

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Appropriations.

SB19-195 be amended as follows:

1 Strike the Health & Human Services Committee Report, dated April 3,
2 2019.

3 Strike the Health & Human Services Committee Report, dated March 21,
4 2019.

5 Amend printed bill, strike everything below the enacting clause and
6 substitute:

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

22 **SECTION 2.** In Colorado Revised Statutes, **add** part 8 to article
23 5 of title 25.5 as follows:

PART 8

CHILDREN AND YOUTH BEHAVIORAL HEALTH SYSTEM IMPROVEMENTS

27 **25.5-5-801. Legislative declaration.** (1) THE GENERAL
28 ASSEMBLY FINDS AND DECLARIES THAT:

35 (b) THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND
36 YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE
37 CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN
38 PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND

1 SERVICES FOR CHILDREN AND YOUTH;

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

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

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

22 **25.5-5-802. Definitions.** AS USED IN THIS PART 8, UNLESS THE
23 CONTEXT OTHERWISE REQUIRES:

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

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

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

35 (I) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR
36 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

37 (2) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE
38 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL
39 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES
40 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY
41 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
42 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE
43 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF

1 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
2 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
3 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
4 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
5 RELATED HEALTH PROBLEMS.

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

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

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

16 (6) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL
17 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43
18 OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION
19 27-65-102 (17).

20 (7) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO
21 IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND
22 6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

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

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

30 (I) HAS ENTERED THE DIVISION OF YOUTH SERVICES; OR
31 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

32 (8) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,
33 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING
34 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL
35 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH
36 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE
37 FRAMEWORK.

38 **25.5-5-803. High-fidelity wraparound services for children**
39 **and youth - federal approval - reporting.** (1) NO LATER THAN JULY 1,
40 2020, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION
41 FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO
42 PROVIDE WRAPAROUND SERVICES FOR ELIGIBLE CHILDREN AND YOUTH
43 WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME

1 PLACEMENT. PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE
2 DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS
3 INCLUDING COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE
4 STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH
5 WITH BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE
6 PREVIOUSLY IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH
7 PROFESSIONALS, AND OTHER RELEVANT DEPARTMENTS. THE STATE
8 DEPARTMENT SHALL CONSIDER TIERED CARE COORDINATION AS AN
9 APPROACH WHEN DEVELOPING THE WRAPAROUND MODEL.

10 (2) UPON FEDERAL AUTHORIZATION, THE STATE DEPARTMENT
11 SHALL REQUIRE MANAGED CARE ENTITIES TO IMPLEMENT WRAPAROUND
12 SERVICES, WHICH MAY BE CONTRACTED OUT TO A THIRD PARTY. THE
13 STATE DEPARTMENT SHALL CONTRACT WITH THE DEPARTMENT OF HUMAN
14 SERVICES AND OFFICE OF BEHAVIORAL HEALTH TO ENSURE CARE
15 COORDINATORS AND THOSE RESPONSIBLE FOR IMPLEMENTING
16 WRAPAROUND SERVICES HAVE ADEQUATE TRAINING AND RESOURCES TO
17 SUPPORT CHILDREN AND YOUTH WHO MAY HAVE CO-OCCURRING
18 DIAGNOSES, INCLUDING BEHAVIORAL HEALTH DISORDERS AND PHYSICAL
19 OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES. ATTENTION MUST
20 ALSO BE GIVEN TO THE GEOGRAPHIC DIVERSITY OF THE STATE IN
21 DESIGNING THIS PROGRAM IN RURAL COMMUNITIES.

22 (3) UPON IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE
23 STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL
24 MONITOR AND REPORT THE ANNUAL COST SAVINGS ASSOCIATED WITH
25 ELIGIBLE CHILDREN AND YOUTH RECEIVING WRAPAROUND SERVICES TO
26 THE PUBLIC THROUGH THE ANNUAL HEARING, PURSUANT TO THE "STATE
27 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
28 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE
29 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL REQUIRE
30 MANAGED CARE ENTITIES TO REPORT DATA ON THE UTILIZATION AND
31 EFFECTIVENESS OF WRAPAROUND SERVICES.

32 (4) THE STATE DEPARTMENT SHALL WORK COLLABORATIVELY
33 WITH THE DEPARTMENT OF HUMAN SERVICES, COUNTIES, AND OTHER
34 DEPARTMENTS, AS APPROPRIATE, TO DEVELOP AND IMPLEMENT
35 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK OF
36 OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME PLACEMENT. THE
37 DEPARTMENT OF HUMAN SERVICES SHALL OVERSEE THAT THE
38 WRAPAROUND SERVICES ARE DELIVERED WITH FIDELITY TO THE MODEL.
39 AS PART OF ROUTINE COLLABORATION, THE STATE DEPARTMENT SHALL
40 DEVELOP A MODEL OF SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES
41 IN CONSULTATION WITH THE DEPARTMENT OF HUMAN SERVICES.
42 WRAPAROUND SERVICES PROVIDED TO ELIGIBLE CHILDREN AND YOUTH
43 PURSUANT TO THIS SECTION MUST BE COVERED UNDER THE "COLORADO

1 MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.
2 THE STATE DEPARTMENT MAY USE TARGETING CRITERIA TO RAMP UP
3 WRAPAROUND SERVICES AS SERVICE CAPACITY INCREASES, OR
4 TEMPORARILY, AS NECESSARY, TO MEET CERTAIN FEDERAL FINANCIAL
5 PARTICIPATION REQUIREMENTS.

6 **25.5-5-804. Integrated funding pilot.** NO LATER THAN JULY 1,
7 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT
8 OF HUMAN SERVICES, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,
9 SHALL DESIGN AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL
10 HEALTH DELIVERY SYSTEM PILOT PROGRAM THAT ADDRESSES THE
11 CHALLENGES OF FRAGMENTATION AND DUPLICATION OF BEHAVIORAL
12 HEALTH SERVICES. THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR
13 BEHAVIORAL HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS
14 THE STATE TO SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH
15 DISORDERS. TO IMPLEMENT THE PROVISIONS OF THIS SECTION, THE STATE
16 DEPARTMENT SHALL COLLABORATE WITH THE DEPARTMENT OF HUMAN
17 SERVICES AND OTHER RELEVANT STAKEHOLDERS, INCLUDING COUNTIES,
18 MANAGED CARE ENTITIES, AND FAMILIES.

19 **SECTION 3.** In Colorado Revised Statutes, **add** article 51 to title
20 25 as follows:

21 **ARTICLE 51**

22 **Standardized Screening and Assessment Tool Training**

23 **25-51-101. Training on standardized screening tools and**
24 **standardized assessment tool.** FOLLOWING THE SELECTION OF THE
25 STANDARDIZED SCREENING TOOLS, AS DESCRIBED IN SECTION 27-62-103,
26 THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL ENSURE
27 ADEQUATE STATEWIDE TRAINING ON THE STANDARDIZED SCREENING
28 TOOLS FOR PRIMARY CARE PROVIDERS AND OTHER INTERESTED HEALTH
29 CARE PROFESSIONALS WHO CARE FOR CHILDREN, ENSURING THAT
30 TRAINING IS OFFERED AT NO COST TO THE PROFESSIONAL. TRAINING
31 SERVICES MAY BE CONTRACTED OUT TO A THIRD PARTY.

32 **SECTION 4.** In Colorado Revised Statutes, **add** article 62 to title
33 27 as follows:

34 **ARTICLE 62**

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

36 **27-62-101. Definitions.** AS USED IN THIS ARTICLE 62, UNLESS THE
37 CONTEXT OTHERWISE REQUIRES:

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

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

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

6 (I) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR
7 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

8 (2) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE
9 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL
10 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES
11 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY
12 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
13 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE
14 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
15 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
16 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
17 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
18 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
19 RELATED HEALTH PROBLEMS.

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

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

25 (5) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL
26 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43
27 OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION
28 27-65-102(17).

29 (6) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO
30 IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND
31 6 OF TITLE 25.5 AND THE CHILD OR YOUTH:

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

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

39 (I) HAS ENTERED THE DIVISION OF YOUTH SERVICES; OR
40 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

41 (7) "STANDARDIZED ASSESSMENT TOOL" MEANS A MULTI-PURPOSE
42 INSTRUMENT THAT FACILITATES THE LINK BETWEEN ASSESSMENT AND
43 LEVEL OF CARE AND INDIVIDUALIZED SERVICE PLANNING; FACILITATES

1 QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS FOR MONITORING OF
2 OUTCOMES OF SERVICES.

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

5 (9) "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 **27-62-102. High-fidelity wraparound services for children and**
12 **youth - interagency coordination - reporting.** (1) PURSUANT TO
13 SECTION 25.5-5-803 (4), THE DEPARTMENT OF HUMAN SERVICES SHALL
14 WORK COLLABORATIVELY WITH THE DEPARTMENT OF HEALTH CARE
15 POLICY AND FINANCING, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,
16 AS APPROPRIATE, TO DEVELOP AND OVERSEE WRAPAROUND SERVICES FOR
17 CHILDREN AND YOUTH AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN
18 OUT-OF-HOME PLACEMENT. AS PART OF ROUTINE COLLABORATION, THE
19 DEPARTMENT OF HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF
20 HEALTH CARE POLICY AND FINANCING IN DEVELOPING A MODEL OF
21 SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES. THE DEPARTMENT
22 OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND
23 FINANCING SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS
24 ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING
25 WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,
26 PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,
27 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2
28 OF ARTICLE 7 OF TITLE 2.

29 (2) TWO FULL-TIME STAFF PERSONS SHALL BE APPOINTED BY THE
30 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES TO
31 SUPPORT AND FACILITATE INTERAGENCY COORDINATION PURSUANT TO
32 THIS ARTICLE 62, PART 8 OF ARTICLE 5 OF TITLE 25.5, AND ANY OTHER
33 RELATED INTERAGENCY BEHAVIORAL HEALTH EFFORTS AS DETERMINED
34 BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES.

35 **27-62-103. Standardized screening tools - standardized**
36 **assessment tool - interagency coordination - single referral and entry**
37 **point.** (1) **Standardized assessment tool.** NO LATER THAN JULY 1, 2020,
38 THE STATE DEPARTMENT SHALL SELECT A SINGLE STANDARDIZED
39 ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF BEHAVIORAL
40 HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN AND YOUTH AND
41 TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR PROGRAMMATIC
42 UTILIZATION. THE STATE DEPARTMENT SHALL CONSULT WITH THE
43 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, MANAGED CARE

1 ENTITIES, COUNTIES, STAKEHOLDERS, AND OTHER RELEVANT
2 DEPARTMENTS, AS APPROPRIATE, PRIOR TO SELECTING THE TOOL.

3 **(2) Standardized screening tools.** NO LATER THAN JULY 1, 2020,
4 THE STATE DEPARTMENT SHALL SELECT DEVELOPMENTALLY APPROPRIATE
5 AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH
6 STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING
7 CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,
8 INCLUDING POSTPARTUM WOMEN. THE STATE DEPARTMENT AND THE
9 DEPARTMENT OF HUMAN SERVICES MAY MAKE THE TOOLS AVAILABLE
10 ELECTRONICALLY FOR HEALTH CARE PROFESSIONALS AND THE PUBLIC.
11 PRIOR TO THE ADOPTION OF THE STANDARDIZED ASSESSMENT TOOL
12 DESCRIBED IN SUBSECTION (1) OF THIS SECTION, AND THE STANDARDIZED
13 SCREENING TOOLS DESCRIBED IN THIS SUBSECTION (2), THE STATE
14 DEPARTMENT SHALL LEAD A PUBLIC CONSULTATION PROCESS INVOLVING
15 RELEVANT STAKEHOLDERS, INCLUDING HEALTH CARE PROFESSIONALS AND
16 MANAGED CARE ENTITIES, WITH INPUT FROM THE DEPARTMENT OF HEALTH
17 CARE POLICY AND FINANCING, THE DEPARTMENT OF PUBLIC HEALTH AND
18 ENVIRONMENT, AND THE DIVISION OF INSURANCE.

19 **(3) Statewide referral and entry point.** NO LATER THAN JULY 1,
20 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT
21 OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT OF PUBLIC
22 HEALTH AND ENVIRONMENT, AND OTHER RELEVANT DEPARTMENTS AND
23 COUNTIES, AS NECESSARY, SHALL DEVELOP A PLAN FOR ESTABLISHING A
24 SINGLE STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND
25 YOUTH WHO HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE
26 NEEDS ARE IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT. IN
27 DEVELOPING THE SINGLE STATEWIDE REFERRAL AND ENTRY POINT PLAN,
28 THE STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT
29 STAKEHOLDERS, INCLUDING COUNTIES, MANAGED CARE ENTITIES
30 PARTICIPATING IN THE STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF
31 CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS,
32 COMMUNITIES THAT HAVE PREVIOUSLY IMPLEMENTED WRAPAROUND
33 SERVICES, MENTAL HEALTH PROFESSIONALS, AND OTHER RELEVANT
34 DEPARTMENTS.

35 **SECTION 5. Act subject to petition - effective date.** This act
36 takes effect at 12:01 a.m. on the day following the expiration of the
37 ninety-day period after final adjournment of the general assembly (August
38 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
39 referendum petition is filed pursuant to section 1 (3) of article V of the
40 state constitution against this act or an item, section, or part of this act
41 within such period, then the act, item, section, or part will not take effect
42 unless approved by the people at the general election to be held in

1 November 2020 and, in such case, will take effect on the date of the
2 official declaration of the vote thereon by the governor.".

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