

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

**PREAMENDED**

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

LLS NO. 24-0343.01 Jane Ritter x4342

**SENATE BILL 24-059**

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**SENATE SPONSORSHIP**

**Kirkmeyer and Michaelson Jenet**, Fields, Pelton B., Zenzinger

**HOUSE SPONSORSHIP**

**Duran and Pugliese**, Bradley, Evans, Froelich, Joseph, Young

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

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

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**Bill Summary**

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

**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

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words or numbers indicate deletions from existing law.

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.

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

2 **SECTION 1.** In Colorado Revised Statutes, add part 10 to article  
3 50 of title 27 as follows:

4 **PART 10**  
5 **CHILDREN'S BEHAVIORAL HEALTH**  
6 **STATEWIDE SYSTEM OF CARE**

7 **27-50-1001. Short title.** THE SHORT TITLE OF THIS PART 10 IS THE

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

2 27-50-1002. Definitions. AS USED IN THIS PART 10, UNLESS THE  
3 CONTEXT OTHERWISE REQUIRES:

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (13) "OFFICE" MEANS THE OFFICE OF THE CHILDREN'S BEHAVIORAL  
21 HEALTH STATEWIDE SYSTEM OF CARE CREATED PURSUANT TO SECTION  
22 27-50-1004.

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

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

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

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

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

10           **27-50-1003. Children's behavioral health statewide system of**  
11 **care - established - eligibility - purpose - components - rules. (1) THE**  
12 BEHAVIORAL HEALTH ADMINISTRATION, IN PARTNERSHIP WITH THE OFFICE  
13 OF CHILDREN, YOUTH, AND FAMILIES IN THE DEPARTMENT OF HUMAN  
14 SERVICES; THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;  
15 THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY  
16 AGENCIES; AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
17 SHALL DEVELOP A COMPREHENSIVE CHILDREN'S BEHAVIORAL HEALTH  
18 STATEWIDE SYSTEM OF CARE. UPON FULL IMPLEMENTATION OF THE  
19 SYSTEM OF CARE, THE SYSTEM OF CARE MUST SERVE AS THE SINGLE POINT  
20 OF ACCESS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF CHILDREN  
21 AND YOUTH IN COLORADO LESS THAN TWENTY-ONE YEARS OF AGE,  
22 UNLESS A PARTICULAR SERVICE LIMITS ELIGIBILITY TO A DIFFERENT AGE  
23 RANGE. AS COMPONENTS OF THE SYSTEM OF CARE ARE IMPLEMENTED, THE  
24 SYSTEM OF CARE MUST INITIALLY SERVE THOSE CHILDREN AND YOUTH  
25 RECEIVING MEDICAID OR WHO ARE WITHOUT ANY INSURANCE, BUT CAN BE  
26 EXPANDED TO SERVE ADDITIONAL POPULATIONS IN THE FUTURE BASED ON  
27 DECISIONS MADE BY THE LEADERSHIP TEAM PURSUANT TO SECTION

1 27-50-1004.

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

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

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

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

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

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

24 (b) STATEWIDE BEHAVIORAL HEALTH STANDARDIZED  
25 ASSESSMENT. THE ASSESSMENT TOOL, AS DESCRIBED IN SECTION  
26 27-62-103, MUST BE USED, AT A MINIMUM, TO DETERMINE LEVEL OF CARE,  
27 INTERVENTION NEED, AND TREATMENT PLANNING. WHEN A CASE



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (III) ACCESS TO TRAUMA-SPECIFIC SERVICES; AND

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

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

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

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

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

- 14           (A) COMMUNITY PSYCHIATRIC INPATIENT CARE;
- 15           (B) COMMUNITY PSYCHIATRIC OUTPATIENT CARE;
- 16           (C) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES;
- 17           (D) OTHER RESIDENTIAL TREATMENT CENTERS;
- 18           (E) TREATMENT FOSTER CARE AND THERAPEUTIC FOSTER CARE;
- 19           AND
- 20           (F) AN ARRAY OF HOME- AND COMMUNITY-BASED SERVICES; AND
- 21           (h) RESPITE SERVICES.

22           **27-50-1004. System of care - governance and infrastructure -**  
23           **office of the children's behavioral health statewide system of care -**  
24           **established - leadership team - implementation team - advisory**  
25           **council - reports.** (1) THE OFFICE OF THE CHILDREN'S BEHAVIORAL  
26           HEALTH STATEWIDE SYSTEM OF CARE IS ESTABLISHED IN THE BHA. THE  
27           OFFICE IS THE PRIMARY GOVERNANCE ENTITY FOR THE COMPREHENSIVE

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

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

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

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

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

19 (I) THE DEPUTY COMMISSIONER;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (VI) TO PROVIDE FISCAL OVERSIGHT OF THE OFFICE.

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

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

- 1           (I) THE DEPUTY COMMISSIONER;
- 2           (II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN  
3 SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
- 4           (III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
5 CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
- 6           (IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC  
7 HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
- 8           (V) THE BHA COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;
- 9           (VI) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S  
10 DESIGNEE;
- 11           (VII) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR  
12 THE COMMISSIONER'S DESIGNEE;
- 13           (VIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY  
14 CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
- 15           (IX) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY  
16 THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY  
17 COMMISSIONERS;
- 18           (X) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF  
19 HUMAN OR SOCIAL SERVICES, AS DESIGNATED BY THE STATEWIDE  
20 ORGANIZATION THAT REPRESENTS COUNTY HUMAN OR SOCIAL SERVICES  
21 DIRECTORS;
- 22           (XI) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED  
23 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH  
24 SERVICES, APPOINTED BY THE BHA;
- 25           (XII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT  
26 REPRESENTS CHILD WELFARE AGENCIES, APPOINTED BY THE DIRECTOR OF  
27 THE ASSOCIATION;



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

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

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

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

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

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

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

15 **27-50-1005. Implementation plan - components - rules.**

16 (1) THE IMPLEMENTATION PLAN DEVELOPED BY THE IMPLEMENTATION  
17 TEAM SHALL BUILD UPON THE ELEMENTS IN THE FULLY EXECUTED  
18 SETTLEMENT AGREEMENT REACHED IN *G.A. V. BIMESTEFER*, NO.  
19 1:21-CV-02381 (D.COLO. FEB. 22, 2024), INCLUDING, BUT NOT LIMITED  
20 TO, EXPANDING THE POPULATIONS SERVED IN BOTH ACUITY LEVELS AND  
21 THROUGH THE INCLUSION OF THE UNINSURED POPULATION, AND MUST  
22 INCLUDE, BUT IS NOT LIMITED TO:

23 (a) A PLAN FOR:

24 (I) STRATEGIC COMMUNICATIONS;

25 (II) OUTREACH, INFORMATION, AND REFERRAL;

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

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

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

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

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

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

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

1 OUT-OF-HOME PLACEMENT.

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

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

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

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

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

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

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

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

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

18 (m) WAYS TO EXPAND RESPITE SERVICES STATEWIDE;

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

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

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

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

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

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

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

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

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

1 AVAILABLE APPROPRIATIONS, THE FOLLOWING:

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

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

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

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

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

22 **27-50-1006. Grievance policy.** THE BHA SHALL DEVELOP A  
23 STATE-LEVEL PROCESS TO MONITOR, REPORT ON, AND PROMPTLY RESOLVE  
24 COMPLAINTS, GRIEVANCES, AND APPEALS, INCLUDING RECIPIENT RIGHTS  
25 ISSUES. THE PROCESS MUST BE AVAILABLE TO PROVIDERS, CLIENTS, CASE  
26 MANAGEMENT ENTITIES, AND ANYONE ELSE WORKING WITH THE CHILDREN  
27 AND YOUTH IN THE SYSTEM OF CARE. THE BHA SHALL PROVIDE AN

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

6 **27-50-1007. Capacity assessment.** ON OR BEFORE JANUARY 1,  
7 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A CAPACITY  
8 ASSESSMENT TO DETERMINE THE AVAILABILITY OF EACH TYPE OF SERVICE  
9 OFFERED UNDER THE SYSTEM OF CARE AND DESCRIBED IN SECTION  
10 27-50-1003. THE ASSESSMENT MUST BE DETERMINED BY REGION AND BY  
11 PAYOR SOURCE. THE ASSESSMENT MUST INCLUDE, BUT NEED NOT BE  
12 LIMITED TO, ASSESSING THE AVAILABILITY OF IN-HOME AND  
13 COMMUNITY-BASED SERVICES, DETERMINING THE NECESSARY NUMBER OF  
14 CRISIS STABILIZATION BEDS THAT WOULD ACCOMPANY CRISIS RESOLUTION  
15 TEAMS AND MOBILE CRISIS RESPONSE SERVICES, DETERMINING THE NEED  
16 AND CAPACITY OF SUBSTANCE USE DISORDER TREATMENT SERVICES  
17 ALONG THE AMERICAN SOCIETY OF ADDICTION MEDICINE CONTINUUM,  
18 AND ASSESSING THE NEED AND CURRENT CAPACITY OF BEHAVIORAL  
19 HEALTH TRANSITION PROGRAMS ESTABLISHED FOR CHILDREN AND YOUTH  
20 PURSUANT TO SECTION 27-66.5-103. THE LEADERSHIP TEAM SHALL  
21 REGULARLY REVIEW THE STATUS OF THE ASSESSMENT AND REPORT ITS  
22 FINDINGS TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN  
23 SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES  
24 COMMITTEE, AND THE JOINT BUDGET COMMITTEE, OR THEIR SUCCESSOR  
25 COMMITTEES, ON OR BEFORE JULY 1, 2025.

26 **27-50-1008. Cost and utilization analysis - report.** (1) ON OR  
27 BEFORE JANUARY 1, 2025, THE BHA SHALL BEGIN, OR CONTRACT FOR, A



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

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

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

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

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

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

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

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

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

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

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

10 **27-50-1009. Contracts with managed care entities and**  
11 **behavioral health administrative services organizations - reporting**

12 **- rules.** (1) (a) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH  
13 CARE POLICY AND FINANCING, IN CONSULTATION WITH THE OFFICE, SHALL  
14 ESTABLISH STANDARD AND UNIFORM MEDICAL NECESSITY CRITERIA FOR  
15 ALL SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE  
16 CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS;  
17 INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND AND  
18 MODERATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER  
19 SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES,  
20 INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;  
21 SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND  
22 OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL  
23 TREATMENT. THE MEDICAL NECESSITY CRITERIA AND STANDARDS FOR THE  
24 SYSTEM OF CARE SERVICES MUST BE THE SAME FOR MCEs AND  
25 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS. THE  
26 MEDICAL NECESSITY CRITERIA AND STANDARDS FOR SYSTEM OF CARE  
27 SERVICES APPLY TO SERVICES PAID FOR BY MEDICAID, THE BHA, AND

1 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS.

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

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

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

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

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

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

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

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

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

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

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

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

6 **27-50-1010. Data collection and quality monitoring - data and**  
7 **quality team.** (1) THE OFFICE, ADVISED BY STATE AND COUNTY  
8 PARTNERS, PROVIDERS, AND RACIALLY, ETHNICALLY, CULTURALLY, AND  
9 GEOGRAPHICALLY DIVERSE FAMILY AND YOUTH REPRESENTATIVES, SHALL  
10 DEVELOP AND ESTABLISH A DATA AND QUALITY TEAM. THE DATA TEAM  
11 SHALL, AT A MINIMUM:

- 12 (a) IDENTIFY KEY INDICATORS OF QUALITY AND PROGRESS;
- 13 (b) IDENTIFY DATA REQUIREMENTS THAT CREATE DUPLICATION OR  
14 INEFFECTUAL REPORTS;
- 15 (c) IDENTIFY BARRIERS TO DATA SHARING AND STRATEGIES TO  
16 RESOLVE THOSE BARRIERS; AND
- 17 (d) DETERMINE HOW THE BUSINESS INTELLIGENCE DATA  
18 MANAGEMENT AND DATA SYSTEM WILL SUPPORT MEANINGFUL DATA  
19 COLLECTION AND SHARING TO FACILITATE THE IMPLEMENTATION OF THE  
20 SYSTEM OF CARE.

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

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

1 AND DEVELOPMENTAL DISABILITIES;

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

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

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

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

20 (a) MOBILE CRISIS RESPONSE AND INTENSIVE STABILIZATION  
21 SERVICES;

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

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

25 (d) OUT-OF-HOME SERVICES;

26 (e) PARENT PEER SUPPORT;

27 (f) YOUTH PEER SUPPORT;

1           (g) RESPITE CARE; AND  
2           (h) INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY  
3           WRAPAROUND AND MODERATE-CARE COORDINATION.

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

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

13           **27-50-1011. Workforce development - capacity-building**  
14           **center - training.** (1) THE BHA, ADVISED BY THE OFFICE, SHALL  
15           ESTABLISH OR PROCURE A CAPACITY-BUILDING CENTER. THE  
16           CAPACITY-BUILDING CENTER SHALL TRAIN, COACH, AND CERTIFY  
17           PROVIDERS OF THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM  
18           OF CARE.

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

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



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

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

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

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

12 (c) UTILIZE THE REPORTS CREATED PURSUANT TO SECTION  
13 27-50-1009 (2), (3), AND (4) TO TARGET ITS INVESTMENT TO BUILD  
14 CAPACITY IN THE REGIONS IDENTIFIED AS LACKING CAPACITY.

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

19 **27-50-1012. System of care website - public education and**  
20 **outreach.** (1) THE BHA SHALL DEVELOP A WEBSITE TO PROVIDE  
21 REGULARLY UPDATED INFORMATION TO FAMILIES, YOUTH, PROVIDERS,  
22 STAFF, SYSTEM PARTNERS, AND OTHERS REGARDING THE GOALS,  
23 PRINCIPLES, ACTIVITIES, PROGRESS, AND TIMELINES FOR THE SYSTEM OF  
24 CARE. THE WEBSITE MUST INCLUDE KEY PERFORMANCE DASHBOARD  
25 INDICATORS; CHANGES IN ACCESS BY THE CHILD WELFARE POPULATION;  
26 CHANGES IN ACCESS DISPARITIES BETWEEN RACIAL, ETHNIC, AND  
27 REGIONAL GROUPS; AND CHANGES IN ACCESS TO INTENSIVE-CARE

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

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

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

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

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

19 **27-50-1013. Funding.** BEGINNING WITH STATE FISCAL YEAR  
20 2025-26, FUNDING FOR THIS PART 10 IS SUBJECT TO AVAILABLE  
21 APPROPRIATIONS.

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

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

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

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

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

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

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

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

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

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

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

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

4 (a) \$75,766 for personal services;

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

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

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