

**First Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 19-0717.01 Shelby Ross x4510

**SENATE BILL 19-195**

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**SENATE SPONSORSHIP**

**Fields and Gardner,**

**HOUSE SPONSORSHIP**

**Kraft-Tharp and Landgraf,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING ENHANCEMENTS TO BEHAVIORAL HEALTH SERVICES AND**  
102 **POLICY COORDINATION FOR CHILDREN AND YOUTH.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

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

2           **SECTION 1. Legislative declaration.** The general assembly  
3 finds and declares that, in 2017, suicide was the leading cause of death for  
4 children and youth 10 to 24 years of age in the state of Colorado.  
5 Childhood and adolescence are critical periods of risk for the onset of a  
6 behavioral health disorder. Nationally, half of all lifetime cases of mental  
7 illness begin by 14 years of age and three-quarters begin by 24 years of  
8 age. Children and youth may be exposed to trauma, maltreatment, and  
9 other adverse childhood experiences that may be risk factors for

1 behavioral health diagnoses in adolescence and adulthood, and there is a  
2 need to strengthen the protective factors for child and youth health and  
3 safety because children and youth have unique physical and behavioral  
4 health needs. Additionally, many children and youth are left undiagnosed  
5 and untreated because they have not been exposed to adverse childhood  
6 experiences or do not show outward signs that would identify the child or  
7 youth as at risk.

8 **SECTION 2.** In Colorado Revised Statutes, **add** part 8 to article  
9 5 of title 25.5 as follows:

10 PART 8

11 CHILDREN AND YOUTH BEHAVIORAL

12 HEALTH SYSTEM IMPROVEMENTS

13 **25.5-5-801. Legislative declaration.** (1) THE GENERAL  
14 ASSEMBLY FINDS AND DECLARES THAT:

15 (a) IN ORDER TO PROVIDE QUALITY BEHAVIORAL HEALTH SERVICES  
16 TO FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
17 CHALLENGES, BEHAVIORAL HEALTH SERVICES SHOULD BE COORDINATED  
18 AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE  
19 AND SHOULD BE CULTURALLY COMPETENT, COST-EFFECTIVE, AND  
20 PROVIDED IN THE LEAST RESTRICTIVE SETTINGS;

21 (b) THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND  
22 YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE  
23 CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN  
24 PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND  
25 SERVICES FOR CHILDREN AND YOUTH;

26 (c) CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
27 CHALLENGES MAY REQUIRE A MULTI-SYSTEM LEVEL OF CARE THAT CAN

1 LEAD TO DUPLICATION AND FRAGMENTATION OF SERVICES. TO AVOID  
2 THESE PROBLEMS, KEEP FAMILIES TOGETHER, AND SUPPORT CAREGIVERS  
3 DURING A CHILD'S OR YOUTH'S BEHAVIORAL HEALTH CHALLENGE,  
4 DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST  
5 COLLABORATE WITH ONE ANOTHER;

6 (d) THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF  
7 2018", AS DEFINED IN SECTION 26-5-101 (4.5), WILL BRING MAJOR  
8 CHANGES TO THE CHILD WELFARE SYSTEM, INCLUDING SUPPORTING MORE  
9 CHILDREN IN THE COMMUNITY AND REQUIRING A STRONG AND EFFECTIVE  
10 CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM; AND

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

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

24 **25.5-5-802. Definitions.** AS USED IN THIS PART 8, UNLESS THE  
25 CONTEXT OTHERWISE REQUIRES:

26 (1) "AT RISK OF DEVELOPING A BEHAVIORAL HEALTH DISORDER"  
27 MEANS THE OCCURRENCE OF ANY NUMBER OF PSYCHOLOGICAL OR SOCIAL

1 RISK FACTORS, SUCH AS TRAUMA, THAT MAY MAKE A PERSON MORE  
2 LIKELY TO DEVELOP A BEHAVIORAL HEALTH DISORDER.

3 (2) "AT RISK OF OUT-OF-HOME PLACEMENT" MEANS A CHILD OR  
4 YOUTH WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO  
5 ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

6 (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH  
7 DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5), OR A BEHAVIORAL  
8 HEALTH DISORDER; AND

9 (b) MAY REQUIRE A LEVEL OF CARE THAT IS PROVIDED IN A  
10 RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR  
11 OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S  
12 HOME. "AT RISK OF OUT-OF-HOME PLACEMENT" INCLUDES A CHILD OR  
13 YOUTH WHO:

14 (I) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR

15 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

16 (3) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE  
17 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL  
18 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES  
19 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY  
20 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL  
21 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE  
22 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF  
23 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,  
24 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND  
25 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND  
26 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND  
27 RELATED HEALTH PROBLEMS.

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

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

8           (6) "MANAGED CARE ENTITY" MEANS AN ENTITY THAT ENTERS  
9           INTO A CONTRACT TO PROVIDE SERVICES IN THE STATEWIDE MANAGED  
10          CARE SYSTEM PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

11          (7) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL  
12          LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43  
13          OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION  
14          27-65-102 (17).

15          (8) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO  
16          IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND  
17          6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

18               (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH  
19               DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5), OR A BEHAVIORAL  
20               HEALTH DISORDER; AND

21               (b) MAY REQUIRE A LEVEL OF CARE THAT IS PROVIDED IN A  
22               RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR  
23               OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S  
24               HOME. "OUT-OF-HOME PLACEMENT" INCLUDES A CHILD OR YOUTH WHO:

25                       (I) HAS ENTERED THE DIVISION OF YOUTH SERVICES; OR

26                       (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

27          (9) "STANDARDIZED ASSESSMENT TOOL" MEANS A MULTI-PURPOSE

1 INSTRUMENT THAT FACILITATES THE LINK BETWEEN ASSESSMENT AND  
2 LEVEL OF CARE AND INDIVIDUALIZED SERVICE PLANNING; FACILITATES  
3 QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS FOR MONITORING OF  
4 OUTCOMES OF SERVICES.

5 (10) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,  
6 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING  
7 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL  
8 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH  
9 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE  
10 FRAMEWORK.

11 **25.5-5-803. High-fidelity wraparound services for children**  
12 **and youth - federal approval - reporting. (1) NO LATER THAN MARCH**  
13 **1, 2020, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION**  
14 **FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO**  
15 **PROVIDE WRAPAROUND SERVICES FOR ELIGIBLE CHILDREN AND YOUTH**  
16 **WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME**  
17 **PLACEMENT. PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE**  
18 **DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS**  
19 **INCLUDING COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE**  
20 **STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH**  
21 **WITH BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE**  
22 **PREVIOUSLY IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH**  
23 **PROFESSIONALS, AND OTHER RELEVANT DEPARTMENTS. THE STATE**  
24 **DEPARTMENT SHALL CONSIDER TIERED CARE COORDINATION AS AN**  
25 **APPROACH WHEN DEVELOPING THE WRAPAROUND MODEL.**

26 (2) UPON FEDERAL AUTHORIZATION, THE STATE DEPARTMENT  
27 SHALL REQUIRE MANAGED CARE ENTITIES TO IMPLEMENT WRAPAROUND



1 SERVICES, WHICH MAY BE CONTRACTED OUT TO A THIRD PARTY. THE  
2 STATE DEPARTMENT SHALL ENSURE CARE COORDINATORS AND THOSE  
3 RESPONSIBLE FOR IMPLEMENTING WRAPAROUND SERVICES HAVE  
4 ADEQUATE TRAINING AND RESOURCES TO SUPPORT CHILDREN AND YOUTH  
5 WHO MAY HAVE CO-OCCURRING DIAGNOSES, INCLUDING BEHAVIORAL  
6 HEALTH DISORDERS AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL  
7 DISABILITIES. ATTENTION MUST ALSO BE GIVEN TO THE GEOGRAPHIC  
8 DIVERSITY OF THE STATE IN DESIGNING THIS PROGRAM IN RURAL  
9 COMMUNITIES.

10 (3) UPON IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE  
11 STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL  
12 MONITOR AND REPORT THE ANNUAL COST SAVINGS ASSOCIATED WITH  
13 ELIGIBLE CHILDREN AND YOUTH RECEIVING WRAPAROUND SERVICES TO  
14 THE PUBLIC THROUGH THE ANNUAL HEARING, PURSUANT TO THE "STATE  
15 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT  
16 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE  
17 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL REQUIRE  
18 MANAGED CARE ENTITIES TO REPORT DATA ON THE UTILIZATION AND  
19 EFFECTIVENESS OF WRAPAROUND SERVICES.

20 (4) THE STATE DEPARTMENT SHALL WORK COLLABORATIVELY  
21 WITH THE DEPARTMENT OF HUMAN SERVICES, COUNTIES, AND OTHER  
22 DEPARTMENTS, AS APPROPRIATE, TO DEVELOP, IMPLEMENT, AND OVERSEE  
23 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK OF  
24 OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME PLACEMENT. AS PART  
25 OF ROUTINE COLLABORATION, THE STATE DEPARTMENT SHALL DEVELOP  
26 A MODEL OF SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES IN  
27 CONSULTATION WITH THE DEPARTMENT OF HUMAN SERVICES.

1 WRAPAROUND SERVICES PROVIDED TO ELIGIBLE CHILDREN AND YOUTH  
2 PURSUANT TO THIS SECTION MUST BE COVERED UNDER THE "COLORADO  
3 MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.  
4 THE STATE DEPARTMENT MAY USE TARGETING CRITERIA TO RAMP UP  
5 WRAPAROUND SERVICES AS SERVICE CAPACITY INCREASES, OR  
6 TEMPORARILY, AS NECESSARY, TO MEET CERTAIN FEDERAL FINANCIAL  
7 PARTICIPATION REQUIREMENTS.

8 **25.5-5-804. Standardized assessment tool - standardized**  
9 **screening tools - single referral and entry point. (1) Standardized**  
10 **assessment tool. NO LATER THAN JULY 1, 2020, THE STATE DEPARTMENT**  
11 **AND DEPARTMENT OF HUMAN SERVICES SHALL JOINTLY SELECT A SINGLE**  
12 **STANDARDIZED ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF**  
13 **BEHAVIORAL HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN**  
14 **AND YOUTH AND TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR**  
15 **PROGRAMMATIC UTILIZATION. THE STATE DEPARTMENT AND DEPARTMENT**  
16 **OF HUMAN SERVICES SHALL CONSULT WITH COUNTIES, STAKEHOLDERS,**  
17 **AND OTHER RELEVANT DEPARTMENTS, AS APPROPRIATE, PRIOR TO**  
18 **SELECTING THE TOOL.**

19 **(2) Standardized screening tools. NO LATER THAN JULY 1, 2020,**  
20 **THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES**  
21 **SHALL SELECT DEVELOPMENTALLY APPROPRIATE AND CULTURALLY**  
22 **COMPETENT STATEWIDE BEHAVIORAL HEALTH STANDARDIZED SCREENING**  
23 **TOOLS FOR PRIMARY CARE PROVIDERS SERVING CHILDREN, YOUTH, AND**  
24 **CAREGIVERS IN THE PERINATAL PERIOD, INCLUDING POSTPARTUM WOMEN.**  
25 **THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES MAY**  
26 **MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE**  
27 **PROFESSIONALS AND THE PUBLIC. PRIOR TO THE ADOPTION OF THE**

1 STANDARDIZED ASSESSMENT TOOL DESCRIBED IN SUBSECTION (1) OF THIS  
2 SECTION, AND THE STANDARDIZED SCREENING TOOLS DESCRIBED IN THIS  
3 SUBSECTION (2), THE STATE DEPARTMENT SHALL LEAD A PUBLIC  
4 CONSULTATION PROCESS INVOLVING RELEVANT STAKEHOLDERS,  
5 INCLUDING HEALTH CARE PROFESSIONALS, WITH INPUT FROM THE  
6 DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT OF PUBLIC HEALTH  
7 AND ENVIRONMENT, AND THE DIVISION OF INSURANCE.

8 **(3) Statewide referral and entry point.** NO LATER THAN JULY 1,  
9 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT  
10 OF HUMAN SERVICES, THE DEPARTMENT OF PUBLIC HEALTH AND  
11 ENVIRONMENT, AND OTHER RELEVANT DEPARTMENTS AND COUNTIES, AS  
12 NECESSARY, SHALL DEVELOP A PLAN FOR ESTABLISHING A SINGLE  
13 STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND YOUTH WHO  
14 HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE NEEDS ARE  
15 IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT. IN DEVELOPING THE  
16 SINGLE STATEWIDE REFERRAL AND ENTRY POINT, THE STATE DEPARTMENT  
17 SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS, INCLUDING  
18 COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE STATEWIDE  
19 MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH WITH  
20 BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE PREVIOUSLY  
21 IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH PROFESSIONALS,  
22 AND OTHER RELEVANT DEPARTMENTS.

23 **25.5-5-805. Integrated funding pilot.** NO LATER THAN JULY 1,  
24 2021, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT  
25 OF HUMAN SERVICES, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,  
26 SHALL DESIGN AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL  
27 HEALTH DELIVERY SYSTEM PILOT PROGRAM THAT ADDRESSES THE

1 CHALLENGES OF FRAGMENTATION AND DUPLICATION OF BEHAVIORAL  
2 HEALTH SERVICES. THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR  
3 BEHAVIORAL HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS  
4 THE STATE TO SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
5 DISORDERS. TO IMPLEMENT THE PROVISIONS OF THIS SECTION, THE STATE  
6 DEPARTMENT SHALL COLLABORATE WITH THE DEPARTMENT OF HUMAN  
7 SERVICES AND OTHER RELEVANT STAKEHOLDERS, INCLUDING COUNTIES,  
8 MANAGED CARE ENTITIES, AND FAMILIES.

9 **SECTION 3.** In Colorado Revised Statutes, **add** article 51 to title  
10 25 as follows:

11 **ARTICLE 51**

12 **Standardized Screening and Assessment Tool Training**

13 **25-51-101. Training on standardized screening tools and**  
14 **standardized assessment tool.** FOLLOWING THE SELECTION OF THE  
15 STANDARDIZED SCREENING TOOLS AND THE STANDARDIZED ASSESSMENT  
16 TOOL, AS DESCRIBED IN SECTION 25.5-5-804, THE DEPARTMENT OF PUBLIC  
17 HEALTH AND ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE  
18 TRAINING ON THE STANDARDIZED SCREENING TOOLS AND THE  
19 STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND  
20 OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR  
21 CHILDREN, ENSURING THAT TRAINING IS OFFERED AT NO COST TO THE  
22 PROFESSIONAL. TRAINING SERVICES MAY BE CONTRACTED OUT TO A THIRD  
23 PARTY.

24 **SECTION 4.** In Colorado Revised Statutes, **add** article 62 to title  
25 27 as follows:

26 **ARTICLE 62**

27 **High-fidelity Wraparound Services for Children and Youth**

1                   **27-62-101. High-fidelity wraparound services for children and**  
2                   **youth - interagency coordination - reporting.** (1) PURSUANT TO  
3                   SECTION 25.5-5-803 (4), THE DEPARTMENT OF HUMAN SERVICES SHALL  
4                   WORK COLLABORATIVELY WITH THE DEPARTMENT OF HEALTH CARE  
5                   POLICY AND FINANCING, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,  
6                   AS APPROPRIATE, TO DEVELOP AND OVERSEE WRAPAROUND SERVICES FOR  
7                   CHILDREN AND YOUTH AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN  
8                   OUT-OF-HOME PLACEMENT. AS PART OF ROUTINE COLLABORATION, THE  
9                   DEPARTMENT OF HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF  
10                  HEALTH CARE POLICY AND FINANCING IN DEVELOPING A MODEL OF  
11                  SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES. THE DEPARTMENT  
12                  OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND  
13                  FINANCING SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS  
14                  ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING  
15                  WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,  
16                  PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,  
17                  RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2  
18                  OF ARTICLE 7 OF TITLE 2.

19                  (2) TWO FULL-TIME STAFF PERSONS SHALL BE APPOINTED BY THE  
20                  EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES TO  
21                  SUPPORT AND FACILITATE INTERAGENCY COORDINATION PURSUANT TO  
22                  THIS ARTICLE 62, PART 8 OF ARTICLE 5 OF TITLE 25.5, AND ANY OTHER  
23                  RELATED INTERAGENCY BEHAVIORAL HEALTH EFFORTS AS DETERMINED  
24                  BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES.

25                  **27-62-102. Standardized screening tools - standardized**  
26                  **assessment tool - interagency coordination - single referral and entry**  
27                  **point.** (1) **Standardized assessment tool.** PURSUANT TO SECTION

1 25.5-5-804 (1), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
2 HUMAN SERVICES SHALL COORDINATE WITH THE DEPARTMENT OF HEALTH  
3 CARE POLICY AND FINANCING TO JOINTLY SELECT A SINGLE STANDARDIZED  
4 ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF BEHAVIORAL  
5 HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN AND YOUTH AND  
6 TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR PROGRAMMATIC  
7 UTILIZATION.

8 **(2) Standardized screening tools.** PURSUANT TO SECTION  
9 25.5-5-804 (2), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
10 HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF HEALTH CARE  
11 POLICY AND FINANCING IN SELECTING DEVELOPMENTALLY APPROPRIATE  
12 AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH  
13 STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING  
14 CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,  
15 INCLUDING POSTPARTUM WOMEN. THE DEPARTMENT OF HEALTH CARE  
16 POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN SERVICES MAY  
17 MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE  
18 PROFESSIONALS AND THE PUBLIC.

19 **(3) Statewide referral and entry point.** PURSUANT TO SECTION  
20 25.5-5-804 (3), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
21 HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF HEALTH CARE  
22 POLICY AND FINANCING IN DEVELOPING A PLAN FOR ESTABLISHING A  
23 SINGLE STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND  
24 YOUTH WHO HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE  
25 NEEDS ARE IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT.

26 **SECTION 5. Act subject to petition - effective date.** This act  
27 takes effect at 12:01 a.m. on the day following the expiration of the

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