Second Regular Session Seventy-fourth General Assembly STATE OF COLORADO

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BILL 5

LLS NO. 24-0346.01 Shelby Ross x4510

INTERIM COMMITTEE BILL

Colorado's Child Welfare System Interim Study Committee

BILL TOPIC: High-acuity Crisis For Children & Youth DEADLINES: File by: 9/29/2023

A BILL FOR AN ACT

101 CONCERNING ADDRESSING THE HIGH-ACUITY CRISIS FOR CHILDREN

102 AND YOUTH IN NEED OF RESIDENTIAL CARE.

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 <u>http://leg.colorado.gov/</u>.)

Colorado's Child Welfare System Interim Study Committee. The bill requires the department of health care policy and financing, in collaboration with the behavioral health administration (BHA) and the department of human services, to develop a system of care (system of care) for children and youth who are less than 21 years of age and who have complex behavioral health needs. At a minimum, the system of care must include:

- Implementation of a standardized assessment tool;
- Intensive-care coordination;
- Expanded supportive services; and
- Expanded access to treatment foster care.

The bill creates the residential child care provider training academy in the department of human services to create a pipeline of high-quality staff for residential child care providers and ensure that individuals hired to work at residential child care facilities receive the necessary training to perform the individual's job functions responsibly and effectively.

The bill requires the department of human services to develop a system to establish and monitor quality standards for residential child care providers and ensure the quality standards are implemented into all levels of care that serve children and youth in out-of-home placement. The bill requires the department of human services to develop a system to incentivize residential child care providers to implement quality standards above the department of human services' established minimum standards.

The bill requires the department of human services to make a directory of each residential child care provider's quality assurance publicly available on the department's website.

The department of human services program that provides emergency resources to licensed providers to help remove barriers the providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility currently repeals on July 1, 2028. The bill extends the program indefinitely and requires the department of human services to contract with additional licensed providers for the delivery of services to children and youth who are eligible for and placed in the program.

The bill requires the department of human services and the BHA to increase the minimum reimbursement rates paid to qualified residential treatment programs for the purpose of aligning room and board payments across payer sources.

The bill requires the department of health care policy and financing to contract with a third-party vendor to complete an actuarial analysis in order to determine the appropriate medicaid reimbursement rate for psychiatric residential treatment facilities.

The bill requires the department of human services to contract with one or more third-party vendors to implement a pilot program to assess the needs of, and provide short-term residential services for, juvenile justice-involved youth who do not meet the criteria for detention.

1

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

1	SECTION 1. In Colorado Revised Statutes, add part 20 to article
2	6 of title 25.5 as follows:
3	PART 20
4	SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH
5	COMPLEX BEHAVIORAL HEALTH NEEDS
6	25.5-6-2001. System of care for children and youth - federal
7	authorization - rules - definition. (1) No later than July 1, 2024, the
8	STATE DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH
9	ADMINISTRATION, AND THE DEPARTMENT OF HUMAN SERVICES PURSUANT
10	TO ARTICLE 64.5 of title 27, shall begin developing a system of
11	CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL
12	HEALTH NEEDS. AT A MINIMUM, THE SYSTEM OF CARE MUST INCLUDE:
13	(a) Implementation of a standardized assessment tool
14	THAT:
15	(I) EXPANDS UPON AND MODIFIES THE ASSESSMENT TOOL
16	DESCRIBED IN SECTION 19-1-115 $(4)(e)(I)$;
17	(II) MAKES RECOMMENDATIONS REGARDING THE APPROPRIATE
18	LEVEL OF CARE NECESSARY TO MEET THE CHILD'S OR YOUTH'S TREATMENT
19	NEEDS;
20	(III) INFORMS THE CHILD'S OR YOUTH'S TREATMENT PLANNING,
21	INCLUDING BEHAVIORAL HEALTH PROGRAMMING AND MEDICAL NEEDS;
22	AND
23	(IV) IS ADMINISTERED TO CHILDREN AND YOUTH WHO ARE
24	ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM OR ANY CHILD OR
25	YOUTH WHO MEETS THE REFERRAL REQUIREMENTS ESTABLISHED BY THE
26	BEHAVIORAL HEALTH ADMINISTRATION PURSUANT TO ARTICLE 64.5 of
27	TITLE 27;

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(b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH
 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM;

3 (c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH
4 PURSUANT TO SUBSECTION (2) OF THIS SECTION; AND

5 (d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED
6 IN SECTION 26-6-903, PURSUANT TO SUBSECTION (3) OF THIS SECTION.

7 (2) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT
8 SHALL SEEK FEDERAL AUTHORIZATION TO EXPAND THE RESIDENTIAL CHILD
9 HEALTH-CARE PROGRAM ESTABLISHED PURSUANT TO SECTION 25.5-6-903
10 TO INCLUDE CHILDREN AND YOUTH WHO HAVE A SERIOUS EMOTIONAL
11 DISTURBANCE THAT PUTS THE CHILD OR YOUTH AT RISK OR IN NEED OF
12 OUT-OF-HOME PLACEMENT.

(3) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT
SHALL DEVELOP AND IMPLEMENT A PLAN TO INCREASE ACCESS TO
TREATMENT FOSTER CARE, AS DEFINED IN SECTION 26-6-903, UNDER THE
STATE MEDICAL ASSISTANCE PROGRAM.

17 (4) THE STATE DEPARTMENT MAY PROMULGATE RULES IN
18 CONSULTATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE
19 DEPARTMENT OF HUMAN SERVICES FOR THE ADMINISTRATION AND
20 IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH.

(5) NO LATER THAN JANUARY 1, 2025, THE DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING SHALL CONTRACT WITH A
THIRD-PARTY VENDOR TO COMPLETE AN ACTUARIAL ANALYSIS IN ORDER
TO DETERMINE THE APPROPRIATE MEDICAID REIMBURSEMENT RATE FOR
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, AS DEFINED IN SECTION
25.5-4-103.

27 (6) As used in this section, "child or youth" means an

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1 INDIVIDUAL WHO IS LESS THAN TWENTY-ONE YEARS OF AGE.

2 SECTION 2. In Colorado Revised Statutes, add 26-6-923 as
3 follows:

4 26-6-923. Residential child care provider training academy -5 clinical quality and oversight - report - rules - definition. (1) THE 6 RESIDENTIAL CHILD CARE PROVIDER TRAINING ACADEMY IS CREATED IN 7 THE STATE DEPARTMENT TO FACILITATE A PIPELINE OF HIGH-OUALITY 8 STAFF FOR RESIDENTIAL CHILD CARE PROVIDERS AND ENSURE THAT 9 INDIVIDUALS HIRED TO WORK AT RESIDENTIAL CHILD CARE FACILITIES 10 RECEIVE THE NECESSARY TRAINING TO PERFORM THE INDIVIDUAL'S JOB 11 FUNCTIONS RESPONSIBLY AND EFFECTIVELY.

12 (2) ON OR BEFORE SEPTEMBER 15, 2025, THE STATE DEPARTMENT
13 SHALL PROMULGATE RULES FOR THE ADMINISTRATION OF THE ACADEMY.
14 AT A MINIMUM, THE RULES MUST INCLUDE:

15 (a) IDENTIFICATION OF SPECIFIC RESIDENTIAL CHILD CARE
16 PROVIDER TYPES THAT ARE REQUIRED TO UTILIZE THE ACADEMY;

17 (b) IDENTIFICATION OF SPECIFIC RESIDENTIAL PROVIDER STAFF18 MEMBERS WHO ARE REQUIRED TO OBTAIN ACADEMY TRAINING;

19 (c) ESTABLISHMENT OF MINIMUM STANDARDS OF COMPETENCE
20 THAT A STAFF MEMBER SHALL DEMONSTRATE PRIOR TO RECEIVING
21 ACADEMY CERTIFICATION;

(d) IDENTIFICATION OF THE MEANS BY WHICH A STAFF MEMBER
MAY DEMONSTRATE THE MINIMUM STANDARDS OF COMPETENCE REQUIRED
PURSUANT TO SUBSECTION (2)(c) OF THIS SECTION; AND

25 (e) IDENTIFICATION OF TRAINING CURRICULA, WHICH MUST
26 INCLUDE CULTURAL COMPETENCY FOR PROVIDERS.

27 (3) NO LATER THAN JULY 1, 2025, THE STATE DEPARTMENT SHALL

1 DEVELOP A SYSTEM TO ESTABLISH AND MONITOR QUALITY STANDARDS 2 FOR RESIDENTIAL CHILD CARE PROVIDERS, INCLUDING CLINICAL CARE FOR 3 CHILDREN AND YOUTH IN RESIDENTIAL TREATMENT SETTINGS, AND 4 ENSURE THE QUALITY STANDARDS ARE IMPLEMENTED INTO ALL LEVELS OF 5 CARE THAT SERVE CHILDREN AND YOUTH IN OUT-OF-HOME PLACEMENT. 6 (4) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL 7 DEVELOP A SYSTEM TO INCENTIVIZE RESIDENTIAL CHILD CARE PROVIDERS 8 TO IMPLEMENT OUALITY STANDARDS ABOVE THE MINIMUM STANDARDS 9 ESTABLISHED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (3) 10 OF THIS SECTION. 11 (5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL 12 MAKE PUBLICLY AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE A 13 DIRECTORY OF EACH RESIDENTIAL CHILD CARE PROVIDER'S QUALITY 14 ASSURANCE. 15 (6) (a) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT

(6) (a) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT
SHALL COLLECT DATA FROM RESIDENTIAL CHILD CARE PROVIDERS ON THE
REASONS PROVIDERS DENY, OR ARE UNABLE TO PROVIDE, RESIDENTIAL
CHILD CARE SERVICES TO CHILDREN AND YOUTH.

(b) UPON IMPLEMENTATION OF THE BEHAVIORAL HEALTH
CAPACITY TRACKING SYSTEM CREATED PURSUANT TO SECTION
27-60-104.5, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL PROVIDE
TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH
AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN
SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, A REPORT ON
RESIDENTIAL CHILD CARE PROVIDER DENIALS OF CARE.

26 (7) NO LATER THAN JULY 1, 2026, AND EACH JULY THEREAFTER,
27 THE STATE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE

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HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND
 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN
 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON THE
 IMPLEMENTATION OF QUALITY STANDARDS DEVELOPED PURSUANT TO
 SUBSECTION (3) OF THIS SECTION.

6 (8) THE SCHOOL DISTRICT IN WHICH A CHILD RESIDES IS
7 RESPONSIBLE FOR PROVIDING FREE AND APPROPRIATE PUBLIC EDUCATION
8 TO THE CHILD REGARDLESS OF WHETHER THE CHILD IS IN OUT-OF-HOME
9 PLACEMENT PURSUANT TO SECTIONS 22-1-102 AND 22-20-107.5.

10 (9) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
11 REQUIRES:

12 (a) "ACADEMY" MEANS THE RESIDENTIAL CHILD CARE PROVIDER
13 TRAINING ACADEMY CREATED IN SUBSECTION (1) OF THIS SECTION.

14 (b) "Child or youth" MEANS AN INDIVIDUAL WHO IS LESS THAN
15 TWENTY-ONE YEARS OF AGE.

SECTION 3. In Colorado Revised Statutes, 26-5-117, repeal (8)
and (9); and add (2)(d), (10), (11), (12), and (13) as follows:

18 26-5-117. Out-of-home placement for children and youth with
19 mental or behavioral needs - funding - report - rules - legislative
20 declaration - definitions. (2) (d) NO LATER THAN JANUARY 1, 2025, AND
21 SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL
22 EXPAND THE NUMBER OF TREATMENT BEDS AVAILABLE UNDER THE
23 PROGRAM CREATED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

(8) This section is intended to provide enhanced emergency
 services resulting from the increased need for services due to the
 COVID-19 pandemic. No later than September 30, 2024, the state
 department shall submit recommendations to the house of representatives

public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for ehildren and youth in need of residential care, including hospital step-down services on an ongoing basis.

6

(9) This section is repealed, effective July 1, 2028.

7 (10) THE STATE DEPARTMENT SHALL ANALYZE THE LOCATION OF
8 EXISTING CAPACITY OF SPECIALIZED FOSTER CARE SETTINGS ACROSS THE
9 STATE, WHERE GAPS EXIST, AND BARRIERS TO EXPANDING SPECIALIZED
10 FOSTER CARE SETTINGS, AND PROVIDE RECOMMENDATIONS TO ACHIEVE
11 NETWORK ADEQUACY OF SPECIALIZED FOSTER CARE SUPPORTS STATEWIDE.

(11) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE
DEPARTMENT AND THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
INCREASE THE MINIMUM REIMBURSEMENT RATES PAID TO QUALIFIED
RESIDENTIAL TREATMENT PROGRAMS FOR THE PURPOSE OF ALIGNING
ROOM AND BOARD PAYMENTS ACROSS PAYER SOURCES.

(b) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL REIMBURSE
QUALIFIED RESIDENTIAL TREATMENT PROGRAM PROVIDERS FOR THE COST
OF ROOM AND BOARD PURSUANT TO SUBSECTION (11)(a) OF THIS SECTION
FOR CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR THE STATE MEDICAL
ASSISTANCE PROGRAM BUT NOT IN THE CUSTODY OF A COUNTY CHILD
WELFARE AGENCY.

(12) NO LATER THAN DECEMBER 31, 2025, AND SUBJECT TO
AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT
WITH ONE OR MORE THIRD-PARTY VENDORS TO IMPLEMENT A PILOT
PROGRAM TO ASSESS THE NEEDS OF, AND PROVIDE SHORT-TERM
RESIDENTIAL SERVICES FOR, JUVENILE JUSTICE-INVOLVED YOUTH WHO DO

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NOT MEET THE CRITERIA FOR DETENTION PURSUANT TO SECTIONS
 19-2.5-303 and 19-2.5-304.

3 (13) (a) NO LATER THAN SEPTEMBER 15, 2024, AND SUBJECT TO
4 AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT
5 WITH ADDITIONAL LICENSED PROVIDERS FOR THE DELIVERY OF SERVICES
6 TO CHILDREN AND YOUTH WHO ARE DETERMINED ELIGIBLE FOR AND
7 PLACED IN THE PROGRAM CREATED PURSUANT TO SUBSECTION (2)(a) OF
8 THIS SECTION.

9 (b) TO THE EXTENT SUCH DATA IS AVAILABLE, THE STATE 10 DEPARTMENT SHALL BASE ITS EFFORTS TO CONTRACT WITH ADDITIONAL 11 LICENSED PROVIDERS ON AN ANALYSIS OF THE COLORADO CHILD AND 12 ADOLESCENT NEEDS AND STRENGTHS DATA FROM INDEPENDENT 13 ASSESSMENTS FOR CHILDREN AND YOUTH WHO ARE BOARDING IN A 14 HOSPITAL, IN A STOPGAP COUNTY DEPARTMENT OF HUMAN OR SOCIAL 15 SERVICES OFFICE OR HOTEL, OR IN A DETENTION SETTING, AND WHO ARE 16 INVOLVED WITH THE STATE-LEVEL MULTI-AGENCY CHILD AND YOUTH 17 CONSULTANT TEAM BECAUSE THEY WERE DENIED CARE FROM A 18 RESIDENTIAL CHILD CARE PROVIDER. ANY INFORMATION RECEIVED AND 19 ANALYZED PURSUANT TO THIS SUBSECTION (13)(b) MUST BE 20 DE-IDENTIFIED AND AGGREGATED TO MAINTAIN CONFIDENTIALITY AND 21 PRIVACY OF EACH CHILD AND YOUTH.

SECTION 4. In Colorado Revised Statutes, add article 64.5 to
title 27 as follows:

24 ARTICLE 64.5
 25 System of Care for Children and Youth with
 26 Complex Behavioral Health Needs
 27 27-64.5-101. Definitions. As USED IN THIS ARTICLE 64.5, UNLESS

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1 THE CONTEXT OTHERWISE REQUIRES:

2 (1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
3 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
4 27-50-102.

5 (2) "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN
6 TWENTY-ONE YEARS OF AGE.

7 (3) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF
8 HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

9 **27-64.5-102.** System of care for children and youth. (1) No 10 LATER THAN JULY 1, 2024, THE BEHAVIORAL HEALTH ADMINISTRATION, 11 IN COLLABORATION WITH THE STATE DEPARTMENT AND THE DEPARTMENT 12 OF HEALTH CARE POLICY AND FINANCING PURSUANT TO PART 20 OF 13 ARTICLE 6 OF TITLE 25.5, SHALL BEGIN DEVELOPING A SYSTEM OF CARE 14 FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL HEALTH 15 NEEDS. AT A MINIMUM, THE SYSTEM OF CARE MUST INCLUDE:

16 (a) IMPLEMENTATION OF A STANDARDIZED ASSESSMENT TOOL17 THAT:

18 (I) EXPANDS UPON AND MODIFIES THE ASSESSMENT TOOL
19 DESCRIBED IN SECTION 19-1-115 (4)(e)(I);

20 (II) MAKES RECOMMENDATIONS REGARDING THE APPROPRIATE
 21 LEVEL OF CARE NECESSARY TO MEET THE CHILD'S OR YOUTH'S TREATMENT
 22 NEEDS;

23 (III) INFORMS THE CHILD'S OR YOUTH'S TREATMENT PLANNING,
24 INCLUDING BEHAVIORAL HEALTH PROGRAMMING AND MEDICAL NEEDS;
25 AND

26 (IV) IS ADMINISTERED TO CHILDREN AND YOUTH WHO ARE
 27 ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM OR ANY CHILD

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1 OR YOUTH WHO MEETS THE REFERRAL REQUIREMENTS ESTABLISHED BY 2 THE BEHAVIORAL HEALTH ADMINISTRATION, THE STATE DEPARTMENT, 3 AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; 4 (b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH 5 ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM PURSUANT TO 6 ARTICLES 4, 5, AND 6 OF TITLE 25.5; 7 (c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH 8 PURSUANT TO SUBSECTION (2) OF THIS SECTION; AND 9 (d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED 10 IN SECTION 26-6-903. 11 (2) NO LATER THAN OCTOBER 1, 2024, THE BHA SHALL 12 PROMULGATE RULES IN COLLABORATION WITH THE STATE DEPARTMENT 13 AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING FOR THE 14 ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR 15 CHILDREN AND YOUTH. AT A MINIMUM, THE RULES MUST ADDRESS: 16 THE POPULATIONS ELIGIBLE FOR THE SYSTEM OF CARE (a) 17 COMPONENTS; 18 (b) MECHANISMS FOR DETERMINING ELIGIBILITY FOR 19 PARTICIPATING IN THE SYSTEM OF CARE; AND 20 (c) REQUIREMENTS FOR RESIDENTIAL TREATMENT PROVIDERS TO 21 OBTAIN CULTURAL COMPETENCY RELATED TO THE PROVISION OF SERVICES 22 UNDER A SYSTEM OF CARE. 23 SECTION 5. Act subject to petition - effective date. This act 24 takes effect at 12:01 a.m. on the day following the expiration of the 25 ninety-day period after final adjournment of the general assembly; except 26 that, if a referendum petition is filed pursuant to section 1 (3) of article V 27 of the state constitution against this act or an item, section, or part of this

- 1 act within such period, then the act, item, section, or part will not take
- 2 effect unless approved by the people at the general election to be held in
- 3 November 2024 and, in such case, will take effect on the date of the
- 4 official declaration of the vote thereon by the governor.