Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction

LLS NO. 24-0343.01 Jane Ritter x4342

SENATE BILL 24-059

SENATE SPONSORSHIP

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A BILL FOR AN ACT

CONCERNING ESTABLISHING A CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Colorado's Child Welfare System Interim Study Committee. The bill requires the behavioral health administration (BHA), in partnership with the office of children, youth, and families in the department of human services; the department of health care policy and financing; the division of insurance in the department of regulatory

SENATE
3rd Reading Unamended
April 24, 2024

SENATE
Amended 2nd Reading
April 23, 2024

agencies; and the department of public health and environment, to develop, establish, and maintain a comprehensive children's behavioral health statewide system of care (system of care). The system of care will serve as the single point of access to address the behavioral health needs of children and youth in Colorado, regardless of payer, insurance, and income.

The system of care shall serve children and youth up to twenty-one years of age who have mental health disorders, substance use disorders, co-occurring behavioral health disorders, or intellectual and developmental disabilities.

The system of care must include, at a minimum, a statewide behavioral health standardized screening and assessment, trauma-informed mobile crisis response and stabilization services for children and youth, tiered care coordination for moderate and intensive levels of need, parent and youth peer support, intensive in-home and community-based services, and respite services.

The bill establishes the office of the children's behavioral health statewide system of care (office) in the BHA. The office is the primary governance entity and is responsible for convening all relevant state agencies involved in the system of care, including, but not limited to, the department of human services office of children, youth, and families, the division of child welfare, and the division of youth services; the department of health care policy and financing; the division of insurance in the department of regulatory agencies; and the department of public health and environment. The office will be directed by the deputy commissioner of the office.

The bill requires the office to create and convene, on or before November 1, 2024, a leadership team responsible for decision-making and oversight. The leadership team is required to provide a report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, on or before July 1, 2027.

The office is required to create and convene, on or before January 15, 2025, an implementation team that shall create an implementation plan for the system of care. The implementation plan must receive an annual minimum appropriation of $10 million and include the creation of a capacity-building center, which shall develop, implement, and fund, within available appropriations, the following:

- A student loan forgiveness program for students in behavioral health disciplines who make a 3- to 5-year commitment to work in shortage areas in the system of care;
- Paid internships and clinical rotations in the system of care and a description of multiple options for payment;
- Revisions to graduate medical education programs at

Colorado institutions of higher education to support internships, residencies, fellowships, and student programs in child and youth behavioral health;

- A financial aid program for youth transitioning out of foster care who wish to pursue a career in children and youth behavioral health, developed in partnership with Colorado institutions of higher education and community colleges; and
- An expansion of current BHA efforts related to behavioral health apprenticeships, internships, stipends, and pre-licensure workforce support specific to service children, youth, and families.

On or before January 15, 2025, the office is required to create an advisory council, composed of, at a minimum, family and youth providers, local partners, county departments of human and social services, county commissioners, juvenile justice agencies, families or individuals with lived experience using children's or youths' behavioral health services, consumer advocacy organizations, and university partners.

The BHA shall develop a state-level process to monitor, report on, and promptly resolve complaints, grievances, and appeals, including recipient rights issues. The process must be available to providers, clients, case management entities, and anyone else working with the children and youth in the system of care.

The bill requires the leadership team to begin, or contract for, on or before January 1, 2025, a cost and utilization analysis of the populations of children and youth who are included in the system of care.

On or before July 1, 2025, the department of health care policy and financing, in consultation with the office, is required to establish standard and uniform medical necessity criteria for all system of care services. The department of health care policy and financing is required to set standard rate and utilization floors for all system of care services across all managed care entities.

On or before July 1, 2025, the bill requires the department of health care policy and financing to establish a standard statewide medicaid fee schedule or rate frame for behavioral health services for children and youth and incorporate the fee schedule and rate frame into the contracts with managed care entities and behavioral health administrative services organizations. The fee schedule or rate frame must increase rates and incorporate enhanced rates or quality bonuses for evidence-based practices and extended weekday and weekend clinic hours and allow maximum flexibility for use of telehealth to expand access.

The bill requires that each managed care entity or behavioral health administrative services organization contract with or have

single-use agreements with every qualified residential treatment facility or psychiatric residential treatment facility that is licensed in Colorado.

The office, advised by state and county partners, providers, and racially, ethnically, culturally, and geographically diverse family and youth representatives, is required to develop and establish a data and quality team. The data team shall track and report annually on key child welfare factors.

The bill requires the BHA, advised by the office, to establish or procure a capacity-building center. The capacity-building center shall, at a minimum:

- Train, coach, and certify providers of the array of services offered through the system of care;
- Provide training, coaching, and certification related to the use of behavioral health screening and assessment tools to support a uniform assessment process and training in trauma-informed care to staff at relevant state agencies;
- Work with rural health clinics and federally qualified health centers to expand their capacity to provide behavioral health services to children and youth;
- Offer training and other strategies to expand the number of behavioral health providers in rural and other underserved communities; and
- Utilize data and reports to target its investment to build capacity in regions identified as lacking capacity.

The bill requires the BHA to develop a website to provide regularly updated information to families, youth, providers, staff, system partners, and others regarding the goals, principles, activities, progress, and timelines for the system of care. The website must include key performance dashboard indicators; changes in access by the child welfare population; changes in access disparities between racial, ethnic, and regional groups; and changes in access to intensive- and moderate-care coordination with high-fidelity wraparound.

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

SECTION 1. In Colorado Revised Statutes, **add** part 10 to article 50 of title 27 as follows:

PART 10

CHILDREN'S BEHAVIORAL HEALTH

STATEWIDE SYSTEM OF CARE

27-50-1001. Short title. THE SHORT TITLE OF THIS PART 10 IS THE

"CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE".

27-50-1002. Definitions. AS USED IN THIS PART 10, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL CREATED BY THE OFFICE PURSUANT TO SECTION 27-50-1004 (4).

(2) "BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS" ARE THOSE ORGANIZATIONS THE BHA SELECTS AND CONTRACTS WITH PURSUANT TO PART 4 OF THIS ARTICLE 50.

(3) "CAPACITY-BUILDING CENTER" MEANS THE CAPACITY-BUILDING CENTER CREATED OR PROCURED BY THE BHA PURSUANT TO SECTION 27-50-1011.

(4) "DATA TEAM" MEANS THE DATA AND QUALITY TEAM CREATED BY THE OFFICE PURSUANT TO SECTION 27-50-1010.

(5) "DEPUTY COMMISSIONER" MEANS THE DEPUTY COMMISSIONER OF THE OFFICE, APPOINTED PURSUANT TO SECTION 27-50-1004.

(6) "EARLY AND PERIODIC SCREENING, DIAGNOSTICS, AND TREATMENT" MEANS THE FEDERAL MANDATORY MEDICAID BENEFIT FOR CHILDREN AND YOUTH, AS PROVIDED FOR IN SECTION 25.5-5-102 (1)(g).

(7) "FUNCTIONAL FAMILY THERAPY" MEANS A SHORT-TERM PROGRAM DESIGNED TO ADDRESS RISK AND PROTECTIVE FACTORS TO PROMOTE HEALTHY DEVELOPMENT FOR YOUTH EXPERIENCING BEHAVIORAL OR EMOTIONAL PROBLEMS. FUNCTIONAL FAMILY THERAPY IS TYPICALLY DELIVERED BY THERAPISTS IN HOME AND CLINICAL SETTINGS AND LASTS FROM THREE TO SIX MONTHS.

(8) "IMPLEMENTATION PLAN" MEANS THE SYSTEM OF CARE IMPLEMENTATION PLAN CREATED PURSUANT TO SECTION 27-50-1005.

(9) "IMPLEMENTATION TEAM" MEANS THE TEAM CREATED BY THE

OFFICE PURSUANT TO SECTION 27-50-1004 (3) TO DEVELOP THE IMPLEMENTATION PLAN AND OPERATIONALLY OVERSEE AND GUIDE IMPLEMENTATION.

(10) "LEADERSHIP TEAM" MEANS THE LEADERSHIP TEAM CREATED PURSUANT TO SECTION 27-50-1004 (2) AND RESPONSIBLE FOR DECISION-MAKING AND OVERSIGHT OF THE OFFICE.

(11) "MANAGED CARE ENTITY" OR "MCE" MEANS A MANAGED CARE ENTITY RESPONSIBLE FOR THE STATEWIDE SYSTEM OF COMMUNITY BEHAVIORAL HEALTH CARE, AS DESCRIBED IN SECTION 25.5-5-402 (3), AND THAT IS NOT OWNED, OPERATED BY, OR AFFILIATED WITH AN INSTRUMENTALITY, MUNICIPALITY, OR POLITICAL SUBDIVISION OF THE STATE.

(12) "MULTISYSTEMIC THERAPY" OR "MST" MEANS AN INTENSIVE COMMUNITY-BASED, FAMILY-DRIVEN TREATMENT FOR ADDRESSING ANTISOCIAL OR DELINQUENT BEHAVIOR IN YOUTH. MST FOCUSES ON THE ECOLOGY OF THE YOUTH DURING SERVICE DELIVERY TO ADDRESS THE CORE CAUSES OF ANTISOCIAL OR DELINQUENT BEHAVIORS, WITH A FOCUS ON SUBSTANCE USE, GANG AFFILIATION, TRUANCY, EXCESSIVE TARDINESS, VERBAL AND PHYSICAL AGGRESSION, AND LEGAL ISSUES.

(13) "OFFICE" MEANS THE OFFICE OF THE CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE CREATED PURSUANT TO SECTION 27-50-1004.

(14) "PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY" HAS THE SAME MEANING AS SET FORTH IN SECTION 25.5-4-103.

(15) "SYSTEM OF CARE" MEANS THE CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE, ESTABLISHED PURSUANT TO THIS PART 10.

(16) "THERAPEUTIC FOSTER CARE" HAS THE SAME MEANING AS SET FORTH IN SECTION 26-6-903.

(17) "TREATMENT FOSTER CARE" HAS THE SAME MEANING AS SET FORTH IN SECTION 26-6-903.

(18) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED, FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL HEALTH SERVICES FOR A CHILD OR YOUTH LESS THAN TWENTY-ONE YEARS OF AGE WHO HAS A BEHAVIORAL HEALTH DISORDER.

27-50-1003. Children's behavioral health statewide system of care - established - eligibility - purpose - components - rules. (1) THE BEHAVIORAL HEALTH ADMINISTRATION, IN PARTNERSHIP WITH THE OFFICE OF CHILDREN, YOUTH, AND FAMILIES IN THE DEPARTMENT OF HUMAN SERVICES; THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES; AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL DEVELOP A COMPREHENSIVE CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE. UPON FULL IMPLEMENTATION OF THE SYSTEM OF CARE, THE SYSTEM OF CARE MUST SERVE AS THE SINGLE POINT OF ACCESS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH IN COLORADO LESS THAN TWENTY-ONE YEARS OF AGE, UNLESS A PARTICULAR SERVICE LIMITS ELIGIBILITY TO A DIFFERENT AGE RANGE. AS COMPONENTS OF THE SYSTEM OF CARE ARE IMPLEMENTED, THE SYSTEM OF CARE MUST INITIALLY SERVE THOSE CHILDREN AND YOUTH RECEIVING MEDICAID OR WHO ARE WITHOUT ANY INSURANCE, BUT CAN BE EXPANDED TO SERVE ADDITIONAL POPULATIONS IN THE FUTURE BASED ON DECISIONS MADE BY THE LEADERSHIP TEAM PURSUANT TO SECTION

27-50-1004.

(2) THE SYSTEM OF CARE SHALL SERVE CHILDREN AND YOUTH LESS THAN TWENTY-ONE YEARS OF AGE WHO HAVE MENTAL HEALTH DISORDERS, SUBSTANCE USE DISORDERS, CO-OCCURRING BEHAVIORAL HEALTH DISORDERS, OR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

(3) NOTHING IN THE IMPLEMENTATION PLAN MAY CONFLICT WITH SETTLEMENT DECREES ENTERED INTO BY THE STATE OF COLORADO TO SERVE THE BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH LESS THAN TWENTY-ONE YEARS OF AGE.

(4) AFTER THE IMPLEMENTATION PLAN IS DEVELOPED, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE SYSTEM OF CARE MUST INCLUDE, AT A MINIMUM:

(a) STATEWIDE BEHAVIORAL HEALTH STANDARDIZED SCREENING. THE BEHAVIORAL HEALTH STANDARDIZED SCREENING MUST REQUIRE:

(I) THAT BEHAVIORAL HEALTH SCREENINGS ARE AVAILABLE IN PEDIATRIC PRIMARY CARE PROVIDER SETTINGS FOR MEDICAID-ENROLLED CHILDREN AND YOUTH THROUGH THE FEDERAL EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT BENEFIT; AND

(II) THAT BEHAVIORAL HEALTH SCREENINGS ARE AVAILABLE IN SCHOOL SETTINGS FOR MEDICAID-ENROLLED CHILDREN AND YOUTH THROUGH THE FEDERAL EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT BENEFIT;

(b) STATEWIDE BEHAVIORAL HEALTH STANDARDIZED ASSESSMENT. THE ASSESSMENT TOOL, AS DESCRIBED IN SECTION 27-62-103, MUST BE USED, AT A MINIMUM, TO DETERMINE LEVEL OF CARE, INTERVENTION NEED, AND TREATMENT PLANNING. WHEN A CASE

MANAGEMENT ENTITY USES THE ASSESSMENT TOOL TO PROVIDE INTENSIVE-CARE COORDINATION WITH HIGH-FIDELITY, WRAPAROUND, AND MODERATE-CARE COORDINATION TO CREATE A TREATMENT PLAN, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION OR THE MANAGED CARE ENTITY MUST USE THE PLAN TO DETERMINE THE SERVICES OFFERED BY BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS OR MCES THAT WILL BE PROVIDED TO THE CLIENT.

(c) TRAUMA-INFORMED CRISIS SERVICES FOR CHILDREN AND YOUTH, INCLUDING, AT A MINIMUM, MOBILE CRISIS RESPONSE, CRISIS STABILIZATION SERVICES, AND CRISIS RESOLUTION TEAMS. THE MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE MUST:

(I) REFLECT NATIONAL BEST PRACTICES FOCUSED SOLELY ON CHILDREN AND YOUTH;

(II) ALLOW THE CALLER TO DEFINE WHAT CONSTITUTES A CRISIS FOR THAT CALLER;

(III) PROVIDE SERVICES, WHEN APPROPRIATE, FOR UP TO FORTY-FIVE DAYS, ALONG WITH A ONE-TO-ONE CRISIS STABILIZER WHEN NECESSARY;

(IV) MAKE INITIAL SERVICES AVAILABLE FOR UP TO SEVENTY-TWO HOURS; AND

(V) PROVIDE CRISIS RESOLUTION TEAMS STATEWIDE OR ESTABLISH CONTINUITY BETWEEN A STATEWIDE ARRAY OF CRISIS RESOLUTION TEAM PROVIDERS AND MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE PROVIDERS;

(d) (I) TIERED CARE COORDINATION FOR MODERATE AND INTENSIVE LEVELS OF NEED. THE BHA SHALL ESTABLISH MODERATE-CARE COORDINATION AND, SEPARATELY, INTENSIVE-CARE COORDINATION USING

HIGH-FIDELITY WRAPAROUND PRINCIPLES THAT ALIGN WITH THE HIGH-FIDELITY STANDARDS OF A NATIONAL WRAPAROUND INITIATIVE. MODERATE-CARE COORDINATION MUST BE AVAILABLE TO ALL CHILDREN AND YOUTH LESS THAN TWENTY-ONE YEARS OF AGE WHO ARE AT HIGH RISK BUT DO NOT NEED THE INTENSITY OF INTENSIVE-CARE COORDINATION. THE BHA SHALL PROVIDE BOTH TYPES OF CARE COORDINATION USING A CONFLICT-FREE CASE MANAGEMENT ENTITY, AS DEFINED IN SECTION 25.5-6-1702.

(II) TO FACILITATE THE EXPANSION OF COLORADO'S FEDERALLY FUNDED SYSTEM OF CARE MODEL OF INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND SERVICES STATEWIDE, THE BHA SHALL:

(A) APPROPRIATE FUNDING THAT CORRESPONDS TO THE AMOUNT OF THE CURRENT FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION GRANT; AND

(B) APPLY FOR ADDITIONAL FUNDING THROUGH THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION CHILDREN'S MENTAL HEALTH INITIATIVE GRANT; AND

(III) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE BHA SHALL, IN THEIR CONTRACTS WITH MANAGED CARE ENTITIES AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, RESPECTIVELY, REQUIRE THAT EACH ESTABLISH CONTRACTS WITH A CONFLICT-FREE CASE MANAGEMENT ENTITY RESPONSIBLE FOR PROVIDING INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION;

(e) PARENT AND YOUTH PEER SUPPORT. THE BHA SHALL REVISE AND EXPAND MEDICAID-FUNDED PARENT PEER SUPPORT TO INCLUDE

PARENT PEER SUPPORT AND ESTABLISH A YOUTH PEER SUPPORT PROGRAM TO USE IN CONJUNCTION WITH INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION, MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES, AND INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES.

(f) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES, INCLUDING, BUT NOT LIMITED TO:

(I) FAMILY THERAPY AND INTENSIVE HOME-BASED SERVICES FOR ALL MEDICAID-ELIGIBLE CHILDREN, INCLUDING THOSE WHO ARE WITHOUT A MENTAL HEALTH DIAGNOSIS BUT WHO ARE AT HIGH RISK FOR DEVELOPING SERIOUS BEHAVIORAL HEALTH CHALLENGES BECAUSE OF SPECIFIC RISK FACTORS, SUCH AS MALTREATMENT; EXPOSURE TO DOMESTIC OR INTIMATE PARTNER VIOLENCE; OR HAVING A PARENT OR CAREGIVER WITH SPECIFIC RISK FACTORS, SUCH AS A SUBSTANCE USE DISORDER, SERIOUS MENTAL HEALTH DISORDER, OR A HISTORY OF DOMESTIC OR INTIMATE PARTNER VIOLENCE. THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL REQUIRE THAT EACH MCE AND THE BHA SHALL REQUIRE EACH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION TO PAY FOR THE FAMILY THERAPY AND INTENSIVE HOME-BASED SERVICES.

(II) ACCESS TO SUBSTANCE USE DISORDER SERVICES TO QUALIFYING PERSONS;

(III) ACCESS TO TRAUMA-SPECIFIC SERVICES; AND

(IV) ACCESS TO MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;

(g) OUT-OF-HOME TREATMENT SERVICES, INCLUDING, BUT NOT LIMITED TO:

(I) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES SHALL REVIEW AND DEVELOP OR REVISE CRITERIA AS NECESSARY TO REFLECT NATIONAL BEST PRACTICES, INCLUDING MODELS OF SMALL, COMMUNITY-BASED PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES THAT ARE TRAUMA-INFORMED, CONNECTED TO COMMUNITY PROVIDERS, AND ENGAGE YOUTH AND FAMILIES IN ALL PROGRAM ASPECTS.

(II) ACCESS TO SUBSTANCE USE DISORDER SERVICES TO QUALIFYING PERSONS; AND

(III) AS DEVELOPED BY THE OFFICE, MECHANISMS TO OVERSEE AND MANAGE INPATIENT PSYCHIATRIC HOSPITALIZATION ADMISSIONS, LENGTHS OF STAY, TRANSITIONS TO STEP-DOWN COMMUNITY SERVICES, AND APPROPRIATE DISCHARGE PLANNING, INCLUDING DISCHARGE TO:

(A) COMMUNITY PSYCHIATRIC INPATIENT CARE;

(B) COMMUNITY PSYCHIATRIC OUTPATIENT CARE;

(C) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES;

(D) OTHER RESIDENTIAL TREATMENT CENTERS;

(E) TREATMENT FOSTER CARE AND THERAPEUTIC FOSTER CARE; AND

(F) AN ARRAY OF HOME- AND COMMUNITY-BASED SERVICES; AND

(h) RESPITE SERVICES.

27-50-1004. System of care - governance and infrastructure - office of the children's behavioral health statewide system of care - established - leadership team - implementation team - advisory council - reports. (1) THE OFFICE OF THE CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE IS ESTABLISHED IN THE BHA. THE OFFICE IS THE PRIMARY GOVERNANCE ENTITY FOR THE COMPREHENSIVE

CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE AND IS RESPONSIBLE FOR CONVENING ALL RELEVANT STATE AGENCIES INVOLVED IN THE SYSTEM OF CARE, INCLUDING, BUT NOT LIMITED TO, THE DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN, YOUTH, AND FAMILIES, DIVISION OF CHILD WELFARE, AND DIVISION OF YOUTH SERVICES; THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES; AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. THE OFFICE SHALL CREATE, AT A MINIMUM, TWO STAFF POSITIONS:

(a) A DEPUTY COMMISSIONER, WHO WILL GOVERN THE OFFICE; AND

(b) A PERSON TO WORK WITH COUNTY DEPARTMENTS OF HUMAN AND SOCIAL SERVICES; THE STATE DEPARTMENT OF HUMAN SERVICES; AND THE OFFICE OF CHILDREN, YOUTH, AND FAMILIES, ON ALL CHILD WELFARE-RELATED ISSUES AND CONCERNS.

(2) (a) ON OR BEFORE NOVEMBER 1, 2024, THE OFFICE SHALL CREATE AND CONVENE A LEADERSHIP TEAM RESPONSIBLE FOR DECISION-MAKING AND OVERSIGHT.

(b) THE LEADERSHIP TEAM INCLUDES, BUT IS NOT LIMITED TO:

(I) THE DEPUTY COMMISSIONER;

(II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(V) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR THE COMMISSIONER'S DESIGNEE;

(VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(VII) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S DESIGNEE;

(VIII) ONE COUNTY COMMISSIONER FROM EACH OF THE FIVE REGIONS, THE EASTERN DISTRICT, FRONT RANGE DISTRICT, MOUNTAIN DISTRICT, SOUTHERN DISTRICT, AND WESTERN DISTRICT, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY COMMISSIONERS, OR THAT COUNTY COMMISSIONER'S DESIGNEE, AND ONE COUNTY COMMISSIONER OR DESIGNEE AT LARGE;

(IX) ONE DIRECTOR OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES, OR THE DIRECTOR'S DESIGNEE, AT LARGE AND AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY HUMAN AND SOCIAL SERVICES DIRECTORS;

(X) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH SERVICES, APPOINTED BY THE BHA; AND

(XI) ONE OR MORE REPRESENTATIVES FROM A CONSUMER ADVOCACY ORGANIZATION, APPOINTED BY THE BHA.

(c) IN ADDITION TO ITS OVERSIGHT AND DECISION-MAKING DUTIES, THE LEADERSHIP TEAM HAS THE FOLLOWING REPORTING RESPONSIBILITIES:

(I) ON OR BEFORE JULY 1, 2027, TO REPORT TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, INCLUDING A RECOMMENDATION WHETHER THE BHA IS THE APPROPRIATE STATE AGENCY TO HOUSE THE OFFICE. THE STATE ENTITY THAT HOUSES THE SYSTEM OF CARE MUST HAVE DEEP PROGRAMMATIC

CONTENT EXPERTISE IN CHILDREN'S BEHAVIORAL HEALTH; THE TECHNICAL KNOWLEDGE, CAPACITY, AND AUTHORITY TO OVERSEE AND HOLD ACCOUNTABLE A MANAGED CARE SYSTEM; THE DATA CAPACITY OR READY ACCESS TO SUCH CAPACITY TO TRACK AND REPORT ON KEY INDICATORS AND ENGAGE IN QUALITY IMPROVEMENT ACTIVITIES; THE AUTHORITY AND CAPACITY TO ENGAGE KEY SYSTEM PARTNERS; AND SUFFICIENT STAFFING TO EFFECTIVELY OVERSEE AND MANAGE THE DELIVERY SYSTEM.

(II) ON OR BEFORE JULY 1, 2027, TO DETERMINE WHETHER TO RECOMMEND IF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR THE BHA SHOULD PURSUE PROCUREMENT OF A SINGLE STATEWIDE MCE TO OVERSEE THE SYSTEM OF CARE AND REPORT THAT DETERMINATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES;

(III) ON OR BEFORE NOVEMBER 30, 2027, TO DETERMINE WHETHER TO EXPAND THE SYSTEM OF CARE TO SERVE CHILDREN AND YOUTH WHO ARE COVERED THROUGH PRIVATE INSURANCE;

(IV) TO EVALUATE THE PERFORMANCE AND EFFECTIVENESS OF THE OFFICE;

(V) TO OVERSEE AND ADVISE THE STRATEGIC DIRECTION OF THE OFFICE; AND

(VI) TO PROVIDE FISCAL OVERSIGHT OF THE OFFICE.

(3) (a) ON OR BEFORE JANUARY 15, 2025, THE OFFICE SHALL CREATE AND CONVENE AN IMPLEMENTATION TEAM THAT SHALL CREATE THE PLAN OUTLINED IN SECTION 27-50-1005.

(b) THE IMPLEMENTATION TEAM INCLUDES, BUT IS NOT LIMITED TO:

(I) THE DEPUTY COMMISSIONER;

(II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(V) THE BHA COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;

(VI) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S DESIGNEE;

(VII) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR THE COMMISSIONER'S DESIGNEE;

(VIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(IX) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY COMMISSIONERS;

(X) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY HUMAN OR SOCIAL SERVICES DIRECTORS;

(XI) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH SERVICES, APPOINTED BY THE BHA;

(XII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS CHILD WELFARE AGENCIES, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION;

(XIII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS HOSPITALS, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION; AND

(XIV) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS COMPREHENSIVE BEHAVIORAL HEALTH PROVIDERS, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION.

(c) ON OR BEFORE JANUARY 15, 2026, THE IMPLEMENTATION TEAM SHALL PROVIDE THE FINAL IMPLEMENTATION PLAN TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

(d) THE DEPUTY COMMISSIONER SHALL DESIGNATE MEMBERS FROM THE IMPLEMENTATION TEAM TO MANAGE THE IMPLEMENTATION PROCESS AND ENSURE SUFFICIENT STAFF CAPACITY TO FULFILL THIS DUTY.

(e) ON OR BEFORE JANUARY 15, 2030, THE DEPUTY COMMISSIONER, THE BHA COMMISSIONER, AND THE ADVISORY COUNCIL SHALL PERFORM A REVIEW OF THE IMPLEMENTATION TEAM'S DUTIES AND FUNCTIONS. IF THE DEPUTY COMMISSIONER, THE BHA COMMISSIONER, AND THE ADVISORY COUNCIL COLLECTIVELY DETERMINE THAT THE IMPLEMENTATION TEAM IS NO LONGER NEEDED, IT IS DISBANDED.

(4) ON OR BEFORE JANUARY 15, 2025, THE OFFICE SHALL CREATE AN ADVISORY COUNCIL, COMPOSED OF, AT A MINIMUM, FAMILY AND YOUTH PROVIDERS, LOCAL PARTNERS, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES, COUNTY COMMISSIONERS, JUVENILE JUSTICE AGENCIES, UNIVERSITY PARTNERS, FAMILIES OR INDIVIDUALS WITH LIVED EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH SERVICES, CONSUMER ADVOCACY ORGANIZATIONS, AND OTHERS. THE

ADVISORY COUNCIL MUST REPRESENT THE RACIAL, ETHNIC, CULTURAL, AND GEOGRAPHIC DIVERSITY OF THE STATE AND INCLUDE ONE OR MORE PERSONS WITH A DISABILITY. THE ADVISORY COUNCIL SHALL RECEIVE ROUTINE BRIEFINGS FROM THE DEPUTY COMMISSIONER, THE OFFICE, AND ANY ENTITIES PURSUING BEHAVIORAL HEALTH REFORM EFFORTS. THE ADVISORY COUNCIL MAY PROVIDE FEEDBACK AND ACTIONABLE ITEMS AS A METHOD TO ENSURE ACCOUNTABILITY AND TRANSPARENCY AND PROVIDE DIVERSE COMMUNITY INPUT ON CHALLENGES, GAPS, AND POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION, STRATEGIC PLAN, AND IMPLEMENTATION OF THE SYSTEM OF CARE. AS APPROPRIATE, THE ADVISORY COUNCIL SHALL ALSO MEET WITH AND RECEIVE INPUT AND FEEDBACK FROM EXISTING POPULATION-SPECIFIC, ENTITY-SPECIFIC, OR OTHER RELEVANT ADVISORY COMMITTEES AND OTHER TASK FORCES WITHIN COLORADO.

27-50-1005. Implementation plan - components - rules. (1) THE IMPLEMENTATION PLAN DEVELOPED BY THE IMPLEMENTATION TEAM SHALL BUILD UPON THE ELEMENTS IN THE FULLY EXECUTED SETTLEMENT AGREEMENT REACHED IN *G.A. V. BIMESTEFER*, NO. 1:21-CV-02381 (D.COLO. FEB. 22, 2024), INCLUDING, BUT NOT LIMITED TO, EXPANDING THE POPULATIONS SERVED IN BOTH ACUITY LEVELS AND THROUGH THE INCLUSION OF THE UNINSURED POPULATION, AND MUST INCLUDE, BUT IS NOT LIMITED TO:

(a) A PLAN FOR:

(I) STRATEGIC COMMUNICATIONS;

(II) OUTREACH, INFORMATION, AND REFERRAL;

(III) TRAINING, TECHNICAL ASSISTANCE, COACHING, AND WORKFORCE DEVELOPMENT;

(IV) IMPLEMENTING AND MONITORING EVIDENCE-INFORMED AND PROMISING INTERVENTIONS;

(V) ACHIEVING MENTAL HEALTH EQUITY AND ELIMINATING DISPARITIES IN ACCESS, QUALITY OF SERVICES, AND OUTCOMES FOR DIVERSE POPULATIONS; AND

(VI) CREATING A TIMELINE FOR IMPLEMENTING THE FULL CONTINUUM OF BEHAVIORAL HEALTH SERVICES, TAKING INTO ACCOUNT THE TIMING OF THE EXPANSION OF MEDICAID WAIVERS AND SERVICES AND THE AVAILABILITY OF FUNDS COMMENSURATE WITH THE FINDINGS IN THE COST AND UTILIZATION ANALYSIS;

(b) WAYS TO EXPAND THE NETWORK OF INDIVIDUALS ACROSS THE STATE WHO ARE TRAINED IN BEHAVIORAL HEALTH SCREENING TOOLS;

(c) WAYS TO EXPAND SCREENING, INCLUDING THE USE OF APPROPRIATE SCREENING TOOLS, IN PRIMARY CARE AND SCHOOL SETTINGS;

(d) MEANS OF IDENTIFYING WHICH ASSESSMENT TOOLS TO UTILIZE IN VARIOUS CIRCUMSTANCES, INCLUDING COMPREHENSIVE ASSESSMENTS FOLLOWING POSITIVE SCREENING IN PRIMARY CARE AND SCHOOL SETTINGS USING STANDARDIZED SCREENING TOOLS, DURING A MOBILE CRISIS RESPONSE, AND CARE PLANNING FOR POPULATIONS ACCESSING BOTH INTENSIVE-CARE COORDINATION WITH HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION, TAKING INTO ACCOUNT OTHER STATUTORILY DIRECTED EFFORTS TO DEFINE POPULATIONS THAT MUST ACCESS STANDARDIZED ASSESSMENTS. THE IMPLEMENTATION PLAN MUST NOT LIMIT ACCESS TO ASSESSMENTS TO THOSE CHILDREN AND YOUTH SEEKING TREATMENT AT A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, QUALIFIED RESIDENTIAL TREATMENT PROGRAM, OR OTHER

OUT-OF-HOME PLACEMENT.

(e) PLANS FOR IDENTIFYING AND CREDENTIALING INDIVIDUALS WHO ADMINISTER THE ASSESSMENT TOOLS, INCLUDING TRAINING, COACHING, AND CERTIFICATION FOR ASSESSORS WHO CONDUCT THE STANDARDIZED ASSESSMENT;

(f) METHODS TO REVISE STATEMENT CERTIFICATION CRITERIA AND ESTABLISH A CHILD- AND YOUTH-SPECIFIC MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE THAT IS AVAILABLE FOR ALL CHILDREN AND YOUTH, REGARDLESS OF PAYOR. A CHILD- AND YOUTH-SPECIFIC MOBILE CRISIS AND STABILIZATION SERVICE MAY BE DESIGNATED WITHIN EXISTING CRISIS TEAMS.

(g) WAYS TO EXPAND CRISIS RESOLUTION TEAMS STATEWIDE, INCLUDING A PLAN TO BUILD CAPACITY AND TRAIN PROVIDERS, WHICH MUST BE INFORMED BY ANY OTHER FEASIBILITY STUDIES FOR THIS PROGRAM;

(h) WAYS TO EXPAND INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION STATEWIDE, INCLUDING IDENTIFYING THE COSTS, MAXIMIZING MEDICAID, AND SECURING ADDITIONAL FEDERAL GRANT MONEY AND STATE FUNDING SOURCES TO COVER THE EXPANSION;

(i) WAYS TO REVISE THE DEFINITION AND QUALIFICATIONS OF PARENT AND YOUTH PEER SUPPORT TO BE USED IN CONJUNCTION WITH INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION, MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES, AND INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES;

(j) MEANS OF IDENTIFYING WHAT INTENSIVE IN-HOME AND

COMMUNITY-BASED SERVICES, IN ADDITION TO MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY AND OTHER EVIDENCE-BASED SERVICES, INCLUDING THOSE THAT ARE BENEFICIAL FOR SPECIFIC AGE BRACKETS, SHOULD BE INCLUDED IN THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM OF CARE AND HOW THE OFFICE PERIODICALLY REVIEWS ADDITIONAL AND EMERGING SERVICES THAT MAY BE INCLUDED IN THE FUTURE;

(k) MEANS OF IDENTIFYING WHAT OUT-OF-HOME SERVICES, IN ADDITION TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, SHOULD BE INCLUDED IN THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM OF CARE AND HOW THE OFFICE PERIODICALLY REVIEWS ADDITIONAL AND EMERGING SERVICES THAT MAY BE INCLUDED IN THE FUTURE;

(l) WAYS TO ADDRESS EXPANDING ACCESS TO TRAUMA-SPECIFIC SERVICES AND SUBSTANCE USE DISORDER SERVICES, INCLUDING BUT NOT LIMITED TO DETOX, INPATIENT TREATMENT, RESIDENTIAL TREATMENT, INTENSIVE OUTPATIENT TREATMENT, OUTPATIENT TREATMENT, AND EARLY INTERVENTION;

(m) WAYS TO EXPAND RESPITE SERVICES STATEWIDE;

(n) WAYS TO REMOVE CUMBERSOME PRIOR AUTHORIZATION REQUIREMENTS, SERVICE LOCATION REQUIREMENTS, AND SERVICE LIMITATIONS THAT HAMPER ACCESS TO CHILD BEHAVIORAL HEALTH SERVICES;

(o) WAYS TO WORK WITH THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES TO IMPLEMENT A POLICY THAT REQUIRES COMMERCIAL INSURANCE PLANS TO OFFER THE SAME CHILD BEHAVIORAL HEALTH SERVICES AS IN THE "COLORADO MEDICAL ASSISTANCE ACT" PURSUANT TO PART 8 OF ARTICLE 5 OF TITLE 25.5;

(p) WAYS TO EXPAND FUNDING FOR SCHOOL-BASED BEHAVIORAL HEALTH SERVICES, INCLUDING CHILD AND ADOLESCENT HEALTH CENTERS, AND ENSURE THEY MAXIMIZE THE USE OF MEDICAID;

(q) WAYS TO REIMBURSE OR PROVIDE FUNDING OPTIONS TO CONTINUE PAYMENT FOR SERVICES PROVIDED TO FAMILIES WHEN A CHILD BECOMES INELIGIBLE FOR MEDICAID BECAUSE OF HOSPITALIZATION OR DETENTION;

(r) THE CURRENT STATUS OF AND RECOMMENDATION ON WAYS TO IMPROVE ACCESS TO MEDICAID WAIVERS;

(s) RECOMMENDATIONS CONCERNING THE NUMBER OF FULL-TIME EMPLOYEES NEEDED FOR THE OFFICE; AND

(t) RECOMMENDATIONS CONCERNING THE EXPANSION OF FUNDING FOR THE CAPACITY-BUILDING CENTER CREATED IN SUBSECTION (3) OF THIS SECTION.

(2) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE OFFICE, SHALL PROMULGATE RULES PURSUANT TO SECTION 27-50-104 ON INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES TO ALLOW PROVIDERS WHO USE A LICENSED CLINICIAN REGISTERED WITH THE SOCIAL WORK, COUNSELING, MARRIAGE AND FAMILY THERAPY, OR PSYCHOLOGY BOARD TO WORK WITH PARAPROFESSIONALS, TRAINEES, OR INTERNS. THE OFFICE SHALL DEVELOP GUIDELINES FOR THE PROVIDERS TO USE IN IMPLEMENTING THE RULES.

(3) THE IMPLEMENTATION PLAN MUST INCLUDE THE CREATION OF A CAPACITY-BUILDING CENTER, WHICH MUST RECEIVE AN ANNUAL MINIMUM APPROPRIATION OF TEN MILLION DOLLARS. THE IMPLEMENTATION PLAN MUST DEVELOP, IMPLEMENT, AND FUND, WITHIN

AVAILABLE APPROPRIATIONS, THE FOLLOWING:

(a) A STUDENT LOAN FORGIVENESS PROGRAM FOR STUDENTS IN BEHAVIORAL HEALTH DISCIPLINES WHO MAKE A THREE- TO FIVE-YEAR COMMITMENT TO WORK IN SHORTAGE AREAS IN THE SYSTEM OF CARE. THE BHA SHALL PROMULGATE RULES ON OR BEFORE JULY 1, 2026, FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE STUDENT LOAN FORGIVENESS PROGRAM.

(b) PAID INTERNSHIPS AND CLINICAL ROTATIONS IN THE SYSTEM OF CARE AND A DESCRIPTION OF MULTIPLE OPTIONS FOR PAYMENT;

(c) REVISIONS TO GRADUATE MEDICAL EDUCATION PROGRAMS AT COLORADO INSTITUTIONS OF HIGHER EDUCATION TO SUPPORT INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, AND STUDENT PROGRAMS IN CHILD AND YOUTH BEHAVIORAL HEALTH;

(d) A FINANCIAL AID PROGRAM FOR YOUTH TRANSITIONING OUT OF FOSTER CARE WHO WISH TO PURSUE A CAREER IN CHILDREN AND YOUTH BEHAVIORAL HEALTH, DEVELOPED IN PARTNERSHIP WITH COLORADO INSTITUTIONS OF HIGHER EDUCATION AND COMMUNITY COLLEGES; AND

(e) AN EXPANSION OF CURRENT BHA EFFORTS RELATED TO BEHAVIORAL HEALTH APPRENTICESHIPS, INTERNSHIPS, STIPENDS, AND PRE-LICENSURE WORKFORCE SUPPORT SPECIFIC TO SERVICE CHILDREN, YOUTH, AND FAMILIES.

27-50-1006. Grievance policy. THE BHA SHALL DEVELOP A STATE-LEVEL PROCESS TO MONITOR, REPORT ON, AND PROMPTLY RESOLVE COMPLAINTS, GRIEVANCES, AND APPEALS, INCLUDING RECIPIENT RIGHTS ISSUES. THE PROCESS MUST BE AVAILABLE TO PROVIDERS, CLIENTS, CASE MANAGEMENT ENTITIES, AND ANYONE ELSE WORKING WITH THE CHILDREN AND YOUTH IN THE SYSTEM OF CARE. THE BHA SHALL PROVIDE AN

ANNUAL REPORT TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THAT MAKES RECOMMENDATIONS ON CHANGES TO THE OFFICE BASED ON AN ANALYSIS OF GRIEVANCES.

27-50-1007. Capacity assessment. ON OR BEFORE JANUARY 1, 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A CAPACITY ASSESSMENT TO DETERMINE THE AVAILABILITY OF EACH TYPE OF SERVICE OFFERED UNDER THE SYSTEM OF CARE AND DESCRIBED IN SECTION 27-50-1003. THE ASSESSMENT MUST BE DETERMINED BY REGION AND BY PAYOR SOURCE. THE ASSESSMENT MUST INCLUDE, BUT NEED NOT BE LIMITED TO, ASSESSING THE AVAILABILITY OF IN-HOME AND COMMUNITY-BASED SERVICES, DETERMINING THE NECESSARY NUMBER OF CRISIS STABILIZATION BEDS THAT WOULD ACCOMPANY CRISIS RESOLUTION TEAMS AND MOBILE CRISIS RESPONSE SERVICES, DETERMINING THE NEED AND CAPACITY OF SUBSTANCE USE DISORDER TREATMENT SERVICES ALONG THE AMERICAN SOCIETY OF ADDICTION MEDICINE CONTINUUM, AND ASSESSING THE NEED AND CURRENT CAPACITY OF BEHAVIORAL HEALTH TRANSITION PROGRAMS ESTABLISHED FOR CHILDREN AND YOUTH PURSUANT TO SECTION 27-66.5-103. THE LEADERSHIP TEAM SHALL REGULARLY REVIEW THE STATUS OF THE ASSESSMENT AND REPORT ITS FINDINGS TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON OR BEFORE JULY 1, 2025.

27-50-1008. Cost and utilization analysis - report. (1) ON OR BEFORE JANUARY 1, 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A

COST AND UTILIZATION ANALYSIS OF THE POPULATIONS OF CHILDREN AND YOUTH WHO WILL BE INCLUDED IN THE SYSTEM OF CARE. THE COST AND UTILIZATION ANALYSIS MUST INCLUDE AN ANALYSIS OF PAST EXPENDITURES AND UTILIZATION, WHICH WILL INFORM THE ANALYSIS OF THE FULL COST OF IMPLEMENTATION OF THE SYSTEM OF CARE, AND MUST INCLUDE, AT A MINIMUM:

(a) THE TOTAL NUMBER OF CHILDREN AND YOUTH, LESS THAN TWENTY-ONE YEARS OF AGE WHO USE MEDICAID-FINANCED MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES;

(b) THE NUMBER OF CHILDREN AND YOUTH WHO USED SERVICES THAT WOULD BE INCLUDED IN THE SYSTEM OF CARE, BROKEN DOWN BY SERVICE TYPE;

(c) THE EXPENDITURES, IN TOTAL AND BY MEAN EXPENSE, FOR EACH SERVICE TYPE USED;

(d) THE UTILIZATION AND EXPENSE PATTERNS FOR THE TOP TEN PERCENT MOST-EXPENSIVE TYPES OF SERVICES OR SITUATIONS;

(e) THE VARIANCE IN USE AND EXPENSE BY AID CATEGORY, GENDER, AGE, RACE OR ETHNICITY, AND GEOGRAPHIC REGION, IN TOTAL AND BY TYPE OF SERVICE USED;

(f) THE VARIANCE IN USE AND EXPENSE BY DIAGNOSIS;

(g) AN ANALYSIS OF THE COST REQUIRED TO SERVE ALL ELIGIBLE CHILDREN AND YOUTH UNDER EACH TYPE OF PAYOR, MEDICAID AND THE UNINSURED SEPARATELY, FOR EACH TYPE OF SERVICE OFFERED UNDER THE SYSTEM OF CARE, AS DESCRIBED IN SECTION 27-50-1003, AND AS INFORMED BY THE CAPACITY ASSESSMENT REQUIRED PURSUANT TO SECTION 27-50-1007; AND

(h) AN ANALYSIS OF THE COST TO EXPAND EACH TYPE OF SERVICE

OFFERED UNDER THE SYSTEM OF CARE TO CHILDREN AND YOUTH ON PRIVATE INSURANCE, BUT WHOSE INSURANCE MAY NOT COVER EACH SERVICE.

(2) THE LEADERSHIP TEAM SHALL REGULARLY REVIEW THE STATUS OF THE STUDY AND REPORT ITS FINDINGS TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON OR BEFORE JULY 1, 2025.

27-50-1009. Contracts with managed care entities and behavioral health administrative services organizations - reporting - rules. (1) (a) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, IN CONSULTATION WITH THE OFFICE, SHALL ESTABLISH STANDARD AND UNIFORM MEDICAL NECESSITY CRITERIA FOR ALL SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS; INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES, INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY; SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL TREATMENT. THE MEDICAL NECESSITY CRITERIA AND STANDARDS FOR THE SYSTEM OF CARE SERVICES MUST BE THE SAME FOR MCES AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS. THE MEDICAL NECESSITY CRITERIA AND STANDARDS FOR SYSTEM OF CARE SERVICES APPLY TO SERVICES PAID FOR BY MEDICAID, THE BHA, AND

BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS.

(b) ON OR BEFORE AUGUST 30, 2028, THE BHA AND THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES SHALL DETERMINE WHETHER TO RECOMMEND THAT PRIVATE INSURERS BE REQUIRED TO ADOPT THE SAME MEDICAL NECESSITY CRITERIA DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION AND SHALL PROVIDE A REPORT REGARDING THE DETERMINATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

(2) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL SET STANDARD RATE AND UTILIZATION FLOORS FOR ALL SYSTEM OF CARE SERVICES ACROSS ALL MCES, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS; INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES, INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY; SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL TREATMENT. THE BHA SHALL ALIGN ITS RATE AND UTILIZATION FLOORS FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS BASED ON THE RATES AND UTILIZATION FLOORS ESTABLISHED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING PURSUANT TO THIS SUBSECTION (2).

(3) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH

CARE POLICY AND FINANCING AND THE BHA SHALL ESTABLISH A STATEWIDE FEE SCHEDULE OR RATE FRAME FOR MEDICAID AND NON-MEDICAID BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH, AND INCORPORATE THE FEE SCHEDULE AND RATE FRAME INTO THE MCES' AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS' CONTRACTS. THE FEE SCHEDULE OR RATE FRAME MUST INCREASE RATES AND INCORPORATE ENHANCED RATES OR QUALITY BONUSES FOR EVIDENCE-BASED PRACTICES AND EXTENDED WEEKDAY AND WEEKEND CLINIC HOURS, AND ALLOW MAXIMUM FLEXIBILITY FOR USE OF TELEHEALTH TO EXPAND ACCESS.

(4) (a) EACH MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL CONTRACT WITH AN ADEQUATE NUMBER OF PROVIDERS WITHIN ACCESSIBLE GEOGRAPHICAL DISTANCES TO FULLY SERVE ITS POPULATION OF CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR THE SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS; INTENSIVE- CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES, INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY; SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL TREATMENT.

(b) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE BHA, INFORMED BY THE IMPLEMENTATION TEAM, SHALL ANNUALLY REVIEW WHETHER ADDITIONAL PROVIDER SPECIALIZATIONS, INCLUDING THOSE THAT ARE BENEFICIAL FOR SPECIFIC AGE BRACKETS,

INCLUDING THE BIRTH TO FIVE YEARS OF AGE POPULATION, SHOULD BE INCLUDED IN THE MCEs' AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS' CONTRACTS AND OFFERED BY THE SYSTEM OF CARE. EACH MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL REPORT THE NUMBER OF PROVIDERS IN EACH CATEGORY, THE UTILIZATION OF EACH PROVIDER, AND THE AVAILABILITY OF IN-PERSON SERVICES COMPARED TO TELEHEALTH SERVICES.

(c) WHILE AN MCE OR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION MAY CONTRACT FOR TELEHEALTH SERVICES, IT SHALL PROVIDE IN-PERSON SERVICES THAT ARE ACCESSIBLE WITHIN AND OUTSIDE OF THE GEOGRAPHIC CATCHMENT AREA WHEN APPROPRIATE, BASED ON AN INDIVIDUAL'S TREATMENT PLAN.

(d) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL PROMULGATE RULES TO ESTABLISH A DEFINITION OF ADEQUATE PROVIDERS WITHIN ACCESSIBLE GEOGRAPHICAL DISTANCES. THE DEFINITION MUST TAKE INTO ACCOUNT GEOGRAPHICAL AREAS WITHIN AN MCE'S OR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION'S REGION AND CONSIDER HOW FAR FAMILIES AND CLINICIANS MUST TRAVEL TO ACCESS OR DELIVER SERVICES.

(5) EACH MCE OR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL CONTRACT WITH OR HAVE SINGLE-USE AGREEMENTS WITH EVERY QUALIFIED RESIDENTIAL TREATMENT FACILITY OR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY THAT IS LICENSED IN COLORADO.

(6) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE BHA SHALL CLARIFY, IN CONTRACTS WITH MCEs OR

BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS, RESPECTIVELY, THAT THE SERVICES AVAILABLE IN THE SYSTEM OF CARE APPLY TO ALL CHILDREN OR YOUTH WHO MEET ELIGIBILITY CRITERIA, REGARDLESS OF OTHER SYSTEM INVOLVEMENT, SUCH AS CHILD WELFARE OR JUVENILE JUSTICE.

27-50-1010. Data collection and quality monitoring - data and quality team. (1) THE OFFICE, ADVISED BY STATE AND COUNTY PARTNERS, PROVIDERS, AND RACIALLY, ETHNICALLY, CULTURALLY, AND GEOGRAPHICALLY DIVERSE FAMILY AND YOUTH REPRESENTATIVES, SHALL DEVELOP AND ESTABLISH A DATA AND QUALITY TEAM. THE DATA TEAM SHALL, AT A MINIMUM:

(a) IDENTIFY KEY INDICATORS OF QUALITY AND PROGRESS;

(b) IDENTIFY DATA REQUIREMENTS THAT CREATE DUPLICATION OR INEFFECTUAL REPORTS;

(c) IDENTIFY BARRIERS TO DATA SHARING AND STRATEGIES TO RESOLVE THOSE BARRIERS; AND

(d) DETERMINE HOW THE BUSINESS INTELLIGENCE DATA MANAGEMENT AND DATA SYSTEM WILL SUPPORT MEANINGFUL DATA COLLECTION AND SHARING TO FACILITATE THE IMPLEMENTATION OF THE SYSTEM OF CARE.

(2) THE DATA TEAM SHALL, AT A MINIMUM, TRACK AND REPORT ANNUALLY ON:

(a) CHILD AND YOUTH BEHAVIORAL HEALTH SERVICE UTILIZATION AND EXPENDITURES ACROSS THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; MCES; THE BHA AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS; SCHOOL-BASED HEALTH CENTERS; AND CHILD WELFARE, JUVENILE JUSTICE, AND INTELLECTUAL

AND DEVELOPMENTAL DISABILITIES;

(b) THE TYPE OF SERVICES PROVIDED, DISAGGREGATED BY GENDER, AGE, RACE AND ETHNICITY, AID CATEGORY, DIAGNOSIS CATEGORY, AND REGION; AND

(c) ACCESS BY VARIABLES AND PROGRESS OVER TIME, WITH PARTICULAR ATTENTION TO RACIAL, ETHNIC, AND GEOGRAPHIC DISPARITIES, AND DISPARITIES IN ACCESS FOR CHILDREN AND YOUTH IN FOSTER CARE.

(3) THE DATA TEAM SHALL MEASURE AND MONITOR KEY DATA POINTS THAT DEMONSTRATE THE EFFICACY OF THE SYSTEM OF CARE, INCLUDING, BUT NOT LIMITED TO, SERVICE UTILIZATION, MEDICAL NECESSITY DENIALS, QUALITY, OUTCOMES, EQUITY, AND COST. THE MEASUREMENT AND MONITORING MUST ANALYZE THE ENTIRE SYSTEM OF CARE WHILE ALSO CAPTURING SPECIFIC DATA BY REGION, OVERSIGHT ENTITY, POPULATION TYPE, SERVICE TYPE, PAYOR, AND DEMOGRAPHIC CATEGORIES.

(4) THE BHA SHALL DEVELOP MEASURABLE TARGETS TO USE FOR EXPANDING THE AVAILABILITY AND UTILIZATION OF THE FOLLOWING SERVICES:

(a) MOBILE CRISIS RESPONSE AND INTENSIVE STABILIZATION SERVICES;

(b) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES;

(c) INTEGRATED CO-OCCURRING TREATMENT FOR ADOLESCENT SUBSTANCE USE DISORDERS;

(d) OUT-OF-HOME SERVICES;

(e) PARENT PEER SUPPORT;

(f) YOUTH PEER SUPPORT;

(g) RESPITE CARE; AND

(h) INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION.

(5) THE BHA SHALL CREATE A MAP, SEARCHABLE BY SERVICE TYPE AND COUNTY, THAT DEPICTS WHERE EACH SERVICE REQUIRED BY THE SYSTEM OF CARE EXISTS BY PROVIDER, WHETHER EACH PROVIDER ACCEPTS NEW PATIENTS, AND WHAT FORMS OF PAYMENT THE PROVIDER ACCEPTS.

(6) THE BHA, IN CONSULTATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL ESTABLISH, REQUIRE, AND MONITOR TIMELINES AND REPORTING REQUIREMENTS FOR COMPLETION OF CURRENT MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS SERVICE ELIGIBILITY AND AUTHORIZATION REQUESTS.

27-50-1011. Workforce development - capacity-building center - training. (1) THE BHA, ADVISED BY THE OFFICE, SHALL ESTABLISH OR PROCURE A CAPACITY-BUILDING CENTER. THE CAPACITY-BUILDING CENTER SHALL TRAIN, COACH, AND CERTIFY PROVIDERS OF THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM OF CARE.

(2) THE CAPACITY-BUILDING CENTER SHALL, AT A MINIMUM, PROVIDE TRAINING, COACHING, AND CERTIFICATION RELATED TO THE USE OF BEHAVIORAL HEALTH SCREENING AND ASSESSMENT TOOLS TO SUPPORT A UNIFORM ASSESSMENT PROCESS AND TRAINING IN TRAUMA-INFORMED CARE TO STAFF AT RELEVANT STATE AGENCIES.

(3) THE CAPACITY-BUILDING CENTER, IN PARTNERSHIP WITH COLORADO'S NUMEROUS FAMILY- AND YOUTH-RUN ORGANIZATIONS, SHALL DEVELOP, IMPLEMENT, MONITOR, AND EVALUATE THE EXTENT TO WHICH PROVIDERS THROUGHOUT THE STATE ARE INCORPORATING

PRINCIPLES OF FAMILY-DRIVEN AND YOUTH-GUIDED CARE BY USING THE ASSESSMENT TOOLS.

(4) THE BHA, THROUGH ITS CAPACITY-BUILDING CENTER, SHALL:

(a) DEVELOP A TRAIN-THE-TRAINER APPROACH TO EXPAND WORKFORCE UNDERSTANDING OF EVIDENCE-BASED AND BEST PRACTICES AND ESTABLISH A CHILDREN'S BEHAVIORAL HEALTH PROVIDER LEARNING COMMUNITY TO FOSTER PEER-TO-PEER CAPACITY BUILDING ACROSS PRACTITIONERS AND PROVIDERS;

(b) OFFER TRAINING AND OTHER STRATEGIES TO EXPAND THE NUMBER OF BEHAVIORAL HEALTH PROVIDERS IN RURAL AND OTHER UNDERSERVED COMMUNITIES; AND

(c) UTILIZE THE REPORTS CREATED PURSUANT TO SECTION 27-50-1009 (2), (3), AND (4) TO TARGET ITS INVESTMENT TO BUILD CAPACITY IN THE REGIONS IDENTIFIED AS LACKING CAPACITY.

(5) THE CAPACITY-BUILDING CENTER SHALL WORK WITH RURAL HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS TO EXPAND THEIR CAPACITY TO PROVIDE BEHAVIORAL HEALTH SERVICES TO CHILDREN AND YOUTH.

27-50-1012. System of care website - public education and outreach. (1) THE BHA SHALL DEVELOP A WEBSITE TO PROVIDE REGULARLY UPDATED INFORMATION TO FAMILIES, YOUTH, PROVIDERS, STAFF, SYSTEM PARTNERS, AND OTHERS REGARDING THE GOALS, PRINCIPLES, ACTIVITIES, PROGRESS, AND TIMELINES FOR THE SYSTEM OF CARE. THE WEBSITE MUST INCLUDE KEY PERFORMANCE DASHBOARD INDICATORS; CHANGES IN ACCESS BY THE CHILD WELFARE POPULATION; CHANGES IN ACCESS DISPARITIES BETWEEN RACIAL, ETHNIC, AND REGIONAL GROUPS; AND CHANGES IN ACCESS TO INTENSIVE-CARE

COORDINATION USING HIGH-FIDELITY WRAPAROUND AND MODERATE-CARE COORDINATION.

(2) THE BHA AND THE OFFICE SHALL USE THE CAPACITY-BUILDING CENTER TO FURTHER ORIENT AND EDUCATE PROVIDERS, SYSTEM PARTNERS, FAMILIES, YOUTH, AND OTHERS ABOUT THE SYSTEM OF CARE IMPLEMENTATION GOALS AND ACTIVITIES, INCLUDING CONDUCTING A EDUCATION CAMPAIGN.

(3) THE BHA AND OFFICE SHALL PROVIDE FUNDING TO STATE AND LOCAL FAMILY- AND YOUTH-RUN ORGANIZATIONS TO SUPPORT AWARENESS CAMPAIGNS AND TO ENGAGE FAMILIES AND YOUTH IN PLANNING AND PARTICIPATION IN ALL ASPECTS OF THE SYSTEM OF CARE.

(4) THE BHA AND OFFICE SHALL SUPPORT A STATEWIDE EFFORT TO ORIENT AND EDUCATE KEY STAKEHOLDERS, INCLUDING PROVIDERS, FAMILIES, YOUTH, MCES, COURTS, AND PARTNER AGENCIES, REGARDING THE GOALS AND ACTIVITIES OF THE SYSTEM OF CARE.

(5) THE BHA AND OFFICE SHALL PROVIDE REGULAR OUTREACH TO, AND EDUCATION OF, YOUTH AND FAMILIES REGARDING AVAILABLE SERVICES AND HOW TO ACCESS THEM.

27-50-1013. Funding. BEGINNING WITH STATE FISCAL YEAR 2025-26, FUNDING FOR THIS PART 10 IS SUBJECT TO AVAILABLE APPROPRIATIONS.

SECTION 2. Appropriation. (1) For the 2024-25 state fiscal year, $2,158,476 is appropriated to the department of human services. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) $528,040 for use by the behavioral health administration for program administration related to the community behavioral health

administration, which amount is based on an assumption that the administration will require an additional 4.0 FTE;

(b) $1,400,000 for use by the behavioral health administration for the children's behavioral health state system of care related to integrated behavioral health services; and

(c) $230,436 for the purchase of legal services.

(2) For the 2024-25 state fiscal year, $230,436 is appropriated to the department of law. This appropriation is from reappropriated funds received from the department of human services under subsection (1)(c) of this section and is based on an assumption that the department of law will require an additional 1.0 FTE. To implement this act, the department of law may use this appropriation to provide legal services for the department of human services.

(3) For the 2024-25 state fiscal year, $184,774 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund, and is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year. To implement this act, the office may use this appropriation as follows:

(a) $75,766 for personal services, which amount is based on an assumption that the office will require an additional 1.7 FTE;

(b) $7,758 for operating expenses; and

(c) $101,250 for general professional services and special projects.

(4) For the 2024-25 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive $184,774 in federal funds to implement this act. The

appropriation in subsection (3) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) $75,766 for personal services;

(b) $7,758 for operating expenses; and

(c) $101,250 for general professional services and special projects.

SECTION 3. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.