SB059_S_HHS.001

SENATE COMMITTEE OF REFERENCE REPORT

________________________________ February 22, 2024

Chair of Committee Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB24-059 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute:

3 "**SECTION 1.** In Colorado Revised Statutes, **add** part 10 to
4 article 50 of title 27 as follows:
5 PART 10
6 CHILDREN'S BEHAVIORAL HEALTH
7 STATEWIDE SYSTEM OF CARE
8 **27-50-1001. Short title.** THE SHORT TITLE OF THIS PART 10 IS THE
9 "CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE".
10 **27-50-1002. Definitions.** AS USED IN THIS PART 10, UNLESS THE
11 CONTEXT OTHERWISE REQUIRES:
12 (1) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL
13 CREATED BY THE OFFICE PURSUANT TO SECTION 27-50-1004 (4).
14 (2) "BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
15 ORGANIZATIONS" ARE THOSE ORGANIZATIONS THE BHA SELECTS AND
16 CONTRACTS WITH PURSUANT TO PART 4 OF THIS ARTICLE 50.
17 (3) "CAPACITY-BUILDING CENTER" MEANS THE
18 CAPACITY-BUILDING CENTER CREATED OR PROCURED BY THE BHA
19 PURSUANT TO SECTION 27-50-1011.
20 (4) "DATA TEAM" MEANS THE DATA AND QUALITY TEAM CREATED
21 BY THE OFFICE PURSUANT TO SECTION 27-50-1010.
22 (5) "DEPUTY COMMISSIONER" MEANS THE DEPUTY COMMISSIONER
23 OF THE OFFICE, APPOINTED PURSUANT TO SECTION 27-50-1004.
24 (6) "EARLY AND PERIODIC SCREENING, DIAGNOSTICS, AND
25 TREATMENT" MEANS THE FEDERAL MANDATORY MEDICAID BENEFIT FOR
26 CHILDREN AND YOUTH, AS PROVIDED FOR IN SECTION 25.5-5-102 (1)(g).
27 (7) "FUNCTIONAL FAMILY THERAPY" MEANS A SHORT-TERM

1 PROGRAM DESIGNED TO ADDRESS RISK AND PROTECTIVE FACTORS TO
2 PROMOTE HEALTHY DEVELOPMENT FOR YOUTH EXPERIENCING
3 BEHAVIORAL OR EMOTIONAL PROBLEMS. FUNCTIONAL FAMILY THERAPY
4 IS TYPICALLY DELIVERED BY THERAPISTS IN HOME AND CLINICAL SETTINGS
5 AND LASTS FROM THREE TO SIX MONTHS.
6 (8) "IMPLEMENTATION PLAN" MEANS THE SYSTEM OF CARE
7 IMPLEMENTATION PLAN CREATED PURSUANT TO SECTION 27-50-1005.
8 (9) "IMPLEMENTATION TEAM" MEANS THE TEAM CREATED BY THE
9 OFFICE PURSUANT TO SECTION 27-50-1004 (3) TO DEVELOP THE
10 IMPLEMENTATION PLAN AND OPERATIONALLY OVERSEE AND GUIDE
11 IMPLEMENTATION.
12 (10) "LEADERSHIP TEAM" MEANS THE LEADERSHIP TEAM CREATED
13 PURSUANT TO SECTION 27-50-1004 (2) AND RESPONSIBLE FOR
14 DECISION-MAKING AND OVERSIGHT OF THE OFFICE.
15 (11) "MANAGED CARE ENTITY" OR "MCE" MEANS A MANAGED
16 CARE ENTITY RESPONSIBLE FOR THE STATEWIDE SYSTEM OF COMMUNITY
17 BEHAVIORAL HEALTH CARE, AS DESCRIBED IN SECTION 25.5-5-402 (3), AND
18 THAT IS NOT OWNED, OPERATED BY, OR AFFILIATED WITH AN
19 INSTRUMENTALITY, MUNICIPALITY, OR POLITICAL SUBDIVISION OF THE
20 STATE.
21 (12) "MULTISYSTEMIC THERAPY" OR "MST" MEANS AN INTENSIVE
22 COMMUNITY-BASED, FAMILY-DRIVEN TREATMENT FOR ADDRESSING
23 ANTISOCIAL OR DELINQUENT BEHAVIOR IN YOUTH. MST FOCUSES ON THE
24 ECOLOGY OF THE YOUTH DURING SERVICE DELIVERY TO ADDRESS THE
25 CORE CAUSES OF ANTISOCIAL OR DELINQUENT BEHAVIORS, WITH A FOCUS
26 ON SUBSTANCE USE, GANG AFFILIATION, TRUANCY, EXCESSIVE TARDINESS,
27 VERBAL AND PHYSICAL AGGRESSION, AND LEGAL ISSUES.
28 (13) "OFFICE" MEANS THE OFFICE OF THE CHILDREN'S BEHAVIORAL
29 HEALTH STATEWIDE SYSTEM OF CARE CREATED PURSUANT TO SECTION
30 27-50-1004.
31 (14) "PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY" HAS THE
32 SAME MEANING AS SET FORTH IN SECTION 25.5-4-103.
33 (15) "SYSTEM OF CARE" MEANS THE CHILDREN'S BEHAVIORAL
34 HEALTH STATEWIDE SYSTEM OF CARE, ESTABLISHED PURSUANT TO THIS
35 PART 10.
36 (16) "THERAPEUTIC FOSTER CARE" HAS THE SAME MEANING AS SET
37 FORTH IN SECTION 26-6-903.
38 (17) "TREATMENT FOSTER CARE" HAS THE SAME MEANING AS SET
39 FORTH IN SECTION 26-6-903.
40 (18) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,
41 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING
42 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL
43 HEALTH SERVICES FOR A CHILD OR YOUTH LESS THAN TWENTY-ONE YEARS

1 OF AGE WHO HAS A BEHAVIORAL HEALTH DISORDER.
2 **27-50-1003. Children's behavioral health statewide system of**
3 **care - established - eligibility - purpose - components - rules.** (1) THE
4 BEHAVIORAL HEALTH ADMINISTRATION, IN PARTNERSHIP WITH THE OFFICE
5 OF CHILDREN, YOUTH, AND FAMILIES IN THE DEPARTMENT OF HUMAN
6 SERVICES; THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;
7 THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY
8 AGENCIES; AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
9 SHALL DEVELOP A COMPREHENSIVE CHILDREN'S BEHAVIORAL HEALTH
10 STATEWIDE SYSTEM OF CARE. UPON FULL IMPLEMENTATION OF THE
11 SYSTEM OF CARE, THE SYSTEM OF CARE MUST SERVE AS THE SINGLE POINT
12 OF ACCESS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF CHILDREN
13 AND YOUTH IN COLORADO LESS THAN TWENTY-ONE YEARS OF AGE,
14 UNLESS A PARTICULAR SERVICE LIMITS ELIGIBILITY TO A DIFFERENT AGE
15 RANGE. AS COMPONENTS OF THE SYSTEM OF CARE ARE IMPLEMENTED, THE
16 SYSTEM OF CARE MUST INITIALLY SERVE THOSE CHILDREN AND YOUTH
17 RECEIVING MEDICAID OR WHO ARE WITHOUT ANY INSURANCE, BUT CAN BE
18 EXPANDED TO SERVE ADDITIONAL POPULATIONS IN THE FUTURE BASED ON
19 DECISIONS MADE BY THE LEADERSHIP TEAM PURSUANT TO SECTION
20 27-50-1004.
21 (2) THE SYSTEM OF CARE SHALL SERVE CHILDREN AND YOUTH LESS
22 THAN TWENTY-ONE YEARS OF AGE WHO HAVE MENTAL HEALTH
23 DISORDERS, SUBSTANCE USE DISORDERS, CO-OCCURRING BEHAVIORAL
24 HEALTH DISORDERS, OR INTELLECTUAL AND DEVELOPMENTAL
25 DISABILITIES.
26 (3) NOTHING IN THE IMPLEMENTATION PLAN MAY CONFLICT WITH
27 SETTLEMENT DECREES ENTERED INTO BY THE STATE OF COLORADO TO
28 SERVE THE BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH LESS
29 THAN TWENTY-ONE YEARS OF AGE.
30 (4) AFTER THE IMPLEMENTATION PLAN IS DEVELOPED, AND
31 SUBJECT TO AVAILABLE APPROPRIATIONS, THE SYSTEM OF CARE MUST
32 INCLUDE, AT A MINIMUM:
33 (a) STATEWIDE BEHAVIORAL HEALTH STANDARDIZED SCREENING.
34 THE BEHAVIORAL HEALTH STANDARDIZED SCREENING MUST REQUIRE:
35 (I) THAT BEHAVIORAL HEALTH SCREENINGS ARE AVAILABLE IN
36 PEDIATRIC PRIMARY CARE PROVIDER SETTINGS FOR MEDICAID-ENROLLED
37 CHILDREN AND YOUTH THROUGH THE FEDERAL EARLY AND PERIODIC
38 SCREENING, DIAGNOSIS, AND TREATMENT BENEFIT; AND
39 (II) THAT BEHAVIORAL HEALTH SCREENINGS ARE AVAILABLE IN
40 SCHOOL SETTINGS FOR MEDICAID-ENROLLED CHILDREN AND YOUTH
41 THROUGH THE FEDERAL EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
42 TREATMENT BENEFIT;
43 (b) STATEWIDE BEHAVIORAL HEALTH STANDARDIZED

ASSESSMENT. THE ASSESSMENT TOOL, AS DESCRIBED IN SECTION 27-62-103, MUST BE USED, AT A MINIMUM, TO DETERMINE LEVEL OF CARE, INTERVENTION NEED, AND TREATMENT PLANNING. WHEN A CASE MANAGEMENT ENTITY USES THE ASSESSMENT TOOL TO PROVIDE INTENSIVE-CARE COORDINATION WITH HIGH-FIDELITY, WRAPAROUND, AND MODERATE-CARE COORDINATION TO CREATE A TREATMENT PLAN, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR THE MANAGED CARE ENTITY MUST USE THE PLAN TO DETERMINE THE SERVICES OFFERED BY BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS OR MCES THAT WILL BE PROVIDED TO THE CLIENT.

(c) TRAUMA-INFORMED CRISIS SERVICES FOR CHILDREN AND YOUTH, INCLUDING, AT A MINIMUM, MOBILE CRISIS RESPONSE, CRISIS STABILIZATION SERVICES, AND CRISIS RESOLUTION TEAMS. THE MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE MUST:

(I) REFLECT NATIONAL BEST PRACTICES FOCUSED SOLELY ON CHILDREN AND YOUTH;

(II) ALLOW THE CALLER TO DEFINE WHAT CONSTITUTES A CRISIS FOR THAT CALLER;

(III) PROVIDE SERVICES, WHEN APPROPRIATE, FOR UP TO FORTY-FIVE DAYS, ALONG WITH A ONE-TO-ONE CRISIS STABILIZER WHEN NECESSARY;

(IV) MAKE INITIAL SERVICES AVAILABLE FOR UP TO SEVENTY-TWO HOURS; AND

(V) PROVIDE CRISIS RESOLUTION TEAMS STATEWIDE OR ESTABLISH CONTINUITY BETWEEN A STATEWIDE ARRAY OF CRISIS RESOLUTION TEAM PROVIDERS AND MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE PROVIDERS;

(d) (I) TIERED CARE COORDINATION FOR MODERATE AND INTENSIVE LEVELS OF NEED. THE BHA SHALL ESTABLISH MODERATE-CARE COORDINATION AND, SEPARATELY, INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND PRINCIPLES THAT ALIGN WITH THE HIGH-FIDELITY STANDARDS OF A NATIONAL WRAPAROUND INITIATIVE. MODERATE-CARE COORDINATION MUST BE AVAILABLE TO ALL CHILDREN AND YOUTH LESS THAN TWENTY-ONE YEARS OF AGE WHO ARE AT HIGH RISK BUT DO NOT NEED THE INTENSITY OF INTENSIVE-CARE COORDINATION. THE BHA SHALL PROVIDE BOTH TYPES OF CARE COORDINATION USING A CONFLICT-FREE CASE MANAGEMENT ENTITY, AS DEFINED IN SECTION 25.5-6-1702.

(II) TO FACILITATE THE EXPANSION OF COLORADO'S FEDERALLY FUNDED SYSTEM OF CARE MODEL OF INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND SERVICES STATEWIDE, THE BHA SHALL:

(A) APPROPRIATE FUNDING THAT CORRESPONDS TO THE AMOUNT

1 OF THE CURRENT FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH
2 SERVICES ADMINISTRATION GRANT; AND
3 (B) APPLY FOR ADDITIONAL FUNDING THROUGH THE FEDERAL
4 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
5 CHILDREN'S MENTAL HEALTH INITIATIVE GRANT; AND
6 (III) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
7 AND THE BHA SHALL, IN THEIR CONTRACTS WITH MANAGED CARE
8 ENTITIES AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
9 ORGANIZATIONS, RESPECTIVELY, REQUIRE THAT EACH ESTABLISH
10 CONTRACTS WITH A CONFLICT-FREE CASE MANAGEMENT ENTITY
11 RESPONSIBLE FOR PROVIDING INTENSIVE-CARE COORDINATION USING
12 HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION;
13 (e) PARENT AND YOUTH PEER SUPPORT. THE BHA SHALL REVISE
14 AND EXPAND MEDICAID-FUNDED PARENT PEER SUPPORT TO INCLUDE
15 PARENT PEER SUPPORT AND ESTABLISH A YOUTH PEER SUPPORT PROGRAM
16 TO USE IN CONJUNCTION WITH INTENSIVE-CARE COORDINATION USING
17 HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION,
18 MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES, AND INTENSIVE
19 IN-HOME AND COMMUNITY-BASED SERVICES.
20 (f) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES,
21 INCLUDING, BUT NOT LIMITED TO:
22 (I) FAMILY THERAPY AND INTENSIVE HOME-BASED SERVICES FOR
23 ALL MEDICAID-ELIGIBLE CHILDREN, INCLUDING THOSE WHO ARE WITHOUT
24 A MENTAL HEALTH DIAGNOSIS BUT WHO ARE AT HIGH RISK FOR
25 DEVELOPING SERIOUS BEHAVIORAL HEALTH CHALLENGES BECAUSE OF
26 SPECIFIC RISK FACTORS, SUCH AS MALTREATMENT; EXPOSURE TO
27 DOMESTIC OR INTIMATE PARTNER VIOLENCE; OR HAVING A PARENT OR
28 CAREGIVER WITH SPECIFIC RISK FACTORS, SUCH AS A SUBSTANCE USE
29 DISORDER, SERIOUS MENTAL HEALTH DISORDER, OR A HISTORY OF
30 DOMESTIC OR INTIMATE PARTNER VIOLENCE. THE DEPARTMENT OF HEALTH
31 CARE POLICY AND FINANCING SHALL REQUIRE THAT EACH MCE AND THE
32 BHA SHALL REQUIRE EACH BEHAVIORAL HEALTH ADMINISTRATIVE
33 SERVICES ORGANIZATION TO PAY FOR THE FAMILY THERAPY AND
34 INTENSIVE HOME-BASED SERVICES.
35 (II) ACCESS TO SUBSTANCE USE DISORDER SERVICES TO
36 QUALIFYING PERSONS;
37 (III) ACCESS TO TRAUMA-SPECIFIC SERVICES; AND
38 (IV) ACCESS TO MULTISYSTEMIC THERAPY AND FUNCTIONAL
39 FAMILY THERAPY;
40 (g) OUT-OF-HOME TREATMENT SERVICES, INCLUDING, BUT NOT
41 LIMITED TO:
42 (I) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES.
43 PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES SHALL REVIEW AND

1 DEVELOP OR REVISE CRITERIA AS NECESSARY TO REFLECT NATIONAL BEST
2 PRACTICES, INCLUDING MODELS OF SMALL, COMMUNITY-BASED
3 PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES THAT ARE
4 TRAUMA-INFORMED, CONNECTED TO COMMUNITY PROVIDERS, AND
5 ENGAGE YOUTH AND FAMILIES IN ALL PROGRAM ASPECTS.
6 (II) ACCESS TO SUBSTANCE USE DISORDER SERVICES TO
7 QUALIFYING PERSONS; AND
8 (III) AS DEVELOPED BY THE OFFICE, MECHANISMS TO OVERSEE
9 AND MANAGE INPATIENT PSYCHIATRIC HOSPITALIZATION ADMISSIONS,
10 LENGTHS OF STAY, TRANSITIONS TO STEP-DOWN COMMUNITY SERVICES,
11 AND APPROPRIATE DISCHARGE PLANNING, INCLUDING DISCHARGE TO:
12 (A) COMMUNITY PSYCHIATRIC INPATIENT CARE;
13 (B) COMMUNITY PSYCHIATRIC OUTPATIENT CARE;
14 (C) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES;
15 (D) OTHER RESIDENTIAL TREATMENT CENTERS;
16 (E) TREATMENT FOSTER CARE AND THERAPEUTIC FOSTER CARE;
17 AND
18 (F) AN ARRAY OF HOME- AND COMMUNITY-BASED SERVICES; AND
19 (h) RESPITE SERVICES.
20 **27-50-1004. System of care - governance and infrastructure -**
21 **office of the children's behavioral health statewide system of care -**
22 **established - leadership team - implementation team - advisory**
23 **council - reports.** (1) THE OFFICE OF THE CHILDREN'S BEHAVIORAL
24 HEALTH STATEWIDE SYSTEM OF CARE IS ESTABLISHED IN THE BHA. THE
25 OFFICE IS THE PRIMARY GOVERNANCE ENTITY FOR THE COMPREHENSIVE
26 CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE AND IS
27 RESPONSIBLE FOR CONVENING ALL RELEVANT STATE AGENCIES INVOLVED
28 IN THE SYSTEM OF CARE, INCLUDING, BUT NOT LIMITED TO, THE
29 DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN, YOUTH, AND
30 FAMILIES, DIVISION OF CHILD WELFARE, AND DIVISION OF YOUTH SERVICES;
31 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DIVISION
32 OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES; AND THE
33 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. THE OFFICE SHALL
34 CREATE, AT A MINIMUM, TWO STAFF POSITIONS:
35 (a) A DEPUTY COMMISSIONER, WHO WILL GOVERN THE OFFICE; AND
36 (b) A PERSON TO WORK WITH COUNTY DEPARTMENTS OF HUMAN
37 AND SOCIAL SERVICES; THE STATE DEPARTMENT OF HUMAN SERVICES; AND
38 THE OFFICE OF CHILDREN, YOUTH, AND FAMILIES, ON ALL CHILD
39 WELFARE-RELATED ISSUES AND CONCERNS.
40 (2) (a) ON OR BEFORE NOVEMBER 1, 2024, THE OFFICE SHALL
41 CREATE AND CONVENE A LEADERSHIP TEAM RESPONSIBLE FOR
42 DECISION-MAKING AND OVERSIGHT.
43 (b) THE LEADERSHIP TEAM INCLUDES, BUT IS NOT LIMITED TO:

1 (I) THE DEPUTY COMMISSIONER;
2 (II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
3 SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
4 (III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
5 CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
6 (IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
7 HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
8 (V) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR
9 THE COMMISSIONER'S DESIGNEE;
10 (VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY
11 CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
12 (VII) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S
13 DESIGNEE;
14 (VIII) ONE COUNTY COMMISSIONER FROM EACH OF THE FIVE
15 REGIONS, THE EASTERN DISTRICT, FRONT RANGE DISTRICT, MOUNTAIN
16 DISTRICT, SOUTHERN DISTRICT, AND WESTERN DISTRICT, AS DESIGNATED
17 BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY
18 COMMISSIONERS, OR THAT COUNTY COMMISSIONER'S DESIGNEE, AND ONE
19 COUNTY COMMISSIONER OR DESIGNEE AT LARGE;
20 (IX) ONE DIRECTOR OF A COUNTY DEPARTMENT OF HUMAN OR
21 SOCIAL SERVICES, OR THE DIRECTOR'S DESIGNEE, AT LARGE AND AS
22 DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS
23 COUNTY HUMAN AND SOCIAL SERVICES DIRECTORS;
24 (X) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED
25 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH
26 SERVICES, APPOINTED BY THE BHA; AND
27 (XI) ONE OR MORE REPRESENTATIVES FROM A CONSUMER
28 ADVOCACY ORGANIZATION, APPOINTED BY THE BHA.
29 (c) IN ADDITION TO ITS OVERSIGHT AND DECISION-MAKING DUTIES,
30 THE LEADERSHIP TEAM HAS THE FOLLOWING REPORTING RESPONSIBILITIES:
31 (I) ON OR BEFORE JULY 1, 2027, TO REPORT TO THE HOUSE OF
32 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE
33 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR
34 COMMITTEES, INCLUDING A RECOMMENDATION WHETHER THE BHA IS THE
35 APPROPRIATE STATE AGENCY TO HOUSE THE OFFICE. THE STATE ENTITY
36 THAT HOUSES THE SYSTEM OF CARE MUST HAVE DEEP PROGRAMMATIC
37 CONTENT EXPERTISE IN CHILDREN'S BEHAVIORAL HEALTH; THE TECHNICAL
38 KNOWLEDGE, CAPACITY, AND AUTHORITY TO OVERSEE AND HOLD
39 ACCOUNTABLE A MANAGED CARE SYSTEM; THE DATA CAPACITY OR READY
40 ACCESS TO SUCH CAPACITY TO TRACK AND REPORT ON KEY INDICATORS
41 AND ENGAGE IN QUALITY IMPROVEMENT ACTIVITIES; THE AUTHORITY AND
42 CAPACITY TO ENGAGE KEY SYSTEM PARTNERS; AND SUFFICIENT STAFFING
43 TO EFFECTIVELY OVERSEE AND MANAGE THE DELIVERY SYSTEM.

1 (II) ON OR BEFORE JULY 1, 2027, TO DETERMINE WHETHER TO
2 RECOMMEND IF THE DEPARTMENT OF HEALTH CARE POLICY AND
3 FINANCING OR THE BHA SHOULD PURSUE PROCUREMENT OF A SINGLE
4 STATEWIDE MCE TO OVERSEE THE SYSTEM OF CARE AND REPORT THAT
5 DETERMINATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN
6 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
7 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES;
8 (III) ON OR BEFORE NOVEMBER 30, 2027, TO DETERMINE WHETHER
9 TO EXPAND THE SYSTEM OF CARE TO SERVE CHILDREN AND YOUTH WHO
10 ARE COVERED THROUGH PRIVATE INSURANCE;
11 (IV) TO EVALUATE THE PERFORMANCE AND EFFECTIVENESS OF THE
12 OFFICE;
13 (V) TO OVERSEE AND ADVISE THE STRATEGIC DIRECTION OF THE
14 OFFICE; AND
15 (VI) TO PROVIDE FISCAL OVERSIGHT OF THE OFFICE.
16 (3) (a) ON OR BEFORE JANUARY 15, 2025, THE OFFICE SHALL
17 CREATE AND CONVENE AN IMPLEMENTATION TEAM THAT SHALL CREATE
18 THE PLAN OUTLINED IN SECTION 27-50-1005.
19 (b) THE IMPLEMENTATION TEAM INCLUDES, BUT IS NOT LIMITED
20 TO:
21 (I) THE DEPUTY COMMISSIONER;
22 (II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
23 SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
24 (III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
25 CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
26 (IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
27 HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
28 (V) THE BHA COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;
29 (VI) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S
30 DESIGNEE;
31 (VII) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR
32 THE COMMISSIONER'S DESIGNEE;
33 (VIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY
34 CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
35 (IX) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY
36 THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY
37 COMMISSIONERS;
38 (X) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF
39 HUMAN OR SOCIAL SERVICES, AS DESIGNATED BY THE STATEWIDE
40 ORGANIZATION THAT REPRESENTS COUNTY HUMAN OR SOCIAL SERVICES
41 DIRECTORS;
42 (XI) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED
43 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH

1 SERVICES, APPOINTED BY THE BHA;
2 (XII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT
3 REPRESENTS CHILD WELFARE AGENCIES, APPOINTED BY THE DIRECTOR OF
4 THE ASSOCIATION;
5 (XIII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT
6 REPRESENTS HOSPITALS, APPOINTED BY THE DIRECTOR OF THE
7 ASSOCIATION; AND
8 (XIV) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT
9 REPRESENTS COMPREHENSIVE BEHAVIORAL HEALTH PROVIDERS,
10 APPOINTED BY THE DIRECTOR OF THE ASSOCIATION.
11 (c) ON OR BEFORE JANUARY 15, 2026, THE IMPLEMENTATION TEAM
12 SHALL PROVIDE THE FINAL IMPLEMENTATION PLAN TO THE HOUSE OF
13 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE
14 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, THE JOINT BUDGET
15 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.
16 (d) THE DEPUTY COMMISSIONER SHALL DESIGNATE MEMBERS FROM
17 THE IMPLEMENTATION TEAM TO MANAGE THE IMPLEMENTATION PROCESS
18 AND ENSURE SUFFICIENT STAFF CAPACITY TO FULFILL THIS DUTY.
19 (e) ON OR BEFORE JANUARY 15, 2030, THE DEPUTY
20 COMMISSIONER, THE BHA COMMISSIONER, AND THE ADVISORY COUNCIL
21 SHALL PERFORM A REVIEW OF THE IMPLEMENTATION TEAM'S DUTIES AND
22 FUNCTIONS. IF THE DEPUTY COMMISSIONER, THE BHA COMMISSIONER,
23 AND THE ADVISORY COUNCIL COLLECTIVELY DETERMINE THAT THE
24 IMPLEMENTATION TEAM IS NO LONGER NEEDED, IT IS DISBANDED.
25 (4) ON OR BEFORE JANUARY 15, 2025, THE OFFICE SHALL CREATE
26 AN ADVISORY COUNCIL, COMPOSED OF, AT A MINIMUM, FAMILY AND
27 YOUTH PROVIDERS, LOCAL PARTNERS, COUNTY DEPARTMENTS OF HUMAN
28 OR SOCIAL SERVICES, COUNTY COMMISSIONERS, JUVENILE JUSTICE
29 AGENCIES, UNIVERSITY PARTNERS, FAMILIES OR INDIVIDUALS WITH LIVED
30 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH
31 SERVICES, CONSUMER ADVOCACY ORGANIZATIONS, AND OTHERS. THE
32 ADVISORY COUNCIL MUST REPRESENT THE RACIAL, ETHNIC, CULTURAL,
33 AND GEOGRAPHIC DIVERSITY OF THE STATE AND INCLUDE ONE OR MORE
34 PERSONS WITH A DISABILITY. THE ADVISORY COUNCIL SHALL RECEIVE
35 ROUTINE BRIEFINGS FROM THE DEPUTY COMMISSIONER, THE OFFICE, AND
36 ANY ENTITIES PURSUING BEHAVIORAL HEALTH REFORM EFFORTS. THE
37 ADVISORY COUNCIL MAY PROVIDE FEEDBACK AND ACTIONABLE ITEMS AS
38 A METHOD TO ENSURE ACCOUNTABILITY AND TRANSPARENCY AND
39 PROVIDE DIVERSE COMMUNITY INPUT ON CHALLENGES, GAPS, AND
40 POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION, STRATEGIC PLAN,
41 AND IMPLEMENTATION OF THE SYSTEM OF CARE. AS APPROPRIATE, THE
42 ADVISORY COUNCIL SHALL ALSO MEET WITH AND RECEIVE INPUT AND
43 FEEDBACK FROM EXISTING POPULATION-SPECIFIC, ENTITY-SPECIFIC, OR

1 OTHER RELEVANT ADVISORY COMMITTEES AND OTHER TASK FORCES
2 WITHIN COLORADO.
3 **27-50-1005. Implementation plan - components - rules.**
4 (1) THE IMPLEMENTATION PLAN DEVELOPED BY THE IMPLEMENTATION
5 TEAM MUST INCLUDE, BUT IS NOT LIMITED TO:
6 (a) A PLAN FOR:
7 (I) STRATEGIC COMMUNICATIONS;
8 (II) OUTREACH, INFORMATION, AND REFERRAL;
9 (III) TRAINING, TECHNICAL ASSISTANCE, COACHING, AND
10 WORKFORCE DEVELOPMENT;
11 (IV) IMPLEMENTING AND MONITORING EVIDENCE-INFORMED AND
12 PROMISING INTERVENTIONS;
13 (V) ACHIEVING MENTAL HEALTH EQUITY AND ELIMINATING
14 DISPARITIES IN ACCESS, QUALITY OF SERVICES, AND OUTCOMES FOR
15 DIVERSE POPULATIONS; AND
16 (VI) CREATING A TIMELINE FOR IMPLEMENTING THE FULL
17 CONTINUUM OF BEHAVIORAL HEALTH SERVICES, TAKING INTO ACCOUNT
18 THE TIMING OF THE EXPANSION OF MEDICAID WAIVERS AND SERVICES AND
19 THE AVAILABILITY OF FUNDS COMMENSURATE WITH THE FINDINGS IN THE
20 COST AND UTILIZATION ANALYSIS;
21 (b) WAYS TO EXPAND THE NETWORK OF INDIVIDUALS ACROSS THE
22 STATE WHO ARE TRAINED IN BEHAVIORAL HEALTH SCREENING TOOLS;
23 (c) WAYS TO EXPAND SCREENING, INCLUDING THE USE OF
24 APPROPRIATE SCREENING TOOLS, IN PRIMARY CARE AND SCHOOL
25 SETTINGS;
26 (d) MEANS OF IDENTIFYING WHICH ASSESSMENT TOOLS TO UTILIZE
27 IN VARIOUS CIRCUMSTANCES, INCLUDING COMPREHENSIVE ASSESSMENTS
28 FOLLOWING POSITIVE SCREENING IN PRIMARY CARE AND SCHOOL SETTINGS
29 USING STANDARDIZED SCREENING TOOLS, DURING A MOBILE CRISIS
30 RESPONSE, AND CARE PLANNING FOR POPULATIONS ACCESSING BOTH
31 INTENSIVE-CARE COORDINATION WITH HIGH-FIDELITY WRAPAROUND AND
32 MODERATE-CARE COORDINATION, TAKING INTO ACCOUNT OTHER
33 STATUTORILY DIRECTED EFFORTS TO DEFINE POPULATIONS THAT MUST
34 ACCESS STANDARDIZED ASSESSMENTS. THE IMPLEMENTATION PLAN MUST
35 NOT LIMIT ACCESS TO ASSESSMENTS TO THOSE CHILDREN AND YOUTH
36 SEEKING TREATMENT AT A PSYCHIATRIC RESIDENTIAL TREATMENT
37 FACILITY, QUALIFIED RESIDENTIAL TREATMENT PROGRAM, OR OTHER
38 OUT-OF-HOME PLACEMENT.
39 (e) PLANS FOR IDENTIFYING AND CREDENTIALING INDIVIDUALS
40 WHO ADMINISTER THE ASSESSMENT TOOLS, INCLUDING TRAINING,
41 COACHING, AND CERTIFICATION FOR ASSESSORS WHO CONDUCT THE
42 STANDARDIZED ASSESSMENT;
43 (f) METHODS TO REVISE STATEMENT CERTIFICATION CRITERIA AND

1 ESTABLISH A CHILD- AND YOUTH-SPECIFIC MOBILE CRISIS RESPONSE AND
2 STABILIZATION SERVICE THAT IS AVAILABLE FOR ALL CHILDREN AND
3 YOUTH, REGARDLESS OF PAYOR. A CHILD- AND YOUTH-SPECIFIC MOBILE
4 CRISIS AND STABILIZATION SERVICE MAY BE DESIGNATED WITHIN EXISTING
5 CRISIS TEAMS.
6 (g) WAYS TO EXPAND CRISIS RESOLUTION TEAMS STATEWIDE,
7 INCLUDING A PLAN TO BUILD CAPACITY AND TRAIN PROVIDERS, WHICH
8 MUST BE INFORMED BY ANY OTHER FEASIBILITY STUDIES FOR THIS
9 PROGRAM;
10 (h) WAYS TO EXPAND INTENSIVE-CARE COORDINATION USING
11 HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION
12 STATEWIDE, INCLUDING IDENTIFYING THE COSTS, MAXIMIZING MEDICAID,
13 AND SECURING ADDITIONAL FEDERAL GRANT MONEY AND STATE FUNDING
14 SOURCES TO COVER THE EXPANSION;
15 (i) WAYS TO REVISE THE DEFINITION AND QUALIFICATIONS OF
16 PARENT AND YOUTH PEER SUPPORT TO BE USED IN CONJUNCTION WITH
17 INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND
18 MODERATE-CARE COORDINATION, MOBILE CRISIS RESPONSE AND
19 STABILIZATION SERVICES, AND INTENSIVE IN-HOME AND
20 COMMUNITY-BASED SERVICES;
21 (j) MEANS OF IDENTIFYING WHAT INTENSIVE IN-HOME AND
22 COMMUNITY-BASED SERVICES, IN ADDITION TO MULTISYSTEMIC THERAPY
23 AND FUNCTIONAL FAMILY THERAPY AND OTHER EVIDENCE-BASED
24 SERVICES, INCLUDING THOSE THAT ARE BENEFICIAL FOR SPECIFIC AGE
25 BRACKETS, SHOULD BE INCLUDED IN THE ARRAY OF SERVICES OFFERED
26 THROUGH THE SYSTEM OF CARE AND HOW THE OFFICE PERIODICALLY
27 REVIEWS ADDITIONAL AND EMERGING SERVICES THAT MAY BE INCLUDED
28 IN THE FUTURE;
29 (k) MEANS OF IDENTIFYING WHAT OUT-OF-HOME SERVICES, IN
30 ADDITION TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, SHOULD
31 BE INCLUDED IN THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM
32 OF CARE AND HOW THE OFFICE PERIODICALLY REVIEWS ADDITIONAL AND
33 EMERGING SERVICES THAT MAY BE INCLUDED IN THE FUTURE;
34 (l) WAYS TO ADDRESS EXPANDING ACCESS TO TRAUMA-SPECIFIC
35 SERVICES AND SUBSTANCE USE DISORDER SERVICES, INCLUDING BUT NOT
36 LIMITED TO DETOX, INPATIENT TREATMENT, RESIDENTIAL TREATMENT,
37 INTENSIVE OUTPATIENT TREATMENT, OUTPATIENT TREATMENT, AND
38 EARLY INTERVENTION;
39 (m) WAYS TO EXPAND RESPITE SERVICES STATEWIDE;
40 (n) WAYS TO REMOVE CUMBERSOME PRIOR AUTHORIZATION
41 REQUIREMENTS, SERVICE LOCATION REQUIREMENTS, AND SERVICE
42 LIMITATIONS THAT HAMPER ACCESS TO CHILD BEHAVIORAL HEALTH
43 SERVICES;

1 (o) WAYS TO WORK WITH THE DIVISION OF INSURANCE IN THE
2 DEPARTMENT OF REGULATORY AGENCIES TO IMPLEMENT A POLICY THAT
3 REQUIRES COMMERCIAL INSURANCE PLANS TO OFFER THE SAME CHILD
4 BEHAVIORAL HEALTH SERVICES AS IN THE "COLORADO MEDICAL
5 ASSISTANCE ACT" PURSUANT TO PART 8 OF ARTICLE 5 OF TITLE 25.5;
6 (p) WAYS TO EXPAND FUNDING FOR SCHOOL-BASED BEHAVIORAL
7 HEALTH SERVICES, INCLUDING CHILD AND ADOLESCENT HEALTH CENTERS,
8 AND ENSURE THEY MAXIMIZE THE USE OF MEDICAID;
9 (q) WAYS TO REIMBURSE OR PROVIDE FUNDING OPTIONS TO
10 CONTINUE PAYMENT FOR SERVICES PROVIDED TO FAMILIES WHEN A CHILD
11 BECOMES INELIGIBLE FOR MEDICAID BECAUSE OF HOSPITALIZATION OR
12 DETENTION;
13 (r) THE CURRENT STATUS OF AND RECOMMENDATION ON WAYS TO
14 IMPROVE ACCESS TO MEDICAID WAIVERS;
15 (s) RECOMMENDATIONS CONCERNING THE NUMBER OF FULL-TIME
16 EMPLOYEES NEEDED FOR THE OFFICE; AND
17 (t) RECOMMENDATIONS CONCERNING THE EXPANSION OF FUNDING
18 FOR THE CAPACITY-BUILDING CENTER CREATED IN SUBSECTION (3) OF THIS
19 SECTION.
20 (2) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF
21 HEALTH CARE POLICY AND FINANCING AND THE OFFICE, SHALL
22 PROMULGATE RULES PURSUANT TO SECTION 27-50-104 ON INTENSIVE
23 IN-HOME AND COMMUNITY-BASED SERVICES TO ALLOW PROVIDERS WHO
24 USE A LICENSED CLINICIAN REGISTERED WITH THE SOCIAL WORK,
25 COUNSELING, MARRIAGE AND FAMILY THERAPY, OR PSYCHOLOGY BOARD
26 TO WORK WITH PARAPROFESSIONALS, TRAINEES, OR INTERNS. THE OFFICE
27 SHALL DEVELOP GUIDELINES FOR THE PROVIDERS TO USE IN IMPLEMENTING
28 THE RULES.
29 (3) THE IMPLEMENTATION PLAN MUST INCLUDE THE CREATION OF
30 A CAPACITY-BUILDING CENTER, WHICH MUST RECEIVE AN ANNUAL
31 MINIMUM APPROPRIATION OF TEN MILLION DOLLARS. THE
32 IMPLEMENTATION PLAN MUST DEVELOP, IMPLEMENT, AND FUND, WITHIN
33 AVAILABLE APPROPRIATIONS, THE FOLLOWING:
34 (a) A STUDENT LOAN FORGIVENESS PROGRAM FOR STUDENTS IN
35 BEHAVIORAL HEALTH DISCIPLINES WHO MAKE A THREE- TO FIVE-YEAR
36 COMMITMENT TO WORK IN SHORTAGE AREAS IN THE SYSTEM OF CARE. THE
37 BHA SHALL PROMULGATE RULES ON OR BEFORE JULY 1, 2026, FOR THE
38 ADMINISTRATION AND IMPLEMENTATION OF THE STUDENT LOAN
39 FORGIVENESS PROGRAM.
40 (b) PAID INTERNSHIPS AND CLINICAL ROTATIONS IN THE SYSTEM OF
41 CARE AND A DESCRIPTION OF MULTIPLE OPTIONS FOR PAYMENT;
42 (c) REVISIONS TO GRADUATE MEDICAL EDUCATION PROGRAMS AT
43 COLORADO INSTITUTIONS OF HIGHER EDUCATION TO SUPPORT

1 INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, AND STUDENT PROGRAMS IN
2 CHILD AND YOUTH BEHAVIORAL HEALTH;
3 (d) A FINANCIAL AID PROGRAM FOR YOUTH TRANSITIONING OUT OF
4 FOSTER CARE WHO WISH TO PURSUE A CAREER IN CHILDREN AND YOUTH
5 BEHAVIORAL HEALTH, DEVELOPED IN PARTNERSHIP WITH COLORADO
6 INSTITUTIONS OF HIGHER EDUCATION AND COMMUNITY COLLEGES; AND
7 (e) AN EXPANSION OF CURRENT BHA EFFORTS RELATED TO
8 BEHAVIORAL HEALTH APPRENTICESHIPS, INTERNSHIPS, STIPENDS, AND
9 PRE-LICENSURE WORKFORCE SUPPORT SPECIFIC TO SERVICE CHILDREN,
10 YOUTH, AND FAMILIES.
11 **27-50-1006. Grievance policy.** THE BHA SHALL DEVELOP A
12 STATE-LEVEL PROCESS TO MONITOR, REPORT ON, AND PROMPTLY RESOLVE
13 COMPLAINTS, GRIEVANCES, AND APPEALS, INCLUDING RECIPIENT RIGHTS
14 ISSUES. THE PROCESS MUST BE AVAILABLE TO PROVIDERS, CLIENTS, CASE
15 MANAGEMENT ENTITIES, AND ANYONE ELSE WORKING WITH THE CHILDREN
16 AND YOUTH IN THE SYSTEM OF CARE. THE BHA SHALL PROVIDE AN
17 ANNUAL REPORT TO THE HOUSE OF REPRESENTATIVES HEALTH AND
18 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN
19 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THAT MAKES
20 RECOMMENDATIONS ON CHANGES TO THE OFFICE BASED ON AN ANALYSIS
21 OF GRIEVANCES.
22 **27-50-1007. Capacity assessment.** ON OR BEFORE JANUARY 1,
23 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A CAPACITY
24 ASSESSMENT TO DETERMINE THE AVAILABILITY OF EACH TYPE OF SERVICE
25 OFFERED UNDER THE SYSTEM OF CARE AND DESCRIBED IN SECTION
26 27-50-1003. THE ASSESSMENT MUST BE DETERMINED BY REGION AND BY
27 PAYOR SOURCE. THE ASSESSMENT MUST INCLUDE, BUT NEED NOT BE
28 LIMITED TO, ASSESSING THE AVAILABILITY OF IN-HOME AND
29 COMMUNITY-BASED SERVICES, DETERMINING THE NECESSARY NUMBER OF
30 CRISIS STABILIZATION BEDS THAT WOULD ACCOMPANY CRISIS RESOLUTION
31 TEAMS AND MOBILE CRISIS RESPONSE SERVICES, DETERMINING THE NEED
32 AND CAPACITY OF SUBSTANCE USE DISORDER TREATMENT SERVICES
33 ALONG THE AMERICAN SOCIETY OF ADDICTION MEDICINE CONTINUUM,
34 AND ASSESSING THE NEED AND CURRENT CAPACITY OF BEHAVIORAL
35 HEALTH TRANSITION PROGRAMS ESTABLISHED FOR CHILDREN AND YOUTH
36 PURSUANT TO SECTION 27-66.5-103. THE LEADERSHIP TEAM SHALL
37 REGULARLY REVIEW THE STATUS OF THE ASSESSMENT AND REPORT ITS
38 FINDINGS TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN
39 SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES
40 COMMITTEE, AND THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR
41 COMMITTEES, ON OR BEFORE JULY 1, 2025.
42 **27-50-1008. Cost and utilization analysis - report.** (1) ON OR
43 BEFORE JANUARY 1, 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A

COST AND UTILIZATION ANALYSIS OF THE POPULATIONS OF CHILDREN AND YOUTH WHO WILL BE INCLUDED IN THE SYSTEM OF CARE. THE COST AND UTILIZATION ANALYSIS MUST INCLUDE AN ANALYSIS OF PAST EXPENDITURES AND UTILIZATION, WHICH WILL INFORM THE ANALYSIS OF THE FULL COST OF IMPLEMENTATION OF THE SYSTEM OF CARE, AND MUST INCLUDE, AT A MINIMUM:

(a) THE TOTAL NUMBER OF CHILDREN AND YOUTH, LESS THAN TWENTY-ONE YEARS OF AGE WHO USE MEDICAID-FINANCED MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES;

(b) THE NUMBER OF CHILDREN AND YOUTH WHO USED SERVICES THAT WOULD BE INCLUDED IN THE SYSTEM OF CARE, BROKEN DOWN BY SERVICE TYPE;

(c) THE EXPENDITURES, IN TOTAL AND BY MEAN EXPENSE, FOR EACH SERVICE TYPE USED;

(d) THE UTILIZATION AND EXPENSE PATTERNS FOR THE TOP TEN PERCENT MOST-EXPENSIVE TYPES OF SERVICES OR SITUATIONS;

(e) THE VARIANCE IN USE AND EXPENSE BY AID CATEGORY, GENDER, AGE, RACE OR ETHNICITY, AND GEOGRAPHIC REGION, IN TOTAL AND BY TYPE OF SERVICE USED;

(f) THE VARIANCE IN USE AND EXPENSE BY DIAGNOSIS;

(g) AN ANALYSIS OF THE COST REQUIRED TO SERVE ALL ELIGIBLE CHILDREN AND YOUTH UNDER EACH TYPE OF PAYOR, MEDICAID AND THE UNINSURED SEPARATELY, FOR EACH TYPE OF SERVICE OFFERED UNDER THE SYSTEM OF CARE, AS DESCRIBED IN SECTION 27-50-1003, AND AS INFORMED BY THE CAPACITY ASSESSMENT REQUIRED PURSUANT TO SECTION 27-50-1007; AND

(h) AN ANALYSIS OF THE COST TO EXPAND EACH TYPE OF SERVICE OFFERED UNDER THE SYSTEM OF CARE TO CHILDREN AND YOUTH ON PRIVATE INSURANCE, BUT WHOSE INSURANCE MAY NOT COVER EACH SERVICE.

(2) THE LEADERSHIP TEAM SHALL REGULARLY REVIEW THE STATUS OF THE STUDY AND REPORT ITS FINDINGS TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON OR BEFORE JULY 1, 2025.

27-50-1009. Contracts with managed care entities and behavioral health administrative services organizations - reporting - rules. (1) (a) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, IN CONSULTATION WITH THE OFFICE, SHALL ESTABLISH STANDARD AND UNIFORM MEDICAL NECESSITY CRITERIA FOR ALL SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS;

1 INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND
2 MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER
3 SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES,
4 INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;
5 SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND
6 OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL
7 TREATMENT. THE MEDICAL NECESSITY CRITERIA AND STANDARDS FOR THE
8 SYSTEM OF CARE SERVICES MUST BE THE SAME FOR MCEs AND
9 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS. THE
10 MEDICAL NECESSITY CRITERIA AND STANDARDS FOR SYSTEM OF CARE
11 SERVICES APPLY TO SERVICES PAID FOR BY MEDICAID, THE BHA, AND
12 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS.
13 (b) ON OR BEFORE AUGUST 30, 2028, THE BHA AND THE DIVISION
14 OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES SHALL
15 DETERMINE WHETHER TO RECOMMEND THAT PRIVATE INSURERS BE
16 REQUIRED TO ADOPT THE SAME MEDICAL NECESSITY CRITERIA DEVELOPED
17 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION AND SHALL PROVIDE A
18 REPORT REGARDING THE DETERMINATION TO THE HOUSE OF
19 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE
20 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR
21 COMMITTEES.
22 (2) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH
23 CARE POLICY AND FINANCING SHALL SET STANDARD RATE AND
24 UTILIZATION FLOORS FOR ALL SYSTEM OF CARE SERVICES ACROSS ALL
25 MCEs, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND
26 STABILIZATION; CRISIS RESPONSE TEAMS; INTENSIVE-CARE COORDINATION
27 USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE
28 COORDINATION; PARENT PEER SUPPORT; YOUTH PEER SUPPORT; RESPITE,
29 INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES, INCLUDING
30 MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;
31 SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND
32 OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL
33 TREATMENT. THE BHA SHALL ALIGN ITS RATE AND UTILIZATION FLOORS
34 FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS
35 BASED ON THE RATES AND UTILIZATION FLOORS ESTABLISHED BY THE
36 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING PURSUANT TO THIS
37 SUBSECTION (2).
38 (3) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH
39 CARE POLICY AND FINANCING AND THE BHA SHALL ESTABLISH A
40 STATEWIDE FEE SCHEDULE OR RATE FRAME FOR MEDICAID AND
41 NON-MEDICAID BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND
42 YOUTH, AND INCORPORATE THE FEE SCHEDULE AND RATE FRAME INTO THE
43 MCEs' AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES

1 ORGANIZATIONS' CONTRACTS. THE FEE SCHEDULE OR RATE FRAME MUST
2 INCREASE RATES AND INCORPORATE ENHANCED RATES OR QUALITY
3 BONUSES FOR EVIDENCE-BASED PRACTICES AND EXTENDED WEEKDAY AND
4 WEEKEND CLINIC HOURS, AND ALLOW MAXIMUM FLEXIBILITY FOR USE OF
5 TELEHEALTH TO EXPAND ACCESS.
6 (4) (a) EACH MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE
7 SERVICES ORGANIZATION SHALL CONTRACT WITH AN ADEQUATE NUMBER
8 OF PROVIDERS WITHIN ACCESSIBLE GEOGRAPHICAL DISTANCES TO FULLY
9 SERVE ITS POPULATION OF CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR
10 THE SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE
11 CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS;
12 INTENSIVE- CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND
13 MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER
14 SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES,
15 INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;
16 SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND
17 OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL
18 TREATMENT.
19 (b) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
20 AND THE BHA, INFORMED BY THE IMPLEMENTATION TEAM, SHALL
21 ANNUALLY REVIEW WHETHER ADDITIONAL PROVIDER SPECIALIZATIONS,
22 INCLUDING THOSE THAT ARE BENEFICIAL FOR SPECIFIC AGE BRACKETS,
23 INCLUDING THE BIRTH TO FIVE YEARS OF AGE POPULATION, SHOULD BE
24 INCLUDED IN THE MCES' AND BEHAVIORAL HEALTH ADMINISTRATIVE
25 SERVICES ORGANIZATIONS' CONTRACTS AND OFFERED BY THE SYSTEM OF
26 CARE. EACH MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
27 ORGANIZATION SHALL REPORT THE NUMBER OF PROVIDERS IN EACH
28 CATEGORY, THE UTILIZATION OF EACH PROVIDER, AND THE AVAILABILITY
29 OF IN-PERSON SERVICES COMPARED TO TELEHEALTH SERVICES.
30 (c) WHILE AN MCE OR BEHAVIORAL HEALTH ADMINISTRATIVE
31 SERVICES ORGANIZATION MAY CONTRACT FOR TELEHEALTH SERVICES, IT
32 SHALL PROVIDE IN-PERSON SERVICES THAT ARE ACCESSIBLE WITHIN AND
33 OUTSIDE OF THE GEOGRAPHIC CATCHMENT AREA WHEN APPROPRIATE,
34 BASED ON AN INDIVIDUAL'S TREATMENT PLAN.
35 (d) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF
36 HEALTH CARE POLICY AND FINANCING, SHALL PROMULGATE RULES TO
37 ESTABLISH A DEFINITION OF ADEQUATE PROVIDERS WITHIN ACCESSIBLE
38 GEOGRAPHICAL DISTANCES. THE DEFINITION MUST TAKE INTO ACCOUNT
39 GEOGRAPHICAL AREAS WITHIN AN MCE'S OR BEHAVIORAL HEALTH
40 ADMINISTRATIVE SERVICES ORGANIZATION'S REGION AND CONSIDER HOW
41 FAR FAMILIES AND CLINICIANS MUST TRAVEL TO ACCESS OR DELIVER
42 SERVICES.
43 (5) EACH MCE OR BEHAVIORAL HEALTH ADMINISTRATIVE

SERVICES ORGANIZATION SHALL CONTRACT WITH OR HAVE SINGLE-USE AGREEMENTS WITH EVERY QUALIFIED RESIDENTIAL TREATMENT FACILITY OR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY THAT IS LICENSED IN COLORADO.

(6) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE BHA SHALL CLARIFY, IN CONTRACTS WITH MCEs OR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, RESPECTIVELY, THAT THE SERVICES AVAILABLE IN THE SYSTEM OF CARE APPLY TO ALL CHILDREN OR YOUTH WHO MEET ELIGIBILITY CRITERIA, REGARDLESS OF OTHER SYSTEM INVOLVEMENT, SUCH AS CHILD WELFARE OR JUVENILE JUSTICE.

27-50-1010. Data collection and quality monitoring - data and quality team. (1) THE OFFICE, ADVISED BY STATE AND COUNTY PARTNERS, PROVIDERS, AND RACIALLY, ETHNICALLY, CULTURALLY, AND GEOGRAPHICALLY DIVERSE FAMILY AND YOUTH REPRESENTATIVES, SHALL DEVELOP AND ESTABLISH A DATA AND QUALITY TEAM. THE DATA TEAM SHALL, AT A MINIMUM:

(a) IDENTIFY KEY INDICATORS OF QUALITY AND PROGRESS;

(b) IDENTIFY DATA REQUIREMENTS THAT CREATE DUPLICATION OR INEFFECTUAL REPORTS;

(c) IDENTIFY BARRIERS TO DATA SHARING AND STRATEGIES TO RESOLVE THOSE BARRIERS; AND

(d) DETERMINE HOW THE BUSINESS INTELLIGENCE DATA MANAGEMENT AND DATA SYSTEM WILL SUPPORT MEANINGFUL DATA COLLECTION AND SHARING TO FACILITATE THE IMPLEMENTATION OF THE SYSTEM OF CARE.

(2) THE DATA TEAM SHALL, AT A MINIMUM, TRACK AND REPORT ANNUALLY ON:

(a) CHILD AND YOUTH BEHAVIORAL HEALTH SERVICE UTILIZATION AND EXPENDITURES ACROSS THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; MCEs; THE BHA AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS; SCHOOL-BASED HEALTH CENTERS; AND CHILD WELFARE, JUVENILE JUSTICE, AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES;

(b) THE TYPE OF SERVICES PROVIDED, DISAGGREGATED BY GENDER, AGE, RACE AND ETHNICITY, AID CATEGORY, DIAGNOSIS CATEGORY, AND REGION; AND

(c) ACCESS BY VARIABLES AND PROGRESS OVER TIME, WITH PARTICULAR ATTENTION TO RACIAL, ETHNIC, AND GEOGRAPHIC DISPARITIES, AND DISPARITIES IN ACCESS FOR CHILDREN AND YOUTH IN FOSTER CARE.

(3) THE DATA TEAM SHALL MEASURE AND MONITOR KEY DATA POINTS THAT DEMONSTRATE THE EFFICACY OF THE SYSTEM OF CARE,

1 INCLUDING, BUT NOT LIMITED TO, SERVICE UTILIZATION, MEDICAL
2 NECESSITY DENIALS, QUALITY, OUTCOMES, EQUITY, AND COST. THE
3 MEASUREMENT AND MONITORING MUST ANALYZE THE ENTIRE SYSTEM OF
4 CARE WHILE ALSO CAPTURING SPECIFIC DATA BY REGION, OVERSIGHT
5 ENTITY, POPULATION TYPE, SERVICE TYPE, PAYOR, AND DEMOGRAPHIC
6 CATEGORIES.
7 (4) THE BHA SHALL DEVELOP MEASURABLE TARGETS TO USE FOR
8 EXPANDING THE AVAILABILITY AND UTILIZATION OF THE FOLLOWING
9 SERVICES:
10 (a) MOBILE CRISIS RESPONSE AND INTENSIVE STABILIZATION
11 SERVICES;
12 (b) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES;
13 (c) INTEGRATED CO-OCCURRING TREATMENT FOR ADOLESCENT
14 SUBSTANCE USE DISORDERS;
15 (d) OUT-OF-HOME SERVICES;
16 (e) PARENT PEER SUPPORT;
17 (f) YOUTH PEER SUPPORT;
18 (g) RESPITE CARE; AND
19 (h) INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY
20 WRAPAROUND AND MODERATE-CARE COORDINATION.
21 (5) THE BHA SHALL CREATE A MAP, SEARCHABLE BY SERVICE
22 TYPE AND COUNTY, THAT DEPICTS WHERE EACH SERVICE REQUIRED BY THE
23 SYSTEM OF CARE EXISTS BY PROVIDER, WHETHER EACH PROVIDER ACCEPTS
24 NEW PATIENTS, AND WHAT FORMS OF PAYMENT THE PROVIDER ACCEPTS.
25 (6) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF
26 HEALTH CARE POLICY AND FINANCING, SHALL ESTABLISH, REQUIRE, AND
27 MONITOR TIMELINES AND REPORTING REQUIREMENTS FOR COMPLETION OF
28 CURRENT MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
29 ORGANIZATIONS SERVICE ELIGIBILITY AND AUTHORIZATION REQUESTS.
30 **27-50-1011. Workforce development - capacity-building**
31 **center - training.** (1) THE BHA, ADVISED BY THE OFFICE, SHALL
32 ESTABLISH OR PROCURE A CAPACITY-BUILDING CENTER. THE
33 CAPACITY-BUILDING CENTER SHALL TRAIN, COACH, AND CERTIFY
34 PROVIDERS OF THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM
35 OF CARE.
36 (2) THE CAPACITY-BUILDING CENTER SHALL, AT A MINIMUM,
37 PROVIDE TRAINING, COACHING, AND CERTIFICATION RELATED TO THE USE
38 OF BEHAVIORAL HEALTH SCREENING AND ASSESSMENT TOOLS TO SUPPORT
39 A UNIFORM ASSESSMENT PROCESS AND TRAINING IN TRAUMA-INFORMED
40 CARE TO STAFF AT RELEVANT STATE AGENCIES.
41 (3) THE CAPACITY-BUILDING CENTER, IN PARTNERSHIP WITH
42 COLORADO'S NUMEROUS FAMILY- AND YOUTH-RUN ORGANIZATIONS,
43 SHALL DEVELOP, IMPLEMENT, MONITOR, AND EVALUATE THE EXTENT TO

1 WHICH PROVIDERS THROUGHOUT THE STATE ARE INCORPORATING
2 PRINCIPLES OF FAMILY-DRIVEN AND YOUTH-GUIDED CARE BY USING THE
3 ASSESSMENT TOOLS.
4 (4) THE BHA, THROUGH ITS CAPACITY-BUILDING CENTER, SHALL:
5 (a) DEVELOP A TRAIN-THE-TRAINER APPROACH TO EXPAND
6 WORKFORCE UNDERSTANDING OF EVIDENCE-BASED AND BEST PRACTICES
7 AND ESTABLISH A CHILDREN'S BEHAVIORAL HEALTH PROVIDER LEARNING
8 COMMUNITY TO FOSTER PEER-TO-PEER CAPACITY BUILDING ACROSS
9 PRACTITIONERS AND PROVIDERS;
10 (b) OFFER TRAINING AND OTHER STRATEGIES TO EXPAND THE
11 NUMBER OF BEHAVIORAL HEALTH PROVIDERS IN RURAL AND OTHER
12 UNDERSERVED COMMUNITIES; AND
13 (c) UTILIZE THE REPORTS CREATED PURSUANT TO SECTION
14 27-50-1009 (2), (3), AND (4) TO TARGET ITS INVESTMENT TO BUILD
15 CAPACITY IN THE REGIONS IDENTIFIED AS LACKING CAPACITY.
16 (5) THE CAPACITY-BUILDING CENTER SHALL WORK WITH RURAL
17 HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS TO EXPAND
18 THEIR CAPACITY TO PROVIDE BEHAVIORAL HEALTH SERVICES TO CHILDREN
19 AND YOUTH.
20 **27-50-1012. System of care website - public education and**
21 **outreach.** (1) THE BHA SHALL DEVELOP A WEBSITE TO PROVIDE
22 REGULARLY UPDATED INFORMATION TO FAMILIES, YOUTH, PROVIDERS,
23 STAFF, SYSTEM PARTNERS, AND OTHERS REGARDING THE GOALS,
24 PRINCIPLES, ACTIVITIES, PROGRESS, AND TIMELINES FOR THE SYSTEM OF
25 CARE. THE WEBSITE MUST INCLUDE KEY PERFORMANCE DASHBOARD
26 INDICATORS; CHANGES IN ACCESS BY THE CHILD WELFARE POPULATION;
27 CHANGES IN ACCESS DISPARITIES BETWEEN RACIAL, ETHNIC, AND
28 REGIONAL GROUPS; AND CHANGES IN ACCESS TO INTENSIVE-CARE
29 COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE
30 COORDINATION.
31 (2) THE BHA AND THE OFFICE SHALL USE THE CAPACITY-BUILDING
32 CENTER TO FURTHER ORIENT AND EDUCATE PROVIDERS, SYSTEM
33 PARTNERS, FAMILIES, YOUTH, AND OTHERS ABOUT THE SYSTEM OF CARE
34 IMPLEMENTATION GOALS AND ACTIVITIES, INCLUDING CONDUCTING A
35 EDUCATION CAMPAIGN.
36 (3) THE BHA AND OFFICE SHALL PROVIDE FUNDING TO STATE AND
37 LOCAL FAMILY- AND YOUTH-RUN ORGANIZATIONS TO SUPPORT
38 AWARENESS CAMPAIGNS AND TO ENGAGE FAMILIES AND YOUTH IN
39 PLANNING AND PARTICIPATION IN ALL ASPECTS OF THE SYSTEM OF CARE.
40 (4) THE BHA AND OFFICE SHALL SUPPORT A STATEWIDE EFFORT
41 TO ORIENT AND EDUCATE KEY STAKEHOLDERS, INCLUDING PROVIDERS,
42 FAMILIES, YOUTH, MCES, COURTS, AND PARTNER AGENCIES, REGARDING
43 THE GOALS AND ACTIVITIES OF THE SYSTEM OF CARE.

1 (5) THE BHA AND OFFICE SHALL PROVIDE REGULAR OUTREACH TO,
2 AND EDUCATION OF, YOUTH AND FAMILIES REGARDING AVAILABLE
3 SERVICES AND HOW TO ACCESS THEM.
4 **SECTION 2. Act subject to petition - effective date.** This act
5 takes effect at 12:01 a.m. on the day following the expiration of the
6 ninety-day period after final adjournment of the general assembly; except
7 that, if a referendum petition is filed pursuant to section 1 (3) of article V
8 of the state constitution against this act or an item, section, or part of this
9 act within such period, then the act, item, section, or part will not take
10 effect unless approved by the people at the general election to be held in
11 November 2024 and, in such case, will take effect on the date of the
12 official declaration of the vote thereon by the governor.".

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