
17 AGENCIES, AND OTHER RELEVANT STAKEHOLDERS.

18 **SECTION 69.** In Colorado Revised Statutes, 25.5-5-202, **amend**  
19 (4) as follows:

20 **25.5-5-202. Basic services for the categorically needy - optional**  
21 **services.** (4) The state department and the ~~office of~~ behavioral health  
22 ADMINISTRATION in the department of human services, in collaboration  
23 with community mental health services providers and substance use  
24 disorder providers, shall establish rules that standardize utilization  
25 management authority timelines for the nonpharmaceutical components  
26 of medication-assisted treatment for substance use disorders.

27 **SECTION 70.** In Colorado Revised Statutes, 25.5-5-301, **amend**

1 (4) as follows:

2 **25.5-5-301. Clinic services.** (4) "Clinic services" also means  
3 preventive, diagnostic, therapeutic, rehabilitative, or palliative items or  
4 services furnished to a pregnant woman who is enrolled or eligible for  
5 services pursuant to section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) in  
6 a facility that is not a part of a hospital but is organized and operated as  
7 a freestanding substance use disorder treatment program approved and  
8 licensed by the ~~office of~~ behavioral health ADMINISTRATION in the  
9 department of human services pursuant to section 27-80-108 (1)(c).

10 **SECTION 71.** In Colorado Revised Statutes, 25.5-5-309, **amend**  
11 (1) as follows:

12 **25.5-5-309. Pregnant women - needs assessment - referral to**  
13 **treatment program - definition.** (1) The health-care practitioner for  
14 each pregnant woman who is enrolled or eligible for services pursuant to  
15 section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) is encouraged to identify  
16 as soon as possible after the woman is determined to be pregnant whether  
17 the woman is at risk of a poor birth outcome due to substance use during  
18 the prenatal period and in need of special assistance in order to reduce the  
19 risk. If the health-care practitioner makes such determination regarding  
20 any pregnant woman, the health-care practitioner is encouraged to refer  
21 the woman to any entity approved and licensed by THE BEHAVIORAL  
22 HEALTH ADMINISTRATION IN the department of human services for the  
23 performance of a needs assessment. Any county department of human or  
24 social services may refer an eligible woman for a needs assessment, or  
25 any pregnant woman who is eligible for services pursuant to section  
26 25.5-5-201 (1)(m.5) may refer herself for a needs assessment.

27 **SECTION 72.** In Colorado Revised Statutes, 25.5-5-310, **amend**

1 (1)(b) and (2) as follows:

2 **25.5-5-310. Treatment program for high-risk pregnant and**  
3 **parenting women - cooperation with private entities - definition.**

4 (1) (b) The state department, ~~and~~ THE BEHAVIORAL HEALTH  
5 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, the  
6 ~~departments~~ DEPARTMENT of human services, and THE DEPARTMENT OF  
7 public health and environment shall cooperate with any organizations that  
8 desire to assist the departments AND THE ADMINISTRATION in the  
9 provision of services connected with the treatment program for high-risk  
10 pregnant and parenting women. Organizations may provide services that  
11 are not provided to persons pursuant to this article 5 or article 4 or 6 of  
12 this title 25.5 or article 2 of title 26, which services may include but are  
13 not limited to needs assessment services, preventive services,  
14 rehabilitative services, care coordination, nutrition assessment,  
15 psychosocial counseling, intensive health education, home visits,  
16 transportation, development of provider training, child care, child care  
17 navigation, and other necessary components of residential or outpatient  
18 treatment or care.

19 (2)(a) Health-care practitioners and county departments of human  
20 or social services are encouraged to identify any pregnant or parenting  
21 woman. If a practitioner or county department of human or social services  
22 makes such determination regarding any pregnant or parenting woman up  
23 to one year postpartum, the practitioner or county department of human  
24 or social services is encouraged to refer the woman to any entity approved  
25 and licensed by THE BEHAVIORAL HEALTH ADMINISTRATION in the  
26 department of human services for a needs assessment in order to improve  
27 outcomes for the pregnant or parenting woman and child and reduce the

1 likelihood of out-of-home placement. Any pregnant or parenting woman  
2 up to one year postpartum may also refer herself for a needs assessment.

3 (b) The BEHAVIORAL HEALTH ADMINISTRATION IN THE department  
4 of human services is authorized to use state money to provide services to  
5 women, including women enrolled in the medical assistance program  
6 established pursuant to this article 5 and articles 4 and 6 of this title 25.5,  
7 who enroll, up to one year postpartum, in residential substance use  
8 disorder treatment and recovery services, until such time as those services  
9 are covered by the medical assistance program. The BEHAVIORAL HEALTH  
10 ADMINISTRATION IN THE department of human services may continue to  
11 use state money to enroll parenting women in residential services who  
12 qualify as indigent but who are not eligible for services under the medical  
13 assistance program.

14 (c) Facilities approved and licensed by the ~~office of~~ behavioral  
15 health ADMINISTRATION ~~within~~ IN the department of human services to  
16 provide substance use disorder services to high-risk pregnant and  
17 parenting women and that offer child care services must allow a woman  
18 to begin treatment without first presenting up-to-date health records for  
19 her child, including those referenced in section 25-4-902. The parenting  
20 woman in treatment must present up-to-date health records for her child,  
21 including those referenced in section 25-4-902, within thirty days after  
22 commencing treatment.

23 **SECTION 73.** In Colorado Revised Statutes, **amend** 25.5-5-311  
24 as follows:

25 **25.5-5-311. Treatment program for high-risk pregnant and**  
26 **parenting women - data collection.** The state department, in cooperation  
27 with the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of

1 human services, shall create a data collection mechanism regarding  
2 persons receiving services pursuant to the treatment program for high-risk  
3 pregnant and parenting women that includes the collection of any data  
4 that the ~~departments~~ STATE DEPARTMENT AND BEHAVIORAL HEALTH  
5 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES deem  
6 appropriate.

7 **SECTION 74.** In Colorado Revised Statutes, 25.5-5-325, **amend**  
8 (2)(b)(I) as follows:

9 **25.5-5-325. Residential and inpatient substance use disorder**  
10 **treatment - medical detoxification services - federal approval -**  
11 **performance review report.** (2) (b) Prior to seeking federal approval  
12 pursuant to subsection (2)(a) of this section, the state department shall  
13 seek input from relevant stakeholders, including existing providers of  
14 substance use disorder treatment and medical detoxification services and  
15 managed service organizations. The state department shall seek input and  
16 involve stakeholders in decisions regarding:

17 (I) The coordination of benefits with managed service  
18 organizations and the ~~office of~~ behavioral health ADMINISTRATION in the  
19 department of human services;

20 **SECTION 75.** In Colorado Revised Statutes, 25.5-5-328, **amend**  
21 (1) as follows:

22 **25.5-5-328. Secure transportation for behavioral health crises**  
23 **- benefit - funding.** (1) On or before January 1, 2023, the state  
24 department shall create a benefit for secure transportation services, as ~~that~~  
25 ~~term is~~ defined in section 25-3.5-103 (11.4). The state department shall  
26 research and create a plan to establish secure transportation services,  
27 which may include supplemental and coordinated community response

1 services, to be implemented on or before July 1, 2023. The state  
2 department shall collaborate with the ~~office of~~ behavioral health  
3 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES in its research  
4 and planning efforts to determine how this benefit may align with  
5 co-responder, mobile crisis, and emergency crisis dispatch.

6

7 **SECTION 76.** In Colorado Revised Statutes, 25.5-5-424, **amend**  
8 (1) and (4)(a) introductory portion as follows:

9 **25.5-5-424. Residential and inpatient substance use disorder**  
10 **treatment - MCE standardized utilization management process -**  
11 **medical necessity - report.** (1) On or before October 1, 2021, the state  
12 department shall consult with the ~~office of~~ behavioral health  
13 ADMINISTRATION in the department of human services, residential  
14 treatment providers, and MCEs to develop standardized utilization  
15 management processes to determine medical necessity for residential and  
16 inpatient substance use disorder treatment. The processes must  
17 incorporate the most recent edition of "The ASAM Criteria for Addictive,  
18 Substance-related, and Co-occurring Conditions" and align with federal  
19 medicaid payment requirements.

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

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

1           **25.5-5-803. High-fidelity wraparound services for children**  
2           **and youth - federal approval - reporting.** (1) Subject to available  
3           appropriations, the state department shall seek federal authorization from  
4           the federal centers for medicare and medicaid services to provide  
5           wraparound services for eligible children and youth who are at risk of  
6           out-of-home placement or in an out-of-home placement. Prior to seeking  
7           federal authorization, the state department shall seek input from relevant  
8           stakeholders including counties, managed care entities participating in the  
9           statewide managed care system, families of children and youth with  
10          behavioral health disorders, communities that have previously  
11          implemented wraparound services, mental health professionals, THE  
12          BEHAVIORAL HEALTH ADMINISTRATION AND THE OFFICE OF BEHAVIORAL  
13          HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, and other relevant  
14          departments. The state department shall consider tiered care coordination  
15          as an approach when developing the wraparound model.

16          (2) Upon federal authorization, and subject to available  
17          appropriations, the state department shall require managed care entities  
18          to implement wraparound services, which may be contracted out to a third  
19          party. Subject to available appropriations, the state department shall  
20          contract with the department of human services and ~~office of~~ THE  
21          behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN  
22          SERVICES to ensure care coordinators and those responsible for  
23          implementing wraparound services have adequate training and resources  
24          to support children and youth who may have co-occurring diagnoses,  
25          including behavioral health disorders and physical or intellectual or  
26          developmental disabilities. Attention must also be given to the geographic  
27          diversity of the state in designing this program in rural communities.

1           (3) Upon implementation of the wraparound services, the state  
2 department, THE DEPARTMENT OF HUMAN SERVICES, and THE BEHAVIORAL  
3 HEALTH ADMINISTRATION IN the department of human services shall  
4 monitor and report the annual cost savings associated with eligible  
5 children and youth receiving wraparound services to the public through  
6 the annual hearing, pursuant to the "State Measurement for Accountable,  
7 Responsive, and Transparent (SMART) Government Act", part 2 of  
8 article 7 of title 2. The STATE department of ~~health care policy and~~  
9 ~~financing~~ shall require managed care entities to report data on the  
10 utilization and effectiveness of wraparound services.

11           (4) Subject to available appropriations, the state department shall  
12 work collaboratively with THE DEPARTMENT OF HUMAN SERVICES, THE  
13 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human  
14 services, counties, and other departments, as appropriate, to develop and  
15 implement wraparound services for children and youth at risk of  
16 out-of-home placement or in an out-of-home placement. The BEHAVIORAL  
17 HEALTH ADMINISTRATION IN THE department of human services shall  
18 oversee that the wraparound services are delivered with fidelity to the  
19 model. As part of routine collaboration, and subject to available  
20 appropriations, the state department shall develop a model of sustainable  
21 funding for wraparound services in consultation with THE DEPARTMENT  
22 OF HUMAN SERVICES AND THE BEHAVIORAL HEALTH ADMINISTRATION IN  
23 the department of human services. Wraparound services provided to  
24 eligible children and youth pursuant to this section must be covered under  
25 the "Colorado Medical Assistance Act", articles 4, 5, and 6 of this title  
26 25.5, subject to available appropriations. The state department may use  
27 targeting criteria to ramp up wraparound services as service capacity

1 increases, or temporarily, as necessary, to meet certain federal financial  
2 participation requirements.

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

5 **25.5-5-804. Integrated funding pilot.** Subject to available  
6 appropriations, the state department, in conjunction with THE  
7 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human  
8 services, counties, and other relevant departments, shall design and  
9 recommend a child and youth behavioral health delivery system pilot  
10 program that addresses the challenges of fragmentation and duplication  
11 of behavioral health services. The pilot program shall integrate funding  
12 for behavioral health intervention and treatment services across the state  
13 to serve children and youth with behavioral health disorders. To  
14 implement the provisions of this section, the state department shall  
15 collaborate with the BEHAVIORAL HEALTH ADMINISTRATION IN THE  
16 department of human services and other relevant stakeholders, including  
17 counties, managed care entities, and families.

18 **SECTION 79.** In Colorado Revised Statutes, 26-1-107, **amend**  
19 **as amended by Senate Bill 22-013** (1)(b)(III); and **add** (1)(b)(II.5) as  
20 follows:

21 **26-1-107. State board of human services - rules.** (1) (b) The  
22 board consists of:

23 (II.5) (A) ONE MEMBER WHO IS A PERSON WITH LIVED EXPERIENCE  
24 WITH BEHAVIORAL HEALTH DISORDERS, A FAMILY MEMBER OF A PERSON  
25 WITH BEHAVIORAL HEALTH DISORDERS, A MEMBER OF AN ADVOCACY  
26 GROUP FOR PERSONS EXPERIENCING BEHAVIORAL HEALTH DISORDERS, OR  
27 A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL HEALTH

1     PROFESSIONS.

2             (B) A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL  
3     HEALTH PROFESSIONS, IN THEIR ROLE AS A BOARD MEMBER, SHALL NOT  
4     VOTE ON ANY MATTER COMING BEFORE THE BOARD THAT AFFECTS THEIR  
5     EMPLOYER OR PRIVATE PRACTICE IN A MANNER DIFFERENT FROM OTHER  
6     EMPLOYERS OR PRIVATE PRACTICES OF THE SAME PROFESSIONS.

7             (III) ~~Five~~ Four members who are from the public at large.

8             **SECTION 80.** In Colorado Revised Statutes, 26-1-108, **amend**  
9     (1.7) and (1.8) as follows:

10            **26-1-108. Powers and duties of the executive director - rules.**

11     (1.7) (a) The executive director ~~shall have~~ HAS THE authority to adopt  
12     "executive director rules" for programs administered and services  
13     provided by the state department as set forth in this ~~title and in title 27,~~  
14     ~~C.R.S.~~ TITLE 26. Such rules shall be promulgated in accordance with the  
15     provisions of section 24-4-103. ~~C.R.S.~~

16            (b) Any rules adopted by the state board to implement the  
17     provisions of this ~~title or title 27, C.R.S.,~~ TITLE 26 prior to March 25,  
18     2009, whose content meets the definition of "executive director rules"  
19     shall continue to be effective until revised, amended, or repealed by the  
20     executive director.

21            (1.8) Whenever a statutory grant of rule-making authority in this  
22     ~~title or title 27, C.R.S.,~~ TITLE 26 refers to the state department or the  
23     department of human services, it ~~shall mean~~ MEANS the state department  
24     acting through either the state board or the executive director or both.  
25     When exercising rule-making authority under this ~~title or title 27, C.R.S.~~  
26     TITLE 26, the state department, either acting through the state board or the  
27     executive director, shall establish rules consistent with the powers and the

1 distinction between "board rules" as set forth in section 26-1-107 and  
2 "executive director rules" as set forth in this section.

3 **SECTION 81.** In Colorado Revised Statutes, 26-1-111, **repeal** (5)  
4 as follows:

5 **26-1-111. Activities of the state department under the**  
6 **supervision of the executive director - cash fund - report - rules -**  
7 **statewide adoption resource registry.** ~~(5) The state department, through~~  
8 ~~the office of behavioral health in the state department, shall administer~~  
9 ~~substance use disorder treatment programs set forth in articles 80, 81, and~~  
10 ~~82 of title 27.~~

11 **SECTION 82.** In Colorado Revised Statutes, **repeal** 26-1-142.

12 **SECTION 83.** In Colorado Revised Statutes, 26-1-201, **repeal**  
13 (1)(a), (1)(b), and (1)(c) as follows:

14 **26-1-201. Programs administered - services provided -**  
15 **department of human services.** (1) This section specifies the programs  
16 to be administered and the services to be provided by the department of  
17 human services. These programs and services include the following:

18 (a) ~~Programs related to substance abuse and substance use~~  
19 ~~disorders, as specified in article 80 of title 27;~~

20 (b) ~~Programs related to alcohol abuse and alcohol use disorders,~~  
21 ~~as specified in article 81 of title 27;~~

22 (c) ~~Programs related to prevention, education, and treatment for~~  
23 ~~substance abuse and substance use disorders, as specified in article 82 of~~  
24 ~~title 27;~~

25 **SECTION 84.** In Colorado Revised Statutes, 26-2-111, **amend**  
26 (4)(e) introductory portion and (4)(e)(I) as follows:

27 **26-2-111. Eligibility for public assistance - rules - repeal.**

1 (4) **Aid to the needy disabled.** Public assistance in the form of aid to the  
2 needy disabled must be granted to any person who meets the requirements  
3 of subsection (1) of this section and all of the following requirements:

4 (e) If the applicant is disabled as a result of a primary diagnosis  
5 of a substance use disorder, ~~he or she~~ THE APPLICANT, as conditions of  
6 eligibility, ~~shall be~~ IS required to:

7 (I) Participate in treatment services approved by the ~~office of~~  
8 behavioral health ADMINISTRATION in the state department; and

9 **SECTION 85.** In Colorado Revised Statutes, 26-6-102, **amend**  
10 (33) introductory portion as follows:

11 **26-6-102. Definitions.** As used in this article 6, unless the context  
12 otherwise requires:

13 (33) "Residential child care facility" means a facility licensed by  
14 the state department pursuant to this part 1 to provide twenty-four-hour  
15 group care and treatment for five or more children operated under private,  
16 public, or nonprofit sponsorship. "Residential child care facility" includes  
17 community-based residential child care facilities, qualified residential  
18 treatment programs, as defined in section 26-5.4-102 (2), shelter facilities,  
19 and therapeutic residential child care facilities as defined in rule by the  
20 state board, and psychiatric residential treatment facilities as defined in  
21 section 25.5-4-103 (19.5). A residential child care facility may be eligible  
22 for designation by the ~~executive director of~~ COMMISSIONER OF THE  
23 BEHAVIORAL HEALTH ADMINISTRATION IN the state department pursuant  
24 to article 65 of title 27. A child who is admitted to a residential child care  
25 facility must be:

26 **SECTION 86.** In Colorado Revised Statutes, 26-20-103, **amend**  
27 (3) as follows:

1           **26-20-103. Basis for use of restraint or seclusion.** (3) In  
2 addition to the circumstances described in subsection (1) of this section,  
3 a facility, as defined in section 27-65-102 (7), that is designated by the  
4 ~~executive director of~~ COMMISSIONER OF THE BEHAVIORAL HEALTH  
5 ADMINISTRATION in the state department to provide treatment pursuant to  
6 section 27-65-105, 27-65-106, 27-65-107, or 27-65-109 to an individual  
7 with a mental health disorder, as defined in section 27-65-102 (11.5), may  
8 use seclusion to restrain an individual with a mental health disorder when  
9 the seclusion is necessary to eliminate a continuous and serious disruption  
10 of the treatment environment.

11           **SECTION 87.** In Colorado Revised Statutes, 26-20-110, **amend**  
12 (1)(d) as follows:

13           **26-20-110. Youth restraint and seclusion working group -**  
14 **membership - purpose - repeal.** (1) There is established within the  
15 division of youth services a youth restraint and seclusion working group,  
16 referred to in this section as the "working group". The working group  
17 consists of:

18           (d) The ~~director~~ COMMISSIONER of the ~~office of~~ behavioral health  
19 ~~within~~ ADMINISTRATION in the state department, or ~~his or her~~ THE  
20 COMMISSIONER'S designee;

21           **SECTION 88.** In Colorado Revised Statutes, 27-60-100.3, **repeal**  
22 (4.7); and **add** (1.1) and (1.3) as follows:

23           **27-60-100.3. Definitions - repeal.** As used in this article 60,  
24 unless the context otherwise requires:

25           (1.1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
26 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
27 27-50-102.

1 (1.3) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
2 BEHAVIORAL HEALTH ADMINISTRATION.

3 (4.7) "~~Office~~" ~~means the office of behavioral health in the~~  
4 ~~department of human services.~~

5 **SECTION 89.** In Colorado Revised Statutes, 27-60-103, **amend**  
6 (1)(a) introductory portion, (2) introductory portion, (3), (4)(a), and  
7 (6)(a); and **repeal** (6)(b) and (6)(c) as follows:

8 **27-60-103. Behavioral health crisis response system - services**  
9 **- request for proposals - criteria - reporting - rules.** (1) (a) ~~On or~~  
10 ~~before September 1, 2013, the state department shall~~ THE BHA MAY issue  
11 a statewide request for proposals to entities with the capacity to create a  
12 coordinated and seamless behavioral health crisis response system to  
13 provide crisis intervention services for communities throughout the state.  
14 Separate proposals may be solicited and accepted for each of the five  
15 components listed in subsection (1)(b) of this section. The crisis response  
16 system created through this request for proposals process must be based  
17 on the following principles:

18 (2) ~~The state department~~ BHA shall collaborate with the  
19 committee of interested stakeholders established in subsection (3) of this  
20 section to develop the request for proposals, including eligibility and  
21 award criteria. Priority may be given to entities that have demonstrated  
22 partnerships with Colorado-based resources. Proposals will be evaluated  
23 on, at a minimum, an applicant's ability, relative to the specific  
24 component involved, to:

25 (3) ~~The state department~~ BHA shall establish a committee of  
26 interested stakeholders that will be responsible for reviewing the  
27 proposals and awarding contracts pursuant to this section.

1 ~~Representations~~ REPRESENTATIVES from the state department of health  
2 care policy and financing must be included in the committee of interested  
3 stakeholders. A stakeholder participating in the committee must not have  
4 a financial or other conflict of interest that would prevent ~~him or her~~ THE  
5 STAKEHOLDER from impartially reviewing proposals.

6 (4) (a) ~~The state department shall issue the initial request for~~  
7 ~~proposals on or before September 1, 2013, subject to available~~  
8 ~~appropriations. Pursuant to the state procurement code, articles 101 and~~  
9 ~~102 of title 24, the state department shall make awards on or before~~  
10 ~~January 1, 2014. If additional money is appropriated, the state department~~  
11 BHA may issue additional requests for proposals consistent with this  
12 section and the state procurement code, articles 101 and 102 of title 24.

13 (6) (a) Beginning in January 2014, and every January thereafter,  
14 the ~~state department~~ BHA shall report progress on the implementation of  
15 the crisis response system, as well as information about and updates to the  
16 system, as part of its "State Measurement for Accountable, Responsive,  
17 and Transparent (SMART) Government Act" hearing required by section  
18 2-7-203.

19 (b) ~~On or before November 1, 2017, the office of behavioral~~  
20 ~~health within the state department shall prepare a report and submit such~~  
21 ~~report to the joint judiciary committee; the joint health and human~~  
22 ~~services committee; the joint budget committee; the governor; and the~~  
23 ~~commission on criminal and juvenile justice, established in section~~  
24 ~~16-11.3-102. At a minimum, the report must include details concerning~~  
25 ~~the current status of funding and the implementation of the expansion of~~  
26 ~~behavioral health crisis services.~~

27 (c) ~~On or before May 1, 2018, but after January 31, 2018, the~~

1 ~~office of behavioral health within the state department shall present a~~  
2 ~~report to the joint judiciary committee and the joint committee on health~~  
3 ~~and human services concerning the current status of funding and the~~  
4 ~~implementation of the expansion of behavioral health crisis services.~~

5 **SECTION 90.** In Colorado Revised Statutes, 27-60-104, **amend**  
6 (2), (3)(a), (5), (7) introductory portion, (7)(b), (8), and (9); and **amend**  
7 **as it will become effective July 1, 2022,** (6) introductory portion as  
8 follows:

9 **27-60-104. Behavioral health crisis response system - crisis**  
10 **service facilities - walk-in centers - mobile response units - report.**

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

15 (b) Mobile crisis services may be delivered by criminal justice  
16 diversion programs approved by the ~~state department~~ BHA or a crisis  
17 response system contractor.

18 (3) (a) ~~On or before January 1, 2018,~~ All walk-in centers  
19 throughout the state's crisis response system must be appropriately  
20 designated by the ~~executive director~~ COMMISSIONER for a  
21 seventy-two-hour treatment and evaluation, adequately prepared, and  
22 properly staffed to accept an individual through the emergency mental  
23 health procedure outlined in section 27-65-105 or a voluntary application  
24 for mental health services pursuant to section 27-65-103. Priority for  
25 individuals receiving emergency placement pursuant to section 27-65-105  
26 is on treating high-acuity individuals in the least restrictive environment  
27 without the use of law enforcement.

1           (5) The ~~state department~~ BHA shall encourage crisis response  
2 system contractors in each region to develop partnerships with the broad  
3 array of crisis intervention services through mobile response units and  
4 telehealth-capable walk-in centers in rural communities that offer care  
5 twenty-four hours a day, seven days a week.

6           (6) The ~~state department~~ BHA shall ensure crisis response system  
7 contractors are responsible for community engagement, coordination, and  
8 system navigation for key partners, including criminal justice agencies,  
9 emergency departments, hospitals, primary care facilities, behavioral  
10 health entities, walk-in centers, and other crisis service facilities. The  
11 goals of community coordination are to:

12           (7) The ~~state department~~ BHA shall explore solutions for  
13 addressing secure transportation, as defined in section 25-3.5-103 (11.4),  
14 of individuals placed on a seventy-two-hour treatment and evaluation  
15 hold pursuant to article 65 of this title 27, and shall include the following  
16 information as part of its 2023 "State Measurement for Accountable,  
17 Responsive, and Transparent (SMART) Government Act" presentation  
18 required pursuant to section 2-7-203:

19           (b) How the ~~state department~~ BHA has supported and encouraged  
20 crisis contractors to include secure transportation in the behavioral health  
21 crisis response system.

22           (8) The ~~state department~~ BHA shall ensure consistent training for  
23 professionals who have regular contact with individuals experiencing a  
24 behavioral health crisis.

25           (9) The ~~state department~~ BHA shall conduct an assessment of  
26 need and capacity of the statewide crisis response system to better  
27 understand the state's needs for crisis response and service gaps across the

1 state.

2 **SECTION 91.** In Colorado Revised Statutes, 27-60-104.5,  
3 **amend** (3) introductory portion, (4), (8), and (10); and **repeal** (7) as  
4 follows:

5 **27-60-104.5. Behavioral health capacity tracking system -**  
6 **rules - legislative declaration - definitions.** (3) Pursuant to subsection  
7 (8) of this section, the ~~state department~~ BHA shall implement a  
8 behavioral health capacity tracking system, which must include the  
9 following:

10 (4) In addition to reporting by those facilities listed in subsection  
11 (3)(e) of this section, the tracking system may allow any medical provider  
12 providing behavioral health treatment as part of the provider's medical  
13 practice to participate in the tracking system with prior approval by the  
14 ~~state department~~ BHA.

15 (7) ~~Prior to contracting for components of the tracking system or~~  
16 ~~its implementation, the state department shall convene a stakeholder~~  
17 ~~process to identify an efficient and effective tracking system design. The~~  
18 ~~state department shall receive input relating to existing information and~~  
19 ~~reporting systems that may be expanded upon for the tracking system;~~  
20 ~~issues relating to data collection and input by facilities and treatment~~  
21 ~~providers, and the most effective interface for tracking system users. In~~  
22 ~~addition to any persons or organizations identified by the state~~  
23 ~~department, the stakeholder process must include input from the~~  
24 ~~department of public health and environment, emergency medical service~~  
25 ~~providers, contractors operating existing information and reporting~~  
26 ~~systems in the state, and facilities required to provide information for the~~  
27 ~~tracking system. The state department shall report to the opioid and other~~

1 ~~substance use disorders study committee during the legislative interim~~  
2 ~~preceding the 2020 legislative session concerning the results of the~~  
3 ~~stakeholder process.~~

4 (8) Subject to available appropriations, the ~~state department~~ BHA  
5 shall implement a centralized, web-based tracking system as described in  
6 this section and shall ensure that appropriate tracking system information  
7 is available to the public. The contractor of the twenty-four-hour  
8 telephone crisis services provided pursuant to section 27-60-103 shall use  
9 the tracking system as an available service resource locator.

10 (10) The ~~state department~~ BOARD may adopt rules, as necessary,  
11 to implement this section.

12 **SECTION 92.** In Colorado Revised Statutes, 27-60-105, **amend**  
13 (2), (3), (4) introductory portion, (5) introductory portion, (5)(b), and (6)  
14 as follows:

15 **27-60-105. Outpatient restoration to competency services -**  
16 **jail-based behavioral health services - responsible entity - duties -**  
17 **report - legislative declaration.** (2) ~~The office of behavioral health~~  
18 ~~STATE DEPARTMENT~~ serves as a central organizing structure and  
19 responsible entity for the provision of competency restoration education  
20 services, coordination of competency restoration services ordered by the  
21 court pursuant to section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and  
22 jail-based behavioral health services pursuant to section 27-60-106.

23 (3) ~~On or before December 1, 2017, the office~~ THE ~~STATE~~  
24 ~~DEPARTMENT~~ shall develop standardized juvenile and adult curricula for  
25 the educational component of competency restoration services. The  
26 curricula must have a content and delivery mechanism that allows ~~it~~ THE  
27 CURRICULA to be tailored to meet individual needs, including those of

1 persons with intellectual and developmental disabilities.

2 (4) Beginning July 1, 2019, the office STATE DEPARTMENT has the  
3 following duties and responsibilities, subject to available appropriations:

4 (5) Notwithstanding section 24-1-136 (11)(a)(I), on or before  
5 January 1, 2019, and every January 1 thereafter, the office STATE  
6 DEPARTMENT shall submit an annual written report to the general  
7 assembly summarizing the office's STATE DEPARTMENT'S provision of  
8 competency restoration education, its efforts toward the coordination of  
9 competency restoration education with other existing services, and the  
10 results of the jail-based behavioral health services program created in  
11 section 27-60-106. The report must include:

12 (b) A description of the office's STATE DEPARTMENT'S engagement  
13 with community partners to coordinate competency restoration services  
14 in an effective and efficient manner;

15 (6) In addition to subsection (4) of this section and subject to  
16 available appropriations, the office STATE DEPARTMENT shall require any  
17 county jail to assist in the provision of interim mental health services for  
18 individuals who have been court-ordered for inpatient competency  
19 restoration and who are waiting admission for an inpatient bed. This  
20 section does not toll or otherwise modify the time frames for the STATE  
21 department to offer inpatient admission pursuant to the provisions of  
22 section 16-8.5-111.

23 **SECTION 93.** In Colorado Revised Statutes, 27-60-106, **amend**  
24 (1), (3), (4) introductory portion, (4)(a), (4)(g), (4)(h), (5)(a), and (6) as  
25 follows:

26 **27-60-106. Jail-based behavioral health services program -**  
27 **purpose - created - funding.** (1) There is created in the office

1 BEHAVIORAL HEALTH ADMINISTRATION the jail-based behavioral health  
2 services program, referred to in this section as the "program". The  
3 program may receive money from the correctional treatment cash fund  
4 pursuant to section 18-19-103 (5)(c)(V).

5 (3) The ~~office~~ BHA shall prioritize jails with minimal behavioral  
6 health services, including but not limited to rural and frontier jails.

7 (4) Subject to available appropriations, the ~~office~~ BHA may  
8 require a county jail that receives funding through the program to:

9 (a) Screen all individuals booked into the jail facility with  
10 standardized evidence-based screening tools, as determined by the ~~office~~  
11 BHA, for mental health disorders, substance use disorders, and suicide  
12 risk;

13 (g) Track performance outcomes for measures developed by the  
14 ~~office~~ BHA, including behavioral health disorder prevalence and service  
15 data through information-sharing processes, as defined by the ~~office~~  
16 BHA; and

17 (h) Partner with the ~~office~~ BHA to develop feasible health  
18 information exchange strategies for medical and behavioral health  
19 records.

20 (5) (a) The ~~office~~ BHA shall require a county jail that receives  
21 funding through the program to have a policy in place on or before  
22 January 1, 2020, that describes how medication-assisted treatment, as it  
23 is defined in section 23-21-803, will be provided, when necessary, to  
24 individuals confined in the county jail.

25 (6) Subject to available appropriations, nothing in this section  
26 prohibits program funds from being used to meet the requirements  
27 outlined in sections 17-26-303 and 17-26-304 for local jails, as defined

1 in section 17-26-302 (2), by providing additional staffing, training, robust  
2 behavioral health services and supports, or facility changes. Any facility  
3 changes must be approved by the ~~office of behavioral health~~ BHA before  
4 funds may be expended.

5 **SECTION 94.** In Colorado Revised Statutes, 27-60-106.5,  
6 **amend** (1) and (2) as follows:

7 **27-60-106.5. Criminal justice diversion programs - report -**  
8 **rules.** (1) (a) The ~~office of behavioral health in the state department~~  
9 BHA may contract with cities and counties for the creation, maintenance,  
10 or expansion of criminal justice diversion programs. The goal of each  
11 program created pursuant to this section should be to connect ~~law~~  
12 ~~enforcement officers~~ FIRST RESPONDERS with behavioral health providers  
13 to assist individuals in need of behavioral health intervention or to divert  
14 individuals from the criminal justice system.

15 (b) The ~~office of behavioral health in the state department~~ BHA  
16 may require criminal justice diversion programs contracted pursuant to  
17 subsection (1)(a) of this section to participate as a mobile crisis service in  
18 the behavioral health crisis response system, created pursuant to section  
19 27-60-103.

20 (2) On or before November 1, 2021, and on or before each  
21 November 1 thereafter, the ~~state department~~ BHA shall include an update  
22 regarding the current status of funding and the criminal justice diversion  
23 programs implemented pursuant to this section in its report to the  
24 judiciary committees of the senate and the house of representatives, the  
25 health and human services committee of the senate, the public AND  
26 BEHAVIORAL health care and human services committee of the house of  
27 representatives, or any successor committees, as part of its "State

1 Measurement for Accountable, Responsive, and Transparent (SMART)  
2 Government Act" presentation required by section 2-7-203.

3 **SECTION 95.** In Colorado Revised Statutes, **repeal** 27-60-107.

4 **SECTION 96.** In Colorado Revised Statutes, 27-60-108, **amend**  
5 (2)(c), (3)(a) introductory portion, (3)(a)(III)(B), (3)(c), (4), (5), (6)(d),  
6 and (7) as follows:

7 **27-60-108. Peer support professionals - cash fund - fees -**  
8 **requirements - legislative declaration - rules - definitions.** (2) As used  
9 in this section, unless the context otherwise requires:

10 (c) "Recovery support services organization" means an  
11 independent entity led and governed by representatives of local  
12 communities of recovery and approved by the ~~executive director of the~~  
13 ~~state department~~ COMMISSIONER pursuant to subsection (3)(a) of this  
14 section.

15 (3) (a) On or before July 1, 2022, the ~~state department~~ BHA shall  
16 develop a procedure for recovery support services organizations to be  
17 approved by the ~~executive director of the state department~~ COMMISSIONER  
18 for reimbursement pursuant to this section. The procedures must ensure  
19 that the recovery support services organization:

20 (III) Employs or contracts with peer support professionals who  
21 must:

22 (B) Have successfully completed formal training covering all  
23 content areas outlined in the core competencies for peer support  
24 professionals established by either the ~~state department~~ BHA or the  
25 substance abuse and mental health services administration of the United  
26 States department of health and human services; and

27 (c) The ~~executive director of the state department~~ COMMISSIONER,

1 in collaboration with the department of health care policy and financing,  
2 may promulgate rules establishing minimum standards that recovery  
3 support services organizations must meet.

4 (4) The ~~state department~~ BHA may charge a fee for recovery  
5 support services organizations seeking approval pursuant to subsection  
6 (3)(a) of this section. If the ~~executive director of the state department~~  
7 COMMISSIONER charges a fee to recovery support services organizations,  
8 the ~~executive director~~ COMMISSIONER shall promulgate rules to establish  
9 the fee ~~at~~ IN an amount not to substantially exceed the amount charged to  
10 other behavioral health providers seeking approval from the ~~state~~  
11 ~~department~~. The ~~state department~~ BHA. THE BHA shall deposit any fees  
12 collected into the peer support professional workforce cash fund created  
13 in subsection (6) of this section.

14 (5) The ~~state department~~ BHA may seek, accept, and expend gifts,  
15 grants, or donations from private or public sources for the purposes of this  
16 section. The ~~state department~~ BHA shall transfer each gift, grant, and  
17 donation to the state treasurer, who shall credit the same to the peer  
18 support professional workforce cash fund created in subsection (6) of this  
19 section.

20 (6) (d) Subject to annual appropriation by the general assembly,  
21 the ~~state department~~ BHA may expend state money from the fund for the  
22 purpose of implementing this section.

23 (7) A peer-run recovery service provider shall not be compelled  
24 to seek approval from the ~~state department~~ BHA to become a recovery  
25 support services organization. Expanded service funding available for  
26 recovery services through recovery support services organizations is  
27 intended to supplement existing state investment in the recovery system

1 infrastructure. The ~~state department~~ BHA shall fund recovery services,  
2 within existing appropriations, including peer-run organizations that do  
3 not seek to be recovery support services organizations.

4 **SECTION 97.** In Colorado Revised Statutes, 27-60-109, **amend**  
5 (2)(a), (2)(b), (3)(a) introductory portion, (3)(a)(III), (3)(b), and (4)(a)  
6 introductory portion as follows:

7 **27-60-109. Temporary youth mental health services program**  
8 **- established report - rules - definitions - repeal.** (2) (a) There is  
9 established in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the  
10 temporary youth mental health services program to facilitate access to  
11 mental health services, including substance use disorder services, for  
12 youth to respond to mental health needs identified in an initial mental  
13 health screening through the portal, including those needs that may have  
14 resulted from the COVID-19 pandemic. The program reimburses  
15 providers for up to three mental health sessions with a youth.

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

23 (3) (a) The ~~office~~ BHA shall:

24 (III) Implement a statewide public awareness and outreach  
25 campaign about the program. The general assembly encourages the ~~office~~  
26 BHA to involve schools, neighborhood youth organizations, health-care  
27 providers, faith-based organizations, and any other community-based

1 organizations that interact with youth on the local level in disseminating  
2 information about the program.

3 (b) The state ~~department~~ BOARD may promulgate rules necessary  
4 for the administration of this section, including rules to protect the  
5 privacy of youth who receive services through the program.

6 (4) (a) ~~As soon as practicable, but no later than August 1, 2021,~~  
7 ~~the state department~~ THE BHA shall enter into an agreement with a  
8 vendor to create, or use an existing, website or web-based application as  
9 a portal available to youth and providers to facilitate the program. The  
10 portal must:

11 **SECTION 98.** In Colorado Revised Statutes, 27-60-110, **amend**  
12 (1) as follows:

13 **27-60-110. Behavioral health-care services for rural and**  
14 **agricultural communities - vouchers - contract - appropriation.**

15 (1) No later than one hundred eighty days after June 28, 2021, the ~~state~~  
16 ~~department~~ BHA, in collaboration with the department of agriculture,  
17 shall contract with a nonprofit organization primarily focused on serving  
18 agricultural and rural communities in Colorado, as identified by the ~~state~~  
19 ~~department~~ BHA, to provide vouchers to individuals living in rural and  
20 frontier communities in need of behavioral health-care services.

21 **SECTION 99.** In Colorado Revised Statutes, 27-60-111, **amend**  
22 (1), (2)(o), (3), (4), (6), (7), (8), and (9) as follows:

23 **27-60-111. County-based behavioral health grant program -**  
24 **created - report - rules - repeal.** (1) There is created in the office  
25 BEHAVIORAL HEALTH ADMINISTRATION the county-based behavioral  
26 health grant program, referred to in this section as the "grant program",  
27 to provide matching grants to county departments of human or social

1 services for the expansion or improvement of local or regional behavioral  
2 health disorder treatment programs.

3 (2) Grant recipients may use the money received through the grant  
4 program for the following purposes:

5 (o) Any other purpose the office BHA identifies that will expand  
6 or improve local or regional behavioral health disorder treatment  
7 programs.

8 (3) The office BHA shall administer the grant program and shall  
9 award grants as provided in this section.

10 (4) The office BHA shall implement the grant program in  
11 accordance with this section. At a minimum, the office BHA shall specify  
12 the time frames for applying for grants, the form of the grant program  
13 application, and the time frames for distributing grant money.

14 (6) To receive a grant, a county department of human or social  
15 services shall submit an application to the office BHA. The office BHA  
16 shall give priority to applications that demonstrate innovation and  
17 collaboration or include rural or frontier communities; address a  
18 demonstrated need, as identified by community input and local planning  
19 efforts; and demonstrate the ability to rapidly distribute the grant money  
20 into the community. The office BHA shall award grant money equitably  
21 to reflect the geographic diversity of the state.

22 (7) Subject to available appropriations, beginning January 1, 2022,  
23 and on or before January 1 each year thereafter for the duration of the  
24 grant program, the office BHA shall award grants as provided in this  
25 section. The office BHA shall distribute the grant money within ninety  
26 days after the office BHA awards the grants.

27 (8) (a) On or before February 1, 2023, and on or before February

1 1 each year thereafter for the duration of the grant program, each county  
2 department of human or social services that receives a grant through the  
3 grant program shall submit a report to the ~~office~~ BHA on the use of the  
4 grant money received pursuant to this section, including the total number  
5 of individuals served, disaggregated by race, ethnicity, and age.

6 (b) On or before April 1, 2023, and on or before April 1 each year  
7 thereafter for the duration of the grant program, the ~~state department~~  
8 BHA shall submit a summarized report of the information received  
9 pursuant to subsection (8)(a) of this section to the joint budget committee,  
10 the health and insurance committee and the public and behavioral health  
11 and human services committee of the house of representatives, and the  
12 health and human services committee of the senate, or any successor  
13 committees, on the grant program.

14 (9) For the 2021-22 state fiscal year, the general assembly shall  
15 appropriate nine million dollars from the behavioral and mental health  
16 cash fund created in section 24-75-230 to the STATE department of ~~human~~  
17 ~~services~~ for use by the ~~office~~ BHA for the purposes of this section. If any  
18 unexpended or unencumbered money remains at the end of the fiscal year,  
19 the ~~office~~ BHA may expend the money for the same purposes in the next  
20 fiscal year without further appropriation.

21 **SECTION 100.** In Colorado Revised Statutes, 27-60-112, **amend**  
22 (1), (2) introductory portion, (2)(e), (3), and (4) as follows:

23 **27-60-112. Behavioral health-care workforce development**  
24 **program - creation - report - rules.** (1) There is created in the ~~office~~  
25 BEHAVIORAL HEALTH ADMINISTRATION the behavioral health-care  
26 workforce development program, referred to in this section as the  
27 "program". The purpose of the program is to increase the behavioral

1 health-care workforce's ability to treat individuals, including youth, with  
2 severe behavioral health disorders.

3 (2) To implement the program, the ~~office~~ BHA shall:

4 (e) Provide capacity-building grants to diversify the safety net  
5 provider workforce and meet the requirements of ~~section 27-63-103~~ PART  
6 3 OF ARTICLE 50 OF THIS TITLE 27.

7 (3) The state ~~department~~ BOARD may promulgate rules as  
8 necessary for the implementation of this section.

9 (4) For the state fiscal year 2021-22 and each state fiscal year  
10 thereafter for which the program receives funding, the ~~state department~~  
11 BHA shall report a summary of the expenditures from the program, the  
12 impact of the expenditures in increasing the behavioral health-care  
13 workforce, and any recommendations to strengthen and improve the  
14 behavioral health-care workforce as part of its annual presentation to the  
15 general assembly required under the "State Measurement for  
16 Accountable, Responsive, and Transparent (SMART) Government Act",  
17 part 2 of article 7 of title 2.

18 **SECTION 101.** In Colorado Revised Statutes, 27-60-113, **amend**  
19 (2), (3), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5),  
20 (6),  and (8); and **repeal** (7) as follows:

21 **27-60-113. Out-of-home placement for children and youth**  
22 **with mental or behavioral needs - rules - report - legislative**  
23 **declaration - definitions - repeal.** (2) ~~On or before August 1, 2021, the~~  
24 ~~state department shall develop a program to~~ THE BHA SHALL provide  
25 emergency resources to licensed providers to help remove barriers such  
26 providers face in serving children and youth whose behavioral or mental  
27 health needs require services and treatment in a residential child care

1 facility. Any such licensed provider shall meet the requirements of a  
2 qualified residential treatment program, as defined in section 26-5.4-102,  
3 a psychiatric residential treatment facility, as defined in section  
4 26-5.4-103 (19.5), or therapeutic foster care, as defined in section  
5 26-6-102 (39).

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

15 (4) (a) ~~On or before December 31, 2021, the state department~~ THE  
16 BHA shall contract with licensed providers for the delivery of services to  
17 children and youth who are determined eligible for and placed in the  
18 program. A provider that contracts with the ~~state department~~ BHA shall  
19 not:

20 (II) Discharge a child or youth based on the severity or complexity  
21 of the ~~child~~ CHILD'S or youth's physical, behavioral, or mental health  
22 needs; except that the ~~state department~~ BHA may arrange for the  
23 placement of a child or youth with an alternate contracted provider if the  
24 placement with the alternate provider is better suited to deliver services  
25 that meet the needs of the child or youth.

26 (b) The ~~state department~~ BHA shall reimburse a provider directly  
27 for the costs associated with the placement of a child or youth in the

1 program for the duration of the treatment, including the costs the provider  
2 demonstrates are necessary in order for the provider to operate  
3 continuously during this period.

4 (c) The ~~state department~~ BHA shall coordinate with the  
5 department of health care policy and financing to support continuity of  
6 care and payment for services for any children or youth placed in the  
7 program.

8 (d) The ~~state department~~ BHA shall reimburse the provider one  
9 hundred percent of the cost of unutilized beds in the program to ensure  
10 available space for emergency residential out-of-home placements.

11 (5) (a) A hospital, health-care provider, provider of case  
12 management services, school district, managed care entity, or state or  
13 county department of human or social services may refer a family for the  
14 placement of a child or youth in the program. The entity referring a child  
15 or youth for placement in the program shall submit or assist the family  
16 with submitting an application to the ~~state department~~ BHA for review.  
17 The ~~state department~~ BHA shall consider each application as space  
18 becomes available. The ~~state department~~ BHA shall approve admissions  
19 into the program and determine admission and discharge criteria for  
20 placement.

21 (b) The ~~state department~~ BHA shall develop a discharge plan for  
22 each child or youth placed in the program. The plan must include the  
23 eligible period of placement of the child or youth and shall identify the  
24 entity that will be responsible for the placement costs if the child or youth  
25 remains with the provider beyond the date of eligibility identified in the  
26 plan.

27 (c) The entity or family that places the child or youth in the

1 program retains the right to remove the child or youth from the program  
2 any time prior to the discharge date specified by the state department  
3 BHA.

4 (6) ~~Within seven days after submitting an application to the state~~  
5 ~~department for placing a child or youth in the program, the state~~  
6 ~~department shall work with the referring entity and the child's or youth's~~  
7 ~~parents or legal guardians to ensure the child or youth is assessed for~~  
8 ~~eligibility for enrollment into the state medical assistance program. A~~  
9 ~~child or youth who is eligible for enrollment into the state medical~~  
10 ~~assistance program shall be enrolled. Enrollment of a child or youth into~~  
11 ~~the state medical assistance program does not constitute automatic~~  
12 ~~placement into the program. AS USED IN THIS SECTION, UNLESS THE~~  
13 ~~CONTEXT OTHERWISE REQUIRES:~~

14 (a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY  
15 CAREGIVER WHO:

16 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST  
17 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

18 (II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A  
19 MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

20 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,  
21 SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,  
22 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND  
23 OTHER STATE AND LOCAL SERVICE SYSTEMS.

24 (b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

25 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST  
26 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

27 (II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK

1 WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING  
2 DISORDERS; AND

3 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,  
4 INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,  
5 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND  
6 OTHER STATE AND LOCAL SERVICE SYSTEMS.

7 (7) ~~No later than November 1, 2022, 2023, and 2024, the state~~  
8 ~~department shall submit a written report to the house of representatives~~  
9 ~~public and behavioral health and human services committee, the senate~~  
10 ~~health and human services committee, or their successor committees, and~~  
11 ~~the joint budget committee. At a minimum, the report must include:~~

12 (a) ~~The number of applications received for placement of children~~  
13 ~~and youth in the program;~~

14 (b) ~~The number of children and youth accepted for placement in~~  
15 ~~the program;~~

16 (c) ~~The duration of each placement; and~~

17 (d) ~~The daily rate paid to each provider for placement of children~~  
18 ~~and youth.~~

19 (8) This section is intended to provide enhanced emergency  
20 services resulting from the increased need for services due to the  
21 COVID-19 pandemic. No later than September 30, 2024, the state  
22 department BHA shall submit recommendations to the house of  
23 representatives public and behavioral health and human services  
24 committee, the senate health and human services committee, or their  
25 successor committees, and the joint budget committee about how to  
26 provide necessary services for children and youth in need of residential  
27 care, including hospital step-down services on an ongoing basis.

1           **SECTION 102.** In Colorado Revised Statutes, 27-60-202, **amend**  
2 (2); and **repeal** (3) as follows:

3           **27-60-202. Definitions.** As used in this part 2, unless the context  
4 otherwise requires:

5           (2) "Behavioral health administration" or "BHA" means the  
6 behavioral health administration established in ~~section 27-60-203~~  
7 SECTION 27-50-102.

8           (3) ~~"Plan" means the proposed plan, as described in section~~  
9 ~~27-60-203, for the creation of the behavioral health administration.~~

10           **SECTION 103.** In Colorado Revised Statutes, 27-60-203, **repeal**  
11 (1), (2), (3), and (4) as follows:

12           **27-60-203. Behavioral health administration - timeline.**

13 (1) (a) ~~On or before November 1, 2021, based on the September 2020~~  
14 ~~recommendations from the Colorado behavioral health task force, the~~  
15 ~~state department shall develop a plan for the creation of the behavioral~~  
16 ~~health administration. The plan must include strategies to streamline and~~  
17 ~~improve efforts that address behavioral health needs in the state and~~  
18 ~~reduce behavioral health disparities.~~

19           (b) ~~The state department shall solicit feedback from and engage~~  
20 ~~with demographically diverse community stakeholders in the~~  
21 ~~development of the plan described in this section. This includes, but is not~~  
22 ~~limited to, direct engagement of consumers and consumers' advocates,~~  
23 ~~county governments, municipal governments, tribal governments,~~  
24 ~~managed service organizations, health care providers, managed care~~  
25 ~~entities, insurance carriers, community mental health centers, and~~  
26 ~~substance use disorder services providers.~~

27           (c) ~~On or before November 1, 2021, the state department shall~~

1 provide the plan as a written report to the joint budget committee, the  
2 public and behavioral and human services committee of the house of  
3 representatives, and the health and human services committee of the  
4 senate, or any successor committees.

5 (2) The plan must include, but is not limited to, the following:

6 (a) Recommendations for funding and legislation necessary to  
7 appropriately implement the plan and address initial start-up as well as  
8 ongoing operational costs for the BHA;

9 (b) A list and description of which state programs, both statutory  
10 and nonstatutory, along with the associated funding streams and  
11 personnel, that should be included or managed by the BHA. The list must  
12 specifically address all the functions currently overseen by the office of  
13 behavioral health in the state department of human services.

14 (c) The governance structure of the BHA, including a  
15 recommendation for infrastructure within any governance structure to  
16 oversee and be accountable for policy, strategy, and services for all  
17 children and youth;

18 (d) Potential opportunities for collaboration with local  
19 municipalities, counties, and tribes;

20 (e) Recommendations for a plan of action regarding grievances,  
21 appeals, and ombudsman services within the BHA;

22 (f) A data integration plan to create a data and information sharing  
23 and legal framework to support an agreed-upon approach and specific use  
24 case for information sharing that leverages existing infrastructure, such  
25 as health information exchanges, reusable architecture, and data standards  
26 to enable and advance coordinated care and services and behavioral  
27 health equity while maintaining tribal sovereignty;

1           ~~(g) A description of how the BHA will ensure the availability of~~  
2 ~~services and establish a standard of care across Colorado; and~~

3           ~~(h) Specific recommendations as follows:~~

4           ~~(I) Recommendations for the department of health care policy and~~  
5 ~~financing, developed in collaboration with community stakeholders, on~~  
6 ~~how medical assistance programs for behavioral health should be aligned~~  
7 ~~or integrated with the BHA in such a way that consumers of behavioral~~  
8 ~~health services have seamless access to needed services regardless of~~  
9 ~~payer. The recommendations must include a description of how the BHA~~  
10 ~~will ensure that access to services deemed medically necessary pursuant~~  
11 ~~to the early and period screening, diagnostic, and treatment benefit is~~  
12 ~~arranged for eligible children and youth.~~

13           ~~(II) Recommendations for the division of insurance within the~~  
14 ~~department of regulatory agencies, developed in collaboration with the~~  
15 ~~community stakeholders, concerning how private insurance efforts that~~  
16 ~~are specific to behavioral health should be aligned or integrated with the~~  
17 ~~BHA; and~~

18           ~~(III) Recommendations for the department of public health and~~  
19 ~~environment, developed in collaboration with the community~~  
20 ~~stakeholders, concerning how prevention and preventive services should~~  
21 ~~be aligned or integrated with the BHA and the extent to which the BHA~~  
22 ~~will engage in population health.~~

23           ~~(3) The duties of the BHA, once established and fully operational,~~  
24 ~~must include, but are not limited to:~~

25           ~~(a) Serving as the single state agency responsible for state~~  
26 ~~behavioral health programs that were identified as appropriate to~~  
27 ~~transition into the BHA;~~

1           ~~(b) Receiving, coordinating, and distributing appropriate~~  
2 ~~community behavioral health funding throughout the state;~~

3           ~~(c) Monitoring, evaluating, and reporting behavioral health~~  
4 ~~outcomes across the state and within various jurisdictions, while~~  
5 ~~maintaining tribal sovereignty; and~~

6           ~~(d) Promoting a behavioral health system that supports a~~  
7 ~~whole-person approach to ensure Coloradans have the best chance to~~  
8 ~~achieve and maintain wellness. This approach includes:~~

9           ~~(I) Promoting an integrated approach to mental health and~~  
10 ~~substance use treatment;~~

11           ~~(II) Strengthening the integration of behavioral and physical care;~~

12           ~~(III) Enhancing programmatic and funding opportunities in~~  
13 ~~support of the overall well-being of the individual or family;~~

14           ~~(IV) Promoting culturally responsive, trauma-informed, and~~  
15 ~~equitable behavioral health care; and~~

16           ~~(V) Promoting coordination of supportive services outside of the~~  
17 ~~behavioral health system to address social determinants of health, and to~~  
18 ~~connect people to services such as housing, transportation, and~~  
19 ~~employment.~~

20           ~~(4) The state department shall work collaboratively with the~~  
21 ~~department of health care policy and financing, community stakeholders,~~  
22 ~~and other state departments, as appropriate, to promulgate rules for the~~  
23 ~~BHA to provide adequate oversight of the quality of services and set~~  
24 ~~standards of care for services for adults as well as children and youth.~~

25           **SECTION 104.** In Colorado Revised Statutes, 27-60-204, **amend**  
26 **(1)(a), (1)(b), (1)(d), and (2) as follows:**

27           **27-60-204. Care coordination infrastructure.** (1) (a) The state

1 ~~department~~ BHA, in collaboration with the department of health care  
2 policy and financing, shall develop a statewide care coordination  
3 infrastructure to drive accountability and more effective behavioral health  
4 navigation to care that builds upon and collaborates with existing care  
5 coordination services. The infrastructure must include a website and  
6 mobile application that serves as a centralized gateway for information  
7 for patients, providers, and care coordination and that facilitates access and  
8 navigation of behavioral health-care services and support.

9 (b) The ~~state department~~ BHA shall convene a working group of  
10 geographically and demographically diverse partners and stakeholders,  
11 including those with lived and professional experience, to provide  
12 feedback and recommendations that inform and guide the development  
13 of the statewide care coordination infrastructure developed pursuant to  
14 subsection (1)(a) of this section.

15 (d) The ~~state department~~ BHA shall implement, directly or  
16 through a contractor, a comprehensive and robust marketing and outreach  
17 plan to make Coloradans aware of the website and mobile application and  
18 associated care coordination services developed pursuant to subsection  
19 (1)(a) of this section.

20 (2) On or before July 1, 2022, the statewide care coordination  
21 infrastructure developed pursuant to subsection (1)(a) of this section is  
22 the responsibility of the ~~behavioral health administration established in~~  
23 ~~section 27-60-203~~ BHA.

24 **SECTION 105.** In Colorado Revised Statutes, 27-62-101, **repeal**  
25 (8); and **add** (1.5) and (3.5) as follows:

26 **27-62-101. Definitions.** As used in this article 62, unless the  
27 context otherwise requires:

1 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
2 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
3 27-50-102.

4 (3.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
5 BEHAVIORAL HEALTH ADMINISTRATION.

6 (8) ~~"State department" means the department of human services~~  
7 ~~created pursuant to section 26-1-105.~~

8 **SECTION 106.** In Colorado Revised Statutes, **amend** 27-62-102  
9 as follows:

10 **27-62-102. High-fidelity wraparound services for children and**  
11 **youth - interagency coordination - reporting.** (1) Pursuant to section  
12 25.5-5-803 (4), the ~~department of human services~~ BHA shall work  
13 collaboratively with the department of health care policy and financing,  
14 counties, and other relevant departments, as appropriate, to develop and  
15 oversee wraparound services for children and youth at risk of  
16 out-of-home placement or in an out-of-home placement. As part of  
17 routine collaboration, the ~~department of human services~~ BHA shall assist  
18 the department of health care policy and financing in developing a model  
19 of sustainable funding for wraparound services. The ~~department of human~~  
20 ~~services~~ BHA and the department of health care policy and financing  
21 shall monitor and report the annual cost savings associated with eligible  
22 children and youth receiving wraparound services to the public through  
23 the annual hearing, pursuant to the "State Measurement for Accountable,  
24 Responsive, and Transparent (SMART) Government Act", part 2 of  
25 article 7 of title 2.

26 (2) Subject to available appropriations, two full-time staff persons  
27 shall be appointed by the ~~executive director of the department of human~~

1 ~~services~~ COMMISSIONER to support and facilitate interagency coordination  
2 pursuant to this article 62, part 8 of article 5 of title 25.5, and any other  
3 related interagency behavioral health efforts as determined by the  
4 ~~executive director of the department of human services~~ COMMISSIONER.

5 **SECTION 107.** In Colorado Revised Statutes, **amend** 27-62-103  
6 as follows:

7 **27-62-103. Standardized assessment tool - standardized**  
8 **screening tools - interagency coordination - single referral and entry**  
9 **point. (1) Standardized assessment tool.** Subject to available  
10 appropriations, the ~~state department~~ BHA shall select a single  
11 standardized assessment tool to facilitate identification of behavioral  
12 health issues and other related needs in children and youth and to develop  
13 a plan to implement the tool for programmatic utilization. The ~~state~~  
14 ~~department~~ BHA shall consult with the department of health care policy  
15 and financing, managed care entities, counties, stakeholders, and other  
16 relevant departments, as appropriate, prior to selecting the tool.

17 **(2) Standardized screening tools.** Subject to available  
18 appropriations, the ~~state department~~ BHA shall select developmentally  
19 appropriate and culturally competent statewide behavioral health  
20 standardized screening tools for primary care providers serving children,  
21 youth, and caregivers in the perinatal period, including postpartum  
22 women. The ~~state department~~ BHA and the department of human services  
23 may make the tools available electronically for health-care professionals  
24 and the public. Prior to the adoption of the standardized assessment tool  
25 described in subsection (1) of this section, and the standardized screening  
26 tools described in this subsection (2), the ~~state department~~ BHA shall lead  
27 a public consultation process involving relevant stakeholders, including

1 health-care professionals and managed care entities, with input from the  
2 department of health care policy and financing, the department of public  
3 health and environment, and the division of insurance.

4 (3) **Single statewide referral and entry point.** Subject to  
5 available appropriations, the ~~state department~~ BHA, in conjunction with  
6 the department of health care policy and financing, the department of  
7 public health and environment, and other relevant departments and  
8 counties, as necessary, shall develop a plan for establishing a single  
9 statewide referral and entry point for children and youth who have a  
10 positive behavioral health screening or whose needs are identified  
11 through a standardized assessment. In developing the single statewide  
12 referral and entry point plan, the ~~state department~~ BHA shall seek input  
13 from relevant stakeholders, including counties, managed care entities  
14 participating in the statewide managed care system, families of children  
15 and youth with behavioral health disorders, communities that have  
16 previously implemented wraparound services, mental health  
17 professionals, and other relevant departments.

18 **SECTION 108.** In Colorado Revised Statutes, 27-63-101, **repeal**  
19 (2); and **add** (3) as follows:

20 **27-63-101. Definitions.** As used in the article 63, unless the  
21 context otherwise requires:

22 (2) "~~Department~~" means the ~~department of human services~~.

23 (3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
24 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
25 27-50-102.

26 **SECTION 109.** In Colorado Revised Statutes, **repeal** 27-63-102,  
27 27-63-103, and 27-63-104.

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**SECTION 110.** In Colorado Revised Statutes, 27-63-105, **amend** (1) introductory portion, (1)(b)(VII), (1)(b)(IX), and (2) as follows:

**27-63-105. Safety net system implementation - safety net system criteria.** (1) No later than January 1, 2024, the department BHA shall implement the comprehensive proposal, ~~and the funding model developed pursuant to section 27-63-104 (2)~~, which shall MUST meet the following criteria:

(b) The safety net system must:

(VII) Update information as requested by the department BHA about available treatment options and outcomes in each region of the state;

(IX) Meet any other criteria established by the department BHA.

(2) The safety net system must have a network of behavioral health-care providers that collectively offer a full continuum of services to ensure individuals with severe behavioral health disorders are triaged in a timely manner to the appropriate care setting if an individual behavioral health-care provider is unable to provide ongoing care and treatment for the individual. The department BHA shall consider community mental health centers, managed service organizations, contractors for the statewide behavioral health crisis response system, and other behavioral health community providers as key elements in the behavioral health safety net system.

**SECTION 111.** In Colorado Revised Statutes, **amend** 27-63-106 as follows:

**27-63-106. Safety net system - effectiveness - report.** (1) From January 1, 2022, until July 1, 2024, the department BHA shall provide an

1 annual report on the progress made by the ~~department~~ BHA on the  
2 behavioral health safety net system to the public through the annual  
3 hearing, pursuant to the "State Measurement for Accountable,  
4 Responsive, and Transparent (SMART) Government Act", part 2 of  
5 article 7 of title 2.

6 (2) Notwithstanding section 24-1-136 (11)(a)(I), no later than  
7 January 1, 2025, the ~~department~~ BHA shall provide an annual report to  
8 the joint budget committee of the general assembly related to the  
9 expenditures, outcomes, and effectiveness of the safety net system by  
10 service area region, including any recommendations to improve the  
11 system and the transparency of the system.

12 **SECTION 112.** In Colorado Revised Statutes, 27-64-102, **add**  
13 (1.5) as follows:

14 **27-64-102. Definitions.** As used in this article 64, unless the  
15 context otherwise requires:

16 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
17 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
18 27-50-102.

19 **SECTION 113.** In Colorado Revised Statutes, 27-64-103, **amend**  
20 (1) and (4)(d)(III) as follows:

21 **27-64-103. 988 crisis hotline enterprise - creation - powers and**  
22 **duties.** (1) There is created in the ~~department of human services~~  
23 BEHAVIORAL HEALTH ADMINISTRATION the 988 crisis hotline enterprise.  
24 The enterprise is and operates as a government-owned business within the  
25 ~~department of human services~~ BHA for the business purpose of imposing  
26 charges pursuant to subsections (4)(a) and (4)(b) of this section, and  
27 utilizing the charges' revenue to fund the 988 crisis hotline and provide

1 crisis outreach, stabilization, and acute care to individuals calling the 988  
2 crisis hotline. The enterprise exercises its power and performs its duties  
3 as if the same were transferred by a **type 1** transfer, as defined in section  
4 24-1-105, to the ~~state department~~ BHA.

5 (4) The enterprise's primary powers and duties are to:

6 (d) (III) The ~~department of human services~~ BHA shall provide  
7 office space and administrative staff to the enterprise pursuant to a  
8 contract entered into pursuant to subsection (4)(d)(II) of this section.

9 **SECTION 114.** In Colorado Revised Statutes, 27-64-105, **amend**  
10 (1) introductory portion as follows:

11 **27-64-105. Reports.** (1) Beginning January 1, 2023, and each  
12 January 1 thereafter, the ~~department of human services~~ BHA shall:

13 **SECTION 115.** In Colorado Revised Statutes, 27-65-102, **amend**  
14 (5.5) and (18); **repeal** (6); and **add** (1.3) and (2.5) as follows:

15 **27-65-102. Definitions.** As used in this article 65, unless the  
16 context otherwise requires:

17 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
18 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
19 27-50-102.

20 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
21 BEHAVIORAL HEALTH ADMINISTRATION.

22 (5.5) "Emergency medical services facility" means a facility  
23 licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to  
24 section 25-1.5-103, or any other licensed and certified facility that  
25 provides emergency medical services. An emergency medical services  
26 facility is not required to be, but may elect to become, a facility  
27 designated or approved by the ~~executive director~~ COMMISSIONER for a

1 seventy-two-hour treatment and evaluation pursuant to section 27-65-105.

2 (6) ~~"Executive director" means the executive director of the~~  
3 ~~department of human services.~~

4 (18) "Residential child care facility" means a facility licensed by  
5 the ~~state department of human services~~ pursuant to article 6 of title 26  
6 ~~C.R.S.~~, to provide group care and treatment for children as such facility  
7 is defined in section 26-6-102 (33). ~~C.R.S.~~ A residential child care facility  
8 may be eligible for designation by the ~~executive director of the~~  
9 ~~department of human services~~ COMMISSIONER pursuant to this ~~article~~  
10 ARTICLE 65.

11 **SECTION 116.** In Colorado Revised Statutes, 27-65-105, **amend**  
12 (1)(a)(I), (1)(a)(I.5), (1)(b), (1)(c), (3), (7)(a) introductory portion, and  
13 (7)(b)(I) as follows:

14 **27-65-105. Emergency procedure.** (1) Emergency procedure  
15 may be invoked under one of the following conditions:

16 (a) (I) When any person appears to have a mental health disorder  
17 and, as a result of such mental health disorder, appears to be an imminent  
18 danger to others or to himself or herself or appears to be gravely disabled,  
19 then an intervening professional, as specified in subsection (1)(a)(II) of  
20 this section, upon probable cause and with such assistance as may be  
21 required, may take the person into custody, or cause the person to be  
22 taken into custody, and placed in a facility designated or approved by the  
23 ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and  
24 evaluation. If such a facility is not available, the person may be taken to  
25 an emergency medical services facility.

26 (I.5) When any person appears to have a mental health disorder  
27 and, as a result of such mental health disorder, is in need of immediate

1 evaluation for treatment in order to prevent physical or psychiatric harm  
2 to others or to himself or herself, then an intervening professional, as  
3 specified in subsection (1)(a)(II) of this section, upon probable cause and  
4 with such assistance as may be required, may immediately transport the  
5 person to an outpatient mental health facility or other clinically  
6 appropriate facility designated or approved by the ~~executive director~~  
7 COMMISSIONER. If such a facility is not available, the person may be taken  
8 to an emergency medical services facility.

9 (b) Upon an affidavit sworn to or affirmed before a judge that  
10 relates sufficient facts to establish that a person appears to have a mental  
11 health disorder and, as a result of the mental health disorder, appears to  
12 be an imminent danger to others or to himself or herself or appears to be  
13 gravely disabled, the court may order the person described in the affidavit  
14 to be taken into custody and placed in a facility designated or approved  
15 by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment  
16 and evaluation. Whenever in this article 65 a facility is to be designated  
17 or approved by the ~~executive director~~ COMMISSIONER, hospitals, if  
18 available, must be approved or designated in each county before other  
19 facilities are approved or designated. Whenever in this article 65 a facility  
20 is to be designated or approved by the ~~executive director~~ COMMISSIONER  
21 as a facility for a stated purpose and the facility to be designated or  
22 approved is a private facility, the consent of the private facility to the  
23 enforcement of standards set by the ~~executive director~~ COMMISSIONER is  
24 a prerequisite to the designation or approval.

25 (c) Upon an affidavit sworn to or affirmed before a judge that  
26 relates sufficient facts to establish that a person appears to have a mental  
27 health disorder and, as a result of the mental health disorder, is in need of

1 immediate evaluation for treatment to prevent physical or psychiatric  
2 harm to others or to himself or herself, the court may order the person  
3 described in the affidavit to be transported to an outpatient mental health  
4 facility or other clinically appropriate facility designated or approved by  
5 the ~~executive director~~ COMMISSIONER.

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

23 (7) (a) On or before July 1, 2019, and each July 1 thereafter, each  
24 emergency medical services facility that has treated a person pursuant to  
25 this section shall provide an annual report to the ~~department~~ BHA that  
26 includes only aggregate and nonidentifying information concerning  
27 persons who were treated at an emergency medical services facility

1 pursuant to this section. The report must comply with the provisions of  
2 section 24-1-136 (9) and is exempt from the provisions of section  
3 24-1-136 (11)(a)(I). The report must contain the following:

4 (b) (I) Any information aggregated and provided to the  
5 ~~department~~ BHA pursuant to this subsection (7) is privileged and  
6 confidential. Such information must not be made available to the public  
7 except in an aggregate format that cannot be used to identify an individual  
8 facility. The information is not subject to civil subpoena and is not  
9 discoverable or admissible in any civil, criminal, or administrative  
10 proceeding against an emergency medical services facility or health-care  
11 professional. The information must be used only to assess statewide  
12 behavioral health services needs and to plan for sufficient levels of  
13 statewide behavioral health services. In the collection of data to  
14 accomplish the requirements of this subsection (7), the ~~department~~ BHA  
15 shall protect the confidentiality of patient records, in accordance with  
16 state and federal laws, and shall not disclose any public identifying or  
17 proprietary information of any hospital, hospital administrator,  
18 health-care professional, or employee of a health-care facility.

19 **SECTION 117.** In Colorado Revised Statutes, 27-65-106, **amend**  
20 (4) and (6) as follows:

21 **27-65-106. Court-ordered evaluation for persons with mental**  
22 **health disorders.** (4) Upon receipt of a petition satisfying the  
23 requirements of subsection (3) of this section, the court shall designate a  
24 facility, approved by the ~~executive director~~ COMMISSIONER, or a  
25 professional person to provide screening of the respondent to determine  
26 whether there is probable cause to believe the allegations.

27 (6) Whenever it appears, by petition and screening pursuant to this

1 section, to the satisfaction of the court that probable cause exists to  
2 believe that the respondent has a mental health disorder and, as a result  
3 of the mental health disorder, is a danger to others or to himself or herself  
4 or is gravely disabled and that efforts have been made to secure the  
5 cooperation of the respondent, who has refused or failed to accept  
6 evaluation voluntarily, the court shall issue an order for evaluation  
7 authorizing a certified peace officer to take the respondent into custody  
8 and place ~~him or her~~ THE RESPONDENT in a facility designated by the  
9 ~~executive director~~ COMMISSIONER for seventy-two-hour treatment and  
10 evaluation. At the time of taking the respondent into custody, a copy of  
11 the petition and the order for evaluation must be given to the respondent,  
12 and promptly thereafter to any one person designated by the respondent  
13 and to the person in charge of the seventy-two-hour treatment and  
14 evaluation facility named in the order or ~~his or her~~ THE RESPONDENT'S  
15 designee.

16 **SECTION 118.** In Colorado Revised Statutes, 27-65-107, **amend**  
17 (1)(c) as follows:

18 **27-65-107. Certification for short-term treatment - procedure.**

19 (1) If a person detained for seventy-two hours pursuant to the provisions  
20 of section 27-65-105 or a respondent under court order for evaluation  
21 pursuant to section 27-65-106 has received an evaluation, he or she may  
22 be certified for not more than three months of short-term treatment under  
23 the following conditions:

24 (c) The facility ~~which~~ THAT will provide short-term treatment has  
25 been designated or approved by the ~~executive director~~ COMMISSIONER to  
26 provide such treatment.

27 **SECTION 119.** In Colorado Revised Statutes, 27-65-109, **amend**

1 (1)(c) and (4) as follows:

2 **27-65-109. Long-term care and treatment of persons with**  
3 **mental health disorders - procedure.** (1) Whenever a respondent has  
4 received short-term treatment for five consecutive months pursuant to the  
5 provisions of sections 27-65-107 and 27-65-108, the professional person  
6 in charge of the evaluation and treatment may file a petition with the court  
7 for long-term care and treatment of the respondent under the following  
8 conditions:

9 (c) The facility that will provide long-term care and treatment has  
10 been designated or approved by the ~~executive director~~ COMMISSIONER to  
11 provide the care and treatment.

12 (4) The court or jury shall determine whether the conditions of  
13 subsection (1) of this section are met and whether the respondent has a  
14 mental health disorder and, as a result of the mental health disorder, is a  
15 danger to others or to himself or herself or is gravely disabled. The court  
16 shall thereupon issue an order of long-term care and treatment for a term  
17 not to exceed six months, or it shall discharge the respondent for whom  
18 long-term care and treatment was sought, or it shall enter any other  
19 appropriate order, subject to available appropriations. An order for  
20 long-term care and treatment must grant custody of the respondent to the  
21 ~~department~~ BHA for placement with an agency or facility designated by  
22 the ~~executive director~~ COMMISSIONER to provide long-term care and  
23 treatment. When a petition contains a request that a specific legal  
24 disability be imposed or that a specific legal right be deprived, the court  
25 may order the disability imposed or the right deprived if the court or a  
26 jury has determined that the respondent has a mental health disorder or is  
27 gravely disabled and that, by reason thereof, the person is unable to

1 competently exercise said right or perform the function as to which the  
2 disability is sought to be imposed. Any interested person may ask leave  
3 of the court to intervene as a copetitioner for the purpose of seeking the  
4 imposition of a legal disability or the deprivation of a legal right.

5 **SECTION 120.** In Colorado Revised Statutes, 27-65-116, **amend**  
6 (2) introductory portion, (2)(a), and (2)(d) as follows:

7 **27-65-116. Right to treatment - rules.** (2) The ~~department~~ BHA  
8 shall adopt ~~regulations~~ RULES to assure that each agency or facility  
9 providing evaluation, care, or treatment shall require the following:

10 (a) Consent for specific therapies and major medical treatment in  
11 the nature of surgery. The nature of the consent, by whom it is given, and  
12 under what conditions, shall be determined by rules of the ~~department~~  
13 BHA.

14 (d) Conduct according to the guidelines contained in the  
15 regulations of the federal government and the ~~department~~ RULES OF THE  
16 BHA with regard to clinical investigations, research, experimentation,  
17 and testing of any kind; and

18 **SECTION 121.** In Colorado Revised Statutes, **amend** 27-65-118  
19 as follows:

20 **27-65-118. Administration or monitoring of medications to**  
21 **persons receiving care.** The ~~executive director~~ COMMISSIONER has the  
22 power to direct the administration or monitoring of medications in  
23 conformity with part 3 of article 1.5 of title 25 ~~C.R.S.~~, to persons  
24 receiving treatment in facilities created pursuant to this ~~article~~ ARTICLE  
25 65.

26 **SECTION 122.** In Colorado Revised Statutes, **amend** 27-65-119  
27 as follows:

1           **27-65-119. Employment of persons in a facility - rules.** The  
2 ~~department~~ BHA shall adopt rules governing the employment and  
3 compensation therefor of persons receiving care or treatment under any  
4 provision of this ~~article~~ ARTICLE 65. The ~~department~~ BHA shall establish  
5 standards for reasonable compensation for such employment.

6           **SECTION 123.** In Colorado Revised Statutes, 27-65-121, **amend**  
7 (1)(d) as follows:

8           **27-65-121. Records.** (1) Except as provided in subsection (2) of  
9 this section, all information obtained and records prepared in the course  
10 of providing any services pursuant to this article 65 to individuals  
11 pursuant to any provision of this article 65 are confidential and privileged  
12 matter. The information and records may be disclosed only:

13           (d) If the ~~department~~ BHA has promulgated rules for the conduct  
14 of research. Such rules shall include, but not be limited to, the  
15 requirement that all researchers must sign an oath of confidentiality. All  
16 identifying information concerning individual patients, including names,  
17 addresses, telephone numbers, and social security numbers, shall not be  
18 disclosed for research purposes.

19           **SECTION 124.** In Colorado Revised Statutes, **amend** 27-65-128  
20 as follows:

21           **27-65-128. Administration - rules.** The ~~department~~ BHA shall  
22 make such rules as will consistently enforce the provisions of this ~~article~~  
23 ARTICLE 65.

24           **SECTION 125.** In Colorado Revised Statutes, **amend** 27-65-131  
25 as follows:

26           **27-65-131. Advisory board - service standards and rules.** An  
27 advisory board, referred to as the "board" in this section, to the

1 ~~department~~ BHA is established for the purpose of assisting and advising  
2 the ~~executive director~~ COMMISSIONER in accordance with section  
3 27-65-130 in the development of service standards and rules. The board  
4 consists of not less than eleven nor more than fifteen members appointed  
5 by the governor. The board includes one representative each from the  
6 ~~office of behavioral health~~ BHA, the department of human services, the  
7 department of public health and environment, the university of Colorado  
8 health sciences center, and a leading professional association of  
9 psychiatrists in this state; at least one member representing proprietary  
10 skilled health-care facilities; one member representing nonprofit  
11 health-care facilities; one member representing the Colorado bar  
12 association; one member representing consumers of services for persons  
13 with mental health disorders; one member representing families of  
14 persons with mental health disorders; one member representing children's  
15 health-care facilities; and other persons from both the private and the  
16 public sectors who are recognized or known to be interested and informed  
17 in the area of the board's purpose and function. In making appointments  
18 to the board, the governor is encouraged to include representation by at  
19 least one member who is a person with a disability, as defined in section  
20 24-34-301 (2.5), a family member of a person with a disability, or a  
21 member of an advocacy group for persons with disabilities, provided that  
22 the other requirements of this section are met.

23 **SECTION 126.** In Colorado Revised Statutes, 27-66-101, **repeal**  
24 (4), (5), and (6); and **add** (1.3) and (1.7) as follows:

25 **27-66-101. Definitions.** As used in this article 66, unless the  
26 context otherwise requires:

27 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS

1 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
2 27-50-102.

3 (1.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
4 BEHAVIORAL HEALTH ADMINISTRATION.

5 (4) "~~Department~~" means the department of human services created  
6 in section ~~26-1-105, C.R.S.~~

7 (5) "~~Executive director~~" means the executive director of the  
8 department of human services.

9 (6) "~~Office of behavioral health~~" means the office of behavioral  
10 health in the department.

11 **SECTION 127.** In Colorado Revised Statutes, **amend** 27-66-102  
12 as follows:

13 **27-66-102. Administration - rules.** (1) The ~~executive director~~  
14 COMMISSIONER has the power and duty to administer and enforce the  
15 provisions of this ~~article~~ ARTICLE 66.

16 (2) The ~~department~~ STATE BOARD OF HUMAN SERVICES may adopt  
17 reasonable and proper rules to implement this ~~article~~ ARTICLE 66 in  
18 accordance with the provisions of section 24-4-103 ~~C.R.S.~~, and consistent  
19 with sections 27-90-102 and 27-90-103.

20 **SECTION 128.** In Colorado Revised Statutes, **amend** 27-66-103  
21 as follows:

22 **27-66-103. Community mental health services - purchase**  
23 **program.** In order to encourage the development of preventive,  
24 treatment, and rehabilitative services through new community mental  
25 health programs, the improvement and expansion of existing community  
26 mental health services, and the integration of community with state  
27 mental health services, there is established a program to purchase

1 community mental health services by the ~~department~~ BHA.

2 **SECTION 129.** In Colorado Revised Statutes, 27-66-104, **amend**  
3 (5); and **amend as they will become effective July 1, 2022,** (1), (2)(b),  
4 and (3) as follows:

5 **27-66-104. Types of services purchased - limitation on**  
6 **payments.** (1) Community mental health services may be purchased  
7 from behavioral health entities, clinics, community mental health centers,  
8 local general or psychiatric hospitals, and other agencies that have been  
9 approved by the ~~executive director~~ COMMISSIONER.

10 (2) (b) The money appropriated for the purposes of this subsection  
11 (2) shall be distributed by the ~~executive director~~ COMMISSIONER to  
12 approved behavioral health entities, community mental health centers, and  
13 other agencies on the basis of need and in accordance with the services  
14 provided.

15 (3) Each year the general assembly may appropriate money in  
16 addition to the money appropriated for purposes of subsection (2) of this  
17 section, which money may be used by the ~~executive director~~  
18 COMMISSIONER to assist behavioral health entities and community mental  
19 health clinics and centers in instituting innovative programs, in providing  
20 mental health services to impoverished areas, and in dealing with crisis  
21 situations. The ~~executive director~~ COMMISSIONER shall require that any  
22 innovative or crisis programs for which money is allocated pursuant to  
23 this subsection (3) be clearly defined in terms of services to be rendered,  
24 program objectives, scope and duration of the program, and the maximum  
25 amount of money to be provided.

26 (5) If there is a reduction in the financial support of local  
27 governmental bodies for community mental health services, the ~~executive~~

1 ~~director~~ COMMISSIONER is authorized to reduce state payments for  
2 services in an amount proportional to the reduction in such local financial  
3 support.

4 **SECTION 130.** In Colorado Revised Statutes, 27-66-105, **amend**  
5 (1) introductory portion and (1)(d); **amend as they will become effective**  
6 **July 1, 2022,** (2) introductory portion, (3), and (4); **repeal as it will**  
7 **become effective July 1, 2022,** (1)(g); and **add (5)** as follows:

8 **27-66-105. Standards for approval - repeal.** (1) In approving  
9 or rejecting community mental health clinics for the purchase of  
10 behavioral or mental health services, the ~~executive director~~  
11 COMMISSIONER shall:

12 (d) Require that the clinic staff include, wherever feasible, other  
13 professional staff workers, such as psychologists, social workers,  
14 educational consultants, and nurses, with such qualifications,  
15 responsibilities, and time on the job as correspond with the size and  
16 capacity of the clinic. The clinic staff may include, with the approval of  
17 the ~~executive director~~ COMMISSIONER, such other nonprofessional persons  
18 as may be deemed necessary by the clinic board for the proper discharge  
19 of its functions.

20 (g) ~~On and after July 1, 2022, require licensure by the department~~  
21 ~~of public health and environment pursuant to section 25-27.6-104.~~

22 (2) In approving or rejecting local general or psychiatric hospitals,  
23 behavioral health entities, community mental health centers, acute  
24 treatment units, and other agencies for the purchase of services not  
25 provided by local mental health clinics, including, but not limited to,  
26 twenty-four-hour and partial hospitalization, the ~~executive director~~  
27 COMMISSIONER shall consider the following factors:

1 (3) In the purchase of services from behavioral health entities or  
2 community mental health centers, the ~~executive director~~ COMMISSIONER  
3 shall specify levels and types of inpatient, outpatient, consultation,  
4 education, and training services and expenditures and shall establish  
5 minimum standards for other programs of such centers that are to be  
6 supported with state funds.

7 (4) In approving or rejecting behavioral health entities,  
8 community mental health clinics, community mental health centers, acute  
9 treatment units, local general or psychiatric hospitals, and other agencies  
10 for the purchase of services, the ~~executive director~~ COMMISSIONER shall  
11 ensure the agencies comply with federal financial participation  
12 requirements for ~~department-administered~~ BHA-ADMINISTERED  
13 programs.

14 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

15 **SECTION 131.** In Colorado Revised Statutes, **repeal** 27-66-108;  
16 and **repeal as they will become effective July 1, 2022**, 27-66-106 and  
17 27-66-107.

18 **SECTION 132.** In Colorado Revised Statutes, **amend** 27-66-110  
19 as follows:

20 **27-66-110. Trauma-informed care standards of approval.** The  
21 ~~office of behavioral health~~ BHA shall establish care standards and an  
22 approval process that a qualified residential treatment program, as defined  
23 in section 26-6-102 (30.5), must meet to ensure that qualified residential  
24 treatment programs have a trauma-informed treatment model that  
25 addresses the needs of children and youth with serious emotional or  
26 behavioral health disorders or disturbances.

27 **SECTION 133.** In Colorado Revised Statutes, 27-66.5-102,

1 **amend** (1) and (2); and **repeal** (4) as follows:

2 **27-66.5-102. Definitions.** As used in this article 66.5, unless the  
3 context otherwise requires:

4 (1) ~~"Department" means the Colorado department of human~~  
5 ~~services created in section 26-1-105~~ "BEHAVIORAL HEALTH  
6 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH  
7 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

8 (2) ~~"Director" means the director of the office of behavioral health~~  
9 "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL  
10 HEALTH ADMINISTRATION.

11 (4) ~~"Office" means the office of behavioral health in the~~  
12 ~~department of human services.~~

13 **SECTION 134.** In Colorado Revised Statutes, 27-66.5-103,  
14 **amend** (1), (5), and (6) as follows:

15 **27-66.5-103. Community transition specialist program -**  
16 **program requirements - acceptance of referrals - contract for**  
17 **services - rules.** (1) The community transition specialist program is  
18 established in the ~~office of behavioral health~~ BEHAVIORAL HEALTH  
19 ADMINISTRATION. The program coordinates referrals of high-risk  
20 individuals from withdrawal management facilities, facilities providing  
21 acute treatment services, facilities providing crisis stabilization services,  
22 and hospitals or emergency departments to appropriate transition  
23 specialists.

24 (5) The ~~office~~ BHA may contract with a vendor to provide the  
25 referral and coordination services required by this article 66.5.

26 (6) The ~~department~~ STATE BOARD OF HUMAN SERVICES may  
27 promulgate rules necessary for the implementation of this article 66.5.

1           **SECTION 135.** In Colorado Revised Statutes, 27-66.5-104,  
2 **amend** (1) introductory portion and (2) as follows:

3           **27-66.5-104. Data collection and recommendations.** (1) The  
4 ~~office~~ BHA shall collect information on the following:

5           (2) On or before January 1, 2020, and on or before January 1 each  
6 year thereafter, the ~~office~~ BHA shall analyze the data collected in  
7 accordance with subsection (1) of this section and prepare  
8 recommendations to increase access to, and coordination of, transition  
9 specialist services for high-risk individuals. The recommendations ~~shall~~  
10 ~~MUST~~ be reported to the ~~executive director of the department~~  
11 COMMISSIONER and ~~shall be~~ included in the reporting requirements in  
12 section 27-66.5-105.

13           **SECTION 136.** In Colorado Revised Statutes, **amend**  
14 27-66.5-105 as follows:

15           **27-66.5-105. Reporting requirements - "State Measurement**  
16 **for Accountable, Responsive, and Transparent (SMART)**  
17 **Government Act" report.** The ~~office~~ BHA shall report information on  
18 the community transition specialist program in the ~~department's~~ BHA's  
19 annual presentation to the general assembly required under the "State  
20 Measurement for Accountable, Responsive, and Transparent (SMART)  
21 Government Act", part 2 of article 7 of title 2.

22           **SECTION 137.** In Colorado Revised Statutes, 27-67-103, **amend**  
23 (1) and (10); **repeal** (12); and **add** (1.5) and (2.5) as follows:

24           **27-67-103. Definitions.** As used in this article 67, unless the  
25 context otherwise requires:

26           (1) ~~"Care management" includes, but is not limited to,~~  
27 ~~consideration of the continuity of care and array of services necessary for~~

1 ~~appropriately treating a child or youth and the decision-making authority~~  
2 ~~regarding the child's or youth's placement in and discharge from~~  
3 ~~behavioral health services~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR  
4 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED  
5 IN SECTION 27-50-102.

6 (1.5) "CARE MANAGEMENT" INCLUDES, BUT IS NOT LIMITED TO,  
7 CONSIDERATION OF THE CONTINUITY OF CARE AND ARRAY OF SERVICES  
8 NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH AND THE  
9 DECISION-MAKING AUTHORITY REGARDING THE CHILD'S OR YOUTH'S  
10 PLACEMENT IN AND DISCHARGE FROM BEHAVIORAL HEALTH SERVICES.

11 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
12 BEHAVIORAL HEALTH ADMINISTRATION.

13 (10) "Mental health agency" means a behavioral health services  
14 contractor through the ~~state department of human services~~ BEHAVIORAL  
15 HEALTH ADMINISTRATION serving children and youth statewide or in a  
16 particular geographic area, including but not limited to community mental  
17 health centers, and with the ability to meet all expectations of this article  
18 67.

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

21 **SECTION 138.** In Colorado Revised Statutes, 27-67-104, **amend**  
22 (1) and (1.5) as follows:

23 **27-67-104. Provision of mental health treatment services for**  
24 **children and youth.** (1) (a) A parent or guardian may apply to a mental  
25 health agency on behalf of a child or youth for mental health treatment  
26 services for the child or youth pursuant to this section, if the parent or  
27 guardian believes the child or youth is at risk of out-of-home placement.

1 The parent's or guardian's request for services described in this section  
2 may be done with assistance from a family advocate, family systems  
3 navigator, nonprofit advocacy organization, or county department;  
4 however, the ~~state department~~ BHA is not obligated to pay for any  
5 services provided by entities with which they do not contract. In such  
6 circumstances, the mental health agency is responsible for evaluating the  
7 child or youth and clinically assessing the child's or youth's need for  
8 mental health services and, when warranted, to provide treatment services  
9 as necessary and in the best interests of the child or youth and the child's  
10 or youth's family. When evaluating a child or youth for eligibility, the  
11 mental health agency shall use a standardized risk stratification tool, in a  
12 manner determined by rule of the state ~~department~~ BOARD OF HUMAN  
13 SERVICES. Following the evaluation of the child or youth, the mental  
14 health agency shall provide a written notification to the child's or youth's  
15 parent or guardian that includes a comprehensive list of potential  
16 treatment providers, with a disclosure that the child's or youth's family  
17 may choose to seek services from the provider of their choice, including  
18 but not limited to the mental health agency. The written notification must  
19 also inform the child's or youth's family that they may request assistance  
20 from a family advocate, family systems navigator, nonprofit advocacy  
21 organization, or county department; however, the ~~state department~~ BHA  
22 is not obligated to pay for any services provided by entities with which  
23 they do not contract. The ~~state department~~ BHA shall maintain a list of  
24 available providers on a public website and shall update the website  
25 quarterly. The mental health agency is responsible for the provision of the  
26 treatment services and care management, including any residential  
27 treatment, community-based care, or any post-residential follow-up

1 services that may be appropriate for the child's or youth's needs or ~~his or~~  
2 ~~her~~ THE CHILD'S OR YOUTH'S family's needs. A dependency or neglect  
3 action pursuant to article 3 of title 19 is not required in order to allow a  
4 family access to residential mental health treatment services for a child or  
5 youth.

6 (b) At the time of the assessment by the mental health agency, if  
7 requested services are denied, or at the time when the mental health  
8 agency has recommended that the child or youth be discharged from  
9 services, the mental health agency shall advise the family, both orally and  
10 in writing, of the appeal process available to them. The mental health  
11 agency shall have two working days within which to complete any  
12 internal appeal process. Within five working days after the mental health  
13 agency's final denial or recommendation for discharge, a parent or  
14 guardian may request an objective third party at the ~~state department~~  
15 BHA who is a professional person to review the action of the mental  
16 health agency. A family advocate, family systems navigator, nonprofit  
17 advocacy organization, or county department may assist a family in filing  
18 an appeal; however, the ~~state department~~ BHA is not obligated to pay for  
19 any services provided by entities with which they do not contract. The  
20 review must occur within three working days of the parent's or guardian's  
21 request. The professional person shall determine if the requested services  
22 are appropriate.

23 (1.5) (a) The parent or guardian of a medicaid child or youth who  
24 is at risk of out-of-home placement may request, within five days after all  
25 first-level medicaid appeals processes are exhausted, an objective third  
26 party at the ~~state department~~ BHA who is a professional person to review  
27 the service request made to medicaid. A family advocate, family system

1 navigator, or county department may assist a family in filing an appeal.  
2 The review must occur within three working days of the parent's or  
3 guardian's request.

4 (b) The administrative law judge considering the medicaid appeal  
5 for the medicaid child or youth who is at risk of out-of-home placement  
6 shall take into consideration the objective third-party review by the ~~state~~  
7 ~~department~~ BHA as part of ~~his or her~~ THE ADMINISTRATIVE LAW JUDGE'S  
8 reconsideration and decision of the medicaid service request.

9 **SECTION 139.** In Colorado Revised Statutes, 27-67-105, **amend**  
10 (1) introductory portion, (1)(e), (1)(f), (1)(h), and (2) as follows:

11 **27-67-105. Monitoring - reports.** (1) On or before September 1,  
12 2018, and by September 1 of each year thereafter, each mental health  
13 agency shall report to the ~~state department~~ BHA the following  
14 information:

15 (e) The demographic information of the children, youth, and  
16 families served, as outlined by the ~~state department~~ BHA;

17 (f) The outcomes of treatment for the children and youth served,  
18 as determined by the ~~state department~~ BHA in consultation with mental  
19 health agencies, service providers, and families;

20 (h) The aggregate number of third-party reviews completed by the  
21 ~~state department~~ BHA for children served pursuant to this article 67,  
22 delineated by children who are and are not categorically eligible for  
23 medicaid.

24 (2) On or after January 1, 2019, the ~~state department~~ BHA shall  
25 make the information obtained pursuant to subsection (1) of this section  
26 available to the public by posting it to the ~~state department's~~ BHA's  
27 website. Any information so posted must not include any personal health

1 information.

2 **SECTION 140.** In Colorado Revised Statutes, 27-67-107, **amend**  
3 (1) as follows:

4 **27-67-107. Dispute resolution - rules.** (1) The ~~state department~~  
5 BHA shall utilize, when appropriate, established grievance and dispute  
6 resolution processes in order to assure that parents have access to mental  
7 health services on behalf of their children.

8 **SECTION 141.** In Colorado Revised Statutes, 27-67-109, **amend**  
9 (2) introductory portion, (2)(a), and (3) as follows:

10 **27-67-109. Child and youth mental health services standards**  
11 **- advisory board.** (2) An advisory board to the ~~state department~~ BHA is  
12 established for the purpose of assisting and advising the ~~executive~~  
13 ~~director~~ COMMISSIONER in accordance with this section in the  
14 development of service standards and rules. The advisory board consists  
15 of not less than eleven nor more than fifteen members appointed by the  
16 ~~state department~~ BHA as follows:

17 (a) One representative each from the ~~office of behavioral health~~  
18 BHA; the office of children, youth, and families; the department of health  
19 care policy and financing; and a leading professional association of  
20 psychiatrists in this state;

21 (3) In making appointments to the advisory board, the ~~state~~  
22 ~~department~~ BHA must include representation by at least one member who  
23 is a person with a disability, a family member of a person with a  
24 disability, or a member of an advocacy group for persons with disabilities,  
25 provided that the other requirements of subsection (2) of this section are  
26 met.

27 **SECTION 142.** In Colorado Revised Statutes, 27-70-102, **amend**

1 (1); and **repeal** (4) as follows:

2 **27-70-102. Definitions.** As used in this article 70, unless the  
3 context otherwise requires:

4 (1) ~~"Department" means the department of human services created~~  
5 ~~in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA"~~  
6 MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN  
7 SECTION 27-50-102.

8 (4) ~~"Office" means the office of behavioral health in the~~  
9 ~~department of human services.~~

10 **SECTION 143.** In Colorado Revised Statutes, 27-70-103, **amend**  
11 (1)(a), (2) introductory portion, (2)(a), (2)(b), (2)(c), (2)(d)(I), (2)(e), and  
12 (3)(a) as follows:

13 **27-70-103. Medication consistency for individuals with**  
14 **behavioral or mental health disorders in the criminal and juvenile**  
15 **justice systems - medication formulary - cooperative purchasing -**  
16 **reporting - rules.** (1) (a) Beginning December 1, 2017, the ~~department~~  
17 ~~of human services~~ STATE BOARD OF HUMAN SERVICES, in consultation  
18 with the department of corrections, shall promulgate rules that require  
19 providers under ~~each department's~~ THE DEPARTMENT'S AND THE BHA'S  
20 authority to use a medication formulary that has been developed  
21 collaboratively by departments, agencies, and providers. Public hospitals  
22 and licensed private hospitals may also, at their discretion, participate in  
23 the medication formulary. Using consulting services as necessary, the  
24 ~~departments~~ DEPARTMENT AND THE BHA shall also develop processes for  
25 education and marketing related to information regarding the medication  
26 formulary and cooperative purchasing opportunities for facilities and  
27 providers. ~~The processes for education and marketing required pursuant~~

1 ~~to this subsection (1) shall be completed on or before December 1, 2017.~~

2 (2) Beginning July 1, 2018, the ~~office~~ BHA shall have the  
3 following duties and responsibilities, subject to available appropriations:

4 (a) On or before September 1, 2018, and every September 1 of  
5 every even-numbered year thereafter, the ~~office~~ BHA shall conduct a  
6 review of the medication formulary to address any urgent concerns related  
7 to the formulary and to propose updates to the formulary. During this  
8 review, the ~~office~~ BHA shall also create the appropriate notification  
9 process for updates to the formulary.

10 (b) On or before July 1, 2019, and every two years thereafter as  
11 necessary, the ~~office~~ BHA shall conduct a review of the medication  
12 formulary to update the medication formulary and ensure compliance  
13 with the medicaid formulary used by the department of health care policy  
14 and financing.

15 ~~On or before September 1, 2018, the office~~ THE BHA, in  
16 collaboration with the office of information technology, the office of  
17 e-health innovation, the department of health care policy and financing,  
18 the department of public safety, the department of corrections, and other  
19 agencies as appropriate, shall develop a plan by which the patient-specific  
20 information required by subsection (1)(b) of this section can be shared  
21 electronically, while still in compliance with confidentiality requirements,  
22 including any necessary memorandums of understanding between  
23 providers, set forth in the federal "Health Insurance Portability and  
24 Accountability Act of 1996", 45 CFR ~~parts~~ 2, 160, 162, and 164.

25 (d) (I) The ~~office~~ BHA shall encourage providers that have been  
26 granted purchasing authority by the department of personnel pursuant to  
27 section 24-102-204 to utilize cooperative purchasing for the medication

1 formulary, as authorized pursuant to section 24-110-201, unless the  
2 provider can obtain the medication elsewhere at a lower cost. The use of  
3 cooperative purchasing may, and is encouraged to, include external  
4 procurement activity, as defined in section 24-110-101 (2), if the external  
5 procurement activity aggregates purchasing volume to negotiate discounts  
6 with manufacturers, distributors, and other vendors.

7 (e) The ~~office~~ BHA shall investigate and develop options for  
8 collaboration with local county jails to coordinate medication purchasing.

9 (3) (a) Beginning in January 2019, and every January thereafter,  
10 the ~~department of human services~~ BHA and the department of corrections  
11 shall report progress on the implementation and use of the medication  
12 formulary and cooperative purchasing as part of ~~each~~ THE BHA'S AND  
13 department's "State Measurement for Accountable, Responsive, and  
14 Transparent (SMART) Government Act" hearing required by section  
15 2-7-203. ~~Each department~~ THE DEPARTMENT AND THE BHA shall make  
16 such reports to the joint health and human services committee and the  
17 joint judiciary committee, or any successor committees.

18 **SECTION 144.** In Colorado Revised Statutes, 27-80-101, **amend**  
19 (1) and (2); **repeal** (3) and (4.7); and **add** (2.3) and (2.6) as follows:

20 **27-80-101. Definitions.** As used in this article 80, unless the  
21 context otherwise requires:

22 (1) "~~Department~~" means the department of human services created  
23 in section 26-1-105, C.R.S. "BEHAVIORAL HEALTH ADMINISTRATION" OR  
24 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED  
25 IN SECTION 27-50-102.

26 (2) "~~Designated service area~~" means the geographical substate  
27 planning area specified by the director of the office of behavioral health

1 ~~to be served by a designated managed service organization, as described~~  
2 ~~in section 27-80-107~~ "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
3 BEHAVIORAL HEALTH ADMINISTRATION.

4 (2.3) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN  
5 SERVICES CREATED IN SECTION 26-1-105.

6 (2.6) "DESIGNATED SERVICE AREA" MEANS THE GEOGRAPHICAL  
7 SUBSTATE PLANNING AREA SPECIFIED BY THE COMMISSIONER TO BE  
8 SERVED BY A DESIGNATED MANAGED SERVICE ORGANIZATION, AS  
9 DESCRIBED IN SECTION 27-80-107.

10 (3) ~~"Executive director" means the executive director of the~~  
11 ~~department of human services.~~

12 (4.7) ~~"Office of behavioral health" means the office of behavioral~~  
13 ~~health in the department.~~

14 **SECTION 145.** In Colorado Revised Statutes, **repeal** 27-80-102.

15 **SECTION 146.** In Colorado Revised Statutes, 27-80-103, **amend**  
16 (1), (3) introductory portion, (3)(e), (4), and (5) as follows:

17 **27-80-103. Grants for public programs.** (1) The ~~office of~~  
18 ~~behavioral health~~ BHA may make grants, from money appropriated by the  
19 general assembly for purposes of this section or available from any other  
20 governmental or private source, to approved public programs.

21 (3) In approving any public program, the ~~office of behavioral~~  
22 ~~health~~ BHA shall take into consideration the following:

23 (e) Any other information the ~~office of behavioral health~~ BHA  
24 deems necessary.

25 (4) Applications for grants made pursuant to subsection (1) of this  
26 section are made to the ~~office of behavioral health~~ BHA, on forms  
27 furnished by the ~~office of behavioral health~~ BHA, and must contain any

1 information the ~~office of behavioral health~~ BHA requires. Wherever  
2 possible, the ~~office of behavioral health~~ BHA shall give priority to public  
3 programs that are community-based and include services to children and  
4 juveniles as well as adults, that provide a comprehensive range of  
5 services, and that evidence a high degree of community support, either  
6 financial or in the furnishing of services and facilities, or both.

7 (5) Whenever THE BHA OR any department or agency of the state  
8 has money available from any source for public programs, the ~~department~~  
9 ~~or agency~~ BHA, DEPARTMENT, OR AGENCY is authorized to distribute the  
10 money in accordance with the state plan and to make reasonable rules for  
11 the administration of the public programs.

12 **SECTION 147.** In Colorado Revised Statutes, 27-80-104, **amend**  
13 (1) introductory portion, (1)(c), and (2) as follows:

14 **27-80-104. Cancellation of grants.** (1) The ~~office of behavioral~~  
15 ~~health~~ BHA may cancel a grant for any public program for any of the  
16 following reasons:

17 (c) The public program does not meet the standards or  
18 requirements adopted by the ~~department~~ BHA or does not conform to the  
19 comprehensive state plan for substance use disorder treatment programs.

20 (2) Before canceling a grant for the reasons set forth in subsection  
21 (1)(c) of this section, the ~~office of behavioral health~~ BHA shall notify the  
22 person or agency in charge of the public program of the deficiency in the  
23 program, and the person or agency must be given a reasonable amount of  
24 time ~~in which~~ to correct the deficiency.

25 **SECTION 148.** In Colorado Revised Statutes, 27-80-106, **amend**  
26 (1) and (2)(a) as follows:

27 **27-80-106. Purchase of prevention and treatment services.**

1 (1) Using money appropriated for purposes of this section or available  
2 from any other governmental or private source, the ~~office of behavioral~~  
3 ~~health~~ BHA may purchase services for prevention or for THE treatment of  
4 alcohol and drug abuse or substance use disorders or both types of  
5 services on a contract basis from any tribal nation or any public or private  
6 agency, organization, or institution approved by the ~~office of behavioral~~  
7 ~~health~~ BHA. The services purchased may be any of those provided  
8 through a public program, as set forth in section 27-80-103 (2). In  
9 contracting for services, the ~~office of behavioral health~~ BHA shall attempt  
10 to obtain services that are in addition to, and not a duplication of, existing  
11 available services or services that are of a pilot or demonstration nature.  
12 An agency operating a public program may also purchase services on a  
13 contract basis.

14 (2) (a) In addition to the services purchased pursuant to subsection  
15 (1) of this section, using money appropriated for purposes of this section  
16 or available from any other governmental or private source, the ~~office of~~  
17 ~~behavioral health~~ BHA may purchase services for the treatment of alcohol  
18 and drug abuse or substance use disorders on a contract basis from a  
19 designated managed service organization for a designated service area as  
20 set forth in section 27-80-107. A public or private agency, organization,  
21 or institution approved by the ~~office of behavioral health~~ BHA through  
22 the process set forth in section 27-80-107 may be designated as a  
23 designated managed service organization.

24 **SECTION 149.** In Colorado Revised Statutes, 27-80-107, **amend**  
25 (1), (2) introductory portion, (2)(b), (2)(d), (3), (4), (5), and (7) as  
26 follows:

27 **27-80-107. Designation of managed service organizations -**

1 **purchase of services - revocation of designation.** (1) The ~~director of~~  
2 ~~the office of behavioral health~~ COMMISSIONER shall establish designated  
3 service areas to provide substance use disorder treatment and recovery  
4 services in a particular geographical region of the state.

5 (2) To be selected as a designated managed service organization  
6 to provide services in a particular designated service area, a private  
7 corporation; for profit or not for profit; or a public agency, organization,  
8 or institution shall apply to the ~~office of behavioral health~~ BHA for a  
9 designation in the form and manner specified by the ~~executive director~~  
10 COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee. The  
11 designation process is in lieu of a competitive bid process pursuant to the  
12 "Procurement Code", articles 101 to 112 of title 24. The ~~director of the~~  
13 ~~office of behavioral health~~ COMMISSIONER shall make the designation  
14 based on factors established by the ~~executive director~~ COMMISSIONER or  
15 the ~~executive director's~~ COMMISSIONER'S designee. The factors for  
16 designation established by the ~~executive director~~ COMMISSIONER or the  
17 ~~executive director's~~ COMMISSIONER'S designee include the following:

18 (b) Whether the managed service organization has experience  
19 working with publicly funded clients, including expertise in treating  
20 priority populations designated by the ~~office of behavioral health~~ BHA;

21 (d) Whether the managed service organization has experience  
22 using the cost-share principles used by the ~~office of behavioral health~~  
23 BHA in its contracts with providers and is willing to cost-share;

24 (3) The designation of a managed service organization by the  
25 ~~director of the office of behavioral health~~ COMMISSIONER, as described in  
26 subsection (2) of this section, is an initial decision of the ~~department~~  
27 BHA, which may be reviewed by the ~~executive director~~ COMMISSIONER

1 in accordance with the provisions of section 24-4-105. Review by the  
2 ~~executive director~~ COMMISSIONER in accordance with section 24-4-105  
3 constitutes final agency action for purposes of judicial review.

4 (4) (a) The terms and conditions for providing substance use  
5 disorder treatment and recovery services must be specified in the contract  
6 entered into between the ~~office of behavioral health~~ BHA and the  
7 designated managed service organization. Contracts entered into between  
8 the ~~office of behavioral health~~ BHA and the designated managed service  
9 organization must include terms and conditions prohibiting a designated  
10 managed service organization contracted treatment provider from denying  
11 or prohibiting access to medication-assisted treatment, as defined in  
12 section 23-21-803, for a substance use disorder.

13 (b) Contracts entered into between the ~~office of behavioral health~~  
14 BHA and the designated managed service organization must include  
15 terms and conditions that outline the expectations for the designated  
16 managed service organization to invest in the state's recovery services  
17 infrastructure, which include peer-run recovery support services and  
18 specialized services for underserved populations. Investments are based  
19 on available appropriations.

20 (5) The contract may include a provisional designation for ninety  
21 days. At the conclusion of the ninety-day provisional period, the ~~director~~  
22 ~~of the office of behavioral health~~ COMMISSIONER may choose to revoke  
23 the contract or, subject to meeting the terms and conditions specified in  
24 the contract, may choose to extend the contract for a stated time period.

25 (7) (a) The ~~director of the office of behavioral health~~  
26 COMMISSIONER may revoke the designation of a designated managed  
27 service organization upon finding that the managed service organization

1 is in violation of the performance of the provisions of or rules  
2 promulgated pursuant to this article 80. The revocation must conform to  
3 the provisions and procedures specified in article 4 of title 24, and occur  
4 only after notice and an opportunity for a hearing is provided as specified  
5 in article 4 of title 24. A hearing to revoke a designation as a designated  
6 managed service organization constitutes final agency action for purposes  
7 of judicial review.

8 (b) Once a designation has been revoked pursuant to subsection  
9 (7)(a) of this section, the ~~director of the office of behavioral health~~  
10 COMMISSIONER may designate one or more service providers to provide  
11 the treatment services pending designation of a new designated managed  
12 service organization or may enter into contracts with subcontractors to  
13 provide the treatment services.

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

19 **SECTION 150.** In Colorado Revised Statutes, 24-80-107.5,  
20 **amend** (3), (4)(b), (4)(c), (5)(a), (5)(b), and (7); and **repeal** (4)(a), (4)(d),  
21 (5)(c), and (6) as follows:

22 **27-80-107.5. Increasing access to effective substance use**  
23 **disorder services act - managed service organizations - substance use**  
24 **disorder services - assessment - community action plan - allocations**  
25 **- reporting requirements - evaluation.** (3) (a) On or before March 1,  
26 2017, each managed service organization that has completed a community  
27 assessment pursuant to subsection (2) of this section shall prepare and

1 submit in electronic format to the ~~department~~ BHA and the department of  
2 health care policy and financing a community action plan to increase  
3 access to effective substance use disorder services, referred to in this  
4 section as the "community action plan". The community action plan must  
5 summarize the results of the community assessment and include a  
6 description of how the managed service organization will utilize its  
7 allocation of funding from the marijuana tax cash fund created in section  
8 39-28.8-501 ~~C.R.S.~~, to address the most critical service gaps in its  
9 geographic region and a timeline for implementation of the community  
10 action plan.

11 (b) A managed service organization may periodically update its  
12 community action plan to reflect changes in community needs and  
13 priorities. Any such updated plan must be submitted in electronic format  
14 to the ~~department~~ BHA and the department of health care policy and  
15 financing.

16 (c) On or before May 1, 2017, the ~~department~~ BHA shall post the  
17 community action plans from the managed service organizations  
18 developed pursuant to ~~paragraph (a) of this subsection (3)~~ SUBSECTION  
19 (3)(a) OF THIS SECTION on its website. On or before May 1, 2017, the  
20 ~~department~~ BHA shall submit a report summarizing all of the community  
21 action plans received from the managed service organizations to the joint  
22 budget committee, the health and human services committee of the  
23 senate, and the public AND BEHAVIORAL health ~~care~~ and human services  
24 committee of the house of representatives, or any successor committees.  
25 The ~~department~~ BHA shall post on its website any updated community  
26 action plans received pursuant to ~~paragraph (b) of this subsection (3)~~  
27 SUBSECTION (3)(b) OF THIS SECTION.

1           (4) (a) ~~On July 1, 2016, the department shall disburse to each~~  
2 ~~designated managed service organization sixty percent of the designated~~  
3 ~~managed service organization's allocation from the money appropriated~~  
4 ~~from the marijuana tax cash fund. Each designated managed service~~  
5 ~~organization that conducts a community assessment and prepares a~~  
6 ~~community action plan pursuant to subsection (3) of this section may use~~  
7 ~~up to fifteen percent of its state fiscal year 2016-17 allocation from the~~  
8 ~~marijuana tax cash fund for such purposes and the remainder for~~  
9 ~~substance use disorder services. The department shall disburse the~~  
10 ~~remaining forty percent of the designated managed service organization's~~  
11 ~~marijuana tax cash fund allocation to each designated managed service~~  
12 ~~organization after the submission of its community action plan.~~

13           (b) On July 1, 2017, and on every July 1 thereafter, the department  
14 BHA shall disburse to each designated managed service organization that  
15 has submitted a community action plan one hundred percent of the  
16 designated managed service organization's allocation from the money  
17 appropriated from the marijuana tax cash fund.

18           (c) It is the intent of the general assembly that each designated  
19 managed service organization use money allocated to it from the  
20 marijuana tax cash fund to cover expenditures for substance use disorder  
21 services that are not otherwise covered by public or private insurance.  
22 ~~Except as provided in subsection (4)(a) of this section,~~ Each managed  
23 service organization may use its allocation from the marijuana tax cash  
24 fund to implement its community action plan, including expenditures for  
25 substance use disorder services and for any start-up costs or other  
26 expenses necessary to increase capacity to provide such services. A  
27 designated managed service organization must spend its allocation in the

1 state fiscal year in which it is received or in the next state fiscal year  
2 thereafter. If there is any money from the allocation remaining after the  
3 second state fiscal year, then the designated managed service organization  
4 shall return the money to the ~~department~~ BHA. If an enhanced residential  
5 and inpatient substance use disorder treatment and medical detoxification  
6 services benefit becomes available under the Colorado medical assistance  
7 program, managed service organizations shall determine to what extent  
8 money allocated from the marijuana tax cash fund may be used to assist  
9 in providing substance use disorder treatment, including residential and  
10 inpatient substance use disorder treatment and medical detoxification  
11 services, if those services are not otherwise covered by public or private  
12 insurance.

13 ~~(d) (I) For state fiscal year 2016-17, and each state fiscal year~~  
14 ~~thereafter, the department shall allocate money that is annually~~  
15 ~~appropriated to it from the marijuana tax cash fund to the designated~~  
16 ~~managed service organizations based on the department's allocation of the~~  
17 ~~federal substance abuse prevention and treatment block grant to~~  
18 ~~geographical areas for the same state fiscal year. Any money from the~~  
19 ~~marijuana tax cash fund that is allocated in accordance with this~~  
20 ~~subsection (4)(d)(I) and that is not expended by a managed service~~  
21 ~~organization in the state fiscal year in which it is disbursed remains~~  
22 ~~available for expenditure by the department in the next state fiscal year~~  
23 ~~without further appropriation.~~

24 ~~(II) For state fiscal year 2017-18 and each fiscal year thereafter,~~  
25 ~~the department shall modify the allocation methodology set forth in~~  
26 ~~subparagraph (I) of this paragraph (d) if the designated managed service~~  
27 ~~organizations recommend, by consensus, a change. Any such~~

1 ~~recommendation must be submitted to the department by February 28~~  
2 ~~prior to the state fiscal year in which the change would apply.~~

3 (5) (a) On or before September 1, 2017, and on or before each  
4 September 1 thereafter, each designated managed service organization  
5 shall submit an annual report to the ~~department~~ BHA, the joint budget  
6 committee, the health and human services committee of the senate, and  
7 the public AND BEHAVIORAL health ~~care~~ and human services committee  
8 of the house of representatives, or their successor committees, concerning  
9 the amount and purpose of actual expenditures made using money from  
10 the marijuana tax cash fund in the previous state fiscal year. The report  
11 must contain a description of the impact of the expenditures on  
12 addressing the needs that were identified in the initial and any subsequent  
13 community assessments and action plans developed pursuant to  
14 subsection (3) of this section, as well as any other requirements  
15 established for the contents of the report by the ~~department~~ BHA.

16 (b) A designated managed service organization shall provide the  
17 ~~department~~ BHA with information about actual expenditures as required  
18 by the ~~department~~ BHA.

19 ~~(c) On or before November 1, 2020, the department, in~~  
20 ~~collaboration with the designated managed service organizations, shall~~  
21 ~~submit a report to the joint budget committee and the joint health and~~  
22 ~~human services committee, or any successor committees. The report must:~~

23 ~~(I) Summarize expenditures made by the designated managed~~  
24 ~~service organizations using money made available pursuant to this section~~  
25 ~~for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;~~

26 ~~(II) Describe the impact the expenditures have had on increasing~~  
27 ~~statewide access to a continuum of effective substance use disorder~~

1 services, including the availability of prevention, intervention, treatment,  
2 and recovery support services in each designated service area; and

3 ~~(HH) Include any recommendations to strengthen or improve the~~  
4 ~~program.~~

5 ~~(6) (a) On or before November 1, 2016, the department shall enter~~  
6 ~~into a contract with an evaluation contractor to study the effectiveness of~~  
7 ~~intensive residential treatment of substance use disorders provided~~  
8 ~~through managed service organizations. The department and the~~  
9 ~~department of health care policy and financing shall collaborate with the~~  
10 ~~evaluation contractor on the design of the evaluation so that the data and~~  
11 ~~analyses will be of maximum benefit for evaluating whether the medicaid~~  
12 ~~behavioral health benefit should be expanded to include intensive~~  
13 ~~residential treatment for substance use disorders.~~

14 ~~(b) Prior to entering into a contract for the evaluation of intensive~~  
15 ~~residential treatment of substance use disorders provided through~~  
16 ~~managed service organizations, the department shall seek input from~~  
17 ~~managed service organizations and residential substance use disorder~~  
18 ~~treatment providers concerning relevant outcome measures to be used by~~  
19 ~~the evaluation contractor in the study.~~

20 ~~(c) On or before February 1, 2019, the department shall submit a~~  
21 ~~copy of the evaluation contractor's final report to the joint budget~~  
22 ~~committee, the health and human services committee of the senate, and~~  
23 ~~the public health care and human services committee of the house of~~  
24 ~~representatives, or any successor committees.~~

25 (7) Notwithstanding section 24-1-136 (11)(a)(I), the department  
26 BHA shall report on outcomes related to the implementation of this  
27 section as part of its annual "State Measurement for Accountable,

1 Responsive, and Transparent (SMART) Government Act" hearing  
2 required by section 2-7-203, beginning with the hearing that precedes the  
3 2019 legislative session.

4 **SECTION 151.** In Colorado Revised Statutes, 27-80-108, **amend**  
5 (1)(c) and (1)(d) as follows:

6 **27-80-108. Rules.** (1) The state board of human services, created  
7 in section 26-1-107, has the power to promulgate rules governing the  
8 provisions of this article 80. The rules may include, but are not limited to:

9 (c) Requirements for public and private agencies, organizations,  
10 and institutions from which the ~~office of behavioral health~~ BHA may  
11 purchase services pursuant to section 27-80-106 (1), which requirements  
12 must include prohibiting the purchase of services from entities that deny  
13 or prohibit access to medical services or substance use disorder treatment  
14 and services to persons who are participating in prescribed  
15 medication-assisted treatment, as defined in section 23-21-803, for a  
16 substance use disorder;

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

21 **SECTION 152.** In Colorado Revised Statutes, **amend** 27-80-109  
22 as follows:

23 **27-80-109. Coordination of state and federal funds and**  
24 **programs.** (1) Requests for state appropriations for substance use  
25 disorder treatment programs must be submitted to the ~~office of behavioral~~  
26 ~~health~~ BHA and the office of state planning and budgeting on dates  
27 specified by the ~~office of behavioral health~~ BHA, consistent with

1 requirements and procedures of the office of state planning and  
2 budgeting. After studying each request, the ~~office of behavioral health~~  
3 BHA shall make a report with its comments and recommendations,  
4 including priorities for appropriations and a statement as to whether the  
5 requested appropriation would be consistent with the comprehensive state  
6 plan for substance use disorder treatment programs. The ~~office of~~  
7 ~~behavioral health~~ BHA shall submit its reports to the governor, the office  
8 of state planning and budgeting, and the joint budget committee, together  
9 with all pertinent material on which the report's recommendations are  
10 based.

11 (2) The ~~office of behavioral health~~ BHA shall also review  
12 applications for federal grants for substance use disorder treatment  
13 programs submitted by any department or agency of state government;  
14 political subdivision of the state; Indian tribal reservation; or other public  
15 or private agency, organization, or institution. The ~~office of behavioral~~  
16 ~~health~~ BHA shall transmit to the division of planning and to the  
17 appropriate United States agency its comments and recommendations,  
18 together with a statement as to whether the grant would be consistent with  
19 the comprehensive state plan for substance use disorder treatment  
20 programs.

21 **SECTION 153.** In Colorado Revised Statutes, **amend** 27-80-111  
22 as follows:

23 **27-80-111. Counselor training - fund created - rules.** (1) The  
24 ~~executive director~~ COMMISSIONER shall establish by rule fees to be  
25 charged for addiction counselor training. The amount assessed must be  
26 sufficient to cover a portion of the costs of administering the training, and  
27 the money collected must be deposited in the addiction counselor training

1 fund. Additional funding may be obtained from general, cash, or federal  
2 funds otherwise appropriated to the ~~office of behavioral health~~ BHA.

3 (2) There is created in the office of the state treasurer the  
4 addiction counselor training fund, referred to in this section as the "fund".  
5 Money collected pursuant to subsection (1) of this section shall be  
6 deposited in the fund. The money in the fund is subject to annual  
7 appropriation by the general assembly to the ~~department for allocation to~~  
8 ~~the office of behavioral health~~ BHA for the administration of addiction  
9 counselor training requirements established by rules of the state board of  
10 human services pursuant to section 27-80-108 (1)(e). Money in the fund  
11 at the end of the fiscal year must remain in the fund and not revert to the  
12 general fund.

13 **SECTION 154.** In Colorado Revised Statutes, 27-80-112, **amend**  
14 (2) as follows:

15 **27-80-112. Legislative declaration - treatment program for**  
16 **high-risk pregnant women - creation.** (2) In recognition of such  
17 problems, there is hereby created a treatment program for high-risk  
18 pregnant women IN THE BEHAVIORAL HEALTH ADMINISTRATION.

19 **SECTION 155.** In Colorado Revised Statutes, **amend** 27-80-113  
20 as follows:

21 **27-80-113. Substance use and addiction counseling and**  
22 **treatment - necessary components.** Any entity that qualifies to provide  
23 services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment  
24 program for high-risk pregnant women, shall make available, in addition  
25 to substance use and addiction counseling and treatment: Risk assessment  
26 services; care coordination; nutrition assessment; psychosocial  
27 counseling; intensive health education, including parenting education and

1 education on risk factors and appropriate health behaviors; home visits;  
2 transportation services; and other services deemed necessary by the office  
3 of behavioral health BHA and the department of health care policy and  
4 financing.

5 **SECTION 156.** In Colorado Revised Statutes, 27-80-117, **amend**  
6 (2)(a)(I) introductory portion, (2)(a)(II), (2)(b), (2)(c), and (3) as follows:

7 **27-80-117. Rural alcohol and substance abuse prevention and**  
8 **treatment program - creation - administration - cash fund -**  
9 **definitions - repeal.** (2) (a) (I) There is created the rural alcohol and  
10 substance abuse prevention and treatment program in the office of  
11 behavioral health BHA to provide:

12 (II) The office of behavioral health BHA shall administer the  
13 program pursuant to rules adopted by the state board of human services  
14 as of January 1, 2010, or as amended by the state board.

15 (b) The office of behavioral health BHA shall incorporate  
16 provisions to implement the program into its regular contracting  
17 mechanism for the purchase of prevention and treatment services  
18 pursuant to section 27-80-106, including detoxification programs. The  
19 office of behavioral health BHA shall develop a method to equitably  
20 distribute and provide additional money through contracts to provide for  
21 prevention services for and treatment of persons in rural areas.

22 (c) Notwithstanding any provision of this section to the contrary,  
23 the office of behavioral health BHA shall implement the program on or  
24 after January 1, 2011, subject to the availability of sufficient money to  
25 operate an effective program, as determined by the office BHA.

26 (3) (a) There is created in the state treasury the rural alcohol and  
27 substance abuse cash fund, referred to in this section as the "fund", that

1 consists of the rural youth alcohol and substance abuse prevention and  
2 treatment account, referred to in this section as the "youth account", and  
3 the rural detoxification account, referred to in this section as the  
4 "detoxification account". The fund is comprised of money collected from  
5 surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307  
6 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges  
7 must be divided equally between the youth account and the detoxification  
8 account. The fund also includes any money credited to the fund pursuant  
9 to subsection (3)(b) of this section. Money in the fund credited pursuant  
10 to subsection (3)(b) of this section must be divided equally between the  
11 youth account and the detoxification account unless the grantee or donor  
12 specifies to which account the grant, gift, or donation is to be credited.  
13 The money in the fund is subject to annual appropriation by the general  
14 assembly to the ~~office of behavioral health~~ BHA for the purpose of  
15 implementing the program. All interest derived from the deposit and  
16 investment of money in the fund remains in the fund. Any unexpended or  
17 unencumbered money remaining in the fund at the end of a fiscal year  
18 remains in the fund and shall not be transferred or credited to the general  
19 fund or another fund; except that any unexpended and unencumbered  
20 money remaining in the fund as of August 30, 2025, is credited to the  
21 general fund.

22 (b) The ~~office of behavioral health~~ BHA is authorized to accept  
23 grants, gifts, or donations from any private or public source on behalf of  
24 the state for the purpose of the program. The ~~office of behavioral health~~  
25 BHA shall transmit all private and public money received through grants,  
26 gifts, or donations to the state treasurer, who shall credit the same to the  
27 fund.

1           **SECTION 157.** In Colorado Revised Statutes, 27-80-119, **amend**  
2 (3), (4), (6) introductory portion, (6)(f), (7), and (8) as follows:

3           **27-80-119. Care navigation program - creation - reporting -**  
4 **rules - legislative declaration - definition.** (3) Subject to available  
5 appropriations, the ~~department~~ BHA shall implement a care navigation  
6 program to assist engaged clients in obtaining access to treatment for  
7 substance use disorders. At a minimum, services available statewide must  
8 include independent screening of the treatment needs of the engaged  
9 client using nationally recognized screening criteria to determine the  
10 correct level of care; the identification of licensed or accredited substance  
11 use disorder treatment options, including social and medical  
12 detoxification services, medication-assisted treatment, and inpatient and  
13 outpatient treatment programs; and the availability of various treatment  
14 options for the engaged client.

15           (4) To implement the care navigation program, the ~~office~~ BHA  
16 shall include care navigation services in the twenty-four-hour telephone  
17 crisis service created pursuant to section 27-60-103. The contractor  
18 selected by the ~~office~~ BHA must provide care navigation services to  
19 engaged clients statewide. Care navigation services must be available  
20 twenty-four hours a day and must be accessible through various formats.  
21 The contractor shall coordinate services in conjunction with other state  
22 care navigation and coordination services and behavioral health response  
23 systems to ensure coordinated and integrated service delivery. The use of  
24 peer support specialists is encouraged in the coordination of services. The  
25 contractor shall assist the engaged client with accessing treatment  
26 facilities, treatment programs, or treatment providers and shall provide  
27 services to engaged clients regardless of the client's payer source or

1 whether the client is uninsured. Once the engaged client has initiated  
2 treatment, the contractor is no longer responsible for care navigation for  
3 that engaged client for that episode. Engaged clients who are enrolled in  
4 the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5  
5 shall be provided with contact information for their managed care entity.  
6 The contractor shall conduct ongoing outreach to inform behavioral  
7 health providers, counties, county departments of human or social  
8 services, jails, law enforcement personnel, health-care professionals, and  
9 other interested persons about care navigation services.

10 (6) The contractor shall collect and transmit to the ~~department~~  
11 BHA, in the time and manner determined by rule of the ~~department~~ STATE  
12 BOARD OF HUMAN SERVICES, the following data and information relating  
13 to engaged clients served by the contractor:

14 (f) Whether the engaged client had private or public insurance or  
15 was eligible for services through the ~~office~~ BHA due to income;

16 (7) The state board OF HUMAN SERVICES may promulgate any rules  
17 necessary to implement the care navigation program.

18 (8) No later than September 1 during the first year in which the  
19 care navigation program is implemented pursuant to this section, and no  
20 later than September 1 of each year thereafter in which the care  
21 navigation program is implemented, the ~~department~~ BHA shall submit an  
22 annual report to the joint budget committee, the public AND BEHAVIORAL  
23 health ~~care~~ and human services committee and the health and insurance  
24 committee of the house of representatives, and the health and human  
25 services committee of the senate, or any successor committees,  
26 concerning the utilization of care navigation services pursuant to this  
27 section, including a summary of the data and information collected by the

1 contractor pursuant to subsection (6) of this section, in accordance with  
2 state and federal health-care privacy laws. Notwithstanding the provisions  
3 of section 24-1-136 (11)(a)(I), the reporting requirements of this  
4 subsection (8) continue indefinitely.

5 **SECTION 158.** In Colorado Revised Statutes, 27-80-120, **amend**  
6 (1), (2), (3), and (6) as follows:

7 **27-80-120. Building substance use disorder treatment capacity**  
8 **in underserved communities - grant program.** (1) There is created in  
9 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the building  
10 substance use disorder treatment capacity in underserved communities  
11 grant program, referred to in this section as the "grant program".

12 (2) Subject to available appropriations, the ~~department~~ BHA shall  
13 award grant program money to increase substance use disorder capacity  
14 and services in rural and frontier communities. Each managed service  
15 organization area that consists of at least fifty percent rural or frontier  
16 counties shall receive an equal proportion of the annual grant program  
17 money to disburse in local grants.

18 (3) A grant committee shall review grant applications and, if  
19 approved, award local grants. The grant committee includes two members  
20 appointed by the county commissioners in the relevant managed service  
21 organization service area, two representatives from the managed service  
22 organization, and two members representing the ~~department~~ BHA and  
23 appointed by the ~~executive director of the department~~ COMMISSIONER.  
24 The award of a local grant must be approved by a majority of the  
25 members of the grant committee. In awarding a local grant, the grant  
26 committee shall prioritize geographic areas that are unserved or  
27 underserved. After local grants are approved for each managed service

1 organization service area, the ~~department~~ BHA shall disburse grant  
2 program money to the managed service organization for distribution to  
3 local grant recipients.

4 (6) Money appropriated for the pilot program that remains  
5 unexpended and unencumbered at the end of the fiscal year is further  
6 appropriated to the ~~department~~ BHA for the pilot program in the next  
7 fiscal year.

8 **SECTION 159.** In Colorado Revised Statutes, 27-80-121, **amend**  
9 (1) introductory portion as follows:

10 **27-80-121. Perinatal substance use data linkage project -**  
11 **center for research into substance use disorder prevention,**  
12 **treatment, and recovery support strategies - report.** (1) The center for  
13 research into substance use disorder prevention, treatment, and recovery  
14 support strategies established in section 27-80-118, referred to in this  
15 section as the "center", in partnership with an institution of higher  
16 education and the state substance abuse trend and response task force  
17 established in section 18-18.5-103, may conduct a statewide perinatal  
18 substance use data linkage project that uses ongoing collection, analysis,  
19 interpretation, and dissemination of data for the planning,  
20 implementation, and evaluation of public health actions to improve  
21 outcomes for families impacted by substance use during pregnancy. The  
22 data linkage project shall utilize data from the medical assistance  
23 program, articles 4 to 6 of title 25.5; the electronic prescription drug  
24 monitoring program created in part 4 of article 280 of title 12; the  
25 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the  
26 Colorado immunization information system, created pursuant to section  
27 25-4-2401, et seq.; the Colorado child care assistance program, created

1 in part 8 of article 2 of title 26; the ~~office of behavioral health in the~~  
2 ~~department of human services~~ BHA; and birth and death records to  
3 examine the following:

4 **SECTION 160.** In Colorado Revised Statutes, 27-80-122, **amend**  
5 (1) introductory portion and (2) as follows:

6 **27-80-122. Recovery residence certifying body - competitive**  
7 **selection process - appropriation.** (1) No later than January 1, 2022, the  
8 ~~office of behavioral health~~ BHA shall use a competitive selection process  
9 pursuant to the "Procurement Code", articles 101 to 112 of title 24, to  
10 select a recovery residence certifying body to:

11 (2) For the 2021-22 state fiscal year and each state fiscal year  
12 thereafter, the general assembly shall appropriate two hundred thousand  
13 dollars to the ~~office of behavioral health~~ BHA for the purpose of  
14 implementing this section.

15 **SECTION 161.** In Colorado Revised Statutes, 27-80-123, **amend**  
16 (2), (4) introductory portion, (5), (6), (7) introductory portion, and (7)(a)  
17 as follows:

18 **27-80-123. High-risk families cash fund - creation - services**  
19 **provided - report - definition.** (2) There is created in the state treasury  
20 the high-risk families cash fund, referred to in this section as the "fund".  
21 The fund consists of money credited to the fund and any other money that  
22 the general assembly may appropriate or transfer to the fund. The state  
23 treasurer shall credit all interest and income derived from the deposit and  
24 investment of money in the fund to the fund. Money in the fund is  
25 continuously appropriated to the ~~department~~ BHA, which may expend  
26 money from the fund for the purposes specified in subsection (4) of this  
27 section.

1 (4) The ~~department~~ BHA may expend money in the fund for the  
2 following purposes:

3 (5) (a) The ~~department~~ BHA may use money from the fund to  
4 contract with managed service organizations, private providers, schools,  
5 counties, nonprofit organizations, or municipalities to provide services  
6 described in subsection (4) of this section.

7 (b) Money expended by the ~~department~~ BHA must be used for  
8 one-time allocations to increase treatment capacity, including start-up  
9 costs and capital expenditures, or to provide substance use disorder  
10 recovery and wraparound services, including the prenatal plus program  
11 and access to child care, to high-risk families.

12 (6) After considering relevant stakeholder feedback, the  
13 ~~department~~ BHA shall annually prioritize the use of available money in  
14 the fund, recognizing statewide need and complementing existing funding  
15 for behavioral health services statewide.

16 (7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I)  
17 to the contrary, the ~~department~~ BHA shall submit a report to the general  
18 assembly on July 1, 2020, and on July 1 each year thereafter, which report  
19 must include:

20 (a) A summary of expenditures from the fund made by the  
21 ~~department~~ BHA;

22 **SECTION 162.** In Colorado Revised Statutes, 27-80-124, **amend**  
23 (1), (3) introductory portion, (4), and (5) as follows:

24 **27-80-124. Colorado substance use disorders prevention**  
25 **collaborative - created - mission - administration - report - repeal.**

26 (1) The ~~office of behavioral health~~ BHA shall convene and administer a  
27 Colorado substance use disorders prevention collaborative with

1 institutions of higher education, nonprofit agencies, and state agencies,  
2 referred to in this section as the "collaborative", for the purpose of  
3 gathering feedback from local public health agencies, institutions of  
4 higher education, nonprofit agencies, and state agencies concerning  
5 evidence-based prevention practices to fulfill the mission stated in  
6 subsection (2) of this section.

7 (3) The ~~office of behavioral health~~ BHA and the collaborative  
8 shall:

9 (4) In order to implement and provide sustainability to the  
10 collaborative, for state fiscal years 2021-22 through 2024-25, the general  
11 assembly shall appropriate money from the marijuana tax cash fund  
12 created in section 39-28.8-501 (1) to the ~~office of behavioral health~~ BHA  
13 to accomplish the mission of the collaborative.

14 (5) The ~~office of behavioral health~~ BHA shall report its progress  
15 to the general assembly on or before September 1, 2022, and each  
16 September 1 through September 1, 2025.

17 **SECTION 163.** In Colorado Revised Statutes, 27-80-125, **amend**  
18 (1) introductory portion, (2), (3), (4), and (5) as follows:

19 **27-80-125. Housing assistance for individuals with a substance**  
20 **use disorder - rules - report - appropriation.** (1) The ~~office of~~  
21 ~~behavioral health~~ BHA shall establish a program to provide temporary  
22 financial housing assistance to individuals with a substance use disorder  
23 who have no supportive housing options when the individual is:

24 (2) The ~~office of behavioral health~~ BHA may promulgate rules  
25 establishing the maximum amount of temporary financial assistance that  
26 an individual can receive and the maximum amount of time for which an  
27 individual may receive assistance. Rules promulgated pursuant to this

1 subsection (2) related to the time for which an individual may receive  
2 assistance must be clinically based, culturally responsive, and  
3 trauma-informed.

4 (3) In awarding temporary financial housing assistance in  
5 accordance with this section, the ~~office of behavioral health~~ BHA shall  
6 consider funding for individuals entering into a recovery residence, as  
7 defined in section 25-1.5-108.5 (1)(a).

8 (4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1,  
9 2022, and by February 1 each year thereafter, the ~~office of behavioral~~  
10 ~~health~~ BHA shall submit a report detailing the amount of housing  
11 assistance provided in the prior year, the number of individuals and the  
12 entities that received the housing assistance, and the duration of housing  
13 assistance each individual or entity received to the health and human  
14 services committee of the senate, the health and insurance and the public  
15 and behavioral health and human services committees of the house of  
16 representatives, and the opioid and other substance use disorders study  
17 committee created in section 10-22.3-101, or any successor committees.

18 (5) For the 2021-22 state fiscal year and each state fiscal year  
19 thereafter, the general assembly shall appropriate four million dollars to  
20 the ~~office of behavioral health~~ BHA for the purpose of the housing  
21 program described in this section.

22 **SECTION 164.** In Colorado Revised Statutes, 27-80-126, **amend**  
23 (2), (4), (5), (6)(a), (7)(a) introductory portion, (7)(a)(IV), (7)(b), and (8)  
24 as follows:

25 **27-80-126. Recovery support services grant program -**  
26 **creation - eligibility - reporting requirements - appropriation - rules**  
27 **- definitions.** (2) There is created in the ~~office of behavioral health~~

1 ADMINISTRATION the recovery support services grant program, referred  
2 to in this section as the "grant program", to provide grants to recovery  
3 community organizations for the purpose of providing recovery-oriented  
4 services to individuals with a substance use disorder or co-occurring  
5 substance use and mental health disorder.

6 (4) The ~~office of behavioral health~~ BHA shall administer the grant  
7 program. Subject to available appropriations, the ~~office~~ BHA shall  
8 disburse grant money appropriated pursuant to subsection (8) of this  
9 section to each managed service organization designated pursuant to  
10 section 27-80-107.

11 (5) The ~~office of behavioral health~~ BHA shall implement the grant  
12 program in accordance with this section. Pursuant to article 4 of title 24,  
13 the ~~office~~ BHA shall promulgate rules as necessary to implement the  
14 grant program.

15 (6) (a) To receive a grant, a recovery community organization  
16 must submit an application to the applicable managed service  
17 organization in accordance with rules promulgated by the ~~office of~~  
18 ~~behavioral health~~ BHA.

19 (7) (a) On or before December 1, 2023, and on or before  
20 December 1 each year thereafter, each managed service organization that  
21 awards grants shall submit a report to the ~~office of behavioral health~~  
22 BHA. At a minimum, the report must include the following information:

23 (IV) Any other information required by the ~~office of behavioral~~  
24 ~~health~~ BHA.

25 (b) On or before March 1, 2022, and on or before March 1 each  
26 year thereafter for the duration of the grant program, the ~~office of~~  
27 ~~behavioral health~~ BHA shall submit a summarized report on the grant

1 program to the health and human services committee of the senate and the  
2 health and insurance and the public and behavioral health and human  
3 services committees of the house of representatives, or any successor  
4 committees, and to the opioid and other substance use disorders study  
5 committee created in section 10-22.3-101.

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

12 **SECTION 165.** In Colorado Revised Statutes, 27-80-204, **amend**  
13 (1)(a), (1)(b)(II), (3), and (4) as follows:

14 **27-80-204. License required - controlled substances - repeal.**

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

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

26 (3) An employee of a facility, as defined in section 25-1.5-301,  
27 ~~C.R.S.~~, who is administering and monitoring medications to persons

1 under the care or jurisdiction of the facility pursuant to part 3 of article  
2 1.5 of title 25 ~~C.R.S.~~, need not be licensed by the ~~department~~ BHA to  
3 lawfully possess controlled substances under this part 2.

4 (4) A person who is required to be but is not yet licensed may  
5 apply for a license at any time. A person who is required to be licensed  
6 under this part 2 shall not engage in any activity for which a license is  
7 required until the ~~department~~ BHA grants the person's application and  
8 issues a license to ~~him or her~~ THE PERSON.

9 **SECTION 166.** In Colorado Revised Statutes, 27-80-205, **amend**  
10 (1) introductory portion, (3)(a.5), and (3)(b) as follows:

11 **27-80-205. Issuance of license - fees.** (1) The ~~department~~ BHA,  
12 as provided in section 27-80-204 (1), shall issue the appropriate license  
13 to each substance use disorder treatment program meeting all the  
14 requirements of this part 2 unless it determines that the issuance of the  
15 license would be inconsistent with the public interest. In determining the  
16 public interest, the ~~department~~ BHA shall consider the following factors:

17 (3) (a.5) The ~~department~~ BHA may administratively set initial and  
18 annual license fees for substance use disorder treatment programs to  
19 approximate the direct and indirect costs of the program.

20 (b) The ~~department~~ BHA shall transmit the fees collected pursuant  
21 to this section to the state treasurer for deposit in the controlled  
22 substances program fund created in section 27-80-206.

23 **SECTION 167.** In Colorado Revised Statutes, **amend** 27-80-206  
24 as follows:

25 **27-80-206. Controlled substances program fund - disposition**  
26 **of fees.** There is ~~hereby~~ created in the state treasury the controlled  
27 substances program fund. The ~~department~~ BHA shall transmit all ~~moneys~~

1 MONEY it collects pursuant to this part 2 to the state treasurer, who shall  
2 credit the ~~moneys~~ MONEY to the controlled substances program fund. The  
3 general assembly shall ~~make annual appropriations~~ ANNUALLY  
4 APPROPRIATE MONEY from the controlled substances program fund to the  
5 ~~department~~ BHA for the purposes authorized by this part 2. All ~~moneys~~  
6 MONEY credited to the controlled substances program fund and any  
7 interest earned on the fund ~~remain~~ REMAINS in the fund and ~~do~~ DOES not  
8 revert to the general fund or any other fund at the end of any fiscal year.

9 **SECTION 168.** In Colorado Revised Statutes, 27-80-207, **amend**  
10 (3) as follows:

11 **27-80-207. Qualifications for license.** (3) The ~~department~~ BHA  
12 shall not grant a license to a person who has been convicted within the  
13 last two years of a willful violation of this part 2 or any other state or  
14 federal law regulating controlled substances.

15 **SECTION 169.** In Colorado Revised Statutes, 27-80-208, **amend**  
16 (1) introductory portion, (1)(d), (2), (2.5), (3), (4), and (5)(a) as follows:

17 **27-80-208. Denial, revocation, or suspension of license - other**  
18 **disciplinary actions - notice.** (1) The ~~department~~ BHA may deny,  
19 suspend, or revoke a license issued under this part 2 pursuant to article 4  
20 of title 24, or take other disciplinary action as set forth in subsection (2.5)  
21 of this section, at the ~~department's~~ BHA's discretion, upon a finding that  
22 the licensee:

23 (d) Has violated any provision of this part 2 or the rules of the  
24 ~~department~~ BHA or of the state board of human services created in  
25 section 26-1-107. ~~C.R.S.~~

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

1 revocation or suspension.

2 (2.5) If the ~~department~~ BHA determines that a licensee has  
3 committed an act that would authorize the ~~department~~ BHA to deny,  
4 revoke, or suspend a license, the ~~department~~ BHA may, at its discretion,  
5 impose other disciplinary actions that may include, but need not be  
6 limited to, a fine not to exceed five hundred dollars, probation, or  
7 stipulation.

8 (3) If the ~~department~~ BHA suspends or revokes a license, the  
9 ~~department~~ BHA may place all controlled substances owned or possessed  
10 by the licensee at the time of the suspension or on the effective date of the  
11 revocation order under seal. The ~~department~~ BHA may not dispose of  
12 substances under seal until the time for making an appeal has elapsed or  
13 until all appeals have been concluded, unless a court orders otherwise or  
14 orders the sale of any perishable controlled substances and the deposit of  
15 the proceeds with the court. When a revocation order becomes final, all  
16 controlled substances may be forfeited to the state.

17 (4) The ~~department~~ BHA shall promptly notify the bureau and the  
18 appropriate professional licensing agency, if any, of all charges and the  
19 final disposition of the charges, and of all forfeitures of a controlled  
20 substance.

21 (5) (a) On or before July 1, 2020, the ~~department~~ BHA shall  
22 develop and implement a formal, simple, accurate, and objective system  
23 to track and categorize complaints made against a licensee and  
24 disciplinary action taken pursuant to this part 2.

25 **SECTION 170.** In Colorado Revised Statutes, 27-80-211, **amend**  
26 (2) introductory portion, (2)(b), and (2)(c) as follows:

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

1 BHA shall cooperate with all agencies charged with the enforcement of  
2 the laws of this state, all other states, and the United States relating to  
3 controlled substances. To this end, the ~~department~~ BHA shall:

4 (b) Cooperate with the bureau and with local, state, and other  
5 federal agencies by maintaining a centralized unit to accept, catalogue,  
6 file, and collect statistics, including records of dependent and other  
7 controlled substance law offenders within the state, and make the  
8 information available for federal, state, and local law enforcement or  
9 regulatory purposes. The ~~department~~ BHA shall not furnish the name or  
10 identity of a patient whose identity could not be obtained under section  
11 27-80-212.

12 (c) Respond to referrals, complaints, or other information received  
13 regarding possible violations and, upon notification of the appropriate  
14 licensing authority, if applicable, and upon a written finding by the  
15 ~~executive director of the department~~ COMMISSIONER that probable cause  
16 exists to believe that there is illegal distribution or dispensing of  
17 controlled substances, to make any inspections, investigations, and reports  
18 that may be necessary to determine compliance with this part 2 by all  
19 licensed or otherwise authorized individuals who handle controlled  
20 substances;

21 **SECTION 171.** In Colorado Revised Statutes, **amend** 27-80-213  
22 as follows:

23 **27-80-213. Rules - policies.** (1) The ~~department~~ BHA shall  
24 update rules and promulgate new rules, as necessary and pursuant to  
25 article 4 of title 24, ~~C.R.S.~~, to implement this part 2. The ~~department~~  
26 BHA shall make the rules available to the public on its website.

27 (2) The ~~department~~ BHA shall promulgate rules, in accordance

1 with article 4 of title 24, for the conduct of detoxification treatment,  
2 maintenance treatment, and withdrawal treatment programs for substance  
3 use disorders related to controlled substances.

4 (3) The ~~department~~ BHA shall develop a policy that separates the  
5 administration of this part 2 from the administration of article 81 of this  
6 title 27. The policy must ensure that the ~~department's~~ BHA's performance  
7 of its duties pursuant to this part 2 does not interfere with the performance  
8 of its duties as required by article 81 of this title 27.

9 **SECTION 172.** In Colorado Revised Statutes, 27-80-215, **amend**  
10 (1)(a), (1)(b), (2)(a)(I), (2)(a)(II), (2)(b), and (3)(b) as follows:

11 **27-80-215. Central registry - registration required - notice -**  
12 **repeal.** (1) (a) On or before July 1, 2020, the ~~department~~ BHA shall  
13 develop or procure a secure online central registry, referred to in this  
14 section as the "registry", to register patients treated in a substance use  
15 disorder treatment program.

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

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

24 (II) For each patient, the entry into the registry must include the  
25 patient's name, the opioid treatment program providing treatment to the  
26 patient, and any information the ~~department~~ BHA deems necessary to  
27 further the goals of this part 2.

1 (b) The ~~department~~ BHA shall establish the method for opioid  
2 treatment programs to enter information into the registry and query the  
3 registry for information concerning prospective patients.

4 (3) (b) Prior to the repeal, the department of regulatory agencies  
5 shall review the registration functions of the ~~department~~ BHA as provided  
6 in section 24-34-104.

7 **SECTION 173.** In Colorado Revised Statutes, **amend** 27-80-216  
8 as follows:

9 **27-80-216. Policy verifying identity.** The ~~department~~ BHA shall  
10 establish a policy on how a substance use disorder treatment program  
11 must verify the identity of individuals initiating into detoxification,  
12 withdrawal, or maintenance treatment for a substance use disorder. The  
13 ~~department~~ BHA policy must include verification requirements for  
14 individuals without identification and individuals experiencing  
15 homelessness.

16 **SECTION 174.** In Colorado Revised Statutes, 27-80-303, **amend**  
17 (1)(a), (1)(b) introductory portion, (4), and (5) as follows:

18 **27-80-303. Office of ombudsman for behavioral health access**  
19 **to care - creation - appointment of ombudsman - duties.** (1) (a) There  
20 is ~~hereby~~ created in the office of the executive director OF THE  
21 DEPARTMENT the office of the ombudsman for behavioral health access  
22 to care for the purpose of assisting Coloradans in accessing behavioral  
23 health care.

24 (b) The office of behavioral health IN THE DEPARTMENT AND THE  
25 BHA shall offer the office limited support with respect to:

26 (4) The ombudsman, employees of the office, and any persons  
27 acting on behalf of the office shall comply with all state and federal

1 confidentiality laws that govern the department AND THE BHA with  
2 respect to the treatment of confidential information or records and the  
3 disclosure of such information and records.

4 (5) In the performance of ~~his or her~~ THE OMBUDSMAN'S duties, the  
5 ombudsman shall act independently of the office of behavioral health IN  
6 THE DEPARTMENT AND THE BHA. Any recommendations made or  
7 positions taken by the ombudsman do not reflect those of the department,  
8 ~~or~~ THE office of behavioral health, OR THE BHA.

9 **SECTION 175.** In Colorado Revised Statutes, **amend** 27-80-304  
10 as follows:

11 **27-80-304. Liaisons - department - commissioner of insurance.**

12 The commissioner of insurance and the executive director OF THE  
13 DEPARTMENT shall each appoint a liaison to the ombudsman to receive  
14 reports of concerns, complaints, and potential violations described in  
15 section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care  
16 providers.

17 **SECTION 176.** In Colorado Revised Statutes, 27-80-306, **amend**  
18 (2) and (3) as follows:

19 **27-80-306. Annual report.** (2) The ombudsman shall submit the  
20 report required by this section to the governor, the executive director OF  
21 THE DEPARTMENT AND THE COMMISSIONER OF THE BHA, the  
22 commissioner of insurance, the senate committee on health and human  
23 services or any successor committee, and the house of representatives  
24 committees on health AND insurance ~~and environment~~ and public AND  
25 BEHAVIORAL health ~~care~~ and human services or any successor  
26 committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting  
27 requirement set forth in this section continues indefinitely.

1 (3) The ombudsman shall post the annual report on the  
2 department's BHA's website.

3 **SECTION 177.** In Colorado Revised Statutes, 27-81-102, **amend**  
4 **(3); amend as it will become effective July 1, 2022,** (13.7); **repeal** (6),  
5 (8), and (13.5); and **add** (3.3) and (3.7) as follows:

6 **27-81-102. Definitions.** As used in this article 81, unless the  
7 context otherwise requires:

8 (3) "Approved public treatment facility" means a treatment agency  
9 operating under the direction and control of or approved by the ~~office of~~  
10 ~~behavioral health~~ BHA or providing treatment pursuant to this article 81  
11 through a contract with the ~~office of behavioral health~~ BHA pursuant to  
12 section 27-81-105 (7) and meeting the standards prescribed in section  
13 27-81-106 (1) and approved pursuant to section 27-81-106.

14 (3.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS  
15 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
16 27-50-102.

17 (3.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE  
18 BEHAVIORAL HEALTH ADMINISTRATION.

19 ~~(6) "Director" means the director of the office of behavioral~~  
20 ~~health.~~

21 ~~(8) "Executive director" means the executive director of the~~  
22 ~~department.~~

23 ~~(13.5) "Office of behavioral health" means the office of~~  
24 ~~behavioral health in the department.~~

25 (13.7) "Public funds" means money appropriated to the ~~office of~~  
26 behavioral health ADMINISTRATION by the general assembly or any other  
27 governmental or private sources for withdrawal management **or for the**

1 ~~treatment of alcohol use disorders~~ in approved facilities pursuant to this  
2 article 81.

3 **SECTION 178.** In Colorado Revised Statutes, 27-81-103, **amend**  
4 (1) introductory portion as follows:

5 **27-81-103. Powers of the behavioral health administration.**  
6 (1) To carry out the purposes of this article 81, the ~~office of behavioral~~  
7 ~~health~~ BHA may:

8 **SECTION 179.** In Colorado Revised Statutes, 27-81-104, **amend**  
9 (1) introductory portion and (1)(r) as follows:

10 **27-81-104. Duties of the behavioral health administration -**  
11 **review.** (1) ~~In addition to duties prescribed by section 27-80-102, the~~  
12 ~~office of behavioral health~~ THE BHA shall:

13 (r) Submit to the governor an annual report covering the activities  
14 of the ~~office of behavioral health~~ BHA.

15 **SECTION 180.** In Colorado Revised Statutes, 27-81-105, **amend**  
16 (1), (2) introductory portion, (3), (4), (6), and (7) as follows:

17 **27-81-105. Comprehensive program for treatment - regional**  
18 **facilities.** (1) The ~~office of behavioral health~~ BHA shall establish a  
19 comprehensive and coordinated program for the treatment of persons with  
20 substance use disorders, persons intoxicated by alcohol, and persons  
21 under the influence of drugs.

22 (2) Insofar as money available to the ~~office of behavioral health~~  
23 BHA permits, the program established in subsection (1) of this section  
24 must include all of the following:

25 (3) The ~~office of behavioral health~~ BHA shall provide adequate  
26 and appropriate treatment for persons with substance use disorders,  
27 persons intoxicated by alcohol, and persons under the influence of drugs

1 admitted pursuant to sections 27-81-109 to 27-81-112. Except as  
2 otherwise provided in section 27-81-111, treatment must not be provided  
3 at a correctional institution, except for inmates.

4 (4) The ~~office of behavioral health~~ BHA shall maintain, supervise,  
5 and control all facilities it operates subject to policies of the department.  
6 The administrator of each facility shall make an annual report of the  
7 facility's activities to the ~~director~~ COMMISSIONER in the form and manner  
8 specified by the ~~director~~ COMMISSIONER.

9 (6) The ~~director~~ COMMISSIONER shall prepare, publish, and  
10 distribute annually a list of all approved public and private treatment  
11 facilities.

12 (7) The ~~office of behavioral health~~ BHA may contract for the use  
13 of any facility as an approved public treatment facility if the ~~director~~  
14 COMMISSIONER, subject to the policies of the department, considers it to  
15 be an effective and economical course to follow.

16 **SECTION 181.** In Colorado Revised Statutes, **amend** 27-81-106  
17 as follows:

18 **27-81-106. Standards for public and private treatment**  
19 **facilities - fees - enforcement procedures - penalties.** (1) In accordance  
20 with the provisions of this article 81, the ~~office of behavioral health~~ BHA  
21 shall establish standards for approved treatment facilities that receive  
22 public funds. A treatment facility shall meet the established standards to  
23 be approved as a public or private treatment facility. The ~~office of~~  
24 ~~behavioral health~~ BHA shall fix the fees to be charged for the required  
25 inspections. The fees charged to approved treatment facilities that provide  
26 level I and level II programs, as provided in section 42-4-1301.3 (3)(c),  
27 must be transmitted to the state treasurer, who shall credit the fees to the

1 alcohol and drug driving safety program fund created in section  
2 42-4-1301.3 (4)(a). The standards may concern only health standards to  
3 be met and standards of treatment to be afforded patients and must reflect  
4 the success criteria established by the general assembly.

5 (2) The ~~office of behavioral health~~ BHA shall periodically inspect  
6 approved public and private treatment facilities at reasonable times and  
7 in a reasonable manner.

8 (3) The ~~office of behavioral health~~ BHA shall maintain a list of  
9 approved public and private treatment facilities.

10 (4) Each approved public and private treatment facility shall file  
11 with the ~~office of behavioral health~~ BHA, on request, data, statistics,  
12 schedules, and any other information the ~~office~~ BHA reasonably requires.  
13 The ~~director~~ COMMISSIONER shall remove from the list of approved  
14 treatment facilities an approved public or private treatment facility that  
15 fails, without good cause, to furnish any data, statistics, schedules, or  
16 other information, as requested, or files fraudulent returns.

17 (5) The ~~office of behavioral health~~ BHA, after A hearing, may  
18 suspend, revoke, limit, restrict, or refuse to grant an approval for failure  
19 to meet its standards.

20 (6) A person shall not operate a private or public treatment facility  
21 in this state without approval from the ~~office of behavioral health~~ BHA;  
22 except that this article 81 does not apply to a private treatment facility that  
23 accepts only private money and does not dispense controlled substances.  
24 The district court may restrain any violation of, review any denial,  
25 restriction, or revocation of approval under, and grant other relief  
26 required to enforce the provisions of this section.

27 (7) Upon petition of the ~~office of behavioral health~~ BHA and after

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

9 **SECTION 182.** In Colorado Revised Statutes, 27-81-107, **amend**  
10 (2) introductory portion and (3); and **amend as it will become effective**  
11 **July 1, 2022**, (1) as follows:

12 **27-81-107. Compliance with local government zoning**  
13 **regulations - notice to local governments - provisional approval -**  
14 **repeal.** (1) Prior to July 1, 2024, the ~~office of behavioral health~~ BHA  
15 shall require any residential treatment facility seeking approval as a public  
16 or private treatment facility pursuant to this article 81 to comply with any  
17 applicable zoning regulations of the municipality, city and county, or  
18 county where the facility is situated. Failure to comply with applicable  
19 zoning regulations constitutes grounds for the denial of approval of a  
20 facility.

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

26 (3) In the event of a zoning or other delay or dispute between a  
27 residential treatment facility and the municipality, city and county, or

1 county where the facility is situated, the ~~office of behavioral health~~ BHA  
2 may grant provisional approval of the facility for up to one hundred  
3 twenty days pending resolution of the delay or dispute.

4 **SECTION 183.** In Colorado Revised Statutes, **repeal as it will**  
5 **become effective July 1, 2022,** 27-81-107.5.

6 **SECTION 184.** In Colorado Revised Statutes, 27-81-108, **amend**  
7 (1) introductory portion and (1)(b) as follows:

8 **27-81-108. Acceptance for treatment - rules.** (1) The ~~director~~  
9 COMMISSIONER shall adopt and may amend and repeal rules for  
10 acceptance of persons into the substance use disorder treatment program,  
11 considering available treatment resources and facilities, for the purpose  
12 of early and effective treatment of persons with substance use disorders,  
13 persons intoxicated by alcohol, and persons under the influence of drugs.  
14 In establishing the rules, the following standards guide the ~~director~~  
15 COMMISSIONER:

16 (b) Qualified staff shall assess the proper level of care for the  
17 person pursuant to rules adopted by the ~~director~~ COMMISSIONER and make  
18 a referral for placement.

19 **SECTION 185.** In Colorado Revised Statutes, 27-81-109, **amend**  
20 (2) as follows:

21 **27-81-109. Voluntary treatment of persons with substance use**  
22 **disorders.** (2) Subject to rules adopted by the ~~director~~ COMMISSIONER,  
23 the administrator in charge of an approved treatment facility shall  
24 determine who is admitted for treatment. If a person is refused admission  
25 to an approved treatment facility, the administrator may refer the person  
26 to another approved and appropriate treatment facility for treatment if it  
27 is deemed likely to be beneficial. A person must not be referred for

1 further treatment if it is determined that further treatment is not likely to  
2 bring about significant improvement in the person's condition, or  
3 treatment is no longer appropriate, or further treatment is unlikely to be  
4 beneficial.

5 **SECTION 186.** In Colorado Revised Statutes, 27-81-110, **amend**  
6 (1) as follows:

7 **27-81-110. Voluntary treatment for persons intoxicated by**  
8 **alcohol, under the influence of drugs, or incapacitated by substances.**

9 (1) A person intoxicated by alcohol, under the influence of drugs, or  
10 incapacitated by substances, including a minor if provided by rules of the  
11 ~~office of behavioral health~~ BHA, may voluntarily admit ~~himself or herself~~  
12 THE PERSON'S SELF to an approved treatment facility for an emergency  
13 evaluation to determine need for treatment.

14 **SECTION 187.** In Colorado Revised Statutes, 27-81-112, **amend**  
15 (1), (3)(a)(I), (3)(b), (3)(c), (5), (6), (7), (8), (10), and (11) introductory  
16 portion as follows:

17 **27-81-112. Involuntary commitment of a person with a**  
18 **substance use disorder.** (1) The court may commit a person to the  
19 custody of the ~~office of behavioral health~~ BHA upon the petition of the  
20 person's spouse or guardian, a relative, a physician, an advanced practice  
21 nurse, the administrator in charge of an approved treatment facility, or  
22 any other responsible person. The petition must allege that the person has  
23 a substance use disorder and that the person has threatened or attempted  
24 to inflict or inflicted physical harm on ~~himself or herself~~ THE PERSON'S  
25 SELF or on another and that unless committed, the person is likely to  
26 inflict physical harm on ~~himself or herself~~ THE PERSON'S SELF or on  
27 another or that the person is incapacitated by substances. A refusal to

1 undergo treatment does not constitute evidence of lack of judgment as to  
2 the need for treatment. The petition must be accompanied by a certificate  
3 of a licensed physician who has examined the person within ten days  
4 before submission of the petition, unless the person whose commitment  
5 is sought has refused to submit to a medical examination, in which case  
6 the fact of refusal must be alleged in the petition, or an examination  
7 cannot be made of the person due to the person's condition. The  
8 certificate must set forth the physician's findings in support of the  
9 petition's allegations.

10 (3) (a) Upon filing the petition, the person whose commitment is  
11 sought must be notified of the person's right to:

12 (I) Enter into a stipulated order of the court for committed  
13 treatment in order to expedite placement in an approved treatment facility  
14 by the ~~office of behavioral health~~ BHA; or

15 (b) If a stipulated order is entered, the ~~office of behavioral health~~  
16 BHA shall place the person in an approved treatment program that  
17 reflects the level of need of the person.

18 (c) If the person whose commitment is sought exercises the right  
19 to contest the petition, the court shall fix a date for a hearing no later than  
20 ten days, excluding weekends and holidays, after the date the petition was  
21 filed. A copy of the petition and the notice of the hearing, including the  
22 date fixed by the court, must be personally served on the petitioner, the  
23 person whose commitment is sought, and one of the person's parents or  
24 the person's legal guardian if the person is a minor. A copy of the petition  
25 and notice of hearing must be provided to the ~~office of behavioral health~~  
26 BHA, to counsel for the person whose commitment is sought, to the  
27 administrator in charge of the approved treatment facility to which the

1 person may have been committed for emergency treatment, and to any  
2 other person the court believes advisable.

3 (5) If after hearing all relevant evidence, including the results of  
4 any diagnostic examination by the licensed hospital, the court finds that  
5 grounds for involuntary commitment have been established by clear and  
6 convincing proof, the court shall make an order of commitment to the  
7 ~~office of behavioral health. The office of behavioral health~~ BHA. THE  
8 BHA has the right to delegate physical custody of the person to an  
9 appropriate approved treatment facility. The court may not order  
10 commitment of a person unless ~~it~~ THE COURT determines that the ~~office~~  
11 ~~of behavioral health~~ BHA is able to provide adequate and appropriate  
12 treatment for the person, and the treatment is likely to be beneficial.

13 (6) Upon the court's commitment of a person to the ~~office of~~  
14 ~~behavioral health~~ BHA, the court may issue an order to the sheriff to  
15 transport the person to the facility designated by the ~~office of behavioral~~  
16 ~~health~~ BHA.

17 (7) A person committed as provided for in this section remains in  
18 the custody of the ~~office of behavioral health~~ BHA for treatment for a  
19 period of up to ninety days. At the end of the ninety-day period, the  
20 treatment facility shall automatically discharge the person unless the  
21 ~~office of behavioral health~~ BHA, before expiration of the ninety-day  
22 period, obtains a court order for the person's recommitment on the  
23 grounds set forth in subsection (1) of this section for a further period of  
24 ninety days unless discharged sooner. If a person has been committed  
25 because the person is a person with a substance use disorder who is likely  
26 to inflict physical harm on another, the ~~office of behavioral health~~ BHA  
27 shall apply for recommitment if, after examination, it is determined that

1 the likelihood to inflict physical harm on another still exists.

2 (8) A person who is recommitted as provided for in subsection (7)  
3 of this section and who has not been discharged by the ~~office of~~  
4 ~~behavioral health~~ BHA before the end of the ninety-day period is  
5 discharged at the expiration of that ninety-day period unless the ~~office of~~  
6 ~~behavioral health~~ BHA, before expiration of the ninety-day period,  
7 obtains a court order on the grounds set forth in subsection (1) of this  
8 section for recommitment for a further period, not to exceed ninety days.  
9 If a person has been committed because the person is a person with a  
10 substance use disorder who is likely to inflict physical harm on another,  
11 the ~~office of behavioral health~~ BHA shall apply for recommitment if, after  
12 examination, it is determined that the likelihood to inflict physical harm  
13 on another still exists. Only two recommitment orders pursuant to  
14 subsection (7) of this section and this subsection (8) are permitted.

15 (10) The ~~office of behavioral health~~ BHA shall provide adequate  
16 and appropriate treatment of a person committed to its custody. The ~~office~~  
17 ~~of behavioral health~~ BHA may transfer any person committed to its  
18 custody from one approved treatment facility to another, if transfer is  
19 advisable.

20 (11) The ~~office of behavioral health~~ BHA shall discharge a person  
21 committed to its custody for treatment at any time before the end of the  
22 period for which the person has been committed if either of the following  
23 conditions is met:

24 **SECTION 188.** In Colorado Revised Statutes, 27-81-113, **amend**  
25 (2) as follows:

26 **27-81-113. Records of persons with substance use disorders,**  
27 **persons intoxicated by alcohol, and persons under the influence of**

1 **substances.** (2) Notwithstanding subsection (1) of this section, the  
2 ~~director~~ COMMISSIONER may make available information from patients'  
3 records for purposes of research into the causes and treatment of  
4 substance use disorders. Information made available pursuant to this  
5 subsection (2) must not be published in a way that discloses patients'  
6 names or other identifying information.

7 **SECTION 189.** In Colorado Revised Statutes, 27-81-114, **amend**  
8 (1)(c), (1)(j), and (1)(l) as follows:

9 **27-81-114. Rights of persons receiving evaluation, care, or**  
10 **treatment.** (1) A facility shall immediately advise each person receiving  
11 evaluation, care, or treatment under any provision of this article 81, orally  
12 and in writing, that the person has and is afforded the following rights:

13 (c) To receive timely medical and behavioral health care and  
14 treatment, as specified in law, that is determined based on the person's  
15 needs and that is delivered in the least restrictive treatment setting  
16 possible, as set forth in ~~department~~ BHA rules;

17 (j) To have reasonable opportunities for continuing visitation and  
18 communication with the person's family and friends, consistent with an  
19 effective treatment program and as determined in ~~department~~ BHA rules.  
20 Each person may meet with the person's attorney, clergyperson, or  
21 health-care provider at any time.

22 (l) Subject to ~~department~~ BHA rules relating to the use of  
23 telephones and other communication devices, to have reasonable access  
24 to telephones or other communication devices, and to make and to receive  
25 calls or communications in privacy. Facility staff shall not open, delay,  
26 intercept, read, or censor mail or other communications or use mail or  
27 other communications as a method to enforce compliance with facility

1 staff.

2 **SECTION 190.** In Colorado Revised Statutes, **amend** 27-81-115  
3 as follows:

4 **27-81-115. Emergency service patrol - establishment - rules.**

5 (1) The ~~office of behavioral health~~ BHA and cities, counties, city and  
6 counties, and regional service authorities may establish emergency  
7 service patrols. A patrol consists of persons trained to give assistance in  
8 the streets and in other public places to persons who are intoxicated by  
9 alcohol, under the influence of drugs, or incapacitated by substances.  
10 Members of an emergency service patrol must be capable of providing  
11 first aid in emergency situations and are authorized to transport a person  
12 intoxicated by alcohol, under the influence of drugs, or incapacitated by  
13 substances to ~~his or her~~ THE PERSON'S home and to and from treatment  
14 facilities.

15 (2) The ~~director~~ COMMISSIONER shall adopt rules for the  
16 establishment, training, and conduct of emergency service patrols.

17 **SECTION 191.** In Colorado Revised Statutes, 27-81-116, **amend**  
18 (3) as follows:

19 **27-81-116. Payment for treatment - financial ability of**

20 **patients.** (3) The ~~director~~ COMMISSIONER shall adopt rules that establish  
21 a standardized ability-to-pay schedule, under which those with sufficient  
22 financial ability are required to pay the full cost of services provided and  
23 those who are totally without sufficient financial ability are provided  
24 appropriate treatment at no charge. The schedule shall take into  
25 consideration the income, including government assistance programs,  
26 savings, and other personal and real property, of the person required to  
27 pay and any support the person required to pay furnishes to another

1 person as required by law.

2 **SECTION 192.** In Colorado Revised Statutes, 27-81-118, **amend**  
3 (2)(a)(II) as follows:

4 **27-81-118. Opioid crisis recovery funds advisory committee -**  
5 **creation - membership - purpose.** (2) (a) The committee consists of  
6 members appointed as follows:

7 (II) Two members appointed by the ~~executive director of the~~  
8 ~~department of human services~~ COMMISSIONER, one of whom must  
9 represent an association of substance use providers;

10 **SECTION 193.** In Colorado Revised Statutes, **amend** 27-82-201  
11 as follows:

12 **27-82-201. Legislative declaration.** The general assembly finds  
13 and declares that facilities that provide treatment to individuals with a  
14 substance use disorder, including medication-assisted treatment, and  
15 clinics that provide obstetric and gynecological health-care services  
16 would better serve pregnant and postpartum women if the services could  
17 be coordinated and provided to women at the same location. It is the  
18 intent of the general assembly to fund a pilot program to integrate these  
19 health-care services at specified facilities and clinics and require the  
20 ~~office of behavioral health~~ BHA to evaluate the pilot program and report  
21 the results of the pilot program to the general assembly.

22 **SECTION 194.** In Colorado Revised Statutes, 27-82-202, **amend**  
23 (1) and (4); and **add** (1.5) as follows:

24 **27-82-202. Definitions.** As used in this part 2, unless the context  
25 otherwise requires:

26 (1) ~~"Clinic" means a site that provides obstetric and gynecological~~  
27 ~~health care~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS

1 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION  
2 27-50-102.

3 (1.5) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND  
4 GYNECOLOGICAL HEALTH CARE.

5 (4) "Treatment facility" means a health-care facility that provides  
6 substance use disorder or medication-assisted treatment and that is  
7 approved by the ~~office of behavioral health~~ ADMINISTRATION pursuant to  
8 section 27-81-106.

9 **SECTION 195.** In Colorado Revised Statutes, 27-82-203, **amend**  
10 (1) introductory portion, (2), (4) introductory portion, and (5) as follows:

11 **27-82-203. Maternal and child health pilot program - created**  
12 **- eligibility of grant recipients - rules - report.** (1) There is created in  
13 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the maternal and  
14 child health pilot program. The ~~office of behavioral health~~ BHA shall  
15 administer the pilot program. The purpose of the pilot program is to:

16 (2) The ~~office of behavioral health~~ BHA shall determine the  
17 criteria for treatment facilities and clinics to be eligible to receive the  
18 grants.

19 (4) The state board of human services within the department OF  
20 HUMAN SERVICES, in consultation with the ~~office of behavioral health~~  
21 BHA, may promulgate rules to implement the pilot program. The rules  
22 must include:

23 (5) The ~~executive director~~ COMMISSIONER OF THE BHA shall  
24 determine a process to evaluate the grant recipients and the integration of  
25 health care resulting from the pilot program. The ~~office of behavioral~~  
26 ~~health~~ BHA shall report the results of the pilot program to the public AND  
27 BEHAVIORAL health ~~care~~ and human services and the health and insurance

1 committees of the house of representatives and the health and human  
2 services committee of the senate, or their successor committees.

3 **SECTION 196.** In Colorado Revised Statutes, **amend** 27-82-204  
4 as follows:

5 **27-82-204. Funding for pilot program.** (1) (a) For the 2021-22  
6 fiscal year, and each fiscal year thereafter, the general assembly shall  
7 appropriate money from the marijuana tax cash fund created in section  
8 39-28.8-501 (1) ~~to the department for allocation to the office of~~  
9 ~~behavioral health~~ TO THE BHA to implement the pilot program. The ~~office~~  
10 ~~of behavioral health~~ BHA may use a portion of the money annually  
11 appropriated for the pilot program to pay the direct and indirect costs  
12 incurred to administer the pilot program.

13 (b) If any unexpended or uncommitted money appropriated for a  
14 fiscal year remains at the end of that fiscal year, the ~~office of behavioral~~  
15 ~~health~~ BHA may expend the money in accordance with this section in the  
16 succeeding fiscal year without further appropriation.

17 (2) The ~~department~~ BHA may solicit, accept, and expend any  
18 gifts, grants, or donations from private or public sources to implement or  
19 administer the pilot program.

20 **SECTION 197.** In Colorado Revised Statutes, 29-11-202, **amend**  
21 the introductory portion and (1); **repeal** (2) and (4); and **add** (1.5) as  
22 follows:

23 **29-11-202. Definitions.** ~~For purposes of AS USED IN this part 2,~~  
24 unless the context otherwise requires:

25 (1) ~~"Colorado 2-1-1 collaborative" means the group authorized by~~  
26 ~~the public utilities commission to establish the provision of human~~  
27 ~~services referral services in the state of Colorado~~ "BEHAVIORAL HEALTH

1 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH  
2 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

3 (1.5) "COLORADO 2-1-1 COLLABORATIVE" MEANS THE GROUP  
4 AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION TO ESTABLISH THE  
5 PROVISION OF HUMAN SERVICES REFERRAL SERVICES IN THE STATE OF  
6 COLORADO.

7 (2) ~~"Department" means the department of human services created  
8 in section 26-1-105.~~

9 (4) ~~"Office of behavioral health" means the office of behavioral  
10 health in the department of human services.~~

11 **SECTION 198.** In Colorado Revised Statutes, 29-11-203, **amend**  
12 (3.2)(a) as follows:

13 **29-11-203. Human services referral service - immunity - grant**  
14 **- report - repeal.** (3.2) (a) During the 2023 legislative session, the  
15 ~~department~~ BHA shall include in its report to the committees of reference  
16 pursuant to the "State Measurement for Accountable, Responsive, and  
17 Transparent (SMART) Government Act" hearing required by section  
18 2-7-203 information from the ~~office of behavioral health~~ BHA regarding  
19 its contract with the Colorado 2-1-1 collaborative pursuant to subsection  
20 (3)(a) of this section prior to its repeal in 2022, and the impact of the  
21 statewide communication system on behavioral health referrals and  
22 access to behavioral health services and other resources.

23 **SECTION 199.** In Colorado Revised Statutes, 41-2-102, **amend**  
24 (8) as follows:

25 **41-2-102. Operating an aircraft under the influence -**  
26 **operating an aircraft with excessive alcohol content - tests - penalties**  
27 **- useful public service program - definition - repeal.** (8) The ~~office of~~

1 behavioral health ADMINISTRATION in the department of human services  
2 shall provide presentence alcohol and drug evaluations on all persons  
3 convicted of a violation of subsection (1) or (2) of this section, in the  
4 same manner as described in section 42-4-1301.3.

5 **SECTION 200.** In Colorado Revised Statutes, 42-2-122, **amend**  
6 (1)(i) as follows:

7 **42-2-122. Department may cancel license - limited license for**  
8 **physical or mental limitations - rules.** (1) The department has the  
9 authority to cancel, deny, or deny the reissuance of any driver's or minor  
10 driver's license upon determining that the licensee was not entitled to the  
11 issuance for any of the following reasons:

12 (i) Failure of the person to complete a level II alcohol and drug  
13 education and treatment program certified by the ~~office~~ of behavioral  
14 health ADMINISTRATION in the department of human services pursuant to  
15 section 42-4-1301.3, as required by section 42-2-126 (4)(d)(II)(A) or  
16 42-2-132 (2)(a)(II). The failure must be documented pursuant to section  
17 42-2-144.

18 **SECTION 201.** In Colorado Revised Statutes, 42-2-125, **amend**  
19 (1)(i) as follows:

20 **42-2-125. Mandatory revocation of license and permit.** (1) The  
21 department shall immediately revoke the license or permit of any driver  
22 or minor driver upon receiving a record showing that the driver has:

23 (i) Been convicted of DUI, DUI per se, or DWAI and has two  
24 previous convictions of any of those offenses. The department shall  
25 revoke the license of any driver for an indefinite period and only reissue  
26 it upon proof to the department that the driver has completed a level II  
27 alcohol and drug education and treatment program certified by the ~~office~~

1 of behavioral health ADMINISTRATION in the department of human  
2 services pursuant to section 42-4-1301.3 and that the driver has  
3 demonstrated knowledge of the laws and driving ability through the  
4 regular motor vehicle testing process. The department shall not reissue  
5 the license in less than two years.

6 **SECTION 202.** In Colorado Revised Statutes, 42-2-126, **amend**  
7 (4)(d)(II) as follows:

8 **42-2-126. Revocation of license based on administrative**  
9 **determination. (4) Multiple restraints and conditions on driving**  
10 **privileges. (d) (II) (A)** If a person was driving with excess BAC and the  
11 person had a BAC that was 0.15 or more or if the person's driving record  
12 otherwise indicates a designation as a persistent drunk driver as defined  
13 in section 42-1-102 (68.5), the department shall require the person to  
14 complete a level II alcohol and drug education and treatment program  
15 certified by the ~~office~~ of behavioral health ADMINISTRATION in the  
16 department of human services pursuant to section 42-4-1301.3 as a  
17 condition to restoring driving privileges to the person and, upon the  
18 restoration of driving privileges, shall require the person to hold a  
19 restricted license requiring the use of an ignition interlock device  
20 pursuant to section 42-2-132.5 (1)(a)(II).

21 (B) If a person seeking reinstatement is required to complete, but  
22 has not yet completed, a level II alcohol and drug education and treatment  
23 program, the person shall file with the department proof of current  
24 enrollment in a level II alcohol and drug education and treatment program  
25 certified by the ~~office~~ of behavioral health ADMINISTRATION in the  
26 department of human services pursuant to section 42-4-1301.3, on a form  
27 approved by the department.

1           **SECTION 203.** In Colorado Revised Statutes, 42-2-127, **amend**  
2 (14)(a)(I)(A) as follows:

3           **42-2-127. Authority to suspend license - to deny license - type**  
4 **of conviction - points.** (14) (a) (I) If there is no other statutory reason for  
5 denial of a probationary license, any individual who has had a license  
6 suspended by the department because of, at least in part, a conviction of  
7 an offense specified in subsection (5)(b) of this section may be entitled to  
8 a probationary license pursuant to subsection (12) of this section for the  
9 purpose of driving for reasons of employment, education, health, or  
10 alcohol and drug education or treatment, but:

11           (A) If ordered by the court that convicted the individual, the  
12 individual shall enroll in a program of driving education or alcohol and  
13 drug education and treatment certified by the ~~office of behavioral health~~  
14 ADMINISTRATION in the department of human services; and

15           **SECTION 204.** In Colorado Revised Statutes, 42-2-132, **amend**  
16 (2)(a)(II) and (2)(a)(III) as follows:

17           **42-2-132. Period of suspension or revocation.**  
18 (2) (a) (II) (A) Following the period of revocation set forth in this  
19 subsection (2), the department shall not issue a new license unless and  
20 until it is satisfied that the person has demonstrated knowledge of the  
21 laws and driving ability through the appropriate motor vehicle testing  
22 process, and that the person whose license was revoked pursuant to  
23 section 42-2-125 for a second or subsequent alcohol- or drug-related  
24 driving offense has completed not less than a level II alcohol and drug  
25 education and treatment program certified by the ~~office of behavioral~~  
26 health ADMINISTRATION in the department of human services pursuant to  
27 section 42-4-1301.3.

1 (B) If the person was in violation of section 42-2-126 (3)(a) and  
2 the person had a BAC that was 0.15 or more at the time of driving or  
3 within two hours after driving, or if the person's driving record otherwise  
4 indicates a designation as a persistent drunk driver as defined in section  
5 42-1-102 (68.5), the department shall require the person to complete a  
6 level II alcohol and drug education and treatment program certified by the  
7 ~~office of behavioral health~~ ADMINISTRATION in the department of human  
8 services pursuant to section 42-4-1301.3, and, upon the restoration of  
9 driving privileges, shall require the person to hold a restricted license  
10 requiring the use of an ignition interlock device pursuant to section  
11 42-2-132.5 (1)(a)(II).

12 (C) If a person seeking reinstatement has not completed the  
13 required level II alcohol and drug education and treatment program, the  
14 person shall file with the department proof of current enrollment in a  
15 level II alcohol and drug education and treatment program certified by the  
16 ~~office of behavioral health~~ ADMINISTRATION in the department of human  
17 services pursuant to section 42-4-1301.3, on a form approved by the  
18 department.

19 (III) In the case of a minor driver whose license has been revoked  
20 as a result of one conviction for DUI, DUI per se, DWAI, or UDD, the  
21 minor driver, unless otherwise required after an evaluation made pursuant  
22 to section 42-4-1301.3, must complete a level I alcohol and drug  
23 education program certified by the ~~office of behavioral health~~  
24 ADMINISTRATION in the department of human services.

25 **SECTION 205.** In Colorado Revised Statutes, 42-2-144, **amend**  
26 (1) as follows:

27 **42-2-144. Reporting by certified level II alcohol and drug**

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

9 **SECTION 206.** In Colorado Revised Statutes, 42-4-1301.3,  
10 **amend** (3)(c)(IV), (4)(a), and (4)(b) as follows:

11 **42-4-1301.3. Alcohol and drug driving safety program -**  
12 **definition.** (3) (c) (IV) For the purpose of this section, "alcohol and drug  
13 driving safety education or treatment" means either level I or level II  
14 education or treatment programs approved by the ~~office of~~ behavioral  
15 health ADMINISTRATION in the department of human services. Level I  
16 programs are short-term, didactic education programs. Level II programs  
17 are therapeutically oriented education, long-term outpatient, and  
18 comprehensive residential programs. The court shall instruct a defendant  
19 sentenced to level I or level II programs to meet all financial obligations  
20 of the programs. If the financial obligations are not met, the program shall  
21 notify the sentencing court for the purpose of collection or review and  
22 further action on the defendant's sentence. Nothing in this section  
23 prohibits treatment agencies from applying to the state for money to  
24 recover the costs of level II treatment for defendants determined indigent  
25 by the court.

26 (4) (a) There is created an alcohol and drug driving safety  
27 program fund in the office of the state treasurer, referred to in this

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

1 drug driving safety program. In administering the alcohol and drug  
2 driving safety program, the judicial department is authorized to contract  
3 with any agency for any services the judicial department deems necessary.  
4 Money deposited in the fund remains in the fund to be used for the  
5 purposes set forth in this section and must not revert or transfer to the  
6 general fund except by further act of the general assembly.

7 (b) The judicial department shall ensure that qualified personnel  
8 are placed in the judicial districts. The judicial department and the office  
9 of behavioral health ADMINISTRATION in the department of human  
10 services shall jointly develop and maintain criteria for evaluation  
11 techniques, treatment referral, data reporting, and program evaluation.

12 **SECTION 207.** In Colorado Revised Statutes, 42-4-1306, **amend**  
13 (3)(a)(VI) introductory portion as follows:

14 **42-4-1306. Colorado task force on drunk and impaired driving**  
15 **- creation - legislative declaration.** (3) (a) The task force shall consist  
16 of:

17 (VI) Two representatives appointed by the ~~executive director of~~  
18 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION in the  
19 department of human services with the following qualifications:

20 **SECTION 208.** In Colorado Revised Statutes, 43-4-402, **amend**  
21 (2)(a) as follows:

22 **43-4-402. Source of revenues - allocation of money.** (2) (a) The  
23 general assembly shall make an annual appropriation out of the money in  
24 the fund to the department of public health and environment in an amount  
25 sufficient to pay for the costs of evidential breath alcohol testing,  
26 including any education needs associated with testing, and implied  
27 consent specialists, the costs of which were previously paid out of the

1 highway users tax fund. The general assembly shall also make an annual  
2 appropriation out of the money in the fund to the Colorado bureau of  
3 investigation to pay for the costs of toxicology laboratory services,  
4 including any education needs associated with the services. Of the money  
5 remaining in the fund, eighty percent shall be deposited in a special  
6 drunken driving account in the fund, which account is created, and be  
7 available immediately, without further appropriation, for allocation by the  
8 transportation commission to the office of transportation safety. The  
9 office of transportation safety shall allocate the money in accordance with  
10 the provisions of section 43-4-404 (1) and (2). The remaining twenty  
11 percent shall be appropriated by the general assembly to the ~~office of~~  
12 behavioral health ADMINISTRATION in the department of human services,  
13 which shall use the money for the purposes stated in section 43-4-404 (3).  
14 The office of transportation safety and the ~~office of~~ behavioral health  
15 ADMINISTRATION in the department of human services may use amounts  
16 from the money allocated or appropriated to them by this subsection (2)  
17 as necessary for the purpose of paying the costs incurred by the office of  
18 transportation safety and the ~~office of~~ behavioral health ADMINISTRATION  
19 in administering the programs established pursuant to this part 4; except  
20 that neither the office of transportation safety nor the ~~office of~~ behavioral  
21 health ADMINISTRATION may use for the purposes of this part 4 an amount  
22 exceeding eight percent of the money allocated or appropriated.

23 **SECTION 209.** In Colorado Revised Statutes, 43-4-404, **amend**  
24 (3) as follows:

25 **43-4-404. Formula for allocation of money - rules.** (3) The  
26 money in the fund appropriated to the ~~office of~~ behavioral health  
27 ADMINISTRATION in the department of human services pursuant to section

1 43-4-402 (2) must be used to establish a statewide program for the  
2 prevention of driving after drinking, including educating the public in the  
3 problems of driving after drinking; training teachers, health professionals,  
4 and law enforcement in the dangers of driving after drinking; preparing  
5 and disseminating educational materials dealing with the effects of  
6 alcohol and other drugs on driving behavior; and preparing and  
7 disseminating education curriculum materials for use at all school levels.  
8 The ~~office of~~ behavioral health ADMINISTRATION in the department of  
9 human services is authorized to contract with a qualified private  
10 corporation to provide all or part of these services and to establish  
11 standards for the program.

12 **SECTION 210.** In Colorado Revised Statutes, 44-30-1301,  
13 **amend** (2)(b)(I) and (2)(b)(II) introductory portion as follows:

14 **44-30-1301. Definitions - local government limited gaming**  
15 **impact fund - rules - report - legislative declaration - repeal.**

16 (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the  
17 ~~executive director~~ COMMISSIONER of the BEHAVIORAL HEALTH  
18 ADMINISTRATION IN THE department of human services shall use the  
19 money in the gambling addiction account to award grants for the purpose  
20 of providing gambling addiction counseling services to Colorado  
21 residents and to provide gambling addiction treatment training to staff at  
22 nonprofit community mental health centers or clinics as defined in section  
23 27-66-101. The ~~department of human services~~ BEHAVIORAL HEALTH  
24 ADMINISTRATION may use a portion of the money in the gambling  
25 addiction account, not to exceed ten percent in the 2008-09 fiscal year  
26 and five percent in each fiscal year thereafter, to cover the ~~department's~~  
27 ADMINISTRATION'S direct and indirect costs associated with administering

1 the grant program authorized in this subsection (2)(b). The ~~executive~~  
2 ~~director of the department of human services~~ COMMISSIONER OF THE  
3 ADMINISTRATION shall award grants to state or local public or private  
4 entities or programs that provide gambling addiction counseling services  
5 and that have or are seeking nationally accredited gambling addiction  
6 counselors. The ~~executive director of the department of human services~~  
7 COMMISSIONER OF THE ADMINISTRATION shall award ten percent of the  
8 money in the gambling addiction account in grants to addiction  
9 counselors who are actively pursuing national accreditation as gambling  
10 addiction counselors. In order to qualify for an accreditation grant, an  
11 addiction counselor applicant must provide sufficient proof that ~~he or she~~  
12 THE APPLICANT has completed at least half of the counseling hours  
13 required for national accreditation. The ~~executive director of the~~  
14 ~~department of human services~~ COMMISSIONER OF THE ADMINISTRATION  
15 shall adopt rules establishing the procedure for applying for a grant from  
16 the gambling addiction account, the criteria for awarding grants and  
17 prioritizing applications, and any other provision necessary for the  
18 administration of the grant applications and awards. Neither the entity,  
19 program, or gambling addiction counselor providing the gambling  
20 addiction counseling services nor the recipients of the counseling services  
21 need to be located within the jurisdiction of an eligible local  
22 governmental entity in order to receive a grant or counseling services. At  
23 the end of a fiscal year, all unexpended and unencumbered money in the  
24 gambling addiction account remains in the account and does not revert to  
25 the general fund or any other fund or account.

26 (II) Notwithstanding section 24-1-136 (11)(a)(I), by January 1,  
27 2009, and by each January 1 thereafter, the BEHAVIORAL HEALTH

1 ADMINISTRATION IN THE department of human services shall submit a  
2 report to the health and human services committees of the senate and  
3 house of representatives, or their successor committees, regarding the  
4 grant program. The report shall detail the following information for the  
5 fiscal year in which the report is submitted:

6 **SECTION 211.** In Colorado Revised Statutes, 44-30-1509,  
7 **amend** (2)(d) introductory portion as follows:

8 **44-30-1509. Sports betting fund - creation - rules - definitions.**

9 (2) From the money in the sports betting fund, to the extent the  
10 unexpended and unencumbered balance in the fund so permits, the state  
11 treasurer shall:

12 (d) Fourth, transfer one hundred thirty thousand dollars annually  
13 to the ~~office of behavioral health~~ ADMINISTRATION in the department of  
14 human services, to be used as follows:

15 **SECTION 212.** In Colorado Revised Statutes, 25-1.5-103, **add**  
16 (1)(a)(I)(A.5) as follows:

17 **25-1.5-103. Health facilities - powers and duties of department**  
18 **- limitations on rules promulgated by department - definitions -**  
19 **repeal.** (1) The department has, in addition to all other powers and duties  
20 imposed upon it by law, the powers and duties provided in this section as  
21 follows:

22 (a) (I) (A.5) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION  
23 (1)(a)(I)(A) OF THIS SECTION, AFTER JUNE 30, 2023, THE DEPARTMENT  
24 SHALL NOT ISSUE A LICENSE TO A COMMUNITY MENTAL HEALTH CENTER,  
25 AN ACUTE TREATMENT UNIT, OR BEHAVIORAL HEALTH ENTITIES. PRIOR TO  
26 THE EXPIRATION OF ANY LICENSE ISSUED BY THE DEPARTMENT TO SUCH AN  
27 ENTITY, THE ENTITY SHALL APPLY TO THE BEHAVIORAL HEALTH

1 ADMINISTRATION PURSUANT TO PART 5 OF ARTICLE 50 OF TITLE 27. THIS  
2 SUBSECTION (1)(a)(I)(A.5) IS REPEALED, EFFECTIVE JULY 1, 2024.

3 SECTION 213. In Colorado Revised Statutes, 27-66-101, amend  
4 (1.5); and repeal (1), (2), and (3) as follows:

5 27-66-101. Definitions. As used in this article 66, unless the  
6 context otherwise requires:

7 (1) "Acute treatment unit" means a facility or a distinct part of a  
8 facility for short-term psychiatric care, which may include substance  
9 abuse treatment and treatment for substance use disorders, that provides  
10 a total, twenty-four-hour, therapeutically planned and professionally  
11 staffed environment for persons who do not require inpatient  
12 hospitalization but need more intense and individual services than are  
13 available on an outpatient basis, such as crisis management and  
14 stabilization services.

15 (1.5) "Behavioral health entity" means a facility or provider  
16 organization engaged in providing community-based health services,  
17 which may include behavioral health disorder services, alcohol use  
18 disorder services, or substance use disorder services, including crisis  
19 stabilization, acute or ongoing treatment, or community mental health  
20 center services as described in subsections (2) and (3) of this section, but  
21 does not include: HAS THE SAME MEANING AS DEFINED IN SECTION  
22 27-50-101.

23 (a) Residential child care facilities as defined in section 26-6-102  
24 (33); or

25 (b) Services provided by a licensed or certified mental health-care  
26 provider under the provider's individual professional practice act on the  
27 provider's own premises.

1           (2) "Community mental health center" means either a physical  
2 plant or a group of services under unified administration or affiliated with  
3 one another, and including at least the following services provided for the  
4 prevention and treatment of behavioral or mental health disorders in  
5 persons residing in a particular community in or near the facility so  
6 situated:

7           (a) Inpatient services;

8           (b) Outpatient services;

9           (c) Partial hospitalization;

10          (d) Emergency services;

11          (e) Consultative and educational services.

12           (3) "Community mental health clinic" means a health institution  
13 planned, organized, operated, and maintained to provide basic community  
14 services for the prevention, diagnosis, and treatment of emotional,  
15 behavioral, or mental health disorders, such services being rendered  
16 primarily on an outpatient and consultative basis.

17           **SECTION 214.** In Colorado Revised Statutes, amend as  
18 amended by House Bill 22-1278 27-66-104 as follows:

19           **27-66-104. Types of services purchased - limitation on**  
20 **payments.** (†) Community mental health services may be purchased  
21 from behavioral health entities, clinics, community mental health centers,  
22 local general or psychiatric hospitals, and other agencies SAFETY-NET  
23 PROVIDERS that have been approved by the commissioner.

24           (2) (a) Each year the general assembly shall appropriate money  
25 for the purchase of mental health services from:

26           (I) Community mental health centers;

27           (II) Agencies that provide specialized clinic-type services but do

1 ~~not serve a specific designated service area;~~

2 ~~(III) Acute treatment units; and~~

3 ~~(IV) Behavioral health entities.~~

4 ~~(b) The money appropriated for the purposes of this subsection (2)~~  
5 ~~shall be distributed by the commissioner to approved behavioral health~~  
6 ~~entities, community mental health centers, and other agencies on the basis~~  
7 ~~of need and in accordance with the services provided.~~

8 ~~(3) Each year the general assembly may appropriate money in~~  
9 ~~addition to the money appropriated for purposes of subsection (2) of this~~  
10 ~~section, which money may be used by the commissioner to assist~~  
11 ~~behavioral health entities and community mental health clinics and~~  
12 ~~centers in instituting innovative programs, in providing mental health~~  
13 ~~services to impoverished areas, and in dealing with crisis situations. The~~  
14 ~~commissioner shall require that any innovative or crisis programs for~~  
15 ~~which money is allocated pursuant to this subsection (3) be clearly~~  
16 ~~defined in terms of services to be rendered, program objectives, scope and~~  
17 ~~duration of the program, and the maximum amount of money to be~~  
18 ~~provided.~~

19 ~~(4) Repealed.~~

20 ~~(5) If there is a reduction in the financial support of local~~  
21 ~~governmental bodies for community mental health services, the~~  
22 ~~commissioner is authorized to reduce state payments for services in an~~  
23 ~~amount proportional to the reduction in such local financial support.~~

24 ~~(6) For purposes of entering into a cooperative purchasing~~  
25 ~~agreement pursuant to section 24-110-201, a nonprofit behavioral health~~  
26 ~~entity, nonprofit community mental health center, or nonprofit community~~  
27 ~~mental health clinic may be certified as a local public procurement unit~~

1 ~~as provided in section 24-110-207.5.~~

2 **SECTION 215.** In Colorado Revised Statutes, 12-280-135,  
3 **amend** (1)(b) as follows:

4 **12-280-135. Unused medication - licensed facilities -**  
5 **correctional facilities - reuse - definitions - rules.** (1) As used in this  
6 section, unless the context otherwise requires:

7 (b) "Licensed facility" means a hospital, hospital unit, ~~community~~  
8 ~~mental health center, acute treatment unit~~ BEHAVIORAL HEALTH SAFETY  
9 NET PROVIDER, hospice, nursing care facility, assisted living residence, or  
10 any other facility that is required to be licensed pursuant to section  
11 25-3-101, or a licensed long-term care facility as defined in section  
12 25-1-124 (2.5)(b).

13 **SECTION 216.** In Colorado Revised Statutes, 13-21-117, **amend**  
14 (1)(a) as follows:

15 **13-21-117. Civil liability - mental health providers - duty to**  
16 **warn - definitions.** (1) As used in this section, unless the context  
17 otherwise requires:

18 (a) "Mental health provider" means a physician, social worker,  
19 psychiatric nurse, psychologist, or other mental health professional, or a  
20 mental health hospital, ~~community mental health center or clinic~~  
21 BEHAVIORAL HEALTH ENTITY, institution, or their staff.

22 **SECTION 217.** In Colorado Revised Statutes, **amend**  
23 13-64-303.5 as follows:

24 **13-64-303.5. Exclusion - mental health- care facilities.** The  
25 provisions of section 13-64-301 do not apply to any outpatient mental  
26 health-care facility, including ~~but not limited to a community mental~~  
27 ~~health center or clinic~~ A BEHAVIORAL HEALTH SAFETY NET PROVIDER, and

1 to any extended care facility or hospice with sixteen or fewer inpatient  
2 beds, including ~~but not limited~~ to nursing homes or rehabilitation  
3 facilities. The department of public health and environment shall by rule  
4 establish financial responsibility standards ~~which~~ THAT are less than those  
5 prescribed in this section for classes of health-care institutions ~~which~~  
6 THAT have less risk of exposure to medical malpractice claims or for  
7 other reasons that render the limits provided in section 13-64-301 (1)(b)  
8 unreasonable or unattainable.

9 **SECTION 218.** In Colorado Revised Statutes, 14-15-107, **amend**  
10 (5)(n) as follows:

11 **14-15-107. Rights, benefits, protections, duties, obligations,**  
12 **responsibilities, and other incidents of parties to a civil union.**

13 (5) Rights, benefits, protections, duties, obligations, responsibilities, and  
14 other incidents under law as are granted to or imposed upon spouses, that  
15 apply in like manner to parties to a civil union under this section, include  
16 but are not limited to:

17 (n) Laws or rules regarding the right to visit a partner who is in a  
18 correctional facility, as defined in section 17-1-102 (1.7), a local jail, as  
19 defined in section 17-1-102 (7), or a private contract prison, as defined in  
20 section 17-1-102 (7.3), or who is receiving treatment in a public hospital  
21 or a licensed private hospital, clinic, ~~community mental health center or~~  
22 ~~clinic, or acute treatment unit~~ BEHAVIORAL HEALTH SAFETY NET  
23 PROVIDER, or institution that provides treatment for a person with a  
24 behavioral or mental health disorder;

25 **SECTION 219.** In Colorado Revised Statutes, 16-8-115, **amend**  
26 (3)(b) and (3)(e) as follows:

27 **16-8-115. Release from commitment after verdict of not guilty**

1 **by reason of insanity or not guilty by reason of impaired mental**  
2 **condition.** (3) (b) When a defendant is conditionally released, the chief  
3 officer of the institution in which the defendant is committed shall  
4 forthwith give written notice of the terms and conditions of such release  
5 to the executive director of the department of human services and to the  
6 director of any ~~community mental health center~~ which BEHAVIORAL  
7 HEALTH SAFETY NET PROVIDER THAT may be charged with continued  
8 treatment of the defendant. The director of such ~~mental health center~~  
9 BEHAVIORAL HEALTH SAFETY NET PROVIDER, shall make written reports  
10 every three months to the executive director of the department of human  
11 services and to the district attorney for the judicial district where the  
12 defendant was committed and to the district attorney for any judicial  
13 district where the defendant may be required to receive treatment  
14 concerning the treatment and status of the defendant. Such reports shall  
15 include all known violations of the terms and conditions of the  
16 defendant's release and any changes in the defendant's mental status  
17 ~~which~~ THAT would indicate that the defendant has become ineligible to  
18 remain on conditional release as defined in section 16-8-102 (4.5).

19 (e) As long as the defendant is granted conditional release and is  
20 subject to the provisions thereof, there shall be free transmission of all  
21 information, including clinical information regarding the defendant,  
22 among the department of human services, the appropriate ~~community~~  
23 ~~mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS, and  
24 appropriate district attorneys, law enforcement, and court personnel.

25 **SECTION 220.** In Colorado Revised Statutes, 16-11.9-203,  
26 **amend** (5) introductory portion as follows:

27 **16-11.9-203. Statewide behavioral health court liaison**

1 **program - established - purpose - administration.** (5) Each judicial  
2 district shall use allocated program money to partner with community  
3 mental health providers ~~such as a community mental health center,~~ that  
4 are able to provide a continuum of community-based behavioral health  
5 services in their region to accomplish the program goals set forth in  
6 subsections (1) and (2) of this section. Program money may be used for  
7 the purposes established by the state court administrator pursuant to  
8 subsection (3) of this section, including but not limited to:

9 **SECTION 221.** In Colorado Revised Statutes, 16-11.9-204,  
10 **amend as amended by House Bill 22-1278** (1)(f)(III) introductory  
11 portion as follows:

12 **16-11.9-204. Behavioral health court liaisons - duties and**  
13 **responsibilities - consultation and collaboration.** (1) A court liaison  
14 hired pursuant to this part 2 has the following duties and responsibilities:

15 (f) Identifying existing programs and resources that are already  
16 available in the community, including but not limited to:

17 (III) ~~Community mental health centers~~ BEHAVIORAL HEALTH  
18 SAFETY NET PROVIDERS and other local community behavioral health  
19 providers that receive state funding through the behavioral health  
20 administration in the department of human services for services such as:

21 **SECTION 222.** In Colorado Revised Statutes, 24-1.9-102,  
22 **amend** (1)(a)(IV) and (1)(a)(V) as follows:

23 **24-1.9-102. Memorandum of understanding - local-level**  
24 **interagency oversight groups - individualized service and support**  
25 **teams - coordination of services for children and families -**  
26 **requirements - waiver.** (1) (a) Local representatives of each of the  
27 agencies specified in this subsection (1)(a) and county departments of

1 human or social services may enter into memorandums of understanding  
2 that are designed to promote a collaborative system of local-level  
3 interagency oversight groups and individualized service and support  
4 teams to coordinate and manage the provision of services to children and  
5 families who would benefit from integrated multi-agency services. The  
6 memorandums of understanding entered into pursuant to this subsection  
7 (1) must be between interested county departments of human or social  
8 services and local representatives of each of the following agencies or  
9 entities:

10 (IV) Each ~~community mental health center~~ COMPREHENSIVE  
11 BEHAVIORAL HEALTH SAFETY NET PROVIDER;

12 (V) Each behavioral health ADMINISTRATIVE SERVICES  
13 organization;

14 **SECTION 223.** In Colorado Revised Statutes, 24-110-207.5,  
15 **amend as it will become effective July 1, 2024,** (1)(a) as follows:

16 **24-110-207.5. Certification of certain entities as local public**  
17 **procurement units - rules - report.** (1) The executive director may  
18 certify any of the following entities as a local public procurement unit:

19 (a) Any ~~nonprofit community mental health center, as defined in~~  
20 ~~section 27-66-101, any nonprofit community mental health clinic, as~~  
21 ~~defined in section 27-66-101~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER,  
22 AS DEFINED IN SECTION 27-50-101, any nonprofit case management  
23 agency, as defined in section 25.5-6-1702 (2), or any nonprofit service  
24 agency, as defined in section 25.5-10-202, if the entity uses the supplies,  
25 services, or construction procured for the public mental health system or  
26 the public developmental disability system;

27 **SECTION 224.** In Colorado Revised Statutes, 25-1-1202, **amend**

1 (1)(u) as follows:

2 **25-1-1202. Index of statutory sections regarding medical**  
3 **record confidentiality and health information.** (1) Statutory provisions  
4 concerning policies, procedures, and references to the release, sharing,  
5 and use of medical records and health information include the following:

6 (u) Section 13-21-117, ~~C.R.S.~~, concerning civil liability of a  
7 mental health professional, mental health hospital, ~~community mental~~  
8 ~~health center, or clinic~~ OR BEHAVIORAL HEALTH SAFETY NET PROVIDER  
9 related to a duty to warn or protect;

10 **SECTION 225.** In Colorado Revised Statutes, 25-1.5-103,  
11 **amend** (1)(a)(I)(A); and **repeal** (2)(a), (2)(a.3), and (2)(b) as follows:

12 **25-1.5-103. Health facilities - powers and duties of department**  
13 **- limitations on rules promulgated by department - definitions.**

14 (1) The department has, in addition to all other powers and duties  
15 imposed upon it by law, the powers and duties provided in this section as  
16 follows:

17 (a) (I) (A) To annually license and to establish and enforce  
18 standards for the operation of general hospitals, hospital units as defined  
19 in section 25-3-101 (2), freestanding emergency departments as defined  
20 in section 25-1.5-114, psychiatric hospitals, community clinics,  
21 rehabilitation hospitals, convalescent centers, ~~community mental health~~  
22 ~~centers, acute treatment units, behavioral health entities,~~ facilities for  
23 persons with intellectual and developmental disabilities, nursing care  
24 facilities, hospice care, assisted living residences, dialysis treatment  
25 clinics, ambulatory surgical centers, birthing centers, home care agencies,  
26 and other facilities of a like nature, except those wholly owned and  
27 operated by any governmental unit or agency.

1           (2) For purposes of this section, unless the context otherwise  
2 requires:

3           (a) "Acute treatment unit" means a facility or a distinct part of a  
4 facility for short-term psychiatric care, which may include substance  
5 abuse treatment, and which provides a total, twenty-four-hour  
6 therapeutically planned and professionally staffed environment for  
7 persons who do not require inpatient hospitalization but need more  
8 intense and individual services than are available on an outpatient basis,  
9 such as crisis management and stabilization services.

10           (a.3) "Behavioral health entity" means a facility or provider  
11 organization engaged in providing community-based health services,  
12 which may include behavioral health disorder services, alcohol use  
13 disorder services, or substance use disorder services, including crisis  
14 stabilization, acute or ongoing treatment, or community mental health  
15 center services as described in section 27-66-101 (2) and (3), but does not  
16 include:

17           (I) Residential child care facilities, as defined in section 26-6-102  
18 (33); or

19           (II) Services provided by a licensed or certified mental health-care  
20 provider under the provider's individual professional practice act on the  
21 provider's own premises.

22           (b) "Community mental health center" means either a physical  
23 plant or a group of services under unified administration and including at  
24 least the following: Inpatient services; outpatient services; day  
25 hospitalization; emergency services; and consultation and educational  
26 services, which services are provided principally for persons with  
27 behavioral or mental health disorders residing in a particular community

1 ~~in or near which the facility is situated.~~

2 **SECTION 226.** In Colorado Revised Statutes, 25-1.5-112,  
3 **amend as amended in House Bill 22-1278** (2) introductory portion as  
4 follows:

5 **25-1.5-112. Colorado suicide prevention plan - established -**  
6 **goals - responsibilities - funding - definition.** (2) The suicide  
7 prevention commission, together with the office of suicide prevention, the  
8 behavioral health administration in the department of human services, the  
9 department, and the department of health care policy and financing, is  
10 strongly encouraged to collaborate with criminal justice and health-care  
11 systems, mental and behavioral health systems, primary care providers,  
12 physical and mental health clinics in educational institutions, ~~community~~  
13 ~~mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS,  
14 advocacy groups, emergency medical services professionals and  
15 responders, public and private insurers, hospital chaplains, and  
16 faith-based organizations to develop and implement:

17 **SECTION 227.** In Colorado Revised Statutes, 25-3-101, **amend**  
18 (1) as follows:

19 **25-3-101. Hospitals - health facilities - licensed - definitions.**  
20 (1) It is unlawful for any person, partnership, association, or corporation  
21 to open, conduct, or maintain any general hospital; hospital unit;  
22 freestanding emergency department as defined in section 25-1.5-114;  
23 psychiatric hospital; community clinic; rehabilitation hospital;  
24 convalescent center; ~~behavioral health entity; community mental health~~  
25 ~~center or acute treatment unit licensed as a behavioral health entity;~~  
26 facility for persons with developmental disabilities, as defined in section  
27 25-1.5-103 (2)(c); nursing care facility; hospice care; assisted living

1 residence, except an assisted living residence shall be assessed a license  
2 fee as set forth in section 25-27-107; dialysis treatment clinic; ambulatory  
3 surgical center; birthing center; home care agency; or other facility of a  
4 like nature, except those wholly owned and operated by any governmental  
5 unit or agency, without first having obtained a license from the  
6 department.

7 **SECTION 228.** In Colorado Revised Statutes, 25-3-103.7,  
8 **amend** (1)(d); and **repeal** (1)(a) as follows:

9 **25-3-103.7. Employment of physicians - when permissible -**  
10 **conditions - definitions.** (1) For purposes of this section:

11 (a) "~~Community mental health center~~" means a community mental  
12 ~~health center, as defined in section 25-1.5-103 (2), that is currently~~  
13 ~~licensed and regulated by the department pursuant to the department's~~  
14 ~~authority under section 25-1.5-103 (1)(a).~~

15 (d) "Health-care facility" means a hospital, hospice, ~~community~~  
16 ~~mental health center~~, federally qualified health center, school-based  
17 health center, rural health clinic, PACE organization, or long-term care  
18 facility.

19 **SECTION 229.** In Colorado Revised Statutes, 25-20.5-1302,  
20 **amend** (2) introductory portion as follows:

21 **25-20.5-1302. Community behavioral health disaster**  
22 **preparedness and response program - creation - department duties**  
23 **- rules.** (2) The program is intended to enhance, support, and formalize  
24 behavioral health disaster preparedness and response activities conducted  
25 by community behavioral health organizations; ~~including community~~  
26 ~~mental health centers as defined in section 27-66-101 (2);~~ except that the  
27 activities must not replace or supersede any disaster plans prepared or

1 maintained by a local or interjurisdictional emergency management  
2 agency, as established in section 24-33.5-707. The activities may include  
3 but are not limited to:

4 **SECTION 230.** In Colorado Revised Statutes, 25.5-1-204,  
5 **amend (2)(a)(IV)** as follows:

6 **25.5-1-204. Advisory committee to oversee the all-payer health**  
7 **claims database - creation - members - duties - legislative declaration**  
8 **- rules - report.** (2) (a) No later than August 1, 2013, the executive  
9 director shall appoint an advisory committee to oversee the Colorado  
10 all-payer health claims database. The advisory committee shall include  
11 the following members:

12 (IV) A representative from a ~~community mental health center~~  
13 COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER, AS  
14 DEFINED IN SECTION 27-50-101, who has experience in behavioral health  
15 data collection;

16 **SECTION 231.** In Colorado Revised Statutes, 25.5-4-103,  
17 **amend as it will become effective July 1, 2024,** (3) as follows:

18 **25.5-4-103. Definitions.** As used in this article 4 and articles 5  
19 and 6 of this title 25.5, unless the context otherwise requires:

20 (3) "Case management services" means services provided by case  
21 management agencies and ~~community mental health centers and~~  
22 ~~community mental health clinics, as defined in section 27-66-101 (2) and~~  
23 ~~(3)~~ COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, AS  
24 DEFINED IN SECTION 27-50-101, to assist persons in gaining access to  
25 needed medical, social, educational, and other services.

26 **SECTION 232.** In Colorado Revised Statutes, 25.5-5-202,  
27 **amend (1)(g)** as follows:

1           **25.5-5-202. Basic services for the categorically needy - optional**  
2 **services.** (1) Subject to the provisions of subsection (2) of this section,  
3 the following are services for which federal financial participation is  
4 available and that Colorado has selected to provide as optional services  
5 under the medical assistance program:

6           (g) Rehabilitation services as appropriate to ~~community mental~~  
7 ~~health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED  
8 IN SECTION 27-50-101;

9           **SECTION 233.** In Colorado Revised Statutes, 25.5-5-402,  
10 **amend** (3)(e) as follows:

11           **25.5-5-402. Statewide managed care system - rules - definition.**

12 (3) The statewide managed care system must include a statewide system  
13 of community behavioral health care that must:

14           (e) Be paid for by the state department establishing capitated rates  
15 specifically for ~~community mental~~ BEHAVIORAL health services that  
16 account for a comprehensive continuum of needed services such as those  
17 provided by ~~community mental health centers as defined in section~~  
18 ~~27-66-101~~ LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING  
19 ESSENTIAL AND COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH  
20 PROVIDERS, AS DEFINED IN SECTION 27-50-101;

21           **SECTION 234.** In Colorado Revised Statutes, 27-65-102, **amend**  
22 (1.5) and (7) as follows:

23           **27-65-102. Definitions.** As used in this article 65, unless the  
24 context otherwise requires:

25           (1.5) "Behavioral health entity" ~~means a facility or provider~~  
26 ~~organization engaged in providing community-based health services,~~  
27 ~~which may include behavioral health disorder services, alcohol use~~

1 ~~disorder services, or substance use disorder services, including crisis~~  
2 ~~stabilization, acute or ongoing treatment, or community mental health~~  
3 ~~center services as described in section 27-66-101 (2) and (3), but does not~~  
4 ~~include:~~ HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

5 (a) Residential child care facilities as defined in section 26-6-102  
6 (33); or

7 (b) Services provided by a licensed or certified mental health-care  
8 provider under the provider's individual professional practice act on the  
9 provider's own premises.

10 (7) "Facility" means a public hospital or a licensed private  
11 hospital, clinic, behavioral health entity, ~~community mental health center~~  
12 ~~or clinic, acute treatment unit,~~ institution, or residential child care facility  
13 that provides treatment for persons with mental health disorders.

14 **SECTION 235.** In Colorado Revised Statutes, 27-67-103, **amend**  
15 (10); **repeal** (4); and **add** (1.3) as follows:

16 **27-67-103. Definitions.** As used in this article 67, unless the  
17 context otherwise requires:

18 (1.3) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" HAS THE  
19 SAME MEANING AS DEFINED IN SECTION 27-50-101.

20 (4) "~~Community mental health center~~" has the same meaning as  
21 ~~provided in section 27-66-101 (2).~~

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.

1           **SECTION 236.** In Colorado Revised Statutes, 27-67-109, **amend**  
2           (2)(f) as follows:

3           **27-67-109. Child and youth mental health services standards**  
4           **- advisory board.** (2) An advisory board to the state department is  
5           established for the purpose of assisting and advising the executive  
6           director in accordance with this section in the development of service  
7           standards and rules. The advisory board consists of not less than eleven  
8           nor more than fifteen members appointed by the state department as  
9           follows:

10           (f) One member representing a ~~community mental health center~~  
11           BEHAVIORAL HEALTH SAFETY NET PROVIDER that performs evaluations  
12           pursuant to this article 67;

13           **SECTION 237.** In Colorado Revised Statutes, 27-70-102, **amend**  
14           (2) as follows:

15           **27-70-102. Definitions.** As used in this article 70, unless the  
16           context otherwise requires:

17           (2) "Facility" means a federally qualified health-care center,  
18           clinic, ~~community mental health center or clinic~~, behavioral health entity,  
19           institution, acute treatment unit, jail, facility operated by the department  
20           of corrections, or a facility operated by the division of youth services.

21           **SECTION 238.** In Colorado Revised Statutes, 27-81-102, **amend**  
22           (3.5) as follows:

23           **27-81-102. Definitions.** As used in this article 81, unless the  
24           context otherwise requires:

25           (3.5) "Behavioral health entity" ~~means a facility or provider~~  
26           ~~organization engaged in providing community-based health services,~~  
27           ~~which may include behavioral health disorder services, alcohol use~~

1 ~~disorder services, or substance use disorder services, including crisis~~  
2 ~~stabilization, acute or ongoing treatment, or community mental health~~  
3 ~~center services as described in section 27-66-101 (2) and (3), but does not~~  
4 ~~include:~~ HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

5 (a) Residential child care facilities as defined in section 26-6-102  
6 (33); or

7 (b) Services provided by a licensed or certified mental health-care  
8 provider under the provider's individual professional practice act on the  
9 provider's own premises.

10 **SECTION 239.** In Colorado Revised Statutes, 44-30-1301,  
11 **amend as amended in House Bill 22-1278 (2)(b)(I) as follows:**

12 **44-30-1301. Definitions - local government limited gaming**  
13 **impact fund - rules - report - legislative declaration - repeal.**

14 (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the  
15 commissioner of the behavioral health administration in the department  
16 of human services shall use the money in the gambling addiction account  
17 to award grants for the purpose of providing gambling addiction  
18 counseling services to Colorado residents and to provide gambling  
19 addiction treatment training to staff at ~~nonprofit community mental health~~  
20 ~~centers or clinics as defined in section 27-66-101~~ BEHAVIORAL HEALTH  
21 SAFETY NET PROVIDERS AS DEFINED IN SECTION 27-50-101. The behavioral  
22 health administration may use a portion of the money in the gambling  
23 addiction account, not to exceed ten percent in the 2008-09 fiscal year  
24 and five percent in each fiscal year thereafter, to cover the  
25 administration's direct and indirect costs associated with administering the  
26 grant program authorized in this subsection (2)(b). The commissioner of  
27 the administration shall award grants to state or local public or private

1 entities or programs that provide gambling addiction counseling services  
2 and that have or are seeking nationally accredited gambling addiction  
3 counselors. The commissioner of the administration shall award ten  
4 percent of the money in the gambling addiction account in grants to  
5 addiction counselors who are actively pursuing national accreditation as  
6 gambling addiction counselors. In order to qualify for an accreditation  
7 grant, an addiction counselor applicant must provide sufficient proof that  
8 the applicant has completed at least half of the counseling hours required  
9 for national accreditation. The commissioner of the administration shall  
10 adopt rules establishing the procedure for applying for a grant from the  
11 gambling addiction account, the criteria for awarding grants and  
12 prioritizing applications, and any other provision necessary for the  
13 administration of the grant applications and awards. Neither the entity,  
14 program, or gambling addiction counselor providing the gambling  
15 addiction counseling services nor the recipients of the counseling services  
16 need to be located within the jurisdiction of an eligible local  
17 governmental entity in order to receive a grant or counseling services. At  
18 the end of a fiscal year, all unexpended and unencumbered money in the  
19 gambling addiction account remains in the account and does not revert to  
20 the general fund or any other fund or account.

21 **SECTION 240. Appropriation.** (1) For the 2022-23 state fiscal  
22 year, \$671,538 is appropriated to the department of human services for  
23 use by the executive director's office. This appropriation is from the  
24 general fund. To implement this act, the office may use this appropriation  
25 as follows:

- 26 (a) \$259,000 for health life and dental;
- 27 (b) \$3,703 for short-term disability;

1 (c) \$115,705 for S.B. 04-257 amortization equalization  
2 disbursement;

3 (d) \$115,705 for S.B. 06-235 supplemental amortization  
4 equalization disbursement; and

5 (e) \$177,426 for the purchase of legal services.

6 (2) For the 2022-23 state fiscal year, \$177,426 is appropriated to  
7 the department of law. This appropriation is from reappropriated funds  
8 received from the department of human services under subsection (1)(e)  
9 of this section and is based on an assumption that the department of law  
10 will require an additional 1.0 FTE. To implement this act, the department  
11 of law may use this appropriation to provide legal services for the  
12 department of human services.

13 **SECTION 241. Appropriation.** (1) For the 2022-23 state fiscal  
14 year, \$542,470 is appropriated to the department of human services for  
15 administration and finance. This appropriation is from the general fund.  
16 To implement this act, the office may use this appropriation as follows:

17 (a) \$479,380 for personal services related to administration, which  
18 amount is based on an assumption that the department will require an  
19 additional 4.5 FTE; and

20 (b) \$63,090 for operating expenses related to administration.

21 **SECTION 242. Appropriation.** For the 2022-23 state fiscal year,  
22 \$2,495,231 is appropriated to the department of human services for use  
23 by the behavioral health administration. This appropriation is from the  
24 general fund and is based on an assumption that the administration will  
25 require an additional 21.4 FTE. To implement this act, the administration  
26 may use this appropriation for program administration related to  
27 community behavioral health administration.

1           **SECTION 243. Appropriation - adjustments to 2022 long bill.**

2           (1) To implement this act, appropriations made in the annual general  
3           appropriation act for the 2022-23 state fiscal year to the department of  
4           human services are adjusted as follows:

5                 (a) The general fund appropriation for use by the behavioral  
6           health administration for prevention programs is decreased by \$37,565;

7                 (b) The general fund appropriation for use by the behavioral  
8           health administration for community prevention and treatment programs  
9           is decreased by \$10,546;

10                (c) The cash funds appropriation from the marijuana tax cash fund  
11           created in section 36-28.8-501 (1), C.R.S., for use by the behavioral  
12           health administration for community prevention and treatment programs  
13           is decreased by \$498,550; and

14                (d) The cash funds appropriation from the marijuana tax cash fund  
15           created in section 36-28.8-501 (1), C.R.S., for use by the behavioral  
16           health administration for community behavioral health administration  
17           program administration is decreased by \$91,947, and the related FTE is  
18           decreased by 11.2 FTE.

19           (2) For the 2022-23 state fiscal year, \$638,518 is appropriated to  
20           the department of public health and environment for use by the prevention  
21           services division. This appropriation consists of \$48,021 from the general  
22           fund and \$590,497 from the marijuana tax cash fund created in section  
23           36-28.8-501 (1), C.R.S., and is based on an assumption that the division  
24           will require an additional 11.2 FTE. To implement this act, the division  
25           may use this appropriation for prevention programming.

26           (3) For the 2022-23 state fiscal year, \$8,181,248 is appropriated  
27           to the department of public health and environment for use by the

1 prevention services division. This appropriation is from reappropriated  
2 funds that originated as federal substance abuse prevention and treatment  
3 block grant funds reflected in multiple line items in the department of  
4 human services. To implement this act, the division may use this  
5 appropriation for prevention programming. This figure is subject to the  
6 "(I)" notation as defined in the annual general appropriation act for the  
7 same fiscal year.

8 **SECTION 244. Appropriation.** For the 2022-23 state fiscal year,  
9 \$11,846 is appropriated to the department of public health and  
10 environment for use by administration and support. This appropriation is  
11 from the general fund and is based on an assumption that the department  
12 will require an additional 0.2 FTE. To implement this act, the department  
13 may use this appropriation for personal services related to administration.

14 **SECTION 245. Appropriation - adjustments to 2022 long bill.**  
15 To implement this act, the general fund appropriation made in the annual  
16 general appropriation act for the 2022-23 state fiscal year to the  
17 department of public health and environment for use by the health  
18 facilities and emergency medical services division for behavioral health  
19 entity licensing is decreased by \$36,033, and the related FTE is decreased  
20 by 0.4 FTE.

21 **SECTION 246. Appropriation.** (1) For the 2022-23 state fiscal  
22 year, \$246,399 is appropriated to the department of health care policy and  
23 financing for use by the executive director's office. This appropriation is  
24 from the general fund. To implement this act, the office may use this  
25 appropriation as follows:

26 (a) \$227,524 for personal services, which amount is based on an  
27 assumption that the office will require an additional 4.5 FTE; and

1 (b) \$18,875 for operating expenses.

2 (2) For the 2022-23 state fiscal year, the general assembly  
3 anticipates that the department of health care policy and financing will  
4 receive \$246,399 in federal funds to implement this act, which amount is  
5 subject to the "(I)" notation as defined in the annual general appropriation  
6 act for the same fiscal year. The appropriation in subsection (1) of this  
7 section is based on the assumption that the department will receive this  
8 amount of federal funds to be used as follows:

9 (a) \$227,524 for personal services; and

10 (b) \$18,875 for operating expenses.

11 **SECTION 247. Appropriation.** (1) For the 2022-23 state fiscal  
12 year, \$142,766 is appropriated to the department of regulatory agencies  
13 for use by the division of insurance. This appropriation is from the  
14 division of insurance cash fund created in section 10-1-103 (3), C.R.S. To  
15 implement this act, the division may use this appropriation as follows:

16 (a) \$127,666 for personal services, which amount is based on an  
17 assumption that the division will require an additional 2.0 FTE;

18 (b) \$15,100 for operating expenses.

19 **SECTION 248. Effective date.** This act takes effect July 1, 2022;  
20 except that section 213 takes effect July 1, 2023, and sections 214 through  
21 240 take effect July 1, 2024.

22 **SECTION 249. Safety clause.** The general assembly hereby  
23 finds, determines, and declares that this act is necessary for the immediate  
24 preservation of the public peace, health, or safety.