

**Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

PREAMENDED

This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading

LLS NO. 22-0550.01 Jerry Barry x4341

HOUSE BILL 22-1278

HOUSE SPONSORSHIP

Young and Pelton,

SENATE SPONSORSHIP

Lee and Simpson,

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF THE BEHAVIORAL HEALTH**
102 **ADMINISTRATION.**

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 behavioral health administration (BHA) in the department of human services (department) to create a coordinated, cohesive, and effective behavioral health system in the state. The BHA will handle most of the behavioral health programs that were previously handled by the office of behavioral health in the department. The bill establishes a commissioner as the head of the BHA and authorizes the

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.

commissioner and state board of human services to adopt and amend rules that previously were promulgated by the executive director of the department.

By July 1, 2024, the bill requires the BHA to establish:

- A statewide behavioral health grievance system;
- A behavioral health performance monitoring system;
- A comprehensive behavioral health safety net system;
- Regionally-based behavioral health administrative service organizations;
- The BHA as the licensing authority for all behavioral health entities; and
- The BHA advisory council to provide feedback to the BHA on the behavioral health system in the state.

The bill transfers to the department of public health and environment responsibility for community prevention and early intervention programs previously administered by the department.

The bill makes extensive conforming amendments.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 50 to title
3 27 as follows:

4 **ARTICLE 50**

5 **Behavioral Health Administration**

6 **PART 1**

7 **GENERAL PROVISIONS**

8 **27-50-101. Definitions.** AS USED IN THIS ARTICLE 50, UNLESS THE
9 CONTEXT OTHERWISE REQUIRES:

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(1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL AND EMOTIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS INCLUDE SUBSTANCE USE DISORDERS, MENTAL HEALTH DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS, AND SUICIDE AND RANGE FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND

1 TREATABLE DISEASES. "BEHAVIORAL HEALTH" ALSO DESCRIBES SERVICE
2 SYSTEMS THAT ENCOMPASS PROMOTION OF EMOTIONAL HEALTH AND
3 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH DISORDERS
4 AND SUBSTANCE USE DISORDERS.

5 (2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
6 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
7 27-50-102.

8 (3) "BEHAVIORAL HEALTH DISORDER" MEANS AN ALCOHOL USE
9 DISORDER, A MENTAL HEALTH DISORDER, OR A SUBSTANCE USE DISORDER.

10 (4) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR
11 PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED
12 HEALTH SERVICES, WHICH MAY INCLUDE SERVICES FOR A BEHAVIORAL
13 HEALTH DISORDER, BUT DOES NOT INCLUDE RESIDENTIAL CHILD CARE
14 FACILITIES, AS DEFINED IN SECTION 26-6-102 (33), DETENTION AND
15 COMMITMENT FACILITIES OPERATED BY THE DIVISION OF YOUTH SERVICES
16 WITHIN THE DEPARTMENT OF HUMAN SERVICES, OR SERVICES PROVIDED BY
17 A LICENSED OR CERTIFIED MENTAL HEALTH-CARE PROVIDER UNDER THE
18 PROVIDER'S INDIVIDUAL PROFESSIONAL PRACTICE ACT ON THE PROVIDER'S
19 OWN PREMISES.

20 (5) "BEHAVIORAL HEALTH PROGRAM" MEANS THE SPECIFIC
21 SERVICES AND ADMINISTRATION OF THOSE SERVICES BY A BEHAVIORAL
22 HEALTH PROVIDER.

23 (6) "BEHAVIORAL HEALTH PROVIDER" MEANS A RECOVERY
24 COMMUNITY ORGANIZATION AS DEFINED IN 27-80-126, RECOVERY
25 SUPPORT SERVICES ORGANIZATION AS DEFINED IN 27-60-108, OR A
26 LICENSED ORGANIZATION OR PROFESSIONAL PROVIDING DIAGNOSTIC,
27 THERAPEUTIC, OR PSYCHOLOGICAL SERVICES FOR BEHAVIORAL HEALTH

1 CONDITIONS. BEHAVIORAL HEALTH PROVIDERS INCLUDE A RESIDENTIAL
2 CHILD CARE FACILITY AND A FEDERALLY QUALIFIED HEALTH CENTER.

3 (7) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS ANY
4 AND ALL BEHAVIORAL HEALTH SAFETY NET PROVIDERS, INCLUDING
5 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND
6 ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS. A COMMUNITY
7 MENTAL HEALTH CENTER PURSUANT TO 42 U.S.C. SEC. 300X-2(C) AND
8 THAT IS LICENSED AS A BEHAVIORAL HEALTH ENTITY MAY APPLY TO BE
9 APPROVED AS A COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
10 PROVIDER, AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER, OR
11 BOTH.

12 (8) "BEHAVIORAL HEALTH SAFETY NET SERVICES" MEANS THE
13 SPECIFIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND
14 ADULTS THAT MUST BE PROVIDED STATEWIDE PURSUANT TO PART 3 OF
15 THIS ARTICLE 50.

16 (9) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
17 BEHAVIORAL HEALTH ADMINISTRATION APPOINTED PURSUANT TO
18 27-50-103.

19 (10) "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL,
20 PSYCHIATRIC HOSPITAL, DETENTION AND COMMITMENT FACILITY
21 OPERATED BY THE DIVISION OF YOUTH SERVICES WITHIN THE DEPARTMENT
22 OF HUMAN SERVICES, OR NURSING HOME.

23 (11) "COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
24 PROVIDER" MEANS A LICENSED BEHAVIORAL HEALTH ENTITY APPROVED BY
25 THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE THE FOLLOWING
26 BEHAVIORAL HEALTH SAFETY NET SERVICES, EITHER DIRECTLY OR
27 THROUGH FORMAL AGREEMENTS WITH BEHAVIORAL HEALTH PROVIDERS

1 IN THE COMMUNITY OR REGION:

- 2 (a) EMERGENCY AND CRISIS BEHAVIORAL HEALTH SERVICES;
- 3 (b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
- 4 (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- 5 (d) CARE MANAGEMENT;
- 6 (e) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- 7 (f) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- 8 (g) CARE COORDINATION;
- 9 (h) OUTPATIENT COMPETENCY RESTORATION; AND
- 10 (i) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK
- 11 ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH
- 12 INDICATORS.

13 (12) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN
14 SERVICES CREATED PURSUANT TO SECTION 26-1-105.

15 (13) "ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER"
16 MEANS A LICENSED BEHAVIORAL HEALTH ENTITY OR BEHAVIORAL HEALTH
17 PROVIDER APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION TO
18 PROVIDE AT LEAST ONE OF THE BEHAVIORAL HEALTH SAFETY NET
19 SERVICES DESCRIBED IN SUBSECTION (11) OF THIS SECTION.

20 (14) "HEALTH INFORMATION ORGANIZATION NETWORK" HAS THE
21 SAME MEANING AS DEFINED IN SECTION 25-3.5-103 (8.5).

22 (15) "MENTAL HEALTH DISORDER" MEANS ONE OR MORE
23 SUBSTANTIAL DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL
24 PROCESSES THAT GROSSLY IMPAIRS JUDGMENT OR CAPACITY TO
25 RECOGNIZE REALITY OR TO CONTROL BEHAVIOR.

26 (16) "PRIMARY PREVENTION" MEANS ACTIVITIES AND STRATEGIES
27 USED TO INTERVENE BEFORE HEALTH EFFECTS OCCUR THROUGH MEASURES

1 THAT PREVENT THE ONSET OF ADDICTION, DELAY INITIAL USE OF ALCOHOL,
2 MARIJUANA, AND TOBACCO, DETER THE USE OF ILLEGAL DRUGS, AND
3 PROMOTE HEALTH AND WELLNESS.

4 (17) (a) "PRIORITY POPULATIONS" MEANS PEOPLE WHO ARE:

5 (I) UNINSURED, UNDERINSURED, MEDICAID-ELIGIBLE, PUBLICLY
6 INSURED, OR WHOSE INCOME IS BELOW THRESHOLDS ESTABLISHED BY THE
7 BHA; AND

8 (II) PRESENTING WITH ACUTE OR CHRONIC BEHAVIORAL HEALTH
9 NEEDS, INCLUDING BUT NOT LIMITED TO INDIVIDUALS WHO HAVE BEEN
10 DETERMINED INCOMPETENT TO STAND TRIAL, ADULTS WITH SERIOUS
11 MENTAL ILLNESS, AND CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL
12 DISTURBANCE.

13 (b) THE BHA MAY FURTHER IDENTIFY SUBPOPULATIONS FOR
14 PRIORITIZATION ON A REGIONAL OR STATEWIDE BASIS BASED ON HEALTH
15 EQUITY DATA, INCLUDING BUT NOT LIMITED TO PEOPLE EXPERIENCING OR
16 AT RISK OF HOMELESSNESS; CHILDREN AND YOUTH AT RISK OF
17 OUT-OF-HOME PLACEMENT AND THEIR PARENTS; PEOPLE INVOLVED WITH
18 THE CRIMINAL OR JUVENILE JUSTICE SYSTEM; PEOPLE OF COLOR;
19 AMERICAN INDIANS; ALASKA NATIVES; VETERANS; PEOPLE WHO ARE
20 PREGNANT; PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR
21 QUEER OR QUESTIONING; AND INDIVIDUALS WITH DISABILITIES AS DEFINED
22 BY THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42
23 U.S.C. SEC. 12101 ET SEQ., AS AMENDED.

24 (18) (a) "STATE AGENCY" MEANS ANY STATE DEPARTMENT, STATE
25 OFFICE, OR STATE DIVISION IN COLORADO THAT ADMINISTERS A
26 BEHAVIORAL HEALTH PROGRAM.

27 (b) "STATE AGENCY" DOES NOT INCLUDE THE JUDICIAL BRANCH OF

1 STATE GOVERNMENT.

2 (19) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN
3 SERVICES CREATED PURSUANT TO SECTION 26-1-107.

4 (20) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING
5 BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,
6 OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING
7 HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR
8 RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

9 (21) "SUBSTANCE USE DISORDER PROGRAM" MEANS A PROGRAM
10 FOR THE DETOXIFICATION, WITHDRAWAL, MAINTENANCE, OR TREATMENT
11 OF A PERSON WITH A SUBSTANCE USE DISORDER.

12 **27-50-102. Behavioral health administration - creation -**
13 **coordination.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT OF HUMAN
14 SERVICES THE BEHAVIORAL HEALTH ADMINISTRATION. NOTHING IN THIS
15 SUBSECTION (1) PRECLUDES ANY FUTURE LEGISLATIVE ACTION TAKEN
16 PURSUANT TO SECTION 27-60-203 (5) REGARDING THE FUTURE LOCATION
17 OF THE BHA.

18 (2) THE BHA IS CHARGED WITH CREATING A COORDINATED,
19 COHESIVE, AND EFFECTIVE BEHAVIORAL HEALTH SYSTEM IN COLORADO.
20 ANY STATE AGENCY THAT ADMINISTERS A BEHAVIORAL HEALTH PROGRAM
21 SHALL COLLABORATE WITH THE BHA TO ACHIEVE THE GOALS AND
22 OBJECTIVES ESTABLISHED BY THE BHA. IN ORDER TO ENSURE REGULAR
23 ENGAGEMENT WITH OTHER STATE AGENCIES AND TO MAINTAIN
24 ALIGNMENT IN STATE PROGRAMS, RESOURCE ALLOCATION, PRIORITIES,
25 AND STRATEGIC PLANNING, THE COMMISSIONER SHALL CHAIR A REGULAR
26 MEETING OF THE EXECUTIVE DIRECTORS OF STATE AGENCIES.

27 **27-50-103. Behavioral health commissioner - appointment -**

1 **powers, duties, and functions - subdivisions of the BHA.** (1) THE
2 GOVERNOR SHALL APPOINT THE COMMISSIONER, WHO IS THE HEAD OF THE
3 BHA. THE COMMISSIONER HAS THE FULL AUTHORITY, WITH THE
4 GOVERNOR, TO LEAD AND DEVELOP THE STATE'S VISION AND STRATEGY
5 FOR BEHAVIORAL HEALTH.

6 (2) THE COMMISSIONER SHALL:

7 (a) BE WELL-VERSED IN BEHAVIORAL HEALTH;

8 (b) BE REGISTERED TO VOTE IN COLORADO DURING THE
9 COMMISSIONER'S TERM OF SERVICE; AND

10 (c) HAVE NO PECUNIARY INTEREST, DIRECTLY OR INDIRECTLY, IN
11 ANY BEHAVIORAL HEALTH COMPANY OR AGENCY OTHER THAN AS A
12 BEHAVIORAL HEALTH SERVICES RECIPIENT.

13 (3) THE COMMISSIONER SHALL ENSURE THAT:

14 (a) BEHAVIORAL HEALTH PROGRAMS DELIVERED BY STATE
15 AGENCIES AND COMMERCIAL PAYERS ARE COMPREHENSIVE,
16 EVIDENCE-BASED, AFFORDABLE, HIGH QUALITY, EQUITY-FOCUSED, AND
17 EASILY ACCESSIBLE FOR ALL COLORADANS;

18 (b) BEHAVIORAL HEALTH STRATEGIES, PROGRAM PRIORITIES, AND
19 FUNDING ALLOCATIONS FOR BEHAVIORAL HEALTH ALIGN WITH THE VISION
20 SET FORTH BY THE BHA AND THE GOVERNOR; AND

21 (c) THERE IS A STREAMLINED APPROACH TO USING PUBLIC MONEY
22 TO IMPROVE BEHAVIORAL HEALTH ACROSS THE CONTINUUM OF CARE FROM
23 PREVENTION TO RECOVERY.

24 (4) THE COMMISSIONER SHALL ENGAGE WITH THE LEGISLATIVE
25 AND JUDICIAL BRANCHES OF GOVERNMENT TO ACHIEVE THE STATE'S
26 VISION FOR BEHAVIORAL HEALTH.

27 (5) THE COMMISSIONER MAY ESTABLISH SUBDIVISIONS, SECTIONS,

1 OR UNITS NECESSARY FOR THE PROPER DISCHARGE OF THE POWERS,
2 DUTIES, AND FUNCTIONS OF THE BHA.

3 (6) THE COMMISSIONER SHALL ESTABLISH AN INFRASTRUCTURE TO
4 OVERSEE AND BE ACCOUNTABLE FOR POLICY, STRATEGY, AND SERVICES
5 FOR CHILDREN AND YOUTH.

6 **27-50-104. Powers and duties of the commissioner - rules.**

7 (1) (a) THE COMMISSIONER MAY ADOPT "COMMISSIONER RULES" FOR
8 BEHAVIORAL HEALTH PROGRAMS ADMINISTERED AND SERVICES PROVIDED
9 BY THE BHA AS LISTED IN SECTION 27-50-105 (1). THE RULES MUST BE
10 PROMULGATED IN ACCORDANCE WITH SECTION 24-4-103.

11 (b) ANY RULES ADOPTED BY THE EXECUTIVE DIRECTOR OF THE
12 DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1, 2022, TO IMPLEMENT
13 THE BEHAVIORAL HEALTH PROGRAMS TO BE ADMINISTERED AND SERVICES
14 TO BE PROVIDED BY THE BHA LISTED IN SECTION 27-50-105 (1), AND
15 WHOSE CONTENT MEETS THE DEFINITION OF "EXECUTIVE DIRECTOR RULES"
16 PURSUANT TO SECTION 26-1-108, ARE EFFECTIVE UNTIL REVISED,
17 AMENDED, OR REPEALED BY THE COMMISSIONER.

18 (2) "COMMISSIONER RULES" ARE SOLELY WITHIN THE PROVINCE OF
19 THE COMMISSIONER, EXCEPT THOSE DETERMINATIONS PRECLUDED BY
20 AUTHORITY GRANTED TO THE STATE BOARD OF HUMAN SERVICES.

21 "COMMISSIONER RULES" MUST INCLUDE:

22 (a) MATTERS OF INTERNAL ADMINISTRATION IN THE BHA,
23 INCLUDING ORGANIZATION, STAFFING, RECORDS, REPORTS, SYSTEMS, AND
24 PROCEDURES;

25 (b) FISCAL AND PERSONNEL ADMINISTRATION FOR THE BHA; AND

26 (c) ACCOUNTING AND FISCAL REPORTING RULES FOR
27 DISBURSEMENT OF FEDERAL FUNDS, CONTINGENCY FUNDS, AND

1 PRORATION OF AVAILABLE APPROPRIATIONS.

2 (3) WHENEVER A STATUTORY GRANT OF RULE-MAKING AUTHORITY
3 IN THIS TITLE 27 REFERS TO THE BHA, IT MEANS THE BEHAVIORAL HEALTH
4 ADMINISTRATION ACTING THROUGH EITHER THE STATE BOARD OF HUMAN
5 SERVICES, THE COMMISSIONER, OR BOTH. WHEN EXERCISING
6 RULE-MAKING AUTHORITY PURSUANT TO THIS TITLE 27, THE BHA SHALL
7 PROMULGATE RULES CONSISTENT WITH THE POWERS AND THE DISTINCTION
8 BETWEEN "BOARD RULES" AS SET FORTH IN SECTION 26-1-107 AND
9 "COMMISSIONER RULES" AS SET FORTH IN THIS SECTION.

10 (4) THE RULES PROMULGATED BY THE COMMISSIONER PERTAINING
11 TO THIS TITLE 27 ARE BINDING UPON THE BEHAVIORAL HEALTH PROVIDERS,
12 VENDORS, AND AGENTS OF THE BHA. AT ANY PUBLIC HEARING RELATING
13 TO A PROPOSED RULE, INTERESTED PERSONS HAVE THE RIGHT TO PRESENT
14 THE PERSON'S DATA, VIEWS, OR ARGUMENTS ORALLY. PROPOSED RULES OF
15 THE COMMISSIONER ARE SUBJECT TO SECTION 24-4-103.

16 **27-50-105. Administration of behavioral health programs -**
17 **state plan - sole mental health authority.** (1) THE BHA SHALL
18 ADMINISTER AND PROVIDE THE FOLLOWING BEHAVIORAL HEALTH
19 PROGRAMS AND SERVICES:

20 (a) THE REGULATION OF RECOVERY RESIDENCES PURSUANT TO
21 SECTION 25-1.5-108.5;

22 (b) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED
23 PURSUANT TO SECTION 27-60-103;

24 (c) THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM
25 CREATED PURSUANT TO SECTION 27-60-104.5;

26 (d) THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM
27 CREATED PURSUANT TO SECTION 27-60-106;

1 (e) CRIMINAL JUSTICE DIVERSION PROGRAMS PURSUANT TO
2 SECTION 27-60-106.5;

3 (f) PEER SUPPORT PROFESSIONALS AND RECOVERY SUPPORT
4 SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-60-108;

5 (g) THE TEMPORARY YOUTH MENTAL HEALTH SERVICES PROGRAM
6 CREATED PURSUANT TO SECTION 27-60-109;

7 (h) BEHAVIORAL HEALTH-CARE SERVICES FOR RURAL AND
8 AGRICULTURAL COMMUNITIES PURSUANT TO SECTION 27-60-110;

9 (i) THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM
10 CREATED PURSUANT TO SECTION 27-60-111;

11 (j) THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
12 PROGRAM CREATED PURSUANT TO SECTION 27-60-112;

13 (k) THE STATEWIDE CARE COORDINATION INFRASTRUCTURE
14 PURSUANT TO SECTION 27-60-204;

15 (l) HIGH-FIDELITY WRAPAROUND SERVICES FOR CHILDREN AND
16 YOUTH PURSUANT TO ARTICLE 62 OF THIS TITLE 27;

17 (m) THE BEHAVIORAL HEALTH SAFETY NET SYSTEM PURSUANT TO
18 ARTICLE 63 OF THIS TITLE 27;

19 (n) THE 988 CRISIS HOTLINE ENTERPRISE CREATED PURSUANT TO
20 SECTION 27-64-103;

21 (o) THE CARE AND TREATMENT OF PERSONS WITH MENTAL HEALTH
22 DISORDERS PURSUANT TO ARTICLE 65 OF THIS TITLE 27;

23 (p) THE COMMUNITY MENTAL HEALTH SERVICES PURCHASE
24 PROGRAM PURSUANT TO SECTION 27-66-104;

25 (q) THE STANDARDS FOR APPROVAL IN THE COMMUNITY MENTAL
26 HEALTH SERVICES PURCHASE PROGRAM PURSUANT TO SECTION 27-66-105;

27 (r) TRAUMA-INFORMED CARE STANDARDS OF APPROVAL PURSUANT

- 1 TO SECTION 27-66-110;
- 2 (s) THE COMMUNITY TRANSITION SPECIALIST PROGRAM CREATED
3 PURSUANT TO ARTICLE 66.5 OF THIS TITLE 27;
- 4 (t) THE "CHILDREN AND YOUTH MENTAL HEALTH TREATMENT
5 ACT", ARTICLE 67 OF THIS TITLE 27;
- 6 (u) MEDICATION CONSISTENCY FOR INDIVIDUALS WITH
7 BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE CRIMINAL AND
8 JUVENILE JUSTICE SYSTEMS PURSUANT TO ARTICLE 70 OF THIS TITLE 27;
- 9 (v) GRANTS FOR PUBLIC PROGRAMS PURSUANT TO SECTION
10 27-80-103;
- 11 (w) THE PURCHASE OF PREVENTION AND TREATMENT SERVICES
12 PURSUANT TO SECTION 27-80-106;
- 13 (x) THE DESIGNATION OF MANAGED SERVICE ORGANIZATIONS
14 PURSUANT TO SECTION 27-80-107;
- 15 (y) THE "INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE
16 DISORDER SERVICES ACT" PURSUANT TO SECTION 27-80-107.5;
- 17 (z) THE COORDINATION OF STATE AND FEDERAL FUNDS AND
18 PROGRAMS PURSUANT TO SECTION 27-80-109;
- 19 (aa) ADDICTION COUNSELOR TRAINING REQUIREMENTS PURSUANT
20 TO SECTION 27-80-111;
- 21 (bb) THE TREATMENT PROGRAM FOR HIGH-RISK PREGNANT WOMEN
22 CREATED PURSUANT TO SECTION 27-80-112;
- 23 (cc) THE RURAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION
24 AND TREATMENT PROGRAM CREATED PURSUANT TO SECTION 27-80-117;
- 25 (dd) THE CARE NAVIGATION PROGRAM PURSUANT TO SECTION
26 27-80-119;
- 27 (ee) THE BUILDING SUBSTANCE USE DISORDER TREATMENT

1 CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM CREATED
2 PURSUANT TO SECTION 27-80-120;

3 (ff) THE RECOVERY RESIDENCE CERTIFYING BODY PURSUANT TO
4 SECTION 27-80-122;

5 (gg) THE HIGH-RISK FAMILIES CASH FUND CREATED PURSUANT TO
6 SECTION 27-80-123;

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8 (hh) TEMPORARY FINANCIAL HOUSING ASSISTANCE FOR
9 INDIVIDUALS WITH SUBSTANCE USE DISORDERS PURSUANT TO SECTION
10 27-80-125;

11 (ii) THE RECOVERY SUPPORT SERVICES GRANT PROGRAM CREATED
12 PURSUANT TO SECTION 27-80-126;

13 (jj) CONTROLLED SUBSTANCES LICENSING PURSUANT TO PART 2 OF
14 ARTICLE 80 OF THIS TITLE 27;

15 (kk) THE COMPREHENSIVE AND COORDINATED PROGRAM FOR THE
16 TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS, PERSONS
17 INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE OF
18 DRUGS PURSUANT TO SECTION 27-81-105;

19 (ll) THE STANDARDS FOR PUBLIC AND PRIVATE TREATMENT
20 FACILITIES THAT RECEIVE PUBLIC FUNDS PURSUANT TO SECTION
21 27-81-106;

22 (mm) ACCEPTANCE FOR SUBSTANCE USE DISORDER TREATMENT
23 PURSUANT TO SECTION 27-81-108;

24 (nn) VOLUNTARY TREATMENT OF PERSONS WITH SUBSTANCE USE
25 DISORDERS PURSUANT TO SECTION 27-81-109;

26 (oo) VOLUNTARY TREATMENT FOR PERSONS INTOXICATED BY
27 ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY

1 SUBSTANCES PURSUANT TO SECTION 27-81-110;

2 (pp) THE EMERGENCY COMMITMENT OF PERSONS PURSUANT TO

3 SECTION 27-81-111;

4 (qq) THE INVOLUNTARY COMMITMENT OF A PERSON WITH A

5 SUBSTANCE USE DISORDER PURSUANT TO SECTION 27-81-112;

6 (rr) EMERGENCY SERVICE PATROLS PURSUANT TO SECTION

7 27-81-115;

8 (ss) PAYMENT FOR TREATMENT PURSUANT TO SECTION 27-81-116;

9 (tt) THE MATERNAL AND CHILD HEALTH PILOT PROGRAM PURSUANT

10 TO PART 2 OF ARTICLE 82 OF THIS TITLE 27;

11 (uu) HUMAN SERVICES REFERRAL SERVICES PURSUANT TO SECTION

12 29-11-203;

13 (vv) DUI TREATMENT PROGRAMS PURSUANT TO ARTICLE 2 OF

14 TITLE 42;

15 (ww) ALCOHOL AND DRUG DRIVING SAFETY PROGRAMS PURSUANT

16 TO SECTION 42-4-1301.3;

17 (xx) GAMBLING ADDICTION ACCOUNT FUNDING PURSUANT TO

18 SECTION 44-30-1301; AND

19 (yy) SPORTS BETTING FUNDING PURSUANT TO SECTION 44-30-1509.

20 (2) (a) THE BHA SHALL FORMULATE A COMPREHENSIVE STATE

21 PLAN FOR SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH

22 SERVICES PROGRAMS FOR THE PURPOSE OF ADMINISTERING THE FEDERAL

23 BLOCK GRANT FUNDS DESCRIBED IN SUBSECTION (2)(c) OF THIS SECTION.

24 THE BHA SHALL SUBMIT THE STATE PLAN TO THE GOVERNOR AND, UPON

25 THE GOVERNOR'S APPROVAL, SUBMIT THE STATE PLAN TO THE

26 APPROPRIATE UNITED STATES AGENCY FOR REVIEW AND APPROVAL.

27 (b) THE BHA IS DESIGNATED AS THE SOLE ENTITY FOR THE

1 SUPERVISION OF THE ADMINISTRATION OF THE STATE PLAN.

2 (c) THE BHA IS DESIGNATED THE OFFICIAL MENTAL HEALTH
3 AUTHORITY AND IS AUTHORIZED TO RECEIVE AND ADMINISTER:

4 (I) GRANTS-IN-AID FROM THE FEDERAL GOVERNMENT PURSUANT
5 TO 42 U.S.C. SEC. 246; AND

6 (II) OTHER GRANTS FROM THE FEDERAL GOVERNMENT FOR THE
7 PROVISION OF MENTAL HEALTH OR INTEGRATED BEHAVIORAL HEALTH
8 SERVICES.

9 (3) THE BHA MAY PROVIDE CONSULTATION AND CONDUCT
10 TRAINING PROGRAMS AT THE STATE, REGIONAL, OR LOCAL LEVEL TO
11 SUPPORT THE PROFESSIONAL DEVELOPMENT OF LICENSED OR APPROVED
12 BEHAVIORAL HEALTH PROVIDERS. THE BHA MAY REIMBURSE PROVIDERS
13 FOR REASONABLE AND NECESSARY EXPENSES INCURRED IN ATTENDING
14 THE TRAINING PROGRAMS.

15 **27-50-106. Transfer of functions.** (1) THE POWERS, DUTIES, AND
16 FUNCTIONS PREVIOUSLY ADMINISTERED BY THE DEPARTMENT OF PUBLIC
17 HEALTH AND ENVIRONMENT CONCERNING LICENSING BEHAVIORAL HEALTH
18 ENTITIES PURSUANT TO ARTICLE 27.6 OF TITLE 25 SHALL TRANSFER TO THE
19 BHA OVER A PERIOD OF TWO YEARS, WITH ALL FUNCTIONS FULLY
20 TRANSFERRED TO THE BHA BY JULY 1, 2024, AS FOLLOWS:

21 (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
22 SHALL CONTINUE ISSUING AND RENEWING BEHAVIORAL HEALTH ENTITY
23 LICENSES UNTIL JUNE 30, 2023, AFTER WHICH DATE THE DEPARTMENT OF
24 PUBLIC HEALTH AND ENVIRONMENT SHALL NOT RENEW OR CONFER ANY
25 NEW BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH
26 ENTITIES THAT ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH
27 AND ENVIRONMENT ARE SUBJECT TO THE RULES AND ORDERS OF THE

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT UNTIL SUCH RULES
2 AND ORDERS ARE REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT
3 TO SUBSECTION (2)(a) OF THIS SECTION. THE DEPARTMENT OF PUBLIC
4 HEALTH AND ENVIRONMENT SHALL CONTINUE COMPLIANCE MONITORING
5 AND ENFORCEMENT ACTIVITIES UNTIL ALL LICENSES THE DEPARTMENT OF
6 PUBLIC HEALTH AND ENVIRONMENT HAS CONFERRED ARE EXPIRED,
7 REVOKED, OR SURRENDERED, BUT NOT AFTER JUNE 30, 2024.

8 (b) ON JULY 1, 2023, THE DEPARTMENT OF PUBLIC HEALTH AND
9 ENVIRONMENT SHALL TRANSFER ANY APPLICATIONS PENDING AS OF THAT
10 DATE TO THE BHA FOR DISPOSITION.

11 (c) ON JULY 1, 2023, THE BHA SHALL BEGIN LICENSING
12 FUNCTIONS FOR ALL NEW OR RENEWAL BEHAVIORAL HEALTH ENTITY
13 LICENSES. BEHAVIORAL HEALTH ENTITIES THAT ARE LICENSED BY THE
14 BHA ARE SUBJECT TO THE RULES AND ORDERS OF THE STATE BOARD OF
15 HUMAN SERVICES, INCLUDING THOSE TRANSFERRED AND NOT REPEALED
16 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

17 (d) RULES CONCERNING BEHAVIORAL HEALTH ENTITIES
18 PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO
19 THIS SECTION ONLY APPLY TO THOSE BEHAVIORAL HEALTH ENTITIES THAT
20 ARE LICENSED BY THE BHA.

21 (2) (a) AS OF JULY 1, 2024, ALL RULES AND ORDERS OF THE
22 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ADOPTED IN
23 CONNECTION WITH LICENSING BEHAVIORAL HEALTH ENTITIES
24 TRANSFERRED TO THE BHA CONTINUE TO BE EFFECTIVE UNTIL REVISED,
25 AMENDED, REPEALED, OR NULLIFIED PURSUANT TO LAW.

26 (b) NO LATER THAN JULY 1, 2024, ALL BEHAVIORAL HEALTH
27 ENTITIES MUST BE LICENSED BY, AND IN COMPLIANCE WITH THE RULES AND

1 ORDERS OF, THE STATE BOARD OF HUMAN SERVICES.

2 (3) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
3 THE BHA SHALL COORDINATE TO ENSURE THAT THE OVERSIGHT AND
4 LICENSING OF BEHAVIORAL HEALTH ENTITIES TRANSFERS SMOOTHLY
5 BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
6 THE BHA WITHOUT ANY DELAYS IN OVERSIGHT OR RELATED DUTIES.

7 **27-50-107. State board of human services - rules.** (1) THE
8 STATE BOARD OF HUMAN SERVICES CREATED PURSUANT TO SECTION
9 26-1-107 IS THE **TYPE 1** BOARD FOR PROMULGATING, REVISING, AND
10 REPEALING BHA RULES.

11 (2) ANY RULES PROMULGATED BY THE STATE BOARD OF HUMAN
12 SERVICES TO IMPLEMENT THE PROVISIONS OF THIS ARTICLE 50 OR ANY
13 OTHER BEHAVIORAL HEALTH PROGRAM ADMINISTERED OR SERVICE
14 PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1,
15 2022, ARE EFFECTIVE UNTIL REVISED, AMENDED, OR REPEALED BY THE
16 STATE BOARD OF HUMAN SERVICES.

17 (3) THE STATE BOARD OF HUMAN SERVICES MAY PROMULGATE
18 RULES THAT INCLUDE, BUT ARE NOT LIMITED TO:

19 (a) ANY RULES NECESSARY TO CARRY OUT THE PURPOSES OF A
20 BEHAVIORAL HEALTH PROGRAM ADMINISTERED BY THE BHA AS LISTED IN
21 SECTION 27-50-105, INCLUDING RECORD KEEPING, DATA COLLECTION, AND
22 HEALTH INFORMATION ORGANIZATION NETWORK CONNECTION;

23 (b) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH
24 ENTITY FOR LICENSURE;

25 (c) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH
26 PROGRAM FOR THE PROGRAM TO RECEIVE PUBLIC FUNDS AS PART OF THE
27 BEHAVIORAL HEALTH SAFETY NET SYSTEM CREATED PURSUANT TO PART

1 3 OF THIS ARTICLE 50;

2 (d) REQUIREMENTS FOR PUBLIC AND PRIVATE AGENCIES,
3 ORGANIZATIONS, AND INSTITUTIONS THAT THE BHA MAY PURCHASE
4 SERVICES FROM PURSUANT TO SECTION 27-80-106 (1), WHICH
5 REQUIREMENTS MUST INCLUDE PROHIBITING THE PURCHASE OF SERVICES
6 FROM AGENCIES, ORGANIZATIONS, AND INSTITUTIONS THAT DENY OR
7 PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE DISORDER
8 TREATMENT AND SERVICES TO A PERSON WHO IS PARTICIPATING IN
9 PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION
10 23-21-803, FOR A SUBSTANCE USE DISORDER; AND

11 (e) (I) STANDARDS THAT ADDICTION COUNSELORS MUST MEET TO
12 PARTICIPATE IN BEHAVIORAL HEALTH PROGRAMS OR TO PROVIDE
13 PURCHASED SERVICES, AND REQUIREMENTS NECESSARY FOR ADDICTION
14 COUNSELORS TO BE CERTIFIED BY THE STATE BOARD OF ADDICTION
15 COUNSELOR EXAMINERS, PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE
16 12.

17 (II) THE RULES PROMULGATED PURSUANT TO SUBSECTION (3)(e)(I)
18 OF THIS SECTION MUST INCLUDE EDUCATION REQUIREMENTS FOR
19 CERTIFIED ADDICTION TECHNICIANS, CERTIFIED ADDICTION SPECIALISTS,
20 AND LICENSED ADDICTION COUNSELORS.

21 **27-50-108. Systemwide behavioral health grievance system.**

22 (1) (a) ON OR BEFORE JULY 1, 2024, THE BHA SHALL CREATE AND
23 IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND ADDRESSING
24 BEHAVIORAL HEALTH SYSTEM GRIEVANCES AT A SYSTEMIC LEVEL THAT
25 LEVERAGES AND DOES NOT DUPLICATE EXISTING GRIEVANCE RESOLUTION
26 PROGRAMS. THE BHA SHALL ANALYZE GRIEVANCES TO IDENTIFY AND
27 ADDRESS SERVICE DELIVERY GAPS AND TO INFORM STATEWIDE

1 BEHAVIORAL HEALTH SYSTEM POLICY.

2 (b) THE BHA SHALL, AT A MINIMUM, TRACK GRIEVANCES BY
3 BEHAVIORAL HEALTH PROVIDER, TOPIC, REGION, PAYER SOURCE, SERVICE,
4 OR DIAGNOSIS AND AGGREGATE DEMOGRAPHIC DATA. IN ORDER TO
5 PROMOTE TRANSPARENCY, ACCOUNTABILITY, AND SYSTEM
6 COLLABORATION, THE BHA SHALL PUBLISH, AT LEAST ANNUALLY,
7 AGGREGATED AND ANONYMIZED DATA ON GRIEVANCES ON A
8 PUBLIC-FACING WEBSITE.

9 (c) THE BHA SHALL IMPLEMENT A PLAN TO STREAMLINE
10 GRIEVANCE RESOLUTION PROGRAMS, PROMOTE TRANSPARENCY, IMPROVE
11 CONSUMER EXPERIENCE, AND PROMOTE CLARITY AND TRANSPARENCY.

12 (2) ON OR BEFORE JULY 1, 2024, THE BHA SHALL SOLICIT INPUT
13 FROM THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL
14 CREATED PURSUANT TO SECTION 27-50-701, THE SUB-COMMITTEES
15 CREATED PURSUANT TO SECTION 27-50-703, AND DEMOGRAPHICALLY
16 DIVERSE STAKEHOLDERS TO DEVELOP A PROCESS FOR ADDRESSING
17 INDIVIDUAL GRIEVANCES WHEN TRADITIONAL GRIEVANCE PROGRAMS FAIL.

18 (3) THE BHA MAY REFER INDIVIDUAL GRIEVANCES TO THE OFFICE
19 OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED
20 PURSUANT TO SECTION 27-80-303, WHEN AN INDIVIDUAL MAY REQUIRE
21 FURTHER INTERVENTION OR SUPPORT TO RESOLVE THE GRIEVANCE.

22 (4) ON OR BEFORE JULY 1, 2024, THE BHA AND STATE AGENCIES
23 SHALL EXECUTE FORMAL DATA-SHARING AGREEMENTS ADDRESSING DATA
24 SHARING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS,
25 COOPERATION BETWEEN THE BHA AND STATE AGENCIES, AND ANY OTHER
26 PROVISIONS NECESSARY TO IMPLEMENT THIS SECTION. AT A MINIMUM, THE
27 BHA AND THE FOLLOWING ENTITIES SHALL EXECUTE SUCH AGREEMENTS:

1 (a) THE OMBUDSMAN FOR MEDICAID MANAGED CARE,
2 ESTABLISHED IN SECTION 25.5-5-406.1;

3 (b) THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE,
4 DESIGNATED PURSUANT TO SECTION 27-80-303; AND

5 (c) THE CHILD PROTECTION OMBUDSMAN, APPOINTED PURSUANT
6 TO SECTION 19-3.3-103. ALL DATA RELEASED BY THE OMBUDSMAN SHALL
7 COMPLY WITH SECTIONS 19-3.3-103 (1)(a)(I)(B) AND (3).

8 (5) THE BHA MAY PROMULGATE RULES AS NEEDED TO IMPLEMENT
9 THIS SECTION.

10 PART 2

11 BEHAVIORAL HEALTH SYSTEM MONITORING

12 **27-50-201. Behavioral health system monitoring - capacity -**
13 **safety net performance.** (1) ON OR BEFORE JULY 1, 2024, THE BHA
14 SHALL ESTABLISH A PERFORMANCE MONITORING SYSTEM TO TRACK
15 CAPACITY AND PERFORMANCE OF ALL BEHAVIORAL HEALTH PROVIDERS,
16 INCLUDING THOSE THAT CONTRACT WITH MANAGED CARE ENTITIES OR
17 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, AND
18 INFORM NEEDED CHANGES TO THE PUBLIC AND PRIVATE BEHAVIORAL
19 HEALTH SYSTEM IN THE STATE.

20 (2) THE BHA SHALL SET MINIMUM PERFORMANCE STANDARDS
21 THAT ADDRESS KEY METRICS FOR BEHAVIORAL HEALTH PROVIDERS AND
22 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS
23 LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50,
24 INCLUDING BUT NOT LIMITED TO:

25 (a) ACCESSIBILITY OF CARE, INCLUDING:

26 (I) AVAILABILITY OF SERVICES;

27 (II) TIMELINESS OF SERVICE DELIVERY; AND

1 (III) CAPACITY TRACKING CONSISTENT WITH SECTION 27-60-104.5;

2 AND

3 (b) QUALITY OF CARE, INCLUDING APPROPRIATE TRIAGE AND
4 ACCESS BASED ON CLIENT NEED AND FOR PRIORITY POPULATIONS.

5 (3) IN SETTING MINIMUM PERFORMANCE STANDARDS, THE BHA
6 SHALL COLLABORATE WITH STATE AGENCIES TO CONSIDER:

7 (a) EVIDENCE-BASED AND PROMISING PRACTICES;

8 (b) THEMES IDENTIFIED THROUGH GRIEVANCES PURSUANT TO
9 SECTION 27-50-108;

10 (c) INPUT FROM THE BEHAVIORAL HEALTH ADMINISTRATION
11 ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701;

12 (d) ALIGNMENT WITH EXISTING STATE AND FEDERAL
13 REQUIREMENTS;

14 (e) ALIGNMENT WITH THE BHA'S COMPREHENSIVE STATE PLAN
15 DEVELOPED PURSUANT TO SECTION 27-50-105 (2); AND

16 (f) REDUCING THE ADMINISTRATIVE BURDEN OF DATA COLLECTION
17 AND REPORTING FOR BEHAVIORAL HEALTH PROVIDERS.

18 (4) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF
19 HEALTH CARE POLICY AND FINANCING TO ESTABLISH DATA COLLECTION
20 AND REPORTING REQUIREMENTS THAT ALIGN WITH THE PERFORMANCE
21 STANDARDS ESTABLISHED IN THIS SECTION AND THAT ARE OF A HIGH
22 VALUE IN PROMOTING SYSTEMIC IMPROVEMENTS. IN ESTABLISHING DATA
23 COLLECTION AND REPORTING REQUIREMENTS, THE BHA MUST CONSIDER
24 THE IMPACT ON BEHAVIORAL HEALTH PROVIDERS AND CLIENTS AND STATE
25 INFORMATION TECHNOLOGY SYSTEMS.

26 (5) COMPLIANCE WITH THE REQUIREMENTS DESCRIBED IN THIS
27 SECTION SHALL BE ENFORCED THROUGH:

1 (a) THE UNIVERSAL CONTRACTING PROVISIONS DEVELOPED
2 PURSUANT TO SECTION 27-50-203;

3 (b) DESIGNATION OF BEHAVIORAL HEALTH ADMINISTRATIVE
4 SERVICES ORGANIZATIONS PURSUANT TO SECTION 27-50-402; AND

5 (c) APPLICABLE LICENSING STANDARDS, INCLUDING LICENSING
6 BEHAVIORAL HEALTH ENTITIES PURSUANT TO PART 5 OF THIS ARTICLE 50.

7 (6) THE BHA SHALL ANALYZE THE DATA COLLECTED PURSUANT
8 TO THIS SECTION AND CREATE PUBLIC-FACING SYSTEM ACCOUNTABILITY
9 PLATFORMS TO REPORT ON PERFORMANCE STANDARDS FOR BEHAVIORAL
10 HEALTH PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
11 ORGANIZATIONS, AND MANAGED CARE ENTITIES.

12 (7) THE BHA SHALL DOCUMENT HOW THE BHA'S ACTIVITIES
13 CONDUCTED PURSUANT TO THIS SECTION COMPLY WITH STATE AND
14 FEDERAL PRIVACY LAWS AND STANDARDS.

15 **27-50-202. Formal agreements - state agencies and tribal**
16 **governments.** (1) ON OR BEFORE JULY 1, 2023, THE COMMISSIONER
17 SHALL COLLABORATE WITH STATE AGENCIES AND TRIBAL GOVERNMENTS,
18 WHILE RESPECTING TRIBAL SOVEREIGNTY, TO IMPLEMENT FORMAL
19 AGREEMENTS BETWEEN THE BHA AND STATE AGENCIES, AND THE BHA
20 AND TRIBAL GOVERNMENTS THAT HAVE INITIATIVES, FUNDING, PROGRAMS,
21 OR SERVICES RELATED TO BEHAVIORAL HEALTH. THE FORMAL
22 AGREEMENTS MUST PROVIDE THE STRUCTURE FOR IMPLEMENTING
23 BEHAVIORAL HEALTH STANDARDS BY FORMALIZING EXPECTATIONS
24 SPECIFIC TO:

25 (a) COLLABORATIVE PROBLEM SOLVING FOR CHALLENGES THAT
26 ARISE IN THE BEHAVIORAL HEALTH SYSTEM;

27 (b) CONSIDERATION OF BHA FUNDING AND RESOURCE

1 ALLOCATION PRIORITIES ACROSS THE BEHAVIORAL HEALTH CONTINUUM
2 OF CARE, INCLUDING PRIMARY PREVENTION AND HARM REDUCTION, AS
3 WELL AS RECOMMENDATIONS FOR OTHER STATE AGENCIES' AND TRIBAL
4 GOVERNMENTS' FUNDING PRIORITIES, TO ENSURE A COORDINATED
5 STATEWIDE EFFORT TO ALIGN BEHAVIORAL HEALTH FUNDING WITH THE
6 BHA'S VISION, DEMONSTRATED GAPS IN FUNDING OR RESOURCE
7 ALLOCATION, AND GOVERNOR PRIORITIES;

8 (c) DATA SHARING AND HEALTH INFORMATION SHARING,
9 INCLUDING A PROCESS FOR DATA SHARING AND ANALYSIS THAT:

10 (I) PRIORITIZES PROTECTION OF PATIENT PRIVACY AND, TO THE
11 EXTENT POSSIBLE, ELIMINATES ANY SHARING OF PERSONALLY
12 IDENTIFIABLE INFORMATION AND PERSONAL HEALTH INFORMATION; AND

13 (II) MUST BE TRANSPARENTLY DISCLOSED TO ALL RELEVANT
14 PARTIES;

15 (d) REQUIRING, WHEN APPLICABLE, THE USE OF THE UNIVERSAL
16 CONTRACTING PROVISIONS GENERATED IN COLLABORATION WITH STATE
17 AGENCIES PURSUANT TO SECTION 25-50-203 AND THE USE OF BEHAVIORAL
18 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS PURSUANT TO PART
19 4 OF THIS ARTICLE 50;

20 (e) REPORTING AND DATA SHARING TO THE BHA, INCLUDING
21 BEHAVIORAL-HEALTH-RELATED METRICS, TO ENSURE STATE AGENCIES
22 AND TRIBAL GOVERNMENTS SHARE DATA;

23 (f) MANAGED CARE ENTITY STANDARDS, SUCH AS USE OF
24 NATIONALLY RECOGNIZED PRACTICE GUIDELINES FOR UTILIZATION
25 MANAGEMENT APPROVED BY THE BHA AND SHARED PARAMETERS FOR
26 NETWORK ADEQUACY;

27 (g) PARITY MONITORING AND COMPLIANCE TO SUPPORT THE

1 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S AND THE
2 DIVISION OF INSURANCE'S ENFORCEMENT OF PARITY PROVISIONS; AND

3 (h) A METHOD FOR THE STATE AGENCIES AND TRIBAL
4 GOVERNMENTS TO INFORM THE BHA OF PROBLEMS THAT NEED
5 RESOLUTION AND TO COLLABORATE WITH THE BHA TO ADDRESS THOSE
6 PROBLEMS.

7 (2) THE COMMISSIONER, IN COLLABORATION WITH STATE AGENCIES
8 AND TRIBAL GOVERNMENTS, SHALL ANNUALLY REVIEW THE FORMAL
9 AGREEMENTS AND UPDATE THE FORMAL AGREEMENTS AS NECESSARY.
10 FORMAL AGREEMENTS MAY BE EXPANDED TO OTHER STATE AGENCIES AND
11 BRANCHES OF GOVERNMENT AS NEEDED AND APPROPRIATE.

12 **27-50-203. Universal contracting provisions - requirements.**

13 (1) ON OR BEFORE JULY 1, 2023, THE BHA, IN COLLABORATION WITH
14 RELEVANT STAKEHOLDERS, THE DEPARTMENT OF HEALTH CARE POLICY
15 AND FINANCING, AND OTHER STATE AGENCIES, SHALL DEVELOP
16 UNIVERSAL CONTRACTING PROVISIONS TO BE USED BY STATE AGENCIES
17 WHEN CONTRACTING FOR BEHAVIORAL HEALTH SERVICES IN THE STATE.
18 THE UNIVERSAL CONTRACTING PROVISIONS SHALL PROVIDE CLEAR,
19 STANDARDIZED REQUIREMENTS ADDRESSING AT LEAST THE FOLLOWING:

20 (a) MINIMUM DATA COLLECTION AND REPORTING, INCLUDING
21 ELECTRONIC DATA AND PARTICIPATION IN HEALTH INFORMATION
22 ORGANIZATION NETWORKS;

23 (b) GRIEVANCE AND OCCURRENCE REPORTING, INCLUDING TO THE
24 BHA;

25 (c) COLLABORATION WITH OTHER STATE AGENCIES;

26 (d) USE OF EVIDENCE-BASED PRACTICES;

27 (e) ACCESS TO CARE AND QUALITY OF CARE STANDARDS,

1 INCLUDING ACCOUNTABILITY TO THE PERFORMANCE STANDARDS
2 DEVELOPED PURSUANT TO SECTION 27-50-201;

3 (f) PROGRAMMATIC AND FINANCIAL REPORTING;

4 (g) CONSEQUENCES FOR NOT MEETING CONTRACT REQUIREMENTS;

5 (h) STANDARD PAYMENT METHODOLOGIES, BASED ON PROVIDER
6 TYPE OR OTHER FACTORS, AS DETERMINED BY THE BHA;

7 (i) CLAIMS SUBMISSIONS AND BILLING PROCEDURES AND
8 GUIDELINES;

9 (j) LIMITATIONS OF LIABILITY;

10 (k) COMPLIANCE WITH BEHAVIORAL HEALTH SAFETY NET
11 STANDARDS, INCLUDING PROVISION OF SERVICES FOR PRIORITY
12 POPULATIONS;

13 (l) UTILIZATION MANAGEMENT;

14 (m) UTILIZATION OF REQUIRED TOOLS OR PROGRAMS THAT
15 IMPROVE QUALITY OUTCOMES, ACCESSIBILITY OF SOCIAL DETERMINANTS
16 OF HEALTH SUPPORTS, AFFORDABILITY, REFERRAL EFFICIENCY, OR OTHER
17 STATE PRIORITIES;

18 (n) POLICIES ON ACCEPTING, DISCHARGING, TRIAGING, AND
19 DENYING SERVICES TO CLIENTS CONSISTENT WITH SECTIONS 27-50-302
20 AND 27-50-303;

21 (o) STANDARDS FOR SERVING PRIORITY POPULATIONS AND
22 HIGH-ACUITY CLIENTS BASED ON STATE NEED AND PROVIDER TYPE; AND

23 (p) COMPLIANCE WITH ALL APPLICABLE FEDERAL STATUTES AND
24 REGULATIONS, INCLUDING ANTI-DISCRIMINATION LAWS.

25 (2) THE UNIVERSAL CONTRACT MAY HAVE ALTERNATE
26 STANDARDIZED PROVISIONS, DEPENDING ON ITS APPLICATION, SUCH AS
27 WHETHER THE PROVIDER IS A COMPREHENSIVE BEHAVIORAL HEALTH

1 SAFETY NET PROVIDER OR AN ESSENTIAL BEHAVIORAL HEALTH SAFETY
2 NET PROVIDER, THE SERVICE TYPE, OR OTHER FACTORS.

3 (3) ADDITIONAL TERMS NOT INCLUDED IN THE UNIVERSAL
4 CONTRACT MAY BE NEGOTIATED AND ADDED BY THE CONTRACTING
5 PARTIES.

6 **27-50-204. Reporting.** (1) BEGINNING OCTOBER 1, 2022, AND
7 EACH OCTOBER 1 THEREAFTER, THE BHA SHALL PREPARE AND SUBMIT A
8 REPORT, KNOWN AS THE BEHAVIORAL HEALTH SYSTEM PLAN, TO THE JOINT
9 BUDGET COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND
10 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND
11 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
12 SUCCESSOR COMMITTEES. AT A MINIMUM, THE REPORT MUST INCLUDE A
13 DESCRIPTION OF THE BHA'S VISION AND STRATEGY FOR THE BEHAVIORAL
14 HEALTH SYSTEM, UPDATES ON PERFORMANCE STANDARDS DEVELOPED
15 PURSUANT TO SECTION 27-50-201 (2), ANALYSIS OF THE GRIEVANCES
16 COLLECTED PURSUANT TO SECTION 27-50-108, UPDATES ON CARE
17 COORDINATION PURSUANT TO SECTION 27-50-301 (3), AND THE REPORT OF
18 THE ADVISORY COUNCIL CREATED PURSUANT TO SECTION 27-50-701.

19 (2) BEGINNING JANUARY 1, 2023, AND EACH JANUARY 1
20 THEREAFTER, THE BHA SHALL PRESENT THE REPORT PREPARED PURSUANT
21 TO SUBSECTION (1) OF THIS SECTION AS PART OF ITS "STATE
22 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
23 (SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203.

24 PART 3

25 BEHAVIORAL HEALTH SAFETY NET SYSTEM

26 **27-50-301. Behavioral health safety net system**
27 **implementation.** (1) NO LATER THAN JULY 1, 2024, THE BHA, IN

1 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
2 FINANCING AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT,
3 SHALL ESTABLISH A COMPREHENSIVE AND STANDARDIZED BEHAVIORAL
4 HEALTH SAFETY NET SYSTEM THROUGHOUT THE STATE THAT MUST
5 INCLUDE BEHAVIORAL HEALTH SAFETY NET SERVICES FOR CHILDREN,
6 YOUTH, AND ADULTS ALONG A CONTINUUM OF CARE.

7 (2) THE BHA SHALL ENSURE THAT ALL COLORADANS HAVE
8 ACCESS TO THE BEHAVIORAL HEALTH SAFETY NET SYSTEM, WHICH MUST:

9 (a) PROACTIVELY ENGAGE PRIORITY POPULATIONS WITH
10 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
11 THE CARE CONTINUUM;

12 (b) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

13 (c) DEVELOP, MAINTAIN, AND UTILIZE ADEQUATE NETWORKS FOR
14 TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL
15 HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR CHILDREN,
16 YOUTH, AND ADULTS;

17 (d) REQUIRE COLLABORATION WITH ALL STATE AND LOCAL LAW
18 ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA,
19 INCLUDING JUDICIAL DISTRICTS AND COUNTY DEPARTMENTS OF HUMAN OR
20 SOCIAL SERVICES;

21 (e) TRIAGE INDIVIDUALS WHO NEED SERVICES OUTSIDE THE SCOPE
22 OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;

23 (f) INCORPORATE AND DEMONSTRATE TRAUMA-INFORMED CARE
24 PRACTICES;

25 (g) PROMOTE PATIENT-CENTERED CARE AND CULTURAL
26 AWARENESS;

27 (h) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT

1 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
2 STATE;

3 (i) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED
4 PROGRAMMING TO PROMOTE QUALITY SERVICES; AND

5 (j) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.

6 (3) IN ESTABLISHING THE STANDARDIZED AND COMPREHENSIVE
7 BEHAVIORAL HEALTH SAFETY NET SYSTEM, THE BHA SHALL:

8 (a) IN COLLABORATION WITH STATE AGENCIES AND THE ADVISORY
9 COUNCIL CREATED PURSUANT TO SECTION 27-50-701, ESTABLISH AND
10 ROUTINELY ASSESS WHAT TYPES OF BEHAVIORAL HEALTH SERVICES ARE
11 PROVIDED ON A COMMUNITY, REGIONAL, AND STATEWIDE BASIS. THE BHA
12 SHALL ENSURE THAT, AT A MINIMUM, THE FOLLOWING BEHAVIORAL
13 HEALTH SAFETY NET SERVICES ARE AVAILABLE FOR CHILDREN, YOUTH,
14 AND ADULTS STATEWIDE:

- 15 (I) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;
- 16 (II) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
- 17 (III) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- 18 (IV) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;
- 19 (V) WITHDRAWAL MANAGEMENT SERVICES;
- 20 (VI) BEHAVIORAL HEALTH INPATIENT SERVICES;
- 21 (VII) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- 22 (VIII) INTEGRATED CARE SERVICES;
- 23 (IX) CARE MANAGEMENT;
- 24 (X) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- 25 (XI) SCHOOL-BASED SERVICES;
- 26 (XII) OUTPATIENT COMPETENCY RESTORATION;
- 27 (XIII) CARE COORDINATION;

1 (XIV) HOSPITAL ALTERNATIVES; █

2 (XV) SCREENING, ASSESSMENT, AND DIAGNOSIS, INCLUDING RISK
3 ASSESSMENT, CRISIS PLANNING, AND MONITORING TO KEY HEALTH
4 INDICATORS; AND

5 (XVI) ADDITIONAL SERVICES THAT THE BHA DETERMINES ARE
6 NECESSARY IN A REGION OR THROUGHOUT THE STATE.

7 (b) WHEN ROUTINELY ASSESSING THE SERVICES AVAILABLE
8 REGIONALLY AND STATEWIDE, AS REQUIRED IN SUBSECTION (3)(a) OF THIS
9 SECTION, THE BHA SHALL ASSESS ADEQUACY OF FUNDING AND
10 RESOURCES NECESSARY TO IMPLEMENT THE BEHAVIORAL HEALTH SYSTEM
11 PLAN PURSUANT TO SECTION 27-50-204.

12 (c) SET CLINICAL AND PRACTICE STANDARDS AND HEALTH,
13 SAFETY, AND WELFARE STANDARDS THROUGH THE LICENSING OF
14 BEHAVIORAL HEALTH ENTITIES AND THE APPROVAL OF BEHAVIORAL
15 HEALTH SAFETY NET PROVIDERS;

16 (d) ESTABLISH STATEWIDE, REGIONAL, AND LOCAL BEHAVIORAL
17 HEALTH NETWORK ADEQUACY STANDARDS; AND

18 (e) IMPLEMENT A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
19 ORGANIZATION STRUCTURE PURSUANT TO PART 4 OF THIS ARTICLE 50.

20 (4) EXCEPT AS PROVIDED IN SECTION 27-50-303, BEHAVIORAL
21 HEALTH SAFETY NET PROVIDERS SHALL NOT REFUSE TO TREAT AN
22 INDIVIDUAL BASED ON THE INDIVIDUAL'S:

23 (a) INSURANCE COVERAGE, LACK OF INSURANCE COVERAGE, OR
24 ABILITY TO PAY;

25 (b) CLINICAL ACUITY LEVEL RELATED TO THE INDIVIDUAL'S
26 BEHAVIORAL HEALTH CONDITION OR CONDITIONS, INCLUDING WHETHER
27 THE INDIVIDUAL HAS BEEN CERTIFIED FOR SHORT-TERM TREATMENT OR

1 LONG-TERM CARE AND TREATMENT PURSUANT TO ARTICLE 65 OF THIS
2 TITLE 27;

3 (c) READINESS TO TRANSITION OUT OF THE COLORADO MENTAL
4 HEALTH INSTITUTE AT PUEBLO, THE COLORADO MENTAL HEALTH
5 INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL HEALTH INSTITUTE OR
6 LICENSED FACILITY PROVIDING INPATIENT PSYCHIATRIC SERVICES
7 BECAUSE THE INDIVIDUAL NO LONGER REQUIRES INPATIENT CARE AND
8 TREATMENT;

9 (d) INVOLVEMENT IN THE CRIMINAL OR JUVENILE JUSTICE SYSTEM;

10 (e) CURRENT INVOLVEMENT IN THE CHILD WELFARE SYSTEM;

11 (f) CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE
12 DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR DEVELOPMENTAL
13 DISABILITY, IRRESPECTIVE OF PRIMARY DIAGNOSIS, CO-OCCURRING
14 CONDITIONS, OR IF AN INDIVIDUAL REQUIRES ASSISTANCE WITH ACTIVITIES
15 OF DAILY LIVING OR INSTRUMENTAL ACTIVITIES OF DAILY LIVING, AS
16 DEFINED IN SECTION 12-270-104 (6);

17 (g) DISPLAYS OF AGGRESSIVE BEHAVIOR, OR HISTORY OF
18 AGGRESSIVE BEHAVIOR, AS A SYMPTOM OF A DIAGNOSED MENTAL HEALTH
19 DISORDER OR SUBSTANCE USE DISORDER;

20 (h) PLACE OF RESIDENCE; OR

21 (i) DISABILITY, AGE, RACE, CREED, COLOR, SEX, SEXUAL
22 ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, MARITAL STATUS,
23 NATIONAL ORIGIN, ANCESTRY, OR TRIBAL AFFILIATION.

24 (5) THE BHA MAY PROMULGATE RULES OR DETERMINE OTHER
25 APPROPRIATE PROCESSES TO APPROVE BEHAVIORAL HEALTH PROVIDERS AS
26 BEHAVIORAL HEALTH SAFETY NET PROVIDERS. BEHAVIORAL HEALTH
27 PROVIDERS THAT DO NOT HOLD A LICENSE FROM THE BHA BUT ARE

1 OTHERWISE LICENSED OR AUTHORIZED TO PROVIDE BEHAVIORAL HEALTH
2 SERVICES IN THE STATE OF COLORADO ARE ELIGIBLE TO BE APPROVED AS
3 BEHAVIORAL HEALTH SAFETY NET PROVIDERS.

4

5 **27-50-302. Requirement to serve priority populations -**
6 **screening and triage for individuals in need of behavioral health**
7 **services - referrals.** (1) EXCEPT AS PROVIDED IN THIS SECTION,
8 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST
9 PROVIDE THE SAFETY NET SERVICES LISTED IN SECTION 27-50-101 (11) TO
10 PRIORITY POPULATIONS.

11 (2) EXCEPT AS PROVIDED IN SECTION 27-50-303, ESSENTIAL
12 BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL PROVIDE THE SAFETY
13 NET SERVICE OR SERVICES THAT THEY CONTRACT WITH THE BEHAVIORAL
14 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR MANAGED CARE
15 ENTITY TO PROVIDE TO PRIORITY POPULATIONS.

16 (3) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION TO
17 THE CONTRARY, EMERGENCY AND CRISIS SERVICES MUST BE AVAILABLE
18 TO ANY INDIVIDUAL WHO IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS,
19 REGARDLESS OF WHETHER THE INDIVIDUAL IS A PRIORITY POPULATION;

20 (4) (a) WHEN A PRIORITY POPULATION CLIENT INITIATES
21 TREATMENT WITH A BEHAVIORAL HEALTH SAFETY NET PROVIDER, PRIOR
22 TO THE INTAKE THE PROVIDER SHALL COMPLETE AN INITIAL SCREENING
23 AND TRIAGE PROCESS TO DETERMINE URGENCY AND APPROPRIATENESS OF
24 CARE WITH THE PROVIDER.

25 (b) THE BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL USE
26 OBJECTIVE CRITERIA FOR DETERMINING WHETHER A CLIENT'S NEEDS
27 EXCEED THE CLINICAL EXPERTISE OF THE PROVIDER.

1 (c) IF A PRIORITY POPULATION CLIENT'S NEEDS EXCEED THE
2 TREATMENT CAPACITY OR CLINICAL EXPERTISE OF AN ESSENTIAL
3 BEHAVIORAL HEALTH SAFETY NET PROVIDER, THE PROVIDER SHALL REFER
4 THE CLIENT TO ANOTHER APPROPRIATE PROVIDER.

5 (d) IF A PRIORITY POPULATION CLIENT'S NEEDS EXCEED THE
6 TREATMENT CAPACITY OR CLINICAL EXPERTISE OF A COMPREHENSIVE
7 BEHAVIORAL HEALTH SAFETY NET PROVIDER, THE PROVIDER MUST ENSURE
8 THAT THE CLIENT HAS ACCESS TO INTERIM BEHAVIORAL HEALTH SERVICES
9 IN A TIMELY MANNER UNTIL THE CLIENT IS CONNECTED TO THE MOST
10 APPROPRIATE PROVIDER FOR ONGOING CARE. THIS MAY INCLUDE USE OF
11 PROVIDERS WITHIN THE NETWORK OF THE BEHAVIORAL HEALTH
12 ADMINISTRATIVE SERVICES ORGANIZATION OR THE REGIONAL MANAGED
13 CARE ENTITY.

14 (e) THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
15 PROVIDER SHALL OBTAIN APPROVAL FROM THE BEHAVIORAL HEALTH
16 ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER
17 IS OPERATING, OR THE REGIONAL MANAGED CARE ENTITY FOR MEDICAID
18 CLIENTS, PRIOR TO REFERRING A PRIORITY POPULATION CLIENT TO
19 ALTERNATIVE SERVICES; EXCEPT THAT AN INDIVIDUAL EXPERIENCING A
20 BEHAVIORAL HEALTH CRISIS MAY BE REFERRED TO EMERGENCY OR CRISIS
21 SERVICES WITHOUT PRIOR APPROVAL.

22 (5) WHEN REFERRING A CLIENT TO ALTERNATIVE SERVICES, A
23 BEHAVIORAL HEALTH SAFETY NET PROVIDER SHALL ASSIST THE CLIENT IN
24 IDENTIFYING AND INITIATING SERVICES WITH AN APPROPRIATE PROVIDER
25 FOR ONGOING CARE. AS APPROPRIATE, THE BEHAVIORAL HEALTH SAFETY
26 NET PROVIDER SHALL USE THE BEHAVIORAL HEALTH ADMINISTRATIVE
27 SERVICES ORGANIZATION OR, FOR MEDICAID CLIENTS, THE REGIONAL

1 MANAGED CARE ENTITY FOR CARE COORDINATION.

2 (6) (a) BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL TRACK
3 THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS WHO WERE
4 REFERRED TO ALTERNATIVE SERVICES PURSUANT TO THIS SECTION:

5 (I) CLIENT DEMOGRAPHICS;

6 (II) STANDARDIZED DESCRIPTIONS OF THE NEEDS OF THE CLIENT
7 THAT COULD NOT BE MET AND REQUIRE THE CLIENT TO BE REFERRED TO
8 ANOTHER PROVIDER;

9 (III) THE OUTCOME AND TIMELINESS OF THE REFERRAL; AND

10 (IV) ANY OTHER INFORMATION REQUIRED BY THE BHA.

11 (b) THE PROVIDER SHALL PROVIDE THE REPORT AT REGULAR
12 INTERVALS TO THE BHA AND TO EITHER THE BEHAVIORAL HEALTH
13 ADMINISTRATIVE SERVICES ORGANIZATION UNDER WHICH THE PROVIDER
14 IS OPERATING OR, FOR MEDICAID CLIENTS, TO THE MANAGED CARE ENTITY.

15 **27-50-303. Essential behavioral health safety net providers -**
16 **approval to serve limited priority populations.** (1) ESSENTIAL
17 BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST SERVE ALL PRIORITY
18 POPULATIONS UNLESS THE UNIVERSAL CONTRACT WITH THE BEHAVIORAL
19 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION LIMITS THE
20 PROVIDER'S SCOPE AND RESPONSIBILITY TO A SPECIFIC SUBPOPULATION
21 PURSUANT TO SUBSECTION (2) OF THIS SECTION.

22 (2) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
23 ORGANIZATIONS MAY CONTRACT WITH AN ESSENTIAL BEHAVIORAL
24 HEALTH SAFETY NET PROVIDER TO PROVIDE A SAFETY NET SERVICE OR
25 SERVICES, INCLUDING THOSE DETERMINED NECESSARY PURSUANT TO
26 SECTION 27-50-301 (3)(a)(XV), TO ONLY A SUBPOPULATION OF THE
27 PRIORITY POPULATIONS.

1 **27-50-304. Behavioral health safety net provider network -**
2 **incentives - preferred status - rules.** (1) THE BHA SHALL ENSURE THAT
3 EACH REGION IN THE STATE INCLUDES A NETWORK OF BEHAVIORAL
4 HEALTH SAFETY NET PROVIDERS THAT COLLECTIVELY OFFER A FULL
5 CONTINUUM OF BEHAVIORAL HEALTH SERVICES.

6 (2) THE BHA SHALL PROVIDE STATEWIDE TECHNICAL ASSISTANCE
7 SPECIFIC TO STRENGTHENING AND EXPANDING THE BEHAVIORAL HEALTH
8 SAFETY NET SYSTEM AND INCREASING PROVIDER PARTICIPATION WITHIN
9 THE PUBLICLY FUNDED BEHAVIORAL HEALTH SAFETY NET PROVIDER
10 NETWORK.

11 (3) THE BHA AND STATE AGENCIES, THROUGH THE BEHAVIORAL
12 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ESTABLISHED
13 PURSUANT TO PART 4 OF THIS ARTICLE 50 AND MANAGED CARE ENTITIES
14 AS DEFINED IN SECTION 25.5-5-403, SHALL:

15 (a) SUBJECT TO PERFORMANCE AND AVAILABLE FUNDS, PROVIDE
16 BEHAVIORAL HEALTH SAFETY NET PROVIDERS WITH OPPORTUNITIES FOR
17 QUALITY INCENTIVES, VALUE-BASED PAYMENT, OR OTHER ENHANCED
18 PAYMENTS OR PREFERRED CONTRACT STATUSES;

19 (b) PRIORITIZE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
20 PROVIDERS IN AWARDING CONTRACTS FOR BEHAVIORAL HEALTH SERVICES;

21 **AND**

22 ■

23 (c) CONSIDER, UPON APPLICATION, BEHAVIORAL HEALTH SAFETY
24 NET PROVIDERS FOR STATE-ADMINISTERED AND COUNTY-ADMINISTERED
25 GRANT FUNDS RELATED TO THE PREVENTION, TREATMENT, RECOVERY,
26 AND HARM REDUCTION FOR BEHAVIORAL HEALTH SERVICES.

27 (4) TO BE ELIGIBLE FOR ENHANCED SERVICE PAYMENTS,

1 BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST MEET SPECIFIC BHA
2 LICENSING OR APPROVAL STANDARDS, PURSUANT TO PART 5 OF THIS
3 ARTICLE 50.

4 (5) TO MEET THE REQUIREMENT IN SUBSECTION (1) OF THIS
5 SECTION, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
6 ORGANIZATIONS AND MANAGED CARE ENTITIES MAY CONTRACT WITH
7 POTENTIAL AND EXISTING APPROVED SAFETY NET PROVIDERS TO EXPAND
8 SERVICE CAPACITY IN A SPECIFIC REGION OF THE STATE.

9 (6) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
10 IMPLEMENT THIS SECTION.

11 PART 4
12 BEHAVIORAL HEALTH ADMINISTRATIVE
13 SERVICES ORGANIZATIONS

14 **27-50-401. Regional behavioral health administrative services**
15 **organizations - establishment.** (1) NO LATER THAN JULY 1, 2024, THE
16 COMMISSIONER SHALL SELECT AND CONTRACT WITH REGIONALLY BASED
17 BEHAVIORAL HEALTH ORGANIZATIONS TO ESTABLISH, ADMINISTER, AND
18 MAINTAIN ADEQUATE NETWORKS OF BEHAVIORAL HEALTH SAFETY NET
19 SERVICES AND CARE COORDINATION, AS DESCRIBED IN PART 3 OF THIS
20 ARTICLE 50.

21 (2) THE COMMISSIONER SHALL DESIGNATE REGIONS OF THE STATE
22 FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS TO
23 OPERATE. IN ESTABLISHING REGIONS, THE COMMISSIONER SHALL CONSULT
24 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO
25 ENSURE CONSIDERATION OF THE REGIONAL STRUCTURE THAT SERVES THE
26 MEDICAID POPULATION.

27 **27-50-402. Behavioral health administrative services**

1 **organizations - application - designation - denial - revocation.** (1) AT
2 LEAST ONCE EVERY FIVE YEARS, THE COMMISSIONER SHALL SOLICIT
3 APPLICATIONS THROUGH A COMPETITIVE BID PROCESS PURSUANT TO THE
4 "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, FOR ENTITIES
5 TO APPLY TO BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
6 ORGANIZATION. ANY QUALIFIED PUBLIC OR PRIVATE CORPORATION;
7 FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION; OR PUBLIC OR PRIVATE
8 AGENCY, ORGANIZATION, OR INSTITUTION MAY APPLY IN THE FORM AND
9 MANNER DETERMINED BY THE BHA'S RULES.

10 (2) THE COMMISSIONER SHALL SELECT A BEHAVIORAL HEALTH
11 ADMINISTRATIVE SERVICES ORGANIZATION BASED ON FACTORS
12 ESTABLISHED BY BHA RULES AND THE "PROCUREMENT CODE", ARTICLES
13 101 TO 112 OF TITLE 24. THE FACTORS FOR SELECTION MUST INCLUDE, BUT
14 ARE NOT LIMITED TO, THE FOLLOWING:

15 (a) THE APPLICANT'S EXPERIENCE WORKING WITH PUBLICLY
16 FUNDED CLIENTS, INCLUDING EXPERTISE IN TREATING PRIORITY
17 POPULATIONS DETERMINED BY THE BHA;

18 (b) THE APPLICANT'S EXPERIENCE WORKING WITH AND ENGAGING
19 RELEVANT STAKEHOLDERS IN THE SERVICE AREA, INCLUDING BEHAVIORAL
20 HEALTH PROVIDERS; STATE AND LOCAL AGENCIES; AND THE LOCAL
21 COMMUNITY, INCLUDING ADVOCACY ORGANIZATIONS AND CLIENTS OF
22 BEHAVIORAL HEALTH SERVICES;

23 (c) THE EXTENT TO WHICH REAL OR PERCEIVED CONFLICTS OF
24 INTEREST BETWEEN THE APPLICANT AND BEHAVIORAL HEALTH FACILITIES
25 OR BEHAVIORAL HEALTH PROVIDERS ARE MITIGATED; AND

26 (d) THE EXTENT TO WHICH THE APPLICANT'S BOARD COMPLIES
27 WITH CONFLICT OF INTEREST POLICIES, INCLUDING TO THE FOLLOWING:

1 (I) THE BOARD SHALL NOT HAVE MORE THAN FIFTY PERCENT OF
2 CONTRACTED PROVIDERS AS BOARD MEMBERS;

3 (II) PROVIDERS WHO HAVE OWNERSHIP OR BOARD MEMBERSHIP IN
4 A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
5 NOT HAVE CONTROL OR DECISION-MAKING AUTHORITY IN THE
6 ESTABLISHMENT OF PROVIDER NETWORKS; AND

7 (III) AN EMPLOYEE OF A CONTRACTED PROVIDER OF A
8 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
9 NOT ALSO BE AN EMPLOYEE OF THE BEHAVIORAL HEALTH ADMINISTRATIVE
10 SERVICES ORGANIZATION UNLESS THE EMPLOYEE IS THE CHIEF CLINICAL
11 OFFICER OR UTILIZATION MANAGEMENT DIRECTOR OF THE BEHAVIORAL
12 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION. IF THE INDIVIDUAL IS
13 ALSO AN EMPLOYEE OF A PROVIDER THAT HAS BOARD MEMBERSHIP OR
14 OWNERSHIP IN THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
15 ORGANIZATION, THE BEHAVIORAL HEALTH SERVICES ORGANIZATION SHALL
16 DEVELOP POLICIES APPROVED BY THE COMMISSIONER TO MITIGATE ANY
17 CONFLICT OF INTEREST THE EMPLOYEE MAY HAVE; AND

18 (e) THE EXTENT TO WHICH THE APPLICANT'S BOARD MEMBERSHIP
19 REFLECTS THE DIVERSITY AND INTERESTS OF RELEVANT STAKEHOLDERS,
20 INCLUDING, BUT NOT LIMITED TO, REPRESENTATION BY INDIVIDUALS WITH
21 LIVED BEHAVIORAL HEALTH EXPERIENCE AND FAMILY OF INDIVIDUALS
22 WITH LIVED BEHAVIORAL HEALTH EXPERIENCE.

23 (3) THE INITIAL CONTRACT MAY BE PROVISIONAL FOR NINETY
24 DAYS. AT THE CONCLUSION OF THE NINETY-DAY PROVISIONAL PERIOD, THE
25 COMMISSIONER MAY CHOOSE TO REVOKE THE CONTRACT OR, SUBJECT TO
26 MEETING THE TERMS AND CONDITIONS SPECIFIED IN THE CONTRACT, MAY
27 CHOOSE TO EXTEND THE CONTRACT FOR A STATED TIME PERIOD.

1 (4) THE BHA MAY IMPOSE CORRECTIVE ACTIONS, INCLUDING
2 FISCAL SANCTIONS, INTERMEDIATE RESTRICTIONS, OR CONDITIONS ON A
3 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION THAT IS
4 NOT IN COMPLIANCE WITH THIS ARTICLE 50, APPLICABLE RULES, OR ANY
5 CONTRACTUAL OBLIGATIONS.

6 (5) THE COMMISSIONER MAY REVOKE THE CONTRACT WITH A
7 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION UPON
8 FINDING THAT THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
9 ORGANIZATION IS IN VIOLATION OF ITS CONTRACT OR RULES
10 PROMULGATED PURSUANT TO THIS ARTICLE 50. THE REVOCATION MUST
11 CONFORM TO THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4
12 OF TITLE 24, INCLUDING ONLY AFTER NOTICE AND AN OPPORTUNITY FOR
13 A HEARING IS PROVIDED, AS SPECIFIED IN ARTICLE 4 OF TITLE 24.

14 (6) IF A CONTRACT HAS BEEN REVOKED PURSUANT TO THIS
15 SECTION, THE COMMISSIONER MAY DESIGNATE ANOTHER EXISTING
16 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION TO
17 TEMPORARILY PROVIDE THE BEHAVIORAL HEALTH CONTINUUM OF CARE,
18 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION
19 FOR THAT REGION. TEMPORARY DESIGNATION PURSUANT TO THIS
20 SUBSECTION (6) IS NOT SUBJECT TO THE "PROCUREMENT CODE", ARTICLES
21 101 TO 112 OF TITLE 24. TEMPORARY DESIGNATION MAY BE RENEWED
22 ANNUALLY UNTIL THE END OF THE ORIGINAL FIVE-YEAR CONTRACT
23 PERIOD.

24 (7) THE SELECTION, DENIAL, OR REVOCATION OF A CONTRACT TO
25 BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION BY
26 THE COMMISSIONER IS A FINAL AGENCY ACTION FOR PURPOSES OF JUDICIAL
27 REVIEW.

1 **27-50-403. Behavioral health administrative services**
2 **organizations - contract requirements - individual access - care**
3 **coordination.** (1) THE BHA SHALL DEVELOP A CONTRACT FOR

4 DESIGNATED BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
5 ORGANIZATIONS, WHICH MUST INCLUDE, BUT IS NOT LIMITED TO, THE
6 FOLLOWING:

7 (a) REQUIREMENTS TO ESTABLISH AND MAINTAIN A CONTINUUM OF
8 CARE AND NETWORK ADEQUACY IN THE SERVICE AREA CONSISTENT WITH
9 PART 3 OF THIS ARTICLE 50, INCLUDING BUT NOT LIMITED TO PROVIDING
10 ALL BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN SECTION
11 27-50-301;

12 (b) EXPECTATIONS FOR SUBCONTRACTING WITH BEHAVIORAL
13 HEALTH SAFETY NET PROVIDERS AND OTHER PROVIDERS, CONSISTENT
14 WITH PART 3 OF THIS ARTICLE 50, INCLUDING PRIORITIZATION OF
15 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

16 (c) EXPECTATIONS FOR ADHERENCE TO THE UNIVERSAL
17 CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203
18 AND USE OF THE UNIVERSAL CONTRACTING PROVISIONS WITH ALL
19 RELEVANT SUBCONTRACTORS;

20 (d) PROHIBITIONS ON DENYING OR PROHIBITING ACCESS TO ANY
21 MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE, INCLUDING
22 MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION 23-21-803,
23 FOR A SUBSTANCE USE DISORDER AND BEHAVIORAL HEALTH SERVICES
24 DEEMED MEDICALLY NECESSARY PURSUANT TO THE EARLY AND PERIODIC
25 SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT;

26 (e) REQUIREMENTS TO SERVE ALL INDIVIDUALS IN NEED OF
27 SERVICES AND A SPECIFIC PROHIBITION ON DENIAL OF SERVICES FOR ANY

1 OF THE REASONS PROVIDED IN SECTION 27-50-301 (4);

2 (f) AGREEMENTS ON DATA COLLECTION AND REPORTING,
3 INCLUDING ANY PROVISIONS NECESSARY TO IMPLEMENT SECTION
4 27-50-201;

5 (g) PROCEDURES RELATED TO CORRECTIVE ACTIONS PURSUANT TO
6 SECTION 27-50-402; AND

7 (h) ANY PROVISIONS NECESSARY TO ENSURE THE BEHAVIORAL
8 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION FULFILLS THE
9 FUNCTIONS PROVIDED IN SUBSECTION (2) OF THIS SECTION; AND

10 (i) REQUIREMENTS FOR CALCULATING AND REPORTING THE
11 ANNUAL MEDICAL LOSS RATIO. FOR PURPOSES OF THE CALCULATION,
12 NON-CLAIMS COSTS INCLUDE AMOUNTS FOR NETWORK DEVELOPMENT,
13 ADMINISTRATIVE FEES, CLAIMS PROCESSING, UTILIZATION MANAGEMENT,
14 FINES, AND PENALTIES. THE BEHAVIORAL HEALTH ADMINISTRATIVE
15 SERVICES ORGANIZATION MUST PROVIDE A REMITTANCE FOR A MEDICAL
16 LOSS RATIO REPORTING YEAR IF THE MEDICAL LOSS RATIO FOR THAT YEAR
17 DOES NOT MEET THE MINIMUM STANDARD SET BY THE BHA.

18 (2) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
19 ORGANIZATION SHALL:

20 (a) PROACTIVELY ENGAGE HARD-TO-SERVE INDIVIDUALS WITH
21 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
22 THE CARE CONTINUUM;

23 (b) IMPLEMENT TRAUMA-INFORMED CARE PRACTICES;

24 (c) ACCEPT AND PROVIDE BEHAVIORAL HEALTH SAFETY NET
25 SERVICES TO INDIVIDUALS OUTSIDE OF THE BEHAVIORAL HEALTH
26 ADMINISTRATIVE SERVICES ORGANIZATION'S REGION;

27 (d) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

1 (e) THROUGH NETWORK ADEQUACY AND OTHER METHODS, ENSURE
2 TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL
3 HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR ALL
4 INDIVIDUALS INCLUDING CHILDREN, YOUTH, AND ADULTS;

5 (f) REQUIRE COLLABORATION WITH ALL LOCAL LAW ENFORCEMENT
6 AND COUNTY AGENCIES IN THE SERVICE AREA, INCLUDING COUNTY
7 DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;

8 (g) TRIAGE INDIVIDUALS WHO NEED ALTERNATIVE SERVICES
9 OUTSIDE THE SCOPE OF THE BEHAVIORAL HEALTH SAFETY NET SYSTEM;

10 (h) PROMOTE PATIENT-CENTERED CARE, CULTURAL AWARENESS,
11 AND COORDINATION OF CARE TO APPROPRIATE BEHAVIORAL HEALTH
12 SAFETY NET PROVIDERS;

13 (i) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT
14 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
15 STATE;

16 (j) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED
17 PROGRAMMING TO PROMOTE QUALITY SERVICES; AND

18 (k) MEET ANY OTHER CRITERIA ESTABLISHED BY THE BHA.

19 **27-50-404. Behavioral health administrative services**
20 **organizations - stakeholder input - report - rules.** (1) EACH
21 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
22 DEVELOP A PROCESS TO SOLICIT AND RESPOND TO INPUT FROM
23 STAKEHOLDERS ABOUT BEHAVIORAL HEALTH SERVICES AND GAPS IN THE
24 SERVICE AREA. A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
25 ORGANIZATION SHALL PUBLICLY POST AN ANNUAL REPORT THAT
26 INCLUDES:

27 (a) A REPORT ON THE STAKEHOLDER INPUT RECEIVED IN THE PRIOR

1 YEAR, ANONYMIZED AND AGGREGATED TO PROTECT INDIVIDUAL PRIVACY;

2 (b) DESCRIPTIONS OF HOW THE BEHAVIORAL HEALTH
3 ADMINISTRATIVE SERVICES ORGANIZATION HAS RESPONDED TO, OR PLANS
4 TO RESPOND TO, STAKEHOLDER INPUT FROM THE PRIOR YEAR, INCLUDING
5 DESCRIPTIONS OF POLICY OR PRACTICE CHANGES OR EXPLANATIONS OF
6 WHY NO CHANGES WERE MADE; AND

7 (c) THE PLAN FOR STAKEHOLDER ENGAGEMENT FOR THE
8 UPCOMING YEAR.

9 (2) IN SOLICITING AND RESPONDING TO INPUT FROM
10 STAKEHOLDERS PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE
11 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL,
12 AT A MINIMUM, ENGAGE THE FOLLOWING STAKEHOLDERS WITHIN THE
13 SERVICE AREA:

14 (a) CLIENTS OF BEHAVIORAL HEALTH SERVICES AND THEIR
15 FAMILIES;

16 (b) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

17 (c) COUNTIES;

18 (d) LAW ENFORCEMENT;

19 (e) HOSPITALS AND PHYSICAL HEALTH PROVIDERS; AND

20 (f) JUDICIAL DISTRICTS.

21 (3) THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
22 ORGANIZATION MAY ALSO ENGAGE STAKEHOLDERS IN NEIGHBORING
23 SERVICE AREAS, AS APPROPRIATE.

24 (4) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
25 IMPLEMENT THIS SECTION.

26

PART 5

27

BEHAVIORAL HEALTH ENTITIES

1 **27-50-501. Behavioral health entities - license required -**
2 **criminal and civil penalties.** (1) (a) ON AND AFTER JULY 1, 2024, IT IS
3 UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR
4 CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY,
5 INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE
6 DISORDER PROGRAM, WITHOUT HAVING OBTAINED A LICENSE FROM THE
7 BHA.

8 (b) ON AND AFTER JULY 1, 2023, AN ENTITY SEEKING INITIAL
9 LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A
10 BEHAVIORAL HEALTH ENTITY LICENSE FROM THE BHA IF THE ENTITY
11 WOULD PREVIOUSLY HAVE BEEN LICENSED OR SUBJECT TO ANY OF THE
12 FOLLOWING:

13 (I) BEHAVIORAL HEALTH ENTITY LICENSURE BY THE DEPARTMENT
14 OF PUBLIC HEALTH AND ENVIRONMENT;

15 (II) APPROVAL OR DESIGNATION BY THE OFFICE OF BEHAVIORAL
16 HEALTH, AS IT EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR
17 THE BHA PURSUANT TO THIS ARTICLE 50 OR ARTICLE 66 OF THIS TITLE 27;
18 OR

19 (III) APPROVAL BY THE OFFICE OF BEHAVIORAL HEALTH, AS IT
20 EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR THE BHA
21 PURSUANT TO SECTION 27-81-106 AS AN APPROVED TREATMENT PROGRAM
22 FOR ■ SUBSTANCE USE DISORDERS.

23 (c) A FACILITY WITH A LICENSE OR APPROVAL ON OR BEFORE JUNE
24 30, 2023, AS A BEHAVIORAL HEALTH ENTITY OR A SUBSTANCE USE
25 DISORDER PROGRAM, ■ SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY
26 LICENSE PRIOR TO THE EXPIRATION OF THE FACILITY'S CURRENT LICENSE
27 OR APPROVAL. SUCH A FACILITY IS SUBJECT TO THE STANDARDS UNDER

1 WHICH IT IS LICENSED OR APPROVED AS OF JULY 1, 2023, UNTIL SUCH TIME
2 AS THE BHA'S BEHAVIORAL HEALTH ENTITY LICENSE IS ISSUED OR DENIED.

3 (2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION
4 IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL
5 BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
6 THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY
7 ASSESSED BY THE BHA OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
8 THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION
9 OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE
10 BHA FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE BHA
11 SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE
12 WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL
13 FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS
14 FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES
15 SET FORTH IN SECTION 24-4-105.

16 (3) (a) NOTWITHSTANDING ANY PROVISION OF LAW TO THE
17 CONTRARY, THE BHA SHALL NOT ISSUE OR RENEW ANY LICENSE
18 DESCRIBED IN THIS PART 5 UNLESS THE BHA RECEIVES A CERTIFICATE OF
19 COMPLIANCE FOR THE APPLICANT'S BUILDING OR STRUCTURE FROM THE
20 DIVISION OF FIRE PREVENTION AND CONTROL IN THE DEPARTMENT OF
21 PUBLIC SAFETY IN ACCORDANCE WITH PART 12 OF ARTICLE 33.5 OF TITLE
22 24.

23 (b) THE BHA SHALL TAKE ACTION ON AN APPLICATION FOR
24 LICENSURE WITHIN THIRTY DAYS AFTER THE DATE THAT THE BHA
25 RECEIVES FROM THE APPLICANT ALL OF THE NECESSARY INFORMATION
26 AND DOCUMENTATION REQUIRED FOR LICENSURE, INCLUDING A
27 CERTIFICATE OF COMPLIANCE FROM THE DIVISION OF FIRE PREVENTION

1 **AND CONTROL.**

2 **27-50-502. Behavioral health entities - minimum standard -**

3 **rules.** (1) NO LATER THAN APRIL 30, 2023, THE BHA SHALL
4 PROMULGATE RULES PURSUANT TO SECTION 24-4-103 PROVIDING
5 MINIMUM STANDARDS FOR THE OPERATION OF BEHAVIORAL HEALTH
6 ENTITIES WITHIN THE STATE, INCLUDING THE FOLLOWING:

7 (a) REQUIREMENTS TO BE MET BY ALL BEHAVIORAL HEALTH
8 ENTITIES TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF ALL
9 BEHAVIORAL HEALTH ENTITY CONSUMERS, INCLUDING, AT A MINIMUM:

10 (I) REQUIREMENTS FOR CONSUMER ASSESSMENT, TREATMENT,
11 CARE COORDINATION, PATIENT RIGHTS, AND CONSUMER NOTICE;

12 (II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR
13 GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL;
14 ADMISSION AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES TO
15 ENSURE COMPLIANCE WITH REGULATORY AND CONTRACT REQUIREMENTS;
16 AND QUALITY MANAGEMENT;

17 (III) DATA REPORTING REQUIREMENTS;

18 (IV) PHYSICAL **PLANT** STANDARDS, INCLUDING INFECTION
19 CONTROL; AND

20 (V) OCCURRENCE REPORTING REQUIREMENTS PURSUANT TO
21 SECTION 27-50-510;

22 (b) SERVICE-SPECIFIC REQUIREMENTS THAT APPLY ONLY TO
23 BEHAVIORAL HEALTH ENTITIES ELECTING TO PROVIDE THAT SERVICE OR
24 SET OF SERVICES, INCLUDING, AT A MINIMUM, STANDARDS FOR THE
25 SPECIFIC TYPES OF BEHAVIORAL HEALTH SAFETY NET SERVICES AND OTHER
26 BEHAVIORAL HEALTH SERVICES ALONG THE CONTINUUM OF CARE CREATED
27 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50, INCLUDING BUT

1 NOT LIMITED TO:

2 (I) ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER
3 STANDARDS; AND

4 (II) COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER
5 STANDARDS;

6 (c) PROCEDURES FOR MANDATORY BHA INSPECTIONS OF
7 BEHAVIORAL HEALTH ENTITIES;

8 (d) PROCEDURES FOR WRITTEN PLANS FOR A BEHAVIORAL HEALTH
9 ENTITY TO CORRECT VIOLATIONS FOUND AS A RESULT OF INSPECTIONS;

10 (e) INTERMEDIATE ENFORCEMENT REMEDIES;

11 (f) FACTORS FOR BEHAVIORAL HEALTH ENTITIES TO CONSIDER
12 WHEN DETERMINING WHETHER AN APPLICANT'S CONVICTION OF OR PLEA
13 OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES THE
14 APPLICANT FROM EMPLOYMENT WITH THE BEHAVIORAL HEALTH ENTITY.
15 THE STATE BOARD OF HUMAN SERVICES MAY DETERMINE WHICH OFFENSES
16 REQUIRE CONSIDERATION OF THESE FACTORS.

17 (g) TIMELINES FOR COMPLIANCE WITH BEHAVIORAL HEALTH
18 ENTITY STANDARDS THAT EXCEED THE STANDARDS UNDER WHICH A
19 BEHAVIORAL HEALTH ENTITY WAS PREVIOUSLY LICENSED OR APPROVED.

20 (2) IN APPROVING OR REJECTING AN ESSENTIAL BEHAVIORAL
21 HEALTH SAFETY NET PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE
22 DELIVERY PAYMENT, THE COMMISSIONER SHALL:

23 (a) REQUIRE TRAINING ON AND PROVISION OF CULTURALLY
24 COMPETENT AND TRAUMA-INFORMED SERVICES;

25 (b) CONSIDER THE ADEQUACY AND QUALITY OF THE SERVICES
26 PROVIDED, TAKING INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC
27 LOCATION, LOCAL COMMUNITY NEED, AND AVAILABILITY OF WORKFORCE;

1 (c) REQUIRE WRITTEN POLICIES AND PROCEDURES ON ADMITTING,
2 DISCHARGING, TRIAGING, AND DENYING SERVICES TO CLIENTS IN
3 ALIGNMENT WITH THE STANDARDS DETERMINED BY THE BHA PURSUANT
4 TO SECTIONS 27-50-302 AND 27-50-303;

5 (d) REQUIRE THAT OVERALL RESPONSIBILITY FOR THE
6 ADMINISTRATION OF AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
7 PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF
8 ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS, UNLESS THE
9 PROVIDER IS ONLY PROVIDING RECOVERY SUPPORT SERVICES. IF THE
10 DIRECTOR IS NOT A LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH
11 PROFESSIONAL, THE PROVIDER SHALL EMPLOY OR CONTRACT WITH AT
12 LEAST ONE LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH
13 PROFESSIONAL TO ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

14 (e) REQUIRE THAT ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
15 PROVIDER STAFF INCLUDE, WHEREVER FEASIBLE AND APPROPRIATE IN THE
16 DISCRETION OF THE COMMISSIONER, OTHER PROFESSIONAL STAFF
17 WORKERS SUCH AS PSYCHOLOGISTS, SOCIAL WORKERS, EDUCATIONAL
18 CONSULTANTS, PEERS, COMMUNITY HEALTH WORKERS, AND NURSES, WITH
19 SUCH QUALIFICATIONS, RESPONSIBILITIES, AND EXPERIENCE THAT
20 CORRESPONDS WITH THE SIZE AND CAPACITY OF THE PROVIDER; AND

21 (f) REQUIRE THAT EACH ESSENTIAL BEHAVIORAL HEALTH SAFETY
22 NET PROVIDER FROM WHICH SERVICES MAY BE PURCHASED:

23 (I) BE UNDER THE CONTROL AND DIRECTION OF A COUNTY OR
24 LOCAL BOARD OF HEALTH, A BOARD OF DIRECTORS OR BOARD OF TRUSTEES
25 OF A CORPORATION, A FOR-PROFIT OR NOT-FOR-PROFIT ORGANIZATION, A
26 REGIONAL MENTAL HEALTH BOARD, OR A POLITICAL SUBDIVISION OF THE
27 STATE;

1 (II) BE FREE OF CONFLICTS OF INTEREST; AND

2 (III) ENTER INTO A CONTRACT DEVELOPED PURSUANT TO SECTION
3 27-50-203 AND ACCEPT PUBLICLY FUNDED CLIENTS.

4 (3) IN APPROVING OR REJECTING A COMPREHENSIVE BEHAVIORAL
5 HEALTH SAFETY NET PROVIDER FOR ELIGIBILITY FOR ENHANCED SERVICE
6 DELIVERY PAYMENT, THE COMMISSIONER SHALL ADHERE TO THE
7 STANDARDS FOR ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS
8 ESTABLISHED IN SUBSECTION (2) OF THIS SECTION, AND THE
9 COMMISSIONER SHALL ALSO:

10 (a) REQUIRE THAT TREATMENT PROGRAMS OF THE
11 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER BE VESTED
12 IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF ONE OF THE
13 LICENSED MENTAL HEALTH PROFESSIONS. THE DIRECTOR IS NOT REQUIRED
14 TO PROVIDE OVERSIGHT OR DIRECTION FOR RECOVERY SERVICES. IF THE
15 DIRECTOR IS NOT A PHYSICIAN OR LICENSED MENTAL HEALTH
16 PROFESSIONAL, THE PROVIDER SHALL CONTRACT WITH AT LEAST ONE
17 LICENSED PHYSICIAN OR LICENSED MENTAL HEALTH PROFESSIONAL TO
18 ADVISE THE DIRECTOR ON CLINICAL DECISIONS.

19 (b) CONSIDER WHETHER THE COMPREHENSIVE BEHAVIORAL
20 HEALTH SAFETY NET PROVIDER HAS HISTORICALLY SERVED MEDICALLY
21 NEEDY OR MEDICALLY INDIGENT PATIENTS AND DEMONSTRATES A
22 COMMITMENT TO SERVE LOW-INCOME AND MEDICALLY INDIGENT
23 POPULATIONS OR, IN THE CASE OF A SOLE COMMUNITY PROVIDER, SERVES
24 THE MEDICALLY INDIGENT PATIENTS WITHIN ITS MEDICAL CAPABILITY;

25 (c) REQUIRE THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY
26 NET PROVIDER TO WAIVE CHARGES OR CHARGE FOR SERVICES ON A
27 SLIDING SCALE BASED ON INCOME AND REQUIRE THAT THE PROVIDER NOT

1 RESTRICT ACCESS OR SERVICES BECAUSE OF AN INDIVIDUAL'S FINANCIAL
2 LIMITATIONS;

3 (d) REQUIRE THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY
4 NET PROVIDER TO SERVE PRIORITY POPULATIONS; [REDACTED]

5 (e) ENCOURAGE THE COMPREHENSIVE BEHAVIORAL HEALTH
6 SAFETY NET PROVIDER TO EMPHASIZE THE CARE AND TREATMENT OF
7 INDIVIDUALS RECENTLY RELEASED FROM INCARCERATION AND HOSPITALS
8 OR FACILITIES DIRECTED TOWARD ASSISTING INDIVIDUALS WITH
9 BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE INDIVIDUAL'S
10 ADJUSTMENT TO AND FUNCTIONING IN THE COMMUNITY;

11 [REDACTED]
12 (f) REQUIRE A PROCESS FOR TRACKING AND REPORTING DENIALS
13 OF CARE; AND

14 (g) REQUIRE THAT THE BOARD IN CONTROL AND DIRECTION OF THE
15 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER INCLUDE
16 VOTING MEMBERS THAT HAVE LIVED EXPERIENCE WITH MENTAL HEALTH
17 DISORDERS AND SUBSTANCE USE DISORDERS AND PARENTS OF CHILDREN
18 WITH MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS.

19 (4) IN APPROVING OR REJECTING LOCAL GENERAL OR PSYCHIATRIC
20 HOSPITALS, NONTRADITIONAL FACILITIES, INNOVATIVE CARE MODELS, AND
21 OTHER BEHAVIORAL HEALTH FACILITIES OR PROGRAMS FOR THE PURCHASE
22 OR DESIGNATION OF SERVICES NOT PROVIDED BY ESSENTIAL OR
23 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS, THE
24 COMMISSIONER SHALL CONSIDER THE FOLLOWING FACTORS:

25 (a) THE GENERAL QUALITY OF CARE PROVIDED TO PATIENTS BY
26 SUCH AGENCIES;

27 (b) THE ORGANIZATION OF THE MEDICAL STAFF TO PROVIDE FOR

1 THE INTEGRATION AND COORDINATION OF THE PSYCHIATRIC TREATMENT
2 PROGRAM;

3 (c) THE PROVISIONS FOR THE AVAILABILITY OF NURSING,
4 PSYCHOLOGICAL, AND SOCIAL SERVICES AND THE EXISTENCE OF AN
5 ORGANIZED PROGRAM OF ACTIVITIES UNDER THE DIRECTION OF AN
6 OCCUPATIONAL THERAPIST OR ANOTHER QUALIFIED PERSON;

7 (d) THE LICENSURE OF SUCH ENTITY BY THE DEPARTMENT OF
8 PUBLIC HEALTH AND ENVIRONMENT OR ANOTHER STATE AGENCY WHERE
9 APPLICABLE;

10 (e) THE METHODS BY WHICH THE AGENCY COORDINATES ITS
11 SERVICES WITH THOSE RENDERED BY OTHER AGENCIES TO ENSURE AN
12 UNINTERRUPTED CONTINUUM OF CARE TO INDIVIDUALS WITH BEHAVIORAL
13 OR MENTAL HEALTH DISORDERS; AND

14 (f) THE AVAILABILITY OF SUCH SERVICES TO THE GENERAL PUBLIC.

15 (5) IN APPROVING OR REJECTING BEHAVIORAL HEALTH SAFETY NET
16 PROVIDERS PURSUANT TO SUBSECTIONS (2) AND (3) OF THIS SECTION, OR
17 OTHER AGENCIES PURSUANT TO SUBSECTION (4) OF THIS SECTION, FOR THE
18 PURCHASE OF SERVICES, THE COMMISSIONER SHALL ENSURE THE
19 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND AGENCIES COMPLY
20 WITH FEDERAL FINANCIAL PARTICIPATION REQUIREMENTS FOR
21 DEPARTMENT-ADMINISTERED PROGRAMS.

22 (6) IN ADDITION TO THESE DUTIES, THE BHA MAY PROMULGATE
23 RULES RELATED TO ADDITIONAL COMPETENCIES RELATED TO SERVING
24 PRIORITY POPULATIONS. BEHAVIORAL HEALTH SAFETY NET PROVIDERS
25 APPROVED BY THE BHA AS DEMONSTRATING THESE ADDITIONAL
26 COMPETENCIES MAY BE ELIGIBLE FOR ENHANCED RATES. STATE AGENCIES
27 SHALL CONSIDER SUCH APPROVED STATUS IN DETERMINING PAYMENT

1 METHODOLOGIES FOR SERVICES PROVIDED.

2 **27-50-503. Licenses - application - inspection - issuance.**

3 (1) AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH
4 ENTITY MUST BE SUBMITTED TO THE BHA ANNUALLY IN THE FORM AND
5 MANNER PRESCRIBED BY THE BHA.

6 (2)(a) THE BHA SHALL INVESTIGATE AND REVIEW EACH ORIGINAL
7 APPLICATION AND EACH RENEWAL APPLICATION FOR A LICENSE TO
8 OPERATE A BEHAVIORAL HEALTH ENTITY. THE BHA SHALL DETERMINE AN
9 APPLICANT'S COMPLIANCE WITH THIS ARTICLE 50 AND THE RULES ADOPTED
10 PURSUANT TO SECTION 27-50-504 BEFORE THE BHA ISSUES A LICENSE.

11 (b) THE BHA SHALL INSPECT THE APPLICANT'S FACILITIES AS IT
12 DEEMS NECESSARY TO ENSURE THAT THE HEALTH, SAFETY, AND WELFARE
13 OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS ARE PROTECTED. THE
14 BEHAVIORAL HEALTH ENTITY SHALL SUBMIT IN WRITING, IN A FORM
15 PRESCRIBED BY THE BHA, A PLAN DETAILING THE MEASURES THAT THE
16 BEHAVIORAL HEALTH ENTITY WILL TAKE TO CORRECT ANY VIOLATIONS
17 FOUND BY THE BHA AS A RESULT OF INSPECTIONS UNDERTAKEN
18 PURSUANT TO THIS SUBSECTION (2).

19 (3) THE BHA SHALL KEEP ALL HEALTH-CARE INFORMATION OR
20 DOCUMENTS OBTAINED DURING AN INSPECTION OR INVESTIGATION OF A
21 BEHAVIORAL HEALTH ENTITY PURSUANT TO SUBSECTION (2) OF THIS
22 SECTION CONFIDENTIAL. ANY SUCH RECORDS, INFORMATION, OR
23 DOCUMENTS OBTAINED ARE EXEMPT FROM DISCLOSURE PURSUANT TO
24 SECTIONS 24-72-204 AND 27-50-510.

25 (4)(a) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE
26 TO OPERATE A BEHAVIORAL HEALTH ENTITY, OR WITHIN TEN DAYS AFTER
27 A CHANGE IN OWNERSHIP OR MANAGEMENT OF A BEHAVIORAL HEALTH

1 ENTITY, EACH OWNER AND MANAGER SHALL SUBMIT A COMPLETE SET OF
2 THE OWNER'S OR MANAGER'S FINGERPRINTS TO THE COLORADO BUREAU
3 OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A
4 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO
5 BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE
6 FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING
7 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS. EACH OWNER
8 AND EACH MANAGER SHALL PAY THE COLORADO BUREAU OF
9 INVESTIGATION THE COSTS ASSOCIATED WITH THE FINGERPRINT-BASED
10 CRIMINAL HISTORY RECORD CHECK. UPON COMPLETION OF THE CRIMINAL
11 HISTORY RECORD CHECK, THE COLORADO BUREAU OF INVESTIGATION
12 SHALL FORWARD THE RESULTS TO THE BHA. THE BHA MAY ACQUIRE A
13 NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO
14 HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY
15 RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

16 (b) THE BHA SHALL USE THE INFORMATION FROM THE CRIMINAL
17 HISTORY RECORD CHECKS PERFORMED PURSUANT TO SUBSECTION (4)(a)
18 OF THIS SECTION TO DETERMINE WHETHER THE PERSON APPLYING FOR
19 LICENSURE HAS BEEN CONVICTED OF A CRIME THAT INVOLVES CONDUCT
20 THAT THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY,
21 OR WELFARE OF A BEHAVIORAL HEALTH ENTITY'S CONSUMERS. THE BHA
22 SHALL CONSIDER THAT PERSONS IN RECOVERY MAY HAVE A HISTORY OF
23 CRIMINAL JUSTICE INVOLVEMENT AND THAT CRIMINAL HISTORY DOES NOT
24 REQUIRE A DISMISSAL OF AN APPLICATION FOR A LICENSE. THE BHA
25 SHALL KEEP INFORMATION OBTAINED IN ACCORDANCE WITH THIS
26 SUBSECTION (4) CONFIDENTIAL.

27 (5) THE BHA SHALL NOT ISSUE A LICENSE TO OPERATE A

1 BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE
2 BEHAVIORAL HEALTH ENTITY HAS BEEN CONVICTED OF A FELONY OR
3 MISDEMEANOR THAT INVOLVES CONDUCT THAT THE BHA DETERMINES
4 COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE
5 BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

6 (6) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (7) OF THIS
7 SECTION, THE BHA SHALL ISSUE OR RENEW A LICENSE TO OPERATE A
8 BEHAVIORAL HEALTH ENTITY WHEN IT IS SATISFIED THAT THE APPLICANT
9 OR LICENSEE IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN
10 THIS ARTICLE 50 AND THE RULES PROMULGATED PURSUANT TO THIS
11 ARTICLE 50. EXCEPT FOR PROVISIONAL LICENSES ISSUED IN ACCORDANCE
12 WITH SUBSECTION (7) OF THIS SECTION, A LICENSE ISSUED OR RENEWED
13 PURSUANT TO THIS SECTION EXPIRES ONE YEAR AFTER THE DATE OF
14 ISSUANCE OR RENEWAL.

15 (7) (a) THE BHA MAY ISSUE A PROVISIONAL LICENSE TO OPERATE
16 A BEHAVIORAL HEALTH ENTITY TO AN APPLICANT FOR THE PURPOSE OF
17 OPERATING A BEHAVIORAL HEALTH ENTITY FOR A PERIOD OF NINETY DAYS
18 IF THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL OF THE
19 MINIMUM STANDARDS REQUIRED PURSUANT TO THIS ARTICLE 50; EXCEPT
20 THAT THE BHA SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN
21 APPLICANT IF THE OPERATION OF THE BEHAVIORAL HEALTH ENTITY WILL
22 ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE
23 BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

24 (b) AS A CONDITION OF OBTAINING A PROVISIONAL LICENSE, THE
25 APPLICANT SHALL SHOW PROOF TO THE BHA THAT ATTEMPTS ARE BEING
26 MADE TO CONFORM AND COMPLY WITH THE APPLICABLE STANDARDS
27 REQUIRED PURSUANT TO THIS ARTICLE 50.

1 (c) THE BHA SHALL NOT GRANT A PROVISIONAL LICENSE PRIOR TO
2 THE COMPLETION OF A CRIMINAL HISTORY BACKGROUND CHECK IN
3 ACCORDANCE WITH SUBSECTION (4) OF THIS SECTION AND A
4 DETERMINATION IN ACCORDANCE WITH SUBSECTION (5) OF THIS SECTION.

5 (d) A SECOND PROVISIONAL LICENSE MAY BE ISSUED, FOR A LIKE
6 TERM AND FEE, TO EFFECT COMPLIANCE. NO FURTHER PROVISIONAL
7 LICENSES MAY BE ISSUED FOR THE CURRENT YEAR AFTER THE SECOND
8 ISSUANCE PURSUANT TO THIS SUBSECTION (7)(d).

9 **27-50-504. License fees - rules.** (1) (a) BY APRIL 30, 2023, THE
10 COMMISSIONER SHALL PROMULGATE RULES ESTABLISHING A SCHEDULE OF
11 FEES SUFFICIENT TO MEET THE DIRECT AND INDIRECT COSTS OF
12 ADMINISTRATION AND ENFORCEMENT OF THIS PART 5.

13 (b) THE BHA SHALL ASSESS AND COLLECT, FROM BEHAVIORAL
14 HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION
15 27-50-503, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED
16 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

17 (2) THE BHA SHALL TRANSMIT FEES COLLECTED PURSUANT TO
18 SUBSECTION (1) OF THIS SECTION TO THE STATE TREASURER, WHO SHALL
19 CREDIT THE MONEY TO THE BEHAVIORAL HEALTH LICENSING CASH FUND
20 CREATED PURSUANT TO SECTION 27-50-506.

21 (3) FEES COLLECTED PURSUANT TO SUBSECTION (1) OF THIS
22 SECTION MAY BE USED BY THE BHA TO PROVIDE TECHNICAL ASSISTANCE
23 AND EDUCATION TO BEHAVIORAL HEALTH ENTITIES RELATED TO
24 COMPLIANCE WITH COLORADO LAW, IN ADDITION TO REGULATORY AND
25 ADMINISTRATIVE FUNCTIONS. THE BHA MAY CONTRACT WITH PRIVATE
26 ENTITIES TO ASSIST THE BHA IN PROVIDING TECHNICAL ASSISTANCE AND
27 EDUCATION.

1 **27-50-505. License - denial - suspension - revocation.**

2 (1) WHEN AN APPLICATION FOR AN INITIAL LICENSE TO OPERATE A
3 BEHAVIORAL HEALTH ENTITY PURSUANT TO SECTION 27-50-503 HAS BEEN
4 DENIED BY THE BHA, THE BHA SHALL NOTIFY THE APPLICANT IN WRITING
5 OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS
6 SHOWN ON THE APPLICATION. ANY APPLICANT AGGRIEVED BY A DENIAL
7 MAY PURSUE A REVIEW AS PROVIDED IN ARTICLE 4 OF TITLE 24, AND THE
8 BHA SHALL FOLLOW THE PROVISIONS AND PROCEDURES SPECIFIED IN
9 ARTICLE 4 OF TITLE 24.

10 (2) THE BHA MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE
11 LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF
12 COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 5 OR THE RULES
13 PROMULGATED PURSUANT TO THIS PART 5. SUSPENSION, REVOCATION, OR
14 REFUSAL MUST NOT OCCUR UNTIL AFTER A HEARING AND IN COMPLIANCE
15 WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE
16 24.

17 (3) THE BHA MAY IMPOSE INTERMEDIATE RESTRICTIONS OR
18 CONDITIONS ON A BEHAVIORAL HEALTH ENTITY THAT MAY INCLUDE AT
19 LEAST ONE OF THE FOLLOWING:

20 (a) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE
21 MEASURES;

22 (b) MONITORING BY THE BHA FOR A SPECIFIC PERIOD;

23 (c) PROVIDING ADDITIONAL TRAINING TO EMPLOYEES, OWNERS, OR
24 OPERATORS OF THE BEHAVIORAL HEALTH ENTITY;

25 (d) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE
26 VIOLATION; OR

27 (e) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS

1 IN A CALENDAR YEAR.

2 (4) IF THE BHA ASSESSES A CIVIL FINE PURSUANT TO SUBSECTION
3 (3)(e) OF THIS SECTION, THE BHA SHALL TRANSMIT THE MONEY TO THE
4 STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL
5 FUND.

6 **27-50-506. Behavioral health licensing cash fund - creation.**

7 THE BEHAVIORAL HEALTH LICENSING CASH FUND, REFERRED TO IN THIS
8 SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND
9 CONSISTS OF MONEY CREDITED TO THE FUND PURSUANT TO SECTION
10 27-50-504 (2). THE MONEY IN THE FUND IS SUBJECT TO ANNUAL
11 APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND
12 INDIRECT COSTS OF THE BHA IN PERFORMING ITS DUTIES PURSUANT TO
13 THIS PART 5. AT THE END OF ANY STATE FISCAL YEAR, ALL UNEXPENDED
14 AND UNENCUMBERED MONEY IN THE FUND REMAINS IN THE FUND AND
15 MUST NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY
16 OTHER FUND.

17 **27-50-507. Employee and contracted service provider -**

18 **criminal history record check.** A BEHAVIORAL HEALTH ENTITY SHALL
19 REQUIRE AN APPLICANT SEEKING EMPLOYMENT WITH, OR SEEKING TO
20 CONTRACT TO PROVIDE SERVICES FOR, THE BEHAVIORAL HEALTH ENTITY
21 TO SUBMIT TO A CRIMINAL HISTORY RECORD CHECK BEFORE EMPLOYMENT
22 OR EXECUTION OF A CONTRACT. THE BEHAVIORAL HEALTH ENTITY SHALL
23 PAY THE COSTS OF THE CRIMINAL HISTORY RECORD CHECK. THE CRIMINAL
24 HISTORY RECORD CHECK MUST BE CONDUCTED NOT MORE THAN NINETY
25 DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.

26 **27-50-508. Enforcement.** THE BHA IS RESPONSIBLE FOR THE
27 ENFORCEMENT OF THIS ARTICLE 50 AND THE RULES ADOPTED PURSUANT

1 TO THIS ARTICLE 50.

2 **27-50-509. Purchase of services by courts, counties,**
3 **municipalities, school districts, and other political subdivisions.** ANY
4 COUNTY, CITY AND COUNTY, MUNICIPALITY, SCHOOL DISTRICT, HEALTH
5 SERVICE DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THE STATE OR
6 ANY COUNTY, CITY AND COUNTY, DISTRICT, OR JUVENILE COURT MAY
7 ENTER INTO INTERGOVERNMENTAL AGREEMENTS WITH ANY COUNTY,
8 MUNICIPALITY, SCHOOL DISTRICT, HEALTH SERVICE DISTRICT, OR OTHER
9 POLITICAL SUBDIVISION OF THE STATE OR MAY ENTER INTO CONTRACTUAL
10 AGREEMENTS WITH ANY PROVIDER LICENSED BY THE BHA FOR THE
11 PURCHASE OF BEHAVIORAL HEALTH SERVICES. FOR THE PURCHASE OF
12 BEHAVIORAL HEALTH SERVICES BY COUNTIES OR CITIES AND COUNTIES AS
13 AUTHORIZED BY THIS SECTION, THE BOARD OF COUNTY COMMISSIONERS
14 OF ANY COUNTY OR THE CITY COUNCIL OF ANY CITY AND COUNTY MAY
15 LEVY A TAX NOT TO EXCEED TWO MILLS UPON REAL PROPERTY WITHIN THE
16 COUNTY OR CITY AND COUNTY IF THE BOARD FIRST SUBMITS THE QUESTION
17 OF THE LEVY TO A VOTE OF THE QUALIFIED ELECTORS AT A GENERAL
18 ELECTION AND RECEIVES THE ELECTORS' APPROVAL OF THE LEVY.

19 **27-50-510. Behavioral health entities - consumer information**
20 **- reporting - release - rules.** (1) EACH BEHAVIORAL HEALTH ENTITY
21 LICENSED, APPROVED, OR DESIGNATED PURSUANT TO THIS PART 5 SHALL
22 REPORT TO THE BHA ALL OF THE FOLLOWING OCCURRENCES:

23 (a) ANY OCCURRENCE THAT RESULTS IN THE DEATH OF A PATIENT
24 OR RESIDENT OF THE FACILITY AND IS REQUIRED TO BE REPORTED TO THE
25 CORONER PURSUANT TO SECTION 30-10-606, AS ARISING FROM AN
26 UNEXPLAINED CAUSE OR UNDER SUSPICIOUS CIRCUMSTANCES;

27 (b) ANY OCCURRENCE THAT RESULTS IN ANY OF THE FOLLOWING

1 SERIOUS INJURIES TO A PATIENT OR RESIDENT:

2 (I) BRAIN OR SPINAL CORD INJURIES;

3 (II) LIFE-THREATENING COMPLICATIONS OF ANESTHESIA OR
4 LIFE-THREATENING TRANSFUSION ERRORS OR REACTIONS; OR

5 (III) SECOND- OR THIRD-DEGREE BURNS INVOLVING TWENTY
6 PERCENT OR MORE OF THE BODY SURFACE AREA OF AN ADULT PATIENT OR
7 RESIDENT OR FIFTEEN PERCENT OR MORE OF THE BODY SURFACE AREA OF
8 A CHILD PATIENT OR RESIDENT;

9 (c) ANY OCCURRENCE WHEN A PATIENT OR RESIDENT OF THE
10 FACILITY CANNOT BE LOCATED FOLLOWING A SEARCH OF THE FACILITY,
11 THE FACILITY GROUNDS, AND THE AREA SURROUNDING THE FACILITY, AND:

12 (I) THERE ARE CIRCUMSTANCES THAT PLACE THE PATIENT'S OR
13 RESIDENT'S HEALTH, SAFETY, OR WELFARE AT RISK; OR

14 (II) THE PATIENT OR RESIDENT HAS BEEN MISSING FOR EIGHT
15 HOURS;

16 (d) ANY OCCURRENCE INVOLVING PHYSICAL, SEXUAL, OR VERBAL
17 ABUSE OF A PATIENT OR RESIDENT, AS DESCRIBED IN SECTION 18-3-202,
18 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, OR 18-3-405, BY
19 ANOTHER PATIENT OR RESIDENT, AN EMPLOYEE OF THE FACILITY, OR A
20 VISITOR TO THE FACILITY;

21 (e) ANY OCCURRENCE INVOLVING CARETAKER NEGLECT OF A
22 PATIENT OR RESIDENT, AS DEFINED IN SECTION 26-3.1-101 (2.3);

23 (f) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A
24 PATIENT'S OR RESIDENT'S PROPERTY. AS USED IN THIS SUBSECTION (1)(f),
25 "MISAPPROPRIATION OF A PATIENT'S OR RESIDENT'S PROPERTY" MEANS A
26 PATTERN OF OR DELIBERATELY MISPLACING, EXPLOITING, OR
27 WRONGFULLY USING, EITHER TEMPORARILY OR PERMANENTLY, A

1 PATIENT'S OR RESIDENT'S BELONGINGS OR MONEY WITHOUT THE PATIENT'S
2 OR RESIDENT'S CONSENT.

3 (g) ANY OCCURRENCE IN WHICH DRUGS INTENDED FOR USE BY
4 PATIENTS OR RESIDENTS ARE DIVERTED TO USE BY OTHER PERSONS. IF THE
5 DIVERTED DRUGS ARE INJECTABLE, THE BEHAVIORAL HEALTH ENTITY
6 SHALL ALSO REPORT THE FULL NAME AND DATE OF BIRTH OF ANY
7 INDIVIDUAL WHO DIVERTED THE INJECTABLE DRUGS, IF KNOWN.

8 (h) ANY OCCURRENCE INVOLVING THE MALFUNCTION OR
9 INTENTIONAL OR ACCIDENTAL MISUSE OF PATIENT OR RESIDENT CARE
10 EQUIPMENT THAT OCCURS DURING TREATMENT OR DIAGNOSIS OF A
11 PATIENT OR RESIDENT AND THAT SIGNIFICANTLY ADVERSELY AFFECTS OR,
12 IF NOT AVERTED, WOULD HAVE SIGNIFICANTLY ADVERSELY AFFECTED A
13 PATIENT OR RESIDENT OF THE FACILITY.

14 

15 (2) THE STATE BOARD OF HUMAN SERVICES SHALL PROMULGATE
16 RULES SPECIFYING THE MANNER, TIME PERIOD, AND FORM IN WHICH THE
17 REPORTS REQUIRED PURSUANT TO SUBSECTION (1) OF THIS SECTION MUST
18 BE MADE.

19 (3) ANY REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS
20 SECTION IS STRICTLY CONFIDENTIAL; EXCEPT THAT INFORMATION IN ANY
21 SUCH REPORT MAY BE TRANSMITTED TO AN APPROPRIATE REGULATORY
22 AGENCY HAVING JURISDICTION FOR DISCIPLINARY OR LICENSE SANCTIONS.
23 THE INFORMATION IN SUCH REPORTS SHALL NOT BE MADE PUBLIC UPON
24 SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS, OR OTHERWISE,
25 EXCEPT AS PROVIDED IN SUBSECTION (5) OF THIS SECTION.

26 (4) THE BHA SHALL INVESTIGATE EACH REPORT SUBMITTED
27 PURSUANT TO SUBSECTION (1) OF THIS SECTION THAT THE BHA

1 DETERMINES WAS APPROPRIATELY SUBMITTED. FOR EACH REPORT
2 INVESTIGATED, THE BHA SHALL PREPARE A SUMMARY OF ITS FINDINGS,
3 INCLUDING THE BHA'S CONCLUSIONS AND WHETHER THERE WAS A
4 VIOLATION OF LICENSING OR APPROVAL STANDARDS OR A DEFICIENCY AND
5 WHETHER THE FACILITY ACTED APPROPRIATELY IN RESPONSE TO THE
6 OCCURRENCE. IF THE INVESTIGATION IS NOT CONDUCTED ON SITE, THE
7 BHA SHALL SPECIFY IN THE SUMMARY HOW THE INVESTIGATION WAS
8 CONDUCTED. ANY INVESTIGATION CONDUCTED PURSUANT TO THIS
9 SUBSECTION (4) IS IN ADDITION TO AND NOT IN LIEU OF ANY INSPECTION
10 REQUIRED TO BE CONDUCTED PURSUANT TO SECTION 27-50-503 (2) WITH
11 REGARD TO LICENSING.

12 (5) (a) THE BHA SHALL MAKE THE FOLLOWING INFORMATION
13 AVAILABLE TO THE PUBLIC:

14 (I) ANY INVESTIGATION SUMMARIES PREPARED PURSUANT TO
15 SUBSECTION (4) OF THIS SECTION;

16 (II) ANY COMPLAINTS AGAINST A BEHAVIORAL HEALTH ENTITY
17 THAT HAVE BEEN FILED WITH THE BHA AND THAT THE BHA HAS
18 INVESTIGATED, INCLUDING THE CONCLUSIONS REACHED BY THE BHA AND
19 WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL
20 STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED
21 APPROPRIATELY IN RESPONSE TO THE SUBJECT OF THE COMPLAINT; AND

22 (III) A LISTING OF ANY DEFICIENCY CITATIONS ISSUED AGAINST
23 EACH BEHAVIORAL HEALTH ENTITY.

24 (b) THE INFORMATION RELEASED PURSUANT TO THIS SUBSECTION
25 (5) SHALL NOT IDENTIFY THE PATIENT OR RESIDENT OR THE HEALTH-CARE
26 PROFESSIONAL INVOLVED IN THE REPORT.

27 (6) PRIOR TO THE COMPLETION OF AN INVESTIGATION PURSUANT

1 TO THIS SECTION, THE BHA MAY RESPOND TO ANY INQUIRY REGARDING
2 A REPORT RECEIVED PURSUANT TO SUBSECTION (1) OF THIS SECTION BY
3 CONFIRMING THAT IT HAS RECEIVED SUCH REPORT AND THAT AN
4 INVESTIGATION IS PENDING.

5 (7) IN ADDITION TO THE REPORT TO THE BHA FOR AN OCCURRENCE
6 DESCRIBED IN SUBSECTION (1)(d) OF THIS SECTION, THE OCCURRENCE
7 MUST BE REPORTED TO A LAW ENFORCEMENT AGENCY.

8 PART 6

9 NETWORK STANDARDS

10 **27-50-601. Department of health care policy and financing -**
11 **behavioral health network standards.** (1) THE STATEWIDE MANAGED
12 CARE SYSTEM, CREATED PURSUANT TO PART 4 OF ARTICLE 5 OF TITLE 25.5
13 AND IMPLEMENTED BY THE DEPARTMENT OF HEALTH CARE POLICY AND
14 FINANCING, SHALL USE HEALTH FACILITIES LICENSED BY THE DEPARTMENT
15 OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO ARTICLE 1.5 OF TITLE
16 25 OR LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50
17 AND INDIVIDUAL BEHAVIORAL HEALTH PRACTITIONERS LICENSED BY THE
18 DEPARTMENT OF REGULATORY AGENCIES AND FEDERALLY QUALIFIED
19 HEALTH CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT",
20 42 U.S.C. SEC. 1395x (aa)(4), WHEN CREATING STATEWIDE OR REGIONAL
21 BEHAVIORAL HEALTH NETWORKS.

22 (2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
23 SHALL ALIGN ALL COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS
24 AND NETWORKS WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE,
25 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION
26 PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF
27 THIS ARTICLE 50.

1 (3) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
2 SHALL REQUIRE THAT ALL BEHAVIORAL HEALTH PROVIDERS ENTER INTO
3 A CONTRACT DEVELOPED PURSUANT TO SECTION 27-50-203 WHEN
4 CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES IN
5 THE STATE.

6 (4) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF
7 HEALTH CARE POLICY AND FINANCING TO SUPPORT THE EARLY AND
8 PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT ACCESS AND
9 PROVIDER NETWORK.

10 **27-50-602. Division of insurance behavioral health network**
11 **standards.** THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE
12 DEPARTMENT OF REGULATORY AGENCIES, WHILE ASSESSING AND
13 STANDARDIZING PROVIDER NETWORKS IN THIS STATE PURSUANT TO
14 SECTION 10-1-108, SHALL ENSURE COMMUNITY-BASED BEHAVIORAL
15 HEALTH NETWORKS ALIGN WITH THE BEHAVIORAL HEALTH CONTINUUM OF
16 CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE
17 COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT
18 TO PART 3 OF THIS ARTICLE 50.

19 **27-50-603. State agency behavioral health network and**
20 **program standards.** (1) ALL STATE AGENCIES ADMINISTERING
21 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS SHALL ENSURE THE
22 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS ALIGN WITH THE
23 BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY
24 NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED
25 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.

26 (2) ALL STATE AGENCIES SHALL USE THE UNIVERSAL
27 CONTRACTING PROVISIONS DEVELOPED PURSUANT TO SECTION 27-50-203

1 WHEN CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH
2 SERVICES IN THE STATE.

3 PART 7
4 BEHAVIORAL HEALTH ADMINISTRATION
5 ADVISORY COUNCIL

6 **27-50-701. Behavioral health administration advisory council**

7 - **creation.** (1) THERE IS CREATED IN THE BEHAVIORAL HEALTH
8 ADMINISTRATION THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY
9 COUNCIL, REFERRED TO IN THIS PART 7 AS THE "ADVISORY COUNCIL", FOR
10 THE PURPOSE OF MAKING RECOMMENDATIONS TO THE COMMISSIONER AND
11 THE STATE BOARD OF HUMAN SERVICES TO IMPROVE THE BEHAVIORAL
12 HEALTH SYSTEM FOR CHILDREN, YOUTH, AND ADULTS THROUGHOUT
13 COLORADO.

14 (2) THE ADVISORY COUNCIL SHALL RECEIVE ROUTINE BRIEFINGS
15 FROM THE COMMISSIONER ON THE PROGRESS OF THE BHA AND
16 BEHAVIORAL HEALTH REFORM EFFORTS AS A METHOD TO ENSURE
17 ACCOUNTABILITY AND TRANSPARENCY. OTHER ADVISORY COUNCIL
18 DUTIES INCLUDE:

19 (a) PROVIDING DIVERSE COMMUNITY INPUT ON CHALLENGES, GAPS,
20 AND POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION AND STRATEGIC
21 PLAN;

22 (b) ESTABLISHING WORKING GROUPS TO SUPPORT THE BHA IN
23 PROBLEM SOLVING AND DEVELOPING SOLUTIONS; AND

24 (c) ENSURING THERE IS PUBLIC ACCOUNTABILITY AND
25 TRANSPARENCY THROUGH REVIEWING THE BHA'S PUBLIC-FACING
26 TRANSPARENCY ACTIVITIES, INCLUDING THE BHA'S DATA DASHBOARDS.

27 **27-50-702. Advisory council - membership.** (1) THE ADVISORY

1 COUNCIL MEMBERSHIP MUST BE REFLECTIVE OF THE DEMOGRAPHIC AND
2 GEOGRAPHIC POPULATIONS OF THIS STATE TO ENSURE ONGOING
3 STAKEHOLDER INPUT AND INVOLVEMENT.

4 (2) (a) THE ADVISORY COUNCIL CONSISTS OF NOT LESS THAN
5 FIFTEEN MEMBERS AND NOT MORE THAN TWENTY MEMBERS APPOINTED BY
6 THE COMMISSIONER FOR THREE-YEAR TERMS; EXCEPT THAT SOME OF THE
7 INITIAL TERMS MAY BE FOR TWO YEARS. IN ADDITION TO MAINTAINING A
8 MAJORITY OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED
9 BEHAVIORAL HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH
10 LIVED BEHAVIORAL HEALTH EXPERIENCE, THE COMMISSIONER SHALL
11 APPOINT AT LEAST ONE MEMBER THAT REPRESENTS:

- 12 (I) RURAL COMMUNITIES;
- 13 (II) EACH TRIBAL GOVERNMENT WITHIN COLORADO;
- 14 (III) COUNTY GOVERNMENTS;
- 15 (IV) PERSONS WITH DISABILITIES, AS DEFINED IN SECTION
16 24-34-301 (2.5), A FAMILY MEMBER OF A PERSON WITH A DISABILITY, OR
17 AN ADVOCACY ORGANIZATION FOR PERSONS WITH DISABILITIES;
- 18 (V) THE COLORADO STATE JUDICIAL BRANCH, IN CONSULTATION
19 WITH THE STATE COURT ADMINISTRATOR'S OFFICE;
- 20 (VI) BEHAVIORAL HEALTH SAFETY NET PROVIDERS; AND
- 21 (VII) PERSONS WITH EXPERTISE IN THE BEHAVIORAL HEALTH
22 NEEDS OF CHILDREN AND YOUTH.

23 (b) IN MAKING APPOINTMENTS TO THE ADVISORY COUNCIL, THE
24 COMMISSIONER SHALL CONSIDER INCLUDING MEMBERS THAT REPRESENT
25 THE RACIAL AND ETHNIC DIVERSITY OF THE STATE; THAT REPRESENT THE
26 LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR QUESTIONING
27 COMMUNITY; THAT ARE INVOLVED IN THE CRIMINAL OR JUVENILE JUSTICE

1 SYSTEM; AND THAT REPRESENT OTHER POPULATIONS WITH HEALTH
2 DISPARITIES.

3 **27-50-703. Advisory council - regional subcommittees -**
4 **subcommittees - working groups.** (1) THE BHA SHALL CREATE ONE
5 REGIONAL SUBCOMMITTEE OF THE ADVISORY COUNCIL FOR EACH
6 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REGION
7 ESTABLISHED PURSUANT TO SECTION 27-50-401. REGIONAL
8 SUBCOMMITTEE MEMBERS ARE APPOINTED BY THE COMMISSIONER FOR
9 THREE-YEAR TERMS; EXCEPT THAT INITIAL TERMS MAY BE FOR TWO
10 YEARS. EACH REGIONAL SUBCOMMITTEE CONSISTS OF FIVE MEMBERS.
11 EXCEPT AS PROVIDED IN THIS SECTION, MEMBERS OF THE REGIONAL
12 SUBCOMMITTEES NEED NOT BE MEMBERS OF THE ADVISORY COUNCIL
13 APPOINTED PURSUANT TO SECTION 27-50-702. MEMBERSHIP OF THE
14 REGIONAL SUBCOMMITTEES MUST INCLUDE:

15 (a) AT LEAST ONE INDIVIDUAL WHO IS ALSO A MEMBER OF THE
16 ADVISORY COUNCIL APPOINTED PURSUANT TO SECTION 27-50-702;

17 (b) AT LEAST ONE INDIVIDUAL WHO REPRESENTS A BEHAVIORAL
18 HEALTH SAFETY NET PROVIDER THAT OPERATES WITHIN THE REGION; AND

19 (c) A COUNTY COMMISSIONER OF A COUNTY SITUATED WITHIN THE
20 REGION.

21 (2) THE BHA MAY CREATE COMMITTEES WITHIN THE ADVISORY
22 COUNCIL TO MEET OTHER STATE AND FEDERAL BOARD OR ADVISORY
23 COUNCIL REQUIREMENTS, WHICH MAY INCLUDE:

24 (a) THE BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL,
25 AUTHORIZED PURSUANT TO 42 U.S.C. SEC. 300x-3;

26 (b) THE MENTAL HEALTH ADVISORY BOARD FOR SERVICE
27 STANDARDS AND RULES CREATED PURSUANT TO SECTION 27-65-131; AND

1 (c) THE CHILD AND YOUTH MENTAL HEALTH SERVICES STANDARDS
2 ADVISORY BOARD CREATED PURSUANT TO SECTION 27-67-109.

3 (3) EACH COMMITTEE MEMBERSHIP SHALL MAINTAIN A MAJORITY
4 OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL
5 HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED
6 BEHAVIORAL HEALTH EXPERIENCE.

7 (4) THE ADVISORY COUNCIL HAS THE AUTHORITY TO CREATE
8 ADVISORY COUNCIL WORKGROUPS FOCUSED ON TOPICS OF NEED AS
9 DETERMINED BY THE ADVISORY COUNCIL IN COLLABORATION WITH THE
10 BHA.

11 PART 8

12 MENTAL HEALTH PROGRAMS

13 **27-50-801. Veteran suicide prevention pilot program - rules -**
14 **report - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE
15 CONTEXT OTHERWISE REQUIRES:

16 (a) "PILOT PROGRAM" MEANS THE VETERAN SUICIDE PREVENTION
17 PILOT PROGRAM DESCRIBED IN SUBSECTION (2) OF THIS SECTION.

18 (b) "VETERAN" HAS THE SAME MEANING SET FORTH IN SECTION
19 28-5-100.3.

20 (2) (a) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
21 ESTABLISH A VETERAN SUICIDE PREVENTION PILOT PROGRAM TO REDUCE
22 THE SUICIDE RATE AND SUICIDAL IDEATION AMONG VETERANS BY
23 PROVIDING NO-COST, STIGMA-FREE, CONFIDENTIAL, AND EFFECTIVE
24 BEHAVIORAL HEALTH TREATMENT FOR VETERANS AND THEIR FAMILIES.

25 (b) THE BHA SHALL ESTABLISH THE PILOT PROGRAM TO PROVIDE
26 SERVICES FOR SEVEN HUNDRED VETERANS IN EL PASO COUNTY. SUBJECT
27 TO AVAILABLE APPROPRIATIONS, THE BHA MAY, AT ANY TIME, EXPAND

1 THE PILOT PROGRAM TO SERVE MORE THAN SEVEN HUNDRED VETERANS OR
2 TO OTHER AREAS OF THE STATE.

3 (3) (a) THE PILOT PROGRAM MUST:

4 (I) PROVIDE A SINGLE PHONE NUMBER OR OFFER ELECTRONIC
5 MEANS OF CONTACTING THE PILOT PROGRAM, INCLUDING E-MAIL OR AN
6 ELECTRONIC FORM ON THE PILOT PROGRAM'S WEBSITE, THAT A VETERAN
7 MAY USE TO CONTACT THE PILOT PROGRAM TO MAKE INQUIRIES ABOUT
8 AVAILABLE SERVICES AND SCHEDULE CONSULTATIONS AND TREATMENT
9 APPOINTMENTS;

10 (II) PROVIDE TREATMENT FOR CONDITIONS EXPERIENCED BY
11 VETERANS THAT MAY CONTRIBUTE TO SUICIDAL IDEATION, INCLUDING,
12 BUT NOT LIMITED TO, POST-TRAUMATIC STRESS DISORDER, DEPRESSION,
13 MILITARY SEXUAL TRAUMA, SUBSTANCE USE DISORDER, AND SYMPTOMS
14 OF TRAUMATIC BRAIN INJURY; AND

15 (III) DEVELOP AN INDIVIDUALIZED TREATMENT PLAN FOR EACH
16 VETERAN WHO IS RECEIVING TREATMENT.

17 (b) THE PILOT PROGRAM MAY ENTER INTO AGREEMENTS WITH
18 TREATMENT PROVIDERS IN THE PILOT PROGRAM AREA TO PROVIDE THE
19 SERVICES DESCRIBED IN SUBSECTIONS (3)(a)(II) AND (3)(a)(III) OF THIS
20 SECTION.

21 (4) THE BHA SHALL ADOPT RULES NECESSARY FOR THE
22 ADMINISTRATION OF THIS SECTION.

23 (5) THE BHA MAY ENTER INTO AN AGREEMENT WITH A NONPROFIT
24 OR EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.
25 THE NONPROFIT OR EDUCATIONAL ORGANIZATION MUST HAVE AT LEAST
26 FIVE YEARS' EXPERIENCE PROVIDING SERVICES DESCRIBED IN THIS SECTION
27 TO VETERANS AND SATISFY ANY ADDITIONAL QUALIFICATIONS

1 ESTABLISHED BY THE BHA. THE BHA SHALL ADOPT RULES TO ESTABLISH
2 ADDITIONAL QUALIFICATIONS FOR A NONPROFIT OR EDUCATIONAL
3 ORGANIZATION TO ENSURE EFFICIENT AND EFFECTIVE ADMINISTRATION OF
4 THE PILOT PROGRAM AND A PROCESS FOR SELECTING A NONPROFIT OR
5 EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.

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

13 (7) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2025.

14 **SECTION 2.** In Colorado Revised Statutes, **add** part 14 to article
15 20.5 of title 25 as follows:

16 PART 14

17 COMMUNITY PREVENTION AND

18 EARLY INTERVENTION PROGRAMS

19 **25-20.5-1401. Transfer of functions - employees - property -**
20 **records.** (1) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH
21 AND ENVIRONMENT SHALL EXECUTE, ADMINISTER, PERFORM, AND
22 ENFORCE THE RIGHTS, POWERS, DUTIES, FUNCTIONS, AND OBLIGATIONS OF
23 THE COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS
24 AUTHORIZED PURSUANT TO SECTIONS 27-80-103 (2)(d), 27-80-106,
25 27-80-117, AND 27-80-124 PREVIOUSLY ADMINISTERED BY THE
26 DEPARTMENT OF HUMAN SERVICES.

27 (2) (a) AS OF JULY 1, 2022, ALL EMPLOYEES OF THE DEPARTMENT

1 OF HUMAN SERVICES WHOSE DUTIES AND FUNCTIONS CONCERNED THE
2 DUTIES AND FUNCTIONS ASSUMED BY THE DEPARTMENT OF PUBLIC HEALTH
3 AND ENVIRONMENT PURSUANT TO THIS SECTION, AND WHOSE
4 EMPLOYMENT IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
5 IS DEEMED NECESSARY TO CARRY OUT THE PURPOSES OF THE COMMUNITY
6 PREVENTION AND EARLY INTERVENTION PROGRAMS FOR THE
7 DEPARTMENT, ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH
8 AND ENVIRONMENT AND BECOME EMPLOYEES OF THE DEPARTMENT OF
9 PUBLIC HEALTH AND ENVIRONMENT.

10 (b) ANY EMPLOYEES TRANSFERRED TO THE DEPARTMENT OF
11 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO THIS SECTION WHO ARE
12 CLASSIFIED EMPLOYEES IN THE STATE PERSONNEL SYSTEM RETAIN ALL
13 RIGHTS TO THE PERSONNEL SYSTEM AND RETIREMENT BENEFITS PURSUANT
14 TO THE LAWS OF THIS STATE, AND THEIR SERVICE IS DEEMED TO HAVE
15 BEEN CONTINUOUS. ALL TRANSFERS AND ANY ABOLISHMENT OF POSITIONS
16 IN THE STATE PERSONNEL SYSTEM MUST BE MADE AND PROCESSED IN
17 ACCORDANCE WITH STATE PERSONNEL SYSTEM LAWS AND RULES.

18 (3) AS OF JULY 1, 2022, ALL ITEMS OF PROPERTY, REAL AND
19 PERSONAL, INCLUDING OFFICE FURNITURE AND FIXTURES, BOOKS,
20 DOCUMENTS, AND RECORDS OF THE DEPARTMENT OF HUMAN SERVICES
21 PERTAINING TO THE DUTIES AND FUNCTIONS TRANSFERRED PURSUANT TO
22 THIS SECTION ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH
23 AND ENVIRONMENT AND SHALL BECOME THE PROPERTY OF THE
24 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

25 (4) AS OF JULY 1, 2022, WHENEVER THE DEPARTMENT OF HUMAN
26 SERVICES OR DEPARTMENT IS REFERRED TO OR DESIGNATED BY ANY
27 CONTRACT OR OTHER DOCUMENT IN CONNECTION WITH THE DUTIES AND

1 FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND
2 ENVIRONMENT, SUCH REFERENCE OR DESIGNATION IS DEEMED TO APPLY
3 TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. ALL
4 CONTRACTS ENTERED INTO BY THE DEPARTMENTS PRIOR TO JULY 1, 2022,
5 IN CONNECTION WITH THE DUTIES AND FUNCTIONS TRANSFERRED TO THE
6 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE HEREBY
7 VALIDATED, WITH THE DEPARTMENT OF PUBLIC HEALTH AND
8 ENVIRONMENT SUCCEEDING TO ALL RIGHTS AND OBLIGATIONS UNDER
9 SUCH CONTRACTS. AS OF JULY 1, 2022, ANY CASH FUNDS, CUSTODIAL
10 FUNDS, TRUSTS, GRANTS, AND APPROPRIATIONS OF FUNDS FROM PRIOR
11 STATE FISCAL YEARS OPEN TO SATISFY OBLIGATIONS INCURRED UNDER
12 SUCH CONTRACTS ARE TRANSFERRED AND APPROPRIATED TO THE
13 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR THE PAYMENT
14 OF SUCH OBLIGATIONS.

15 (5) ON AND AFTER JULY 1, 2022, UNLESS OTHERWISE SPECIFIED,
16 WHENEVER ANY PROVISION OF LAW REFERS TO THE DEPARTMENT OF
17 HUMAN SERVICES IN CONNECTION WITH THE DUTIES AND FUNCTIONS
18 TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND
19 ENVIRONMENT, SUCH LAW MUST BE CONSTRUED AS REFERRING TO THE
20 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

21 (6) AS OF JULY 1, 2022, ALL RULES AND ORDERS OF THE
22 DEPARTMENT OF HUMAN SERVICES ADOPTED IN CONNECTION WITH THE
23 POWERS, DUTIES, AND FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF
24 PUBLIC HEALTH AND ENVIRONMENT SHALL CONTINUE TO BE EFFECTIVE
25 UNTIL REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT TO LAW.

26 **SECTION 3.** In Colorado Revised Statutes, 2-7-202, **amend** (1)
27 **and** (5)(a); **and add** (1.5) as follows:

1 **2-7-202. Definitions.** As used in this part 2, unless the context
2 otherwise requires:

3 (1) ~~"Colorado commission on criminal and juvenile justice" means~~
4 ~~the Colorado commission on criminal and juvenile justice created in~~
5 ~~section 16-11.3-102, C.R.S.~~ "BEHAVIORAL HEALTH ADMINISTRATION"
6 MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
7 SECTION 27-50-102.

8 (1.5) "COLORADO COMMISSION ON CRIMINAL AND JUVENILE
9 JUSTICE" MEANS THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE
10 JUSTICE CREATED IN SECTION 16-11.3-102.

11 (5) (a) "Department" means the judicial department, the office of
12 state public defender, the office of alternate defense counsel, the office
13 of the child's representative, the office of the child protection
14 ombudsman, the public employees' retirement association, the Colorado
15 energy office, the office of economic development, THE BEHAVIORAL
16 HEALTH ADMINISTRATION, and the principal departments of the executive
17 branch of state government as specified in section 24-1-110, ~~C.R.S.~~,
18 including any division, office, agency, or other unit created within a
19 principal department.

20 **SECTION 4.** In Colorado Revised Statutes, 10-16-104, **amend**
21 (5.5)(a)(I)(B) as follows:

22 **10-16-104. Mandatory coverage provisions - definitions -**
23 **rules. (5.5) Behavioral, mental health, and substance use disorders**
24 **- rules.** (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this
25 article 16, except those described in section 10-16-102 (32)(b), must
26 provide coverage:

27 (B) At a minimum, for the treatment of substance use disorders in

1 accordance with the American Society of Addiction Medicine criteria for
2 placement, medical necessity, and utilization management determinations
3 as set forth in the most recent edition of "The ASAM Criteria for
4 Addictive, Substance-related, and Co-occurring Conditions"; except that
5 the commissioner may identify by rule, in consultation with the
6 department of health care policy and financing and the ~~office of~~
7 behavioral health ADMINISTRATION in the department of human services,
8 an alternate nationally recognized and evidence-based
9 substance-use-disorder-specific criteria for placement, medical necessity,
10 or utilization management, if American Society of Addiction Medicine
11 criteria are no longer available, relevant, or do not follow best practices
12 for substance use disorder treatment.

13 **SECTION 5.** In Colorado Revised Statutes, 12-245-203.5,
14 **amend** (1), (2), (3), (4), and (7); and **repeal** (8) as follows:

15 **12-245-203.5. Minors - consent for outpatient psychotherapy**
16 **services - immunity - definition.** (1) As used in this section, unless the
17 context otherwise requires, "mental health professional" includes a
18 professional person as defined in section 27-65-102 (17); a mental health
19 professional licensed pursuant to part 3, 4, 5, 6, or 8 of this article 245; a
20 licensed professional counselor candidate; a psychologist candidate; ~~or a~~
21 ~~school social worker licensed by the department of education~~ A CLINICAL
22 SOCIAL WORKER CANDIDATE; A MARRIAGE AND FAMILY THERAPIST
23 CANDIDATE; OR AN ADDICTION COUNSELOR CANDIDATE.

24 (2) (a) Notwithstanding any other provision of law, a mental
25 health professional ~~described in subsection (1) of this section~~ may provide
26 psychotherapy services, as defined in section 12-245-202 (14)(a), to a
27 minor who is twelve years of age or older, ~~with or~~ without the consent of

1 the minor's parent or legal guardian, if the mental health professional
2 determines that:

3 (a) (I) The minor is knowingly and voluntarily seeking such
4 services; and

5 (b) (II) The provision of psychotherapy services is clinically
6 indicated and necessary to the minor's well-being.

7 (b) A MINOR MAY NOT REFUSE PSYCHOTHERAPY SERVICES WHEN
8 A MENTAL HEALTH PROFESSIONAL AND THE MINOR'S PARENT OR LEGAL
9 GUARDIAN AGREE PSYCHOTHERAPY SERVICES ARE IN THE BEST INTEREST
10 OF THE MINOR.

11 (3) IF A MINOR VOLUNTARILY SEEKS PSYCHOTHERAPY SERVICES ON
12 THE MINOR'S OWN BEHALF PURSUANT TO SUBSECTION (2)(a) OF THIS
13 SECTION:

14 (a) The mental health professional may notify the minor's parent
15 or legal guardian of the psychotherapy services given or needed, with the
16 minor's consent, unless notifying the parent or legal guardian would be
17 inappropriate or detrimental to the minor's care and treatment;

18 (b) The mental health professional shall engage the minor in a
19 discussion about the importance of involving and notifying the minor's
20 parent or legal guardian and shall encourage such notification to help
21 support the minor's care and treatment; AND

22 (c) Notwithstanding the provisions of subsection (3)(a) of this
23 section, a mental health professional may notify the minor's parent or
24 legal guardian of the psychotherapy services given or needed, without the
25 minor's consent, if, in the professional opinion of the mental health
26 professional, the minor is unable to manage the minor's care or treatment.

27 (4) A mental health professional ~~described in subsection (1) of~~

1 ~~this section~~ shall fully document when the mental health professional
2 attempts to contact or notify the minor's parent or legal guardian, and
3 whether the attempt was successful or unsuccessful, or the reason why,
4 in the mental health professional's opinion, it would be inappropriate to
5 contact or notify the minor's parent or legal guardian. IF A MINOR SEEKS
6 PSYCHOTHERAPY SERVICES ON THE MINOR'S OWN BEHALF PURSUANT TO
7 SUBSECTION (2)(a) OF THIS SECTION, documentation must be included in
8 the minor's clinical record, along with a written statement signed by the
9 minor indicating that the minor is voluntarily seeking psychotherapy
10 services.

11 (7) If a minor who is receiving psychotherapy services pursuant
12 to this section communicates ~~a clear and imminent intent or threat to~~
13 ~~inflict serious bodily harm on themselves or others~~ A SERIOUS THREAT OF
14 IMMINENT PHYSICAL VIOLENCE AGAINST A SPECIFIC PERSON OR PERSONS,
15 INCLUDING A PERSON WHO IS IDENTIFIABLE BY THE PERSON'S ASSOCIATION
16 WITH A SPECIFIC LOCATION OR ENTITY, the mental health professional
17 ~~described in subsection (1) of this section~~ is subject to the notification
18 provisions of section 13-21-117 (2) AND SHALL NOTIFY THE MINOR'S
19 PARENT OR LEGAL GUARDIAN UNLESS NOTIFYING THE PARENT OR LEGAL
20 GUARDIAN WOULD BE INAPPROPRIATE OR DETRIMENTAL TO THE MINOR'S
21 CARE AND TREATMENT.

22 (8) ~~If a minor who is receiving psychotherapy services pursuant~~
23 ~~to subsections (2) and (3) of this section communicates an intent to~~
24 ~~commit suicide, the mental health professional described in subsection (1)~~
25 ~~of this section shall notify the minor's parent or legal guardian of such~~
26 ~~suicidal ideation.~~

27 **SECTION 6.** In Colorado Revised Statutes, 12-245-216, **amend**

1 (4)(d) as follows:

2 **12-245-216. Mandatory disclosure of information to clients.**

3 (4) The disclosure of information required by subsection (1) of this
4 section is not required when psychotherapy is being administered in any
5 of the following circumstances:

6 (d) The client is in the physical custody of ~~either~~ the department
7 of corrections, ~~or~~ the department of human services, OR THE BEHAVIORAL
8 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and
9 such department OR ADMINISTRATION has developed an alternative
10 program to provide similar information to the client and the program has
11 been established through rule;

12 **SECTION 7.** In Colorado Revised Statutes, 12-245-217, **amend**
13 (2) introductory portion and (2)(b) as follows:

14 **12-245-217. Scope of article - exemptions.** (2) The provisions
15 of this article 245 ~~shall~~ DO not apply to:

16 (b) Employees of the ~~state~~ department of human services OR THE
17 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
18 SERVICES; employees of county departments of human or social services;
19 or personnel under the direct supervision and control of the state
20 department of human services, THE BEHAVIORAL HEALTH
21 ADMINISTRATION, or any county department of human or social services
22 for work undertaken as part of their employment;

23 **SECTION 8.** In Colorado Revised Statutes, **amend** 12-245-409
24 as follows:

25 **12-245-409. Employees of social services.** (1) Notwithstanding
26 the exemption in section 12-245-217 (2)(b), an employee of the ~~state~~
27 department of human services OR THE BEHAVIORAL HEALTH

1 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, AN employee
2 of a county department of human or social services, or personnel under
3 the direct control or supervision of those departments OR
4 ADMINISTRATION shall not state that ~~he or she~~ THE PERSON is engaged in
5 the practice of social work as a social worker or refer to ~~himself or herself~~
6 THE PERSON'S SELF as a social worker unless the person is licensed
7 pursuant to this part 4 or has completed an earned social work degree, as
8 specified in section 12-245-401 (9).

9 (2) Notwithstanding the exemption in section 12-245-217 (2)(b),
10 any employee licensed pursuant to this article 245 who is terminated from
11 employment by the ~~state~~ department of human services, THE BEHAVIORAL
12 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, or a
13 county department of human or social services is subject to review and
14 disciplinary action by the board that licenses or regulates the employee.

15 (3) An employee of the ~~state~~ department of human services, THE
16 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
17 SERVICES, or a county department of human or social services who has
18 completed a bachelor's or master's degree in social work may apply to the
19 board, for purposes related to licensure under this part 4, for approval for
20 supervision by a person other than a licensed clinical social worker. The
21 board shall consider input from representatives of the ~~state~~ department of
22 human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
23 DEPARTMENT OF HUMAN SERVICES, and the county departments of human
24 or social services when promulgating the rule concerning what
25 qualifications or experience a person is required to possess in order to
26 supervise an employee pursuant to this subsection (3).

27 **SECTION 9.** In Colorado Revised Statutes, 13-5-142, **amend**

1 (1)(b) and (3)(b)(II) as follows:

2 **13-5-142. National instant criminal background check system**

3 - **reporting.** (1) On and after March 20, 2013, the state court
4 administrator shall send electronically the following information to the
5 Colorado bureau of investigation created pursuant to section 24-33.5-401,
6 referred to in this section as the "bureau":

7 (b) The name of each person who has been committed by order of
8 the court to the custody of the ~~office~~ of behavioral health
9 ADMINISTRATION in the department of human services pursuant to section
10 27-81-112; and

11 (3) The state court administrator shall take all necessary steps to
12 cancel a record made by the state court administrator in the national
13 instant criminal background check system if:

14 (b) No less than three years before the date of the written request:

15 (II) The period of certification or commitment of the most recent
16 order of certification, commitment, recertification, or recommitment
17 expired, or a court entered an order terminating the person's incapacity or
18 discharging the person from certification or commitment in the nature of
19 habeas corpus, if the record in the national instant criminal background
20 check system is based on an order of certification or commitment to the
21 custody of the ~~office~~ of behavioral health ADMINISTRATION in the
22 department of human services; except that the state court administrator
23 shall not cancel any record pertaining to a person with respect to whom
24 two recommitment orders have been entered pursuant to section
25 27-81-112 (7) and (8), or who was discharged from treatment pursuant to
26 section 27-81-112 (11) on the grounds that further treatment is not likely
27 to bring about significant improvement in the person's condition; or

1 **SECTION 10.** In Colorado Revised Statutes, 13-5-142.5, **amend**
2 (2)(a)(II) as follows:

3 **13-5-142.5. National instant criminal background check**
4 **system - judicial process for awarding relief from federal**
5 **prohibitions - legislative declaration.** (2) **Eligibility.** A person may
6 petition for relief pursuant to this section if:

7 (a) (II) ~~He or she~~ THE PERSON has been committed by order of the
8 court to the custody of the ~~office of~~ behavioral health ADMINISTRATION
9 in the department of human services pursuant to section 27-81-112; or

10 **SECTION 11.** In Colorado Revised Statutes, 13-9-123, **amend**
11 (1)(b) and (3)(b)(II) as follows:

12 **13-9-123. National instant criminal background check system**
13 **- reporting.** (1) On and after March 20, 2013, the state court
14 administrator shall send electronically the following information to the
15 Colorado bureau of investigation created pursuant to section 24-33.5-401,
16 referred to in this section as the "bureau":

17 (b) The name of each person who has been committed by order of
18 the court to the custody of the ~~office of~~ behavioral health
19 ADMINISTRATION in the department of human services pursuant to section
20 27-81-112; and

21 (3) The state court administrator shall take all necessary steps to
22 cancel a record made by the state court administrator in the national
23 instant criminal background check system if:

24 (b) No less than three years before the date of the written request:

25 (II) The period of certification or commitment of the most recent
26 order of certification, commitment, recertification, or recommitment
27 expired, or the court entered an order terminating the person's incapacity

1 or discharging the person from certification or commitment in the nature
2 of habeas corpus, if the record in the national instant criminal background
3 check system is based on an order of certification or commitment to the
4 custody of the ~~office of~~ behavioral health ADMINISTRATION in the
5 department of human services; except that the state court administrator
6 shall not cancel any record pertaining to a person with respect to whom
7 two recommitment orders have been entered pursuant to section
8 27-81-112 (7) and (8), or who was discharged from treatment pursuant to
9 section 27-81-112 (11), on the grounds that further treatment is not likely
10 to bring about significant improvement in the person's condition; or

11 **SECTION 12.** In Colorado Revised Statutes, 13-9-124, **amend**
12 (2)(a)(II) as follows:

13 **13-9-124. National instant criminal background check system**
14 **- judicial process for awarding relief from federal prohibitions -**
15 **legislative declaration. (2) Eligibility.** A person may petition for relief
16 pursuant to this section if:

17 (a) (II) ~~He or she~~ THE PERSON has been committed by order of the
18 court to the custody of the ~~office of~~ behavioral health ADMINISTRATION
19 in the department of human services pursuant to section 27-81-112; or

20 **SECTION 13.** In Colorado Revised Statutes, 13-20-401, **amend**
21 (2) as follows:

22 **13-20-401. Definitions.** As used in this part 4, unless the context
23 otherwise requires:

24 (2) "Patient" means the person upon whom a proposed
25 electroconvulsive treatment is to be performed; except that nothing in this
26 part 4 supersedes the provisions of article 65 of title 27 or any rule
27 adopted by the BEHAVIORAL HEALTH ADMINISTRATION IN THE department

1 of human services pursuant to section 27-65-116 (2) with regard to the
2 care and treatment of any person unable to exercise written informed
3 consent or of a person with a mental health disorder.

4 **SECTION 14.** In Colorado Revised Statutes, 16-8.5-111, **amend**
5 (2)(b)(II)(B) as follows:

6 **16-8.5-111. Procedure after determination of competency or**
7 **incompetency.** (2) If the final determination made pursuant to section
8 16-8.5-103 is that the defendant is incompetent to proceed, the court has
9 the following options:

10 (b) (II) (B) As a condition of bond, the court shall order that the
11 restoration take place on an outpatient basis. Pursuant to section
12 27-60-105, ~~the department through the office of~~ THE behavioral health
13 ADMINISTRATION IN THE DEPARTMENT is the entity responsible for the
14 oversight of restoration education and coordination of all competency
15 restoration services. As a condition of release for outpatient restoration
16 services, the court may require pretrial services, if available, to work with
17 ~~the department~~ BEHAVIORAL HEALTH ADMINISTRATION and the restoration
18 services provider under contract with the ~~department~~ BEHAVIORAL
19 HEALTH ADMINISTRATION to assist in securing appropriate support and
20 care management services, which may include housing resources. The
21 individual agency responsible for providing outpatient restoration
22 services for the defendant shall notify the court or other designated
23 agency within twenty-one days if restoration services have not
24 commenced.

25 **SECTION 15.** In Colorado Revised Statutes, 16-11.9-102,
26 **amend** (1) introductory portion and (2) introductory portion as follows:

27 **16-11.9-102. Screening for behavioral or mental health**

1 **disorders - standardized process - development.** (1) The director of the
2 division of criminal justice ~~within~~ IN the department of public safety is
3 responsible for ensuring that the head of the department of psychiatry at
4 the university of Colorado health sciences center, the judicial department,
5 the department of corrections, the state board of parole, the division of
6 criminal justice ~~within~~ IN the department of public safety, THE
7 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
8 SERVICES, and the ~~office of behavioral health~~ UNITS RESPONSIBLE FOR THE
9 MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES in the department
10 of human services meet and cooperate to develop a standardized
11 screening procedure for the assessment of behavioral or mental health
12 disorders in persons who are involved in the adult criminal justice system.

13 The standardized screening procedure must include, but is not limited to:

14 (2) In conjunction with the development of a standardized
15 behavioral or mental health disorder screening procedure for the adult
16 criminal justice system as specified in subsection (1) of this section, the
17 judicial department, the division of youth services ~~within~~ IN the
18 department of human services, the unit responsible for child welfare
19 services ~~within~~ IN the department of human services, the ~~office of~~
20 behavioral health ADMINISTRATION in the department of human services,
21 THE UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND
22 FORENSIC SERVICES IN THE DEPARTMENT OF HUMAN SERVICES, the
23 division of criminal justice ~~within~~ IN the department of public safety, and
24 the department of corrections shall cooperate to develop a standardized
25 screening procedure for the assessment of behavioral or mental health
26 disorders in juveniles who are involved in the juvenile justice system. The
27 standardized screening procedure must include, but is not limited to:

1 **SECTION 16.** In Colorado Revised Statutes, **amend** 16-11.9-105
2 as follows:

3 **16-11.9-105. Periodic review.** On or before October 1, 2004, and
4 on or before October 1 every two years thereafter, the judicial department,
5 the department of corrections, the state board of parole, the division of
6 criminal justice ~~within~~ IN the department of public safety, and the
7 BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human
8 services shall jointly review the implementation of the standardized
9 procedures and the use of the standardized screening instruments
10 developed pursuant to this ~~article~~ ARTICLE 11.9.

11 **SECTION 17.** In Colorado Revised Statutes, 16-11.9-204,
12 **amend** (1)(f)(III) introductory portion as follows:

13 **16-11.9-204. Behavioral health court liaisons - duties and**
14 **responsibilities - consultation and collaboration.** (1) A court liaison
15 hired pursuant to this part 2 has the following duties and responsibilities:

16 (f) Identifying existing programs and resources that are already
17 available in the community, including but not limited to:

18 (III) Community mental health centers and other local community
19 behavioral health providers that receive state funding through the ~~office~~
20 ~~of~~ behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN
21 SERVICES for services such as:

22 **SECTION 18.** In Colorado Revised Statutes, 16-13-311, **amend**
23 (3)(a)(VII) introductory portion and (3)(a)(VII)(B) as follows:

24 **16-13-311. Disposition of seized personal property.** (3) (a) If
25 the prosecution prevails in the forfeiture action, the court shall order the
26 property forfeited. Such order perfects the state's right and interest in and
27 title to such property and relates back to the date when title to the property

1 vested in the state pursuant to section 16-13-316. Except as otherwise
2 provided in subsection (3)(c) of this section, the court shall also order
3 such property to be sold at a public sale by the law enforcement agency
4 in possession of the property in the manner provided for sales on
5 execution, or in another commercially reasonable manner. Property
6 forfeited pursuant to this section or proceeds therefrom must be
7 distributed or applied in the following order:

8 (VII) The balance ~~shall~~ MUST be delivered, upon order of the
9 court, as follows:

10 (B) Twenty-five percent to the managed service organization
11 contracting with the ~~office of behavioral health ADMINISTRATION~~ in the
12 department of human services serving the judicial district where the
13 forfeiture proceeding was prosecuted to fund detoxification and substance
14 use disorder treatment. Money appropriated to the managed service
15 organization must be in addition to, and not be used to supplant, other
16 funding appropriated to the ~~office of behavioral health ADMINISTRATION~~;
17 and

18 **SECTION 19.** In Colorado Revised Statutes, 16-13-701, **repeal**
19 (9) as follows:

20 **16-13-701. Reports related to seizures and forfeitures -**
21 **legislative declaration - definitions.** (9) ~~(a) The office of behavioral~~
22 ~~health shall prepare an annual accounting report of money received by the~~
23 ~~managed service organization pursuant to section 16-13-311~~
24 ~~(3)(a)(VII)(B), including revenues, expenditures, beginning and ending~~
25 ~~balances, and services provided. The office of behavioral health shall~~
26 ~~provide this report to the health and human services committee of the~~
27 ~~senate and the public health care and human services committee of the~~

1 ~~house of representatives, or any successor committees.~~

2 (b) ~~Pursuant to section 24-1-136 (11)(a)(I), the report required in~~
3 ~~this subsection (9) expires on February 1, 2021.~~

4 **SECTION 20.** In Colorado Revised Statutes, 17-1-103, **amend**
5 (1)(r) as follows:

6 **17-1-103. Duties of the executive director.** (1) The duties of the
7 executive director are:

8 (r) In consultation with the ~~offices~~ of behavioral health
9 ADMINISTRATION and THE OFFICE OF economic security in the department
10 of human services, the department of health care policy and financing, the
11 department of local affairs, and local service providers, to develop
12 resources for inmates post-release that provide information to help
13 prepare inmates for release and successful reintegration into their
14 communities. The resources must reflect the needs of diverse and
15 underserved populations and communities.

16 **SECTION 21.** In Colorado Revised Statutes, 17-2-201, **amend**
17 (5.7)(a) and (5.7)(d) as follows:

18 **17-2-201. State board of parole - duties - definitions.** (5.7) If,
19 as a condition of parole, an offender is required to undergo counseling or
20 treatment, unless the parole board determines that treatment at another
21 facility or with another person is warranted, the treatment or counseling
22 must be at a facility or with a person:

23 (a) Approved by the ~~office~~ of behavioral health ADMINISTRATION
24 in the department of human services ~~established in article 80 of title 27,~~
25 if the treatment is for alcohol or drug abuse;

26 (d) Licensed or certified by the division of adult parole in the
27 department of corrections, the department of regulatory agencies, the

1 ~~office of behavioral health ADMINISTRATION~~ in the department of human
2 services, the state board of nursing, or the Colorado medical board,
3 whichever is appropriate for the required treatment or counseling.

4 **SECTION 22.** In Colorado Revised Statutes, 17-26-140, **amend**
5 (1)(b) as follows:

6 **17-26-140. Continuity of care for persons released from jail.**

7 (1) If a person is treated for a substance use disorder throughout the
8 person's incarceration, the county jail shall, at a minimum, conduct the
9 following before releasing the person from the county jail's custody:

10 (b) Provide a list of available substance use providers, to the
11 extent the ~~office of behavioral health ADMINISTRATION~~ in the ~~state~~
12 department OF HUMAN SERVICES has such a list available.

13 **SECTION 23.** In Colorado Revised Statutes, 17-27.1-101,
14 **amend** (5)(a)(I) and (5)(a)(IV) as follows:

15 **17-27.1-101. Nongovernmental facilities for offenders -**
16 **registration - notifications - penalties - definitions.** (5) A private
17 treatment program in Colorado shall not admit or accept a supervised or
18 unsupervised person into the program unless the program:

19 (a) Is registered with the compact administrator, and, if the person
20 is a supervised person, the private treatment program is:

21 (I) Approved by the ~~office of behavioral health ADMINISTRATION~~
22 in the department of human services ~~established in article 80 of title 27,~~
23 if the program provides alcohol or drug abuse treatment;

24 (IV) Licensed or certified by the division of adult parole in the
25 department of corrections, the department of regulatory agencies, the
26 ~~office of behavioral health ADMINISTRATION~~ in the department of human
27 services, the state board of nursing, or the Colorado medical board if the

1 program provides treatment that requires certification or licensure;

2 **SECTION 24.** In Colorado Revised Statutes, 17-27.9-102,
3 **amend** (1) as follows:

4 **17-27.9-102. Specialized restitution and community service**
5 **programs - contract with treatment providers - division of criminal**
6 **justice.** (1) The director of the division of criminal justice ~~of~~ IN the
7 department of public safety may, pursuant to section 17-27-108, contract
8 with one or more public or private providers or community corrections
9 boards, as defined in section 17-27-102 (2), who operate restitution and
10 community service facilities, to provide specialized restitution and
11 community service programs that meet the requirements of this section.
12 As used in this article 27.9, such providers are referred to as "providers".
13 The ~~office of~~ behavioral health ADMINISTRATION in the department of
14 human services shall approve any entity that provides treatment for
15 substance use disorders pursuant to article 80 of title 27.

16 **SECTION 25.** In Colorado Revised Statutes, 18-1.3-204, **amend**
17 (2)(c)(I) and (2)(c)(IV) as follows:

18 **18-1.3-204. Conditions of probation - interstate compact**
19 **probation transfer cash fund - creation.** (2) (c) If the court orders
20 counseling or treatment as a condition of probation, unless the court
21 makes a specific finding that treatment in another facility or with another
22 person is warranted, the court shall order that the treatment or counseling
23 be at a facility or with a person:

24 (I) Approved by the ~~office of~~ behavioral health ADMINISTRATION
25 in the department of human services ~~established in article 80 of title 27,~~
26 if the treatment is for alcohol or drug abuse;

27 (IV) Licensed or certified by the division of adult parole in the

1 department of corrections, the department of regulatory agencies, the
2 ~~office of behavioral health ADMINISTRATION~~ in the department of human
3 services, the state board of nursing, or the Colorado medical board,
4 whichever is appropriate for the required treatment or counseling.

5 **SECTION 26.** In Colorado Revised Statutes, **amend** 18-1.3-210
6 as follows:

7 **18-1.3-210. Counseling or treatment for alcohol or drug abuse**
8 **or substance use disorder.** (1) In any case in which treatment or
9 counseling for alcohol or drug abuse or a substance use disorder is
10 authorized in connection with a deferred prosecution, deferred judgment
11 and sentence, or probation, the court may require the defendant to obtain
12 counseling or treatment for the condition. If the court orders the
13 counseling or treatment, the court shall order that the counseling or
14 treatment is obtained from a treatment facility or person approved by the
15 ~~office of behavioral health ADMINISTRATION~~ in the department of human
16 services, ~~established in article 80 of title 27,~~ unless the court makes a
17 finding that counseling or treatment in another facility or with another
18 person is warranted. If the defendant voluntarily submits ~~himself or~~
19 ~~herself~~ THE DEFENDANT'S SELF for treatment or counseling, the district
20 attorney and the court may consider ~~his or her~~ THE DEFENDANT'S
21 willingness to correct ~~his or her~~ THE DEFENDANT'S condition as a basis for
22 granting deferred prosecution or deferred judgment and sentence.

23 (2) Notwithstanding the provisions of subsection (1) of this
24 section, in any case in which treatment or counseling for alcohol or drug
25 abuse or a substance use disorder is authorized and ordered by the court
26 in connection with a deferred prosecution, deferred judgment and
27 sentence, or probation for an offense involving unlawful sexual behavior,

1 as defined in section 16-22-102 (9), the court shall order that the
2 counseling or treatment is obtained from a treatment facility or person
3 approved by the ~~office of~~ behavioral health ADMINISTRATION in the
4 department of human services. ~~established in article 80 of title 27.~~

5 **SECTION 27.** In Colorado Revised Statutes, **amend** 18-1.3-211
6 as follows:

7 **18-1.3-211. Sentencing of felons - parole of felons - treatment**
8 **and testing based upon assessment required.** (1) Each person
9 sentenced by the court for a felony committed on or after July 1, 1992, is
10 required, as a part of any sentence to probation, community corrections,
11 or incarceration with the department of corrections, to undergo periodic
12 testing and treatment for substance abuse that is appropriate to the felon
13 based upon the recommendations of the assessment made pursuant to
14 section 18-1.3-209, or based upon any subsequent recommendations by
15 the department of corrections, the judicial department, or the division of
16 criminal justice ~~of~~ IN the department of public safety, whichever is
17 appropriate. Any testing or treatment must be at a facility or with a person
18 approved by the ~~office of~~ behavioral health ADMINISTRATION in the
19 department of human services ~~established in article 80 of title 27,~~ and at
20 the felon's own expense, unless ~~he or she~~ THE FELON is indigent.

21 (2) Each person placed on parole by the state board of parole on
22 or after July 1, 1992, is required, as a condition of parole, to undergo
23 periodic testing and treatment for substance abuse that is appropriate to
24 the parolee based upon the recommendations of the assessment made
25 pursuant to section 18-1.3-209 or any assessment or subsequent
26 reassessment made regarding the parolee during ~~his or her~~ THE PAROLEE'S
27 incarceration or any period of parole. Any testing or treatment must be at

1 a facility or with a person approved by the ~~office of~~ behavioral health
2 ADMINISTRATION in the department of human services ~~established in~~
3 ~~article 80 of title 27~~, and at the parolee's own expense, unless ~~he or she~~
4 THE PAROLEE is indigent.

5 **SECTION 28.** In Colorado Revised Statutes, 18-1.9-104, **amend**
6 (1)(c)(IV)(A) as follows:

7 **18-1.9-104. Task force concerning the treatment of persons**
8 **with mental health disorders in the criminal and juvenile justice**
9 **systems - creation - membership - duties.** (1) **Creation.** (c) The chair
10 and vice-chair of the committee shall appoint twenty-nine members as
11 follows:

12 (IV) Five members who represent the department of human
13 services, as follows:

14 (A) One member who represents the ~~office of~~ behavioral health
15 ADMINISTRATION in the department of human services;

16 **SECTION 29.** In Colorado Revised Statutes, **amend** 18-1.9-105
17 as follows:

18 **18-1.9-105. Task force funding - staff support.** (1) The division
19 of criminal justice ~~of~~ IN the department of public safety, the ~~office of~~
20 behavioral health ADMINISTRATION in the department of human services,
21 and any state department or agency with an active representative on the
22 task force are authorized to receive and expend gifts, grants, and
23 donations, including donations of in-kind services for staff support, from
24 any public or private entity for any direct or indirect costs associated with
25 the duties of the task force.

26 (2) The director of research of the legislative council, the director
27 of the office of legislative legal services, the director of the division of

1 criminal justice ~~within~~ IN the department of public safety, the ~~director of~~
2 ~~the office of~~ COMMISSIONER OF THE behavioral health ADMINISTRATION
3 IN THE DEPARTMENT OF HUMAN SERVICES, and the executive directors of
4 the departments represented on the task force may supply staff assistance
5 to the task force as they deem appropriate within existing appropriations
6 or if money is credited to the treatment of persons with mental health
7 disorders in the criminal and juvenile justice systems fund created in
8 section 18-1.9-106 for the purpose of and in an amount sufficient to fund
9 staff assistance. The task force may also accept donations of in-kind
10 services for staff support from the private sector.

11 **SECTION 30.** In Colorado Revised Statutes, 18-13-122, **amend**
12 (4)(a), (4)(b)(I), (4)(b)(II), (4)(c)(I), and (18) as follows:

13 **18-13-122. Illegal possession or consumption of ethyl alcohol**
14 **or marijuana by an underage person - illegal possession of marijuana**
15 **paraphernalia by an underage person - adolescent substance abuse**
16 **prevention and treatment fund - legislative declaration - definitions.**

17 (4) (a) Upon conviction of a first offense of subsection (3) of this section,
18 the court shall sentence the underage person to a fine of not more than
19 one hundred dollars, or the court shall order that the underage person
20 complete a substance abuse education program approved by the ~~office of~~
21 behavioral health ADMINISTRATION in the department of human services,
22 or both.

23 (b) Upon conviction of a second offense of subsection (3) of this
24 section, the court shall sentence the underage person to a fine of not more
25 than one hundred dollars, and the court shall order the underage person
26 to:

27 (I) Complete a substance abuse education program approved by

1 the ~~office of~~ behavioral health ADMINISTRATION in the department of
2 human services;

3 (II) If determined necessary and appropriate, submit to a substance
4 abuse assessment approved by the ~~office of~~ behavioral health
5 ADMINISTRATION in the department of human services and complete any
6 treatment recommended by the assessment; and

7 (c) Upon conviction of a third or subsequent offense of subsection
8 (3) of this section, the court shall sentence the defendant to a fine of up
9 to two hundred fifty dollars, and the court shall order the underage person
10 to:

11 (I) Submit to a substance abuse assessment approved by the ~~office~~
12 ~~of~~ behavioral health ADMINISTRATION in the department of human
13 services and complete any treatment recommended by the assessment;
14 and

15 (18) **Cash fund.** The surcharge collected pursuant to subsection
16 (4)(e) of this section must be transmitted to the state treasurer, who shall
17 credit the ~~same~~ MONEY to the adolescent substance abuse prevention and
18 treatment fund, which is created and referred to in this section as the
19 "fund". Money in the fund is subject to annual appropriation by the
20 general assembly to the ~~office of~~ behavioral health ADMINISTRATION in
21 the department of human services ~~established in article 80 of title 27~~, for
22 adolescent substance abuse prevention and treatment programs. The
23 ~~office of~~ behavioral health ADMINISTRATION is authorized to seek and
24 accept gifts, grants, or donations from private or public sources for the
25 purposes of this section. All private and public money received through
26 gifts, grants, or donations must be transmitted to the state treasurer, who
27 shall credit the ~~same~~ MONEY to the fund. Any unexpended money in the

1 fund may be invested by the state treasurer as provided by law. All
2 interest and income derived from the investment and deposit of money in
3 the fund must be credited to the fund. Any unexpended and
4 unencumbered money remaining in the fund at the end of a fiscal year
5 remains in the fund and must not be credited or transferred to the general
6 fund or another fund.

7 **SECTION 31.** In Colorado Revised Statutes, 18-18-102, **amend**
8 (32); **repeal** (8); and **add** (3.2) as follows:

9 **18-18-102. Definitions.** As used in this article 18:

10 (3.2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
11 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
12 27-50-102.

13 (8) ~~"Department" means the department of human services.~~

14 (32) "Researcher" means any person licensed by the ~~department~~
15 BHA pursuant to this ~~article~~ ARTICLE 18 to experiment with, study, or test
16 any controlled substance within this state and includes analytical
17 laboratories.

18 **SECTION 32.** In Colorado Revised Statutes, **amend** 18-18-301
19 as follows:

20 **18-18-301. Rules.** The board or the ~~department~~ BHA may adopt
21 rules and charge reasonable fees relating to the registration and control of
22 the manufacture, distribution, and dispensing of controlled substances
23 within this state.

24 **SECTION 33.** In Colorado Revised Statutes, 18-18-302, **amend**
25 (1), (2), (4), and (5) as follows:

26 **18-18-302. Registration requirements - definitions.** (1) Every
27 person who manufactures, distributes, or dispenses any controlled

1 substance within this state, or who proposes to engage in the manufacture,
2 distribution, or dispensing of any controlled substance within this state,
3 shall obtain annually or biannually, if applicable, a registration, issued by
4 the respective licensing board or the ~~department~~ BHA in accordance with
5 rules adopted by such board or by the ~~department~~ BHA. For purposes of
6 this section and this article 18, "registration" or "registered" means the
7 registering of manufacturers, pharmacists, pharmacies, and humane
8 societies located in this state, and distributors located in or doing business
9 in this state, by the state board of pharmacy, as set forth in article 280 of
10 title 12, the licensing of physicians by the Colorado medical board, as set
11 forth in article 240 of title 12, the licensing of podiatrists by the Colorado
12 podiatry board, as set forth in article 290 of title 12, the licensing of
13 dentists by the Colorado dental board, as set forth in article 220 of title
14 12, the licensing of optometrists by the state board of optometry, as set
15 forth in article 275 of title 12, the licensing of veterinarians by the state
16 board of veterinary medicine, as set forth in article 315 of title 12, and the
17 licensing of researchers and ~~CERTIFIED addiction programs~~ COUNSELORS
18 by the ~~department of human services~~ BHA, as set forth in part 2 of article
19 80 of title 27.

20 (2) A person registered by the board or the ~~department~~ BHA under
21 this part 3 to manufacture, distribute, dispense, or conduct research with
22 controlled substances may possess, manufacture, distribute, dispense, or
23 conduct research with those substances to the extent authorized by the
24 registration and in conformity with this article 18 and with article 280 of
25 title 12.

26 (4) The board or ~~department~~ BHA may waive by rule the
27 requirement for registration of certain manufacturers, distributors, or

1 dispensers upon finding it consistent with the public health and safety.

2 (5) The board or ~~department~~ BHA may inspect the establishment
3 of a registrant or applicant for registration of those persons they are
4 authorized to register under this part 3 in accordance with rules adopted
5 by the board or ~~department~~ BHA.

6 **SECTION 34.** In Colorado Revised Statutes, 18-18-303, **amend**
7 (1) introductory portion and (3) as follows:

8 **18-18-303. Registration.** (1) The board or ~~department~~ BHA shall
9 register an applicant to manufacture or distribute substances included in
10 schedules I through V unless the board or ~~department~~ BHA determines
11 that the issuance of that registration would be inconsistent with the public
12 interest. In determining the public interest, the board or ~~department~~ BHA
13 shall consider the following factors:

14 (3) A practitioner must be registered with the board or ~~department~~
15 BHA before dispensing a controlled substance or conducting research
16 with respect to a controlled substance included in schedules II through V.
17 The ~~department~~ BHA need not require separate registration under this
18 ~~article~~ ARTICLE 18 for practitioners engaging in research with nonnarcotic
19 substances included in schedules II through V where the registrant is
20 already registered under this ~~article~~ ARTICLE 18 in another capacity.
21 Practitioners registered under federal law to conduct research with
22 substances included in schedule I may conduct research with substances
23 included in schedule I within this state upon furnishing the ~~department~~
24 BHA evidence of that federal registration.

25 **SECTION 35.** In Colorado Revised Statutes, **amend** 18-18-304
26 as follows:

27 **18-18-304. Suspension or revocation of registration.** (1) The

1 board or ~~department~~ BHA may suspend or revoke a registration under
2 section 18-18-303 to manufacture, distribute, or dispense a controlled
3 substance upon finding that the registrant has:

4 (a) Furnished false or fraudulent material information in any
5 application filed under this part 3;

6 (b) Been convicted of a felony under any state or federal law
7 relating to any controlled substance;

8 (c) Had the registrant's federal registration suspended or revoked
9 and is no longer authorized by federal law to manufacture, distribute, or
10 dispense controlled substances; or

11 (d) Committed acts that would render registration under section
12 18-18-303 inconsistent with the public interest as determined under that
13 section.

14 (2) The board or ~~department~~ BHA may deny, suspend, revoke, or
15 take other authorized disciplinary action to limit the authority of any
16 registrant to prescribe, distribute, dispense, or administer controlled
17 substances, or any classification thereof, within this state if grounds for
18 denial, suspension, or revocation exist. These proceedings ~~shall~~ MUST be
19 conducted in accordance with the provisions of article 4 of title 24. ~~C.R.S.~~

20 (3) If a registration is suspended or revoked, the board or
21 ~~department~~ BHA may place under seal all controlled substances owned
22 or possessed by the registrant at the time of suspension or the effective
23 date of the revocation order. No disposition may be made of substances
24 under seal until the time for taking an appeal has elapsed or until all
25 appeals have been concluded unless a court, upon application, orders the
26 sale of perishable substances and the deposit of the proceeds of the sale
27 with the court. When a revocation order becomes final, the court may

1 order the controlled substances forfeited to the state.

2 (4) The board or ~~department~~ BHA may seize or place under seal
3 any controlled substance owned or possessed by a registrant whose
4 registration has expired or who has ceased to practice or do business in
5 the manner contemplated by the registration. The controlled substance
6 must be held for the benefit of the registrant or the registrant's successor
7 in interest. The board or ~~department~~ BHA shall notify a registrant, or the
8 registrant's successor in interest, whose controlled substance is seized or
9 placed under seal, of the procedures to be followed to secure the return
10 of the controlled substance and the conditions under which it will be
11 returned. The board or ~~department~~ BHA may not dispose of any
12 controlled substance seized or placed under seal under this subsection (4)
13 until the expiration of one hundred eighty days after the controlled
14 substance was seized or placed under seal. The costs incurred by the
15 board or ~~department~~ BHA in seizing, placing under seal, maintaining
16 custody, and disposing of any controlled substance under this subsection
17 (4) may be recovered from the registrant, any proceeds obtained from the
18 disposition of the controlled substance, or from both. Any balance
19 remaining after the costs have been recovered from the proceeds of any
20 disposition must be delivered to the registrant or the registrant's successor
21 in interest.

22 (5) The board or ~~department~~ BHA shall promptly notify the drug
23 enforcement administration of all orders restricting, suspending, or
24 revoking registration and all forfeitures of controlled substances.

25 **SECTION 36.** In Colorado Revised Statutes, **amend** 18-18-305
26 as follows:

27 **18-18-305. Order to show cause.** (1) Before denying,

1 suspending, or revoking a registration, or refusing a renewal of
2 registration, the board or ~~department~~ BHA shall serve upon the applicant
3 or registrant an order to show cause why registration should not be
4 denied, revoked, or suspended, or the renewal refused. The order must
5 state its grounds and direct the applicant or registrant to appear before the
6 board or ~~department~~ BHA at a specified time and place not less than thirty
7 days after the date of service of the order. In case of a refusal to renew a
8 registration, the order must be served not later than thirty days before the
9 expiration of the registration. These proceedings must be conducted in
10 accordance with section 24-4-105. ~~C.R.S.~~ The proceedings do not
11 preclude any criminal prosecution or other proceeding. A proceeding to
12 refuse to renew a registration does not affect the existing registration,
13 which remains in effect until completion of the proceeding.

14 (2) The board or ~~department~~ BHA may suspend, without an order
15 to show cause, any registration simultaneously with the institution of
16 proceedings under section 18-18-304, or where renewal of registration is
17 refused, upon finding that there is an imminent danger to the public health
18 or safety ~~which~~ THAT warrants this action. The suspension continues in
19 effect until the conclusion of the proceedings, including judicial review
20 thereof, unless sooner withdrawn by the board or ~~department~~ BHA or
21 dissolved by a court of competent jurisdiction.

22 **SECTION 37.** In Colorado Revised Statutes, **amend** 18-18-306
23 as follows:

24 **18-18-306. Records of registrants.** Persons registered to
25 manufacture, distribute, or dispense controlled substances under this part
26 3 shall keep records and maintain inventories in conformance with the
27 record keeping and inventory requirements of federal law and with any

1 additional rules adopted by the board or ~~department~~ BHA.

2 **SECTION 38.** In Colorado Revised Statutes, 18-18-309, **amend**
3 (2) and (3) as follows:

4 **18-18-309. Diversion prevention and control.** (2) The
5 ~~department~~ BHA shall regularly prepare and make available to other state
6 regulatory, licensing, and law enforcement agencies a report on the
7 patterns and trends of actual distribution, diversion, and abuse of
8 controlled substances.

9 (3) The ~~department~~ BHA shall enter into written agreements with
10 local, state, and federal agencies for the purpose of improving
11 identification of sources of diversion and to improve enforcement of and
12 compliance with this ~~article~~ ARTICLE 18 and other laws and ~~regulations~~
13 RULES pertaining to unlawful conduct involving controlled substances. An
14 agreement must specify the roles and responsibilities of each agency that
15 has information or authority to identify, prevent, and control drug
16 diversion and drug abuse. The ~~department~~ BHA shall convene periodic
17 meetings to coordinate a state diversion prevention and control program.
18 The ~~department~~ BHA shall arrange for cooperation and exchange of
19 information among agencies and with neighboring states and the federal
20 government.

21 **SECTION 39.** In Colorado Revised Statutes, 18-18-418, **amend**
22 (1) introductory portion and (1)(c) as follows:

23 **18-18-418. Exemptions.** (1) The provisions of section 18-18-414
24 ~~shall~~ DO not apply to:

25 (c) A student who is in possession of an immediate precursor who
26 is enrolled in a chemistry class for credit at an institution of higher
27 education, or a work study student, a teaching assistant, a graduate

1 assistant, or a laboratory assistant, if such student's or ~~technician's~~
2 ASSISTANT'S use of the immediate precursor is for a bona fide educational
3 purpose or research purpose and if the chemistry department of the
4 institution of higher education otherwise possesses all the necessary
5 licenses required by the ~~department~~ BHA.

6 **SECTION 40.** In Colorado Revised Statutes, 18-18-501, **amend**
7 (3) introductory portion, (3)(a), and (3)(b) introductory portion as follows:

8 **18-18-501. Administrative inspections and warrants.** (3) The
9 board or ~~department~~ BHA may ~~make~~ CONDUCT administrative inspections
10 of controlled premises of those persons they are authorized to register
11 under this ~~article~~ ARTICLE 18 in accordance with the following provisions:

12 (a) If authorized by an administrative inspection warrant issued
13 pursuant to subsection (2) of this section, an officer or employee
14 designated by the board or ~~department~~ BHA, upon presenting the warrant
15 and appropriate credentials to the owner, operator, or agent in charge,
16 may enter controlled premises for the purpose of conducting an
17 administrative inspection.

18 (b) If authorized by an administrative inspection warrant, an
19 officer or employee designated by the board or ~~department~~ BHA may:

20 **SECTION 41.** In Colorado Revised Statutes, 18-18-503, **amend**
21 (1) introductory portion, (2), and (3) as follows:

22 **18-18-503. Cooperative arrangements and confidentiality.**

23 (1) The board and the ~~department~~ BHA shall cooperate with federal and
24 other state agencies in discharging the board's and the ~~department's~~
25 BHA'S responsibilities concerning controlled substances and in
26 controlling the abuse of controlled substances. To this end, the
27 ~~department~~ BHA may:

1 (2) Results, information, and evidence received from the drug
2 enforcement administration relating to the regulatory functions of this
3 ~~article~~ ARTICLE 18, including results of inspections conducted by ~~it~~ THE
4 DRUG ENFORCEMENT ADMINISTRATION, may be relied and acted upon by
5 the board or ~~department~~ BHA in the exercise of the regulatory functions
6 under this ~~article~~ ARTICLE 18.

7 (3) A practitioner engaged in medical practice or research is not
8 required or compelled to furnish the name or identity of a patient or
9 research subject to the board or ~~department~~ BHA, nor may the
10 practitioner be compelled in any state or local civil, criminal,
11 administrative, legislative, or other proceedings to furnish the name or
12 identity of an individual that the practitioner is obligated to keep
13 confidential.

14 **SECTION 42.** In Colorado Revised Statutes, **amend** 18-18-505
15 as follows:

16 **18-18-505. Judicial review.** All final determinations, findings,
17 and conclusions of the board or ~~department~~ BHA under this ~~article~~
18 ARTICLE 18 are subject to judicial review pursuant to section 24-4-106.
19 ~~C.R.S.~~

20 **SECTION 43.** In Colorado Revised Statutes, 18-18-506, **amend**
21 (1) introductory portion, (2) introductory portion, (3), (4), and (5) as
22 follows:

23 **18-18-506. Education and research.** (1) The ~~department~~ BHA
24 shall carry out educational programs designed to prevent and deter misuse
25 and abuse of controlled substances. In connection with these programs,
26 the ~~department~~ BHA may:

27 (2) The ~~department~~ BHA shall encourage research on misuse and

1 abuse of controlled substances. In connection with the research, and in
2 furtherance of the enforcement of this article, ~~the department~~ ARTICLE 18,
3 THE BHA may:

4 (3) The ~~department~~ BHA may enter into contracts for educational
5 and research activities.

6 (4) The ~~department~~ BHA may authorize persons engaged in
7 research on the use and effects of controlled substances to withhold the
8 names and other identifying characteristics of individuals who are the
9 subjects of the research. Persons who obtain this authorization are not
10 compelled in any civil, criminal, administrative, legislative, or other
11 proceeding to identify the individuals who are the subjects of research for
12 which the authorization was obtained.

13 (5) The ~~department~~ BHA may authorize the possession and
14 distribution of controlled substances by persons engaged in research.
15 Persons who obtain this authorization are exempt from state prosecution
16 for possession and distribution of controlled substances to the extent of
17 the authorization.

18 **SECTION 44.** In Colorado Revised Statutes, 18-18-601, **repeal**
19 (4) as follows:

20 **18-18-601. Pending proceedings - applicability.** (4) ~~The board~~
21 ~~or department shall initially permit persons to register who own or operate~~
22 ~~any establishment engaged in the manufacture, distribution, or dispensing~~
23 ~~of any controlled substance prior to July 1, 1992, and who are registered~~
24 ~~or licensed by the state.~~

25 **SECTION 45.** In Colorado Revised Statutes, 18-18-607, **amend**
26 (2) as follows:

27 **18-18-607. Safe stations - disposal of controlled substances -**

1 **medical evaluation - definition.** (2) Reasonable efforts should be taken
2 by safe station personnel to determine if the person is in need of
3 immediate medical attention and facilitate transportation to an appropriate
4 medical facility, if necessary. If the person does not require immediate
5 medical attention, the safe station personnel shall provide the person with
6 information about the behavioral health crisis response system, created in
7 section 27-60-103, to help identify available treatment options and, if
8 practicable, provide transportation for the person to the most appropriate
9 facility for treatment of a substance use disorder. Information about the
10 crisis hotline must be developed by the ~~office of behavioral health in the~~
11 ~~state department~~ BHA and be provided to safe stations for distribution.

12 **SECTION 46.** In Colorado Revised Statutes, 18-18.5-103,
13 **amend** (2) introductory portion and (2)(b)(XXII) as follows:

14 **18-18.5-103. State substance abuse trend and response task**
15 **force - creation - membership - duties - report.** (2) The task force ~~shall~~
16 ~~consist~~ CONSISTS of the following members:

17 (b) Twenty-two members appointed by the task force chair and
18 vice-chairs as follows:

19 (XXII) A representative of the ~~office of~~ behavioral health
20 ADMINISTRATION in the ~~Colorado~~ department of human services.

21 **SECTION 47.** In Colorado Revised Statutes, 18-19-103, **amend**
22 (5)(b)(IV) as follows:

23 **18-19-103. Source of revenues - allocation of money.**

24 (5) (b) The board consists of:

25 (IV) The ~~executive director~~ COMMISSIONER of THE BEHAVIORAL
26 HEALTH ADMINISTRATION in the department of human services or ~~his or~~
27 ~~her~~ THE COMMISSIONER'S designee. If the ~~executive director~~

1 COMMISSIONER appoints a designee, the ~~executive director~~ COMMISSIONER
2 is encouraged to select someone with expertise in substance use disorder
3 counseling and substance abuse issues.

4 **SECTION 48.** In Colorado Revised Statutes, 19-2.5-704, **amend**
5 (2)(b) as follows:

6 **19-2.5-704. Procedure after determination of competency or**
7 **incompetency.** (2) (b) Pursuant to section 27-60-105, the ~~office of~~
8 behavioral health ADMINISTRATION in the department of human services
9 is the entity responsible for the oversight of restoration education and
10 coordination of services necessary to competency restoration.

11 **SECTION 49.** In Colorado Revised Statutes, 24-1-120, **amend**
12 (6)(d); and **add** (6)(f) as follows:

13 **24-1-120. Department of human services - creation.** (6) The
14 department consists of the following divisions, units, and offices:

15 (d) The office of behavioral health in the department of human
16 services created pursuant to article 80 of title 27. ~~The office of behavioral~~
17 ~~health and its powers, duties, and functions, including the powers, duties,~~
18 ~~and functions relating to the alcohol and drug driving safety program~~
19 ~~specified in section 42-4-1301.3, are transferred by a **type 2** transfer to~~
20 ~~the department of human services.~~

21 (f) THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
22 ARTICLE 50 OF TITLE 27. THE BEHAVIORAL HEALTH ADMINISTRATION AND
23 ITS POWERS, DUTIES, AND FUNCTIONS, INCLUDING THE POWERS, DUTIES,
24 AND FUNCTIONS RELATING TO THE ALCOHOL AND DRUG DRIVING SAFETY
25 PROGRAM SPECIFIED IN SECTION 42-4-1301.3, ARE TRANSFERRED BY A
26 **TYPE 2** TRANSFER TO THE DEPARTMENT OF HUMAN SERVICES.

27 **SECTION 50.** In Colorado Revised Statutes, 24-34-104, **amend**

1 (26)(a)(IV) and (27)(a)(XI) as follows:

2 **24-34-104. General assembly review of regulatory agencies**
3 **and functions for repeal, continuation, or reestablishment - legislative**
4 **declaration - repeal.** (26) (a) The following agencies, functions, or both,
5 are scheduled for repeal on September 1, 2025:

6 (IV) The rural alcohol and substance abuse prevention and
7 treatment program created pursuant to section 27-80-117 in the office of
8 behavioral health ADMINISTRATION in the department of human services;

9 (27) (a) The following agencies, functions, or both, are scheduled
10 for repeal on September 1, 2026:

11 (XI) The record-keeping, licensing, and central registry functions
12 of the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of
13 human services relating to substance use disorder treatment programs
14 under which controlled substances are compounded, administered, or
15 dispensed in accordance with part 2 of article 80 of title 27;

16 **SECTION 51.** In Colorado Revised Statutes, 24-33.5-1202,
17 **amend (7.7) as follows:**

18 **24-33.5-1202. Definitions.** As used in this part 12, unless the
19 context otherwise requires:

20 (7.7) "Health facility" means a general hospital, hospital unit as
21 defined in section 25-3-101 (2), ~~C.R.S.~~, psychiatric hospital, community
22 clinic, rehabilitation center, convalescent center, ~~community mental~~
23 ~~health center, acute treatment unit,~~ BEHAVIORAL HEALTH ENTITY AS
24 DEFINED IN SECTION 27-50-101 (4), facility for persons with
25 developmental disabilities, habilitation center for children with brain
26 damage, chiropractic center and hospital, maternity hospital, nursing care
27 facility, rehabilitative nursing facility, hospice care facility, dialysis

1 treatment clinic, ambulatory surgical center, birthing center, home care
2 agency, assisted living residence, or other facility of a like nature; except
3 that "health facility" does not include a facility at which health services
4 are not provided to individuals.

5 **SECTION 52.** In Colorado Revised Statutes, 25-1.5-103, **repeal**
6 (3.5).

7 **SECTION 53.** In Colorado Revised Statutes, 25-1.5-108.5,
8 **amend** (1)(b)(III), (3)(a), (4), and (5)(a)(III) as follows:

9 **25-1.5-108.5. Regulation of recovery residences - definition -**
10 **rules.** (1) (b) "Recovery residence" does not include:

11 (III) A facility approved for residential treatment by the ~~office of~~
12 behavioral health ADMINISTRATION in the department of human services;
13 or

14 (3) Effective January 1, 2020, a person shall not operate a facility
15 using the term "recovery residence", "sober living facility", "sober home",
16 or a substantially similar term, and a licensed, registered, or certified
17 health-care provider or a licensed health facility shall not refer an
18 individual in need of recovery support services to a facility, unless the
19 facility:

20 (a) Is certified by a recovery residence certifying body approved
21 by the ~~office of~~ behavioral health ADMINISTRATION in the department of
22 human services as specified in subsection (4) of this section;

23 (4) The ~~office of~~ behavioral health ADMINISTRATION in the
24 department of human services shall, by rule, determine the requirements
25 for a recovery residence certifying body seeking approval for purposes of
26 subsection (3)(a) of this section, which rules must include a requirement
27 that a recovery residence certifying body include a representative from the

1 ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION on its board.

2 (5) A recovery residence owner, employee, or administrator, or an
3 individual related to a recovery residence owner, employee, or
4 administrator, shall not directly or indirectly:

5 (a) Solicit, accept, or receive a commission, payment, trade, fee,
6 or anything of monetary or material value, excluding the supportive
7 services required to place the resident:

8 (III) From a facility approved for residential treatment by the
9 ~~office of~~ behavioral health ADMINISTRATION in the department of human
10 services;

11 **SECTION 54.** In Colorado Revised Statutes, 25-1.5-111, **amend**
12 (2)(a)(II) and (3) as follows:

13 **25-1.5-111. Suicide prevention commission - created -**
14 **responsibilities - gifts, grants, or donations - definition - repeal.**

15 (2) (a) Within sixty days after May 29, 2014, the executive director of the
16 department of public health and environment shall appoint to the
17 commission no more than twenty-six members, including:

18 (II) A representative from the ~~office of~~ behavioral health
19 ADMINISTRATION in the department of human services;

20 (3) The department shall provide to the commission support that
21 includes the coordination of all commission activities, including: Meeting
22 logistics, agenda development, and follow-up; organizing and orienting
23 commission members; working closely with the co-chairpersons to set
24 priorities, recruit members, oversee all commission initiatives, coordinate
25 activities, and implement any commission-directed initiatives; and any
26 other duties assigned by the co-chairpersons. The ~~director of the office of~~
27 COMMISSIONER OF THE behavioral health ADMINISTRATION in the

1 department of human services, a representative from the university of
2 Colorado depression center, and a representative of the suicide prevention
3 coalition of Colorado may also provide support to the commission.

4 **SECTION 55.** In Colorado Revised Statutes, 25-1.5-112, **amend**
5 (2) introductory portion and (5) as follows:

6 **25-1.5-112. Colorado suicide prevention plan - established -**
7 **goals - responsibilities - funding - definition.** (2) The suicide
8 prevention commission, together with the office of suicide prevention, the
9 ~~office of behavioral health~~ ADMINISTRATION IN THE DEPARTMENT OF
10 HUMAN SERVICES, the department, and the department of health care
11 policy and financing, is strongly encouraged to collaborate with criminal
12 justice and health-care systems, mental and behavioral health systems,
13 primary care providers, physical and mental health clinics in educational
14 institutions, community mental health centers, advocacy groups,
15 emergency medical services professionals and responders, public and
16 private insurers, hospital chaplains, and faith-based organizations to
17 develop and implement:

18 (5) The office of suicide prevention shall include a summary of
19 the Colorado plan in a report submitted to the ~~office of behavioral health~~
20 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, as well as the
21 report submitted annually to the general assembly pursuant to section
22 25-1.5-101 (1)(w)(III)(A) and as part of its annual presentation to the
23 general assembly pursuant to the "State Measurement for Accountable,
24 Responsive, and Transparent (SMART) Government Act", part 2 of
25 article 7 of title 2. ~~C.R.S.~~

26 **SECTION 56.** In Colorado Revised Statutes, 25-3-103.1, **amend**
27 (2) as follows:

1 **25-3-103.1. Health facilities general licensure cash fund.**

2 (2) The general assembly shall make annual appropriations from the
3 health facilities general licensure cash fund to partially reimburse the
4 department of public health and environment for the direct and indirect
5 costs of the department incurred in the performance of its duties ~~under~~
6 ~~this article and for the purposes of section 25-1.5-103 (3.5)~~ PURSUANT TO
7 THIS ARTICLE 3. No appropriation shall be made out of the cash fund for
8 expenditures incurred by the department pursuant to section 25-1.5-103
9 (1)(a)(II) in carrying out duties relating to health facilities wholly owned
10 and operated by a governmental unit or agency.

11 **SECTION 57.** In Colorado Revised Statutes, 25-3.5-103, **amend**
12 (3.3), (11.4)(b)(I), and (11.4)(b)(III)(B) as follows:

13 **25-3.5-103. Definitions.** As used in this article 3.5, unless the
14 context otherwise requires:

15 (3.3) "Behavioral health" has the same meaning as set forth in
16 ~~section 25-27.6-102 (4)~~ SECTION 27-50-101 (1).

17 (11.4) (b) Secure transportation includes:

18 (I) For an individual being transported pursuant to section
19 27-65-103 or 27-65-105 (1), transportation from the community to a
20 facility designated by the ~~executive director of~~ COMMISSIONER OF THE
21 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
22 services for treatment and evaluation pursuant to article 65 of title 27;

23 (III) For an individual who is receiving transportation across
24 levels of care or to a higher level of care, transportation between any of
25 the following types of facilities:

26 (B) A facility designated by the ~~executive director of~~
27 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the

1 department of human services for treatment and evaluation pursuant to
2 article 65 of title 27;

3 **SECTION 58.** In Colorado Revised Statutes, 25-3.5-309, **amend**
4 (2) as follows:

5 **25-3.5-309. Secure transportation - license required - fees -**
6 **exceptions.** (2) Ambulance agencies, transportation services provided by
7 ~~the office of behavioral health within~~ the state department of human
8 services, emergency service patrols established pursuant to section
9 27-81-115, and law enforcement may provide secure transportation
10 services to an individual in need of urgent behavioral health care.

11 **SECTION 59.** In Colorado Revised Statutes, 25-20.5-406,
12 **amend** (2)(b)(III) as follows:

13 **25-20.5-406. State review team - creation - membership -**
14 **vacancies.** (2) (b) The executive director of the department of human
15 services shall appoint six voting members, as follows:

16 (III) Two members who represent the ~~office of behavioral health~~
17 ADMINISTRATION in the department of human services;

18 **SECTION 60.** In Colorado Revised Statutes, 25-20.5-1202,
19 **amend** (2) as follows:

20 **25-20.5-1202. Office of gun violence prevention - created -**
21 **director - staff - collaboration.** (2) In order to effectively carry out its
22 responsibilities, the office may collaborate with other state agencies,
23 including the address confidentiality program created in section
24 24-30-2104; the office of suicide prevention established in section
25 25-1.5-101 (1)(w); the safe2tell program created in section 24-31-606; the
26 school safety resource center created in section 24-33.5-1803; the
27 department of education; ~~the office of behavioral health within the~~

1 ~~department of human services; the behavioral health administration upon~~
2 ~~its creation in 2022 pursuant to part 2 of article 60 of title 27 IN THE~~
3 ~~DEPARTMENT OF HUMAN SERVICES; the office of the attorney general; and~~
4 ~~the division of criminal justice within IN the department of public safety.~~
5 The office may also collaborate with individuals, educational institutions,
6 health-care providers, and organizations with expertise in gun violence
7 prevention and gun safety, including gun dealers, shooting ranges, and
8 firearms safety instructors.

9 **SECTION 61.** In Colorado Revised Statutes, **amend 25-27.5-110**
10 **as follows:**

11 **25-27.5-110. Repeal of article - sunset review.** (1) This article
12 ~~27.5 is repealed, effective September 1, 2028~~ JULY 1, 2024.

13 ~~(2) Before repeal, the department of regulatory agencies shall~~
14 ~~review the licensing of home care agencies and the registering of home~~
15 ~~care placement agencies as provided in section 24-34-104, C.R.S. In~~
16 ~~conducting its review and compiling its report pursuant to section~~
17 ~~24-34-104 (5), C.R.S., the department of regulatory agencies shall~~
18 ~~segregate the data in the report based on the type of agency, specifying~~
19 ~~whether the agency is:~~

20 ~~(a) A home care agency that provides skilled home health~~
21 ~~services;~~

22 ~~(b) A home care agency that only provides personal care services;~~
23 ~~or~~

24 ~~(c) A home care placement agency.~~

25 **SECTION 62.** In Colorado Revised Statutes, **25-27.6-101,**
26 **amend (4) as follows:**

27 **25-27.6-101. Legislative declaration.** (4) It is the intent of the

1 general assembly that the behavioral health entity license is implemented
2 in two separate phases as follows:

3 (a) ~~Phase one implementation includes the incorporation of SO~~
4 ~~THAT a facility currently licensed or previously eligible for licensure as~~
5 ~~an acute treatment unit or as a community mental health center,~~
6 ~~community mental health clinic, or crisis stabilization unit that was~~
7 ~~licensed as a community clinic Such a facility will transition to the~~
8 ~~behavioral health entity license no later than July 1, 2022. in accordance~~
9 ~~with section 25-27.6-104 (1).~~

10 (b) ~~Phase two implementation includes the incorporation of~~
11 ~~behavioral health entities that provide behavioral health services for the~~
12 ~~treatment of alcohol use disorders and substance use disorders; except~~
13 ~~that phase two shall not include controlled substance licenses currently~~
14 ~~issued by the department of human services, which shall be studied by the~~
15 ~~behavioral health entity implementation and advisory committee~~
16 ~~established pursuant to section 25-27.6-103. Such entities shall apply for~~
17 ~~licensure as behavioral health entities no later than July 1, 2024, in~~
18 ~~accordance with section 25-27.6-104 (1).~~

19 **SECTION 63.** In Colorado Revised Statutes, 25-27.6-104, **repeal**
20 **(2); and repeal as it will become effective July 1, 2022, (1)** as follows:

21 **25-27.6-104. License required - criminal and civil penalties.**

22 (1) (a) ~~On or after July 1, 2024, it is unlawful for any person, partnership,~~
23 ~~association, or corporation to conduct or maintain a behavioral health~~
24 ~~entity, including a substance use disorder program or alcohol use disorder~~
25 ~~program, without having obtained a license therefor from the department.~~

26 (b) ~~On or after July 1, 2023, an entity seeking initial licensure as~~
27 ~~a behavioral health entity shall apply for a behavioral health entity license~~

1 if the entity would previously have been licensed or subject to approval
2 by the office of behavioral health in the department of human services
3 pursuant to section 27-81-106 as an approved treatment program for
4 alcohol use disorders or substance use disorders.

5 (c) ~~A facility with a license or approval on or before June 30,~~
6 ~~2023, as a behavioral health entity, a substance use disorder program, or~~
7 ~~an alcohol use disorder program shall apply for a behavioral health entity~~
8 ~~license prior to the expiration of the facility's current license or approval.~~
9 ~~Such a facility is subject to the standards under which it is licensed or~~
10 ~~approved as of July 1, 2023, until such time as the behavioral health entity~~
11 ~~license is issued.~~

12 (2) ~~Any person who violates the provisions of this section is guilty~~
13 ~~of a misdemeanor, and upon conviction thereof, shall be punished by a~~
14 ~~fine of not less than fifty dollars nor more than five hundred dollars and~~
15 ~~may be subject to a civil penalty assessed by the department of not less~~
16 ~~than fifty dollars nor more than one hundred dollars for each day the~~
17 ~~person is in violation of this section. The assessed penalty accrues from~~
18 ~~the date the department finds that the person is in violation of this section.~~
19 ~~The department shall assess, enforce, and collect the penalty in~~
20 ~~accordance with article 4 of title 24 and credit the money to the general~~
21 ~~fund. Enforcement and collection of the penalty occurs following the~~
22 ~~decision reached in accordance with procedures set forth in section~~
23 ~~24-4-105.~~

24

25 **SECTION 64.** In Colorado Revised Statutes, **amend** 25-27.6-108
26 as follows:

27 **25-27.6-108. Behavioral health entity cash fund - created.**

1 (1) The behavioral health entity cash fund, referred to in this section as
2 the "fund", is created in the state treasury. The fund consists of money
3 credited to the fund pursuant to section 25-27.6-107. The money in the
4 fund is subject to annual appropriation by the general assembly for the
5 direct and indirect costs of the department in performing its duties
6 pursuant to this article 27.6. At the end of any fiscal year, all unexpended
7 and unencumbered money in the fund remains in the fund and must not
8 be credited or transferred to the general fund or any other fund.

9 (2) ON JUNE 30, 2024, THE STATE TREASURER SHALL TRANSFER
10 ALL UNEXPENDED AND UNENCUMBERED MONEY IN THE FUND TO THE
11 BEHAVIORAL HEALTH LICENSING CASH FUND CREATED PURSUANT TO
12 SECTION 27-50-506.

13 **SECTION 65.** In Colorado Revised Statutes, **add 25-27.6-112** as
14 follows:

15 **25-27.6-112. Repeal of article.** THE ARTICLE 27.6 IS REPEALED,
16 EFFECTIVE JULY 1, 2024.

17 **SECTION 66.** In Colorado Revised Statutes, **amend 25.5-3-110**
18 as follows:

19 **25.5-3-110. Effect of part 1.** This part 1 ~~shall~~ DOES not affect the
20 ~~department of human services'~~ responsibilities OF THE BEHAVIORAL
21 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES for
22 the provision of mental health care in accordance with article 66 of title
23 27, ~~C.R.S.~~, and this part 1 ~~shall~~ DOES not affect any provisions of article
24 22 of title 23 ~~C.R.S.~~, or any other provisions of law relating to the
25 university of Colorado psychiatric hospital.

26 **SECTION 67.** In Colorado Revised Statutes, 25.5-4-103, **amend**
27 **as it exists until July 1, 2024,** (3) as follows:

1 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
2 and 6 of this title 25.5, unless the context otherwise requires:

3 (3) "Case management services" means services provided by
4 community-centered boards, as defined by IN section 25.5-10-202;
5 COMPREHENSIVE AND ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
6 PROVIDERS, AS DEFINED IN SECTION 27-50-101; and community mental
7 health centers and community mental health clinics, as defined by IN
8 section 27-66-101, to assist persons with intellectual and developmental
9 disabilities, as defined by IN section 25.5-10-202, and persons with mental
10 health disorders, as defined by IN section 27-65-102 (11.5), by case
11 management agencies, as defined in section 25.5-6-303 (5), providing
12 case management services, as defined in sections 25.5-6-104 (2)(b) and
13 25.5-6-303 (6), to persons with a disability, persons who are elderly or
14 blind, and long-term care clients, in gaining access to needed medical,
15 social, educational, and other services.

16 **SECTION 68.** In Colorado Revised Statutes, 25.5-4-401.2,
17 **amend** (1)(d) as follows:

18 **25.5-4-401.2. Performance-based payments - reporting -**
19 **repeal.** (1) To improve health outcomes and lower health-care costs, the
20 state department may develop payments to providers that are based on
21 quantifiable performance or measures of quality of care. These
22 performance-based payments may include, but are not limited to,
23 payments to:

24 (d) Behavioral health providers, including, but not limited to:

25 (I) (A) Community mental health centers, as defined in section
26 27-66-101. **and**

27 (B) **THIS SUBSECTION (1)(d)(I) IS REPEALED, EFFECTIVE JULY 1,**

1 2024.

2 (II) BEHAVIORAL HEALTH SAFETY NET PROVIDERS, AS DEFINED IN
3 SECTION 27-50-101; AND

4 (H) (III) Entities contracted with the state department to
5 administer the statewide system of community behavioral health care
6 established in section 25.5-5-402.

7 **SECTION 69.** In Colorado Revised Statutes, **amend** 25.5-4-403
8 as follows:

9 **25.5-4-403. Providers - behavioral health safety net providers**
10 **- reimbursement.** (1) For the purpose of reimbursing ~~community mental~~
11 ~~health center and clinic~~ ESSENTIAL AND COMPREHENSIVE BEHAVIORAL
12 HEALTH SAFETY NET providers, AS DEFINED IN SECTION 27-50-101,
13 EXCEPT FOR THOSE THAT ARE ALSO FEDERALLY QUALIFIED HEALTH
14 CENTERS, AS DEFINED IN FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C.
15 SEC. 1395x(aa)(4), WHICH HAVE PAYMENT METHODOLOGY PURSUANT TO
16 25.5-5-408, the state department shall establish a ~~price schedule~~ AN
17 APPROPRIATE COST ACCOUNTING METHODOLOGY annually with the
18 BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human
19 services in order to ~~reimburse each provider for its actual or reasonable~~
20 ~~cost of services~~ SUPPORT SUSTAINABLE ACCESS TO BEHAVIORAL HEALTH
21 SAFETY NET SERVICES, AS DEFINED IN SECTION 27-50-101. IN
22 ESTABLISHING THE PAYMENT METHODOLOGY, THE STATE DEPARTMENT
23 SHALL CONSIDER:

24 (a) ACTUAL COSTS OF SERVICES;

25 (b) COSTS THAT ARE REASONABLE, AS DETERMINED BY THE STATE
26 DEPARTMENT IN COLLABORATION WITH THE BEHAVIORAL HEALTH
27 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES;

1 (c) QUALITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SAFETY
2 NET CARE PROVIDED, AS DETERMINED BY THE STATE DEPARTMENT, IN
3 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
4 DEPARTMENT OF HUMAN SERVICES, BY RULE;

5 (d) HEALTH EQUITY;

6 (e) ACCESS BY PRIORITY POPULATIONS AS DETERMINED BY THE
7 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
8 SERVICES; AND

9 (f) VALUE-BASED PAYMENT APPROACHES THAT INCENTIVIZE
10 PROVIDERS TO EXPAND ACCESS TO COST-EFFECTIVE BEHAVIORAL HEALTH
11 SERVICES TO SERVE THE BEHAVIORAL HEALTH SAFETY NET.

12 (2) THE STANDARDS AND PROCESSES FOR DETERMINING THE
13 PAYMENT METHODOLOGY WILL BE DETERMINED BY AN AUDITING AND
14 ACCOUNTING COMMITTEE. THE MEMBERS OF THE COMMITTEE ARE
15 SELECTED BY THE STATE DEPARTMENT TO INCLUDE BEHAVIORAL HEALTH
16 ADMINISTRATIVE SERVICE ORGANIZATIONS, MANAGED CARE ENTITIES,
17 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION
18 27-50-101, INDEPENDENT AUDITORS, ACTUARIES, CONSUMER AND FAMILY
19 ADVOCATES, LOCAL GOVERNMENT REPRESENTATIVES, OTHER STATE
20 AGENCIES, AND OTHER RELEVANT STAKEHOLDERS.

21 **SECTION 70.** In Colorado Revised Statutes, 25.5-5-202, **amend**
22 (4) as follows:

23 **25.5-5-202. Basic services for the categorically needy - optional**
24 **services.** (4) The state department and the ~~office of~~ behavioral health
25 ADMINISTRATION in the department of human services, in collaboration
26 with community mental health services providers and substance use
27 disorder providers, shall establish rules that standardize utilization

1 management authority timelines for the nonpharmaceutical components
2 of medication-assisted treatment for substance use disorders.

3 **SECTION 71.** In Colorado Revised Statutes, 25.5-5-301, **amend**
4 (4) as follows:

5 **25.5-5-301. Clinic services.** (4) "Clinic services" also means
6 preventive, diagnostic, therapeutic, rehabilitative, or palliative items or
7 services furnished to a pregnant woman who is enrolled or eligible for
8 services pursuant to section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) in
9 a facility that is not a part of a hospital but is organized and operated as
10 a freestanding substance use disorder treatment program approved and
11 licensed by the ~~office of~~ behavioral health ADMINISTRATION in the
12 department of human services pursuant to section 27-80-108 (1)(c).

13 **SECTION 72.** In Colorado Revised Statutes, 25.5-5-309, **amend**
14 (1) as follows:

15 **25.5-5-309. Pregnant women - needs assessment - referral to**
16 **treatment program - definition.** (1) The health-care practitioner for
17 each pregnant woman who is enrolled or eligible for services pursuant to
18 section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) is encouraged to identify
19 as soon as possible after the woman is determined to be pregnant whether
20 the woman is at risk of a poor birth outcome due to substance use during
21 the prenatal period and in need of special assistance in order to reduce the
22 risk. If the health-care practitioner makes such determination regarding
23 any pregnant woman, the health-care practitioner is encouraged to refer
24 the woman to any entity approved and licensed by THE BEHAVIORAL
25 HEALTH ADMINISTRATION in the department of human services for the
26 performance of a needs assessment. Any county department of human or
27 social services may refer an eligible woman for a needs assessment, or

1 any pregnant woman who is eligible for services pursuant to section
2 25.5-5-201 (1)(m.5) may refer herself for a needs assessment.

3 **SECTION 73.** In Colorado Revised Statutes, 25.5-5-310, **amend**
4 (1)(b) and (2) as follows:

5 **25.5-5-310. Treatment program for high-risk pregnant and**
6 **parenting women - cooperation with private entities - definition.**

7 (1) (b) The state department, ~~and~~ THE BEHAVIORAL HEALTH
8 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, the
9 ~~departments~~ DEPARTMENT of human services, and THE DEPARTMENT OF
10 public health and environment shall cooperate with any organizations that
11 desire to assist the departments AND THE ADMINISTRATION in the
12 provision of services connected with the treatment program for high-risk
13 pregnant and parenting women. Organizations may provide services that
14 are not provided to persons pursuant to this article 5 or article 4 or 6 of
15 this title 25.5 or article 2 of title 26, which services may include but are
16 not limited to needs assessment services, preventive services,
17 rehabilitative services, care coordination, nutrition assessment,
18 psychosocial counseling, intensive health education, home visits,
19 transportation, development of provider training, child care, child care
20 navigation, and other necessary components of residential or outpatient
21 treatment or care.

22 (2)(a) Health-care practitioners and county departments of human
23 or social services are encouraged to identify any pregnant or parenting
24 woman. If a practitioner or county department of human or social services
25 makes such determination regarding any pregnant or parenting woman up
26 to one year postpartum, the practitioner or county department of human
27 or social services is encouraged to refer the woman to any entity approved

1 and licensed by THE BEHAVIORAL HEALTH ADMINISTRATION IN the
2 department of human services for a needs assessment in order to improve
3 outcomes for the pregnant or parenting woman and child and reduce the
4 likelihood of out-of-home placement. Any pregnant or parenting woman
5 up to one year postpartum may also refer herself for a needs assessment.

6 (b) The BEHAVIORAL HEALTH ADMINISTRATION IN THE department
7 of human services is authorized to use state money to provide services to
8 women, including women enrolled in the medical assistance program
9 established pursuant to this article 5 and articles 4 and 6 of this title 25.5,
10 who enroll, up to one year postpartum, in residential substance use
11 disorder treatment and recovery services, until such time as those services
12 are covered by the medical assistance program. The BEHAVIORAL HEALTH
13 ADMINISTRATION IN THE department of human services may continue to
14 use state money to enroll parenting women in residential services who
15 qualify as indigent but who are not eligible for services under the medical
16 assistance program.

17 (c) Facilities approved and licensed by the ~~office of~~ behavioral
18 health ADMINISTRATION ~~within~~ IN the department of human services to
19 provide substance use disorder services to high-risk pregnant and
20 parenting women and that offer child care services must allow a woman
21 to begin treatment without first presenting up-to-date health records for
22 her child, including those referenced in section 25-4-902. The parenting
23 woman in treatment must present up-to-date health records for her child,
24 including those referenced in section 25-4-902, within thirty days after
25 commencing treatment.

26 **SECTION 74.** In Colorado Revised Statutes, **amend** 25.5-5-311
27 as follows:

1 **25.5-5-311. Treatment program for high-risk pregnant and**
2 **parenting women - data collection.** The state department, in cooperation
3 with the BEHAVIORAL HEALTH ADMINISTRATION IN THE department of
4 human services, shall create a data collection mechanism regarding
5 persons receiving services pursuant to the treatment program for high-risk
6 pregnant and parenting women that includes the collection of any data
7 that the ~~departments~~ STATE DEPARTMENT AND BEHAVIORAL HEALTH
8 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES deem
9 appropriate.

10 **SECTION 75.** In Colorado Revised Statutes, 25.5-5-325, **amend**
11 (2)(b)(I) as follows:


12 **25.5-5-325. Residential and inpatient substance use disorder**
13 **treatment - medical detoxification services - federal approval -**
14 **performance review report.** (2) (b) Prior to seeking federal approval
15 pursuant to subsection (2)(a) of this section, the state department shall
16 seek input from relevant stakeholders, including existing providers of
17 substance use disorder treatment and medical detoxification services and
18 managed service organizations. The state department shall seek input and
19 involve stakeholders in decisions regarding:

20 (I) The coordination of benefits with managed service
21 organizations and the ~~office of~~ behavioral health ADMINISTRATION in the
22 department of human services;

23 **SECTION 76.** In Colorado Revised Statutes, 25.5-5-328, **amend**
24 (1) as follows:

25 **25.5-5-328. Secure transportation for behavioral health crises**
26 **- benefit - funding.** (1) On or before January 1, 2023, the state
27 department shall create a benefit for secure transportation services, as ~~that~~

1 term is defined in section 25-3.5-103 (11.4). The state department shall
2 research and create a plan to establish secure transportation services,
3 which may include supplemental and coordinated community response
4 services, to be implemented on or before July 1, 2023. The state
5 department shall collaborate with the ~~office of~~ behavioral health
6 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES in its research
7 and planning efforts to determine how this benefit may align with
8 co-responder, mobile crisis, and emergency crisis dispatch.

9 
10 **SECTION 77.** In Colorado Revised Statutes, 25.5-5-424, **amend**
11 (1) and (4)(a) introductory portion as follows:

12 **25.5-5-424. Residential and inpatient substance use disorder**
13 **treatment - MCE standardized utilization management process -**
14 **medical necessity - report.** (1) On or before October 1, 2021, the state
15 department shall consult with the ~~office of~~ behavioral health
16 ADMINISTRATION in the department of human services, residential
17 treatment providers, and MCEs to develop standardized utilization
18 management processes to determine medical necessity for residential and
19 inpatient substance use disorder treatment. The processes must
20 incorporate the most recent edition of "The ASAM Criteria for Addictive,
21 Substance-related, and Co-occurring Conditions" and align with federal
22 medicaid payment requirements.

23 (4) (a) Beginning October 1, 2021, and quarterly thereafter, the
24 state department shall collaborate with the ~~office of~~ behavioral health
25 ADMINISTRATION in the department of human services, residential
26 treatment providers, and MCEs to develop a report on the residential and
27 inpatient substance use disorder utilization management statistics. At a

1 minimum, the report must include:

2 **SECTION 78.** In Colorado Revised Statutes, **amend** 25.5-5-803
3 as follows:

4 **25.5-5-803. High-fidelity wraparound services for children**
5 **and youth - federal approval - reporting.** (1) Subject to available
6 appropriations, the state department shall seek federal authorization from
7 the federal centers for medicare and medicaid services to provide
8 wraparound services for eligible children and youth who are at risk of
9 out-of-home placement or in an out-of-home placement. Prior to seeking
10 federal authorization, the state department shall seek input from relevant
11 stakeholders including counties, managed care entities participating in the
12 statewide managed care system, families of children and youth with
13 behavioral health disorders, communities that have previously
14 implemented wraparound services, mental health professionals, THE
15 BEHAVIORAL HEALTH ADMINISTRATION AND THE OFFICE OF BEHAVIORAL
16 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, and other relevant
17 departments. The state department shall consider tiered care coordination
18 as an approach when developing the wraparound model.

19 (2) Upon federal authorization, and subject to available
20 appropriations, the state department shall require managed care entities
21 to implement wraparound services, which may be contracted out to a third
22 party. Subject to available appropriations, the state department shall
23 contract with the department of human services and ~~office of~~ THE
24 behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN
25 SERVICES to ensure care coordinators and those responsible for
26 implementing wraparound services have adequate training and resources
27 to support children and youth who may have co-occurring diagnoses,

1 including behavioral health disorders and physical or intellectual or
2 developmental disabilities. Attention must also be given to the geographic
3 diversity of the state in designing this program in rural communities.

4 (3) Upon implementation of the wraparound services, the state
5 department, THE DEPARTMENT OF HUMAN SERVICES, and THE BEHAVIORAL
6 HEALTH ADMINISTRATION IN the department of human services shall
7 monitor and report the annual cost savings associated with eligible
8 children and youth receiving wraparound services to the public through
9 the annual hearing, pursuant to the "State Measurement for Accountable,
10 Responsive, and Transparent (SMART) Government Act", part 2 of
11 article 7 of title 2. The STATE department of ~~health care policy and~~
12 ~~financing~~ shall require managed care entities to report data on the
13 utilization and effectiveness of wraparound services.

14 (4) Subject to available appropriations, the state department shall
15 work collaboratively with THE DEPARTMENT OF HUMAN SERVICES, THE
16 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
17 services, counties, and other departments, as appropriate, to develop and
18 implement wraparound services for children and youth at risk of
19 out-of-home placement or in an out-of-home placement. The BEHAVIORAL
20 HEALTH ADMINISTRATION IN THE department of human services shall
21 oversee that the wraparound services are delivered with fidelity to the
22 model. As part of routine collaboration, and subject to available
23 appropriations, the state department shall develop a model of sustainable
24 funding for wraparound services in consultation with THE DEPARTMENT
25 OF HUMAN SERVICES AND THE BEHAVIORAL HEALTH ADMINISTRATION IN
26 the department of human services. Wraparound services provided to
27 eligible children and youth pursuant to this section must be covered under

1 the "Colorado Medical Assistance Act", articles 4, 5, and 6 of this title
2 25.5, subject to available appropriations. The state department may use
3 targeting criteria to ramp up wraparound services as service capacity
4 increases, or temporarily, as necessary, to meet certain federal financial
5 participation requirements.

6 **SECTION 79.** In Colorado Revised Statutes, **amend** 25.5-5-804
7 as follows:

8 **25.5-5-804. Integrated funding pilot.** Subject to available
9 appropriations, the state department, in conjunction with THE
10 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
11 services, counties, and other relevant departments, shall design and
12 recommend a child and youth behavioral health delivery system pilot
13 program that addresses the challenges of fragmentation and duplication
14 of behavioral health services. The pilot program shall integrate funding
15 for behavioral health intervention and treatment services across the state
16 to serve children and youth with behavioral health disorders. To
17 implement the provisions of this section, the state department shall
18 collaborate with the BEHAVIORAL HEALTH ADMINISTRATION IN THE
19 department of human services and other relevant stakeholders, including
20 counties, managed care entities, and families.

21 **SECTION 80.** In Colorado Revised Statutes, 26-1-107, **amend**
22 **as amended by Senate Bill 22-013 (1)(b)(III); and add (1)(b)(II.5) as**
23 **follows:**

24 **26-1-107. State board of human services - rules.** (1) (b) The
25 board consists of:

26 (II.5) (A) ONE MEMBER WHO IS A PERSON WITH LIVED EXPERIENCE
27 WITH BEHAVIORAL HEALTH DISORDERS, A FAMILY MEMBER OF A PERSON

1 WITH BEHAVIORAL HEALTH DISORDERS, A MEMBER OF AN ADVOCACY
2 GROUP FOR PERSONS EXPERIENCING BEHAVIORAL HEALTH DISORDERS, OR
3 A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL HEALTH
4 PROFESSIONS.

5 (B) A PHYSICIAN OR A MEMBER OF ONE OF THE LICENSED MENTAL
6 HEALTH PROFESSIONS, IN THEIR ROLE AS A BOARD MEMBER, SHALL NOT
7 VOTE ON ANY MATTER COMING BEFORE THE BOARD THAT AFFECTS THEIR
8 EMPLOYER OR PRIVATE PRACTICE IN A MANNER DIFFERENT FROM OTHER
9 EMPLOYERS OR PRIVATE PRACTICES OF THE SAME PROFESSIONS.

10 (III) ~~Five~~ Four members who are from the public at large.

11 **SECTION 81.** In Colorado Revised Statutes, 26-1-108, **amend**
12 (1.7) and (1.8) as follows:

13 **26-1-108. Powers and duties of the executive director - rules.**

14 (1.7) (a) The executive director ~~shall have~~ HAS THE authority to adopt
15 "executive director rules" for programs administered and services
16 provided by the state department as set forth in this ~~title and in title 27,~~
17 ~~C.R.S.~~ TITLE 26. Such rules shall be promulgated in accordance with the
18 provisions of section 24-4-103. ~~C.R.S.~~

19 (b) Any rules adopted by the state board to implement the
20 provisions of this ~~title or title 27, C.R.S.,~~ TITLE 26 prior to March 25,
21 2009, whose content meets the definition of "executive director rules"
22 shall continue to be effective until revised, amended, or repealed by the
23 executive director.

24 (1.8) Whenever a statutory grant of rule-making authority in this
25 ~~title or title 27, C.R.S.,~~ TITLE 26 refers to the state department or the
26 department of human services, it ~~shall mean~~ MEANS the state department
27 acting through either the state board or the executive director or both.

1 When exercising rule-making authority under this ~~title or title 27, C.R.S.~~
2 TITLE 26, the state department, either acting through the state board or the
3 executive director, shall establish rules consistent with the powers and the
4 distinction between "board rules" as set forth in section 26-1-107 and
5 "executive director rules" as set forth in this section.

6 **SECTION 82.** In Colorado Revised Statutes, 26-1-111, **repeal** (5)
7 as follows:

8 **26-1-111. Activities of the state department under the**
9 **supervision of the executive director - cash fund - report - rules -**
10 **statewide adoption resource registry.** (5) ~~The state department, through~~
11 ~~the office of behavioral health in the state department, shall administer~~
12 ~~substance use disorder treatment programs set forth in articles 80, 81, and~~
13 ~~82 of title 27.~~

14 **SECTION 83.** In Colorado Revised Statutes, **repeal** 26-1-142.

15 **SECTION 84.** In Colorado Revised Statutes, 26-1-201, **repeal**
16 (1)(a), (1)(b), and (1)(c) as follows:

17 **26-1-201. Programs administered - services provided -**
18 **department of human services.** (1) This section specifies the programs
19 to be administered and the services to be provided by the department of
20 human services. These programs and services include the following:

21 (a) ~~Programs related to substance abuse and substance use~~
22 ~~disorders, as specified in article 80 of title 27;~~

23 (b) ~~Programs related to alcohol abuse and alcohol use disorders,~~
24 ~~as specified in article 81 of title 27;~~

25 (c) ~~Programs related to prevention, education, and treatment for~~
26 ~~substance abuse and substance use disorders, as specified in article 82 of~~
27 ~~title 27;~~

1 **SECTION 85.** In Colorado Revised Statutes, 26-2-111, **amend**
2 (4)(e) introductory portion and (4)(e)(I) as follows:

3 **26-2-111. Eligibility for public assistance - rules - repeal.**

4 (4) **Aid to the needy disabled.** Public assistance in the form of aid to the
5 needy disabled must be granted to any person who meets the requirements
6 of subsection (1) of this section and all of the following requirements:

7 (e) If the applicant is disabled as a result of a primary diagnosis
8 of a substance use disorder, ~~he or she~~ THE APPLICANT, as conditions of
9 eligibility, ~~shall be~~ IS required to:

10 (I) Participate in treatment services approved by the ~~office of~~
11 behavioral health ADMINISTRATION in the state department; and

12 **SECTION 86.** In Colorado Revised Statutes, 26-6-102, **amend**
13 (33) introductory portion as follows:

14 **26-6-102. Definitions.** As used in this article 6, unless the context
15 otherwise requires:

16 (33) "Residential child care facility" means a facility licensed by
17 the state department pursuant to this part 1 to provide twenty-four-hour
18 group care and treatment for five or more children operated under private,
19 public, or nonprofit sponsorship. "Residential child care facility" includes
20 community-based residential child care facilities, qualified residential
21 treatment programs, as defined in section 26-5.4-102 (2), shelter facilities,
22 and therapeutic residential child care facilities as defined in rule by the
23 state board, and psychiatric residential treatment facilities as defined in
24 section 25.5-4-103 (19.5). A residential child care facility may be eligible
25 for designation by the ~~executive director of~~ COMMISSIONER OF THE
26 BEHAVIORAL HEALTH ADMINISTRATION IN the state department pursuant
27 to article 65 of title 27. A child who is admitted to a residential child care

1 facility must be:

2 **SECTION 87.** In Colorado Revised Statutes, 26-20-103, **amend**
3 (3) as follows:

4 **26-20-103. Basis for use of restraint or seclusion.** (3) In
5 addition to the circumstances described in subsection (1) of this section,
6 a facility, as defined in section 27-65-102 (7), that is designated by the
7 ~~executive director of~~ COMMISSIONER OF THE BEHAVIORAL HEALTH
8 ADMINISTRATION in the state department to provide treatment pursuant to
9 section 27-65-105, 27-65-106, 27-65-107, or 27-65-109 to an individual
10 with a mental health disorder, as defined in section 27-65-102 (11.5), may
11 use seclusion to restrain an individual with a mental health disorder when
12 the seclusion is necessary to eliminate a continuous and serious disruption
13 of the treatment environment.

14 **SECTION 88.** In Colorado Revised Statutes, 26-20-110, **amend**
15 (1)(d) as follows:

16 **26-20-110. Youth restraint and seclusion working group -**
17 **membership - purpose - repeal.** (1) There is established within the
18 division of youth services a youth restraint and seclusion working group,
19 referred to in this section as the "working group". The working group
20 consists of:

21 (d) The ~~director~~ COMMISSIONER of the ~~office of~~ behavioral health
22 ~~within~~ ADMINISTRATION in the state department, or ~~his or her~~ THE
23 COMMISSIONER'S designee;

24 **SECTION 89.** In Colorado Revised Statutes, 27-60-100.3, **repeal**
25 (4.7); and **add** (1.1) and (1.3) as follows:

26 **27-60-100.3. Definitions - repeal.** As used in this article 60,
27 unless the context otherwise requires:

1 (1.1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
2 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
3 27-50-102.

4 (1.3) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
5 BEHAVIORAL HEALTH ADMINISTRATION.

6 (4.7) ~~"Office" means the office of behavioral health in the~~
7 ~~department of human services.~~

8 **SECTION 90.** In Colorado Revised Statutes, 27-60-103, **amend**
9 (1)(a) introductory portion, (2) introductory portion, (3), (4)(a), and
10 (6)(a); and **repeal** (6)(b) and (6)(c) as follows:

11 **27-60-103. Behavioral health crisis response system - services**
12 **- request for proposals - criteria - reporting - rules.** (1) (a) ~~On or~~
13 ~~before September 1, 2013, the state department shall~~ THE BHA MAY issue
14 a statewide request for proposals to entities with the capacity to create a
15 coordinated and seamless behavioral health crisis response system to
16 provide crisis intervention services for communities throughout the state.
17 Separate proposals may be solicited and accepted for each of the five
18 components listed in subsection (1)(b) of this section. The crisis response
19 system created through this request for proposals process must be based
20 on the following principles:

21 (2) ~~The state department~~ BHA shall collaborate with the
22 committee of interested stakeholders established in subsection (3) of this
23 section to develop the request for proposals, including eligibility and
24 award criteria. Priority may be given to entities that have demonstrated
25 partnerships with Colorado-based resources. Proposals will be evaluated
26 on, at a minimum, an applicant's ability, relative to the specific
27 component involved, to:

1 (3) ~~The state department~~ BHA shall establish a committee of
2 interested stakeholders that will be responsible for reviewing the
3 proposals and awarding contracts pursuant to this section.
4 ~~Representations~~ REPRESENTATIVES from the state department of health
5 care policy and financing must be included in the committee of interested
6 stakeholders. A stakeholder participating in the committee must not have
7 a financial or other conflict of interest that would prevent ~~him or her~~ THE
8 STAKEHOLDER from impartially reviewing proposals.

9 (4) (a) ~~The state department shall issue the initial request for~~
10 ~~proposals on or before September 1, 2013, subject to available~~
11 ~~appropriations. Pursuant to the state procurement code, articles 101 and~~
12 ~~102 of title 24, the state department shall make awards on or before~~
13 ~~January 1, 2014. If additional money is appropriated, the state department~~
14 BHA may issue additional requests for proposals consistent with this
15 section and the state procurement code, articles 101 and 102 of title 24.

16 (6) (a) Beginning in January 2014, and every January thereafter,
17 ~~the state department~~ BHA shall report progress on the implementation of
18 the crisis response system, as well as information about and updates to the
19 system, as part of its "State Measurement for Accountable, Responsive,
20 and Transparent (SMART) Government Act" hearing required by section
21 2-7-203.

22 (b) ~~On or before November 1, 2017, the office of behavioral~~
23 ~~health within the state department shall prepare a report and submit such~~
24 ~~report to the joint judiciary committee; the joint health and human~~
25 ~~services committee; the joint budget committee; the governor; and the~~
26 ~~commission on criminal and juvenile justice, established in section~~
27 ~~16-11.3-102. At a minimum, the report must include details concerning~~

1 ~~the current status of funding and the implementation of the expansion of~~
2 ~~behavioral health crisis services.~~

3 (c) ~~On or before May 1, 2018, but after January 31, 2018, the~~
4 ~~office of behavioral health within the state department shall present a~~
5 ~~report to the joint judiciary committee and the joint committee on health~~
6 ~~and human services concerning the current status of funding and the~~
7 ~~implementation of the expansion of behavioral health crisis services.~~

8 **SECTION 91.** In Colorado Revised Statutes, 27-60-104, **amend**
9 (2), (3)(a), (5), (7) introductory portion, (7)(b), (8), and (9); and **amend**
10 **as it will become effective July 1, 2022,** (6) introductory portion as
11 follows:

12 **27-60-104. Behavioral health crisis response system - crisis**
13 **service facilities - walk-in centers - mobile response units - report.**

14 (2) (a) ~~On or before January 1, 2018, the state department~~ THE BHA shall
15 ensure that mobile response units are available to respond to a behavioral
16 health crisis anywhere in the state within no more than two hours, either
17 face-to-face or using telehealth operations, for mobile crisis evaluations.

18 (b) Mobile crisis services may be delivered by criminal justice
19 diversion programs approved by the ~~state department~~ BHA or a crisis
20 response system contractor.

21 (3) (a) ~~On or before January 1, 2018,~~ All walk-in centers
22 throughout the state's crisis response system must be appropriately
23 designated by the ~~executive director~~ COMMISSIONER for a
24 seventy-two-hour treatment and evaluation, adequately prepared, and
25 properly staffed to accept an individual through the emergency mental
26 health procedure outlined in section 27-65-105 or a voluntary application
27 for mental health services pursuant to section 27-65-103. Priority for

1 individuals receiving emergency placement pursuant to section 27-65-105
2 is on treating high-acuity individuals in the least restrictive environment
3 without the use of law enforcement.

4 (5) The ~~state department~~ BHA shall encourage crisis response
5 system contractors in each region to develop partnerships with the broad
6 array of crisis intervention services through mobile response units and
7 telehealth-capable walk-in centers in rural communities that offer care
8 twenty-four hours a day, seven days a week.

9 (6) The ~~state department~~ BHA shall ensure crisis response system
10 contractors are responsible for community engagement, coordination, and
11 system navigation for key partners, including criminal justice agencies,
12 emergency departments, hospitals, primary care facilities, behavioral
13 health entities, walk-in centers, and other crisis service facilities. The
14 goals of community coordination are to:

15 (7) The ~~state department~~ BHA shall explore solutions for
16 addressing secure transportation, as defined in section 25-3.5-103 (11.4),
17 of individuals placed on a seventy-two-hour treatment and evaluation
18 hold pursuant to article 65 of this title 27, and shall include the following
19 information as part of its 2023 "State Measurement for Accountable,
20 Responsive, and Transparent (SMART) Government Act" presentation
21 required pursuant to section 2-7-203:

22 (b) How the ~~state department~~ BHA has supported and encouraged
23 crisis contractors to include secure transportation in the behavioral health
24 crisis response system.

25 (8) The ~~state department~~ BHA shall ensure consistent training for
26 professionals who have regular contact with individuals experiencing a
27 behavioral health crisis.

1 (9) The ~~state department~~ BHA shall conduct an assessment of
2 need and capacity of the statewide crisis response system to better
3 understand the state's needs for crisis response and service gaps across the
4 state.

5 **SECTION 92.** In Colorado Revised Statutes, 27-60-104.5,
6 **amend** (3) introductory portion, (4), (8), and (10); and **repeal** (7) as
7 follows:

8 **27-60-104.5. Behavioral health capacity tracking system -**
9 **rules - legislative declaration - definitions.** (3) Pursuant to subsection
10 (8) of this section, the ~~state department~~ BHA shall implement a
11 behavioral health capacity tracking system, which must include the
12 following:

13 (4) In addition to reporting by those facilities listed in subsection
14 (3)(e) of this section, the tracking system may allow any medical provider
15 providing behavioral health treatment as part of the provider's medical
16 practice to participate in the tracking system with prior approval by the
17 ~~state department~~ BHA.

18 (7) ~~Prior to contracting for components of the tracking system or~~
19 ~~its implementation, the state department shall convene a stakeholder~~
20 ~~process to identify an efficient and effective tracking system design. The~~
21 ~~state department shall receive input relating to existing information and~~
22 ~~reporting systems that may be expanded upon for the tracking system,~~
23 ~~issues relating to data collection and input by facilities and treatment~~
24 ~~providers, and the most effective interface for tracking system users. In~~
25 ~~addition to any persons or organizations identified by the state~~
26 ~~department, the stakeholder process must include input from the~~
27 ~~department of public health and environment, emergency medical service~~

1 ~~providers, contractors operating existing information and reporting~~
2 ~~systems in the state, and facilities required to provide information for the~~
3 ~~tracking system. The state department shall report to the opioid and other~~
4 ~~substance use disorders study committee during the legislative interim~~
5 ~~preceding the 2020 legislative session concerning the results of the~~
6 ~~stakeholder process.~~

7 (8) Subject to available appropriations, the state department BHA
8 shall implement a centralized, web-based tracking system as described in
9 this section and shall ensure that appropriate tracking system information
10 is available to the public. The contractor of the twenty-four-hour
11 telephone crisis services provided pursuant to section 27-60-103 shall use
12 the tracking system as an available service resource locator.

13 (10) The state department BOARD may adopt rules, as necessary,
14 to implement this section.

15 **SECTION 93.** In Colorado Revised Statutes, 27-60-105, **amend**
16 (2), (3), (4) introductory portion, (5) introductory portion, (5)(b), and (6)
17 as follows:

18 **27-60-105. Outpatient restoration to competency services -**
19 **jail-based behavioral health services - responsible entity - duties -**
20 **report - legislative declaration.** (2) ~~The office of behavioral health~~
21 **STATE DEPARTMENT** serves as a central organizing structure and
22 responsible entity for the provision of competency restoration education
23 services, coordination of competency restoration services ordered by the
24 court pursuant to section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and
25 jail-based behavioral health services pursuant to section 27-60-106.

26 (3) ~~On or before December 1, 2017, the office~~ **THE STATE**
27 **DEPARTMENT** shall develop standardized juvenile and adult curricula for

1 the educational component of competency restoration services. The
2 curricula must have a content and delivery mechanism that allows ~~it~~ THE
3 CURRICULA to be tailored to meet individual needs, including those of
4 persons with intellectual and developmental disabilities.

5 (4) Beginning July 1, 2019, the ~~office~~ STATE DEPARTMENT has the
6 following duties and responsibilities, subject to available appropriations:

7 (5) Notwithstanding section 24-1-136 (11)(a)(I), on or before
8 January 1, 2019, and every January 1 thereafter, the ~~office~~ STATE
9 DEPARTMENT shall submit an annual written report to the general
10 assembly summarizing the ~~office's~~ STATE DEPARTMENT'S provision of
11 competency restoration education, its efforts toward the coordination of
12 competency restoration education with other existing services, and the
13 results of the jail-based behavioral health services program created in
14 section 27-60-106. The report must include:

15 (b) A description of the ~~office's~~ STATE DEPARTMENT'S engagement
16 with community partners to coordinate competency restoration services
17 in an effective and efficient manner;

18 (6) In addition to subsection (4) of this section and subject to
19 available appropriations, the ~~office~~ STATE DEPARTMENT shall require any
20 county jail to assist in the provision of interim mental health services for
21 individuals who have been court-ordered for inpatient competency
22 restoration and who are waiting admission for an inpatient bed. This
23 section does not toll or otherwise modify the time frames for the STATE
24 department to offer inpatient admission pursuant to the provisions of
25 section 16-8.5-111.

26 **SECTION 94.** In Colorado Revised Statutes, 27-60-106, **amend**
27 (1), (3), (4) introductory portion, (4)(a), (4)(g), (4)(h), (5)(a), and (6) as

1 follows:

2 **27-60-106. Jail-based behavioral health services program -**

3 **purpose - created - funding.** (1) There is created in the ~~office~~

4 BEHAVIORAL HEALTH ADMINISTRATION the jail-based behavioral health

5 services program, referred to in this section as the "program". The

6 program may receive money from the correctional treatment cash fund

7 pursuant to section 18-19-103 (5)(c)(V).

8 (3) The ~~office~~ BHA shall prioritize jails with minimal behavioral

9 health services, including but not limited to rural and frontier jails.

10 (4) Subject to available appropriations, the ~~office~~ BHA may

11 require a county jail that receives funding through the program to:

12 (a) Screen all individuals booked into the jail facility with

13 standardized evidence-based screening tools, as determined by the ~~office~~

14 BHA, for mental health disorders, substance use disorders, and suicide

15 risk;

16 (g) Track performance outcomes for measures developed by the

17 ~~office~~ BHA, including behavioral health disorder prevalence and service

18 data through information-sharing processes, as defined by the ~~office~~

19 BHA; and

20 (h) Partner with the ~~office~~ BHA to develop feasible health

21 information exchange strategies for medical and behavioral health

22 records.

23 (5) (a) The ~~office~~ BHA shall require a county jail that receives

24 funding through the program to have a policy in place on or before

25 January 1, 2020, that describes how medication-assisted treatment, as it

26 is defined in section 23-21-803, will be provided, when necessary, to

27 individuals confined in the county jail.

1 (6) Subject to available appropriations, nothing in this section
2 prohibits program funds from being used to meet the requirements
3 outlined in sections 17-26-303 and 17-26-304 for local jails, as defined
4 in section 17-26-302 (2), by providing additional staffing, training, robust
5 behavioral health services and supports, or facility changes. Any facility
6 changes must be approved by the ~~office of behavioral health~~ BHA before
7 funds may be expended.

8 **SECTION 95.** In Colorado Revised Statutes, 27-60-106.5,
9 **amend** (1) and (2) as follows:

10 **27-60-106.5. Criminal justice diversion programs - report -**
11 **rules.** (1) (a) ~~The office of behavioral health in the state department~~
12 BHA may contract with cities and counties for the creation, maintenance,
13 or expansion of criminal justice diversion programs. The goal of each
14 program created pursuant to this section should be to connect ~~law~~
15 ~~enforcement officers~~ FIRST RESPONDERS with behavioral health providers
16 to assist individuals in need of behavioral health intervention or to divert
17 individuals from the criminal justice system.

18 (b) ~~The office of behavioral health in the state department~~ BHA
19 may require criminal justice diversion programs contracted pursuant to
20 subsection (1)(a) of this section to participate as a mobile crisis service in
21 the behavioral health crisis response system, created pursuant to section
22 27-60-103.

23 (2) On or before November 1, 2021, and on or before each
24 November 1 thereafter, ~~the state department~~ BHA shall include an update
25 regarding the current status of funding and the criminal justice diversion
26 programs implemented pursuant to this section in its report to the
27 judiciary committees of the senate and the house of representatives, the

1 health and human services committee of the senate, the public AND
2 BEHAVIORAL health care and human services committee of the house of
3 representatives, or any successor committees, as part of its "State
4 Measurement for Accountable, Responsive, and Transparent (SMART)
5 Government Act" presentation required by section 2-7-203.

6 **SECTION 96.** In Colorado Revised Statutes, **repeal** 27-60-107.

7 **SECTION 97.** In Colorado Revised Statutes, 27-60-108, **amend**
8 (2)(c), (3)(a) introductory portion, (3)(a)(III)(B), (3)(c), (4), (5), (6)(d),
9 and (7) as follows:

10 **27-60-108. Peer support professionals - cash fund - fees -**
11 **requirements - legislative declaration - rules - definitions.** (2) As used
12 in this section, unless the context otherwise requires:

13 (c) "Recovery support services organization" means an
14 independent entity led and governed by representatives of local
15 communities of recovery and approved by the ~~executive director of the~~
16 ~~state department~~ COMMISSIONER pursuant to subsection (3)(a) of this
17 section.

18 (3) (a) On or before July 1, 2022, the ~~state department~~ BHA shall
19 develop a procedure for recovery support services organizations to be
20 approved by the ~~executive director of the state department~~ COMMISSIONER
21 for reimbursement pursuant to this section. The procedures must ensure
22 that the recovery support services organization:

23 (III) Employs or contracts with peer support professionals who
24 must:

25 (B) Have successfully completed formal training covering all
26 content areas outlined in the core competencies for peer support
27 professionals established by either the ~~state department~~ BHA or the

1 substance abuse and mental health services administration of the United
2 States department of health and human services; and

3 (c) The ~~executive director of the state department~~ COMMISSIONER,
4 in collaboration with the department of health care policy and financing,
5 may promulgate rules establishing minimum standards that recovery
6 support services organizations must meet.

7 (4) The ~~state department~~ BHA may charge a fee for recovery
8 support services organizations seeking approval pursuant to subsection
9 (3)(a) of this section. If the ~~executive director of the state department~~
10 COMMISSIONER charges a fee to recovery support services organizations,
11 the ~~executive director~~ COMMISSIONER shall promulgate rules to establish
12 the fee ~~at~~ IN an amount not to substantially exceed the amount charged to
13 other behavioral health providers seeking approval from the ~~state~~
14 ~~department.~~ The ~~state department~~ BHA. THE BHA shall deposit any fees
15 collected into the peer support professional workforce cash fund created
16 in subsection (6) of this section.

17 (5) The ~~state department~~ BHA may seek, accept, and expend gifts,
18 grants, or donations from private or public sources for the purposes of this
19 section. The ~~state department~~ BHA shall transfer each gift, grant, and
20 donation to the state treasurer, who shall credit the same to the peer
21 support professional workforce cash fund created in subsection (6) of this
22 section.

23 (6) (d) Subject to annual appropriation by the general assembly,
24 the ~~state department~~ BHA may expend state money from the fund for the
25 purpose of implementing this section.

26 (7) A peer-run recovery service provider shall not be compelled
27 to seek approval from the ~~state department~~ BHA to become a recovery

1 support services organization. Expanded service funding available for
2 recovery services through recovery support services organizations is
3 intended to supplement existing state investment in the recovery system
4 infrastructure. The ~~state department~~ BHA shall fund recovery services,
5 within existing appropriations, including peer-run organizations that do
6 not seek to be recovery support services organizations.

7 **SECTION 98.** In Colorado Revised Statutes, 27-60-109, **amend**
8 (2)(a), (2)(b), (3)(a) introductory portion, (3)(a)(III), (3)(b), and (4)(a)
9 introductory portion as follows:

10 **27-60-109. Temporary youth mental health services program**
11 **- established report - rules - definitions - repeal.** (2) (a) There is
12 established in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the
13 temporary youth mental health services program to facilitate access to
14 mental health services, including substance use disorder services, for
15 youth to respond to mental health needs identified in an initial mental
16 health screening through the portal, including those needs that may have
17 resulted from the COVID-19 pandemic. The program reimburses
18 providers for up to three mental health sessions with a youth.

19 (b) The ~~office~~ BHA shall reimburse providers who participate in
20 the program for each mental health session with a youth, either in-person
21 or by telehealth, up to a maximum of three sessions per youth client;
22 except that subject to available money, the ~~state department~~ BHA may
23 reimburse a provider for additional sessions. To be eligible for
24 reimbursement from the program, a provider must be available to provide
25 three mental health sessions to each youth the provider accepts as a client.

26 (3) (a) The ~~office~~ BHA shall:

27 (III) Implement a statewide public awareness and outreach

1 campaign about the program. The general assembly encourages the office
2 BHA to involve schools, neighborhood youth organizations, health-care
3 providers, faith-based organizations, and any other community-based
4 organizations that interact with youth on the local level in disseminating
5 information about the program.

6 (b) The state ~~department~~ BOARD may promulgate rules necessary
7 for the administration of this section, including rules to protect the
8 privacy of youth who receive services through the program.

9 (4) (a) ~~As soon as practicable, but no later than August 1, 2021,~~
10 ~~the state department~~ THE BHA shall enter into an agreement with a
11 vendor to create, or use an existing, website or web-based application as
12 a portal available to youth and providers to facilitate the program. The
13 portal must:

14 **SECTION 99.** In Colorado Revised Statutes, 27-60-110, **amend**
15 (1) as follows:

16 **27-60-110. Behavioral health-care services for rural and**
17 **agricultural communities - vouchers - contract - appropriation.**

18 (1) No later than one hundred eighty days after June 28, 2021, the ~~state~~
19 ~~department~~ BHA, in collaboration with the department of agriculture,
20 shall contract with a nonprofit organization primarily focused on serving
21 agricultural and rural communities in Colorado, as identified by the ~~state~~
22 ~~department~~ BHA, to provide vouchers to individuals living in rural and
23 frontier communities in need of behavioral health-care services.

24 **SECTION 100.** In Colorado Revised Statutes, 27-60-111, **amend**
25 (1), (2)(o), (3), (4), (6), (7), (8), and (9) as follows:

26 **27-60-111. County-based behavioral health grant program -**
27 **created - report - rules - repeal.** (1) There is created in the office

1 BEHAVIORAL HEALTH ADMINISTRATION the county-based behavioral
2 health grant program, referred to in this section as the "grant program",
3 to provide matching grants to county departments of human or social
4 services for the expansion or improvement of local or regional behavioral
5 health disorder treatment programs.

6 (2) Grant recipients may use the money received through the grant
7 program for the following purposes:

8 (o) Any other purpose the ~~office~~ BHA identifies that will expand
9 or improve local or regional behavioral health disorder treatment
10 programs.

11 (3) The ~~office~~ BHA shall administer the grant program and shall
12 award grants as provided in this section.

13 (4) The ~~office~~ BHA shall implement the grant program in
14 accordance with this section. At a minimum, the ~~office~~ BHA shall specify
15 the time frames for applying for grants, the form of the grant program
16 application, and the time frames for distributing grant money.

17 (6) To receive a grant, a county department of human or social
18 services shall submit an application to the ~~office~~ BHA. The ~~office~~ BHA
19 shall give priority to applications that demonstrate innovation and
20 collaboration or include rural or frontier communities; address a
21 demonstrated need, as identified by community input and local planning
22 efforts; and demonstrate the ability to rapidly distribute the grant money
23 into the community. The ~~office~~ BHA shall award grant money equitably
24 to reflect the geographic diversity of the state.

25 (7) Subject to available appropriations, beginning January 1, 2022,
26 and on or before January 1 each year thereafter for the duration of the
27 grant program, the ~~office~~ BHA shall award grants as provided in this

1 section. The ~~office~~ BHA shall distribute the grant money within ninety
2 days after the ~~office~~ BHA awards the grants.

3 (8) (a) On or before February 1, 2023, and on or before February
4 1 each year thereafter for the duration of the grant program, each county
5 department of human or social services that receives a grant through the
6 grant program shall submit a report to the ~~office~~ BHA on the use of the
7 grant money received pursuant to this section, including the total number
8 of individuals served, disaggregated by race, ethnicity, and age.

9 (b) On or before April 1, 2023, and on or before April 1 each year
10 thereafter for the duration of the grant program, the ~~state department~~
11 BHA shall submit a summarized report of the information received
12 pursuant to subsection (8)(a) of this section to the joint budget committee,
13 the health and insurance committee and the public and behavioral health
14 and human services committee of the house of representatives, and the
15 health and human services committee of the senate, or any successor
16 committees, on the grant program.

17 (9) For the 2021-22 state fiscal year, the general assembly shall
18 appropriate nine million dollars from the behavioral and mental health
19 cash fund created in section 24-75-230 to the STATE department of ~~human~~
20 ~~services~~ for use by the ~~office~~ BHA for the purposes of this section. If any
21 unexpended or unencumbered money remains at the end of the fiscal year,
22 the ~~office~~ BHA may expend the money for the same purposes in the next
23 fiscal year without further appropriation.

24 **SECTION 101.** In Colorado Revised Statutes, 27-60-112, **amend**
25 (1), (2) introductory portion, (2)(e), (3), and (4) as follows:

26 **27-60-112. Behavioral health-care workforce development**
27 **program - creation - report - rules.** (1) There is created in the ~~office~~

1 BEHAVIORAL HEALTH ADMINISTRATION the behavioral health-care
2 workforce development program, referred to in this section as the
3 "program". The purpose of the program is to increase the behavioral
4 health-care workforce's ability to treat individuals, including youth, with
5 severe behavioral health disorders.

6 (2) To implement the program, the ~~office~~ BHA shall:

7 (e) Provide capacity-building grants to diversify the safety net
8 provider workforce and meet the requirements of ~~section 27-63-103~~ PART
9 3 OF ARTICLE 50 OF THIS TITLE 27.

10 (3) The state ~~department~~ BOARD may promulgate rules as
11 necessary for the implementation of this section.

12 (4) For the state fiscal year 2021-22 and each state fiscal year
13 thereafter for which the program receives funding, the ~~state department~~
14 BHA shall report a summary of the expenditures from the program, the
15 impact of the expenditures in increasing the behavioral health-care
16 workforce, and any recommendations to strengthen and improve the
17 behavioral health-care workforce as part of its annual presentation to the
18 general assembly required under the "State Measurement for
19 Accountable, Responsive, and Transparent (SMART) Government Act",
20 part 2 of article 7 of title 2.

21 **SECTION 102.** In Colorado Revised Statutes, 27-60-113, **amend**
22 (2), (3), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5),
23 (6), and (8); and **repeal** (7) as follows:

24 **27-60-113. Out-of-home placement for children and youth**
25 **with mental or behavioral needs - rules - report - legislative**
26 **declaration - definitions - repeal.** (2) ~~On or before August 1, 2021, the~~
27 ~~state department shall develop a program to~~ THE BHA SHALL provide

1 emergency resources to licensed providers to help remove barriers such
2 providers face in serving children and youth whose behavioral or mental
3 health needs require services and treatment in a residential child care
4 facility. Any such licensed provider shall meet the requirements of a
5 qualified residential treatment program, as defined in section 26-5.4-102,
6 a psychiatric residential treatment facility, as defined in section
7 26-5.4-103 (19.5), or therapeutic foster care, as defined in section
8 26-6-102 (39).

9 (3) The state ~~department~~ BOARD may promulgate rules concerning
10 the placement of a child or youth in the program. The rules may address
11 quality assurance monitoring, admissions, discharge planning, appropriate
12 length of stay, an appeals process for children and youth who are
13 determined ineligible for the program, and compliance with applicable
14 federal law, including the federal "Family First Prevention Services Act";
15 except that rules concerning the placement of a child or youth who is not
16 in the custody of a state or county department of human or social services
17 shall not inappropriately apply compliance with such act.

18 (4) (a) ~~On or before December 31, 2021, the state department~~ THE
19 BHA shall contract with licensed providers for the delivery of services to
20 children and youth who are determined eligible for and placed in the
21 program. A provider that contracts with the ~~state department~~ BHA shall
22 not:

23 (II) Discharge a child or youth based on the severity or complexity
24 of the ~~child~~ CHILD'S or youth's physical, behavioral, or mental health
25 needs; except that the ~~state department~~ BHA may arrange for the
26 placement of a child or youth with an alternate contracted provider if the
27 placement with the alternate provider is better suited to deliver services

1 that meet the needs of the child or youth.

2 (b) The ~~state department~~ BHA shall reimburse a provider directly
3 for the costs associated with the placement of a child or youth in the
4 program for the duration of the treatment, including the costs the provider
5 demonstrates are necessary in order for the provider to operate
6 continuously during this period.

7 (c) The ~~state department~~ BHA shall coordinate with the
8 department of health care policy and financing to support continuity of
9 care and payment for services for any children or youth placed in the
10 program.

11 (d) The ~~state department~~ BHA shall reimburse the provider one
12 hundred percent of the cost of unutilized beds in the program to ensure
13 available space for emergency residential out-of-home placements.

14 (5) (a) A hospital, health-care provider, provider of case
15 management services, school district, managed care entity, or state or
16 county department of human or social services may refer a family for the
17 placement of a child or youth in the program. The entity referring a child
18 or youth for placement in the program shall submit or assist the family
19 with submitting an application to the ~~state department~~ BHA for review.
20 The ~~state department~~ BHA shall consider each application as space
21 becomes available. The ~~state department~~ BHA shall approve admissions
22 into the program and determine admission and discharge criteria for
23 placement.

24 (b) The ~~state department~~ BHA shall develop a discharge plan for
25 each child or youth placed in the program. The plan must include the
26 eligible period of placement of the child or youth and shall identify the
27 entity that will be responsible for the placement costs if the child or youth

1 remains with the provider beyond the date of eligibility identified in the
2 plan.

3 (c) The entity or family that places the child or youth in the
4 program retains the right to remove the child or youth from the program
5 any time prior to the discharge date specified by the state department
6 BHA.

7 (6) ~~Within seven days after submitting an application to the state~~
8 ~~department for placing a child or youth in the program, the state~~
9 ~~department shall work with the referring entity and the child's or youth's~~
10 ~~parents or legal guardians to ensure the child or youth is assessed for~~
11 ~~eligibility for enrollment into the state medical assistance program. A~~
12 ~~child or youth who is eligible for enrollment into the state medical~~
13 ~~assistance program shall be enrolled. Enrollment of a child or youth into~~
14 ~~the state medical assistance program does not constitute automatic~~
15 ~~placement into the program. AS USED IN THIS SECTION, UNLESS THE~~
16 ~~CONTEXT OTHERWISE REQUIRES:~~

17 (a) "FAMILY ADVOCATE" MEANS A PARENT OR PRIMARY
18 CAREGIVER WHO:

19 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
20 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

21 (II) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A
22 MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

23 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,
24 SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
25 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
26 OTHER STATE AND LOCAL SERVICE SYSTEMS.

27 (b) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

1 (I) HAS BEEN TRAINED IN A SYSTEM-OF-CARE APPROACH TO ASSIST
2 FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

3 (II) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK
4 WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING
5 DISORDERS; AND

6 (III) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,
7 INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,
8 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND
9 OTHER STATE AND LOCAL SERVICE SYSTEMS.

10 (7) ~~No later than November 1, 2022, 2023, and 2024, the state~~
11 ~~department shall submit a written report to the house of representatives~~
12 ~~public and behavioral health and human services committee, the senate~~
13 ~~health and human services committee, or their successor committees, and~~
14 ~~the joint budget committee. At a minimum, the report must include:~~

15 (a) ~~The number of applications received for placement of children~~
16 ~~and youth in the program;~~

17 (b) ~~The number of children and youth accepted for placement in~~
18 ~~the program;~~

19 (c) ~~The duration of each placement; and~~

20 (d) ~~The daily rate paid to each provider for placement of children~~
21 ~~and youth.~~

22 (8) This section is intended to provide enhanced emergency
23 services resulting from the increased need for services due to the
24 COVID-19 pandemic. No later than September 30, 2024, the state
25 department BHA shall submit recommendations to the house of
26 representatives public and behavioral health and human services
27 committee, the senate health and human services committee, or their

1 successor committees, and the joint budget committee about how to
2 provide necessary services for children and youth in need of residential
3 care, including hospital step-down services on an ongoing basis.

4 **SECTION 103.** In Colorado Revised Statutes, 27-60-202, **amend**
5 (2); and **repeal** (3) as follows:

6 **27-60-202. Definitions.** As used in this part 2, unless the context
7 otherwise requires:

8 (2) "Behavioral health administration" or "BHA" means the
9 behavioral health administration established in ~~section 27-60-203~~
10 SECTION 27-50-102.

11 (3) ~~"Plan" means the proposed plan, as described in section~~
12 ~~27-60-203, for the creation of the behavioral health administration.~~

13 **SECTION 104.** In Colorado Revised Statutes, 27-60-203, **repeal**
14 (1), (2), (3), and (4) as follows:

15 **27-60-203. Behavioral health administration - timeline.**

16 (1) ~~(a) On or before November 1, 2021, based on the September 2020~~
17 ~~recommendations from the Colorado behavioral health task force, the~~
18 ~~state department shall develop a plan for the creation of the behavioral~~
19 ~~health administration. The plan must include strategies to streamline and~~
20 ~~improve efforts that address behavioral health needs in the state and~~
21 ~~reduce behavioral health disparities.~~

22 ~~(b) The state department shall solicit feedback from and engage~~
23 ~~with demographically diverse community stakeholders in the~~
24 ~~development of the plan described in this section. This includes, but is not~~
25 ~~limited to, direct engagement of consumers and consumers' advocates,~~
26 ~~county governments, municipal governments, tribal governments,~~
27 ~~managed service organizations, health care providers, managed care~~

1 ~~entities, insurance carriers, community mental health centers, and~~
2 ~~substance use disorder services providers.~~

3 ~~(c) On or before November 1, 2021, the state department shall~~
4 ~~provide the plan as a written report to the joint budget committee, the~~
5 ~~public and behavioral and human services committee of the house of~~
6 ~~representatives, and the health and human services committee of the~~
7 ~~senate, or any successor committees.~~

8 ~~(2) The plan must include, but is not limited to, the following:~~

9 ~~(a) Recommendations for funding and legislation necessary to~~
10 ~~appropriately implement the plan and address initial start-up as well as~~
11 ~~ongoing operational costs for the BHA;~~

12 ~~(b) A list and description of which state programs, both statutory~~
13 ~~and nonstatutory, along with the associated funding streams and~~
14 ~~personnel, that should be included or managed by the BHA. The list must~~
15 ~~specifically address all the functions currently overseen by the office of~~
16 ~~behavioral health in the state department of human services.~~

17 ~~(c) The governance structure of the BHA, including a~~
18 ~~recommendation for infrastructure within any governance structure to~~
19 ~~oversee and be accountable for policy, strategy, and services for all~~
20 ~~children and youth;~~

21 ~~(d) Potential opportunities for collaboration with local~~
22 ~~municipalities, counties, and tribes;~~

23 ~~(e) Recommendations for a plan of action regarding grievances,~~
24 ~~appeals, and ombudsman services within the BHA;~~

25 ~~(f) A data integration plan to create a data and information sharing~~
26 ~~and legal framework to support an agreed-upon approach and specific use~~
27 ~~case for information sharing that leverages existing infrastructure, such~~

1 as health information exchanges, reusable architecture, and data standards
2 to enable and advance coordinated care and services and behavioral
3 health equity while maintaining tribal sovereignty;

4 (g) A description of how the BHA will ensure the availability of
5 services and establish a standard of care across Colorado; and

6 (h) Specific recommendations as follows:

7 (I) Recommendations for the department of health care policy and
8 financing, developed in collaboration with community stakeholders, on
9 how medical assistance programs for behavioral health should be aligned
10 or integrated with the BHA in such a way that consumers of behavioral
11 health services have seamless access to needed services regardless of
12 payer. The recommendations must include a description of how the BHA
13 will ensure that access to services deemed medically necessary pursuant
14 to the early and period screening, diagnostic, and treatment benefit is
15 arranged for eligible children and youth.

16 (II) Recommendations for the division of insurance within the
17 department of regulatory agencies, developed in collaboration with the
18 community stakeholders, concerning how private insurance efforts that
19 are specific to behavioral health should be aligned or integrated with the
20 BHA; and

21 (III) Recommendations for the department of public health and
22 environment, developed in collaboration with the community
23 stakeholders, concerning how prevention and preventive services should
24 be aligned or integrated with the BHA and the extent to which the BHA
25 will engage in population health.

26 (3) The duties of the BHA, once established and fully operational,
27 must include, but are not limited to:

1 ~~(a) Serving as the single state agency responsible for state~~
2 ~~behavioral health programs that were identified as appropriate to~~
3 ~~transition into the BHA;~~

4 ~~(b) Receiving, coordinating, and distributing appropriate~~
5 ~~community behavioral health funding throughout the state;~~

6 ~~(c) Monitoring, evaluating, and reporting behavioral health~~
7 ~~outcomes across the state and within various jurisdictions, while~~
8 ~~maintaining tribal sovereignty; and~~

9 ~~(d) Promoting a behavioral health system that supports a~~
10 ~~whole-person approach to ensure Coloradans have the best chance to~~
11 ~~achieve and maintain wellness. This approach includes:~~

12 ~~(I) Promoting an integrated approach to mental health and~~
13 ~~substance use treatment;~~

14 ~~(II) Strengthening the integration of behavioral and physical care;~~

15 ~~(III) Enhancing programmatic and funding opportunities in~~
16 ~~support of the overall well-being of the individual or family;~~

17 ~~(IV) Promoting culturally responsive, trauma-informed, and~~
18 ~~equitable behavioral health care; and~~

19 ~~(V) Promoting coordination of supportive services outside of the~~
20 ~~behavioral health system to address social determinants of health, and to~~
21 ~~connect people to services such as housing, transportation, and~~
22 ~~employment.~~

23 ~~(4) The state department shall work collaboratively with the~~
24 ~~department of health care policy and financing, community stakeholders,~~
25 ~~and other state departments, as appropriate, to promulgate rules for the~~
26 ~~BHA to provide adequate oversight of the quality of services and set~~
27 ~~standards of care for services for adults as well as children and youth.~~

1 **SECTION 105.** In Colorado Revised Statutes, 27-60-204, **amend**
2 (1)(a), (1)(b), (1)(d), and (2) as follows:

3 **27-60-204. Care coordination infrastructure.** (1) (a) The ~~state~~
4 ~~department~~ BHA, in collaboration with the department of health care
5 policy and financing, shall develop a statewide care coordination
6 infrastructure to drive accountability and more effective behavioral health
7 navigation to care that builds upon and collaborates with existing care
8 coordination services. The infrastructure must include a website and
9 mobile application that serves as a centralized gateway for information
10 for patients, providers, and care coordination and that facilitates access and
11 navigation of behavioral health-care services and support.

12 (b) The ~~state department~~ BHA shall convene a working group of
13 geographically and demographically diverse partners and stakeholders,
14 including those with lived and professional experience, to provide
15 feedback and recommendations that inform and guide the development
16 of the statewide care coordination infrastructure developed pursuant to
17 subsection (1)(a) of this section.

18 (d) The ~~state department~~ BHA shall implement, directly or
19 through a contractor, a comprehensive and robust marketing and outreach
20 plan to make Coloradans aware of the website and mobile application and
21 associated care coordination services developed pursuant to subsection
22 (1)(a) of this section.

23 (2) On or before July 1, 2022, the statewide care coordination
24 infrastructure developed pursuant to subsection (1)(a) of this section is
25 the responsibility of the ~~behavioral health administration established in~~
26 ~~section 27-60-203~~ BHA.

27 **SECTION 106.** In Colorado Revised Statutes, 27-62-101, **repeal**

1 (8); and **add** (1.5) and (3.5) as follows:

2 **27-62-101. Definitions.** As used in this article 62, unless the
3 context otherwise requires:

4 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
5 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
6 27-50-102.

7 (3.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
8 BEHAVIORAL HEALTH ADMINISTRATION.

9 (8) ~~"State department" means the department of human services~~
10 ~~created pursuant to section 26-1-105.~~

11 **SECTION 107.** In Colorado Revised Statutes, **amend** 27-62-102
12 as follows:

13 **27-62-102. High-fidelity wraparound services for children and**
14 **youth - interagency coordination - reporting.** (1) Pursuant to section
15 25.5-5-803 (4), the ~~department of human services~~ BHA shall work
16 collaboratively with the department of health care policy and financing,
17 counties, and other relevant departments, as appropriate, to develop and
18 oversee wraparound services for children and youth at risk of
19 out-of-home placement or in an out-of-home placement. As part of
20 routine collaboration, the ~~department of human services~~ BHA shall assist
21 the department of health care policy and financing in developing a model
22 of sustainable funding for wraparound services. The ~~department of human~~
23 ~~services~~ BHA and the department of health care policy and financing
24 shall monitor and report the annual cost savings associated with eligible
25 children and youth receiving wraparound services to the public through
26 the annual hearing, pursuant to the "State Measurement for Accountable,
27 Responsive, and Transparent (SMART) Government Act", part 2 of

1 article 7 of title 2.

2 (2) Subject to available appropriations, two full-time staff persons
3 shall be appointed by the ~~executive director of the department of human~~
4 ~~services~~ COMMISSIONER to support and facilitate interagency coordination
5 pursuant to this article 62, part 8 of article 5 of title 25.5, and any other
6 related interagency behavioral health efforts as determined by the
7 ~~executive director of the department of human services~~ COMMISSIONER.

8 **SECTION 108.** In Colorado Revised Statutes, **amend** 27-62-103
9 as follows:

10 **27-62-103. Standardized assessment tool - standardized**
11 **screening tools - interagency coordination - single referral and entry**
12 **point. (1) Standardized assessment tool.** Subject to available
13 appropriations, the ~~state department~~ BHA shall select a single
14 standardized assessment tool to facilitate identification of behavioral
15 health issues and other related needs in children and youth and to develop
16 a plan to implement the tool for programmatic utilization. The ~~state~~
17 ~~department~~ BHA shall consult with the department of health care policy
18 and financing, managed care entities, counties, stakeholders, and other
19 relevant departments, as appropriate, prior to selecting the tool.

20 (2) **Standardized screening tools.** Subject to available
21 appropriations, the ~~state department~~ BHA shall select developmentally
22 appropriate and culturally competent statewide behavioral health
23 standardized screening tools for primary care providers serving children,
24 youth, and caregivers in the perinatal period, including postpartum
25 women. The ~~state department~~ BHA and the department of human services
26 may make the tools available electronically for health-care professionals
27 and the public. Prior to the adoption of the standardized assessment tool

1 described in subsection (1) of this section, and the standardized screening
2 tools described in this subsection (2), the ~~state department~~ BHA shall lead
3 a public consultation process involving relevant stakeholders, including
4 health-care professionals and managed care entities, with input from the
5 department of health care policy and financing, the department of public
6 health and environment, and the division of insurance.

7 (3) **Single statewide referral and entry point.** Subject to
8 available appropriations, the ~~state department~~ BHA, in conjunction with
9 the department of health care policy and financing, the department of
10 public health and environment, and other relevant departments and
11 counties, as necessary, shall develop a plan for establishing a single
12 statewide referral and entry point for children and youth who have a
13 positive behavioral health screening or whose needs are identified
14 through a standardized assessment. In developing the single statewide
15 referral and entry point plan, the ~~state department~~ BHA shall seek input
16 from relevant stakeholders, including counties, managed care entities
17 participating in the statewide managed care system, families of children
18 and youth with behavioral health disorders, communities that have
19 previously implemented wraparound services, mental health
20 professionals, and other relevant departments.

21 **SECTION 109.** In Colorado Revised Statutes, 27-63-101, **repeal**
22 (2); and **add** (3) as follows:

23 **27-63-101. Definitions.** As used in the article 63, unless the
24 context otherwise requires:

25 (2) "~~Department~~" means the ~~department of human services~~.

26 (3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
27 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION

1 27-50-102.

2 **SECTION 110.** In Colorado Revised Statutes, **repeal** 27-63-102,
3 27-63-103, and 27-63-104. █

4 █

5 **SECTION 111.** In Colorado Revised Statutes, 27-63-105, **amend**
6 (1) introductory portion, (1)(b)(VII), (1)(b)(IX), and (2) as follows:

7 **27-63-105. Safety net system implementation - safety net**
8 **system criteria.** (1) No later than January 1, 2024, the ~~department~~ BHA
9 shall implement the comprehensive ~~proposal, and the funding model~~
10 ~~developed pursuant to section 27-63-104 (2)~~, which shall **MUST** meet the
11 following criteria:

12 (b) The safety net system must:

13 (VII) Update information as requested by the ~~department~~ BHA
14 about available treatment options and outcomes in each region of the
15 state;

16 (IX) Meet any other criteria established by the ~~department~~ BHA.

17 (2) The safety net system must have a network of behavioral
18 health-care providers that collectively offer a full continuum of services
19 to ensure individuals with severe behavioral health disorders are triaged
20 in a timely manner to the appropriate care setting if an individual
21 behavioral health-care provider is unable to provide ongoing care and
22 treatment for the individual. The ~~department~~ BHA shall consider
23 community mental health centers, managed service organizations,
24 contractors for the statewide behavioral health crisis response system, and
25 other behavioral health community providers as key elements in the
26 behavioral health safety net system.

27 **SECTION 112.** In Colorado Revised Statutes, **amend** 27-63-106

1 as follows:

2 **27-63-106. Safety net system - effectiveness - report.** (1) From
3 January 1, 2022, until July 1, 2024, the ~~department~~ BHA shall provide an
4 annual report on the progress made by the ~~department~~ BHA on the
5 behavioral health safety net system to the public through the annual
6 hearing, pursuant to the "State Measurement for Accountable,
7 Responsive, and Transparent (SMART) Government Act", part 2 of
8 article 7 of title 2.

9 (2) Notwithstanding section 24-1-136 (11)(a)(I), no later than
10 January 1, 2025, the ~~department~~ BHA shall provide an annual report to
11 the joint budget committee of the general assembly related to the
12 expenditures, outcomes, and effectiveness of the safety net system by
13 service area region, including any recommendations to improve the
14 system and the transparency of the system.

15 **SECTION 113.** In Colorado Revised Statutes, 27-64-102, **add**
16 (1.5) as follows:

17 **27-64-102. Definitions.** As used in this article 64, unless the
18 context otherwise requires:

19 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
20 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
21 27-50-102.

22 **SECTION 114.** In Colorado Revised Statutes, 27-64-103, **amend**
23 (1) and (4)(d)(III) as follows:

24 **27-64-103. 988 crisis hotline enterprise - creation - powers and**
25 **duties.** (1) There is created in the ~~department of human services~~
26 BEHAVIORAL HEALTH ADMINISTRATION the 988 crisis hotline enterprise.
27 The enterprise is and operates as a government-owned business within the

1 ~~department of human services~~ BHA for the business purpose of imposing
2 charges pursuant to subsections (4)(a) and (4)(b) of this section, and
3 utilizing the charges' revenue to fund the 988 crisis hotline and provide
4 crisis outreach, stabilization, and acute care to individuals calling the 988
5 crisis hotline. The enterprise exercises its power and performs its duties
6 as if the same were transferred by a **type 1** transfer, as defined in section
7 24-1-105, to the ~~state department~~ BHA.

8 (4) The enterprise's primary powers and duties are to:

9 (d) (III) The ~~department of human services~~ BHA shall provide
10 office space and administrative staff to the enterprise pursuant to a
11 contract entered into pursuant to subsection (4)(d)(II) of this section.

12 **SECTION 115.** In Colorado Revised Statutes, 27-64-105, **amend**
13 (1) introductory portion as follows:

14 **27-64-105. Reports.** (1) Beginning January 1, 2023, and each
15 January 1 thereafter, the ~~department of human services~~ BHA shall:

16 **SECTION 116.** In Colorado Revised Statutes, 27-65-102, **amend**
17 (5.5) and (18); **repeal** (6); and **add** (1.3) and (2.5) as follows:

18 **27-65-102. Definitions.** As used in this article 65, unless the
19 context otherwise requires:

20 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
21 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
22 27-50-102.

23 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
24 BEHAVIORAL HEALTH ADMINISTRATION.

25 (5.5) "Emergency medical services facility" means a facility
26 licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to
27 section 25-1.5-103, or any other licensed and certified facility that

1 provides emergency medical services. An emergency medical services
2 facility is not required to be, but may elect to become, a facility
3 designated or approved by the ~~executive director~~ COMMISSIONER for a
4 seventy-two-hour treatment and evaluation pursuant to section 27-65-105.

5 (6) "~~Executive director~~" means the ~~executive director of the~~
6 ~~department of human services~~.

7 (18) "Residential child care facility" means a facility licensed by
8 the ~~state department of human services~~ pursuant to article 6 of title 26
9 ~~C.R.S.~~, to provide group care and treatment for children as such facility
10 is defined in section 26-6-102 (33). ~~C.R.S.~~ A residential child care facility
11 may be eligible for designation by the ~~executive director of the~~
12 ~~department of human services~~ COMMISSIONER pursuant to this ~~article~~
13 ARTICLE 65.

14 **SECTION 117.** In Colorado Revised Statutes, 27-65-105, **amend**
15 (1)(a)(I), (1)(a)(I.5), (1)(b), (1)(c), (3), (7)(a) introductory portion, and
16 (7)(b)(I) as follows:

17 **27-65-105. Emergency procedure.** (1) Emergency procedure
18 may be invoked under one of the following conditions:

19 (a) (I) When any person appears to have a mental health disorder
20 and, as a result of such mental health disorder, appears to be an imminent
21 danger to others or to himself or herself or appears to be gravely disabled,
22 then an intervening professional, as specified in subsection (1)(a)(II) of
23 this section, upon probable cause and with such assistance as may be
24 required, may take the person into custody, or cause the person to be
25 taken into custody, and placed in a facility designated or approved by the
26 ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and
27 evaluation. If such a facility is not available, the person may be taken to

1 an emergency medical services facility.

2 (I.5) When any person appears to have a mental health disorder
3 and, as a result of such mental health disorder, is in need of immediate
4 evaluation for treatment in order to prevent physical or psychiatric harm
5 to others or to himself or herself, then an intervening professional, as
6 specified in subsection (1)(a)(II) of this section, upon probable cause and
7 with such assistance as may be required, may immediately transport the
8 person to an outpatient mental health facility or other clinically
9 appropriate facility designated or approved by the ~~executive director~~
10 COMMISSIONER. If such a facility is not available, the person may be taken
11 to an emergency medical services facility.

12 (b) Upon an affidavit sworn to or affirmed before a judge that
13 relates sufficient facts to establish that a person appears to have a mental
14 health disorder and, as a result of the mental health disorder, appears to
15 be an imminent danger to others or to himself or herself or appears to be
16 gravely disabled, the court may order the person described in the affidavit
17 to be taken into custody and placed in a facility designated or approved
18 by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment
19 and evaluation. Whenever in this article 65 a facility is to be designated
20 or approved by the ~~executive director~~ COMMISSIONER, hospitals, if
21 available, must be approved or designated in each county before other
22 facilities are approved or designated. Whenever in this article 65 a facility
23 is to be designated or approved by the ~~executive director~~ COMMISSIONER
24 as a facility for a stated purpose and the facility to be designated or
25 approved is a private facility, the consent of the private facility to the
26 enforcement of standards set by the ~~executive director~~ COMMISSIONER is
27 a prerequisite to the designation or approval.

1 (c) Upon an affidavit sworn to or affirmed before a judge that
2 relates sufficient facts to establish that a person appears to have a mental
3 health disorder and, as a result of the mental health disorder, is in need of
4 immediate evaluation for treatment to prevent physical or psychiatric
5 harm to others or to himself or herself, the court may order the person
6 described in the affidavit to be transported to an outpatient mental health
7 facility or other clinically appropriate facility designated or approved by
8 the ~~executive director~~ COMMISSIONER.

9 (3) When a person is taken into emergency custody by an
10 intervening professional pursuant to subsection (1) of this section and is
11 presented to an emergency medical services facility or a facility that is
12 designated or approved by the ~~executive director~~ COMMISSIONER, the
13 facility shall require an application in writing, stating the circumstances
14 under which the person's condition was called to the attention of the
15 intervening professional and further stating sufficient facts, obtained from
16 the intervening professional's personal observations or obtained from
17 others whom he or she reasonably believes to be reliable, to establish that
18 the person has a mental health disorder and, as a result of the mental
19 health disorder, is an imminent danger to others or to himself or herself,
20 is gravely disabled, or is in need of immediate evaluation for treatment.
21 The application must indicate when the person was taken into custody and
22 who brought the person's condition to the attention of the intervening
23 professional. A copy of the application must be furnished to the person
24 being evaluated, and the application must be retained in accordance with
25 the provisions of section 27-65-121 (4).

26 (7) (a) On or before July 1, 2019, and each July 1 thereafter, each
27 emergency medical services facility that has treated a person pursuant to

1 this section shall provide an annual report to the ~~department~~ BHA that
2 includes only aggregate and nonidentifying information concerning
3 persons who were treated at an emergency medical services facility
4 pursuant to this section. The report must comply with the provisions of
5 section 24-1-136 (9) and is exempt from the provisions of section
6 24-1-136 (11)(a)(I). The report must contain the following:

7 (b) (I) Any information aggregated and provided to the
8 ~~department~~ BHA pursuant to this subsection (7) is privileged and
9 confidential. Such information must not be made available to the public
10 except in an aggregate format that cannot be used to identify an individual
11 facility. The information is not subject to civil subpoena and is not
12 discoverable or admissible in any civil, criminal, or administrative
13 proceeding against an emergency medical services facility or health-care
14 professional. The information must be used only to assess statewide
15 behavioral health services needs and to plan for sufficient levels of
16 statewide behavioral health services. In the collection of data to
17 accomplish the requirements of this subsection (7), the ~~department~~ BHA
18 shall protect the confidentiality of patient records, in accordance with
19 state and federal laws, and shall not disclose any public identifying or
20 proprietary information of any hospital, hospital administrator,
21 health-care professional, or employee of a health-care facility.

22 **SECTION 118.** In Colorado Revised Statutes, 27-65-106, **amend**
23 (4) and (6) as follows:

24 **27-65-106. Court-ordered evaluation for persons with mental**
25 **health disorders.** (4) Upon receipt of a petition satisfying the
26 requirements of subsection (3) of this section, the court shall designate a
27 facility, approved by the ~~executive director~~ COMMISSIONER, or a

1 professional person to provide screening of the respondent to determine
2 whether there is probable cause to believe the allegations.

3 (6) Whenever it appears, by petition and screening pursuant to this
4 section, to the satisfaction of the court that probable cause exists to
5 believe that the respondent has a mental health disorder and, as a result
6 of the mental health disorder, is a danger to others or to himself or herself
7 or is gravely disabled and that efforts have been made to secure the
8 cooperation of the respondent, who has refused or failed to accept
9 evaluation voluntarily, the court shall issue an order for evaluation
10 authorizing a certified peace officer to take the respondent into custody
11 and place ~~him or her~~ THE RESPONDENT in a facility designated by the
12 ~~executive director~~ COMMISSIONER for seventy-two-hour treatment and
13 evaluation. At the time of taking the respondent into custody, a copy of
14 the petition and the order for evaluation must be given to the respondent,
15 and promptly thereafter to any one person designated by the respondent
16 and to the person in charge of the seventy-two-hour treatment and
17 evaluation facility named in the order or ~~his or her~~ THE RESPONDENT'S
18 designee.

19 **SECTION 119.** In Colorado Revised Statutes, 27-65-107, **amend**
20 (1)(c) as follows:

21 **27-65-107. Certification for short-term treatment - procedure.**

22 (1) If a person detained for seventy-two hours pursuant to the provisions
23 of section 27-65-105 or a respondent under court order for evaluation
24 pursuant to section 27-65-106 has received an evaluation, he or she may
25 be certified for not more than three months of short-term treatment under
26 the following conditions:

27 (c) The facility ~~which~~ THAT will provide short-term treatment has

1 been designated or approved by the ~~executive director~~ COMMISSIONER to
2 provide such treatment.

3 **SECTION 120.** In Colorado Revised Statutes, 27-65-109, **amend**
4 (1)(c) and (4) as follows:

5 **27-65-109. Long-term care and treatment of persons with**
6 **mental health disorders - procedure.** (1) Whenever a respondent has
7 received short-term treatment for five consecutive months pursuant to the
8 provisions of sections 27-65-107 and 27-65-108, the professional person
9 in charge of the evaluation and treatment may file a petition with the court
10 for long-term care and treatment of the respondent under the following
11 conditions:

12 (c) The facility that will provide long-term care and treatment has
13 been designated or approved by the ~~executive director~~ COMMISSIONER to
14 provide the care and treatment.

15 (4) The court or jury shall determine whether the conditions of
16 subsection (1) of this section are met and whether the respondent has a
17 mental health disorder and, as a result of the mental health disorder, is a
18 danger to others or to himself or herself or is gravely disabled. The court
19 shall thereupon issue an order of long-term care and treatment for a term
20 not to exceed six months, or it shall discharge the respondent for whom
21 long-term care and treatment was sought, or it shall enter any other
22 appropriate order, subject to available appropriations. An order for
23 long-term care and treatment must grant custody of the respondent to the
24 ~~department~~ BHA for placement with an agency or facility designated by
25 the ~~executive director~~ COMMISSIONER to provide long-term care and
26 treatment. When a petition contains a request that a specific legal
27 disability be imposed or that a specific legal right be deprived, the court

1 may order the disability imposed or the right deprived if the court or a
2 jury has determined that the respondent has a mental health disorder or is
3 gravely disabled and that, by reason thereof, the person is unable to
4 competently exercise said right or perform the function as to which the
5 disability is sought to be imposed. Any interested person may ask leave
6 of the court to intervene as a copetitioner for the purpose of seeking the
7 imposition of a legal disability or the deprivation of a legal right.

8 **SECTION 121.** In Colorado Revised Statutes, 27-65-116, **amend**
9 (2) introductory portion, (2)(a), and (2)(d) as follows:

10 **27-65-116. Right to treatment - rules.** (2) The ~~department~~ BHA
11 shall adopt ~~regulations~~ RULES to assure that each agency or facility
12 providing evaluation, care, or treatment shall require the following:

13 (a) Consent for specific therapies and major medical treatment in
14 the nature of surgery. The nature of the consent, by whom it is given, and
15 under what conditions, shall be determined by rules of the ~~department~~
16 BHA.

17 (d) Conduct according to the guidelines contained in the
18 regulations of the federal government and the ~~department~~ RULES OF THE
19 BHA with regard to clinical investigations, research, experimentation,
20 and testing of any kind; and

21 **SECTION 122.** In Colorado Revised Statutes, **amend** 27-65-118
22 as follows:

23 **27-65-118. Administration or monitoring of medications to**
24 **persons receiving care.** The ~~executive director~~ COMMISSIONER has the
25 power to direct the administration or monitoring of medications in
26 conformity with part 3 of article 1.5 of title 25 ~~C.R.S.~~, to persons
27 receiving treatment in facilities created pursuant to this ~~article~~ ARTICLE

1 65.

2 **SECTION 123.** In Colorado Revised Statutes, **amend** 27-65-119
3 as follows:

4 **27-65-119. Employment of persons in a facility - rules.** The
5 ~~department~~ BHA shall adopt rules governing the employment and
6 compensation therefor of persons receiving care or treatment under any
7 provision of this ~~article~~ ARTICLE 65. The ~~department~~ BHA shall establish
8 standards for reasonable compensation for such employment.

9 **SECTION 124.** In Colorado Revised Statutes, 27-65-121, **amend**
10 (1)(d) as follows:

11 **27-65-121. Records.** (1) Except as provided in subsection (2) of
12 this section, all information obtained and records prepared in the course
13 of providing any services pursuant to this article 65 to individuals
14 pursuant to any provision of this article 65 are confidential and privileged
15 matter. The information and records may be disclosed only:

16 (d) If the ~~department~~ BHA has promulgated rules for the conduct
17 of research. Such rules shall include, but not be limited to, the
18 requirement that all researchers must sign an oath of confidentiality. All
19 identifying information concerning individual patients, including names,
20 addresses, telephone numbers, and social security numbers, shall not be
21 disclosed for research purposes.

22 **SECTION 125.** In Colorado Revised Statutes, **amend** 27-65-128
23 as follows:

24 **27-65-128. Administration - rules.** The ~~department~~ BHA shall
25 make such rules as will consistently enforce the provisions of this ~~article~~
26 ARTICLE 65.

27 **SECTION 126.** In Colorado Revised Statutes, **amend** 27-65-131

1 as follows:

2 **27-65-131. Advisory board - service standards and rules.** An
3 advisory board, referred to as the "board" in this section, to the
4 ~~department~~ BHA is established for the purpose of assisting and advising
5 the ~~executive director~~ COMMISSIONER in accordance with section
6 27-65-130 in the development of service standards and rules. The board
7 consists of not less than eleven nor more than fifteen members appointed
8 by the governor. The board includes one representative each from the
9 ~~office of behavioral health~~ BHA, the department of human services, the
10 department of public health and environment, the university of Colorado
11 health sciences center, and a leading professional association of
12 psychiatrists in this state; at least one member representing proprietary
13 skilled health-care facilities; one member representing nonprofit
14 health-care facilities; one member representing the Colorado bar
15 association; one member representing consumers of services for persons
16 with mental health disorders; one member representing families of
17 persons with mental health disorders; one member representing children's
18 health-care facilities; and other persons from both the private and the
19 public sectors who are recognized or known to be interested and informed
20 in the area of the board's purpose and function. In making appointments
21 to the board, the governor is encouraged to include representation by at
22 least one member who is a person with a disability, as defined in section
23 24-34-301 (2.5), a family member of a person with a disability, or a
24 member of an advocacy group for persons with disabilities, provided that
25 the other requirements of this section are met.

26 **SECTION 127.** In Colorado Revised Statutes, 27-66-101, **repeal**
27 (4), (5), and (6); and **add** (1.3) and (1.7) as follows:

1 **27-66-101. Definitions.** As used in this article 66, unless the
2 context otherwise requires:

3 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
4 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
5 27-50-102.

6 (1.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
7 BEHAVIORAL HEALTH ADMINISTRATION.

8 (4) "~~Department~~" means the department of human services created
9 in section ~~26-1-105, C.R.S.~~

10 (5) "~~Executive director~~" means the executive director of the
11 department of human services.

12 (6) "~~Office of behavioral health~~" means the office of behavioral
13 health in the department.

14 **SECTION 128.** In Colorado Revised Statutes, **amend** 27-66-102
15 as follows:

16 **27-66-102. Administration - rules.** (1) The ~~executive director~~
17 COMMISSIONER has the power and duty to administer and enforce the
18 provisions of this ~~article~~ ARTICLE 66.

19 (2) The ~~department~~ STATE BOARD OF HUMAN SERVICES may adopt
20 reasonable and proper rules to implement this ~~article~~ ARTICLE 66 in
21 accordance with the provisions of section 24-4-103 ~~C.R.S.~~, and consistent
22 with sections 27-90-102 and 27-90-103.

23 **SECTION 129.** In Colorado Revised Statutes, **amend** 27-66-103
24 as follows:

25 **27-66-103. Community mental health services - purchase**
26 **program.** In order to encourage the development of preventive,
27 treatment, and rehabilitative services through new community mental

1 health programs, the improvement and expansion of existing community
2 mental health services, and the integration of community with state
3 mental health services, there is established a program to purchase
4 community mental health services by the ~~department~~ BHA.

5 **SECTION 130.** In Colorado Revised Statutes, 27-66-104, **amend**
6 (5); and **amend as they will become effective July 1, 2022,** (1), (2)(b),
7 and (3) as follows:

8 **27-66-104. Types of services purchased - limitation on**
9 **payments.** (1) Community mental health services may be purchased
10 from behavioral health entities, clinics, community mental health centers,
11 local general or psychiatric hospitals, and other agencies that have been
12 approved by the ~~executive director~~ COMMISSIONER.

13 (2) (b) The money appropriated for the purposes of this subsection
14 (2) shall be distributed by the ~~executive director~~ COMMISSIONER to
15 approved behavioral health entities, community mental health centers, and
16 other agencies on the basis of need and in accordance with the services
17 provided.

18 (3) Each year the general assembly may appropriate money in
19 addition to the money appropriated for purposes of subsection (2) of this
20 section, which money may be used by the ~~executive director~~
21 COMMISSIONER to assist behavioral health entities and community mental
22 health clinics and centers in instituting innovative programs, in providing
23 mental health services to impoverished areas, and in dealing with crisis
24 situations. The ~~executive director~~ COMMISSIONER shall require that any
25 innovative or crisis programs for which money is allocated pursuant to
26 this subsection (3) be clearly defined in terms of services to be rendered,
27 program objectives, scope and duration of the program, and the maximum

1 amount of money to be provided.

2 (5) If there is a reduction in the financial support of local
3 governmental bodies for community mental health services, the ~~executive~~
4 ~~director~~ COMMISSIONER is authorized to reduce state payments for
5 services in an amount proportional to the reduction in such local financial
6 support.

7 **SECTION 131.** In Colorado Revised Statutes, 27-66-105, **amend**
8 (1) introductory portion and (1)(d); **amend as they will become effective**
9 **July 1, 2022,** (2) introductory portion, (3), and (4); **repeal as it will**
10 **become effective July 1, 2022,** (1)(g); and **add (5)** as follows:

11 **27-66-105. Standards for approval - repeal.** (1) In approving
12 or rejecting community mental health clinics for the purchase of
13 behavioral or mental health services, the ~~executive director~~
14 COMMISSIONER shall:

15 (d) Require that the clinic staff include, wherever feasible, other
16 professional staff workers, such as psychologists, social workers,
17 educational consultants, and nurses, with such qualifications,
18 responsibilities, and time on the job as correspond with the size and
19 capacity of the clinic. The clinic staff may include, with the approval of
20 the ~~executive director~~ COMMISSIONER, such other nonprofessional persons
21 as may be deemed necessary by the clinic board for the proper discharge
22 of its functions.

23 (g) ~~On and after July 1, 2022, require licensure by the department~~
24 ~~of public health and environment pursuant to section 25-27.6-104.~~

25 (2) In approving or rejecting local general or psychiatric hospitals,
26 behavioral health entities, community mental health centers, acute
27 treatment units, and other agencies for the purchase of services not

1 provided by local mental health clinics, including, but not limited to,
2 twenty-four-hour and partial hospitalization, the ~~executive director~~
3 COMMISSIONER shall consider the following factors:

4 (3) In the purchase of services from behavioral health entities or
5 community mental health centers, the ~~executive director~~ COMMISSIONER
6 shall specify levels and types of inpatient, outpatient, consultation,
7 education, and training services and expenditures and shall establish
8 minimum standards for other programs of such centers that are to be
9 supported with state funds.

10 (4) In approving or rejecting behavioral health entities,
11 community mental health clinics, community mental health centers, acute
12 treatment units, local general or psychiatric hospitals, and other agencies
13 for the purchase of services, the ~~executive director~~ COMMISSIONER shall
14 ensure the agencies comply with federal financial participation
15 requirements for ~~department-administered~~ BHA-ADMINISTERED
16 programs.

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

18 **SECTION 132.** In Colorado Revised Statutes, **repeal** 27-66-108;
19 and **repeal as they will become effective July 1, 2022**, 27-66-106 and
20 27-66-107.

21 **SECTION 133.** In Colorado Revised Statutes, **amend** 27-66-110
22 as follows:

23 **27-66-110. Trauma-informed care standards of approval.** The
24 ~~office of behavioral health~~ BHA shall establish care standards and an
25 approval process that a qualified residential treatment program, as defined
26 in section 26-6-102 (30.5), must meet to ensure that qualified residential
27 treatment programs have a trauma-informed treatment model that

1 addresses the needs of children and youth with serious emotional or
2 behavioral health disorders or disturbances.

3 **SECTION 134.** In Colorado Revised Statutes, 27-66.5-102,
4 **amend** (1) and (2); and **repeal** (4) as follows:

5 **27-66.5-102. Definitions.** As used in this article 66.5, unless the
6 context otherwise requires:

7 (1) ~~"Department" means the Colorado department of human~~
8 ~~services created in section 26-1-105~~ "BEHAVIORAL HEALTH
9 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
10 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

11 (2) ~~"Director" means the director of the office of behavioral health~~
12 "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL
13 HEALTH ADMINISTRATION.

14 (4) ~~"Office" means the office of behavioral health in the~~
15 ~~department of human services.~~

16 **SECTION 135.** In Colorado Revised Statutes, 27-66.5-103,
17 **amend** (1), (5), and (6) as follows:

18 **27-66.5-103. Community transition specialist program -**
19 **program requirements - acceptance of referrals - contract for**
20 **services - rules.** (1) The community transition specialist program is
21 established in the ~~office of behavioral health~~ BEHAVIORAL HEALTH
22 ADMINISTRATION. The program coordinates referrals of high-risk
23 individuals from withdrawal management facilities, facilities providing
24 acute treatment services, facilities providing crisis stabilization services,
25 and hospitals or emergency departments to appropriate transition
26 specialists.

27 (5) The ~~office~~ BHA may contract with a vendor to provide the

1 referral and coordination services required by this article 66.5.

2 (6) The ~~department~~ STATE BOARD OF HUMAN SERVICES may
3 promulgate rules necessary for the implementation of this article 66.5.

4 **SECTION 136.** In Colorado Revised Statutes, 27-66.5-104,
5 **amend** (1) introductory portion and (2) as follows:

6 **27-66.5-104. Data collection and recommendations.** (1) The
7 ~~office~~ BHA shall collect information on the following:

8 (2) On or before January 1, 2020, and on or before January 1 each
9 year thereafter, the ~~office~~ BHA shall analyze the data collected in
10 accordance with subsection (1) of this section and prepare
11 recommendations to increase access to, and coordination of, transition
12 specialist services for high-risk individuals. The recommendations ~~shall~~
13 ~~MUST~~ be reported to the ~~executive director of the department~~
14 COMMISSIONER and ~~shall be~~ included in the reporting requirements in
15 section 27-66.5-105.

16 **SECTION 137.** In Colorado Revised Statutes, **amend**
17 27-66.5-105 as follows:

18 **27-66.5-105. Reporting requirements - "State Measurement**
19 **for Accountable, Responsive, and Transparent (SMART)**
20 **Government Act" report.** The ~~office~~ BHA shall report information on
21 the community transition specialist program in the ~~department's~~ BHA's
22 annual presentation to the general assembly required under the "State
23 Measurement for Accountable, Responsive, and Transparent (SMART)
24 Government Act", part 2 of article 7 of title 2.

25 **SECTION 138.** In Colorado Revised Statutes, 27-67-103, **amend**
26 (1) and (10); **repeal** (12); and **add** (1.5) and (2.5) as follows:

27 **27-67-103. Definitions.** As used in this article 67, unless the

1 context otherwise requires:

2 (1) ~~"Care management" includes, but is not limited to,~~
3 ~~consideration of the continuity of care and array of services necessary for~~
4 ~~appropriately treating a child or youth and the decision-making authority~~
5 ~~regarding the child's or youth's placement in and discharge from~~
6 ~~behavioral health services~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR
7 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED
8 IN SECTION 27-50-102.

9 (1.5) "CARE MANAGEMENT" INCLUDES, BUT IS NOT LIMITED TO,
10 CONSIDERATION OF THE CONTINUITY OF CARE AND ARRAY OF SERVICES
11 NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH AND THE
12 DECISION-MAKING AUTHORITY REGARDING THE CHILD'S OR YOUTH'S
13 PLACEMENT IN AND DISCHARGE FROM BEHAVIORAL HEALTH SERVICES.

14 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
15 BEHAVIORAL HEALTH ADMINISTRATION.

16 (10) "Mental health agency" means a behavioral health services
17 contractor through the ~~state department of human services~~ BEHAVIORAL
18 HEALTH ADMINISTRATION serving children and youth statewide or in a
19 particular geographic area, including but not limited to community mental
20 health centers, and with the ability to meet all expectations of this article
21 67.

22 (12) ~~"State department" means the state department of human~~
23 ~~services.~~

24 **SECTION 139.** In Colorado Revised Statutes, 27-67-104, **amend**
25 (1) and (1.5) as follows:

26 **27-67-104. Provision of mental health treatment services for**
27 **children and youth.** (1) (a) A parent or guardian may apply to a mental

1 health agency on behalf of a child or youth for mental health treatment
2 services for the child or youth pursuant to this section, if the parent or
3 guardian believes the child or youth is at risk of out-of-home placement.
4 The parent's or guardian's request for services described in this section
5 may be done with assistance from a family advocate, family systems
6 navigator, nonprofit advocacy organization, or county department;
7 however, the ~~state department~~ BHA is not obligated to pay for any
8 services provided by entities with which they do not contract. In such
9 circumstances, the mental health agency is responsible for evaluating the
10 child or youth and clinically assessing the child's or youth's need for
11 mental health services and, when warranted, to provide treatment services
12 as necessary and in the best interests of the child or youth and the child's
13 or youth's family. When evaluating a child or youth for eligibility, the
14 mental health agency shall use a standardized risk stratification tool, in a
15 manner determined by rule of the state ~~department~~ BOARD OF HUMAN
16 SERVICES. Following the evaluation of the child or youth, the mental
17 health agency shall provide a written notification to the child's or youth's
18 parent or guardian that includes a comprehensive list of potential
19 treatment providers, with a disclosure that the child's or youth's family
20 may choose to seek services from the provider of their choice, including
21 but not limited to the mental health agency. The written notification must
22 also inform the child's or youth's family that they may request assistance
23 from a family advocate, family systems navigator, nonprofit advocacy
24 organization, or county department; however, the ~~state department~~ BHA
25 is not obligated to pay for any services provided by entities with which
26 they do not contract. The ~~state department~~ BHA shall maintain a list of
27 available providers on a public website and shall update the website

1 quarterly. The mental health agency is responsible for the provision of the
2 treatment services and care management, including any residential
3 treatment, community-based care, or any post-residential follow-up
4 services that may be appropriate for the child's or youth's needs or ~~his or~~
5 ~~her~~ THE CHILD'S OR YOUTH'S family's needs. A dependency or neglect
6 action pursuant to article 3 of title 19 is not required in order to allow a
7 family access to residential mental health treatment services for a child or
8 youth.

9 (b) At the time of the assessment by the mental health agency, if
10 requested services are denied, or at the time when the mental health
11 agency has recommended that the child or youth be discharged from
12 services, the mental health agency shall advise the family, both orally and
13 in writing, of the appeal process available to them. The mental health
14 agency shall have two working days within which to complete any
15 internal appeal process. Within five working days after the mental health
16 agency's final denial or recommendation for discharge, a parent or
17 guardian may request an objective third party at the ~~state department~~
18 BHA who is a professional person to review the action of the mental
19 health agency. A family advocate, family systems navigator, nonprofit
20 advocacy organization, or county department may assist a family in filing
21 an appeal; however, the ~~state department~~ BHA is not obligated to pay for
22 any services provided by entities with which they do not contract. The
23 review must occur within three working days of the parent's or guardian's
24 request. The professional person shall determine if the requested services
25 are appropriate.

26 (1.5) (a) The parent or guardian of a medicaid child or youth who
27 is at risk of out-of-home placement may request, within five days after all

1 first-level medicaid appeals processes are exhausted, an objective third
2 party at the ~~state department~~ BHA who is a professional person to review
3 the service request made to medicaid. A family advocate, family system
4 navigator, or county department may assist a family in filing an appeal.
5 The review must occur within three working days of the parent's or
6 guardian's request.

7 (b) The administrative law judge considering the medicaid appeal
8 for the medicaid child or youth who is at risk of out-of-home placement
9 shall take into consideration the objective third-party review by the ~~state~~
10 ~~department~~ BHA as part of ~~his or her~~ THE ADMINISTRATIVE LAW JUDGE'S
11 reconsideration and decision of the medicaid service request.

12 **SECTION 140.** In Colorado Revised Statutes, 27-67-105, **amend**
13 (1) introductory portion, (1)(e), (1)(f), (1)(h), and (2) as follows:

14 **27-67-105. Monitoring - reports.** (1) On or before September 1,
15 2018, and by September 1 of each year thereafter, each mental health
16 agency shall report to the ~~state department~~ BHA the following
17 information:

18 (e) The demographic information of the children, youth, and
19 families served, as outlined by the ~~state department~~ BHA;

20 (f) The outcomes of treatment for the children and youth served,
21 as determined by the ~~state department~~ BHA in consultation with mental
22 health agencies, service providers, and families;

23 (h) The aggregate number of third-party reviews completed by the
24 ~~state department~~ BHA for children served pursuant to this article 67,
25 delineated by children who are and are not categorically eligible for
26 medicaid.

27 (2) On or after January 1, 2019, the ~~state department~~ BHA shall

1 make the information obtained pursuant to subsection (1) of this section
2 available to the public by posting it to the ~~state department's~~ BHA's
3 website. Any information so posted must not include any personal health
4 information.

5 **SECTION 141.** In Colorado Revised Statutes, 27-67-107, **amend**
6 (1) as follows:

7 **27-67-107. Dispute resolution - rules.** (1) The ~~state department~~
8 BHA shall utilize, when appropriate, established grievance and dispute
9 resolution processes in order to assure that parents have access to mental
10 health services on behalf of their children.

11 **SECTION 142.** In Colorado Revised Statutes, 27-67-109, **amend**
12 (2) introductory portion, (2)(a), and (3) as follows:

13 **27-67-109. Child and youth mental health services standards**
14 **- advisory board.** (2) An advisory board to the ~~state department~~ BHA is
15 established for the purpose of assisting and advising the ~~executive~~
16 ~~director~~ COMMISSIONER in accordance with this section in the
17 development of service standards and rules. The advisory board consists
18 of not less than eleven nor more than fifteen members appointed by the
19 ~~state department~~ BHA as follows:

20 (a) One representative each from the ~~office of behavioral health~~
21 BHA; the office of children, youth, and families; the department of health
22 care policy and financing; and a leading professional association of
23 psychiatrists in this state;

24 (3) In making appointments to the advisory board, the ~~state~~
25 ~~department~~ BHA must include representation by at least one member who
26 is a person with a disability, a family member of a person with a
27 disability, or a member of an advocacy group for persons with disabilities,

1 provided that the other requirements of subsection (2) of this section are
2 met.

3 **SECTION 143.** In Colorado Revised Statutes, 27-70-102, **amend**
4 (1); and **repeal** (4) as follows:

5 **27-70-102. Definitions.** As used in this article 70, unless the
6 context otherwise requires:

7 (1) ~~"Department" means the department of human services created~~
8 ~~in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA"~~
9 MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
10 SECTION 27-50-102.

11 (4) ~~"Office" means the office of behavioral health in the~~
12 ~~department of human services.~~

13 **SECTION 144.** In Colorado Revised Statutes, 27-70-103, **amend**
14 (1)(a), (2) introductory portion, (2)(a), (2)(b), (2)(c), (2)(d)(I), (2)(e), and
15 (3)(a) as follows:

16 **27-70-103. Medication consistency for individuals with**
17 **behavioral or mental health disorders in the criminal and juvenile**
18 **justice systems - medication formulary - cooperative purchasing -**
19 **reporting - rules.** (1) (a) Beginning December 1, 2017, the ~~department~~
20 ~~of human services~~ STATE BOARD OF HUMAN SERVICES, in consultation
21 with the department of corrections, shall promulgate rules that require
22 providers under ~~each department's~~ THE DEPARTMENT'S AND THE BHA'S
23 authority to use a medication formulary that has been developed
24 collaboratively by departments, agencies, and providers. Public hospitals
25 and licensed private hospitals may also, at their discretion, participate in
26 the medication formulary. Using consulting services as necessary, the
27 ~~departments~~ DEPARTMENT AND THE BHA shall also develop processes for

1 education and marketing related to information regarding the medication
2 formulary and cooperative purchasing opportunities for facilities and
3 providers. ~~The processes for education and marketing required pursuant~~
4 ~~to this subsection (1) shall be completed on or before December 1, 2017.~~

5 (2) Beginning July 1, 2018, the ~~office~~ BHA shall have the
6 following duties and responsibilities, subject to available appropriations:

7 (a) On or before September 1, 2018, and every September 1 of
8 every even-numbered year thereafter, the ~~office~~ BHA shall conduct a
9 review of the medication formulary to address any urgent concerns related
10 to the formulary and to propose updates to the formulary. During this
11 review, the ~~office~~ BHA shall also create the appropriate notification
12 process for updates to the formulary.

13 (b) On or before July 1, 2019, and every two years thereafter as
14 necessary, the ~~office~~ BHA shall conduct a review of the medication
15 formulary to update the medication formulary and ensure compliance
16 with the medicaid formulary used by the department of health care policy
17 and financing.

18 ~~On or before September 1, 2018, the office~~ THE BHA, in
19 collaboration with the office of information technology, the office of
20 e-health innovation, the department of health care policy and financing,
21 the department of public safety, the department of corrections, and other
22 agencies as appropriate, shall develop a plan by which the patient-specific
23 information required by subsection (1)(b) of this section can be shared
24 electronically, while still in compliance with confidentiality requirements,
25 including any necessary memorandums of understanding between
26 providers, set forth in the federal "Health Insurance Portability and
27 Accountability Act of 1996", 45 CFR ~~parts~~ 2, 160, 162, and 164.

1 (d) (I) The ~~office~~ BHA shall encourage providers that have been
2 granted purchasing authority by the department of personnel pursuant to
3 section 24-102-204 to utilize cooperative purchasing for the medication
4 formulary, as authorized pursuant to section 24-110-201, unless the
5 provider can obtain the medication elsewhere at a lower cost. The use of
6 cooperative purchasing may, and is encouraged to, include external
7 procurement activity, as defined in section 24-110-101 (2), if the external
8 procurement activity aggregates purchasing volume to negotiate discounts
9 with manufacturers, distributors, and other vendors.

10 (e) The ~~office~~ BHA shall investigate and develop options for
11 collaboration with local county jails to coordinate medication purchasing.

12 (3) (a) Beginning in January 2019, and every January thereafter,
13 the ~~department of human services~~ BHA and the department of corrections
14 shall report progress on the implementation and use of the medication
15 formulary and cooperative purchasing as part of ~~each~~ THE BHA'S AND
16 department's "State Measurement for Accountable, Responsive, and
17 Transparent (SMART) Government Act" hearing required by section
18 2-7-203. ~~Each department~~ THE DEPARTMENT AND THE BHA shall make
19 such reports to the joint health and human services committee and the
20 joint judiciary committee, or any successor committees.

21 **SECTION 145.** In Colorado Revised Statutes, 27-80-101, **amend**
22 (1) and (2); **repeal** (3) and (4.7); and **add** (2.3) and (2.6) as follows:

23 **27-80-101. Definitions.** As used in this article 80, unless the
24 context otherwise requires:

25 (1) "~~Department~~" means the department of human services created
26 in section 26-1-105, C.R.S. "BEHAVIORAL HEALTH ADMINISTRATION" OR
27 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED

1 IN SECTION 27-50-102.

2 (2) ~~"Designated service area" means the geographical substate~~
3 ~~planning area specified by the director of the office of behavioral health~~
4 ~~to be served by a designated managed service organization, as described~~
5 ~~in section 27-80-107~~ "COMMISSIONER" MEANS THE COMMISSIONER OF THE
6 BEHAVIORAL HEALTH ADMINISTRATION.

7 (2.3) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN
8 SERVICES CREATED IN SECTION 26-1-105.

9 (2.6) "DESIGNATED SERVICE AREA" MEANS THE GEOGRAPHICAL
10 SUBSTATE PLANNING AREA SPECIFIED BY THE COMMISSIONER TO BE
11 SERVED BY A DESIGNATED MANAGED SERVICE ORGANIZATION, AS
12 DESCRIBED IN SECTION 27-80-107.

13 (3) ~~"Executive director" means the executive director of the~~
14 ~~department of human services.~~

15 (4.7) ~~"Office of behavioral health" means the office of behavioral~~
16 ~~health in the department.~~

17 **SECTION 146.** In Colorado Revised Statutes, **repeal** 27-80-102.

18 **SECTION 147.** In Colorado Revised Statutes, 27-80-103, **amend**
19 (1), (3) introductory portion, (3)(e), (4), and (5) as follows:

20 **27-80-103. Grants for public programs.** (1) ~~The office of~~
21 ~~behavioral health~~ BHA may make grants, from money appropriated by the
22 general assembly for purposes of this section or available from any other
23 governmental or private source, to approved public programs.

24 (3) In approving any public program, ~~the office of behavioral~~
25 ~~health~~ BHA shall take into consideration the following:

26 (e) Any other information ~~the office of behavioral health~~ BHA
27 deems necessary.

1 (4) Applications for grants made pursuant to subsection (1) of this
2 section are made to the ~~office of behavioral health~~ BHA, on forms
3 furnished by the ~~office of behavioral health~~ BHA, and must contain any
4 information the ~~office of behavioral health~~ BHA requires. Wherever
5 possible, the ~~office of behavioral health~~ BHA shall give priority to public
6 programs that are community-based and include services to children and
7 juveniles as well as adults, that provide a comprehensive range of
8 services, and that evidence a high degree of community support, either
9 financial or in the furnishing of services and facilities, or both.

10 (5) Whenever THE BHA OR any department or agency of the state
11 has money available from any source for public programs, the ~~department~~
12 ~~or agency~~ BHA, DEPARTMENT, OR AGENCY is authorized to distribute the
13 money in accordance with the state plan and to make reasonable rules for
14 the administration of the public programs.

15 **SECTION 148.** In Colorado Revised Statutes, 27-80-104, **amend**
16 (1) introductory portion, (1)(c), and (2) as follows:

17 **27-80-104. Cancellation of grants.** (1) The ~~office of behavioral~~
18 ~~health~~ BHA may cancel a grant for any public program for any of the
19 following reasons:

20 (c) The public program does not meet the standards or
21 requirements adopted by the ~~department~~ BHA or does not conform to the
22 comprehensive state plan for substance use disorder treatment programs.

23 (2) Before canceling a grant for the reasons set forth in subsection
24 (1)(c) of this section, the ~~office of behavioral health~~ BHA shall notify the
25 person or agency in charge of the public program of the deficiency in the
26 program, and the person or agency must be given a reasonable amount of
27 time ~~in which~~ to correct the deficiency.

1 **SECTION 149.** In Colorado Revised Statutes, 27-80-106, **amend**
2 (1) and (2)(a) as follows:

3 **27-80-106. Purchase of prevention and treatment services.**

4 (1) Using money appropriated for purposes of this section or available
5 from any other governmental or private source, the ~~office of behavioral~~
6 ~~health~~ BHA may purchase services for prevention or for THE treatment of
7 alcohol and drug abuse or substance use disorders or both types of
8 services on a contract basis from any tribal nation or any public or private
9 agency, organization, or institution approved by the ~~office of behavioral~~
10 ~~health~~ BHA. The services purchased may be any of those provided
11 through a public program, as set forth in section 27-80-103 (2). In
12 contracting for services, the ~~office of behavioral health~~ BHA shall attempt
13 to obtain services that are in addition to, and not a duplication of, existing
14 available services or services that are of a pilot or demonstration nature.
15 An agency operating a public program may also purchase services on a
16 contract basis.

17 (2) (a) In addition to the services purchased pursuant to subsection
18 (1) of this section, using money appropriated for purposes of this section
19 or available from any other governmental or private source, the ~~office of~~
20 ~~behavioral health~~ BHA may purchase services for the treatment of alcohol
21 and drug abuse or substance use disorders on a contract basis from a
22 designated managed service organization for a designated service area as
23 set forth in section 27-80-107. A public or private agency, organization,
24 or institution approved by the ~~office of behavioral health~~ BHA through
25 the process set forth in section 27-80-107 may be designated as a
26 designated managed service organization.

27 **SECTION 150.** In Colorado Revised Statutes, 27-80-107, **amend**

1 (1), (2) introductory portion, (2)(b), (2)(d), (3), (4), (5), and (7) as
2 follows:

3 **27-80-107. Designation of managed service organizations -**
4 **purchase of services - revocation of designation.** (1) The ~~director of~~
5 ~~the office of behavioral health~~ COMMISSIONER shall establish designated
6 service areas to provide substance use disorder treatment and recovery
7 services in a particular geographical region of the state.

8 (2) To be selected as a designated managed service organization
9 to provide services in a particular designated service area, a private
10 corporation; for profit or not for profit; or a public agency, organization,
11 or institution shall apply to the ~~office of behavioral health~~ BHA for a
12 designation in the form and manner specified by the ~~executive director~~
13 COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee. The
14 designation process is in lieu of a competitive bid process pursuant to the
15 "Procurement Code", articles 101 to 112 of title 24. The ~~director of the~~
16 ~~office of behavioral health~~ COMMISSIONER shall make the designation
17 based on factors established by the ~~executive director~~ COMMISSIONER or
18 the ~~executive director's~~ COMMISSIONER'S designee. The factors for
19 designation established by the ~~executive director~~ COMMISSIONER or the
20 ~~executive director's~~ COMMISSIONER'S designee include the following:

21 (b) Whether the managed service organization has experience
22 working with publicly funded clients, including expertise in treating
23 priority populations designated by the ~~office of behavioral health~~ BHA;

24 (d) Whether the managed service organization has experience
25 using the cost-share principles used by the ~~office of behavioral health~~
26 BHA in its contracts with providers and is willing to cost-share;

27 (3) The designation of a managed service organization by the

1 ~~director of the office of behavioral health~~ COMMISSIONER, as described in
2 subsection (2) of this section, is an initial decision of the ~~department~~
3 BHA, which may be reviewed by the ~~executive director~~ COMMISSIONER
4 in accordance with the provisions of section 24-4-105. Review by the
5 ~~executive director~~ COMMISSIONER in accordance with section 24-4-105
6 constitutes final agency action for purposes of judicial review.

7 (4) (a) The terms and conditions for providing substance use
8 disorder treatment and recovery services must be specified in the contract
9 entered into between the ~~office of behavioral health~~ BHA and the
10 designated managed service organization. Contracts entered into between
11 the ~~office of behavioral health~~ BHA and the designated managed service
12 organization must include terms and conditions prohibiting a designated
13 managed service organization contracted treatment provider from denying
14 or prohibiting access to medication-assisted treatment, as defined in
15 section 23-21-803, for a substance use disorder.

16 (b) Contracts entered into between the ~~office of behavioral health~~
17 BHA and the designated managed service organization must include
18 terms and conditions that outline the expectations for the designated
19 managed service organization to invest in the state's recovery services
20 infrastructure, which include peer-run recovery support services and
21 specialized services for underserved populations. Investments are based
22 on available appropriations.

23 (5) The contract may include a provisional designation for ninety
24 days. At the conclusion of the ninety-day provisional period, the ~~director~~
25 ~~of the office of behavioral health~~ COMMISSIONER may choose to revoke
26 the contract or, subject to meeting the terms and conditions specified in
27 the contract, may choose to extend the contract for a stated time period.

1 (7) (a) ~~The director of the office of behavioral health~~
2 COMMISSIONER may revoke the designation of a designated managed
3 service organization upon finding that the managed service organization
4 is in violation of the performance of the provisions of or rules
5 promulgated pursuant to this article 80. The revocation must conform to
6 the provisions and procedures specified in article 4 of title 24, and occur
7 only after notice and an opportunity for a hearing is provided as specified
8 in article 4 of title 24. A hearing to revoke a designation as a designated
9 managed service organization constitutes final agency action for purposes
10 of judicial review.

11 (b) Once a designation has been revoked pursuant to subsection
12 (7)(a) of this section, ~~the director of the office of behavioral health~~
13 COMMISSIONER may designate one or more service providers to provide
14 the treatment services pending designation of a new designated managed
15 service organization or may enter into contracts with subcontractors to
16 provide the treatment services.

17 (c) From time to time, ~~the director of the office of behavioral~~
18 ~~health~~ COMMISSIONER may solicit applications from applicants for
19 managed service organization designation to provide substance use
20 disorder treatment and recovery services for a specified planning area or
21 areas.

22 **SECTION 151.** In Colorado Revised Statutes, 24-80-107.5,
23 **amend** (3), (4)(b), (4)(c), (5)(a), (5)(b), and (7); and **repeal** (4)(a), (4)(d),
24 (5)(c), and (6) as follows:

25 **27-80-107.5. Increasing access to effective substance use**
26 **disorder services act - managed service organizations - substance use**
27 **disorder services - assessment - community action plan - allocations**

1 **- reporting requirements - evaluation.** (3) (a) On or before March 1,
2 2017, each managed service organization that has completed a community
3 assessment pursuant to subsection (2) of this section shall prepare and
4 submit in electronic format to the ~~department~~ BHA and the department of
5 health care policy and financing a community action plan to increase
6 access to effective substance use disorder services, referred to in this
7 section as the "community action plan". The community action plan must
8 summarize the results of the community assessment and include a
9 description of how the managed service organization will utilize its
10 allocation of funding from the marijuana tax cash fund created in section
11 39-28.8-501 ~~C.R.S.~~, to address the most critical service gaps in its
12 geographic region and a timeline for implementation of the community
13 action plan.

14 (b) A managed service organization may periodically update its
15 community action plan to reflect changes in community needs and
16 priorities. Any such updated plan must be submitted in electronic format
17 to the ~~department~~ BHA and the department of health care policy and
18 financing.

19 (c) On or before May 1, 2017, the ~~department~~ BHA shall post the
20 community action plans from the managed service organizations
21 developed pursuant to ~~paragraph (a) of this subsection (3)~~ SUBSECTION
22 (3)(a) OF THIS SECTION on its website. On or before May 1, 2017, the
23 ~~department~~ BHA shall submit a report summarizing all of the community
24 action plans received from the managed service organizations to the joint
25 budget committee, the health and human services committee of the
26 senate, and the public AND BEHAVIORAL health ~~care~~ and human services
27 committee of the house of representatives, or any successor committees.

1 The ~~department~~ BHA shall post on its website any updated community
2 action plans received pursuant to ~~paragraph (b) of this subsection (3)~~
3 ~~SUBSECTION (3)(b) OF THIS SECTION.~~

4 (4) (a) ~~On July 1, 2016, the department shall disburse to each~~
5 ~~designated managed service organization sixty percent of the designated~~
6 ~~managed service organization's allocation from the money appropriated~~
7 ~~from the marijuana tax cash fund. Each designated managed service~~
8 ~~organization that conducts a community assessment and prepares a~~
9 ~~community action plan pursuant to subsection (3) of this section may use~~
10 ~~up to fifteen percent of its state fiscal year 2016-17 allocation from the~~
11 ~~marijuana tax cash fund for such purposes and the remainder for~~
12 ~~substance use disorder services. The department shall disburse the~~
13 ~~remaining forty percent of the designated managed service organization's~~
14 ~~marijuana tax cash fund allocation to each designated managed service~~
15 ~~organization after the submission of its community action plan.~~

16 (b) On July 1, 2017, and on every July 1 thereafter, the ~~department~~
17 BHA shall disburse to each designated managed service organization that
18 has submitted a community action plan one hundred percent of the
19 designated managed service organization's allocation from the money
20 appropriated from the marijuana tax cash fund.

21 (c) It is the intent of the general assembly that each designated
22 managed service organization use money allocated to it from the
23 marijuana tax cash fund to cover expenditures for substance use disorder
24 services that are not otherwise covered by public or private insurance.
25 ~~Except as provided in subsection (4)(a) of this section,~~ Each managed
26 service organization may use its allocation from the marijuana tax cash
27 fund to implement its community action plan, including expenditures for

1 substance use disorder services and for any start-up costs or other
2 expenses necessary to increase capacity to provide such services. A
3 designated managed service organization must spend its allocation in the
4 state fiscal year in which it is received or in the next state fiscal year
5 thereafter. If there is any money from the allocation remaining after the
6 second state fiscal year, then the designated managed service organization
7 shall return the money to the ~~department~~ BHA. If an enhanced residential
8 and inpatient substance use disorder treatment and medical detoxification
9 services benefit becomes available under the Colorado medical assistance
10 program, managed service organizations shall determine to what extent
11 money allocated from the marijuana tax cash fund may be used to assist
12 in providing substance use disorder treatment, including residential and
13 inpatient substance use disorder treatment and medical detoxification
14 services, if those services are not otherwise covered by public or private
15 insurance.

16 ~~(d) (I) For state fiscal year 2016-17, and each state fiscal year~~
17 ~~thereafter, the department shall allocate money that is annually~~
18 ~~appropriated to it from the marijuana tax cash fund to the designated~~
19 ~~managed service organizations based on the department's allocation of the~~
20 ~~federal substance abuse prevention and treatment block grant to~~
21 ~~geographical areas for the same state fiscal year. Any money from the~~
22 ~~marijuana tax cash fund that is allocated in accordance with this~~
23 ~~subsection (4)(d)(I) and that is not expended by a managed service~~
24 ~~organization in the state fiscal year in which it is disbursed remains~~
25 ~~available for expenditure by the department in the next state fiscal year~~
26 ~~without further appropriation.~~

27 ~~(H) For state fiscal year 2017-18 and each fiscal year thereafter,~~

1 ~~the department shall modify the allocation methodology set forth in~~
2 ~~subparagraph (f) of this paragraph (d) if the designated managed service~~
3 ~~organizations recommend, by consensus, a change. Any such~~
4 ~~recommendation must be submitted to the department by February 28~~
5 ~~prior to the state fiscal year in which the change would apply.~~

6 (5) (a) On or before September 1, 2017, and on or before each
7 September 1 thereafter, each designated managed service organization
8 shall submit an annual report to the ~~department~~ BHA, the joint budget
9 committee, the health and human services committee of the senate, and
10 the public AND BEHAVIORAL health care and human services committee
11 of the house of representatives, or their successor committees, concerning
12 the amount and purpose of actual expenditures made using money from
13 the marijuana tax cash fund in the previous state fiscal year. The report
14 must contain a description of the impact of the expenditures on
15 addressing the needs that were identified in the initial and any subsequent
16 community assessments and action plans developed pursuant to
17 subsection (3) of this section, as well as any other requirements
18 established for the contents of the report by the ~~department~~ BHA.

19 (b) A designated managed service organization shall provide the
20 ~~department~~ BHA with information about actual expenditures as required
21 by the ~~department~~ BHA.

22 ~~(c) On or before November 1, 2020, the department, in~~
23 ~~collaboration with the designated managed service organizations, shall~~
24 ~~submit a report to the joint budget committee and the joint health and~~
25 ~~human services committee, or any successor committees. The report must:~~

26 ~~(f) Summarize expenditures made by the designated managed~~
27 ~~service organizations using money made available pursuant to this section~~

1 for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;

2 (H) Describe the impact the expenditures have had on increasing
3 statewide access to a continuum of effective substance use disorder
4 services, including the availability of prevention, intervention, treatment,
5 and recovery support services in each designated service area; and

6 (HH) Include any recommendations to strengthen or improve the
7 program.

8 (6) (a) On or before November 1, 2016, the department shall enter
9 into a contract with an evaluation contractor to study the effectiveness of
10 intensive residential treatment of substance use disorders provided
11 through managed service organizations. The department and the
12 department of health care policy and financing shall collaborate with the
13 evaluation contractor on the design of the evaluation so that the data and
14 analyses will be of maximum benefit for evaluating whether the medicaid
15 behavioral health benefit should be expanded to include intensive
16 residential treatment for substance use disorders.

17 (b) Prior to entering into a contract for the evaluation of intensive
18 residential treatment of substance use disorders provided through
19 managed service organizations, the department shall seek input from
20 managed service organizations and residential substance use disorder
21 treatment providers concerning relevant outcome measures to be used by
22 the evaluation contractor in the study.

23 (c) On or before February 1, 2019, the department shall submit a
24 copy of the evaluation contractor's final report to the joint budget
25 committee, the health and human services committee of the senate, and
26 the public health care and human services committee of the house of
27 representatives, or any successor committees.

1 (7) Notwithstanding section 24-1-136 (1)(a)(I), the ~~department~~
2 BHA shall report on outcomes related to the implementation of this
3 section as part of its annual "State Measurement for Accountable,
4 Responsive, and Transparent (SMART) Government Act" hearing
5 required by section 2-7-203, beginning with the hearing that precedes the
6 2019 legislative session.

7 **SECTION 152.** In Colorado Revised Statutes, 27-80-108, **amend**
8 (1)(c) and (1)(d) as follows:

9 **27-80-108. Rules.** (1) The state board of human services, created
10 in section 26-1-107, has the power to promulgate rules governing the
11 provisions of this article 80. The rules may include, but are not limited to:

12 (c) Requirements for public and private agencies, organizations,
13 and institutions from which the ~~office of behavioral health~~ BHA may
14 purchase services pursuant to section 27-80-106 (1), which requirements
15 must include prohibiting the purchase of services from entities that deny
16 or prohibit access to medical services or substance use disorder treatment
17 and services to persons who are participating in prescribed
18 medication-assisted treatment, as defined in section 23-21-803, for a
19 substance use disorder;

20 (d) Requirements for managed service organizations that are
21 designated by the ~~director of the office of behavioral health~~
22 COMMISSIONER to provide services in a designated service area pursuant
23 to section 27-80-106 (2);

24 **SECTION 153.** In Colorado Revised Statutes, **amend** 27-80-109
25 as follows:

26 **27-80-109. Coordination of state and federal funds and**
27 **programs.** (1) Requests for state appropriations for substance use

1 disorder treatment programs must be submitted to the ~~office of behavioral~~
2 ~~health~~ BHA and the office of state planning and budgeting on dates
3 specified by the ~~office of behavioral health~~ BHA, consistent with
4 requirements and procedures of the office of state planning and
5 budgeting. After studying each request, the ~~office of behavioral health~~
6 BHA shall make a report with its comments and recommendations,
7 including priorities for appropriations and a statement as to whether the
8 requested appropriation would be consistent with the comprehensive state
9 plan for substance use disorder treatment programs. The ~~office of~~
10 ~~behavioral health~~ BHA shall submit its reports to the governor, the office
11 of state planning and budgeting, and the joint budget committee, together
12 with all pertinent material on which the report's recommendations are
13 based.

14 (2) The ~~office of behavioral health~~ BHA shall also review
15 applications for federal grants for substance use disorder treatment
16 programs submitted by any department or agency of state government;
17 political subdivision of the state; Indian tribal reservation; or other public
18 or private agency, organization, or institution. The ~~office of behavioral~~
19 ~~health~~ BHA shall transmit to the division of planning and to the
20 appropriate United States agency its comments and recommendations,
21 together with a statement as to whether the grant would be consistent with
22 the comprehensive state plan for substance use disorder treatment
23 programs.

24 **SECTION 154.** In Colorado Revised Statutes, **amend** 27-80-111
25 as follows:

26 **27-80-111. Counselor training - fund created - rules.** (1) The
27 ~~executive director~~ COMMISSIONER shall establish by rule fees to be

1 charged for addiction counselor training. The amount assessed must be
2 sufficient to cover a portion of the costs of administering the training, and
3 the money collected must be deposited in the addiction counselor training
4 fund. Additional funding may be obtained from general, cash, or federal
5 funds otherwise appropriated to the ~~office of behavioral health~~ BHA.

6 (2) There is created in the office of the state treasurer the
7 addiction counselor training fund, referred to in this section as the "fund".
8 Money collected pursuant to subsection (1) of this section shall be
9 deposited in the fund. The money in the fund is subject to annual
10 appropriation by the general assembly to the ~~department for allocation to~~
11 ~~the office of behavioral health~~ BHA for the administration of addiction
12 counselor training requirements established by rules of the state board of
13 human services pursuant to section 27-80-108 (1)(e). Money in the fund
14 at the end of the fiscal year must remain in the fund and not revert to the
15 general fund.

16 **SECTION 155.** In Colorado Revised Statutes, 27-80-112, **amend**
17 (2) as follows:

18 **27-80-112. Legislative declaration - treatment program for**
19 **high-risk pregnant women - creation.** (2) In recognition of such
20 problems, there is hereby created a treatment program for high-risk
21 pregnant women IN THE BEHAVIORAL HEALTH ADMINISTRATION.

22 **SECTION 156.** In Colorado Revised Statutes, **amend** 27-80-113
23 as follows:

24 **27-80-113. Substance use and addiction counseling and**
25 **treatment - necessary components.** Any entity that qualifies to provide
26 services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment
27 program for high-risk pregnant women, shall make available, in addition

1 to substance use and addiction counseling and treatment: Risk assessment
2 services; care coordination; nutrition assessment; psychosocial
3 counseling; intensive health education, including parenting education and
4 education on risk factors and appropriate health behaviors; home visits;
5 transportation services; and other services deemed necessary by the office
6 of behavioral health BHA and the department of health care policy and
7 financing.

8 **SECTION 157.** In Colorado Revised Statutes, 27-80-117, **amend**
9 (2)(a)(I) introductory portion, (2)(a)(II), (2)(b), (2)(c), and (3) as follows:

10 **27-80-117. Rural alcohol and substance abuse prevention and**
11 **treatment program - creation - administration - cash fund -**
12 **definitions - repeal.** (2) (a) (I) There is created the rural alcohol and
13 substance abuse prevention and treatment program in the ~~office of~~
14 ~~behavioral health~~ BHA to provide:

15 (II) The ~~office of behavioral health~~ BHA shall administer the
16 program pursuant to rules adopted by the state board of human services
17 as of January 1, 2010, or as amended by the state board.

18 (b) The ~~office of behavioral health~~ BHA shall incorporate
19 provisions to implement the program into its regular contracting
20 mechanism for the purchase of prevention and treatment services
21 pursuant to section 27-80-106, including detoxification programs. The
22 ~~office of behavioral health~~ BHA shall develop a method to equitably
23 distribute and provide additional money through contracts to provide for
24 prevention services for and treatment of persons in rural areas.

25 (c) Notwithstanding any provision of this section to the contrary,
26 the ~~office of behavioral health~~ BHA shall implement the program on or
27 after January 1, 2011, subject to the availability of sufficient money to

1 operate an effective program, as determined by the ~~office~~ BHA.

2 (3) (a) There is created in the state treasury the rural alcohol and
3 substance abuse cash fund, referred to in this section as the "fund", that
4 consists of the rural youth alcohol and substance abuse prevention and
5 treatment account, referred to in this section as the "youth account", and
6 the rural detoxification account, referred to in this section as the
7 "detoxification account". The fund is comprised of money collected from
8 surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307
9 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges
10 must be divided equally between the youth account and the detoxification
11 account. The fund also includes any money credited to the fund pursuant
12 to subsection (3)(b) of this section. Money in the fund credited pursuant
13 to subsection (3)(b) of this section must be divided equally between the
14 youth account and the detoxification account unless the grantee or donor
15 specifies to which account the grant, gift, or donation is to be credited.
16 The money in the fund is subject to annual appropriation by the general
17 assembly to the ~~office of behavioral health~~ BHA for the purpose of
18 implementing the program. All interest derived from the deposit and
19 investment of money in the fund remains in the fund. Any unexpended or
20 unencumbered money remaining in the fund at the end of a fiscal year
21 remains in the fund and shall not be transferred or credited to the general
22 fund or another fund; except that any unexpended and unencumbered
23 money remaining in the fund as of August 30, 2025, is credited to the
24 general fund.

25 (b) The ~~office of behavioral health~~ BHA is authorized to accept
26 grants, gifts, or donations from any private or public source on behalf of
27 the state for the purpose of the program. The ~~office of behavioral health~~

1 BHA shall transmit all private and public money received through grants,
2 gifts, or donations to the state treasurer, who shall credit the same to the
3 fund.

4 **SECTION 158.** In Colorado Revised Statutes, 27-80-119, **amend**
5 (3), (4), (6) introductory portion, (6)(f), (7), and (8) as follows:

6 **27-80-119. Care navigation program - creation - reporting -**
7 **rules - legislative declaration - definition.** (3) Subject to available
8 appropriations, the ~~department~~ BHA shall implement a care navigation
9 program to assist engaged clients in obtaining access to treatment for
10 substance use disorders. At a minimum, services available statewide must
11 include independent screening of the treatment needs of the engaged
12 client using nationally recognized screening criteria to determine the
13 correct level of care; the identification of licensed or accredited substance
14 use disorder treatment options, including social and medical
15 detoxification services, medication-assisted treatment, and inpatient and
16 outpatient treatment programs; and the availability of various treatment
17 options for the engaged client.

18 (4) To implement the care navigation program, the ~~office~~ BHA
19 shall include care navigation services in the twenty-four-hour telephone
20 crisis service created pursuant to section 27-60-103. The contractor
21 selected by the ~~office~~ BHA must provide care navigation services to
22 engaged clients statewide. Care navigation services must be available
23 twenty-four hours a day and must be accessible through various formats.
24 The contractor shall coordinate services in conjunction with other state
25 care navigation and coordination services and behavioral health response
26 systems to ensure coordinated and integrated service delivery. The use of
27 peer support specialists is encouraged in the coordination of services. The

1 contractor shall assist the engaged client with accessing treatment
2 facilities, treatment programs, or treatment providers and shall provide
3 services to engaged clients regardless of the client's payer source or
4 whether the client is uninsured. Once the engaged client has initiated
5 treatment, the contractor is no longer responsible for care navigation for
6 that engaged client for that episode. Engaged clients who are enrolled in
7 the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5
8 shall be provided with contact information for their managed care entity.
9 The contractor shall conduct ongoing outreach to inform behavioral
10 health providers, counties, county departments of human or social
11 services, jails, law enforcement personnel, health-care professionals, and
12 other interested persons about care navigation services.

13 (6) The contractor shall collect and transmit to the ~~department~~
14 BHA, in the time and manner determined by rule of the ~~department~~ STATE
15 BOARD OF HUMAN SERVICES, the following data and information relating
16 to engaged clients served by the contractor:

17 (f) Whether the engaged client had private or public insurance or
18 was eligible for services through the ~~office~~ BHA due to income;

19 (7) The state board OF HUMAN SERVICES may promulgate any rules
20 necessary to implement the care navigation program.

21 (8) No later than September 1 during the first year in which the
22 care navigation program is implemented pursuant to this section, and no
23 later than September 1 of each year thereafter in which the care
24 navigation program is implemented, the ~~department~~ BHA shall submit an
25 annual report to the joint budget committee, the public AND BEHAVIORAL
26 health ~~care~~ and human services committee and the health and insurance
27 committee of the house of representatives, and the health and human

1 services committee of the senate, or any successor committees,
2 concerning the utilization of care navigation services pursuant to this
3 section, including a summary of the data and information collected by the
4 contractor pursuant to subsection (6) of this section, in accordance with
5 state and federal health-care privacy laws. Notwithstanding the provisions
6 of section 24-1-136 (11)(a)(I), the reporting requirements of this
7 subsection (8) continue indefinitely.

8 **SECTION 159.** In Colorado Revised Statutes, 27-80-120, **amend**
9 (1), (2), (3), and (6) as follows:

10 **27-80-120. Building substance use disorder treatment capacity**
11 **in underserved communities - grant program.** (1) There is created in
12 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the building
13 substance use disorder treatment capacity in underserved communities
14 grant program, referred to in this section as the "grant program".

15 (2) Subject to available appropriations, the ~~department~~ BHA shall
16 award grant program money to increase substance use disorder capacity
17 and services in rural and frontier communities. Each managed service
18 organization area that consists of at least fifty percent rural or frontier
19 counties shall receive an equal proportion of the annual grant program
20 money to disburse in local grants.

21 (3) A grant committee shall review grant applications and, if
22 approved, award local grants. The grant committee includes two members
23 appointed by the county commissioners in the relevant managed service
24 organization service area, two representatives from the managed service
25 organization, and two members representing the ~~department~~ BHA and
26 appointed by the ~~executive director of the department~~ COMMISSIONER.
27 The award of a local grant must be approved by a majority of the

1 members of the grant committee. In awarding a local grant, the grant
2 committee shall prioritize geographic areas that are unserved or
3 underserved. After local grants are approved for each managed service
4 organization service area, the ~~department~~ BHA shall disburse grant
5 program money to the managed service organization for distribution to
6 local grant recipients.

7 (6) Money appropriated for the pilot program that remains
8 unexpended and unencumbered at the end of the fiscal year is further
9 appropriated to the ~~department~~ BHA for the pilot program in the next
10 fiscal year.

11 **SECTION 160.** In Colorado Revised Statutes, 27-80-121, **amend**
12 (1) introductory portion as follows:

13 **27-80-121. Perinatal substance use data linkage project -**
14 **center for research into substance use disorder prevention,**
15 **treatment, and recovery support strategies - report.** (1) The center for
16 research into substance use disorder prevention, treatment, and recovery
17 support strategies established in section 27-80-118, referred to in this
18 section as the "center", in partnership with an institution of higher
19 education and the state substance abuse trend and response task force
20 established in section 18-18.5-103, may conduct a statewide perinatal
21 substance use data linkage project that uses ongoing collection, analysis,
22 interpretation, and dissemination of data for the planning,
23 implementation, and evaluation of public health actions to improve
24 outcomes for families impacted by substance use during pregnancy. The
25 data linkage project shall utilize data from the medical assistance
26 program, articles 4 to 6 of title 25.5; the electronic prescription drug
27 monitoring program created in part 4 of article 280 of title 12; the

1 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
2 Colorado immunization information system, created pursuant to section
3 25-4-2401, et seq.; the Colorado child care assistance program, created
4 in part 8 of article 2 of title 26; the ~~office of behavioral health in the~~
5 ~~department of human services~~ BHA; and birth and death records to
6 examine the following:

7 **SECTION 161.** In Colorado Revised Statutes, 27-80-122, **amend**
8 (1) introductory portion and (2) as follows:

9 **27-80-122. Recovery residence certifying body - competitive**
10 **selection process - appropriation.** (1) No later than January 1, 2022, the
11 ~~office of behavioral health~~ BHA shall use a competitive selection process
12 pursuant to the "Procurement Code", articles 101 to 112 of title 24, to
13 select a recovery residence certifying body to:

14 (2) For the 2021-22 state fiscal year and each state fiscal year
15 thereafter, the general assembly shall appropriate two hundred thousand
16 dollars to the ~~office of behavioral health~~ BHA for the purpose of
17 implementing this section.

18 **SECTION 162.** In Colorado Revised Statutes, 27-80-123, **amend**
19 (2), (4) introductory portion, (5), (6), (7) introductory portion, and (7)(a)
20 as follows:

21 **27-80-123. High-risk families cash fund - creation - services**
22 **provided - report - definition.** (2) There is created in the state treasury
23 the high-risk families cash fund, referred to in this section as the "fund".
24 The fund consists of money credited to the fund and any other money that
25 the general assembly may appropriate or transfer to the fund. The state
26 treasurer shall credit all interest and income derived from the deposit and
27 investment of money in the fund to the fund. Money in the fund is

1 continuously appropriated to the ~~department~~ BHA, which may expend
2 money from the fund for the purposes specified in subsection (4) of this
3 section.

4 (4) The ~~department~~ BHA may expend money in the fund for the
5 following purposes:

6 (5) (a) The ~~department~~ BHA may use money from the fund to
7 contract with managed service organizations, private providers, schools,
8 counties, nonprofit organizations, or municipalities to provide services
9 described in subsection (4) of this section.

10 (b) Money expended by the ~~department~~ BHA must be used for
11 one-time allocations to increase treatment capacity, including start-up
12 costs and capital expenditures, or to provide substance use disorder
13 recovery and wraparound services, including the prenatal plus program
14 and access to child care, to high-risk families.

15 (6) After considering relevant stakeholder feedback, the
16 ~~department~~ BHA shall annually prioritize the use of available money in
17 the fund, recognizing statewide need and complementing existing funding
18 for behavioral health services statewide.

19 (7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I)
20 to the contrary, the ~~department~~ BHA shall submit a report to the general
21 assembly on July 1, 2020, and on July 1 each year thereafter, which report
22 must include:

23 (a) A summary of expenditures from the fund made by the
24 ~~department~~ BHA;

25 **SECTION 163.** In Colorado Revised Statutes, 27-80-124, **amend**
26 (1), (3) introductory portion, (4), and (5) as follows:

27 **27-80-124. Colorado substance use disorders prevention**

1 **collaborative - created - mission - administration - report - repeal.**

2 (1) The ~~office of behavioral health~~ BHA shall convene and administer a
3 Colorado substance use disorders prevention collaborative with
4 institutions of higher education, nonprofit agencies, and state agencies,
5 referred to in this section as the "collaborative", for the purpose of
6 gathering feedback from local public health agencies, institutions of
7 higher education, nonprofit agencies, and state agencies concerning
8 evidence-based prevention practices to fulfill the mission stated in
9 subsection (2) of this section.

10 (3) The ~~office of behavioral health~~ BHA and the collaborative
11 shall:

12 (4) In order to implement and provide sustainability to the
13 collaborative, for state fiscal years 2021-22 through 2024-25, the general
14 assembly shall appropriate money from the marijuana tax cash fund
15 created in section 39-28.8-501 (1) to the ~~office of behavioral health~~ BHA
16 to accomplish the mission of the collaborative.

17 (5) The ~~office of behavioral health~~ BHA shall report its progress
18 to the general assembly on or before September 1, 2022, and each
19 September 1 through September 1, 2025.

20 **SECTION 164.** In Colorado Revised Statutes, 27-80-125, **amend**
21 (1) introductory portion, (2), (3), (4), and (5) as follows:

22 **27-80-125. Housing assistance for individuals with a substance**
23 **use disorder - rules - report - appropriation.** (1) The ~~office of~~
24 ~~behavioral health~~ BHA shall establish a program to provide temporary
25 financial housing assistance to individuals with a substance use disorder
26 who have no supportive housing options when the individual is:

27 (2) The ~~office of behavioral health~~ BHA may promulgate rules

1 establishing the maximum amount of temporary financial assistance that
2 an individual can receive and the maximum amount of time for which an
3 individual may receive assistance. Rules promulgated pursuant to this
4 subsection (2) related to the time for which an individual may receive
5 assistance must be clinically based, culturally responsive, and
6 trauma-informed.

7 (3) In awarding temporary financial housing assistance in
8 accordance with this section, the ~~office of behavioral health~~ BHA shall
9 consider funding for individuals entering into a recovery residence, as
10 defined in section 25-1.5-108.5 (1)(a).

11 (4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1,
12 2022, and by February 1 each year thereafter, the ~~office of behavioral~~
13 ~~health~~ BHA shall submit a report detailing the amount of housing
14 assistance provided in the prior year, the number of individuals and the
15 entities that received the housing assistance, and the duration of housing
16 assistance each individual or entity received to the health and human
17 services committee of the senate, the health and insurance and the public
18 and behavioral health and human services committees of the house of
19 representatives, and the opioid and other substance use disorders study
20 committee created in section 10-22.3-101, or any successor committees.

21 (5) For the 2021-22 state fiscal year and each state fiscal year
22 thereafter, the general assembly shall appropriate four million dollars to
23 the ~~office of behavioral health~~ BHA for the purpose of the housing
24 program described in this section.

25 **SECTION 165.** In Colorado Revised Statutes, 27-80-126, **amend**
26 (2), (4), (5), (6)(a), (7)(a) introductory portion, (7)(a)(IV), (7)(b), and (8)
27 as follows:

1 **27-80-126. Recovery support services grant program -**
2 **creation - eligibility - reporting requirements - appropriation - rules**
3 **- definitions.** (2) There is created in the ~~office of behavioral health~~

4 ADMINISTRATION the recovery support services grant program, referred
5 to in this section as the "grant program", to provide grants to recovery
6 community organizations for the purpose of providing recovery-oriented
7 services to individuals with a substance use disorder or co-occurring
8 substance use and mental health disorder.

9 (4) The ~~office of behavioral health~~ BHA shall administer the grant
10 program. Subject to available appropriations, the ~~office~~ BHA shall
11 disburse grant money appropriated pursuant to subsection (8) of this
12 section to each managed service organization designated pursuant to
13 section 27-80-107.

14 (5) The ~~office of behavioral health~~ BHA shall implement the grant
15 program in accordance with this section. Pursuant to article 4 of title 24,
16 the ~~office~~ BHA shall promulgate rules as necessary to implement the
17 grant program.

18 (6) (a) To receive a grant, a recovery community organization
19 must submit an application to the applicable managed service
20 organization in accordance with rules promulgated by the ~~office of~~
21 ~~behavioral health~~ BHA.

22 (7) (a) On or before December 1, 2023, and on or before
23 December 1 each year thereafter, each managed service organization that
24 awards grants shall submit a report to the ~~office of behavioral health~~
25 BHA. At a minimum, the report must include the following information:

26 (IV) Any other information required by the ~~office of behavioral~~
27 ~~health~~ BHA.

1 (b) On or before March 1, 2022, and on or before March 1 each
2 year thereafter for the duration of the grant program, the ~~office of~~
3 ~~behavioral health~~ BHA shall submit a summarized report on the grant
4 program to the health and human services committee of the senate and the
5 health and insurance and the public and behavioral health and human
6 services committees of the house of representatives, or any successor
7 committees, and to the opioid and other substance use disorders study
8 committee created in section 10-22.3-101.

9 (8) For the 2021-22 state fiscal year and each state fiscal year
10 thereafter, the general assembly shall appropriate one million six hundred
11 thousand dollars from the general fund to the ~~office of behavioral health~~
12 BHA to implement the grant program. The ~~office~~ BHA may use a portion
13 of the money appropriated for the grant program to pay the direct and
14 indirect costs of administering the grant program.

15 **SECTION 166.** In Colorado Revised Statutes, 27-80-204, **amend**
16 (1)(a), (1)(b)(II), (3), and (4) as follows:

17 **27-80-204. License required - controlled substances - repeal.**

18 (1) (a) In accordance with part 3 of article 18 of title 18, a substance use
19 disorder treatment program that compounds, administers, or dispenses a
20 controlled substance shall annually obtain a license issued by the
21 ~~department~~ BHA for each place of business or professional practice
22 located in this state.

23 (b) (II) Prior to the repeal, the department of regulatory agencies
24 shall review the licensing functions of the ~~department~~ BHA as provided
25 in section 24-34-104. In conducting the review, the department of
26 regulatory agencies shall consider whether the licensing pursuant to this
27 subsection (1) should be combined with the licensing of any other

1 substance use disorder treatment programs by the department.

2 (3) An employee of a facility, as defined in section 25-1.5-301,
3 ~~C.R.S.~~, who is administering and monitoring medications to persons
4 under the care or jurisdiction of the facility pursuant to part 3 of article
5 1.5 of title 25 ~~C.R.S.~~, need not be licensed by the ~~department~~ BHA to
6 lawfully possess controlled substances under this part 2.

7 (4) A person who is required to be but is not yet licensed may
8 apply for a license at any time. A person who is required to be licensed
9 under this part 2 shall not engage in any activity for which a license is
10 required until the ~~department~~ BHA grants the person's application and
11 issues a license to ~~him or her~~ THE PERSON.

12 **SECTION 167.** In Colorado Revised Statutes, 27-80-205, **amend**
13 (1) introductory portion, (3)(a.5), and (3)(b) as follows:

14 **27-80-205. Issuance of license - fees.** (1) The ~~department~~ BHA,
15 as provided in section 27-80-204 (1), shall issue the appropriate license
16 to each substance use disorder treatment program meeting all the
17 requirements of this part 2 unless it determines that the issuance of the
18 license would be inconsistent with the public interest. In determining the
19 public interest, the ~~department~~ BHA shall consider the following factors:

20 (3) (a.5) The ~~department~~ BHA may administratively set initial and
21 annual license fees for substance use disorder treatment programs to
22 approximate the direct and indirect costs of the program.

23 (b) The ~~department~~ BHA shall transmit the fees collected pursuant
24 to this section to the state treasurer for deposit in the controlled
25 substances program fund created in section 27-80-206.

26 **SECTION 168.** In Colorado Revised Statutes, **amend** 27-80-206
27 as follows:

1 **27-80-206. Controlled substances program fund - disposition**
2 **of fees.** There is hereby created in the state treasury the controlled
3 substances program fund. The ~~department~~ BHA shall transmit all ~~moneys~~
4 MONEY it collects pursuant to this part 2 to the state treasurer, who shall
5 credit the ~~moneys~~ MONEY to the controlled substances program fund. The
6 general assembly shall ~~make annual appropriations~~ ANNUALLY
7 APPROPRIATE MONEY from the controlled substances program fund to the
8 ~~department~~ BHA for the purposes authorized by this part 2. All ~~moneys~~
9 MONEY credited to the controlled substances program fund and any
10 interest earned on the fund ~~remain~~ REMAINS in the fund and ~~do~~ DOES not
11 revert to the general fund or any other fund at the end of any fiscal year.

12 **SECTION 169.** In Colorado Revised Statutes, 27-80-207, **amend**
13 (3) as follows:

14 **27-80-207. Qualifications for license.** (3) The ~~department~~ BHA
15 shall not grant a license to a person who has been convicted within the
16 last two years of a willful violation of this part 2 or any other state or
17 federal law regulating controlled substances.

18 **SECTION 170.** In Colorado Revised Statutes, 27-80-208, **amend**
19 (1) introductory portion, (1)(d), (2), (2.5), (3), (4), and (5)(a) as follows:

20 **27-80-208. Denial, revocation, or suspension of license - other**
21 **disciplinary actions - notice.** (1) The ~~department~~ BHA may deny,
22 suspend, or revoke a license issued under this part 2 pursuant to article 4
23 of title 24, or take other disciplinary action as set forth in subsection (2.5)
24 of this section, at the ~~department's~~ BHA's discretion, upon a finding that
25 the licensee:

26 (d) Has violated any provision of this part 2 or the rules of the
27 ~~department~~ BHA or of the state board of human services created in

1 section 26-1-107. ~~C.R.S.~~

2 (2) The ~~department~~ BHA may limit revocation or suspension of
3 a license to the particular controlled substance that was the basis for
4 revocation or suspension.

5 (2.5) If the ~~department~~ BHA determines that a licensee has
6 committed an act that would authorize the ~~department~~ BHA to deny,
7 revoke, or suspend a license, the ~~department~~ BHA may, at its discretion,
8 impose other disciplinary actions that may include, but need not be
9 limited to, a fine not to exceed five hundred dollars, probation, or
10 stipulation.

11 (3) If the ~~department~~ BHA suspends or revokes a license, the
12 ~~department~~ BHA may place all controlled substances owned or possessed
13 by the licensee at the time of the suspension or on the effective date of the
14 revocation order under seal. The ~~department~~ BHA may not dispose of
15 substances under seal until the time for making an appeal has elapsed or
16 until all appeals have been concluded, unless a court orders otherwise or
17 orders the sale of any perishable controlled substances and the deposit of
18 the proceeds with the court. When a revocation order becomes final, all
19 controlled substances may be forfeited to the state.

20 (4) The ~~department~~ BHA shall promptly notify the bureau and the
21 appropriate professional licensing agency, if any, of all charges and the
22 final disposition of the charges, and of all forfeitures of a controlled
23 substance.

24 (5) (a) On or before July 1, 2020, the ~~department~~ BHA shall
25 develop and implement a formal, simple, accurate, and objective system
26 to track and categorize complaints made against a licensee and
27 disciplinary action taken pursuant to this part 2.

1 **SECTION 171.** In Colorado Revised Statutes, 27-80-211, **amend**
2 (2) introductory portion, (2)(b), and (2)(c) as follows:

3 **27-80-211. Enforcement and cooperation.** (2) The ~~department~~
4 BHA shall cooperate with all agencies charged with the enforcement of
5 the laws of this state, all other states, and the United States relating to
6 controlled substances. To this end, the ~~department~~ BHA shall:

7 (b) Cooperate with the bureau and with local, state, and other
8 federal agencies by maintaining a centralized unit to accept, catalogue,
9 file, and collect statistics, including records of dependent and other
10 controlled substance law offenders within the state, and make the
11 information available for federal, state, and local law enforcement or
12 regulatory purposes. The ~~department~~ BHA shall not furnish the name or
13 identity of a patient whose identity could not be obtained under section
14 27-80-212.

15 (c) Respond to referrals, complaints, or other information received
16 regarding possible violations and, upon notification of the appropriate
17 licensing authority, if applicable, and upon a written finding by the
18 ~~executive director of the department~~ COMMISSIONER that probable cause
19 exists to believe that there is illegal distribution or dispensing of
20 controlled substances, to make any inspections, investigations, and reports
21 that may be necessary to determine compliance with this part 2 by all
22 licensed or otherwise authorized individuals who handle controlled
23 substances;

24 **SECTION 172.** In Colorado Revised Statutes, **amend** 27-80-213
25 as follows:

26 **27-80-213. Rules - policies.** (1) The ~~department~~ BHA shall
27 update rules and promulgate new rules, as necessary and pursuant to

1 article 4 of title 24, ~~C.R.S.~~, to implement this part 2. The ~~department~~
2 BHA shall make the rules available to the public on its website.

3 (2) The ~~department~~ BHA shall promulgate rules, in accordance
4 with article 4 of title 24, for the conduct of detoxification treatment,
5 maintenance treatment, and withdrawal treatment programs for substance
6 use disorders related to controlled substances.

7 (3) The ~~department~~ BHA shall develop a policy that separates the
8 administration of this part 2 from the administration of article 81 of this
9 title 27. The policy must ensure that the ~~department's~~ BHA's performance
10 of its duties pursuant to this part 2 does not interfere with the performance
11 of its duties as required by article 81 of this title 27.

12 **SECTION 173.** In Colorado Revised Statutes, 27-80-215, **amend**
13 (1)(a), (1)(b), (2)(a)(I), (2)(a)(II), (2)(b), and (3)(b) as follows:

14 **27-80-215. Central registry - registration required - notice -**
15 **repeal.** (1) (a) On or before July 1, 2020, the ~~department~~ BHA shall
16 develop or procure a secure online central registry, referred to in this
17 section as the "registry", to register patients treated in a substance use
18 disorder treatment program.

19 (b) The ~~department~~ BHA shall operate and maintain the registry
20 or enter into an agreement with a third party to operate and maintain the
21 registry on its behalf.

22 (2) (a) (I) In order to prevent simultaneous enrollment of a patient
23 in more than one opioid treatment program, each opioid treatment
24 program shall fully participate in the registry, including submitting a
25 query to the registry for each patient and entering in patient information
26 as required by this part 2 and ~~department~~ BHA rule.

27 (II) For each patient, the entry into the registry must include the

1 patient's name, the opioid treatment program providing treatment to the
2 patient, and any information the department BHA deems necessary to
3 further the goals of this part 2.

4 (b) The department BHA shall establish the method for opioid
5 treatment programs to enter information into the registry and query the
6 registry for information concerning prospective patients.

7 (3) (b) Prior to the repeal, the department of regulatory agencies
8 shall review the registration functions of the department BHA as provided
9 in section 24-34-104.

10 **SECTION 174.** In Colorado Revised Statutes, **amend** 27-80-216
11 as follows:

12 **27-80-216. Policy verifying identity.** The department BHA shall
13 establish a policy on how a substance use disorder treatment program
14 must verify the identity of individuals initiating into detoxification,
15 withdrawal, or maintenance treatment for a substance use disorder. The
16 department BHA policy must include verification requirements for
17 individuals without identification and individuals experiencing
18 homelessness.

19 **SECTION 175.** In Colorado Revised Statutes, 27-80-303, **amend**
20 (1)(a), (1)(b) introductory portion, (4), and (5) as follows:

21 **27-80-303. Office of ombudsman for behavioral health access**
22 **to care - creation - appointment of ombudsman - duties.** (1) (a) There
23 is hereby created in the office of the executive director OF THE
24 DEPARTMENT the office of the ombudsman for behavioral health access
25 to care for the purpose of assisting Coloradans in accessing behavioral
26 health care.

27 (b) The office of behavioral health IN THE DEPARTMENT AND THE

1 BHA shall offer the office limited support with respect to:

2 (4) The ombudsman, employees of the office, and any persons
3 acting on behalf of the office shall comply with all state and federal
4 confidentiality laws that govern the department AND THE BHA with
5 respect to the treatment of confidential information or records and the
6 disclosure of such information and records.

7 (5) In the performance of ~~his or her~~ THE OMBUDSMAN'S duties, the
8 ombudsman shall act independently of the office of behavioral health IN
9 THE DEPARTMENT AND THE BHA. Any recommendations made or
10 positions taken by the ombudsman do not reflect those of the department,
11 ~~or~~ THE office of behavioral health, OR THE BHA.

12 **SECTION 176.** In Colorado Revised Statutes, **amend** 27-80-304
13 as follows:

14 **27-80-304. Liaisons - department - commissioner of insurance.**
15 The commissioner of insurance and the executive director OF THE
16 DEPARTMENT shall each appoint a liaison to the ombudsman to receive
17 reports of concerns, complaints, and potential violations described in
18 section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care
19 providers.

20 **SECTION 177.** In Colorado Revised Statutes, 27-80-306, **amend**
21 (2) and (3) as follows:

22 **27-80-306. Annual report.** (2) The ombudsman shall submit the
23 report required by this section to the governor, the executive director OF
24 THE DEPARTMENT AND THE COMMISSIONER OF THE BHA, the
25 commissioner of insurance, the senate committee on health and human
26 services or any successor committee, and the house of representatives
27 committees on health AND insurance ~~and environment~~ and public AND

1 BEHAVIORAL health care and human services or any successor
2 committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting
3 requirement set forth in this section continues indefinitely.

4 (3) The ombudsman shall post the annual report on the
5 department's BHA's website.

6 **SECTION 178.** In Colorado Revised Statutes, 27-81-102, **amend**
7 **(3); amend as it will become effective July 1, 2022, (13.7); repeal (6),**
8 **(8), and (13.5); and add (3.3) and (3.7) as follows:**

9 **27-81-102. Definitions.** As used in this article 81, unless the
10 context otherwise requires:

11 (3) "Approved public treatment facility" means a treatment agency
12 operating under the direction and control of or approved by the office of
13 behavioral health BHA or providing treatment pursuant to this article 81
14 through a contract with the office of behavioral health BHA pursuant to
15 section 27-81-105 (7) and meeting the standards prescribed in section
16 27-81-106 (1) and approved pursuant to section 27-81-106.

17 (3.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
18 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
19 27-50-102.

20 (3.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
21 BEHAVIORAL HEALTH ADMINISTRATION.

22 (6) ~~"Director" means the director of the office of behavioral~~
23 ~~health.~~

24 (8) ~~"Executive director" means the executive director of the~~
25 ~~department.~~

26 (13.5) ~~"Office of behavioral health" means the office of~~
27 ~~behavioral health in the department.~~

1 (13.7) "Public funds" means money appropriated to the office of
2 behavioral health ADMINISTRATION by the general assembly or any other
3 governmental or private sources for withdrawal management ~~or for the~~
4 ~~treatment of alcohol use disorders~~ in approved facilities pursuant to this
5 article 81.

6 **SECTION 179.** In Colorado Revised Statutes, 27-81-103, **amend**
7 (1) introductory portion as follows:

8 **27-81-103. Powers of the behavioral health administration.**

9 (1) To carry out the purposes of this article 81, the office of behavioral
10 health BHA may:

11 **SECTION 180.** In Colorado Revised Statutes, 27-81-104, **amend**
12 (1) introductory portion and (1)(r) as follows:

13 **27-81-104. Duties of the behavioral health administration -**
14 **review.** (1) ~~In addition to duties prescribed by section 27-80-102, the~~
15 ~~office of behavioral health~~ THE BHA shall:

16 (r) Submit to the governor an annual report covering the activities
17 of the office of behavioral health BHA.

18 **SECTION 181.** In Colorado Revised Statutes, 27-81-105, **amend**
19 (1), (2) introductory portion, (3), (4), (6), and (7) as follows:

20 **27-81-105. Comprehensive program for treatment - regional**
21 **facilities.** (1) The office of behavioral health BHA shall establish a
22 comprehensive and coordinated program for the treatment of persons with
23 substance use disorders, persons intoxicated by alcohol, and persons
24 under the influence of drugs.

25 (2) Insofar as money available to the office of behavioral health
26 BHA permits, the program established in subsection (1) of this section
27 must include all of the following:

1 (3) The ~~office of behavioral health~~ BHA shall provide adequate
2 and appropriate treatment for persons with substance use disorders,
3 persons intoxicated by alcohol, and persons under the influence of drugs
4 admitted pursuant to sections 27-81-109 to 27-81-112. Except as
5 otherwise provided in section 27-81-111, treatment must not be provided
6 at a correctional institution, except for inmates.

7 (4) The ~~office of behavioral health~~ BHA shall maintain, supervise,
8 and control all facilities it operates subject to policies of the department.
9 The administrator of each facility shall make an annual report of the
10 facility's activities to the ~~director~~ COMMISSIONER in the form and manner
11 specified by the ~~director~~ COMMISSIONER.

12 (6) The ~~director~~ COMMISSIONER shall prepare, publish, and
13 distribute annually a list of all approved public and private treatment
14 facilities.

15 (7) The ~~office of behavioral health~~ BHA may contract for the use
16 of any facility as an approved public treatment facility if the ~~director~~
17 COMMISSIONER, subject to the policies of the department, considers it to
18 be an effective and economical course to follow.

19 **SECTION 182.** In Colorado Revised Statutes, **amend** 27-81-106
20 as follows:

21 **27-81-106. Standards for public and private treatment**
22 **facilities - fees - enforcement procedures - penalties.** (1) In accordance
23 with the provisions of this article 81, the ~~office of behavioral health~~ BHA
24 shall establish standards for approved treatment facilities that receive
25 public funds. A treatment facility shall meet the established standards to
26 be approved as a public or private treatment facility. The ~~office of~~
27 ~~behavioral health~~ BHA shall fix the fees to be charged for the required

1 inspections. The fees charged to approved treatment facilities that provide
2 level I and level II programs, as provided in section 42-4-1301.3 (3)(c),
3 must be transmitted to the state treasurer, who shall credit the fees to the
4 alcohol and drug driving safety program fund created in section
5 42-4-1301.3 (4)(a). The standards may concern only health standards to
6 be met and standards of treatment to be afforded patients and must reflect
7 the success criteria established by the general assembly.

8 (2) The ~~office of behavioral health~~ BHA shall periodically inspect
9 approved public and private treatment facilities at reasonable times and
10 in a reasonable manner.

11 (3) The ~~office of behavioral health~~ BHA shall maintain a list of
12 approved public and private treatment facilities.

13 (4) Each approved public and private treatment facility shall file
14 with the ~~office of behavioral health~~ BHA, on request, data, statistics,
15 schedules, and any other information the ~~office~~ BHA reasonably requires.
16 The ~~director~~ COMMISSIONER shall remove from the list of approved
17 treatment facilities an approved public or private treatment facility that
18 fails, without good cause, to furnish any data, statistics, schedules, or
19 other information, as requested, or files fraudulent returns.

20 (5) The ~~office of behavioral health~~ BHA, after A hearing, may
21 suspend, revoke, limit, restrict, or refuse to grant an approval for failure
22 to meet its standards.

23 (6) A person shall not operate a private or public treatment facility
24 in this state without approval from the ~~office of behavioral health~~ BHA;
25 except that this article 81 does not apply to a private treatment facility that
26 accepts only private money and does not dispense controlled substances.
27 The district court may restrain any violation of, review any denial,

1 restriction, or revocation of approval under, and grant other relief
2 required to enforce the provisions of this section.

3 (7) Upon petition of the ~~office of behavioral health~~ BHA and after
4 a hearing held upon reasonable notice to the facility, the district court may
5 issue a warrant to an officer or employee of the ~~office of behavioral~~
6 ~~health~~ BHA authorizing ~~him or her~~ THE OFFICER OR EMPLOYEE to enter
7 and inspect at reasonable times, and examine the books and accounts of,
8 any approved public or private treatment facility that refuses to consent
9 to inspection or examination by the ~~office of behavioral health~~ BHA or
10 which the ~~office of behavioral health~~ BHA has reasonable cause to
11 believe is operating in violation of this article 81.

12 **SECTION 183.** In Colorado Revised Statutes, 27-81-107, **amend**
13 (2) introductory portion and (3); and **amend as it will become effective**
14 **July 1, 2022**, (1) as follows:

15 **27-81-107. Compliance with local government zoning**
16 **regulations - notice to local governments - provisional approval -**
17 **repeal.** (1) Prior to July 1, 2024, the ~~office of behavioral health~~ BHA
18 shall require any residential treatment facility seeking approval as a public
19 or private treatment facility pursuant to this article 81 to comply with any
20 applicable zoning regulations of the municipality, city and county, or
21 county where the facility is situated. Failure to comply with applicable
22 zoning regulations constitutes grounds for the denial of approval of a
23 facility.

24 (2) The ~~office of behavioral health~~ BHA shall assure that timely
25 written notice is provided to the municipality, city and county, or county
26 where a residential treatment facility is situated, including the address of
27 the facility and the population and number of persons to be served by the

1 facility, when any of the following occurs:

2 (3) In the event of a zoning or other delay or dispute between a
3 residential treatment facility and the municipality, city and county, or
4 county where the facility is situated, the ~~office of behavioral health~~ BHA
5 may grant provisional approval of the facility for up to one hundred
6 twenty days pending resolution of the delay or dispute.

7 **SECTION 184.** In Colorado Revised Statutes, **repeal as it will**
8 **become effective July 1, 2022, 27-81-107.5.**

9 **SECTION 185.** In Colorado Revised Statutes, 27-81-108, **amend**
10 (1) introductory portion and (1)(b) as follows:

11 **27-81-108. Acceptance for treatment - rules.** (1) The ~~director~~
12 COMMISSIONER shall adopt and may amend and repeal rules for
13 acceptance of persons into the substance use disorder treatment program,
14 considering available treatment resources and facilities, for the purpose
15 of early and effective treatment of persons with substance use disorders,
16 persons intoxicated by alcohol, and persons under the influence of drugs.
17 In establishing the rules, the following standards guide the ~~director~~
18 COMMISSIONER:

19 (b) Qualified staff shall assess the proper level of care for the
20 person pursuant to rules adopted by the ~~director~~ COMMISSIONER and make
21 a referral for placement.

22 **SECTION 186.** In Colorado Revised Statutes, 27-81-109, **amend**
23 (2) as follows:

24 **27-81-109. Voluntary treatment of persons with substance use**
25 **disorders.** (2) Subject to rules adopted by the ~~director~~ COMMISSIONER,
26 the administrator in charge of an approved treatment facility shall
27 determine who is admitted for treatment. If a person is refused admission

1 to an approved treatment facility, the administrator may refer the person
2 to another approved and appropriate treatment facility for treatment if it
3 is deemed likely to be beneficial. A person must not be referred for
4 further treatment if it is determined that further treatment is not likely to
5 bring about significant improvement in the person's condition, or
6 treatment is no longer appropriate, or further treatment is unlikely to be
7 beneficial.

8 **SECTION 187.** In Colorado Revised Statutes, 27-81-110, **amend**
9 (1) as follows:

10 **27-81-110. Voluntary treatment for persons intoxicated by**
11 **alcohol, under the influence of drugs, or incapacitated by substances.**

12 (1) A person intoxicated by alcohol, under the influence of drugs, or
13 incapacitated by substances, including a minor if provided by rules of the
14 ~~office of behavioral health~~ BHA, may voluntarily admit ~~himself or herself~~
15 THE PERSON'S SELF to an approved treatment facility for an emergency
16 evaluation to determine need for treatment.

17 **SECTION 188.** In Colorado Revised Statutes, 27-81-112, **amend**
18 (1), (3)(a)(I), (3)(b), (3)(c), (5), (6), (7), (8), (10), and (11) introductory
19 portion as follows:

20 **27-81-112. Involuntary commitment of a person with a**
21 **substance use disorder.** (1) The court may commit a person to the
22 custody of the ~~office of behavioral health~~ BHA upon the petition of the
23 person's spouse or guardian, a relative, a physician, an advanced practice
24 nurse, the administrator in charge of an approved treatment facility, or
25 any other responsible person. The petition must allege that the person has
26 a substance use disorder and that the person has threatened or attempted
27 to inflict or inflicted physical harm on ~~himself or herself~~ THE PERSON'S

1 SELF or on another and that unless committed, the person is likely to
2 inflict physical harm on ~~himself or herself~~ THE PERSON'S SELF or on
3 another or that the person is incapacitated by substances. A refusal to
4 undergo treatment does not constitute evidence of lack of judgment as to
5 the need for treatment. The petition must be accompanied by a certificate
6 of a licensed physician who has examined the person within ten days
7 before submission of the petition, unless the person whose commitment
8 is sought has refused to submit to a medical examination, in which case
9 the fact of refusal must be alleged in the petition, or an examination
10 cannot be made of the person due to the person's condition. The
11 certificate must set forth the physician's findings in support of the
12 petition's allegations.

13 (3) (a) Upon filing the petition, the person whose commitment is
14 sought must be notified of the person's right to:

15 (I) Enter into a stipulated order of the court for committed
16 treatment in order to expedite placement in an approved treatment facility
17 by the ~~office of behavioral health~~ BHA; or

18 (b) If a stipulated order is entered, the ~~office of behavioral health~~
19 BHA shall place the person in an approved treatment program that
20 reflects the level of need of the person.

21 (c) If the person whose commitment is sought exercises the right
22 to contest the petition, the court shall fix a date for a hearing no later than
23 ten days, excluding weekends and holidays, after the date the petition was
24 filed. A copy of the petition and the notice of the hearing, including the
25 date fixed by the court, must be personally served on the petitioner, the
26 person whose commitment is sought, and one of the person's parents or
27 the person's legal guardian if the person is a minor. A copy of the petition

1 and notice of hearing must be provided to the ~~office of behavioral health~~
2 BHA, to counsel for the person whose commitment is sought, to the
3 administrator in charge of the approved treatment facility to which the
4 person may have been committed for emergency treatment, and to any
5 other person the court believes advisable.

6 (5) If after hearing all relevant evidence, including the results of
7 any diagnostic examination by the licensed hospital, the court finds that
8 grounds for involuntary commitment have been established by clear and
9 convincing proof, the court shall make an order of commitment to the
10 ~~office of behavioral health~~. ~~The office of behavioral health~~ BHA. THE
11 BHA has the right to delegate physical custody of the person to an
12 appropriate approved treatment facility. The court may not order
13 commitment of a person unless ~~it~~ THE COURT determines that the ~~office~~
14 ~~of behavioral health~~ BHA is able to provide adequate and appropriate
15 treatment for the person, and the treatment is likely to be beneficial.

16 (6) Upon the court's commitment of a person to the ~~office of~~
17 ~~behavioral health~~ BHA, the court may issue an order to the sheriff to
18 transport the person to the facility designated by the ~~office of behavioral~~
19 ~~health~~ BHA.

20 (7) A person committed as provided for in this section remains in
21 the custody of the ~~office of behavioral health~~ BHA for treatment for a
22 period of up to ninety days. At the end of the ninety-day period, the
23 treatment facility shall automatically discharge the person unless the
24 ~~office of behavioral health~~ BHA, before expiration of the ninety-day
25 period, obtains a court order for the person's recommitment on the
26 grounds set forth in subsection (1) of this section for a further period of
27 ninety days unless discharged sooner. If a person has been committed

1 because the person is a person with a substance use disorder who is likely
2 to inflict physical harm on another, the ~~office of behavioral health~~ BHA
3 shall apply for recommitment if, after examination, it is determined that
4 the likelihood to inflict physical harm on another still exists.

5 (8) A person who is recommitted as provided for in subsection (7)
6 of this section and who has not been discharged by the ~~office of~~
7 ~~behavioral health~~ BHA before the end of the ninety-day period is
8 discharged at the expiration of that ninety-day period unless the ~~office of~~
9 ~~behavioral health~~ BHA, before expiration of the ninety-day period,
10 obtains a court order on the grounds set forth in subsection (1) of this
11 section for recommitment for a further period, not to exceed ninety days.
12 If a person has been committed because the person is a person with a
13 substance use disorder who is likely to inflict physical harm on another,
14 the ~~office of behavioral health~~ BHA shall apply for recommitment if, after
15 examination, it is determined that the likelihood to inflict physical harm
16 on another still exists. Only two recommitment orders pursuant to
17 subsection (7) of this section and this subsection (8) are permitted.

18 (10) The ~~office of behavioral health~~ BHA shall provide adequate
19 and appropriate treatment of a person committed to its custody. The ~~office~~
20 ~~of behavioral health~~ BHA may transfer any person committed to its
21 custody from one approved treatment facility to another, if transfer is
22 advisable.

23 (11) The ~~office of behavioral health~~ BHA shall discharge a person
24 committed to its custody for treatment at any time before the end of the
25 period for which the person has been committed if either of the following
26 conditions is met:

27 **SECTION 189.** In Colorado Revised Statutes, 27-81-113, **amend**

1 (2) as follows:

2 **27-81-113. Records of persons with substance use disorders,**
3 **persons intoxicated by alcohol, and persons under the influence of**
4 **substances.** (2) Notwithstanding subsection (1) of this section, the
5 ~~director~~ COMMISSIONER may make available information from patients'
6 records for purposes of research into the causes and treatment of
7 substance use disorders. Information made available pursuant to this
8 subsection (2) must not be published in a way that discloses patients'
9 names or other identifying information.

10 **SECTION 190.** In Colorado Revised Statutes, 27-81-114, **amend**
11 (1)(c), (1)(j), and (1)(l) as follows:

12 **27-81-114. Rights of persons receiving evaluation, care, or**
13 **treatment.** (1) A facility shall immediately advise each person receiving
14 evaluation, care, or treatment under any provision of this article 81, orally
15 and in writing, that the person has and is afforded the following rights:

16 (c) To receive timely medical and behavioral health care and
17 treatment, as specified in law, that is determined based on the person's
18 needs and that is delivered in the least restrictive treatment setting
19 possible, as set forth in ~~department~~ BHA rules;

20 (j) To have reasonable opportunities for continuing visitation and
21 communication with the person's family and friends, consistent with an
22 effective treatment program and as determined in ~~department~~ BHA rules.
23 Each person may meet with the person's attorney, clergyperson, or
24 health-care provider at any time.

25 (l) Subject to ~~department~~ BHA rules relating to the use of
26 telephones and other communication devices, to have reasonable access
27 to telephones or other communication devices, and to make and to receive

1 calls or communications in privacy. Facility staff shall not open, delay,
2 intercept, read, or censor mail or other communications or use mail or
3 other communications as a method to enforce compliance with facility
4 staff.

5 **SECTION 191.** In Colorado Revised Statutes, **amend** 27-81-115
6 as follows:

7 **27-81-115. Emergency service patrol - establishment - rules.**

8 (1) The ~~office of behavioral health~~ BHA and cities, counties, city and
9 counties, and regional service authorities may establish emergency
10 service patrols. A patrol consists of persons trained to give assistance in
11 the streets and in other public places to persons who are intoxicated by
12 alcohol, under the influence of drugs, or incapacitated by substances.
13 Members of an emergency service patrol must be capable of providing
14 first aid in emergency situations and are authorized to transport a person
15 intoxicated by alcohol, under the influence of drugs, or incapacitated by
16 substances to ~~his or her~~ THE PERSON'S home and to and from treatment
17 facilities.

18 (2) The ~~director~~ COMMISSIONER shall adopt rules for the
19 establishment, training, and conduct of emergency service patrols.

20 **SECTION 192.** In Colorado Revised Statutes, 27-81-116, **amend**
21 (3) as follows:

22 **27-81-116. Payment for treatment - financial ability of**
23 **patients.** (3) The ~~director~~ COMMISSIONER shall adopt rules that establish
24 a standardized ability-to-pay schedule, under which those with sufficient
25 financial ability are required to pay the full cost of services provided and
26 those who are totally without sufficient financial ability are provided
27 appropriate treatment at no charge. The schedule shall take into

1 consideration the income, including government assistance programs,
2 savings, and other personal and real property, of the person required to
3 pay and any support the person required to pay furnishes to another
4 person as required by law.

5 **SECTION 193.** In Colorado Revised Statutes, 27-81-118, **amend**
6 (2)(a)(II) as follows:

7 **27-81-118. Opioid crisis recovery funds advisory committee -**
8 **creation - membership - purpose.** (2) (a) The committee consists of
9 members appointed as follows:

10 (II) Two members appointed by the ~~executive director of the~~
11 ~~department of human services~~ COMMISSIONER, one of whom must
12 represent an association of substance use providers;

13 **SECTION 194.** In Colorado Revised Statutes, **amend** 27-82-201
14 as follows:

15 **27-82-201. Legislative declaration.** The general assembly finds
16 and declares that facilities that provide treatment to individuals with a
17 substance use disorder, including medication-assisted treatment, and
18 clinics that provide obstetric and gynecological health-care services
19 would better serve pregnant and postpartum women if the services could
20 be coordinated and provided to women at the same location. It is the
21 intent of the general assembly to fund a pilot program to integrate these
22 health-care services at specified facilities and clinics and require the
23 ~~office of behavioral health~~ BHA to evaluate the pilot program and report
24 the results of the pilot program to the general assembly.

25 **SECTION 195.** In Colorado Revised Statutes, 27-82-202, **amend**
26 (1) and (4); and **add** (1.5) as follows:

27 **27-82-202. Definitions.** As used in this part 2, unless the context

1 otherwise requires:

2 (1) "~~Clinic~~" means a site that provides obstetric and gynecological
3 ~~health care~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
4 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
5 27-50-102.

6 (1.5) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
7 GYNECOLOGICAL HEALTH CARE.

8 (4) "Treatment facility" means a health-care facility that provides
9 substance use disorder or medication-assisted treatment and that is
10 approved by the ~~office of behavioral health~~ ADMINISTRATION pursuant to
11 section 27-81-106.

12 **SECTION 196.** In Colorado Revised Statutes, 27-82-203, **amend**
13 (1) introductory portion, (2), (4) introductory portion, and (5) as follows:

14 **27-82-203. Maternal and child health pilot program - created**
15 **- eligibility of grant recipients - rules - report.** (1) There is created in
16 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the maternal and
17 child health pilot program. The ~~office of behavioral health~~ BHA shall
18 administer the pilot program. The purpose of the pilot program is to:

19 (2) The ~~office of behavioral health~~ BHA shall determine the
20 criteria for treatment facilities and clinics to be eligible to receive the
21 grants.

22 (4) The state board of human services within the department OF
23 HUMAN SERVICES, in consultation with the ~~office of behavioral health~~
24 BHA, may promulgate rules to implement the pilot program. The rules
25 must include:

26 (5) The ~~executive director~~ COMMISSIONER OF THE BHA shall
27 determine a process to evaluate the grant recipients and the integration of

1 health care resulting from the pilot program. The ~~office of behavioral~~
2 ~~health~~ BHA shall report the results of the pilot program to the public AND
3 BEHAVIORAL health ~~care~~ and human services and the health and insurance
4 committees of the house of representatives and the health and human
5 services committee of the senate, or their successor committees.

6 **SECTION 197.** In Colorado Revised Statutes, **amend** 27-82-204
7 as follows:

8 **27-82-204. Funding for pilot program.** (1) (a) For the 2021-22
9 fiscal year, and each fiscal year thereafter, the general assembly shall
10 appropriate money from the marijuana tax cash fund created in section
11 39-28.8-501 (1) ~~to the department for allocation to the office of~~
12 ~~behavioral health~~ TO THE BHA to implement the pilot program. The ~~office~~
13 ~~of behavioral health~~ BHA may use a portion of the money annually
14 appropriated for the pilot program to pay the direct and indirect costs
15 incurred to administer the pilot program.

16 (b) If any unexpended or uncommitted money appropriated for a
17 fiscal year remains at the end of that fiscal year, the ~~office of behavioral~~
18 ~~health~~ BHA may expend the money in accordance with this section in the
19 succeeding fiscal year without further appropriation.

20 (2) The ~~department~~ BHA may solicit, accept, and expend any
21 gifts, grants, or donations from private or public sources to implement or
22 administer the pilot program.

23 **SECTION 198.** In Colorado Revised Statutes, 29-11-202, **amend**
24 the introductory portion and (1); **repeal** (2) and (4); and **add** (1.5) as
25 follows:

26 **29-11-202. Definitions.** ~~For purposes of~~ AS USED IN this part 2,
27 unless the context otherwise requires:

1 (1) ~~"Colorado 2-1-1 collaborative" means the group authorized by~~
2 ~~the public utilities commission to establish the provision of human~~
3 ~~services referral services in the state of Colorado~~ "BEHAVIORAL HEALTH
4 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
5 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

6 (1.5) "COLORADO 2-1-1 COLLABORATIVE" MEANS THE GROUP
7 AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION TO ESTABLISH THE
8 PROVISION OF HUMAN SERVICES REFERRAL SERVICES IN THE STATE OF
9 COLORADO.

10 (2) ~~"Department" means the department of human services created~~
11 ~~in section 26-1-105.~~

12 (4) ~~"Office of behavioral health" means the office of behavioral~~
13 ~~health in the department of human services.~~

14 **SECTION 199.** In Colorado Revised Statutes, 29-11-203, **amend**
15 (3.2)(a) as follows:

16 **29-11-203. Human services referral service - immunity - grant**
17 **- report - repeal.** (3.2) (a) During the 2023 legislative session, the
18 ~~department~~ BHA shall include in its report to the committees of reference
19 pursuant to the "State Measurement for Accountable, Responsive, and
20 Transparent (SMART) Government Act" hearing required by section
21 2-7-203 information from the ~~office of behavioral health~~ BHA regarding
22 its contract with the Colorado 2-1-1 collaborative pursuant to subsection
23 (3)(a) of this section prior to its repeal in 2022, and the impact of the
24 statewide communication system on behavioral health referrals and
25 access to behavioral health services and other resources.

26 **SECTION 200.** In Colorado Revised Statutes, 41-2-102, **amend**
27 (8) as follows:

1 **41-2-102. Operating an aircraft under the influence -**
2 **operating an aircraft with excessive alcohol content - tests - penalties**
3 **- useful public service program - definition - repeal.** (8) The office of
4 behavioral health ADMINISTRATION in the department of human services
5 shall provide presentence alcohol and drug evaluations on all persons
6 convicted of a violation of subsection (1) or (2) of this section, in the
7 same manner as described in section 42-4-1301.3.

8 **SECTION 201.** In Colorado Revised Statutes, 42-2-122, **amend**
9 (1)(i) as follows:

10 **42-2-122. Department may cancel license - limited license for**
11 **physical or mental limitations - rules.** (1) The department has the
12 authority to cancel, deny, or deny the reissuance of any driver's or minor
13 driver's license upon determining that the licensee was not entitled to the
14 issuance for any of the following reasons:

15 (i) Failure of the person to complete a level II alcohol and drug
16 education and treatment program certified by the office of behavioral
17 health ADMINISTRATION in the department of human services pursuant to
18 section 42-4-1301.3, as required by section 42-2-126 (4)(d)(II)(A) or
19 42-2-132 (2)(a)(II). The failure must be documented pursuant to section
20 42-2-144.

21 **SECTION 202.** In Colorado Revised Statutes, 42-2-125, **amend**
22 (1)(i) as follows:

23 **42-2-125. Mandatory revocation of license and permit.** (1) The
24 department shall immediately revoke the license or permit of any driver
25 or minor driver upon receiving a record showing that the driver has:

26 (i) Been convicted of DUI, DUI per se, or DWAI and has two
27 previous convictions of any of those offenses. The department shall

1 revoke the license of any driver for an indefinite period and only reissue
2 it upon proof to the department that the driver has completed a level II
3 alcohol and drug education and treatment program certified by the office
4 of behavioral health ADMINISTRATION in the department of human
5 services pursuant to section 42-4-1301.3 and that the driver has
6 demonstrated knowledge of the laws and driving ability through the
7 regular motor vehicle testing process. The department shall not reissue
8 the license in less than two years.

9 **SECTION 203.** In Colorado Revised Statutes, 42-2-126, **amend**
10 (4)(d)(II) as follows:

11 **42-2-126. Revocation of license based on administrative**
12 **determination. (4) Multiple restraints and conditions on driving**
13 **privileges. (d) (II) (A)** If a person was driving with excess BAC and the
14 person had a BAC that was 0.15 or more or if the person's driving record
15 otherwise indicates a designation as a persistent drunk driver as defined
16 in section 42-1-102 (68.5), the department shall require the person to
17 complete a level II alcohol and drug education and treatment program
18 certified by the ~~office~~ of behavioral health ADMINISTRATION in the
19 department of human services pursuant to section 42-4-1301.3 as a
20 condition to restoring driving privileges to the person and, upon the
21 restoration of driving privileges, shall require the person to hold a
22 restricted license requiring the use of an ignition interlock device
23 pursuant to section 42-2-132.5 (1)(a)(II).

24 (B) If a person seeking reinstatement is required to complete, but
25 has not yet completed, a level II alcohol and drug education and treatment
26 program, the person shall file with the department proof of current
27 enrollment in a level II alcohol and drug education and treatment program

1 certified by the ~~office of~~ behavioral health ADMINISTRATION in the
2 department of human services pursuant to section 42-4-1301.3, on a form
3 approved by the department.

4 **SECTION 204.** In Colorado Revised Statutes, 42-2-127, **amend**
5 (14)(a)(I)(A) as follows:

6 **42-2-127. Authority to suspend license - to deny license - type**
7 **of conviction - points.** (14) (a) (I) If there is no other statutory reason for
8 denial of a probationary license, any individual who has had a license
9 suspended by the department because of, at least in part, a conviction of
10 an offense specified in subsection (5)(b) of this section may be entitled to
11 a probationary license pursuant to subsection (12) of this section for the
12 purpose of driving for reasons of employment, education, health, or
13 alcohol and drug education or treatment, but:

14 (A) If ordered by the court that convicted the individual, the
15 individual shall enroll in a program of driving education or alcohol and
16 drug education and treatment certified by the ~~office of~~ behavioral health
17 ADMINISTRATION in the department of human services; and

18 **SECTION 205.** In Colorado Revised Statutes, 42-2-132, **amend**
19 (2)(a)(II) and (2)(a)(III) as follows:

20 **42-2-132. Period of suspension or revocation.**

21 (2) (a) (II) (A) Following the period of revocation set forth in this
22 subsection (2), the department shall not issue a new license unless and
23 until it is satisfied that the person has demonstrated knowledge of the
24 laws and driving ability through the appropriate motor vehicle testing
25 process, and that the person whose license was revoked pursuant to
26 section 42-2-125 for a second or subsequent alcohol- or drug-related
27 driving offense has completed not less than a level II alcohol and drug

1 education and treatment program certified by the ~~office of~~ behavioral
2 health ADMINISTRATION in the department of human services pursuant to
3 section 42-4-1301.3.

4 (B) If the person was in violation of section 42-2-126 (3)(a) and
5 the person had a BAC that was 0.15 or more at the time of driving or
6 within two hours after driving, or if the person's driving record otherwise
7 indicates a designation as a persistent drunk driver as defined in section
8 42-1-102 (68.5), the department shall require the person to complete a
9 level II alcohol and drug education and treatment program certified by the
10 ~~office of~~ behavioral health ADMINISTRATION in the department of human
11 services pursuant to section 42-4-1301.3, and, upon the restoration of
12 driving privileges, shall require the person to hold a restricted license
13 requiring the use of an ignition interlock device pursuant to section
14 42-2-132.5 (1)(a)(II).

15 (C) If a person seeking reinstatement has not completed the
16 required level II alcohol and drug education and treatment program, the
17 person shall file with the department proof of current enrollment in a
18 level II alcohol and drug education and treatment program certified by the
19 ~~office of~~ behavioral health ADMINISTRATION in the department of human
20 services pursuant to section 42-4-1301.3, on a form approved by the
21 department.

22 (III) In the case of a minor driver whose license has been revoked
23 as a result of one conviction for DUI, DUI per se, DWAI, or UDD, the
24 minor driver, unless otherwise required after an evaluation made pursuant
25 to section 42-4-1301.3, must complete a level I alcohol and drug
26 education program certified by the ~~office of~~ behavioral health
27 ADMINISTRATION in the department of human services.

1 **SECTION 206.** In Colorado Revised Statutes, 42-2-144, **amend**
2 (1) as follows:

3 **42-2-144. Reporting by certified level II alcohol and drug**
4 **education and treatment program providers - notice of**
5 **administrative remedies against a driver's license - rules.** (1) The
6 department shall require all providers of level II alcohol and drug
7 education and treatment programs certified by the ~~office of~~ behavioral
8 health ADMINISTRATION in the department of human services pursuant to
9 section 42-4-1301.3 to provide quarterly reports to the department about
10 each person who is enrolled and who has filed proof of such enrollment
11 with the department as required by section 42-2-126 (4)(d)(II).

12 **SECTION 207.** In Colorado Revised Statutes, 42-4-1301.3,
13 **amend** (3)(c)(IV), (4)(a), and (4)(b) as follows:

14 **42-4-1301.3. Alcohol and drug driving safety program -**
15 **definition.** (3) (c) (IV) For the purpose of this section, "alcohol and drug
16 driving safety education or treatment" means either level I or level II
17 education or treatment programs approved by the ~~office of~~ behavioral
18 health ADMINISTRATION in the department of human services. Level I
19 programs are short-term, didactic education programs. Level II programs
20 are therapeutically oriented education, long-term outpatient, and
21 comprehensive residential programs. The court shall instruct a defendant
22 sentenced to level I or level II programs to meet all financial obligations
23 of the programs. If the financial obligations are not met, the program shall
24 notify the sentencing court for the purpose of collection or review and
25 further action on the defendant's sentence. Nothing in this section
26 prohibits treatment agencies from applying to the state for money to
27 recover the costs of level II treatment for defendants determined indigent

1 by the court.

2 (4) (a) There is created an alcohol and drug driving safety
3 program fund in the office of the state treasurer, referred to in this
4 subsection (4) as the "fund". The fund consists of money deposited in it
5 as directed by this subsection (4)(a). The assessment in effect on July 1,
6 1998, remains in effect unless the judicial department and the ~~office of~~
7 behavioral health ADMINISTRATION in the department of human services
8 have provided the general assembly with a statement of the cost of the
9 program, including costs of administration for the past and current fiscal
10 year to include a proposed change in the assessment. The general
11 assembly shall then consider the proposed new assessment and approve
12 the amount to be assessed against each person during the following fiscal
13 year in order to ensure that the alcohol and drug driving safety program
14 established in this section is financially self-supporting. Any adjustment
15 in the amount to be assessed must be noted in the appropriation to the
16 judicial department and the ~~office of~~ behavioral health ADMINISTRATION
17 in the department of human services as a footnote or line item related to
18 this program in the general appropriation bill. The state auditor shall
19 periodically audit the costs of the programs to determine that they are
20 reasonable and that the rate charged is accurate based on these costs. Any
21 other fines, fees, or costs levied against a person are not part of the
22 program fund. The court shall transmit to the state treasurer the amount
23 assessed for the alcohol and drug evaluation to be credited to the fund.
24 Fees charged pursuant to section 27-81-106 (1) to approved alcohol and
25 drug treatment facilities that provide level I and level II programs as
26 provided in subsection (3)(c) of this section must be transmitted to the
27 state treasurer, who shall credit the fees to the fund. Upon appropriation

1 by the general assembly, the money must be expended by the judicial
2 department and the ~~office of~~ behavioral health ADMINISTRATION in the
3 department of human services for the administration of the alcohol and
4 drug driving safety program. In administering the alcohol and drug
5 driving safety program, the judicial department is authorized to contract
6 with any agency for any services the judicial department deems necessary.
7 Money deposited in the fund remains in the fund to be used for the
8 purposes set forth in this section and must not revert or transfer to the
9 general fund except by further act of the general assembly.

10 (b) The judicial department shall ensure that qualified personnel
11 are placed in the judicial districts. The judicial department and the ~~office~~
12 ~~of~~ behavioral health ADMINISTRATION in the department of human
13 services shall jointly develop and maintain criteria for evaluation
14 techniques, treatment referral, data reporting, and program evaluation.

15 **SECTION 208.** In Colorado Revised Statutes, 42-4-1306, **amend**
16 (3)(a)(VI) introductory portion as follows:

17 **42-4-1306. Colorado task force on drunk and impaired driving**
18 **- creation - legislative declaration.** (3) (a) The task force shall consist
19 of:

20 (VI) Two representatives appointed by the ~~executive director of~~
21 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION in the
22 department of human services with the following qualifications:

23 **SECTION 209.** In Colorado Revised Statutes, 43-4-402, **amend**
24 (2)(a) as follows:

25 **43-4-402. Source of revenues - allocation of money.** (2) (a) The
26 general assembly shall make an annual appropriation out of the money in
27 the fund to the department of public health and environment in an amount

1 sufficient to pay for the costs of evidential breath alcohol testing,
2 including any education needs associated with testing, and implied
3 consent specialists, the costs of which were previously paid out of the
4 highway users tax fund. The general assembly shall also make an annual
5 appropriation out of the money in the fund to the Colorado bureau of
6 investigation to pay for the costs of toxicology laboratory services,
7 including any education needs associated with the services. Of the money
8 remaining in the fund, eighty percent shall be deposited in a special
9 drunken driving account in the fund, which account is created, and be
10 available immediately, without further appropriation, for allocation by the
11 transportation commission to the office of transportation safety. The
12 office of transportation safety shall allocate the money in accordance with
13 the provisions of section 43-4-404 (1) and (2). The remaining twenty
14 percent shall be appropriated by the general assembly to the ~~office of~~
15 behavioral health ADMINISTRATION in the department of human services,
16 which shall use the money for the purposes stated in section 43-4-404 (3).
17 The office of transportation safety and the ~~office of~~ behavioral health
18 ADMINISTRATION in the department of human services may use amounts
19 from the money allocated or appropriated to them by this subsection (2)
20 as necessary for the purpose of paying the costs incurred by the office of
21 transportation safety and the ~~office of~~ behavioral health ADMINISTRATION
22 in administering the programs established pursuant to this part 4; except
23 that neither the office of transportation safety nor the ~~office of~~ behavioral
24 health ADMINISTRATION may use for the purposes of this part 4 an amount
25 exceeding eight percent of the money allocated or appropriated.

26 **SECTION 210.** In Colorado Revised Statutes, 43-4-404, **amend**
27 (3) as follows:

1 **43-4-404. Formula for allocation of money - rules.** (3) The
2 money in the fund appropriated to the ~~office of~~ behavioral health
3 ADMINISTRATION in the department of human services pursuant to section
4 43-4-402 (2) must be used to establish a statewide program for the
5 prevention of driving after drinking, including educating the public in the
6 problems of driving after drinking; training teachers, health professionals,
7 and law enforcement in the dangers of driving after drinking; preparing
8 and disseminating educational materials dealing with the effects of
9 alcohol and other drugs on driving behavior; and preparing and
10 disseminating education curriculum materials for use at all school levels.
11 The ~~office of~~ behavioral health ADMINISTRATION in the department of
12 human services is authorized to contract with a qualified private
13 corporation to provide all or part of these services and to establish
14 standards for the program.

15 **SECTION 211.** In Colorado Revised Statutes, 44-30-1301,
16 **amend** (2)(b)(I) and (2)(b)(II) introductory portion as follows:

17 **44-30-1301. Definitions - local government limited gaming**
18 **impact fund - rules - report - legislative declaration - repeal.**

19 (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the
20 ~~executive director~~ COMMISSIONER of the BEHAVIORAL HEALTH
21 ADMINISTRATION IN THE department of human services shall use the
22 money in the gambling addiction account to award grants for the purpose
23 of providing gambling addiction counseling services to Colorado
24 residents and to provide gambling addiction treatment training to staff at
25 nonprofit community mental health centers or clinics as defined in section
26 27-66-101. The ~~department of human services~~ BEHAVIORAL HEALTH
27 ADMINISTRATION may use a portion of the money in the gambling

1 addiction account, not to exceed ten percent in the 2008-09 fiscal year
2 and five percent in each fiscal year thereafter, to cover the ~~department's~~
3 ADMINISTRATION'S direct and indirect costs associated with administering
4 the grant program authorized in this subsection (2)(b). The ~~executive~~
5 ~~director of the department of human services~~ COMMISSIONER OF THE
6 ADMINISTRATION shall award grants to state or local public or private
7 entities or programs that provide gambling addiction counseling services
8 and that have or are seeking nationally accredited gambling addiction
9 counselors. The ~~executive director of the department of human services~~
10 COMMISSIONER OF THE ADMINISTRATION shall award ten percent of the
11 money in the gambling addiction account in grants to addiction
12 counselors who are actively pursuing national accreditation as gambling
13 addiction counselors. In order to qualify for an accreditation grant, an
14 addiction counselor applicant must provide sufficient proof that ~~he or she~~
15 THE APPLICANT has completed at least half of the counseling hours
16 required for national accreditation. The ~~executive director of the~~
17 ~~department of human services~~ COMMISSIONER OF THE ADMINISTRATION
18 shall adopt rules establishing the procedure for applying for a grant from
19 the gambling addiction account, the criteria for awarding grants and
20 prioritizing applications, and any other provision necessary for the
21 administration of the grant applications and awards. Neither the entity,
22 program, or gambling addiction counselor providing the gambling
23 addiction counseling services nor the recipients of the counseling services
24 need to be located within the jurisdiction of an eligible local
25 governmental entity in order to receive a grant or counseling services. At
26 the end of a fiscal year, all unexpended and unencumbered money in the
27 gambling addiction account remains in the account and does not revert to

1 the general fund or any other fund or account.

2 (II) Notwithstanding section 24-1-136 (11)(a)(I), by January 1,
3 2009, and by each January 1 thereafter, the BEHAVIORAL HEALTH
4 ADMINISTRATION IN THE department of human services shall submit a
5 report to the health and human services committees of the senate and
6 house of representatives, or their successor committees, regarding the
7 grant program. The report shall detail the following information for the
8 fiscal year in which the report is submitted:

9 **SECTION 212.** In Colorado Revised Statutes, 44-30-1509,
10 **amend** (2)(d) introductory portion as follows:

11 **44-30-1509. Sports betting fund - creation - rules - definitions.**

12 (2) From the money in the sports betting fund, to the extent the
13 unexpended and unencumbered balance in the fund so permits, the state
14 treasurer shall:

15 (d) Fourth, transfer one hundred thirty thousand dollars annually
16 to the ~~office of~~ behavioral health ADMINISTRATION in the department of
17 human services, to be used as follows:

18 **SECTION 213.** In Colorado Revised Statutes, 27-66-101, **amend**
19 (1.5); and **repeal** (1), (2), and (3) as follows:

20 **27-66-101. Definitions.** As used in this article 66, unless the
21 context otherwise requires:

22 (1) ~~"Acute treatment unit" means a facility or a distinct part of a~~
23 ~~facility for short-term psychiatric care, which may include substance~~
24 ~~abuse treatment and treatment for substance use disorders, that provides~~
25 ~~a total, twenty-four-hour, therapeutically planned and professionally~~
26 ~~staffed environment for persons who do not require inpatient~~
27 ~~hospitalization but need more intense and individual services than are~~

1 available on an outpatient basis, such as crisis management and
2 stabilization services.

3 (1.5) "Behavioral health entity" means a facility or provider
4 organization engaged in providing community-based health services,
5 which may include behavioral health disorder services, alcohol use
6 disorder services, or substance use disorder services, including crisis
7 stabilization, acute or ongoing treatment, or community mental health
8 center services as described in subsections (2) and (3) of this section, but
9 does not include: HAS THE SAME MEANING AS DEFINED IN SECTION
10 27-50-101.

11 (a) Residential child care facilities as defined in section 26-6-102
12 (33); or

13 (b) Services provided by a licensed or certified mental health-care
14 provider under the provider's individual professional practice act on the
15 provider's own premises.

16 (2) "Community mental health center" means either a physical
17 plant or a group of services under unified administration or affiliated with
18 one another, and including at least the following services provided for the
19 prevention and treatment of behavioral or mental health disorders in
20 persons residing in a particular community in or near the facility so
21 situated:

22 (a) Inpatient services;

23 (b) Outpatient services;

24 (c) Partial hospitalization;

25 (d) Emergency services;

26 (e) Consultative and educational services.

27 (3) "Community mental health clinic" means a health institution

1 ~~planned, organized, operated, and maintained to provide basic community~~
2 ~~services for the prevention, diagnosis, and treatment of emotional,~~
3 ~~behavioral, or mental health disorders, such services being rendered~~
4 ~~primarily on an outpatient and consultative basis.~~

5 **SECTION 214.** In Colorado Revised Statutes, **amend as**
6 **amended by House Bill 22-1278 27-66-104** as follows:

7 **27-66-104. Types of services purchased - limitation on**
8 **payments.** ~~(1) Community mental health services may be purchased~~
9 ~~from behavioral health entities, clinics, community mental health centers,~~
10 ~~local general or psychiatric hospitals, and other agencies SAFETY-NET~~
11 ~~PROVIDERS that have been approved by the commissioner.~~

12 ~~(2) (a) Each year the general assembly shall appropriate money~~
13 ~~for the purchase of mental health services from:~~

- 14 ~~(I) Community mental health centers;~~
- 15 ~~(II) Agencies that provide specialized clinic-type services but do~~
16 ~~not serve a specific designated service area;~~
- 17 ~~(III) Acute treatment units; and~~
- 18 ~~(IV) Behavioral health entities.~~

19 ~~(b) The money appropriated for the purposes of this subsection (2)~~
20 ~~shall be distributed by the commissioner to approved behavioral health~~
21 ~~entities, community mental health centers, and other agencies on the basis~~
22 ~~of need and in accordance with the services provided.~~

23 ~~(3) Each year the general assembly may appropriate money in~~
24 ~~addition to the money appropriated for purposes of subsection (2) of this~~
25 ~~section, which money may be used by the commissioner to assist~~
26 ~~behavioral health entities and community mental health clinics and~~
27 ~~centers in instituting innovative programs, in providing mental health~~

1 services to impoverished areas, and in dealing with crisis situations. The
2 commissioner shall require that any innovative or crisis programs for
3 which money is allocated pursuant to this subsection (3) be clearly
4 defined in terms of services to be rendered, program objectives, scope and
5 duration of the program, and the maximum amount of money to be
6 provided.

7 (4) Repealed.

8 (5) If there is a reduction in the financial support of local
9 governmental bodies for community mental health services, the
10 commissioner is authorized to reduce state payments for services in an
11 amount proportional to the reduction in such local financial support.

12 (6) For purposes of entering into a cooperative purchasing
13 agreement pursuant to section 24-110-201, a nonprofit behavioral health
14 entity, nonprofit community mental health center, or nonprofit community
15 mental health clinic may be certified as a local public procurement unit
16 as provided in section 24-110-207.5.

17 **SECTION 215.** In Colorado Revised Statutes, 25.5-1-204,
18 **amend** (2)(a)(IV) as follows:

19 **25.5-1-204. Advisory committee to oversee the all-payer health**
20 **claims database - creation - members - duties - legislative declaration**
21 **- rules - report.** (2) (a) No later than August 1, 2013, the executive
22 director shall appoint an advisory committee to oversee the Colorado
23 all-payer health claims database. The advisory committee shall include
24 the following members:

25 (IV) A representative from a **community mental health center**
26 **COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER, AS DEFINED**
27 **IN SECTION 27-50-101,** who has experience in behavioral health data

1 collection;

2 **SECTION 216.** In Colorado Revised Statutes, 25.5-4-103,
3 **amend as it will become effective July 1, 2024,** (3) as follows:

4 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
5 and 6 of this title 25.5, unless the context otherwise requires:

6 (3) "Case management services" means services provided by case
7 management agencies and ~~community mental health centers and~~
8 ~~community mental health clinics, as defined in section 27-66-101 (2) and~~
9 ~~(3) COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS, AS~~
10 ~~DEFINED IN SECTION 27-50-101,~~ to assist persons in gaining access to
11 needed medical, social, educational, and other services.

12 **SECTION 217.** In Colorado Revised Statutes, 25.5-5-202,
13 **amend** (1)(g) as follows:

14 **25.5-5-202. Basic services for the categorically needy - optional**
15 **services.** (1) Subject to the provisions of subsection (2) of this section,
16 the following are services for which federal financial participation is
17 available and that Colorado has selected to provide as optional services
18 under the medical assistance program:

19 (g) Rehabilitation services as appropriate to ~~community mental~~
20 ~~health centers~~ BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED
21 IN SECTION 27-50-101;

22 **SECTION 218.** In Colorado Revised Statutes, 25.5-5-402,
23 **amend** (3)(e) as follows:

24 **25.5-5-402. Statewide managed care system - rules - definition.**

25 (3) The statewide managed care system must include a statewide system
26 of community behavioral health care that must:

27 (e) Be paid for by the state department establishing capitated rates

1 specifically for ~~community mental~~ BEHAVIORAL health services that
2 account for a comprehensive continuum of needed services such as those
3 provided by ~~community mental health centers as defined in section~~
4 ~~27-66-101~~ LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING
5 ESSENTIAL AND COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
6 PROVIDERS, AS DEFINED IN SECTION 27-50-101;

7 **SECTION 219.** In Colorado Revised Statutes, 27-65-102, **amend**
8 (1.5) and (7) as follows:

9 **27-65-102. Definitions.** As used in this article 65, unless the
10 context otherwise requires:

11 (1.5) "Behavioral health entity" ~~means a facility or provider~~
12 ~~organization engaged in providing community-based health services,~~
13 ~~which may include behavioral health disorder services, alcohol use~~
14 ~~disorder services, or substance use disorder services, including crisis~~
15 ~~stabilization, acute or ongoing treatment, or community mental health~~
16 ~~center services as described in section 27-66-101 (2) and (3), but does not~~
17 ~~include:~~ HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

18 (a) ~~Residential child care facilities as defined in section 26-6-102~~
19 ~~(33); or~~

20 (b) ~~Services provided by a licensed or certified mental health-care~~
21 ~~provider under the provider's individual professional practice act on the~~
22 ~~provider's own premises.~~

23 (7) "Facility" means a public hospital or a licensed private
24 hospital, clinic, behavioral health entity, ~~community mental health center~~
25 ~~or clinic, acute treatment unit,~~ institution, or residential child care facility
26 that provides treatment for persons with mental health disorders.

27 **SECTION 220.** In Colorado Revised Statutes, 27-67-103, **amend**

1 (10); **repeal** (4); and **add** (1.3) as follows:

2 **27-67-103. Definitions.** As used in this article 67, unless the
3 context otherwise requires:

4 (1.3) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" HAS THE
5 SAME MEANING AS DEFINED IN SECTION 27-50-101.

6 (4) "~~Community mental health center~~" has the same meaning as
7 ~~provided in section 27-66-101 (2).~~

8 (10) "Mental health agency" means a behavioral health services
9 contractor through the ~~state department of human services~~ BEHAVIORAL
10 HEALTH ADMINISTRATION serving children and youth statewide or in a
11 particular geographic area ~~including but not limited to community mental~~
12 ~~health centers~~, and with the ability to meet all expectations of this article
13 67.

14 **SECTION 221.** In Colorado Revised Statutes, 27-67-109, **amend**
15 (2)(f) as follows:

16 **27-67-109. Child and youth mental health services standards**
17 **- advisory board.** (2) An advisory board to the state department is
18 established for the purpose of assisting and advising the executive
19 director in accordance with this section in the development of service
20 standards and rules. The advisory board consists of not less than eleven
21 nor more than fifteen members appointed by the state department as
22 follows:

23 (f) One member representing a ~~community mental health center~~
24 BEHAVIORAL HEALTH SAFETY NET PROVIDER that performs evaluations
25 pursuant to this article 67;

26 **SECTION 222.** In Colorado Revised Statutes, 27-70-102, **amend**
27 (2) as follows:

1 **27-70-102. Definitions.** As used in this article 70, unless the
2 context otherwise requires:

3 (2) "Facility" means a federally qualified health-care center,
4 clinic, ~~community mental health center or clinic~~, behavioral health entity,
5 institution, acute treatment unit, jail, facility operated by the department
6 of corrections, or a facility operated by the division of youth services.

7 **SECTION 223.** In Colorado Revised Statutes, 27-81-102, **amend**
8 (3.5) as follows:

9 **27-81-102. Definitions.** As used in this article 81, unless the
10 context otherwise requires:

11 (3.5) "~~Behavioral health entity" means a facility or provider~~
12 ~~organization engaged in providing community-based health services,~~
13 ~~which may include behavioral health disorder services, alcohol use~~
14 ~~disorder services, or substance use disorder services, including crisis~~
15 ~~stabilization, acute or ongoing treatment, or community mental health~~
16 ~~center services as described in section 27-66-101 (2) and (3), but does not~~
17 ~~include:~~ HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101.

18 ~~(a) Residential child care facilities as defined in section 26-6-102~~
19 ~~(33); or~~

20 ~~(b) Services provided by a licensed or certified mental health-care~~
21 ~~provider under the provider's individual professional practice act on the~~
22 ~~provider's own premises.~~

23 **SECTION 224. Effective date.** This act takes effect July 1, 2022;
24 except that sections 212 through 222 take effect July 1, 2024.

25 **SECTION 225. Safety clause.** The general assembly hereby
26 finds, determines, and declares that this act is necessary for the immediate
27 preservation of the public peace, health, or safety.