



Final Report to the General Assembly

Colorado's Child Welfare System Interim Study Committee
December 2023 | Research Publication 809



Colorado's Child Welfare System Interim Study Committee

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December 2023

To Members of the Seventy-fourth General Assembly:

Submitted herewith is the final report of the Child Welfare System Interim Study Committee. The committee was created pursuant to Interim Committee Request Letter 2023-01. The purpose of this committee is to take a holistic look at Colorado's child welfare system to address the major factors facing the system in order to better serve the state's children and families.

At its meeting on November 15, 2023, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2023 session was approved.

Sincerely,

/s/ Senator Stephen Fenberg
Chair

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This report is also available online at:
<https://leg.colorado.gov/content/iccwsisc2023alegislation-0>

Committee Charge

Colorado's Child Welfare System Interim Study Committee was created pursuant to Interim Committee Request Letter 2023-01. It was authorized to meet up to five times during the 2023 interim. The committee was charged with taking a holistic look at Colorado's child welfare system to address the major factors facing the system in order to better serve the state's children and families. The areas to examine included, but were not be limited to:

- child abuse and neglect rates, types, and recurrence of abuse in Colorado;
- laws and regulations governing child welfare practices at the federal and state level;
- judicial processes related to child welfare practice;
- processes for child abuse and neglect cases including reporting, investigation, and removal;
- current systems and supports including the Colorado Trails System, the Core services program, out-of-home placement services including kinship and foster care, differential response, facilitated family engagement, and prevention and intervention services;
- challenges in the child welfare system including workforce challenges related to hiring and retaining county child welfare workers, social determinants of child welfare involvement, and the behavioral health needs for children, youth, and families; and
- the intersection of child welfare and juvenile justice.

Committee Activities

The committee held five meetings during the 2023 legislative interim. Briefings and presentations were made by state departments, child welfare providers, state and national organizations, and members of the public on a wide range of subjects, including:

- adoption;
- benefits of and challenges faced by various types of child welfare providers and how to improve the quality of the services they offer;
- child welfare funding mechanisms;
- the Colorado Trails System;
- lived experiences of families and youth involved in the child welfare system;
- the needs of high acuity children and youth;
- overrepresented populations in the child welfare system;
- recent national and state child welfare policy changes;
- the roles of the judicial branch and state and county departments of human services in the child welfare system; and
- state task forces addressing child welfare matters;

The following sections discuss the committee's activities during the 2023 interim.

Overview of State and County Departments Child Welfare Roles and Related Task Forces

Child welfare in Colorado is a state supervised, county administered system overseen by the Division of Child Welfare in the Colorado Department of Human Services (CDHS). Representatives from CDHS, the county departments of human services, the Judicial Department, independent state agencies that are involved in the child welfare system, and several state task forces and entities formed to address child welfare matters presented to the committee to provide background and discuss their roles and responsibilities with regard to the child welfare system.

Colorado Department of Human Services. Representatives of the Colorado Department of Human Services (CDHS) reviewed how suspected child abuse and neglect incidents are reported and how those reports are handled after being entered into the system, as well as the types of services families may receive in and outside of the home. The different types of placement settings were discussed, which include:

- family-like settings, such as kinship placements and foster homes;
- specialized group settings, including residential care and support services to survivors or those at risk of sex trafficking and settings providing prenatal, postpartum, or parenting supports;
- short-term stabilization settings; and
- treatment-focused settings, including qualified residential treatment programs and psychiatric residential treatment facilities.

County departments of human services. Representatives from the Colorado Human Services Directors Association (CHSDA) discussed the complex nature of child welfare cases and the role of case workers, including the challenges child welfare workers can face, especially in rural and frontier counties. The presenters reviewed information about the federal Family First Prevention Services Act (Family First), including the ability to use federal funds for prevention services. The county representatives discussed collaborative management programs (CMPs) and how counties may use CMPs to improve communication and streamline the child welfare system.

Judicial branch. The Office of the State Court Administrator discussed how child welfare cases are classified as dependency and neglect cases by the courts, and data related to the number of dependency and neglect cases in Colorado. Information about the Court Improvement Program, which is a federally funded program to develop and implement a plan for child welfare system improvement, specifically dependency and neglect cases, was discussed. Additionally, presenters explained how the Court Improvement Program Strategic Plan includes opportunities for multidisciplinary training and judicial education, including working with multidisciplinary teams at the local level to identify strategies and interventions for court improvement.

Office of the Child's Representative (OCR). A representative from the OCR discussed how the office provides children and youth a voice in Colorado legal proceedings through legal representation that protects and promotes their safety, interests, and rights. The OCR representative discussed the independent contractor model used by the office, with the exception of the Colorado Springs office. The OCR discussed the complex nature of these cases and reviewed the different roles of a guardian ad litem and a counsel for youth. Potential policy

matters were shared with the committee, including addressing matters related to Family First policies and kinship care.

Office of Colorado’s Child Protection Ombudsman (CPO). A representative from the CPO discussed how the office is involved in problem-solving services and addressing the challenges and tensions in the child welfare system. An issue brief prepared by the CPO was shared with the committee that highlights issues with the child welfare system and possible solutions regarding parent and caseworker contacts, creating caseworker standards, updating the safety assessment tool used by child welfare services, and regulating residential treatment facilities.

Office of the Respondent Parent’s Counsel (ORPC). Representatives from the ORPC discussed reducing system involvement including reforming child abuse and neglect investigations and repealing expedited permanency planning. According to a representative from the ORPC, Colorado terminates parental rights more often than 45 other states. The ORPC shared data related to foster care youth, including on failed adoptions, high school graduation rates, and mental health outcomes. The ORPC also provided the committee with potential legislative policy suggestions concerning repealing expedited permanency planning, reforming child abuse and neglect investigations, preventing removals and system involvement, addressing equity for relative and kin placements, and improving accountability in the child welfare system.

Child welfare related task forces and other entities. Legislative Council Staff identified 45 entities established in state law prior to the 2023 legislative session related to the child welfare system. The committee heard presentations and updates from the following entities:

- Colorado Child Welfare Abuse Prevention Board;
- Colorado State Child Fatality Prevention Review Team;
- Department of Human Services Child Fatality Review Team;
- Delivery of Child Welfare Services Task Force;
- High-quality Parenting Time Task Force;
- Mandatory Reporter Task Force; and
- Timothy Montoya Task Force to Prevent Children from Running Away from Out-of-Home Placement.

Committee recommendations. As a result of its discussions, the committee recommends Bill D, which addresses increasing language accessibility to persons who are involved in child welfare matters. The committee recommended that two bills be drafted creating task forces in the Office of the Child Protection Ombudsman, but these bills were not approved by the committee.

Child Maltreatment Reporting, Assessments, and Prevention

The committee heard from CHSDA, CDHS, and the Parental Rights Foundation about the child maltreatment reporting process. The process begins with a report of child abuse or neglect, which is then evaluated by the Review, Evaluate, and Determine (RED) team. The RED Team evaluates the report by conducting safety and risk assessments with the family. A safety assessment is used to determine whether there are clear threats to the safety of a child or youth, and a risk assessment is used to determine if there are factors that could increase the future likelihood of child maltreatment. From there, families can take the following paths:

- screened out, meaning the assessments found there are no immediate risks;

- screened out and referred to prevention services;
- a case can be opened with the child or youth being placed in an out-of-home placement; or
- a case can be opened with the youth remaining in their home.

The Parental Rights Foundation also provided recommendations regarding the child maltreatment reporting process.

The committee also heard from organizations that discussed their efforts to prevent child maltreatment, including the Colorado Department of Early Childhood, the Family Resource Center Association, Illuminate Colorado, the Kempe Center, and the Kempe Foundation. Organizations presented their frameworks for approaching child maltreatment prevention, discussed the physical and mental health effects of adverse childhood experiences and strategies for building protective factors to prevent further harm and involvement in the child welfare system. They also recommended legislation to expand their prevention efforts including enhancing cross system collaboration between health care and child welfare systems, investing in the implementation of child welfare programs for more effective outcomes, providing expanded support for existing prevention efforts, and integrating equity perspectives in solutions and services to families.

Committee recommendations. As a result of its discussions, the committee recommends Bill E, which requires that reports of child abuse include any evidence of domestic violence, the child abuse hotline have a disclaimer that calls are recorded, and the Child Protection Ombudsman audit certain child welfare system tools. The committee recommended a bill draft that would modify requirements related to reports of child abuse and neglect and a bill draft that would create a pilot program to coordinate medical care for youths in foster care, but these bills were not approved by the committee.

Child Welfare Funding

The Colorado Department of Health Care Policy and Financing (HCPF), the Joint Budget Committee (JBC), and CDHS explained the funding model for the child welfare system. The presenters explained that approximately 60 percent of child welfare funding comes from the state’s General Fund, 24 percent comes from federal funds, and the remaining comes directly from the local county. Most of the funds are used on county administered services and functions, with only five percent going towards state administered services and functions.

County capped allocations. The majority of state child welfare funds are appropriated to county departments of human services through three capped allocations. Capped allocations are distributed from the state to counties by CDHS under the advisory of the Child Welfare Allocation Committee (CWAC). The capped allocations are reflected as line items in the CDHS budget, and made up 81.2 percent of the total General Fund appropriations to the Division of Child Welfare in FY 2023-24. The three allocations are: Child Welfare Services, commonly referred to as “the Block,” which is the largest allocation and provides the primary source of funds for counties to administer services; Family and Children’s Programs, or “Core Services”, which provides supplementary funding for eight basic services that counties are required to provide under the Child Welfare Settlement Agreement; and County Level Child Welfare Staffing, or “242 Funding,” which was established through Senate Bill 15-242 to provide

dedicated funding for additional county staff following a performance audit and workload study by the Office of the State Auditor.

Recent legislation. Several bills recently passed by the legislature have significant child welfare budget impacts. These include:

- Senate Bill 21-277 required CDHS to contract with an independent vendor to conduct a funding model and workload study for county level child welfare staff;
- Senate Bill 21-278 required CDHS to contract with an independent vendor to complete an actuarial analysis for out-of-home placement provider rates in Child Welfare and the Division of Youth Services in order to inform provider rates beginning in FY 2024-25;
- House Bill 22-1283 dedicated \$44.1 million from federal American Rescue Plan Act (ARPA) funds in FY 2022-23 to establish additional residential placements for youth and adults; and
- House Bill 23-1269 allowed CDHS to retain reversions from capped allocations into a cash fund for FY 2022-23 and FY 2023-24 only to support high acuity placements.

In addition, the federal Family First Act changed the services and requirements for federal reimbursement for Title IV-E funding.

Colorado Trails System

Colorado's Statewide Automated Child Welfare Information System, commonly known as the Trails System, provides child welfare case management and licensing and monitoring of providers. The system has been undergoing a modernization process since 2017. The modernization process means that county caseworkers have had to operate in two different systems for the past several years, the legacy system and the modernized system. Representatives from CDHS, the Office of Information Technology, and county human services agencies told the committee about the numerous challenges that county caseworkers and other child welfare personnel face when using the Trails System, including insufficient servers, networks, and infrastructure that have led to system outages and a lack of functionality leading to a negative user experience and loss of productivity. In addition, the county representatives discussed how outages can negatively impact the performance reviews of caseworkers due to no fault of their own. The committee learned that the state's overall technical debt negatively impacts the Trails System and makes it difficult to keep the system stable and data secure.

Letter to the Joint Technology Committee. Based on the issues and challenges described above, the committee sent a letter to the Joint Technology Committee (JTC) requesting the JTC's assistance with quickly transitioning to a high-quality single Trails System by prioritizing IT capital budget requests for the Trails System and other IT systems connected to child welfare, as well as addressing the overall technical debt of the state's technology infrastructure.

Utah's Child Welfare Case Management Information System. The committee heard a presentation from Utah's Division of Child and Family Services that provided an overview of their transition to the Comprehensive Child Welfare Information System (CCWIS), a case management information system that state agencies can opt to develop to support their child welfare systems. The presentation described the state's phases of development since 2018 after consultations with several federal partners determined the potential impacts and improvements a CCWIS system could have on the child welfare system in Utah.

Child Maltreatment Prevention, Parents' Organizations, Out-of-Home Placements, and Adoption

The committee discussed methods for preventing unnecessary out-of-home placements and how to support the necessary ones. The committee heard presentations from the National Conference of State Legislatures (NCSL), parents' organizations, and entities representing foster care, kinship care, and residential providers. Additionally, a presentation on adoption was provided to the committee. The committee also heard testimony from biological parents, kinship care providers, foster care providers, and youth with lived experience with the child welfare system.

Child maltreatment prevention. NCSL presented to the committee on how Family First has led to the development of evidence-based child maltreatment prevention strategies at both the national and state level. They explained that states are using housing assistance, quality child care, home visitation services, health insurance options, Family Resource Centers, food benefits, earned income tax credits, and child tax credits to supplement the child welfare system and prevent child maltreatment. NCSL provided specific legislative examples from Arizona, Montana, and Washington. They also presented the Title IV-E Prevention Services Clearinghouse, Blueprints for Healthy Youth Development, the Substance Abuse and Mental Health Services Administration's Evidence-Based Resource Center, and the California Evidence-Based Clearinghouse as resources Colorado could look to for expanding its own evidence-based prevention programs.

Parents' organizations. Representatives from the National Parents Organization – Colorado and Parental Rights Foundation presented to the committee on issues related to shared parenting, parent alienation, and child welfare reporting. According to the presenters, states with recent legislation addressing equal shared parenting laws include Arkansas, Arizona, Florida, Kentucky, Missouri, South Dakota, and West Virginia. There was discussion on replacing anonymous reports to child abuse hotlines with confidential reporting. Additionally, the representative from the Parental Rights Foundation reviewed data concerning racial disproportionality in child welfare investigations.

Kinship care. The Grand Family Coalition, which is a non-profit organization that offers support and navigation services for grandparents and kinship caregivers, presented data on kinship placement in Colorado. According to the Grand Family Coalition representative, in Colorado over 36,000 grandparents are responsible for their grandchildren and an estimated 1,300 Colorado children are in foster care being raised by kin. Information about the financial challenges for family members taking on a kinship placements was also discussed.

Foster care. Representatives from Foster Source reviewed data related to kinship care and foster families. Information was provided to the committee on certified and uncertified providers, including discrepancies in funding for the different types of providers, and potential legislative changes related to kinship care and foster parents, including developing an easier path to certification, retention plans for foster parents, and services for high need youth. The Foster Source representatives discussed the challenges the child welfare system is facing in recruiting and retaining foster families. The committee discussed adding additional behavioral health services for foster families and the children they serve to increase stability.

Residential providers. Representatives from the Colorado Association of Family and Children's Agencies (CAFCA) discussed the capacity crisis in Colorado's child welfare system, as well as impacts of prior state and federal legislation on residential placement providers. Information was provided about how children and youth are referred to CAFCA's member agencies, the staffing challenges the agencies face, and needed facility improvements for licensure compliance. The CAFCA representatives shared concerns about funding for child welfare services.

High acuity children and youth. CHSDA, CDHS, and HCPF representatives discussed with the committee children and youth with high acuity needs. These are children and youth with complex medical and behavioral health needs and intellectual or developmental disabilities who cannot receive care at home and need to be placed in specialized group settings or treatment-focused residential settings. The presenters reported a lack of adequate placements for these individuals and a need to increase the infrastructure to meet these new requirements. CDHS specifically noted workforce shortages, insufficient provider rates, a lack of clinical training and oversight, and specific payer requirements as reasons for the lack of high acuity beds. Incentive payments and state controlled admissions and discharges were presented by CDHS as solutions that are currently working. They further suggested that the state:

- review provider rates;
- incentivize providers to accept young people;
- improve room and board funding;
- establish a quality assurance process;
- strengthen oversight of clinical care;
- increase the highly trained workforce;
- develop and provide an assessment system; and
- provide intensive case management.

Representatives from Children's Hospital Colorado and HealthONE Presbyterian St. Luke's/Rocky Mountain Hospital for Children reviewed data on the children's mental health crisis in Colorado and nationally. They discussed the lack of placement options for children who are ready to be discharged from the hospital but are not able to return home. Possible solutions to address the crisis were discussed, including budget increases to expand access to family supports and services, funding high-acuity residential placements, and implementing a single, statewide coordinated system of care.

Adoption. CDHS and CHSDA provided an overview of the adoption process in Colorado, adoption data, and changes to the adoption experience and supports for families. According to the data presented, over 4,000 children have successfully gone through the adoption process in Colorado since 2019, and less than one percent of those children have been removed after adoption. According to CDHS, the state provides over \$46 million annually in adoption financial assistance, and provides additional services in the form of daycare, tutoring, and respite care. Recent efforts to streamline and clarify the adoption process were discussed, including revisions to state rules to align with federal rules; the adoption of Senate Bill 19-178 to provide cash subsidies and other noncash benefits to families who adopt eligible children and youth, and the creation of one consistent adoption assistance worksheet and adoption assistance policy for all counties to use.

Representatives from Raise the Future, a nonprofit organization that implements evidence-based services for youth in foster care, discussed gaps in supports for families with adopted children in Colorado, the Wendy's Wonderful Kids model, and children that have left the child welfare system without a permanent placement. The representatives discussed the public-private partnership between the state, county departments, Raise the Future, and Dave Thomas Foundation that currently serves 120 youth in foster care and how the state's annual funding of \$340,000 for this partnership is slated to end in 2024.

Committee recommendations. From these discussions, the committee recommended Bill A, which creates measures to support kinship foster care homes, including formally establishing a kinship foster care home certification process. Additionally, the committee recommended Bill C, which expands programs for youths who are in, or are at risk of being placed in, out-of-home care. The committee recommended that a bill changing the standards and procedures used in dependency and neglect cases be drafted, but the draft bill was not approved by the committee.

Behavioral Health

New Jersey's Children's System of Care. The committee heard a presentation from a representative of New Jersey's Department of Children and Families about its Children's System of Care (CSOC). New Jersey's CSOC is a public behavioral health system that serves all youth under age 21 with emotional and mental health care needs, substance use challenges, or intellectual and developmental disabilities, regardless of the family's income. In order to streamline the process, CSOC is administered by a single entity and all assessments are conducted with the Child Assessment of Needs and Strengths tool. The program provides mobile response and stabilization services; peer support and advocacy for families and youth; workforce training, certification, and technical assistance; and in-home and out-of-home treatment services. Data about the program was shared with the committee.

Committee recommendations. As a result of its discussions, the committee recommends Bill B, which requires the development of a comprehensive children's behavioral health care system by the Behavioral Health Administration.

Overrepresented Populations in the Child Welfare System

Representatives from the Casey Family Programs discussed how families of color and LGBTQ+ children have a greater chance of coming into contact with the child welfare system and experience poor outcomes while involved with the system. The committee discussed some of the reasons for this and examined ways to reduce system involvement with families of color and other marginalized populations. The presenters discussed the close relationship between neglect and poverty, and how families must be able but unwilling to provide for their children in order to be considered neglectful. The presenters explained that many families are willing to provide for their children, but are unable to do so due to a lack of resources. The presenters shared statistical data demonstrating that Black and Latino populations experience poverty at nearly twice the rate of the average Coloradans, which helps to explain the increased interaction between the child welfare system and families of color. One of the suggestions received from Foster Source to improve the outcomes of children of color and LGBTQ+ children and youth was to focus foster family recruitment efforts on these populations.

Summary of Recommendations

As a result of the committee's activities, the committee recommended five bills to the Legislative Council for consideration in the 2023 session. At its meeting November 15, 2023, the Legislative Council approved five recommended bills for introduction. The approved bills are described below.

Bill A — Kinship Foster Care Homes

The bill outlines several procedures for kinship foster care homes, including measures pertaining to timely permanency planning, expanded emergency financial assistance, and data collection by the Colorado Department of Human Services and the Judicial Department on kinship placements. Additionally, the bill requires that relatives be informed about the types of kinship care options and financial supports available, both during court proceedings and through the development of an interagency resource guide.

The bill also establishes a formal process for certifying kinship foster care homes and defines the financial assistance rates available to certified and non-certified kinship foster care homes, county department reimbursement rates for kinship foster care, and the certification standards and training requirements for certified kinship foster care homes.

Bill B — Children's Behavioral Health Statewide System of Care

The bill requires the Behavioral Health Administration (BHA) to develop and maintain a comprehensive children's behavioral health statewide system of care, in collaboration with other agencies. The system should allow children and youth up to 21 years of age to have a single point of access to behavioral health care regardless of payer, insurance, or income. The bill sets timelines for the BHA to develop the system of care and outlines what the system must include.

Bill C — High-Acuity Crisis for Children and Youth

The bill creates and expands programs for youth who are currently in, or are at risk of being placed in, out-of-home care, including creating a system of care for youth that provides intensive care coordination and increases access to supportive services. Additionally, the bill expands eligibility for the Children's Habilitation Residential Program Waiver, requires evaluation of reimbursement rates for psychiatric residential treatment facilities, and continues and expands the Emergency Residential Treatment Program. The bill also requires the Colorado Department of Human Services to improve residential child care facilities by creating an academy to train residential child care providers, developing minimum standards and monitoring systems, and implementing an incentive system to improve performance.

Bill D — Accessibility for Persons in Child Welfare Matters

The bill creates a process to ensure proper language access to services for individuals with limited English proficiency. It requires county departments, cities and counties, and

private-entity contractors to make reasonable efforts to ensure meaningful language access to services in a timely manner and without unreasonable delay. Courts are also required to ensure the provision of language access services in dependency and neglect cases and dispositional hearings. Finally, the bill requires that a language access plan be developed to address the rights and needs of persons with limited English proficiency, that staff be trained to identify persons with limited English proficiency, and that an accessible resource bank of translated common documents be developed.

Bill E – Child Welfare System Tools

The bill requires that reports of known or suspected child abuse or neglect include evidence of domestic violence in a child’s home whenever possible. The Colorado Department of Human Services must create a consistent screening process for county departments to follow when responding to a report from the child abuse reporting hotline, review and modify the screening process used by county departments and hotline system operators in determining demographic and ethnicity information, and develop a disclosure system that notifies callers that calls to the child abuse reporting hotline are recorded.

The bill also requires the Office of the Child Protection Ombudsman to contract with a third-party evaluator to conduct audits on the Colorado Family Safety Assessment and the Colorado Family Risk Assessment tools.

Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

<https://leg.colorado.gov/committees/colorados-child-welfare-system-interim-study-committee/2023-regular-session>

Meetings and Topics Discussed

June 27, 2023

- Overview of the role of the Colorado Department of Human Services in the child welfare system
- Overview by county departments of human services on their role in the child welfare system
- Overview by the Judicial Department and independent state agencies on their role in the child welfare system

July 18, 2023

- Overview of recent legislation pertaining to child welfare
- Presentations by organizations representing parents
- Presentations by foster and kinship care organizations and residential providers
- Presentation on the role of hospitals in the child welfare system
- Presentation from the Delivery of Child Welfare Services Task Force
- Presentation from the Colorado Child Welfare Abuse Prevention Board
- Presentations from the Department of Human Services Child Fatality Review Team and Colorado State Child Fatality Prevention Review Team
- Presentations from the Mandatory Reporter Task Force and Timothy Montoya Task Force to Prevent Children from Running Away from Out of Home Placement
- Panel discussions with biological parents, foster parents, kinship care providers, and youth with lived experience with the child welfare system
- Public testimony

August 22, 2023

- Presentation from the National Conference of State Legislatures
- Presentation on perspectives from other states
- Presentation from Illuminate Colorado

Meetings and Topics Discussed (Cont'd)

- Presentations from the Kempe Foundation and Kempe Center
- Presentation from the Family Resource Center Association
- Presentation from the Department of Early Childhood
- Presentation on high acuity beds
- Presentation on the Colorado Trails system
- Public testimony

September 12, 2023

- Presentation on child welfare funding
- Presentation on adoption
- Presentation from the High-quality Parenting Time Task Force
- Presentation on the Safety Assessment Tool
- Presentation on overrepresented populations in Colorado's child welfare system
- Public testimony
- Interim bill draft requests

October 25, 2023

- Review of bill drafts and proposed amendments
- Public testimony
- Approval of interim bill drafts and committee letter to the Joint Technology Committee

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

BILL A

LLS NO. 24-0342.02 Jane Ritter x4342

SENATE BILL**SENATE SPONSORSHIP****Zenzinger and Kirkmeyer**, Fields, Michaelson Jenet**HOUSE SPONSORSHIP****Pugliese and Young**, Bradley, Duran, Evans, Froelich, Joseph

Senate Committees

House Committees

A BILL FOR AN ACT101 **CONCERNING INCREASING SUPPORT FOR KINSHIP FOSTER CARE HOMES.****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 states that a court shall not delay permanency planning for a child or youth for purposes of maintaining financial support for a kinship foster care home, or a non-certified kinship foster care home, unless there are exceptional circumstances as approved by the court.

The bill allows the state department of human services (state department) to promulgate rules to modify the requirements for kinship

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.

foster care homes, including training topics for kinship foster care certification.

Emergency financial assistance for a kinship foster care home is expanded to include goods needed for the child's basic care, including beds, clothing, and transportation costs, and limited rental or housing assistance not to exceed a 60-day subsidy.

The bill clarifies the definitions regarding foster care homes, kinship foster care homes (kinship home), and non-certified kinship foster care homes (non-certified kinship home). A kinship home is a home that has been certified by a county department of human or social services (county department) or a child placement agency to provide 24-hour care for relatives or kin only who are less than 21 years of age. A kinship home is eligible for financial assistance and supports. "Kinship foster care home" does not include a non-certified kinship home. A non-certified kinship home means a relative or kin who has a significant relationship with the child or youth and who has either chosen not to pursue the certification process or who has not met the certification requirements for a kinship home.

The bill formally establishes the process by which a kinship home may apply for certification from a county department or child placement agency. A county department or child placement agency, upon the completion of the required background checks, may issue a one-time provisional certificate for a period of 6 months to an applicant at a specific location who is requesting provisional certification, if requested by the applicant. If the applicant completes the required background checks, the county department or child placement agency shall make payment beginning with the date of placement. The county department or child placement agency shall complete the certification process within the timelines promulgated by rule of the state board. The applicant has the right to appeal any denial of certification. The state department, a county department, or a child placement agency has the right to revoke a kinship home's certification for cause.

Prior to issuing a certificate or subsequent certificate to an applicant to operate a kinship home, a county department or a child placement agency shall conduct a fingerprint-based criminal history record check (fingerprint check) through the Colorado bureau of investigation. The applicant shall pay, unless otherwise paid by a county department, the costs associated with the fingerprint check to the Colorado bureau of investigation.

The county department or child placement agency to which the kinship home applied for certification shall extend the provisional certification by an additional 60 days if the applicant can demonstrate that the applicant did not cause the delay in completing all the requirements for certification.

A kinship home may opt out of the provisional certification

process and remain eligible for supports through sources other than foster care maintenance.

The bill stipulates that prior to transferring temporary legal custody of any child or youth to a relative or kin, the court shall make findings that the relative or kin was advised regarding the differences between kinship foster care and non-certified kinship care, including but not limited to financial assistance, custody requirements, and long-term financial support options.

Kinship foster care homes are eligible for financial reimbursement and supports at the same rate as foster care homes, as established in rules promulgated by the state board of human services. Non-certified kinship care homes are eligible for financial assistance and supports at 50% of the foster care rate, based on the age of the child or youth receiving care.

The state department shall collaborate with the department of education, the department of public health and environment, and the department of health care policy and financing to develop an interagency resource guide to assist kinship in the certification process. The state department shall prominently post the interagency resource guide on the state department's website.

The bill directs the state department and the judicial department to collect data on the number of children who are placed with certified and non-certified kin through a dependency and neglect case, regardless of whether the kin or county has custody of the child or youth. The state department shall make the data available on its website on or before January 30, 2025.

On or before October 1, 2024, the state department shall study and report to the general assembly the feasibility of using federal funds, including but not limited to federal IV-B, IV-E, or TANF funds, or other grant funding to provide or reimburse for the provision of brief legal services or legal representation of relative and kin caregivers.

The bill makes conforming amendments to align statutory sections related to foster care homes with kinship homes.

The bill takes effect September 1, 2024.

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

2 **SECTION 1.** In Colorado Revised Statutes, 19-3-702, **amend** (3)
3 introductory portion as follows:

4 **19-3-702. Permanency hearing.** (3) At any permanency
5 planning hearing, the court shall first determine if the child or youth
6 should be returned to the child's or youth's parent, named guardian, or

1 legal custodian and, if applicable, the date on which the child or youth
2 must be returned. If the child or youth cannot be returned home, the court
3 shall also determine whether reasonable efforts have been made to find
4 a safe and stable permanent home for the child or youth. The court shall
5 not delay permanency planning by considering the placement of children
6 or youth together as a sibling group OR FOR PURPOSES OF MAINTAINING
7 FINANCIAL SUPPORT FOR A KINSHIP FOSTER CARE HOME OR A
8 NON-CERTIFIED KINSHIP FOSTER CARE HOME, UNLESS THERE ARE
9 EXCEPTIONAL CIRCUMSTANCES APPROVED BY THE COURT. At any
10 permanency planning hearing, the court shall make the following
11 determinations, when applicable:

12 **SECTION 2.** In Colorado Revised Statutes, 19-7-104, **add** (4) as
13 follows:

14 **19-7-104. Subjects included within training for certified foster**
15 **parents and kinship foster care - rules.** (4) THE STATE DEPARTMENT OF
16 HUMAN SERVICES MAY PROMULGATE RULES TO MODIFY THE
17 REQUIREMENTS OF THIS SECTION FOR KINSHIP FOSTER CARE HOMES,
18 INCLUDING TRAINING TOPICS FOR KINSHIP FOSTER CARE CERTIFICATION.

19 **SECTION 3.** In Colorado Revised Statutes, 26-5.3-105, **amend**
20 (1) introductory portion, (1)(a), and (3) introductory portion; **repeal**
21 (3)(e); and **add** (3)(h) and (3)(i) as follows:

22 **26-5.3-105. Eligibility requirements - period of eligibility -**
23 **services available.** (1) Families with children OR YOUTH at imminent risk
24 of out-of-home placement ~~shall be~~ ARE eligible for emergency assistance.
25 Assistance ~~shall be~~ IS available to or on behalf of a needy child ~~under~~ OR
26 YOUTH WHO IS LESS THAN twenty-one years of age and any other member
27 of the household in which the child OR YOUTH lives if:

1 (a) ~~Such~~ THE child OR YOUTH is living with ~~any of the relatives~~
2 ~~described in section 26-2-103 (4)(a)~~ KIN, AS DEFINED IN SECTION
3 26-6-903, in a place of residence maintained by the ~~relative as the~~
4 ~~relative's own home~~ KIN;

5 (3) Emergency assistance provided pursuant to this ~~article shall~~
6 ARTICLE 5.3 MAY be used for, but ~~shall~~ IS not be limited to: ~~the following:~~

7 (e) ~~In-home supportive homemaker services;~~

8 (h) GOODS NEEDED FOR THE CHILD'S BASIC CARE, INCLUDING BEDS,
9 CLOTHING, AND TRANSPORTATION COSTS; AND

10 (i) LIMITED RENTAL OR HOUSING ASSISTANCE, NOT TO EXCEED A
11 SIXTY-DAY SUBSIDY.

12 **SECTION 4.** In Colorado Revised Statutes, **amend** 26-6-901 as
13 follows:

14 **26-6-901. Short title.** The short title of this part 9 is the "Foster
15 Care, KINSHIP FOSTER CARE, Residential, Day Treatment, and CHILD
16 PLACEMENT Agency Licensing AND CERTIFICATION Act".

17 **SECTION 5.** In Colorado Revised Statutes, 26-6-902, **amend** (1);
18 and **add** (1.5) as follows:

19 **26-6-902. Legislative declaration.** (1) The general assembly
20 finds that:

21 (a) THE regulation, ~~and~~ licensing, AND FUNDING of foster care
22 homes, KINSHIP FOSTER CARE HOMES, residential and day treatment child
23 care facilities, and child placement agencies contribute to a safe and
24 healthy environment for children and youth;

25 (b) The provision of such an environment affords benefits to
26 children and youth, their families, their communities, and the larger
27 society; ~~It is the intent of the general assembly that those who regulate~~

1 ~~and those who are regulated work together to meet the needs of the~~
2 ~~children, youth, their families, foster care providers, child placement~~
3 ~~agencies, and residential and day treatment child care facilities.~~ AND

4 (c) SUPPORTING FAMILIES AND KIN WHO ARE WILLING TO CARE FOR
5 A CHILD OR YOUTH IS ONE OF THE MOST IMPORTANT ACTIONS THE STATE
6 CAN TAKE TO PROMOTE SAFE AND TIMELY REUNIFICATION, MAINTAIN
7 FAMILY CONNECTIONS, CREATE AS NORMAL OF AN EXPERIENCE AS
8 POSSIBLE FOR CHILDREN AND YOUTH WHO HAVE BEEN REMOVED FROM
9 THEIR HOMES, AND PREVENT FURTHER LONG-TERM INCORPORATION INTO
10 THE CHILD WELFARE SYSTEM.

11 (1.5) THE GENERAL ASSEMBLY INTENDS THAT THOSE WHO
12 REGULATE AND FUND, AND THOSE WHO ARE REGULATED AND FUNDED,
13 WORK TOGETHER TO MEET THE NEEDS OF THE CHILDREN, YOUTH, AND
14 THEIR FAMILIES; FOSTER CARE PROVIDERS; KINSHIP FOSTER CARE
15 PROVIDERS; CHILD PLACEMENT AGENCIES; AND RESIDENTIAL AND DAY
16 TREATMENT CHILD CARE FACILITIES.

17 **SECTION 6.** In Colorado Revised Statutes, 26-6-903, **amend** (4),
18 (10), and (16); and **add** (21.5) as follows:

19 **26-6-903. Definitions.** As used in this part 9, unless the context
20 otherwise requires:

21 (4) "Certification" means the process by which a county
22 department of human or social services, a child placement agency, or a
23 federally recognized tribe pursuant to applicable federal law approves the
24 operation of a foster care home OR A KINSHIP FOSTER CARE HOME.

25 (10) "Foster care home" means a home that is certified by a county
26 department or a child placement agency pursuant to section 26-6-910, or
27 a federally recognized tribe pursuant to applicable federal law, for child

1 care in a place of residence of a family or person for the purpose of
2 providing twenty-four-hour family foster care for a child ~~under the age of~~
3 OR YOUTH LESS THAN twenty-one years OF AGE. A foster care home may
4 include foster care for a child OR YOUTH who is unrelated to the head of
5 the home. ~~or foster care provided through a kinship foster care home but~~
6 ~~does not include noncertified kinship care, as defined in section 19-1-103.~~
7 The term includes a foster care home that receives a child for regular
8 twenty-four-hour care and a home that receives a child OR YOUTH from
9 a state-operated institution for child care or from a child placement
10 agency. "Foster care home" also includes those homes licensed by the
11 department pursuant to section 26-6-905 that receive neither money from
12 the counties nor children OR YOUTH placed by the counties.

13 (16) "Kinship foster care home" means a KINSHIP foster care home
14 that ~~is certified by a county department or a licensed child placement~~
15 ~~agency pursuant to section 26-6-910 or a federally recognized tribe~~
16 ~~pursuant to applicable federal law as having met the foster care~~
17 ~~certification requirements, and where the foster care of the child is~~
18 ~~provided by kin. Kinship foster care providers are eligible for foster care~~
19 ~~reimbursement. A kinship foster care home provides twenty-four-hour~~
20 ~~foster care for a child or youth under the age of twenty-one years HAS~~
21 ~~BEEN CERTIFIED PURSUANT TO SECTION 26-6-910 TO CARE FOR A RELATIVE~~
22 ~~OR KIN ONLY. A KINSHIP FOSTER CARE HOME PROVIDES~~
23 ~~TWENTY-FOUR-HOUR FOSTER CARE FOR A CHILD OR YOUTH WHO IS A~~
24 ~~RELATIVE OR KIN, WHO IS LESS THAN TWENTY-ONE YEARS OF AGE, AND~~
25 ~~WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE AND OTHER SUPPORTS~~
26 ~~PURSUANT TO SECTION 26-6-904.5. "KINSHIP FOSTER CARE HOME" DOES~~
27 ~~NOT INCLUDE NON-CERTIFIED KINSHIP CARE AS THAT TERM IS DEFINED IN~~

1 SUBSECTION (21.5) OF THIS SECTION.

2 (21.5) "NON-CERTIFIED KINSHIP CARE" MEANS KINSHIP CARE THAT
3 IS PROVIDED TO A CHILD OR YOUTH WHO IS LESS THAN TWENTY-ONE YEARS
4 OF AGE BY A RELATIVE OR KIN WHO HAS A SIGNIFICANT RELATIONSHIP
5 WITH THE CHILD OR YOUTH AND WHO HAS EITHER CHOSEN NOT TO PURSUE
6 THE CERTIFICATION PROCESS OR WHO HAS NOT MET THE CERTIFICATION
7 REQUIREMENTS FOR A KINSHIP FOSTER CARE HOME AS SET FORTH IN THIS
8 PART 9.

9 **SECTION 7.** In Colorado Revised Statutes, **add 26-6-904.5** as
10 follows:

11 **26-6-904.5. Kinship foster care homes - certification and**
12 **revocation of certification - financial assistance and supports -**
13 **training - interagency resource guide - data - rules.** (1) (a) A KINSHIP
14 FOSTER CARE HOME SEEKING CERTIFICATION SHALL FOLLOW THE
15 APPLICATION PROCESS OUTLINED IN SECTION 26-6-910. A COUNTY
16 DEPARTMENT OR CHILD PLACEMENT AGENCY, UPON THE SUCCESSFUL
17 COMPLETION OF THE BACKGROUND CHECKS REQUIRED PURSUANT TO
18 SECTION 19-3-406, MAY ISSUE A ONE-TIME PROVISIONAL CERTIFICATE FOR
19 A PERIOD OF SIX MONTHS TO AN APPLICANT AT A SPECIFIC LOCATION WHO
20 IS REQUESTING PROVISIONAL CERTIFICATION. THE APPLICANT MAY OPT
21 OUT OF THE PROVISIONAL CERTIFICATION PROCESS. A PROVISIONAL
22 CERTIFICATION PERMITS THE APPLICANT TO OPERATE THE KINSHIP FOSTER
23 CARE HOME IF THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO
24 ALL STANDARDS REQUIRED PURSUANT TO THIS PART 9, UPON PROOF BY
25 THE APPLICANT THAT THE APPLICANT IS ATTEMPTING TO CONFORM TO THE
26 STANDARDS OR TO COMPLY WITH ANY OTHER REQUIREMENTS. IF THE
27 APPLICANT SUCCESSFULLY COMPLETES THE BACKGROUND CHECKS

1 REQUIRED PURSUANT TO SECTION 19-3-406, THE COUNTY DEPARTMENT OR
2 CHILD PLACEMENT AGENCY SHALL MAKE PAYMENT BEGINNING WITH THE
3 DATE OF PLACEMENT. THE COUNTY DEPARTMENT OR CHILD PLACEMENT
4 AGENCY SHALL COMPLETE THE CERTIFICATION PROCESS WITHIN THE
5 TIMELINES PROMULGATED BY RULE OF THE STATE BOARD.

6 (b) THE COUNTY DEPARTMENT OR CHILD PLACEMENT AGENCY TO
7 WHICH THE KINSHIP FOSTER CARE HOME APPLIED FOR CERTIFICATION
8 SHALL EXTEND THE PROVISIONAL CERTIFICATION PROVIDED FOR IN
9 SUBSECTION (1)(a) OF THIS SECTION BY AN ADDITIONAL SIXTY DAYS IF THE
10 APPLICANT CAN DEMONSTRATE THAT THE APPLICANT DID NOT CAUSE THE
11 DELAY IN COMPLETING ALL THE REQUIREMENTS FOR CERTIFICATION.

12 (c) A KINSHIP FOSTER CARE HOME MAY OPT OUT OF THE
13 PROVISIONAL CERTIFICATION PROCESS AND REMAIN ELIGIBLE FOR
14 SUPPORTS THROUGH SOURCES OTHER THAN FOSTER CARE MAINTENANCE.

15 (d) PRIOR TO TRANSFERRING TEMPORARY LEGAL CUSTODY OF ANY
16 CHILD OR YOUTH TO A RELATIVE OR KIN, THE COURT SHALL MAKE
17 FINDINGS THAT THE RELATIVE OR KIN WAS ADVISED REGARDING THE
18 DIFFERENCES BETWEEN KINSHIP FOSTER CARE AND NON-CERTIFIED KINSHIP
19 CARE, INCLUDING BUT NOT LIMITED TO FINANCIAL ASSISTANCE, CUSTODY
20 REQUIREMENTS, AND LONG-TERM FINANCIAL SUPPORT OPTIONS.

21 (e) THE APPLICANT HAS THE RIGHT TO APPEAL ANY CERTIFICATION
22 DENIAL THAT THE APPLICANT BELIEVES PRESENTS AN UNDUE HARDSHIP OR
23 HAS BEEN APPLIED TOO STRINGENTLY BY A COUNTY DEPARTMENT OR
24 CHILD PLACEMENT AGENCY. UPON THE FILING OF AN APPEAL, THE
25 APPLICANT, COUNTY DEPARTMENT, OR CHILD PLACEMENT AGENCY SHALL
26 PROCEED IN THE SAME MANNER AS PRESCRIBED FOR LICENSURE APPEALS
27 IN SECTION 26-6-909 (4).

1 (f) (I) THE STATE DEPARTMENT, A COUNTY DEPARTMENT, OR A
2 CHILD WELFARE AGENCY HAS THE AUTHORITY TO INVESTIGATE AND
3 INSPECT A KINSHIP FOSTER CARE HOME AND A NON-CERTIFIED KINSHIP
4 HOME PURSUANT TO SECTION 26-6-912 AND TO TAKE APPROPRIATE
5 ACTIONS AS DESCRIBED IN SECTION 26-6-912 (1)(d)(I).

6 (II) THE STATE DEPARTMENT, A COUNTY DEPARTMENT, OR A CHILD
7 PLACEMENT AGENCY MAY REVOKE A KINSHIP FOSTER CARE HOME'S
8 CERTIFICATION IN ACCORDANCE WITH SECTION 26-6-913.

9 (2) KINSHIP FOSTER CARE HOMES ARE ELIGIBLE FOR FINANCIAL
10 REIMBURSEMENT AND SUPPORTS AT THE SAME RATE AS FOSTER CARE
11 HOMES, AS ESTABLISHED IN RULES PROMULGATED BY THE STATE BOARD
12 OF HUMAN SERVICES. NON-CERTIFIED KINSHIP CARE HOMES ARE ELIGIBLE
13 FOR FINANCIAL ASSISTANCE AND SUPPORTS AT FIFTY PERCENT OF THE
14 FOSTER CARE RATE, BASED ON THE AGE OF THE CHILD OR YOUTH
15 RECEIVING CARE. FUNDING TO COVER FINANCIAL ASSISTANCE AND
16 SUPPORTS COMES FROM THE REVENUE STREAM IDENTIFIED IN SUBSECTION
17 (3) OF THIS SECTION.

18 (3) THE STATE DEPARTMENT SHALL REIMBURSE THE COUNTY
19 DEPARTMENTS NINETY PERCENT OF THE AMOUNTS EXPENDED BY COUNTY
20 DEPARTMENTS FOR KINSHIP FOSTER CARE DAILY RATES TO SUPPORT
21 FINANCIAL ASSISTANCE. THE KINSHIP FOSTER CARE RATE IS EXEMPT FROM
22 THE CLOSE-OUT PROCESS DESCRIBED IN SECTION 26-5-104 (3).

23 (4) (a) THE STATE DEPARTMENT SHALL PROVIDE TRAINING ON THE
24 CERTIFICATION STANDARDS TO KINSHIP FOSTER CARE PROVIDERS WHO ARE
25 APPLYING FOR CERTIFICATION PURSUANT TO SUBSECTION (1) OF THIS
26 SECTION. WHENEVER POSSIBLE, THE STATE DEPARTMENT SHALL PROVIDE
27 TRAINING IN AN ONLINE FORMAT.

1 (b) THE STATE DEPARTMENT SHALL COLLABORATE WITH THE
2 DEPARTMENT OF EDUCATION, THE DEPARTMENT OF PUBLIC HEALTH AND
3 ENVIRONMENT, AND THE DEPARTMENT OF HEALTH CARE POLICY AND
4 FINANCING TO DEVELOP AN INTERAGENCY RESOURCE GUIDE TO ASSIST
5 KINSHIP FOSTER CARE HOMES IN BECOMING CERTIFIED. THE STATE
6 DEPARTMENT SHALL PROMINENTLY POST THE INTERAGENCY RESOURCE
7 GUIDE CREATED PURSUANT TO THIS SUBSECTION (4)(b) ON THE
8 DEPARTMENT'S WEBSITE.

9 (5) (a) THE STATE DEPARTMENT AND THE JUDICIAL DEPARTMENT
10 SHALL COLLECT DATA ON THE NUMBER OF CHILDREN WHO ARE PLACED
11 WITH CERTIFIED AND NON-CERTIFIED KIN THROUGH A DEPENDENCY AND
12 NEGLECT CASE, REGARDLESS OF WHETHER THE KIN OR COUNTY HAS
13 CUSTODY OF THE CHILD OR YOUTH. THE STATE DEPARTMENT AND THE
14 JUDICIAL DEPARTMENT SHALL INCLUDE DATA ON THE PERMANENCY
15 OUTCOMES, LENGTH OF STAY, RE-ENTRY INTO CARE, AND ALL OTHER
16 OUTCOMES COLLECTED FOR CHILDREN AND YOUTH IN OUT-OF-HOME
17 PLACEMENTS. THE STATE DEPARTMENT SHALL MAKE THE DATA
18 AVAILABLE ON ITS WEBSITE ON OR BEFORE JANUARY 30, 2025.

19 (b) ON OR BEFORE OCTOBER 1, 2024, THE STATE DEPARTMENT
20 SHALL STUDY AND REPORT TO THE GENERAL ASSEMBLY THE FEASIBILITY
21 OF USING FEDERAL FUNDS, INCLUDING BUT NOT LIMITED TO FEDERAL IV-B,
22 IV-E, OR TANF FUNDS, OR OTHER GRANT FUNDING TO PROVIDE OR
23 REIMBURSE FOR THE PROVISION OF BRIEF LEGAL SERVICES OR LEGAL
24 REPRESENTATION OF RELATIVE AND KIN CAREGIVERS.

25 (6) IN ADDITION TO THE RULES PROMULGATED PURSUANT TO
26 SECTION 26-6-911, THE STATE BOARD SHALL PROMULGATE RULES AS
27 NECESSARY TO IMPLEMENT THIS SECTION WITH RESPECT TO KINSHIP

1 FOSTER CARE HOMES AND NON-CERTIFIED KINSHIP CARE HOMES.

2 **SECTION 8.** In Colorado Revised Statutes, 26-6-905, **amend**
3 (1)(b), (1)(c)(I), (1)(c)(II), and (6) as follows:

4 **26-6-905. Licenses - out-of-state notices and consent -**
5 **demonstration pilot program - report - rules - definition.** (1) (b) A
6 person operating a foster care home OR KINSHIP FOSTER CARE HOME is not
7 required to obtain a license from the state department to operate the foster
8 care home OR KINSHIP FOSTER CARE HOME if the person holds a certificate
9 issued pursuant to section 26-6-910 to operate the home from a county
10 department or a child placement agency licensed under the provisions of
11 this part 9. A certificate is considered a license for the purpose of this part
12 9, including but not limited to the investigation and criminal history
13 background checks required under sections 26-6-910 and 26-6-912.

14 (c) (I) On and after July 1, 2002, and contingent upon the
15 timelines for implementation of the computer "trails" enhancements, child
16 placement agencies that certify foster care homes AND KINSHIP FOSTER
17 CARE HOMES must be licensed annually until the implementation of any
18 risk-based schedule for the renewal of child placement agency licenses
19 pursuant to subsection (1)(c)(II) of this section. The state board shall
20 promulgate rules specifying the procedural requirements associated with
21 the renewal of child placement agency licenses. The rules must include
22 the requirement that the state department conduct assessments of the child
23 placement agency.

24 (II) (A) On and after January 1, 2004, and upon the functionality
25 of the computer "trails" enhancements, the state department may
26 implement a schedule for relicensing of child placement agencies that
27 certify foster care homes AND KINSHIP FOSTER CARE HOMES that is based

1 on risk factors such that child placement agencies with low risk factors
2 ~~must~~ renew their licenses less frequently than child placement agencies
3 with higher risk factors.

4 (B) Prior to January 1, 2004, and contingent upon the timelines for
5 implementation of the computer "trails" enhancements, the state
6 department shall create classifications of child placement agency licenses
7 that certify foster care homes AND KINSHIP FOSTER CARE HOMES that are
8 based on risk factors as those factors are established by rule of the state
9 board.

10 (6) The state board of human services shall establish rules for the
11 approval of foster care homes, KINSHIP FOSTER CARE HOMES, and child
12 care centers that provide twenty-four-hour care of children between
13 eighteen and twenty-one years of age for whom the county department is
14 financially responsible and when placed in foster care OR KINSHIP FOSTER
15 CARE by the county department.

16 **SECTION 9.** In Colorado Revised Statutes, 26-6-908, **amend**
17 (1)(a)(I), (2), and (3) as follows:

18 **26-6-908. Application forms - criminal sanctions for perjury.**

19 (1) (a) (I) All applications for the licensure of a child placement agency
20 or a residential or day treatment child care facility or the certification of
21 a foster care home OR KINSHIP FOSTER CARE HOME pursuant to this part 9
22 must include the notice to the applicant ~~that is~~ set forth in subsection
23 (1)(b) of this section.

24 (2) A person applying for the licensure of a facility or agency or
25 the certification of a foster care home OR KINSHIP FOSTER CARE HOME
26 pursuant to this part 9, or a person applying to work at a facility or agency
27 as an employee, who knowingly or willfully makes a false statement of

1 any material fact or thing in the application commits perjury in the second
2 degree as defined in section 18-8-503 and, upon conviction, ~~thereof~~, shall
3 be punished accordingly.

4 (3) Every application for ~~certification~~ or licensure OR
5 CERTIFICATION as a foster care home OR KINSHIP FOSTER CARE HOME must
6 provide notice to the applicant that the applicant may be subject to
7 immediate revocation of ~~certification~~ or licensure OR CERTIFICATION or
8 other negative licensing action as set forth in this section (3) and section
9 26-6-913 and as described by rule of the state board.

10 **SECTION 10.** In Colorado Revised Statutes, 26-6-909, **amend**
11 (7)(b); and **add** (2.5) as follows:

12 **26-6-909. Standards for facilities and agencies - rules.**

13 (2.5) KINSHIP FOSTER CARE HOMES ARE EXEMPT FROM THE MINIMUM
14 STANDARDS SET FORTH IN THIS SECTION. TRAINING STANDARDS FOR
15 KINSHIP FOSTER CARE HOMES ARE ESTABLISHED PURSUANT TO SECTION
16 19-7-104 (4).

17 (7) (b) ~~In addition to an approved waiver of non-safety licensing~~
18 ~~standards~~, A county director of human or social services, or the county
19 ~~director's designee, may limit or restrict a license~~ CERTIFICATION issued
20 to a kinship foster care ~~entity~~ HOME or require ~~that entity~~ THE KINSHIP
21 FOSTER CARE HOME to enter into a compliance agreement to ensure the
22 safety and well-being of the child or children in ~~that entity's~~ THE KINSHIP
23 FOSTER HOME'S care.

24 **SECTION 11.** In Colorado Revised Statutes, 26-6-910, **amend**
25 (2), (3), (5) introductory portion, (6) introductory portion, (9), (10), and
26 (11); and **add** (5.5) and (12) as follows:

27 **26-6-910. Certification and annual recertification of foster**

1 **care homes and kinship foster care homes by county departments**
2 **and licensed child placement agencies - background and reference**
3 **check requirements - rules - definition.** (2) A person operating a foster

4 care home OR KINSHIP FOSTER CARE HOME shall obtain a certificate to
5 operate the home from a county department or a child placement agency
6 licensed pursuant to ~~the provisions of~~ this part 9. A certificate is
7 considered a license for the purpose of this part 9, including but not
8 limited to the investigation and criminal history background checks
9 required pursuant to this section and section 26-6-912. Each certificate
10 must be in the form prescribed and provided by the state department,
11 certify that the person operating the foster care home is a suitable person
12 to operate a foster care home OR KINSHIP FOSTER CARE HOME or provide
13 care for a child, and contain any other information that the state
14 department requires. A child placement agency issuing or renewing any
15 such certificate shall notify the state department about the certification in
16 a method and time frame as set by rule adopted by the state board.

17 (3) A foster care home OR KINSHIP FOSTER CARE HOME, when
18 certified by a county department or licensed child placement agency, may
19 receive for care a child from a source other than the certifying county
20 department or child placement agency upon the written consent and
21 approval of the certifying county department or child placement agency.

22 (5) Prior to issuing a certificate or a recertification to an applicant
23 to operate a foster care home OR KINSHIP FOSTER CARE HOME, a county
24 department or a child placement agency licensed pursuant to the
25 provisions of this part 9 shall conduct the following background checks
26 for the applicant for a certificate, a person employed by the applicant, or
27 a person who resides at the facility or the home:

1 (5.5) PRIOR TO ISSUING A CERTIFICATE OR SUBSEQUENT
2 CERTIFICATE TO AN APPLICANT TO OPERATE A KINSHIP FOSTER CARE HOME
3 PURSUANT TO THIS PART 9 AND RULES PROMULGATED BY THE STATE
4 BOARD, A COUNTY DEPARTMENT OR A CHILD PLACEMENT AGENCY SHALL
5 CONDUCT A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK
6 THROUGH THE COLORADO BUREAU OF INVESTIGATION PURSUANT TO
7 SECTION 19-3-406. THE APPLICANT SHALL PAY, UNLESS OTHERWISE PAID
8 BY A COUNTY DEPARTMENT, THE COSTS ASSOCIATED WITH THE
9 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK TO THE
10 COLORADO BUREAU OF INVESTIGATION.

11 (6) A county department or a child placement agency licensed
12 pursuant to ~~the provisions of~~ this part 9 shall not issue a certificate to
13 operate, or a recertification to operate, a foster care home OR KINSHIP
14 FOSTER CARE HOME and shall revoke or suspend a certificate if the
15 applicant for the certificate, a person employed by the applicant, or a
16 person who resides at the facility or home:

17 (9) Notwithstanding any other provision of this part 9, a person
18 shall not operate a foster care home OR KINSHIP FOSTER CARE HOME that
19 is certified by a county department or by a licensed child placement
20 agency if the person is a relative of an employee of the child welfare
21 division or unit of the county department certifying the foster care home
22 OR KINSHIP FOSTER CARE HOME or a relative of an owner, officer,
23 executive, member of the governing board, or employee of the child
24 placement agency certifying the foster care home OR KINSHIP FOSTER
25 CARE HOME. If the person files an application with a county department
26 or a child placement agency that would violate ~~the provisions of~~ this
27 subsection (9) by certifying the foster care home OR KINSHIP FOSTER CARE

1 HOME, the county department or child placement agency shall refer the
2 application to another county department or child placement agency.
3 Unless otherwise prohibited, the county department or child placement
4 agency to which the application is referred may certify and supervise a
5 foster care home OR KINSHIP FOSTER CARE HOME operated by the person.
6 The county department that referred the application may place a child in
7 the county-certified foster care home OR KINSHIP FOSTER CARE HOME
8 upon written agreement of the two county departments.

9 (10) Notwithstanding any other provision of this part 9, an owner,
10 officer, executive, member of the governing board, or employee of a child
11 placement agency licensed pursuant to this part 9 or a relative of said
12 owner, officer, executive, member, or employee, shall not hold a
13 beneficial interest in property operated or intended to be operated as a
14 foster care home OR KINSHIP FOSTER CARE HOME, when the property is
15 certified by the child placement agency as a foster care home OR KINSHIP
16 FOSTER CARE HOME.

17 (11) A county department or licensed child placement agency may
18 issue a one-time provisional certificate for a period of six months to an
19 applicant for an original certificate that permits the applicant to operate
20 a foster care home OR KINSHIP FOSTER CARE HOME if the applicant is
21 temporarily unable to conform to all of the standards required ~~under~~
22 PURSUANT TO this part 9 upon proof by the applicant that the applicant is
23 attempting to conform to the standards or to comply with any other
24 requirements. The applicant has a right to appeal to the state department
25 any standard that the applicant believes presents an undue hardship or has
26 been applied too stringently by the county department or licensed child
27 placement agency. Upon the filing of an appeal, the state department shall

1 proceed in the manner prescribed for licensee appeals in section 26-6-909
2 (4).

3 (12) A COUNTY DEPARTMENT OR CHILD PLACEMENT AGENCY
4 SHALL ISSUE A ONE-TIME PROVISIONAL CERTIFICATE AT A LOCATION FOR
5 A KINSHIP FOSTER CARE HOME FOR A PERIOD OF SIX MONTHS UPON THE
6 APPLICANT'S REQUEST AND THE SUCCESSFUL COMPLETION OF A
7 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE ONE-TIME
8 PROVISIONAL CERTIFICATE PERMITS THE APPLICANT TO OPERATE THE
9 KINSHIP FOSTER CARE HOME IF THE APPLICANT IS TEMPORARILY UNABLE
10 TO CONFORM TO ALL REQUIRED STANDARDS. THIS IS AN EXCEPTION TO
11 SUBSECTION (11) OF THIS SECTION, WHICH ALLOWS THE USE OF
12 PROVISIONAL CERTIFICATES. THE STATE DEPARTMENT SHALL
13 PROMULGATE RULES FOR THE OPERATION OF THIS SUBSECTION (12).

14 **SECTION 12.** In Colorado Revised Statutes, 26-6-911, **amend**
15 (2)(a) as follows:

16 **26-6-911. Foster care - kinship care - rules applying generally**
17 **- rule-making.** (2) At a minimum, the rules described in subsection (1)
18 of this section must include the following:

19 (a) Using the state department's automated database, the
20 procedures for notifying all county departments and child placement
21 agencies that place children in foster care AND KINSHIP FOSTER CARE
22 when the state department has identified a confirmed report of child abuse
23 or neglect, as defined in section 19-1-103, that involves a foster care
24 home OR KINSHIP FOSTER CARE HOME, as well as the suspension of any
25 further placements in the foster care home OR KINSHIP FOSTER CARE HOME
26 until the investigation is concluded;

27 **SECTION 13.** In Colorado Revised Statutes, 26-6-912, **amend**

1 (1)(b), (1)(d)(I), and (4) as follows:

2 **26-6-912. Investigations and inspections - local authority -**
3 **reports - rules.** (1) (b) An applicant for certification as a foster care
4 home OR KINSHIP FOSTER CARE HOME shall provide the child placement
5 agency or the county department from ~~whom~~ WHICH the certification is
6 sought with a list of all the prior child placement agencies and county
7 departments to which the applicant has previously applied, and a release
8 of information from the child placement agencies and county departments
9 to which the applicant has previously applied, to obtain information about
10 the application and any certification given by the child placement
11 agencies and county departments. A child placement agency or county
12 department from ~~whom~~ WHICH the certification is sought shall conduct a
13 reference check of the applicant and any adult resident of the foster care
14 home OR KINSHIP FOSTER CARE HOME by contacting all of the child
15 placement agencies and county departments identified by the applicant
16 before issuing the certification for that foster care home OR KINSHIP
17 FOSTER CARE HOME. Child placement agencies and county departments
18 are held harmless for information released, in good faith, to other child
19 placement agencies or county departments.

20 (d) (I) When the state department, county department, or child
21 placement agency is able to certify that the applicant or licensee is
22 competent and will operate adequate facilities to care for children
23 pursuant to the requirements of this part 9 and that standards are being
24 met and will be complied with, it shall issue the license for which the
25 applicant or licensee applied. The state department shall inspect or cause
26 to be inspected the facilities to be operated by an applicant for an original
27 license before the license is granted and shall thereafter inspect or cause

1 to be inspected the facilities of all licensees that, during the period of
2 licensure, have been found to be the subject of complaints or to be out of
3 compliance with the standards set forth in section 26-6-909 and the rules
4 of the state department, or that otherwise appear to be placing children at
5 risk. The state department may make such other inspections as it deems
6 necessary to ensure that the requirements of this part 9 are being met and
7 that the health, safety, and welfare of the children being placed are
8 protected. If, as a result of an inspection of a certified foster care home OR
9 KINSHIP FOSTER CARE HOME, the state department determines that a child
10 residing in the foster care home OR KINSHIP FOSTER CARE HOME is subject
11 to an immediate and direct threat to the child's safety and welfare, as
12 defined by rules promulgated by the state board, or that a substantial
13 violation of a fundamental standard of care warrants immediate action,
14 the state department may require a county department to immediately
15 remove the child from the foster care home OR KINSHIP FOSTER CARE
16 HOME.

17 (4) Within available appropriations, the state department shall
18 monitor, on at least a quarterly basis, the county department certification
19 of foster care homes AND KINSHIP FOSTER CARE HOMES.

20 **SECTION 14.** In Colorado Revised Statutes, **amend** 26-6-913 as
21 follows:

22 **26-6-913. Revocation of certification of foster care home or**
23 **kinship foster care home - emergency procedures - due process.**

24 Notwithstanding any other provision of law to the contrary, a county
25 department may act immediately to revoke the certification of a
26 county-certified foster care home OR KINSHIP FOSTER CARE HOME when
27 the county department has reason to believe that a child residing in the

1 foster care home OR KINSHIP FOSTER CARE HOME is subject to an
2 immediate and direct threat to the child's safety and welfare or when a
3 substantial violation of a fundamental standard of care warrants
4 immediate action. If the county department acts pursuant to this section,
5 a due process hearing shall be held within five days after the action and
6 conducted as the hearing would normally be conducted pursuant to article
7 4 of title 24.

8 **SECTION 15.** In Colorado Revised Statutes, **amend** 26-6-920 as
9 follows:

10 **26-6-920. Periodic review of licensing and certification rules**
11 **and procedures.** At least every five years, the department shall conduct
12 a comprehensive review of the licensing AND CERTIFICATION rules for
13 foster care homes, KINSHIP FOSTER CARE HOMES, and child placement
14 agencies and the procedures relating to and governing foster care homes,
15 KINSHIP FOSTER CARE HOMES, and agencies, including procedures for the
16 review of backgrounds of employees and owners. In conducting the
17 periodic review, the department shall consult with foster care providers,
18 KINSHIP FOSTER CARE PROVIDERS, child placement agencies, county
19 departments, the department of public health and environment, and other
20 interested parties throughout the state. The periodic review must include
21 an examination of the rules applicable to foster care homes, KINSHIP
22 FOSTER CARE HOMES, and child placement agencies; the process of
23 licensing foster care homes and child placement agencies; THE
24 CERTIFICATION PROCESS FOR FOSTER CARE HOMES AND KINSHIP FOSTER
25 CARE HOMES; uniformity of standards or lack thereof in the licensing
26 process; statewide standardization of investigations and enforcement of
27 licensing by the department; duplication and conflicts in rules,

1 requirements, or procedures between the department and the department
2 of public health and environment; and recommendations for streamlining
3 and unifying the licensing process. The review must also include an
4 examination of rules and procedures regarding the general physical and
5 mental health of foster care providers, KINSHIP CARE PROVIDERS,
6 employees, and owners. At the conclusion of each review, the department
7 shall report its findings and conclusions and its recommendations for
8 administrative changes and for legislation to the state board.

9 **SECTION 16. Effective date.** This act takes effect September 1,
10 2024.

11 **SECTION 17. Safety clause.** The general assembly finds,
12 determines, and declares that this act is necessary for the immediate
13 preservation of the public peace, health, or safety or for appropriations for
14 the support and maintenance of the departments of the state and state
15 institutions.

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

Attachment B

BILL B

LLS NO. 24-0343.01 Jane Ritter x4342

SENATE BILL

SENATE SPONSORSHIP

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

HOUSE SPONSORSHIP

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

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING ESTABLISHING A CHILDREN'S BEHAVIORAL HEALTH**
102 **STATEWIDE SYSTEM OF CARE.**

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 agencies; and the department of public health and environment, to

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.

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.

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 27-50-1010.

12 (4) "DATA TEAM" MEANS THE DATA AND QUALITY TEAM CREATED
13 BY THE OFFICE PURSUANT TO SECTION 27-50-1009.

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 WITH A BEHAVIORAL HEALTH
9 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, ESTABLISH, AND MAINTAIN A COMPREHENSIVE
18 CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE. THE
19 SYSTEM OF CARE SERVES AS THE SINGLE POINT OF ACCESS TO ADDRESS THE
20 BEHAVIORAL HEALTH NEEDS OF CHILDREN AND YOUTH IN COLORADO,
21 REGARDLESS OF PAYER, INSURANCE, AND INCOME.

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

26 (3) SERVICES COVERED THROUGH THE SYSTEM OF CARE MUST BE
27 PAID FIRST THROUGH MEDICAID AND PRIVATE INSURANCE. THE BHA

1 SHALL PROMULGATE RULES DEFINING THIS PAYMENT STRUCTURE, AS WELL
2 AS WHEN GENERAL FUND DOLLARS MUST PAY FOR SERVICES.

3 (4) AFTER THE IMPLEMENTATION PLAN IS DEVELOPED AND FULLY
4 IMPLEMENTED, THE SYSTEM OF CARE MUST INCLUDE, AT A MINIMUM:

5 (a) A STATEWIDE BEHAVIORAL HEALTH STANDARDIZED SCREENING
6 AND ASSESSMENT. THE OFFICE OF THE CHILDREN'S BEHAVIORAL HEALTH
7 STATEWIDE SYSTEM OF CARE SHALL EXPAND THE NETWORK OF
8 INDIVIDUALS ACROSS THE STATE WHO ARE TRAINED IN BEHAVIORAL
9 HEALTH SCREENING AND ASSESSMENT TOOLS. THE BEHAVIORAL HEALTH
10 STANDARDIZED SCREENING AND ASSESSMENT MUST REQUIRE:

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

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

19 (III) THE USE OF THE ASSESSMENT TOOL, AS DESCRIBED IN SECTION
20 27-62-103, TO SUPPORT INITIAL ELIGIBILITY DECISIONS, CRISIS SUPPORT
21 INTERVENTION, LEVEL OF CARE AND INTERVENTION NEED, AND
22 TREATMENT PLANNING. WHEN A CARE MANAGEMENT ENTITY USES THE
23 ASSESSMENT TOOL TO PROVIDE INTENSIVE-CARE COORDINATION WITH
24 HIGH-FIDELITY, WRAPAROUND, AND MODERATE-INTENSIVE-CARE
25 COORDINATION TO CREATE A TREATMENT PLAN, THE MANAGED CARE
26 ENTITY MUST USE THE PLAN TO DETERMINE THE SERVICES OFFERED BY
27 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS OR

1 MCEs THAT WILL BE PROVIDED TO THE CLIENT.

2 (b) TRAUMA-INFORMED MOBILE CRISIS RESPONSE AND
3 STABILIZATION SERVICES FOR CHILDREN AND YOUTH. THE DEPARTMENT
4 OF HEALTH CARE POLICY AND FINANCING, IN COORDINATION WITH THE
5 IMPLEMENTATION TEAM AND UNDER THE GUIDANCE OF THE ADVISORY
6 COUNCIL, SHALL, AS PART OF ITS EXISTING MOBILE CRISIS RESPONSE UNIT,
7 REVISE STATEMENT CERTIFICATION CRITERIA AND ESTABLISH A CHILDREN-
8 AND YOUTH-SPECIFIC MOBILE CRISIS RESPONSE AND STABILIZATION
9 SERVICE THAT IS AVAILABLE FOR ALL CHILDREN AND YOUTH, REGARDLESS
10 OF PAYER. THE MOBILE CRISIS RESPONSE AND STABILIZATION SERVICE
11 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) ON OR BEFORE JULY 1, 2025, EXPAND CRISIS RESOLUTION
22 TEAMS STATEWIDE FOR CHILDREN AND YOUTH UP TO TWENTY-ONE YEARS
23 OF AGE, BASED ON THE IMPLEMENTATION PLAN. THE MOBILE CRISIS
24 RESPONSE AND STABILIZATION SERVICES PROVIDER SHALL ALSO PROVIDE
25 CRISIS RESOLUTION TEAMS OR ESTABLISH CONTINUITY BETWEEN A CRISIS
26 RESOLUTION TEAM PROVIDER AND A MOBILE CRISIS RESPONSE AND
27 STABILIZATION SERVICES PROVIDER.

1 (c) TIERED CARE COORDINATION FOR MODERATE AND INTENSIVE
2 LEVELS OF NEED. THE BHA SHALL ESTABLISH MODERATE- AND
3 INTENSIVE-CARE COORDINATION USING WRAPAROUND PRINCIPLES
4 PROVIDED BY A CONFLICT-FREE CASE MANAGEMENT, AS DEFINED IN
5 SECTION 25.5-6-1702, AND AVAILABLE TO ALL CHILDREN AND YOUTH UP
6 TO TWENTY-ONE YEARS OF AGE WHO ARE AT HIGH RISK BUT DO NOT NEED
7 THE INTENSITY OF INTENSIVE-CARE COORDINATION. THE BHA AND, WHEN
8 APPROPRIATE, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,
9 SHALL:

10 (I) DEVELOP CRITERIA THAT INCORPORATE WRAPAROUND
11 PRINCIPLES AND ELEMENTS OF NATIONAL MODELS, INCLUDING CRITERIA
12 AND CERTIFICATION OF INTENSIVE-CARE COORDINATION WITH
13 HIGH-FIDELITY WRAPAROUND SERVICES PROVIDED BY A CONFLICT-FREE
14 ENTITY FOR THOSE CHILDREN AND YOUTH WHO MEET ESTABLISHED
15 CRITERIA FOR COMPLEX OR SEVERE BEHAVIORAL HEALTH NEEDS. THE
16 CRITERIA MUST ALIGN WITH THE HIGH-FIDELITY STANDARDS OF A
17 NATIONAL WRAPAROUND INITIATIVE. TO FACILITATE THE EXPANSION OF
18 COLORADO'S FEDERALLY FUNDED SYSTEM OF CARE MODEL OF
19 INTENSIVE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND
20 SERVICES STATEWIDE, THE BHA SHALL:

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

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

27 (II) IN ITS CONTRACTS WITH CARE MANAGEMENT ENTITIES AND

1 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS,
2 RESPECTIVELY, REQUIRE THAT EACH ESTABLISH CONTRACTS WITH A
3 CONFLICT-FREE CASE MANAGEMENT ENTITY AND LOCALLY BASED CARE
4 MANAGEMENT ENTITY RESPONSIBLE FOR PROVIDING INTENSIVE-CARE
5 COORDINATION WITH HIGH-FIDELITY WRAPAROUND, AND A NEW LEVEL OF
6 MODERATE-CARE COORDINATION FOR CHILDREN AT HIGH RISK WHO DO
7 NOT NEED THE INTENSITY AND FREQUENCY OF HIGH-FIDELITY
8 WRAPAROUND.

9 (d) PARENT AND YOUTH PEER SUPPORT. THE BHA SHALL REVISE
10 AND EXPAND MEDICAID-FUNDED PARENT PEER SUPPORT TO INCLUDE
11 PARENT PEER SUPPORT AND ESTABLISH A YOUTH PEER SUPPORT PROGRAM
12 TO USE IN CONJUNCTION WITH INTENSIVE- AND MODERATE-CARE
13 COORDINATION, MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES,
14 AND INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES.

15 (e) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES, AS
16 FOLLOWS:

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

1 SERVICES ORGANIZATION TO PAY FOR THE FAMILY THERAPY AND
2 INTENSIVE HOME-BASED SERVICES.

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

5 (III) ACCESS TO TRAUMA-SPECIFIC SERVICES.

6 (f) OUT-OF-HOME TREATMENT SERVICES, AS FOLLOWS:

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

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

15 (III) AS DEVELOPED BY THE OFFICE AND ELIGIBLE TO ALL
16 CHILDREN AND YOUTH REGARDLESS OF PAYER, MECHANISMS TO OVERSEE
17 AND MANAGE INPATIENT PSYCHIATRIC HOSPITALIZATION ADMISSIONS,
18 LENGTHS OF STAY, TRANSITIONS TO STEP-DOWN COMMUNITY SERVICES,
19 AND APPROPRIATE DISCHARGE PLANNING, INCLUDING DISCHARGE TO:

20 (A) COMMUNITY PSYCHIATRIC INPATIENT CARE;

21 (B) COMMUNITY PSYCHIATRIC OUTPATIENT CARE;

22 (C) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES;

23 (D) OTHER RESIDENTIAL TREATMENT CENTERS;

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

25 AND

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

27 (g) RESPITE SERVICES.

1 CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

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

4 (V) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S
5 DESIGNEE;

6 (VI) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY
7 THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY
8 COMMISSIONERS;

9 (VII) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF
10 HUMAN OR SOCIAL SERVICES, AS DESIGNATED BY THE STATEWIDE
11 ORGANIZATION THAT REPRESENTS COUNTY HUMAN AND SOCIAL SERVICES
12 DIRECTORS;

13 (VIII) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED
14 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH
15 SERVICES; AND

16 (IX) ONE OR MORE REPRESENTATIVES FROM A CONSUMER
17 ADVOCACY ORGANIZATION.

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

20 (I) ON OR BEFORE JULY 1, 2027, THE LEADERSHIP TEAM SHALL
21 REPORT TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL
22 HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND
23 HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES,
24 INCLUDING A RECOMMENDATION FOR WHETHER THE BHA CONTINUES TO
25 BE THE APPROPRIATE STATE AGENCY TO HOUSE THE OFFICE. THE STATE
26 MANAGEMENT ENTITY MUST HAVE DEEP PROGRAMMATIC CONTENT
27 EXPERTISE IN CHILDREN'S BEHAVIORAL HEALTH; THE TECHNICAL

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

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

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

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

20 (I) THE DEPUTY COMMISSIONER;

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

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

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

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

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

3 (VII) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY
4 THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY
5 COMMISSIONERS;

6 (VIII) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF
7 HUMAN OR SOCIAL SERVICES, AS DESIGNATED BY THE STATEWIDE
8 ORGANIZATION THAT REPRESENTS COUNTY HUMAN OR SOCIAL SERVICES
9 DIRECTORS; AND

10 (IX) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED
11 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH
12 SERVICES.

13 (c) ON OR BEFORE JANUARY 15, 2026, THE IMPLEMENTATION TEAM
14 SHALL PROVIDE THE FINAL IMPLEMENTATION PLAN TO THE HOUSE OF
15 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
16 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
17 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

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

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

26 (4) ON OR BEFORE JANUARY 15, 2025, THE OFFICE SHALL CREATE
27 AN ADVISORY COUNCIL, COMPOSED OF, AT A MINIMUM, FAMILY AND

1 YOUTH PROVIDERS, LOCAL PARTNERS, COUNTY DEPARTMENTS OF HUMAN
2 OR SOCIAL SERVICES, COUNTY COMMISSIONERS, JUVENILE JUSTICE
3 AGENCIES, UNIVERSITY PARTNERS, FAMILIES OR INDIVIDUALS WITH LIVED
4 EXPERIENCE USING CHILDREN'S OR YOUTHS' BEHAVIORAL HEALTH
5 SERVICES, CONSUMER ADVOCACY ORGANIZATIONS, AND OTHERS. THE
6 ADVISORY COUNCIL MUST REPRESENT THE RACIAL, ETHNIC, CULTURAL,
7 AND GEOGRAPHIC DIVERSITY OF THE STATE AND INCLUDE ONE OR MORE
8 PERSONS WITH A DISABILITY. THE ADVISORY COUNCIL SHALL RECEIVE
9 ROUTINE BRIEFINGS FROM THE DEPUTY COMMISSIONER, THE OFFICE, AND
10 ANY ENTITIES PURSUING BEHAVIORAL HEALTH REFORM EFFORTS. THE
11 ADVISORY COUNCIL MAY PROVIDE FEEDBACK AND ACTIONABLE ITEMS AS
12 A METHOD TO ENSURE ACCOUNTABILITY AND TRANSPARENCY AND
13 PROVIDE DIVERSE COMMUNITY INPUT ON CHALLENGES, GAPS, AND
14 POTENTIAL SOLUTIONS TO INFORM THE BHA'S VISION, STRATEGIC PLAN,
15 AND IMPLEMENTATION OF THE SYSTEM OF CARE.

16 **27-50-1005. Implementation plan - components - rules.**

17 (1) THE IMPLEMENTATION PLAN DEVELOPED BY THE IMPLEMENTATION
18 TEAM MUST INCLUDE, BUT IS NOT LIMITED TO:

19 (a) A PLAN FOR:

20 (I) STRATEGIC COMMUNICATIONS;

21 (II) OUTREACH, INFORMATION, AND REFERRAL;

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

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

26 (V) ACHIEVING MENTAL HEALTH EQUITY AND ELIMINATING
27 DISPARITIES IN ACCESS, QUALITY OF SERVICES, AND OUTCOMES FOR

1 DIVERSE POPULATIONS; AND

2 (VI) CREATING A TIMELINE FOR IMPLEMENTING THE FULL
3 CONTINUUM OF BEHAVIORAL HEALTH SERVICES, TAKING INTO ACCOUNT
4 THE TIMING OF THE EXPANSION OF MEDICAID WAIVERS AND SERVICES;

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

8 (c) MEANS OF IDENTIFYING WHICH ASSESSMENT TOOLS TO UTILIZE
9 IN VARIOUS CIRCUMSTANCES, INCLUDING COMPREHENSIVE ASSESSMENTS
10 FOLLOWING POSITIVE SCREENING IN PRIMARY CARE AND SCHOOL SETTINGS
11 USING STANDARDIZED SCREENING TOOLS, DURING A MOBILE CRISIS
12 RESPONSE, AND CARE PLANNING FOR POPULATIONS ACCESSING BOTH
13 INTENSIVE- AND MODERATE-CARE COORDINATION WITH HIGH-FIDELITY
14 WRAPAROUND;

15 (d) PLANS FOR IDENTIFYING AND CREDENTIALING INDIVIDUALS
16 WHO ADMINISTER THE ASSESSMENT TOOLS, INCLUDING TRAINING,
17 COACHING, AND CERTIFICATION FOR ASSESSORS WHO CONDUCT THE
18 STANDARDIZED ASSESSMENT;

19 (e) WAYS TO EXPAND CRISIS RESOLUTION TEAMS STATEWIDE,
20 INCLUDING A PLAN TO BUILD CAPACITY AND TRAIN PROVIDERS;

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

26 (g) WAYS TO REVISE THE DEFINITION AND QUALIFICATIONS OF
27 PARENT AND YOUTH PEER SUPPORT TO BE USED IN CONJUNCTION WITH

1 INTENSIVE- AND MODERATE-CARE COORDINATION, MOBILE CRISIS
2 RESPONSE AND STABILIZATION SERVICES, AND INTENSIVE IN-HOME AND
3 COMMUNITY-BASED SERVICES;

4 (h) MEANS OF IDENTIFYING WHAT INTENSIVE IN-HOME AND
5 COMMUNITY-BASED SERVICES, IN ADDITION TO MULTISYSTEMIC THERAPY
6 AND FUNCTIONAL FAMILY THERAPY, SHOULD BE INCLUDED IN THE ARRAY
7 OF SERVICES OFFERED THROUGH THE SYSTEM OF CARE AND HOW THE
8 OFFICE PERIODICALLY REVIEWS ADDITIONAL AND EMERGING SERVICES
9 THAT MAY BE INCLUDED IN THE FUTURE;

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

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

20 (k) WAYS TO EXPAND RESPITE SERVICES STATEWIDE;

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

25 (m) WAYS TO WORK WITH THE DIVISION OF INSURANCE IN THE
26 DEPARTMENT OF REGULATORY AGENCIES TO IMPLEMENT A POLICY THAT
27 REQUIRES COMMERCIAL INSURANCE PLANS TO OFFER THE SAME CHILD

1 BEHAVIORAL HEALTH SERVICES AS IN THE "COLORADO MEDICAL
2 ASSISTANCE ACT" PURSUANT TO PART 8 OF ARTICLE 5 OF TITLE 25.5;

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

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

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

12 (q) MAKING RECOMMENDATIONS ON FULL-TIME EMPLOYEES
13 NEEDED FOR THE OFFICE; AND

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

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

26 (3) THE IMPLEMENTATION PLAN MUST INCLUDE THE CREATION OF
27 A CAPACITY-BUILDING CENTER, WHICH MUST RECEIVE AN ANNUAL

1 MINIMUM APPROPRIATION OF TEN MILLION DOLLARS. THE
2 IMPLEMENTATION PLAN MUST DEVELOP, IMPLEMENT, AND FUND, WITHIN
3 AVAILABLE APPROPRIATIONS, THE FOLLOWING:

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

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

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

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

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

24 **27-50-1006. Grievance policy.** THE BHA SHALL DEVELOP A
25 STATE-LEVEL PROCESS TO MONITOR, REPORT ON, AND PROMPTLY RESOLVE
26 COMPLAINTS, GRIEVANCES, AND APPEALS, INCLUDING RECIPIENT RIGHTS
27 ISSUES. THE PROCESS MUST BE AVAILABLE TO PROVIDERS, CLIENTS, CASE

1 MANAGEMENT ENTITIES, AND ANYONE ELSE WORKING WITH THE CHILDREN
2 AND YOUTH IN THE SYSTEM OF CARE. THE BHA SHALL PROVIDE AN
3 ANNUAL REPORT TO THE HOUSE OF REPRESENTATIVES PUBLIC AND
4 BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE
5 HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR
6 COMMITTEES, THAT MAKES RECOMMENDATIONS ON CHANGES TO THE
7 OFFICE BASED ON AN ANALYSIS OF GRIEVANCES.

8 **27-50-1007. Cost and utilization analysis - report.** ON OR
9 BEFORE JANUARY 1, 2025, THE LEADERSHIP TEAM SHALL BEGIN, OR
10 CONTRACT FOR, A COST AND UTILIZATION ANALYSIS OF THE POPULATIONS
11 OF CHILDREN AND YOUTH WHO WILL BE INCLUDED IN THE SYSTEM OF
12 CARE. THE COST AND UTILIZATION ANALYSIS MUST, AT A MINIMUM,
13 ANALYZE CHILDREN AND YOUTH MEDICAID MEMBERS WHO WERE OR ARE
14 HIGH UTILIZERS OF BEHAVIORAL HEALTH SERVICES. THE LEADERSHIP
15 TEAM SHALL REPORT ITS FINDINGS TO THE HOUSE OF REPRESENTATIVES
16 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE AND
17 THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR
18 SUCCESSOR COMMITTEES, ON OR BEFORE JULY 1, 2025.

19 **27-50-1008. Contracts with managed care entities and**
20 **behavioral health administrative services organizations - reporting**
21 **- rules.** (1) (a) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH
22 CARE POLICY AND FINANCING, IN CONSULTATION WITH THE OFFICE, SHALL
23 ESTABLISH STANDARD AND UNIFORM MEDICAL NECESSITY CRITERIA FOR
24 ALL SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE
25 CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS;
26 INTENSIVE- AND MODERATE-CARE COORDINATION USING HIGH-FIDELITY
27 WRAPAROUND; INTERMEDIATE-CARE COORDINATION; PARENT PEER

1 SUPPORT; YOUTH PEER SUPPORT; RESPITE, INTENSIVE-HOME, AND
2 COMMUNITY-BASED SERVICES, INCLUDING MULTISYSTEMIC THERAPY AND
3 FUNCTIONAL FAMILY THERAPY; SUBSTANCE USE DISORDER SERVICES FOR
4 CHILDREN AND YOUTH; AND OUT-OF-HOME SERVICES, INCLUDING
5 PSYCHIATRIC RESIDENTIAL TREATMENT. THE MEDICAL NECESSITY
6 CRITERIA AND STANDARDS FOR THE SYSTEM OF CARE SERVICES MUST BE
7 THE SAME FOR MCEs AND BEHAVIORAL HEALTH ADMINISTRATIVE
8 SERVICES ORGANIZATIONS. THE MEDICAL NECESSITY CRITERIA AND
9 STANDARDS FOR SYSTEM OF CARE SERVICES APPLY TO SERVICES PAID FOR
10 BY MEDICAID, THE BHA, AND BEHAVIORAL HEALTH ADMINISTRATIVE
11 SERVICES ORGANIZATIONS.

12 (b) ON OR BEFORE AUGUST 30, 2028, THE BHA AND THE DIVISION
13 OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES SHALL
14 DETERMINE WHETHER THEY RECOMMEND THAT PRIVATE INSURERS BE
15 REQUIRED TO ADOPT THE SAME MEDICAL NECESSITY CRITERIA DEVELOPED
16 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION AND SHALL PROVIDE A
17 REPORT WITH THAT RECOMMENDATION TO THE HOUSE OF
18 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
19 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
20 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

21 (2) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH
22 CARE POLICY AND FINANCING SHALL SET STANDARD RATE AND
23 UTILIZATION FLOORS FOR ALL SYSTEM OF CARE SERVICES ACROSS ALL
24 MCEs, INCLUDING, BUT NOT LIMITED TO, MOBILE CRISIS RESPONSE AND
25 STABILIZATION; CRISIS RESPONSE TEAMS; INTENSIVE- AND
26 MODERATE-CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND;
27 INTERMEDIATE-CARE COORDINATION; PARENT PEER SUPPORT; YOUTH PEER

1 SUPPORT; RESPITE, INTENSIVE-HOME, AND COMMUNITY-BASED SERVICES,
2 INCLUDING MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY;
3 SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH; AND
4 OUT-OF-HOME SERVICES, INCLUDING PSYCHIATRIC RESIDENTIAL
5 TREATMENT. THE BHA SHALL ALIGN ITS RATE AND UTILIZATION FLOORS
6 FOR BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS
7 BASED ON THE RATES AND UTILIZATION FLOORS ESTABLISHED BY THE
8 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING PURSUANT TO THIS
9 SUBSECTION (2).

10 (3) ON OR BEFORE JULY 1, 2025, THE DEPARTMENT OF HEALTH
11 CARE POLICY AND FINANCING AND THE BHA SHALL ESTABLISH A
12 STATEWIDE FEE SCHEDULE OR RATE FRAME FOR MEDICAID AND
13 NON-MEDICAID BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND
14 YOUTH, AND INCORPORATE THE FEE SCHEDULE AND RATE FRAME INTO THE
15 MCEs' AND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
16 ORGANIZATIONS' CONTRACTS. THE FEE SCHEDULE OR RATE FRAME MUST
17 INCREASE RATES AND INCORPORATE ENHANCED RATES OR QUALITY
18 BONUSES FOR EVIDENCE-BASED PRACTICES AND EXTENDED WEEKDAY AND
19 WEEKEND CLINIC HOURS, AND ALLOW MAXIMUM FLEXIBILITY FOR USE OF
20 TELEHEALTH TO EXPAND ACCESS.

21 (4) (a) EACH MCE AND BEHAVIORAL HEALTH ADMINISTRATIVE
22 SERVICES ORGANIZATION SHALL CONTRACT WITH AN ADEQUATE NUMBER
23 OF PROVIDERS WITHIN ACCESSIBLE GEOGRAPHICAL DISTANCES TO FULLY
24 SERVE ITS POPULATION OF CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR
25 THE SYSTEM OF CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, MOBILE
26 CRISIS RESPONSE AND STABILIZATION; CRISIS RESPONSE TEAMS;
27 INTENSIVE- AND MODERATE-CARE COORDINATION USING HIGH-FIDELITY

1 WRAPAROUND; INTERMEDIATE-CARE COORDINATION; PARENT PEER
2 SUPPORT; YOUTH PEER SUPPORT; RESPITE, INTENSIVE-HOME, AND
3 COMMUNITY-BASED SERVICES, INCLUDING MULTISYSTEMIC THERAPY AND
4 FUNCTIONAL FAMILY THERAPY; SUBSTANCE USE DISORDER SERVICES FOR
5 CHILDREN AND YOUTH; AND OUT-OF-HOME SERVICES, INCLUDING
6 PSYCHIATRIC RESIDENTIAL TREATMENT.

7 (b) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
8 AND THE BHA, INFORMED BY THE IMPLEMENTATION TEAM, SHALL
9 ANNUALLY REVIEW WHETHER ADDITIONAL PROVIDER SPECIALIZATIONS
10 SHOULD BE INCLUDED IN THE MCEs' AND BEHAVIORAL HEALTH
11 ADMINISTRATIVE SERVICES ORGANIZATIONS' CONTRACTS. EACH MCE AND
12 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
13 REPORT THE NUMBER OF PROVIDERS IN EACH CATEGORY, THE UTILIZATION
14 OF EACH PROVIDER, AND THE AVAILABILITY OF IN-PERSON SERVICES
15 COMPARED TO TELEHEALTH SERVICES.

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

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

1 SERVICES.

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

7 (6) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
8 AND THE BHA SHALL CLARIFY, IN CONTRACTS WITH MCEs OR
9 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS,
10 RESPECTIVELY, THAT THE SERVICES AVAILABLE IN THE SYSTEM OF CARE
11 APPLY TO ALL CHILDREN OR YOUTH WHO MEET ELIGIBILITY CRITERIA,
12 REGARDLESS OF OTHER SYSTEM INVOLVEMENT, SUCH AS CHILD WELFARE
13 OR JUVENILE JUSTICE.

14 **27-50-1009. Data collection and quality monitoring - data and**
15 **quality team.** (1) THE OFFICE, ADVISED BY STATE AND COUNTY
16 PARTNERS, PROVIDERS, AND RACIALLY, ETHNICALLY, CULTURALLY, AND
17 GEOGRAPHICALLY DIVERSE FAMILY AND YOUTH REPRESENTATIVES, SHALL
18 DEVELOP AND ESTABLISH A DATA AND QUALITY TEAM. THE DATA TEAM
19 SHALL, AT A MINIMUM:

20 (a) IDENTIFY KEY INDICATORS OF QUALITY AND PROGRESS;

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

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

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

1 SYSTEM OF CARE.

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

4 (a) CHILD AND YOUTH BEHAVIORAL HEALTH SERVICE UTILIZATION
5 AND EXPENDITURES ACROSS THE DEPARTMENT OF HEALTH CARE POLICY
6 AND FINANCING; MCEs; THE BHA AND BEHAVIORAL HEALTH
7 ADMINISTRATIVE SERVICES ORGANIZATIONS; SCHOOL-BASED HEALTH
8 CENTERS; AND CHILD WELFARE, JUVENILE JUSTICE, AND INTELLECTUAL
9 AND DEVELOPMENTAL DISABILITIES;

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

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

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

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

- 1 (a) MOBILE CRISIS RESPONSE AND INTENSIVE STABILIZATION
- 2 SERVICES;
- 3 (b) INTENSIVE IN-HOME AND COMMUNITY-BASED SERVICES;
- 4 (c) INTEGRATED CO-OCCURRING TREATMENT FOR ADOLESCENT
- 5 SUBSTANCE USE DISORDERS;
- 6 (d) OUT-OF-HOME SERVICES;
- 7 (e) PARENT PEER SUPPORT;
- 8 (f) YOUTH PEER SUPPORT;
- 9 (g) RESPITE CARE; AND
- 10 (h) INTENSIVE- AND MODERATE-CARE COORDINATION WITH
- 11 HIGH-FIDELITY WRAPAROUND.

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

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

21 **27-50-1010. Workforce development - capacity-building**
22 **center - training.** (1) THE BHA, ADVISED BY THE OFFICE, SHALL
23 ESTABLISH OR PROCURE A CAPACITY-BUILDING CENTER. THE
24 CAPACITY-BUILDING CENTER SHALL TRAIN, COACH, AND CERTIFY
25 PROVIDERS OF THE ARRAY OF SERVICES OFFERED THROUGH THE SYSTEM
26 OF CARE.

27 (2) THE CAPACITY-BUILDING CENTER SHALL, AT A MINIMUM,

1 PROVIDE TRAINING, COACHING, AND CERTIFICATION RELATED TO THE USE
2 OF BEHAVIORAL HEALTH SCREENING AND ASSESSMENT TOOLS TO SUPPORT
3 A UNIFORM ASSESSMENT PROCESS AND TRAINING IN TRAUMA-INFORMED
4 CARE TO STAFF AT RELEVANT STATE AGENCIES.

5 (3) THE CAPACITY-BUILDING CENTER, IN PARTNERSHIP WITH
6 COLORADO'S NUMEROUS FAMILY- AND YOUTH-RUN ORGANIZATIONS,
7 SHALL DEVELOP, IMPLEMENT, MONITOR, AND EVALUATE THE EXTENT TO
8 WHICH PROVIDERS THROUGHOUT THE STATE ARE INCORPORATING
9 PRINCIPLES OF FAMILY-DRIVEN AND YOUTH-GUIDED CARE BY USING THE
10 ASSESSMENT TOOLS.

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

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

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

20 (c) UTILIZE THE REPORTS CREATED PURSUANT TO SECTION
21 27-50-1009 (2), (3), AND (4) TO TARGET ITS INVESTMENT TO BUILD
22 CAPACITY IN THE REGIONS IDENTIFIED AS LACKING CAPACITY.

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

27 **27-50-1011. System of care website - public education and**

1 **outreach.** (1) THE BHA SHALL DEVELOP A WEBSITE TO PROVIDE
2 REGULARLY UPDATED INFORMATION TO FAMILIES, YOUTH, PROVIDERS,
3 STAFF, SYSTEM PARTNERS, AND OTHERS REGARDING THE GOALS,
4 PRINCIPLES, ACTIVITIES, PROGRESS, AND TIMELINES FOR THE SYSTEM OF
5 CARE. THE WEBSITE MUST INCLUDE KEY PERFORMANCE DASHBOARD
6 INDICATORS; CHANGES IN ACCESS BY THE CHILD WELFARE POPULATION;
7 CHANGES IN ACCESS DISPARITIES BETWEEN RACIAL, ETHNIC, AND
8 REGIONAL GROUPS; AND CHANGES IN ACCESS TO INTENSIVE- AND
9 MODERATE-CARE COORDINATION WITH HIGH-FIDELITY WRAPAROUND.

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

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

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

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

26 **SECTION 2. Act subject to petition - effective date.** This act
27 takes effect at 12:01 a.m. on the day following the expiration of the

1 ninety-day period after final adjournment of the general assembly; except
2 that, if a referendum petition is filed pursuant to section 1 (3) of article V
3 of the state constitution against this act or an item, section, or part of this
4 act within such period, then the act, item, section, or part will not take
5 effect unless approved by the people at the general election to be held in
6 November 2024 and, in such case, will take effect on the date of the
7 official declaration of the vote thereon by the governor.

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

Attachment C

BILL C

LLS NO. 24-0346.01 Shelby Ross x4510

HOUSE BILL

HOUSE SPONSORSHIP

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

SENATE SPONSORSHIP

Kirkmeyer and Fields, Michaelson Jenet, Zenzinger

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING ADDRESSING THE HIGH-ACUITY CRISIS FOR CHILDREN**
102 **AND YOUTH IN NEED OF RESIDENTIAL CARE.**

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 department of health care policy and financing, in collaboration with the behavioral health administration (BHA) and the department of human services, to develop a system of care (system of care) for children and youth who are less than 21 years of age and who have complex behavioral health needs. At a minimum, the system of care

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.

must include:

- Implementation of a standardized assessment tool;
- Intensive-care coordination;
- Expanded supportive services; and
- Expanded access to treatment foster care.

The bill creates the residential child care provider training academy in the department of human services to create a pipeline of high-quality staff for residential child care providers and ensure that individuals hired to work at residential child care facilities receive the necessary training to perform the individual's job functions responsibly and effectively.

The bill requires the department of human services to develop a system to establish and monitor quality standards for residential child care providers and ensure the quality standards are implemented into all levels of care that serve children and youth in out-of-home placement. The bill requires the department of human services to develop a system to incentivize residential child care providers to implement quality standards above the department of human services' established minimum standards.

The bill requires the department of human services to make a directory of each residential child care provider's quality assurance publicly available on the department's website.

The department of human services program that provides emergency resources to licensed providers to help remove barriers the providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility currently repeals on July 1, 2028. The bill extends the program indefinitely and requires the department of human services to contract with additional licensed providers for the delivery of services to children and youth who are eligible for and placed in the program.

The bill requires the department of human services and the BHA to increase the minimum reimbursement rates paid to qualified residential treatment programs for the purpose of aligning room and board payments across payer sources.

The bill requires the department of health care policy and financing to contract with a third-party vendor to complete an actuarial analysis in order to determine the appropriate medicaid reimbursement rate for psychiatric residential treatment facilities.

The bill requires the department of human services to contract with one or more third-party vendors to implement a pilot program to assess the needs of, and provide short-term residential services for, juvenile justice-involved youth who do not meet the criteria for detention.

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

1 (b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH
2 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM;

3 (c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH
4 PURSUANT TO SUBSECTION (2) OF THIS SECTION; AND

5 (d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED
6 IN SECTION 26-6-903, PURSUANT TO SUBSECTION (3) OF THIS SECTION.

7 (2) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT
8 SHALL SEEK FEDERAL AUTHORIZATION TO EXPAND THE RESIDENTIAL CHILD
9 HEALTH-CARE PROGRAM ESTABLISHED PURSUANT TO SECTION 25.5-6-903
10 TO INCLUDE CHILDREN AND YOUTH WHO HAVE A SERIOUS EMOTIONAL
11 DISTURBANCE THAT PUTS THE CHILD OR YOUTH AT RISK OR IN NEED OF
12 OUT-OF-HOME PLACEMENT.

13 (3) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT
14 SHALL DEVELOP AND IMPLEMENT A PLAN TO INCREASE ACCESS TO
15 TREATMENT FOSTER CARE, AS DEFINED IN SECTION 26-6-903, UNDER THE
16 STATE MEDICAL ASSISTANCE PROGRAM.

17 (4) THE STATE DEPARTMENT MAY PROMULGATE RULES IN
18 CONSULTATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE
19 DEPARTMENT OF HUMAN SERVICES FOR THE ADMINISTRATION AND
20 IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH.

21 (5) NO LATER THAN JANUARY 1, 2025, THE DEPARTMENT OF
22 HEALTH CARE POLICY AND FINANCING SHALL CONTRACT WITH A
23 THIRD-PARTY VENDOR TO COMPLETE AN ACTUARIAL ANALYSIS IN ORDER
24 TO DETERMINE THE APPROPRIATE MEDICAID REIMBURSEMENT RATE FOR
25 PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, AS DEFINED IN SECTION
26 25.5-4-103.

27 (6) AS USED IN THIS SECTION, "CHILD OR YOUTH" MEANS AN

1 INDIVIDUAL WHO IS LESS THAN TWENTY-ONE YEARS OF AGE.

2 **SECTION 2.** In Colorado Revised Statutes, **add** 26-6-923 as
3 follows:

4 **26-6-923. Residential child care provider training academy -**
5 **clinical quality and oversight - report - rules - definition.** (1) THE
6 RESIDENTIAL CHILD CARE PROVIDER TRAINING ACADEMY IS CREATED IN
7 THE STATE DEPARTMENT TO FACILITATE A PIPELINE OF HIGH-QUALITY
8 STAFF FOR RESIDENTIAL CHILD CARE PROVIDERS AND ENSURE THAT
9 INDIVIDUALS HIRED TO WORK AT RESIDENTIAL CHILD CARE FACILITIES
10 RECEIVE THE NECESSARY TRAINING TO PERFORM THE INDIVIDUAL'S JOB
11 FUNCTIONS RESPONSIBLY AND EFFECTIVELY.

12 (2) ON OR BEFORE SEPTEMBER 15, 2025, THE STATE DEPARTMENT
13 SHALL PROMULGATE RULES FOR THE ADMINISTRATION OF THE ACADEMY.

14 AT A MINIMUM, THE RULES MUST INCLUDE:

15 (a) IDENTIFICATION OF SPECIFIC RESIDENTIAL CHILD CARE
16 PROVIDER TYPES THAT ARE REQUIRED TO UTILIZE THE ACADEMY;

17 (b) IDENTIFICATION OF SPECIFIC RESIDENTIAL PROVIDER STAFF
18 MEMBERS WHO ARE REQUIRED TO OBTAIN ACADEMY TRAINING;

19 (c) ESTABLISHMENT OF MINIMUM STANDARDS OF COMPETENCE
20 THAT A STAFF MEMBER SHALL DEMONSTRATE PRIOR TO RECEIVING
21 ACADEMY CERTIFICATION;

22 (d) IDENTIFICATION OF THE MEANS BY WHICH A STAFF MEMBER
23 MAY DEMONSTRATE THE MINIMUM STANDARDS OF COMPETENCE REQUIRED
24 PURSUANT TO SUBSECTION (2)(c) OF THIS SECTION; AND

25 (e) IDENTIFICATION OF TRAINING CURRICULA, WHICH MUST
26 INCLUDE CULTURAL COMPETENCY FOR PROVIDERS.

27 (3) NO LATER THAN JULY 1, 2025, THE STATE DEPARTMENT SHALL

1 DEVELOP A SYSTEM TO ESTABLISH AND MONITOR QUALITY STANDARDS
2 FOR RESIDENTIAL CHILD CARE PROVIDERS, INCLUDING CLINICAL CARE FOR
3 CHILDREN AND YOUTH IN RESIDENTIAL TREATMENT SETTINGS, AND
4 ENSURE THE QUALITY STANDARDS ARE IMPLEMENTED INTO ALL LEVELS OF
5 CARE THAT SERVE CHILDREN AND YOUTH IN OUT-OF-HOME PLACEMENT.

6 (4) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL
7 DEVELOP A SYSTEM TO INCENTIVIZE RESIDENTIAL CHILD CARE PROVIDERS
8 TO IMPLEMENT QUALITY STANDARDS ABOVE THE MINIMUM STANDARDS
9 ESTABLISHED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (3)
10 OF THIS SECTION.

11 (5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL
12 MAKE PUBLICLY AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE A
13 DIRECTORY OF EACH RESIDENTIAL CHILD CARE PROVIDER'S QUALITY
14 ASSURANCE.

15 (6) (a) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT
16 SHALL COLLECT DATA FROM RESIDENTIAL CHILD CARE PROVIDERS ON THE
17 REASONS PROVIDERS DENY, OR ARE UNABLE TO PROVIDE, RESIDENTIAL
18 CHILD CARE SERVICES TO CHILDREN AND YOUTH.

19 (b) UPON IMPLEMENTATION OF THE BEHAVIORAL HEALTH
20 CAPACITY TRACKING SYSTEM CREATED PURSUANT TO SECTION
21 27-60-104.5, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL PROVIDE
22 TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH
23 AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN
24 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, A REPORT ON
25 RESIDENTIAL CHILD CARE PROVIDER DENIALS OF CARE.

26 (7) NO LATER THAN JULY 1, 2026, AND EACH JULY THEREAFTER,
27 THE STATE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE

1 HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND
2 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN
3 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON THE
4 IMPLEMENTATION OF QUALITY STANDARDS DEVELOPED PURSUANT TO
5 SUBSECTION (3) OF THIS SECTION.

6 (8) THE SCHOOL DISTRICT IN WHICH A CHILD RESIDES IS
7 RESPONSIBLE FOR PROVIDING FREE AND APPROPRIATE PUBLIC EDUCATION
8 TO THE CHILD REGARDLESS OF WHETHER THE CHILD IS IN OUT-OF-HOME
9 PLACEMENT PURSUANT TO SECTIONS 22-1-102 AND 22-20-107.5.

10 (9) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
11 REQUIRES:

12 (a) "ACADEMY" MEANS THE RESIDENTIAL CHILD CARE PROVIDER
13 TRAINING ACADEMY CREATED IN SUBSECTION (1) OF THIS SECTION.

14 (b) "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN
15 TWENTY-ONE YEARS OF AGE.

16 **SECTION 3.** In Colorado Revised Statutes, 26-5-117, **repeal** (8)
17 and (9); and **add** (2)(d), (10), (11), (12), and (13) as follows:

18 **26-5-117. Out-of-home placement for children and youth with**
19 **mental or behavioral needs - funding - report - rules - legislative**
20 **declaration - definitions - repeal.** (2) (d) NO LATER THAN JANUARY 1,
21 2025, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE
22 DEPARTMENT SHALL EXPAND THE NUMBER OF TREATMENT BEDS
23 AVAILABLE UNDER THE PROGRAM CREATED PURSUANT TO SUBSECTION
24 (2)(a) OF THIS SECTION.

25 ~~(8) This section is intended to provide enhanced emergency~~
26 ~~services resulting from the increased need for services due to the~~
27 ~~COVID-19 pandemic. No later than September 30, 2024, the state~~

1 ~~department shall submit recommendations to the house of representatives~~
2 ~~public and behavioral health and human services committee, the senate~~
3 ~~health and human services committee, or their successor committees, and~~
4 ~~the joint budget committee about how to provide necessary services for~~
5 ~~children and youth in need of residential care, including hospital~~
6 ~~step-down services on an ongoing basis.~~

7 (9) ~~This section is repealed, effective July 1, 2028.~~

8 (10) THE STATE DEPARTMENT SHALL ANALYZE THE LOCATION OF
9 EXISTING CAPACITY OF SPECIALIZED FOSTER CARE SETTINGS ACROSS THE
10 STATE, WHERE GAPS EXIST, AND BARRIERS TO EXPANDING SPECIALIZED
11 FOSTER CARE SETTINGS, AND PROVIDE RECOMMENDATIONS TO ACHIEVE
12 NETWORK ADEQUACY OF SPECIALIZED FOSTER CARE SUPPORTS STATEWIDE.

13 (11) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE
14 DEPARTMENT AND THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
15 INCREASE THE MINIMUM REIMBURSEMENT RATES PAID TO QUALIFIED
16 RESIDENTIAL TREATMENT PROGRAMS FOR THE PURPOSE OF ALIGNING
17 ROOM AND BOARD PAYMENTS ACROSS PAYER SOURCES.

18 (b) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL REIMBURSE
19 QUALIFIED RESIDENTIAL TREATMENT PROGRAM PROVIDERS FOR THE COST
20 OF ROOM AND BOARD PURSUANT TO SUBSECTION (11)(a) OF THIS SECTION
21 FOR CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR THE STATE MEDICAL
22 ASSISTANCE PROGRAM BUT NOT IN THE CUSTODY OF A COUNTY CHILD
23 WELFARE AGENCY.

24 (12) NO LATER THAN DECEMBER 31, 2025, AND SUBJECT TO
25 AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT
26 WITH ONE OR MORE THIRD-PARTY VENDORS TO IMPLEMENT A PILOT
27 PROGRAM TO ASSESS THE NEEDS OF, AND PROVIDE SHORT-TERM

1 RESIDENTIAL SERVICES FOR, JUVENILE JUSTICE-INVOLVED YOUTH WHO DO
2 NOT MEET THE CRITERIA FOR DETENTION PURSUANT TO SECTIONS
3 19-2.5-303 AND 19-2.5-304.

4 (13) (a) NO LATER THAN SEPTEMBER 15, 2024, AND SUBJECT TO
5 AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT
6 WITH ADDITIONAL LICENSED PROVIDERS FOR THE DELIVERY OF SERVICES
7 TO CHILDREN AND YOUTH WHO ARE DETERMINED ELIGIBLE FOR AND
8 PLACED IN THE PROGRAM CREATED PURSUANT TO SUBSECTION (2)(a) OF
9 THIS SECTION.

10 (b) TO THE EXTENT SUCH DATA IS AVAILABLE, THE STATE
11 DEPARTMENT SHALL BASE ITS EFFORTS TO CONTRACT WITH ADDITIONAL
12 LICENSED PROVIDERS ON AN ANALYSIS OF THE COLORADO CHILD AND
13 ADOLESCENT NEEDS AND STRENGTHS DATA FROM INDEPENDENT
14 ASSESSMENTS FOR CHILDREN AND YOUTH WHO ARE BOARDING IN A
15 HOSPITAL, IN A STOPGAP COUNTY DEPARTMENT OF HUMAN OR SOCIAL
16 SERVICES OFFICE OR HOTEL, OR IN A DETENTION SETTING, AND WHO ARE
17 INVOLVED WITH THE STATE-LEVEL MULTI-AGENCY CHILD AND YOUTH
18 CONSULTANT TEAM BECAUSE THEY WERE DENIED CARE FROM A
19 RESIDENTIAL CHILD CARE PROVIDER. ANY INFORMATION RECEIVED AND
20 ANALYZED PURSUANT TO THIS SUBSECTION (13)(b) MUST BE
21 DE-IDENTIFIED AND AGGREGATED TO MAINTAIN CONFIDENTIALITY AND
22 PRIVACY OF EACH CHILD AND YOUTH.

23 **SECTION 4.** In Colorado Revised Statutes, **add** article 64.5 to
24 title 27 as follows:

25 **ARTICLE 64.5**

26 **System of Care for Children and Youth with**
27 **Complex Behavioral Health Needs**

1 **27-64.5-101. Definitions.** AS USED IN THIS ARTICLE 64.5, UNLESS
2 THE CONTEXT OTHERWISE REQUIRES:

3 (1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
4 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
5 27-50-102.

6 (2) "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN
7 TWENTY-ONE YEARS OF AGE.

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

10 **27-64.5-102. System of care for children and youth - rules.**

11 (1) NO LATER THAN JULY 1, 2024, THE BEHAVIORAL HEALTH
12 ADMINISTRATION, IN COLLABORATION WITH THE STATE DEPARTMENT AND
13 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING PURSUANT TO
14 PART 20 OF ARTICLE 6 OF TITLE 25.5, SHALL BEGIN DEVELOPING A SYSTEM
15 OF CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL
16 HEALTH NEEDS. AT A MINIMUM, THE SYSTEM OF CARE MUST INCLUDE:

17 (a) IMPLEMENTATION OF A STANDARDIZED ASSESSMENT TOOL
18 THAT:

19 (I) EXPANDS UPON AND MODIFIES THE ASSESSMENT TOOL
20 DESCRIBED IN SECTION 19-1-115 (4)(e)(I);

21 (II) MAKES RECOMMENDATIONS REGARDING THE APPROPRIATE
22 LEVEL OF CARE NECESSARY TO MEET THE CHILD'S OR YOUTH'S TREATMENT
23 NEEDS;

24 (III) INFORMS THE CHILD'S OR YOUTH'S TREATMENT PLANNING,
25 INCLUDING BEHAVIORAL HEALTH PROGRAMMING AND MEDICAL NEEDS;
26 AND

27 (IV) IS ADMINISTERED TO CHILDREN AND YOUTH WHO ARE

1 ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM OR ANY CHILD
2 OR YOUTH WHO MEETS THE REFERRAL REQUIREMENTS ESTABLISHED BY
3 THE BEHAVIORAL HEALTH ADMINISTRATION, THE STATE DEPARTMENT,
4 AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;

5 (b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH
6 ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM PURSUANT TO
7 ARTICLES 4, 5, AND 6 OF TITLE 25.5;

8 (c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH
9 PURSUANT TO SUBSECTION (2) OF THIS SECTION; AND

10 (d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED
11 IN SECTION 26-6-903.

12 (2) NO LATER THAN OCTOBER 1, 2024, THE BHA SHALL
13 PROMULGATE RULES IN COLLABORATION WITH THE STATE DEPARTMENT
14 AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING FOR THE
15 ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR
16 CHILDREN AND YOUTH. AT A MINIMUM, THE RULES MUST ADDRESS:

17 (a) THE POPULATIONS ELIGIBLE FOR THE SYSTEM OF CARE
18 COMPONENTS;

19 (b) MECHANISMS FOR DETERMINING ELIGIBILITY FOR
20 PARTICIPATING IN THE SYSTEM OF CARE; AND

21 (c) REQUIREMENTS FOR RESIDENTIAL TREATMENT PROVIDERS TO
22 OBTAIN CULTURAL COMPETENCY RELATED TO THE PROVISION OF SERVICES
23 UNDER A SYSTEM OF CARE.

24 **SECTION 5. Act subject to petition - effective date.** This act
25 takes effect at 12:01 a.m. on the day following the expiration of the
26 ninety-day period after final adjournment of the general assembly; except
27 that, if a referendum petition is filed pursuant to section 1 (3) of article V

1 of the state constitution against this act or an item, section, or part of this
2 act within such period, then the act, item, section, or part will not take
3 effect unless approved by the people at the general election to be held in
4 November 2024 and, in such case, will take effect on the date of the
5 official declaration of the vote thereon by the governor.

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

Attachment D

BILL D

LLS NO. 24-0350.01 Jacob Baus x2173

HOUSE BILL

HOUSE SPONSORSHIP

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

SENATE SPONSORSHIP

Kirkmeyer and Michaelson Jenet, Fields, Zenzinger

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO INCREASE ACCESSIBILITY PROVIDED TO**
102 **PERSONS WHO ARE INVOLVED IN MATTERS REGARDING A**
103 **CHILD'S WELFARE.**

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 that certain services provided to children or their families comply with the provisions of Title VI of the federal "Civil Rights Act of 1964" if they are provided by a county department, city and county, or a private-entity contractor. Furthermore, the bill requires that

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.

the county department, city and county, or private-entity contractor make reasonable efforts to ensure meaningful language access to services in the person's primary language for a person with limited English proficiency in a timely manner and without unreasonable delay.

The bill requires a court to provide language access, including translation and interpretation services, to a child, parent, guardian, custodian, or other party in a dependency and neglect case if the person has limited English proficiency.

The bill requires that during a dispositional hearing concerning the best interests of a child, reasonable efforts must be made to ensure meaningful access to services in the person's primary language for a person with limited English proficiency in a timely manner and without unreasonable delay.

The bill requires the department of human services (department) to develop and implement a language access plan to address the rights and needs of persons with limited English proficiency. The department is also required to develop a resource bank of common documents that are in plain language, translated into non-English languages, and are made accessible to counties, cities and counties, or private-entity contractors.

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

2 **SECTION 1.** In Colorado Revised Statutes, 19-1-103, **add** (92.5)
3 and (95.5) as follows:

4 **19-1-103. Definitions.** As used in this title 19 or in the specified
5 portion of this title 19, unless the context otherwise requires:

6 (92.5) "LANGUAGE ACCESS" MEANS THE PROVISION OF
7 MEANINGFUL ACCESS TO SERVICES IN THE PERSON'S PRIMARY LANGUAGE
8 FOR A PERSON WITH LIMITED ENGLISH PROFICIENCY.

9 (95.5) "LIMITED ENGLISH PROFICIENCY" MEANS THE LIMITED
10 ABILITY TO SPEAK, READ, WRITE, OR UNDERSTAND THE ENGLISH
11 LANGUAGE FOR A PERSON WHOSE PRIMARY LANGUAGE IS NOT ENGLISH.

12 **SECTION 2.** In Colorado Revised Statutes, 19-3-208, **add** (2)(h)
13 as follows:

14 **19-3-208. Services - county required to provide - out-of-home**

1 **placement options - rules - definitions.** (2) (h) SERVICES PROVIDED
2 PURSUANT TO THIS SECTION MUST MEET THE PROVISIONS OF TITLE VI OF
3 THE FEDERAL "CIVIL RIGHTS ACT OF 1964", AND ITS RELATED
4 AMENDMENTS AND IMPLEMENTING REGULATIONS, REGARDLESS OF
5 WHETHER THE SERVICES ARE PROVIDED BY A COUNTY DEPARTMENT, CITY
6 AND COUNTY, OR PRIVATE-ENTITY CONTRACTOR. A COUNTY DEPARTMENT,
7 CITY AND COUNTY, OR PRIVATE-ENTITY CONTRACTOR SHALL MAKE
8 REASONABLE EFFORTS TO ENSURE MEANINGFUL LANGUAGE ACCESS TO A
9 PERSON WITH LIMITED ENGLISH PROFICIENCY IN ACCORDANCE WITH RULES
10 PROMULGATED PURSUANT TO SECTION 26-5-102.5. THE LANGUAGE
11 ACCESS MUST BE PROVIDED IN A TIMELY MANNER AND WITHOUT
12 UNREASONABLE DELAY.

13 **SECTION 3.** In Colorado Revised Statutes, **add** 19-3-218 as
14 follows:

15 **19-3-218. Language access.** (1) PURSUANT TO THIS ARTICLE 3,
16 THE COURT SHALL PROVIDE LANGUAGE ACCESS TO A CHILD OR A PARENT,
17 GUARDIAN, OTHER CUSTODIAN, OR OTHER PARTY IF THE PERSON HAS
18 LIMITED ENGLISH PROFICIENCY AND THE PERSON REQUESTS LANGUAGE
19 ACCESS OR THE COURT FINDS THAT A PERSON HAS LIMITED ENGLISH
20 PROFICIENCY.

21 (2) A PERSON WHO RECEIVES LANGUAGE ACCESS PURSUANT TO
22 THIS SECTION MUST RECEIVE TRANSLATION AND INTERPRETATION
23 SERVICES IN CIRCUMSTANCES WHEN A SIMILARLY SITUATED PERSON
24 WOULD RECEIVE THE COMMUNICATION IN ENGLISH. TRANSLATION MUST
25 BE PROVIDED IN A TIMELY MANNER AND WITHOUT UNREASONABLE DELAY
26 IF REQUESTED BY THE PARTY, AND INTERPRETATION MUST BE PROVIDED
27 AT EVERY PROCEEDING.

1 **SECTION 4.** In Colorado Revised Statutes, 19-3-507, **add** (6) as
2 follows:

3 **19-3-507. Dispositional hearing - rules.** (6) REASONABLE
4 EFFORTS MUST BE MADE TO ENSURE MEANINGFUL LANGUAGE ACCESS TO
5 A PERSON WITH LIMITED ENGLISH PROFICIENCY IN ACCORDANCE WITH
6 RULES PROMULGATED PURSUANT TO SECTION 26-5-102.5. THE LANGUAGE
7 ACCESS MUST BE PROVIDED IN A TIMELY MANNER AND WITHOUT
8 UNREASONABLE DELAY.

9 **SECTION 5.** In Colorado Revised Statutes, **add** 26-5-102.5 as
10 follows:

11 **26-5-102.5. Persons who have limited English proficiency -**
12 **language access plan - rules.** (1) ON OR BEFORE JULY 1, 2025, THE
13 STATE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A LANGUAGE
14 ACCESS PLAN TO ADDRESS THE RIGHTS AND NEEDS OF PERSONS WITH
15 LIMITED ENGLISH PROFICIENCY. AT A MINIMUM, THE PLAN MUST
16 CONSIDER:

17 (a) THE NUMBER OR PROPORTION OF PERSONS WITH LIMITED
18 ENGLISH PROFICIENCY WHO ARE ELIGIBLE TO BE SERVED BY, OR LIKELY TO
19 BE SERVED BY, THE DIVISION OF CHILD WELFARE IN THE STATE
20 DEPARTMENT;

21 (b) THE DIFFERENT LANGUAGES SPOKEN BY PEOPLE WITH LIMITED
22 ENGLISH PROFICIENCY IN COLORADO AND THE DEGREE THAT DIFFERENT
23 LANGUAGES ARE SPOKEN IN COMPARISON AND PROPORTION TO ALL
24 LANGUAGES SPOKEN IN COLORADO;

25 (c) THE BARRIERS CONFRONTED BY PEOPLE WITH LIMITED ENGLISH
26 PROFICIENCY WHO ARE SERVED BY THE DIVISION OF CHILD WELFARE IN
27 THE STATE DEPARTMENT AND HOW TO ADDRESS THOSE BARRIERS;

1 (d) THE FREQUENCY PERSONS WITH LIMITED ENGLISH PROFICIENCY
2 ARE SERVED BY THE DIVISION OF CHILD WELFARE IN THE STATE
3 DEPARTMENT;

4 (e) THE NATURE AND RELATIVE SIGNIFICANT EFFECT THAT EACH
5 PROGRAM, ACTIVITY, OR SERVICE PROVIDED BY THE DIVISION OF CHILD
6 WELFARE IN THE STATE DEPARTMENT, INCLUDING CONTRACTED SERVICES
7 SUCH AS MENTAL AND BEHAVIORAL HEALTH SERVICES, HAS ON A PERSON'S
8 LIFE; AND

9 (f) THE RESOURCES AVAILABLE TO THE DIVISION OF CHILD
10 WELFARE IN THE STATE DEPARTMENT.

11 (2) THE LANGUAGE ACCESS PLAN MUST INCLUDE THE MANNER IN
12 WHICH THE DIVISION OF CHILD WELFARE IN THE STATE DEPARTMENT
13 SHALL:

14 (a) IDENTIFY PERSONS WITH LIMITED ENGLISH PROFICIENCY WHO
15 NEED LANGUAGE ACCESS;

16 (b) PROVIDE LANGUAGE ACCESS FOR PEOPLE SERVED BY THE
17 DIVISION OF CHILD WELFARE INCLUDING, BUT NOT LIMITED TO, SERVICES
18 PROVIDED BY MULTILINGUAL STAFF, ORAL INTERPRETATION SERVICES,
19 AND WRITTEN LANGUAGE TRANSLATIONS;

20 (c) TRAIN STAFF ON IDENTIFYING PERSONS WITH LIMITED ENGLISH
21 PROFICIENCY, PROVIDING LANGUAGE ACCESS, AND DOCUMENTING THE
22 PERSON'S PRIMARY LANGUAGE IN CHILD WELFARE RECORDS;

23 (d) PROVIDE NOTICE TO PERSONS WITH LIMITED ENGLISH
24 PROFICIENCY OF THE AVAILABILITY OF LANGUAGE ACCESS; AND

25 (e) MONITOR AND UPDATE THE LANGUAGE ACCESS PLAN.

26 (3) THE LANGUAGE ACCESS PLAN MUST ESTABLISH CLEAR GOALS,
27 MANAGEMENT ACCOUNTABILITY, AND OPPORTUNITIES FOR COMMUNITY

1 INPUT INCLUDING, BUT NOT LIMITED TO, A PROCESS TO SOLICIT PUBLIC
2 INPUT FROM PERSONS WHO HAVE LIMITED ENGLISH PROFICIENCY.

3 (4) (a) THE STATE DEPARTMENT SHALL DEVELOP A RESOURCE
4 BANK OF COMMON DOCUMENTS ISSUED PURSUANT TO THIS SECTION THAT
5 ARE IN PLAIN LANGUAGE, TRANSLATED INTO NON-ENGLISH LANGUAGES,
6 AND ARE MADE ACCESSIBLE TO COUNTIES, CITIES AND COUNTIES, OR
7 PRIVATE-ENTITY CONTRACTORS.

8 (b) THE STATE DEPARTMENT SHALL PROVIDE RESOURCES AND
9 ASSISTANCE TO COUNTIES, CITIES AND COUNTIES, AND PRIVATE-ENTITY
10 CONTRACTORS TO ENSURE COMPLIANCE WITH REASONABLE
11 ACCOMMODATION AND LANGUAGE ACCESS REQUIREMENTS.

12 (5) THE STATE DEPARTMENT SHALL PROMULGATE RULES
13 CONCERNING CHILD WELFARE AND AMEND EXISTING RULES CONCERNING
14 CHILD WELFARE, IF NECESSARY, TO ENSURE FULL AND EQUAL
15 OPPORTUNITY FOR CHILDREN, PARENTS, GUARDIANS, AND LEGAL
16 CUSTODIANS WHO HAVE LIMITED ENGLISH PROFICIENCY AND TO COMPLY
17 WITH TITLE VI OF THE FEDERAL "CIVIL RIGHTS ACT OF 1964" AND ITS
18 RELATED AMENDMENTS AND IMPLEMENTING REGULATIONS.

19 **SECTION 6. Act subject to petition - effective date.** This act
20 takes effect at 12:01 a.m. on the day following the expiration of the
21 ninety-day period after final adjournment of the general assembly; except
22 that, if a referendum petition is filed pursuant to section 1 (3) of article V
23 of the state constitution against this act or an item, section, or part of this
24 act within such period, then the act, item, section, or part will not take
25 effect unless approved by the people at the general election to be held in
26 November 2024 and, in such case, will take effect on the date of the
27 official declaration of the vote thereon by the governor.

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

Attachment E

BILL E

LLS NO. 24-0347.01 Alana Rosen x2606

HOUSE BILL

HOUSE SPONSORSHIP

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

SENATE SPONSORSHIP

Kolker and Kirkmeyer, Fields, Michaelson Jenet, Zenzinger

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO ENHANCE CHILD WELFARE SYSTEM TOOLS.**

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. Current law requires mandatory reporters to include certain information when reporting child abuse or neglect to the mandatory reporter's county department, local law enforcement, or through the statewide child abuse reporting hotline system (hotline system). The bill requires a mandatory reporter to report any evidence of known or suspected domestic violence in the child's home, including any evidence of previous cases of known or suspected domestic violence in the child's home.

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.

The bill requires the state department of human services (state department) to develop and implement a consistent screening process for a county department to follow, when possible, in responding to a report or inquiry to the hotline system. The screening process must include questions about domestic violence. The state department is required to develop and implement a disclosure procedure that notifies callers to the hotline system that calls are recorded.

The state department is also required to review the screening process used by county departments and hotline system operators to:

- Determine race; ethnicity; disability status; LGBTQ identity, if applicable; and English proficiency in a screening report and recommend a process for improving the accuracy of determining the demographic information, which must include opportunities to update the TRAILS statewide case management system;
- Understand the types of questions asked during the screening process to determine demographic information; and
- Understand the sequence of questions asked during a screening process to determine demographic information.

The state department shall recommend and implement a screening process procedure to determine demographic information that reflects best practices and cultural competencies.

No later than January 15, 2025, the office of the child protection ombudsman (ombudsman) shall select a third-party evaluator to conduct an audit on the Colorado family safety assessment and the Colorado family risk assessment. The third-party evaluator shall create a report summarizing the results of the audit. On or before March 1, 2026, the ombudsman is required to submit the audit 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, the speaker of the house of representatives, the minority leader of the house of representatives, the president of the senate, and the minority leader of the senate.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) The reporting and prevention of child abuse is a matter of
5 public concern;

1 (b) It is the intent of the general assembly to protect the best
2 interests of the children of Colorado and offer protective services to
3 prevent further harm to children suffering from child abuse;

4 (c) The protection of children requires the most up-to-date tools,
5 assessment criteria, and resources for the state department of human
6 services and participating counties;

7 (d) An audit of the tools used to report and track child abuse is
8 prudent and necessary. This includes a thorough audit of the appropriate
9 language used, best practices, and assessing risk factors in the home,
10 directly or indirectly, that may cause children harm.

11 (e) Research indicates that if domestic violence is present in the
12 home, both survivors of domestic violence and their children are at the
13 highest risk after a critical event, such as reporting abuse in the home.

14 (2) The general assembly finds, therefore, that it is the obligation
15 of the state to ensure individuals involved in assessing reports of child
16 abuse and domestic violence have access to appropriate tools and
17 resources. The processes outlined in this bill address this matter of public
18 concern.

19 **SECTION 2.** In Colorado Revised Statutes, 19-3-307, **add**
20 (2)(c.5) as follows:

21 **19-3-307. Reporting procedures.** (2) Reports of known or
22 suspected child abuse or neglect made pursuant to this article 3 must
23 include the following information whenever possible:

24 (c.5) ANY EVIDENCE OF KNOWN OR SUSPECTED DOMESTIC
25 VIOLENCE IN THE CHILD'S HOME, INCLUDING ANY EVIDENCE OF PREVIOUS
26 CASES OF KNOWN OR SUSPECTED DOMESTIC VIOLENCE IN THE CHILD'S
27 HOME;

1 **SECTION 3.** In Colorado Revised Statutes, 26-5-111, **amend**
2 (4)(h) and (4)(i); and **add** (3.5), (3.7), and (4)(j) as follows:

3 **26-5-111. Statewide child abuse reporting hotline system -**
4 **child abuse hotline steering committee - screening questions for**
5 **hotline system operators and county departments - rules on**
6 **consistent processes in response to reports and inquiries for**
7 **information - legislative declaration - definitions.** (3.5) (a) THE STATE

8 DEPARTMENT SHALL DEVELOP AND IMPLEMENT A CONSISTENT SCREENING
9 PROCESS FOR A COUNTY DEPARTMENT TO FOLLOW, WHENEVER POSSIBLE,
10 WHILE RESPONDING TO A REPORT OR INQUIRY SUBMITTED TO THE
11 STATEWIDE CHILD ABUSE REPORTING HOTLINE SYSTEM. THE SCREENING
12 PROCESS MUST INCLUDE QUESTIONS ABOUT DOMESTIC VIOLENCE.

13 (b) THE STATE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A
14 DISCLOSURE PROCEDURE THAT NOTIFIES CALLERS TO THE STATEWIDE
15 CHILD ABUSE REPORTING HOTLINE SYSTEM THAT CALLS ARE RECORDED.

16 (3.7) (a) THE STATE DEPARTMENT SHALL REVIEW THE SCREENING
17 PROCESS USED BY COUNTY DEPARTMENTS AND HOTLINE SYSTEM
18 OPERATORS TO:

19 (I) DETERMINE RACE; ETHNICITY; DISABILITY STATUS; LGBTQ
20 IDENTITY, IF APPLICABLE; AND ENGLISH PROFICIENCY IN A SCREENING
21 REPORT AND RECOMMEND A PROCESS FOR IMPROVING THE ACCURACY OF
22 DETERMINING THIS DEMOGRAPHIC INFORMATION, WHICH MUST INCLUDE
23 OPPORTUNITIES TO UPDATE THE INFORMATION IN TRAILS, AS DEFINED IN
24 SECTION 26-5-118;

25 (II) UNDERSTAND THE TYPES OF QUESTIONS ASKED DURING THE
26 SCREENING PROCESS TO DETERMINE DEMOGRAPHIC INFORMATION AND
27 RECOMMEND QUESTIONS THAT REFLECT BEST PRACTICES AND CULTURAL

1 COMPETENCY; AND

2 (III) UNDERSTAND THE SEQUENCE OF QUESTIONS ASKED DURING
3 THE SCREENING PROCESS TO DETERMINE DEMOGRAPHIC INFORMATION AND
4 RECOMMEND A SEQUENCE OF QUESTIONS THAT BETTER REFLECTS BEST
5 PRACTICES.

6 (b) THE STATE DEPARTMENT SHALL IMPLEMENT THE
7 RECOMMENDED BEST PRACTICES DESCRIBED IN SUBSECTION (3.7)(a) OF
8 THIS SECTION.

9 (4) The state board is authorized to adopt rules, based upon the
10 recommendations of the child abuse hotline steering committee, and may
11 revise rules, as necessary, including but not limited to the following:

12 (h) A consistent screening process with criteria and steps for the
13 county department to follow in responding to a report or inquiry ~~and~~ THAT
14 IS CONSISTENT WITH THE PROCESS SET FORTH IN SUBSECTIONS (3.5)(a)
15 AND (3.7)(a) OF THIS SECTION;

16 (i) Rules establishing a consistent decision-making process with
17 criteria and steps for the county department to follow when deciding how
18 to act on a report or inquiry or when to take no action on a report or
19 inquiry; AND

20 (j) A DISCLOSURE PROCEDURE THAT NOTIFIES CALLERS TO THE
21 HOTLINE SYSTEM THAT CALLS ARE RECORDED THAT IS CONSISTENT WITH
22 THE PROCEDURE SET FORTH IN SUBSECTION (3.5)(b) OF THIS SECTION.

23 **SECTION 4.** In Colorado Revised Statutes, **add** 26-5-118 as
24 follows:

25 **26-5-118. Audit of child welfare system tools - Colorado family**
26 **safety assessment - Colorado family risk assessment - domestic**
27 **violence - report - rules - definitions.** (1) AS USED IN THIS SECTION,

1 UNLESS THE CONTEXT OTHERWISE REQUIRES:

2 (a) "COLORADO FAMILY RISK ASSESSMENT" MEANS A SYSTEMATIC
3 COLLECTION AND ANALYSIS OF INFORMATION ENTERED INTO TRAILS TO
4 DETERMINE THE LIKELIHOOD OF FUTURE MALTREATMENT OF A CHILD OR
5 YOUTH.

6 (b) "COLORADO FAMILY SAFETY ASSESSMENT" MEANS A
7 SYSTEMATIC COLLECTION OF INFORMATION ENTERED INTO TRAILS ON
8 FAMILY CIRCUMSTANCES TO DETERMINE WHETHER A CHILD IS IN CURRENT
9 OR IMPENDING DANGER AND TO ASSIST WITH INFORMED AND RELIABLE
10 DECISION-MAKING TO MITIGATE SAFETY CONCERNS.

11 (c) "TRAILS" MEANS THE STATEWIDE COMPREHENSIVE CHILD
12 WELFARE CASE MANAGEMENT SYSTEM.

13 (2) (a) (I) NO LATER THAN JANUARY 15, 2025, THE OFFICE OF THE
14 CHILD PROTECTION OMBUDSMAN, ESTABLISHED IN SECTION 19-3.3-102,
15 SHALL SELECT AND CONTRACT WITH A THIRD-PARTY EVALUATOR TO
16 CONDUCT AN AUDIT ON THE:

17 (A) COLORADO FAMILY SAFETY ASSESSMENT; AND

18 (B) COLORADO FAMILY RISK ASSESSMENT.

19 (II) THE THIRD-PARTY EVALUATOR SHALL CREATE A REPORT
20 SUMMARIZING THE RESULTS OF THE AUDIT.

21 (b) IN CONDUCTING AN AUDIT OF THE COLORADO FAMILY RISK
22 ASSESSMENT, THE THIRD-PARTY EVALUATOR, AT A MINIMUM, SHALL:

23 (I) IDENTIFY TOOLS AND RESOURCES TO ENSURE THE ASSESSMENT
24 IS CARRIED OUT CONSISTENTLY;

25 (II) IDENTIFY GAPS AND SOLUTIONS TO ENABLE CASEWORKERS TO
26 COMPLETE THE ASSESSMENT IN REAL TIME WHILE IN THE FIELD;

27 (III) EXAMINE THE IMPACTS OF GEOGRAPHY WHEN USING THE

1 ASSESSMENT;

2 (IV) EXAMINE THE IMPACTS OF RACE AND ETHNICITY WHEN USING
3 THE ASSESSMENT AND HOW THEY IMPACT COMMUNITIES THAT ARE
4 OVER-REPRESENTED IN THE CHILD WELFARE SYSTEM;

5 (V) EVALUATE AND RECOMMEND BEST PRACTICES FOR SHARING
6 THE ASSESSMENT WITH FAMILIES, LEGAL PROFESSIONALS, AND THE
7 JUDICIAL BRANCH;

8 (VI) EVALUATE AND RECOMMEND BEST PRACTICES FOR TRAINING
9 ON THE ASSESSMENT; AND

10 (VII) EXAMINE THE ASSESSMENT FOR DOMESTIC VIOLENCE AND
11 RECOMMEND BEST PRACTICES.

12 (c) IN CONDUCTING AN AUDIT OF THE COLORADO FAMILY SAFETY
13 ASSESSMENT, THE THIRD PARTY, AT A MINIMUM, SHALL:

14 (I) EXAMINE THE ISSUES SET FORTH IN SUBSECTIONS (2)(b)(I) TO
15 (2)(b)(VII) OF THIS SECTION;

16 (II) STUDY THE INTER-RATER RELIABILITY OF THE COLORADO
17 FAMILY SAFETY ASSESSMENT; AND

18 (III) STUDY THE REQUIRED DOCUMENTATION FOR THE PLANNING
19 AND REMOVAL OF THE CHILD FROM THE CHILD'S PRIMARY CAREGIVER.

20 (3) ON OR BEFORE MARCH 1, 2026, THE OFFICE OF THE CHILD
21 PROTECTION OMBUDSMAN SHALL SUBMIT THE REPORT DESCRIBED IN
22 SUBSECTION (2)(a)(II) OF THIS SECTION TO THE HOUSE OF
23 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
24 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
25 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE SPEAKER OF THE
26 HOUSE OF REPRESENTATIVES, THE MINORITY LEADER OF THE HOUSE OF
27 REPRESENTATIVES, THE PRESIDENT OF THE SENATE, AND THE MINORITY

1 LEADER OF THE SENATE.

2 **SECTION 5. Safety clause.** The general assembly finds,
3 determines, and declares that this act is necessary for the immediate
4 preservation of the public peace, health, or safety or for appropriations for
5 the support and maintenance of the departments of the state and state
6 institutions.