

SENATE COMMITTEE OF REFERENCE REPORT

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
Date

April 27, 2022

Committee on Health & Human Services.

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

HB22-1278 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

- 1 Amend reengrossed bill, page 3, line 16, strike "SECTION 26-6-102 (33)," and substitute "SECTION 26-6-903 (29),".
- 2
- 3 Page 4, line 4, strike "SECTION 26-6-102 (33)," and substitute "SECTION
- 4 26-6-903 (29),".
- 5 Page 4, strike line 7 and substitute "AND ALL".
- 6 Page 6, strike line 16 and substitute:
- 7 "(b) THE BHA SHALL FURTHER IDENTIFY UNDERSERVED
- 8 POPULATIONS MEETING THE CRITERIA OF SUBSECTION (17)(a) OF THIS
- 9 SECTION FOR SPECIFIC".
- 10 Page 6, line 26, after the period add "THE BHA SHALL ALSO CONSIDER
- 11 INPUT DIRECTLY FROM BEHAVIORAL HEALTH PROVIDERS THAT ARE
- 12 CULTURALLY AND LINGUISTICALLY REPRESENTATIVE OF THE POPULATIONS
- 13 THEY SERVE. THE BHA SHALL CONSIDER RECOMMENDATIONS FROM THE
- 14 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, THE
- 15 ADVISORY COUNCIL, AND REGIONAL SUBCOMMITTEES IN IDENTIFYING
- 16 SUBPOPULATIONS.".
- 17 Page 16, line 5 and 6, strike "NULLIFIED PURSUANT TO SUBSECTION (2)(a)
- 18 OF THIS SECTION." and substitute "NULLIFIED.".
- 19 Page 16, lines 18 and 19, strike "REPEALED PURSUANT TO SUBSECTION
- 20 (2)(a) OF THIS SECTION." and substitute "REPEALED.".
- 21 Page 16, strike lines 24 through 27.

- 1 Page 17, strike line 1.
- 2 Page 17, line 2, strike "(b)" and substitute "(2)".
- 3 Page 24, strike lines 26 and 27 and substitute "(1) ON OR BEFORE JULY  
4 1, 2023, THE BHA SHALL WORK WITH THE DEPARTMENT OF HEALTH CARE  
5 POLICY AND FINANCING, IN COLLABORATION WITH RELEVANT  
6 STAKEHOLDERS AND OTHER STATE AGENCIES, TO DEVELOP UNIVERSAL".
- 7 Page 25, strike line 1.
- 8 Page 28, after line 18, insert:  
9 "(i) PRIORITIZE RELEVANT PROGRAMS OR SERVICES ELIGIBLE FOR  
10 FEDERAL GRANTS OR REIMBURSEMENT, INCLUDING RELEVANT PROGRAMS  
11 OR SERVICES IDENTIFIED IN THE FEDERAL TITLE IV-E PREVENTION  
12 SERVICES CLEARINGHOUSE;".
- 13 Reletter succeeding paragraphs accordingly.
- 14 Page 34, line 15, strike "SUBPOPULATION" and substitute "UNDERSERVED  
15 POPULATION".
- 16 Page 34, line 20, strike "A SUBPOPULATION OF" and substitute "ONE OR  
17 MORE SPECIFIC UNDERSERVED POPULATIONS WITHIN".
- 18 Page 37, line 10, after "RULES." add "THE BHA IS AUTHORIZED TO AWARD  
19 CONTRACTS TO MORE THAN ONE APPLICANT. THE BHA SHALL USE  
20 COMPETITIVE BIDDING PROCEDURES TO ENCOURAGE COMPETITION AND  
21 IMPROVE THE QUALITY OF SERVICES."
- 22 Page 38, line 11, strike "THE CHIEF" and substitute "A".
- 23 Page 38, strike line 24 through 27.
- 24 Strike page 39.
- 25 Page 40, strike line 1.
- 26 Page 43, after line 4 insert:  
27 "**27-50-404. Care coordination - responsibilities of behavioral**  
28 **health administrative services organizations - coordination with**  
29 **managed care entities. (1) (a) BEHAVIORAL HEALTH ADMINISTRATIVE**  
30 **SERVICES ORGANIZATIONS AND MANAGED CARE ENTITIES HAVE THE**

1 SHARED RESPONSIBILITY OF PROVIDING CARE COORDINATION SERVICES IN  
2 A MANNER CONSISTENT WITH ARTICLE 60 OF THIS TITLE 27 FOR  
3 INDIVIDUALS UTILIZING THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.

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

7 (c) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
8 ORGANIZATIONS ARE RESPONSIBLE FOR PROVIDING CARE COORDINATION  
9 SERVICES, WHETHER DIRECTLY OR THROUGH CONTRACT WITH  
10 BEHAVIORAL HEALTH SAFETY NET PROVIDERS, TO INDIVIDUALS WHO ARE  
11 NOT CURRENTLY ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM,  
12 WITH ACCESS FOR PRIORITY POPULATIONS AS REQUIRED BY PART 3 OF THIS  
13 ARTICLE 50.

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

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

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

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

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

39 Renumber succeeding C.R.S. section accordingly.

40 Page 57, line 14, after "(e)" insert "(I)".

1 Page 57, after line 15, insert:  
2 "(II) THE ASSESSMENT OF CIVIL FINES SHALL FOLLOW THE  
3 PROCEDURES SET FORTH IN SECTION 26.5-5-323."

4 Page 65, line 13, strike "AND".

5 Page 65, line 17, strike "27-50-201." and substitute "27-50-201; AND  
6 (d) PREPARING AN ANNUAL REPORT OF RECOMMENDATIONS AND  
7 SUBMITTING IT TO THE BHA BY SEPTEMBER 1 OF EACH YEAR; THE REPORT  
8 SHALL BE INCLUDED IN THE BHA'S ANNUAL BEHAVIORAL HEALTH SYSTEM  
9 PLAN PURSUANT TO SECTION 27-50-204 (1)."

10 Page 66, line 11, strike "AND".

11 Page 66, line 13, strike "YOUTH." and substitute "YOUTH; AND  
12 (VIII) PERSONS WITH EXPERTISE IN CRIME VICTIMIZATION,  
13 TRAUMA, OR ADVERSE CHILDHOOD EXPERIENCES AS THEY IMPACT THE  
14 VICTIM'S LIFETIME."

15 Page 70, line 2, after "**add**", insert "**with amended and relocated**  
16 **provisions**".

17 Page 72, after line 13 insert:  
18 "**25-20.5-1402. [Formerly 27-80-124] Colorado substance use**  
19 **disorders prevention collaborative - created - mission -**  
20 **administration - report - repeal.** (1) ~~The office of behavioral health~~  
21 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT shall convene and  
22 administer a Colorado substance use disorders prevention collaborative  
23 with institutions of higher education, nonprofit agencies, and state  
24 agencies, referred to in this section as the "collaborative", for the purpose  
25 of gathering feedback from local public health agencies, institutions of  
26 higher education, nonprofit agencies, and state agencies concerning  
27 evidence-based prevention practices to fulfill the mission stated in  
28 subsection (2) of this section.  
29 (2) The mission of the collaborative is to:  
30 (a) Coordinate with and assist state agencies and communities to  
31 strengthen Colorado's prevention infrastructure and to implement a  
32 statewide strategic plan for primary prevention of substance use disorders  
33 for state fiscal years 2021-22 through 2024-25;  
34 (b) Advance the use of tested and effective prevention programs  
35 and practices through education, outreach, advocacy, and technical  
36 assistance, with an emphasis on addressing the needs of underserved

- 1 populations and communities;
- 2 (c) Direct efforts to raise public awareness of the cost savings of  
3 prevention measures;
- 4 (d) Provide direct training and technical assistance to communities  
5 regarding selection, implementation, and sustainment of tested and  
6 effective primary prevention programs;
- 7 (e) Pursue local and state policy changes that enhance the use of  
8 tested and effective primary prevention programs;
- 9 (f) Advise state agencies and communities regarding new and  
10 innovative primary prevention programs and practices;
- 11 (g) Support funding efforts in order to align funding and services  
12 and communicate with communities about funding strategies;
- 13 (h) Work with key state and community stakeholders to establish  
14 a minimum standard for primary prevention programs in Colorado; and
- 15 (i) Work with prevention specialists and existing training agencies  
16 to provide and support training to strengthen Colorado's prevention  
17 workforce.
- 18 (3) ~~The office of behavioral health~~ DEPARTMENT OF PUBLIC  
19 HEALTH AND ENVIRONMENT and the collaborative shall:
- 20 (a) Establish community-based prevention coalitions and delivery  
21 systems to reduce substance misuse;
- 22 (b) Implement effective primary prevention programs in Colorado  
23 communities with the goal of increasing the number of programs to reach  
24 those in need statewide; and
- 25 (c) Coordinate with designated state agencies and other  
26 organizations to provide prevention science training to systemize, update,  
27 expand, and strengthen prevention certification training and provide  
28 continuing education to prevention specialists.
- 29 (4) In order to implement and provide sustainability to the  
30 collaborative, for state fiscal years 2021-22 through 2024-25, the general  
31 assembly shall appropriate money from the marijuana tax cash fund  
32 created in section 39-28.8-501 (1) to the ~~office of behavioral health~~  
33 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT to accomplish the  
34 mission of the collaborative.
- 35 (5) ~~The office of behavioral health~~ DEPARTMENT OF PUBLIC  
36 HEALTH AND ENVIRONMENT shall report its progress to the general  
37 assembly on or before September 1, 2022, and each September 1 through  
38 September 1, 2025.
- 39 (6) This section is repealed, effective September 30, 2025."

40 Page 74, line 6, strike "27-65-102 (17);" and substitute "27-65-102;  
41 (17);".

- 1 Page 115, line 7, strike "27-65-12 (11.5)," and substitute "27-65-102,  
2 (~~11.5~~);".
- 3 Page 116, line 21, strike "SERVICES;" and substitute "SERVICES,  
4 INCLUDING SERVICES TO ADDRESS LANGUAGE AND CULTURAL BARRIERS  
5 NECESSARY TO SERVE COMMUNITIES OF COLOR AND OTHER UNDERSERVED  
6 POPULATIONS;".
- 7 Page 128, strike lines 9 through 25.
- 8 Renumber succeeding sections accordingly.
- 9 Page 146, lines 4 and 5, strike "section 26-6-102 (39)." and substitute  
10 "~~section 26-6-102 (39)~~. SECTION 26-6-903."
- 11 Page 161, line 7, strike "section 26-6-102 (33)." and substitute "~~section  
12 26-6-102 (33)~~. SECTION 26-6-903 (29)".
- 13 Page 168, strike lines 24 through 27.
- 14 Page 169, strike lines 1 through 22 and substitute:  
15 **"SECTION 124.** In Colorado Revised Statutes, **amend as**  
16 **amended by Senate Bill 22-013** 27-65-131 (1)(a) and (1)(c)(I) as  
17 follows:  
18 **27-65-131. Advisory board - service standards and rules.**  
19 (1) (a) There is created in the department the mental health advisory  
20 board for service standards and rules, referred to as the "board" in this  
21 section, for the purpose of assisting and advising the ~~executive director~~  
22 COMMISSIONER in accordance with section 27-65-130 in the development  
23 of service standards and rules.  
24 (c) The board includes:  
25 (I) One representative each from the ~~office of~~ behavioral health  
26 ADMINISTRATION, the department of human services, the department of  
27 public health and environment, the university of Colorado health sciences  
28 center, and a leading professional association of psychiatrists in this  
29 state;".
- 30 Page 173, line 23, strike "section 26-6-102 (30.5)," and substitute "~~section  
31 26-6-102 (30.5)~~, SECTION 26-6-903 (26)".
- 32 Page 184, line 16, after "(1)," insert "(2)(d)".
- 33 Page 184, after line 20, insert:

1           "(2) A public program may provide, but need not be limited to, any  
2 of the following:  
3           (d) Programs for prevention of alcohol and drug abuse  
4 ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND  
5 ENVIRONMENT;"

6 Page 185, line 26, strike "(2)(a)" and substitute "(2)(a); and **add (4)**".

7 Page 186, after line 23 insert:  
8           "(4) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH AND  
9 ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE  
10 ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION."

11 Page 186, line 25, strike "(7)" and substitute "(7); and **add (8)**".

12 Page 187, line 1, strike "**designation.**" and substitute "**designation -  
13 repeal.**".

14 Page 189, after line 18, insert:  
15           "(8) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024."

16 Page 198, line 6, strike "(3)" and substitute "(3); and **add (3.5)**".

17 Page 199, after line 27 insert:  
18           "(3.5) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH  
19 AND ENVIRONMENT IS THE STATE DEPARTMENT RESPONSIBLE FOR THE  
20 ADMINISTRATION OF PREVENTION SERVICES PURSUANT TO THIS SECTION."

21 Page 205, strike lines 22 through 27 and substitute:  
22           "**SECTION 161. Repeal of relocated provision in this act.** In  
23 Colorado Revised Statutes, **repeal 27-80-124.**".

24 Page 206, strike lines 1 through 16.

25 Page 241, line 9, after "with" insert "A PUBLIC ENTITY OR".

26 Page 245, after line 16 insert:  
27           "**SECTION 213.** In Colorado Revised Statutes, 26-5-116, **amend  
28 as added by House Bill 22-1283** (2)(a), (2)(b)(I), (2)(b)(II), (2)(c), (4)(a)  
29 introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5), (6), and (8); and  
30 **repeal (7)** as follows:  
31           **26-5-116. Out-of-home placement for children and youth with  
32 mental or behavioral needs - funding - report - rules - legislative**

1 **declaration - definitions - repeal.** (2) (a) ~~On or before August 1, 2021,~~  
2 the ~~state department~~ BHA shall develop a program to provide emergency  
3 resources to licensed providers to help remove barriers such providers  
4 face in serving children and youth whose behavioral or mental health  
5 needs require services and treatment in a residential child care facility.  
6 Any such licensed provider shall meet the requirements of a qualified  
7 residential treatment program, as defined in section 26-5.4-102; a  
8 psychiatric residential treatment facility, as defined in section 25.5-4-103  
9 (19.5); treatment foster care; or therapeutic foster care.

10 (b) (I) Beginning July 1, 2022, the ~~state department~~ BHA shall  
11 provide ongoing operational support for psychiatric residential treatment  
12 facilities, therapeutic foster care, treatment foster care, and qualified  
13 residential treatment programs as described in subsection (2)(a) of this  
14 section.

15 (II) For the 2022-23 budget year, the general assembly shall  
16 appropriate money from the behavioral and mental health cash fund  
17 created in section 24-75-230 to the ~~state department~~ BHA to fund  
18 operational support for psychiatric residential treatment facilities for  
19 youth, qualified residential treatment programs, therapeutic foster care,  
20 and treatment foster care for youth across the state as described in this  
21 subsection (2).

22 (c) The ~~state department~~ BHA and any person who receives  
23 money from the ~~state department~~ BHA shall comply with the compliance,  
24 reporting, record-keeping, and program evaluation requirements  
25 established by the office of state planning and budgeting and the state  
26 controller in accordance with section 24-75-226 (5).

27 (4) (a) ~~On or before December 31, 2021,~~ The ~~state department~~  
28 BHA shall contract with licensed providers for the delivery of services to  
29 children and youth who are determined eligible for and placed in the  
30 program. A provider that contracts with the ~~state department~~ BHA shall  
31 not:

32 (II) Discharge a child or youth based on the severity or complexity  
33 of the child's or youth's physical, behavioral, or mental health needs;  
34 except that the ~~state department~~ BHA may arrange for the placement of  
35 a child or youth with an alternate contracted provider if the placement  
36 with the alternate provider is better suited to deliver services that meet the  
37 needs of the child or youth.

38 (b) The ~~state department~~ BHA shall reimburse a provider directly  
39 for the costs associated with the placement of a child or youth in the  
40 program for the duration of the treatment, including the costs the provider  
41 demonstrates are necessary in order for the provider to operate  
42 continuously during this period.

43 (c) The ~~state department~~ BHA shall coordinate with the



1 department of health care policy and financing to support continuity of  
2 care and payment for services for any children or youth placed in the  
3 program.

4 (d) The ~~state department~~ BHA shall reimburse the provider one  
5 hundred percent of the cost of unutilized beds in the program to ensure  
6 available space for emergency residential out-of-home placements.

7 (5) (a) A hospital, health-care provider, provider of case  
8 management services, school district, managed care entity, or state or  
9 county department of human or social services may refer a family for the  
10 placement of a child or youth in the program. The entity referring a child  
11 or youth for placement in the program shall submit or assist the family  
12 with submitting an application to the ~~state department~~ BHA for review.  
13 The ~~state department~~ BHA shall consider each application as space  
14 becomes available. The ~~state department~~ BHA shall approve admissions  
15 into the program and determine admission and discharge criteria for  
16 placement.

17 (b) The ~~state department~~ BHA shall develop a discharge plan for  
18 each child or youth placed in the program. The plan must include the  
19 eligible period of placement of the child or youth and shall identify the  
20 entity that will be responsible for the placement costs if the child or youth  
21 remains with the provider beyond the date of eligibility identified in the  
22 plan.

23 (c) The entity or family that places the child or youth in the  
24 program retains the right to remove the child or youth from the program  
25 any time prior to the discharge date specified by the ~~state department~~  
26 BHA.

27 (6) ~~Within seven days after submitting an application to the state~~  
28 ~~department for placing a child or youth in the program, the state~~  
29 ~~department shall work with the referring entity and the child's or youth's~~  
30 ~~parents or legal guardians to ensure the child or youth is assessed for~~  
31 ~~eligibility for enrollment into the state medical assistance program. A~~  
32 ~~child or youth who is eligible for enrollment into the state medical~~  
33 ~~assistance program shall be enrolled. Enrollment of a child or youth into~~  
34 ~~the state medical assistance program does not constitute automatic~~  
35 ~~placement into the program. AS USED IN THIS SECTION, UNLESS THE~~  
36 ~~CONTEXT OTHERWISE REQUIRES:~~

37 (a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY  
38 CAREGIVER WHO:

39 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST  
40 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

41 (II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A  
42 MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

43 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,

1 SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,  
2 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND  
3 OTHER STATE AND LOCAL SERVICE SYSTEMS.

4 (b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

5 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST  
6 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

7 (II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK  
8 WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING  
9 DISORDERS; AND

10 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,  
11 INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,  
12 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND  
13 OTHER STATE AND LOCAL SERVICE SYSTEMS.

14 ~~(7) On or before November 1, 2023, and every November 1~~  
15 ~~thereafter, the state department shall submit a written report to the house~~  
16 ~~of representatives public and behavioral health and human services~~  
17 ~~committee, the senate health and human services committee, or their~~  
18 ~~successor committees, and the joint budget committee. At a minimum, the~~  
19 ~~report must include:~~

20 ~~(a) The number of applications received for placement of children~~  
21 ~~and youth in the program;~~

22 ~~(b) The number of children and youth accepted for placement in~~  
23 ~~the program;~~

24 ~~(c) The duration of each placement; and~~

25 ~~(d) The daily rate paid to each provider for placement of children~~  
26 ~~and youth.~~

27 (8) This section is intended to provide enhanced emergency  
28 services resulting from the increased need for services due to the  
29 COVID-19 pandemic. No later than September 30, 2024, the state  
30 department BHA shall submit recommendations to the house of  
31 representatives public and behavioral health and human services  
32 committee, the senate health and human services committee, or their  
33 successor committees, and the joint budget committee about how to  
34 provide necessary services for children and youth in need of residential  
35 care, including hospital step-down services on an ongoing basis."

36 Renumber succeeding sections accordingly.

37 Page 255, line 16, after "~~center,~~" insert "BEHAVIORAL HEALTH SAFETY NET  
38 PROVIDER, AS DEFINED IN SECTION 27-50-101 (7),".

39 Page 261, after line 20 insert:

40 **"SECTION 240.** In Colorado Revised Statutes, 16-13-311,

1 **amend as amended by House Bill 22-1278 (3)(a)(VII)(B) as follows:**  
2 **16-13-311. Disposition of seized personal property.** (3) (a) If  
3 the prosecution prevails in the forfeiture action, the court shall order the  
4 property forfeited. Such order perfects the state's right and interest in and  
5 title to such property and relates back to the date when title to the property  
6 vested in the state pursuant to section 16-13-316. Except as otherwise  
7 provided in subsection (3)(c) of this section, the court shall also order  
8 such property to be sold at a public sale by the law enforcement agency  
9 in possession of the property in the manner provided for sales on  
10 execution, or in another commercially reasonable manner. Property  
11 forfeited pursuant to this section or proceeds therefrom must be  
12 distributed or applied in the following order:  
13 (VII) The balance must be delivered, upon order of the court, as  
14 follows:  
15 (B) Twenty-five percent to the ~~managed-service~~ BEHAVIORAL  
16 HEALTH ADMINISTRATIVE SERVICES organization contracting with the  
17 behavioral health administration in the department of human services  
18 serving the judicial district where the forfeiture proceeding was  
19 prosecuted to fund detoxification and substance use disorder treatment.  
20 Money appropriated to the ~~managed-service~~ BEHAVIORAL HEALTH  
21 ADMINISTRATIVE SERVICES organization must be in addition to, and not  
22 be used to supplant, other funding appropriated to the behavioral health  
23 administration; and  
24 **SECTION 241.** In Colorado Revised Statutes, **amend as**  
25 **amended by House Bill 22-1278 25.5-5-325 (2)(b) introductory portion**  
26 **and (2)(b)(I) as follows:**  
27 **25.5-5-325. Residential and inpatient substance use disorder**  
28 **treatment - medical detoxification services - federal approval -**  
29 **performance review report.** (2) (b) Prior to seeking federal approval  
30 pursuant to subsection (2)(a) of this section, the state department shall  
31 seek input from relevant stakeholders, including existing providers of  
32 substance use disorder treatment and medical detoxification services and  
33 ~~managed-service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
34 organizations. The state department shall seek input and involve  
35 stakeholders in decisions regarding:  
36 (I) The coordination of benefits with ~~managed-service~~  
37 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organizations and the  
38 behavioral health administration in the department of human services;  
39 **SECTION 242.** In Colorado Revised Statutes, **amend as**  
40 **amended by House Bill 22-1278 27-63-105 (2) as follows:**  
41 **27-63-105. Safety net system implementation - safety net**  
42 **system criteria.** (2) The safety net system must have a network of  
43 behavioral health-care providers that collectively offer a full continuum

1 of services to ensure individuals with severe behavioral health disorders  
2 are triaged in a timely manner to the appropriate care setting if an  
3 individual behavioral health-care provider is unable to provide ongoing  
4 care and treatment for the individual. The BHA shall consider ~~community~~  
5 ~~mental health centers, managed service~~ BEHAVIORAL HEALTH SAFETY NET  
6 PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
7 organizations, contractors for the statewide behavioral health crisis  
8 response system, and other behavioral health community providers as key  
9 elements in the behavioral health safety net system.

10 **SECTION 243.** In Colorado Revised Statutes, **amend as**  
11 **amended by House Bill 22-1278** 27-80-101 (2.6) as follows:

12 **27-80-101. Definitions.** As used in this article 80, unless the  
13 context otherwise requires:

14 (2.6) "Designated service area" means the geographical substate  
15 planning area specified by the commissioner to be served by a ~~designated~~  
16 ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
17 organization, as described in section 27-80-107.

18 **SECTION 244.** In Colorado Revised Statutes, **amend as**  
19 **amended by House Bill 22-1278** 27-80-106 (2)(a); and **amend** (2)(b) as  
20 follows:

21 **27-80-106. Purchase of prevention and treatment services.**

22 (2) (a) In addition to the services purchased pursuant to subsection (1) of  
23 this section, using money appropriated for purposes of this section or  
24 available from any other governmental or private source, the BHA may  
25 purchase services for the treatment of alcohol and drug abuse or  
26 substance use disorders on a contract basis from a ~~designated managed~~  
27 ~~service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization for  
28 a designated service area as set forth in section 27-80-107. A public or  
29 private agency, organization, or institution approved by the BHA through  
30 the process set forth in section 27-80-107 may be designated as a  
31 ~~designated managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE  
32 SERVICES organization.

33 (b) ~~Designated managed service~~ BEHAVIORAL HEALTH  
34 ADMINISTRATIVE SERVICES organizations receiving money pursuant to this  
35 subsection (2) shall comply with all relevant provisions of and rules  
36 promulgated pursuant to this article 80.

37 **SECTION 245.** In Colorado Revised Statutes, **amend as**  
38 **amended by House Bill 22-1278** 27-80-107.5 (3), (4)(b), (4)(c), (5)(a),  
39 and (5)(b); and **amend** (2) as follows:

40 **27-80-107.5. Increasing access to effective substance use**  
41 **disorder services act - managed service organizations - substance use**  
42 **disorder services - assessment - community action plan - allocations**  
43 **- reporting requirements - evaluation.** (2) On or before February 1,

1 2017, each ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE  
2 SERVICES organization designated pursuant to section 27-80-107 shall  
3 assess the sufficiency of substance use disorder services within its  
4 geographic region for adolescents ages seventeen and younger, young  
5 adults ages eighteen through twenty-five, pregnant women, women who  
6 are postpartum and parenting, and other adults who are in need of such  
7 services. During the community assessment process, each ~~managed~~  
8 ~~service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization  
9 shall seek input and information from appropriate BEHAVIORAL HEALTH  
10 entities, ~~such as community mental health centers, behavioral health~~  
11 ~~organizations~~, county departments of human or social services, local  
12 public health agencies, substance use disorder treatment providers, law  
13 enforcement agencies, probation departments, organizations that serve  
14 veterans or homeless individuals, and other relevant stakeholders. The  
15 community assessment must include an analysis of existing funding and  
16 resources within the community to provide a continuum of substance use  
17 disorder services, including prevention, intervention, treatment, and  
18 recovery support services, for adolescents ages seventeen and younger,  
19 young adults ages eighteen through twenty-five, pregnant women, women  
20 who are postpartum and parenting, and other adults who are in need of  
21 such services.

22 (3) (a) On or before March 1, 2017, each ~~managed service~~  
23 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization that has  
24 completed a community assessment pursuant to subsection (2) of this  
25 section shall prepare and submit in electronic format to the BHA and the  
26 department of health care policy and financing a community action plan  
27 to increase access to effective substance use disorder services, referred to  
28 in this section as the "community action plan". The community action  
29 plan must summarize the results of the community assessment and  
30 include a description of how the ~~managed service~~ BEHAVIORAL HEALTH  
31 ADMINISTRATIVE SERVICES organization will utilize its allocation of  
32 funding from the marijuana tax cash fund created in section 39-28.8-501,  
33 to address the most critical service gaps in its geographic region and a  
34 timeline for implementation of the community action plan.

35 (b) A ~~managed service~~ BEHAVIORAL HEALTH ADMINISTRATIVE  
36 SERVICES organization may periodically update its community action plan  
37 to reflect changes in community needs and priorities. Any such updated  
38 plan must be submitted in electronic format to the BHA and the  
39 department of health care policy and financing.

40 (c) On or before May 1, 2017, the BHA shall post the community  
41 action plans from the ~~managed service~~ BEHAVIORAL HEALTH  
42 ADMINISTRATIVE SERVICES organizations developed pursuant to  
43 SUBSECTION (3)(a) OF THIS SECTION on its website. On or before May 1,

1 2017, the BHA shall submit a report summarizing all of the community  
2 action plans received from the ~~managed-service~~ BEHAVIORAL HEALTH  
3 ADMINISTRATIVE SERVICES organizations to the joint budget committee,  
4 the health and human services committee of the senate, and the public  
5 AND BEHAVIORAL health care and human services committee of the house  
6 of representatives, or any successor committees. The BHA shall post on  
7 its website any updated community action plans received pursuant to  
8 subsection (3)(b) OF THIS SECTION.

9 (4) (b) On July 1, 2017, and on every July 1 thereafter, the BHA  
10 shall disburse to each ~~designated managed-service~~ BEHAVIORAL HEALTH  
11 ADMINISTRATIVE SERVICES organization that has submitted a community  
12 action plan one hundred percent of the ~~designated managed-service~~  
13 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization's allocation  
14 from the money appropriated from the marijuana tax cash fund.

15 (c) It is the intent of the general assembly that each ~~designated~~  
16 ~~managed-service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
17 organization use money allocated to it from the marijuana tax cash fund  
18 to cover expenditures for substance use disorder services that are not  
19 otherwise covered by public or private insurance. Each ~~managed-service~~  
20 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization may use its  
21 allocation from the marijuana tax cash fund to implement its community  
22 action plan, including expenditures for substance use disorder services  
23 and for any start-up costs or other expenses necessary to increase capacity  
24 to provide such services. A ~~designated managed-service~~ BEHAVIORAL  
25 HEALTH ADMINISTRATIVE SERVICES organization must spend its allocation  
26 in the state fiscal year in which it is received or in the next state fiscal  
27 year thereafter. If there is any money from the allocation remaining after  
28 the second state fiscal year, then the ~~designated managed-service~~  
29 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES organization shall return  
30 the money to the BHA. If an enhanced residential and inpatient substance  
31 use disorder treatment and medical detoxification services benefit  
32 becomes available under the Colorado medical assistance program,  
33 ~~managed-service~~ BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
34 organizations shall determine to what extent money allocated from the  
35 marijuana tax cash fund may be used to assist in providing substance use  
36 disorder treatment, including residential and inpatient substance use  
37 disorder treatment and medical detoxification services, if those services  
38 are not otherwise covered by public or private insurance.

39 (5) (a) On or before September 1, 2017, and on or before each  
40 September 1 thereafter, each ~~designated managed-service~~ BEHAVIORAL  
41 HEALTH ADMINISTRATIVE SERVICES organization shall submit an annual  
42 report to the BHA, the joint budget committee, the health and human  
43 services committee of the senate, and the public and behavioral health and

1 human services committee of the house of representatives, or their  
2 successor committees, concerning the amount and purpose of actual  
3 expenditures made using money from the marijuana tax cash fund in the  
4 previous state fiscal year. The report must contain a description of the  
5 impact of the expenditures on addressing the needs that were identified  
6 in the initial and any subsequent community assessments and action plans  
7 developed pursuant to subsection (3) of this section, as well as any other  
8 requirements established for the contents of the report by the BHA.

9 (b) A ~~designated managed service~~ BEHAVIORAL HEALTH  
10 ADMINISTRATIVE SERVICES organization shall provide the BHA with  
11 information about actual expenditures as required by the BHA.".

12 **SECTION 246.** In Colorado Revised Statutes, **amend as**  
13 **amended by House Bill 22-1278** 27-50-703 (2)(b) as follows:

14 **27-50-703. Advisory council - regional subcommittees -**  
15 **subcommittees - working groups.** (2) The BHA may create committees  
16 within the advisory council to meet other state and federal board or  
17 advisory council requirements, which may include:

18 (b) The mental health advisory board for service standards and  
19 rules created pursuant to ~~section 27-65-131~~ SECTION 27-65-130; and

20 **SECTION 247.** In Colorado Revised Statutes, **amend as**  
21 **amended by House Bill 22-1278** 13-20-401 (2) as follows:

22 **13-20-401. Definitions.** As used in this part 4, unless the context  
23 otherwise requires:

24 (2) "Patient" means the person upon whom a proposed  
25 electroconvulsive treatment is to be performed; except that nothing in this  
26 part 4 supersedes the provisions of article 65 of title 27 or any rule  
27 adopted by the behavioral health administration in the department of  
28 human services pursuant to ~~section 27-65-116 (2)~~ SECTION 27-65-118  
29 with regard to the care and treatment of any person unable to exercise  
30 written informed consent or of a person with a mental health disorder.

31 **SECTION 248.** In Colorado Revised Statutes, **amend as**  
32 **amended by House Bill 22-1278** 25-3.5-103 (11.4)(b)(I) as follows:

33 **25-3.5-103. Definitions.** As used in this article 3.5, unless the  
34 context otherwise requires:

35 (11.4) (b) Secure transportation includes:

36 (I) For an individual being transported pursuant to ~~section~~  
37 ~~27-65-103 or 27-65-105 (1)~~ SECTION 27-65-104 OR 27-65-106 (1),  
38 transportation from the community to a facility designated by the  
39 commissioner of the behavioral health administration in the department  
40 of human services for treatment and evaluation pursuant to article 65 of  
41 title 27;

42 **SECTION 249.** In Colorado Revised Statutes, **amend as**  
43 **amended by House Bill 22-1278** 26-20-103 (3) as follows:

1           **26-20-103. Basis for use of restraint or seclusion.** (3) In  
2 addition to the circumstances described in subsection (1) of this section,  
3 a facility, as defined in section 27-65-102, ~~(7)~~; that is designated by the  
4 commissioner of the behavioral health administration in the state  
5 department to provide treatment pursuant to ~~section 27-65-105,~~  
6 ~~27-65-106, 27-65-107, or 27-65-109~~ SECTION 27-65-106, 27-65-108,  
7 27-65-109, OR 27-65-110 to an individual with a mental health disorder,  
8 as defined in section 27-65-102, ~~(11.5)~~; may use seclusion to restrain an  
9 individual with a mental health disorder when the seclusion is necessary  
10 to eliminate a continuous and serious disruption of the treatment  
11 environment.

12           **SECTION 250.** In Colorado Revised Statutes, **amend as**  
13 **amended by House Bill 22-1278** 27-60-104 (3)(a) as follows:

14           **27-60-104. Behavioral health crisis response system - crisis**  
15 **10 service facilities - walk-in centers - mobile response units - report.**

16 (3) (a) All walk-in centers throughout the state's crisis response system  
17 must be appropriately designated by the commissioner for a  
18 ~~seventy-two-hour treatment and evaluation~~ AN EMERGENCY MENTAL  
19 HEALTH HOLD, adequately prepared, and properly staffed to accept an  
20 individual through the ~~emergency mental health~~ procedure outlined in  
21 ~~section 27-65-105~~ SECTION 27-65-106 or a voluntary application for  
22 mental health services pursuant to section 27-65-103 OR 27-65-104.  
23 Priority for individuals ~~receiving emergency placement~~ PLACED UNDER AN  
24 EMERGENCY MENTAL HEALTH HOLD pursuant to ~~section 27-65-105~~  
25 SECTION 27-65-106 is on treating high-acuity individuals in the least  
26 restrictive environment without the use of law enforcement."

27 Renumber succeeding sections accordingly.

28 Page 265, strike lines 19 through 21 and substitute:

29           **"SECTION 259. Effective date.** This act takes effect July 1,  
30 2022; except that section 218 takes effect July 1, 2023; sections 219  
31 through 259 take effect July 1, 2024; section 90, sections 121 through  
32 132, and section 241 take effect only if House Bill 22-1256 does not  
33 become law; sections 252 through 256 take effect only if House Bill 22-  
34 1256 becomes law; section 90 takes effect only if House Bill 22-1283  
35 does not become law; and section 216 takes effect only if House Bill 22-  
36 283 becomes law."

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