

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

**INTRODUCED**

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

**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 ages 10 to 24 in the state of Colorado. Childhood and  
5 adolescence are critical periods of risk for the onset of a behavioral health  
6 disorder. Nationally, half of all lifetime cases of mental illness begin by  
7 the age of 14 and three-quarters begin by the age of 24. Children and  
8 youth may be exposed to trauma, maltreatment, and other adverse  
9 childhood experiences that may be risk factors for behavioral health

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

8 **SECTION 2.** In Colorado Revised Statutes, **add** part 6 to article  
9 20 of title 24 as follows:

10 **PART 6**

11 **OFFICE OF CHILDREN AND YOUTH**

12 **BEHAVIORAL HEALTH POLICY COORDINATION**

13 **24-20-601. Legislative declaration.** (1) THE GENERAL ASSEMBLY  
14 FINDS AND DECLARES THAT:

15 (a) THERE IS A NEED FOR A STATEWIDE, CENTRAL, AND  
16 ACCOUNTABLE INTERAGENCY BODY DESIGNED TO ALIGN AND COORDINATE  
17 CHILD AND YOUTH BEHAVIORAL HEALTH PREVENTION, PROMOTION, AND  
18 DELIVERY SYSTEMS THAT SUPPORT THE WHOLE CHILD'S AND YOUTH'S  
19 HEALTHY DEVELOPMENT AND FAMILY WELL-BEING;

20 (b) IN ORDER TO PROVIDE QUALITY BEHAVIORAL HEALTH SERVICES  
21 TO FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
22 CHALLENGES, BEHAVIORAL HEALTH SERVICES SHOULD BE COORDINATED  
23 AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE,  
24 AND SHOULD BE CULTURALLY COMPETENT, COST-EFFECTIVE, AND  
25 PROVIDED IN THE LEAST RESTRICTIVE SETTINGS;

26 (c) THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND  
27 YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE

1 CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN  
2 PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND  
3 SERVICES FOR CHILDREN AND YOUTH;

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

11 (e) THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF  
12 2018", AS DEFINED IN SECTION 26-5-101 (4.5), WILL BRING MAJOR  
13 CHANGES TO THE CHILD WELFARE SYSTEM, INCLUDING SUPPORTING MORE  
14 CHILDREN IN THE COMMUNITY AND REQUIRING A STRONG AND EFFECTIVE  
15 CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM; AND

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

24 (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT  
25 BUILDING UPON WORK COMPLETED BY COLORADO'S TRAUMA-INFORMED  
26 SYSTEM OF CARE, COLORADO MUST IMPLEMENT A MODEL OF  
27 COMPREHENSIVE SYSTEM OF CARE FOR FAMILIES OF CHILDREN AND YOUTH

1 WITH BEHAVIORAL HEALTH CHALLENGES.

2 **24-20-602. Definitions.** AS USED IN THIS PART 6, UNLESS THE  
3 CONTEXT OTHERWISE REQUIRES:

4 (1) "ADVISORY COUNCIL" MEANS THE CHILDREN AND YOUTH  
5 BEHAVIORAL HEALTH ADVISORY COUNCIL CREATED IN SECTION 24-20-607.

6 (2) "AT RISK OF DEVELOPING A BEHAVIORAL HEALTH DISORDER"  
7 MEANS THE OCCURRENCE OF ANY NUMBER OF PSYCHOLOGICAL OR SOCIAL  
8 RISK FACTORS, SUCH AS TRAUMA, THAT MAY MAKE A PERSON MORE  
9 LIKELY TO DEVELOP A BEHAVIORAL HEALTH DISORDER.

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

14 (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH  
15 DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5);

16 (b) REQUIRES A LEVEL OF CARE THAT IS PROVIDED IN A  
17 RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR  
18 OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S  
19 HOME;

20 (c) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR

21 (d) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

22 (4) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE  
23 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL  
24 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES  
25 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY  
26 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL  
27 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE

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

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

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

14 (7) "COLLABORATIVE MANAGEMENT PROGRAM" HAS THE SAME  
15 MEANING AS DESCRIBED IN ARTICLE 1.9 OF TITLE 24.

16 (8) "COMMISSION" MEANS THE CHILDREN AND YOUTH BEHAVIORAL  
17 HEALTH POLICY COORDINATION COMMISSION CREATED IN SECTION  
18 24-20-604.

19 (9) "DEPARTMENTS" OR "EACH DEPARTMENT" MEANS THE  
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DEPARTMENT  
21 OF HUMAN SERVICES; THE DEPARTMENT OF PUBLIC HEALTH AND  
22 ENVIRONMENT; THE DEPARTMENT OF PUBLIC SAFETY; THE DEPARTMENT  
23 OF EDUCATION; THE DEPARTMENT OF LAW; AND THE DEPARTMENT OF  
24 REGULATORY AGENCIES.

25 (10) "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF  
26 CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY COORDINATION  
27 CREATED IN SECTION 24-20-603.

1           (11) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL  
2 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43  
3 OF TITLE 12.

4           (12) "OFFICES AND COUNTIES" MEANS THE OFFICE OF OMBUDSMAN  
5 FOR BEHAVIORAL HEALTH ACCESS TO CARE CREATED IN SECTION  
6 27-80-303; THE OFFICE OF THE CHILD PROTECTION OMBUDSMAN  
7 ESTABLISHED IN SECTION 19-3.3-102; THE OFFICE OF CHILDREN AND  
8 YOUTH BEHAVIORAL HEALTH POLICY COORDINATION CREATED IN SECTION  
9 24-20-603; AND COUNTY DEPARTMENTS.

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

13          (14) "STANDARDIZED ASSESSMENT TOOL" MEANS A  
14 MULTI-PURPOSE INSTRUMENT THAT FACILITATES THE LINK BETWEEN  
15 ASSESSMENT AND LEVEL OF CARE AND INDIVIDUALIZED SERVICE  
16 PLANNING; FACILITATES QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS  
17 FOR MONITORING OF OUTCOMES OF SERVICES.

18          (15) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,  
19 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING  
20 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL  
21 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH  
22 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE  
23 FRAMEWORK.

24           **24-20-603. Office of children and youth behavioral health**  
25 **policy coordination - creation.** THERE IS CREATED IN THE OFFICE OF THE  
26 GOVERNOR THE OFFICE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH  
27 POLICY COORDINATION, THE HEAD OF WHICH IS THE DIRECTOR OF THE



1 OFFICE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY  
2 COORDINATION WHO IS APPOINTED BY THE GOVERNOR AND WHO SERVES  
3 AT THE PLEASURE OF THE GOVERNOR.

4 **24-20-604. Children and youth behavioral health policy**  
5 **coordination commission - creation - membership - organization -**

6 **repeal.** (1) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY  
7 COORDINATION COMMISSION IS CREATED IN THE OFFICE OF CHILDREN AND  
8 YOUTH BEHAVIORAL HEALTH POLICY COORDINATION.

9 (2) THE COMMISSION CONSISTS OF FIFTEEN VOTING MEMBERS AS  
10 FOLLOWS:

11 (a) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
12 CARE POLICY AND FINANCING;

13 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN  
14 SERVICES;

15 (c) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC  
16 HEALTH AND ENVIRONMENT;

17 (d) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC  
18 SAFETY;

19 (e) THE ATTORNEY GENERAL;

20 (f) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION;

21 (g) THE COMMISSIONER OF INSURANCE IN THE DEPARTMENT OF  
22 REGULATORY AGENCIES;

23 (h) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE  
24 CREATED IN SECTION 27-80-303;

25 (i) THE CHILD PROTECTION OMBUDSMAN ESTABLISHED IN SECTION  
26 19-3.3-102; AND

27 (j) THE DIRECTOR OF THE OFFICE OF CHILDREN AND YOUTH

1 BEHAVIORAL HEALTH POLICY COORDINATION;

2 (k) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF  
3 COUNTIES APPOINTED BY THE GOVERNOR; AND

4 (l) FOUR MEMBERS OF THE GENERAL ASSEMBLY APPOINTED AS  
5 FOLLOWS:

6 (I) ONE MEMBER APPOINTED BY THE SPEAKER OF THE HOUSE OF  
7 REPRESENTATIVES;

8 (II) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE  
9 HOUSE OF REPRESENTATIVES;

10 (III) ONE MEMBER APPOINTED BY THE PRESIDENT OF THE SENATE;  
11 AND

12 (IV) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE  
13 SENATE.

14 (3) MEMBERS OF THE COMMISSION SHALL NOT SEND A DESIGNEE,  
15 EXCEPT IN EXTENUATING CIRCUMSTANCES, AS DETERMINED PURSUANT TO  
16 THE BYLAWS OF THE COMMISSION.

17 (4) (a) IN APPOINTING THE REPRESENTATIVE OF A STATEWIDE  
18 ASSOCIATION OF COUNTIES AS DESCRIBED IN SUBSECTION (2)(k) OF THIS  
19 SECTION, THE GOVERNOR SHALL CONSIDER THE GEOGRAPHIC DIVERSITY OF  
20 THE STATE.

21 (b) THE APPOINTING AUTHORITIES SHALL MAKE INITIAL  
22 APPOINTMENTS TO THE COMMISSION NO LATER THAN SEPTEMBER 1, 2019.  
23 APPOINTED MEMBERS SERVE TERMS OF TWO YEARS.

24 (c) THE APPOINTING AUTHORITIES MAY REAPPOINT APPOINTEES  
25 FOR ONE ADDITIONAL CONSECUTIVE TERM. IN THE EVENT OF A VACANCY  
26 IN AN APPOINTED POSITION, THE APPOINTING AUTHORITIES SHALL APPOINT  
27 A MEMBER TO FILL THE POSITION FOR THE REMAINDER OF THE TERM.

1 (5) THE MEMBERS OF THE COMMISSION SHALL ELECT ONE OF THE  
2 VOTING MEMBERS TO SERVE AS CHAIR FOR A TERM OF TWO YEARS.

3 (6) MEMBERS OF THE COMMISSION SERVE WITHOUT  
4 COMPENSATION; EXCEPT THAT MEMBERS ARE ENTITLED TO  
5 REIMBURSEMENT FOR ACTUAL AND NECESSARY TRAVEL EXPENSES  
6 INCURRED IN THE PERFORMANCE OF THEIR DUTIES AND LEGISLATIVE  
7 MEMBERS ARE ENTITLED TO A PER DIEM FOR ATTENDANCE AT MEETINGS  
8 PURSUANT TO SECTION 2-2-306.

9 (7) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.  
10 PRIOR TO SUCH REPEAL, THE COMMISSION IS SCHEDULED FOR REVIEW AS  
11 PROVIDED IN SECTION 2-3-1203.

12 **24-20-605. Commission powers and duties.** (1) MEMBERS OF  
13 THE COMMISSION SHALL PERFORM THE DUTIES DESCRIBED IN THIS SECTION  
14 WITH THE AUTHORITY GRANTED ON BEHALF OF THE ORGANIZATION OR  
15 DEPARTMENT THE MEMBER REPRESENTS. THE COMMISSION DOES NOT  
16 HAVE RULE-MAKING AUTHORITY BUT MAY ESTABLISH BYLAWS AS  
17 NECESSARY TO CARRY OUT THE DUTIES AND FUNCTIONS OF THE  
18 COMMISSION.

19 (2) THE COMMISSION SHALL MEET AT LEAST SIX TIMES PER YEAR  
20 AND MAY MEET MORE FREQUENTLY AT THE DISCRETION OF THE  
21 COMMISSION.

22 (3) THE PRIMARY DUTIES AND RESPONSIBILITIES OF THE  
23 COMMISSION INCLUDE:

24 (a) PROVIDING LEADERSHIP TO INCREASE AND ENHANCE EFFICIENT  
25 AND EFFECTIVE BEHAVIORAL HEALTH SERVICES TO CHILDREN AND YOUTH  
26 WITH BEHAVIORAL HEALTH DISORDERS AND AT RISK OF BEHAVIORAL  
27 HEALTH DISORDERS AND CHILDREN AND YOUTH WHO ARE IN NEED OF

1 BEHAVIORAL HEALTH SERVICES BUT WHO MAY NOT REACH A DIAGNOSTIC  
2 LEVEL BY:

3 (I) COOPERATIVELY PLANNING, MONITORING, EVALUATING, AND  
4 PROMOTING INNOVATIVE AND INDIVIDUALIZED STRATEGIES TO DELIVER  
5 AND FUND BEHAVIORAL HEALTH SERVICES;

6 (II) RECOMMENDING LEGISLATIVE AND REGULATORY POLICY,  
7 BUDGET, AND PROCEDURAL CHANGES, INCLUDING INTERAGENCY  
8 PROPOSALS FOR CONSIDERATION BY THE GOVERNOR'S OFFICE AND THE  
9 GENERAL ASSEMBLY;

10 (III) DEVELOPING STRATEGIES TO ENABLE THE BEHAVIORAL  
11 HEALTH SYSTEM TO WORK EFFECTIVELY AND CROSS-CULTURALLY, AND TO  
12 INCREASE FAMILY AND COMMUNITY INVOLVEMENT, COLLABORATION, AND  
13 PUBLIC-PRIVATE PARTNERSHIPS IN THE PLANNING AND DELIVERY OF  
14 BEHAVIORAL HEALTH SERVICES AT THE STATE AND LOCAL LEVEL;

15 (IV) IDENTIFYING AND ADDRESSING BARRIERS TO BEHAVIORAL  
16 HEALTH SERVICES FOR CHILDREN AND YOUTH IN SCHOOLS AND OTHER  
17 APPROPRIATE SETTINGS; AND

18 (V) PROMOTING BEHAVIORAL HEALTH PREVENTION AND EARLY  
19 INTERVENTION SERVICES;

20 (b) COORDINATING EFFORTS BETWEEN STATE AGENCIES AND  
21 DEPARTMENTS TO INCREASE PUBLIC UNDERSTANDING AND AWARENESS OF  
22 CHILD AND YOUTH BEHAVIORAL HEALTH NEEDS;

23 (c) RECOMMENDING SHARED POLICIES TO REMOVE  
24 ADMINISTRATIVE BARRIERS IN ORDER TO FACILITATE COLLABORATION IN  
25 COMMUNITIES AND AMONG STATE DEPARTMENTS AND POLITICAL  
26 SUBDIVISIONS OF THE STATE;

27 (d) MONITORING AND RECEIVING UPDATES FROM RELEVANT STATE

1 AGENCIES AND DEPARTMENTS RELATED TO NETWORK ADEQUACY FOR  
2 ACCESS TO BEHAVIORAL HEALTH SERVICES IN THE STATE;

3 (e) COMPILING AND DISSEMINATING INFORMATION REGARDING  
4 BEST PRACTICES FOR DELIVERING AND FUNDING BEHAVIORAL HEALTH  
5 SERVICES;

6 (f) RECEIVING AND ACTING ON RECOMMENDATIONS, INCLUDING AN  
7 ANNUAL PRESENTATION FROM THE ADVISORY COUNCIL;

8 (g) RECOMMENDING FOR THE GOVERNOR'S CONSIDERATION, FOR  
9 EACH FISCAL YEAR, FUNDS CONTAINED IN EACH DEPARTMENT'S BUDGET  
10 THAT CAN BE IDENTIFIED FOR COLLABORATIVE SERVICE DELIVERY  
11 SYSTEMS; AND

12 (h) BEGINNING JANUARY 1, 2020, AND EACH JANUARY 1  
13 THEREAFTER, RECOMMENDING PERFORMANCE MEASURES FOR EACH  
14 DEPARTMENT AND OFFICE AND COUNTY REPRESENTED ON THE  
15 COMMISSION THAT WILL QUANTIFY AND DEMONSTRATE THE  
16 EFFECTIVENESS OF THE BEHAVIORAL HEALTH SYSTEM IN COLORADO.  
17 RECOMMENDED PERFORMANCE MEASURES MUST INCLUDE ASSOCIATED  
18 DEMOGRAPHIC INFORMATION, INCLUDING GEOGRAPHIC, ETHNICITY, AND  
19 SPECIFIC POPULATIONS THAT MAY BE AT HIGHER RISK FOR BEHAVIORAL  
20 HEALTH DISORDERS, RELATED HEALTH INEQUITIES, AND SUICIDAL  
21 IDEATION. EACH DEPARTMENT AND OFFICE AND COUNTY MAY DETERMINE  
22 WHETHER TO ADOPT THE COMMISSION'S RECOMMENDED PERFORMANCE  
23 MEASURES. THE COMMISSION SHALL MONITOR ANY DATA REPORTED BY  
24 THE DEPARTMENTS AND OFFICES AND COUNTIES FOR THE PURPOSES OF  
25 CONTINUOUS QUALITY IMPROVEMENT THROUGH ENHANCED  
26 ACCOUNTABILITY AND DECISION-MAKING PROGRESS ACROSS STATE  
27 DEPARTMENTS. FOR EACH METRIC THE DEPARTMENTS AND OFFICES AND

1 COUNTIES SELECT, THE DEPARTMENTS AND OFFICES AND COUNTIES SHALL  
2 ESTABLISH A BASELINE FOR EACH PERFORMANCE MEASURE AND  
3 REGULARLY REPORT ON THE PROGRESS MADE TOWARD ACHIEVING THE  
4 DESIRED OUTCOME. AT A MINIMUM, DEPARTMENTS AND OFFICES AND  
5 COUNTIES SHALL UPDATE DATA ON PERFORMANCE MEASURES QUARTERLY  
6 AND REPORT THE DATA TO THE COMMISSION. THE COMMISSION SHALL  
7 SUBMIT THE DATA TO THE GOVERNOR, WHO SHALL MAKE THE DATA  
8 AVAILABLE ELECTRONICALLY TO THE PUBLIC.

9 (4) THE COMMISSION SHALL ENSURE THAT PROPOSALS, ACTIVITIES,  
10 AND IMPLEMENTATION PLANNING DO NOT CONFLICT WITH OR DUPLICATE  
11 EFFORTS LED BY OTHER ORGANIZATIONS THAT INCORPORATE CHILD  
12 BEHAVIORAL HEALTH STRATEGIES, INCLUDING BUT NOT LIMITED TO  
13 COLORADO'S TRAUMA-INFORMED SYSTEM OF CARE, THE EARLY  
14 CHILDHOOD LEADERSHIP COMMISSION CREATED PURSUANT TO SECTION  
15 26-6.2-103, AND THE COLORADO SUICIDE PREVENTION COMMISSION  
16 CREATED PURSUANT TO SECTION 25-1.5-111.

17 (5) THE COMMISSION SHALL CONSULT WITH THE EARLY  
18 CHILDHOOD LEADERSHIP COMMISSION ON ALL EARLY CHILDHOOD  
19 BEHAVIORAL HEALTH PROPOSALS, ACTIVITIES, AND IMPLEMENTATION  
20 PLANNING. THE COMMISSION IS NOT RESPONSIBLE FOR OVERSIGHT OF THE  
21 DECISIONS AND ACTIONS OF THE EARLY CHILDHOOD LEADERSHIP  
22 COMMISSION OR THE COLORADO SUICIDE PREVENTION COMMISSION.

23 (6) THE DIRECTOR SHALL SUPPORT COLLABORATION BETWEEN THE  
24 COMMISSION, THE EARLY CHILDHOOD LEADERSHIP COMMISSION, AND THE  
25 COLORADO SUICIDE PREVENTION COMMISSION, INCLUDING BUT NOT  
26 LIMITED TO AN ANNUAL PRESENTATION FROM THE COMMISSION TO THE  
27 EARLY CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE

1 PREVENTION COMMISSION ON RELEVANT CHILD AND YOUTH BEHAVIORAL  
2 HEALTH INITIATIVES. RECIPROCALLY, THE EARLY CHILDHOOD LEADERSHIP  
3 COMMISSION AND THE COLORADO SUICIDE PREVENTION COMMISSION  
4 SHALL PROVIDE AN ANNUAL PRESENTATION TO THE COMMISSION ON  
5 RELEVANT CHILD AND YOUTH BEHAVIORAL HEALTH INITIATIVES. SUBJECT  
6 TO AVAILABLE APPROPRIATIONS, THE GENERAL ASSEMBLY SHALL  
7 ALLOCATE MONEY TO SUPPORT SUFFICIENT STAFF AT THE EARLY  
8 CHILDHOOD LEADERSHIP COMMISSION AND THE COLORADO SUICIDE  
9 PREVENTION COMMISSION TO FACILITATE THIS COLLABORATION.

10 (7) MEMBERS OF THE COMMISSION AND ITS EMPLOYEES AND  
11 CONSULTANTS ARE IMMUNE FROM CIVIL LIABILITY FOR AN OFFICIAL ACT  
12 PERFORMED IN GOOD FAITH PURSUANT TO THIS PART 6. MEETINGS OF THE  
13 COMMISSION MUST BE OPEN TO THE PUBLIC WITH DEDICATED TIME AT  
14 EACH MEETING FOR PUBLIC COMMENT. COMMISSION MEETINGS SHALL  
15 COMPLY WITH THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE  
16 72 OF THIS TITLE 24.

17 **24-20-606. Commission functions.** (1) BEGINNING OCTOBER 1,  
18 2019, THE COMMISSION SHALL CONDUCT THE FOLLOWING ACTIONS:

19 (a) THE COMMISSION SHALL WORK COLLABORATIVELY WITH THE  
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT  
21 OF HUMAN SERVICES, AND OTHER DEPARTMENTS AS APPROPRIATE, TO  
22 IMPLEMENT WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK  
23 OF OUT-OF-HOME PLACEMENT. WRAPAROUND SERVICES PROVIDED TO  
24 ELIGIBLE CHILDREN AND YOUTH PURSUANT TO THIS SUBSECTION (1)(a)  
25 MUST BE COVERED UNDER THE "COLORADO MEDICAL ASSISTANCE ACT",  
26 ARTICLES 4, 5, AND 6 OF TITLE 25.5. TO IMPLEMENT THE PROVISIONS OF  
27 THIS SUBSECTION (1)(a), THE FOLLOWING ACTIONS MUST BE TAKEN:

1           (I) THE COMMISSION SHALL ESTABLISH AN EXECUTIVE  
2 WORKGROUP THAT INCLUDES DESIGNEES OF THE COMMISSION AND  
3 MEMBERS OF THE ADVISORY COUNCIL TO FACILITATE OPERATIONAL AND  
4 FINANCIAL COLLABORATION BETWEEN THE DEPARTMENT OF HEALTH CARE  
5 POLICY AND FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND  
6 LOCAL GOVERNMENTS;

7           (II) NO LATER THAN MARCH 1, 2020, THE DEPARTMENT OF HEALTH  
8 CARE POLICY AND FINANCING SHALL SEEK FEDERAL AUTHORIZATION FROM  
9 THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO  
10 PROVIDE WRAPAROUND SERVICES FOR ELIGIBLE CHILDREN AND YOUTH.  
11 PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE DEPARTMENT OF  
12 HEALTH CARE POLICY AND FINANCING SHALL SEEK INPUT FROM RELEVANT  
13 STAKEHOLDERS INCLUDING COUNTIES, MANAGED CARE ENTITIES  
14 PARTICIPATING IN THE STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF  
15 CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS,  
16 COMMUNITIES THAT HAVE PREVIOUSLY IMPLEMENTED WRAPAROUND  
17 SERVICES, AND MENTAL HEALTH PROFESSIONALS. THE DEPARTMENT OF  
18 HEALTH CARE POLICY AND FINANCING SHALL CONSIDER TIERED CARE  
19 COORDINATION AS AN APPROACH WHEN DEVELOPING THE WRAPAROUND  
20 MODEL. UPON FEDERAL AUTHORIZATION, THE DEPARTMENT OF HEALTH  
21 CARE POLICY AND FINANCING SHALL REQUIRE MANAGED CARE ENTITIES TO  
22 IMPLEMENT WRAPAROUND SERVICES, WHICH MAY BE CONTRACTED OUT TO  
23 A THIRD PARTY. THE DEPARTMENT OF HEALTH CARE POLICY AND  
24 FINANCING SHALL ENSURE CARE COORDINATORS AND THOSE RESPONSIBLE  
25 FOR IMPLEMENTING WRAPAROUND SERVICES HAVE ADEQUATE TRAINING  
26 AND RESOURCES TO SUPPORT CHILDREN AND YOUTH WHO MAY HAVE  
27 CO-OCCURRING DIAGNOSES, INCLUDING BEHAVIORAL HEALTH DISORDERS



1 AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES.  
2 ATTENTION MUST ALSO BE GIVEN TO THE GEOGRAPHIC DIVERSITY OF THE  
3 STATE IN DESIGNING THIS PROGRAM IN RURAL COMMUNITIES. UPON  
4 IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE DEPARTMENT OF  
5 HEALTH CARE POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN  
6 SERVICES SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS  
7 ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING  
8 WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,  
9 PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,  
10 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2  
11 OF ARTICLE 7 OF TITLE 2. THE DEPARTMENT OF HEALTH CARE POLICY AND  
12 FINANCING SHALL REQUIRE MANAGED CARE ENTITIES TO REPORT DATA ON  
13 THE UTILIZATION AND EFFECTIVENESS OF WRAPAROUND SERVICES.

14 (b) NO LATER THAN JULY 1, 2020, THE COMMISSION SHALL  
15 RECOMMEND TO THE DEPARTMENT OF HEALTH CARE POLICY AND  
16 FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND OTHER  
17 DEPARTMENTS AS APPROPRIATE, PROGRAMMATIC UTILIZATION OF A  
18 SINGLE STANDARDIZED ASSESSMENT TOOL TO FACILITATE IDENTIFICATION  
19 OF BEHAVIORAL HEALTH ISSUES AND OTHER NEEDS.

20 (c) NO LATER THAN JULY 1, 2020, AND BASED UPON  
21 RECOMMENDATIONS PROVIDED BY THE EXECUTIVE WORKGROUP, THE  
22 COMMISSION SHALL RECOMMEND TO THE DEPARTMENT OF HEALTH CARE  
23 POLICY AND FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND  
24 OTHER DEPARTMENTS AS APPROPRIATE, DEVELOPMENTALLY APPROPRIATE  
25 AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH  
26 STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING  
27 CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,

1 INCLUDING POSTPARTUM WOMEN. THE DEPARTMENT OF HEALTH CARE  
2 POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN SERVICES MAY  
3 MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE  
4 PROFESSIONALS AND THE PUBLIC. TO IMPLEMENT THE PROVISIONS OF THIS  
5 SUBSECTION (1)(c), THE FOLLOWING ACTIONS MUST BE TAKEN:

6 (I) PRIOR TO THE ADOPTION OF THE STANDARDIZED ASSESSMENT  
7 TOOL AND THE STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS  
8 PURSUANT TO THIS SUBSECTION (1)(c) AND SUBSECTION (1)(b) OF THIS  
9 SECTION, THE COMMISSION SHALL ESTABLISH AN EXECUTIVE WORKGROUP  
10 THAT INCLUDES DESIGNEES OF THE COMMISSION, MEMBERS OF THE  
11 ADVISORY COUNCIL, AND RELEVANT STAKEHOLDERS, INCLUDING HEALTH  
12 CARE PROFESSIONALS, WITH INPUT FROM THE DEPARTMENT OF HEALTH  
13 CARE POLICY AND FINANCING, THE DIVISION OF INSURANCE, AND THE  
14 COLORADO SUICIDE PREVENTION COMMISSION;

15 (II) THE EXECUTIVE WORKGROUP SHALL ALSO RECOMMEND A  
16 PROCESS FOR ESTABLISHING A SINGLE STATEWIDE REFERRAL AND ENTRY  
17 POINT FOR CHILDREN AND YOUTH WHO HAVE A POSITIVE BEHAVIORAL  
18 HEALTH SCREENING OR WHOSE NEEDS ARE IDENTIFIED THROUGH A  
19 STANDARDIZED ASSESSMENT; AND

20 (III) FOLLOWING THE SELECTION OF THE STANDARDIZED  
21 BEHAVIORAL HEALTH SCREENING TOOLS AND THE STANDARDIZED  
22 ASSESSMENT TOOL, THE DEPARTMENT OF PUBLIC HEALTH AND  
23 ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE TRAINING ON THE  
24 SET OF STANDARDIZED BEHAVIORAL HEALTH SCREENING TOOLS AND THE  
25 STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND  
26 OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR  
27 CHILDREN, ENSURING TRAINING IS OFFERED AT NO COST TO THE

1 PROFESSIONAL. TRAINING SERVICES MAY BE CONTRACTED OUT TO A THIRD  
2 PARTY.

3 (d) NO LATER THAN JULY 1, 2020, THE COMMISSION SHALL DESIGN  
4 AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL HEALTH DELIVERY  
5 SYSTEM PILOT PROGRAM THAT ADDRESSES THE CHALLENGES OF  
6 FRAGMENTATION AND DUPLICATION OF BEHAVIORAL HEALTH SERVICES.  
7 THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR BEHAVIORAL  
8 HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS THE STATE TO  
9 SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS. TO  
10 IMPLEMENT THE PROVISIONS OF THIS SUBSECTION (1)(d), THE COMMISSION  
11 SHALL ESTABLISH AN EXECUTIVE WORKGROUP THAT INCLUDES AGENCY  
12 DESIGNEES AND MEMBERS OF THE ADVISORY COUNCIL, INCLUDING  
13 REPRESENTATION FROM THE DEPARTMENT OF HEALTH CARE POLICY AND  
14 FINANCING, THE DEPARTMENT OF HUMAN SERVICES, AND RELEVANT  
15 STAKEHOLDERS, INCLUDING COUNTIES, MANAGED CARE ENTITIES, AND  
16 FAMILIES.

17 (2) THE COMMISSION MAY CONSIDER ESTABLISHING ADDITIONAL  
18 COMMISSION FUNCTIONS, INCLUDING BUT NOT LIMITED TO ADDRESSING:

19 (a) MENTAL HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT  
20 AND RETENTION;

21 (b) BEHAVIORAL HEALTH TRAINING OPPORTUNITIES FOR  
22 EDUCATORS IN LOCAL SCHOOLS;

23 (c) RESIDENTIAL CHILD CARE FACILITY CLOSURES;

24 (d) DATA AND TRANSPARENCY REQUIREMENTS;

25 (e) QUALITY IMPROVEMENT INITIATIVES;

26 (f) CHILDREN AND YOUTH WHO ARE TRANSITIONING OUT OF  
27 PEDIATRIC CARE SYSTEMS AND INTO ADULT SYSTEMS;

1 (g) FEDERAL POLICY DIRECTIVES REQUIRING INTERAGENCY  
2 COLLABORATION;

3 (h) SCREENING AND REFERRALS IN MIDDLE SCHOOLS AND HIGH  
4 SCHOOLS;

5 (i) CHILDREN AND YOUTH WITH A BEHAVIORAL HEALTH DISORDER  
6 WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM; AND

7 (j) MEETING THE NEEDS OF CHILDREN AND YOUTH WITH  
8 CO-OCCURRING DIAGNOSES, INCLUDING BEHAVIORAL HEALTH DISORDERS  
9 AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES, AND  
10 MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS.

11 **24-20-607. Children and youth behavioral health advisory**  
12 **council - creation - membership - compensation - powers and duties**  
13 **- repeal.** (1) THERE IS CREATED IN THE OFFICE OF CHILDREN AND YOUTH  
14 BEHAVIORAL HEALTH THE CHILDREN AND YOUTH BEHAVIORAL HEALTH  
15 POLICY COORDINATION ADVISORY COUNCIL.

16 (2) (a) **Membership.** THE ADVISORY COUNCIL CONSISTS OF  
17 TWENTY-FIVE MEMBERS TO BE APPOINTED BY THE GOVERNOR AS  
18 FOLLOWS:

19 (I) A COUNTY COMMISSIONER;

20 (II) A REPRESENTATIVE OF A POLICE DEPARTMENT OR A SHERIFF'S  
21 OFFICE;

22 (III) A DIRECTOR OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL  
23 SERVICES;

24 (IV) A REPRESENTATIVE OF A LOCAL COLLABORATIVE  
25 MANAGEMENT PROGRAM;

26 (V) A REPRESENTATIVE OF A COMMUNITY MENTAL HEALTH  
27 CENTER SERVING CHILDREN AND YOUTH;

1 (VI) A SUBSTANCE USE DISORDER TREATMENT PROVIDER SERVING  
2 CHILDREN AND YOUTH;

3 (VII) A MENTAL HEALTH PROFESSIONAL OR PSYCHIATRIST WHO  
4 HAS CLINICAL EXPERIENCE WORKING WITH CHILDREN AND YOUTH;

5 (VIII) A PEDIATRICIAN, OR A FAMILY PHYSICIAN OR ADVANCED  
6 PRACTICE PROVIDER, WHO HAS EXPERIENCE WORKING IN PRIMARY CARE  
7 WITH CHILDREN, YOUTH, AND FAMILIES;

8 (IX) AN INDIVIDUAL REPRESENTING A FAMILY-RUN ORGANIZATION  
9 WHOSE EXPLICIT PURPOSE IS TO SERVE AND REPRESENT FAMILIES OF  
10 CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS;

11 (X) AN INDIVIDUAL FROM AN ORGANIZATION REPRESENTING  
12 CHILDREN AND YOUTH WITH CO-OCCURRING BEHAVIORAL HEALTH  
13 CONDITIONS AND DISABILITIES;

14 (XI) A REPRESENTATIVE OF SCHOOL DISTRICTS;

15 (XII) A REPRESENTATIVE WHO CURRENTLY PROVIDES  
16 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH;

17 (XIII) A MENTAL HEALTH PROFESSIONAL WHO HAS CLINICAL  
18 MENTAL HEALTH EXPERIENCE WORKING WITH INFANTS AND YOUNG  
19 CHILDREN UNDER THE AGE OF FIVE;

20 (XIV) A REPRESENTATIVE OF THE COLORADO COMMISSION ON  
21 CRIMINAL AND JUVENILE JUSTICE CREATED IN SECTION 16-11.3-102;

22 (XV) A REPRESENTATIVE OF THE SUICIDE PREVENTION  
23 COMMISSION CREATED IN SECTION 25-1.5-111;

24 (XVI) A REPRESENTATIVE OF A RESIDENTIAL CHILD CARE  
25 FACILITY;

26 (XVII) A REPRESENTATIVE OF COURT-APPOINTED SPECIAL  
27 ADVOCATES FOR CHILDREN;

1 (XVIII) A REPRESENTATIVE OF AN ORGANIZATION THAT  
2 ADDRESSES CHILD MALTREATMENT ISSUES;

3 (XIX) A REPRESENTATIVE OF A DISTRICT ATTORNEY'S OFFICE;

4 (XX) A REPRESENTATIVE OF A GENERAL HOSPITAL LICENSED  
5 PURSUANT TO SECTION 25-1.5-103;

6 (XXI) AN ADMINISTRATOR OF A MANAGED CARE ENTITY;

7 (XXII) AN ADMINISTRATOR OF THE BEHAVIORAL HEALTH CRISIS  
8 RESPONSE SYSTEM CREATED IN SECTION 27-60-101; AND

9 (XXIII) THREE MEMBERS WHO ARE CHILDREN OR YOUTH AND  
10 REPRESENT CONSUMERS OF SERVICES FOR CHILDREN AND YOUTH WITH  
11 BEHAVIORAL HEALTH DISORDERS.

12 (b) DEPARTMENT AND OFFICE AND COUNTY PERSONNEL WITH  
13 EXPERTISE IN CHILD AND YOUTH BEHAVIORAL HEALTH MAY ATTEND  
14 MEETINGS OF THE ADVISORY COUNCIL TO EDUCATE MEMBERS OF THE  
15 COUNCIL AND PROVIDE INFORMATION ON STATE PROGRAMS AND  
16 INITIATIVES.

17 (c) **Appointments.** THE GOVERNOR SHALL MAKE INITIAL  
18 APPOINTMENTS TO THE ADVISORY COUNCIL NO LATER THAN SEPTEMBER  
19 1, 2019. IN APPOINTING THE MEMBERS OF THE ADVISORY COUNCIL, THE  
20 GOVERNOR SHALL CONSIDER THE GEOGRAPHIC DIVERSITY OF THE STATE.  
21 APPOINTED MEMBERS SERVE TERMS OF TWO YEARS. THE GOVERNOR MAY  
22 REAPPOINT MEMBERS FOR ONE ADDITIONAL CONSECUTIVE TERM. IN THE  
23 EVENT OF A VACANCY IN AN APPOINTED POSITION, THE GOVERNOR SHALL  
24 APPOINT A MEMBER TO FILL THE POSITION FOR THE REMAINDER OF THE  
25 TERM. THE MEMBERS OF THE ADVISORY COUNCIL SHALL ELECT A MEMBER  
26 TO SERVE AS CHAIR AND A MEMBER TO SERVE AS VICE-CHAIR FOR A TERM  
27 OF TWO YEARS.

1           (d) **Compensation.** MEMBERS OF THE ADVISORY COUNCIL  
2 RECEIVE A PER DIEM FOR EACH MEETING OF THE ADVISORY COUNCIL THAT  
3 A MEMBER ATTENDS. IN ADDITION, EACH MEMBER IS REIMBURSED FOR ALL  
4 ACTUAL AND NECESSARY TRAVEL EXPENSES INCURRED IN CONNECTION  
5 WITH ATTENDANCE AT THE MEETINGS OF THE ADVISORY COUNCIL.

6           (3) **Powers and duties - functions.** (a) THE ADVISORY COUNCIL  
7 SHALL MEET AT LEAST SIX TIMES PER YEAR AND MAY MEET MORE  
8 FREQUENTLY AT THE DISCRETION OF THE ADVISORY COUNCIL.

9           (b) THE PRIMARY DUTIES, RESPONSIBILITIES, AND FUNCTIONS OF  
10 THE ADVISORY COUNCIL INCLUDE:

11           (I) ASSISTING THE COMMISSION IN FULFILLING ITS DUTIES  
12 DESCRIBED IN SECTION 24-20-605, INCLUDING SUPPORTING AND ADVISING  
13 THE COMMISSION ON THE IMPLEMENTATION OF POLICIES AND PROGRAMS;

14           (II) REVIEWING THE COMMISSION'S DATA ON PERFORMANCE  
15 MEASURES DESCRIBED IN SECTION 24-20-605 (2)(i) AND PROVIDING INPUT  
16 TO THE COMMISSION TO ENSURE CONTINUOUS QUALITY IMPROVEMENT;

17           (III) IDENTIFYING, MONITORING, SOLICITING INPUT, AND  
18 PROVIDING POLICY AND BUDGETARY RECOMMENDATIONS ON EMERGING  
19 CHILDREN AND YOUTH BEHAVIORAL HEALTH ISSUES AFFECTING THE  
20 QUALITY AND AVAILABILITY OF BEHAVIORAL HEALTH SERVICES REPORTED  
21 BY LOCAL COLLABORATIVE MANAGEMENT PROGRAMS AND THROUGH  
22 OTHER LOCAL AND REGIONAL PROVIDERS AND MANAGED CARE ENTITIES;  
23 AND

24           (IV) SUBMITTING ANY FORMAL RECOMMENDATIONS TO THE  
25 COMMISSION FOR CONSIDERATION AND ACTION IN ACCORDANCE WITH  
26 APPROPRIATE LEGISLATIVE AND BUDGETARY TIMELINES, IF APPLICABLE.  
27 WHEN FORMAL RECOMMENDATIONS ARE SUBMITTED TO THE COMMISSION,

1 THE COMMISSION SHALL RESPOND WITHIN SIXTY DAYS TO INFORM THE  
2 ADVISORY COUNCIL OF ANY DECISION TO PURSUE OR DECLINE A  
3 RECOMMENDATION, WITH INFORMATION ABOUT THE RATIONALE FOR THE  
4 DECISION.

5 (c) THE DIRECTOR SHALL ATTEND EACH MEETING OF THE  
6 ADVISORY COUNCIL, AND THE DIRECTOR, OR THE DIRECTOR'S DESIGNEE,  
7 SHALL PROVIDE ADMINISTRATIVE SUPPORT TO THE ADVISORY COUNCIL, AS  
8 NEEDED.

9 (4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.  
10 PRIOR TO SUCH REPEAL, THE ADVISORY COUNCIL IS SCHEDULED FOR  
11 REVIEW AS PROVIDED IN SECTION 2-3-1203.

12 **24-20-608. Governor evaluation - annual.** (1) ON OR BEFORE  
13 JULY 1, 2020, AND ON OR BEFORE EACH JULY 1 THEREAFTER, THE  
14 GOVERNOR SHALL ENSURE THAT AN ANNUAL EXTERNAL EVALUATION OF  
15 THE COMMISSION AND ADVISORY COUNCIL IS CONDUCTED BY AN  
16 INDEPENDENT ORGANIZATION.

17 (2) THE GOVERNOR'S OFFICE SHALL MAKE THE EVALUATION  
18 PUBLICLY AVAILABLE IN AN ELECTRONIC FORMAT. THE EVALUATION MUST  
19 INCLUDE:

20 (a) A DEFINED PROCESS FOR RECEIVING INPUT DIRECTLY FROM  
21 FAMILIES WHOSE CHILDREN OR YOUTH RECEIVE BEHAVIORAL HEALTH  
22 SERVICES IN THE STATE;

23 (b) RECOMMENDATIONS REGARDING METHODS FOR IMPROVING  
24 PERFORMANCE MEASURES RELATED TO THE CHILD AND YOUTH  
25 BEHAVIORAL HEALTH SYSTEM AMONG STATE AGENCIES AND LOCAL  
26 GOVERNMENTS; AND

27 (c) A REVIEW OF PERFORMANCE MEASURE IMPROVEMENT



1 ACTIVITIES IMPLEMENTED BY THE COMMISSION AND ADVISORY COUNCIL.

2 (3) IT IS STRONGLY ENCOURAGED THAT THE EXTERNAL  
3 EVALUATION CONSIDER AND REPORT ON AVAILABLE DATA COLLECTED  
4 AND SUPPLIED BY LOCAL COLLABORATIVE MANAGEMENT PROGRAMS.

5 **24-20-609. Commission report - annual.** (1) ON OR BEFORE  
6 JULY 1, 2020, AND ON OR BEFORE EACH JULY 1 THEREAFTER, THE  
7 COMMISSION SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND  
8 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE  
9 PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF  
10 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES.

11 (2) THE REPORT MUST INCLUDE:

12 (a) LEGISLATIVE, RULEMAKING, POLICY, AND BUDGETARY  
13 RECOMMENDATIONS, INCLUDING ANY ANTICIPATED FUNDING REDUCTIONS  
14 DUE TO APPROPRIATE BEHAVIORAL HEALTH SERVICES BEING DELIVERED  
15 TO CHILDREN AND YOUTH;

16 (b) BEST EFFORTS TO QUANTIFY COST SAVINGS AND TO PROJECT  
17 FUTURE COST SAVINGS AS A RESULT OF THE COMMISSION'S INITIATIVES;

18 (c) COMMISSION MEMBERS' ATTENDANCE RECORDS;

19 (d) A DESCRIPTION OF HOW THE COMMISSION ACCOMPLISHED ITS  
20 DUTIES AND FUNCTIONS, OUTLINED IN SECTIONS 24-20-605 AND  
21 24-20-606, INCLUDING ADMINISTRATIVE, REGULATORY, AND LEGISLATIVE  
22 CHANGES ADOPTED AS A RESULT OF THE COMMISSION'S WORK;

23 (e) A DESCRIPTION OF MULTI-SYSTEM EFFORTS THAT WERE MADE  
24 TO IMPROVE ALIGNMENT ACROSS AGENCIES, INCLUDING ANY AVAILABLE  
25 AND RELEVANT FAMILY SURVEYS;

26 (f) THE ANNUAL PROGRESS ON THE PERFORMANCE MEASURES FOR  
27 EACH DEPARTMENT AND OFFICE AND COUNTY;

1 (g) A DESCRIPTION OF ACTIVITIES THE COMMISSION ANTICIPATES  
2 PURSUING IN THE NEXT FISCAL YEAR;

3 (h) ALL FORMAL ADVISORY COUNCIL RECOMMENDATIONS MADE  
4 TO THE COMMISSION, INCLUDING THE DETAILS AND RATIONALES ABOUT  
5 HOW THE RECOMMENDATIONS WERE PURSUED BY THE COMMISSION OR IF  
6 THE RECOMMENDATIONS WERE DECLINED BY THE COMMISSION;

7 (i) THE RESULTS OF ANY COLLABORATIVE EFFORTS WITH OTHER  
8 ORGANIZATIONS WORKING ON CHILD AND YOUTH BEHAVIORAL HEALTH  
9 ISSUES, INCLUDING BUT NOT LIMITED TO THE EARLY CHILDHOOD  
10 LEADERSHIP COMMISSION AND THE COLORADO SUICIDE PREVENTION  
11 COMMISSION; AND

12 (j) THE COSTS RELATED TO THE COMMISSION, INCLUDING THE COST  
13 OF STAFF TIME SPENT SUPPORTING THE ACTIVITIES AND THE SOURCE OF  
14 FUNDS USED TO SUPPORT THE COMMISSION'S ACTIVITIES.

15 (3) ON OR BEFORE JANUARY 15, 2021, AND ANNUALLY  
16 THEREAFTER, THE COMMISSION SHALL PRESENT THE ANNUAL REPORT  
17 SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS SECTION, AND SUBMIT  
18 A PROGRESS REPORT ON ANY RECOMMENDATIONS IDENTIFIED IN  
19 SUBSECTION (2)(a) OF THIS SECTION, TO THE HEALTH AND HUMAN  
20 SERVICES COMMITTEE OF THE SENATE AND THE PUBLIC HEALTH CARE AND  
21 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR  
22 ANY SUCCESSOR COMMITTEES.

23 (4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE  
24 REPORTING REQUIREMENTS PURSUANT TO THIS SECTION CONTINUE  
25 INDEFINITELY.

26 **SECTION 3.** In Colorado Revised Statutes, 2-3-1203, **add**  
27 (15)(a)(VI) and (15)(a)(VII) as follows:

1           **2-3-1203. Sunset review of advisory committees - legislative**  
2 **declaration - definition - repeal.** (15) (a) The following statutory  
3 authorizations for the designated advisory committees are scheduled for  
4 repeal on September 1, 2024:

5           (VI) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY  
6 COORDINATION COMMISSION CREATED IN SECTION 24-20-604.

7           (VII) THE CHILDREN AND YOUTH BEHAVIORAL HEALTH POLICY  
8 COORDINATION ADVISORY COUNCIL CREATED IN SECTION 24-20-607.

9           **SECTION 4. Act subject to petition - effective date.** This act  
10 takes effect at 12:01 a.m. on the day following the expiration of the  
11 ninety-day period after final adjournment of the general assembly (August  
12 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a  
13 referendum petition is filed pursuant to section 1 (3) of article V of the  
14 state constitution against this act or an item, section, or part of this act  
15 within such period, then the act, item, section, or part will not take effect  
16 unless approved by the people at the general election to be held in  
17 November 2020 and, in such case, will take effect on the date of the  
18 official declaration of the vote thereon by the governor.