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HOUSE BILL 22-1278

BY REPRESENTATIVE(S) Young and Pelton, Amabile, Benavidez, Bennett, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Gonzales-Gutierrez, Gray, Herod, Hooton, Jodeh, Kennedy, Kipp, Lindsay, McCluskie, McCormick, Michaelson Jenet, Mullica, Roberts, Sirota, Snyder, Sullivan, Titone, Valdez A., Valdez D., Woodrow, Garnett, Bacon, Daugherty, Larson, Lontine, Lynch, Ricks, Sandridge, Tipper, Van Beber, Weissman;

also SENATOR(S) Lee and Simpson, Bridges, Buckner, Danielson, Donovan, Fields, Ginal, Gonzales, Hansen, Hinrichsen, Jaquez Lewis, Kolker, Moreno, Pettersen, Priola, Rankin, Rodriguez, Story, Winter, Zenzinger, Fenberg.

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

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

SECTION 1. In Colorado Revised Statutes, **add** article 50 to title 27 as follows:

ARTICLE 50

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

Behavioral Health Administration
PART 1
GENERAL PROVISIONS

27-50-101. Definitions. AS USED IN THIS ARTICLE 50, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL AND EMOTIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS INCLUDE SUBSTANCE USE DISORDERS, MENTAL HEALTH DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS, SERIOUS MENTAL DISTURBANCE, AND SUICIDE AND RANGE FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND TREATABLE DISEASES. "BEHAVIORAL HEALTH" ALSO DESCRIBES SERVICE SYSTEMS THAT ENCOMPASS PROMOTION OF EMOTIONAL HEALTH AND PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS.

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

(3) "BEHAVIORAL HEALTH DISORDER" MEANS AN ALCOHOL USE DISORDER, A MENTAL HEALTH DISORDER, OR A SUBSTANCE USE DISORDER.

(4) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE SERVICES FOR A BEHAVIORAL HEALTH DISORDER, BUT DOES NOT INCLUDE RESIDENTIAL CHILD CARE FACILITIES, AS DEFINED IN SECTION 26-6-903 (29), DETENTION AND COMMITMENT FACILITIES OPERATED BY THE DIVISION OF YOUTH SERVICES WITHIN THE DEPARTMENT OF HUMAN SERVICES, OR SERVICES PROVIDED BY A LICENSED OR CERTIFIED MENTAL HEALTH-CARE PROVIDER UNDER THE PROVIDER'S INDIVIDUAL PROFESSIONAL PRACTICE ACT ON THE PROVIDER'S OWN PREMISES.

(5) "BEHAVIORAL HEALTH PROGRAM" MEANS THE SPECIFIC SERVICES AND ADMINISTRATION OF THOSE SERVICES BY A BEHAVIORAL HEALTH PROVIDER.

(6) "BEHAVIORAL HEALTH PROVIDER" MEANS A RECOVERY

COMMUNITY ORGANIZATION AS DEFINED IN 27-80-126, RECOVERY SUPPORT SERVICES ORGANIZATION AS DEFINED IN 27-60-108, OR A LICENSED ORGANIZATION OR PROFESSIONAL PROVIDING DIAGNOSTIC, THERAPEUTIC, OR PSYCHOLOGICAL SERVICES FOR BEHAVIORAL HEALTH CONDITIONS. BEHAVIORAL HEALTH PROVIDERS INCLUDE A RESIDENTIAL CHILD CARE FACILITY, AS DEFINED IN SECTION 26-6-903 (29), AND A FEDERALLY QUALIFIED HEALTH CENTER.

(7) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS ANY AND ALL BEHAVIORAL HEALTH SAFETY NET PROVIDERS, INCLUDING COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS AND ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS. A COMMUNITY MENTAL HEALTH CENTER PURSUANT TO 42 U.S.C. SEC. 300x-2(c) AND THAT IS LICENSED AS A BEHAVIORAL HEALTH ENTITY MAY APPLY TO BE APPROVED AS A COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER, AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER, OR BOTH.

(8) "BEHAVIORAL HEALTH SAFETY NET SERVICES" MEANS THE SPECIFIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND ADULTS THAT MUST BE PROVIDED STATEWIDE PURSUANT TO PART 3 OF THIS ARTICLE 50.

(9) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION APPOINTED PURSUANT TO 27-50-103.

(10) "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL, PSYCHIATRIC HOSPITAL, DETENTION AND COMMITMENT FACILITY OPERATED BY THE DIVISION OF YOUTH SERVICES WITHIN THE DEPARTMENT OF HUMAN SERVICES, OR NURSING HOME.

(11) "COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER" MEANS A LICENSED BEHAVIORAL HEALTH ENTITY APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE THE FOLLOWING BEHAVIORAL HEALTH SAFETY NET SERVICES, EITHER DIRECTLY OR THROUGH FORMAL AGREEMENTS WITH BEHAVIORAL HEALTH PROVIDERS IN THE COMMUNITY OR REGION:

- (a) EMERGENCY AND CRISIS BEHAVIORAL HEALTH SERVICES;
- (b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;

- (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- (d) CARE MANAGEMENT;
- (e) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- (f) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- (g) CARE COORDINATION;
- (h) OUTPATIENT COMPETENCY RESTORATION; AND
- (i) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH INDICATORS.

(12) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

(13) "ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS A LICENSED BEHAVIORAL HEALTH ENTITY OR BEHAVIORAL HEALTH PROVIDER APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE AT LEAST ONE OF THE BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN SUBSECTION (11) OF THIS SECTION.

(14) "HEALTH INFORMATION ORGANIZATION NETWORK" HAS THE SAME MEANING AS DEFINED IN SECTION 25-3.5-103 (8.5).

(15) "MENTAL HEALTH DISORDER" MEANS ONE OR MORE SUBSTANTIAL DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES THAT GROSSLY IMPAIRS JUDGMENT OR CAPACITY TO RECOGNIZE REALITY OR TO CONTROL BEHAVIOR.

(16) "PRIMARY PREVENTION" MEANS ACTIVITIES AND STRATEGIES USED TO INTERVENE BEFORE HEALTH EFFECTS OCCUR THROUGH MEASURES THAT PREVENT THE ONSET OF ADDICTION, DELAY INITIAL USE OF ALCOHOL, MARIJUANA, AND TOBACCO, DETER THE USE OF ILLEGAL DRUGS, AND PROMOTE HEALTH AND WELLNESS.

(17) (a) "PRIORITY POPULATIONS" MEANS PEOPLE WHO ARE:

(I) UNINSURED, UNDERINSURED, MEDICAID-ELIGIBLE, PUBLICLY INSURED, OR WHOSE INCOME IS BELOW THRESHOLDS ESTABLISHED BY THE BHA; AND

(II) PRESENTING WITH ACUTE OR CHRONIC BEHAVIORAL HEALTH NEEDS, INCLUDING BUT NOT LIMITED TO INDIVIDUALS WHO HAVE BEEN DETERMINED INCOMPETENT TO STAND TRIAL, ADULTS WITH SERIOUS MENTAL ILLNESS, AND CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE.

(b) THE BHA SHALL FURTHER IDENTIFY UNDERSERVED POPULATIONS MEETING THE CRITERIA OF SUBSECTION (17)(a) OF THIS SECTION FOR SPECIFIC PRIORITIZATION ON A REGIONAL OR STATEWIDE BASIS BASED ON HEALTH EQUITY DATA, INCLUDING BUT NOT LIMITED TO PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS; CHILDREN AND YOUTH AT RISK OF OUT-OF-HOME PLACEMENT AND THEIR PARENTS; PEOPLE INVOLVED WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM; PEOPLE OF COLOR; AMERICAN INDIANS; ALASKA NATIVES; VETERANS; PEOPLE WHO ARE PREGNANT; PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR QUESTIONING; AND INDIVIDUALS WITH DISABILITIES AS DEFINED BY THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED. THE BHA SHALL ALSO CONSIDER INPUT DIRECTLY FROM BEHAVIORAL HEALTH PROVIDERS THAT ARE CULTURALLY AND LINGUISTICALLY REPRESENTATIVE OF THE POPULATIONS THEY SERVE. THE BHA SHALL CONSIDER RECOMMENDATIONS FROM THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, THE ADVISORY COUNCIL, AND REGIONAL SUBCOMMITTEES IN IDENTIFYING SUBPOPULATIONS.

(18) (a) "STATE AGENCY" MEANS ANY STATE DEPARTMENT, STATE OFFICE, OR STATE DIVISION IN COLORADO THAT ADMINISTERS A BEHAVIORAL HEALTH PROGRAM.

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

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

(20) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,

OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

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

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

(2) THE BHA IS CHARGED WITH CREATING A COORDINATED, COHESIVE, AND EFFECTIVE BEHAVIORAL HEALTH SYSTEM IN COLORADO. ANY STATE AGENCY THAT ADMINISTERS A BEHAVIORAL HEALTH PROGRAM SHALL COLLABORATE WITH THE BHA TO ACHIEVE THE GOALS AND OBJECTIVES ESTABLISHED BY THE BHA. IN ORDER TO ENSURE REGULAR ENGAGEMENT WITH OTHER STATE AGENCIES AND TO MAINTAIN ALIGNMENT IN STATE PROGRAMS, RESOURCE ALLOCATION, PRIORITIES, AND STRATEGIC PLANNING, THE COMMISSIONER SHALL CHAIR A REGULAR MEETING OF THE EXECUTIVE DIRECTORS OF STATE AGENCIES.

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

(2) THE COMMISSIONER SHALL:

(a) BE WELL-VERSED IN BEHAVIORAL HEALTH;

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

(c) HAVE NO PECUNIARY INTEREST, DIRECTLY OR INDIRECTLY, IN

ANY BEHAVIORAL HEALTH COMPANY OR AGENCY OTHER THAN AS A BEHAVIORAL HEALTH SERVICES RECIPIENT.

(3) THE COMMISSIONER SHALL ENSURE THAT:

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

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

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

(4) THE COMMISSIONER SHALL ENGAGE WITH THE LEGISLATIVE AND JUDICIAL BRANCHES OF GOVERNMENT TO ACHIEVE THE STATE'S VISION FOR BEHAVIORAL HEALTH.

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

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

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

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

(b) ANY RULES ADOPTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1, 2022, TO IMPLEMENT THE BEHAVIORAL HEALTH PROGRAMS TO BE ADMINISTERED AND SERVICES TO BE PROVIDED BY THE BHA LISTED IN SECTION 27-50-105 (1), AND WHOSE

CONTENT MEETS THE DEFINITION OF "EXECUTIVE DIRECTOR RULES" PURSUANT TO SECTION 26-1-108, ARE EFFECTIVE UNTIL REVISED, AMENDED, OR REPEALED BY THE COMMISSIONER.

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

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

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

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

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

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

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

- (a) THE REGULATION OF RECOVERY RESIDENCES PURSUANT TO SECTION 25-1.5-108.5;
- (b) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED PURSUANT TO SECTION 27-60-103;
- (c) THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM CREATED PURSUANT TO SECTION 27-60-104.5;
- (d) THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM CREATED PURSUANT TO SECTION 27-60-106;
- (e) CRIMINAL JUSTICE DIVERSION PROGRAMS PURSUANT TO SECTION 27-60-106.5;
- (f) PEER SUPPORT PROFESSIONALS AND RECOVERY SUPPORT SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-60-108;
- (g) THE TEMPORARY YOUTH MENTAL HEALTH SERVICES PROGRAM CREATED PURSUANT TO SECTION 27-60-109;
- (h) BEHAVIORAL HEALTH-CARE SERVICES FOR RURAL AND AGRICULTURAL COMMUNITIES PURSUANT TO SECTION 27-60-110;
- (i) THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM CREATED PURSUANT TO SECTION 27-60-111;
- (j) THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT PROGRAM CREATED PURSUANT TO SECTION 27-60-112;
- (k) THE STATEWIDE CARE COORDINATION INFRASTRUCTURE PURSUANT TO SECTION 27-60-204;
- (l) HIGH-FIDELITY WRAPAROUND SERVICES FOR CHILDREN AND YOUTH PURSUANT TO ARTICLE 62 OF THIS TITLE 27;
- (m) THE BEHAVIORAL HEALTH SAFETY NET SYSTEM PURSUANT TO ARTICLE 63 OF THIS TITLE 27;
- (n) THE 988 CRISIS HOTLINE ENTERPRISE CREATED PURSUANT TO

SECTION 27-64-103;

(o) THE CARE AND TREATMENT OF PERSONS WITH MENTAL HEALTH DISORDERS PURSUANT TO ARTICLE 65 OF THIS TITLE 27;

(p) THE COMMUNITY MENTAL HEALTH SERVICES PURCHASE PROGRAM PURSUANT TO SECTION 27-66-104;

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

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

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

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

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

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

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

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

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

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

(aa) ADDICTION COUNSELOR TRAINING REQUIREMENTS PURSUANT TO

SECTION 27-80-111;

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

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

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

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

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

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

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

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

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

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

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

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

(nn) VOLUNTARY TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS PURSUANT TO SECTION 27-81-109;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE ISSUING AND RENEWING BEHAVIORAL HEALTH ENTITY LICENSES UNTIL JUNE 30, 2023, AFTER WHICH DATE THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL NOT RENEW OR CONFER ANY NEW BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH ENTITIES THAT ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE SUBJECT TO THE RULES AND ORDERS OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT UNTIL SUCH RULES AND ORDERS ARE REVISED, AMENDED, REPEALED, OR NULLIFIED. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE

COMPLIANCE MONITORING AND ENFORCEMENT ACTIVITIES UNTIL ALL LICENSES THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT HAS CONFERRED ARE EXPIRED, REVOKED, OR SURRENDERED, BUT NOT AFTER JUNE 30, 2024.

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

(c) ON JULY 1, 2023, THE BHA SHALL BEGIN LICENSING FUNCTIONS FOR ALL NEW OR RENEWAL BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH ENTITIES THAT ARE LICENSED BY THE BHA ARE SUBJECT TO THE RULES AND ORDERS OF THE STATE BOARD OF HUMAN SERVICES, INCLUDING THOSE TRANSFERRED AND NOT REPEALED.

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

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

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

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

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

OF HUMAN SERVICES.

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

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

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

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

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

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

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

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

(1) (a) ON OR BEFORE JULY 1, 2024, THE BHA SHALL CREATE AND IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND ADDRESSING BEHAVIORAL HEALTH SYSTEM GRIEVANCES ACROSS PAYERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, MANAGED CARE ENTITIES, AND PROVIDERS AT A SYSTEMIC LEVEL THAT LEVERAGES AND DOES NOT DUPLICATE EXISTING GRIEVANCE RESOLUTION PROGRAMS. THE BHA SHALL ANALYZE GRIEVANCES TO IDENTIFY AND ADDRESS SERVICE DELIVERY GAPS AND TO INFORM STATEWIDE BEHAVIORAL HEALTH SYSTEM POLICY.

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

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

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

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

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

BHA AND THE FOLLOWING ENTITIES SHALL EXECUTE SUCH AGREEMENTS:

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

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

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

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

PART 2 BEHAVIORAL HEALTH SYSTEM MONITORING

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

(2) THE BHA SHALL SET MINIMUM PERFORMANCE STANDARDS FOR TREATMENT OF CHILDREN, YOUTH, AND ADULTS THAT ADDRESS KEY METRICS FOR BEHAVIORAL HEALTH PROVIDERS AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED TO:

(a) ACCESSIBILITY OF CARE, INCLUDING:

(I) AVAILABILITY OF SERVICES;

(II) TIMELINESS OF SERVICE DELIVERY; AND

(III) CAPACITY TRACKING CONSISTENT WITH SECTION 27-60-104.5;
AND

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

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

(a) EVIDENCE-BASED AND PROMISING PRACTICES;

(b) THEMES IDENTIFIED THROUGH GRIEVANCES PURSUANT TO SECTION 27-50-108;

(c) INPUT FROM THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701;

(d) ALIGNMENT WITH EXISTING STATE AND FEDERAL REQUIREMENTS;

(e) ALIGNMENT WITH THE BHA'S COMPREHENSIVE STATE PLAN DEVELOPED PURSUANT TO SECTION 27-50-105 (2); AND

(f) REDUCING THE ADMINISTRATIVE BURDEN OF DATA COLLECTION AND REPORTING FOR BEHAVIORAL HEALTH PROVIDERS.

(4) THE BHA AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL COLLABORATE TO ALIGN PERFORMANCE METRICS AND STANDARDS FOR PROVIDERS, MANAGED CARE ENTITIES, AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO THE GREATEST EXTENT POSSIBLE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) ON OR BEFORE JULY 1, 2023, THE BHA SHALL WORK WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, IN COLLABORATION WITH RELEVANT STAKEHOLDERS AND OTHER STATE AGENCIES, TO DEVELOP UNIVERSAL CONTRACTING PROVISIONS TO BE USED BY STATE AGENCIES WHEN CONTRACTING FOR BEHAVIORAL HEALTH SERVICES IN THE STATE. THE UNIVERSAL CONTRACTING PROVISIONS SHALL PROVIDE CLEAR, STANDARDIZED REQUIREMENTS ADDRESSING AT LEAST THE FOLLOWING:

- (a) MINIMUM DATA COLLECTION AND REPORTING, INCLUDING ELECTRONIC DATA AND PARTICIPATION IN HEALTH INFORMATION ORGANIZATION NETWORKS;
- (b) GRIEVANCE AND OCCURRENCE REPORTING, INCLUDING TO THE BHA;
- (c) COLLABORATION WITH OTHER STATE AGENCIES;
- (d) USE OF EVIDENCE-BASED PRACTICES;
- (e) ACCESS TO CARE AND QUALITY OF CARE STANDARDS, INCLUDING ACCOUNTABILITY TO THE PERFORMANCE STANDARDS DEVELOPED PURSUANT TO SECTION 27-50-201;
- (f) PROGRAMMATIC AND FINANCIAL REPORTING;
- (g) CONSEQUENCES FOR NOT MEETING CONTRACT REQUIREMENTS;
- (h) STANDARD PAYMENT METHODOLOGIES, BASED ON PROVIDER TYPE OR OTHER FACTORS, AS DETERMINED BY THE BHA;
- (i) CLAIMS SUBMISSIONS AND BILLING PROCEDURES AND GUIDELINES;
- (j) LIMITATIONS OF LIABILITY;
- (k) COMPLIANCE WITH BEHAVIORAL HEALTH SAFETY NET STANDARDS, INCLUDING PROVISION OF SERVICES FOR PRIORITY POPULATIONS;
- (l) UTILIZATION MANAGEMENT;

(m) UTILIZATION OF REQUIRED TOOLS OR PROGRAMS THAT IMPROVE QUALITY OUTCOMES, ACCESSIBILITY OF SOCIAL DETERMINANTS OF HEALTH SUPPORTS, AFFORDABILITY, REFERRAL EFFICIENCY, OR OTHER STATE PRIORITIES;

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

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

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

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

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

27-50-204. Reporting. (1) BEGINNING OCTOBER 1, 2022, AND EACH OCTOBER 1 THEREAFTER, THE BHA SHALL PREPARE AND SUBMIT A REPORT, KNOWN AS THE BEHAVIORAL HEALTH SYSTEM PLAN, TO THE JOINT BUDGET COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES. AT A MINIMUM, THE REPORT MUST INCLUDE A DESCRIPTION OF THE BHA'S VISION AND STRATEGY FOR THE BEHAVIORAL HEALTH SYSTEM, UPDATES ON PERFORMANCE STANDARDS DEVELOPED PURSUANT TO SECTION 27-50-201 (2), ANALYSIS OF THE GRIEVANCES COLLECTED PURSUANT TO SECTION 27-50-108, UPDATES ON FORMAL AGREEMENTS AND COLLABORATIONS WITH STATE AGENCIES PURSUANT TO THIS ARTICLE 50, OPPORTUNITIES TO IMPROVE REIMBURSEMENT FOR INTEGRATED PHYSICAL AND MENTAL HEALTH SERVICES, UPDATES ON CARE COORDINATION PURSUANT TO SECTION 27-50-301 (3), AND THE REPORT OF THE ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701.

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

PART 3 BEHAVIORAL HEALTH SAFETY NET SYSTEM

27-50-301. Behavioral health safety net system implementation.

(1) NO LATER THAN JULY 1, 2024, THE BHA, IN COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SHALL ESTABLISH A COMPREHENSIVE AND STANDARDIZED BEHAVIORAL HEALTH SAFETY NET SYSTEM THROUGHOUT THE STATE THAT MUST INCLUDE BEHAVIORAL HEALTH SAFETY NET SERVICES FOR CHILDREN, YOUTH, AND ADULTS ALONG A CONTINUUM OF CARE.

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

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

(b) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

(c) DEVELOP, MAINTAIN, AND UTILIZE ADEQUATE NETWORKS FOR TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR CHILDREN, YOUTH, AND ADULTS;

(d) REQUIRE COLLABORATION WITH ALL STATE AND LOCAL LAW ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA, INCLUDING JUDICIAL DISTRICTS AND COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;

(e) TRIAGE INDIVIDUALS WHO NEED SERVICES OUTSIDE THE SCOPE OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;

(f) INCORPORATE AND DEMONSTRATE TRAUMA-INFORMED CARE PRACTICES;

(g) PROMOTE PATIENT-CENTERED CARE AND CULTURAL AWARENESS;

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

(i) PRIORITIZE RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS OR SERVICES IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE;

(j) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED PROGRAMMING TO PROMOTE QUALITY SERVICES; AND

(k) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.

(3) IN ESTABLISHING THE STANDARDIZED AND COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET SYSTEM, THE BHA SHALL:

(a) IN COLLABORATION WITH STATE AGENCIES AND THE ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701, ESTABLISH AND ROUTINELY ASSESS WHAT TYPES OF BEHAVIORAL HEALTH SERVICES ARE PROVIDED ON A COMMUNITY, REGIONAL, AND STATEWIDE BASIS FOR CHILDREN, YOUTH, AND ADULTS. THE BHA SHALL ENSURE THAT, AT A MINIMUM, THE FOLLOWING BEHAVIORAL HEALTH SAFETY NET SERVICES ARE AVAILABLE FOR CHILDREN, YOUTH, AND ADULTS STATEWIDE:

(I) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;

(II) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;

(III) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;

(IV) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;

(V) WITHDRAWAL MANAGEMENT SERVICES;

- (VI) BEHAVIORAL HEALTH INPATIENT SERVICES;
- (VII) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- (VIII) INTEGRATED CARE SERVICES;
- (IX) CARE MANAGEMENT;
- (X) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- (XI) OUTPATIENT COMPETENCY RESTORATION;
- (XII) CARE COORDINATION;
- (XIII) HOSPITAL ALTERNATIVES;
- (XIV) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH INDICATORS; AND
- (XV) ADDITIONAL SERVICES THAT THE BHA DETERMINES ARE NECESSARY IN A REGION OR THROUGHOUT THE STATE.

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

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

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

(e) IMPLEMENT A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES

ORGANIZATION STRUCTURE PURSUANT TO PART 4 OF THIS ARTICLE 50.

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

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

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

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

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

(e) CURRENT INVOLVEMENT IN THE CHILD WELFARE SYSTEM;

(f) CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR DEVELOPMENTAL DISABILITY, IRRESPECTIVE OF PRIMARY DIAGNOSIS, CO-OCCURRING CONDITIONS, OR IF AN INDIVIDUAL REQUIRES ASSISTANCE WITH ACTIVITIES OF DAILY LIVING OR INSTRUMENTAL ACTIVITIES OF DAILY LIVING, AS DEFINED IN SECTION 12-270-104 (6);

(g) DISPLAYS OF AGGRESSIVE BEHAVIOR, OR HISTORY OF AGGRESSIVE BEHAVIOR, AS A SYMPTOM OF A DIAGNOSED MENTAL HEALTH DISORDER OR SUBSTANCE USE DISORDER;

(h) CLINICAL PRESENTATION OR BEHAVIORAL PRESENTATION IN ANY PREVIOUS INTERACTION WITH A PROVIDER;

- (i) PLACE OF RESIDENCE; OR
- (j) DISABILITY, AGE, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, OR TRIBAL AFFILIATION.

(5) THE BHA MAY PROMULGATE RULES OR DETERMINE OTHER APPROPRIATE PROCESSES TO APPROVE BEHAVIORAL HEALTH PROVIDERS AS BEHAVIORAL HEALTH SAFETY NET PROVIDERS. BEHAVIORAL HEALTH PROVIDERS THAT DO NOT HOLD A LICENSE FROM THE BHA BUT ARE OTHERWISE LICENSED OR AUTHORIZED TO PROVIDE BEHAVIORAL HEALTH SERVICES IN THE STATE OF COLORADO ARE ELIGIBLE TO BE APPROVED AS BEHAVIORAL HEALTH SAFETY NET PROVIDERS.

27-50-302. Requirement to serve priority populations - screening and triage for individuals in need of behavioral health services - referrals. (1) EXCEPT AS PROVIDED IN THIS SECTION, COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS MUST PROVIDE THE SAFETY NET SERVICES LISTED IN SECTION 27-50-101 (11) TO PRIORITY POPULATIONS.

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

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

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

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

PROVIDER.

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

(d) IF A PRIORITY POPULATION CLIENT'S NEEDS EXCEED THE TREATMENT CAPACITY OR CLINICAL EXPERTISE OF A COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER, THE PROVIDER MUST ENSURE THAT THE CLIENT HAS ACCESS TO INTERIM BEHAVIORAL HEALTH SERVICES IN A TIMELY MANNER UNTIL THE CLIENT IS CONNECTED TO THE MOST APPROPRIATE PROVIDER FOR ONGOING CARE. THIS MAY INCLUDE USE OF PROVIDERS WITHIN THE NETWORK OF THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR THE REGIONAL MANAGED CARE ENTITY.

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

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

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

(I) CLIENT DEMOGRAPHICS;

(II) STANDARDIZED DESCRIPTIONS OF THE NEEDS OF THE CLIENT THAT COULD NOT BE MET AND REQUIRE THE CLIENT TO BE REFERRED TO ANOTHER PROVIDER;

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

(IV) ANY OTHER INFORMATION REQUIRED BY THE BHA.

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

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

(2) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS MAY CONTRACT WITH AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER TO PROVIDE A SAFETY NET SERVICE OR SERVICES, INCLUDING THOSE DETERMINED NECESSARY PURSUANT TO SECTION 27-50-301 (3)(a)(XV), TO ONLY ONE OR MORE SPECIFIC UNDERSERVED POPULATIONS WITHIN THE PRIORITY POPULATIONS.

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

(2) THE BHA SHALL PROVIDE STATEWIDE TECHNICAL ASSISTANCE SPECIFIC TO STRENGTHENING AND EXPANDING THE BEHAVIORAL HEALTH SAFETY NET SYSTEM AND INCREASING PROVIDER PARTICIPATION WITHIN THE PUBLICLY FUNDED BEHAVIORAL HEALTH SAFETY NET PROVIDER NETWORK.

(3) THE BHA AND STATE AGENCIES, THROUGH THE BEHAVIORAL

HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ESTABLISHED PURSUANT TO PART 4 OF THIS ARTICLE 50 AND MANAGED CARE ENTITIES AS DEFINED IN SECTION 25.5-5-403, SHALL:

(a) SUBJECT TO PERFORMANCE AND AVAILABLE FUNDS, PROVIDE BEHAVIORAL HEALTH SAFETY NET PROVIDERS WITH OPPORTUNITIES FOR QUALITY INCENTIVES, VALUE-BASED PAYMENT, OR OTHER ENHANCED PAYMENTS OR PREFERRED CONTRACT STATUSES;

(b) PRIORITY COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS IN AWARDING CONTRACTS FOR BEHAVIORAL HEALTH SERVICES; AND

(c) CONSIDER, UPON APPLICATION, BEHAVIORAL HEALTH SAFETY NET PROVIDERS FOR STATE-ADMINISTERED AND COUNTY-ADMINISTERED GRANT FUNDS RELATED TO THE PREVENTION, TREATMENT, RECOVERY, AND HARM REDUCTION FOR BEHAVIORAL HEALTH SERVICES.

(4) TO BE ELIGIBLE FOR ENHANCED SERVICE PAYMENTS, BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST MEET SPECIFIC BHA LICENSING OR APPROVAL STANDARDS, PURSUANT TO PART 5 OF THIS ARTICLE 50.

(5) TO MEET THE REQUIREMENT IN SUBSECTION (1) OF THIS SECTION, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS AND MANAGED CARE ENTITIES MAY CONTRACT WITH POTENTIAL AND EXISTING APPROVED SAFETY NET PROVIDERS TO EXPAND SERVICE CAPACITY IN A SPECIFIC REGION OF THE STATE.

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

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

PART 4

BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS

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

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

27-50-402. Behavioral health administrative services organizations - application - designation - denial - revocation. (1) AT LEAST ONCE EVERY FIVE YEARS, THE COMMISSIONER SHALL SOLICIT APPLICATIONS THROUGH A COMPETITIVE BID PROCESS PURSUANT TO THE "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, FOR ENTITIES TO APPLY TO BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION. ANY QUALIFIED PUBLIC OR PRIVATE CORPORATION; FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION; OR PUBLIC OR PRIVATE AGENCY, ORGANIZATION, OR INSTITUTION MAY APPLY IN THE FORM AND MANNER DETERMINED BY THE BHA'S RULES. THE BHA IS AUTHORIZED TO AWARD CONTRACTS TO MORE THAN ONE APPLICANT. THE BHA SHALL USE COMPETITIVE BIDDING PROCEDURES TO ENCOURAGE COMPETITION AND IMPROVE THE QUALITY OF SERVICES.

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

(a) THE APPLICANT'S EXPERIENCE WORKING WITH PUBLICLY FUNDED CLIENTS, INCLUDING EXPERTISE IN TREATING PRIORITY POPULATIONS

DETERMINED BY THE BHA;

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

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

(d) THE EXTENT TO WHICH THE APPLICANT'S BOARD COMPLIES WITH CONFLICT OF INTEREST POLICIES, INCLUDING TO THE FOLLOWING:

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

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

(III) AN EMPLOYEE OF A CONTRACTED PROVIDER OF A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL NOT ALSO BE AN EMPLOYEE OF THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION UNLESS THE EMPLOYEE IS THE CLINICAL OFFICER OR UTILIZATION MANAGEMENT DIRECTOR OF THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION. IF THE INDIVIDUAL IS ALSO AN EMPLOYEE OF A PROVIDER THAT HAS BOARD MEMBERSHIP OR OWNERSHIP IN THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, THE BEHAVIORAL HEALTH SERVICES ORGANIZATION SHALL DEVELOP POLICIES APPROVED BY THE COMMISSIONER TO MITIGATE ANY CONFLICT OF INTEREST THE EMPLOYEE MAY HAVE.

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

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

- (a) REQUIREMENTS TO ESTABLISH AND MAINTAIN A CONTINUUM OF CARE AND NETWORK ADEQUACY IN THE SERVICE AREA CONSISTENT WITH PART 3 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED TO PROVIDING ALL BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN SECTION 27-50-301;
- (b) EXPECTATIONS FOR SUBCONTRACTING WITH BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND OTHER PROVIDERS, CONSISTENT WITH PART 3 OF THIS ARTICLE 50, INCLUDING PRIORITIZATION OF COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS;
- (c) EXPECTATIONS FOR ADHERENCE TO THE UNIVERSAL CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203 AND USE OF THE UNIVERSAL CONTRACTING PROVISIONS WITH ALL RELEVANT SUBCONTRACTORS;
- (d) REPORTING REQUIREMENTS RELATED TO CLAIMING FEDERAL FUNDING FOR ELIGIBLE SERVICES AND PROGRAMS;
- (e) PROHIBITIONS ON DENYING OR PROHIBITING ACCESS TO ANY MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE, INCLUDING MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER;
- (f) REQUIREMENTS TO SERVE ALL INDIVIDUALS IN NEED OF SERVICES AND A SPECIFIC PROHIBITION ON DENIAL OF SERVICES FOR ANY OF THE REASONS PROVIDED IN SECTION 27-50-301 (4);
- (g) AGREEMENTS ON DATA COLLECTION AND REPORTING, INCLUDING ANY PROVISIONS NECESSARY TO IMPLEMENT SECTION 27-50-201;
- (h) PROCEDURES RELATED TO CORRECTIVE ACTIONS PURSUANT TO SECTION 27-50-402;

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

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

(2) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL:

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

(b) IMPLEMENT TRAUMA-INFORMED CARE PRACTICES;

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

(d) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

(e) THROUGH NETWORK ADEQUACY AND OTHER METHODS, ENSURE TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR ALL INDIVIDUALS INCLUDING CHILDREN, YOUTH, AND ADULTS;

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

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

(h) PROMOTE PATIENT-CENTERED CARE, CULTURAL AWARENESS, AND COORDINATION OF CARE TO APPROPRIATE BEHAVIORAL HEALTH SAFETY

NET PROVIDERS;

- (i) COLLABORATE WITH SCHOOLS AND SCHOOL DISTRICTS IN THE SERVICE AREA TO IDENTIFY GAPS IN SERVICES AND TO PROMOTE STUDENT ACCESS TO BEHAVIORAL HEALTH SERVICES AT SCHOOL AND IN THE CONTRACTING WITH PROVIDERS TO BUILD THE NETWORK OF BEHAVIORAL HEALTH SAFETY NET SERVICES, INCLUSION OF RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS OR SERVICES IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE;
- (j) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE STATE;
- (k) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED PROGRAMMING TO PROMOTE QUALITY SERVICES;
- (l) CONSIDER, WHEN CONTRACTING WITH PROVIDERS TO BUILD THE NETWORK OF BEHAVIORAL HEALTH SAFETY NET SERVICES, INCLUSION OF RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS OR SERVICES IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE; AND
- (m) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.

27-50-404. Care coordination - responsibilities of behavioral health administrative services organizations - coordination with managed care entities. (1) (a) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS AND MANAGED CARE ENTITIES HAVE THE SHARED RESPONSIBILITY OF PROVIDING CARE COORDINATION SERVICES IN A MANNER CONSISTENT WITH ARTICLE 60 OF THIS TITLE 27 FOR INDIVIDUALS UTILIZING THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.

- (b) MANAGED CARE ENTITIES ARE RESPONSIBLE FOR PROVIDING CARE COORDINATION SERVICES, AS REQUIRED BY SECTION 25.5-5-419, TO INDIVIDUALS ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM.
- (c) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ARE RESPONSIBLE FOR PROVIDING CARE COORDINATION

SERVICES, WHETHER DIRECTLY OR THROUGH CONTRACT WITH BEHAVIORAL HEALTH SAFETY NET PROVIDERS, TO INDIVIDUALS WHO ARE NOT CURRENTLY ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM, WITH ACCESS FOR PRIORITY POPULATIONS AS REQUIRED BY PART 3 OF THIS ARTICLE 50.

(2) THE BHA SHALL ESTABLISH OBJECTIVE AND STANDARDIZED PROCESSES FOR CARE COORDINATION, INCLUDING:

(a) COORDINATION BETWEEN BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS AND OTHER CARE COORDINATION ENTITIES, INCLUDING MANAGED CARE ENTITIES, CASE MANAGEMENT AGENCIES, COUNTIES, AND OTHER BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, TO ENSURE CONTINUITY OF CARE ACROSS SHARED POPULATIONS CONSISTENT WITH SUBSECTION (1) OF THIS SECTION;

(b) REFERRAL PROCESSES BETWEEN ENTITIES, INCLUDING A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION'S RESPONSIBILITY TO PROVIDE CARE COORDINATION TO AN INDIVIDUAL PENDING COMMENCEMENT OF CARE COORDINATION SERVICES BY ANOTHER ENTITY; AND

(c) PROCESSES TO ENSURE EFFICIENT AND PERSON-CENTERED CARE COORDINATION SERVICES FOR INDIVIDUALS WHO HAVE ACUTE AND COMPLEX NEEDS, INCLUDING INDIVIDUALS INVOLVED IN THE CIVIL INVOLUNTARY TREATMENT SYSTEM PURSUANT TO ARTICLES 65 AND 81 OF THIS TITLE 27; INDIVIDUALS TRANSITIONING OUT OF TREATMENT SETTINGS OR ACUTE CARE SETTINGS; AND INDIVIDUALS INVOLVED IN THE CHILD WELFARE, JUVENILE JUSTICE, OR CRIMINAL JUSTICE SYSTEMS.

(3) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL ENSURE CARE COORDINATION SERVICES THROUGH ITS NETWORK AND INCLUDE LOCAL PARTNERS, WHEN APPROPRIATE, SUCH AS COUNTIES AND SCHOOL DISTRICTS.

27-50-405. Behavioral health administrative services organizations - stakeholder input - report - rules. (1) EACH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL DEVELOP A PROCESS TO SOLICIT AND RESPOND TO INPUT FROM STAKEHOLDERS ABOUT BEHAVIORAL HEALTH SERVICES AND GAPS IN THE SERVICE AREA. A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL

PUBLICLY POST AN ANNUAL REPORT THAT INCLUDES:

- (a) A REPORT ON THE STAKEHOLDER INPUT RECEIVED IN THE PRIOR YEAR, ANONYMIZED AND AGGREGATED TO PROTECT INDIVIDUAL PRIVACY;
- (b) DESCRIPTIONS OF HOW THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION HAS RESPONDED TO, OR PLANS TO RESPOND TO, STAKEHOLDER INPUT FROM THE PRIOR YEAR, INCLUDING DESCRIPTIONS OF POLICY OR PRACTICE CHANGES OR EXPLANATIONS OF WHY NO CHANGES WERE MADE; AND
- (c) THE PLAN FOR STAKEHOLDER ENGAGEMENT FOR THE UPCOMING YEAR.

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

- (a) CLIENTS OF BEHAVIORAL HEALTH SERVICES AND THEIR FAMILIES;
- (b) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;
- (c) COUNTIES;
- (d) LAW ENFORCEMENT;
- (e) HOSPITALS AND PHYSICAL HEALTH PROVIDERS; AND
- (f) JUDICIAL DISTRICTS.

(3) THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION MAY ALSO ENGAGE STAKEHOLDERS IN NEIGHBORING SERVICE AREAS, AS APPROPRIATE.

(4) THE BHA MAY PROMULGATE RULES AS NECESSARY TO IMPLEMENT THIS SECTION.

PART 5 BEHAVIORAL HEALTH ENTITIES

27-50-501. Behavioral health entities - license required - criminal and civil penalties. (1) (a) ON AND AFTER JULY 1, 2024, IT IS UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY, INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE DISORDER PROGRAM, WITHOUT HAVING OBTAINED A LICENSE FROM THE BHA.

(b) ON AND AFTER JULY 1, 2023, AN ENTITY SEEKING INITIAL LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY LICENSE FROM THE BHA IF THE ENTITY WOULD PREVIOUSLY HAVE BEEN LICENSED OR SUBJECT TO ANY OF THE FOLLOWING:

(I) BEHAVIORAL HEALTH ENTITY LICENSURE BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

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

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

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

(2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY ASSESSED BY THE BHA OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE

BHA FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE BHA SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES SET FORTH IN SECTION 24-4-105.

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

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

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

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

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

(II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL; ADMISSION AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES TO ENSURE COMPLIANCE WITH REGULATORY AND CONTRACT REQUIREMENTS; AND QUALITY MANAGEMENT;

(III) DATA REPORTING REQUIREMENTS;

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

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

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

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

(II) COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER STANDARDS;

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

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

(e) INTERMEDIATE ENFORCEMENT REMEDIES;

(f) FACTORS FOR BEHAVIORAL HEALTH ENTITIES TO CONSIDER WHEN DETERMINING WHETHER AN APPLICANT'S CONVICTION OF OR PLEA OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES THE APPLICANT FROM EMPLOYMENT WITH THE BEHAVIORAL HEALTH ENTITY. THE STATE BOARD OF HUMAN SERVICES MAY DETERMINE WHICH OFFENSES REQUIRE CONSIDERATION OF THESE FACTORS.

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

(2) IN APPROVING OR REJECTING AN ESSENTIAL BEHAVIORAL HEALTH

SAFETY NET PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE DELIVERY PAYMENT, THE COMMISSIONER SHALL:

- (a) REQUIRE TRAINING ON AND PROVISION OF CULTURALLY COMPETENT AND TRAUMA-INFORMED SERVICES;
- (b) CONSIDER THE ADEQUACY AND QUALITY OF THE SERVICES PROVIDED, TAKING INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC LOCATION, LOCAL COMMUNITY NEED, AND AVAILABILITY OF WORKFORCE;
- (c) REQUIRE WRITTEN POLICIES AND PROCEDURES ON ADMITTING, DISCHARGING, TRIAGING, AND DENYING SERVICES TO CLIENTS IN ALIGNMENT WITH THE STANDARDS DETERMINED BY THE BHA PURSUANT TO SECTIONS 27-50-302 AND 27-50-303;
- (d) REQUIRE THAT OVERALL RESPONSIBILITY FOR THE ADMINISTRATION OF AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS, UNLESS THE PROVIDER IS ONLY PROVIDING RECOVERY SUPPORT SERVICES. IF THE DIRECTOR IS NOT A LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL, THE PROVIDER SHALL EMPLOY OR CONTRACT WITH AT LEAST ONE LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL TO ADVISE THE DIRECTOR ON CLINICAL DECISIONS.
- (e) REQUIRE THAT ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER STAFF INCLUDE, WHEREVER FEASIBLE AND APPROPRIATE IN THE DISCRETION OF THE COMMISSIONER, MEDICAL STAFF ABLE TO PROVIDE MEDICAL CLEARANCE ON SITE, AND OTHER PROFESSIONAL STAFF WORKERS SUCH AS PSYCHOLOGISTS, SOCIAL WORKERS, EDUCATIONAL CONSULTANTS, PEERS, COMMUNITY HEALTH WORKERS, AND NURSES, WITH SUCH QUALIFICATIONS, RESPONSIBILITIES, AND EXPERIENCE THAT CORRESPONDS WITH THE SIZE AND CAPACITY OF THE PROVIDER; AND
- (f) REQUIRE THAT EACH ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER FROM WHICH SERVICES MAY BE PURCHASED:

- (I) BE UNDER THE CONTROL AND DIRECTION OF A COUNTY OR LOCAL BOARD OF HEALTH, A BOARD OF DIRECTORS OR BOARD OF TRUSTEES OF A CORPORATION, A FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION, A

REGIONAL MENTAL HEALTH BOARD, OR A POLITICAL SUBDIVISION OF THE STATE;

(II) BE FREE OF CONFLICTS OF INTEREST; AND

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

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

(a) REQUIRE THAT TREATMENT PROGRAMS OF THE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS. THE DIRECTOR IS NOT REQUIRED TO PROVIDE OVERSIGHT OR DIRECTION FOR RECOVERY SERVICES. IF THE DIRECTOR IS NOT A PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL, THE PROVIDER SHALL CONTRACT WITH AT LEAST ONE LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL TO ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

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

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

(d) REQUIRE THE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER TO SERVE PRIORITY POPULATIONS;

(e) ENCOURAGE THE COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER TO EMPHASIZE THE CARE AND TREATMENT OF

INDIVIDUALS RECENTLY RELEASED FROM INCARCERATION AND HOSPITALS OR FACILITIES DIRECTED TOWARD ASSISTING INDIVIDUALS WITH BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE INDIVIDUAL'S ADJUSTMENT TO AND FUNCTIONING IN THE COMMUNITY;

(f) REQUIRE A PROCESS FOR TRACKING AND REPORTING DENIALS OF CARE; AND

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

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

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

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

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

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

(e) THE METHODS BY WHICH THE AGENCY COORDINATES ITS SERVICES WITH THOSE RENDERED BY OTHER AGENCIES TO ENSURE AN UNINTERRUPTED CONTINUUM OF CARE TO INDIVIDUALS WITH BEHAVIORAL

OR MENTAL HEALTH DISORDERS; AND

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

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

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

27-50-503. Licenses - application - inspection - issuance. (1) AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY MUST BE SUBMITTED TO THE BHA ANNUALLY IN THE FORM AND MANNER PRESCRIBED BY THE BHA.

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

(b) THE BHA SHALL INSPECT THE APPLICANT'S FACILITIES AS IT DEEMS NECESSARY TO ENSURE THAT THE HEALTH, SAFETY, AND WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS ARE PROTECTED. THE BEHAVIORAL HEALTH ENTITY SHALL SUBMIT IN WRITING, IN A FORM PRESCRIBED BY THE BHA, A PLAN DETAILING THE MEASURES THAT THE BEHAVIORAL HEALTH ENTITY WILL TAKE TO CORRECT ANY VIOLATIONS FOUND BY THE BHA AS A RESULT OF INSPECTIONS UNDERTAKEN PURSUANT TO THIS SUBSECTION (2).

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

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

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

(5) THE BHA SHALL NOT ISSUE A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE

BEHAVIORAL HEALTH ENTITY HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT INVOLVES CONDUCT THAT THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

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

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

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

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

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

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

(b) THE BHA SHALL ASSESS AND COLLECT, FROM BEHAVIORAL HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION 27-50-503, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

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

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

27-50-505. License - denial - suspension - revocation. (1) WHEN AN APPLICATION FOR AN INITIAL LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY PURSUANT TO SECTION 27-50-503 HAS BEEN DENIED BY THE BHA, THE BHA SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE APPLICATION. ANY APPLICANT AGRIEVED BY A DENIAL MAY PURSUE A REVIEW AS PROVIDED IN ARTICLE 4 OF TITLE 24, AND THE BHA SHALL FOLLOW THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE 24.

(2) THE BHA MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 5 OR THE RULES PROMULGATED PURSUANT TO THIS PART 5. SUSPENSION, REVOCATION, OR REFUSAL MUST NOT OCCUR UNTIL AFTER A HEARING AND IN COMPLIANCE WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE 24.

(3) THE BHA MAY IMPOSE INTERMEDIATE RESTRICTIONS OR

CONDITIONS ON A BEHAVIORAL HEALTH ENTITY THAT MAY INCLUDE AT LEAST ONE OF THE FOLLOWING:

- (a) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE MEASURES;
- (b) MONITORING BY THE BHA FOR A SPECIFIC PERIOD;
- (c) PROVIDING ADDITIONAL TRAINING TO EMPLOYEES, OWNERS, OR OPERATORS OF THE BEHAVIORAL HEALTH ENTITY;
- (d) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE VIOLATION; OR
- (e) (I) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS IN A CALENDAR YEAR.
(II) THE ASSESSMENT OF CIVIL FINES SHALL FOLLOW THE PROCEDURES SET FORTH IN SECTION 26.5-5-323.
- (4) IF THE BHA ASSESSES A CIVIL FINE PURSUANT TO SUBSECTION (3)(e) OF THIS SECTION, THE BHA SHALL TRANSMIT THE MONEY TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL FUND.

27-50-506. Behavioral health licensing cash fund - creation. THE BEHAVIORAL HEALTH LICENSING CASH FUND, REFERRED TO IN THIS SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY CREDITED TO THE FUND PURSUANT TO SECTION 27-50-504 (2). THE MONEY IN THE FUND IS SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND INDIRECT COSTS OF THE BHA IN PERFORMING ITS DUTIES PURSUANT TO THIS PART 5. AT THE END OF ANY STATE FISCAL YEAR, ALL UNEXPENDED AND UNENCUMBERED MONEY IN THE FUND REMAINS IN THE FUND AND MUST NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

27-50-507. Employee and contracted service provider - criminal history record check. A BEHAVIORAL HEALTH ENTITY SHALL REQUIRE AN APPLICANT SEEKING EMPLOYMENT WITH, OR SEEKING TO CONTRACT TO PROVIDE SERVICES FOR, THE BEHAVIORAL HEALTH ENTITY TO SUBMIT TO A CRIMINAL HISTORY RECORD CHECK BEFORE EMPLOYMENT OR EXECUTION OF A CONTRACT. THE BEHAVIORAL HEALTH ENTITY SHALL PAY THE COSTS OF

THE CRIMINAL HISTORY RECORD CHECK. THE CRIMINAL HISTORY RECORD CHECK MUST BE CONDUCTED NOT MORE THAN NINETY DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.

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

27-50-509. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions. ANY COUNTY, CITY AND COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR ANY COUNTY, CITY AND COUNTY, DISTRICT, OR JUVENILE COURT MAY ENTER INTO INTERGOVERNMENTAL AGREEMENTS WITH ANY COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR MAY ENTER INTO CONTRACTUAL AGREEMENTS WITH ANY PROVIDER LICENSED BY THE BHA FOR THE PURCHASE OF BEHAVIORAL HEALTH SERVICES. FOR THE PURCHASE OF BEHAVIORAL HEALTH SERVICES BY COUNTIES OR CITIES AND COUNTIES AS AUTHORIZED BY THIS SECTION, THE BOARD OF COUNTY COMMISSIONERS OF ANY COUNTY OR THE CITY COUNCIL OF ANY CITY AND COUNTY MAY LEVY A TAX NOT TO EXCEED TWO MILLS UPON REAL PROPERTY WITHIN THE COUNTY OR CITY AND COUNTY IF THE BOARD FIRST SUBMITS THE QUESTION OF THE LEVY TO A VOTE OF THE QUALIFIED ELECTORS AT A GENERAL ELECTION AND RECEIVES THE ELECTORS' APPROVAL OF THE LEVY.

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

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

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

(I) BRAIN OR SPINAL CORD INJURIES;

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

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

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

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

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

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

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

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

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

(h) ANY OCCURRENCE INVOLVING THE MALFUNCTION OR

INTENTIONAL OR ACCIDENTAL MISUSE OF PATIENT OR RESIDENT CARE EQUIPMENT THAT OCCURS DURING TREATMENT OR DIAGNOSIS OF A PATIENT OR RESIDENT AND THAT SIGNIFICANTLY ADVERSELY AFFECTS OR, IF NOT AVERTED, WOULD HAVE SIGNIFICANTLY ADVERSELY AFFECTED A PATIENT OR RESIDENT OF THE FACILITY.

(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:

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

(II) ANY COMPLAINTS AGAINST A BEHAVIORAL HEALTH ENTITY THAT HAVE BEEN FILED WITH THE BHA AND THAT THE BHA HAS INVESTIGATED,

INCLUDING THE CONCLUSIONS REACHED BY THE BHA AND WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED APPROPRIATELY IN RESPONSE TO THE SUBJECT OF THE COMPLAINT; AND

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

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

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

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

PART 6 NETWORK STANDARDS

27-50-601. Department of health care policy and financing - behavioral health network standards. (1) THE STATEWIDE MANAGED CARE SYSTEM, CREATED PURSUANT TO PART 4 OF ARTICLE 5 OF TITLE 25.5 AND IMPLEMENTED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL USE HEALTH FACILITIES LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50 AND INDIVIDUAL BEHAVIORAL HEALTH PRACTITIONERS LICENSED BY THE DEPARTMENT OF REGULATORY AGENCIES AND FEDERALLY QUALIFIED HEALTH CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4), WHEN CREATING STATEWIDE OR REGIONAL BEHAVIORAL HEALTH NETWORKS.

(2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL ALIGN ALL COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND

NETWORKS WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.

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

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

27-50-602. Division of insurance behavioral health network standards. THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, WHILE ASSESSING AND STANDARDIZING PROVIDER NETWORKS IN THIS STATE PURSUANT TO SECTION 10-1-108, SHALL ENSURE COMMUNITY-BASED BEHAVIORAL HEALTH NETWORKS ALIGN WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.

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

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

PART 7

BEHAVIORAL HEALTH ADMINISTRATION
ADVISORY COUNCIL

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

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

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

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

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

(d) PREPARING AN ANNUAL REPORT OF RECOMMENDATIONS AND SUBMITTING IT TO THE BHA BY SEPTEMBER 1 OF EACH YEAR; THE REPORT SHALL BE INCLUDED IN THE BHA'S ANNUAL BEHAVIORAL HEALTH SYSTEM PLAN PURSUANT TO SECTION 27-50-204 (1).

27-50-702. Advisory council - membership. (1) THE ADVISORY COUNCIL MEMBERSHIP MUST BE REFLECTIVE OF THE DEMOGRAPHIC AND

GEOGRAPHIC POPULATIONS OF THIS STATE TO ENSURE ONGOING STAKEHOLDER INPUT AND INVOLVEMENT.

(2)(a) THE ADVISORY COUNCIL CONSISTS OF NOT LESS THAN FIFTEEN MEMBERS AND NOT MORE THAN TWENTY MEMBERS APPOINTED BY THE COMMISSIONER FOR THREE-YEAR TERMS; EXCEPT THAT SOME OF THE INITIAL TERMS MAY BE FOR TWO YEARS. IN ADDITION TO MAINTAINING A MAJORITY OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED BEHAVIORAL HEALTH EXPERIENCE, THE COMMISSIONER SHALL APPOINT AT LEAST ONE MEMBER THAT REPRESENTS:

(I) RURAL COMMUNITIES;

(II) EACH TRIBAL GOVERNMENT WITHIN COLORADO;

(III) COUNTY GOVERNMENTS;

(IV) PERSONS WITH DISABILITIES, AS DEFINED IN SECTION 24-34-301 (2.5), A FAMILY MEMBER OF A PERSON WITH A DISABILITY, OR AN ADVOCACY ORGANIZATION FOR PERSONS WITH DISABILITIES;

(V) THE COLORADO STATE JUDICIAL BRANCH, IN CONSULTATION WITH THE STATE COURT ADMINISTRATOR'S OFFICE;

(VI) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

(VII) PERSONS WITH EXPERTISE IN THE BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH; AND

(VIII) PERSONS WITH EXPERTISE IN CRIME VICTIMIZATION, TRAUMA, OR ADVERSE CHILDHOOD EXPERIENCES AS THEY IMPACT THE VICTIM'S LIFETIME.

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

DISPARITIES.

27-50-703. Advisory council - regional subcommittees - subcommittees - working groups. (1) THE BHA SHALL CREATE ONE REGIONAL SUBCOMMITTEE OF THE ADVISORY COUNCIL FOR EACH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REGION ESTABLISHED PURSUANT TO SECTION 27-50-401. REGIONAL SUBCOMMITTEE MEMBERS ARE APPOINTED BY THE COMMISSIONER FOR THREE-YEAR TERMS; EXCEPT THAT INITIAL TERMS MAY BE FOR TWO YEARS. EACH REGIONAL SUBCOMMITTEE CONSISTS OF FIVE MEMBERS. MEMBERSHIP OF THE REGIONAL SUBCOMMITTEES MUST INCLUDE:

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

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

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

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

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

(b) THE MENTAL HEALTH ADVISORY BOARD FOR SERVICE STANDARDS AND RULES CREATED PURSUANT TO SECTION 27-65-130; AND

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

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

(4) THE ADVISORY COUNCIL HAS THE AUTHORITY TO CREATE

ADVISORY COUNCIL WORKGROUPS FOCUSED ON TOPICS OF NEED AS DETERMINED BY THE ADVISORY COUNCIL IN COLLABORATION WITH THE BHA.

PART 8 MENTAL HEALTH PROGRAMS

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

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

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

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

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

(3) (a) THE PILOT PROGRAM MUST:

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

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

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

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

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

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

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

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

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

SECTION 2. In Colorado Revised Statutes, **add with amended and relocated provisions** part 18 to article 20.5 of title 25 as follows:

PART 18
COMMUNITY PREVENTION AND

EARLY INTERVENTION PROGRAMS

25-20.5-1801. Transfer of functions - employees - property - records.

(1) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL EXECUTE, ADMINISTER, PERFORM, AND ENFORCE THE RIGHTS, POWERS, DUTIES, FUNCTIONS, AND OBLIGATIONS OF THE COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS AUTHORIZED PURSUANT TO SECTIONS 27-80-103 (2)(d), 27-80-106, 27-80-117, AND 27-80-124 PREVIOUSLY ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES.

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

(b) ANY EMPLOYEES TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO THIS SECTION WHO ARE CLASSIFIED EMPLOYEES IN THE STATE PERSONNEL SYSTEM RETAIN ALL RIGHTS TO THE PERSONNEL SYSTEM AND RETIREMENT BENEFITS PURSUANT TO THE LAWS OF THIS STATE, AND THEIR SERVICE IS DEEMED TO HAVE BEEN CONTINUOUS. ALL TRANSFERS AND ANY ABOLISHMENT OF POSITIONS IN THE STATE PERSONNEL SYSTEM MUST BE MADE AND PROCESSED IN ACCORDANCE WITH STATE PERSONNEL SYSTEM LAWS AND RULES.

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

(4) AS OF JULY 1, 2022, WHENEVER THE DEPARTMENT OF HUMAN

SERVICES OR DEPARTMENT IS REFERRED TO OR DESIGNATED BY ANY CONTRACT OR OTHER DOCUMENT IN CONNECTION WITH THE DUTIES AND FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SUCH REFERENCE OR DESIGNATION IS DEEMED TO APPLY TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. ALL CONTRACTS ENTERED INTO BY THE DEPARTMENTS PRIOR TO JULY 1, 2022, IN CONNECTION WITH THE DUTIES AND FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE HEREBY VALIDATED, WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SUCCEEDING TO ALL RIGHTS AND OBLIGATIONS UNDER SUCH CONTRACTS. AS OF JULY 1, 2022, ANY CASH FUNDS, CUSTODIAL FUNDS, TRUSTS, GRANTS, AND APPROPRIATIONS OF FUNDS FROM PRIOR STATE FISCAL YEARS OPEN TO SATISFY OBLIGATIONS INCURRED UNDER SUCH CONTRACTS ARE TRANSFERRED AND APPROPRIATED TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR THE PAYMENT OF SUCH OBLIGATIONS.

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

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

25-20.5-1802. [Formerly 27-80-124] Colorado substance use disorders prevention collaborative - created - mission - administration - report - repeal. (1) The ~~office of behavioral health~~ DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT shall convene and administer a Colorado substance use disorders prevention collaborative with institutions of higher education, nonprofit agencies, and state agencies, referred to in this section as the "collaborative", for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices to fulfill the mission stated in subsection (2) of this section.

(2) The mission of the collaborative is to:

- (a) Coordinate with and assist state agencies and communities to strengthen Colorado's prevention infrastructure and to implement a statewide strategic plan for primary prevention of substance use disorders for state fiscal years 2021-22 through 2024-25;
- (b) Advance the use of tested and effective prevention programs and practices through education, outreach, advocacy, and technical assistance, with an emphasis on addressing the needs of underserved populations and communities;
- (c) Direct efforts to raise public awareness of the cost savings of prevention measures;
- (d) Provide direct training and technical assistance to communities regarding selection, implementation, and sustainment of tested and effective primary prevention programs;
- (e) Pursue local and state policy changes that enhance the use of tested and effective primary prevention programs;
- (f) Advise state agencies and communities regarding new and innovative primary prevention programs and practices;
- (g) Support funding efforts in order to align funding and services and communicate with communities about funding strategies;
- (h) Work with key state and community stakeholders to establish a minimum standard for primary prevention programs in Colorado; and
- (i) Work with prevention specialists and existing training agencies to provide and support training to strengthen Colorado's prevention workforce.

(3) The **OFFICE OF BEHAVIORAL HEALTH** DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT and the collaborative shall:

- (a) Establish community-based prevention coalitions and delivery systems to reduce substance misuse;

(b) Implement effective primary prevention programs in Colorado communities with the goal of increasing the number of programs to reach those in need statewide; and

(c) Coordinate with designated state agencies and other organizations to provide prevention science training to systemize, update, expand, and strengthen prevention certification training and provide continuing education to prevention specialists.

(4) In order to implement and provide sustainability to the collaborative, for state fiscal years 2021-22 through 2024-25, the general assembly shall appropriate money from the marijuana tax cash fund created in section 39-28.8-501 (1) to the ~~office of behavioral health~~ DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT to accomplish the mission of the collaborative.

(5) The ~~office of behavioral health~~ DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT shall report its progress to the general assembly on or before September 1, 2022, and each September 1 through September 1, 2025.

(6) This section is repealed, effective September 30, 2025.

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

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

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

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

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

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

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

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

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

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

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

CANDIDATE; OR AN ADDICTION COUNSELOR CANDIDATE.

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

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

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

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

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

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

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

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

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

(7) If a minor who is receiving psychotherapy services pursuant to this section communicates a ~~clear and imminent intent or threat to inflict serious bodily harm on themselves or others~~ A SERIOUS THREAT OF IMMINENT PHYSICAL VIOLENCE AGAINST A SPECIFIC PERSON OR PERSONS, INCLUDING A PERSON WHO IS IDENTIFIABLE BY THE PERSON'S ASSOCIATION WITH A SPECIFIC LOCATION OR ENTITY, the mental health professional described in subsection (1) of this section is subject to the notification provisions of section 13-21-117 (2) AND SHALL NOTIFY THE MINOR'S PARENT OR LEGAL GUARDIAN UNLESS NOTIFYING THE PARENT OR LEGAL GUARDIAN WOULD BE INAPPROPRIATE OR DETRIMENTAL TO THE MINOR'S CARE AND TREATMENT.

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

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

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

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

(d) The client is in the physical custody of either the department of corrections, or the department of human services, OR THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and

such department OR ADMINISTRATION has developed an alternative program to provide similar information to the client and the program has been established through rule;

SECTION 7. In Colorado Revised Statutes, 12-245-217, **amend** (2) introductory portion and (2)(b) as follows:

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

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

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

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

(2) Notwithstanding the exemption in section 12-245-217 (2)(b), any employee licensed pursuant to this article 245 who is terminated from employment by the ~~state~~ department of human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, or a county department of human or social services is subject to review and disciplinary action by the board that licenses or regulates the employee.

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

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

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

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

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

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

(II) The period of certification or commitment of the most recent order of certification, commitment, recertification, or recommitment expired, or a court entered an order terminating the person's incapacity or discharging the person from certification or commitment in the nature of habeas corpus, if the record in the national instant criminal background check system is based on an order of certification or commitment to the custody of the ~~office of~~ behavioral health ADMINISTRATION in the department of human services; except that the state court administrator shall

not cancel any record pertaining to a person with respect to whom two recommitment orders have been entered pursuant to section 27-81-112 (7) and (8), or who was discharged from treatment pursuant to section 27-81-112 (11) on the grounds that further treatment is not likely to bring about significant improvement in the person's condition; or

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

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

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

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

13-9-123. National instant criminal background check system - reporting. (1) On and after March 20, 2013, the state court administrator shall send electronically the following information to the Colorado bureau of investigation created pursuant to section 24-33.5-401, referred to in this section as the "bureau":

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

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

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

(II) The period of certification or commitment of the most recent order of certification, commitment, recertification, or recommitment expired, or the court entered an order terminating the person's incapacity or

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

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

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

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

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

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

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

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

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

(b) (II) (B) As a condition of bond, the court shall order that the restoration take place on an outpatient basis. Pursuant to section 27-60-105, ~~the department through the office of~~ THE behavioral health ADMINISTRATION IN THE DEPARTMENT is the entity responsible for the oversight of restoration education and coordination of all competency restoration services. As a condition of release for outpatient restoration services, the court may require pretrial services, if available, to work with the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION and the restoration services provider under contract with the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION to assist in securing appropriate support and care management services, which may include housing resources. The individual agency responsible for providing outpatient restoration services for the defendant shall notify the court or other designated agency within twenty-one days if restoration services have not commenced.

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

16-11.9-102. Screening for behavioral or mental health disorders - standardized process - development. (1) The director of the division of criminal justice ~~within~~ IN the department of public safety is responsible for ensuring that the head of the department of psychiatry at the university of Colorado health sciences center, the judicial department, the department of corrections, the state board of parole, the division of criminal justice ~~within~~ IN the department of public safety, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and the ~~office of behavioral health~~ UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES in the department of human services meet and cooperate to develop a standardized screening procedure for the assessment of behavioral or mental health disorders in persons who are involved in the adult criminal justice system. The standardized screening procedure must include, but is not limited to:

(2) In conjunction with the development of a standardized behavioral or mental health disorder screening procedure for the adult

criminal justice system as specified in subsection (1) of this section, the judicial department, the division of youth services ~~within~~ IN the department of human services, the unit responsible for child welfare services ~~within~~ IN the department of human services, the ~~office~~ of behavioral health ADMINISTRATION in the department of human services, THE UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES IN THE DEPARTMENT OF HUMAN SERVICES, the division of criminal justice ~~within~~ IN the department of public safety, and the department of corrections shall cooperate to develop a standardized screening procedure for the assessment of behavioral or mental health disorders in juveniles who are involved in the juvenile justice system. The standardized screening procedure must include, but is not limited to:

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

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

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

16-11.9-204. Behavioral health court liaisons - duties and responsibilities - consultation and collaboration. (1) A court liaison hired pursuant to this part 2 has the following duties and responsibilities:

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

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

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

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

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

(B) Twenty-five percent to the managed service organization contracting with the ~~office of~~ behavioral health ADMINISTRATION in the department of human services serving the judicial district where the forfeiture proceeding was prosecuted to fund detoxification and substance use disorder treatment. Money appropriated to the managed service organization must be in addition to, and not be used to supplant, other funding appropriated to the ~~office of~~ behavioral health ADMINISTRATION; and

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

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

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

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

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

(r) In consultation with the ~~offices~~ of behavioral health ADMINISTRATION and THE OFFICE OF economic security in the department of human services, the department of health care policy and financing, the department of local affairs, and local service providers, to develop resources for inmates post-release that provide information to help prepare inmates for release and successful reintegration into their communities. The resources must reflect the needs of diverse and underserved populations and communities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17-27.9-102. Specialized restitution and community service programs - contract with treatment providers - division of criminal justice. (1) The director of the division of criminal justice ~~of~~ IN the department of public safety may, pursuant to section 17-27-108, contract with one or more public or private providers or community corrections boards, as defined in section 17-27-102 (2), who operate restitution and community service facilities, to provide specialized restitution and

community service programs that meet the requirements of this section. As used in this article 27.9, such providers are referred to as "providers". The ~~office of behavioral health ADMINISTRATION~~ in the department of human services shall approve any entity that provides treatment for substance use disorders pursuant to article 80 of title 27.

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

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

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

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

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

18-1.3-210. Counseling or treatment for alcohol or drug abuse or substance use disorder. (1) In any case in which treatment or counseling for alcohol or drug abuse or a substance use disorder is authorized in connection with a deferred prosecution, deferred judgment and sentence, or probation, the court may require the defendant to obtain counseling or treatment for the condition. If the court orders the counseling or treatment, the court shall order that the counseling or treatment is obtained from a treatment facility or person approved by the ~~office of behavioral health ADMINISTRATION~~ in the department of human services, ~~established in article 80 of title 27~~, unless the court makes a finding that counseling or treatment in another facility or with another person is

warranted. If the defendant voluntarily submits ~~himself or herself~~ THE DEFENDANT'S SELF for treatment or counseling, the district attorney and the court may consider ~~his or her~~ THE DEFENDANT'S willingness to correct ~~his or her~~ THE DEFENDANT'S condition as a basis for granting deferred prosecution or deferred judgment and sentence.

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

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

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

(2) Each person placed on parole by the state board of parole on or after July 1, 1992, is required, as a condition of parole, to undergo periodic testing and treatment for substance abuse that is appropriate to the parolee based upon the recommendations of the assessment made pursuant to section 18-1.3-209 or any assessment or subsequent reassessment made regarding the parolee during ~~his or her~~ THE PAROLEE'S incarceration or any

period of parole. Any testing or treatment must be at a facility or with a person approved by the ~~office of behavioral health~~ ADMINISTRATION in the department of human services ~~established in article 80 of title 27~~, and at the parolee's own expense, unless ~~he or she~~ THE PAROLEE is indigent.

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

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

(IV) Five members who represent the department of human services, as follows:

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

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

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

(2) The director of research of the legislative council, the director of the office of legislative legal services, the director of the division of criminal justice ~~within~~ IN the department of public safety, the ~~director of the~~ ~~office of~~ COMMISSIONER OF THE behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and the executive directors of the departments represented on the task force may supply staff assistance to the task force as they deem appropriate within existing appropriations or if money is credited to the treatment of persons with mental health disorders in the criminal and juvenile justice systems fund created in section

18-1.9-106 for the purpose of and in an amount sufficient to fund staff assistance. The task force may also accept donations of in-kind services for staff support from the private sector.

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

18-13-122. Illegal possession or consumption of ethyl alcohol or marijuana by an underage person - illegal possession of marijuana paraphernalia by an underage person - adolescent substance abuse prevention and treatment fund - legislative declaration - definitions. (4) (a) Upon conviction of a first offense of subsection (3) of this section, the court shall sentence the underage person to a fine of not more than one hundred dollars, or the court shall order that the underage person complete a substance abuse education program approved by the ~~office~~ of behavioral health ADMINISTRATION in the department of human services, or both.

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

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

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

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

(I) Submit to a substance abuse assessment approved by the ~~office~~ of behavioral health ADMINISTRATION in the department of human services and complete any treatment recommended by the assessment; and

(18) **Cash fund.** The surcharge collected pursuant to subsection (4)(e) of this section must be transmitted to the state treasurer, who shall

credit the ~~same~~ MONEY to the adolescent substance abuse prevention and treatment fund, which is created and referred to in this section as the "fund". Money in the fund is subject to annual appropriation by the general assembly to the ~~office of~~ behavioral health ADMINISTRATION in the department of human services ~~established in article 80 of title 27~~, for adolescent substance abuse prevention and treatment programs. The ~~office of~~ behavioral health ADMINISTRATION is authorized to seek and accept gifts, grants, or donations from private or public sources for the purposes of this section. All private and public money received through gifts, grants, or donations must be transmitted to the state treasurer, who shall credit the ~~same~~ MONEY to the fund. Any unexpended money in the fund may be invested by the state treasurer as provided by law. All interest and income derived from the investment and deposit of money in the fund must be credited to the fund. Any unexpended and unencumbered money remaining in the fund at the end of a fiscal year remains in the fund and must not be credited or transferred to the general fund or another fund.

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

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

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

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

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

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

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

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

18-18-302. Registration requirements - definitions. (1) Every person who manufactures, distributes, or dispenses any controlled substance within this state, or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within this state, shall obtain annually or biannually, if applicable, a registration, issued by the respective licensing board or the ~~department~~ BHA in accordance with rules adopted by such board or by the ~~department~~ BHA. For purposes of this section and this article 18, "registration" or "registered" means the registering of manufacturers, pharmacists, pharmacies, and humane societies located in this state, and distributors located in or doing business in this state, by the state board of pharmacy, as set forth in article 280 of title 12, the licensing of physicians by the Colorado medical board, as set forth in article 240 of title 12, the licensing of podiatrists by the Colorado podiatry board, as set forth in article 290 of title 12, the licensing of dentists by the Colorado dental board, as set forth in article 220 of title 12, the licensing of optometrists by the state board of optometry, as set forth in article 275 of title 12, the licensing of veterinarians by the state board of veterinary medicine, as set forth in article 315 of title 12, and the licensing of researchers and CERTIFIED addiction ~~programs~~ COUNSELORS by the ~~department of human services~~ BHA, as set forth in part 2 of article 80 of title 27.

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

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

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

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

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

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

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

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

- (a) Furnished false or fraudulent material information in any application filed under this part 3;
- (b) Been convicted of a felony under any state or federal law relating to any controlled substance;
- (c) Had the registrant's federal registration suspended or revoked and is no longer authorized by federal law to manufacture, distribute, or dispense controlled substances; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18-18-501. Administrative inspections and warrants. (3) The board or ~~department~~ BHA may ~~make~~ CONDUCT administrative inspections

of controlled premises of those persons they are authorized to register under this ~~article~~ ARTICLE 18 in accordance with the following provisions:

- (a) If authorized by an administrative inspection warrant issued pursuant to subsection (2) of this section, an officer or employee designated by the board or ~~department~~ BHA, upon presenting the warrant and appropriate credentials to the owner, operator, or agent in charge, may enter controlled premises for the purpose of conducting an administrative inspection.
- (b) If authorized by an administrative inspection warrant, an officer or employee designated by the board or ~~department~~ BHA may:

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

18-18-503. Cooperative arrangements and confidentiality.

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

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

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

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

18-18-505. Judicial review. All final determinations, findings, and

conclusions of the board or ~~department~~ BHA under this ~~article~~ ARTICLE 18 are subject to judicial review pursuant to section 24-4-106. C.R.S.

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

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

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

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

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

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

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

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

licensed by the state:

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

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

SECTION 46. In Colorado Revised Statutes, 18-18.5-103, **amend** (2) introductory portion and (2)(b)(XXII) as follows:

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

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

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

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

18-19-103. Source of revenues - allocation of money. (5) (b) The board consists of:

(IV) The ~~executive director~~ COMMISSIONER of THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services or ~~his or her~~ THE COMMISSIONER'S designee. If the ~~executive director~~ COMMISSIONER

appoints a designee, the ~~executive director~~ COMMISSIONER is encouraged to select someone with expertise in substance use disorder counseling and substance abuse issues.

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

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

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

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

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

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

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

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

(IV) The rural alcohol and substance abuse prevention and treatment

program created pursuant to section 27-80-117 in the ~~office of behavioral health ADMINISTRATION~~ in the department of human services;

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

(XI) The record-keeping, licensing, and central registry functions of the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services relating to substance use disorder treatment programs under which controlled substances are compounded, administered, or dispensed in accordance with part 2 of article 80 of title 27;

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

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

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

SECTION 52. In Colorado Revised Statutes, 25-1.5-103, **repeal** (3.5).

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

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

(III) A facility approved for residential treatment by the ~~office of~~

behavioral health ADMINISTRATION in the department of human services; or

(3) Effective January 1, 2020, a person shall not operate a facility using the term "recovery residence", "sober living facility", "sober home", or a substantially similar term, and a licensed, registered, or certified health-care provider or a licensed health facility shall not refer an individual in need of recovery support services to a facility, unless the facility:

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

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

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

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

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

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

25-1.5-111. Suicide prevention commission - created - responsibilities - gifts, grants, or donations - definition - repeal.
(2) (a) Within sixty days after May 29, 2014, the executive director of the department of public health and environment shall appoint to the commission no more than twenty-six members, including:

(II) A representative from the ~~office of~~ behavioral health

ADMINISTRATION in the department of human services;

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

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

25-1.5-112. Colorado suicide prevention plan - established - goals - responsibilities - funding - definition. (2) The suicide prevention commission, together with the office of suicide prevention, the ~~office of~~ behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, the department, and the department of health care policy and financing, is strongly encouraged to collaborate with criminal justice and health-care systems, mental and behavioral health systems, primary care providers, physical and mental health clinics in educational institutions, community mental health centers, advocacy groups, emergency medical services professionals and responders, public and private insurers, hospital chaplains, and faith-based organizations to develop and implement:

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

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

25-3-103.1. Health facilities general licensure cash fund. (2) The general assembly shall make annual appropriations from the health facilities general licensure cash fund to partially reimburse the department of public health and environment for the direct and indirect costs of the department incurred in the performance of its duties ~~under this article and for the purposes of section 25-1.5-103 (3.5)~~ PURSUANT TO THIS ARTICLE 3. No appropriation shall be made out of the cash fund for expenditures incurred by the department pursuant to section 25-1.5-103 (1)(a)(II) in carrying out duties relating to health facilities wholly owned and operated by a governmental unit or agency.

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

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

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

(11.4) (b) Secure transportation includes:

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

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

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

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

25-3.5-309. Secure transportation - license required - fees -

~~exceptions.~~ (2) Ambulance agencies, transportation services provided by the ~~office of behavioral health within~~ the state department of human services, emergency service patrols established pursuant to section 27-81-115, and law enforcement may provide secure transportation services to an individual in need of urgent behavioral health care.

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

25-20.5-406. State review team - creation - membership - vacancies. (2) (b) The executive director of the department of human services shall appoint six voting members, as follows:

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

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

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

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

25-27.6-101. Legislative declaration. (4) It is the intent of the

general assembly that the behavioral health entity license is implemented in two separate phases as follows:

(a) Phase one implementation includes the incorporation of ~~so that~~ a facility currently licensed or previously eligible for licensure as an acute treatment unit or as a community mental health center, community mental health clinic, or crisis stabilization unit that was licensed as a community clinic. Such a facility will transition to the behavioral health entity license no later than July 1, 2022, in accordance with section 25-27.6-104 (1).

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

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

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

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

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

(c) ~~A facility with a license or approval on or before June 30, 2023, as a behavioral health entity, a substance use disorder program, or an alcohol use disorder program shall apply for a behavioral health entity license prior to the expiration of the facility's current license or approval.~~

Such a facility is subject to the standards under which it is licensed or approved as of July 1, 2023, until such time as the behavioral health entity license is issued.

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

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

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

(1) The behavioral health entity cash fund, referred to in this section as the "fund", is created in the state treasury. The fund consists of money credited to the fund pursuant to section 25-27.6-107. The money in the fund is subject to annual appropriation by the general assembly for the direct and indirect costs of the department in performing its duties pursuant to this article 27.6. At the end of any fiscal year, all unexpended and unencumbered money in the fund remains in the fund and must not be credited or transferred to the general fund or any other fund.

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

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

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

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

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

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

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

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

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

25.5-4-401.2. Performance-based payments - reporting - repeal.

(1) To improve health outcomes and lower health-care costs, the state department may develop payments to providers that are based on quantifiable performance or measures of quality of care. These performance-based payments may include, but are not limited to, payments to:

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

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

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

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

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

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

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

(a) ACTUAL COSTS OF SERVICES, INCLUDING SERVICES TO ADDRESS LANGUAGE AND CULTURAL BARRIERS NECESSARY TO SERVE COMMUNITIES OF COLOR AND OTHER UNDERSERVED POPULATIONS;

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

(c) QUALITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SAFETY NET CARE PROVIDED, AS DETERMINED BY THE STATE DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, BY RULE;

(d) HEALTH EQUITY;

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

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

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

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

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

SECTION 70. In Colorado Revised Statutes, 25.5-5-301, amend (4) as follows:

25.5-5-301. Clinic services. (4) "Clinic services" also means

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

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

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

SECTION 72. In Colorado Revised Statutes, 25.5-5-310, **amend** (1)(b) and (2) as follows:

25.5-5-310. Treatment program for high-risk pregnant and parenting women - cooperation with private entities - definition. (1) (b) The state department, ~~and~~ THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, ~~the departments~~ DEPARTMENT of human services, and THE DEPARTMENT OF public health and environment shall cooperate with any organizations that desire to assist the departments ~~AND~~ THE ADMINISTRATION in the provision of services connected with the treatment program for high-risk pregnant and parenting women. Organizations may provide services that are not provided to persons pursuant to this article 5 or article 4 or 6 of this title 25.5 or article

2 of title 26, which services may include but are not limited to needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation, development of provider training, child care, child care navigation, and other necessary components of residential or outpatient treatment or care.

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

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

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

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

25.5-5-311. Treatment program for high-risk pregnant and parenting women - data collection. The state department, in cooperation with the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services, shall create a data collection mechanism regarding persons receiving services pursuant to the treatment program for high-risk pregnant and parenting women that includes the collection of any data that the ~~departments~~ STATE DEPARTMENT AND BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES deem appropriate.

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

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

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

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

25.5-5-328. Secure transportation for behavioral health crises - benefit - funding. (1) On or before January 1, 2023, the state department shall create a benefit for secure transportation services, as ~~that term is~~ defined in section 25-3.5-103 (11.4). The state department shall research and create a plan to establish secure transportation services, which may include supplemental and coordinated community response services, to be implemented on or before July 1, 2023. The state department shall collaborate with the ~~office of~~ behavioral health ADMINISTRATION IN THE

DEPARTMENT OF HUMAN SERVICES in its research and planning efforts to determine how this benefit may align with co-responder, mobile crisis, and emergency crisis dispatch.

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

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

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

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

25.5-5-803. High-fidelity wraparound services for children and youth - federal approval - reporting. (1) Subject to available appropriations, the state department shall seek federal authorization from the federal centers for medicare and medicaid services to provide wraparound services for eligible children and youth who are at risk of out-of-home placement or in an out-of-home placement. Prior to seeking federal authorization, the state department shall seek input from relevant stakeholders including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented

wraparound services, mental health professionals, THE BEHAVIORAL HEALTH ADMINISTRATION AND THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, and other relevant departments. The state department shall consider tiered care coordination as an approach when developing the wraparound model.

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

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

(4) Subject to available appropriations, the state department shall work collaboratively with THE DEPARTMENT OF HUMAN SERVICES, THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services, counties, and other departments, as appropriate, to develop and implement wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. The BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services shall oversee that the wraparound services are delivered with fidelity to the model. As part of routine collaboration, and subject to available appropriations, the state department shall develop a model of sustainable

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

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

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

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

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

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

(B) A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL

HEALTH PROFESSIONS, IN THEIR ROLE AS A BOARD MEMBER, SHALL NOT VOTE ON ANY MATTER COMING BEFORE THE BOARD THAT AFFECTS THEIR EMPLOYER OR PRIVATE PRACTICE IN A MANNER DIFFERENT FROM OTHER EMPLOYERS OR PRIVATE PRACTICES OF THE SAME PROFESSIONS.

(III) Five FOUR members who are from the public at large.

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

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

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

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

(1.8) Whenever a statutory grant of rule-making authority in this ~~title or title 27, C.R.S.~~, TITLE 26 refers to the state department or the department of human services, it ~~shall mean~~ MEANS the state department acting through either the state board or the executive director or both. When exercising rule-making authority under this ~~title or title 27, C.R.S.~~ TITLE 26, the state department, either acting through the state board or the executive director, shall establish rules consistent with the powers and the distinction between "board rules" as set forth in section 26-1-107 and "executive director rules" as set forth in this section.

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

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

82 of title 27.

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

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

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

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

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

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

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

26-2-111. Eligibility for public assistance - rules - repeal. (4) **Aid to the needy disabled.** Public assistance in the form of aid to the needy disabled must be granted to any person who meets the requirements of subsection (1) of this section and all of the following requirements:

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

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

SECTION 85. In Colorado Revised Statutes, 26-20-103, **amend** (3) as follows:

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

SECTION 86. In Colorado Revised Statutes, 26-20-110, **amend** (1)(d) as follows:

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

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

SECTION 87. In Colorado Revised Statutes, 27-60-100.3, **repeal** (4.7); and **add** (1.1) and (1.3) as follows:

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

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

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

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

SECTION 88. In Colorado Revised Statutes, 27-60-103, **amend** (1)(a) introductory portion, (2) introductory portion, (3), (4)(a), and (6)(a); and **repeal** (6)(b) and (6)(c) as follows:

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

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

(3) The state department BHA shall establish a committee of interested stakeholders that will be responsible for reviewing the proposals and awarding contracts pursuant to this section. ~~Representations~~ REPRESENTATIVES from the state department of health care policy and financing must be included in the committee of interested stakeholders. A stakeholder participating in the committee must not have a financial or other conflict of interest that would prevent ~~him or her~~ THE STAKEHOLDER from impartially reviewing proposals.

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

(6) (a) Beginning in January 2014, and every January thereafter, the

state department BHA shall report progress on the implementation of the crisis response system, as well as information about and updates to the system, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203.

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

(c) ~~On or before May 1, 2018, but after January 31, 2018, the office of behavioral health within the state department shall present a report to the joint judiciary committee and the joint committee on health and human services concerning the current status of funding and the implementation of the expansion of behavioral health crisis services.~~

SECTION 89. In Colorado Revised Statutes, 27-60-104, **amend** (2), (3)(a), (5), (7) introductory portion, (7)(b), (8), and (9); and **amend as it will become effective July 1, 2022**, (6) introductory portion as follows:

27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units - report.
(2) (a) ~~On or before January 1, 2018, the state department~~ THE BHA shall ensure that mobile response units are available to respond to a behavioral health crisis anywhere in the state within no more than two hours, either face-to-face or using telehealth operations, for mobile crisis evaluations.

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

(3) (a) ~~On or before January 1, 2018, All walk-in centers throughout the state's crisis response system must be appropriately designated by the executive director~~ COMMISSIONER for a seventy-two-hour treatment and evaluation, adequately prepared, and properly staffed to accept an

individual through the emergency mental health procedure outlined in section 27-65-105 or a voluntary application for mental health services pursuant to section 27-65-103. Priority for individuals receiving emergency placement pursuant to section 27-65-105 is on treating high-acuity individuals in the least restrictive environment without the use of law enforcement.

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

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

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

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

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

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

SECTION 90. In Colorado Revised Statutes, 27-60-104.5, **amend** (3) introductory portion, (4), (8), and (10); and **repeal** (7) as follows:

27-60-104.5. Behavioral health capacity tracking system - rules - legislative declaration - definitions. (3) Pursuant to subsection (8) of this section, the ~~state department~~ BHA shall implement a behavioral health capacity tracking system, which must include the following:

(4) In addition to reporting by those facilities listed in subsection (3)(e) of this section, the tracking system may allow any medical provider providing behavioral health treatment as part of the provider's medical practice to participate in the tracking system with prior approval by the ~~state department~~ BHA.

(7) ~~Prior to contracting for components of the tracking system or its implementation, the state department shall convene a stakeholder process to identify an efficient and effective tracking system design. The state department shall receive input relating to existing information and reporting systems that may be expanded upon for the tracking system, issues relating to data collection and input by facilities and treatment providers, and the most effective interface for tracking system users. In addition to any persons or organizations identified by the state department, the stakeholder process must include input from the department of public health and environment, emergency medical service providers, contractors operating existing information and reporting systems in the state, and facilities required to provide information for the tracking system. The state department shall report to the opioid and other substance use disorders study committee during the legislative interim preceding the 2020 legislative session concerning the results of the stakeholder process.~~

(8) Subject to available appropriations, the ~~state department~~ BHA shall implement a centralized, web-based tracking system as described in this section and shall ensure that appropriate tracking system information is available to the public. The contractor of the twenty-four-hour telephone crisis services provided pursuant to section 27-60-103 shall use the tracking system as an available service resource locator.

(10) The ~~state department~~ BOARD may adopt rules, as necessary, to implement this section.

SECTION 91. In Colorado Revised Statutes, 27-60-105, **amend** (2), (3), (4) introductory portion, (5) introductory portion, (5)(b), and (6) as follows:

27-60-105. Outpatient restoration to competency services - jail-based behavioral health services - responsible entity - duties - report - legislative declaration. (2) The ~~office of behavioral health~~ STATE DEPARTMENT serves as a central organizing structure and responsible entity for the provision of competency restoration education services, coordination of competency restoration services ordered by the court pursuant to section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and jail-based behavioral health services pursuant to section 27-60-106.

(3) ~~On or before December 1, 2017, the office~~ THE STATE DEPARTMENT shall develop standardized juvenile and adult curricula for the educational component of competency restoration services. The curricula must have a content and delivery mechanism that allows ~~it~~ THE CURRICULA to be tailored to meet individual needs, including those of persons with intellectual and developmental disabilities.

(4) Beginning July 1, 2019, the ~~office~~ STATE DEPARTMENT has the following duties and responsibilities, subject to available appropriations:

(5) Notwithstanding section 24-1-136 (11)(a)(I), on or before January 1, 2019, and every January 1 thereafter, the ~~office~~ STATE DEPARTMENT shall submit an annual written report to the general assembly summarizing the ~~office's~~ STATE DEPARTMENT'S provision of competency restoration education, its efforts toward the coordination of competency restoration education with other existing services, and the results of the jail-based behavioral health services program created in section 27-60-106. The report must include:

(b) A description of the ~~office's~~ STATE DEPARTMENT'S engagement with community partners to coordinate competency restoration services in an effective and efficient manner;

(6) In addition to subsection (4) of this section and subject to available appropriations, the ~~office~~ STATE DEPARTMENT shall require any county jail to assist in the provision of interim mental health services for individuals who have been court-ordered for inpatient competency

restoration and who are waiting admission for an inpatient bed. This section does not toll or otherwise modify the time frames for the STATE department to offer inpatient admission pursuant to the provisions of section 16-8.5-111.

SECTION 92. In Colorado Revised Statutes, 27-60-106, **amend** (1), (3), (4) introductory portion, (4)(a), (4)(g), (4)(h), (5)(a), and (6) as follows:

27-60-106. Jail-based behavioral health services program - purpose - created - funding. (1) There is created in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the jail-based behavioral health services program, referred to in this section as the "program". The program may receive money from the correctional treatment cash fund pursuant to section 18-19-103 (5)(c)(V).

(3) The ~~office~~ BHA shall prioritize jails with minimal behavioral health services, including but not limited to rural and frontier jails.

(4) Subject to available appropriations, the ~~office~~ BHA may require a county jail that receives funding through the program to:

(a) Screen all individuals booked into the jail facility with standardized evidence-based screening tools, as determined by the ~~office~~ BHA, for mental health disorders, substance use disorders, and suicide risk;

(g) Track performance outcomes for measures developed by the ~~office~~ BHA, including behavioral health disorder prevalence and service data through information-sharing processes, as defined by the ~~office~~ BHA; and

(h) Partner with the ~~office~~ BHA to develop feasible health information exchange strategies for medical and behavioral health records.

(5) (a) The ~~office~~ BHA shall require a county jail that receives funding through the program to have a policy in place on or before January 1, 2020, that describes how medication-assisted treatment, as ~~it is~~ defined in section 23-21-803, will be provided, when necessary, to individuals confined in the county jail.

(6) Subject to available appropriations, nothing in this section prohibits program funds from being used to meet the requirements outlined in sections 17-26-303 and 17-26-304 for local jails, as defined in section 17-26-302 (2), by providing additional staffing, training, robust behavioral health services and supports, or facility changes. Any facility changes must be approved by the ~~office of behavioral health~~ BHA before funds may be expended.

SECTION 93. In Colorado Revised Statutes, 27-60-106.5, **amend** (1) and (2) as follows:

27-60-106.5. Criminal justice diversion programs - report - rules. (1) (a) The ~~office of behavioral health in the state department~~ BHA may contract with cities and counties for the creation, maintenance, or expansion of criminal justice diversion programs. The goal of each program created pursuant to this section should be to connect ~~law enforcement officers~~ FIRST RESPONDERS with behavioral health providers to assist individuals in need of behavioral health intervention or to divert individuals from the criminal justice system.

(b) The ~~office of behavioral health in the state department~~ BHA may require criminal justice diversion programs contracted pursuant to subsection (1)(a) of this section to participate as a mobile crisis service in the behavioral health crisis response system, created pursuant to section 27-60-103.

(2) On or before November 1, 2021, and on or before each November 1 thereafter, the ~~state department~~ BHA shall include an update regarding the current status of funding and the criminal justice diversion programs implemented pursuant to this section in its report to the judiciary committees of the senate and the house of representatives, the health and human services committee of the senate, the public AND BEHAVIORAL health care and human services committee of the house of representatives, or any successor committees, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required by section 2-7-203.

SECTION 94. In Colorado Revised Statutes, **repeal** 27-60-107.

SECTION 95. In Colorado Revised Statutes, 27-60-108, **amend**

(2)(c), (3)(a) introductory portion, (3)(a)(III)(B), (3)(c), (4), (5), (6)(d), and (7) as follows:

27-60-108. Peer support professionals - cash fund - fees - requirements - legislative declaration - rules - definitions. (2) As used in this section, unless the context otherwise requires:

(c) "Recovery support services organization" means an independent entity led and governed by representatives of local communities of recovery and approved by the ~~executive director of the state department~~ COMMISSIONER pursuant to subsection (3)(a) of this section.

(3) (a) On or before July 1, 2022, the ~~state department~~ BHA shall develop a procedure for recovery support services organizations to be approved by the ~~executive director of the state department~~ COMMISSIONER for reimbursement pursuant to this section. The procedures must ensure that the recovery support services organization:

(III) Employs or contracts with peer support professionals who must:

(B) Have successfully completed formal training covering all content areas outlined in the core competencies for peer support professionals established by either the ~~state department~~ BHA or the substance abuse and mental health services administration of the United States department of health and human services; and

(c) The ~~executive director of the state department~~ COMMISSIONER, in collaboration with the department of health care policy and financing, may promulgate rules establishing minimum standards that recovery support services organizations must meet.

(4) The ~~state department~~ BHA may charge a fee for recovery support services organizations seeking approval pursuant to subsection (3)(a) of this section. If the ~~executive director of the state department~~ COMMISSIONER charges a fee to recovery support services organizations, the ~~executive director~~ COMMISSIONER shall promulgate rules to establish the fee at an amount not to substantially exceed the amount charged to other behavioral health providers seeking approval from the ~~state department~~ THE ~~state department~~ BHA. THE BHA shall deposit any fees collected into the

peer support professional workforce cash fund created in subsection (6) of this section.

(5) The ~~state department~~ BHA may seek, accept, and expend gifts, grants, or donations from private or public sources for the purposes of this section. The ~~state department~~ BHA shall transfer each gift, grant, and donation to the state treasurer, who shall credit the same to the peer support professional workforce cash fund created in subsection (6) of this section.

(6) (d) Subject to annual appropriation by the general assembly, the ~~state department~~ BHA may expend state money from the fund for the purpose of implementing this section.

(7) A peer-run recovery service provider shall not be compelled to seek approval from the ~~state department~~ BHA to become a recovery support services organization. Expanded service funding available for recovery services through recovery support services organizations is intended to supplement existing state investment in the recovery system infrastructure. The ~~state department~~ BHA shall fund recovery services, within existing appropriations, including peer-run organizations that do not seek to be recovery support services organizations.

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

27-60-109. Temporary youth mental health services program - established report - rules - definitions - repeal. (2) (a) There is established in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the temporary youth mental health services program to facilitate access to mental health services, including substance use disorder services, for youth to respond to mental health needs identified in an initial mental health screening through the portal, including those needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to three mental health sessions with a youth.

(b) The ~~office~~ BHA shall reimburse providers who participate in the program for each mental health session with a youth, either in-person or by telehealth, up to a maximum of three sessions per youth client; except that subject to available money, the ~~state department~~ BHA may reimburse a

provider for additional sessions. To be eligible for reimbursement from the program, a provider must be available to provide three mental health sessions to each youth the provider accepts as a client.

(3) (a) The ~~office~~ BHA shall:

(III) Implement a statewide public awareness and outreach campaign about the program. The general assembly encourages the ~~office~~ BHA to involve schools, neighborhood youth organizations, health-care providers, faith-based organizations, and any other community-based organizations that interact with youth on the local level in disseminating information about the program.

(b) The state ~~department~~ BOARD may promulgate rules necessary for the administration of this section, including rules to protect the privacy of youth who receive services through the program.

(4) (a) ~~As soon as practicable, but no later than August 1, 2021, the state department~~ THE BHA shall enter into an agreement with a vendor to create, or use an existing, website or web-based application as a portal available to youth and providers to facilitate the program. The portal must:

SECTION 97. In Colorado Revised Statutes, 27-60-110, **amend** (1) as follows:

27-60-110. Behavioral health-care services for rural and agricultural communities - vouchers - contract - appropriation. (1) No later than one hundred eighty days after June 28, 2021, the ~~state department~~ BHA, in collaboration with the department of agriculture, shall contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado, as identified by the ~~state department~~ BHA, to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services.

SECTION 98. In Colorado Revised Statutes, 27-60-111, **amend** (1), (2)(o), (3), (4), (6), (7), (8), and (9) as follows:

27-60-111. County-based behavioral health grant program - created - report - rules - repeal. (1) There is created in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the county-based behavioral health

grant program, referred to in this section as the "grant program", to provide matching grants to county departments of human or social services for the expansion or improvement of local or regional behavioral health disorder treatment programs.

(2) Grant recipients may use the money received through the grant program for the following purposes:

(o) Any other purpose the ~~Office~~ BHA identifies that will expand or improve local or regional behavioral health disorder treatment programs.

(3) The ~~Office~~ BHA shall administer the grant program and shall award grants as provided in this section.

(4) The ~~Office~~ BHA shall implement the grant program in accordance with this section. At a minimum, the ~~Office~~ BHA shall specify the time frames for applying for grants, the form of the grant program application, and the time frames for distributing grant money.

(6) To receive a grant, a county department of human or social services shall submit an application to the ~~Office~~ BHA. The ~~Office~~ BHA shall give priority to applications that demonstrate innovation and collaboration or include rural or frontier communities; address a demonstrated need, as identified by community input and local planning efforts; and demonstrate the ability to rapidly distribute the grant money into the community. The ~~Office~~ BHA shall award grant money equitably to reflect the geographic diversity of the state.

(7) Subject to available appropriations, beginning January 1, 2022, and on or before January 1 each year thereafter for the duration of the grant program, the ~~Office~~ BHA shall award grants as provided in this section. The ~~Office~~ BHA shall distribute the grant money within ninety days after the ~~Office~~ BHA awards the grants.

(8) (a) On or before February 1, 2023, and on or before February 1 each year thereafter for the duration of the grant program, each county department of human or social services that receives a grant through the grant program shall submit a report to the ~~Office~~ BHA on the use of the grant money received pursuant to this section, including the total number of individuals served, disaggregated by race, ethnicity, and age.

(b) On or before April 1, 2023, and on or before April 1 each year thereafter for the duration of the grant program, the ~~state department~~ BHA shall submit a summarized report of the information received pursuant to subsection (8)(a) of this section to the joint budget committee, the health and insurance committee and the public and behavioral health and human services committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, on the grant program.

(9) For the 2021-22 state fiscal year, the general assembly shall appropriate nine million dollars from the behavioral and mental health cash fund created in section 24-75-230 to the ~~STATE~~ department ~~of human services~~ for use by the ~~office~~ BHA for the purposes of this section. If any unexpended or unencumbered money remains at the end of the fiscal year, the ~~office~~ BHA may expend the money for the same purposes in the next fiscal year without further appropriation.

SECTION 99. In Colorado Revised Statutes, 27-60-112, **amend** (1), (2) introductory portion, (2)(e), (3), and (4) as follows:

27-60-112. Behavioral health-care workforce development program - creation - report - rules. (1) There is created in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the behavioral health-care workforce development program, referred to in this section as the "program". The purpose of the program is to increase the behavioral health-care workforce's ability to treat individuals, including youth, with severe behavioral health disorders.

(2) To implement the program, the ~~office~~ BHA shall:

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

(3) The ~~state department~~ BOARD may promulgate rules as necessary for the implementation of this section.

(4) For the state fiscal year 2021-22 and each state fiscal year thereafter for which the program receives funding, the ~~state department~~ BHA shall report a summary of the expenditures from the program, the

impact of the expenditures in increasing the behavioral health-care workforce, and any recommendations to strengthen and improve the behavioral health-care workforce as part of its annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

SECTION 100. In Colorado Revised Statutes, 27-60-113, **amend** (2), (3), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5), (6), and (8); and **repeal** (7) as follows:

27-60-113. Out-of-home placement for children and youth with mental or behavioral needs - rules - report - legislative declaration - definitions - repeal. (2) ~~On or before August 1, 2021, the state department shall develop a program to~~ THE BHA SHALL provide emergency resources to licensed providers to help remove barriers such providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility. Any such licensed provider shall meet the requirements of a qualified residential treatment program, as defined in section 26-5.4-102, a psychiatric residential treatment facility, as defined in section 26-5.4-103 (19.5), or therapeutic foster care, as defined in ~~section 26-6-102 (39)~~. SECTION 26-6-903.

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

(4) (a) ~~On or before December 31, 2021, the state department~~ THE BHA shall contract with licensed providers for the delivery of services to children and youth who are determined eligible for and placed in the program. A provider that contracts with the ~~state department~~ BHA shall not:

(II) Discharge a child or youth based on the severity or complexity of the ~~child~~ CHILD'S or youth's physical, behavioral, or mental health needs;

except that the ~~state department~~ BHA may arrange for the placement of a child or youth with an alternate contracted provider if the placement with the alternate provider is better suited to deliver services that meet the needs of the child or youth.

(b) The ~~state department~~ BHA shall reimburse a provider directly for the costs associated with the placement of a child or youth in the program for the duration of the treatment, including the costs the provider demonstrates are necessary in order for the provider to operate continuously during this period.

(c) The ~~state department~~ BHA shall coordinate with the department of health care policy and financing to support continuity of care and payment for services for any children or youth placed in the program.

(d) The ~~state department~~ BHA shall reimburse the provider one hundred percent of the cost of unutilized beds in the program to ensure available space for emergency residential out-of-home placements.

(5) (a) A hospital, health-care provider, provider of case management services, school district, managed care entity, or state or county department of human or social services may refer a family for the placement of a child or youth in the program. The entity referring a child or youth for placement in the program shall submit or assist the family with submitting an application to the ~~state department~~ BHA for review. The ~~state department~~ BHA shall consider each application as space becomes available. The ~~state department~~ BHA shall approve admissions into the program and determine admission and discharge criteria for placement.

(b) The ~~state department~~ BHA shall develop a discharge plan for each child or youth placed in the program. The plan must include the eligible period of placement of the child or youth and shall identify the entity that will be responsible for the placement costs if the child or youth remains with the provider beyond the date of eligibility identified in the plan.

(c) The entity or family that places the child or youth in the program retains the right to remove the child or youth from the program any time prior to the discharge date specified by the ~~state department~~ BHA.

(6) Within seven days after submitting an application to the state department for placing a child or youth in the program, the state department shall work with the referring entity and the child's or youth's parents or legal guardians to ensure the child or youth is assessed for eligibility for enrollment into the state medical assistance program. A child or youth who is eligible for enrollment into the state medical assistance program shall be enrolled. Enrollment of a child or youth into the state medical assistance program does not constitute automatic placement into the program. AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY CAREGIVER WHO:

(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING DISORDERS; AND

(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(7) No later than November 1, 2022, 2023, and 2024, the state department shall submit a written report to the house of representatives

public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee. At a minimum, the report must include:

- (a) The number of applications received for placement of children and youth in the program;
- (b) The number of children and youth accepted for placement in the program;
- (c) The duration of each placement; and
- (d) The daily rate paid to each provider for placement of children and youth.

(8) This section is intended to provide enhanced emergency services resulting from the increased need for services due to the COVID-19 pandemic. No later than September 30, 2024, the state department BHA shall submit recommendations to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for children and youth in need of residential care, including hospital step-down services on an ongoing basis.

SECTION 101. In Colorado Revised Statutes, 27-60-202, **amend** (2); and **repeal** (3) as follows:

27-60-202. Definitions. As used in this part 2, unless the context otherwise requires:

(2) "Behavioral health administration" or "BHA" means the behavioral health administration established in ~~section 27-60-203~~ SECTION 27-50-102.

(3) "Plan" means the proposed plan, as described in ~~section 27-60-203~~ for the creation of the behavioral health administration.

SECTION 102. In Colorado Revised Statutes, 27-60-203, **repeal** (1), (2), (3), and (4) as follows:

27-60-203. Behavioral health administration - timeline.

(1) (a) On or before November 1, 2021, based on the September 2020 recommendations from the Colorado behavioral health task force, the state department shall develop a plan for the creation of the behavioral health administration. The plan must include strategies to streamline and improve efforts that address behavioral health needs in the state and reduce behavioral health disparities.

(b) The state department shall solicit feedback from and engage with demographically diverse community stakeholders in the development of the plan described in this section. This includes, but is not limited to, direct engagement of consumers and consumers' advocates, county governments, municipal governments, tribal governments, managed service organizations, health care providers, managed care entities, insurance carriers, community mental health centers, and substance use disorder services providers.

(c) On or before November 1, 2021, the state department shall provide the plan as a written report to the joint budget committee, the public and behavioral and human services committee of the house of representatives, and the health and human services committee of the senate, or any successor committees.

(2) The plan must include, but is not limited to, the following:

(a) Recommendations for funding and legislation necessary to appropriately implement the plan and address initial start-up as well as ongoing operational costs for the BHA;

(b) A list and description of which state programs, both statutory and nonstatutory, along with the associated funding streams and personnel, that should be included or managed by the BHA. The list must specifically address all the functions currently overseen by the office of behavioral health in the state department of human services.

(c) The governance structure of the BHA, including a recommendation for infrastructure within any governance structure to oversee and be accountable for policy, strategy, and services for all children and youth;

(d) Potential opportunities for collaboration with local

~~municipalities, counties, and tribes;~~

~~(e) Recommendations for a plan of action regarding grievances, appeals, and ombudsman services within the BHA;~~

~~(f) A data integration plan to create a data and information sharing and legal framework to support an agreed-upon approach and specific use case for information sharing that leverages existing infrastructure, such as health information exchanges, reusable architecture, and data standards to enable and advance coordinated care and services and behavioral health equity while maintaining tribal sovereignty;~~

~~(g) A description of how the BHA will ensure the availability of services and establish a standard of care across Colorado; and~~

~~(h) Specific recommendations as follows:~~

~~(I) Recommendations for the department of health care policy and financing, developed in collaboration with community stakeholders, on how medical assistance programs for behavioral health should be aligned or integrated with the BHA in such a way that consumers of behavioral health services have seamless access to needed services regardless of payer. The recommendations must include a description of how the BHA will ensure that access to services deemed medically necessary pursuant to the early and period screening, diagnostic, and treatment benefit is arranged for eligible children and youth.~~

~~(II) Recommendations for the division of insurance within the department of regulatory agencies, developed in collaboration with the community stakeholders, concerning how private insurance efforts that are specific to behavioral health should be aligned or integrated with the BHA; and~~

~~(III) Recommendations for the department of public health and environment, developed in collaboration with the community stakeholders, concerning how prevention and preventive services should be aligned or integrated with the BHA and the extent to which the BHA will engage in population health.~~

~~(3) The duties of the BHA, once established and fully operational;~~

must include, but are not limited to:

(a) Serving as the single state agency responsible for state behavioral health programs that were identified as appropriate to transition into the BHA;

(b) Receiving, coordinating, and distributing appropriate community behavioral health funding throughout the state;

(c) Monitoring, evaluating, and reporting behavioral health outcomes across the state and within various jurisdictions, while maintaining tribal sovereignty; and

(d) Promoting a behavioral health system that supports a whole-person approach to ensure Coloradans have the best chance to achieve and maintain wellness. This approach includes:

(I) Promoting an integrated approach to mental health and substance use treatment;

(II) Strengthening the integration of behavioral and physical care;

(III) Enhancing programmatic and funding opportunities in support of the overall well-being of the individual or family;

(IV) Promoting culturally responsive, trauma-informed, and equitable behavioral health care; and

(V) Promoting coordination of supportive services outside of the behavioral health system to address social determinants of health, and to connect people to services such as housing, transportation, and employment.

(4) The state department shall work collaboratively with the department of health care policy and financing, community stakeholders, and other state departments, as appropriate, to promulgate rules for the BHA to provide adequate oversight of the quality of services and set standards of care for services for adults as well as children and youth.

SECTION 103. In Colorado Revised Statutes, 27-60-204, amend (1)(a), (1)(b), (1)(d), and (2) as follows:

27-60-204. Care coordination infrastructure. (1) (a) The state ~~department~~ BHA, in collaboration with the department of health care policy and financing, shall develop a statewide care coordination infrastructure to drive accountability and more effective behavioral health navigation to care that builds upon and collaborates with existing care coordination services. The infrastructure must include a website and mobile application that serves as a centralized gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support.

(b) The ~~state department~~ BHA shall convene a working group of geographically and demographically diverse partners and stakeholders, including those with lived and professional experience, to provide feedback and recommendations that inform and guide the development of the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section.

(d) The ~~state department~~ BHA shall implement, directly or through a contractor, a comprehensive and robust marketing and outreach plan to make Coloradans aware of the website and mobile application and associated care coordination services developed pursuant to subsection (1)(a) of this section.

(2) On or before July 1, 2022, the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section is the responsibility of the ~~behavioral health administration established in section 27-60-203~~ BHA.

SECTION 104. In Colorado Revised Statutes, 27-62-101, **repeal** (8); and **add** (1.5) and (3.5) as follows:

27-62-101. Definitions. As used in this article 62, unless the context otherwise requires:

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

(3.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(8) "State department" means the department of human services created pursuant to section 26-1-105.

SECTION 105. In Colorado Revised Statutes, **amend** 27-62-102 as follows:

27-62-102. High-fidelity wraparound services for children and youth - interagency coordination - reporting. (1) Pursuant to section 25.5-5-803 (4), the ~~department of human services~~ BHA shall work collaboratively with the department of health care policy and financing, counties, and other relevant departments, as appropriate, to develop and oversee wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. As part of routine collaboration, the ~~department of human services~~ BHA shall assist the department of health care policy and financing in developing a model of sustainable funding for wraparound services. The ~~department of human services~~ BHA and the department of health care policy and financing shall monitor and report the annual cost savings associated with eligible children and youth receiving wraparound services to the public through the annual hearing, pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

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

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

27-62-103. Standardized assessment tool - standardized screening tools - interagency coordination - single referral and entry point. (1) **Standardized assessment tool.** Subject to available appropriations, the ~~state department~~ BHA shall select a single standardized assessment tool to facilitate identification of behavioral health issues and other related needs in children and youth and to develop a plan to implement the tool for programmatic utilization. The ~~state department~~ BHA shall consult with the department of health care policy and financing,

managed care entities, counties, stakeholders, and other relevant departments, as appropriate, prior to selecting the tool.

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

(3) **Single statewide referral and entry point.** Subject to available appropriations, the ~~state department~~ BHA, in conjunction with the department of health care policy and financing, the department of public health and environment, and other relevant departments and counties, as necessary, shall develop a plan for establishing a single statewide referral and entry point for children and youth who have a positive behavioral health screening or whose needs are identified through a standardized assessment. In developing the single statewide referral and entry point plan, the ~~state department~~ BHA shall seek input from relevant stakeholders, including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, and other relevant departments.

SECTION 107. In Colorado Revised Statutes, 27-63-101, **repeal** (2); and **add** (3) as follows:

27-63-101. Definitions. As used in the article 63, unless the context otherwise requires:

(2) **"Department"** means the ~~department of human services~~.

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

SECTION 108. In Colorado Revised Statutes, ~~repeal~~ 27-63-102, 27-63-103, and 27-63-104.

SECTION 109. 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 110. 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 annual report on the progress made by the ~~department~~ BHA on the behavioral health safety net system to the public through the annual hearing,

pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

(2) Notwithstanding section 24-1-136 (11)(a)(I), no later than January 1, 2025, the ~~department~~ BHA shall provide an annual report to the joint budget committee of the general assembly related to the expenditures, outcomes, and effectiveness of the safety net system by service area region, including any recommendations to improve the system and the transparency of the system.

SECTION 111. In Colorado Revised Statutes, 27-64-102, **add** (1.5) as follows:

27-64-102. Definitions. As used in this article 64, unless the context otherwise requires:

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

SECTION 112. In Colorado Revised Statutes, 27-64-103, **amend** (1) and (4)(d)(III) as follows:

27-64-103. 988 crisis hotline enterprise - creation - powers and duties. (1) There is created in the ~~department of human services~~ BEHAVIORAL HEALTH ADMINISTRATION the 988 crisis hotline enterprise. The enterprise is and operates as a government-owned business within the ~~department of human services~~ BHA for the business purpose of imposing charges pursuant to subsections (4)(a) and (4)(b) of this section, and utilizing the charges' revenue to fund the 988 crisis hotline and provide crisis outreach, stabilization, and acute care to individuals calling the 988 crisis hotline. The enterprise exercises its power and performs its duties as if the same were transferred by a **type 1** transfer, as defined in section 24-1-105, to the ~~state department~~ BHA.

(4) The enterprise's primary powers and duties are to:

(d)(III) The ~~department of human services~~ BHA shall provide office space and administrative staff to the enterprise pursuant to a contract entered into pursuant to subsection (4)(d)(II) of this section.

SECTION 113. In Colorado Revised Statutes, 27-64-105, **amend** (1) introductory portion as follows:

27-64-105. Reports. (1) Beginning January 1, 2023, and each January 1 thereafter, the ~~department of human services~~ BHA shall:

SECTION 114. In Colorado Revised Statutes, 27-65-102, **amend** (5.5) and (18); **repeal** (6); and **add** (1.3) and (2.5) as follows:

27-65-102. Definitions. As used in this article 65, unless the context otherwise requires:

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

(2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(5.5) "Emergency medical services facility" means a facility licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to section 25-1.5-103, or any other licensed and certified facility that provides emergency medical services. An emergency medical services facility is not required to be, but may elect to become, a facility designated or approved by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and evaluation pursuant to section 27-65-105.

(6) "~~Executive director~~" means the ~~executive director of the department of human services~~.

(18) "Residential child care facility" means a facility licensed by the ~~state department of human services~~ pursuant to article 6 of title 26 ~~C.R.S.~~, to provide group care and treatment for children as such facility is defined in ~~section 26-6-102 (33)~~. SECTION 26-6-903 (29). ~~C.R.S.~~ A residential child care facility may be eligible for designation by the ~~executive director of the department of human services~~ COMMISSIONER pursuant to this article ARTICLE 65.

SECTION 115. In Colorado Revised Statutes, 27-65-105, **amend** (1)(a)(I), (1)(a)(I.5), (1)(b), (1)(c), (3), (7)(a) introductory portion, and

(7)(b)(I) as follows:

27-65-105. Emergency procedure. (1) Emergency procedure may be invoked under one of the following conditions:

(a) (I) When any person appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then an intervening professional, as specified in subsection (1)(a)(II) of this section, upon probable cause and with such assistance as may be required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and evaluation. If such a facility is not available, the person may be taken to an emergency medical services facility.

(I.5) When any person appears to have a mental health disorder and, as a result of such mental health disorder, is in need of immediate evaluation for treatment in order to prevent physical or psychiatric harm to others or to himself or herself, then an intervening professional, as specified in subsection (1)(a)(II) of this section, upon probable cause and with such assistance as may be required, may immediately transport the person to an outpatient mental health facility or other clinically appropriate facility designated or approved by the ~~executive director~~ COMMISSIONER. If such a facility is not available, the person may be taken to an emergency medical services facility.

(b) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and evaluation. Whenever in this article 65 a facility is to be designated or approved by the ~~executive director~~ COMMISSIONER, hospitals, if available, must be approved or designated in each county before other facilities are approved or designated. Whenever in this article 65 a facility is to be designated or approved by the ~~executive director~~ COMMISSIONER as a facility for a stated purpose and the facility to be designated or approved is

a private facility, the consent of the private facility to the enforcement of standards set by the ~~executive director~~ COMMISSIONER is a prerequisite to the designation or approval.

(c) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, is in need of immediate evaluation for treatment to prevent physical or psychiatric harm to others or to himself or herself, the court may order the person described in the affidavit to be transported to an outpatient mental health facility or other clinically appropriate facility designated or approved by the ~~executive director~~ COMMISSIONER.

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

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

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

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

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

(6) Whenever it appears, by petition and screening pursuant to this section, to the satisfaction of the court that probable cause exists to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled and that efforts have been made to secure the cooperation of the respondent, who has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation authorizing a certified peace officer to take the respondent into custody and place ~~him or her~~ THE RESPONDENT in a facility designated by the ~~executive director~~ COMMISSIONER for seventy-two-hour treatment and evaluation. At the time of taking the respondent into custody, a copy of the petition and the order for evaluation must be given to the respondent, and promptly thereafter to any one person designated by the respondent and to the person in charge of the seventy-two-hour treatment and evaluation facility named in the order or ~~his or her~~ THE RESPONDENT'S designee.

SECTION 117. In Colorado Revised Statutes, 27-65-107, **amend** (1)(c) as follows:

27-65-107. Certification for short-term treatment - procedure.

(1) If a person detained for seventy-two hours pursuant to the provisions of section 27-65-105 or a respondent under court order for evaluation pursuant to section 27-65-106 has received an evaluation, he or she may be certified for not more than three months of short-term treatment under the following conditions:

(c) The facility ~~which~~ THAT will provide short-term treatment has been designated or approved by the ~~executive director~~ COMMISSIONER to provide such treatment.

SECTION 118. In Colorado Revised Statutes, 27-65-109, **amend** (1)(c) and (4) as follows:

27-65-109. Long-term care and treatment of persons with mental health disorders - procedure. (1) Whenever a respondent has received short-term treatment for five consecutive months pursuant to the provisions of sections 27-65-107 and 27-65-108, the professional person in charge of the evaluation and treatment may file a petition with the court for long-term care and treatment of the respondent under the following conditions:

(c) The facility that will provide long-term care and treatment has been designated or approved by the ~~executive director~~ COMMISSIONER to provide the care and treatment.

(4) The court or jury shall determine whether the conditions of subsection (1) of this section are met and whether the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled. The court shall thereupon issue an order of long-term care and treatment for a term not to exceed six months, or it shall discharge the respondent for whom long-term care and treatment was sought, or it shall enter any other appropriate order, subject to available appropriations. An order for long-term care and treatment must grant custody of the respondent to the ~~department~~ BHA for placement with an agency or facility designated by the ~~executive director~~ COMMISSIONER to provide long-term care and treatment.

When a petition contains a request that a specific legal disability be imposed or that a specific legal right be deprived, the court may order the disability imposed or the right deprived if the court or a jury has determined that the respondent has a mental health disorder or is gravely disabled and that, by reason thereof, the person is unable to competently exercise said right or perform the function as to which the disability is sought to be imposed. Any interested person may ask leave of the court to intervene as a copetitioner for the purpose of seeking the imposition of a legal disability or the deprivation of a legal right.

SECTION 119. In Colorado Revised Statutes, 27-65-116, **amend** (2) introductory portion, (2)(a), and (2)(d) as follows:

27-65-116. Right to treatment - rules. (2) The ~~department~~ BHA shall adopt ~~regulations~~ RULES to assure that each agency or facility providing evaluation, care, or treatment shall require the following:

(a) Consent for specific therapies and major medical treatment in the nature of surgery. The nature of the consent, by whom it is given, and under what conditions, shall be determined by rules of the ~~department~~ BHA.

(d) Conduct according to the guidelines contained in the regulations of the federal government and the ~~department~~ RULES OF THE BHA with regard to clinical investigations, research, experimentation, and testing of any kind; and

SECTION 120. In Colorado Revised Statutes, **amend** 27-65-118 as follows:

27-65-118. Administration or monitoring of medications to persons receiving care. The ~~executive director~~ COMMISSIONER has the power to direct the administration or monitoring of medications in conformity with part 3 of article 1.5 of title 25 C.R.S., to persons receiving treatment in facilities created pursuant to this ~~article~~ ARTICLE 65.

SECTION 121. In Colorado Revised Statutes, **amend** 27-65-119 as follows:

27-65-119. Employment of persons in a facility - rules. The ~~department~~ BHA shall adopt rules governing the employment and

compensation therefor of persons receiving care or treatment under any provision of this ~~article~~ ARTICLE 65. The ~~department~~ BHA shall establish standards for reasonable compensation for such employment.

SECTION 122. In Colorado Revised Statutes, 27-65-121, **amend** (1)(d) as follows:

27-65-121. Records. (1) Except as provided in subsection (2) of this section, all information obtained and records prepared in the course of providing any services pursuant to this article 65 to individuals pursuant to any provision of this article 65 are confidential and privileged matter. The information and records may be disclosed only:

(d) If the ~~department~~ BHA has promulgated rules for the conduct of research. Such rules shall include, but not be limited to, the requirement that all researchers must sign an oath of confidentiality. All identifying information concerning individual patients, including names, addresses, telephone numbers, and social security numbers, shall not be disclosed for research purposes.

SECTION 123. In Colorado Revised Statutes, **amend** 27-65-128 as follows:

27-65-128. Administration - rules. The ~~department~~ BHA shall make such rules as will consistently enforce the provisions of this ~~article~~ ARTICLE 65.

SECTION 124. In Colorado Revised Statutes, 27-65-131, **amend** as amended by Senate Bill 22-013 (1)(a) and (1)(c)(I) as follows:

27-65-131. Advisory board - service standards and rules. (1) (a) There is created in the department the mental health advisory board for service standards and rules, referred to as the "board" in this section, for the purpose of assisting and advising the ~~executive director~~ COMMISSIONER in accordance with section 27-65-130 in the development of service standards and rules.

(c) The board includes:

(I) One representative each from the ~~office~~ of behavioral health

ADMINISTRATION, the department of human services, the department of public health and environment, the university of Colorado health sciences center, and a leading professional association of psychiatrists in this state;

SECTION 125. In Colorado Revised Statutes, 27-66-101, **repeal** (4), (5), and (6); and **add** (1.3) and (1.7) as follows:

27-66-101. Definitions. As used in this article 66, unless the context otherwise requires:

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

(1.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(4) "Department" means the department of human services created in section 26-1-105, C.R.S.

(5) "Executive director" means the executive director of the department of human services.

(6) "Office of behavioral health" means the office of behavioral health in the department.

SECTION 126. In Colorado Revised Statutes, **amend** 27-66-102 as follows:

27-66-102. Administration - rules. (1) The ~~executive director~~ COMMISSIONER has the power and duty to administer and enforce the provisions of this ~~article~~ ARTICLE 66.

(2) The ~~department~~ STATE BOARD OF HUMAN SERVICES may adopt reasonable and proper rules to implement this ~~article~~ ARTICLE 66 in accordance with the provisions of section 24-4-103 C.R.S., and consistent with sections 27-90-102 and 27-90-103.

SECTION 127. In Colorado Revised Statutes, **amend** 27-66-103 as follows:

27-66-103. Community mental health services - purchase program. In order to encourage the development of preventive, treatment, and rehabilitative services through new community mental health programs, the improvement and expansion of existing community mental health services, and the integration of community with state mental health services, there is established a program to purchase community mental health services by the ~~department~~ BHA.

SECTION 128. In Colorado Revised Statutes, 27-66-104, **amend (5); and amend as they will become effective July 1, 2022, (1), (2)(b), and (3)** as follows:

27-66-104. Types of services purchased - limitation on payments.

(1) Community mental health services may be purchased from behavioral health entities, clinics, community mental health centers, local general or psychiatric hospitals, and other agencies that have been approved by the ~~executive director~~ COMMISSIONER.

(2) (b) The money appropriated for the purposes of this subsection (2) shall be distributed by the ~~executive director~~ COMMISSIONER to approved behavioral health entities, community mental health centers, and other agencies on the basis of need and in accordance with the services provided.

(3) Each year the general assembly may appropriate money in addition to the money appropriated for purposes of subsection (2) of this section, which money may be used by the ~~executive director~~ COMMISSIONER to assist behavioral health entities and community mental health clinics and centers in instituting innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The ~~executive director~~ COMMISSIONER shall require that any innovative or crisis programs for which money is allocated pursuant to this subsection (3) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of money to be provided.

(5) If there is a reduction in the financial support of local governmental bodies for community mental health services, the ~~executive director~~ COMMISSIONER is authorized to reduce state payments for services in an amount proportional to the reduction in such local financial support.

SECTION 129. In Colorado Revised Statutes, 27-66-105, **amend** (1) introductory portion and (1)(d); **amend as they will become effective July 1, 2022**, (2) introductory portion, (3), and (4); **repeal as it will become effective July 1, 2022**, (1)(g); and **add** (5) as follows:

27-66-105. Standards for approval - repeal. (1) In approving or rejecting community mental health clinics for the purchase of behavioral or mental health services, the ~~executive director~~ COMMISSIONER shall:

(d) Require that the clinic staff include, wherever feasible, other professional staff workers, such as psychologists, social workers, educational consultants, and nurses, with such qualifications, responsibilities, and time on the job as correspond with the size and capacity of the clinic. The clinic staff may include, with the approval of the ~~executive director~~ COMMISSIONER, such other nonprofessional persons as may be deemed necessary by the clinic board for the proper discharge of its functions.

(g) ~~On and after July 1, 2022, require licensure by the department of public health and environment pursuant to section 25-27.6-104.~~

(2) In approving or rejecting local general or psychiatric hospitals, behavioral health entities, community mental health centers, acute treatment units, and other agencies for the purchase of services not provided by local mental health clinics, including, but not limited to, twenty-four-hour and partial hospitalization, the ~~executive director~~ COMMISSIONER shall consider the following factors:

(3) In the purchase of services from behavioral health entities or community mental health centers, the ~~executive director~~ COMMISSIONER shall specify levels and types of inpatient, outpatient, consultation, education, and training services and expenditures and shall establish minimum standards for other programs of such centers that are to be supported with state funds.

(4) In approving or rejecting behavioral health entities, community mental health clinics, community mental health centers, acute treatment units, local general or psychiatric hospitals, and other agencies for the purchase of services, the ~~executive director~~ COMMISSIONER shall ensure the agencies comply with federal financial participation requirements for

department-administered BHA-ADMINISTERED programs.

(5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

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

SECTION 131. In Colorado Revised Statutes, **amend** 27-66-110 as follows:

27-66-110. Trauma-informed care standards of approval. The ~~office of behavioral health~~ BHA shall establish care standards and an approval process that a qualified residential treatment program, as defined in ~~section 26-6-102 (30.5)~~; SECTION 26-6-903 (26), must meet to ensure that qualified residential treatment programs have a trauma-informed treatment model that addresses the needs of children and youth with serious emotional or behavioral health disorders or disturbances.

SECTION 132. In Colorado Revised Statutes, 27-66.5-102, **amend** (1) and (2); and **repeal** (4) as follows:

27-66.5-102. Definitions. As used in this article 66.5, unless the context otherwise requires:

(1) ~~"Department" means the Colorado department of human services created in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.~~

(2) ~~"Director" means the director of the office of behavioral health "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.~~

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

SECTION 133. In Colorado Revised Statutes, 27-66.5-103, **amend** (1), (5), and (6) as follows:

27-66.5-103. Community transition specialist program - program requirements - acceptance of referrals - contract for services - rules. (1) The community transition specialist program is established in the ~~office of behavioral health~~ BEHAVIORAL HEALTH ADMINISTRATION. The program coordinates referrals of high-risk individuals from withdrawal management facilities, facilities providing acute treatment services, facilities providing crisis stabilization services, and hospitals or emergency departments to appropriate transition specialists.

(5) The ~~office~~ BHA may contract with a vendor to provide the referral and coordination services required by this article 66.5.

(6) The ~~department~~ STATE BOARD OF HUMAN SERVICES may promulgate rules necessary for the implementation of this article 66.5.

SECTION 134. In Colorado Revised Statutes, 27-66.5-104, **amend** (1) introductory portion and (2) as follows:

27-66.5-104. Data collection and recommendations. (1) The ~~office~~ BHA shall collect information on the following:

(2) On or before January 1, 2020, and on or before January 1 each year thereafter, the ~~office~~ BHA shall analyze the data collected in accordance with subsection (1) of this section and prepare recommendations to increase access to, and coordination of, transition specialist services for high-risk individuals. The recommendations ~~shall~~ MUST be reported to the ~~executive director of the department~~ COMMISSIONER and ~~shall be~~ included in the reporting requirements in section 27-66.5-105.

SECTION 135. In Colorado Revised Statutes, **amend** 27-66.5-105 as follows:

27-66.5-105. Reporting requirements - "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" report. The ~~office~~ BHA shall report information on the community transition specialist program in the ~~department's~~ BHA's annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

SECTION 136. In Colorado Revised Statutes, 27-67-103, **amend** (1) and (10); **repeal** (12); and **add** (1.5) and (2.5) as follows:

27-67-103. Definitions. As used in this article 67, unless the context otherwise requires:

(1) "Care management" includes, but is not limited to, consideration of the continuity of care and array of services necessary for appropriately treating a child or youth and the decision-making authority regarding the child's or youth's placement in and discharge from behavioral health services "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

(1.5) "CARE MANAGEMENT" INCLUDES, BUT IS NOT LIMITED TO, CONSIDERATION OF THE CONTINUITY OF CARE AND ARRAY OF SERVICES NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH AND THE DECISION-MAKING AUTHORITY REGARDING THE CHILD'S OR YOUTH'S PLACEMENT IN AND DISCHARGE FROM BEHAVIORAL HEALTH SERVICES.

(2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(10) "Mental health agency" means a behavioral health services contractor through the ~~state department of human services~~ BEHAVIORAL HEALTH ADMINISTRATION serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of this article 67.

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

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

27-67-104. Provision of mental health treatment services for children and youth. (1) (a) A parent or guardian may apply to a mental health agency on behalf of a child or youth for mental health treatment services for the child or youth pursuant to this section, if the parent or guardian believes the child or youth is at risk of out-of-home placement. The parent's or guardian's request for services described in this section may

be done with assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the ~~state department~~ BHA is not obligated to pay for any services provided by entities with which they do not contract. In such circumstances, the mental health agency is responsible for evaluating the child or youth and clinically assessing the child's or youth's need for mental health services and, when warranted, to provide treatment services as necessary and in the best interests of the child or youth and the child's or youth's family. When evaluating a child or youth for eligibility, the mental health agency shall use a standardized risk stratification tool, in a manner determined by rule of the ~~state department~~ BOARD OF HUMAN SERVICES. Following the evaluation of the child or youth, the mental health agency shall provide a written notification to the child's or youth's parent or guardian that includes a comprehensive list of potential treatment providers, with a disclosure that the child's or youth's family may choose to seek services from the provider of their choice, including but not limited to the mental health agency. The written notification must also inform the child's or youth's family that they may request assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the ~~state department~~ BHA is not obligated to pay for any services provided by entities with which they do not contract. The ~~state department~~ BHA shall maintain a list of available providers on a public website and shall update the website quarterly. The mental health agency is responsible for the provision of the treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate for the child's or youth's needs or ~~his or her~~ THE CHILD'S OR YOUTH'S family's needs. A dependency or neglect action pursuant to article 3 of title 19 is not required in order to allow a family access to residential mental health treatment services for a child or youth.

(b) At the time of the assessment by the mental health agency, if requested services are denied, or at the time when the mental health agency has recommended that the child or youth be discharged from services, the mental health agency shall advise the family, both orally and in writing, of the appeal process available to them. The mental health agency shall have two working days within which to complete any internal appeal process. Within five working days after the mental health agency's final denial or recommendation for discharge, a parent or guardian may request an objective third party at the ~~state department~~ BHA who is a professional

person to review the action of the mental health agency. A family advocate, family systems navigator, nonprofit advocacy organization, or county department may assist a family in filing an appeal; however, the ~~state department~~ BHA is not obligated to pay for any services provided by entities with which they do not contract. The review must occur within three working days of the parent's or guardian's request. The professional person shall determine if the requested services are appropriate.

(1.5) (a) The parent or guardian of a medicaid child or youth who is at risk of out-of-home placement may request, within five days after all first-level medicaid appeals processes are exhausted, an objective third party at the ~~state department~~ BHA who is a professional person to review the service request made to medicaid. A family advocate, family system navigator, or county department may assist a family in filing an appeal. The review must occur within three working days of the parent's or guardian's request.

(b) The administrative law judge considering the medicaid appeal for the medicaid child or youth who is at risk of out-of-home placement shall take into consideration the objective third-party review by the ~~state department~~ BHA as part of ~~his or her~~ THE ADMINISTRATIVE LAW JUDGE'S reconsideration and decision of the medicaid service request.

SECTION 138. In Colorado Revised Statutes, 27-67-105, **amend** (1) introductory portion, (1)(e), (1)(f), (1)(h), and (2) as follows:

27-67-105. Monitoring - reports. (1) On or before September 1, 2018, and by September 1 of each year thereafter, each mental health agency shall report to the ~~state department~~ BHA the following information:

(e) The demographic information of the children, youth, and families served, as outlined by the ~~state department~~ BHA;

(f) The outcomes of treatment for the children and youth served, as determined by the ~~state department~~ BHA in consultation with mental health agencies, service providers, and families;

(h) The aggregate number of third-party reviews completed by the ~~state department~~ BHA for children served pursuant to this article 67, delineated by children who are and are not categorically eligible for

medicaid.

(2) On or after January 1, 2019, the ~~state department~~ BHA shall make the information obtained pursuant to subsection (1) of this section available to the public by posting it to the ~~state department's~~ BHA's website. Any information so posted must not include any personal health information.

SECTION 139. In Colorado Revised Statutes, 27-67-107, **amend** (1) as follows:

27-67-107. Dispute resolution - rules. (1) The ~~state department~~ BHA shall utilize, when appropriate, established grievance and dispute resolution processes in order to assure that parents have access to mental health services on behalf of their children.

SECTION 140. In Colorado Revised Statutes, 27-67-109, **amend** (2) introductory portion, (2)(a), and (3) as follows:

27-67-109. Child and youth mental health services standards - advisory board. (2) An advisory board to the ~~state department~~ BHA is established for the purpose of assisting and advising the ~~executive director~~ COMMISSIONER in accordance with this section in the development of service standards and rules. The advisory board consists of not less than eleven nor more than fifteen members appointed by the ~~state department~~ BHA as follows:

(a) One representative each from the ~~office of behavioral health~~ BHA; the office of children, youth, and families; the department of health care policy and financing; and a leading professional association of psychiatrists in this state;

(3) In making appointments to the advisory board, the ~~state department~~ BHA must include representation by at least one member who is a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements of subsection (2) of this section are met.

SECTION 141. In Colorado Revised Statutes, 27-70-102, **amend** (1); and **repeal** (4) as follows:

27-70-102. Definitions. As used in this article 70, unless the context otherwise requires:

(1) ~~"Department"~~ means the department of human services created in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

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

SECTION 142. In Colorado Revised Statutes, 27-70-103, amend (1)(a), (2) introductory portion, (2)(a), (2)(b), (2)(c), (2)(d)(I), (2)(e), and (3)(a) as follows:

27-70-103. Medication consistency for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems - medication formulary - cooperative purchasing - reporting - rules. (1) (a) Beginning December 1, 2017, the ~~department of human services~~ STATE BOARD OF HUMAN SERVICES, in consultation with the department of corrections, shall promulgate rules that require providers under ~~each department's~~ THE DEPARTMENT'S AND THE BHA'S authority to use a medication formulary that has been developed collaboratively by departments, agencies, and providers. Public hospitals and licensed private hospitals may also, at their discretion, participate in the medication formulary. Using consulting services as necessary, the ~~departments~~ DEPARTMENT AND THE BHA shall also develop processes for education and marketing related to information regarding the medication formulary and cooperative purchasing opportunities for facilities and providers. ~~The processes for education and marketing required pursuant to this subsection (1) shall be completed on or before December 1, 2017.~~

(2) Beginning July 1, 2018, the ~~office~~ BHA shall have the following duties and responsibilities, subject to available appropriations:

(a) On or before September 1, 2018, and every September 1 of every even-numbered year thereafter, the ~~office~~ BHA shall conduct a review of the medication formulary to address any urgent concerns related to the formulary and to propose updates to the formulary. During this review, the ~~office~~ BHA shall also create the appropriate notification process for updates

to the formulary.

(b) On or before July 1, 2019, and every two years thereafter as necessary, the ~~office~~ BHA shall conduct a review of the medication formulary to update the medication formulary and ensure compliance with the medicaid formulary used by the department of health care policy and financing.

(c) ~~On or before September 1, 2018, the~~ ~~office~~ THE BHA, in collaboration with the office of information technology, the office of e-health innovation, the department of health care policy and financing, the department of public safety, the department of corrections, and other agencies as appropriate, shall develop a plan by which the patient-specific information required by subsection (1)(b) of this section can be shared electronically, while still in compliance with confidentiality requirements, including any necessary memorandums of understanding between providers, set forth in the federal "Health Insurance Portability and Accountability Act of 1996", 45 CFR parts 2, 160, 162, and 164.

(d) (I) The ~~office~~ BHA shall encourage providers that have been granted purchasing authority by the department of personnel pursuant to section 24-102-204 to utilize cooperative purchasing for the medication formulary, as authorized pursuant to section 24-110-201, unless the provider can obtain the medication elsewhere at a lower cost. The use of cooperative purchasing may, and is encouraged to, include external procurement activity, as defined in section 24-110-101 (2), if the external procurement activity aggregates purchasing volume to negotiate discounts with manufacturers, distributors, and other vendors.

(e) The ~~office~~ BHA shall investigate and develop options for collaboration with local county jails to coordinate medication purchasing.

(3) (a) Beginning in January 2019, and every January thereafter, the ~~department of human services~~ BHA and the department of corrections shall report progress on the implementation and use of the medication formulary and cooperative purchasing as part of ~~each~~ THE BHA's AND department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203. ~~Each~~ ~~department~~ THE DEPARTMENT AND THE BHA shall make such reports to the joint health and human services committee and the joint judiciary

committee, or any successor committees.

SECTION 143. In Colorado Revised Statutes, 27-80-101, **amend** (1) and (2); **repeal** (3) and (4.7); and **add** (2.3) and (2.6) as follows:

27-80-101. Definitions. As used in this article 80, unless the context otherwise requires:

(1) ~~"Department" means the department of human services created in section 26-1-105, C.R.S. "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.~~

(2) ~~"Designated service area" means the geographical substate planning area specified by the director of the office of behavioral health to be served by a designated managed service organization, as described in section 27-80-107 "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.~~

(2.3) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES CREATED IN SECTION 26-1-105.

(2.6) "DESIGNATED SERVICE AREA" MEANS THE GEOGRAPHICAL SUBSTATE PLANNING AREA SPECIFIED BY THE COMMISSIONER TO BE SERVED BY A DESIGNATED MANAGED SERVICE ORGANIZATION, AS DESCRIBED IN SECTION 27-80-107.

(3) ~~"Executive director" means the executive director of the department of human services.~~

(4.7) ~~"Office of behavioral health" means the office of behavioral health in the department.~~

SECTION 144. In Colorado Revised Statutes, **repeal** 27-80-102.

SECTION 145. In Colorado Revised Statutes, 27-80-103, **amend** (1), (2)(d), (3) introductory portion, (3)(e), (4), and (5) as follows:

27-80-103. Grants for public programs. (1) The ~~office of behavioral health~~ BHA may make grants, from money appropriated by the

general assembly for purposes of this section or available from any other governmental or private source, to approved public programs.

(2) A public program may provide, but need not be limited to, any of the following:

(d) Programs for prevention of alcohol and drug abuse ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

(3) In approving any public program, the ~~office of behavioral health~~ BHA shall take into consideration the following:

(e) Any other information the ~~office of behavioral health~~ BHA deems necessary.

(4) Applications for grants made pursuant to subsection (1) of this section are made to the ~~office of behavioral health~~ BHA, on forms furnished by the ~~office of behavioral health~~ BHA, and must contain any information the ~~office of behavioral health~~ BHA requires. Wherever possible, the ~~office of behavioral health~~ BHA shall give priority to public programs that are community-based and include services to children and juveniles as well as adults, that provide a comprehensive range of services, and that evidence a high degree of community support, either financial or in the furnishing of services and facilities, or both.

(5) Whenever THE BHA OR any department or agency of the state has money available from any source for public programs, the ~~department or agency~~ BHA, DEPARTMENT, OR AGENCY is authorized to distribute the money in accordance with the state plan and to make reasonable rules for the administration of the public programs.

SECTION 146. In Colorado Revised Statutes, 27-80-104, amend (1) introductory portion, (1)(c), and (2) as follows:

27-80-104. Cancellation of grants. (1) The ~~office of behavioral health~~ BHA may cancel a grant for any public program for any of the following reasons:

(c) The public program does not meet the standards or requirements adopted by the ~~department~~ BHA or does not conform to the comprehensive

state plan for substance use disorder treatment programs.

(2) Before canceling a grant for the reasons set forth in subsection (1)(c) of this section, the ~~office of behavioral health~~ BHA shall notify the person or agency in charge of the public program of the deficiency in the program, and the person or agency must be given a reasonable amount of time ~~in which~~ to correct the deficiency.

SECTION 147. In Colorado Revised Statutes, 27-80-106, **amend** (1) and (2)(a); and **add** (4) as follows:

27-80-106. Purchase of prevention and treatment services.

(1) Using money appropriated for purposes of this section or available from any other governmental or private source, the ~~office of behavioral health~~ BHA may purchase services for prevention or for THE treatment of alcohol and drug abuse or substance use disorders or both types of services on a contract basis from any tribal nation or any public or private agency, organization, or institution approved by the ~~office of behavioral health~~ BHA. The services purchased may be any of those provided through a public program, as set forth in section 27-80-103 (2). In contracting for services, the ~~office of behavioral health~~ BHA shall attempt to obtain services that are in addition to, and not a duplication of, existing available services or services that are of a pilot or demonstration nature. An agency operating a public program may also purchase services on a contract basis.

(2) (a) In addition to the services purchased pursuant to subsection (1) of this section, using money appropriated for purposes of this section or available from any other governmental or private source, the ~~office of behavioral health~~ BHA may purchase services for the treatment of alcohol and drug abuse or substance use disorders on a contract basis from a designated managed service organization for a designated service area as set forth in section 27-80-107. A public or private agency, organization, or institution approved by the ~~office of behavioral health~~ BHA through the process set forth in section 27-80-107 may be designated as a designated managed service organization.

(4) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION.

SECTION 148. In Colorado Revised Statutes, 27-80-107, **amend** (1), (2) introductory portion, (2)(b), (2)(d), (3), (4), (5), and (7); and **add** (8) as follows:

27-80-107. Designation of managed service organizations - purchase of services - revocation of designation - repeal. (1) The ~~director of the office of behavioral health~~ COMMISSIONER shall establish designated service areas to provide substance use disorder treatment and recovery services in a particular geographical region of the state.

(2) To be selected as a designated managed service organization to provide services in a particular designated service area, a private corporation; for profit or not for profit; or a public agency, organization, or institution shall apply to the ~~office of behavioral health~~ BHA for a designation in the form and manner specified by the ~~executive director~~ COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee. The designation process is in lieu of a competitive bid process pursuant to the "Procurement Code", articles 101 to 112 of title 24. The ~~director of the office of behavioral health~~ COMMISSIONER shall make the designation based on factors established by the ~~executive director~~ COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee. The factors for designation established by the ~~executive director~~ COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee include the following:

(b) Whether the managed service organization has experience working with publicly funded clients, including expertise in treating priority populations designated by the ~~office of behavioral health~~ BHA;

(d) Whether the managed service organization has experience using the cost-share principles used by the ~~office of behavioral health~~ BHA in its contracts with providers and is willing to cost-share;

(3) The designation of a managed service organization by the ~~director of the office of behavioral health~~ COMMISSIONER, as described in subsection (2) of this section, is an initial decision of the ~~department~~ BHA, which may be reviewed by the ~~executive director~~ COMMISSIONER in accordance with the provisions of section 24-4-105. Review by the ~~executive director~~ COMMISSIONER in accordance with section 24-4-105 constitutes final agency action for purposes of judicial review.

(4) (a) The terms and conditions for providing substance use disorder treatment and recovery services must be specified in the contract entered into between the ~~office of behavioral health~~ BHA and the designated managed service organization. Contracts entered into between the ~~office of behavioral health~~ BHA and the designated managed service organization must include terms and conditions prohibiting a designated managed service organization contracted treatment provider from denying or prohibiting access to medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder.

(b) Contracts entered into between the ~~office of behavioral health~~ BHA and the designated managed service organization must include terms and conditions that outline the expectations for the designated managed service organization to invest in the state's recovery services infrastructure, which include peer-run recovery support services and specialized services for underserved populations. Investments are based on available appropriations.

(5) The contract may include a provisional designation for ninety days. At the conclusion of the ninety-day provisional period, the ~~director of the office of behavioral health~~ COMMISSIONER may choose to revoke the contract or, subject to meeting the terms and conditions specified in the contract, may choose to extend the contract for a stated time period.

(7) (a) The ~~director of the office of behavioral health~~ COMMISSIONER may revoke the designation of a designated managed service organization upon finding that the managed service organization is in violation of the performance of the provisions of or rules promulgated pursuant to this article 80. The revocation must conform to the provisions and procedures specified in article 4 of title 24, and occur only after notice and an opportunity for a hearing is provided as specified in article 4 of title 24. A hearing to revoke a designation as a designated managed service organization constitutes final agency action for purposes of judicial review.

(b) Once a designation has been revoked pursuant to subsection (7)(a) of this section, the ~~director of the office of behavioral health~~ COMMISSIONER may designate one or more service providers to provide the treatment services pending designation of a new designated managed service organization or may enter into contracts with subcontractors to provide the treatment services.

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

(8) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

SECTION 149. In Colorado Revised Statutes, 27-80-107.5, **amend** (3), (4)(b), (4)(c), (5)(a), (5)(b), and (7); and **repeal** (4)(a), (4)(d), (5)(c), and (6) as follows:

27-80-107.5. Increasing access to effective substance use disorder services act - managed service organizations - substance use disorder services - assessment - community action plan - allocations - reporting requirements - evaluation. (3) (a) On or before March 1, 2017, each managed service organization that has completed a community assessment pursuant to subsection (2) of this section shall prepare and submit in electronic format to the ~~department~~ BHA and the department of health care policy and financing a community action plan to increase access to effective substance use disorder services, referred to in this section as the "community action plan". The community action plan must summarize the results of the community assessment and include a description of how the managed service organization will utilize its allocation of funding from the marijuana tax cash fund created in section 39-28.8-501 C.R.S., to address the most critical service gaps in its geographic region and a timeline for implementation of the community action plan.

(b) A managed service organization may periodically update its community action plan to reflect changes in community needs and priorities. Any such updated plan must be submitted in electronic format to the ~~department~~ BHA and the department of health care policy and financing.

(c) On or before May 1, 2017, the ~~department~~ BHA shall post the community action plans from the managed service organizations developed pursuant to ~~paragraph (a) of this subsection~~ (3) SUBSECTION (3)(a) OF THIS SECTION on its website. On or before May 1, 2017, the ~~department~~ BHA shall submit a report summarizing all of the community action plans received from the managed service organizations to the joint budget committee, the health and human services committee of the senate, and the

public AND BEHAVIORAL health care and human services committee of the house of representatives, or any successor committees. The ~~department~~ BHA shall post on its website any updated community action plans received pursuant to paragraph (b) of this subsection (3) SUBSECTION (3)(b) OF THIS SECTION.

(4) (a) On July 1, 2016, the ~~department~~ shall disburse to each designated managed service organization sixty percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund. Each designated managed service organization that conducts a community assessment and prepares a community action plan pursuant to subsection (3) of this section may use up to fifteen percent of its state fiscal year 2016-17 allocation from the marijuana tax cash fund for such purposes and the remainder for substance use disorder services. The ~~department~~ shall disburse the remaining forty percent of the designated managed service organization's marijuana tax cash fund allocation to each designated managed service organization after the submission of its community action plan.

(b) On July 1, 2017, and on every July 1 thereafter, the ~~department~~ BHA shall disburse to each designated managed service organization that has submitted a community action plan one hundred percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund.

(c) It is the intent of the general assembly that each designated managed service organization use money allocated to it from the marijuana tax cash fund to cover expenditures for substance use disorder services that are not otherwise covered by public or private insurance. ~~Except as provided in subsection (4)(a) of this section,~~ Each managed service organization may use its allocation from the marijuana tax cash fund to implement its community action plan, including expenditures for substance use disorder services and for any start-up costs or other expenses necessary to increase capacity to provide such services. A designated managed service organization must spend its allocation in the state fiscal year in which it is received or in the next state fiscal year thereafter. If there is any money from the allocation remaining after the second state fiscal year, then the designated managed service organization shall return the money to the ~~department~~ BHA. If an enhanced residential and inpatient substance use disorder treatment and medical detoxification services benefit becomes

available under the Colorado medical assistance program, managed service organizations shall determine to what extent money allocated from the marijuana tax cash fund may be used to assist in providing substance use disorder treatment, including residential and inpatient substance use disorder treatment and medical detoxification services, if those services are not otherwise covered by public or private insurance.

(d) (I) For state fiscal year 2016-17, and each state fiscal year thereafter, the department shall allocate money that is annually appropriated to it from the marijuana tax cash fund to the designated managed service organizations based on the department's allocation of the federal substance abuse prevention and treatment block grant to geographical areas for the same state fiscal year. Any money from the marijuana tax cash fund that is allocated in accordance with this subsection (4)(d)(I) and that is not expended by a managed service organization in the state fiscal year in which it is disbursed remains available for expenditure by the department in the next state fiscal year without further appropriation.

(II) For state fiscal year 2017-18 and each fiscal year thereafter, the department shall modify the allocation methodology set forth in subparagraph (I) of this paragraph (d) if the designated managed service organizations recommend, by consensus, a change. Any such recommendation must be submitted to the department by February 28 prior to the state fiscal year in which the change would apply.

(5) (a) On or before September 1, 2017, and on or before each September 1 thereafter, each designated managed service organization shall submit an annual report to the department BHA, the joint budget committee, the health and human services committee of the senate, and the public AND BEHAVIORAL health care and human services committee of the house of representatives, or their successor committees, concerning the amount and purpose of actual expenditures made using money from the marijuana tax cash fund in the previous state fiscal year. The report must contain a description of the impact of the expenditures on addressing the needs that were identified in the initial and any subsequent community assessments and action plans developed pursuant to subsection (3) of this section, as well as any other requirements established for the contents of the report by the department BHA.

(b) A designated managed service organization shall provide the

department BHA with information about actual expenditures as required by the department BHA.

(c) On or before November 1, 2020, the department, in collaboration with the designated managed service organizations, shall submit a report to the joint budget committee and the joint health and human services committee, or any successor committees. The report must:

(I) Summarize expenditures made by the designated managed service organizations using money made available pursuant to this section for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;

(II) Describe the impact the expenditures have had on increasing statewide access to a continuum of effective substance use disorder services, including the availability of prevention, intervention, treatment, and recovery support services in each designated service area; and

(III) Include any recommendations to strengthen or improve the program.

(6) (a) On or before November 1, 2016, the department shall enter into a contract with an evaluation contractor to study the effectiveness of intensive residential treatment of substance use disorders provided through managed service organizations. The department and the department of health care policy and financing shall collaborate with the evaluation contractor on the design of the evaluation so that the data and analyses will be of maximum benefit for evaluating whether the medicaid behavioral health benefit should be expanded to include intensive residential treatment for substance use disorders.

(b) Prior to entering into a contract for the evaluation of intensive residential treatment of substance use disorders provided through managed service organizations, the department shall seek input from managed service organizations and residential substance use disorder treatment providers concerning relevant outcome measures to be used by the evaluation contractor in the study.

(c) On or before February 1, 2019, the department shall submit a copy of the evaluation contractor's final report to the joint budget committee, the health and human services committee of the senate, and the

~~public health care and human services committee of the house of representatives, or any successor committees.~~

(7) Notwithstanding section 24-1-136 (11)(a)(I), the ~~department~~ BHA shall report on outcomes related to the implementation of this section as part of its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203, beginning with the hearing that precedes the 2019 legislative session.

SECTION 150. In Colorado Revised Statutes, 27-80-108, **amend** (1)(c) and (1)(d) as follows:

27-80-108. Rules. (1) The state board of human services, created in section 26-1-107, has the power to promulgate rules governing the provisions of this article 80. The rules may include, but are not limited to:

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

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

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

27-80-109. Coordination of state and federal funds and programs. (1) Requests for state appropriations for substance use disorder treatment programs must be submitted to the ~~office of behavioral health~~ BHA and the office of state planning and budgeting on dates specified by the ~~office of behavioral health~~ BHA, consistent with requirements and procedures of the office of state planning and budgeting. After studying each request, the ~~office of behavioral health~~ BHA shall make a report with

its comments and recommendations, including priorities for appropriations and a statement as to whether the requested appropriation would be consistent with the comprehensive state plan for substance use disorder treatment programs. The ~~office of behavioral health~~ BHA shall submit its reports to the governor, the office of state planning and budgeting, and the joint budget committee, together with all pertinent material on which the report's recommendations are based.

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

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

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

(2) There is created in the office of the state treasurer the addiction counselor training fund, referred to in this section as the "fund". Money collected pursuant to subsection (1) of this section shall be deposited in the fund. The money in the fund is subject to annual appropriation by the general assembly to the ~~department for allocation to the office of behavioral health~~ BHA for the administration of addiction counselor training requirements established by rules of the state board of human services pursuant to section 27-80-108 (1)(e). Money in the fund at the end of the fiscal year must remain in the fund and not revert to the general fund.

SECTION 153. In Colorado Revised Statutes, 27-80-112, **amend**

(2) as follows:

27-80-112. Legislative declaration - treatment program for high-risk pregnant women - creation. (2) In recognition of such problems, there is hereby created a treatment program for high-risk pregnant women IN THE BEHAVIORAL HEALTH ADMINISTRATION.

SECTION 154. In Colorado Revised Statutes, **amend** 27-80-113 as follows:

27-80-113. Substance use and addiction counseling and treatment - necessary components. Any entity that qualifies to provide services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment program for high-risk pregnant women, shall make available, in addition to substance use and addiction counseling and treatment: Risk assessment services; care coordination; nutrition assessment; psychosocial counseling; intensive health education, including parenting education and education on risk factors and appropriate health behaviors; home visits; transportation services; and other services deemed necessary by the ~~office of behavioral health~~ BHA and the department of health care policy and financing.

SECTION 155. In Colorado Revised Statutes, 27-80-117, **amend** (2)(a)(I) introductory portion, (2)(a)(II), (2)(b), (2)(c), and (3); and **add** (3.5) as follows:

27-80-117. Rural alcohol and substance abuse prevention and treatment program - creation - administration - cash fund - definitions - repeal. (2) (a) (I) There is created the rural alcohol and substance abuse prevention and treatment program in the ~~office of behavioral health~~ BHA to provide:

(II) The ~~office of behavioral health~~ BHA shall administer the program pursuant to rules adopted by the state board of human services as of January 1, 2010, or as amended by the state board.

(b) The ~~office of behavioral health~~ BHA shall incorporate provisions to implement the program into its regular contracting mechanism for the purchase of prevention and treatment services pursuant to section 27-80-106, including detoxification programs. The ~~office of behavioral health~~ BHA shall develop a method to equitably distribute and provide

additional money through contracts to provide for prevention services for and treatment of persons in rural areas.

(c) Notwithstanding any provision of this section to the contrary, the ~~office of behavioral health~~ BHA shall implement the program on or after January 1, 2011, subject to the availability of sufficient money to operate an effective program, as determined by the ~~office~~ BHA.

(3) (a) There is created in the state treasury the rural alcohol and substance abuse cash fund, referred to in this section as the "fund", that consists of the rural youth alcohol and substance abuse prevention and treatment account, referred to in this section as the "youth account", and the rural detoxification account, referred to in this section as the "detoxification account". The fund is comprised of money collected from surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges must be divided equally between the youth account and the detoxification account. The fund also includes any money credited to the fund pursuant to subsection (3)(b) of this section. Money in the fund credited pursuant to subsection (3)(b) of this section must be divided equally between the youth account and the detoxification account unless the grantee or donor specifies to which account the grant, gift, or donation is to be credited. The money in the fund is subject to annual appropriation by the general assembly to the ~~office of behavioral health~~ BHA for the purpose of implementing the program. All interest derived from the deposit and investment of money in the fund remains in the fund. Any unexpended or unencumbered money remaining in the fund at the end of a fiscal year remains in the fund and shall not be transferred or credited to the general fund or another fund; except that any unexpended and unencumbered money remaining in the fund as of August 30, 2025, is credited to the general fund.

(b) The ~~office of behavioral health~~ BHA is authorized to accept grants, gifts, or donations from any private or public source on behalf of the state for the purpose of the program. The ~~office of behavioral health~~ BHA shall transmit all private and public money received through grants, gifts, or donations to the state treasurer, who shall credit the same to the fund.

(3.5) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION.

SECTION 156. In Colorado Revised Statutes, 27-80-119, **amend** (3), (4), (6) introductory portion, (6)(f), (7), and (8) as follows:

27-80-119. Care navigation program - creation - reporting - rules - legislative declaration - definition. (3) Subject to available appropriations, the ~~department~~ BHA shall implement a care navigation program to assist engaged clients in obtaining access to treatment for substance use disorders. At a minimum, services available statewide must include independent screening of the treatment needs of the engaged client using nationally recognized screening criteria to determine the correct level of care; the identification of licensed or accredited substance use disorder treatment options, including social and medical detoxification services, medication-assisted treatment, and inpatient and outpatient treatment programs; and the availability of various treatment options for the engaged client.

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

(6) The contractor shall collect and transmit to the ~~department~~ BHA,

in the time and manner determined by rule of the ~~department~~ STATE BOARD OF HUMAN SERVICES, the following data and information relating to engaged clients served by the contractor:

(f) Whether the engaged client had private or public insurance or was eligible for services through the ~~office~~ BHA due to income;

(7) The state board OF HUMAN SERVICES may promulgate any rules necessary to implement the care navigation program.

(8) No later than September 1 during the first year in which the care navigation program is implemented pursuant to this section, and no later than September 1 of each year thereafter in which the care navigation program is implemented, the ~~department~~ BHA shall submit an annual report to the joint budget committee, the public AND BEHAVIORAL health ~~care~~ and human services committee and the health and insurance committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, concerning the utilization of care navigation services pursuant to this section, including a summary of the data and information collected by the contractor pursuant to subsection (6) of this section, in accordance with state and federal health-care privacy laws. Notwithstanding the provisions of section 24-1-136(11)(a)(I), the reporting requirements of this subsection (8) continue indefinitely.

SECTION 157. In Colorado Revised Statutes, 27-80-120, **amend** (1), (2), (3), and (6) as follows:

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

(2) Subject to available appropriations, the ~~department~~ BHA shall award grant program money to increase substance use disorder capacity and services in rural and frontier communities. Each managed service organization area that consists of at least fifty percent rural or frontier counties shall receive an equal proportion of the annual grant program money to disburse in local grants.

(3) A grant committee shall review grant applications and, if approved, award local grants. The grant committee includes two members appointed by the county commissioners in the relevant managed service organization service area, two representatives from the managed service organization, and two members representing the ~~department~~ BHA and appointed by the ~~executive director of the department~~ COMMISSIONER. The award of a local grant must be approved by a majority of the members of the grant committee. In awarding a local grant, the grant committee shall prioritize geographic areas that are unserved or underserved. After local grants are approved for each managed service organization service area, the ~~department~~ BHA shall disburse grant program money to the managed service organization for distribution to local grant recipients.

(6) Money appropriated for the pilot program that remains unexpended and unencumbered at the end of the fiscal year is further appropriated to the ~~department~~ BHA for the pilot program in the next fiscal year.

SECTION 158. In Colorado Revised Statutes, 27-80-121, amend (1) introductory portion as follows:

27-80-121. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report. (1) The center for research into substance use disorder prevention, treatment, and recovery support strategies established in section 27-80-118, referred to in this section as the "center", in partnership with an institution of higher education and the state substance abuse trend and response task force established in section 18-18.5-103, may conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program, articles 4 to 6 of title 25.5; the electronic prescription drug monitoring program created in part 4 of article 280 of title 12; the Colorado TRAILS system, as defined in section 16-20.5-102 (10); the Colorado immunization information system, created pursuant to section 25-4-2401, et seq.; the Colorado child care assistance program, created in part 8 of article 2 of title 26; the ~~office of behavioral health in the department of human services~~ BHA; and birth and death

records to examine the following:

SECTION 159. In Colorado Revised Statutes, 27-80-122, **amend** (1) introductory portion and (2) as follows:

27-80-122. Recovery residence certifying body - competitive selection process - appropriation. (1) No later than January 1, 2022, the ~~office of behavioral health~~ BHA shall use a competitive selection process pursuant to the "Procurement Code", articles 101 to 112 of title 24, to select a recovery residence certifying body to:

(2) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate two hundred thousand dollars to the ~~office of behavioral health~~ BHA for the purpose of implementing this section.

SECTION 160. In Colorado Revised Statutes, 27-80-123, **amend** (2), (4) introductory portion, (5), (6), (7) introductory portion, and (7)(a) as follows:

27-80-123. High-risk families cash fund - creation - services provided - report - definition. (2) There is created in the state treasury the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the ~~department~~ BHA, which may expend money from the fund for the purposes specified in subsection (4) of this section.

(4) The ~~department~~ BHA may expend money in the fund for the following purposes:

(5) (a) The ~~department~~ BHA may use money from the fund to contract with managed service organizations, private providers, schools, counties, nonprofit organizations, or municipalities to provide services described in subsection (4) of this section.

(b) Money expended by the ~~department~~ BHA must be used for one-time allocations to increase treatment capacity, including start-up costs

and capital expenditures, or to provide substance use disorder recovery and wraparound services, including the prenatal plus program and access to child care, to high-risk families.

(6) After considering relevant stakeholder feedback, the ~~department~~ BHA shall annually prioritize the use of available money in the fund, recognizing statewide need and complementing existing funding for behavioral health services statewide.

(7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I) to the contrary, the ~~department~~ BHA shall submit a report to the general assembly on July 1, 2020, and on July 1 each year thereafter, which report must include:

(a) A summary of expenditures from the fund made by the ~~department~~ BHA;

SECTION 161. Repeal of relocated provision in this act. In Colorado Revised Statutes, **repeal** 27-80-124.

SECTION 162. In Colorado Revised Statutes, 27-80-125, **amend** (1) introductory portion, (2), (3), (4), and (5) as follows:

27-80-125. Housing assistance for individuals with a substance use disorder - rules - report - appropriation. (1) The ~~office of behavioral health~~ BHA shall establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is:

(2) The ~~office of behavioral health~~ BHA may promulgate rules establishing the maximum amount of temporary financial assistance that an individual can receive and the maximum amount of time for which an individual may receive assistance. Rules promulgated pursuant to this subsection (2) related to the time for which an individual may receive assistance must be clinically based, culturally responsive, and trauma-informed.

(3) In awarding temporary financial housing assistance in accordance with this section, the ~~office of behavioral health~~ BHA shall consider funding for individuals entering into a recovery residence, as

defined in section 25-1.5-108.5 (1)(a).

(4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1, 2022, and by February 1 each year thereafter, the ~~office of behavioral health~~ BHA shall submit a report detailing the amount of housing assistance provided in the prior year, the number of individuals and the entities that received the housing assistance, and the duration of housing assistance each individual or entity received to the health and human services committee of the senate, the health and insurance and the public and behavioral health and human services committees of the house of representatives, and the opioid and other substance use disorders study committee created in section 10-22.3-101, or any successor committees.

(5) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate four million dollars to the ~~office of behavioral health~~ BHA for the purpose of the housing program described in this section.

SECTION 163. In Colorado Revised Statutes, 27-80-126, **amend** (2), (4), (5), (6)(a), (7)(a) introductory portion, (7)(a)(IV), (7)(b), and (8) as follows:

27-80-126. Recovery support services grant program - creation - eligibility - reporting requirements - appropriation - rules - definitions. (2) There is created in the ~~office of behavioral health~~ ADMINISTRATION the recovery support services grant program, referred to in this section as the "grant program", to provide grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder.

(4) The ~~office of behavioral health~~ BHA shall administer the grant program. Subject to available appropriations, the ~~office~~ BHA shall disburse grant money appropriated pursuant to subsection (8) of this section to each managed service organization designated pursuant to section 27-80-107.

(5) The ~~office of behavioral health~~ BHA shall implement the grant program in accordance with this section. Pursuant to article 4 of title 24, the ~~office~~ BHA shall promulgate rules as necessary to implement the grant program.

(6) (a) To receive a grant, a recovery community organization must submit an application to the applicable managed service organization in accordance with rules promulgated by the ~~office of behavioral health~~ BHA.

(7) (a) On or before December 1, 2023, and on or before December 1 each year thereafter, each managed service organization that awards grants shall submit a report to the ~~office of behavioral health~~ BHA. At a minimum, the report must include the following information:

(IV) Any other information required by the ~~office of behavioral health~~ BHA.

(b) On or before March 1, 2022, and on or before March 1 each year thereafter for the duration of the grant program, the ~~office of behavioral health~~ BHA shall submit a summarized report on the grant program to the health and human services committee of the senate and the health and insurance and the public and behavioral health and human services committees of the house of representatives, or any successor committees, and to the opioid and other substance use disorders study committee created in section 10-22.3-101.

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

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

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

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

(b) (II) Prior to the repeal, the department of regulatory agencies shall review the licensing functions of the ~~department~~ BHA as provided in

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

(3) An employee of a facility, as defined in section 25-1.5-301, C.R.S., who is administering and monitoring medications to persons under the care or jurisdiction of the facility pursuant to part 3 of article 1.5 of title 25 C.R.S., need not be licensed by the ~~department~~ BHA to lawfully possess controlled substances under this part 2.

(4) A person who is required to be but is not yet licensed may apply for a license at any time. A person who is required to be licensed under this part 2 shall not engage in any activity for which a license is required until the ~~department~~ BHA grants the person's application and issues a license to ~~him or her~~ THE PERSON.

SECTION 165. In Colorado Revised Statutes, 27-80-205, **amend** (1) introductory portion, (3)(a.5), and (3)(b) as follows:

27-80-205. Issuance of license - fees. (1) The ~~department~~ BHA, as provided in section 27-80-204 (1), shall issue the appropriate license to each substance use disorder treatment program meeting all the requirements of this part 2 unless it determines that the issuance of the license would be inconsistent with the public interest. In determining the public interest, the ~~department~~ BHA shall consider the following factors:

(3) (a.5) The ~~department~~ BHA may administratively set initial and annual license fees for substance use disorder treatment programs to approximate the direct and indirect costs of the program.

(b) The ~~department~~ BHA shall transmit the fees collected pursuant to this section to the state treasurer for deposit in the controlled substances program fund created in section 27-80-206.

SECTION 166. In Colorado Revised Statutes, **amend** 27-80-206 as follows:

27-80-206. Controlled substances program fund - disposition of fees. There is ~~hereby~~ created in the state treasury the controlled substances

program fund. The ~~department~~ BHA shall transmit all ~~moneys~~ MONEY it collects pursuant to this part 2 to the state treasurer, who shall credit the ~~moneys~~ MONEY to the controlled substances program fund. The general assembly shall ~~make annual appropriations~~ ANNUALLY APPROPRIATE MONEY from the controlled substances program fund to the ~~department~~ BHA for the purposes authorized by this part 2. All ~~moneys~~ MONEY credited to the controlled substances program fund and any interest earned on the fund ~~remain~~ REMAINS in the fund and ~~do~~ DOES not revert to the general fund or any other fund at the end of any fiscal year.

SECTION 167. In Colorado Revised Statutes, 27-80-207, **amend** (3) as follows:

27-80-207. Qualifications for license. (3) The ~~department~~ BHA shall not grant a license to a person who has been convicted within the last two years of a willful violation of this part 2 or any other state or federal law regulating controlled substances.

SECTION 168. In Colorado Revised Statutes, 27-80-208, **amend** (1) introductory portion, (1)(d), (2), (2.5), (3), (4), and (5)(a) as follows:

27-80-208. Denial, revocation, or suspension of license - other disciplinary actions - notice. (1) The ~~department~~ BHA may deny, suspend, or revoke a license issued under this part 2 pursuant to article 4 of title 24, or take other disciplinary action as set forth in subsection (2.5) of this section, at the ~~department's~~ BHA's discretion, upon a finding that the licensee:

(d) Has violated any provision of this part 2 or the rules of the ~~department~~ BHA or of the state board of human services created in section 26-1-107. C.R.S.

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

(2.5) If the ~~department~~ BHA determines that a licensee has committed an act that would authorize the ~~department~~ BHA to deny, revoke, or suspend a license, the ~~department~~ BHA may, at its discretion, impose other disciplinary actions that may include, but need not be limited to, a fine

not to exceed five hundred dollars, probation, or stipulation.

(3) If the ~~department~~ BHA suspends or revokes a license, the ~~department~~ BHA may place all controlled substances owned or possessed by the licensee at the time of the suspension or on the effective date of the revocation order under seal. The ~~department~~ BHA may not dispose of substances under seal until the time for making an appeal has elapsed or until all appeals have been concluded, unless a court orders otherwise or orders the sale of any perishable controlled substances and the deposit of the proceeds with the court. When a revocation order becomes final, all controlled substances may be forfeited to the state.

(4) The ~~department~~ BHA shall promptly notify the bureau and the appropriate professional licensing agency, if any, of all charges and the final disposition of the charges, and of all forfeitures of a controlled substance.

(5) (a) On or before July 1, 2020, the ~~department~~ BHA shall develop and implement a formal, simple, accurate, and objective system to track and categorize complaints made against a licensee and disciplinary action taken pursuant to this part 2.

SECTION 169. In Colorado Revised Statutes, 27-80-211, amend (2) introductory portion, (2)(b), and (2)(c) as follows:

27-80-211. Enforcement and cooperation. (2) The ~~department~~ BHA shall cooperate with all agencies charged with the enforcement of the laws of this state, all other states, and the United States relating to controlled substances. To this end, the ~~department~~ BHA shall:

(b) Cooperate with the bureau and with local, state, and other federal agencies by maintaining a centralized unit to accept, catalogue, file, and collect statistics, including records of dependent and other controlled substance law offenders within the state, and make the information available for federal, state, and local law enforcement or regulatory purposes. The ~~department~~ BHA shall not furnish the name or identity of a patient whose identity could not be obtained under section 27-80-212.

(c) Respond to referrals, complaints, or other information received regarding possible violations and, upon notification of the appropriate licensing authority, if applicable, and upon a written finding by the

executive director of the department COMMISSIONER that probable cause exists to believe that there is illegal distribution or dispensing of controlled substances, to make any inspections, investigations, and reports that may be necessary to determine compliance with this part 2 by all licensed or otherwise authorized individuals who handle controlled substances;

SECTION 170. In Colorado Revised Statutes, **amend** 27-80-213 as follows:

27-80-213. Rules - policies. (1) The ~~department~~ BHA shall update rules and promulgate new rules, as necessary and pursuant to article 4 of title 24, ~~C.R.S.~~, to implement this part 2. The ~~department~~ BHA shall make the rules available to the public on its website.

(2) The ~~department~~ BHA shall promulgate rules, in accordance with article 4 of title 24, for the conduct of detoxification treatment, maintenance treatment, and withdrawal treatment programs for substance use disorders related to controlled substances.

(3) The ~~department~~ BHA shall develop a policy that separates the administration of this part 2 from the administration of article 81 of this title 27. The policy must ensure that the ~~department's~~ BHA's performance of its duties pursuant to this part 2 does not interfere with the performance of its duties as required by article 81 of this title 27.

SECTION 171. In Colorado Revised Statutes, 27-80-215, **amend** (1)(a), (1)(b), (2)(a)(I), (2)(a)(II), (2)(b), and (3)(b) as follows:

27-80-215. Central registry - registration required - notice - repeal. (1) (a) On or before July 1, 2020, the ~~department~~ BHA shall develop or procure a secure online central registry, referred to in this section as the "registry", to register patients treated in a substance use disorder treatment program.

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

(2) (a) (I) In order to prevent simultaneous enrollment of a patient in more than one opioid treatment program, each opioid treatment program

shall fully participate in the registry, including submitting a query to the registry for each patient and entering in patient information as required by this part 2 and ~~department~~ BHA rule.

(II) For each patient, the entry into the registry must include the patient's name, the opioid treatment program providing treatment to the patient, and any information the ~~department~~ BHA deems necessary to further the goals of this part 2.

(b) The ~~department~~ BHA shall establish the method for opioid treatment programs to enter information into the registry and query the registry for information concerning prospective patients.

(3) (b) Prior to the repeal, the department of regulatory agencies shall review the registration functions of the ~~department~~ BHA as provided in section 24-34-104.

SECTION 172. In Colorado Revised Statutes, **amend** 27-80-216 as follows:

27-80-216. Policy verifying identity. The ~~department~~ BHA shall establish a policy on how a substance use disorder treatment program must verify the identity of individuals initiating into detoxification, withdrawal, or maintenance treatment for a substance use disorder. The ~~department~~ BHA policy must include verification requirements for individuals without identification and individuals experiencing homelessness.

SECTION 173. In Colorado Revised Statutes, 27-80-303, **amend** (1)(a), (1)(b) introductory portion, (4), and (5) as follows:

27-80-303. Office of ombudsman for behavioral health access to care - creation - appointment of ombudsman - duties. (1) (a) There is hereby created in the office of the executive director OF THE DEPARTMENT the office of the ombudsman for behavioral health access to care for the purpose of assisting Coloradans in accessing behavioral health care.

(b) The office of behavioral health IN THE DEPARTMENT AND THE BHA shall offer the office limited support with respect to:

(4) The ombudsman, employees of the office, and any persons

acting on behalf of the office shall comply with all state and federal confidentiality laws that govern the department AND THE BHA with respect to the treatment of confidential information or records and the disclosure of such information and records.

(5) In the performance of ~~his or her~~ THE OMBUDSMAN'S duties, the ombudsman shall act independently of the office of behavioral health IN THE DEPARTMENT AND THE BHA. Any recommendations made or positions taken by the ombudsman do not reflect those of the department, ~~or~~ THE office of behavioral health, OR THE BHA.

SECTION 174. In Colorado Revised Statutes, **amend** 27-80-304 as follows:

27-80-304. Liaisons - department - commissioner of insurance. The commissioner of insurance and the executive director OF THE DEPARTMENT shall each appoint a liaison to the ombudsman to receive reports of concerns, complaints, and potential violations described in section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care providers.

SECTION 175. In Colorado Revised Statutes, 27-80-306, **amend** (2) and (3) as follows:

27-80-306. Annual report. (2) The ombudsman shall submit the report required by this section to the governor, the executive director OF THE DEPARTMENT AND THE COMMISSIONER OF THE BHA, the commissioner of insurance, the senate committee on health and human services or any successor committee, and the house of representatives committees on health AND insurance ~~and environment~~ and public AND BEHAVIORAL health ~~care~~ and human services or any successor committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting requirement set forth in this section continues indefinitely.

(3) The ombudsman shall post the annual report on the ~~department's~~ BHA's website.

SECTION 176. In Colorado Revised Statutes, 27-81-102, **amend** (3); **amend as it will become effective July 1, 2022,** (13.7); **repeal** (6), (8), and (13.5); and **add** (3.3) and (3.7) as follows:

27-81-102. Definitions. As used in this article 81, unless the context otherwise requires:

(3) "Approved public treatment facility" means a treatment agency operating under the direction and control of or approved by the ~~office of behavioral health~~ BHA or providing treatment pursuant to this article 81 through a contract with the ~~office of behavioral health~~ BHA pursuant to section 27-81-105 (7) and meeting the standards prescribed in section 27-81-106 (1) and approved pursuant to section 27-81-106.

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

(3.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(6) "Director" means the director of the ~~office of behavioral health~~.

(8) "Executive director" means the executive director of the ~~department~~.

(13.5) "Office of behavioral health" means the ~~office of behavioral health in the department~~.

(13.7) "Public funds" means money appropriated to the ~~office of behavioral health~~ ADMINISTRATION by the general assembly or any other governmental or private sources for withdrawal management ~~or for the treatment of alcohol use disorders~~ in approved facilities pursuant to this article 81.

SECTION 177. In Colorado Revised Statutes, 27-81-103, amend (1) introductory portion as follows:

27-81-103. Powers of the behavioral health administration.

(1) To carry out the purposes of this article 81, the ~~office of behavioral health~~ BHA may:

SECTION 178. In Colorado Revised Statutes, 27-81-104, amend (1) introductory portion and (1)(r) as follows:

27-81-104. Duties of the behavioral health administration - review. (1) ~~In addition to duties prescribed by section 27-80-102, the office of behavioral health THE BHA shall:~~

(r) Submit to the governor an annual report covering the activities of the ~~office of behavioral health~~ BHA.

SECTION 179. In Colorado Revised Statutes, 27-81-105, amend (1), (2) introductory portion, (3), (4), (6), and (7) as follows:

27-81-105. Comprehensive program for treatment - regional facilities. (1) The ~~office of behavioral health~~ BHA shall establish a comprehensive and coordinated program for the treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs.

(2) Insofar as money available to the ~~office of behavioral health~~ BHA permits, the program established in subsection (1) of this section must include all of the following:

(3) The ~~office of behavioral health~~ BHA shall provide adequate and appropriate treatment for persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs admitted pursuant to sections 27-81-109 to 27-81-112. Except as otherwise provided in section 27-81-111, treatment must not be provided at a correctional institution, except for inmates.

(4) The ~~office of behavioral health~~ BHA shall maintain, supervise, and control all facilities it operates subject to policies of the department. The administrator of each facility shall make an annual report of the facility's activities to the ~~director~~ COMMISSIONER in the form and manner specified by the ~~director~~ COMMISSIONER.

(6) The ~~director~~ COMMISSIONER shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(7) The ~~office of behavioral health~~ BHA may contract for the use of any facility as an approved public treatment facility if the ~~director~~ COMMISSIONER, subject to the policies of the department, considers it to be an effective and economical course to follow.

SECTION 180. In Colorado Revised Statutes, **amend** 27-81-106 as follows:

27-81-106. Standards for public and private treatment facilities - fees - enforcement procedures - penalties. (1) In accordance with the provisions of this article 81, the ~~office of behavioral health~~ BHA shall establish standards for approved treatment facilities that receive public funds. A treatment facility shall meet the established standards to be approved as a public or private treatment facility. The ~~office of behavioral health~~ BHA shall fix the fees to be charged for the required inspections. The fees charged to approved treatment facilities that provide level I and level II programs, as provided in section 42-4-1301.3 (3)(c), must be transmitted to the state treasurer, who shall credit the fees to the alcohol and drug driving safety program fund created in section 42-4-1301.3 (4)(a). The standards may concern only health standards to be met and standards of treatment to be afforded patients and must reflect the success criteria established by the general assembly.

(2) The ~~office of behavioral health~~ BHA shall periodically inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.

(3) The ~~office of behavioral health~~ BHA shall maintain a list of approved public and private treatment facilities.

(4) Each approved public and private treatment facility shall file with the ~~office of behavioral health~~ BHA, on request, data, statistics, schedules, and any other information the ~~office~~ BHA reasonably requires. The ~~director~~ COMMISSIONER shall remove from the list of approved treatment facilities an approved public or private treatment facility that fails, without good cause, to furnish any data, statistics, schedules, or other information, as requested, or files fraudulent returns.

(5) The ~~office of behavioral health~~ BHA, after a hearing, may suspend, revoke, limit, restrict, or refuse to grant an approval for failure to meet its standards.

(6) A person shall not operate a private or public treatment facility in this state without approval from the ~~office of behavioral health~~ BHA; except that this article 81 does not apply to a private treatment facility that

accepts only private money and does not dispense controlled substances. The district court may restrain any violation of, review any denial, restriction, or revocation of approval under, and grant other relief required to enforce the provisions of this section.

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

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

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

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

(3) In the event of a zoning or other delay or dispute between a residential treatment facility and the municipality, city and county, or county where the facility is situated, the ~~office of behavioral health~~ BHA may grant provisional approval of the facility for up to one hundred twenty days pending resolution of the delay or dispute.

SECTION 182. In Colorado Revised Statutes, **repeal as it will become effective July 1, 2022, 27-81-107.5.**

SECTION 183. In Colorado Revised Statutes, 27-81-108, **amend** (1) introductory portion and (1)(b) as follows:

27-81-108. Acceptance for treatment - rules. (1) The ~~director~~ COMMISSIONER shall adopt and may amend and repeal rules for acceptance of persons into the substance use disorder treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs. In establishing the rules, the following standards guide the ~~director~~ COMMISSIONER:

(b) Qualified staff shall assess the proper level of care for the person pursuant to rules adopted by the ~~director~~ COMMISSIONER and make a referral for placement.

SECTION 184. In Colorado Revised Statutes, 27-81-109, **amend** (2) as follows:

27-81-109. Voluntary treatment of persons with substance use disorders. (2) Subject to rules adopted by the ~~director~~ COMMISSIONER, the administrator in charge of an approved treatment facility shall determine who is admitted for treatment. If a person is refused admission to an approved treatment facility, the administrator may refer the person to another approved and appropriate treatment facility for treatment if it is deemed likely to be beneficial. A person must not be referred for further treatment if it is determined that further treatment is not likely to bring about significant improvement in the person's condition, or treatment is no longer appropriate, or further treatment is unlikely to be beneficial.

SECTION 185. In Colorado Revised Statutes, 27-81-110, **amend** (1) as follows:

27-81-110. Voluntary treatment for persons intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. (1) A person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances, including a minor if provided by rules of the

~~office of behavioral health~~ BHA, may voluntarily admit himself or herself THE PERSON'S SELF to an approved treatment facility for an emergency evaluation to determine need for treatment.

SECTION 186. In Colorado Revised Statutes, 27-81-112, **amend** (1), (3)(a)(I), (3)(b), (3)(c), (5), (6), (7), (8), (10), and (11) introductory portion as follows:

27-81-112. Involuntary commitment of a person with a substance use disorder. (1) The court may commit a person to the custody of the ~~office of behavioral health~~ BHA upon the petition of the person's spouse or guardian, a relative, a physician, an advanced practice nurse, the administrator in charge of an approved treatment facility, or any other responsible person. The petition must allege that the person has a substance use disorder and that the person has threatened or attempted to inflict or inflicted physical harm on ~~himself or herself~~ THE PERSON'S SELF or on another and that unless committed, the person is likely to inflict physical harm on ~~himself or herself~~ THE PERSON'S SELF or on another or that the person is incapacitated by substances. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within ten days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition, or an examination cannot be made of the person due to the person's condition. The certificate must set forth the physician's findings in support of the petition's allegations.

(3) (a) Upon filing the petition, the person whose commitment is sought must be notified of the person's right to:

(I) Enter into a stipulated order of the court for committed treatment in order to expedite placement in an approved treatment facility by the ~~office of behavioral health~~ BHA; or

(b) If a stipulated order is entered, the ~~office of behavioral health~~ BHA shall place the person in an approved treatment program that reflects the level of need of the person.

(c) If the person whose commitment is sought exercises the right to

contest the petition, the court shall fix a date for a hearing no later than ten days, excluding weekends and holidays, after the date the petition was filed. A copy of the petition and the notice of the hearing, including the date fixed by the court, must be personally served on the petitioner, the person whose commitment is sought, and one of the person's parents or the person's legal guardian if the person is a minor. A copy of the petition and notice of hearing must be provided to the ~~office of behavioral health~~ BHA, to counsel for the person whose commitment is sought, to the administrator in charge of the approved treatment facility to which the person may have been committed for emergency treatment, and to any other person the court believes advisable.

(5) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed hospital, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, the court shall make an order of commitment to the ~~office of behavioral health~~ BHA. THE BHA has the right to delegate physical custody of the person to an appropriate approved treatment facility. The court may not order commitment of a person unless it THE COURT determines that the ~~office of behavioral health~~ BHA is able to provide adequate and appropriate treatment for the person, and the treatment is likely to be beneficial.

(6) Upon the court's commitment of a person to the ~~office of behavioral health~~ BHA, the court may issue an order to the sheriff to transport the person to the facility designated by the ~~office of behavioral health~~ BHA.

(7) A person committed as provided for in this section remains in the custody of the ~~office of behavioral health~~ BHA for treatment for a period of up to ninety days. At the end of the ninety-day period, the treatment facility shall automatically discharge the person unless the ~~office of behavioral health~~ BHA, before expiration of the ninety-day period, obtains a court order for the person's recommitment on the grounds set forth in subsection (1) of this section for a further period of ninety days unless discharged sooner. If a person has been committed because the person is a person with a substance use disorder who is likely to inflict physical harm on another, the ~~office of behavioral health~~ BHA shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists.

(8) A person who is recommitted as provided for in subsection (7) of this section and who has not been discharged by the ~~office of behavioral health~~ BHA before the end of the ninety-day period is discharged at the expiration of that ninety-day period unless the ~~office of behavioral health~~ BHA, before expiration of the ninety-day period, obtains a court order on the grounds set forth in subsection (1) of this section for recommitment for a further period, not to exceed ninety days. If a person has been committed because the person is a person with a substance use disorder who is likely to inflict physical harm on another, the ~~office of behavioral health~~ BHA shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists. Only two recommitment orders pursuant to subsection (7) of this section and this subsection (8) are permitted.

(10) The ~~office of behavioral health~~ BHA shall provide adequate and appropriate treatment of a person committed to its custody. The ~~office of behavioral health~~ BHA may transfer any person committed to its custody from one approved treatment facility to another, if transfer is advisable.

(11) The ~~office of behavioral health~~ BHA shall discharge a person committed to its custody for treatment at any time before the end of the period for which the person has been committed if either of the following conditions is met:

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

27-81-113. Records of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of substances. (2) Notwithstanding subsection (1) of this section, the ~~director~~ COMMISSIONER may make available information from patients' records for purposes of research into the causes and treatment of substance use disorders. Information made available pursuant to this subsection (2) must not be published in a way that discloses patients' names or other identifying information.

SECTION 188. In Colorado Revised Statutes, 27-81-114, amend (1)(c), (1)(j), and (1)(l) as follows:

27-81-114. Rights of persons receiving evaluation, care, or

treatment. (1) A facility shall immediately advise each person receiving evaluation, care, or treatment under any provision of this article 81, orally and in writing, that the person has and is afforded the following rights:

(c) To receive timely medical and behavioral health care and treatment, as specified in law, that is determined based on the person's needs and that is delivered in the least restrictive treatment setting possible, as set forth in ~~department~~ BHA rules;

(j) To have reasonable opportunities for continuing visitation and communication with the person's family and friends, consistent with an effective treatment program and as determined in ~~department~~ BHA rules. Each person may meet with the person's attorney, clergyperson, or health-care provider at any time.

(l) Subject to ~~department~~ BHA rules relating to the use of telephones and other communication devices, to have reasonable access to telephones or other communication devices, and to make and to receive calls or communications in privacy. Facility staff shall not open, delay, intercept, read, or censor mail or other communications or use mail or other communications as a method to enforce compliance with facility staff.

SECTION 189. In Colorado Revised Statutes, **amend** 27-81-115 as follows:

27-81-115. Emergency service patrol - establishment - rules.

(1) The ~~office of behavioral health~~ BHA and cities, counties, city and counties, and regional service authorities may establish emergency service patrols. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. Members of an emergency service patrol must be capable of providing first aid in emergency situations and are authorized to transport a person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances to ~~his or her~~ THE PERSON'S home and to and from treatment facilities.

(2) The ~~director~~ COMMISSIONER shall adopt rules for the establishment, training, and conduct of emergency service patrols.

SECTION 190. In Colorado Revised Statutes, 27-81-116, **amend**

(3) as follows:

27-81-116. Payment for treatment - financial ability of patients.

(3) The ~~director~~ COMMISSIONER shall adopt rules that establish a standardized ability-to-pay schedule, under which those with sufficient financial ability are required to pay the full cost of services provided and those who are totally without sufficient financial ability are provided appropriate treatment at no charge. The schedule shall take into consideration the income, including government assistance programs, savings, and other personal and real property, of the person required to pay and any support the person required to pay furnishes to another person as required by law.

SECTION 191. In Colorado Revised Statutes, 27-81-118, **amend** (2)(a)(II) as follows:

27-81-118. Opioid crisis recovery funds advisory committee - creation - membership - purpose. (2) (a) The committee consists of members appointed as follows:

(II) Two members appointed by the ~~executive director of the department of human services~~ COMMISSIONER, one of whom must represent an association of substance use providers;

SECTION 192. In Colorado Revised Statutes, **amend** 27-82-201 as follows:

27-82-201. Legislative declaration. The general assembly finds and declares that facilities that provide treatment to individuals with a substance use disorder, including medication-assisted treatment, and clinics that provide obstetric and gynecological health-care services would better serve pregnant and postpartum women if the services could be coordinated and provided to women at the same location. It is the intent of the general assembly to fund a pilot program to integrate these health-care services at specified facilities and clinics and require the ~~office of behavioral health~~ BHA to evaluate the pilot program and report the results of the pilot program to the general assembly.

SECTION 193. In Colorado Revised Statutes, 27-82-202, **amend** (1) and (4); and **add** (1.5) as follows:

27-82-202. Definitions. As used in this part 2, unless the context otherwise requires:

(1) "Clinic" means a site that provides obstetric and gynecological health care "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

(1.5) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND GYNECOLOGICAL HEALTH CARE.

(4) "Treatment facility" means a health-care facility that provides substance use disorder or medication-assisted treatment and that is approved by the ~~office of~~ behavioral health ADMINISTRATION pursuant to section 27-81-106.

SECTION 194. In Colorado Revised Statutes, 27-82-203, ~~amend~~ (1) introductory portion, (2), (4) introductory portion, and (5) as follows:

27-82-203. Maternal and child health pilot program - created - eligibility of grant recipients - rules - report. (1) There is created in the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the maternal and child health pilot program. The ~~office of behavioral health~~ BHA shall administer the pilot program. The purpose of the pilot program is to:

(2) The ~~office of behavioral health~~ BHA shall determine the criteria for treatment facilities and clinics to be eligible to receive the grants.

(4) The state board of human services within the ~~department~~ OF HUMAN SERVICES, in consultation with the ~~office of behavioral health~~ BHA, may promulgate rules to implement the pilot program. The rules must include:

(5) The ~~executive director~~ COMMISSIONER OF THE BHA shall determine a process to evaluate the grant recipients and the integration of health care resulting from the pilot program. The ~~office of behavioral health~~ BHA shall report the results of the pilot program to the public AND BEHAVIORAL health care and human services and the health and insurance committees of the house of representatives and the health and human services committee of the senate, or their successor committees.

SECTION 195. In Colorado Revised Statutes, **amend** 27-82-204 as follows:

27-82-204. Funding for pilot program. (1) (a) For the 2021-22 fiscal year, and each fiscal year thereafter, the general assembly shall appropriate money from the marijuana tax cash fund created in section 39-28.8-501 (1) to the department for allocation to the office of behavioral health TO THE BHA to implement the pilot program. The office of behavioral health BHA may use a portion of the money annually appropriated for the pilot program to pay the direct and indirect costs incurred to administer the pilot program.

(b) If any unexpended or uncommitted money appropriated for a fiscal year remains at the end of that fiscal year, the office of behavioral health BHA may expend the money in accordance with this section in the succeeding fiscal year without further appropriation.

(2) The department BHA may solicit, accept, and expend any gifts, grants, or donations from private or public sources to implement or administer the pilot program.

SECTION 196. In Colorado Revised Statutes, 29-11-202, **amend** the introductory portion and (1); **repeal** (2) and (4); and **add** (1.5) as follows:

29-11-202. Definitions. For purposes of AS USED IN this part 2, unless the context otherwise requires:

(1) "Colorado 2-1-1 collaborative" means the group authorized by the public utilities commission to establish the provision of human services referral services in the state of Colorado "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

(1.5) "COLORADO 2-1-1 COLLABORATIVE" MEANS THE GROUP AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION TO ESTABLISH THE PROVISION OF HUMAN SERVICES REFERRAL SERVICES IN THE STATE OF COLORADO.

(2) "Department" means the department of human services created

in section 26-1-105.

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

SECTION 197. In Colorado Revised Statutes, 29-11-203, **amend** (3.2)(a) as follows:

29-11-203. Human services referral service - immunity - grant - report - repeal. (3.2) (a) During the 2023 legislative session, the department BHA shall include in its report to the committees of reference pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203 information from the office of behavioral health BHA regarding its contract with the Colorado 2-1-1 collaborative pursuant to subsection (3)(a) of this section prior to its repeal in 2022, and the impact of the statewide communication system on behavioral health referrals and access to behavioral health services and other resources.

SECTION 198. In Colorado Revised Statutes, 41-2-102, **amend** (8) as follows:

41-2-102. Operating an aircraft under the influence - operating an aircraft with excessive alcohol content - tests - penalties - useful public service program - definition - repeal. (8) The office of behavioral health ADMINISTRATION in the department of human services shall provide presentence alcohol and drug evaluations on all persons convicted of a violation of subsection (1) or (2) of this section, in the same manner as described in section 42-4-1301.3.

SECTION 199. In Colorado Revised Statutes, 42-2-122, **amend** (1)(i) as follows:

42-2-122. Department may cancel license - limited license for physical or mental limitations - rules. (1) The department has the authority to cancel, deny, or deny the reissuance of any driver's or minor driver's license upon determining that the licensee was not entitled to the issuance for any of the following reasons:

- (i) Failure of the person to complete a level II alcohol and drug

education and treatment program certified by the ~~office of behavioral health~~ ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, as required by section 42-2-126 (4)(d)(II)(A) or 42-2-132 (2)(a)(II). The failure must be documented pursuant to section 42-2-144.

SECTION 200. In Colorado Revised Statutes, 42-2-125, **amend** (1)(i) as follows:

42-2-125. Mandatory revocation of license and permit. (1) The department shall immediately revoke the license or permit of any driver or minor driver upon receiving a record showing that the driver has:

(i) Been convicted of DUI, DUI per se, or DWAI and has two previous convictions of any of those offenses. The department shall revoke the license of any driver for an indefinite period and only reissue it upon proof to the department that the driver has completed a level II alcohol and drug education and treatment program certified by the ~~office of behavioral health~~ ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3 and that the driver has demonstrated knowledge of the laws and driving ability through the regular motor vehicle testing process. The department shall not reissue the license in less than two years.

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

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

(B) If a person seeking reinstatement is required to complete, but has not yet completed, a level II alcohol and drug education and treatment

program, the person shall file with the department proof of current enrollment in a level II alcohol and drug education and treatment program certified by the ~~office~~ of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, on a form approved by the department.

SECTION 202. In Colorado Revised Statutes, 42-2-127, **amend** (14)(a)(I)(A) as follows:

42-2-127. Authority to suspend license - to deny license - type of conviction - points. (14) (a) (I) If there is no other statutory reason for denial of a probationary license, any individual who has had a license suspended by the department because of, at least in part, a conviction of an offense specified in subsection (5)(b) of this section may be entitled to a probationary license pursuant to subsection (12) of this section for the purpose of driving for reasons of employment, education, health, or alcohol and drug education or treatment, but:

(A) If ordered by the court that convicted the individual, the individual shall enroll in a program of driving education or alcohol and drug education and treatment certified by the ~~office~~ of behavioral health ADMINISTRATION in the department of human services; and

SECTION 203. In Colorado Revised Statutes, 42-2-132, **amend** (2)(a)(II) and (2)(a)(III) as follows:

42-2-132. Period of suspension or revocation. (2) (a) (II) (A) Following the period of revocation set forth in this subsection (2), the department shall not issue a new license unless and until it is satisfied that the person has demonstrated knowledge of the laws and driving ability through the appropriate motor vehicle testing process, and that the person whose license was revoked pursuant to section 42-2-125 for a second or subsequent alcohol- or drug-related driving offense has completed not less than a level II alcohol and drug education and treatment program certified by the ~~office~~ of behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3.

(B) If the person was in violation of section 42-2-126 (3)(a) and the person had a BAC that was 0.15 or more at the time of driving or within two hours after driving, or if the person's driving record otherwise indicates

a designation as a persistent drunk driver as defined in section 42-1-102 (68.5), the department shall require the person to complete a level II alcohol and drug education and treatment program certified by the ~~office of~~ behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, and, upon the restoration of driving privileges, shall require the person to hold a restricted license requiring the use of an ignition interlock device pursuant to section 42-2-132.5 (1)(a)(II).

(C) If a person seeking reinstatement has not completed the required level II alcohol and drug education and treatment program, the person shall file with the department proof of current enrollment in a level II alcohol and drug education and treatment program certified by the ~~office of~~ behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3, on a form approved by the department.

(III) In the case of a minor driver whose license has been revoked as a result of one conviction for DUI, DUI per se, DWAI, or UDD, the minor driver, unless otherwise required after an evaluation made pursuant to section 42-4-1301.3, must complete a level I alcohol and drug education program certified by the ~~office of~~ behavioral health ADMINISTRATION in the department of human services.

SECTION 204. In Colorado Revised Statutes, 42-2-144, **amend** (1) as follows:

42-2-144. Reporting by certified level II alcohol and drug education and treatment program providers - notice of administrative remedies against a driver's license - rules. (1) The department shall require all providers of level II alcohol and drug education and treatment programs certified by the ~~office of~~ behavioral health ADMINISTRATION in the department of human services pursuant to section 42-4-1301.3 to provide quarterly reports to the department about each person who is enrolled and who has filed proof of such enrollment with the department as required by section 42-2-126 (4)(d)(II).

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

42-4-1301.3. Alcohol and drug driving safety program - definition. (3) (c) (IV) For the purpose of this section, "alcohol and drug

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

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

the department of human services for the administration of the alcohol and drug driving safety program. In administering the alcohol and drug driving safety program, the judicial department is authorized to contract with any agency for any services the judicial department deems necessary. Money deposited in the fund remains in the fund to be used for the purposes set forth in this section and must not revert or transfer to the general fund except by further act of the general assembly.

(b) The judicial department shall ensure that qualified personnel are placed in the judicial districts. The judicial department and the ~~office of~~ behavioral health ADMINISTRATION in the department of human services shall jointly develop and maintain criteria for evaluation techniques, treatment referral, data reporting, and program evaluation.

SECTION 206. In Colorado Revised Statutes, 42-4-1306, amend (3)(a)(VI) introductory portion as follows:

42-4-1306. Colorado task force on drunk and impaired driving - creation - legislative declaration. (3) (a) The task force shall consist of:

(VI) Two representatives appointed by the ~~executive director of~~ COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services with the following qualifications:

SECTION 207. In Colorado Revised Statutes, 43-4-402, amend (2)(a) as follows:

43-4-402. Source of revenues - allocation of money. (2) (a) The general assembly shall make an annual appropriation out of the money in the fund to the department of public health and environment in an amount sufficient to pay for the costs of evidential breath alcohol testing, including any education needs associated with testing, and implied consent specialists, the costs of which were previously paid out of the highway users tax fund. The general assembly shall also make an annual appropriation out of the money in the fund to the Colorado bureau of investigation to pay for the costs of toxicology laboratory services, including any education needs associated with the services. Of the money remaining in the fund, eighty percent shall be deposited in a special drunken driving account in the fund, which account is created, and be available immediately, without further appropriation, for allocation by the transportation commission to the office

of transportation safety. The office of transportation safety shall allocate the money in accordance with the provisions of section 43-4-404 (1) and (2). The remaining twenty percent shall be appropriated by the general assembly to the ~~office~~ of behavioral health ADMINISTRATION in the department of human services, which shall use the money for the purposes stated in section 43-4-404 (3). The office of transportation safety and the ~~office~~ of behavioral health ADMINISTRATION in the department of human services may use amounts from the money allocated or appropriated to them by this subsection (2) as necessary for the purpose of paying the costs incurred by the office of transportation safety and the ~~office~~ of behavioral health ADMINISTRATION in administering the programs established pursuant to this part 4; except that neither the office of transportation safety nor the ~~office~~ of behavioral health ADMINISTRATION may use for the purposes of this part 4 an amount exceeding eight percent of the money allocated or appropriated.

SECTION 208. In Colorado Revised Statutes, 43-4-404, **amend** (3) as follows:

43-4-404. Formula for allocation of money - rules. (3) The money in the fund appropriated to the ~~office~~ of behavioral health ADMINISTRATION in the department of human services pursuant to section 43-4-402 (2) must be used to establish a statewide program for the prevention of driving after drinking, including educating the public in the problems of driving after drinking; training teachers, health professionals, and law enforcement in the dangers of driving after drinking; preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior; and preparing and disseminating education curriculum materials for use at all school levels. The ~~office~~ of behavioral health ADMINISTRATION in the department of human services is authorized to contract with A PUBLIC ENTITY OR a qualified private corporation to provide all or part of these services and to establish standards for the program.

SECTION 209. In Colorado Revised Statutes, 44-30-1301, **amend** (2)(b)(I) and (2)(b)(II) introductory portion as follows:

44-30-1301. Definitions - local government limited gaming impact fund - rules - report - legislative declaration - repeal. (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the

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

(II) Notwithstanding section 24-1-136 (11)(a)(I), by January 1, 2009, and by each January 1 thereafter, the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human services shall submit a report to the health and human services committees of the senate and house of

representatives, or their successor committees, regarding the grant program. The report shall detail the following information for the fiscal year in which the report is submitted:

SECTION 210. In Colorado Revised Statutes, 44-30-1509, **amend** (2)(d) introductory portion as follows:

44-30-1509. Sports betting fund - creation - rules - definitions.

(2) From the money in the sports betting fund, to the extent the unexpended and unencumbered balance in the fund so permits, the state treasurer shall:

(d) Fourth, transfer one hundred thirty thousand dollars annually to the ~~office of behavioral health~~ ADMINISTRATION in the department of human services, to be used as follows:

SECTION 211. In Colorado Revised Statutes, 25-1.5-103, **add** (1)(a)(I)(A.5) as follows:

25-1.5-103. Health facilities - powers and duties of department - limitations on rules promulgated by department - definitions - repeal.

(1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

(a) (I) (A.5) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1)(a)(I)(A) OF THIS SECTION, AFTER JUNE 30, 2023, THE DEPARTMENT SHALL NOT ISSUE A LICENSE TO A COMMUNITY MENTAL HEALTH CENTER, AN ACUTE TREATMENT UNIT, OR BEHAVIORAL HEALTH ENTITIES. PRIOR TO THE EXPIRATION OF ANY LICENSE ISSUED BY THE DEPARTMENT TO SUCH AN ENTITY, THE ENTITY SHALL APPLY TO THE BEHAVIORAL HEALTH ADMINISTRATION PURSUANT TO PART 5 OF ARTICLE 50 OF TITLE 27. THIS SUBSECTION (1)(a)(I)(A.5) IS REPEALED, EFFECTIVE JULY 1, 2024.

SECTION 212. In Colorado Revised Statutes, 10-22.3-101, **amend** (3)(a) and (3)(b) as follows:

10-22.3-101. Opioid and other substance use disorders study committee - creation - members - purposes. (3) (a) The committee may meet ~~in the 2022 and 2023 interims~~ up to six times per interim IN THE 2023 AND 2025 INTERIMS. The committee may recommend up to a total of five bills during each interim. Legislation recommended by the committee must

be treated as legislation recommended by an interim committee for purposes of applicable deadlines, bill introduction limits, and any other requirements imposed by the joint rules of the general assembly.

(b) By ~~December 1, 2022, and December 1, 2023, AND DECEMBER 1, 2025~~, the committee shall make a report and a final report, respectively, to the legislative council created in section 2-3-301 that may include recommendations for legislation.

SECTION 213. In Colorado Revised Statutes, 27-66-101, **amend** (1.5); and **repeal** (1), (2), and (3) as follows:

27-66-101. Definitions. As used in this article 66, unless the context otherwise requires:

(1) ~~"Acute treatment unit"~~ means a facility or a distinct part of a facility for short-term psychiatric care, which may include substance abuse treatment and treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.

(1.5) ~~"Behavioral health entity"~~ means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in subsections (2) and (3) of this section, but does not include: HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

(a) ~~Residential child care facilities as defined in section 26-6-102 (33); or~~

(b) ~~Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.~~

(2) ~~"Community mental health center"~~ means either a physical plant or a group of services under unified administration or affiliated with one

another, and including at least the following services provided for the prevention and treatment of behavioral or mental health disorders in persons residing in a particular community in or near the facility so situated:

- (a) Inpatient services;
- (b) Outpatient services;
- (c) Partial hospitalization;
- (d) Emergency services;
- (e) Consultative and educational services.

(3) "Community mental health clinic" means a health institution planned, organized, operated, and maintained to provide basic community services for the prevention, diagnosis, and treatment of emotional, behavioral, or mental health disorders, such services being rendered primarily on an outpatient and consultative basis.

SECTION 214. In Colorado Revised Statutes, 26-5-117, **amend as added by House Bill 22-1283** (2)(a), (2)(b)(I), (2)(b)(II), (2)(c), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5), (6), and (8); and **repeal as added by House Bill 22-1283** (7) as follows:

26-5-117. Out-of-home placement for children and youth with mental or behavioral needs - funding - report - rules - legislative declaration - definitions - repeal. (2) (a) ~~On or before August 1, 2021, The state department BHA shall develop a program to provide emergency resources to licensed providers to help remove barriers such providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility. Any such licensed provider shall meet the requirements of a qualified residential treatment program, as defined in section 26-5.4-102; a psychiatric residential treatment facility, as defined in section 25.5-4-103 (19.5); treatment foster care; or therapeutic foster care.~~

(b) (I) Beginning July 1, 2022, the state department BHA shall provide ongoing operational support for psychiatric residential treatment facilities, therapeutic foster care, treatment foster care, and qualified

residential treatment programs as described in subsection (2)(a) of this section.

(II) For the 2022-23 budget year, the general assembly shall appropriate money from the behavioral and mental health cash fund created in section 24-75-230 to the ~~state department~~ BHA to fund operational support for psychiatric residential treatment facilities for youth, qualified residential treatment programs, therapeutic foster care, and treatment foster care for youth across the state as described in this subsection (2).

(c) The ~~state department~~ BHA and any person who receives money from the ~~state department~~ BHA shall comply with the compliance, reporting, record-keeping, and program evaluation requirements established by the office of state planning and budgeting and the state controller in accordance with section 24-75-226 (5).

(4) (a) ~~On or before December 31, 2021,~~ The ~~state department~~ BHA shall contract with licensed providers for the delivery of services to children and youth who are determined eligible for and placed in the program. A provider that contracts with the ~~state department~~ BHA shall not:

(II) Discharge a child or youth based on the severity or complexity of the child's or youth's physical, behavioral, or mental health needs; except that the ~~state department~~ BHA may arrange for the placement of a child or youth with an alternate contracted provider if the placement with the alternate provider is better suited to deliver services that meet the needs of the child or youth.

(b) The ~~state department~~ BHA shall reimburse a provider directly for the costs associated with the placement of a child or youth in the program for the duration of the treatment, including the costs the provider demonstrates are necessary in order for the provider to operate continuously during this period.

(c) The ~~state department~~ BHA shall coordinate with the department of health care policy and financing to support continuity of care and payment for services for any children or youth placed in the program.

(d) The ~~state department~~ BHA shall reimburse the provider one hundred percent of the cost of unutilized beds in the program to ensure

available space for emergency residential out-of-home placements.

(5) (a) A hospital, health-care provider, provider of case management services, school district, managed care entity, or state or county department of human or social services may refer a family for the placement of a child or youth in the program. The entity referring a child or youth for placement in the program shall submit or assist the family with submitting an application to the ~~state department~~ BHA for review. The ~~state department~~ BHA shall consider each application as space becomes available. The ~~state department~~ BHA shall approve admissions into the program and determine admission and discharge criteria for placement.

(b) The ~~state department~~ BHA shall develop a discharge plan for each child or youth placed in the program. The plan must include the eligible period of placement of the child or youth and shall identify the entity that will be responsible for the placement costs if the child or youth remains with the provider beyond the date of eligibility identified in the plan.

(c) The entity or family that places the child or youth in the program retains the right to remove the child or youth from the program any time prior to the discharge date specified by the ~~state department~~ BHA.

(6) Within ~~seven days after submitting an application to the state department for placing a child or youth in the program, the state department shall work with the referring entity and the child's or youth's parents or legal guardians to ensure the child or youth is assessed for eligibility for enrollment into the state medical assistance program. A child or youth who is eligible for enrollment into the state medical assistance program shall be enrolled. Enrollment of a child or youth into the state medical assistance program does not constitute automatic placement into the program.~~ AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY CAREGIVER WHO:

(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A

MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

(I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING DISORDERS; AND

(III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(7) ~~On or before November 1, 2023, and every November 1 thereafter, the state department shall submit a written report to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee. At a minimum, the report must include:~~

(a) ~~The number of applications received for placement of children and youth in the program;~~

(b) ~~The number of children and youth accepted for placement in the program;~~

(c) ~~The duration of each placement; and~~

(d) ~~The daily rate paid to each provider for placement of children and youth.~~

(8) This section is intended to provide enhanced emergency services

resulting from the increased need for services due to the COVID-19 pandemic. No later than September 30, 2024, the state department BHA shall submit recommendations to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for children and youth in need of residential care, including hospital step-down services on an ongoing basis.

SECTION 215. In Colorado Revised Statutes, **amend as amended by House Bill 22-1278** 27-66-104 as follows:

27-66-104. Types of services purchased - limitation on payments.

(1) Community mental health services may be purchased from behavioral health entities, clinics, community mental health centers, local general or psychiatric hospitals, and other agencies SAFETY-NET PROVIDERS that have been approved by the commissioner.

(2)(a) Each year the general assembly shall appropriate money for the purchase of mental health services from:

(I) Community mental health centers;

(II) Agencies that provide specialized clinic-type services but do not serve a specific designated service area;

(III) Acute treatment units; and

(IV) Behavioral health entities.

(b) The money appropriated for the purposes of this subsection (2) shall be distributed by the commissioner to approved behavioral health entities, community mental health centers, and other agencies on the basis of need and in accordance with the services provided.

(3) Each year the general assembly may appropriate money in addition to the money appropriated for purposes of subsection (2) of this section, which money may be used by the commissioner to assist behavioral health entities and community mental health clinics and centers in instituting innovative programs, in providing mental health services to

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

(4) Repealed.

(5) If there is a reduction in the financial support of local governmental bodies for community mental health services, the commissioner is authorized to reduce state payments for services in an amount proportional to the reduction in such local financial support.

(6) For purposes of entering into a cooperative purchasing agreement pursuant to section 24-110-201, a nonprofit behavioral health entity, nonprofit community mental health center, or nonprofit community mental health clinic may be certified as a local public procurement unit as provided in section 24-110-207.5.

SECTION 216. In Colorado Revised Statutes, 12-280-135, amend (1)(b) as follows:

12-280-135. Unused medication - licensed facilities - correctional facilities - reuse - definitions - rules. (1) As used in this section, unless the context otherwise requires:

(b) "Licensed facility" means a hospital, hospital unit, community mental health center, acute treatment unit BEHAVIORAL HEALTH SAFETY NET PROVIDER, hospice, nursing care facility, assisted living residence, or any other facility that is required to be licensed pursuant to section 25-3-101, or a licensed long-term care facility as defined in section 25-1-124 (2.5)(b).

SECTION 217. In Colorado Revised Statutes, 13-21-117, amend (1)(a) as follows:

13-21-117. Civil liability - mental health providers - duty to warn - definitions. (1) As used in this section, unless the context otherwise requires:

(a) "Mental health provider" means a physician, social worker,

psychiatric nurse, psychologist, or other mental health professional, or a mental health hospital, ~~community mental health center or clinic~~ BEHAVIORAL HEALTH ENTITY, institution, or their staff.

SECTION 218. In Colorado Revised Statutes, **amend** 13-64-303.5 as follows:

13-64-303.5. Exclusion - mental health- care facilities. The provisions of section 13-64-301 do not apply to any outpatient mental health-care facility, including ~~but not limited to a community mental health center or clinic~~ A BEHAVIORAL HEALTH SAFETY NET PROVIDER, and to any extended care facility or hospice with sixteen or fewer inpatient beds, including ~~but not limited to~~ nursing homes or rehabilitation facilities. The department of public health and environment shall by rule establish financial responsibility standards ~~which~~ THAT are less than those prescribed in this section for classes of health-care institutions ~~which~~ THAT have less risk of exposure to medical malpractice claims or for other reasons that render the limits provided in section 13-64-301 (1)(b) unreasonable or unattainable.

SECTION 219. In Colorado Revised Statutes, 14-15-107, **amend** (5)(n) as follows:

14-15-107. Rights, benefits, protections, duties, obligations, responsibilities, and other incidents of parties to a civil union. (5) Rights, benefits, protections, duties, obligations, responsibilities, and other incidents under law as are granted to or imposed upon spouses, that apply in like manner to parties to a civil union under this section, include but are not limited to:

(n) Laws or rules regarding the right to visit a partner who is in a correctional facility, as defined in section 17-1-102 (1.7), a local jail, as defined in section 17-1-102 (7), or a private contract prison, as defined in section 17-1-102 (7.3), or who is receiving treatment in a public hospital or a licensed private hospital, clinic, ~~community mental health center or clinic~~, ~~or acute treatment unit~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER, or institution that provides treatment for a person with a behavioral or mental health disorder;

SECTION 220. In Colorado Revised Statutes, 16-8-115, **amend**

(3)(b) and (3)(e) as follows:

16-8-115. Release from commitment after verdict of not guilty by reason of insanity or not guilty by reason of impaired mental condition. (3) (b) When a defendant is conditionally released, the chief officer of the institution in which the defendant is committed shall forthwith give written notice of the terms and conditions of such release to the executive director of the department of human services and to the director of any ~~community mental health center~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER THAT may be charged with continued treatment of the defendant. The director of such ~~mental health center~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER, shall make written reports every three months to the executive director of the department of human services and to the district attorney for the judicial district where the defendant was committed and to the district attorney for any judicial district where the defendant may be required to receive treatment concerning the treatment and status of the defendant. Such reports shall include all known violations of the terms and conditions of the defendant's release and any changes in the defendant's mental status ~~which~~ THAT would indicate that the defendant has become ineligible to remain on conditional release as defined in section 16-8-102 (4.5).

(e) As long as the defendant is granted conditional release and is subject to the provisions thereof, there shall be free transmission of all information, including clinical information regarding the defendant, among the department of human services, the appropriate ~~community mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS, and appropriate district attorneys, law enforcement, and court personnel.

SECTION 221. In Colorado Revised Statutes, 16-11.9-203, amend (5) introductory portion as follows:

16-11.9-203. Statewide behavioral health court liaison program - established - purpose - administration. (5) Each judicial district shall use allocated program money to partner with community mental health providers ~~such as a community mental health center~~, that are able to provide a continuum of community-based behavioral health services in their region to accomplish the program goals set forth in subsections (1) and (2) of this section. Program money may be used for the purposes established by the state court administrator pursuant to subsection (3) of this section, including

but not limited to:

SECTION 222. In Colorado Revised Statutes, 16-11.9-204, **amend as amended by House Bill 22-1278** (1)(f)(III) introductory portion as follows:

16-11.9-204. Behavioral health court liaisons - duties and responsibilities - consultation and collaboration. (1) A court liaison hired pursuant to this part 2 has the following duties and responsibilities:

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

(III) ~~Community mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS and other local community behavioral health providers that receive state funding through the behavioral health administration in the department of human services for services such as:

SECTION 223. In Colorado Revised Statutes, 24-1.9-102, **amend (1)(a)(IV) and (1)(a)(V)** as follows:

24-1.9-102. Memorandum of understanding - local-level interagency oversight groups - individualized service and support teams - coordination of services for children and families - requirements - waiver. (1) (a) Local representatives of each of the agencies specified in this subsection (1)(a) and county departments of human or social services may enter into memorandums of understanding that are designed to promote a collaborative system of local-level interagency oversight groups and individualized service and support teams to coordinate and manage the provision of services to children and families who would benefit from integrated multi-agency services. The memorandums of understanding entered into pursuant to this subsection (1) must be between interested county departments of human or social services and local representatives of each of the following agencies or entities:

(IV) Each ~~community mental health center~~ COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER;

(V) Each behavioral health ADMINISTRATIVE SERVICES organization;

SECTION 224. In Colorado Revised Statutes, 24-110-207.5, **amend as it will become effective July 1, 2024**, (1)(a) as follows:

24-110-207.5. Certification of certain entities as local public procurement units - rules - report. (1) The executive director may certify any of the following entities as a local public procurement unit:

(a) Any ~~nonprofit community mental health center, as defined in section 27-66-101, any nonprofit community mental health clinic, as defined in section 27-66-101~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER, AS DEFINED IN SECTION 27-50-101, any nonprofit case management agency, as defined in section 25.5-6-1702 (2), or any nonprofit service agency, as defined in section 25.5-10-202, if the entity uses the supplies, services, or construction procured for the public mental health system or the public developmental disability system;

SECTION 225. In Colorado Revised Statutes, 25-1-1202, **amend (1)(u)** as follows:

25-1-1202. Index of statutory sections regarding medical record confidentiality and health information. (1) Statutory provisions concerning policies, procedures, and references to the release, sharing, and use of medical records and health information include the following:

(u) Section 13-21-117, C.R.S., concerning civil liability of a mental health professional, mental health hospital, ~~community mental health center, or clinic~~ OR BEHAVIORAL HEALTH SAFETY NET PROVIDER related to a duty to warn or protect;

SECTION 226. In Colorado Revised Statutes, 25-1.5-103, **amend (1)(a)(I)(A); and repeal (2)(a), (2)(a.3), and (2)(b)** as follows:

25-1.5-103. Health facilities - powers and duties of department - limitations on rules promulgated by department - definitions. (1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

(a) (I) (A) To annually license and to establish and enforce standards for the operation of general hospitals, hospital units as defined in section 25-3-101 (2), freestanding emergency departments as defined in section

25-1.5-114, psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, ~~community mental health centers, acute treatment units, behavioral health entities, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, home care agencies, and other facilities of a like nature, except those wholly owned and operated by any governmental unit or agency.~~

(2) For purposes of this section, unless the context otherwise requires:

(a) ~~"Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which may include substance abuse treatment, and which provides a total, twenty-four-hour therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.~~

(a.3) ~~"Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in section 27-66-101 (2) and (3), but does not include:~~

(I) ~~Residential child care facilities, as defined in section 26-6-102 (33), or~~

(II) ~~Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.~~

(b) ~~"Community mental health center" means either a physical plant or a group of services under unified administration and including at least the following: Inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for persons with behavioral or mental health disorders residing in a particular community in or near which the~~

facility is situated.

SECTION 227. In Colorado Revised Statutes, 25-1.5-112, **amend as amended by House Bill 22-1278** (2) introductory portion as follows:

25-1.5-112. Colorado suicide prevention plan - established - goals - responsibilities - funding - definition. (2) The suicide prevention commission, together with the office of suicide prevention, the behavioral health administration in the department of human services, the department, and the department of health care policy and financing, is strongly encouraged to collaborate with criminal justice and health-care systems, mental and behavioral health systems, primary care providers, physical and mental health clinics in educational institutions, ~~community mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS, advocacy groups, emergency medical services professionals and responders, public and private insurers, hospital chaplains, and faith-based organizations to develop and implement:

SECTION 228. In Colorado Revised Statutes, 25-3-101, **amend** (1) as follows:

25-3-101. Hospitals - health facilities - licensed - definitions.

(1) It is unlawful for any person, partnership, association, or corporation to open, conduct, or maintain any general hospital; hospital unit; freestanding emergency department as defined in section 25-1.5-114; psychiatric hospital; community clinic; rehabilitation hospital; convalescent center; behavioral health entity; ~~community mental health center or acute treatment unit licensed as a behavioral health entity~~; facility for persons with developmental disabilities, as defined in section 25-1.5-103 (2)(c); nursing care facility; hospice care; assisted living residence, except an assisted living residence shall be assessed a license fee as set forth in section 25-27-107; dialysis treatment clinic; ambulatory surgical center; birthing center; home care agency; or other facility of a like nature, except those wholly owned and operated by any governmental unit or agency, without first having obtained a license from the department.

SECTION 229. In Colorado Revised Statutes, 25-3-103.7, **amend** (1)(d); and **repeal** (1)(a) as follows:

25-3-103.7. Employment of physicians - when permissible -

conditions - definitions. (1) For purposes of this section:

(a) ~~"Community mental health center"~~ means a community mental health center, as defined in section 25-1.5-103 (2), that is currently licensed and regulated by the department pursuant to the department's authority under section 25-1.5-103 (1)(a).

(d) "Health-care facility" means a hospital, hospice, ~~community mental health center~~, BEHAVIORAL HEALTH SAFETY NET PROVIDER, AS DEFINED IN SECTION 27-50-101 (7), federally qualified health center, school-based health center, rural health clinic, PACE organization, or long-term care facility.

SECTION 230. In Colorado Revised Statutes, 25-20.5-1302, amend (2) introductory portion as follows:

25-20.5-1302. Community behavioral health disaster preparedness and response program - creation - department duties - rules. (2) The program is intended to enhance, support, and formalize behavioral health disaster preparedness and response activities conducted by community behavioral health organizations; ~~including community mental health centers as defined in section 27-66-101 (2)~~; except that the activities must not replace or supersede any disaster plans prepared or maintained by a local or interjurisdictional emergency management agency, as established in section 24-33.5-707. The activities may include but are not limited to:

SECTION 231. In Colorado Revised Statutes, 25.5-1-204, amend (2)(a)(IV) as follows:

25.5-1-204. Advisory committee to oversee the all-payer health claims database - creation - members - duties - legislative declaration - rules - report. (2)(a) No later than August 1, 2013, the executive director shall appoint an advisory committee to oversee the Colorado all-payer health claims database. The advisory committee shall include the following members:

(IV) A representative from a ~~community mental health center~~ COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDER, AS DEFINED IN SECTION 27-50-101, who has experience in behavioral health data collection;

SECTION 232. In Colorado Revised Statutes, 25.5-4-103, **amend as it will become effective July 1, 2024**, (3) as follows:

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

(3) "Case management services" means services provided by case management agencies and ~~community mental health centers and community mental health clinics, as defined in section 27-66-101 (2) and (3)~~ COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, AS DEFINED IN SECTION 27-50-101, to assist persons in gaining access to needed medical, social, educational, and other services.

SECTION 233. In Colorado Revised Statutes, 25.5-5-202, **amend (1)(g)** as follows:

25.5-5-202. Basic services for the categorically needy - optional services. (1) Subject to the provisions of subsection (2) of this section, the following are services for which federal financial participation is available and that Colorado has selected to provide as optional services under the medical assistance program:

(g) Rehabilitation services as appropriate to ~~community mental health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION 27-50-101;

SECTION 234. In Colorado Revised Statutes, 25.5-5-402, **amend (3)(e)** as follows:

25.5-5-402. Statewide managed care system - rules - definition.

(3) The statewide managed care system must include a statewide system of community behavioral health care that must:

(e) Be paid for by the state department establishing capitated rates specifically for ~~community mental~~ BEHAVIORAL health services that account for a comprehensive continuum of needed services such as those provided by ~~community mental health centers as defined in section 27-66-101~~ LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING ESSENTIAL AND COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH PROVIDERS, AS DEFINED IN SECTION 27-50-101;

SECTION 235. In Colorado Revised Statutes, 27-65-102, **amend** (1.5) and (7) as follows:

27-65-102. Definitions. As used in this article 65, unless the context otherwise requires:

(1.5) "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in section 27-66-101 (2) and (3), but does not include: HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

(a) Residential child care facilities as defined in section 26-6-102 (33); or

(b) Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.

(7) "Facility" means a public hospital or a licensed private hospital, clinic, behavioral health entity, community mental health center or clinic, acute treatment unit, institution, or residential child care facility that provides treatment for persons with mental health disorders.

SECTION 236. In Colorado Revised Statutes, 27-67-103, **amend** (10); **repeal** (4); and **add** (1.3) as follows:

27-67-103. Definitions. As used in this article 67, unless the context otherwise requires:

(1.3) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

(4) "Community mental health center" has the same meaning as provided in section 27-66-101 (2).

(10) "Mental health agency" means a behavioral health services contractor through the state department of human services BEHAVIORAL

HEALTH ADMINISTRATION serving children and youth statewide or in a particular geographic area including but not limited to community mental health centers, and with the ability to meet all expectations of this article 67.

SECTION 237. In Colorado Revised Statutes, 27-67-109, **amend (2)(f)** as follows:

27-67-109. Child and youth mental health services standards - advisory board. (2) An advisory board to the state department is established for the purpose of assisting and advising the executive director in accordance with this section in the development of service standards and rules. The advisory board consists of not less than eleven nor more than fifteen members appointed by the state department as follows:

(f) One member representing a ~~community mental health center~~ BEHAVIORAL HEALTH SAFETY NET PROVIDER that performs evaluations pursuant to this article 67;

SECTION 238. In Colorado Revised Statutes, 27-70-102, **amend (2)** as follows:

27-70-102. Definitions. As used in this article 70, unless the context otherwise requires:

(2) "Facility" means a federally qualified health-care center, clinic, ~~community mental health center or clinic~~, behavioral health entity, institution, acute treatment unit, jail, facility operated by the department of corrections, or a facility operated by the division of youth services.

SECTION 239. In Colorado Revised Statutes, 27-81-102, **amend (3.5)** as follows:

27-81-102. Definitions. As used in this article 81, unless the context otherwise requires:

(3.5) "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as

~~described in section 27-66-101 (2) and (3), but does not include:~~ HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

~~(a) Residential child care facilities as defined in section 26-6-102 (33); or~~

~~(b) Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.~~

SECTION 240. In Colorado Revised Statutes, 44-30-1301, amend as amended by House Bill 22-1278 (2)(b)(I) as follows:

44-30-1301. Definitions - local government limited gaming impact fund - rules - report - legislative declaration - repeal.

(2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the commissioner of the behavioral health administration in the department of human services shall use the money in the gambling addiction account to award grants for the purpose of providing gambling addiction counseling services to Colorado residents and to provide gambling addiction treatment training to staff at ~~nonprofit community mental health centers or clinics as defined in section 27-66-101~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION 27-50-101. The behavioral health administration may use a portion of the money in the gambling addiction account, not to exceed ten percent in the 2008-09 fiscal year and five percent in each fiscal year thereafter, to cover the administration's direct and indirect costs associated with administering the grant program authorized in this subsection (2)(b). The commissioner of the administration shall award grants to state or local public or private entities or programs that provide gambling addiction counseling services and that have or are seeking nationally accredited gambling addiction counselors. The commissioner of the administration shall award ten percent of the money in the gambling addiction account in grants to addiction counselors who are actively pursuing national accreditation as gambling addiction counselors. In order to qualify for an accreditation grant, an addiction counselor applicant must provide sufficient proof that the applicant has completed at least half of the counseling hours required for national accreditation. The commissioner of the administration shall adopt rules establishing the procedure for applying for a grant from the gambling addiction account, the criteria for awarding grants and prioritizing applications, and any other provision necessary for

the administration of the grant applications and awards. Neither the entity, program, or gambling addiction counselor providing the gambling addiction counseling services nor the recipients of the counseling services need to be located within the jurisdiction of an eligible local governmental entity in order to receive a grant or counseling services. At the end of a fiscal year, all unexpended and unencumbered money in the gambling addiction account remains in the account and does not revert to the general fund or any other fund or account.

SECTION 241. In Colorado Revised Statutes, 16-13-311, **amend as amended by House Bill 22-1278** (3)(a)(VII)(B) as follows:

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

(VII) The balance must be delivered, upon order of the court, as follows:

(B) Twenty-five percent to the ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization contracting with the behavioral health administration in the department of human services serving the judicial district where the forfeiture proceeding was prosecuted to fund detoxification and substance use disorder treatment. Money appropriated to the ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization must be in addition to, and not be used to supplant, other funding appropriated to the behavioral health administration; and

SECTION 242. In Colorado Revised Statutes, 25.5-5-325, **amend (2)(b) introductory portion; and amend as amended by House Bill 22-1278** (2)(b)(I) as follows:

25.5-5-325. Residential and inpatient substance use disorder treatment - medical detoxification services - federal approval - performance review report. (2) (b) Prior to seeking federal approval pursuant to subsection (2)(a) of this section, the state department shall seek input from relevant stakeholders, including existing providers of substance use disorder treatment and medical detoxification services and ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations. The state department shall seek input and involve stakeholders in decisions regarding:

(I) The coordination of benefits with ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations and the behavioral health administration in the department of human services;

SECTION 243. In Colorado Revised Statutes, 27-63-105, **amend as amended by House Bill 22-1278** (2) as follows:

27-63-105. Safety net system implementation - safety net system criteria. (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 BHA shall consider ~~community mental health centers, managed service~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES 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 244. In Colorado Revised Statutes, 27-80-101, **amend as added by House Bill 22-1278** (2.6) as follows:

27-80-101. Definitions. As used in this article 80, unless the context otherwise requires:

(2.6) "Designated service area" means the geographical substate planning area specified by the commissioner to be served by a ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization, as described in section 27-80-107.

SECTION 245. In Colorado Revised Statutes, 27-80-106, **amend (2)(b); and amend as amended by House Bill 22-1278 (2)(a)** as follows:

27-80-106. Purchase of prevention and treatment services.

(2) (a) In addition to the services purchased pursuant to subsection (1) of this section, using money appropriated for purposes of this section or available from any other governmental or private source, the BHA may purchase services for the treatment of alcohol and drug abuse or substance use disorders on a contract basis from a ~~designated managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES~~ organization for a designated service area as set forth in section 27-80-107. A public or private agency, organization, or institution approved by the BHA through the process set forth in section 27-80-107 may be designated as a ~~designated managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES~~ organization.

(b) ~~Designated managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES~~ organizations receiving money pursuant to this subsection (2) shall comply with all relevant provisions of and rules promulgated pursuant to this article 80.

SECTION 246. In Colorado Revised Statutes, 27-80-107.5, **amend (2); and amend as amended by House Bill 22-1278 (3), (4)(b), (4)(c), (5)(a), and (5)(b)** as follows:

27-80-107.5. Increasing access to effective substance use disorder services act - managed service organizations - substance use disorder services - assessment - community action plan - allocations - reporting requirements - evaluation. (2) On or before February 1, 2017, each ~~managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES~~ organization designated pursuant to section 27-80-107 shall assess the sufficiency of substance use disorder services within its geographic region for adolescents ages seventeen and younger, young adults ages eighteen through twenty-five, pregnant women, women who are postpartum and parenting, and other adults who are in need of such services. During the community assessment process, each ~~managed service BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES~~ organization shall seek input and information from appropriate BEHAVIORAL HEALTH entities, ~~such as community mental health centers, behavioral health organizations, county departments of human or social services, local public health agencies, substance use~~

disorder treatment providers, law enforcement agencies, probation departments, organizations that serve veterans or homeless individuals, and other relevant stakeholders. The community assessment must include an analysis of existing funding and resources within the community to provide a continuum of substance use disorder services, including prevention, intervention, treatment, and recovery support services, for adolescents ages seventeen and younger, young adults ages eighteen through twenty-five, pregnant women, women who are postpartum and parenting, and other adults who are in need of such services.

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

(b) A ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization may periodically update its community action plan to reflect changes in community needs and priorities. Any such updated plan must be submitted in electronic format to the BHA and the department of health care policy and financing.

(c) On or before May 1, 2017, the BHA shall post the community action plans from the ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations developed pursuant to subsection (3)(a) of this section on its website. On or before May 1, 2017, the BHA shall submit a report summarizing all of the community action plans received from the ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations to the joint budget committee, the health and human services committee of the senate, and the public and behavioral health and human services committee of the house of representatives, or any successor committees. The BHA shall post on its website any updated community

action plans received pursuant to subsection (3)(b) of this section.

(4) (b) On July 1, 2017, and on every July 1 thereafter, the BHA shall disburse to each ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization that has submitted a community action plan one hundred percent of the ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization's allocation from the money appropriated from the marijuana tax cash fund.

(c) It is the intent of the general assembly that each ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization use money allocated to it from the marijuana tax cash fund to cover expenditures for substance use disorder services that are not otherwise covered by public or private insurance. Each ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization may use its allocation from the marijuana tax cash fund to implement its community action plan, including expenditures for substance use disorder services and for any start-up costs or other expenses necessary to increase capacity to provide such services. A ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization must spend its allocation in the state fiscal year in which it is received or in the next state fiscal year thereafter. If there is any money from the allocation remaining after the second state fiscal year, then the ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization shall return the money to the BHA. If an enhanced residential and inpatient substance use disorder treatment and medical detoxification services benefit becomes available under the Colorado medical assistance program, ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations shall determine to what extent money allocated from the marijuana tax cash fund may be used to assist in providing substance use disorder treatment, including residential and inpatient substance use disorder treatment and medical detoxification services, if those services are not otherwise covered by public or private insurance.

(5) (a) On or before September 1, 2017, and on or before each September 1 thereafter, each ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization shall submit an annual report to the BHA, the joint budget committee, the health and human services committee of the senate, and the public and behavioral health and human services committee of the house of representatives, or their

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

(b) ~~A designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization shall provide the BHA with information about actual expenditures as required by the BHA.

SECTION 247. In Colorado Revised Statutes, 27-50-703, **amend as added by House Bill 22-1278** (2)(b) as follows:

27-50-703. Advisory council - regional subcommittees - subcommittees - working groups. (2) The BHA may create committees within the advisory council to meet other state and federal board or advisory council requirements, which may include:

(b) The mental health advisory board for service standards and rules created pursuant to ~~section 27-65-130~~ SECTION 27-65-130; and

SECTION 248. In Colorado Revised Statutes, 13-20-401, **amend as amended by House Bill 22-1278** (2) as follows:

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

(2) "Patient" means the person upon whom a proposed electroconvulsive treatment is to be performed; except that nothing in this part 4 supersedes the provisions of article 65 of title 27 or any rule adopted by the behavioral health administration in the department of human services pursuant to ~~section 27-65-116~~ (2) SECTION 27-65-118 with regard to the care and treatment of any person unable to exercise written informed consent or of a person with a mental health disorder.

SECTION 249. In Colorado Revised Statutes, 25-3.5-103, **amend as amended by House Bill 22-1278** (11.4)(b)(I) as follows:

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

(11.4) (b) Secure transportation includes:

(I) For an individual being transported pursuant to ~~section 27-65-103 or 27-65-105~~ (1) SECTION 27-65-104 OR 27-65-106 (1), transportation from the community to a facility designated by the commissioner of the behavioral health administration in the department of human services for treatment and evaluation pursuant to article 65 of title 27;

SECTION 250. In Colorado Revised Statutes, 26-20-103, **amend as amended by House Bill 22-1278** (3) as follows:

26-20-103. Basis for use of restraint or seclusion. (3) In addition to the circumstances described in subsection (1) of this section, a facility, as defined in section 27-65-102, (7), that is designated by the commissioner of the behavioral health administration in the state department to provide treatment pursuant to ~~section 27-65-105, 27-65-106, 27-65-107, or 27-65-109~~ SECTION 27-65-106, 27-65-108, 27-65-109, OR 27-65-110 to an individual with a mental health disorder, as defined in section 27-65-102, (11.5), may use seclusion to restrain an individual with a mental health disorder when the seclusion is necessary to eliminate a continuous and serious disruption of the treatment environment.

SECTION 251. In Colorado Revised Statutes, 27-60-104, **amend as amended by House Bill 22-1278** (3)(a) as follows:

27-60-104. Behavioral health crisis response system - crisis 10 service facilities - walk-in centers - mobile response units - report. (3) (a) All walk-in centers throughout the state's crisis response system must be appropriately designated by the commissioner for a ~~seventy-two-hour treatment and evaluation~~ AN EMERGENCY MENTAL HEALTH HOLD, adequately prepared, and properly staffed to accept an individual through the ~~emergency mental health~~ procedure outlined in ~~section 27-65-105~~ SECTION 27-65-106 or a voluntary application for mental health services pursuant to section 27-65-103 OR 27-65-104. Priority for individuals ~~receiving emergency placement~~ PLACED UNDER AN EMERGENCY MENTAL HEALTH HOLD pursuant to ~~section 27-65-105~~ SECTION 27-65-106

is on treating high-acuity individuals in the least restrictive environment without the use of law enforcement.

SECTION 252. In Colorado Revised Statutes, 18-1.9-105, **amend as repealed and reenacted by Senate Bill 22-021** (2) as follows:

18-1.9-105. Task force funding - staff support. (2) The division of criminal justice in the department of public safety, the ~~office of~~ behavioral health ADMINISTRATION in the department of human services, and any state department or agency with an active representative on the task force are authorized to receive and expend gifts, grants, and donations, including donations of in-kind services for staff support, from any public or private entity for any direct or indirect costs associated with the duties of the task force.

SECTION 253. Appropriation. (1) For the 2022-23 state fiscal year, \$671,538 is appropriated to the department of human services for use by the executive director's office. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

- (a) \$259,000 for health, life, and dental;
- (b) \$3,703 for short-term disability;
- (c) \$115,705 for S.B. 04-257 amortization equalization disbursement;

- (d) \$115,705 for S.B. 06-235 supplemental amortization equalization disbursement; and

- (e) \$177,426 for the purchase of legal services.

- (2) For the 2022-23 state fiscal year, \$177,426 is appropriated to the department of law. This appropriation is from reappropriated funds received from the department of human services under subsection (1)(e) of this section and is based on an assumption that the department of law will require an additional 1.0 FTE. To implement this act, the department of law may use this appropriation to provide legal services for the department of human services.

SECTION 254. Appropriation. (1) For the 2022-23 state fiscal year, \$542,470 is appropriated to the department of human services for administration and finance. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

- (a) \$479,380 for personal services related to administration, which amount is based on an assumption that the department will require an additional 4.5 FTE; and
- (b) \$63,090 for operating expenses related to administration.

SECTION 255. Appropriation. For the 2022-23 state fiscal year, \$2,495,231 is appropriated to the department of human services for use by the behavioral health administration. This appropriation is from the general fund and is based on an assumption that the administration will require an additional 21.4 FTE. To implement this act, the administration may use this appropriation for program administration related to community behavioral health administration.

SECTION 256. Appropriation - adjustments to 2022 long bill.

(1) To implement this act, appropriations made in the annual general appropriation act for the 2022-23 state fiscal year to the department of human services are adjusted as follows:

- (a) The general fund appropriation for use by the behavioral health administration for prevention programs is decreased by \$37,565;
- (b) The general fund appropriation for use by the behavioral health administration for community prevention and treatment programs is decreased by \$10,546;
- (c) The cash funds appropriation from the marijuana tax cash fund created in section 36-28.8-501 (1), C.R.S., for use by the behavioral health administration for community prevention and treatment programs is decreased by \$498,550; and
- (d) The cash funds appropriation from the marijuana tax cash fund created in section 36-28.8-501 (1), C.R.S., for use by the behavioral health administration for community behavioral health administration program administration is decreased by \$91,947, and the related FTE is decreased by

11.2 FTE.

(2) For the 2022-23 state fiscal year, \$638,608 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation consists of \$48,111 from the general fund and \$590,497 from the marijuana tax cash fund created in section 36-28.8-501 (1), C.R.S., and is based on an assumption that the division will require an additional 11.2 FTE. To implement this act, the division may use this appropriation for prevention programming.

(3) For the 2022-23 state fiscal year, \$8,181,248 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from reappropriated funds that originated as federal substance abuse prevention and treatment block grant funds reflected in multiple line items in the department of human services. To implement this act, the division may use this appropriation for prevention programming. This figure is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year.

SECTION 257. Appropriation - adjustments to 2022 long bill.

(1) To implement this act, appropriations made in the annual general appropriation act for the 2022-23 state fiscal year to the department of human services are adjusted as follows:

(a) The cash funds appropriation from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., for health, life, and dental is decreased by \$12,282;

(b) The cash funds appropriation from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., for short-term disability is decreased by \$91;

(c) The cash funds appropriation from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., for S.B. 04-257 amortization equalization disbursement is decreased by \$2,877; and

(d) The cash funds appropriation from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., for S.B. 06-235 supplemental amortization equalization disbursement is decreased by \$2,877.

(2) For the 2022-23 state fiscal year, \$18,127 is appropriated to the department of public health and environment. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the department may use this appropriation as follows:

- (a) \$12,282 for health, life, and dental;
- (b) \$91 for short-term disability;
- (c) \$2,877 for S.B. 04-257 amortization equalization disbursement; and
- (d) \$2,877 for S.B. 06-235 supplemental amortization equalization disbursement.

SECTION 258. Appropriation. For the 2022-23 state fiscal year, \$11,846 is appropriated to the department of public health and environment for use by administration and support. This appropriation is from the general fund and is based on an assumption that the department will require an additional 0.2 FTE. To implement this act, the department may use this appropriation for personal services related to administration.

SECTION 259. Appropriation - adjustments to 2022 long bill. To implement this act, the general fund appropriation made in the annual general appropriation act for the 2022-23 state fiscal year to the department of public health and environment for use by the health facilities and emergency medical services division for behavioral health entity licensing is decreased by \$36,033, and the related FTE is decreased by 0.4 FTE.

SECTION 260. Appropriation. (1) For the 2022-23 state fiscal year, \$246,399 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

- (a) \$227,524 for personal services, which amount is based on an assumption that the office will require an additional 4.5 FTE; and
- (b) \$18,875 for operating expenses.

(2) For the 2022-23 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$246,399 in federal funds to implement this act, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$227,524 for personal services; and

(b) \$18,875 for operating expenses.

SECTION 261. Appropriation. (1) For the 2022-23 state fiscal year, \$142,766 is appropriated to the department of regulatory agencies for use by the division of insurance. This appropriation is from the division of insurance cash fund created in section 10-1-103 (3), C.R.S. To implement this act, the division may use this appropriation as follows:

(a) \$127,666 for personal services, which amount is based on an assumption that the division will require an additional 2.0 FTE;

(b) \$15,100 for operating expenses.

SECTION 262. Appropriation - adjustments to 2022 long bill.

(1) To implement this act, appropriations made in the annual general appropriation act for the 2022-23 state fiscal year to the legislative department are adjusted as follows:

(a) The general fund appropriation for use by the legislative council is decreased by \$20,736, and the related FTE is decreased by 0.3 FTE;

(b) The general fund appropriation for use by the office of legislative legal services is decreased by \$17,095, and the related FTE is decreased by 0.2 FTE; and

(c) The general fund appropriation for use by the general assembly is decreased by \$14,117.

SECTION 263. Effective date. (1) (a) Except as otherwise provided in this section, this act takes effect July 1, 2022.

(b) Section 212 of this act takes effect July 1, 2023, and sections 215 through 240 of this act take effect July 1, 2024.

(2) Section 18, section 74, section 109, section 144, section 148, and section 150 of this act take effect only if House Bill 22-1256 does not become law.

(3) Sections 241 through 251 of this act take effect only if House Bill 22-1256 becomes law, in which case sections 241 through 251 of this act take effect July 1, 2022, or on the effective date of House Bill 22-1256, whichever is later.

(4) Section 100 of this act takes effect only if House Bill 22-1283 does not become law.

(5) Section 214 of this act takes effect only if House Bill 22-1283 becomes law, in which case section 214 takes effect on the effective date of House Bill 22-1283 or House Bill 22-1278, whichever is later.

(6) Section 16 and section 17 of this act take effect only if Senate Bill 22-021 does not become law.

(7) Section 252 of this act takes effect only if Senate Bill 22-021 becomes law, in which case section 252 takes effect on the effective date of Senate Bill 22-021 or House Bill 22-1278, whichever is later.

SECTION 264. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Steve Fenberg
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO