

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

DRAFT  
10/3/23

**BILL 4**

LLS NO. 24-0345.01 Chelsea Princell x4335

**INTERIM COMMITTEE BILL**

**Colorado's Child Welfare System Interim Study Committee**

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**BILL TOPIC:** Whole Hlth Coordination Pilot Program

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**A BILL FOR AN ACT**

101 **CONCERNING THE CREATION OF THE WHOLE HEALTH COORDINATION**  
102 **FOR CHILDREN IN FOSTER CARE PILOT PROGRAM TO PROVIDE**  
103 **HEALTH-CARE SERVICES TO CERTAIN CHILDREN.**

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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/>.)*

**Colorado's Child Welfare System Interim Study Committee.**  
The bill creates the whole health coordination for children in foster care pilot program (pilot program) in the department of human services (state department) to provide medical, dental, and behavioral health-care coordination and support for children and youth in foster care.

*Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words indicate deletions from existing law.*

The pilot program operates for 3 years, beginning January 1, 2025, and ending December 31, 2027.

The bill requires the pilot program to be established in a minimum of 3 Colorado counties selected by the state department through an application process established by the state department.

On or before October 1, 2024, the bill requires the state department to contract with a resource center to establish and facilitate the pilot program in each participating county.

The bill requires the state department to include in its annual report submitted to the committees of reference information about the pilot program and whether any changes should be made that would increase the effectiveness of the pilot program. In its 2027 report, the state department shall recommend whether the pilot program should be continued.

The pilot program is repealed, effective January 1, 2028.

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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) When a human services agency intervenes in private family  
5 life to gain legal authority over a child or youth and the child's or youth's  
6 parent, custodian, or legal guardian, due to child abuse, neglect, or  
7 dependency, the state and county take on a moral and legal obligation to  
8 provide proper health care for that child or youth;

9 (b) Abused or neglected children and youth who have a history of  
10 trauma are acutely vulnerable to poorer health outcomes, and they are  
11 wholly dependent on human services agencies for their physical and  
12 mental well-being;

13 (c) Children's unmet treatment needs early in life contribute to  
14 more serious conditions and treatment needs later in childhood and  
15 adulthood, and timely, appropriate treatment can prevent higher acuity  
16 conditions in the future;

17 (d) Colorado currently fails to meet federal standards for medical,

1 dental, and behavioral health-care services for these children and youth,  
2 including maintenance of health records, medical and dental exams, and  
3 provision of substance abuse treatment;

4 (e) Development of a program to support county child welfare  
5 caseworkers through the coordination of medical, dental, and behavioral  
6 health-care services and record-keeping could improve child and youth  
7 health-care outcomes, reduce the administrative burden on caseworkers,  
8 and result in more efficient use of public funds; and

9 (f) Health-care coordination and support can address common  
10 barriers and reduce inequities in care in marginalized and underserved  
11 communities, while also respecting the rights and responsibilities of  
12 parents as established by state or federal law, rule, or court order in a  
13 child's or youth's case.

14 (2) Therefore, the general assembly finds that establishing a pilot  
15 program of health-care coordination and support will guide further  
16 development and dissemination of evidence-based practices toward  
17 improving health outcomes for abused and neglected children and youth,  
18 and evaluating that program will provide evidence of the program's  
19 effectiveness.

20 **SECTION 2.** In Colorado Revised Statutes, **add** 26-5-118 as  
21 follows:

22 **26-5-118. Whole health coordination for children in foster**  
23 **care pilot program - creation - requirements - reporting - definitions**  
24 **- repeal.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
25 REQUIRES:

26 (a) "PILOT PROGRAM" MEANS THE WHOLE HEALTH COORDINATION  
27 FOR CHILDREN IN FOSTER CARE PILOT PROGRAM CREATED IN SUBSECTION

1 (2) OF THIS SECTION.

2 (b) "RESOURCE CENTER" MEANS A NATIONALLY RECOGNIZED  
3 ORGANIZATION WITH BOARD-CERTIFIED SPECIALISTS IN CHILD ABUSE  
4 PEDIATRICS WITH EXPERTISE IN MEDICAL AND BEHAVIORAL HEALTH CARE  
5 FOR CHILDREN AND THE TRAINING OF HUMAN SERVICES AND HEALTH-CARE  
6 PROFESSIONALS, INCLUDING, BUT NOT LIMITED TO, TRAINING ON RACE  
7 EQUITY AND TRAUMA-INFORMED PRACTICE.

8 (2) THE WHOLE HEALTH COORDINATION FOR CHILDREN IN FOSTER  
9 CARE PILOT PROGRAM IS CREATED IN THE DEPARTMENT OF HUMAN  
10 SERVICES, WHICH SHALL COORDINATE WITH THE DEPARTMENT OF PUBLIC  
11 HEALTH AND ENVIRONMENT AND THE DEPARTMENT OF HEALTH CARE  
12 POLICY AND FINANCING TO ADMINISTER THE PILOT PROGRAM.

13 (3) THE PURPOSE OF THE PILOT PROGRAM IS TO PROVIDE MEDICAL,  
14 DENTAL, AND BEHAVIORAL HEALTH-CARE COORDINATION AND SUPPORT  
15 FOR A CHILD OR YOUTH PLACED IN FOSTER CARE, AS DEFINED IN SECTION  
16 19-1-103. ON OR BEFORE NOVEMBER 1, 2024, THE STATE DEPARTMENT  
17 SHALL SELECT A MINIMUM OF THREE COUNTIES TO PARTICIPATE IN THE  
18 PILOT PROGRAM. CRITERIA FOR SELECTING COUNTIES TO PARTICIPATE IN  
19 THE PILOT PROGRAM MUST INCLUDE GEOGRAPHIC AND DEMOGRAPHIC  
20 DIVERSITY AND INCLUDE ONE COUNTY LOCATED IN AN URBAN  
21 GEOGRAPHICAL AREA, ONE COUNTY LOCATED IN A MIXED RURAL AND  
22 URBAN GEOGRAPHICAL AREA, AND ONE COUNTY LOCATED IN A  
23 PREDOMINANTLY RURAL GEOGRAPHICAL AREA.

24 (4) (a) ON OR BEFORE OCTOBER 1, 2024, THE STATE DEPARTMENT  
25 SHALL CONTRACT WITH A RESOURCE CENTER TO ESTABLISH AND  
26 FACILITATE THE PILOT PROGRAM IN EACH PARTICIPATING COUNTY.

27 (b) THE STATE DEPARTMENT SHALL ESTABLISH THE CRITERIA FOR

1 SELECTING A RESOURCE CENTER. THE CRITERIA MUST INCLUDE THE  
2 EXPERTISE, CAPABILITIES, AND RESOURCES REQUIRED FOR A RESOURCE  
3 CENTER TO BE ELIGIBLE FOR THE CONTRACT POSITION.

4 (5) THE CONTRACTED RESOURCE CENTER IS RESPONSIBLE FOR THE  
5 FOLLOWING:

6 (a) CREATING A PROGRAM DESIGN THAT CAN BE CUSTOMIZED TO  
7 MEET THE UNIQUE NEEDS OF EACH COUNTY. THE CONTRACTED RESOURCE  
8 CENTER MUST COLLABORATE WITH THE STATE DEPARTMENT, COUNTY  
9 DEPARTMENTS, AND STATE AND LOCAL SERVICE PROVIDERS, AND  
10 CONSIDER THE LIVED EXPERIENCES OF PARENTS AND CHILDREN OR YOUTH  
11 IMPACTED BY THE CHILD WELFARE AND HEALTH-CARE SYSTEMS WHEN  
12 DESIGNING THE PROGRAM.

13 (b) ESTABLISHING AND MAINTAINING A COORDINATED NETWORK  
14 OF NURSES, MEDICAL ASSISTANTS, AND OTHER HEALTH-CARE  
15 PROFESSIONALS TO SUPPORT THE HEALTH-RELATED WORK OF COUNTY  
16 DEPARTMENTS AND CASEWORKERS. THIS COORDINATED NETWORK MUST  
17 BE LED BY A DESIGNATED PROGRAM DIRECTOR AND COORDINATION  
18 SUPERVISOR, WHO SHALL ENSURE THAT THE COORDINATED NETWORK  
19 DOES THE FOLLOWING:

20 (I) COLLECTS AND REVIEWS A CHILD'S OR YOUTH'S MEDICAL,  
21 DENTAL, AND BEHAVIORAL HEALTH RECORDS;

22 (II) TRACKS ALL APPOINTMENTS IN A DATA SYSTEM THAT MEETS  
23 THE AMERICAN ACADEMY OF PEDIATRICS GUIDELINES AND INCLUDES  
24 TRACKING USED TO ACCESS HEALTH PASSPORT DATA IN THE TRAILS  
25 SYSTEM. PARENTAL ACCESS TO MEDICAL RECORDS MUST REMAIN  
26 CONFIDENTIAL AS REQUIRED BY STATE OR FEDERAL LAW, RULE, OR COURT  
27 ORDERS.

1 (III) ENSURES PILOT PROGRAM COMPLIANCE WITH THE FEDERAL  
2 "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",  
3 AS AMENDED, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAW  
4 CONCERNING THE CONFIDENTIALITY OF PROTECTED HEALTH  
5 INFORMATION;

6 (IV) PROVIDES DIRECT CASEWORKER ACCESS TO NURSES, WHO  
7 SHALL IDENTIFY IMPORTANT HEALTH-CARE NEEDS AND COORDINATE  
8 APPROPRIATE CARE FOR CHILDREN AND YOUTH THAT INCLUDES  
9 ASSISTANCE WITH IDENTIFYING NECESSARY EXAMINATIONS, SERVICES,  
10 PROVIDERS, AND APPOINTMENTS;

11 (V) PROVIDES SPECIALIZED PROFESSIONAL SUPPORT FOR CHILDREN  
12 AND YOUTH WITH COMPLEX, CHRONIC, AND HIGH-ACUITY HEALTH-CARE  
13 NEEDS; AND

14 (VI) COORDINATES INFORMATION SHARING AND CARE FOR  
15 FAMILIES WHEN A CHILD OR YOUTH CHANGES HOME PLACEMENT OR IS  
16 REUNIFIED WITH THE CHILD'S OR YOUTH'S FAMILY, TO ENSURE QUALITY  
17 AND CONTINUITY OF CARE;

18 (c) PROVIDING TRAINING AND COACHING PROGRAMS FOR PILOT  
19 PROGRAM STAFF AND PARTNERS THAT INCLUDE PROFESSIONAL  
20 DEVELOPMENT FOR TRAUMA-INFORMED PRACTICES AND SUPPORT TO  
21 ADVANCE JUSTICE, EQUITY, DIVERSITY, AND INCLUSION;

22 (d) USING IMPLEMENTATION SCIENCE TO HELP IMPLEMENT THE  
23 PILOT PROGRAM TO ENSURE EFFICACY, INTEGRITY, AND SUSTAINABILITY  
24 IN THE DELIVERY OF THE PILOT PROGRAM TO EACH PARTICIPATING  
25 COUNTY; AND

26 (e) INTEGRATING AN INDEPENDENT, RIGOROUS EVALUATION OF  
27 THE PILOT PROGRAM PROCESSES AND OUTCOMES, INCLUDING RELEVANT

1 DATA FROM MULTIPLE CHILD-SERVING SYSTEMS COLLECTED BY THE STATE  
2 DEPARTMENT TO PROVIDE OBJECTIVE EVIDENCE TO GUIDE POTENTIAL  
3 PROGRAM REPLICATION, AND INCLUDE DATA AND ANALYSIS TO IDENTIFY  
4 POTENTIAL GAPS IN ACCESS TO CARE.

5 (6) IN ITS ANNUAL REPORT TO THE COMMITTEES OF REFERENCE  
6 PURSUANT TO SECTION 2-7-203, THE STATE DEPARTMENT SHALL INCLUDE  
7 INFORMATION CONCERNING THE PILOT PROGRAM AND WHETHER ANY  
8 CHANGES SHOULD BE MADE TO THE PILOT PROGRAM THAT WOULD  
9 INCREASE ITS EFFECTIVENESS. IN ITS 2027 REPORT PRIOR TO THE REPEAL  
10 OF THIS SECTION, THE STATE DEPARTMENT SHALL RECOMMEND WHETHER  
11 THE PILOT PROGRAM SHOULD BE CONTINUED.

12 (7) THIS SECTION IS REPEALED, EFFECTIVE JANUARY 1, 2028.

13 **SECTION 3. Safety clause.** The general assembly hereby finds,  
14 determines, and declares that this act is necessary for the immediate  
15 preservation of the public peace, health, or safety.