

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

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 19-0938.01 Shelby Ross x4510

**SENATE BILL 19-222**

**SENATE SPONSORSHIP**

**Lee and Story,** Bridges, Gonzales, Hisey, Rankin, Winter, Court, Crowder, Danielson, Fenberg, Fields, Garcia, Ginal, Moreno, Pettersen, Tate, Todd, Woodward

**HOUSE SPONSORSHIP**

**Esgar and Landgraf,** Herod, Larson, Liston, Pelton, Rich, Roberts, Sandridge, Soper, Will, Wilson, Arndt, Bird, Buckner, Carver, Cutter, Duran, Exum, Galindo, Gonzales-Gutierrez, Hansen, Kipp, Michaelson Jenet, Sirota, Valdez A., Valdez D., Weissman

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**Senate Committees**

Judiciary  
Appropriations

**House Committees**

Judiciary  
Appropriations

HOUSE  
3rd Reading Unamended  
April 30, 2019

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**A BILL FOR AN ACT**

101     **CONCERNING THE IMPROVEMENT OF ACCESS TO BEHAVIORAL HEALTH**  
102             **SERVICES FOR INDIVIDUALS AT RISK OF INSTITUTIONALIZATION,**  
103             **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

HOUSE  
2nd Reading Unamended  
April 29, 2019

**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>.)*

SENATE  
3rd Reading Unamended  
April 24, 2019

The bill requires the department of health care policy and financing (state department) to develop measurable outcomes to monitor efforts to prevent medicaid recipients from becoming involved in the criminal justice system.

The bill requires the state department to work collaboratively with

SENATE  
Amended 2nd Reading  
April 23, 2019

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.*

managed care entities to create incentives for behavioral health providers to accept medicaid recipients with severe behavioral health disorders. The bill requires the state department to determine if seeking a 1115 demonstration waiver is the necessary response to the requirements of 42 CFR 438.6 (e) to ensure inpatient services are available to individuals with a serious mental illness. If the state department determines it is not appropriate, the state department is required to submit a report to the general assembly with the state department's reasoning and an alternative plan and proposed timeline for the implementation of the alternative plan.

The bill requires access to inpatient civil beds at the mental health institutes at Pueblo and Fort Logan to be based on the need of the individual and the inability of the individual to be stabilized in the community.

The bill creates a community behavioral health safety net system (safety net system) and requires the department of human services (department), in collaboration with the state department, to conduct the following activities:

- ! Define what constitutes a high-intensity behavioral health treatment program (treatment program), determine what an adequate network of high-intensity behavioral health treatment services includes, and identify existing treatment programs;
- ! Develop an implementation plan to increase the number of treatment programs in the state;
- ! Identify an advisory body to assist the department in creating a comprehensive proposal for a safety net system;
- ! Develop a comprehensive proposal to develop a safety net system that provides behavioral health services for individuals with severe behavioral health disorders;
- ! Implement the safety net system no later than January 1, 2024; and
- ! Provide an annual report from January 1, 2022, until July 1, 2024, on the progress made by the department in implementing and ensuring a safety net system to the public through the annual SMART Act hearing.

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

2           **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds and declares that:

4           (a) Colorado has experienced a dramatic increase in the number  
5 of individuals with severe behavioral health disorders who are arrested

1 and incarcerated, often for low-level crimes, and whose competency to  
2 assist in their own defense is questioned, as the process is defined in  
3 article 8.5 of title 16, Colorado Revised Statutes. To date, Colorado has  
4 not consistently evaluated or treated such individuals in a timely and  
5 clinically appropriate manner, resulting in lawsuits and millions of state  
6 taxpayers' dollars unnecessarily spent.

7 (b) All Coloradans should have access to a high-quality behavioral  
8 health system that serves individuals regardless of payer type or acuity  
9 level and that has a full continuum of behavioral health treatment  
10 services;

11 (c) Colorado has a significant interest in strengthening outcomes  
12 for the behavioral health safety net system that will effectively serve  
13 individuals with severe behavioral health disorders; \_\_\_\_\_

14 (d) Individuals with behavioral health disorders should not have  
15 to enter the criminal justice system to access mental health services and  
16 treatment options, because it is both costly for taxpayers and results in  
17 poor outcomes; and

18 (e) Children and youth with behavioral health needs, including  
19 those who are involved in, or at risk of becoming involved in, the juvenile  
20 justice system or the child welfare system, should have access to the full  
21 continuum of behavioral health services and supports and not be allowed  
22 to fall through the cracks of multiple systems.

23 (2) The general assembly further finds and declares that the state  
24 shall strengthen and expand the safety net system that will not allow  
25 individuals with behavioral health disorders to be turned away from  
26 treatment or discharged without help and coordination unless or until the  
27 individual no longer requires behavioral health services. The state shall

1 assess the current treatment system and ensure that adequate services  
2 exist in every region of the state, including intensive community-based  
3 treatment and supportive services that ensure individuals with the most  
4 difficult-to-treat disorders are receiving services.

5 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-1-129 as  
6 follows:

7 **25.5-1-129. Improving access to behavioral health services for**  
8 **individuals at risk of entering the criminal or juvenile justice system**  
9 **- duties of the state department.** (1) ON OR BEFORE MARCH 1, 2020,  
10 THE STATE DEPARTMENT SHALL DEVELOP MEASURABLE OUTCOMES TO  
11 MONITOR EFFORTS TO PREVENT MEDICAID RECIPIENTS FROM BECOMING  
12 INVOLVED IN THE CRIMINAL OR JUVENILE JUSTICE SYSTEM.

13 (2) ON OR BEFORE JULY 1, 2021, THE STATE DEPARTMENT SHALL  
14 WORK COLLABORATIVELY WITH MANAGED CARE ENTITIES TO CREATE  
15 INCENTIVES FOR BEHAVIORAL HEALTH PROVIDERS TO ACCEPT MEDICAID  
16 RECIPIENTS WITH SEVERE BEHAVIORAL HEALTH DISORDERS. THE  
17 INCENTIVES MAY INCLUDE, BUT NEED NOT BE LIMITED TO, HIGHER  
18 REIMBURSEMENT RATES, QUALITY PAYMENTS TO REGIONAL ACCOUNTABLE  
19 ENTITIES FOR ADEQUATE NETWORKS, ESTABLISHING PERFORMANCE  
20 MEASURES AND PERFORMANCE IMPROVEMENT PLANS RELATED TO  
21 NETWORK EXPANSION, TRANSPORTATION SOLUTIONS TO INCENTIVIZE  
22 MEDICAID RECIPIENTS TO ATTEND HEALTH CARE APPOINTMENTS, AND  
23 INCENTIVIZING PROVIDERS TO CONDUCT OUTREACH TO MEDICAID  
24 RECIPIENTS TO ENSURE THAT THEY ARE ENGAGED IN NEEDED BEHAVIORAL  
25 HEALTH SERVICES, INCLUDING TECHNICAL ASSISTANCE WITH BILLING  
26 PROCEDURES. THE STATE DEPARTMENT MAY SEEK ANY FEDERAL  
27 AUTHORIZATION NECESSARY TO CREATE THE INCENTIVES DESCRIBED IN

1 THIS SUBSECTION (2).

2 **SECTION 3.** In Colorado Revised Statutes, **add** 25.5-4-504 as  
3 follows:

4 **25.5-4-504. Federal authorization - repeal.** (1) THE STATE  
5 DEPARTMENT SHALL DETERMINE IF THE STATE SHOULD APPLY FOR A  
6 SECTION 1115 DEMONSTRATION WAIVER TO IMPROVE CARE FOR ADULTS  
7 WITH SERIOUS MENTAL ILLNESS IN RESPONSE TO 42 CFR 438.6 (e). IF THE  
8 STATE DEPARTMENT DETERMINES THAT A SECTION 1115 DEMONSTRATION  
9 WAIVER WOULD BE THE MOST APPROPRIATE WAY TO ENSURE INPATIENT  
10 SERVICES ARE AVAILABLE TO INDIVIDUALS WITH SERIOUS MENTAL  
11 ILLNESS, THE STATE DEPARTMENT IS AUTHORIZED TO APPLY FOR A SECTION  
12 1115 DEMONSTRATION WAIVER AFTER NOTIFYING THE GENERAL  
13 ASSEMBLY, INCLUDING THE JOINT BUDGET COMMITTEE OF THE GENERAL  
14 ASSEMBLY.

15 (2) IF THE STATE DEPARTMENT DETERMINES THAT PURSUING A  
16 SECTION 1115 DEMONSTRATION WAIVER WOULD BE INAPPROPRIATE, THE  
17 STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE JOINT BUDGET  
18 COMMITTEE OF THE GENERAL ASSEMBLY ON OR BEFORE MARCH 1, 2020,  
19 WITH THE FOLLOWING INFORMATION:

20 (a) AN EXPLANATION OF WHY THE STATE DEPARTMENT BELIEVES  
21 APPLYING FOR A SECTION 1115 DEMONSTRATION WAIVER IS NOT AN  
22 APPROPRIATE WAY TO RESPOND TO THE IMPLICATIONS OF 42 CFR 438.6  
23 (e);

24 (b) THE STATE DEPARTMENT'S ALTERNATIVE PLAN, IN LIEU OF A  
25 SECTION 1115 DEMONSTRATION WAIVER, TO ENSURE SERVICES WILL BE  
26 AVAILABLE TO MEDICAID RECIPIENTS WHO NEED LONG-TERM INPATIENT  
27 SERVICES. THE ALTERNATIVE PLAN MUST DETAIL HOW THE STATE

1 DEPARTMENT WILL ENSURE ADEQUATE REIMBURSEMENT TO MEDICAID  
2 PROVIDERS THAT TREAT MEDICAID RECIPIENTS WHO REQUIRE AN  
3 INPATIENT STAY LONGER THAN FIFTEEN DAYS.

4 (c) A PROPOSED TIMELINE FOR IMPLEMENTATION OF THE STATE  
5 DEPARTMENT'S ALTERNATIVE PLAN DESCRIBED IN SUBSECTION (2)(b) OF  
6 THIS SECTION; AND

7 (d) ANY NECESSARY FISCAL OR LEGISLATIVE PROPOSALS FOR THE  
8 IMPLEMENTATION OF THE STATE DEPARTMENT'S ALTERNATIVE PLAN  
9 DESCRIBED IN SUBSECTION (2)(b) OF THIS SECTION.

10 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2020.

11 **SECTION 4. In Colorado Revised States, add 27-93-106 as**  
12 **follows:**

13 **27-93-106. Access to inpatient civil beds at institute. THE**  
14 **DEPARTMENT SHALL DEVELOP AND IMPLEMENT ADMISSION CRITERIA THAT**  
15 **ENSURES INDIVIDUALS, PRIOR TO BEING ADMITTED, HAVE BEEN**  
16 **EVALUATED FOR THE LEAST RESTRICTIVE LEVEL OF CARE AND THAT**  
17 **GEOGRAPHIC LOCATION, CURRENT HEALTH CARE PROVIDER, AND PAYER**  
18 **TYPE ARE NOT THE PRIMARY DETERMINING FACTOR IN WHETHER AN**  
19 **INDIVIDUAL HAS ACCESS TO A CIVIL INPATIENT BED.**

20 **SECTION 5. In Colorado Revised Statutes, add 27-94-106 as**  
21 **follows:**

22 **27-94-106. Access to inpatient civil beds at center. THE**  
23 **DEPARTMENT SHALL DEVELOP AND IMPLEMENT ADMISSION CRITERIA THAT**  
24 **ENSURES INDIVIDUALS, PRIOR TO BEING ADMITTED, HAVE BEEN**  
25 **EVALUATED FOR THE LEAST RESTRICTIVE LEVEL OF CARE AND THAT**  
26 **GEOGRAPHIC LOCATION, CURRENT HEALTH CARE PROVIDER, AND PAYER**  
27 **TYPE ARE NOT THE PRIMARY DETERMINING FACTOR IN WHETHER AN**

1 INDIVIDUAL HAS ACCESS TO A CIVIL INPATIENT BED.

2 **SECTION 6.** In Colorado Revised Statutes, **add** article 63 to title  
3 27 as follows:

4 **ARTICLE 63**

5 **Community Behavioral Health Safety Net System**

6 **27-63-101. Definitions.** AS USED IN THE ARTICLE 63, UNLESS THE  
7 CONTEXT OTHERWISE REQUIRES:

8 (1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL  
9 AND EMOTIONAL WELL-BEING DEVELOPMENT AND ACTIONS THAT AFFECT  
10 AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH PROBLEMS  
11 AND DISORDERS INCLUDE SUBSTANCE USE DISORDERS, SERIOUS  
12 PSYCHOLOGICAL DISTRESS, SUICIDAL IDEATION, AND OTHER MENTAL  
13 HEALTH DISORDERS. PROBLEMS RANGING FROM UNHEALTHY STRESS OR  
14 SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND TREATABLE DISEASES  
15 ARE INCLUDED IN THE TERM "BEHAVIORAL HEALTH". AN INTELLECTUAL  
16 OR DEVELOPMENTAL DISABILITY IS INSUFFICIENT TO EITHER JUSTIFY OR  
17 EXCLUDE A FINDING OF A BEHAVIORAL HEALTH DISORDER.

18 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES.

19 **27-63-102. High-intensity behavioral health treatment**  
20 **programs - identification - departments' duties.** (1) ON OR BEFORE  
21 JULY 1, 2020, THE DEPARTMENT, IN COLLABORATION WITH THE  
22 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL:

23 (a) DEFINE WHAT CONSTITUTES A HIGH-INTENSITY BEHAVIORAL  
24 HEALTH TREATMENT PROGRAM, WHICH AT A MINIMUM MUST INCLUDE:

25 (I) A PROGRAM THAT HAS EVIDENCE OF EFFECTIVENESS IN  
26 ENGAGING AND TREATING INDIVIDUALS, INCLUDING YOUTH, WITH SEVERE  
27 BEHAVIORAL HEALTH DISORDERS; AND

1 (II) A PROGRAM THAT CONDUCTS ASSERTIVE OUTREACH TO AND  
2 ENGAGEMENT WITH HIGH-RISK POPULATIONS THAT ARE KNOWN AND  
3 UNKNOWN TO CURRENT HEALTH SYSTEMS;

4 (b) DETERMINE WHAT AN ADEQUATE NETWORK OF  
5 HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT SERVICES INCLUDES BY  
6 COLLABORATING WITH STAKEHOLDERS, WHICH INCLUDE BUT ARE NOT  
7 LIMITED TO, COUNTIES; LAW ENFORCEMENT; COMMUNITY MENTAL HEALTH  
8 CENTERS; SUBSTANCE USE PROVIDERS; AND OTHER BEHAVIORAL HEALTH  
9 PROVIDERS, HOSPITALS, PHYSICAL HEALTH PROVIDERS, AND JUDICIAL  
10 DISTRICTS TO UNDERSTAND WHAT SERVICES AND SUPPORTS ARE NEEDED  
11 TO ASSIST IN THE DIVERSION AND RELEASE OF INDIVIDUALS WITH  
12 BEHAVIORAL HEALTH DISORDERS FROM THE CRIMINAL JUSTICE AND  
13 JUVENILE JUSTICE SYSTEMS; AND

14 (c) IDENTIFY EXISTING HIGH-INTENSITY BEHAVIORAL HEALTH  
15 TREATMENT PROGRAMS, BASED ON THE DEFINITION DEVELOPED BY THE  
16 DEPARTMENTS PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, THAT  
17 ARE AVAILABLE THROUGHOUT THE STATE AND WHERE THOSE PROGRAMS  
18 REQUIRE ADDITIONAL RESOURCES TO MEET THE IDENTIFIED NEEDS OR  
19 WHERE ADDITIONAL HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT  
20 PROGRAMS ARE NEEDED.

21 **27-63-103. Implementation plan - departments' duties -**  
22 **report.** (1) ON OR BEFORE NOVEMBER 1, 2020, THE DEPARTMENT, IN  
23 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND  
24 FINANCING, SHALL DEVELOP AN IMPLEMENTATION PLAN TO INCREASE THE  
25 NUMBER OF HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT  
26 PROGRAMS, INCLUDING PROGRAMS THAT SERVE YOUTH, STATEWIDE.

27 (2) HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT PROGRAMS



1 MUST BE AVAILABLE FOR BOTH INDIVIDUALS UNDER CIVIL COMMITMENT  
2 AND THOSE INVOLVED WITH OR AT RISK OF INVOLVEMENT WITH THE  
3 CRIMINAL OR JUVENILE JUSTICE SYSTEM, INCLUDING INDIVIDUALS WITH  
4 CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

5 (3) THE IMPLEMENTATION PLAN MUST INCLUDE THE FOLLOWING  
6 INFORMATION:

7 (a) FUNDING OR LEGISLATIVE RECOMMENDATIONS THAT ARE  
8 NEEDED TO APPROPRIATELY IMPLEMENT THE PLAN;

9 (b) POTENTIAL COSTS ASSOCIATED WITH INCREASING THE NUMBER  
10 OR AVAILABILITY OF HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT  
11 PROGRAMS AND EXPANDING STATEWIDE CAPACITY;

12 (c) POTENTIAL COST-SHARING OPPORTUNITIES WITH LOCAL  
13 MUNICIPALITIES AND COUNTIES;

14 (d) OTHER RECOMMENDATIONS ON ISSUES, SUCH AS LOCAL  
15 VARIABLES, ZONING BARRIERS, TRANSPORTATION, HOUSING, AND  
16 WORKFORCE; AND

17 (e) HOW THE DEPARTMENTS' PLAN ENSURES HIGH-INTENSITY  
18 BEHAVIORAL HEALTH OUTPATIENT TREATMENT PROGRAMS ARE  
19 AVAILABLE STATEWIDE.

20 (4) THE DEPARTMENT SHALL SUBMIT A REPORT OUTLINING THE  
21 PROGRESS MADE TOWARD ENSURING THAT HIGH-INTENSITY BEHAVIORAL  
22 HEALTH TREATMENT PROGRAMS ARE AVAILABLE STATEWIDE, BASED ON  
23 THE IMPLEMENTATION PLAN. THE REPORT MUST BE SUBMITTED TO THE  
24 JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY NO LATER THAN  
25 JANUARY 1, 2022.

26 **27-63-104. Community behavioral health safety net system**  
27 **advisory body - creation - membership - repeal.** (1) THE DEPARTMENT

1 SHALL IDENTIFY AN ADVISORY BODY, REFERRED TO IN THIS ARTICLE 63 AS  
2 THE "ADVISORY BODY", TO ASSIST THE DEPARTMENT IN CREATING A  
3 COMPREHENSIVE PROPOSAL TO STRENGTHEN AND EXPAND THE  
4 BEHAVIORAL HEALTH SAFETY NET SYSTEM. THE ADVISORY BODY SHALL  
5 INCLUDE BUT NOT BE LIMITED TO REPRESENTATIVES FROM OTHER  
6 RELEVANT STATE DEPARTMENTS, REPRESENTATIVES FROM COUNTIES  
7 REPRESENTING VARIOUS REGIONS OF THE STATE AFFECTED BY COMMUNITY  
8 BEHAVIORAL HEALTH SERVICE AVAILABILITY, REPRESENTATIVES FROM  
9 LAW ENFORCEMENT, CONSUMERS, FAMILY MEMBERS OF CONSUMERS,  
10 BEHAVIORAL HEALTH PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE  
11 ORGANIZATIONS, AND ADVOCATES. MEMBERS OF THE ADVISORY BODY  
12 SHALL DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND SHALL RECUSE  
13 THEMSELVES FROM VOTING WHEN THE MEMBER HAS A FINANCIAL  
14 INTEREST RELATED TO THE PROVISION OF DELIVERING CLINICAL SERVICES  
15 IN THE BEHAVIORAL HEALTH SAFETY NET SYSTEM. VOTING MEMBERS OF  
16 THE ADVISORY BODY SHALL NOT INCLUDE BEHAVIORAL HEALTH  
17 PROVIDERS THAT HAVE A POTENTIAL FINANCIAL INTEREST RELATED TO  
18 THE PROVISION OF DELIVERING CLINICAL SERVICES IN THE BEHAVIORAL  
19 HEALTH SAFETY NET SYSTEM.

20 (2) **Safety net system comprehensive proposal.** (a) NO LATER  
21 THAN JULY 1, 2021, THE DEPARTMENT, IN COLLABORATION WITH THE  
22 ADVISORY BODY, SHALL DEVELOP A COMPREHENSIVE PROPOSAL TO  
23 STRENGTHEN AND EXPAND THE SAFETY NET SYSTEM THAT PROVIDES  
24 BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS WITH SEVERE  
25 BEHAVIORAL HEALTH DISORDERS, REFERRED TO IN THIS ARTICLE 63 AS A  
26 "SAFETY NET SYSTEM", INCLUDING INDIVIDUALS WITH CO-OCCURRING  
27 MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

1 (b) THE DEPARTMENT AND ADVISORY BODY SHALL SOLICIT  
2 FEEDBACK FROM COMMUNITY STAKEHOLDERS AND ENGAGE COMMUNITY  
3 STAKEHOLDERS WHEN DEVELOPING THE PROPOSAL DESCRIBED IN  
4 SUBSECTION (2)(a) OF THIS SECTION, INCLUDING DIRECT ENGAGEMENT OF  
5 CONSUMERS AND CONSUMERS' FAMILIES, MANAGED SERVICE  
6 ORGANIZATIONS, HEALTH CARE PROVIDERS, REGIONAL ACCOUNTABLE  
7 ENTITIES, COMMUNITY MENTAL HEALTH CENTERS, AND SUBSTANCE USE  
8 DISORDER SERVICES PROVIDERS.

9 (c) THE SAFETY NET SYSTEM COMPREHENSIVE PROPOSAL MUST, AT  
10 A MINIMUM:

11 (I) IDENTIFY WHAT BEHAVIORAL HEALTH SERVICES EACH  
12 COMMUNITY MUST HAVE ACCESS TO IN EACH REGION OF THE STATE;

13 (II) DEVELOP A FUNDING MODEL TO ENSURE THE VIABILITY OF THE  
14 SAFETY NET SYSTEM. THE FUNDING MODEL MUST SUPPLEMENT AND NOT  
15 SUPPLANT ANY STATE FUNDING TO COMPLEMENT MEDICAID, FEDERAL  
16 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS,  
17 FEDERAL MENTAL HEALTH SERVICES BLOCK GRANTS, AND PRIVATE PAY  
18 FUNDING.

19 (III) PROVIDE LOCALLY RESPONSIVE RECOMMENDATIONS,  
20 INCLUDING LEGISLATIVE RECOMMENDATIONS, TO ADDRESS \_\_\_\_\_  
21 BEHAVIORAL HEALTH PROVIDER LICENSING AND REGULATIONS, HOUSING,  
22 TRANSPORTATION, WORKFORCE, AND ANY OTHER BARRIER THAT CURBS  
23 ACCESS TO CARE; AND

24 (IV) SET FORTH CRITERIA AND PROCESSES, IN COLLABORATION  
25 WITH BEHAVIORAL HEALTH PROVIDERS, FOR WHEN THE NEEDS OF AN  
26 INDIVIDUAL REFERRED TO A SAFETY NET PROVIDER EXCEED THE  
27 TREATMENT CAPACITY OR CLINICAL EXPERTISE OF THAT PROVIDER. \_\_\_\_\_

1 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

2 **27-63-105. Safety net system implementation - safety net**

3 **system criteria.** (1) NO LATER THAN JANUARY 1, 2024, THE DEPARTMENT  
4 SHALL IMPLEMENT THE COMPREHENSIVE PROPOSAL AND THE FUNDING  
5 MODEL DEVELOPED PURSUANT TO SECTION 27-63-104 (2), WHICH SHALL  
6 MEET THE FOLLOWING CRITERIA:

7 (a) THE SAFETY NET SYSTEM MUST NOT REFUSE TO TREAT AN  
8 INDIVIDUAL, INCLUDING YOUTH, BASED ON THE FOLLOWING:

9 (I) THE INDIVIDUAL'S INSURANCE COVERAGE, LACK OF INSURANCE  
10 COVERAGE, OR ABILITY OR INABILITY TO PAY FOR BEHAVIORAL HEALTH  
11 SERVICES;

12 (II) THE INDIVIDUAL'S CLINICAL ACUITY LEVEL RELATED TO THE  
13 INDIVIDUAL'S BEHAVIORAL HEALTH DISORDER, INCLUDING WHETHER THE  
14 INDIVIDUAL HAS BEEN CERTIFIED PURSUANT TO ARTICLE 65 OF THIS TITLE  
15 27;

16 (III) THE INDIVIDUAL'S READINESS TO TRANSITION OUT OF THE  
17 COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO, THE COLORADO  
18 MENTAL HEALTH INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL  
19 HEALTH INSTITUTE BECAUSE THE INDIVIDUAL NO LONGER REQUIRES  
20 INPATIENT CARE AND TREATMENT;

21 (IV) THE INDIVIDUAL'S INVOLVEMENT IN THE CRIMINAL OR  
22 JUVENILE JUSTICE SYSTEM;

23 (V) THE INDIVIDUAL'S CURRENT INVOLVEMENT IN THE CHILD  
24 WELFARE SYSTEM;

25 (VI) THE INDIVIDUAL'S CO-OCCURRING MENTAL HEALTH AND  
26 SUBSTANCE USE DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR  
27 DEVELOPMENTAL DISABILITY; OR

1 (VII) THE INDIVIDUAL'S DISPLAYS OF AGGRESSIVE BEHAVIOR, OR  
2 HISTORY OF AGGRESSIVE BEHAVIOR, AS A RESULT OF A SYMPTOM OF A  
3 DIAGNOSED MENTAL HEALTH DISORDER OR SUBSTANCE INTOXICATION;

4 (b) THE SAFETY NET SYSTEM MUST:

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

8 (II) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

9 (III) UTILIZE ADEQUATE NETWORKS FOR TIMELY ACCESS TO  
10 TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL HEALTH  
11 TREATMENT AND COMMUNITY TREATMENT FOR CHILDREN, YOUTH,  
12 ADULTS, AND OTHER INDIVIDUALS;

13 (IV) REQUIRE \_\_\_\_\_ COLLABORATION WITH ALL LOCAL LAW  
14 ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA,  
15 INCLUDING COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;

16 (V) TRIAGE INDIVIDUALS WHO NEED ALTERNATIVE SERVICES  
17 OUTSIDE THE SCOPE OF THE SAFETY NET SYSTEM;

18 (VI) PROMOTE PATIENT-CENTERED CARE AND CULTURAL  
19 AWARENESS;

20 (VII) UPDATE INFORMATION AS REQUESTED BY THE DEPARTMENT  
21 ABOUT AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION  
22 OF THE STATE;

23 (VIII) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED  
24 PROGRAMMING TO PROMOTE QUALITY SERVICES; AND

25 (IX) MEET ANY OTHER CRITERIA ESTABLISHED BY THE  
26 DEPARTMENT.

27 (2) THE SAFETY NET SYSTEM MUST HAVE A NETWORK OF

1 BEHAVIORAL HEALTH CARE PROVIDERS THAT COLLECTIVELY OFFER A FULL  
2 CONTINUUM OF SERVICES TO ENSURE INDIVIDUALS WITH SEVERE  
3 BEHAVIORAL HEALTH DISORDERS ARE TRIAGED IN A TIMELY MANNER TO  
4 THE APPROPRIATE CARE SETTING IF AN INDIVIDUAL BEHAVIORAL HEALTH  
5 CARE PROVIDER IS UNABLE TO PROVIDE ONGOING CARE AND TREATMENT  
6 FOR THE INDIVIDUAL. THE DEPARTMENT SHALL CONSIDER COMMUNITY  
7 MENTAL HEALTH CENTERS, MANAGED SERVICE ORGANIZATIONS,  
8 CONTRACTORS FOR THE STATEWIDE BEHAVIORAL HEALTH CRISIS RESPONSE  
9 SYSTEM, AND OTHER BEHAVIORAL HEALTH COMMUNITY PROVIDERS AS  
10 KEY ELEMENTS IN THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.

11 **27-63-106. Safety net system - effectiveness - report.** (1) FROM  
12 JANUARY 1, 2022, UNTIL JULY 1, 2024, THE DEPARTMENT SHALL PROVIDE  
13 AN ANNUAL REPORT ON THE PROGRESS MADE BY THE DEPARTMENT ON  
14 THE BEHAVIORAL HEALTH SAFETY NET SYSTEM TO THE PUBLIC THROUGH  
15 THE ANNUAL HEARING, PURSUANT TO THE "STATE MEASUREMENT FOR  
16 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
17 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

18 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), NO LATER  
19 THAN JANUARY 1, 2025, THE DEPARTMENT SHALL PROVIDE AN ANNUAL  
20 REPORT TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY  
21 RELATED TO THE EXPENDITURES, OUTCOMES, AND EFFECTIVENESS OF THE  
22 SAFETY NET SYSTEM BY SERVICE AREA REGION, INCLUDING ANY  
23 RECOMMENDATIONS TO IMPROVE THE SYSTEM AND THE TRANSPARENCY  
24 OF THE SYSTEM.

25 **SECTION 7. Appropriation.** (1) For the 2019-20 state fiscal  
26 year, \$75,000 is appropriated to the department of health care policy and  
27 financing. This appropriation consists of \$51,000 from the general fund

1 and \$24,000 from the healthcare affordability and sustainability fee cash  
2 fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act,  
3 the department may use this appropriation for general professional  
4 services and special projects.

5 (2) For the 2019-20 state fiscal year, the general assembly  
6 anticipates that the department of health care policy and financing will  
7 receive \$75,000 in federal funds for general professional services and  
8 special projects to implement this act. The appropriation in subsection (1)  
9 of this section is based on the assumption that the department will receive  
10 this amount of federal funds, which is included for informational  
11 purposes only.

12 (3) For the 2019-20 state fiscal year, the general assembly  
13 anticipates that the department of human services will receive \$220,707  
14 in federal funds to implement this act, which amount is included for  
15 informational purposes only. This amount of federal funds will be used  
16 by the office of behavioral health as follows:

17 (a) \$215,054 for personal services, which amount is based on an  
18 assumption that the office will require an additional 1.0 FTE; and

19 (b) \$5,653 for operating expenses.

20 **SECTION 8. Safety clause.** The general assembly hereby finds,  
21 determines, and declares that this act is necessary for the immediate  
22 preservation of the public peace, health, and safety.