

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Public & Behavioral Health & Human Services.

HB21-1097 be amended as follows:

- 1 Amend printed bill, page 2, line 11, strike "CONSUMERS" and substitute
- 2 "ADULTS, CHILDREN,".
- 3 Page 2, line 12, strike "ABUSE DISORDER" and substitute "USE".
- 4 Page 2, line 13, strike "STATE AND LOCAL GOVERNMENT," and substitute
- 5 "STATE, LOCAL, AND TRIBAL GOVERNMENTS,".
- 6 Page 2, line 16, strike "IS" and substitute "WAS".
- 7 Page 2, line 19, strike "IS".
- 8 Page 2, line 20, strike "EASY" and substitute "EQUITABLE".
- 9 Strike pages 3 through 5.
- 10 Page 6, strike lines 1 through 16 and substitute "TO WHOLE-PERSON CARE;
- 11 (d) IN SEPTEMBER 2020, THE BEHAVIORAL HEALTH TASK FORCE
- 12 RELEASED ITS BLUEPRINT, SUBCOMMITTEE, AND COVID-19 SPECIAL
- 13 COMMITTEE REPORTS THAT OUTLINE ITS VISION FOR BEHAVIORAL HEALTH
- 14 REFORM; AND
- 15 (e) THE FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE
- 16 INDICATE THAT IT IS IMPERATIVE THAT AN IMPROVED BEHAVIORAL
- 17 HEALTH SYSTEM IN COLORADO:
- 18 (I) PROVIDE EQUITABLE AND MEANINGFUL ACCESS TO SERVICES
- 19 AND CARE FOR COLORADANS, REGARDLESS OF ABILITY TO PAY,
- 20 CO-OCCURRING CONDITIONS, DISABILITY, LINGUISTICS, GEOGRAPHIC
- 21 LOCATION, RACIAL OR ETHNIC IDENTITY, RELIGION, SOCIOECONOMIC
- 22 STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, HOUSING STATUS,
- 23 HISTORY OF CRIMINAL JUSTICE INVOLVEMENT, PAYER SOURCE, CULTURE,
- 24 OR ANY OTHER FACTOR;
- 25 (II) PROVIDE ACCESS TO CARE THAT:
- 26 (A) INTEGRATES PHYSICAL AND BEHAVIORAL HEALTH;
- 27 (B) IS CULTURALLY AND LINGUISTICALLY RESPONSIVE,
- 28 TRAUMA-INFORMED, AND TAILORED TO THE INDIVIDUAL AND SPECIFIC
- 29 FAMILY NEEDS; AND
- 30 (C) PRIORITIZES ALL ASPECTS OF HEALTH, INCLUDING WELLNESS,
- 31 AND EARLY INTERVENTIONS AND SUPPORTS THAT HELP PEOPLE STAY
- 32 SUCCESSFULLY AND MEANINGFULLY CONNECTED TO THE COMMUNITY
- 33 WHERE THEY LIVE, WORK, AND PLAY;
- 34 (III) PROVIDES A CONTINUUM OF SERVICES FOR CHILDREN, YOUTH,

1 AND ADULTS, INCLUDING MEETING THE UNIQUE NEEDS OF CHILDREN AND
2 YOUTH. YOUNG PEOPLE HAVE DIFFERENT NEEDS THAN ADULTS AND
3 SHOULD BE OFFERED DEVELOPMENTALLY APPROPRIATE AND CULTURALLY
4 COMPETENT SERVICES.

5 (IV) PROVIDES ACCESS TO QUALITY AND AFFORDABLE SERVICES
6 IN A VARIETY OF METHODS, INCLUDING IN-PERSON AND VIRTUAL SERVICES;

7 (V) PROVIDES ACCESS TO BEHAVIORAL HEALTH SERVICES IN
8 REGIONS AND COMMUNITIES WITHOUT NECESSITATING ENGAGEMENT WITH
9 THE CRIMINAL OR JUVENILE JUSTICE SYSTEMS;

10 (VI) PROVIDES COLORADANS WITH ACCESS TO AFFORDABLE CARE
11 THAT KEEPS THEM HEALTHY, AND ADMINISTRATIVE EFFICIENCIES ACROSS
12 THE BEHAVIORAL HEALTH CARE INDUSTRY ALIGN WITH PAYMENT MODELS
13 AND INCENTIVES THAT DRIVE QUALITY AND IMPROVED OUTCOMES;

14 (VII) INCLUDES A HIGH-QUALITY, TRAINED, CULTURALLY
15 RESPONSIVE, TRAUMA-INFORMED, AND DIVERSE PROFESSIONAL
16 BEHAVIORAL HEALTH WORKFORCE THAT DELIVERS OUTCOMES AND
17 EQUITABLE ACCESS TO CARE; AND

18 (VIII) PROVIDES COLORADANS WITH AN OPPORTUNITY TO
19 ACHIEVE AND MAINTAIN MENTAL WELLNESS BY ADDRESSING SOCIAL
20 DETERMINANTS OF HEALTH, SUCH AS HOUSING, TRANSPORTATION, AND
21 EMPLOYMENT, IN ADDITION TO THE INTEGRATION OF PHYSICAL AND
22 BEHAVIORAL HEALTH CARE.

23 (2) THE GENERAL ASSEMBLY FURTHER FINDS THAT IN
24 IMPLEMENTING THE FINDINGS AND RECOMMENDATIONS OF THE COLORADO
25 BEHAVIORAL HEALTH TASK FORCE IT IS IMPERATIVE TO RELY ON ALL
26 STAKEHOLDERS WORKING TOGETHER TO HOLD THE BEHAVIORAL HEALTH
27 SYSTEM ACCOUNTABLE TO ENSURE ALL COLORADANS ARE RECEIVING THE
28 CARE NEEDED TO FULFILL THE TASK FORCE'S AIM OF ENSURING A QUALITY
29 BEHAVIORAL HEALTH SYSTEM.

30 (3) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT, TO
31 ENSURE A STANDARD OF HIGH-QUALITY, INTEGRATED, AND
32 CONSUMER-CENTRIC ACCESS TO BEHAVIORAL HEALTH CARE SERVICES, IT
33 IS IMPERATIVE THAT THE RECOMMENDATIONS AND FINDINGS INCLUDED IN
34 THE BLUEPRINT CREATED BY THE COLORADO BEHAVIORAL HEALTH TASK
35 FORCE BE FOLLOWED AND THAT A SINGLE STATE AGENCY, KNOWN AS THE
36 BEHAVIORAL HEALTH ADMINISTRATION, BE ESTABLISHED TO LEAD AND
37 PROMOTE THE STATE'S BEHAVIORAL HEALTH PRIORITIES. IT IS IMPERATIVE
38 THAT THE BEHAVIORAL HEALTH ADMINISTRATION TRANSFORM THE
39 STATE'S CURRENT BEHAVIORAL HEALTH SYSTEM BY:

40 (a) COORDINATING AND INTEGRATING THE DELIVERY OF
41 BEHAVIORAL HEALTH SERVICES IN COLORADO;

42 (b) SETTING STANDARDS FOR THE BEHAVIORAL HEALTH SYSTEM
43 TO IMPROVE THE QUALITY AND EQUITY OF CARE;

1 (c) ENSURING THAT BEHAVIORAL HEALTH SERVICES RESPOND TO
2 THE CHANGING NEEDS OF COMMUNITIES, MONITOR STATE AND LOCAL
3 OUTCOMES, SUPPORT TRIBAL NEEDS, AND EVALUATE STATE EFFORTS;
4 (d) IMPROVING EQUITABLE ACCESS TO, QUALITY OF, AND
5 AFFORDABILITY OF BEHAVIORAL HEALTH SERVICES FOR COLORADANS;
6 (e) PRESERVING AND BUILDING UPON THE INTEGRATION OF
7 BEHAVIORAL AND PHYSICAL HEALTH CARE THAT TREATS THE WHOLE
8 PERSON;
9 (f) LEADING AND PROMOTING COLORADO'S PRIORITY OF
10 ADDRESSING THE INCREASING NEED FOR BEHAVIORAL HEALTH SERVICES;
11 (g) ELIMINATING UNNECESSARY FRAGMENTATION OF SERVICES
12 AND STREAMLINING ACCESS;
13 (h) ADDRESSING SOCIAL DETERMINANTS OF HEALTH AS A CORE
14 COMPONENT OF BEHAVIORAL HEALTH OUTCOMES;
15 (i) PROMOTING TRANSPARENCY AND ACCOUNTABILITY OF
16 BEHAVIORAL HEALTH REFORM OUTCOMES AND SPENDING OF TAXPAYER
17 DOLLARS; AND
18 (j) REDUCING ADMINISTRATIVE BURDEN ON BEHAVIORAL HEALTH
19 CARE PROVIDERS SO THEY ARE ABLE TO FOCUS ON CLIENT CARE."

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