The bill creates the office of children and youth behavioral health policy coordination (office) in the office of the governor. The bill also creates the children and youth behavioral health policy coordination commission (commission) and the children and youth behavioral health advisory council (council) in the office.

The commission consists of 15 members, which must be appointed

Shading denotes HOUSE amendment  Double underlining denotes SENATE amendment
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.
no later than September 1, 2019. The primary duties and responsibilities of the commission include:

! Providing leadership to increase and enhance efficient and effective behavioral health services to children and youth;

! Coordinating efforts between state agencies and departments to increase public understanding and awareness of child and youth behavioral health needs;

! Recommending shared policies to remove administrative barriers in order to facilitate collaboration between communities, state departments, and political subdivisions of the state;

! Monitoring and receiving updates related to network adequacy for access to behavioral health services in the state;

! Compiling and disseminating information regarding best practices for delivering and funding behavioral health services;

! Receiving and acting on recommendations;

! Recommending funds contained in each department's budget that can be identified for collaborative service delivery systems; and

! Beginning January 1, 2020, and each January 1 thereafter, recommending performance measures for each department, office, and county represented on the commission that will quantify and demonstrate the effectiveness of the behavioral health system in Colorado.

The commission shall consult and collaborate with other organizations that incorporate child behavioral health strategies when developing proposals, activities, and implementation planning.

Beginning October 1, 2019, the commission shall work collaboratively with the department of health care policy and financing and the department of human services (departments) to implement wraparound services for children and youth at risk of out-of-home placement. No later than July 1, 2020, the commission shall:

! Recommend to the departments programmatic utilization of a single standardized assessment tool to facilitate identification of behavioral health issues and other needs;

! Recommend to the departments developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period;

! 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 council consists of 25 members, who must be appointed no later than September 1, 2019. The primary duties, responsibilities, and functions of the council include:

! Assisting the commission in fulfilling its duties;
! Reviewing the commission's data on performance measures and providing input to the commission to ensure continuous quality improvement;
! Identifying, monitoring, soliciting input, and providing policy and budgetary recommendations on emerging children and youth behavioral health issues affecting the quality and availability of behavioral health services reported by local collaborative management programs; and
! Submitting any formal recommendations to the commission.

On or before July 1, 2020, and each July 1 thereafter, the governor shall ensure that an annual external evaluation of the commission and council is conducted by an independent organization, which evaluation must be made publicly available in an electronic format.

On or before July 1, 2020, and each July 1 thereafter, the commission shall submit an annual report to the governor and the health and human services committee of the senate and the public health care and human services committee of the house of representatives (committees). On or before January 15, 2021, and annually thereafter, the commission shall present the annual report and submit a progress report on any recommendations to the committees.

The commission and council are scheduled to repeal on September 1, 2024, after review by the department of regulatory agencies.

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

SECTION 1. Legislative declaration. The general assembly finds and declares that in 2017, suicide was the leading cause of death for children and youth ages 10 to 24 in the state of Colorado. Childhood and adolescence are critical periods of risk for the onset of a behavioral health disorder. Nationally, half of all lifetime cases of mental illness begin by the age of 14 and three-quarters begin by the age of 24. Children and youth may be exposed to trauma, maltreatment, and other adverse childhood experiences that may be risk factors for behavioral health
diagnoses in adolescence and adulthood, and there is a need to strengthen
the protective factors for child and youth health and safety because
children and youth have unique physical and behavioral health needs.
Additionally, many children and youth are left undiagnosed and untreated
because they have not been exposed to adverse childhood experiences or
do not show outward signs that would identify the child or youth as at
risk.

SECTION 2. In Colorado Revised Statutes, add part 6 to article
20 of title 24 as follows:

PART 6
OFFICE OF CHILDREN AND YOUTH
BEHAVIORAL HEALTH POLICY COORDINATION
24-20-601. Legislative declaration. (1) The general assembly
finds and declares that:
   (a) There is a need for a statewide, central, and
accountable interagency body designed to align and coordinate
child and youth behavioral health prevention, promotion, and
delivery systems that support the whole child’s and youth’s
healthy development and family well-being;
   (b) In order to provide quality behavioral health services
to families of children and youth with behavioral health
challenges, behavioral health services should be coordinated
among state departments and political subdivisions of the state,
and should be culturally competent, cost-effective, and
provided in the least restrictive settings;
   (c) The behavioral health system and child- and
youth-serving agencies are often constrained by resource
CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND SERVICES FOR CHILDREN AND YOUTH;

(d) CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH CHALLENGES MAY REQUIRE A MULTI-SYSTEM LEVEL OF CARE THAT CAN LEAD TO DUPLICATION AND FRAGMENTATION OF SERVICES. TO AVOID THESE PROBLEMS, KEEP FAMILIES TOGETHER, AND SUPPORT CAREGIVERS DURING A CHILD'S OR YOUTH'S BEHAVIORAL HEALTH CHALLENGE, DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST COLLABORATE WITH ONE ANOTHER;

(e) THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF 2018", AS DEFINED IN SECTION 26-5-101 (4.5), WILL BRING MAJOR CHANGES TO THE CHILD WELFARE SYSTEM, INCLUDING SUPPORTING MORE CHILDREN IN THE COMMUNITY AND REQUIRING A STRONG AND EFFECTIVE CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM; AND

(f) THE COLORADO STATE INNOVATION MODEL, AN INITIATIVE HOUSED IN THE OFFICE OF THE GOVERNOR, HAS WORKED TO INTEGRATE BEHAVIORAL HEALTH AND PHYSICAL HEALTH, HAS MADE SIGNIFICANT PROGRESS ADVANCING THE USE OF ALTERNATIVE PAYMENT MODELS, AND HAS CREATED INFRASTRUCTURE FOR SCREENING AND INNOVATIVE PAYMENT REFORMS. HOWEVER, FUTURE WORK IS NEEDED TO FURTHER EXPAND AND IMPROVE INTEGRATED SERVICES FOR CHILDREN AND FAMILIES, WITH A FOCUS ON EARLY AND UPSTREAM INTERVENTIONS.

(2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT BUILDING UPON WORK COMPLETED BY COLORADO'S TRAUMA-INFORMED SYSTEM OF CARE, COLORADO MUST IMPLEMENT A MODEL OF COMPREHENSIVE SYSTEM OF CARE FOR FAMILIES OF CHILDREN AND YOUTH...
WITH BEHAVIORAL HEALTH CHALLENGES.

24-20-602. Definitions. As used in this part 6, unless the context otherwise requires:

(1) "Advisory Council" means the Children and Youth Behavioral Health Advisory Council created in section 24-20-607.

(2) "At risk of developing a behavioral health disorder" means the occurrence of any number of psychological or social risk factors, such as trauma, that may make a person more likely to develop a behavioral health disorder.

(3) "At risk of out-of-home placement" means a child or youth who is categorically eligible for medical assistance pursuant to articles 4, 5, and 6 of title 25.5 and the child or youth:

(a) Has been diagnosed as having a mental health disorder, as defined in section 27-65-102 (11.5);

(b) Requires a level of care that is provided in a residential child care facility, inpatient psychiatric hospital, or other intensive care setting outside of the child's or youth's home;

(c) Is entering the Division of Youth Services; or

(d) Is at risk of child welfare involvement.

(4) "Behavioral health disorder" means a substance use disorder, mental health disorder, or one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impair judgment or capacity to recognize reality or to control behavior, including serious emotional disturbances. "Behavioral health disorder" also includes those
MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
RELATED HEALTH PROBLEMS.

(5) "BEHAVIORAL HEALTH SERVICES" OR "BEHAVIORAL HEALTH
SYSTEM" MEANS THE CHILD AND YOUTH SERVICE SYSTEM THAT
ENCOMPASSES PREVENTION AND PROMOTION OF EMOTIONAL HEALTH,
PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND
SUBSTANCE USE CONDITIONS, AND RECOVERY SUPPORT.

(6) "CHILD AND YOUTH" MEANS A PERSON WHO IS TWENTY-SIX
YEARS OF AGE OR YOUNGER.

(7) "COLLABORATIVE MANAGEMENT PROGRAM" HAS THE SAME
MEANING AS DESCRIBED IN ARTICLE 1.9 OF TITLE 24.

(8) "COMMISSION" MEANS THE CHILDREN AND YOUTH BEHAVIORAL
HEALTH POLICY COORDINATION COMMISSION CREATED IN SECTION
24-20-604.

(9) "DEPARTMENTS" OR "EACH DEPARTMENT" MEANS THE
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DEPARTMENT
OF HUMAN SERVICES; THE DEPARTMENT OF PUBLIC HEALTH AND
ENVIRONMENT; THE DEPARTMENT OF PUBLIC SAFETY; THE DEPARTMENT
OF EDUCATION; THE DEPARTMENT OF LAW; AND THE DEPARTMENT OF
REGULATORY AGENCIES.

(10) "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF
CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY COORDINATION
CREATED IN SECTION 24-20-603.
(11) "Mental health professional" means an individual licensed as a mental health professional pursuant to Article 43 of Title 12.

(12) "Offices and counties" means the Office of Ombudsman for behavioral health access to care created in Section 27-80-303; the Office of the Child Protection Ombudsman established in Section 19-3.3-102; the Office of Children and Youth Behavioral Health Policy Coordination created in Section 24-20-603; and county departments.

(13) "Managed care entity" means an entity that enters into a contract to provide services in the statewide managed care system pursuant to Articles 4, 5, and 6 of Title 25.5.

(14) "Standardized assessment tool" means a multi-purpose instrument that facilitates the link between assessment and level of care and individualized service planning; facilitates quality improvement activities; and allows for monitoring of outcomes of services.

(15) "Wraparound" means a high-fidelity, individualized, family-centered, strengths-based, and intensive care planning and management process used in the delivery of behavioral health services for a child or youth with a behavioral health disorder, commonly utilized as part of the system of care framework.

24-20-603. Office of children and youth behavioral health policy coordination - creation. There is created in the Office of the Governor the Office of Children and Youth Behavioral Health Policy Coordination, the head of which is the Director of the
OFFICE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
COORDINATION WHO IS APPOINTED BY THE GOVERNOR AND WHO SERVES
AT THE PLEASURE OF THE GOVERNOR.

24-20-604. Children and youth behavioral health policy
coordination commission - creation - membership - organization -
repeal. (1) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY
COORDINATION COMMISSION IS CREATED IN THE OFFICE OF CHILDREN AND
YOUTH BEHAVIORAL HEALTH POLICY COORDINATION.

(2) THE COMMISSION CONSISTS OF FIFTEEN VOTING MEMBERS AS
FOLLOWS:

(a) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
CARE POLICY AND FINANCING;

(b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
SERVICES;

(c) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
HEALTH AND ENVIRONMENT;

(d) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
SAFETY;

(e) THE ATTORNEY GENERAL;

(f) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION;

(g) THE COMMISSIONER OF INSURANCE IN THE DEPARTMENT OF
REGULATORY AGENCIES;

(h) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE
CREATED IN SECTION 27-80-303;

(i) THE CHILD PROTECTION OMBUDSMAN ESTABLISHED IN SECTION
19-3.3-102; AND

(j) THE DIRECTOR OF THE OFFICE OF CHILDREN AND YOUTH
BEHAVIORAL HEALTH POLICY COORDINATION;

(k) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF COUNTIES APPOINTED BY THE GOVERNOR; AND

(l) FOUR MEMBERS OF THE GENERAL ASSEMBLY APPOINTED AS FOLLOWS:

(I) ONE MEMBER APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES;

(II) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES;

(III) ONE MEMBER APPOINTED BY THE PRESIDENT OF THE SENATE;

AND

(IV) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE SENATE.

(3) MEMBERS OF THE COMMISSION SHALL NOT SEND A DESIGNEE, EXCEPT IN EXTENUATING CIRCUMSTANCES, AS DETERMINED PURSUANT TO THE BYLAWS OF THE COMMISSION.

(4) (a) IN APPOINTING THE REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF COUNTIES AS DESCRIBED IN SUBSECTION (2)(k) OF THIS SECTION, THE GOVERNOR SHALL CONSIDER THE GEOGRAPHIC DIVERSITY OF THE STATE.

(b) THE APPOINTING AUTHORITIES SHALL MAKE INITIAL APPOINTMENTS TO THE COMMISSION NO LATER THAN SEPTEMBER 1, 2019. APPOINTED MEMBERS SERVE TERMS OF TWO YEARS.

(c) THE APPOINTING AUTHORITIES MAY REAPPOINT APPOINTEES FOR ONE ADDITIONAL CONSECUTIVE TERM. IN THE EVENT OF A VACANCY IN AN APPOINTED POSITION, THE APPOINTING AUTHORITIES SHALL APPOINT A MEMBER TO FILL THE POSITION FOR THE REMAINDER OF THE TERM.
(5) The members of the commission shall elect one of the voting members to serve as chair for a term of two years.

(6) Members of the commission serve without compensation; except that members are entitled to reimbursement for actual and necessary travel expenses incurred in the performance of their duties and legislative members are entitled to a per diem for attendance at meetings pursuant to section 2-2-306.

(7) This section is repealed, effective September 1, 2024. Prior to such repeal, the commission is scheduled for review as provided in section 2-3-1203.

24-20-605. Commission powers and duties. (1) Members of the commission shall perform the duties described in this section with the authority granted on behalf of the organization or department the member represents. The commission does not have rule-making authority but may establish bylaws as necessary to carry out the duties and functions of the commission.

(2) The commission shall meet at least six times per year and may meet more frequently at the discretion of the commission.

(3) The primary duties and responsibilities of the commission include:

(a) Providing leadership to increase and enhance efficient and effective behavioral health services to children and youth with behavioral health disorders and at risk of behavioral health disorders and children and youth who are in need of
BEHAVIORAL HEALTH SERVICES BUT WHO MAY NOT REACH A DIAGNOSTIC LEVEL BY:

(I) COOPERATIVELY PLANNING, MONITORING, EVALUATING, AND PROMOTING INNOVATIVE AND INDIVIDUALIZED STRATEGIES TO DELIVER AND FUND BEHAVIORAL HEALTH SERVICES;

(II) RECOMMENDING LEGISLATIVE AND REGULATORY POLICY, BUDGET, AND PROCEDURAL CHANGES, INCLUDING INTERAGENCY PROPOSALS FOR CONSIDERATION BY THE GOVERNOR’S OFFICE AND THE GENERAL ASSEMBLY;

(III) DEVELOPING STRATEGIES TO ENABLE THE BEHAVIORAL HEALTH SYSTEM TO WORK EFFECTIVELY AND CROSS-CULTURALLY, AND TO INCREASE FAMILY AND COMMUNITY INVOLVEMENT, COLLABORATION, AND PUBLIC-PRIVATE PARTNERSHIPS IN THE PLANNING AND DELIVERY OF BEHAVIORAL HEALTH SERVICES AT THE STATE AND LOCAL LEVEL;

(IV) IDENTIFYING AND ADDRESSING BARRIERS TO BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN SCHOOLS AND OTHER APPROPRIATE SETTINGS; AND

(V) PROMOTING BEHAVIORAL HEALTH PREVENTION AND EARLY INTERVENTION SERVICES;

(b) COORDINATING EFFORTS BETWEEN STATE AGENCIES AND DEPARTMENTS TO INCREASE PUBLIC UNDERSTANDING AND AWARENESS OF CHILD AND YOUTH BEHAVIORAL HEALTH NEEDS;

(c) RECOMMENDING SHARED POLICIES TO REMOVE ADMINISTRATIVE BARRIERS IN ORDER TO FACILITATE COLLABORATION IN COMMUNITIES AND AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE;

(d) MONITORING AND RECEIVING UPDATES FROM RELEVANT STATE
AGENCIES AND DEPARTMENTS RELATED TO NETWORK ADEQUACY FOR
ACCESS TO BEHAVIORAL HEALTH SERVICES IN THE STATE;

(e) Compiling and disseminating information regarding
best practices for delivering and funding behavioral health
services;

(f) Receiving and acting on recommendations, including an
annual presentation from the advisory council;

(g) Recommending for the governor's consideration, for
each fiscal year, funds contained in each department's budget
that can be identified for collaborative service delivery
systems; and

(h) Beginning January 1, 2020, and each January 1
thereafter, recommending performance measures for each
department and office and county represented on the
commission that will quantify and demonstrate the
effectiveness of the behavioral health system in Colorado.
Recommended performance measures must include associated
demographic information, including geographic, ethnicity, and
specific populations that may be at higher risk for behavioral
health disorders, related health inequities, and suicidal
ideation. Each department and office and county may determine
whether to adopt the commission's recommended performance
measures. The commission shall monitor any data reported by
the departments and offices and counties for the purposes of
continuous quality improvement through enhanced
accountability and decision-making progress across state
departments. For each metric the departments and offices and
COUNTIES SELECT, THE DEPARTMENTS AND OFFICES AND COUNTIES SHALL
ESTABLISH A BASELINE FOR EACH PERFORMANCE MEASURE AND
REGULARLY REPORT ON THE PROGRESS MADE TOWARD ACHIEVING THE
desired outcome. At a minimum, departments and offices and
COUNTIES SHALL UPDATE DATA ON PERFORMANCE MEASURES QUARTERLY
AND REPORT THE DATA TO THE COMMISSION. THE COMMISSION SHALL
SUBMIT THE DATA TO THE GOVERNOR, WHO SHALL MAKE THE DATA
AVAILABLE ELECTRONICALLY TO THE PUBLIC.

(4) THE COMMISSION SHALL ENSURE THAT PROPOSALS, ACTIVITIES,
AND IMPLEMENTATION PLANNING DO NOT CONFLICT WITH OR DUPLICATE
EFFORTS LED BY OTHER ORGANIZATIONS THAT INCORPORATE CHILD
BEHAVIORAL HEALTH STRATEGIES, INCLUDING BUT NOT LIMITED TO
COLORADO’S TRAUMA-INFORMED SYSTEM OF CARE, THE EARLY
CHILDHOOD LEADERSHIP COMMISSION CREATED PURSUANT TO SECTION
26-6.2-103, AND THE COLORADO SUICIDE PREVENTION COMMISSION
CREATED PURSUANT TO SECTION 25-1.5-111.

(5) THE COMMISSION SHALL CONSULT WITH THE EARLY
CHILDHOOD LEADERSHIP COMMISSION ON ALL EARLY CHILDHOOD
BEHAVIORAL HEALTH PROPOSALS, ACTIVITIES, AND IMPLEMENTATION
PLANNING. THE COMMISSION IS NOT RESPONSIBLE FOR OVERSIGHT OF THE
DECISIONS AND ACTIONS OF THE EARLY CHILDHOOD LEADERSHIP
COMMISSION OR THE COLORADO SUICIDE PREVENTION COMMISSION.

(6) THE DIRECTOR SHALL SUPPORT COLLABORATION BETWEEN THE
COMMISSION, THE EARLY CHILDHOOD LEADERSHIP COMMISSION, AND THE
COLORADO SUICIDE PREVENTION COMMISSION, INCLUDING BUT NOT
LIMITED TO AN ANNUAL PRESENTATION FROM THE COMMISSION TO THE
EARLY CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE
PREVENTION COMMISSION ON RELEVANT CHILD AND YOUTH BEHAVIORAL HEALTH INITIATIVES. Reciprocally, the early childhood leadership commission and the Colorado suicide prevention commission shall provide an annual presentation to the commission on relevant child and youth behavioral health initiatives. Subject to available appropriations, the general assembly shall allocate money to support sufficient staff at the early childhood leadership commission and the Colorado suicide prevention commission to facilitate this collaboration.

(7) Members of the commission and its employees and consultants are immune from civil liability for an official act performed in good faith pursuant to this part 6. Meetings of the commission must be open to the public with dedicated time at each meeting for public comment. Commission meetings shall comply with the "Colorado Open Records Act", part 2 of article 72 of this title 24.

24-20-606. Commission functions. (1) Beginning October 1, 2019, the commission shall conduct the following actions:

(a) The commission shall work collaboratively with the department of health care policy and financing, the department of human services, and other departments as appropriate, to implement wraparound services for children and youth at risk of out-of-home placement. Wraparound services provided to eligible children and youth pursuant to this subsection (1)(a) must be covered under the "Colorado Medical Assistance Act", articles 4, 5, and 6 of title 25.5. To implement the provisions of this subsection (1)(a), the following actions must be taken:
(I) The Commission shall establish an executive workgroup that includes designees of the Commission and members of the Advisory Council to facilitate operational and financial collaboration between the Department of Health Care Policy and Financing, the Department of Human Services, and local governments;

(II) No later than March 1, 2020, the Department of Health Care Policy and Financing shall seek federal authorization from the Federal Centers for Medicare and Medicaid Services to provide wraparound services for eligible children and youth. Prior to seeking federal authorization, the Department of Health Care Policy and Financing 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, and mental health professionals. The Department of Health Care Policy and Financing shall consider tiered care coordination as an approach when developing the wraparound model. Upon federal authorization, the Department of Health Care Policy and Financing shall require managed care entities to implement wraparound services, which may be contracted out to a third party. The Department of Health Care Policy and Financing shall 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. Upon implementation of the wraparound services, the Department of Health Care Policy and Financing and 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 Department of Health Care Policy and Financing shall require managed care entities to report data on the utilization and effectiveness of wraparound services.

(b) No later than July 1, 2020, the Commission shall recommend to the Department of Health Care Policy and Financing, the Department of Human Services, and other departments as appropriate, programmatic utilization of a single standardized assessment tool to facilitate identification of behavioral health issues and other needs.

(c) No later than July 1, 2020, and based upon recommendations provided by the Executive Workgroup, the Commission shall recommend to the Department of Health Care Policy and Financing, the Department of Human Services, and other departments as appropriate, 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 DEPARTMENT OF HEALTH CARE
POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN SERVICES MAY
MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE
PROFESSIONALS AND THE PUBLIC. TO IMPLEMENT THE PROVISIONS OF THIS
SUBSECTION (1)(c), THE FOLLOWING ACTIONS MUST BE TAKEN:

(I) PRIOR TO THE ADOPTION OF THE STANDARDIZED ASSESSMENT
TOOL AND THE STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS
PURSUANT TO THIS SUBSECTION (1)(c) AND SUBSECTION (1)(b) OF THIS
SECTION, THE COMMISSION SHALL ESTABLISH AN EXECUTIVE WORKGROUP
THAT INCLUDES DESIGNEES OF THE COMMISSION, MEMBERS OF THE
ADVISORY COUNCIL, AND RELEVANT STAKEHOLDERS, INCLUDING HEALTH
CARE PROFESSIONALS, WITH INPUT FROM THE DEPARTMENT OF HEALTH
CARE POLICY AND FINANCING, THE DIVISION OF INSURANCE, AND THE
COLORADO SUICIDE PREVENTION COMMISSION;

(II) THE EXECUTIVE WORKGROUP SHALL ALSO RECOMMEND A
PROCESS 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; AND

(III) FOLLOWING THE SELECTION OF THE STANDARDIZED
BEHAVIORAL HEALTH SCREENING TOOLS AND THE STANDARDIZED
ASSESSMENT TOOL, THE DEPARTMENT OF PUBLIC HEALTH AND
ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE TRAINING ON THE
SET OF STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS AND THE
STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND
OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR
CHILDREN, ENSURING TRAINING IS OFFERED AT NO COST TO THE
professional. Training services may be contracted out to a third party.

(d) No later than July 1, 2020, the Commission 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 subsection (1)(d), the Commission shall establish an executive workgroup that includes agency designees and members of the advisory council, including representation from the Department of Health Care Policy and Financing, the Department of Human Services, and relevant stakeholders, including counties, managed care entities, and families.

(2) The Commission may consider establishing additional Commission functions, including but not limited to addressing:

(a) Mental health professional workforce development and retention;

(b) Behavioral health training opportunities for educators in local schools;

(c) Residential child care facility closures;

(d) Data and transparency requirements;

(e) Quality improvement initiatives;

(f) Children and youth who are transitioning out of pediatric care systems and into adult systems;
(g) Federal policy directives requiring interagency collaboration;
(h) Screening and referrals in middle schools and high schools;
(i) Children and youth with a behavioral health disorder who are involved in the juvenile justice system; and
(j) Meeting the needs of children and youth with co-occurring diagnoses, including behavioral health disorders and physical or intellectual or developmental disabilities, and mental health conditions and substance use disorders.

24-20-607. Children and youth behavioral health advisory council - creation - membership - compensation - powers and duties - repeal. (1) There is created in the office of children and youth behavioral health the children and youth behavioral health policy coordination advisory council.

(2) (a) Membership. The advisory council consists of twenty-five members to be appointed by the governor as follows:
(I) A county commissioner;
(II) A representative of a police department or a sheriff's office;
(III) A director of a county department of human or social services;
(IV) A representative of a local collaborative management program;
(V) A representative of a community mental health center serving children and youth;
(VI) A SUBSTANCE USE DISORDER TREATMENT PROVIDER SERVING CHILDREN AND YOUTH;

(VII) A MENTAL HEALTH PROFESSIONAL OR PSYCHIATRIST WHO HAS CLINICAL EXPERIENCE WORKING WITH CHILDREN AND YOUTH;

(VIII) A PEDIATRICIAN, OR A FAMILY PHYSICIAN OR ADVANCED PRACTICE PROVIDER, WHO HAS EXPERIENCE WORKING IN PRIMARY CARE WITH CHILDREN, YOUTH, AND FAMILIES;

(IX) AN INDIVIDUAL REPRESENTING A FAMILY-RUN ORGANIZATION WHOSE EXPLICIT PURPOSE IS TO SERVE AND REPRESENT FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS;

(X) AN INDIVIDUAL FROM AN ORGANIZATION REPRESENTING CHILDREN AND YOUTH WITH CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS AND DISABILITIES;

(XI) A REPRESENTATIVE OF SCHOOL DISTRICTS;

(XII) A REPRESENTATIVE WHO CURRENTLY PROVIDES WRAPAROUND SERVICES FOR CHILDREN AND YOUTH;

(XIII) A MENTAL HEALTH PROFESSIONAL WHO HAS CLINICAL MENTAL HEALTH EXPERIENCE WORKING WITH INFANTS AND YOUNG CHILDREN UNDER THE AGE OF FIVE;

(XIV) A REPRESENTATIVE OF THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE CREATED IN SECTION 16-11.3-102;

(XV) A REPRESENTATIVE OF THE SUICIDE PREVENTION COMMISSION CREATED IN SECTION 25-1.5-111;

(XVI) A REPRESENTATIVE OF A RESIDENTIAL CHILD CARE FACILITY;

(XVII) A REPRESENTATIVE OF COURT-APPOINTED SPECIAL ADVOCATES FOR CHILDREN;
(XVIII) A REPRESENTATIVE OF AN ORGANIZATION THAT ADDRESSES CHILD MALTREATMENT ISSUES;
(XIX) A REPRESENTATIVE OF A DISTRICT ATTORNEY’S OFFICE;
(XX) A REPRESENTATIVE OF A GENERAL HOSPITAL LICENSED PURSUANT TO SECTION 25-1.5-103;
(XXI) AN ADMINISTRATOR OF A MANAGED CARE ENTITY;
(XXII) AN ADMINISTRATOR OF THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED IN SECTION 27-60-101; AND
(XXIII) THREE MEMBERS WHO ARE CHILDREN OR YOUTH AND REPRESENT CONSUMERS OF SERVICES FOR CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS.

(b) DEPARTMENT AND OFFICE AND COUNTY PERSONNEL WITH EXPERTISE IN CHILD AND YOUTH BEHAVIORAL HEALTH MAY ATTEND MEETINGS OF THE ADVISORY COUNCIL TO EDUCATE MEMBERS OF THE COUNCIL AND PROVIDE INFORMATION ON STATE PROGRAMS AND INITIATIVES.

(c) Appointments. The Governor shall make initial appointments to the Advisory Council no later than September 1, 2019. In appointing the members of the Advisory Council, the Governor shall consider the geographic diversity of the state. Appointed members serve terms of two years. The Governor may reappoint members for one additional consecutive term. In the event of a vacancy in an appointed position, the Governor shall appoint a member to fill the position for the remainder of the term. The members of the Advisory Council shall elect a member to serve as chair and a member to serve as vice-chair for a term of two years.
(d) **Compensation.** Members of the Advisory Council receive a per diem for each meeting of the Advisory Council that a member attends. In addition, each member is reimbursed for all actual and necessary travel expenses incurred in connection with attendance at the meetings of the Advisory Council.

(3) **Powers and duties - functions.** (a) The Advisory Council shall meet at least six times per year and may meet more frequently at the discretion of the Advisory Council.

(b) The primary duties, responsibilities, and functions of the Advisory Council include:

(I) Assisting the Commission in fulfilling its duties described in section 24-20-605, including supporting and advising the Commission on the implementation of policies and programs;

(II) Reviewing the Commission’s data on performance measures described in section 24-20-605 (2)(i) and providing input to the Commission to ensure continuous quality improvement;

(III) Identifying, monitoring, soliciting input, and providing policy and budgetary recommendations on emerging children and youth behavioral health issues affecting the quality and availability of behavioral health services reported by local collaborative management programs and through other local and regional providers and managed care entities; and

(IV) Submitting any formal recommendations to the Commission for consideration and action in accordance with appropriate legislative and budgetary timelines, if applicable.
THE COMMISSION SHALL RESPOND WITHIN SIXTY DAYS TO INFORM THE
ADVISORY COUNCIL OF ANY DECISION TO PURSUE OR DECLINE A
RECOMMENDATION, WITH INFORMATION ABOUT THE RATIONALE FOR THE
DECISION.

(c) THE DIRECTOR SHALL ATTEND EACH MEETING OF THE
ADVISORY COUNCIL, AND THE DIRECTOR, OR THE DIRECTOR'S DESIGNEE,
SHALL PROVIDE ADMINISTRATIVE SUPPORT TO THE ADVISORY COUNCIL, AS
NEEDED.

(4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.
PRIOR TO SUCH REPEAL, THE ADVISORY COUNCIL IS SCHEDULED FOR
REVIEW AS PROVIDED IN SECTION 2-3-1203.

24-20-608. Governor evaluation - annual. (1) ON OR BEFORE
JULY 1, 2020, AND ON OR BEFORE EACH JULY 1 THEREAFTER, THE
GOVERNOR SHALL ENSURE THAT AN ANNUAL EXTERNAL EVALUATION OF
THE COMMISSION AND ADVISORY COUNCIL IS CONDUCTED BY AN
INDEPENDENT ORGANIZATION.

(2) THE GOVERNOR'S OFFICE SHALL MAKE THE EVALUATION
PUBLICLY AVAILABLE IN AN ELECTRONIC FORMAT. THE EVALUATION MUST
INCLUDE:

(a) A DEFINED PROCESS FOR RECEIVING INPUT DIRECTLY FROM
FAMILIES WHOSE CHILDREN OR YOUTH RECEIVE BEHAVIORAL HEALTH
SERVICES IN THE STATE;

(b) RECOMMENDATIONS REGARDING METHODS FOR IMPROVING
PERFORMANCE MEASURES RELATED TO THE CHILD AND YOUTH
BEHAVIORAL HEALTH SYSTEM AMONG STATE AGENCIES AND LOCAL
GOVERNMENTS; AND

(c) A REVIEW OF PERFORMANCE MEASURE IMPROVEMENT
ACTIVITIES IMPLEMENTED BY THE COMMISSION AND ADVISORY COUNCIL.

(3) IT IS STRONGLY ENCOURAGED THAT THE EXTERNAL EVALUATION CONSIDER AND REPORT ON AVAILABLE DATA COLLECTED AND SUPPLIED BY LOCAL COLLABORATIVE MANAGEMENT PROGRAMS.

24-20-609. Commission report - annual. (1) On or before July 1, 2020, and on or before each July 1 thereafter, the Commission shall submit an annual report to the Governor and 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.

(2) The report must include:

(a) Legislative, rulemaking, policy, and budgetary recommendations, including any anticipated funding reductions due to appropriate behavioral health services being delivered to children and youth;

(b) Best efforts to quantify cost savings and to project future cost savings as a result of the Commission's initiatives;

(c) Commission members' attendance records;

(d) A description of how the Commission accomplished its duties and functions, outlined in sections 24-20-605 and 24-20-606, including administrative, regulatory, and legislative changes adopted as a result of the Commission's work;

(e) A description of multi-system efforts that were made to improve alignment across agencies, including any available and relevant family surveys;

(f) The annual progress on the performance measures for each department and office and county;
A DESCRIPTION OF ACTIVITIES THE COMMISSION ANTICIPATES PURSUING IN THE NEXT FISCAL YEAR;

ALL FORMAL ADVISORY COUNCIL RECOMMENDATIONS MADE TO THE COMMISSION, INCLUDING THE DETAILS AND RATIONALES ABOUT HOW THE RECOMMENDATIONS WERE PURSUED BY THE COMMISSION OR IF THE RECOMMENDATIONS WERE DECLINED BY THE COMMISSION;

THE RESULTS OF ANY COLLABORATIVE EFFORTS WITH OTHER ORGANIZATIONS WORKING ON CHILD AND YOUTH BEHAVIORAL HEALTH ISSUES, INCLUDING BUT NOT LIMITED TO THE EARLY CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE PREVENTION COMMISSION; AND

THE COSTS RELATED TO THE COMMISSION, INCLUDING THE COST OF STAFF TIME SPENT SUPPORTING THE ACTIVITIES AND THE SOURCE OF FUNDS USED TO SUPPORT THE COMMISSION'S ACTIVITIES.

ON OR BEFORE JANUARY 15, 2021, AND ANNUALY THEREAFTER, THE COMMISSION SHALL PRESENT THE ANNUAL REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS SECTION, AND SUBMIT A PROGRESS REPORT ON ANY RECOMMENDATIONS IDENTIFIED IN SUBSECTION (2)(a) OF THIS SECTION, 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.

NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REPORTING REQUIREMENTS PURSUANT TO THIS SECTION CONTINUE INDEFINITELY.

SECTION 3. In Colorado Revised Statutes, 2-3-1203, add (15)(a)(VI) and (15)(a)(VII) as follows:
2-3-1203. Sunset review of advisory committees - legislative declaration - definition - repeal. (15) (a) The following statutory authorizations for the designated advisory committees are scheduled for repeal on September 1, 2024:

(VI) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY COORDINATION COMMISSION CREATED IN SECTION 24-20-604.

(VII) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY COORDINATION ADVISORY COUNCIL CREATED IN SECTION 24-20-607.

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.