

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0550.01 Jerry Barry x4341

HOUSE BILL 22-1278

HOUSE SPONSORSHIP

Young and Pelton,

SENATE SPONSORSHIP

Lee and Simpson,

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 CONCERNING THE CREATION OF THE BEHAVIORAL HEALTH
102 ADMINISTRATION.

Bill Summary

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

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

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

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

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

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

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

The bill makes extensive conforming amendments.

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

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

ARTICLE 50

Behavioral Health Administration

PART 1

GENERAL PROVISIONS

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

(1) "ALCOHOL USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE CHARACTERIZED BY RECURRENT USE OF ALCOHOL CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

(2) "ALCOHOL USE DISORDER PROGRAM" MEANS A PROGRAM FOR DIAGNOSIS, TREATMENT, AND REHABILITATION OF A PERSON WITH AN

1 ALCOHOL USE DISORDER.

2 (3) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL
3 ANDEMOITIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S
4 OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS
5 INCLUDE SUBSTANCE USE DISORDERS, MENTAL HEALTH DISORDERS,
6 SERIOUS PSYCHOLOGICAL DISTRESS, AND SUICIDE AND RANGE FROM
7 UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND
8 TREATABLE DISEASES. "BEHAVIORAL HEALTH" ALSO DESCRIBES SERVICE
9 SYSTEMS THAT ENCOMPASS PROMOTION OF EMOTIONAL HEALTH AND
10 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH DISORDERS
11 AND SUBSTANCE USE DISORDERS.

12 (4) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
13 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
14 27-50-102.

15 (5) "BEHAVIORAL HEALTH DISORDER" MEANS AN ALCOHOL USE
16 DISORDER, A MENTAL HEALTH DISORDER, OR A SUBSTANCE USE DISORDER.

17 (6) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR
18 PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED
19 HEALTH SERVICES, WHICH MAY INCLUDE SERVICES FOR A BEHAVIORAL
20 HEALTH DISORDER, BUT DOES NOT INCLUDE RESIDENTIAL CHILD CARE
21 FACILITIES, AS DEFINED IN SECTION 26-6-102 (33), OR SERVICES PROVIDED
22 BY A LICENSED OR CERTIFIED MENTAL HEALTH-CARE PROVIDER UNDER THE
23 PROVIDER'S INDIVIDUAL PROFESSIONAL PRACTICE ACT ON THE PROVIDER'S
24 OWN PREMISES.

25 (7) "BEHAVIORAL HEALTH SAFETY NET PROVIDER" MEANS ANY
26 AND ALL BEHAVIORAL HEALTH SAFETY NET PROVIDERS, INCLUDING
27 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS AND

1 ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS.

2 (8) "BEHAVIORAL HEALTH SAFETY NET SERVICES" MEANS THE
3 SPECIFIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS THAT
4 MUST BE PROVIDED STATEWIDE PURSUANT TO PART 3 OF THIS ARTICLE 50.

5 (9) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
6 BEHAVIORAL HEALTH ADMINISTRATION APPOINTED PURSUANT TO
7 27-50-103.

8 (10) "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL,
9 PSYCHIATRIC HOSPITAL, OR NURSING HOME.

10 (11) "COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
11 PROVIDER" MEANS A LICENSED BEHAVIORAL HEALTH ENTITY APPROVED BY
12 THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE THE FOLLOWING
13 BEHAVIORAL HEALTH SAFETY NET SERVICES, EITHER DIRECTLY OR
14 THROUGH FORMAL AGREEMENTS WITH BEHAVIORAL HEALTH PROVIDERS
15 IN THE COMMUNITY OR REGION:

- 16 (a) EMERGENCY AND CRISIS BEHAVIORAL HEALTH SERVICES;
- 17 (b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
- 18 (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- 19 (d) CLINICAL CASE MANAGEMENT;
- 20 (e) OUTREACH, EDUCATION, AND ENGAGEMENT SERVICES;
- 21 (f) MENTAL HEALTH AND SUBSTANCE USE RECOVERY SUPPORTS;
- 22 (g) CARE COORDINATION; AND
- 23 (h) OUTPATIENT COMPETENCY RESTORATION.

24 (12) "ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER"
25 MEANS A LICENSED BEHAVIORAL HEALTH ENTITY OR PROGRAM APPROVED
26 BY THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE AT LEAST ONE
27 OF THE BEHAVIORAL HEALTH SAFETY NET SERVICES DESCRIBED IN

1 SUBSECTION (11) OF THIS SECTION.

2 (13) "MENTAL HEALTH DISORDER" MEANS ONE OR MORE
3 SUBSTANTIAL DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL
4 PROCESSES THAT GROSSLY IMPAIRS JUDGMENT OR CAPACITY TO
5 RECOGNIZE REALITY OR TO CONTROL BEHAVIOR.

6 (14) "PRIMARY PREVENTION" MEANS ACTIVITIES AND STRATEGIES
7 USED TO INTERVENE BEFORE HEALTH EFFECTS OCCUR THROUGH MEASURES
8 THAT PREVENT THE ONSET OF ADDICTION, DELAY INITIAL USE OF ALCOHOL
9 AND TOBACCO, DETER THE USE OF ILLEGAL DRUGS, AND PROMOTE HEALTH
10 AND WELLNESS.

11 (15) "PRIORITY POPULATIONS" MEANS PEOPLE EXPERIENCING
12 HOMELESSNESS; PEOPLE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM;
13 PEOPLE OF COLOR; AMERICAN INDIANS AND ALASKA NATIVES; VETERANS;
14 PEOPLE WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR
15 QUESTIONING; OLDER ADULTS; CHILDREN AND FAMILIES; AND PEOPLE WITH
16 DISABILITIES, INCLUDING PEOPLE WHO ARE DEAF AND HARD OF HEARING,
17 PEOPLE WHO ARE BLIND AND DEAFBLIND, PEOPLE WITH BRAIN INJURIES,
18 PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND
19 PEOPLE WITH OTHER CO-OCCURRING DISABILITIES.

20 (16) (a) "STATE AGENCY" MEANS ANY STATE DEPARTMENT, STATE
21 OFFICE, OR STATE DIVISION IN COLORADO THAT ADMINISTERS A
22 BEHAVIORAL HEALTH PROGRAM.

23 (b) "STATE AGENCY" DOES NOT INCLUDE THE JUDICIAL BRANCH OF
24 STATE GOVERNMENT.

25 (17) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING
26 BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS,
27 OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING

1 HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR
2 RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

3 (18) "SUBSTANCE USE DISORDER PROGRAM" MEANS A PROGRAM
4 FOR THE DETOXIFICATION, WITHDRAWAL, MAINTENANCE, OR TREATMENT
5 OF A PERSON WITH A SUBSTANCE USE DISORDER.

6 **27-50-102. Behavioral health administration - creation -**
7 **coordination.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT OF HUMAN
8 SERVICES THE BEHAVIORAL HEALTH ADMINISTRATION. NOTHING IN THIS
9 SUBSECTION (1) PRECLUDES ANY FUTURE LEGISLATIVE ACTION TAKEN
10 PURSUANT TO SECTION 27-60-203 (5) REGARDING THE FUTURE LOCATION
11 OF THE BHA.

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

21 **27-50-103. Behavioral health commissioner - appointment -**
22 **powers, duties, and functions - subdivisions of the BHA.** (1) THE
23 GOVERNOR SHALL APPOINT THE COMMISSIONER, WHO IS THE HEAD OF THE
24 BHA. THE COMMISSIONER HAS THE FULL AUTHORITY, WITH THE
25 GOVERNOR, TO LEAD AND DEVELOP THE STATE'S VISION AND STRATEGY
26 FOR BEHAVIORAL HEALTH.

27 (2) THE COMMISSIONER SHALL:

- 1 (a) BE WELL-VERSED IN BEHAVIORAL HEALTH;
- 2 (b) BE REGISTERED TO VOTE IN COLORADO DURING THE
- 3 COMMISSIONER'S TERM OF SERVICE; AND
- 4 (c) HAVE NO PECUNIARY INTEREST, DIRECTLY OR INDIRECTLY, IN
- 5 ANY BEHAVIORAL HEALTH COMPANY OR AGENCY OTHER THAN AS A
- 6 BEHAVIORAL HEALTH SERVICES RECIPIENT.

7 (3) THE COMMISSIONER SHALL ENSURE THAT:

8 (a) BEHAVIORAL HEALTH PROGRAMS DELIVERED BY STATE

9 AGENCIES AND COMMERCIAL PAYERS ARE COMPREHENSIVE,

10 EVIDENCE-BASED, AFFORDABLE, HIGH QUALITY, EQUITY-FOCUSED, AND

11 EASILY ACCESSIBLE FOR ALL COLORADANS;

12 (b) BEHAVIORAL HEALTH STRATEGIES, PROGRAM PRIORITIES, AND

13 FUNDING ALLOCATIONS FOR BEHAVIORAL HEALTH ALIGN WITH THE VISION

14 SET FORTH BY THE BHA AND THE GOVERNOR; AND

15 (c) THERE IS A STREAMLINED APPROACH TO USING PUBLIC MONEY

16 TO IMPROVE BEHAVIORAL HEALTH ACROSS THE CONTINUUM OF CARE FROM

17 PREVENTION TO RECOVERY.

18 (4) THE COMMISSIONER SHALL ENGAGE WITH THE LEGISLATIVE

19 AND JUDICIAL BRANCHES OF GOVERNMENT TO ACHIEVE THE STATE'S

20 VISION FOR BEHAVIORAL HEALTH.

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

22 OR UNITS NECESSARY FOR THE PROPER DISCHARGE OF THE POWERS,

23 DUTIES, AND FUNCTIONS OF THE BHA.

24 **27-50-104. Powers and duties of the commissioner - rules.**

25 (1) (a) THE COMMISSIONER MAY ADOPT "COMMISSIONER RULES" FOR

26 BEHAVIORAL HEALTH PROGRAMS ADMINISTERED AND SERVICES PROVIDED

27 BY THE BHA AS LISTED IN SECTION 27-50-105 (1). THE RULES MUST BE

1 PROMULGATED IN ACCORDANCE WITH SECTION 24-4-103.

2 (b) ANY RULES ADOPTED BY THE EXECUTIVE DIRECTOR OF THE
3 DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1, 2022, TO IMPLEMENT
4 THE BEHAVIORAL HEALTH PROGRAMS TO BE ADMINISTERED AND SERVICES
5 TO BE PROVIDED BY THE BHA LISTED IN SECTION 27-50-105 (1), AND
6 WHOSE CONTENT MEETS THE DEFINITION OF "EXECUTIVE DIRECTOR RULES"
7 PURSUANT TO SECTION 26-1-108, ARE EFFECTIVE UNTIL REVISED,
8 AMENDED, OR REPEALED BY THE COMMISSIONER.

9 (2) "COMMISSIONER RULES" ARE SOLELY WITHIN THE PROVINCE OF
10 THE COMMISSIONER, EXCEPT THOSE DETERMINATIONS PRECLUDED BY
11 AUTHORITY GRANTED TO THE STATE BOARD OF HUMAN SERVICES.
12 "COMMISSIONER RULES" MUST INCLUDE:

13 (a) MATTERS OF INTERNAL ADMINISTRATION IN THE BHA,
14 INCLUDING ORGANIZATION, STAFFING, RECORDS, REPORTS, SYSTEMS, AND
15 PROCEDURES;

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

17 (c) ACCOUNTING AND FISCAL REPORTING RULES FOR
18 DISBURSEMENT OF FEDERAL FUNDS, CONTINGENCY FUNDS, AND
19 PRORATION OF AVAILABLE APPROPRIATIONS.

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

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

7 **27-50-105. Administration of behavioral health programs -**
8 **state plan - sole mental health authority.** (1) THE BHA SHALL
9 ADMINISTER AND PROVIDE THE FOLLOWING BEHAVIORAL HEALTH
10 PROGRAMS AND SERVICES:

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

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

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

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

19 (e) CRIMINAL JUSTICE DIVERSION PROGRAMS PURSUANT TO
20 SECTION 27-60-106.5;

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

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

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

27 (i) THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM

- 1 CREATED PURSUANT TO SECTION 27-60-111;
- 2 (j) THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT
3 PROGRAM CREATED PURSUANT TO SECTION 27-60-112;
- 4 (k) THE STATEWIDE CARE COORDINATION INFRASTRUCTURE
5 PURSUANT TO SECTION 27-60-204;
- 6 (l) HIGH-FIDELITY WRAPAROUND SERVICES FOR CHILDREN AND
7 YOUTH PURSUANT TO ARTICLE 62 OF THIS TITLE 27;
- 8 (m) THE BEHAVIORAL HEALTH SAFETY NET SYSTEM PURSUANT TO
9 ARTICLE 63 OF THIS TITLE 27;
- 10 (n) THE 988 CRISIS HOTLINE ENTERPRISE CREATED PURSUANT TO
11 SECTION 27-64-103;
- 12 (o) THE CARE AND TREATMENT OF PERSONS WITH MENTAL HEALTH
13 DISORDERS PURSUANT TO ARTICLE 65 OF THIS TITLE 27;
- 14 (p) THE COMMUNITY MENTAL HEALTH SERVICES PURCHASE
15 PROGRAM PURSUANT TO SECTION 27-66-104;
- 16 (q) THE STANDARDS FOR APPROVAL IN THE COMMUNITY MENTAL
17 HEALTH SERVICES PURCHASE PROGRAM PURSUANT TO SECTION 27-66-105;
- 18 (r) TRAUMA-INFORMED CARE STANDARDS OF APPROVAL PURSUANT
19 TO SECTION 27-66-110;
- 20 (s) THE COMMUNITY TRANSITION SPECIALIST PROGRAM CREATED
21 PURSUANT TO ARTICLE 66.5 OF THIS TITLE 27;
- 22 (t) THE "CHILDREN AND YOUTH MENTAL HEALTH TREATMENT
23 ACT", ARTICLE 67 OF THIS TITLE 27;
- 24 (u) MEDICATION CONSISTENCY FOR INDIVIDUALS WITH
25 BEHAVIORAL OR MENTAL HEALTH DISORDERS IN THE CRIMINAL AND
26 JUVENILE JUSTICE SYSTEMS PURSUANT TO ARTICLE 70 OF THIS TITLE 27;
- 27 (v) GRANTS FOR PUBLIC PROGRAMS PURSUANT TO SECTION

- 1 27-80-103;
- 2 (w) THE PURCHASE OF PREVENTION AND TREATMENT SERVICES
- 3 PURSUANT TO SECTION 27-80-106;
- 4 (x) THE DESIGNATION OF MANAGED SERVICE ORGANIZATIONS
- 5 PURSUANT TO SECTION 27-80-107;
- 6 (y) THE "INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE
- 7 DISORDER SERVICES ACT" PURSUANT TO SECTION 27-80-107.5;
- 8 (z) THE COORDINATION OF STATE AND FEDERAL FUNDS AND
- 9 PROGRAMS PURSUANT TO SECTION 27-80-109;
- 10 (aa) ADDICTION COUNSELOR TRAINING REQUIREMENTS PURSUANT
- 11 TO SECTION 27-80-111;
- 12 (bb) THE TREATMENT PROGRAM FOR HIGH-RISK PREGNANT WOMEN
- 13 CREATED PURSUANT TO SECTION 27-80-112;
- 14 (cc) THE RURAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION
- 15 AND TREATMENT PROGRAM CREATED PURSUANT TO SECTION 27-80-117;
- 16 (dd) THE CARE NAVIGATION PROGRAM PURSUANT TO SECTION
- 17 27-80-119;
- 18 (ee) THE BUILDING SUBSTANCE USE DISORDER TREATMENT
- 19 CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM CREATED
- 20 PURSUANT TO SECTION 27-80-120;
- 21 (ff) THE RECOVERY RESIDENCE CERTIFYING BODY PURSUANT TO
- 22 SECTION 27-80-122;
- 23 (gg) THE HIGH-RISK FAMILIES CASH FUND CREATED PURSUANT TO
- 24 SECTION 27-80-123;
- 25 (hh) THE COLORADO SUBSTANCE USE DISORDERS PREVENTION
- 26 COLLABORATIVE PURSUANT TO SECTION 27-80-124;
- 27 (ii) TEMPORARY FINANCIAL HOUSING ASSISTANCE FOR

1 INDIVIDUALS WITH SUBSTANCE USE DISORDERS PURSUANT TO SECTION
2 27-80-125;

3 (jj) THE RECOVERY SUPPORT SERVICES GRANT PROGRAM CREATED
4 PURSUANT TO SECTION 27-80-126;

5 (kk) CONTROLLED SUBSTANCES LICENSING PURSUANT TO PART 2
6 OF ARTICLE 80 OF THIS TITLE 27;

7 (ll) THE COMPREHENSIVE AND COORDINATED PROGRAM FOR THE
8 TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS, PERSONS
9 INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE OF
10 DRUGS PURSUANT TO SECTION 27-81-105;

11 (mm) THE STANDARDS FOR PUBLIC AND PRIVATE TREATMENT
12 FACILITIES THAT RECEIVE PUBLIC FUNDS PURSUANT TO SECTION
13 27-81-106;

14 (nn) ACCEPTANCE FOR SUBSTANCE USE DISORDER TREATMENT
15 PURSUANT TO SECTION 27-81-108;

16 (oo) VOLUNTARY TREATMENT OF PERSONS WITH SUBSTANCE USE
17 DISORDERS PURSUANT TO SECTION 27-81-109;

18 (pp) VOLUNTARY TREATMENT FOR PERSONS INTOXICATED BY
19 ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY
20 SUBSTANCES PURSUANT TO SECTION 27-81-110;

21 (qq) THE EMERGENCY COMMITMENT OF PERSONS PURSUANT TO
22 SECTION 27-81-111;

23 (rr) THE INVOLUNTARY COMMITMENT OF A PERSON WITH A
24 SUBSTANCE USE DISORDER PURSUANT TO SECTION 27-81-112;

25 (ss) EMERGENCY SERVICE PATROLS PURSUANT TO SECTION
26 27-81-115;

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

1 (uu) THE MATERNAL AND CHILD HEALTH PILOT PROGRAM
2 PURSUANT TO PART 2 OF ARTICLE 82 OF THIS TITLE 27;

3 (vv) HUMAN SERVICES REFERRAL SERVICES PURSUANT TO SECTION
4 29-11-203;

5 (ww) DUI TREATMENT PROGRAMS PURSUANT TO ARTICLE 2 OF
6 TITLE 42;

7 (xx) ALCOHOL AND DRUG DRIVING SAFETY PROGRAMS PURSUANT
8 TO SECTION 42-4-1301.3;

9 (yy) GAMBLING ADDICTION ACCOUNT FUNDING PURSUANT TO
10 SECTION 44-30-1301; AND

11 (zz) SPORTS BETTING FUNDING PURSUANT TO SECTION 44-30-1509.

12 (2) (a) THE BHA SHALL FORMULATE A COMPREHENSIVE STATE
13 PLAN FOR SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH
14 SERVICES PROGRAMS FOR THE PURPOSE OF ADMINISTERING THE FEDERAL
15 BLOCK GRANT FUNDS DESCRIBED IN SUBSECTION (2)(c) OF THIS SECTION.
16 THE BHA SHALL SUBMIT THE STATE PLAN TO THE GOVERNOR AND, UPON
17 THE GOVERNOR'S APPROVAL, SUBMIT THE STATE PLAN TO THE
18 APPROPRIATE UNITED STATES AGENCY FOR REVIEW AND APPROVAL.

19 (b) THE BHA IS DESIGNATED AS THE SOLE ENTITY FOR THE
20 SUPERVISION OF THE ADMINISTRATION OF THE STATE PLAN.

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

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

25 (II) OTHER GRANTS FROM THE FEDERAL GOVERNMENT FOR THE
26 PROVISION OF MENTAL HEALTH OR INTEGRATED BEHAVIORAL HEALTH
27 SERVICES.

1 (3) THE BHA MAY PROVIDE CONSULTATION AND CONDUCT
2 TRAINING PROGRAMS AT THE STATE, REGIONAL, OR LOCAL LEVEL TO
3 SUPPORT THE PROFESSIONAL DEVELOPMENT OF LICENSED OR APPROVED
4 BEHAVIORAL HEALTH PROVIDERS. THE BHA MAY REIMBURSE PROVIDERS
5 FOR REASONABLE AND NECESSARY EXPENSES INCURRED IN ATTENDING
6 THE TRAINING PROGRAMS.

7 **27-50-106. Transfer of functions.** (1) THE POWERS, DUTIES, AND
8 FUNCTIONS PREVIOUSLY ADMINISTERED BY THE DEPARTMENT OF PUBLIC
9 HEALTH AND ENVIRONMENT CONCERNING LICENSING BEHAVIORAL HEALTH
10 ENTITIES PURSUANT TO ARTICLE 27.6 OF TITLE 25 SHALL TRANSFER TO THE
11 BHA OVER A PERIOD OF TWO YEARS, WITH ALL FUNCTIONS FULLY
12 TRANSFERRED TO THE BHA BY JULY 1, 2024, AS FOLLOWS:

13 (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
14 SHALL CONTINUE ISSUING AND RENEWING BEHAVIORAL HEALTH ENTITY
15 LICENSES UNTIL JUNE 30, 2023, AFTER WHICH DATE THE DEPARTMENT OF
16 PUBLIC HEALTH AND ENVIRONMENT SHALL NOT RENEW OR CONFER ANY
17 NEW BEHAVIORAL HEALTH ENTITY LICENSES. BEHAVIORAL HEALTH
18 ENTITIES THAT ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH
19 AND ENVIRONMENT ARE SUBJECT TO THE RULES AND ORDERS OF THE
20 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT UNTIL SUCH RULES
21 AND ORDERS ARE REVISED, AMENDED, REPEALED, OR NULLIFIED PURSUANT
22 TO SUBSECTION (2)(a) OF THIS SECTION. THE DEPARTMENT OF PUBLIC
23 HEALTH AND ENVIRONMENT SHALL CONTINUE COMPLIANCE MONITORING
24 AND ENFORCEMENT ACTIVITIES UNTIL ALL LICENSES THE DEPARTMENT OF
25 PUBLIC HEALTH AND ENVIRONMENT HAS CONFERRED ARE EXPIRED,
26 REVOKED, OR SURRENDERED, BUT NOT AFTER JUNE 30, 2024.

27 (b) ON JULY 1, 2023, THE DEPARTMENT OF PUBLIC HEALTH AND

1 ENVIRONMENT SHALL TRANSFER ANY APPLICATIONS PENDING AS OF THAT
2 DATE TO THE BHA FOR DISPOSITION.

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

9 (d) RULES CONCERNING BEHAVIORAL HEALTH ENTITIES
10 PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO
11 THIS SECTION ONLY APPLY TO THOSE BEHAVIORAL HEALTH ENTITIES THAT
12 ARE LICENSED BY THE BHA.

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

18 (b) NO LATER THAN JULY 1, 2024, ALL BEHAVIORAL HEALTH
19 ENTITIES MUST BE LICENSED BY, AND IN COMPLIANCE WITH THE RULES AND
20 ORDERS OF, THE STATE BOARD OF HUMAN SERVICES.

21 (3) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
22 THE BHA SHALL COORDINATE TO ENSURE THAT THE OVERSIGHT AND
23 LICENSING OF BEHAVIORAL HEALTH ENTITIES TRANSFERS SMOOTHLY
24 BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
25 THE BHA WITHOUT ANY DELAYS IN OVERSIGHT OR RELATED DUTIES.

26 **27-50-107. State board of human services - rules.** (1) THE
27 STATE BOARD OF HUMAN SERVICES CREATED PURSUANT TO SECTION

1 26-1-107 IS THE **TYPE 1** BOARD FOR PROMULGATING, REVISING, AND
2 REPEALING BHA RULES.

3 (2) ANY RULES PROMULGATED BY THE STATE BOARD OF HUMAN
4 SERVICES TO IMPLEMENT THE PROVISIONS OF THIS ARTICLE 50 OR ANY
5 OTHER BEHAVIORAL HEALTH PROGRAM ADMINISTERED OR SERVICE
6 PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES PRIOR TO JULY 1,
7 2022, ARE EFFECTIVE UNTIL REVISED, AMENDED, OR REPEALED BY THE
8 STATE BOARD OF HUMAN SERVICES.

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

11 (a) ANY RULES NECESSARY TO CARRY OUT THE PURPOSES OF A
12 BEHAVIORAL HEALTH PROGRAM ADMINISTERED BY THE BHA AS LISTED IN
13 SECTION 27-50-105, INCLUDING RECORD KEEPING AND DATA COLLECTION;

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

16 (c) CONDITIONS THAT MAY BE IMPOSED ON A BEHAVIORAL HEALTH
17 PROGRAM FOR THE PROGRAM TO RECEIVE PUBLIC FUNDS AS PART OF THE
18 BEHAVIORAL HEALTH SAFETY NET SYSTEM CREATED PURSUANT TO PART
19 3 OF THIS ARTICLE 50;

20 (d) REQUIREMENTS FOR PUBLIC AND PRIVATE AGENCIES,
21 ORGANIZATIONS, AND INSTITUTIONS THAT THE BHA MAY PURCHASE
22 SERVICES FROM PURSUANT TO SECTION 27-80-106 (1), WHICH
23 REQUIREMENTS MUST INCLUDE PROHIBITING THE PURCHASE OF SERVICES
24 FROM AGENCIES, ORGANIZATIONS, AND INSTITUTIONS THAT DENY OR
25 PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE DISORDER
26 TREATMENT AND SERVICES TO A PERSON WHO IS PARTICIPATING IN
27 PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION

1 23-21-803, FOR A SUBSTANCE USE DISORDER; AND

2 (e) (I) STANDARDS THAT ADDICTION COUNSELORS MUST MEET TO
3 PARTICIPATE IN BEHAVIORAL HEALTH PROGRAMS OR TO PROVIDE
4 PURCHASED SERVICES, AND REQUIREMENTS NECESSARY FOR ADDICTION
5 COUNSELORS TO BE CERTIFIED BY THE STATE BOARD OF ADDICTION
6 COUNSELOR EXAMINERS, PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE
7 12.

8 (II) THE RULES PROMULGATED PURSUANT TO SUBSECTION (3)(e)(I)
9 OF THIS SECTION MUST INCLUDE EDUCATION REQUIREMENTS FOR
10 CERTIFIED ADDICTION TECHNICIANS, CERTIFIED ADDICTION SPECIALISTS,
11 AND LICENSED ADDICTION COUNSELORS.

12 **27-50-108. Systemwide behavioral health grievance system.**

13 (1) (a) ON OR BEFORE JULY 1, 2024, THE BHA SHALL CREATE AND
14 IMPLEMENT A PROCESS FOR COLLECTING, ANALYZING, AND ADDRESSING
15 BEHAVIORAL HEALTH SYSTEM GRIEVANCES AT A SYSTEMIC LEVEL THAT
16 LEVERAGES AND DOES NOT DUPLICATE EXISTING GRIEVANCE RESOLUTION
17 PROGRAMS. THE BHA SHALL ANALYZE GRIEVANCES TO IDENTIFY AND
18 ADDRESS SERVICE DELIVERY GAPS AND TO INFORM STATEWIDE
19 BEHAVIORAL HEALTH SYSTEM POLICY.

20 (b) THE BHA SHALL, AT A MINIMUM, TRACK GRIEVANCES BY
21 BEHAVIORAL HEALTH PROVIDER, TOPIC, REGION, PAYER SOURCE, SERVICE,
22 OR DIAGNOSIS AND AGGREGATE DEMOGRAPHIC DATA. IN ORDER TO
23 PROMOTE TRANSPARENCY, ACCOUNTABILITY, AND SYSTEM
24 COLLABORATION, THE BHA SHALL PUBLISH, AT LEAST ANNUALLY,
25 AGGREGATED AND ANONYMIZED DATA ON GRIEVANCES ON A
26 PUBLIC-FACING WEBSITE.

27 (c) THE BHA SHALL IMPLEMENT A PLAN TO STREAMLINE

1 GRIEVANCE RESOLUTION PROGRAMS, PROMOTE TRANSPARENCY, IMPROVE
2 CONSUMER EXPERIENCE, AND PROMOTE CLARITY AND TRANSPARENCY.

3 (2) ON OR BEFORE JULY 1, 2024, THE BHA SHALL SOLICIT INPUT
4 FROM DEMOGRAPHICALLY DIVERSE STAKEHOLDERS TO DEVELOP A
5 PROCESS FOR ADDRESSING INDIVIDUAL GRIEVANCES WHEN TRADITIONAL
6 GRIEVANCE PROGRAMS FAIL.

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

11 (4) ON OR BEFORE JULY 1, 2024, THE BHA AND STATE AGENCIES
12 SHALL EXECUTE FORMAL DATA-SHARING AGREEMENTS ADDRESSING DATA
13 SHARING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS,
14 COOPERATION BETWEEN THE BHA AND STATE AGENCIES, AND ANY OTHER
15 PROVISIONS NECESSARY TO IMPLEMENT THIS SECTION. AT A MINIMUM, THE
16 BHA AND THE FOLLOWING ENTITIES SHALL EXECUTE SUCH AGREEMENTS:

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

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

21 (c) THE CHILD PROTECTION OMBUDSMAN, APPOINTED PURSUANT
22 TO SECTION 19-3.3-103.

23 (5) THE BHA MAY PROMULGATE RULES AS NEEDED TO IMPLEMENT
24 THIS SECTION.

25 PART 2

26 BEHAVIORAL HEALTH SYSTEM MONITORING

27 **27-50-201. Behavioral health system monitoring - capacity -**

1 **safety net performance.** (1) ON OR BEFORE JULY 1, 2024, THE BHA
2 SHALL ESTABLISH A PERFORMANCE MONITORING SYSTEM TO TRACK
3 CAPACITY AND PERFORMANCE OF ALL BEHAVIORAL HEALTH PROVIDERS
4 AND INFORM NEEDED CHANGES TO THE PUBLIC AND PRIVATE BEHAVIORAL
5 HEALTH SYSTEM IN THE STATE.

6 (2) THE BHA SHALL SET MINIMUM PERFORMANCE STANDARDS
7 THAT ADDRESS KEY METRICS FOR BEHAVIORAL HEALTH PROVIDERS
8 LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50,
9 INCLUDING BUT NOT LIMITED TO:

10 (a) ACCESSIBILITY OF CARE, INCLUDING:

11 (I) AVAILABILITY OF SERVICES;

12 (II) TIMELINESS OF SERVICE DELIVERY; AND

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

14 AND

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

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

19 (a) EVIDENCE-BASED AND PROMISING PRACTICES;

20 (b) THEMES IDENTIFIED THROUGH GRIEVANCES PURSUANT TO
21 SECTION 27-50-108;

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

24 (d) ALIGNMENT WITH EXISTING STATE AND FEDERAL
25 REQUIREMENTS;

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

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

3 (4) THE BHA SHALL COLLABORATE WITH THE DEPARTMENT OF
4 HEALTH CARE POLICY AND FINANCING TO ESTABLISH DATA COLLECTION
5 AND REPORTING REQUIREMENTS THAT ALIGN WITH THE PERFORMANCE
6 STANDARDS ESTABLISHED IN THIS SECTION AND THAT ARE OF A HIGH
7 VALUE IN PROMOTING SYSTEMIC IMPROVEMENTS. IN ESTABLISHING DATA
8 COLLECTION AND REPORTING REQUIREMENTS, THE BHA MUST CONSIDER
9 THE IMPACT ON BEHAVIORAL HEALTH PROVIDERS AND CLIENTS AND STATE
10 INFORMATION TECHNOLOGY SYSTEMS.

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

13 (a) THE UNIVERSAL CONTRACT DEVELOPED PURSUANT TO SECTION
14 27-50-203;

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

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

19 (6) THE BHA SHALL ANALYZE THE DATA COLLECTED PURSUANT
20 TO THIS SECTION AND CREATE PUBLIC-FACING SYSTEM ACCOUNTABILITY
21 PLATFORMS TO REPORT ON PERFORMANCE STANDARDS FOR BEHAVIORAL
22 HEALTH PROVIDERS.

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

26 **27-50-202. Formal agreements - state agencies and tribal**
27 **governments.** (1) ON OR BEFORE JULY 1, 2023, THE COMMISSIONER

1 SHALL COLLABORATE WITH STATE AGENCIES AND TRIBAL GOVERNMENTS,
2 WHILE RESPECTING TRIBAL SOVEREIGNTY, TO IMPLEMENT FORMAL
3 AGREEMENTS BETWEEN THE BHA AND STATE AGENCIES, AND THE BHA
4 AND TRIBAL GOVERNMENTS THAT HAVE INITIATIVES, FUNDING, PROGRAMS,
5 OR SERVICES RELATED TO BEHAVIORAL HEALTH. THE FORMAL
6 AGREEMENTS MUST PROVIDE THE STRUCTURE FOR IMPLEMENTING
7 BEHAVIORAL HEALTH STANDARDS BY FORMALIZING EXPECTATIONS
8 SPECIFIC TO:

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

11 (b) CONSIDERATION OF BHA FUNDING AND RESOURCE
12 ALLOCATION PRIORITIES ACROSS THE BEHAVIORAL HEALTH CONTINUUM
13 OF CARE, INCLUDING PRIMARY PREVENTION AND HARM REDUCTION, AS
14 WELL AS RECOMMENDATIONS FOR OTHER STATE AGENCIES' AND TRIBAL
15 GOVERNMENTS' FUNDING PRIORITIES, TO ENSURE A COORDINATED
16 STATEWIDE EFFORT TO ALIGN BEHAVIORAL HEALTH FUNDING WITH THE
17 BHA'S VISION, DEMONSTRATED GAPS IN FUNDING OR RESOURCE
18 ALLOCATION, AND GOVERNOR PRIORITIES;

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

21 (I) PRIORITIZES PROTECTION OF PATIENT PRIVACY AND, TO THE
22 EXTENT POSSIBLE, ELIMINATES ANY SHARING OF PERSONALLY
23 IDENTIFIABLE INFORMATION AND PERSONAL HEALTH INFORMATION; AND

24 (II) MUST BE TRANSPARENTLY DISCLOSED TO ALL RELEVANT
25 PARTIES;

26 (d) REQUIRING, WHEN APPLICABLE, THE USE OF THE UNIVERSAL
27 CONTRACT GENERATED IN COLLABORATION WITH STATE AGENCIES

1 PURSUANT TO SECTION 25-50-203 AND THE USE OF BEHAVIORAL HEALTH
2 ADMINISTRATIVE SERVICES ORGANIZATIONS PURSUANT TO PART 4 OF THIS
3 ARTICLE 50;

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

7 (f) MANAGED CARE ENTITY STANDARDS, SUCH AS USE OF
8 NATIONALLY RECOGNIZED PRACTICE GUIDELINES FOR UTILIZATION
9 MANAGEMENT APPROVED BY THE BHA AND SHARED PARAMETERS FOR
10 NETWORK ADEQUACY;

11 (g) PARITY MONITORING AND COMPLIANCE TO SUPPORT THE
12 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S AND THE
13 DIVISION OF INSURANCE'S ENFORCEMENT OF PARITY PROVISIONS; AND

14 (h) A METHOD FOR THE STATE AGENCIES AND TRIBAL
15 GOVERNMENTS TO INFORM THE BHA OF PROBLEMS THAT NEED
16 RESOLUTION AND TO COLLABORATE WITH THE BHA TO ADDRESS THOSE
17 PROBLEMS.

18 (2) THE COMMISSIONER, IN COLLABORATION WITH STATE AGENCIES
19 AND TRIBAL GOVERNMENTS, SHALL ANNUALLY REVIEW THE FORMAL
20 AGREEMENTS AND UPDATE THE FORMAL AGREEMENTS AS NECESSARY.
21 FORMAL AGREEMENTS MAY BE EXPANDED TO OTHER STATE AGENCIES AND
22 BRANCHES OF GOVERNMENT AS NEEDED AND APPROPRIATE.

23 **27-50-203. Universal contract - requirements.** (1) ON OR
24 BEFORE JULY 1, 2023, THE BHA, IN COLLABORATION WITH THE
25 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND OTHER STATE
26 AGENCIES, SHALL DEVELOP A UNIVERSAL CONTRACT TO BE USED BY STATE
27 AGENCIES THAT ENTERED INTO A FORMAL AGREEMENT PURSUANT TO

1 SECTION 27-50-202 WHEN CONTRACTING FOR BEHAVIORAL HEALTH
2 SERVICES IN THE STATE. THE UNIVERSAL CONTRACT SHALL PROVIDE
3 CLEAR, STANDARDIZED REQUIREMENTS ADDRESSING AT LEAST THE
4 FOLLOWING:

5 (a) MINIMUM DATA COLLECTION AND REPORTING, INCLUDING
6 ELECTRONIC DATA INTERCHANGE;

7 (b) GRIEVANCE REPORTING, INCLUDING TO THE BHA;

8 (c) COLLABORATION WITH OTHER STATE AGENCIES;

9 (d) USE OF EVIDENCE-BASED PRACTICES;

10 (e) ACCESS TO CARE AND QUALITY OF CARE STANDARDS,
11 INCLUDING ACCOUNTABILITY TO THE PERFORMANCE STANDARDS
12 DEVELOPED PURSUANT TO SECTION 27-50-201;

13 (f) PROGRAMMATIC AND FINANCIAL REPORTING;

14 (g) CONSEQUENCES FOR NOT MEETING CONTRACT REQUIREMENTS;

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

17 (i) CLAIMS SUBMISSIONS AND BILLING PROCEDURES AND
18 GUIDELINES;

19 (j) LIMITATIONS OF LIABILITY;

20 (k) COMPLIANCE WITH BEHAVIORAL HEALTH SAFETY NET
21 STANDARDS, INCLUDING PROVISION OF SERVICES FOR PRIORITY
22 POPULATIONS;

23 (l) UTILIZATION MANAGEMENT;

24 (m) UTILIZATION OF REQUIRED TOOLS OR PROGRAMS THAT
25 IMPROVE QUALITY OUTCOMES, ACCESSIBILITY OF SOCIAL DETERMINANTS
26 OF HEALTH SUPPORTS, AFFORDABILITY, REFERRAL EFFICIENCY, OR OTHER
27 STATE PRIORITIES;

1 (n) POLICIES ON ACCEPTING, DISCHARGING, TRIAGING, AND
2 DENYING SERVICES TO CLIENTS CONSISTENT WITH SECTION 27-63-104
3 (2)(c)(IV);

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

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

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

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

26 PART 3

27 BEHAVIORAL HEALTH SAFETY NET SYSTEM

1 **27-50-301. Behavioral health safety net system**

2 **implementation.** (1) NO LATER THAN JULY 1, 2024, THE BHA, IN
3 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
4 FINANCING AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT,
5 SHALL ESTABLISH A COMPREHENSIVE AND STANDARDIZED BEHAVIORAL
6 HEALTH SAFETY NET SYSTEM THROUGHOUT THE STATE THAT MUST
7 INCLUDE BEHAVIORAL HEALTH SAFETY NET SERVICES ALONG A
8 CONTINUUM OF CARE.

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

11 (a) PROACTIVELY ENGAGE HARD-TO-SERVE INDIVIDUALS WITH
12 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
13 THE CARE CONTINUUM;

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

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

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

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

25 (f) INCORPORATE AND DEMONSTRATE TRAUMA-INFORMED CARE
26 PRACTICES;

27 (g) PROMOTE PATIENT-CENTERED CARE AND CULTURAL

1 AWARENESS;

2 (h) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT
3 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
4 STATE;

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

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

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

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

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

1 (XIII) CARE COORDINATION;
2 (XIV) HOSPITAL ALTERNATIVES; AND
3 (XV) ADDITIONAL SERVICES THAT THE BHA DETERMINES ARE
4 NECESSARY IN A COMMUNITY OR THROUGHOUT THE STATE.

5 (b) SET CLINICAL AND PRACTICE STANDARDS THROUGH THE
6 LICENSING OF BEHAVIORAL HEALTH ENTITIES AND THE APPROVAL OF
7 BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

8 (c) ESTABLISH STATEWIDE, REGIONAL, AND LOCAL BEHAVIORAL
9 HEALTH NETWORK ADEQUACY STANDARDS; AND

10 (d) IMPLEMENT A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
11 ORGANIZATION STRUCTURE PURSUANT TO PART 4 OF THIS ARTICLE 50.

12 (4) BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL NOT
13 REFUSE TO TREAT AN INDIVIDUAL BASED ON THE INDIVIDUAL'S:

14 (a) INSURANCE COVERAGE, LACK OF INSURANCE COVERAGE, OR
15 ABILITY TO PAY;

16 (b) CLINICAL ACUITY LEVEL RELATED TO THE INDIVIDUAL'S
17 BEHAVIORAL HEALTH CONDITION OR CONDITIONS, INCLUDING WHETHER
18 THE INDIVIDUAL HAS BEEN CERTIFIED FOR SHORT-TERM TREATMENT OR
19 LONG-TERM CARE AND TREATMENT PURSUANT TO ARTICLE 65 OF THIS
20 TITLE 27;

21 (c) READINESS TO TRANSITION OUT OF THE COLORADO MENTAL
22 HEALTH INSTITUTE AT PUEBLO, THE COLORADO MENTAL HEALTH
23 INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL HEALTH INSTITUTE OR
24 PSYCHIATRIC FACILITY BECAUSE THE INDIVIDUAL NO LONGER REQUIRES
25 INPATIENT CARE AND TREATMENT;

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

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

1 (f) CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE
2 DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR DEVELOPMENTAL
3 DISABILITY;

4 (g) DISPLAYS OF AGGRESSIVE BEHAVIOR, OR HISTORY OF
5 AGGRESSIVE BEHAVIOR, AS A SYMPTOM OF A DIAGNOSED MENTAL HEALTH
6 DISORDER OR SUBSTANCE USE DISORDER;

7 (h) PLACE OF RESIDENCE; OR

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

11 (5) BEHAVIORAL HEALTH SAFETY NET PROVIDERS SHALL TRIAGE
12 INDIVIDUALS WITH SEVERE BEHAVIORAL HEALTH DISORDERS IN A TIMELY
13 MANNER TO THE APPROPRIATE CARE SETTING IF THE PROVIDER IS UNABLE
14 TO PROVIDE ONGOING CARE AND TREATMENT FOR THE INDIVIDUAL.

15 (6) THE BHA AND STATE AGENCIES, THROUGH THE BEHAVIORAL
16 HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ESTABLISHED
17 PURSUANT TO PART 4 OF THIS ARTICLE 50 AND MANAGED CARE ENTITIES,
18 AS DEFINED IN SECTION 25.5-5-403, SHALL:

19 (a) SUBJECT TO PERFORMANCE AND AVAILABLE FUNDS, PROVIDE
20 BEHAVIORAL HEALTH SAFETY NET PROVIDERS WITH OPPORTUNITIES FOR
21 QUALITY INCENTIVES, VALUE-BASED PAYMENT, OR OTHER PREFERRED
22 CONTRACT STATUSES;

23 (b) PRIORITIZE BEHAVIORAL HEALTH SAFETY NET PROVIDERS IN
24 AWARDING CONTRACTS FOR BEHAVIORAL HEALTH SERVICES;

25 (c) CONSIDER THE INPUT OF BEHAVIORAL HEALTH SAFETY NET
26 PROVIDERS IN THE BHA'S POLICY AND RESOURCE ALLOCATION
27 DETERMINATIONS; AND

1 (d) CONSIDER, UPON APPLICATION, BEHAVIORAL HEALTH SAFETY
2 NET PROVIDERS FOR STATE-ADMINISTERED AND COUNTY-ADMINISTERED
3 GRANT FUNDS RELATED TO THE PREVENTION, TREATMENT, RECOVERY,
4 AND HARM REDUCTION FOR BEHAVIORAL HEALTH SERVICES.

5 **27-50-302. Behavioral health safety net provider network -**
6 **incentives - preferred status - rules.** (1) THE BHA SHALL ENSURE THAT
7 EACH REGION IN THE STATE INCLUDES A NETWORK OF BEHAVIORAL
8 HEALTH SAFETY NET PROVIDERS THAT COLLECTIVELY OFFER A FULL
9 CONTINUUM OF BEHAVIORAL HEALTH SERVICES.

10 (2) THE BHA SHALL PROVIDE STATEWIDE TECHNICAL ASSISTANCE
11 SPECIFIC TO STRENGTHENING AND EXPANDING THE BEHAVIORAL HEALTH
12 SAFETY NET SYSTEM AND INCREASING PROVIDER PARTICIPATION WITHIN
13 THE PUBLICLY FUNDED BEHAVIORAL HEALTH SAFETY NET PROVIDER
14 NETWORK.

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

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

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

25 (c) CONSIDER THE INPUT OF BEHAVIORAL HEALTH SAFETY NET
26 PROVIDERS IN ITS POLICY AND RESOURCE ALLOCATION DETERMINATIONS;

27 AND

1 (d) CONSIDER, UPON APPLICATION, BEHAVIORAL HEALTH SAFETY
2 NET PROVIDERS FOR STATE-ADMINISTERED AND COUNTY-ADMINISTERED
3 GRANT FUNDS RELATED TO THE PREVENTION, TREATMENT, RECOVERY,
4 AND HARM REDUCTION FOR BEHAVIORAL HEALTH SERVICES.

5 (4) TO BE ELIGIBLE FOR ENHANCED SERVICE PAYMENTS,
6 BEHAVIORAL HEALTH SAFETY NET PROVIDERS MUST MEET SPECIFIC BHA
7 LICENSING OR APPROVAL STANDARDS, PURSUANT TO PART 5 OF THIS
8 ARTICLE 50.

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

11 PART 4

12 BEHAVIORAL HEALTH ADMINISTRATIVE

13 SERVICES ORGANIZATIONS

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

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

26 **27-50-402. Behavioral health administrative services**
27 **organizations - application - designation - denial - revocation.** (1) AT

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

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

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

17 (b) THE APPLICANT'S EXPERIENCE WORKING WITH AND ENGAGING
18 RELEVANT STAKEHOLDERS IN THE SERVICE AREA, INCLUDING BEHAVIORAL
19 HEALTH PROVIDERS, STATE AND LOCAL AGENCIES, AND THE LOCAL
20 COMMUNITY;

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

24 (d) THE EXTENT TO WHICH THE APPLICANT'S BOARD MEMBERSHIP
25 REFLECTS THE DIVERSITY AND INTERESTS OF RELEVANT STAKEHOLDERS,
26 INCLUDING, BUT NOT LIMITED TO, REPRESENTATION BY INDIVIDUALS WITH
27 LIVED BEHAVIORAL HEALTH EXPERIENCE AND FAMILY OF INDIVIDUALS

1 WITH LIVED BEHAVIORAL HEALTH EXPERIENCE.

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

7 (4) THE BHA MAY IMPOSE INTERMEDIATE RESTRICTIONS OR
8 CONDITIONS ON A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
9 ORGANIZATION THAT IS NOT IN COMPLIANCE WITH THIS ARTICLE 50,
10 APPLICABLE RULES, OR ANY CONTRACTUAL OBLIGATIONS.

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

19 (6) IF A CONTRACT HAS BEEN REVOKED PURSUANT TO THIS
20 SECTION, THE COMMISSIONER MAY DESIGNATE ANOTHER EXISTING
21 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION TO
22 TEMPORARILY PROVIDE THE BEHAVIORAL HEALTH CONTINUUM OF CARE,
23 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION
24 FOR THAT REGION. TEMPORARY DESIGNATION PURSUANT TO THIS
25 SUBSECTION (6) IS NOT SUBJECT TO THE "PROCUREMENT CODE", ARTICLES
26 101 TO 112 OF TITLE 24. TEMPORARY DESIGNATION MAY BE RENEWED
27 ANNUALLY UNTIL THE END OF THE ORIGINAL FIVE-YEAR CONTRACT

1 PERIOD.

2 (7) THE SELECTION, DENIAL, OR REVOCATION OF A CONTRACT TO
3 BE A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION BY
4 THE COMMISSIONER IS A FINAL AGENCY ACTION FOR PURPOSES OF JUDICIAL
5 REVIEW.

6 **27-50-403. Behavioral health administrative services**
7 **organizations - contract requirements - individual access - care**
8 **coordination.** (1) THE BHA SHALL DEVELOP A CONTRACT FOR
9 DESIGNATED BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
10 ORGANIZATIONS, WHICH MUST INCLUDE, BUT IS NOT LIMITED TO, THE
11 FOLLOWING:

12 (a) REQUIREMENTS TO ESTABLISH AND MAINTAIN A CONTINUUM OF
13 CARE IN THE SERVICE AREA CONSISTENT WITH PART 3 OF THIS ARTICLE 50,
14 INCLUDING BUT NOT LIMITED TO PROVIDING ALL BEHAVIORAL HEALTH
15 SAFETY NET SERVICES DESCRIBED IN SECTION 27-50-301;

16 (b) EXPECTATIONS FOR SUBCONTRACTING WITH BEHAVIORAL
17 HEALTH SAFETY NET PROVIDERS AND OTHER PROVIDERS, CONSISTENT
18 WITH PART 3 OF THIS ARTICLE 50, INCLUDING PRIORITIZATION OF
19 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

20 (c) EXPECTATIONS FOR ADHERENCE TO THE UNIVERSAL CONTRACT
21 DEVELOPED PURSUANT TO SECTION 27-50-203 AND USE OF THE UNIVERSAL
22 CONTRACT WITH ALL RELEVANT SUBCONTRACTORS;

23 (d) PROHIBITIONS ON DENYING OR PROHIBITING ACCESS TO ANY
24 MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE, INCLUDING
25 MEDICATION-ASSISTED TREATMENT, AS DEFINED IN SECTION 23-21-803,
26 FOR A SUBSTANCE USE DISORDER;

27 (e) REQUIREMENTS TO SERVE ALL INDIVIDUALS IN NEED OF

1 SERVICES AND A SPECIFIC PROHIBITION ON DENIAL OF SERVICES FOR ANY
2 OF THE REASONS PROVIDED IN SECTION 27-50-301 (4);

3 (f) AGREEMENTS ON DATA COLLECTION AND REPORTING; AND
4 (g) ANY PROVISIONS NECESSARY TO ENSURE THE BEHAVIORAL
5 HEALTH ADMINISTRATIVE SERVICES ORGANIZATION FULFILLS THE
6 FUNCTIONS PROVIDED IN SUBSECTION (2) OF THIS SECTION.

7 (2) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
8 ORGANIZATION SHALL:

9 (a) PROACTIVELY ENGAGE HARD-TO-SERVE INDIVIDUALS WITH
10 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
11 THE CARE CONTINUUM;

12 (b) IMPLEMENT TRAUMA-INFORMED CARE PRACTICES;

13 (c) ACCEPT AND PROVIDE BEHAVIORAL HEALTH SAFETY NET
14 SERVICES TO INDIVIDUALS OUTSIDE OF THE BEHAVIORAL HEALTH
15 ADMINISTRATIVE SERVICES ORGANIZATION'S REGION;

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

17 (e) THROUGH NETWORK ADEQUACY AND OTHER METHODS, ENSURE
18 TIMELY ACCESS TO TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL
19 HEALTH TREATMENT AND COMMUNITY-BASED TREATMENT FOR ALL
20 INDIVIDUALS INCLUDING CHILDREN, YOUTH, AND ADULTS;

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

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

26 (h) PROMOTE PATIENT-CENTERED CARE, CULTURAL AWARENESS,
27 AND COORDINATION OF CARE TO APPROPRIATE BEHAVIORAL HEALTH

1 SAFETY NET PROVIDERS;

2 (i) UPDATE INFORMATION AS REQUESTED BY THE BHA ABOUT
3 AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION OF THE
4 STATE;

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

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

8 **27-50-404. Behavioral health administrative services**
9 **organizations - stakeholder input - report - rules.** (1) EACH
10 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL
11 DEVELOP A PROCESS TO SOLICIT AND RESPOND TO INPUT FROM
12 STAKEHOLDERS ABOUT BEHAVIORAL HEALTH SERVICES AND GAPS IN THE
13 SERVICE AREA. A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
14 ORGANIZATION SHALL PUBLICLY POST AN ANNUAL REPORT THAT
15 INCLUDES:

16 (a) A REPORT ON THE STAKEHOLDER INPUT RECEIVED IN THE PRIOR
17 YEAR, ANONYMIZED AND AGGREGATED TO PROTECT INDIVIDUAL PRIVACY;

18 (b) DESCRIPTIONS OF HOW THE BEHAVIORAL HEALTH
19 ADMINISTRATIVE SERVICES ORGANIZATION HAS RESPONDED TO, OR PLANS
20 TO RESPOND TO, STAKEHOLDER INPUT FROM THE PRIOR YEAR, INCLUDING
21 DESCRIPTIONS OF POLICY OR PRACTICE CHANGES OR EXPLANATIONS OF
22 WHY NO CHANGES WERE MADE; AND

23 (c) THE PLAN FOR STAKEHOLDER ENGAGEMENT FOR THE
24 UPCOMING YEAR.

25 (2) IN SOLICITING AND RESPONDING TO INPUT FROM
26 STAKEHOLDERS PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE
27 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION SHALL,

1 AT A MINIMUM, ENGAGE THE FOLLOWING STAKEHOLDERS WITHIN THE
2 SERVICE AREA:

3 (a) CLIENTS OF BEHAVIORAL HEALTH SERVICES AND THEIR
4 FAMILIES;

5 (b) BEHAVIORAL HEALTH SAFETY NET PROVIDERS;

6 (c) COUNTIES;

7 (d) LAW ENFORCEMENT;

8 (e) HOSPITALS AND PHYSICAL HEALTH PROVIDERS; AND

9 (f) JUDICIAL DISTRICTS.

10 (3) THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
11 ORGANIZATION MAY ALSO ENGAGE STAKEHOLDERS IN NEIGHBORING
12 SERVICE AREAS, AS APPROPRIATE.

13 (4) THE BHA MAY PROMULGATE RULES AS NECESSARY TO
14 IMPLEMENT THIS SECTION.

15 PART 5

16 BEHAVIORAL HEALTH ENTITIES

17 **27-50-501. Behavioral health entities - license required -**
18 **criminal and civil penalties.** (1) (a) ON AND AFTER JULY 1, 2024, IT IS
19 UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR
20 CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY,
21 INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE
22 DISORDER PROGRAM, WITHOUT HAVING OBTAINED A LICENSE FROM THE
23 BHA.

24 (b) ON AND AFTER JULY 1, 2023, AN ENTITY SEEKING INITIAL
25 LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A
26 BEHAVIORAL HEALTH ENTITY LICENSE FROM THE BHA IF THE ENTITY
27 WOULD PREVIOUSLY HAVE BEEN LICENSED OR SUBJECT TO ANY OF THE

1 FOLLOWING:

2 (I) BEHAVIORAL HEALTH ENTITY LICENSURE BY THE DEPARTMENT
3 OF PUBLIC HEALTH AND ENVIRONMENT;

4 (II) APPROVAL OR DESIGNATION BY THE OFFICE OF BEHAVIORAL
5 HEALTH, AS IT EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR
6 THE BHA PURSUANT TO THIS ARTICLE 50 OR ARTICLE 66 OF THIS TITLE 27;
7 OR

8 (III) APPROVAL BY THE OFFICE OF BEHAVIORAL HEALTH, AS IT
9 EXISTED BEFORE THE EFFECTIVE DATE OF THIS SECTION, OR THE BHA
10 PURSUANT TO SECTION 27-81-106 AS AN APPROVED TREATMENT PROGRAM
11 FOR ALCOHOL USE DISORDERS OR SUBSTANCE USE DISORDERS.

12 (c) A FACILITY WITH A LICENSE OR APPROVAL ON OR BEFORE JUNE
13 30, 2023, AS A BEHAVIORAL HEALTH ENTITY, A SUBSTANCE USE DISORDER
14 PROGRAM, OR AN ALCOHOL USE DISORDER PROGRAM, SHALL APPLY FOR A
15 BEHAVIORAL HEALTH ENTITY LICENSE PRIOR TO THE EXPIRATION OF THE
16 FACILITY'S CURRENT LICENSE OR APPROVAL. SUCH A FACILITY IS SUBJECT
17 TO THE STANDARDS UNDER WHICH IT IS LICENSED OR APPROVED AS OF
18 JULY 1, 2023, UNTIL SUCH TIME AS THE BHA'S BEHAVIORAL HEALTH
19 ENTITY LICENSE IS ISSUED OR DENIED.

20 (2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION
21 IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL
22 BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
23 THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY
24 ASSESSED BY THE BHA OF NOT LESS THAN FIFTY DOLLARS BUT NOT MORE
25 THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION
26 OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE
27 BHA FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE BHA

1 SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE
2 WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL
3 FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS
4 FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES
5 SET FORTH IN SECTION 24-4-105.

6 **27-50-502. Behavioral health entities - minimum standard -**
7 **rules.** (1) NO LATER THAN APRIL 30, 2023, THE BHA SHALL
8 PROMULGATE RULES PURSUANT TO SECTION 24-4-103 PROVIDING
9 MINIMUM STANDARDS FOR THE OPERATION OF BEHAVIORAL HEALTH
10 ENTITIES WITHIN THE STATE, INCLUDING THE FOLLOWING:

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

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

16 (II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR
17 GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL;
18 ADMISSION AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES TO
19 ENSURE COMPLIANCE WITH REGULATORY AND CONTRACT REQUIREMENTS;
20 AND QUALITY MANAGEMENT;

21 (III) DATA REPORTING REQUIREMENTS;

22 (IV) PHYSICAL OFFICE STANDARDS, INCLUDING INFECTION
23 CONTROL; AND

24 (V) OCCURRENCE REPORTING REQUIREMENTS PURSUANT TO
25 SECTION 27-50-510;

26 (b) SERVICE-SPECIFIC REQUIREMENTS THAT APPLY ONLY TO
27 BEHAVIORAL HEALTH ENTITIES ELECTING TO PROVIDE THAT SERVICE OR

1 SET OF SERVICES, INCLUDING, AT A MINIMUM, STANDARDS FOR THE
2 SPECIFIC TYPES OF BEHAVIORAL HEALTH SAFETY NET SERVICES AND OTHER
3 BEHAVIORAL HEALTH SERVICES ALONG THE CONTINUUM OF CARE CREATED
4 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50, INCLUDING BUT
5 NOT LIMITED TO:

6 (I) ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDER
7 STANDARDS; AND

8 (II) COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER
9 STANDARDS;

10 (c) PROCEDURES FOR MANDATORY BHA INSPECTIONS OF
11 BEHAVIORAL HEALTH ENTITIES;

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

14 (e) INTERMEDIATE ENFORCEMENT REMEDIES;

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

21 (g) TIMELINES FOR COMPLIANCE WITH BEHAVIORAL HEALTH
22 ENTITY STANDARDS THAT EXCEED THE STANDARDS UNDER WHICH A
23 BEHAVIORAL HEALTH ENTITY WAS PREVIOUSLY LICENSED OR APPROVED.

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

27 (a) REQUIRE TRAINING ON AND PROVISION OF CULTURALLY

1 COMPETENT AND TRAUMA-INFORMED SERVICES;

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

5 (c) REQUIRE WRITTEN POLICIES AND PROCEDURES ON ADMITTING,
6 DISCHARGING, TRIAGING, AND DENYING SERVICES TO CLIENTS IN
7 ALIGNMENT WITH THE STANDARDS DETERMINED BY THE BHA PURSUANT
8 TO SECTION 27-63-104 (2)(c)(IV);

9 (d) REQUIRE THAT OVERALL RESPONSIBILITY FOR THE
10 ADMINISTRATION OF AN ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
11 PROVIDER BE VESTED IN A DIRECTOR WHO IS A PHYSICIAN OR A MEMBER OF
12 ONE OF THE LICENSED MENTAL HEALTH PROFESSIONS, UNLESS THE
13 PROVIDER IS ONLY PROVIDING RECOVERY SUPPORT SERVICES;

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

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

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

1 (II) BE FREE OF CONFLICTS OF INTEREST; AND
2 (III) SIGN THE UNIVERSAL CONTRACT DEVELOPED PURSUANT TO
3 SECTION 27-50-203 AND ACCEPT PUBLICLY FUNDED CLIENTS.

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

10 (a) REQUIRE THAT THE TREATMENT PROGRAMS OF THE
11 COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET PROVIDER BE UNDER
12 THE OVERALL DIRECTION OF A PSYCHIATRIST OR ADDICTION MEDICINE
13 SPECIALIST WHO IS A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE
14 STATE OF COLORADO;

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

21 (c) REQUIRE THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY
22 NET PROVIDER TO WAIVE CHARGES OR CHARGE FOR SERVICES ON A
23 SLIDING SCALE BASED ON INCOME AND REQUIRE THAT THE PROVIDER NOT
24 RESTRICT ACCESS OR SERVICES BECAUSE OF AN INDIVIDUAL'S FINANCIAL
25 LIMITATIONS;

26 (d) REQUIRE THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY
27 NET PROVIDER TO SERVE PRIORITY POPULATIONS, INCLUDING BUT NOT

1 LIMITED TO INDIVIDUALS WHO HAVE BEEN DETERMINED INCOMPETENT TO
2 STAND TRIAL, ADULTS WITH SEVERE MENTAL ILLNESS, AND YOUTH WITH
3 SEVERE EMOTIONAL DISTURBANCE;

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

10 (f) REQUIRE THE COMPREHENSIVE BEHAVIORAL HEALTH SAFETY
11 NET PROVIDER TO ADOPT WRITTEN POLICIES AND PROCEDURES ON
12 ACCEPTING, DISCHARGING, TRIAGING, AND DENYING SERVICES TO
13 INDIVIDUALS THAT ALIGN WITH THE STANDARDS DEVELOPED BY THE BHA
14 PURSUANT TO SECTION 27-63-104 (2)(c)(IV);

15 (g) REQUIRE A PROCESS FOR TRACKING AND REPORTING DENIALS
16 OF CARE; AND

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

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

1 (a) THE GENERAL QUALITY OF CARE PROVIDED TO PATIENTS BY
2 SUCH AGENCIES;

3 (b) THE ORGANIZATION OF THE MEDICAL STAFF TO PROVIDE FOR
4 THE INTEGRATION AND COORDINATION OF THE PSYCHIATRIC TREATMENT
5 PROGRAM;

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

10 (d) THE LICENSURE OF SUCH ENTITY BY THE DEPARTMENT OF
11 PUBLIC HEALTH AND ENVIRONMENT OR ANOTHER STATE AGENCY WHERE
12 APPLICABLE;

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

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

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

25 (6) IN ADDITION TO THESE DUTIES, THE BHA MAY PROMULGATE
26 RULES RELATED TO ADDITIONAL COMPETENCIES RELATED TO SERVING
27 PRIORITY POPULATIONS. BEHAVIORAL HEALTH SAFETY NET PROVIDERS

1 APPROVED BY THE BHA AS DEMONSTRATING THESE ADDITIONAL
2 COMPETENCIES MAY BE ELIGIBLE FOR ENHANCED RATES. STATE AGENCIES
3 SHALL CONSIDER SUCH APPROVED STATUS IN DETERMINING PAYMENT
4 METHODOLOGIES FOR SERVICES PROVIDED.

5 **27-50-503. Licenses - application - inspection - issuance.**

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

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

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

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

1 (4) (a) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE
2 TO OPERATE A BEHAVIORAL HEALTH ENTITY, OR WITHIN TEN DAYS AFTER
3 A CHANGE IN OWNERSHIP OR MANAGEMENT OF A BEHAVIORAL HEALTH
4 ENTITY, EACH OWNER AND MANAGER SHALL SUBMIT A COMPLETE SET OF
5 THE OWNER'S OR MANAGER'S FINGERPRINTS TO THE COLORADO BUREAU
6 OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A
7 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO
8 BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE
9 FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING
10 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS. EACH OWNER
11 AND EACH MANAGER SHALL PAY THE COLORADO BUREAU OF
12 INVESTIGATION THE COSTS ASSOCIATED WITH THE FINGERPRINT-BASED
13 CRIMINAL HISTORY RECORD CHECK. UPON COMPLETION OF THE CRIMINAL
14 HISTORY RECORD CHECK, THE COLORADO BUREAU OF INVESTIGATION
15 SHALL FORWARD THE RESULTS TO THE BHA. THE BHA MAY ACQUIRE A
16 NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO
17 HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY
18 RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

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

1 SHALL KEEP INFORMATION OBTAINED IN ACCORDANCE WITH THIS
2 SUBSECTION (4) CONFIDENTIAL.

3 (5) THE BHA SHALL NOT ISSUE A LICENSE TO OPERATE A
4 BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE
5 BEHAVIORAL HEALTH ENTITY HAS BEEN CONVICTED OF A FELONY OR
6 MISDEMEANOR THAT INVOLVES CONDUCT THAT THE BHA DETERMINES
7 COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE
8 BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

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

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

27 (b) AS A CONDITION OF OBTAINING A PROVISIONAL LICENSE, THE

1 APPLICANT SHALL SHOW PROOF TO THE BHA THAT ATTEMPTS ARE BEING
2 MADE TO CONFORM AND COMPLY WITH THE APPLICABLE STANDARDS
3 REQUIRED PURSUANT TO THIS ARTICLE 50.

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

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

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

16 (b) THE BHA SHALL ASSESS AND COLLECT, FROM BEHAVIORAL
17 HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION
18 27-50-503, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED
19 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

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

24 (3) FEES COLLECTED PURSUANT TO SUBSECTION (1) OF THIS
25 SECTION MAY BE USED BY THE BHA TO PROVIDE TECHNICAL ASSISTANCE
26 AND EDUCATION TO BEHAVIORAL HEALTH ENTITIES RELATED TO
27 COMPLIANCE WITH COLORADO LAW, IN ADDITION TO REGULATORY AND

1 ADMINISTRATIVE FUNCTIONS. THE BHA MAY CONTRACT WITH PRIVATE
2 ENTITIES TO ASSIST THE BHA IN PROVIDING TECHNICAL ASSISTANCE AND
3 EDUCATION.

4 **27-50-505. License - denial - suspension - revocation.**

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

13 (2) THE BHA MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE
14 LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF
15 COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 5 OR THE RULES
16 PROMULGATED PURSUANT TO THIS PART 5. SUSPENSION, REVOCATION, OR
17 REFUSAL MUST NOT OCCUR UNTIL AFTER A HEARING AND IN COMPLIANCE
18 WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE
19 24.

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

23 (a) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE
24 MEASURES;

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

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

1 (d) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE
2 VIOLATION; OR

3 (e) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS
4 IN A CALENDAR YEAR.

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

9 **27-50-506. Behavioral health licensing cash fund - creation.**

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

20 **27-50-507. Employee and contracted service provider -**

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

1 DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.

2 **27-50-508. Enforcement.** THE BHA IS RESPONSIBLE FOR THE
3 ENFORCEMENT OF THIS ARTICLE 50 AND THE RULES ADOPTED PURSUANT
4 TO THIS ARTICLE 50.

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

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

26 (a) ANY OCCURRENCE THAT RESULTS IN THE DEATH OF A PATIENT
27 OR RESIDENT OF THE FACILITY AND IS REQUIRED TO BE REPORTED TO THE

1 CORONER PURSUANT TO SECTION 30-10-606, AS ARISING FROM AN
2 UNEXPLAINED CAUSE OR UNDER SUSPICIOUS CIRCUMSTANCES;

3 (b) ANY OCCURRENCE THAT RESULTS IN ANY OF THE FOLLOWING
4 SERIOUS INJURIES TO A PATIENT OR RESIDENT:

5 (I) BRAIN OR SPINAL CORD INJURIES;

6 (II) LIFE-THREATENING COMPLICATIONS OF ANESTHESIA OR
7 LIFE-THREATENING TRANSFUSION ERRORS OR REACTIONS; OR

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

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

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

17 (II) THE PATIENT OR RESIDENT HAS BEEN MISSING FOR EIGHT
18 HOURS;

19 (d) ANY OCCURRENCE INVOLVING PHYSICAL, SEXUAL, OR VERBAL
20 ABUSE OF A PATIENT OR RESIDENT, AS DESCRIBED IN SECTION 18-3-202,
21 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, OR 18-3-405, BY
22 ANOTHER PATIENT OR RESIDENT, AN EMPLOYEE OF THE FACILITY, OR A
23 VISITOR TO THE FACILITY;

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

26 (f) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A
27 PATIENT'S OR RESIDENT'S PROPERTY. AS USED IN THIS SUBSECTION (1)(f),

1 "MISAPPROPRIATION OF A PATIENT'S OR RESIDENT'S PROPERTY" MEANS A
2 PATTERN OF OR DELIBERATELY MISPLACING, EXPLOITING, OR
3 WRONGFULLY USING, EITHER TEMPORARILY OR PERMANENTLY, A
4 PATIENT'S OR RESIDENT'S BELONGINGS OR MONEY WITHOUT THE PATIENT'S
5 OR RESIDENT'S CONSENT.

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

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

17 (2) (a) IN ADDITION TO THE REPORTS REQUIRED BY SUBSECTION (1)
18 OF THIS SECTION, IF THE COLORADO ATTORNEY GENERAL, THE
19 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, A CASE
20 MANAGEMENT AGENCY, AS DEFINED IN SECTION 25.5-6-1702, AN ADULT
21 PROTECTION SERVICE, OR A LAW ENFORCEMENT AGENCY MAKES A REPORT
22 OF AN OCCURRENCE AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION
23 INVOLVING A LICENSED LONG-TERM CARE FACILITY, THAT REPORT MUST
24 BE PROVIDED TO THE BHA AND MADE AVAILABLE FOR INSPECTION
25 CONSISTENT WITH THE PROVISIONS OF SUBSECTION (6) OF THIS SECTION.
26 ANY REPORTS CONCERNING AN ADULT PROTECTION SERVICE MUST BE IN
27 COMPLIANCE WITH THE CONFIDENTIALITY REQUIREMENTS OF SECTION

1 26-3.1-102 (7).

2 (b) AS USED IN THIS SUBSECTION (2), A "LICENSED LONG-TERM
3 CARE FACILITY" MEANS A LICENSED COMMUNITY RESIDENTIAL OR GROUP
4 HOME, A LICENSED INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH
5 INTELLECTUAL DISABILITIES, AND A LICENSED FACILITY FOR PERSONS WITH
6 DEVELOPMENTAL DISABILITIES.

7 (3) THE STATE BOARD OF HUMAN SERVICES SHALL PROMULGATE
8 RULES SPECIFYING THE MANNER, TIME PERIOD, AND FORM IN WHICH THE
9 REPORTS REQUIRED PURSUANT TO SUBSECTION (1) OF THIS SECTION MUST
10 BE MADE.

11 (4) ANY REPORT SUBMITTED PURSUANT TO SUBSECTION (1) OF THIS
12 SECTION IS STRICTLY CONFIDENTIAL; EXCEPT THAT INFORMATION IN ANY
13 SUCH REPORT MAY BE TRANSMITTED TO AN APPROPRIATE REGULATORY
14 AGENCY HAVING JURISDICTION FOR DISCIPLINARY OR LICENSE SANCTIONS.
15 THE INFORMATION IN SUCH REPORTS SHALL NOT BE MADE PUBLIC UPON
16 SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS, OR OTHERWISE,
17 EXCEPT AS PROVIDED IN SUBSECTION (6) OF THIS SECTION.

18 (5) THE BHA SHALL INVESTIGATE EACH REPORT SUBMITTED
19 PURSUANT TO SUBSECTION (1) OF THIS SECTION THAT THE BHA
20 DETERMINES WAS APPROPRIATELY SUBMITTED. FOR EACH REPORT
21 INVESTIGATED, THE BHA SHALL PREPARE A SUMMARY OF ITS FINDINGS,
22 INCLUDING THE BHA'S CONCLUSIONS AND WHETHER THERE WAS A
23 VIOLATION OF LICENSING OR APPROVAL STANDARDS OR A DEFICIENCY AND
24 WHETHER THE FACILITY ACTED APPROPRIATELY IN RESPONSE TO THE
25 OCCURRENCE. IF THE INVESTIGATION IS NOT CONDUCTED ON SITE, THE
26 BHA SHALL SPECIFY IN THE SUMMARY HOW THE INVESTIGATION WAS
27 CONDUCTED. ANY INVESTIGATION CONDUCTED PURSUANT TO THIS

1 SUBSECTION (5) IS IN ADDITION TO AND NOT IN LIEU OF ANY INSPECTION
2 REQUIRED TO BE CONDUCTED PURSUANT TO SECTION 27-50-503 (2) WITH
3 REGARD TO LICENSING.

4 (6) (a) THE BHA SHALL MAKE THE FOLLOWING INFORMATION
5 AVAILABLE TO THE PUBLIC:

6 (I) ANY INVESTIGATION SUMMARIES PREPARED PURSUANT TO
7 SUBSECTION (5) OF THIS SECTION;

8 (II) ANY COMPLAINTS AGAINST A BEHAVIORAL HEALTH ENTITY
9 THAT HAVE BEEN FILED WITH THE BHA AND THAT THE BHA HAS
10 INVESTIGATED, INCLUDING THE CONCLUSIONS REACHED BY THE BHA AND
11 WHETHER THERE WAS A VIOLATION OF LICENSING OR APPROVAL
12 STANDARDS OR A DEFICIENCY AND WHETHER THE FACILITY ACTED
13 APPROPRIATELY IN RESPONSE TO THE SUBJECT OF THE COMPLAINT; AND

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

16 (b) THE INFORMATION RELEASED PURSUANT TO THIS SUBSECTION
17 (6) SHALL NOT IDENTIFY THE PATIENT OR RESIDENT OR THE HEALTH-CARE
18 PROFESSIONAL INVOLVED IN THE REPORT.

19 (7) PRIOR TO THE COMPLETION OF AN INVESTIGATION PURSUANT
20 TO THIS SECTION, THE BHA MAY RESPOND TO ANY INQUIRY REGARDING
21 A REPORT RECEIVED PURSUANT TO SUBSECTION (1) OF THIS SECTION BY
22 CONFIRMING THAT IT HAS RECEIVED SUCH REPORT AND THAT AN
23 INVESTIGATION IS PENDING.

24 (8) IN ADDITION TO THE REPORT TO THE BHA FOR AN OCCURRENCE
25 DESCRIBED IN SUBSECTION (1)(d) OF THIS SECTION, THE OCCURRENCE
26 MUST BE REPORTED TO A LAW ENFORCEMENT AGENCY.

27

PART 6

1 NETWORK STANDARDS

2 **27-50-601. Department of health care policy and financing -**
3 **behavioral health network standards.** (1) THE STATEWIDE MANAGED
4 CARE SYSTEM, CREATED PURSUANT TO PART 4 OF ARTICLE 5 OF TITLE 25.5
5 AND IMPLEMENTED BY THE DEPARTMENT OF HEALTH CARE POLICY AND
6 FINANCING, SHALL USE HEALTH FACILITIES LICENSED BY THE DEPARTMENT
7 OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO ARTICLE 1.5 OF TITLE
8 25 OR LICENSED BY THE BHA PURSUANT TO PART 5 OF THIS ARTICLE 50
9 AND INDIVIDUAL BEHAVIORAL HEALTH PRACTITIONERS LICENSED BY THE
10 DEPARTMENT OF REGULATORY AGENCIES WHEN CREATING STATEWIDE OR
11 REGIONAL BEHAVIORAL HEALTH NETWORKS.

12 (2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
13 SHALL ALIGN ALL COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS
14 AND NETWORKS WITH THE BEHAVIORAL HEALTH CONTINUUM OF CARE,
15 BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE COORDINATION
16 PROVIDER STANDARDS CREATED BY THE BHA PURSUANT TO PART 3 OF
17 THIS ARTICLE 50.

18 (3) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
19 SHALL REQUIRE THAT ALL BEHAVIORAL HEALTH PROVIDERS SIGN THE
20 UNIVERSAL CONTRACT DEVELOPED PURSUANT TO SECTION 27-50-203
21 WHEN CONTRACTING FOR COMMUNITY-BASED BEHAVIORAL HEALTH
22 SERVICES IN THE STATE.

23 **27-50-602. Division of insurance behavioral health network**
24 **standards.** THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE
25 DEPARTMENT OF REGULATORY AGENCIES, WHILE ASSESSING AND
26 STANDARDIZING PROVIDER NETWORKS IN THIS STATE PURSUANT TO
27 SECTION 10-1-108, SHALL ENSURE COMMUNITY-BASED BEHAVIORAL

1 HEALTH NETWORKS ALIGN WITH THE BEHAVIORAL HEALTH CONTINUUM OF
2 CARE, BEHAVIORAL HEALTH SAFETY NET SERVICES, AND CARE
3 COORDINATION PROVIDER STANDARDS CREATED BY THE BHA PURSUANT
4 TO PART 3 OF THIS ARTICLE 50.

5 **27-50-603. State agency behavioral health network and**
6 **program standards.** (1) ALL STATE AGENCIES ADMINISTERING
7 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS SHALL ENSURE THE
8 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS ALIGN WITH THE
9 BEHAVIORAL HEALTH CONTINUUM OF CARE, BEHAVIORAL HEALTH SAFETY
10 NET SERVICES, AND CARE COORDINATION PROVIDER STANDARDS CREATED
11 BY THE BHA PURSUANT TO PART 3 OF THIS ARTICLE 50.

12 (2) ALL STATE AGENCIES SHALL USE THE UNIVERSAL CONTRACT
13 DEVELOPED PURSUANT TO SECTION 27-50-203 WHEN CONTRACTING FOR
14 COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES IN THE STATE.

15 PART 7

16 BEHAVIORAL HEALTH ADMINISTRATION

17 ADVISORY COUNCIL

18 **27-50-701. Behavioral health administration advisory council**
19 **- creation.** (1) THERE IS CREATED IN THE BEHAVIORAL HEALTH
20 ADMINISTRATION THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY
21 COUNCIL, REFERRED TO IN THIS PART 7 AS THE "ADVISORY COUNCIL", FOR
22 THE PURPOSE OF ASSISTING AND ADVISING THE COMMISSIONER IN THE
23 DEVELOPMENT AND ADMINISTRATION OF THE BEHAVIORAL HEALTH
24 SYSTEM IN COLORADO.

25 (2) THE ADVISORY COUNCIL SHALL RECEIVE ROUTINE BRIEFINGS
26 FROM THE COMMISSIONER ON THE PROGRESS OF THE BHA AND
27 BEHAVIORAL HEALTH REFORM EFFORTS AS A METHOD TO ENSURE

1 ACCOUNTABILITY AND TRANSPARENCY. OTHER ADVISORY COUNCIL
2 DUTIES INCLUDE:

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

6 (b) PROVIDING EXPERTISE, ON-THE-GROUND PERSPECTIVE, AND
7 IMPLEMENTATION CHALLENGES AS PART OF WORKING GROUPS TO SUPPORT
8 THE BHA IN PROBLEM SOLVING AND DEVELOPING SOLUTIONS; AND

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

12 **27-50-702. Advisory council - membership.** (1) THE ADVISORY
13 COUNCIL MEMBERSHIP MUST BE REFLECTIVE OF THE DEMOGRAPHIC AND
14 GEOGRAPHIC POPULATIONS OF THIS STATE TO ENSURE ONGOING
15 STAKEHOLDER INPUT AND INVOLVEMENT.

16 (2) (a) THE ADVISORY COUNCIL CONSISTS OF NOT LESS THAN
17 FIFTEEN MEMBERS AND NOT MORE THAN TWENTY MEMBERS APPOINTED BY
18 THE COMMISSIONER. IN ADDITION TO MAINTAINING A MAJORITY OF
19 MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL HEALTH
20 EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED BEHAVIORAL
21 HEALTH EXPERIENCE, THE COMMISSIONER SHALL APPOINT AT LEAST ONE
22 MEMBER THAT REPRESENTS:

23 (I) RURAL COMMUNITIES;

24 (II) EACH TRIBAL GOVERNMENT WITHIN COLORADO;

25 (III) COUNTY GOVERNMENTS;

26 (IV) PERSONS WITH DISABILITIES, AS DEFINED IN SECTION
27 24-34-301 (2.5), A FAMILY MEMBER OF A PERSON WITH A DISABILITY, OR

1 AN ADVOCACY ORGANIZATION FOR PERSONS WITH DISABILITIES;
2 (V) THE COLORADO STATE JUDICIAL BRANCH, IN CONSULTATION
3 WITH THE STATE COURT ADMINISTRATOR'S OFFICE;
4 (VI) BEHAVIORAL HEALTH SAFETY NET PROVIDERS; AND
5 (VII) NONTRADITIONAL INTEGRATED PRIMARY CARE AND
6 BEHAVIORAL HEALTH SAFETY NET PROVIDERS.

7 (b) IN MAKING APPOINTMENTS TO THE ADVISORY COUNCIL, THE
8 COMMISSIONER SHALL CONSIDER INCLUDING MEMBERS THAT REPRESENT
9 THE RACIAL AND ETHNIC DIVERSITY OF THE STATE; THAT REPRESENT THE
10 LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUEER OR QUESTIONING
11 COMMUNITY; THAT ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM; AND
12 THAT REPRESENT OTHER POPULATIONS WITH HEALTH DISPARITIES.

13 **27-50-703. Advisory council - committees - workgroups.**

14 (1) THE BHA MAY CREATE COMMITTEES WITHIN THE ADVISORY COUNCIL
15 TO MEET OTHER STATE AND FEDERAL BOARD OR ADVISORY COUNCIL
16 REQUIREMENTS, WHICH MAY INCLUDE:

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

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

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

23 (2) EACH COMMITTEE MEMBERSHIP SHALL MAINTAIN A MAJORITY
24 OF MEMBERS WHO REPRESENT INDIVIDUALS WITH LIVED BEHAVIORAL
25 HEALTH EXPERIENCE OR FAMILIES OF INDIVIDUALS WITH LIVED
26 BEHAVIORAL HEALTH EXPERIENCE.

27 (3) THE ADVISORY COUNCIL HAS THE AUTHORITY TO CREATE

1 ADVISORY COUNCIL WORKGROUPS FOCUSED ON REGIONS OR TOPICS OF
2 NEED AS DETERMINED BY THE ADVISORY COUNCIL IN COLLABORATION
3 WITH THE BHA.

4 PART 8

5 MENTAL HEALTH PROGRAMS

6 **27-50-801. Veteran suicide prevention pilot program - rules -**
7 **report - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE
8 CONTEXT OTHERWISE REQUIRES:

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

11 (b) "VETERAN" HAS THE SAME MEANING SET FORTH IN SECTION
12 28-5-100.3.

13 (2) (a) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
14 ESTABLISH A VETERAN SUICIDE PREVENTION PILOT PROGRAM TO REDUCE
15 THE SUICIDE RATE AND SUICIDAL IDEATION AMONG VETERANS BY
16 PROVIDING NO-COST, STIGMA-FREE, CONFIDENTIAL, AND EFFECTIVE
17 BEHAVIORAL HEALTH TREATMENT FOR VETERANS AND THEIR FAMILIES.

18 (b) THE BHA SHALL ESTABLISH THE PILOT PROGRAM TO PROVIDE
19 SERVICES FOR SEVEN HUNDRED VETERANS IN EL PASO COUNTY. SUBJECT
20 TO AVAILABLE APPROPRIATIONS, THE BHA MAY, AT ANY TIME, EXPAND
21 THE PILOT PROGRAM TO SERVE MORE THAN SEVEN HUNDRED VETERANS OR
22 TO OTHER AREAS OF THE STATE.

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

24 (I) PROVIDE A SINGLE PHONE NUMBER OR OFFER ELECTRONIC
25 MEANS OF CONTACTING THE PILOT PROGRAM, INCLUDING E-MAIL OR AN
26 ELECTRONIC FORM ON THE PILOT PROGRAM'S WEBSITE, THAT A VETERAN
27 MAY USE TO CONTACT THE PILOT PROGRAM TO MAKE INQUIRIES ABOUT

1 AVAILABLE SERVICES AND SCHEDULE CONSULTATIONS AND TREATMENT
2 APPOINTMENTS;

3 (II) PROVIDE TREATMENT FOR CONDITIONS EXPERIENCED BY
4 VETERANS THAT MAY CONTRIBUTE TO SUICIDAL IDEATION, INCLUDING,
5 BUT NOT LIMITED TO, POST-TRAUMATIC STRESS DISORDER, DEPRESSION,
6 MILITARY SEXUAL TRAUMA, SUBSTANCE USE DISORDER, AND SYMPTOMS
7 OF TRAUMATIC BRAIN INJURY; AND

8 (III) DEVELOP AN INDIVIDUALIZED TREATMENT PLAN FOR EACH
9 VETERAN WHO IS RECEIVING TREATMENT.

10 (b) THE PILOT PROGRAM MAY ENTER INTO AGREEMENTS WITH
11 TREATMENT PROVIDERS IN THE PILOT PROGRAM AREA TO PROVIDE THE
12 SERVICES DESCRIBED IN SUBSECTIONS (3)(a)(II) AND (3)(a)(III) OF THIS
13 SECTION.

14 (4) THE BHA SHALL ADOPT RULES NECESSARY FOR THE
15 ADMINISTRATION OF THIS SECTION.

16 (5) THE BHA MAY ENTER INTO AN AGREEMENT WITH A NONPROFIT
17 OR EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.
18 THE NONPROFIT OR EDUCATIONAL ORGANIZATION MUST HAVE AT LEAST
19 FIVE YEARS' EXPERIENCE PROVIDING SERVICES DESCRIBED IN THIS SECTION
20 TO VETERANS AND SATISFY ANY ADDITIONAL QUALIFICATIONS
21 ESTABLISHED BY THE BHA. THE BHA SHALL ADOPT RULES TO ESTABLISH
22 ADDITIONAL QUALIFICATIONS FOR A NONPROFIT OR EDUCATIONAL
23 ORGANIZATION TO ENSURE EFFICIENT AND EFFECTIVE ADMINISTRATION OF
24 THE PILOT PROGRAM AND A PROCESS FOR SELECTING A NONPROFIT OR
25 EDUCATIONAL ORGANIZATION TO ADMINISTER THE PILOT PROGRAM.

26 (6) IN ITS ANNUAL REPORT TO THE COMMITTEES OF REFERENCE
27 PURSUANT TO SECTION 2-7-203, THE BHA SHALL INCLUDE INFORMATION

1 CONCERNING THE PILOT PROGRAM AND WHETHER ANY CHANGES SHOULD
2 BE MADE TO THE PILOT PROGRAM THAT WOULD INCREASE ITS
3 EFFECTIVENESS. IN ITS FINAL REPORT PRIOR TO THE REPEAL OF THIS
4 SECTION, THE BHA SHALL INCLUDE A RECOMMENDATION OF WHETHER
5 THE PILOT PROGRAM SHOULD BE CONTINUED.

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

7 **SECTION 2.** In Colorado Revised Statutes, **add** part 14 to article
8 20.5 of title 25 as follows:

9 PART 14

10 COMMUNITY PREVENTION AND

11 EARLY INTERVENTION PROGRAMS

12 **25-20.5-1401. Transfer of functions - employees - property -**
13 **records.** (1) AS OF JULY 1, 2022, THE DEPARTMENT OF PUBLIC HEALTH
14 AND ENVIRONMENT SHALL EXECUTE, ADMINISTER, PERFORM, AND
15 ENFORCE THE RIGHTS, POWERS, DUTIES, FUNCTIONS, AND OBLIGATIONS OF
16 THE COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS
17 AUTHORIZED PURSUANT TO SECTIONS 27-80-103 (2)(d), 27-80-106,
18 27-80-117, AND 27-80-124 PREVIOUSLY ADMINISTERED BY THE
19 DEPARTMENT OF HUMAN SERVICES.

20 (2) (a) AS OF JULY 1, 2022, ALL EMPLOYEES OF THE DEPARTMENT
21 OF HUMAN SERVICES WHOSE DUTIES AND FUNCTIONS CONCERNED THE
22 DUTIES AND FUNCTIONS ASSUMED BY THE DEPARTMENT OF PUBLIC HEALTH
23 AND ENVIRONMENT PURSUANT TO THIS SECTION, AND WHOSE
24 EMPLOYMENT IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
25 IS DEEMED NECESSARY TO CARRY OUT THE PURPOSES OF THE COMMUNITY
26 PREVENTION AND EARLY INTERVENTION PROGRAMS FOR THE
27 DEPARTMENT, ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH

1 AND ENVIRONMENT AND BECOME EMPLOYEES OF THE DEPARTMENT OF
2 PUBLIC HEALTH AND ENVIRONMENT.

3 (b) ANY EMPLOYEES TRANSFERRED TO THE DEPARTMENT OF
4 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO THIS SECTION WHO ARE
5 CLASSIFIED EMPLOYEES IN THE STATE PERSONNEL SYSTEM RETAIN ALL
6 RIGHTS TO THE PERSONNEL SYSTEM AND RETIREMENT BENEFITS PURSUANT
7 TO THE LAWS OF THIS STATE, AND THEIR SERVICE IS DEEMED TO HAVE
8 BEEN CONTINUOUS. ALL TRANSFERS AND ANY ABOLISHMENT OF POSITIONS
9 IN THE STATE PERSONNEL SYSTEM MUST BE MADE AND PROCESSED IN
10 ACCORDANCE WITH STATE PERSONNEL SYSTEM LAWS AND RULES.

11 (3) AS OF JULY 1, 2022, ALL ITEMS OF PROPERTY, REAL AND
12 PERSONAL, INCLUDING OFFICE FURNITURE AND FIXTURES, BOOKS,
13 DOCUMENTS, AND RECORDS OF THE DEPARTMENT OF HUMAN SERVICES
14 PERTAINING TO THE DUTIES AND FUNCTIONS TRANSFERRED PURSUANT TO
15 THIS SECTION ARE TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH
16 AND ENVIRONMENT AND SHALL BECOME THE PROPERTY OF THE
17 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

18 (4) AS OF JULY 1, 2022, WHENEVER THE DEPARTMENT OF HUMAN
19 SERVICES OR DEPARTMENT IS REFERRED TO OR DESIGNATED BY ANY
20 CONTRACT OR OTHER DOCUMENT IN CONNECTION WITH THE DUTIES AND
21 FUNCTIONS TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND
22 ENVIRONMENT, SUCH REFERENCE OR DESIGNATION IS DEEMED TO APPLY
23 TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. ALL
24 CONTRACTS ENTERED INTO BY THE DEPARTMENTS PRIOR TO JULY 1, 2022,
25 IN CONNECTION WITH THE DUTIES AND FUNCTIONS TRANSFERRED TO THE
26 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ARE HEREBY
27 VALIDATED, WITH THE DEPARTMENT OF PUBLIC HEALTH AND

1 ENVIRONMENT SUCCEEDING TO ALL RIGHTS AND OBLIGATIONS UNDER
2 SUCH CONTRACTS. AS OF JULY 1, 2022, ANY CASH FUNDS, CUSTODIAL
3 FUNDS, TRUSTS, GRANTS, AND APPROPRIATIONS OF FUNDS FROM PRIOR
4 STATE FISCAL YEARS OPEN TO SATISFY OBLIGATIONS INCURRED UNDER
5 SUCH CONTRACTS ARE TRANSFERRED AND APPROPRIATED TO THE
6 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR THE PAYMENT
7 OF SUCH OBLIGATIONS.

8 (5) ON AND AFTER JULY 1, 2022, UNLESS OTHERWISE SPECIFIED,
9 WHENEVER ANY PROVISION OF LAW REFERS TO THE DEPARTMENT OF
10 HUMAN SERVICES IN CONNECTION WITH THE DUTIES AND FUNCTIONS
11 TRANSFERRED TO THE DEPARTMENT OF PUBLIC HEALTH AND
12 ENVIRONMENT, SUCH LAW MUST BE CONSTRUED AS REFERRING TO THE
13 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

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

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

21 **2-7-202. Definitions.** As used in this part 2, unless the context
22 otherwise requires:

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

1 (1.5) "COLORADO COMMISSION ON CRIMINAL AND JUVENILE
2 JUSTICE" MEANS THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE
3 JUSTICE CREATED IN SECTION 16-11.3-102.

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

13 **SECTION 4.** In Colorado Revised Statutes, 10-16-104, **amend**
14 (5.5)(a)(I)(B) as follows:

15 **10-16-104. Mandatory coverage provisions - definitions -**
16 **rules. (5.5) Behavioral, mental health, and substance use disorders**
17 **- rules. (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this**
18 **article 16, except those described in section 10-16-102 (32)(b), must**
19 **provide coverage:**

20 (B) At a minimum, for the treatment of substance use disorders in
21 accordance with the American Society of Addiction Medicine criteria for
22 placement, medical necessity, and utilization management determinations
23 as set forth in the most recent edition of "The ASAM Criteria for
24 Addictive, Substance-related, and Co-occurring Conditions"; except that
25 the commissioner may identify by rule, in consultation with the
26 department of health care policy and financing and the ~~office of~~
27 behavioral health ADMINISTRATION in the department of human services,

1 an alternate nationally recognized and evidence-based
2 substance-use-disorder-specific criteria for placement, medical necessity,
3 or utilization management, if American Society of Addiction Medicine
4 criteria are no longer available, relevant, or do not follow best practices
5 for substance use disorder treatment.

6 **SECTION 5.** In Colorado Revised Statutes, 12-245-216, **amend**
7 (4)(d) as follows:

8 **12-245-216. Mandatory disclosure of information to clients.**

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

12 (d) The client is in the physical custody of ~~either~~ the department
13 of corrections, ~~or~~ the department of human services, OR THE BEHAVIORAL
14 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, and
15 such department OR ADMINISTRATION has developed an alternative
16 program to provide similar information to the client and the program has
17 been established through rule;

18 **SECTION 6.** In Colorado Revised Statutes, 12-245-217, **amend**
19 (2) introductory portion and (2)(b) as follows:

20 **12-245-217. Scope of article - exemptions.** (2) The provisions
21 of this article 245 ~~shall~~ DO not apply to:

22 (b) Employees of the ~~state~~ department of human services OR THE
23 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
24 SERVICES; employees of county departments of human or social services;
25 or personnel under the direct supervision and control of the state
26 department of human services, THE BEHAVIORAL HEALTH
27 ADMINISTRATION, or any county department of human or social services

1 for work undertaken as part of their employment;

2 **SECTION 7.** In Colorado Revised Statutes, **amend** 12-245-409
3 as follows:

4 **12-245-409. Employees of social services.** (1) Notwithstanding
5 the exemption in section 12-245-217 (2)(b), an employee of the ~~state~~
6 department of human services OR THE BEHAVIORAL HEALTH
7 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, AN employee
8 of a county department of human or social services, or personnel under
9 the direct control or supervision of those departments OR
10 ADMINISTRATION shall not state that ~~he or she~~ THE PERSON is engaged in
11 the practice of social work as a social worker or refer to ~~himself or herself~~
12 THE PERSON'S SELF as a social worker unless the person is licensed
13 pursuant to this part 4 or has completed an earned social work degree, as
14 specified in section 12-245-401 (9).

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

21 (3) An employee of the ~~state~~ department of human services, THE
22 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
23 SERVICES, or a county department of human or social services who has
24 completed a bachelor's or master's degree in social work may apply to the
25 board, for purposes related to licensure under this part 4, for approval for
26 supervision by a person other than a licensed clinical social worker. The
27 board shall consider input from representatives of the ~~state~~ department of

1 human services, THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
2 DEPARTMENT OF HUMAN SERVICES, and the county departments of human
3 or social services when promulgating the rule concerning what
4 qualifications or experience a person is required to possess in order to
5 supervise an employee pursuant to this subsection (3).

6 **SECTION 8.** In Colorado Revised Statutes, 13-5-142, **amend**
7 (1)(b) and (3)(b)(II) as follows:

8 **13-5-142. National instant criminal background check system**
9 **- reporting.** (1) On and after March 20, 2013, the state court
10 administrator shall send electronically the following information to the
11 Colorado bureau of investigation created pursuant to section 24-33.5-401,
12 referred to in this section as the "bureau":

13 (b) The name of each person who has been committed by order of
14 the court to the custody of the ~~office~~ of behavioral health
15 ADMINISTRATION in the department of human services pursuant to section
16 27-81-112; and

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

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

21 (II) The period of certification or commitment of the most recent
22 order of certification, commitment, recertification, or recommitment
23 expired, or a court entered an order terminating the person's incapacity or
24 discharging the person from certification or commitment in the nature of
25 habeas corpus, if the record in the national instant criminal background
26 check system is based on an order of certification or commitment to the
27 custody of the ~~office~~ of behavioral health ADMINISTRATION in the

1 department of human services; except that the state court administrator
2 shall not cancel any record pertaining to a person with respect to whom
3 two recommitment orders have been entered pursuant to section
4 27-81-112 (7) and (8), or who was discharged from treatment pursuant to
5 section 27-81-112 (11) on the grounds that further treatment is not likely
6 to bring about significant improvement in the person's condition; or

7 **SECTION 9.** In Colorado Revised Statutes, 13-5-142.5, **amend**
8 (2)(a)(II) as follows:

9 **13-5-142.5. National instant criminal background check**
10 **system - judicial process for awarding relief from federal**
11 **prohibitions - legislative declaration. (2) Eligibility.** A person may
12 petition for relief pursuant to this section if:

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

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

18 **13-9-123. National instant criminal background check system**
19 **- reporting. (1)** On and after March 20, 2013, the state court
20 administrator shall send electronically the following information to the
21 Colorado bureau of investigation created pursuant to section 24-33.5-401,
22 referred to in this section as the "bureau":

23 (b) The name of each person who has been committed by order of
24 the court to the custody of the ~~office of~~ behavioral health
25 ADMINISTRATION in the department of human services pursuant to section
26 27-81-112; and

27 (3) The state court administrator shall take all necessary steps to

1 cancel a record made by the state court administrator in the national
2 instant criminal background check system if:

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

4 (II) The period of certification or commitment of the most recent
5 order of certification, commitment, recertification, or recommitment
6 expired, or the court entered an order terminating the person's incapacity
7 or discharging the person from certification or commitment in the nature
8 of habeas corpus, if the record in the national instant criminal background
9 check system is based on an order of certification or commitment to the
10 custody of the ~~office of~~ behavioral health ADMINISTRATION in the
11 department of human services; except that the state court administrator
12 shall not cancel any record pertaining to a person with respect to whom
13 two recommitment orders have been entered pursuant to section
14 27-81-112 (7) and (8), or who was discharged from treatment pursuant to
15 section 27-81-112 (11), on the grounds that further treatment is not likely
16 to bring about significant improvement in the person's condition; or

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

19 **13-9-124. National instant criminal background check system**
20 **- judicial process for awarding relief from federal prohibitions -**
21 **legislative declaration. (2) Eligibility.** A person may petition for relief
22 pursuant to this section if:

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

26 **SECTION 12.** In Colorado Revised Statutes, 13-20-401, **amend**
27 (2) as follows:

1 **13-20-401. Definitions.** As used in this part 4, unless the context
2 otherwise requires:

3 (2) "Patient" means the person upon whom a proposed
4 electroconvulsive treatment is to be performed; except that nothing in this
5 part 4 supersedes the provisions of article 65 of title 27 or any rule
6 adopted by the BEHAVIORAL HEALTH ADMINISTRATION IN THE department
7 of human services pursuant to section 27-65-116 (2) with regard to the
8 care and treatment of any person unable to exercise written informed
9 consent or of a person with a mental health disorder.

10 **SECTION 13.** In Colorado Revised Statutes, 16-8.5-111, **amend**
11 (2)(b)(II)(B) as follows:

12 **16-8.5-111. Procedure after determination of competency or**
13 **incompetency.** (2) If the final determination made pursuant to section
14 16-8.5-103 is that the defendant is incompetent to proceed, the court has
15 the following options:

16 (b) (II) (B) As a condition of bond, the court shall order that the
17 restoration take place on an outpatient basis. Pursuant to section
18 27-60-105, ~~the department through the office of~~ THE behavioral health
19 ADMINISTRATION IN THE DEPARTMENT is the entity responsible for the
20 oversight of restoration education and coordination of all competency
21 restoration services. As a condition of release for outpatient restoration
22 services, the court may require pretrial services, if available, to work with
23 ~~the department~~ BEHAVIORAL HEALTH ADMINISTRATION and the restoration
24 services provider under contract with the ~~department~~ BEHAVIORAL
25 HEALTH ADMINISTRATION to assist in securing appropriate support and
26 care management services, which may include housing resources. The
27 individual agency responsible for providing outpatient restoration

1 services for the defendant shall notify the court or other designated
2 agency within twenty-one days if restoration services have not
3 commenced.

4 **SECTION 14.** In Colorado Revised Statutes, 16-11.9-102,
5 **amend** (1) introductory portion and (2) introductory portion as follows:

6 **16-11.9-102. Screening for behavioral or mental health**
7 **disorders - standardized process - development.** (1) The director of the
8 division of criminal justice ~~within~~ IN the department of public safety is
9 responsible for ensuring that the head of the department of psychiatry at
10 the university of Colorado health sciences center, the judicial department,
11 the department of corrections, the state board of parole, the division of
12 criminal justice ~~within~~ IN the department of public safety, THE
13 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
14 SERVICES, and the ~~office of behavioral health~~ UNITS RESPONSIBLE FOR THE
15 MENTAL HEALTH INSTITUTES AND FORENSIC SERVICES in the department
16 of human services meet and cooperate to develop a standardized
17 screening procedure for the assessment of behavioral or mental health
18 disorders in persons who are involved in the adult criminal justice system.
19 The standardized screening procedure must include, but is not limited to:

20 (2) In conjunction with the development of a standardized
21 behavioral or mental health disorder screening procedure for the adult
22 criminal justice system as specified in subsection (1) of this section, the
23 judicial department, the division of youth services ~~within~~ IN the
24 department of human services, the unit responsible for child welfare
25 services ~~within~~ IN the department of human services, the ~~office of~~
26 behavioral health ADMINISTRATION in the department of human services,
27 THE UNITS RESPONSIBLE FOR THE MENTAL HEALTH INSTITUTES AND

1 FORENSIC SERVICES IN THE DEPARTMENT OF HUMAN SERVICES, the
2 division of criminal justice ~~within~~ IN the department of public safety, and
3 the department of corrections shall cooperate to develop a standardized
4 screening procedure for the assessment of behavioral or mental health
5 disorders in juveniles who are involved in the juvenile justice system. The
6 standardized screening procedure must include, but is not limited to:

7 **SECTION 15.** In Colorado Revised Statutes, **amend** 16-11.9-105
8 as follows:

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

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

19 **16-11.9-204. Behavioral health court liaisons - duties and**
20 **responsibilities - consultation and collaboration.** (1) A court liaison
21 hired pursuant to this part 2 has the following duties and responsibilities:

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

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

1 **SECTION 17.** In Colorado Revised Statutes, 16-13-311, **amend**
2 (3)(a)(VII) introductory portion and (3)(a)(VII)(B) as follows:

3 **16-13-311. Disposition of seized personal property.** (3) (a) If
4 the prosecution prevails in the forfeiture action, the court shall order the
5 property forfeited. Such order perfects the state's right and interest in and
6 title to such property and relates back to the date when title to the property
7 vested in the state pursuant to section 16-13-316. Except as otherwise
8 provided in subsection (3)(c) of this section, the court shall also order
9 such property to be sold at a public sale by the law enforcement agency
10 in possession of the property in the manner provided for sales on
11 execution, or in another commercially reasonable manner. Property
12 forfeited pursuant to this section or proceeds therefrom must be
13 distributed or applied in the following order:

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

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

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

26 **16-13-701. Reports related to seizures and forfeitures -**
27 **legislative declaration - definitions.** (9) (a) ~~The office of behavioral~~

1 health shall prepare an annual accounting report of money received by the
2 managed service organization pursuant to section 16-13-311
3 (3)(a)(VII)(B), including revenues, expenditures, beginning and ending
4 balances, and services provided. The office of behavioral health shall
5 provide this report to the health and human services committee of the
6 senate and the public health care and human services committee of the
7 house of representatives, or any successor committees.

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

10 **SECTION 19.** In Colorado Revised Statutes, 17-1-103, **amend**
11 (1)(r) as follows:

12 **17-1-103. Duties of the executive director.** (1) The duties of the
13 executive director are:

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

22 **SECTION 20.** In Colorado Revised Statutes, 17-2-201, **amend**
23 (5.7)(a) and (5.7)(d) as follows:

24 **17-2-201. State board of parole - duties - definitions.** (5.7) If,
25 as a condition of parole, an offender is required to undergo counseling or
26 treatment, unless the parole board determines that treatment at another
27 facility or with another person is warranted, the treatment or counseling

1 must be at a facility or with a person:

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

5 (d) Licensed or certified by the division of adult parole in the
6 department of corrections, the department of regulatory agencies, the
7 ~~office of~~ behavioral health ADMINISTRATION in the department of human
8 services, the state board of nursing, or the Colorado medical board,
9 whichever is appropriate for the required treatment or counseling.

10 **SECTION 21.** In Colorado Revised Statutes, 17-26-140, **amend**
11 (1)(b) as follows:

12 **17-26-140. Continuity of care for persons released from jail.**

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

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

19 **SECTION 22.** In Colorado Revised Statutes, 17-27.1-101,
20 **amend** (5)(a)(I) and (5)(a)(IV) as follows:

21 **17-27.1-101. Nongovernmental facilities for offenders -**
22 **registration - notifications - penalties - definitions.** (5) A private
23 treatment program in Colorado shall not admit or accept a supervised or
24 unsupervised person into the program unless the program:

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

27 (I) Approved by the ~~office of~~ behavioral health ADMINISTRATION

1 in the department of human services ~~established in article 80 of title 27,~~
2 if the program provides alcohol or drug abuse treatment;

3 (IV) Licensed or certified by the division of adult parole in the
4 department of corrections, the department of regulatory agencies, the
5 ~~office of behavioral health ADMINISTRATION~~ in the department of human
6 services, the state board of nursing, or the Colorado medical board if the
7 program provides treatment that requires certification or licensure;

8 **SECTION 23.** In Colorado Revised Statutes, 17-27.9-102,
9 **amend** (1) as follows:

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

22 **SECTION 24.** In Colorado Revised Statutes, 18-1.3-204, **amend**
23 (2)(c)(I) and (2)(c)(IV) as follows:

24 **18-1.3-204. Conditions of probation - interstate compact**
25 **probation transfer cash fund - creation.** (2) (c) If the court orders
26 counseling or treatment as a condition of probation, unless the court
27 makes a specific finding that treatment in another facility or with another

1 person is warranted, the court shall order that the treatment or counseling
2 be at a facility or with a person:

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

6 (IV) Licensed or certified by the division of adult parole in the
7 department of corrections, the department of regulatory agencies, the
8 ~~office of~~ behavioral health ADMINISTRATION in the department of human
9 services, the state board of nursing, or the Colorado medical board,
10 whichever is appropriate for the required treatment or counseling.

11 **SECTION 25.** In Colorado Revised Statutes, **amend** 18-1.3-210
12 as follows:

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

1 granting deferred prosecution or deferred judgment and sentence.

2 (2) Notwithstanding the provisions of subsection (1) of this
3 section, in any case in which treatment or counseling for alcohol or drug
4 abuse or a substance use disorder is authorized and ordered by the court
5 in connection with a deferred prosecution, deferred judgment and
6 sentence, or probation for an offense involving unlawful sexual behavior,
7 as defined in section 16-22-102 (9), the court shall order that the
8 counseling or treatment is obtained from a treatment facility or person
9 approved by the ~~office of~~ behavioral health ADMINISTRATION in the
10 department of human services. ~~established in article 80 of title 27.~~

11 **SECTION 26.** In Colorado Revised Statutes, **amend** 18-1.3-211
12 as follows:

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

27 (2) Each person placed on parole by the state board of parole on

1 or after July 1, 1992, is required, as a condition of parole, to undergo
2 periodic testing and treatment for substance abuse that is appropriate to
3 the parolee based upon the recommendations of the assessment made
4 pursuant to section 18-1.3-209 or any assessment or subsequent
5 reassessment made regarding the parolee during ~~his or her~~ THE PAROLEE'S
6 incarceration or any period of parole. Any testing or treatment must be at
7 a facility or with a person approved by the ~~office of~~ behavioral health
8 ADMINISTRATION in the department of human services ~~established in~~
9 ~~article 80 of title 27~~, and at the parolee's own expense, unless ~~he or she~~
10 THE PAROLEE is indigent.

11 **SECTION 27.** In Colorado Revised Statutes, 18-1.9-104, **amend**
12 (1)(c)(IV)(A) as follows:

13 **18-1.9-104. Task force concerning the treatment of persons**
14 **with mental health disorders in the criminal and juvenile justice**
15 **systems - creation - membership - duties.** (1) **Creation.** (c) The chair
16 and vice-chair of the committee shall appoint twenty-nine members as
17 follows:

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

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

22 **SECTION 28.** In Colorado Revised Statutes, **amend** 18-1.9-105
23 as follows:

24 **18-1.9-105. Task force funding - staff support.** (1) The division
25 of criminal justice ~~of~~ IN the department of public safety, the ~~office of~~
26 behavioral health ADMINISTRATION in the department of human services,
27 and any state department or agency with an active representative on the

1 task force are authorized to receive and expend gifts, grants, and
2 donations, including donations of in-kind services for staff support, from
3 any public or private entity for any direct or indirect costs associated with
4 the duties of the task force.

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

17 **SECTION 29.** In Colorado Revised Statutes, 18-13-122, **amend**
18 (4)(a), (4)(b)(I), (4)(b)(II), (4)(c)(I), and (18) as follows:

19 **18-13-122. Illegal possession or consumption of ethyl alcohol**
20 **or marijuana by an underage person - illegal possession of marijuana**
21 **paraphernalia by an underage person - adolescent substance abuse**
22 **prevention and treatment fund - legislative declaration - definitions.**

23 (4) (a) Upon conviction of a first offense of subsection (3) of this section,
24 the court shall sentence the underage person to a fine of not more than
25 one hundred dollars, or the court shall order that the underage person
26 complete a substance abuse education program approved by the ~~office of~~
27 behavioral health ADMINISTRATION in the department of human services,

1 or both.

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

6 (I) Complete a substance abuse education program approved by
7 the ~~office of~~ behavioral health ADMINISTRATION in the department of
8 human services;

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

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

17 (I) Submit to a substance abuse assessment approved by the ~~office~~
18 ~~of~~ behavioral health ADMINISTRATION in the department of human
19 services and complete any treatment recommended by the assessment;
20 and

21 (18) **Cash fund.** The surcharge collected pursuant to subsection
22 (4)(e) of this section must be transmitted to the state treasurer, who shall
23 credit the ~~same~~ MONEY to the adolescent substance abuse prevention and
24 treatment fund, which is created and referred to in this section as the
25 "fund". Money in the fund is subject to annual appropriation by the
26 general assembly to the ~~office of~~ behavioral health ADMINISTRATION in
27 the department of human services ~~established in article 80 of title 27~~, for

1 adolescent substance abuse prevention and treatment programs. The
2 ~~office of~~ behavioral health ADMINISTRATION is authorized to seek and
3 accept gifts, grants, or donations from private or public sources for the
4 purposes of this section. All private and public money received through
5 gifts, grants, or donations must be transmitted to the state treasurer, who
6 shall credit the ~~same~~ MONEY to the fund. Any unexpended money in the
7 fund may be invested by the state treasurer as provided by law. All
8 interest and income derived from the investment and deposit of money in
9 the fund must be credited to the fund. Any unexpended and
10 unencumbered money remaining in the fund at the end of a fiscal year
11 remains in the fund and must not be credited or transferred to the general
12 fund or another fund.

13 **SECTION 30.** In Colorado Revised Statutes, 18-18-102, **amend**
14 (32); **repeal** (8); and **add** (3.2) as follows:

15 **18-18-102. Definitions.** As used in this article 18:

16 (3.2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
17 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
18 27-50-102.

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

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

24 **SECTION 31.** In Colorado Revised Statutes, **amend** 18-18-301
25 as follows:

26 **18-18-301. Rules.** The board or the ~~department~~ BHA may adopt
27 rules and charge reasonable fees relating to the registration and control of

1 the manufacture, distribution, and dispensing of controlled substances
2 within this state.

3 **SECTION 32.** In Colorado Revised Statutes, 18-18-302, **amend**
4 (1), (2), (4), and (5) as follows:

5 **18-18-302. Registration requirements - definitions.** (1) Every
6 person who manufactures, distributes, or dispenses any controlled
7 substance within this state, or who proposes to engage in the manufacture,
8 distribution, or dispensing of any controlled substance within this state,
9 shall obtain annually or biannually, if applicable, a registration, issued by
10 the respective licensing board or the ~~department~~ BHA in accordance with
11 rules adopted by such board or by the ~~department~~ BHA. For purposes of
12 this section and this article 18, "registration" or "registered" means the
13 registering of manufacturers, pharmacists, pharmacies, and humane
14 societies located in this state, and distributors located in or doing business
15 in this state, by the state board of pharmacy, as set forth in article 280 of
16 title 12, the licensing of physicians by the Colorado medical board, as set
17 forth in article 240 of title 12, the licensing of podiatrists by the Colorado
18 podiatry board, as set forth in article 290 of title 12, the licensing of
19 dentists by the Colorado dental board, as set forth in article 220 of title
20 12, the licensing of optometrists by the state board of optometry, as set
21 forth in article 275 of title 12, the licensing of veterinarians by the state
22 board of veterinary medicine, as set forth in article 315 of title 12, and the
23 licensing of researchers and ~~CERTIFIED addiction programs~~ COUNSELORS
24 by the ~~department of human services~~ BHA, as set forth in part 2 of article
25 80 of title 27.

26 (2) A person registered by the board or the ~~department~~ BHA under
27 this part 3 to manufacture, distribute, dispense, or conduct research with

1 controlled substances may possess, manufacture, distribute, dispense, or
2 conduct research with those substances to the extent authorized by the
3 registration and in conformity with this article 18 and with article 280 of
4 title 12.

5 (4) The board or ~~department~~ BHA may waive by rule the
6 requirement for registration of certain manufacturers, distributors, or
7 dispensers upon finding it consistent with the public health and safety.

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

12 **SECTION 33.** In Colorado Revised Statutes, 18-18-303, **amend**
13 (1) introductory portion and (3) as follows:

14 **18-18-303. Registration.** (1) The board or ~~department~~ BHA shall
15 register an applicant to manufacture or distribute substances included in
16 schedules I through V unless the board or ~~department~~ BHA determines
17 that the issuance of that registration would be inconsistent with the public
18 interest. In determining the public interest, the board or ~~department~~ BHA
19 shall consider the following factors:

20 (3) A practitioner must be registered with the board or ~~department~~
21 BHA before dispensing a controlled substance or conducting research
22 with respect to a controlled substance included in schedules II through V.
23 The ~~department~~ BHA need not require separate registration under this
24 ~~article~~ ARTICLE 18 for practitioners engaging in research with nonnarcotic
25 substances included in schedules II through V where the registrant is
26 already registered under this ~~article~~ ARTICLE 18 in another capacity.
27 Practitioners registered under federal law to conduct research with

1 substances included in schedule I may conduct research with substances
2 included in schedule I within this state upon furnishing the ~~department~~
3 BHA evidence of that federal registration.

4 **SECTION 34.** In Colorado Revised Statutes, **amend** 18-18-304
5 as follows:

6 **18-18-304. Suspension or revocation of registration.** (1) The
7 board or ~~department~~ BHA may suspend or revoke a registration under
8 section 18-18-303 to manufacture, distribute, or dispense a controlled
9 substance upon finding that the registrant has:

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

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

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

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

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

26 (3) If a registration is suspended or revoked, the board or
27 ~~department~~ BHA may place under seal all controlled substances owned

1 or possessed by the registrant at the time of suspension or the effective
2 date of the revocation order. No disposition may be made of substances
3 under seal until the time for taking an appeal has elapsed or until all
4 appeals have been concluded unless a court, upon application, orders the
5 sale of perishable substances and the deposit of the proceeds of the sale
6 with the court. When a revocation order becomes final, the court may
7 order the controlled substances forfeited to the state.

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

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

4 **SECTION 35.** In Colorado Revised Statutes, **amend** 18-18-305
5 as follows:

6 **18-18-305. Order to show cause.** (1) Before denying,
7 suspending, or revoking a registration, or refusing a renewal of
8 registration, the board or ~~department~~ BHA shall serve upon the applicant
9 or registrant an order to show cause why registration should not be
10 denied, revoked, or suspended, or the renewal refused. The order must
11 state its grounds and direct the applicant or registrant to appear before the
12 board or ~~department~~ BHA at a specified time and place not less than thirty
13 days after the date of service of the order. In case of a refusal to renew a
14 registration, the order must be served not later than thirty days before the
15 expiration of the registration. These proceedings must be conducted in
16 accordance with section 24-4-105. ~~C.R.S.~~ The proceedings do not
17 preclude any criminal prosecution or other proceeding. A proceeding to
18 refuse to renew a registration does not affect the existing registration,
19 which remains in effect until completion of the proceeding.

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

1 **SECTION 36.** In Colorado Revised Statutes, **amend** 18-18-306
2 as follows:

3 **18-18-306. Records of registrants.** Persons registered to
4 manufacture, distribute, or dispense controlled substances under this part
5 shall keep records and maintain inventories in conformance with the
6 record keeping and inventory requirements of federal law and with any
7 additional rules adopted by the board or ~~department~~ BHA.

8 **SECTION 37.** In Colorado Revised Statutes, 18-18-309, **amend**
9 (2) and (3) as follows:

10 **18-18-309. Diversion prevention and control.** (2) The
11 ~~department~~ BHA shall regularly prepare and make available to other state
12 regulatory, licensing, and law enforcement agencies a report on the
13 patterns and trends of actual distribution, diversion, and abuse of
14 controlled substances.

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

27 **SECTION 38.** In Colorado Revised Statutes, 18-18-418, **amend**

1 (1) introductory portion and (1)(c) as follows:

2 **18-18-418. Exemptions.** (1) The provisions of section 18-18-414
3 ~~shall~~ DO not apply to:

4 (c) A student who is in possession of an immediate precursor who
5 is enrolled in a chemistry class for credit at an institution of higher
6 education, or a work study student, a teaching assistant, a graduate
7 assistant, or a laboratory assistant, if such student's or ~~technician's~~
8 ASSISTANT'S use of the immediate precursor is for a bona fide educational
9 purpose or research purpose and if the chemistry department of the
10 institution of higher education otherwise possesses all the necessary
11 licenses required by the ~~department~~ BHA.

12 **SECTION 39.** In Colorado Revised Statutes, 18-18-501, **amend**
13 (3) introductory portion, (3)(a), and (3)(b) introductory portion as follows:

14 **18-18-501. Administrative inspections and warrants.** (3) The
15 board or ~~department~~ BHA may ~~make~~ CONDUCT administrative inspections
16 of controlled premises of those persons they are authorized to register
17 under this ~~article~~ ARTICLE 18 in accordance with the following provisions:

18 (a) If authorized by an administrative inspection warrant issued
19 pursuant to subsection (2) of this section, an officer or employee
20 designated by the board or ~~department~~ BHA, upon presenting the warrant
21 and appropriate credentials to the owner, operator, or agent in charge,
22 may enter controlled premises for the purpose of conducting an
23 administrative inspection.

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

26 **SECTION 40.** In Colorado Revised Statutes, 18-18-503, **amend**
27 (1) introductory portion, (2), and (3) as follows:

1 **18-18-503. Cooperative arrangements and confidentiality.**

2 (1) The board and the ~~department~~ BHA shall cooperate with federal and
3 other state agencies in discharging the board's and the ~~department's~~
4 BHA's responsibilities concerning controlled substances and in
5 controlling the abuse of controlled substances. To this end, the
6 ~~department~~ BHA may:

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

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

20 **SECTION 41.** In Colorado Revised Statutes, **amend** 18-18-505
21 as follows:

22 **18-18-505. Judicial review.** All final determinations, findings,
23 and conclusions of the board or ~~department~~ BHA under this ~~article~~
24 ARTICLE 18 are subject to judicial review pursuant to section 24-4-106.
25 ~~C.R.S.~~

26 **SECTION 42.** In Colorado Revised Statutes, 18-18-506, **amend**
27 (1) introductory portion, (2) introductory portion, (3), (4), and (5) as

1 follows:

2 **18-18-506. Education and research.** (1) The ~~department~~ BHA
3 shall carry out educational programs designed to prevent and deter misuse
4 and abuse of controlled substances. In connection with these programs,
5 the ~~department~~ BHA may:

6 (2) The ~~department~~ BHA shall encourage research on misuse and
7 abuse of controlled substances. In connection with the research, and in
8 furtherance of the enforcement of this ~~article~~, ~~the department~~ ARTICLE 18,
9 THE BHA may:

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

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

19 (5) The ~~department~~ BHA may authorize the possession and
20 distribution of controlled substances by persons engaged in research.
21 Persons who obtain this authorization are exempt from state prosecution
22 for possession and distribution of controlled substances to the extent of
23 the authorization.

24 **SECTION 43.** In Colorado Revised Statutes, 18-18-601, **repeal**
25 (4) as follows:

26 **18-18-601. Pending proceedings - applicability.** (4) ~~The board~~
27 ~~or department shall initially permit persons to register who own or operate~~

1 any establishment engaged in the manufacture, distribution, or dispensing
2 of any controlled substance prior to July 1, 1992, and who are registered
3 or licensed by the state.

4 **SECTION 44.** In Colorado Revised Statutes, 18-18-607, **amend**
5 (2) as follows:

6 **18-18-607. Safe stations - disposal of controlled substances -**
7 **medical evaluation - definition.** (2) Reasonable efforts should be taken
8 by safe station personnel to determine if the person is in need of
9 immediate medical attention and facilitate transportation to an appropriate
10 medical facility, if necessary. If the person does not require immediate
11 medical attention, the safe station personnel shall provide the person with
12 information about the behavioral health crisis response system, created in
13 section 27-60-103, to help identify available treatment options and, if
14 practicable, provide transportation for the person to the most appropriate
15 facility for treatment of a substance use disorder. Information about the
16 crisis hotline must be developed by the ~~office of behavioral health in the~~
17 ~~state department~~ BHA and be provided to safe stations for distribution.

18 **SECTION 45.** In Colorado Revised Statutes, 18-18.5-103,
19 **amend** (2) introductory portion and (2)(b)(XXII) as follows:

20 **18-18.5-103. State substance abuse trend and response task**
21 **force - creation - membership - duties - report.** (2) The task force ~~shall~~
22 ~~consist~~ CONSISTS of the following members:

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

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

27 **SECTION 46.** In Colorado Revised Statutes, 18-19-103, **amend**

1 (5)(b)(IV) as follows:

2 **18-19-103. Source of revenues - allocation of money.**

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

4 (IV) The ~~executive director~~ COMMISSIONER of THE BEHAVIORAL
5 HEALTH ADMINISTRATION in the department of human services or ~~his or~~
6 ~~her~~ THE COMMISSIONER'S designee. If the ~~executive director~~
7 COMMISSIONER appoints a designee, the ~~executive director~~ COMMISSIONER
8 is encouraged to select someone with expertise in substance use disorder
9 counseling and substance abuse issues.

10 **SECTION 47.** In Colorado Revised Statutes, 19-2.5-704, **amend**
11 (2)(b) as follows:

12 **19-2.5-704. Procedure after determination of competency or**
13 **incompetency.** (2) (b) Pursuant to section 27-60-105, the ~~office of~~
14 behavioral health ADMINISTRATION in the department of human services
15 is the entity responsible for the oversight of restoration education and
16 coordination of services necessary to competency restoration.

17 **SECTION 48.** In Colorado Revised Statutes, 24-1-120, **amend**
18 (6)(d); and **add** (6)(f) as follows:

19 **24-1-120. Department of human services - creation.** (6) The
20 department consists of the following divisions, units, and offices:

21 (d) The office of behavioral health in the department of human
22 services created pursuant to article 80 of title 27. ~~The office of behavioral~~
23 ~~health and its powers, duties, and functions, including the powers, duties,~~
24 ~~and functions relating to the alcohol and drug driving safety program~~
25 ~~specified in section 42-4-1301.3, are transferred by a type 2 transfer to~~
26 ~~the department of human services.~~

27 (f) THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN

1 ARTICLE 50 OF TITLE 27. THE BEHAVIORAL HEALTH ADMINISTRATION AND
2 ITS POWERS, DUTIES, AND FUNCTIONS, INCLUDING THE POWERS, DUTIES,
3 AND FUNCTIONS RELATING TO THE ALCOHOL AND DRUG DRIVING SAFETY
4 PROGRAM SPECIFIED IN SECTION 42-4-1301.3, ARE TRANSFERRED BY A
5 **TYPE 2** TRANSFER TO THE DEPARTMENT OF HUMAN SERVICES.

6 **SECTION 49.** In Colorado Revised Statutes, 24-34-104, **amend**
7 (26)(a)(IV) and (27)(a)(XI) as follows:

8 **24-34-104. General assembly review of regulatory agencies**
9 **and functions for repeal, continuation, or reestablishment - legislative**
10 **declaration - repeal.** (26) (a) The following agencies, functions, or both,
11 are scheduled for repeal on September 1, 2025:

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

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

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

22 **SECTION 50.** In Colorado Revised Statutes, 25-1.5-103, **amend**
23 (3.5) as follows:

24 **25-1.5-103. Health facilities - powers and duties of department**
25 **- limitations on rules promulgated by department - definitions.**

26 (3.5) The department of public health and environment may establish
27 physical plant requirements for an occupancy that is contiguous with an

1 acute treatment unit if the occupancy is operated by the acute treatment
2 unit licensee and the services provided by the occupancy are outpatient
3 services certified in accordance with article 65 of title 27 to determine
4 appropriate placement or detoxification services licensed by the
5 BEHAVIORAL HEALTH ADMINISTRATION IN THE department of human
6 services. The services provided by the occupancy must benefit acute
7 treatment unit clients, although the occupancy may also provide such
8 services to other populations. The acute treatment unit licensee may either
9 construct the necessary fire safety separations between the occupancy and
10 the acute treatment unit or assume fiscal and administrative responsibility
11 for assuring that the occupancy meets the life safety code requirements as
12 specified and verified by the department of public safety.

13 **SECTION 51.** In Colorado Revised Statutes, 25-1.5-108.5,
14 **amend** (1)(b)(III), (3)(a), (4), and (5)(a)(III) as follows:

15 **25-1.5-108.5. Regulation of recovery residences - definition -**
16 **rules.** (1) (b) "Recovery residence" does not include:

17 (III) A facility approved for residential treatment by the ~~office of~~
18 behavioral health ADMINISTRATION in the department of human services;
19 or

20 (3) Effective January 1, 2020, a person shall not operate a facility
21 using the term "recovery residence", "sober living facility", "sober home",
22 or a substantially similar term, and a licensed, registered, or certified
23 health-care provider or a licensed health facility shall not refer an
24 individual in need of recovery support services to a facility, unless the
25 facility:

26 (a) Is certified by a recovery residence certifying body approved
27 by the ~~office of~~ behavioral health ADMINISTRATION in the department of

1 human services as specified in subsection (4) of this section;

2 (4) The ~~office of~~ behavioral health ADMINISTRATION in the
3 department of human services shall, by rule, determine the requirements
4 for a recovery residence certifying body seeking approval for purposes of
5 subsection (3)(a) of this section, which rules must include a requirement
6 that a recovery residence certifying body include a representative from the
7 ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION on its board.

8 (5) A recovery residence owner, employee, or administrator, or an
9 individual related to a recovery residence owner, employee, or
10 administrator, shall not directly or indirectly:

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

14 (III) From a facility approved for residential treatment by the
15 ~~office of~~ behavioral health ADMINISTRATION in the department of human
16 services;

17 **SECTION 52.** In Colorado Revised Statutes, 25-1.5-111, **amend**
18 (2)(a)(II) and (3) as follows:

19 **25-1.5-111. Suicide prevention commission - created -**
20 **responsibilities - gifts, grants, or donations - definition - repeal.**

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

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

26 (3) The department shall provide to the commission support that
27 includes the coordination of all commission activities, including: Meeting

1 logistics, agenda development, and follow-up; organizing and orienting
2 commission members; working closely with the co-chairpersons to set
3 priorities, recruit members, oversee all commission initiatives, coordinate
4 activities, and implement any commission-directed initiatives; and any
5 other duties assigned by the co-chairpersons. The ~~director of the office of~~
6 COMMISSIONER OF THE behavioral health ADMINISTRATION in the
7 department of human services, a representative from the university of
8 Colorado depression center, and a representative of the suicide prevention
9 coalition of Colorado may also provide support to the commission.

10 **SECTION 53.** In Colorado Revised Statutes, 25-1.5-112, **amend**
11 (2) introductory portion and (5) as follows:

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

24 (5) The office of suicide prevention shall include a summary of
25 the Colorado plan in a report submitted to the ~~office of~~ behavioral health
26 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, as well as the
27 report submitted annually to the general assembly pursuant to section

1 25-1.5-101 (1)(w)(III)(A) and as part of its annual presentation to the
2 general assembly pursuant to the "State Measurement for Accountable,
3 Responsive, and Transparent (SMART) Government Act", part 2 of
4 article 7 of title 2. ~~C.R.S.~~

5 **SECTION 54.** In Colorado Revised Statutes, 25-3.5-103, **amend**
6 (11.4)(b)(I) and (11.4)(b)(III)(B) as follows:

7 **25-3.5-103. Definitions.** As used in this article 3.5, unless the
8 context otherwise requires:

9 (11.4) (b) Secure transportation includes:

10 (I) For an individual being transported pursuant to section
11 27-65-103 or 27-65-105 (1), transportation from the community to a
12 facility designated by the ~~executive director of~~ COMMISSIONER OF THE
13 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
14 services for treatment and evaluation pursuant to article 65 of title 27;

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

18 (B) A facility designated by the ~~executive director of~~
19 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the
20 department of human services for treatment and evaluation pursuant to
21 article 65 of title 27;

22 **SECTION 55.** In Colorado Revised Statutes, 25-3.5-309, **amend**
23 (2) as follows:

24 **25-3.5-309. Secure transportation - license required - fees -**
25 **exceptions.** (2) Ambulance agencies, transportation services provided by
26 the ~~office of~~ behavioral health ~~within~~ ADMINISTRATION IN the ~~state~~
27 department of human services, emergency service patrols established

1 pursuant to section 27-81-115, and law enforcement may provide secure
2 transportation services to an individual in need of urgent behavioral
3 health care.

4 **SECTION 56.** In Colorado Revised Statutes, 25-20.5-406,
5 **amend** (2)(b)(III) as follows:

6 **25-20.5-406. State review team - creation - membership -**
7 **vacancies.** (2) (b) The executive director of the department of human
8 services shall appoint six voting members, as follows:

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

11 **SECTION 57.** In Colorado Revised Statutes, 25-20.5-1202,
12 **amend** (2) as follows:

13 **25-20.5-1202. Office of gun violence prevention - created -**
14 **director - staff - collaboration.** (2) In order to effectively carry out its
15 responsibilities, the office may collaborate with other state agencies,
16 including the address confidentiality program created in section
17 24-30-2104; the office of suicide prevention established in section
18 25-1.5-101 (1)(w); the safe2tell program created in section 24-31-606; the
19 school safety resource center created in section 24-33.5-1803; the
20 department of education; ~~the office of behavioral health within the~~
21 ~~department of human services;~~ the behavioral health administration ~~upon~~
22 ~~its creation in 2022 pursuant to part 2 of article 60 of title 27~~ IN THE
23 DEPARTMENT OF HUMAN SERVICES; the office of the attorney general; and
24 the division of criminal justice ~~within~~ IN the department of public safety.
25 The office may also collaborate with individuals, educational institutions,
26 health-care providers, and organizations with expertise in gun violence
27 prevention and gun safety, including gun dealers, shooting ranges, and

1 firearms safety instructors.

2 **SECTION 58.** In Colorado Revised Statutes, 25-27.6-101,
3 **amend** (4) as follows:

4 **25-27.6-101. Legislative declaration.** (4) It is the intent of the
5 general assembly that the behavioral health entity license is implemented
6 ~~in two separate phases as follows:~~

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

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

23 **SECTION 59.** In Colorado Revised Statutes, 25-27.6-104, **repeal**
24 **(2); and repeal as it will become effective July 1, 2022,** (1) as follows:

25 **25-27.6-104. License required - criminal and civil penalties.**
26 (1) ~~(a) On or after July 1, 2024, it is unlawful for any person, partnership,~~
27 ~~association, or corporation to conduct or maintain a behavioral health~~

1 entity, including a substance use disorder program or alcohol use disorder
2 program, without having obtained a license therefor from the department.

3 (b) ~~On or after July 1, 2023, an entity seeking initial licensure as~~
4 ~~a behavioral health entity shall apply for a behavioral health entity license~~
5 ~~if the entity would previously have been licensed or subject to approval~~
6 ~~by the office of behavioral health in the department of human services~~
7 ~~pursuant to section 27-81-106 as an approved treatment program for~~
8 ~~alcohol use disorders or substance use disorders.~~

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

16 (2) ~~Any person who violates the provisions of this section is guilty~~
17 ~~of a misdemeanor, and upon conviction thereof, shall be punished by a~~
18 ~~fine of not less than fifty dollars nor more than five hundred dollars and~~
19 ~~may be subject to a civil penalty assessed by the department of not less~~
20 ~~than fifty dollars nor more than one hundred dollars for each day the~~
21 ~~person is in violation of this section. The assessed penalty accrues from~~
22 ~~the date the department finds that the person is in violation of this section.~~
23 ~~The department shall assess, enforce, and collect the penalty in~~
24 ~~accordance with article 4 of title 24 and credit the money to the general~~
25 ~~fund. Enforcement and collection of the penalty occurs following the~~
26 ~~decision reached in accordance with procedures set forth in section~~
27 ~~24-4-105.~~

1 **SECTION 60.** In Colorado Revised Statutes, 25-27.6-105, **repeal**
2 (2) as follows:

3 **25-27.6-105. Minimum standards for behavioral health**
4 **entities - rules.** (2) ~~On or before April 30, 2023, the state board shall~~
5 ~~promulgate rules that must include the following:~~

6 ~~(a) Basic requirements to be met by all behavioral health entities~~
7 ~~to ensure the health, safety, and welfare of all behavioral health entity~~
8 ~~consumers, including, at a minimum:~~

9 ~~(I) Consumer assessment, care coordination, patient rights, and~~
10 ~~consumer notice requirements;~~

11 ~~(II) Administrative and operational standards for governance;~~
12 ~~consumer records and record retention; personnel, admission, and~~
13 ~~discharge criteria; policies and procedures; and quality management;~~

14 ~~(III) Physical plant standards, including infection control; and~~

15 ~~(IV) Occurrence reporting requirements promulgated pursuant to~~
16 ~~section 25-1-124;~~

17 ~~(b) Service-specific requirements that apply only to behavioral~~
18 ~~health entities electing to provide that service, including, at a minimum,~~
19 ~~standards for the services included in the definitions in section~~
20 ~~25-27.6-102 of acute treatment unit, community mental health center,~~
21 ~~community mental health clinic, crisis stabilization unit, walk-in centers,~~
22 ~~and alcohol use disorder and substance use disorder services that meet the~~
23 ~~regulatory requirements for licensing, operations, and partnerships with~~
24 ~~the state;~~

25 ~~(c) Mandatory department inspections of behavioral health~~
26 ~~entities;~~

27 ~~(d) Behavioral health entity written plans, detailing the measures~~

1 that will be taken to correct violations found as a result of inspections,
2 submitted to the department for approval;

3 (e) Intermediate enforcement remedies imposed by the department
4 as authorized in section 25-27.6-110 (2)(b);

5 (f) Factors for behavioral health entities to consider when
6 determining whether an applicant's conviction of or plea of guilty or nolo
7 contendere to an offense disqualifies the applicant from employment with
8 the behavioral health entity. The state board may determine which
9 offenses require consideration of these factors.

10 (g) Timelines for compliance with behavioral health entity
11 standards that exceed the standards under which a behavioral health entity
12 was previously licensed or approved.

13 **SECTION 61.** In Colorado Revised Statutes, **amend** 25-27.6-108
14 as follows:

15 **25-27.6-108. Behavioral health entity cash fund - created.**

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

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

1 **SECTION 62.** In Colorado Revised Statutes, **amend** 25.5-3-110
2 as follows:

3 **25.5-3-110. Effect of part 1.** This part 1 ~~shall~~ DOES not affect the
4 ~~department of human services'~~ responsibilities OF THE BEHAVIORAL
5 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES for
6 the provision of mental health care in accordance with article 66 of title
7 27, ~~C.R.S.~~, and this part 1 ~~shall~~ DOES not affect any provisions of article
8 22 of title 23 ~~C.R.S.~~, or any other provisions of law relating to the
9 university of Colorado psychiatric hospital.

10 **SECTION 63.** In Colorado Revised Statutes, 25.5-4-103, **amend**
11 **as it exists until July 1, 2024**, (3) as follows:

12 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
13 and 6 of this title 25.5, unless the context otherwise requires:

14 (3) "Case management services" means services provided by
15 community-centered boards, as defined ~~by~~ IN section 25.5-10-202;
16 COMPREHENSIVE AND ESSENTIAL BEHAVIORAL HEALTH SAFETY NET
17 PROVIDERS, AS DEFINED IN SECTION 27-50-101; and community mental
18 health centers and community mental health clinics, as defined ~~by~~ IN
19 section 27-66-101, to assist persons with intellectual and developmental
20 disabilities, as defined ~~by~~ IN section 25.5-10-202, and persons with mental
21 health disorders, as defined ~~by~~ IN section 27-65-102 (11.5), by case
22 management agencies, as defined in section 25.5-6-303 (5), providing
23 case management services, as defined in sections 25.5-6-104 (2)(b) and
24 25.5-6-303 (6), to persons with a disability, persons who are elderly or
25 blind, and long-term care clients, in gaining access to needed medical,
26 social, educational, and other services.

27 **SECTION 64.** In Colorado Revised Statutes, 25.5-4-401.2,

1 **amend** (1)(d) as follows:

2 **25.5-4-401.2. Performance-based payments - reporting.** (1) To
3 improve health outcomes and lower health-care costs, the state
4 department may develop payments to providers that are based on
5 quantifiable performance or measures of quality of care. These
6 performance-based payments may include, but are not limited to,
7 payments to:

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

9 (I) Community mental health centers, as defined in section
10 27-66-101; and

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

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

16 **SECTION 65.** In Colorado Revised Statutes, **amend** 25.5-4-403
17 as follows:

18 **25.5-4-403. Providers - behavioral health safety net providers**
19 **- reimbursement.** (1) For the purpose of reimbursing ~~community mental~~
20 ~~health center and clinic~~ ESSENTIAL AND COMPREHENSIVE BEHAVIORAL
21 HEALTH SAFETY NET providers, AS DEFINED IN SECTION 27-50-101, the
22 state department shall establish a ~~price schedule~~ PAYMENT METHODOLOGY
23 annually with the BEHAVIORAL HEALTH ADMINISTRATION IN THE
24 department of human services in order to ~~reimburse each provider for its~~
25 ~~actual or reasonable cost of services~~ SUPPORT SUSTAINABLE ACCESS TO
26 BEHAVIORAL HEALTH SAFETY NET SERVICES, AS DEFINED IN SECTION
27 27-50-101. IN ESTABLISHING THE PAYMENT METHODOLOGY, THE STATE

1 DEPARTMENT SHALL CONSIDER:

2 (a) ACTUAL COSTS OF SERVICES;

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

6 (c) QUALITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SAFETY
7 NET CARE PROVIDED, AS DETERMINED BY THE STATE DEPARTMENT, IN
8 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
9 DEPARTMENT OF HUMAN SERVICES, BY RULE;

10 (d) HEALTH EQUITY;

11 (e) ACCESS BY PRIORITY POPULATIONS AS DETERMINED BY THE
12 BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN
13 SERVICES; AND

14 (f) PAYMENT APPROACHES THAT INCENTIVIZE PROVIDERS TO
15 SERVE THE BEHAVIORAL HEALTH SAFETY NET.

16 (2) THE STANDARDS AND PROCESSES FOR DETERMINING THE
17 PAYMENT METHODOLOGY WILL BE DETERMINED BY AN AUDITING AND
18 ACCOUNTING COMMITTEE. THE MEMBERS OF THE COMMITTEE ARE
19 SELECTED BY THE STATE DEPARTMENT TO INCLUDE BEHAVIORAL HEALTH
20 ADMINISTRATIVE SERVICE ORGANIZATIONS, MANAGED CARE ENTITIES,
21 BEHAVIORAL HEALTH SAFETY NET PROVIDERS AS DEFINED IN SECTION
22 27-50-101, INDEPENDENT AUDITORS, ACTUARIES, CONSUMER AND FAMILY
23 ADVOCATES, LOCAL GOVERNMENT REPRESENTATIVES, OTHER STATE
24 AGENCIES, AND OTHER RELEVANT STAKEHOLDERS.

25 **SECTION 66.** In Colorado Revised Statutes, 25.5-5-202, **amend**
26 (4) as follows:

27 **25.5-5-202. Basic services for the categorically needy - optional**

1 **services.** (4) The state department and the ~~office of~~ behavioral health
2 ADMINISTRATION in the department of human services, in collaboration
3 with community mental health services providers and substance use
4 disorder providers, shall establish rules that standardize utilization
5 management authority timelines for the nonpharmaceutical components
6 of medication-assisted treatment for substance use disorders.

7 **SECTION 67.** In Colorado Revised Statutes, 25.5-5-301, **amend**
8 (4) as follows:

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

17 **SECTION 68.** In Colorado Revised Statutes, 25.5-5-309, **amend**
18 (1) as follows:

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

1 the woman to any entity approved and licensed by THE BEHAVIORAL
2 HEALTH ADMINISTRATION IN the department of human services for the
3 performance of a needs assessment. Any county department of human or
4 social services may refer an eligible woman for a needs assessment, or
5 any pregnant woman who is eligible for services pursuant to section
6 25.5-5-201 (1)(m.5) may refer herself for a needs assessment.

7 **SECTION 69.** In Colorado Revised Statutes, 25.5-5-310, **amend**
8 (1)(b) and (2) as follows:

9 **25.5-5-310. Treatment program for high-risk pregnant and**
10 **parenting women - cooperation with private entities - definition.**

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

26 (2)(a) Health-care practitioners and county departments of human
27 or social services are encouraged to identify any pregnant or parenting

1 woman. If a practitioner or county department of human or social services
2 makes such determination regarding any pregnant or parenting woman up
3 to one year postpartum, the practitioner or county department of human
4 or social services is encouraged to refer the woman to any entity approved
5 and licensed by THE BEHAVIORAL HEALTH ADMINISTRATION IN the
6 department of human services for a needs assessment in order to improve
7 outcomes for the pregnant or parenting woman and child and reduce the
8 likelihood of out-of-home placement. Any pregnant or parenting woman
9 up to one year postpartum may also refer herself for a needs assessment.

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

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

1 including those referenced in section 25-4-902, within thirty days after
2 commencing treatment.

3 **SECTION 70.** In Colorado Revised Statutes, **amend** 25.5-5-311
4 as follows:

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

14 **SECTION 71.** In Colorado Revised Statutes, 25.5-5-325, **amend**
15 (2)(b)(I) as follows:

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

24 (I) The coordination of benefits with managed service
25 organizations and the ~~office of~~ behavioral health ADMINISTRATION in the
26 department of human services;

27 **SECTION 72.** In Colorado Revised Statutes, 25.5-5-328, **amend**

1 (1) as follows:

2 **25.5-5-328. Secure transportation for behavioral health crises**
3 **- benefit - funding.** (1) On or before January 1, 2023, the state
4 department shall create a benefit for secure transportation services, as ~~that~~
5 ~~term is~~ defined in section 25-3.5-103 (11.4). The state department shall
6 research and create a plan to establish secure transportation services,
7 which may include supplemental and coordinated community response
8 services, to be implemented on or before July 1, 2023. The state
9 department shall collaborate with the ~~office of~~ behavioral health
10 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES in its research
11 and planning efforts to determine how this benefit may align with
12 co-responder, mobile crisis, and emergency crisis dispatch.

13 **SECTION 73.** In Colorado Revised Statutes, 25.5-5-402, **amend**
14 (3)(e) as follows:

15 **25.5-5-402. Statewide managed care system - rules - definition.**
16 (3) The statewide managed care system must include a statewide system
17 of community behavioral health care that must:

18 (e) Be paid for by the state department establishing capitated rates
19 specifically for ~~community mental~~ BEHAVIORAL health services that
20 account for a comprehensive continuum of needed services such as those
21 provided by ~~community mental health centers as defined in section~~
22 ~~27-66-101~~ LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING
23 ESSENTIAL AND COMPREHENSIVE BEHAVIORAL HEALTH SAFETY NET
24 PROVIDERS, AS DEFINED IN SECTION 27-50-101;

25 **SECTION 74.** In Colorado Revised Statutes, 25.5-5-424, **amend**
26 (1) and (4)(a) introductory portion as follows:

27 **25.5-5-424. Residential and inpatient substance use disorder**

1 **treatment - MCE standardized utilization management process -**
2 **medical necessity - report.** (1) On or before October 1, 2021, the state
3 department shall consult with the ~~office~~ of behavioral health
4 ADMINISTRATION in the department of human services, residential
5 treatment providers, and MCEs to develop standardized utilization
6 management processes to determine medical necessity for residential and
7 inpatient substance use disorder treatment. The processes must
8 incorporate the most recent edition of "The ASAM Criteria for Addictive,
9 Substance-related, and Co-occurring Conditions" and align with federal
10 medicaid payment requirements.

11 (4) (a) Beginning October 1, 2021, and quarterly thereafter, the
12 state department shall collaborate with the ~~office~~ of behavioral health
13 ADMINISTRATION in the department of human services, residential
14 treatment providers, and MCEs to develop a report on the residential and
15 inpatient substance use disorder utilization management statistics. At a
16 minimum, the report must include:

17 **SECTION 75.** In Colorado Revised Statutes, **amend** 25.5-5-803
18 as follows:

19 **25.5-5-803. High-fidelity wraparound services for children**
20 **and youth - federal approval - reporting.** (1) Subject to available
21 appropriations, the state department shall seek federal authorization from
22 the federal centers for medicare and medicaid services to provide
23 wraparound services for eligible children and youth who are at risk of
24 out-of-home placement or in an out-of-home placement. Prior to seeking
25 federal authorization, the state department shall seek input from relevant
26 stakeholders including counties, managed care entities participating in the
27 statewide managed care system, families of children and youth with

1 behavioral health disorders, communities that have previously
2 implemented wraparound services, mental health professionals, THE
3 BEHAVIORAL HEALTH ADMINISTRATION AND THE OFFICE OF BEHAVIORAL
4 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, and other relevant
5 departments. The state department shall consider tiered care coordination
6 as an approach when developing the wraparound model.

7 (2) Upon federal authorization, and subject to available
8 appropriations, the state department shall require managed care entities
9 to implement wraparound services, which may be contracted out to a third
10 party. Subject to available appropriations, the state department shall
11 contract with the department of human services and ~~office of~~ THE
12 behavioral health ADMINISTRATION IN THE DEPARTMENT OF HUMAN
13 SERVICES to ensure care coordinators and those responsible for
14 implementing wraparound services have adequate training and resources
15 to support children and youth who may have co-occurring diagnoses,
16 including behavioral health disorders and physical or intellectual or
17 developmental disabilities. Attention must also be given to the geographic
18 diversity of the state in designing this program in rural communities.

19 (3) Upon implementation of the wraparound services, the state
20 department, THE DEPARTMENT OF HUMAN SERVICES, and THE BEHAVIORAL
21 HEALTH ADMINISTRATION IN the department of human services shall
22 monitor and report the annual cost savings associated with eligible
23 children and youth receiving wraparound services to the public through
24 the annual hearing, pursuant to the "State Measurement for Accountable,
25 Responsive, and Transparent (SMART) Government Act", part 2 of
26 article 7 of title 2. The STATE department of ~~health care policy and~~
27 ~~financing~~ shall require managed care entities to report data on the

1 utilization and effectiveness of wraparound services.

2 (4) Subject to available appropriations, the state department shall
3 work collaboratively with THE DEPARTMENT OF HUMAN SERVICES, THE
4 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
5 services, counties, and other departments, as appropriate, to develop and
6 implement wraparound services for children and youth at risk of
7 out-of-home placement or in an out-of-home placement. The BEHAVIORAL
8 HEALTH ADMINISTRATION IN THE department of human services shall
9 oversee that the wraparound services are delivered with fidelity to the
10 model. As part of routine collaboration, and subject to available
11 appropriations, the state department shall develop a model of sustainable
12 funding for wraparound services in consultation with THE DEPARTMENT
13 OF HUMAN SERVICES AND THE BEHAVIORAL HEALTH ADMINISTRATION IN
14 the department of human services. Wraparound services provided to
15 eligible children and youth pursuant to this section must be covered under
16 the "Colorado Medical Assistance Act", articles 4, 5, and 6 of this title
17 25.5, subject to available appropriations. The state department may use
18 targeting criteria to ramp up wraparound services as service capacity
19 increases, or temporarily, as necessary, to meet certain federal financial
20 participation requirements.

21 **SECTION 76.** In Colorado Revised Statutes, **amend** 25.5-5-804
22 as follows:

23 **25.5-5-804. Integrated funding pilot.** Subject to available
24 appropriations, the state department, in conjunction with THE
25 BEHAVIORAL HEALTH ADMINISTRATION IN the department of human
26 services, counties, and other relevant departments, shall design and
27 recommend a child and youth behavioral health delivery system pilot

1 program that addresses the challenges of fragmentation and duplication
2 of behavioral health services. The pilot program shall integrate funding
3 for behavioral health intervention and treatment services across the state
4 to serve children and youth with behavioral health disorders. To
5 implement the provisions of this section, the state department shall
6 collaborate with the BEHAVIORAL HEALTH ADMINISTRATION IN THE
7 department of human services and other relevant stakeholders, including
8 counties, managed care entities, and families.

9 **SECTION 77.** In Colorado Revised Statutes, 26-1-108, **amend**
10 (1.7) and (1.8) as follows:

11 **26-1-108. Powers and duties of the executive director - rules.**

12 (1.7) (a) The executive director ~~shall have~~ HAS THE authority to adopt
13 "executive director rules" for programs administered and services
14 provided by the state department as set forth in this ~~title and in title 27,~~
15 ~~C.R.S.~~ TITLE 26. Such rules shall be promulgated in accordance with the
16 provisions of section 24-4-103. ~~C.R.S.~~

17 (b) Any rules adopted by the state board to implement the
18 provisions of this ~~title or title 27, C.R.S.,~~ TITLE 26 prior to March 25,
19 2009, whose content meets the definition of "executive director rules"
20 shall continue to be effective until revised, amended, or repealed by the
21 executive director.

22 (1.8) Whenever a statutory grant of rule-making authority in this
23 ~~title or title 27, C.R.S.,~~ TITLE 26 refers to the state department or the
24 department of human services, it ~~shall mean~~ MEANS the state department
25 acting through either the state board or the executive director or both.
26 When exercising rule-making authority under this ~~title or title 27, C.R.S.~~
27 TITLE 26, the state department, either acting through the state board or the

1 executive director, shall establish rules consistent with the powers and the
2 distinction between "board rules" as set forth in section 26-1-107 and
3 "executive director rules" as set forth in this section.

4 **SECTION 78.** In Colorado Revised Statutes, 26-1-111, **repeal** (5)
5 as follows:

6 **26-1-111. Activities of the state department under the**
7 **supervision of the executive director - cash fund - report - rules -**
8 **statewide adoption resource registry.** ~~(5) The state department, through~~
9 ~~the office of behavioral health in the state department, shall administer~~
10 ~~substance use disorder treatment programs set forth in articles 80, 81, and~~
11 ~~82 of title 27.~~

12 **SECTION 79.** In Colorado Revised Statutes, **repeal** 26-1-142.

13 **SECTION 80.** In Colorado Revised Statutes, 26-1-201, **repeal**
14 (1)(a), (1)(b), and (1)(c) as follows:

15 **26-1-201. Programs administered - services provided -**
16 **department of human services.** (1) This section specifies the programs
17 to be administered and the services to be provided by the department of
18 human services. These programs and services include the following:

19 (a) ~~Programs related to substance abuse and substance use~~
20 ~~disorders, as specified in article 80 of title 27;~~

21 (b) ~~Programs related to alcohol abuse and alcohol use disorders,~~
22 ~~as specified in article 81 of title 27;~~

23 (c) ~~Programs related to prevention, education, and treatment for~~
24 ~~substance abuse and substance use disorders, as specified in article 82 of~~
25 ~~title 27;~~

26 **SECTION 81.** In Colorado Revised Statutes, 26-2-111, **amend**
27 (4)(e) introductory portion and (4)(e)(I) as follows:

1 **26-2-111. Eligibility for public assistance - rules - repeal.**

2 (4) **Aid to the needy disabled.** Public assistance in the form of aid to the
3 needy disabled must be granted to any person who meets the requirements
4 of subsection (1) of this section and all of the following requirements:

5 (e) If the applicant is disabled as a result of a primary diagnosis
6 of a substance use disorder, ~~he or she~~ THE APPLICANT, as conditions of
7 eligibility, ~~shall be~~ IS required to:

8 (I) Participate in treatment services approved by the ~~office of~~
9 behavioral health ADMINISTRATION in the state department; and

10 **SECTION 82.** In Colorado Revised Statutes, 26-6-102, **amend**
11 (33) introductory portion as follows:

12 **26-6-102. Definitions.** As used in this article 6, unless the context
13 otherwise requires:

14 (33) "Residential child care facility" means a facility licensed by
15 the state department pursuant to this part 1 to provide twenty-four-hour
16 group care and treatment for five or more children operated under private,
17 public, or nonprofit sponsorship. "Residential child care facility" includes
18 community-based residential child care facilities, qualified residential
19 treatment programs, as defined in section 26-5.4-102 (2), shelter facilities,
20 and therapeutic residential child care facilities as defined in rule by the
21 state board, and psychiatric residential treatment facilities as defined in
22 section 25.5-4-103 (19.5). A residential child care facility may be eligible
23 for designation by the ~~executive director of~~ COMMISSIONER OF THE
24 BEHAVIORAL HEALTH ADMINISTRATION IN the state department pursuant
25 to article 65 of title 27. A child who is admitted to a residential child care
26 facility must be:

27 **SECTION 83.** In Colorado Revised Statutes, 26-20-103, **amend**

1 (3) as follows:

2 **26-20-103. Basis for use of restraint or seclusion.** (3) In
3 addition to the circumstances described in subsection (1) of this section,
4 a facility, as defined in section 27-65-102 (7), that is designated by the
5 ~~executive director of~~ COMMISSIONER OF THE BEHAVIORAL HEALTH
6 ADMINISTRATION in the state department to provide treatment pursuant to
7 section 27-65-105, 27-65-106, 27-65-107, or 27-65-109 to an individual
8 with a mental health disorder, as defined in section 27-65-102 (11.5), may
9 use seclusion to restrain an individual with a mental health disorder when
10 the seclusion is necessary to eliminate a continuous and serious disruption
11 of the treatment environment.

12 **SECTION 84.** In Colorado Revised Statutes, 26-20-110, **amend**
13 (1)(d) as follows:

14 **26-20-110. Youth restraint and seclusion working group -**
15 **membership - purpose - repeal.** (1) There is established within the
16 division of youth services a youth restraint and seclusion working group,
17 referred to in this section as the "working group". The working group
18 consists of:

19 (d) The ~~director~~ COMMISSIONER of the ~~office of~~ behavioral health
20 ~~within~~ ADMINISTRATION in the state department, or ~~his or her~~ THE
21 COMMISSIONER'S designee;

22 **SECTION 85.** In Colorado Revised Statutes, 27-60-100.3, **repeal**
23 (4.7); and **add** (1.1) and (1.3) as follows:

24 **27-60-100.3. Definitions - repeal.** As used in this article 60,
25 unless the context otherwise requires:

26 (1.1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
27 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION

1 27-50-102.

2 (1.3) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
3 BEHAVIORAL HEALTH ADMINISTRATION.

4 (4.7) "~~Office~~" ~~means the office of behavioral health in the~~
5 ~~department of human services.~~

6 **SECTION 86.** In Colorado Revised Statutes, 27-60-103, **amend**
7 (1)(a) introductory portion, (2) introductory portion, (3), (4)(a), and
8 (6)(a); and **repeal** (6)(b) and (6)(c) as follows:

9 **27-60-103. Behavioral health crisis response system - services**
10 **- request for proposals - criteria - reporting - rules.** (1) (a) ~~On or~~
11 ~~before September 1, 2013, the state department shall~~ THE BHA MAY issue
12 a statewide request for proposals to entities with the capacity to create a
13 coordinated and seamless behavioral health crisis response system to
14 provide crisis intervention services for communities throughout the state.
15 Separate proposals may be solicited and accepted for each of the five
16 components listed in subsection (1)(b) of this section. The crisis response
17 system created through this request for proposals process must be based
18 on the following principles:

19 (2) ~~The state department~~ BHA shall collaborate with the
20 committee of interested stakeholders established in subsection (3) of this
21 section to develop the request for proposals, including eligibility and
22 award criteria. Priority may be given to entities that have demonstrated
23 partnerships with Colorado-based resources. Proposals will be evaluated
24 on, at a minimum, an applicant's ability, relative to the specific
25 component involved, to:

26 (3) ~~The state department~~ BHA shall establish a committee of
27 interested stakeholders that will be responsible for reviewing the

1 proposals and awarding contracts pursuant to this section.
2 ~~Representations~~ REPRESENTATIVES from the state department of health
3 care policy and financing must be included in the committee of interested
4 stakeholders. A stakeholder participating in the committee must not have
5 a financial or other conflict of interest that would prevent ~~him or her~~ THE
6 STAKEHOLDER from impartially reviewing proposals.

7 (4) (a) ~~The state department shall issue the initial request for~~
8 ~~proposals on or before September 1, 2013, subject to available~~
9 ~~appropriations. Pursuant to the state procurement code, articles 101 and~~
10 ~~102 of title 24, the state department shall make awards on or before~~
11 ~~January 1, 2014. If additional money is appropriated, the state department~~
12 BHA may issue additional requests for proposals consistent with this
13 section and the state procurement code, articles 101 and 102 of title 24.

14 (6) (a) Beginning in January 2014, and every January thereafter,
15 the ~~state department~~ BHA shall report progress on the implementation of
16 the crisis response system, as well as information about and updates to the
17 system, as part of its "State Measurement for Accountable, Responsive,
18 and Transparent (SMART) Government Act" hearing required by section
19 2-7-203.

20 (b) ~~On or before November 1, 2017, the office of behavioral~~
21 ~~health within the state department shall prepare a report and submit such~~
22 ~~report to the joint judiciary committee; the joint health and human~~
23 ~~services committee; the joint budget committee; the governor; and the~~
24 ~~commission on criminal and juvenile justice, established in section~~
25 ~~16-11.3-102. At a minimum, the report must include details concerning~~
26 ~~the current status of funding and the implementation of the expansion of~~
27 ~~behavioral health crisis services.~~

1 (c) ~~On or before May 1, 2018, but after January 31, 2018, the~~
2 ~~office of behavioral health within the state department shall present a~~
3 ~~report to the joint judiciary committee and the joint committee on health~~
4 ~~and human services concerning the current status of funding and the~~
5 ~~implementation of the expansion of behavioral health crisis services.~~

6 **SECTION 87.** In Colorado Revised Statutes, 27-60-104, **amend**
7 (2), (3)(a), (5), (7) introductory portion, (7)(b), (8), and (9); and **amend**
8 **as it will become effective July 1, 2022,** (6) introductory portion as
9 follows:

10 **27-60-104. Behavioral health crisis response system - crisis**
11 **service facilities - walk-in centers - mobile response units - report.**

12 (2) (a) ~~On or before January 1, 2018, the state department~~ THE BHA shall
13 ensure that mobile response units are available to respond to a behavioral
14 health crisis anywhere in the state within no more than two hours, either
15 face-to-face or using telehealth operations, for mobile crisis evaluations.

16 (b) Mobile crisis services may be delivered by criminal justice
17 diversion programs approved by the ~~state department~~ BHA or a crisis
18 response system contractor.

19 (3) (a) ~~On or before January 1, 2018,~~ All walk-in centers
20 throughout the state's crisis response system must be appropriately
21 designated by the ~~executive director~~ COMMISSIONER for a
22 seventy-two-hour treatment and evaluation, adequately prepared, and
23 properly staffed to accept an individual through the emergency mental
24 health procedure outlined in section 27-65-105 or a voluntary application
25 for mental health services pursuant to section 27-65-103. Priority for
26 individuals receiving emergency placement pursuant to section 27-65-105
27 is on treating high-acuity individuals in the least restrictive environment

1 without the use of law enforcement.

2 (5) The ~~state department~~ BHA shall encourage crisis response
3 system contractors in each region to develop partnerships with the broad
4 array of crisis intervention services through mobile response units and
5 telehealth-capable walk-in centers in rural communities that offer care
6 twenty-four hours a day, seven days a week.

7 (6) The ~~state department~~ BHA shall ensure crisis response system
8 contractors are responsible for community engagement, coordination, and
9 system navigation for key partners, including criminal justice agencies,
10 emergency departments, hospitals, primary care facilities, behavioral
11 health entities, walk-in centers, and other crisis service facilities. The
12 goals of community coordination are to:

13 (7) The ~~state department~~ BHA shall explore solutions for
14 addressing secure transportation, as defined in section 25-3.5-103 (11.4),
15 of individuals placed on a seventy-two-hour treatment and evaluation
16 hold pursuant to article 65 of this title 27, and shall include the following
17 information as part of its 2023 "State Measurement for Accountable,
18 Responsive, and Transparent (SMART) Government Act" presentation
19 required pursuant to section 2-7-203:

20 (b) How the ~~state department~~ BHA has supported and encouraged
21 crisis contractors to include secure transportation in the behavioral health
22 crisis response system.

23 (8) The ~~state department~~ BHA shall ensure consistent training for
24 professionals who have regular contact with individuals experiencing a
25 behavioral health crisis.

26 (9) The ~~state department~~ BHA shall conduct an assessment of
27 need and capacity of the statewide crisis response system to better

1 understand the state's needs for crisis response and service gaps across the
2 state.

3 **SECTION 88.** In Colorado Revised Statutes, 27-60-104.5,
4 **amend** (3) introductory portion, (4), (8), and (10); and **repeal** (7) as
5 follows:

6 **27-60-104.5. Behavioral health capacity tracking system -**
7 **rules - legislative declaration - definitions.** (3) Pursuant to subsection
8 (8) of this section, the ~~state department~~ BHA shall implement a
9 behavioral health capacity tracking system, which must include the
10 following:

11 (4) In addition to reporting by those facilities listed in subsection
12 (3)(e) of this section, the tracking system may allow any medical provider
13 providing behavioral health treatment as part of the provider's medical
14 practice to participate in the tracking system with prior approval by the
15 ~~state department~~ BHA.

16 (7) ~~Prior to contracting for components of the tracking system or~~
17 ~~its implementation, the state department shall convene a stakeholder~~
18 ~~process to identify an efficient and effective tracking system design. The~~
19 ~~state department shall receive input relating to existing information and~~
20 ~~reporting systems that may be expanded upon for the tracking system,~~
21 ~~issues relating to data collection and input by facilities and treatment~~
22 ~~providers, and the most effective interface for tracking system users. In~~
23 ~~addition to any persons or organizations identified by the state~~
24 ~~department, the stakeholder process must include input from the~~
25 ~~department of public health and environment, emergency medical service~~
26 ~~providers, contractors operating existing information and reporting~~
27 ~~systems in the state, and facilities required to provide information for the~~

1 tracking system. The state department shall report to the opioid and other
2 substance use disorders study committee during the legislative interim
3 preceding the 2020 legislative session concerning the results of the
4 stakeholder process.

5 (8) Subject to available appropriations, the state department BHA
6 shall implement a centralized, web-based tracking system as described in
7 this section and shall ensure that appropriate tracking system information
8 is available to the public. The contractor of the twenty-four-hour
9 telephone crisis services provided pursuant to section 27-60-103 shall use
10 the tracking system as an available service resource locator.

11 (10) The state department BOARD may adopt rules, as necessary,
12 to implement this section.

13 **SECTION 89.** In Colorado Revised Statutes, 27-60-105, **amend**
14 (2), (3), (4) introductory portion, (5) introductory portion, (5)(b), and (6)
15 as follows:

16 **27-60-105. Outpatient restoration to competency services -**
17 **jail-based behavioral health services - responsible entity - duties -**
18 **report - legislative declaration.** (2) The office of behavioral health
19 BHA serves as a central organizing structure and responsible entity for
20 the provision of competency restoration education services, coordination
21 of competency restoration services ordered by the court pursuant to
22 section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and jail-based behavioral
23 health services pursuant to section 27-60-106.

24 (3) ~~On or before December 1, 2017, the office~~ THE BHA shall
25 develop standardized juvenile and adult curricula for the educational
26 component of competency restoration services. The curricula must have
27 a content and delivery mechanism that allows ~~it~~ THE CURRICULA to be

1 tailored to meet individual needs, including those of persons with
2 intellectual and developmental disabilities.

3 (4) Beginning July 1, 2019, the ~~office~~ BHA has the following
4 duties and responsibilities, subject to available appropriations:

5 (5) Notwithstanding section 24-1-136 (11)(a)(I), on or before
6 January 1, 2019, and every January 1 thereafter, the ~~office~~ BHA shall
7 submit an annual written report to the general assembly summarizing the
8 ~~office's~~ BHA's provision of competency restoration education, its efforts
9 toward the coordination of competency restoration education with other
10 existing services, and the results of the jail-based behavioral health
11 services program created in section 27-60-106. The report must include:

12 (b) A description of the ~~office's~~ BHA's engagement with
13 community partners to coordinate competency restoration services in an
14 effective and efficient manner;

15 (6) In addition to subsection (4) of this section and subject to
16 available appropriations, the ~~office~~ BHA shall require any county jail to
17 assist in the provision of interim mental health services for individuals
18 who have been court-ordered for inpatient competency restoration and
19 who are waiting admission for an inpatient bed. This section does not toll
20 or otherwise modify the time frames for the ~~department~~ BHA to offer
21 inpatient admission pursuant to the provisions of section 16-8.5-111.

22 **SECTION 90.** In Colorado Revised Statutes, 27-60-106, **amend**
23 (1), (3), (4) introductory portion, (4)(a), (4)(g), (4)(h), (5)(a), and (6) as
24 follows:

25 **27-60-106. Jail-based behavioral health services program -**
26 **purpose - created - funding.** (1) There is created in the ~~office~~
27 BEHAVIORAL HEALTH ADMINISTRATION the jail-based behavioral health

1 services program, referred to in this section as the "program". The
2 program may receive money from the correctional treatment cash fund
3 pursuant to section 18-19-103 (5)(c)(V).

4 (3) The ~~office~~ BHA shall prioritize jails with minimal behavioral
5 health services, including but not limited to rural and frontier jails.

6 (4) Subject to available appropriations, the ~~office~~ BHA may
7 require a county jail that receives funding through the program to:

8 (a) Screen all individuals booked into the jail facility with
9 standardized evidence-based screening tools, as determined by the ~~office~~
10 BHA, for mental health disorders, substance use disorders, and suicide
11 risk;

12 (g) Track performance outcomes for measures developed by the
13 ~~office~~ BHA, including behavioral health disorder prevalence and service
14 data through information-sharing processes, as defined by the ~~office~~
15 BHA; and

16 (h) Partner with the ~~office~~ BHA to develop feasible health
17 information exchange strategies for medical and behavioral health
18 records.

19 (5) (a) The ~~office~~ BHA shall require a county jail that receives
20 funding through the program to have a policy in place on or before
21 January 1, 2020, that describes how medication-assisted treatment, as it
22 is defined in section 23-21-803, will be provided, when necessary, to
23 individuals confined in the county jail.

24 (6) Subject to available appropriations, nothing in this section
25 prohibits program funds from being used to meet the requirements
26 outlined in sections 17-26-303 and 17-26-304 for local jails, as defined
27 in section 17-26-302 (2), by providing additional staffing, training, robust

1 behavioral health services and supports, or facility changes. Any facility
2 changes must be approved by the ~~office of behavioral health~~ BHA before
3 funds may be expended.

4 **SECTION 91.** In Colorado Revised Statutes, 27-60-106.5,
5 **amend** (1) and (2) as follows:

6 **27-60-106.5. Criminal justice diversion programs - report -**
7 **rules.** (1) (a) The ~~office of behavioral health in the state department~~
8 BHA may contract with cities and counties for the creation, maintenance,
9 or expansion of criminal justice diversion programs. The goal of each
10 program created pursuant to this section should be to connect ~~law~~
11 ~~enforcement officers~~ FIRST RESPONDERS with behavioral health providers
12 to assist individuals in need of behavioral health intervention or to divert
13 individuals from the criminal justice system.

14 (b) The ~~office of behavioral health in the state department~~ BHA
15 may require criminal justice diversion programs contracted pursuant to
16 subsection (1)(a) of this section to participate as a mobile crisis service in
17 the behavioral health crisis response system, created pursuant to section
18 27-60-103.

19 (2) On or before November 1, 2021, and on or before each
20 November 1 thereafter, the ~~state department~~ BHA shall include an update
21 regarding the current status of funding and the criminal justice diversion
22 programs implemented pursuant to this section in its report to the
23 judiciary committees of the senate and the house of representatives, the
24 health and human services committee of the senate, the public AND
25 BEHAVIORAL health ~~care~~ and human services committee of the house of
26 representatives, or any successor committees, as part of its "State
27 Measurement for Accountable, Responsive, and Transparent (SMART)

1 Government Act" presentation required by section 2-7-203.

2 **SECTION 92.** In Colorado Revised Statutes, **repeal** 27-60-107.

3 **SECTION 93.** In Colorado Revised Statutes, 27-60-108, **amend**
4 (2)(c), (3)(a) introductory portion, (3)(a)(III)(B), (3)(c), (4), (5), (6)(d),
5 and (7) as follows:

6 **27-60-108. Peer support professionals - cash fund - fees -**
7 **requirements - legislative declaration - rules - definitions.** (2) As used
8 in this section, unless the context otherwise requires:

9 (c) "Recovery support services organization" means an
10 independent entity led and governed by representatives of local
11 communities of recovery and approved by the ~~executive director of the~~
12 ~~state department~~ COMMISSIONER pursuant to subsection (3)(a) of this
13 section.

14 (3) (a) On or before July 1, 2022, the ~~state department~~ BHA shall
15 develop a procedure for recovery support services organizations to be
16 approved by the ~~executive director of the state department~~ COMMISSIONER
17 for reimbursement pursuant to this section. The procedures must ensure
18 that the recovery support services organization:

19 (III) Employs or contracts with peer support professionals who
20 must:

21 (B) Have successfully completed formal training covering all
22 content areas outlined in the core competencies for peer support
23 professionals established by either the ~~state department~~ BHA or the
24 substance abuse and mental health services administration of the United
25 States department of health and human services; and

26 (c) The ~~executive director of the state department~~ COMMISSIONER,
27 in collaboration with the department of health care policy and financing,

1 may promulgate rules establishing minimum standards that recovery
2 support services organizations must meet.

3 (4) The ~~state department~~ BHA may charge a fee for recovery
4 support services organizations seeking approval pursuant to subsection
5 (3)(a) of this section. If the ~~executive director of the state department~~
6 COMMISSIONER charges a fee to recovery support services organizations,
7 the ~~executive director~~ COMMISSIONER shall promulgate rules to establish
8 the fee ~~at~~ IN an amount not to substantially exceed the amount charged to
9 other behavioral health providers seeking approval from the ~~state~~
10 ~~department~~. The ~~state department~~ BHA. THE BHA shall deposit any fees
11 collected into the peer support professional workforce cash fund created
12 in subsection (6) of this section.

13 (5) The ~~state department~~ BHA may seek, accept, and expend gifts,
14 grants, or donations from private or public sources for the purposes of this
15 section. The ~~state department~~ BHA shall transfer each gift, grant, and
16 donation to the state treasurer, who shall credit the same to the peer
17 support professional workforce cash fund created in subsection (6) of this
18 section.

19 (6) (d) Subject to annual appropriation by the general assembly,
20 the ~~state department~~ BHA may expend state money from the fund for the
21 purpose of implementing this section.

22 (7) A peer-run recovery service provider shall not be compelled
23 to seek approval from the ~~state department~~ BHA to become a recovery
24 support services organization. Expanded service funding available for
25 recovery services through recovery support services organizations is
26 intended to supplement existing state investment in the recovery system
27 infrastructure. The ~~state department~~ BHA shall fund recovery services,

1 within existing appropriations, including peer-run organizations that do
2 not seek to be recovery support services organizations.

3 **SECTION 94.** In Colorado Revised Statutes, 27-60-109, **amend**
4 (2)(a), (2)(b), (3)(a) introductory portion, (3)(a)(III), (3)(b), and (4)(a)
5 introductory portion as follows:

6 **27-60-109. Temporary youth mental health services program**

7 **- established report - rules - definitions - repeal.** (2) (a) There is

8 established in the ~~office~~ BEHAVIORAL HEALTH ADMINISTRATION the

9 temporary youth mental health services program to facilitate access to

10 mental health services, including substance use disorder services, for

11 youth to respond to mental health needs identified in an initial mental

12 health screening through the portal, including those needs that may have

13 resulted from the COVID-19 pandemic. The program reimburses

14 providers for up to three mental health sessions with a youth.

15 (b) The ~~office~~ BHA shall reimburse providers who participate in

16 the program for each mental health session with a youth, either in-person

17 or by telehealth, up to a maximum of three sessions per youth client;

18 except that subject to available money, the ~~state department~~ BHA may

19 reimburse a provider for additional sessions. To be eligible for

20 reimbursement from the program, a provider must be available to provide

21 three mental health sessions to each youth the provider accepts as a client.

22 (3) (a) The ~~office~~ BHA shall:

23 (III) Implement a statewide public awareness and outreach

24 campaign about the program. The general assembly encourages the ~~office~~

25 BHA to involve schools, neighborhood youth organizations, health-care

26 providers, faith-based organizations, and any other community-based

27 organizations that interact with youth on the local level in disseminating

1 information about the program.

2 (b) The state ~~department~~ BOARD may promulgate rules necessary
3 for the administration of this section, including rules to protect the
4 privacy of youth who receive services through the program.

5 (4) (a) ~~As soon as practicable, but no later than August 1, 2021,~~
6 ~~the state department~~ THE BHA shall enter into an agreement with a
7 vendor to create, or use an existing, website or web-based application as
8 a portal available to youth and providers to facilitate the program. The
9 portal must:

10 **SECTION 95.** In Colorado Revised Statutes, 27-60-110, **amend**
11 (1) as follows:

12 **27-60-110. Behavioral health-care services for rural and**
13 **agricultural communities - vouchers - contract - appropriation.**

14 (1) No later than one hundred eighty days after June 28, 2021, the ~~state~~
15 ~~department~~ BHA, in collaboration with the department of agriculture,
16 shall contract with a nonprofit organization primarily focused on serving
17 agricultural and rural communities in Colorado, as identified by the ~~state~~
18 ~~department~~ BHA, to provide vouchers to individuals living in rural and
19 frontier communities in need of behavioral health-care services.

20 **SECTION 96.** In Colorado Revised Statutes, 27-60-111, **amend**
21 (1), (2)(o), (3), (4), (6), (7), (8), and (9) as follows:

22 **27-60-111. County-based behavioral health grant program -**
23 **created - report - rules - repeal.** (1) There is created in the ~~office~~
24 BEHAVIORAL HEALTH ADMINISTRATION the county-based behavioral
25 health grant program, referred to in this section as the "grant program",
26 to provide matching grants to county departments of human or social
27 services for the expansion or improvement of local or regional behavioral

1 health disorder treatment programs.

2 (2) Grant recipients may use the money received through the grant
3 program for the following purposes:

4 (o) Any other purpose the office BHA identifies that will expand
5 or improve local or regional behavioral health disorder treatment
6 programs.

7 (3) The office BHA shall administer the grant program and shall
8 award grants as provided in this section.

9 (4) The office BHA shall implement the grant program in
10 accordance with this section. At a minimum, the office BHA shall specify
11 the time frames for applying for grants, the form of the grant program
12 application, and the time frames for distributing grant money.

13 (6) To receive a grant, a county department of human or social
14 services shall submit an application to the office BHA. The office BHA
15 shall give priority to applications that demonstrate innovation and
16 collaboration or include rural or frontier communities; address a
17 demonstrated need, as identified by community input and local planning
18 efforts; and demonstrate the ability to rapidly distribute the grant money
19 into the community. The office BHA shall award grant money equitably
20 to reflect the geographic diversity of the state.

21 (7) Subject to available appropriations, beginning January 1, 2022,
22 and on or before January 1 each year thereafter for the duration of the
23 grant program, the office BHA shall award grants as provided in this
24 section. The office BHA shall distribute the grant money within ninety
25 days after the office BHA awards the grants.

26 (8) (a) On or before February 1, 2023, and on or before February
27 1 each year thereafter for the duration of the grant program, each county

1 department of human or social services that receives a grant through the
2 grant program shall submit a report to the ~~office~~ BHA on the use of the
3 grant money received pursuant to this section, including the total number
4 of individuals served, disaggregated by race, ethnicity, and age.

5 (b) On or before April 1, 2023, and on or before April 1 each year
6 thereafter for the duration of the grant program, the ~~state department~~
7 BHA shall submit a summarized report of the information received
8 pursuant to subsection (8)(a) of this section to the joint budget committee,
9 the health and insurance committee and the public and behavioral health
10 and human services committee of the house of representatives, and the
11 health and human services committee of the senate, or any successor
12 committees, on the grant program.

13 (9) For the 2021-22 state fiscal year, the general assembly shall
14 appropriate nine million dollars from the behavioral and mental health
15 cash fund created in section 24-75-230 to the STATE department of ~~human~~
16 ~~services~~ for use by the ~~office~~ BHA for the purposes of this section. If any
17 unexpended or unencumbered money remains at the end of the fiscal year,
18 the ~~office~~ BHA may expend the money for the same purposes in the next
19 fiscal year without further appropriation.

20 **SECTION 97.** In Colorado Revised Statutes, 27-60-112, **amend**
21 (1), (2) introductory portion, (2)(e), (3), and (4) as follows:

22 **27-60-112. Behavioral health-care workforce development**
23 **program - creation - report - rules.** (1) There is created in the ~~office~~
24 BEHAVIORAL HEALTH ADMINISTRATION the behavioral health-care
25 workforce development program, referred to in this section as the
26 "program". The purpose of the program is to increase the behavioral
27 health-care workforce's ability to treat individuals, including youth, with

1 severe behavioral health disorders.

2 (2) To implement the program, the ~~office~~ BHA shall:

3 (e) Provide capacity-building grants to diversify the safety net
4 provider workforce and meet the requirements of ~~section 27-63-103~~ PART
5 3 OF ARTICLE 50 OF THIS TITLE 27.

6 (3) The state ~~department~~ BOARD may promulgate rules as
7 necessary for the implementation of this section.

8 (4) For the state fiscal year 2021-22 and each state fiscal year
9 thereafter for which the program receives funding, the ~~state department~~
10 BHA shall report a summary of the expenditures from the program, the
11 impact of the expenditures in increasing the behavioral health-care
12 workforce, and any recommendations to strengthen and improve the
13 behavioral health-care workforce as part of its annual presentation to the
14 general assembly required under the "State Measurement for
15 Accountable, Responsive, and Transparent (SMART) Government Act",
16 part 2 of article 7 of title 2.

17 **SECTION 98.** In Colorado Revised Statutes, 27-60-113, **amend**
18 (2), (3), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5),
19 (6), (7) introductory portion, and (8) as follows:

20 **27-60-113. Out-of-home placement for children and youth**
21 **with mental or behavioral needs - rules - report - legislative**
22 **declaration - repeal.** (2) ~~On or before August 1, 2021, the state~~
23 ~~department shall develop a program to~~ THE BHA SHALL provide
24 emergency resources to licensed providers to help remove barriers such
25 providers face in serving children and youth whose behavioral or mental
26 health needs require services and treatment in a residential child care
27 facility. Any such licensed provider shall meet the requirements of a

1 qualified residential treatment program, as defined in section 26-5.4-102,
2 a psychiatric residential treatment facility, as defined in section
3 26-5.4-103 (19.5), or therapeutic foster care, as defined in section
4 26-6-102 (39).

5 (3) The ~~state department~~ BOARD may promulgate rules concerning
6 the placement of a child or youth in the program. The rules may address
7 quality assurance monitoring, admissions, discharge planning, appropriate
8 length of stay, an appeals process for children and youth who are
9 determined ineligible for the program, and compliance with applicable
10 federal law, including the federal "Family First Prevention Services Act";
11 except that rules concerning the placement of a child or youth who is not
12 in the custody of a state or county department of human or social services
13 shall not inappropriately apply compliance with such act.

14 (4) (a) ~~On or before December 31, 2021, the state department~~ THE
15 BHA shall contract with licensed providers for the delivery of services to
16 children and youth who are determined eligible for and placed in the
17 program. A provider that contracts with the ~~state department~~ BHA shall
18 not:

19 (II) Discharge a child or youth based on the severity or complexity
20 of the ~~child~~ CHILD'S or youth's physical, behavioral, or mental health
21 needs; except that the ~~state department~~ BHA may arrange for the
22 placement of a child or youth with an alternate contracted provider if the
23 placement with the alternate provider is better suited to deliver services
24 that meet the needs of the child or youth.

25 (b) The ~~state department~~ BHA shall reimburse a provider directly
26 for the costs associated with the placement of a child or youth in the
27 program for the duration of the treatment, including the costs the provider

1 demonstrates are necessary in order for the provider to operate
2 continuously during this period.

3 (c) The ~~state department~~ BHA shall coordinate with the
4 department of health care policy and financing to support continuity of
5 care and payment for services for any children or youth placed in the
6 program.

7 (d) The ~~state department~~ BHA shall reimburse the provider one
8 hundred percent of the cost of unutilized beds in the program to ensure
9 available space for emergency residential out-of-home placements.

10 (5) (a) A hospital, health-care provider, provider of case
11 management services, school district, managed care entity, or state or
12 county department of human or social services may refer a family for the
13 placement of a child or youth in the program. The entity referring a child
14 or youth for placement in the program shall submit or assist the family
15 with submitting an application to the ~~state department~~ BHA for review.
16 The ~~state department~~ BHA shall consider each application as space
17 becomes available. The ~~state department~~ BHA shall approve admissions
18 into the program and determine admission and discharge criteria for
19 placement.

20 (b) The ~~state department~~ BHA shall develop a discharge plan for
21 each child or youth placed in the program. The plan must include the
22 eligible period of placement of the child or youth and shall identify the
23 entity that will be responsible for the placement costs if the child or youth
24 remains with the provider beyond the date of eligibility identified in the
25 plan.

26 (c) The entity or family that places the child or youth in the
27 program retains the right to remove the child or youth from the program

1 any time prior to the discharge date specified by the ~~state department~~
2 BHA.

3 (6) Within seven days after submitting an application to the ~~state~~
4 ~~department~~ BHA for placing a child or youth in the program, the ~~state~~
5 ~~department~~ BHA shall work with the referring entity and the child's or
6 youth's parents or legal guardians to ensure the child or youth is assessed
7 for eligibility for enrollment into the state medical assistance program. A
8 child or youth who is eligible for enrollment into the state medical
9 assistance program shall be enrolled. Enrollment of a child or youth into
10 the state medical assistance program does not constitute automatic
11 placement into the program.

12 (7) No later than November 1, 2022, 2023, and 2024, the ~~state~~
13 ~~department~~ BHA shall submit a written report to the house of
14 representatives public and behavioral health and human services
15 committee, the senate health and human services committee, or their
16 successor committees, and the joint budget committee. At a minimum, the
17 report must include:

18 (8) This section is intended to provide enhanced emergency
19 services resulting from the increased need for services due to the
20 COVID-19 pandemic. No later than September 30, 2024, the ~~state~~
21 ~~department~~ BHA shall submit recommendations to the house of
22 representatives public and behavioral health and human services
23 committee, the senate health and human services committee, or their
24 successor committees, and the joint budget committee about how to
25 provide necessary services for children and youth in need of residential
26 care, including hospital step-down services on an ongoing basis.

27 **SECTION 99.** In Colorado Revised Statutes, 27-60-202, **amend**

1 (2); and **repeal** (3) as follows:

2 **27-60-202. Definitions.** As used in this part 2, unless the context
3 otherwise requires:

4 (2) "Behavioral health administration" or "BHA" means the
5 behavioral health administration established in ~~section 27-60-203~~
6 SECTION 27-50-102.

7 (3) ~~"Plan" means the proposed plan, as described in section~~
8 ~~27-60-203, for the creation of the behavioral health administration.~~

9 **SECTION 100.** In Colorado Revised Statutes, 27-60-203, **repeal**
10 (1), (2), (3), and (4) as follows:

11 **27-60-203. Behavioral health administration - timeline.**

12 (1) (a) ~~On or before November 1, 2021, based on the September 2020~~
13 ~~recommendations from the Colorado behavioral health task force, the~~
14 ~~state department shall develop a plan for the creation of the behavioral~~
15 ~~health administration. The plan must include strategies to streamline and~~
16 ~~improve efforts that address behavioral health needs in the state and~~
17 ~~reduce behavioral health disparities.~~

18 (b) ~~The state department shall solicit feedback from and engage~~
19 ~~with demographically diverse community stakeholders in the~~
20 ~~development of the plan described in this section. This includes, but is not~~
21 ~~limited to, direct engagement of consumers and consumers' advocates,~~
22 ~~county governments, municipal governments, tribal governments,~~
23 ~~managed service organizations, health care providers, managed care~~
24 ~~entities, insurance carriers, community mental health centers, and~~
25 ~~substance use disorder services providers.~~

26 (c) ~~On or before November 1, 2021, the state department shall~~
27 ~~provide the plan as a written report to the joint budget committee, the~~

1 ~~public and behavioral and human services committee of the house of~~
2 ~~representatives, and the health and human services committee of the~~
3 ~~senate, or any successor committees.~~

4 (2) ~~The plan must include, but is not limited to, the following:~~

5 (a) ~~Recommendations for funding and legislation necessary to~~
6 ~~appropriately implement the plan and address initial start-up as well as~~
7 ~~ongoing operational costs for the BHA;~~

8 (b) ~~A list and description of which state programs, both statutory~~
9 ~~and nonstatutory, along with the associated funding streams and~~
10 ~~personnel, that should be included or managed by the BHA. The list must~~
11 ~~specifically address all the functions currently overseen by the office of~~
12 ~~behavioral health in the state department of human services.~~

13 (c) ~~The governance structure of the BHA, including a~~
14 ~~recommendation for infrastructure within any governance structure to~~
15 ~~oversee and be accountable for policy, strategy, and services for all~~
16 ~~children and youth;~~

17 (d) ~~Potential opportunities for collaboration with local~~
18 ~~municipalities, counties, and tribes;~~

19 (e) ~~Recommendations for a plan of action regarding grievances,~~
20 ~~appeals, and ombudsman services within the BHA;~~

21 (f) ~~A data integration plan to create a data and information sharing~~
22 ~~and legal framework to support an agreed-upon approach and specific use~~
23 ~~case for information sharing that leverages existing infrastructure, such~~
24 ~~as health information exchanges, reusable architecture, and data standards~~
25 ~~to enable and advance coordinated care and services and behavioral~~
26 ~~health equity while maintaining tribal sovereignty;~~

27 (g) ~~A description of how the BHA will ensure the availability of~~

1 services and establish a standard of care across Colorado; and

2 (h) ~~Specific recommendations as follows:~~

3 (I) ~~Recommendations for the department of health care policy and~~
4 ~~financing, developed in collaboration with community stakeholders, on~~
5 ~~how medical assistance programs for behavioral health should be aligned~~
6 ~~or integrated with the BHA in such a way that consumers of behavioral~~
7 ~~health services have seamless access to needed services regardless of~~
8 ~~payer. The recommendations must include a description of how the BHA~~
9 ~~will ensure that access to services deemed medically necessary pursuant~~
10 ~~to the early and period screening, diagnostic, and treatment benefit is~~
11 ~~arranged for eligible children and youth.~~

12 (II) ~~Recommendations for the division of insurance within the~~
13 ~~department of regulatory agencies, developed in collaboration with the~~
14 ~~community stakeholders, concerning how private insurance efforts that~~
15 ~~are specific to behavioral health should be aligned or integrated with the~~
16 ~~BHA; and~~

17 (III) ~~Recommendations for the department of public health and~~
18 ~~environment, developed in collaboration with the community~~
19 ~~stakeholders, concerning how prevention and preventive services should~~
20 ~~be aligned or integrated with the BHA and the extent to which the BHA~~
21 ~~will engage in population health.~~

22 (3) ~~The duties of the BHA, once established and fully operational,~~
23 ~~must include, but are not limited to:~~

24 (a) ~~Serving as the single state agency responsible for state~~
25 ~~behavioral health programs that were identified as appropriate to~~
26 ~~transition into the BHA;~~

27 (b) ~~Receiving, coordinating, and distributing appropriate~~

1 community behavioral health funding throughout the state;

2 ~~(c) Monitoring, evaluating, and reporting behavioral health~~
3 ~~outcomes across the state and within various jurisdictions, while~~
4 ~~maintaining tribal sovereignty; and~~

5 ~~(d) Promoting a behavioral health system that supports a~~
6 ~~whole-person approach to ensure Coloradans have the best chance to~~
7 ~~achieve and maintain wellness. This approach includes:~~

8 ~~(I) Promoting an integrated approach to mental health and~~
9 ~~substance use treatment;~~

10 ~~(II) Strengthening the integration of behavioral and physical care;~~

11 ~~(III) Enhancing programmatic and funding opportunities in~~
12 ~~support of the overall well-being of the individual or family;~~

13 ~~(IV) Promoting culturally responsive, trauma-informed, and~~
14 ~~equitable behavioral health care; and~~

15 ~~(V) Promoting coordination of supportive services outside of the~~
16 ~~behavioral health system to address social determinants of health, and to~~
17 ~~connect people to services such as housing, transportation, and~~
18 ~~employment.~~

19 ~~(4) The state department shall work collaboratively with the~~
20 ~~department of health care policy and financing, community stakeholders,~~
21 ~~and other state departments, as appropriate, to promulgate rules for the~~
22 ~~BHA to provide adequate oversight of the quality of services and set~~
23 ~~standards of care for services for adults as well as children and youth.~~

24 **SECTION 101.** In Colorado Revised Statutes, 27-60-204, **amend**
25 **(1)(a), (1)(b), (1)(d), and (2) as follows:**

26 **27-60-204. Care coordination infrastructure.** (1) (a) The state
27 **department BHA, in collaboration with the department of health care**

1 policy and financing, shall develop a statewide care coordination
2 infrastructure to drive accountability and more effective behavioral health
3 navigation to care that builds upon and collaborates with existing care
4 coordination services. The infrastructure must include a website and
5 mobile application that serves as a centralized gateway for information
6 for patients, providers, and care coordination and that facilitates access and
7 navigation of behavioral health-care services and support.

8 (b) The ~~state department~~ BHA shall convene a working group of
9 geographically and demographically diverse partners and stakeholders,
10 including those with lived and professional experience, to provide
11 feedback and recommendations that inform and guide the development
12 of the statewide care coordination infrastructure developed pursuant to
13 subsection (1)(a) of this section.

14 (d) The ~~state department~~ BHA shall implement, directly or
15 through a contractor, a comprehensive and robust marketing and outreach
16 plan to make Coloradans aware of the website and mobile application and
17 associated care coordination services developed pursuant to subsection
18 (1)(a) of this section.

19 (2) On or before July 1, 2022, the statewide care coordination
20 infrastructure developed pursuant to subsection (1)(a) of this section is
21 the responsibility of the ~~behavioral health administration established in~~
22 ~~section 27-60-203~~ BHA.

23 **SECTION 102.** In Colorado Revised Statutes, 27-62-101, **repeal**
24 (8); and **add** (1.5) and (3.5) as follows:

25 **27-62-101. Definitions.** As used in this article 62, unless the
26 context otherwise requires:

27 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS

1 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
2 27-50-102.

3 (3.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
4 BEHAVIORAL HEALTH ADMINISTRATION.

5 (8) ~~"State department" means the department of human services~~
6 ~~created pursuant to section 26-1-105.~~

7 **SECTION 103.** In Colorado Revised Statutes, **amend** 27-62-102
8 as follows:

9 **27-62-102. High-fidelity wraparound services for children and**
10 **youth - interagency coordination - reporting.** (1) Pursuant to section
11 25.5-5-803 (4), the ~~department of human services~~ BHA shall work
12 collaboratively with the department of health care policy and financing,
13 counties, and other relevant departments, as appropriate, to develop and
14 oversee wraparound services for children and youth at risk of
15 out-of-home placement or in an out-of-home placement. As part of
16 routine collaboration, the ~~department of human services~~ BHA shall assist
17 the department of health care policy and financing in developing a model
18 of sustainable funding for wraparound services. The ~~department of human~~
19 ~~services~~ BHA and the department of health care policy and financing
20 shall monitor and report the annual cost savings associated with eligible
21 children and youth receiving wraparound services to the public through
22 the annual hearing, pursuant to the "State Measurement for Accountable,
23 Responsive, and Transparent (SMART) Government Act", part 2 of
24 article 7 of title 2.

25 (2) Subject to available appropriations, two full-time staff persons
26 shall be appointed by the ~~executive director of the department of human~~
27 ~~services~~ COMMISSIONER to support and facilitate interagency coordination

1 pursuant to this article 62, part 8 of article 5 of title 25.5, and any other
2 related interagency behavioral health efforts as determined by the
3 ~~executive director of the department of human services~~ COMMISSIONER.

4 **SECTION 104.** In Colorado Revised Statutes, **amend** 27-62-103
5 as follows:

6 **27-62-103. Standardized assessment tool - standardized**
7 **screening tools - interagency coordination - single referral and entry**
8 **point. (1) Standardized assessment tool.** Subject to available
9 appropriations, the ~~state department~~ BHA shall select a single
10 standardized assessment tool to facilitate identification of behavioral
11 health issues and other related needs in children and youth and to develop
12 a plan to implement the tool for programmatic utilization. The ~~state~~
13 ~~department~~ BHA shall consult with the department of health care policy
14 and financing, managed care entities, counties, stakeholders, and other
15 relevant departments, as appropriate, prior to selecting the tool.

16 **(2) Standardized screening tools.** Subject to available
17 appropriations, the ~~state department~~ BHA shall select developmentally
18 appropriate and culturally competent statewide behavioral health
19 standardized screening tools for primary care providers serving children,
20 youth, and caregivers in the perinatal period, including postpartum
21 women. The ~~state department~~ BHA and the department of human services
22 may make the tools available electronically for health-care professionals
23 and the public. Prior to the adoption of the standardized assessment tool
24 described in subsection (1) of this section, and the standardized screening
25 tools described in this subsection (2), the ~~state department~~ BHA shall lead
26 a public consultation process involving relevant stakeholders, including
27 health-care professionals and managed care entities, with input from the

1 department of health care policy and financing, the department of public
2 health and environment, and the division of insurance.

3 (3) **Single statewide referral and entry point.** Subject to
4 available appropriations, the ~~state department~~ BHA, in conjunction with
5 the department of health care policy and financing, the department of
6 public health and environment, and other relevant departments and
7 counties, as necessary, shall develop a plan for establishing a single
8 statewide referral and entry point for children and youth who have a
9 positive behavioral health screening or whose needs are identified
10 through a standardized assessment. In developing the single statewide
11 referral and entry point plan, the ~~state department~~ BHA shall seek input
12 from relevant stakeholders, including counties, managed care entities
13 participating in the statewide managed care system, families of children
14 and youth with behavioral health disorders, communities that have
15 previously implemented wraparound services, mental health
16 professionals, and other relevant departments.

17 **SECTION 105.** In Colorado Revised Statutes, 27-63-101, **repeal**
18 (2); and **add** (3) as follows:

19 **27-63-101. Definitions.** As used in the article 63, unless the
20 context otherwise requires:

21 (2) ~~"Department" means the department of human services.~~

22 (3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
23 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
24 27-50-102.

25 **SECTION 106.** In Colorado Revised Statutes, **repeal** 27-63-102
26 and 27-63-103.

27 **SECTION 107.** In Colorado Revised Statutes, 27-63-104, **amend**

1 (1), (2)(a), and (2)(b) as follows:

2 **27-63-104. Community behavioral health safety net system**
3 **advisory body - creation - membership - repeal.** (1) The ~~department~~
4 BHA shall identify an advisory body, referred to in this article 63 as the
5 "advisory body", to assist the ~~department~~ BHA in creating a
6 comprehensive proposal to strengthen and expand the behavioral health
7 safety net system. The advisory body ~~shall~~ MUST include but not be
8 limited to representatives from other relevant state departments,
9 representatives from counties representing various regions of the state
10 affected by community behavioral health service availability,
11 representatives from law enforcement, consumers, family members of
12 consumers, behavioral health providers, behavioral health administrative
13 organizations, and advocates. Members of the advisory body shall
14 disclose potential conflicts of interest and shall recuse themselves from
15 voting when the member has a financial interest related to the provision
16 of delivering clinical services in the behavioral health safety net system.
17 Voting members of the advisory body ~~shall~~ MUST not include behavioral
18 health providers that have a potential financial interest related to the
19 provision of delivering clinical services in the behavioral health safety net
20 system.

21 (2) **Safety net system comprehensive proposal.** (a) ~~No later~~
22 ~~than July 1, 2021, the department~~ THE BHA, in collaboration with the
23 advisory body, shall develop a comprehensive proposal to strengthen and
24 expand the safety net system that provides behavioral health services for
25 individuals with severe behavioral health disorders, referred to in this
26 article 63 as a "safety net system", including individuals with
27 co-occurring mental health and substance use disorders.

1 (b) The ~~department~~ BHA and advisory body shall solicit feedback
2 from community stakeholders and engage community stakeholders when
3 developing the proposal described in subsection (2)(a) of this section,
4 including direct engagement of consumers and consumers' families,
5 managed service organizations, health-care providers, managed care
6 entities, community mental health centers, and substance use disorder
7 services providers.

8 **SECTION 108.** In Colorado Revised Statutes, 27-63-105, **amend**
9 (1) introductory portion, (1)(b)(VII), (1)(b)(IX), and (2) as follows:

10 **27-63-105. Safety net system implementation - safety net**
11 **system criteria.** (1) No later than January 1, 2024, the ~~department~~ BHA
12 shall implement the comprehensive proposal and the funding model
13 developed pursuant to section 27-63-104 (2), which ~~shall~~ MUST meet the
14 following criteria:

15 (b) The safety net system must:

16 (VII) Update information as requested by the ~~department~~ BHA
17 about available treatment options and outcomes in each region of the
18 state;

19 (IX) Meet any other criteria established by the ~~department~~ BHA.

20 (2) The safety net system must have a network of behavioral
21 health-care providers that collectively offer a full continuum of services
22 to ensure individuals with severe behavioral health disorders are triaged
23 in a timely manner to the appropriate care setting if an individual
24 behavioral health-care provider is unable to provide ongoing care and
25 treatment for the individual. The ~~department~~ BHA shall consider
26 community mental health centers, managed service organizations,
27 contractors for the statewide behavioral health crisis response system, and

1 other behavioral health community providers as key elements in the
2 behavioral health safety net system.

3 **SECTION 109.** In Colorado Revised Statutes, **amend** 27-63-106
4 as follows:

5 **27-63-106. Safety net system - effectiveness - report.** (1) From
6 January 1, 2022, until July 1, 2024, the ~~department~~ BHA shall provide an
7 annual report on the progress made by the ~~department~~ BHA on the
8 behavioral health safety net system to the public through the annual
9 hearing, pursuant to the "State Measurement for Accountable,
10 Responsive, and Transparent (SMART) Government Act", part 2 of
11 article 7 of title 2.

12 (2) Notwithstanding section 24-1-136 (11)(a)(I), no later than
13 January 1, 2025, the ~~department~~ BHA shall provide an annual report to
14 the joint budget committee of the general assembly related to the
15 expenditures, outcomes, and effectiveness of the safety net system by
16 service area region, including any recommendations to improve the
17 system and the transparency of the system.

18 **SECTION 110.** In Colorado Revised Statutes, 27-64-102, **add**
19 (1.5) as follows:

20 **27-64-102. Definitions.** As used in this article 64, unless the
21 context otherwise requires:

22 (1.5) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
23 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
24 27-50-102.

25 **SECTION 111.** In Colorado Revised Statutes, 27-64-103, **amend**
26 (1) and (4)(d)(III) as follows:

27 **27-64-103. 988 crisis hotline enterprise - creation - powers and**

1 **duties.** (1) There is created in the ~~department of human services~~
2 BEHAVIORAL HEALTH ADMINISTRATION the 988 crisis hotline enterprise.
3 The enterprise is and operates as a government-owned business within the
4 ~~department of human services~~ BHA for the business purpose of imposing
5 charges pursuant to subsections (4)(a) and (4)(b) of this section, and
6 utilizing the charges' revenue to fund the 988 crisis hotline and provide
7 crisis outreach, stabilization, and acute care to individuals calling the 988
8 crisis hotline. The enterprise exercises its power and performs its duties
9 as if the same were transferred by a **type 1** transfer, as defined in section
10 24-1-105, to the ~~state department~~ BHA.

11 (4) The enterprise's primary powers and duties are to:

12 (d) (III) The ~~department of human services~~ BHA shall provide
13 office space and administrative staff to the enterprise pursuant to a
14 contract entered into pursuant to subsection (4)(d)(II) of this section.

15 **SECTION 112.** In Colorado Revised Statutes, 27-64-105, **amend**
16 (1) introductory portion as follows:

17 **27-64-105. Reports.** (1) Beginning January 1, 2023, and each
18 January 1 thereafter, the ~~department of human services~~ BHA shall:

19 **SECTION 113.** In Colorado Revised Statutes, 27-65-102, **amend**
20 (5.5) and (18); **repeal** (6); and **add** (1.3) and (2.5) as follows:

21 **27-65-102. Definitions.** As used in this article 65, unless the
22 context otherwise requires:

23 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
24 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
25 27-50-102.

26 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
27 BEHAVIORAL HEALTH ADMINISTRATION.

1 (5.5) "Emergency medical services facility" means a facility
2 licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to
3 section 25-1.5-103, or any other licensed and certified facility that
4 provides emergency medical services. An emergency medical services
5 facility is not required to be, but may elect to become, a facility
6 designated or approved by the ~~executive director~~ COMMISSIONER for a
7 seventy-two-hour treatment and evaluation pursuant to section 27-65-105.

8 (6) "~~Executive director~~" means the ~~executive director of the~~
9 ~~department of human services~~.

10 (18) "Residential child care facility" means a facility licensed by
11 the ~~state department of human services~~ pursuant to article 6 of title 26
12 ~~C.R.S.~~, to provide group care and treatment for children as such facility
13 is defined in section 26-6-102 (33). ~~C.R.S.~~ A residential child care facility
14 may be eligible for designation by the ~~executive director of the~~
15 ~~department of human services~~ COMMISSIONER pursuant to this ~~article~~
16 ARTICLE 65.

17 **SECTION 114.** In Colorado Revised Statutes, 27-65-105, **amend**
18 (1)(a)(I), (1)(a)(I.5), (1)(b), (1)(c), (3), (7)(a) introductory portion, and
19 (7)(b)(I) as follows:

20 **27-65-105. Emergency procedure.** (1) Emergency procedure
21 may be invoked under one of the following conditions:

22 (a) (I) When any person appears to have a mental health disorder
23 and, as a result of such mental health disorder, appears to be an imminent
24 danger to others or to himself or herself or appears to be gravely disabled,
25 then an intervening professional, as specified in subsection (1)(a)(II) of
26 this section, upon probable cause and with such assistance as may be
27 required, may take the person into custody, or cause the person to be

1 taken into custody, and placed in a facility designated or approved by the
2 ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment and
3 evaluation. If such a facility is not available, the person may be taken to
4 an emergency medical services facility.

5 (I.5) When any person appears to have a mental health disorder
6 and, as a result of such mental health disorder, is in need of immediate
7 evaluation for treatment in order to prevent physical or psychiatric harm
8 to others or to himself or herself, then an intervening professional, as
9 specified in subsection (1)(a)(II) of this section, upon probable cause and
10 with such assistance as may be required, may immediately transport the
11 person to an outpatient mental health facility or other clinically
12 appropriate facility designated or approved by the ~~executive director~~
13 COMMISSIONER. If such a facility is not available, the person may be taken
14 to an emergency medical services facility.

15 (b) Upon an affidavit sworn to or affirmed before a judge that
16 relates sufficient facts to establish that a person appears to have a mental
17 health disorder and, as a result of the mental health disorder, appears to
18 be an imminent danger to others or to himself or herself or appears to be
19 gravely disabled, the court may order the person described in the affidavit
20 to be taken into custody and placed in a facility designated or approved
21 by the ~~executive director~~ COMMISSIONER for a seventy-two-hour treatment
22 and evaluation. Whenever in this article 65 a facility is to be designated
23 or approved by the ~~executive director~~ COMMISSIONER, hospitals, if
24 available, must be approved or designated in each county before other
25 facilities are approved or designated. Whenever in this article 65 a facility
26 is to be designated or approved by the ~~executive director~~ COMMISSIONER
27 as a facility for a stated purpose and the facility to be designated or

1 approved is a private facility, the consent of the private facility to the
2 enforcement of standards set by the ~~executive director~~ COMMISSIONER is
3 a prerequisite to the designation or approval.

4 (c) Upon an affidavit sworn to or affirmed before a judge that
5 relates sufficient facts to establish that a person appears to have a mental
6 health disorder and, as a result of the mental health disorder, is in need of
7 immediate evaluation for treatment to prevent physical or psychiatric
8 harm to others or to himself or herself, the court may order the person
9 described in the affidavit to be transported to an outpatient mental health
10 facility or other clinically appropriate facility designated or approved by
11 the ~~executive director~~ COMMISSIONER.

12 (3) When a person is taken into emergency custody by an
13 intervening professional pursuant to subsection (1) of this section and is
14 presented to an emergency medical services facility or a facility that is
15 designated or approved by the ~~executive director~~ COMMISSIONER, the
16 facility shall require an application in writing, stating the circumstances
17 under which the person's condition was called to the attention of the
18 intervening professional and further stating sufficient facts, obtained from
19 the intervening professional's personal observations or obtained from
20 others whom he or she reasonably believes to be reliable, to establish that
21 the person has a mental health disorder and, as a result of the mental
22 health disorder, is an imminent danger to others or to himself or herself,
23 is gravely disabled, or is in need of immediate evaluation for treatment.
24 The application must indicate when the person was taken into custody and
25 who brought the person's condition to the attention of the intervening
26 professional. A copy of the application must be furnished to the person
27 being evaluated, and the application must be retained in accordance with

1 the provisions of section 27-65-121 (4).

2 (7) (a) On or before July 1, 2019, and each July 1 thereafter, each
3 emergency medical services facility that has treated a person pursuant to
4 this section shall provide an annual report to the ~~department~~ BHA that
5 includes only aggregate and nonidentifying information concerning
6 persons who were treated at an emergency medical services facility
7 pursuant to this section. The report must comply with the provisions of
8 section 24-1-136 (9) and is exempt from the provisions of section
9 24-1-136 (11)(a)(I). The report must contain the following:

10 (b) (I) Any information aggregated and provided to the
11 ~~department~~ BHA pursuant to this subsection (7) is privileged and
12 confidential. Such information must not be made available to the public
13 except in an aggregate format that cannot be used to identify an individual
14 facility. The information is not subject to civil subpoena and is not
15 discoverable or admissible in any civil, criminal, or administrative
16 proceeding against an emergency medical services facility or health-care
17 professional. The information must be used only to assess statewide
18 behavioral health services needs and to plan for sufficient levels of
19 statewide behavioral health services. In the collection of data to
20 accomplish the requirements of this subsection (7), the ~~department~~ BHA
21 shall protect the confidentiality of patient records, in accordance with
22 state and federal laws, and shall not disclose any public identifying or
23 proprietary information of any hospital, hospital administrator,
24 health-care professional, or employee of a health-care facility.

25 **SECTION 115.** In Colorado Revised Statutes, 27-65-106, **amend**
26 (4) and (6) as follows:

27 **27-65-106. Court-ordered evaluation for persons with mental**

1 **health disorders.** (4) Upon receipt of a petition satisfying the
2 requirements of subsection (3) of this section, the court shall designate a
3 facility, approved by the ~~executive director~~ COMMISSIONER, or a
4 professional person to provide screening of the respondent to determine
5 whether there is probable cause to believe the allegations.

6 (6) Whenever it appears, by petition and screening pursuant to this
7 section, to the satisfaction of the court that probable cause exists to
8 believe that the respondent has a mental health disorder and, as a result
9 of the mental health disorder, is a danger to others or to himself or herself
10 or is gravely disabled and that efforts have been made to secure the
11 cooperation of the respondent, who has refused or failed to accept
12 evaluation voluntarily, the court shall issue an order for evaluation
13 authorizing a certified peace officer to take the respondent into custody
14 and place ~~him or her~~ THE RESPONDENT in a facility designated by the
15 ~~executive director~~ COMMISSIONER for seventy-two-hour treatment and
16 evaluation. At the time of taking the respondent into custody, a copy of
17 the petition and the order for evaluation must be given to the respondent,
18 and promptly thereafter to any one person designated by the respondent
19 and to the person in charge of the seventy-two-hour treatment and
20 evaluation facility named in the order or ~~his or her~~ THE RESPONDENT'S
21 designee.

22 **SECTION 116.** In Colorado Revised Statutes, 27-65-107, **amend**
23 (1)(c) as follows:

24 **27-65-107. Certification for short-term treatment - procedure.**

25 (1) If a person detained for seventy-two hours pursuant to the provisions
26 of section 27-65-105 or a respondent under court order for evaluation
27 pursuant to section 27-65-106 has received an evaluation, he or she may

1 be certified for not more than three months of short-term treatment under
2 the following conditions:

3 (c) The facility ~~which~~ THAT will provide short-term treatment has
4 been designated or approved by the ~~executive director~~ COMMISSIONER to
5 provide such treatment.

6 **SECTION 117.** In Colorado Revised Statutes, 27-65-109, **amend**
7 (1)(c) and (4) as follows:

8 **27-65-109. Long-term care and treatment of persons with**
9 **mental health disorders - procedure.** (1) Whenever a respondent has
10 received short-term treatment for five consecutive months pursuant to the
11 provisions of sections 27-65-107 and 27-65-108, the professional person
12 in charge of the evaluation and treatment may file a petition with the court
13 for long-term care and treatment of the respondent under the following
14 conditions:

15 (c) The facility that will provide long-term care and treatment has
16 been designated or approved by the ~~executive director~~ COMMISSIONER to
17 provide the care and treatment.

18 (4) The court or jury shall determine whether the conditions of
19 subsection (1) of this section are met and whether the respondent has a
20 mental health disorder and, as a result of the mental health disorder, is a
21 danger to others or to himself or herself or is gravely disabled. The court
22 shall thereupon issue an order of long-term care and treatment for a term
23 not to exceed six months, or it shall discharge the respondent for whom
24 long-term care and treatment was sought, or it shall enter any other
25 appropriate order, subject to available appropriations. An order for
26 long-term care and treatment must grant custody of the respondent to the
27 ~~department~~ BHA for placement with an agency or facility designated by

1 the ~~executive director~~ COMMISSIONER to provide long-term care and
2 treatment. When a petition contains a request that a specific legal
3 disability be imposed or that a specific legal right be deprived, the court
4 may order the disability imposed or the right deprived if the court or a
5 jury has determined that the respondent has a mental health disorder or is
6 gravely disabled and that, by reason thereof, the person is unable to
7 competently exercise said right or perform the function as to which the
8 disability is sought to be imposed. Any interested person may ask leave
9 of the court to intervene as a copetitioner for the purpose of seeking the
10 imposition of a legal disability or the deprivation of a legal right.

11 **SECTION 118.** In Colorado Revised Statutes, 27-65-116, **amend**
12 (2) introductory portion, (2)(a), and (2)(d) as follows:

13 **27-65-116. Right to treatment - rules.** (2) The ~~department~~ BHA
14 shall adopt ~~regulations~~ RULES to assure that each agency or facility
15 providing evaluation, care, or treatment shall require the following:

16 (a) Consent for specific therapies and major medical treatment in
17 the nature of surgery. The nature of the consent, by whom it is given, and
18 under what conditions, shall be determined by rules of the ~~department~~
19 BHA.

20 (d) Conduct according to the guidelines contained in the
21 regulations of the federal government and the ~~department~~ RULES OF THE
22 BHA with regard to clinical investigations, research, experimentation,
23 and testing of any kind; and

24 **SECTION 119.** In Colorado Revised Statutes, **amend** 27-65-118
25 as follows:

26 **27-65-118. Administration or monitoring of medications to**
27 **persons receiving care.** The ~~executive director~~ COMMISSIONER has the

1 power to direct the administration or monitoring of medications in
2 conformity with part 3 of article 1.5 of title 25 ~~C.R.S.~~, to persons
3 receiving treatment in facilities created pursuant to this ~~article~~ ARTICLE
4 65.

5 **SECTION 120.** In Colorado Revised Statutes, **amend** 27-65-119
6 as follows:

7 **27-65-119. Employment of persons in a facility - rules.** The
8 ~~department~~ BHA shall adopt rules governing the employment and
9 compensation therefor of persons receiving care or treatment under any
10 provision of this ~~article~~ ARTICLE 65. The ~~department~~ BHA shall establish
11 standards for reasonable compensation for such employment.

12 **SECTION 121.** In Colorado Revised Statutes, 27-65-121, **amend**
13 (1)(d) as follows:

14 **27-65-121. Records.** (1) Except as provided in subsection (2) of
15 this section, all information obtained and records prepared in the course
16 of providing any services pursuant to this article 65 to individuals
17 pursuant to any provision of this article 65 are confidential and privileged
18 matter. The information and records may be disclosed only:

19 (d) If the ~~department~~ BHA has promulgated rules for the conduct
20 of research. Such rules shall include, but not be limited to, the
21 requirement that all researchers must sign an oath of confidentiality. All
22 identifying information concerning individual patients, including names,
23 addresses, telephone numbers, and social security numbers, shall not be
24 disclosed for research purposes.

25 **SECTION 122.** In Colorado Revised Statutes, **amend** 27-65-128
26 as follows:

27 **27-65-128. Administration - rules.** The ~~department~~ BHA shall

1 make such rules as will consistently enforce the provisions of this ~~article~~
2 ARTICLE 65.

3 **SECTION 123.** In Colorado Revised Statutes, **amend** 27-65-131
4 as follows:

5 **27-65-131. Advisory board - service standards and rules.** An
6 advisory board, referred to as the "board" in this section, to the
7 ~~department~~ BHA is established for the purpose of assisting and advising
8 the ~~executive director~~ COMMISSIONER in accordance with section
9 27-65-130 in the development of service standards and rules. The board
10 consists of not less than eleven nor more than fifteen members appointed
11 by the governor. The board includes one representative each from the
12 ~~office of behavioral health~~ BHA, the department of human services, the
13 department of public health and environment, the university of Colorado
14 health sciences center, and a leading professional association of
15 psychiatrists in this state; at least one member representing proprietary
16 skilled health-care facilities; one member representing nonprofit
17 health-care facilities; one member representing the Colorado bar
18 association; one member representing consumers of services for persons
19 with mental health disorders; one member representing families of
20 persons with mental health disorders; one member representing children's
21 health-care facilities; and other persons from both the private and the
22 public sectors who are recognized or known to be interested and informed
23 in the area of the board's purpose and function. In making appointments
24 to the board, the governor is encouraged to include representation by at
25 least one member who is a person with a disability, as defined in section
26 24-34-301 (2.5), a family member of a person with a disability, or a
27 member of an advocacy group for persons with disabilities, provided that

1 the other requirements of this section are met.

2 **SECTION 124.** In Colorado Revised Statutes, 27-66-101, **repeal**
3 (4), (5), and (6); and **add** (1.3) and (1.7) as follows:

4 **27-66-101. Definitions.** As used in this article 66, unless the
5 context otherwise requires:

6 (1.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
7 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
8 27-50-102.

9 (1.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
10 BEHAVIORAL HEALTH ADMINISTRATION.

11 (4) ~~"Department" means the department of human services created~~
12 ~~in section 26-1-105, C.R.S.~~

13 (5) ~~"Executive director" means the executive director of the~~
14 ~~department of human services.~~

15 (6) ~~"Office of behavioral health" means the office of behavioral~~
16 ~~health in the department.~~

17 **SECTION 125.** In Colorado Revised Statutes, **amend** 27-66-102
18 as follows:

19 **27-66-102. Administration - rules.** (1) ~~The executive director~~
20 COMMISSIONER has the power and duty to administer and enforce the
21 provisions of this ~~article~~ ARTICLE 66.

22 (2) ~~The department~~ STATE BOARD OF HUMAN SERVICES may adopt
23 reasonable and proper rules to implement this ~~article~~ ARTICLE 66 in
24 accordance with the provisions of section 24-4-103 ~~C.R.S.~~, and consistent
25 with sections 27-90-102 and 27-90-103.

26 **SECTION 126.** In Colorado Revised Statutes, **amend** 27-66-103
27 as follows:

1 **27-66-103. Community mental health services - purchase**
2 **program.** In order to encourage the development of preventive,
3 treatment, and rehabilitative services through new community mental
4 health programs, the improvement and expansion of existing community
5 mental health services, and the integration of community with state
6 mental health services, there is established a program to purchase
7 community mental health services by the ~~department~~ BHA.

8 **SECTION 127.** In Colorado Revised Statutes, 27-66-104, **amend**
9 **(5); and amend as they will become effective July 1, 2022,** (1), (2)(b),
10 and (3) as follows:

11 **27-66-104. Types of services purchased - limitation on**
12 **payments.** (1) Community mental health services may be purchased
13 from behavioral health entities, clinics, community mental health centers,
14 local general or psychiatric hospitals, and other agencies that have been
15 approved by the ~~executive director~~ COMMISSIONER.

16 (2) (b) The money appropriated for the purposes of this subsection
17 (2) shall be distributed by the ~~executive director~~ COMMISSIONER to
18 approved behavioral health entities, community mental health centers, and
19 other agencies on the basis of need and in accordance with the services
20 provided.

21 (3) Each year the general assembly may appropriate money in
22 addition to the money appropriated for purposes of subsection (2) of this
23 section, which money may be used by the ~~executive director~~
24 COMMISSIONER to assist behavioral health entities and community mental
25 health clinics and centers in instituting innovative programs, in providing
26 mental health services to impoverished areas, and in dealing with crisis
27 situations. The ~~executive director~~ COMMISSIONER shall require that any

1 innovative or crisis programs for which money is allocated pursuant to
2 this subsection (3) be clearly defined in terms of services to be rendered,
3 program objectives, scope and duration of the program, and the maximum
4 amount of money to be provided.

5 (5) If there is a reduction in the financial support of local
6 governmental bodies for community mental health services, the ~~executive~~
7 ~~director~~ COMMISSIONER is authorized to reduce state payments for
8 services in an amount proportional to the reduction in such local financial
9 support.

10 **SECTION 128.** In Colorado Revised Statutes, 27-66-105, **amend**
11 (1) introductory portion and (1)(d); **amend as they will become effective**
12 **July 1, 2022,** (2) introductory portion, (3), and (4); and **repeal as it will**
13 **become effective July 1, 2022,** (1)(g) as follows:

14 **27-66-105. Standards for approval.** (1) In approving or
15 rejecting community mental health clinics for the purchase of behavioral
16 or mental health services, the ~~executive director~~ COMMISSIONER shall:

17 (d) Require that the clinic staff include, wherever feasible, other
18 professional staff workers, such as psychologists, social workers,
19 educational consultants, and nurses, with such qualifications,
20 responsibilities, and time on the job as correspond with the size and
21 capacity of the clinic. The clinic staff may include, with the approval of
22 the ~~executive director~~ COMMISSIONER, such other nonprofessional persons
23 as may be deemed necessary by the clinic board for the proper discharge
24 of its functions.

25 (g) ~~On and after July 1, 2022, require licensure by the department~~
26 ~~of public health and environment pursuant to section 25-27.6-104.~~

27 (2) In approving or rejecting local general or psychiatric hospitals,

1 behavioral health entities, community mental health centers, acute
2 treatment units, and other agencies for the purchase of services not
3 provided by local mental health clinics, including, but not limited to,
4 twenty-four-hour and partial hospitalization, the ~~executive director~~
5 COMMISSIONER shall consider the following factors:

6 (3) In the purchase of services from behavioral health entities or
7 community mental health centers, the ~~executive director~~ COMMISSIONER
8 shall specify levels and types of inpatient, outpatient, consultation,
9 education, and training services and expenditures and shall establish
10 minimum standards for other programs of such centers that are to be
11 supported with state funds.

12 (4) In approving or rejecting behavioral health entities,
13 community mental health clinics, community mental health centers, acute
14 treatment units, local general or psychiatric hospitals, and other agencies
15 for the purchase of services, the ~~executive director~~ COMMISSIONER shall
16 ensure the agencies comply with federal financial participation
17 requirements for ~~department-administered~~ BHA-ADMINISTERED
18 programs.

19 **SECTION 129.** In Colorado Revised Statutes, **repeal** 27-66-108;
20 and **repeal as they will become effective July 1, 2022**, 27-66-106 and
21 27-66-107.

22 **SECTION 130.** In Colorado Revised Statutes, **amend** 27-66-110
23 as follows:

24 **27-66-110. Trauma-informed care standards of approval.** The
25 ~~office of behavioral health~~ BHA shall establish care standards and an
26 approval process that a qualified residential treatment program, as defined
27 in section 26-6-102 (30.5), must meet to ensure that qualified residential

1 treatment programs have a trauma-informed treatment model that
2 addresses the needs of children and youth with serious emotional or
3 behavioral health disorders or disturbances.

4 **SECTION 131.** In Colorado Revised Statutes, 27-66.5-102,
5 **amend** (1) and (2); and **repeal** (4) as follows:

6 **27-66.5-102. Definitions.** As used in this article 66.5, unless the
7 context otherwise requires:

8 (1) ~~"Department" means the Colorado department of human~~
9 ~~services created in section 26-1-105~~ "BEHAVIORAL HEALTH
10 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
11 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

12 (2) ~~"Director" means the director of the office of behavioral health~~
13 "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL
14 HEALTH ADMINISTRATION.

15 (4) ~~"Office" means the office of behavioral health in the~~
16 ~~department of human services.~~

17 **SECTION 132.** In Colorado Revised Statutes, 27-66.5-103,
18 **amend** (1), (5), and (6) as follows:

19 **27-66.5-103. Community transition specialist program -**
20 **program requirements - acceptance of referrals - contract for**
21 **services - rules.** (1) The community transition specialist program is
22 established in the ~~office of behavioral health~~ BEHAVIORAL HEALTH
23 ADMINISTRATION. The program coordinates referrals of high-risk
24 individuals from withdrawal management facilities, facilities providing
25 acute treatment services, facilities providing crisis stabilization services,
26 and hospitals or emergency departments to appropriate transition
27 specialists.

1 (5) The ~~office~~ BHA may contract with a vendor to provide the
2 referral and coordination services required by this article 66.5.

3 (6) The ~~department~~ STATE BOARD OF HUMAN SERVICES may
4 promulgate rules necessary for the implementation of this article 66.5.

5 **SECTION 133.** In Colorado Revised Statutes, 27-66.5-104,
6 **amend** (1) introductory portion and (2) as follows:

7 **27-66.5-104. Data collection and recommendations.** (1) The
8 ~~office~~ BHA shall collect information on the following:

9 (2) On or before January 1, 2020, and on or before January 1 each
10 year thereafter, the ~~office~~ BHA shall analyze the data collected in
11 accordance with subsection (1) of this section and prepare
12 recommendations to increase access to, and coordination of, transition
13 specialist services for high-risk individuals. The recommendations ~~shall~~
14 ~~MUST~~ be reported to the ~~executive director of the department~~
15 COMMISSIONER and ~~shall be~~ included in the reporting requirements in
16 section 27-66.5-105.

17 **SECTION 134.** In Colorado Revised Statutes, **amend**
18 27-66.5-105 as follows:

19 **27-66.5-105. Reporting requirements - "State Measurement**
20 **for Accountable, Responsive, and Transparent (SMART)**
21 **Government Act" report.** The ~~office~~ BHA shall report information on
22 the community transition specialist program in the ~~department's~~ BHA's
23 annual presentation to the general assembly required under the "State
24 Measurement for Accountable, Responsive, and Transparent (SMART)
25 Government Act", part 2 of article 7 of title 2.

26 **SECTION 135.** In Colorado Revised Statutes, 27-67-103, **amend**
27 (1) and (10); **repeal** (12); and **add** (1.5) and (2.5) as follows:

1 **27-67-103. Definitions.** As used in this article 67, unless the
2 context otherwise requires:

3 (1) ~~"Care management" includes, but is not limited to,~~
4 ~~consideration of the continuity of care and array of services necessary for~~
5 ~~appropriately treating a child or youth and the decision-making authority~~
6 ~~regarding the child's or youth's placement in and discharge from~~
7 ~~behavioral health services~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR
8 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED
9 IN SECTION 27-50-102.

10 (1.5) "CARE MANAGEMENT" INCLUDES, BUT IS NOT LIMITED TO,
11 CONSIDERATION OF THE CONTINUITY OF CARE AND ARRAY OF SERVICES
12 NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH AND THE
13 DECISION-MAKING AUTHORITY REGARDING THE CHILD'S OR YOUTH'S
14 PLACEMENT IN AND DISCHARGE FROM BEHAVIORAL HEALTH SERVICES.

15 (2.5) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
16 BEHAVIORAL HEALTH ADMINISTRATION.

17 (10) "Mental health agency" means a behavioral health services
18 contractor through the ~~state department of human services~~ BEHAVIORAL
19 HEALTH ADMINISTRATION serving children and youth statewide or in a
20 particular geographic area, including but not limited to community mental
21 health centers, and with the ability to meet all expectations of this article
22 67.

23 (12) ~~"State department" means the state department of human~~
24 ~~services.~~

25 **SECTION 136.** In Colorado Revised Statutes, 27-67-104, **amend**
26 (1) and (1.5) as follows:

27 **27-67-104. Provision of mental health treatment services for**

1 **children and youth.** (1) (a) A parent or guardian may apply to a mental
2 health agency on behalf of a child or youth for mental health treatment
3 services for the child or youth pursuant to this section, if the parent or
4 guardian believes the child or youth is at risk of out-of-home placement.
5 The parent's or guardian's request for services described in this section
6 may be done with assistance from a family advocate, family systems
7 navigator, nonprofit advocacy organization, or county department;
8 however, the ~~state department~~ BHA is not obligated to pay for any
9 services provided by entities with which they do not contract. In such
10 circumstances, the mental health agency is responsible for evaluating the
11 child or youth and clinically assessing the child's or youth's need for
12 mental health services and, when warranted, to provide treatment services
13 as necessary and in the best interests of the child or youth and the child's
14 or youth's family. When evaluating a child or youth for eligibility, the
15 mental health agency shall use a standardized risk stratification tool, in a
16 manner determined by rule of the state ~~department~~ BOARD OF HUMAN
17 SERVICES. Following the evaluation of the child or youth, the mental
18 health agency shall provide a written notification to the child's or youth's
19 parent or guardian that includes a comprehensive list of potential
20 treatment providers, with a disclosure that the child's or youth's family
21 may choose to seek services from the provider of their choice, including
22 but not limited to the mental health agency. The written notification must
23 also inform the child's or youth's family that they may request assistance
24 from a family advocate, family systems navigator, nonprofit advocacy
25 organization, or county department; however, the ~~state department~~ BHA
26 is not obligated to pay for any services provided by entities with which
27 they do not contract. The ~~state department~~ BHA shall maintain a list of

1 available providers on a public website and shall update the website
2 quarterly. The mental health agency is responsible for the provision of the
3 treatment services and care management, including any residential
4 treatment, community-based care, or any post-residential follow-up
5 services that may be appropriate for the child's or youth's needs or ~~his or~~
6 ~~her~~ THE CHILD'S OR YOUTH'S family's needs. A dependency or neglect
7 action pursuant to article 3 of title 19 is not required in order to allow a
8 family access to residential mental health treatment services for a child or
9 youth.

10 (b) At the time of the assessment by the mental health agency, if
11 requested services are denied, or at the time when the mental health
12 agency has recommended that the child or youth be discharged from
13 services, the mental health agency shall advise the family, both orally and
14 in writing, of the appeal process available to them. The mental health
15 agency shall have two working days within which to complete any
16 internal appeal process. Within five working days after the mental health
17 agency's final denial or recommendation for discharge, a parent or
18 guardian may request an objective third party at the ~~state department~~
19 BHA who is a professional person to review the action of the mental
20 health agency. A family advocate, family systems navigator, nonprofit
21 advocacy organization, or county department may assist a family in filing
22 an appeal; however, the ~~state department~~ BHA is not obligated to pay for
23 any services provided by entities with which they do not contract. The
24 review must occur within three working days of the parent's or guardian's
25 request. The professional person shall determine if the requested services
26 are appropriate.

27 (1.5) (a) The parent or guardian of a medicaid child or youth who

1 is at risk of out-of-home placement may request, within five days after all
2 first-level medicaid appeals processes are exhausted, an objective third
3 party at the ~~state department~~ BHA who is a professional person to review
4 the service request made to medicaid. A family advocate, family system
5 navigator, or county department may assist a family in filing an appeal.
6 The review must occur within three working days of the parent's or
7 guardian's request.

8 (b) The administrative law judge considering the medicaid appeal
9 for the medicaid child or youth who is at risk of out-of-home placement
10 shall take into consideration the objective third-party review by the ~~state~~
11 ~~department~~ BHA as part of ~~his or her~~ THE ADMINISTRATIVE LAW JUDGE'S
12 reconsideration and decision of the medicaid service request.

13 **SECTION 137.** In Colorado Revised Statutes, 27-67-105, **amend**
14 (1) introductory portion, (1)(e), (1)(f), (1)(h), and (2) as follows:

15 **27-67-105. Monitoring - reports.** (1) On or before September 1,
16 2018, and by September 1 of each year thereafter, each mental health
17 agency shall report to the ~~state department~~ BHA the following
18 information:

19 (e) The demographic information of the children, youth, and
20 families served, as outlined by the ~~state department~~ BHA;

21 (f) The outcomes of treatment for the children and youth served,
22 as determined by the ~~state department~~ BHA in consultation with mental
23 health agencies, service providers, and families;

24 (h) The aggregate number of third-party reviews completed by the
25 ~~state department~~ BHA for children served pursuant to this article 67,
26 delineated by children who are and are not categorically eligible for
27 medicaid.

1 (2) On or after January 1, 2019, the ~~state department~~ BHA shall
2 make the information obtained pursuant to subsection (1) of this section
3 available to the public by posting it to the ~~state department's~~ BHA's
4 website. Any information so posted must not include any personal health
5 information.

6 **SECTION 138.** In Colorado Revised Statutes, 27-67-107, **amend**
7 (1) as follows:

8 **27-67-107. Dispute resolution - rules.** (1) The ~~state department~~
9 BHA shall utilize, when appropriate, established grievance and dispute
10 resolution processes in order to assure that parents have access to mental
11 health services on behalf of their children.

12 **SECTION 139.** In Colorado Revised Statutes, 27-67-109, **amend**
13 (2) introductory portion, (2)(a), and (3) as follows:

14 **27-67-109. Child and youth mental health services standards**
15 **- advisory board.** (2) An advisory board to the ~~state department~~ BHA is
16 established for the purpose of assisting and advising the ~~executive~~
17 ~~director~~ COMMISSIONER in accordance with this section in the
18 development of service standards and rules. The advisory board consists
19 of not less than eleven nor more than fifteen members appointed by the
20 ~~state department~~ BHA as follows:

21 (a) One representative each from the ~~office of behavioral health~~
22 BHA; the office of children, youth, and families; the department of health
23 care policy and financing; and a leading professional association of
24 psychiatrists in this state;

25 (3) In making appointments to the advisory board, the ~~state~~
26 ~~department~~ BHA must include representation by at least one member who
27 is a person with a disability, a family member of a person with a

1 disability, or a member of an advocacy group for persons with disabilities,
2 provided that the other requirements of subsection (2) of this section are
3 met.

4 **SECTION 140.** In Colorado Revised Statutes, 27-70-102, **amend**
5 (1); and **repeal** (4) as follows:

6 **27-70-102. Definitions.** As used in this article 70, unless the
7 context otherwise requires:

8 (1) ~~"Department" means the department of human services created~~
9 ~~in section 26-1-105 "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA"~~
10 MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN
11 SECTION 27-50-102.

12 (4) ~~"Office" means the office of behavioral health in the~~
13 ~~department of human services.~~

14 **SECTION 141.** In Colorado Revised Statutes, 27-70-103, **amend**
15 (1)(a), (2) introductory portion, (2)(a), (2)(b), (2)(c), (2)(d)(I), (2)(e), and
16 (3)(a) as follows:

17 **27-70-103. Medication consistency for individuals with**
18 **behavioral or mental health disorders in the criminal and juvenile**
19 **justice systems - medication formulary - cooperative purchasing -**
20 **reporting - rules.** (1) (a) Beginning December 1, 2017, the ~~department~~
21 ~~of human services~~ STATE BOARD OF HUMAN SERVICES, in consultation
22 with the department of corrections, shall promulgate rules that require
23 providers under ~~each department's~~ THE DEPARTMENT'S AND THE BHA'S
24 authority to use a medication formulary that has been developed
25 collaboratively by departments, agencies, and providers. Public hospitals
26 and licensed private hospitals may also, at their discretion, participate in
27 the medication formulary. Using consulting services as necessary, the

1 ~~departments~~ DEPARTMENT AND THE BHA shall also develop processes for
2 education and marketing related to information regarding the medication
3 formulary and cooperative purchasing opportunities for facilities and
4 providers. ~~The processes for education and marketing required pursuant~~
5 ~~to this subsection (1) shall be completed on or before December 1, 2017.~~

6 (2) Beginning July 1, 2018, the ~~office~~ BHA shall have the
7 following duties and responsibilities, subject to available appropriations:

8 (a) On or before September 1, 2018, and every September 1 of
9 every even-numbered year thereafter, the ~~office~~ BHA shall conduct a
10 review of the medication formulary to address any urgent concerns related
11 to the formulary and to propose updates to the formulary. During this
12 review, the ~~office~~ BHA shall also create the appropriate notification
13 process for updates to the formulary.

14 (b) On or before July 1, 2019, and every two years thereafter as
15 necessary, the ~~office~~ BHA shall conduct a review of the medication
16 formulary to update the medication formulary and ensure compliance
17 with the medicaid formulary used by the department of health care policy
18 and financing.

19 ~~On or before September 1, 2018, the office~~ THE BHA, in
20 collaboration with the office of information technology, the office of
21 e-health innovation, the department of health care policy and financing,
22 the department of public safety, the department of corrections, and other
23 agencies as appropriate, shall develop a plan by which the patient-specific
24 information required by subsection (1)(b) of this section can be shared
25 electronically, while still in compliance with confidentiality requirements,
26 including any necessary memorandums of understanding between
27 providers, set forth in the federal "Health Insurance Portability and

1 Accountability Act of 1996", 45 CFR ~~parts~~ 2, 160, 162, and 164.

2 (d) (I) The ~~office~~ BHA shall encourage providers that have been
3 granted purchasing authority by the department of personnel pursuant to
4 section 24-102-204 to utilize cooperative purchasing for the medication
5 formulary, as authorized pursuant to section 24-110-201, unless the
6 provider can obtain the medication elsewhere at a lower cost. The use of
7 cooperative purchasing may, and is encouraged to, include external
8 procurement activity, as defined in section 24-110-101 (2), if the external
9 procurement activity aggregates purchasing volume to negotiate discounts
10 with manufacturers, distributors, and other vendors.

11 (e) The ~~office~~ BHA shall investigate and develop options for
12 collaboration with local county jails to coordinate medication purchasing.

13 (3) (a) Beginning in January 2019, and every January thereafter,
14 the ~~department of human services~~ BHA and the department of corrections
15 shall report progress on the implementation and use of the medication
16 formulary and cooperative purchasing as part of ~~each~~ THE BHA'S AND
17 department's "State Measurement for Accountable, Responsive, and
18 Transparent (SMART) Government Act" hearing required by section
19 2-7-203. ~~Each department~~ THE DEPARTMENT AND THE BHA shall make
20 such reports to the joint health and human services committee and the
21 joint judiciary committee, or any successor committees.

22 **SECTION 142.** In Colorado Revised Statutes, 27-80-101, **amend**
23 (1) and (2); **repeal** (3) and (4.7); and **add** (2.3) and (2.6) as follows:

24 **27-80-101. Definitions.** As used in this article 80, unless the
25 context otherwise requires:

26 (1) "~~Department~~" means the department of human services created
27 ~~in section 26-1-105, C.R.S.~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR

1 "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED
2 IN SECTION 27-50-102.

3 (2) ~~"Designated service area" means the geographical substate~~
4 ~~planning area specified by the director of the office of behavioral health~~
5 ~~to be served by a designated managed service organization, as described~~
6 ~~in section 27-80-107~~ "COMMISSIONER" MEANS THE COMMISSIONER OF THE
7 BEHAVIORAL HEALTH ADMINISTRATION.

8 (2.3) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN
9 SERVICES CREATED IN SECTION 26-1-105.

10 (2.6) "DESIGNATED SERVICE AREA" MEANS THE GEOGRAPHICAL
11 SUBSTATE PLANNING AREA SPECIFIED BY THE COMMISSIONER TO BE
12 SERVED BY A DESIGNATED MANAGED SERVICE ORGANIZATION, AS
13 DESCRIBED IN SECTION 27-80-107.

14 (3) ~~"Executive director" means the executive director of the~~
15 ~~department of human services.~~

16 (4.7) ~~"Office of behavioral health" means the office of behavioral~~
17 ~~health in the department.~~

18 **SECTION 143.** In Colorado Revised Statutes, **repeal** 27-80-102.

19 **SECTION 144.** In Colorado Revised Statutes, 27-80-103, **amend**
20 (1), (3) introductory portion, (3)(e), (4), and (5) as follows:

21 **27-80-103. Grants for public programs.** (1) ~~The office of~~
22 ~~behavioral health~~ BHA may make grants, from money appropriated by the
23 general assembly for purposes of this section or available from any other
24 governmental or private source, to approved public programs.

25 (3) In approving any public program, ~~the office of behavioral~~
26 ~~health~~ BHA shall take into consideration the following:

27 (e) Any other information ~~the office of behavioral health~~ BHA

1 deems necessary.

2 (4) Applications for grants made pursuant to subsection (1) of this
3 section are made to the ~~office of behavioral health~~ BHA, on forms
4 furnished by the ~~office of behavioral health~~ BHA, and must contain any
5 information the ~~office of behavioral health~~ BHA requires. Wherever
6 possible, the ~~office of behavioral health~~ BHA shall give priority to public
7 programs that are community-based and include services to children and
8 juveniles as well as adults, that provide a comprehensive range of
9 services, and that evidence a high degree of community support, either
10 financial or in the furnishing of services and facilities, or both.

11 (5) Whenever THE BHA OR any department or agency of the state
12 has money available from any source for public programs, the ~~department~~
13 ~~or agency~~ BHA, DEPARTMENT, OR AGENCY is authorized to distribute the
14 money in accordance with the state plan and to make reasonable rules for
15 the administration of the public programs.

16 **SECTION 145.** In Colorado Revised Statutes, 27-80-104, **amend**
17 (1) introductory portion, (1)(c), and (2) as follows:

18 **27-80-104. Cancellation of grants.** (1) The ~~office of behavioral~~
19 ~~health~~ BHA may cancel a grant for any public program for any of the
20 following reasons:

21 (c) The public program does not meet the standards or
22 requirements adopted by the ~~department~~ BHA or does not conform to the
23 comprehensive state plan for substance use disorder treatment programs.

24 (2) Before canceling a grant for the reasons set forth in subsection
25 (1)(c) of this section, the ~~office of behavioral health~~ BHA shall notify the
26 person or agency in charge of the public program of the deficiency in the
27 program, and the person or agency must be given a reasonable amount of

1 time ~~in which~~ to correct the deficiency.

2 **SECTION 146.** In Colorado Revised Statutes, 27-80-106, **amend**
3 (1) and (2)(a) as follows:

4 **27-80-106. Purchase of prevention and treatment services.**

5 (1) Using money appropriated for purposes of this section or available
6 from any other governmental or private source, the ~~office of behavioral~~
7 ~~health~~ BHA may purchase services for prevention or for THE treatment of
8 alcohol and drug abuse or substance use disorders or both types of
9 services on a contract basis from any tribal nation or any public or private
10 agency, organization, or institution approved by the ~~office of behavioral~~
11 ~~health~~ BHA. The services purchased may be any of those provided
12 through a public program, as set forth in section 27-80-103 (2). In
13 contracting for services, the ~~office of behavioral health~~ BHA shall attempt
14 to obtain services that are in addition to, and not a duplication of, existing
15 available services or services that are of a pilot or demonstration nature.
16 An agency operating a public program may also purchase services on a
17 contract basis.

18 (2) (a) In addition to the services purchased pursuant to subsection
19 (1) of this section, using money appropriated for purposes of this section
20 or available from any other governmental or private source, the ~~office of~~
21 ~~behavioral health~~ BHA may purchase services for the treatment of alcohol
22 and drug abuse or substance use disorders on a contract basis from a
23 designated managed service organization for a designated service area as
24 set forth in section 27-80-107. A public or private agency, organization,
25 or institution approved by the ~~office of behavioral health~~ BHA through
26 the process set forth in section 27-80-107 may be designated as a
27 designated managed service organization.

1 **SECTION 147.** In Colorado Revised Statutes, 27-80-107, **amend**
2 (1), (2) introductory portion, (2)(b), (2)(d), (3), (4), (5), and (7) as
3 follows:

4 **27-80-107. Designation of managed service organizations -**
5 **purchase of services - revocation of designation.** (1) The ~~director of~~
6 ~~the office of behavioral health~~ COMMISSIONER shall establish designated
7 service areas to provide substance use disorder treatment and recovery
8 services in a particular geographical region of the state.

9 (2) To be selected as a designated managed service organization
10 to provide services in a particular designated service area, a private
11 corporation; for profit or not for profit; or a public agency, organization,
12 or institution shall apply to the ~~office of behavioral health~~ BHA for a
13 designation in the form and manner specified by the ~~executive director~~
14 COMMISSIONER or the ~~executive director's~~ COMMISSIONER'S designee. The
15 designation process is in lieu of a competitive bid process pursuant to the
16 "Procurement Code", articles 101 to 112 of title 24. The ~~director of the~~
17 ~~office of behavioral health~~ COMMISSIONER shall make the designation
18 based on factors established by the ~~executive director~~ COMMISSIONER or
19 the ~~executive director's~~ COMMISSIONER'S designee. The factors for
20 designation established by the ~~executive director~~ COMMISSIONER or the
21 ~~executive director's~~ COMMISSIONER'S designee include the following:

22 (b) Whether the managed service organization has experience
23 working with publicly funded clients, including expertise in treating
24 priority populations designated by the ~~office of behavioral health~~ BHA;

25 (d) Whether the managed service organization has experience
26 using the cost-share principles used by the ~~office of behavioral health~~
27 BHA in its contracts with providers and is willing to cost-share;

1 (3) The designation of a managed service organization by the
2 ~~director of the office of behavioral health~~ COMMISSIONER, as described in
3 subsection (2) of this section, is an initial decision of the ~~department~~
4 BHA, which may be reviewed by the ~~executive director~~ COMMISSIONER
5 in accordance with the provisions of section 24-4-105. Review by the
6 ~~executive director~~ COMMISSIONER in accordance with section 24-4-105
7 constitutes final agency action for purposes of judicial review.

8 (4) (a) The terms and conditions for providing substance use
9 disorder treatment and recovery services must be specified in the contract
10 entered into between the ~~office of behavioral health~~ BHA and the
11 designated managed service organization. Contracts entered into between
12 the ~~office of behavioral health~~ BHA and the designated managed service
13 organization must include terms and conditions prohibiting a designated
14 managed service organization contracted treatment provider from denying
15 or prohibiting access to medication-assisted treatment, as defined in
16 section 23-21-803, for a substance use disorder.

17 (b) Contracts entered into between the ~~office of behavioral health~~
18 BHA and the designated managed service organization must include
19 terms and conditions that outline the expectations for the designated
20 managed service organization to invest in the state's recovery services
21 infrastructure, which include peer-run recovery support services and
22 specialized services for underserved populations. Investments are based
23 on available appropriations.

24 (5) The contract may include a provisional designation for ninety
25 days. At the conclusion of the ninety-day provisional period, the ~~director~~
26 ~~of the office of behavioral health~~ COMMISSIONER may choose to revoke
27 the contract or, subject to meeting the terms and conditions specified in

1 the contract, may choose to extend the contract for a stated time period.

2 (7) (a) The ~~director of the office of behavioral health~~
3 COMMISSIONER may revoke the designation of a designated managed
4 service organization upon finding that the managed service organization
5 is in violation of the performance of the provisions of or rules
6 promulgated pursuant to this article 80. The revocation must conform to
7 the provisions and procedures specified in article 4 of title 24, and occur
8 only after notice and an opportunity for a hearing is provided as specified
9 in article 4 of title 24. A hearing to revoke a designation as a designated
10 managed service organization constitutes final agency action for purposes
11 of judicial review.

12 (b) Once a designation has been revoked pursuant to subsection
13 (7)(a) of this section, the ~~director of the office of behavioral health~~
14 COMMISSIONER may designate one or more service providers to provide
15 the treatment services pending designation of a new designated managed
16 service organization or may enter into contracts with subcontractors to
17 provide the treatment services.

18 (c) From time to time, the ~~director of the office of behavioral~~
19 ~~health~~ COMMISSIONER may solicit applications from applicants for
20 managed service organization designation to provide substance use
21 disorder treatment and recovery services for a specified planning area or
22 areas.

23 **SECTION 148.** In Colorado Revised Statutes, 24-80-107.5,
24 **amend** (3), (4)(b), (4)(c), (5)(a), (5)(b), and (7); and **repeal** (4)(a), (4)(d),
25 (5)(c), and (6) as follows:

26 **27-80-107.5. Increasing access to effective substance use**
27 **disorder services act - managed service organizations - substance use**

1 **disorder services - assessment - community action plan - allocations**

2 **- reporting requirements - evaluation.** (3) (a) On or before March 1,

3 2017, each managed service organization that has completed a community

4 assessment pursuant to subsection (2) of this section shall prepare and

5 submit in electronic format to the ~~department~~ BHA and the department of

6 health care policy and financing a community action plan to increase

7 access to effective substance use disorder services, referred to in this

8 section as the "community action plan". The community action plan must

9 summarize the results of the community assessment and include a

10 description of how the managed service organization will utilize its

11 allocation of funding from the marijuana tax cash fund created in section

12 39-28.8-501 ~~C.R.S.~~, to address the most critical service gaps in its

13 geographic region and a timeline for implementation of the community

14 action plan.

15 (b) A managed service organization may periodically update its

16 community action plan to reflect changes in community needs and

17 priorities. Any such updated plan must be submitted in electronic format

18 to the ~~department~~ BHA and the department of health care policy and

19 financing.

20 (c) On or before May 1, 2017, the ~~department~~ BHA shall post the

21 community action plans from the managed service organizations

22 developed pursuant to ~~paragraph (a) of this subsection (3)~~ SUBSECTION

23 (3)(a) OF THIS SECTION on its website. On or before May 1, 2017, the

24 ~~department~~ BHA shall submit a report summarizing all of the community

25 action plans received from the managed service organizations to the joint

26 budget committee, the health and human services committee of the

27 senate, and the public AND BEHAVIORAL health ~~care~~ and human services

1 committee of the house of representatives, or any successor committees.
2 The ~~department~~ BHA shall post on its website any updated community
3 action plans received pursuant to ~~paragraph (b) of this subsection (3)~~
4 SUBSECTION (3)(b) OF THIS SECTION.

5 (4) (a) ~~On July 1, 2016, the department shall disburse to each~~
6 ~~designated managed service organization sixty percent of the designated~~
7 ~~managed service organization's allocation from the money appropriated~~
8 ~~from the marijuana tax cash fund. Each designated managed service~~
9 ~~organization that conducts a community assessment and prepares a~~
10 ~~community action plan pursuant to subsection (3) of this section may use~~
11 ~~up to fifteen percent of its state fiscal year 2016-17 allocation from the~~
12 ~~marijuana tax cash fund for such purposes and the remainder for~~
13 ~~substance use disorder services. The department shall disburse the~~
14 ~~remaining forty percent of the designated managed service organization's~~
15 ~~marijuana tax cash fund allocation to each designated managed service~~
16 ~~organization after the submission of its community action plan.~~

17 (b) On July 1, 2017, and on every July 1 thereafter, the ~~department~~
18 BHA shall disburse to each designated managed service organization that
19 has submitted a community action plan one hundred percent of the
20 designated managed service organization's allocation from the money
21 appropriated from the marijuana tax cash fund.

22 (c) It is the intent of the general assembly that each designated
23 managed service organization use money allocated to it from the
24 marijuana tax cash fund to cover expenditures for substance use disorder
25 services that are not otherwise covered by public or private insurance.
26 ~~Except as provided in subsection (4)(a) of this section,~~ Each managed
27 service organization may use its allocation from the marijuana tax cash

1 fund to implement its community action plan, including expenditures for
2 substance use disorder services and for any start-up costs or other
3 expenses necessary to increase capacity to provide such services. A
4 designated managed service organization must spend its allocation in the
5 state fiscal year in which it is received or in the next state fiscal year
6 thereafter. If there is any money from the allocation remaining after the
7 second state fiscal year, then the designated managed service organization
8 shall return the money to the ~~department~~ BHA. If an enhanced residential
9 and inpatient substance use disorder treatment and medical detoxification
10 services benefit becomes available under the Colorado medical assistance
11 program, managed service organizations shall determine to what extent
12 money allocated from the marijuana tax cash fund may be used to assist
13 in providing substance use disorder treatment, including residential and
14 inpatient substance use disorder treatment and medical detoxification
15 services, if those services are not otherwise covered by public or private
16 insurance.

17 ~~(d) (I) For state fiscal year 2016-17, and each state fiscal year~~
18 ~~thereafter, the department shall allocate money that is annually~~
19 ~~appropriated to it from the marijuana tax cash fund to the designated~~
20 ~~managed service organizations based on the department's allocation of the~~
21 ~~federal substance abuse prevention and treatment block grant to~~
22 ~~geographical areas for the same state fiscal year. Any money from the~~
23 ~~marijuana tax cash fund that is allocated in accordance with this~~
24 ~~subsection (4)(d)(I) and that is not expended by a managed service~~
25 ~~organization in the state fiscal year in which it is disbursed remains~~
26 ~~available for expenditure by the department in the next state fiscal year~~
27 ~~without further appropriation.~~

1 ~~(H) For state fiscal year 2017-18 and each fiscal year thereafter,~~
2 ~~the department shall modify the allocation methodology set forth in~~
3 ~~subparagraph (I) of this paragraph (d) if the designated managed service~~
4 ~~organizations recommend, by consensus, a change. Any such~~
5 ~~recommendation must be submitted to the department by February 28~~
6 ~~prior to the state fiscal year in which the change would apply.~~

7 (5) (a) On or before September 1, 2017, and on or before each
8 September 1 thereafter, each designated managed service organization
9 shall submit an annual report to the ~~department~~ BHA, the joint budget
10 committee, the health and human services committee of the senate, and
11 the public AND BEHAVIORAL health ~~care~~ and human services committee
12 of the house of representatives, or their successor committees, concerning
13 the amount and purpose of actual expenditures made using money from
14 the marijuana tax cash fund in the previous state fiscal year. The report
15 must contain a description of the impact of the expenditures on
16 addressing the needs that were identified in the initial and any subsequent
17 community assessments and action plans developed pursuant to
18 subsection (3) of this section, as well as any other requirements
19 established for the contents of the report by the ~~department~~ BHA.

20 (b) A designated managed service organization shall provide the
21 ~~department~~ BHA with information about actual expenditures as required
22 by the ~~department~~ BHA.

23 ~~(c) On or before November 1, 2020, the department, in~~
24 ~~collaboration with the designated managed service organizations, shall~~
25 ~~submit a report to the joint budget committee and the joint health and~~
26 ~~human services committee, or any successor committees. The report must:~~

27 ~~(I) Summarize expenditures made by the designated managed~~

1 ~~service organizations using money made available pursuant to this section~~
2 ~~for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;~~

3 ~~(H) Describe the impact the expenditures have had on increasing~~
4 ~~statewide access to a continuum of effective substance use disorder~~
5 ~~services, including the availability of prevention, intervention, treatment,~~
6 ~~and recovery support services in each designated service area; and~~

7 ~~(HH) Include any recommendations to strengthen or improve the~~
8 ~~program.~~

9 ~~(6) (a) On or before November 1, 2016, the department shall enter~~
10 ~~into a contract with an evaluation contractor to study the effectiveness of~~
11 ~~intensive residential treatment of substance use disorders provided~~
12 ~~through managed service organizations. The department and the~~
13 ~~department of health care policy and financing shall collaborate with the~~
14 ~~evaluation contractor on the design of the evaluation so that the data and~~
15 ~~analyses will be of maximum benefit for evaluating whether the medicaid~~
16 ~~behavioral health benefit should be expanded to include intensive~~
17 ~~residential treatment for substance use disorders.~~

18 ~~(b) Prior to entering into a contract for the evaluation of intensive~~
19 ~~residential treatment of substance use disorders provided through~~
20 ~~managed service organizations, the department shall seek input from~~
21 ~~managed service organizations and residential substance use disorder~~
22 ~~treatment providers concerning relevant outcome measures to be used by~~
23 ~~the evaluation contractor in the study.~~

24 ~~(c) On or before February 1, 2019, the department shall submit a~~
25 ~~copy of the evaluation contractor's final report to the joint budget~~
26 ~~committee, the health and human services committee of the senate, and~~
27 ~~the public health care and human services committee of the house of~~

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

2 (7) Notwithstanding section 24-1-136 (1)(a)(I), the ~~department~~
3 BHA shall report on outcomes related to the implementation of this
4 section as part of its annual "State Measurement for Accountable,
5 Responsive, and Transparent (SMART) Government Act" hearing
6 required by section 2-7-203, beginning with the hearing that precedes the
7 2019 legislative session.

8 **SECTION 149.** In Colorado Revised Statutes, 27-80-108, **amend**
9 (1)(c) and (1)(d) as follows:

10 **27-80-108. Rules.** (1) The state board of human services, created
11 in section 26-1-107, has the power to promulgate rules governing the
12 provisions of this article 80. The rules may include, but are not limited to:

13 (c) Requirements for public and private agencies, organizations,
14 and institutions from which the ~~office of behavioral health~~ BHA may
15 purchase services pursuant to section 27-80-106 (1), which requirements
16 must include prohibiting the purchase of services from entities that deny
17 or prohibit access to medical services or substance use disorder treatment
18 and services to persons who are participating in prescribed
19 medication-assisted treatment, as defined in section 23-21-803, for a
20 substance use disorder;

21 (d) Requirements for managed service organizations that are
22 designated by the ~~director of the office of behavioral health~~
23 COMMISSIONER to provide services in a designated service area pursuant
24 to section 27-80-106 (2);

25 **SECTION 150.** In Colorado Revised Statutes, **amend** 27-80-109
26 as follows:

27 **27-80-109. Coordination of state and federal funds and**

1 **programs.** (1) Requests for state appropriations for substance use
2 disorder treatment programs must be submitted to the ~~office of behavioral~~
3 ~~health~~ BHA and the office of state planning and budgeting on dates
4 specified by the ~~office of behavioral health~~ BHA, consistent with
5 requirements and procedures of the office of state planning and
6 budgeting. After studying each request, the ~~office of behavioral health~~
7 BHA shall make a report with its comments and recommendations,
8 including priorities for appropriations and a statement as to whether the
9 requested appropriation would be consistent with the comprehensive state
10 plan for substance use disorder treatment programs. The ~~office of~~
11 ~~behavioral health~~ BHA shall submit its reports to the governor, the office
12 of state planning and budgeting, and the joint budget committee, together
13 with all pertinent material on which the report's recommendations are
14 based.

15 (2) The ~~office of behavioral health~~ BHA shall also review
16 applications for federal grants for substance use disorder treatment
17 programs submitted by any department or agency of state government;
18 political subdivision of the state; Indian tribal reservation; or other public
19 or private agency, organization, or institution. The ~~office of behavioral~~
20 ~~health~~ BHA shall transmit to the division of planning and to the
21 appropriate United States agency its comments and recommendations,
22 together with a statement as to whether the grant would be consistent with
23 the comprehensive state plan for substance use disorder treatment
24 programs.

25 **SECTION 151.** In Colorado Revised Statutes, **amend** 27-80-111
26 as follows:

27 **27-80-111. Counselor training - fund created - rules.** (1) The

1 ~~executive director~~ COMMISSIONER shall establish by rule fees to be
2 charged for addiction counselor training. The amount assessed must be
3 sufficient to cover a portion of the costs of administering the training, and
4 the money collected must be deposited in the addiction counselor training
5 fund. Additional funding may be obtained from general, cash, or federal
6 funds otherwise appropriated to the ~~office of behavioral health~~ BHA.

7 (2) There is created in the office of the state treasurer the
8 addiction counselor training fund, referred to in this section as the "fund".
9 Money collected pursuant to subsection (1) of this section shall be
10 deposited in the fund. The money in the fund is subject to annual
11 appropriation by the general assembly to the ~~department for allocation to~~
12 ~~the office of behavioral health~~ BHA for the administration of addiction
13 counselor training requirements established by rules of the state board of
14 human services pursuant to section 27-80-108 (1)(e). Money in the fund
15 at the end of the fiscal year must remain in the fund and not revert to the
16 general fund.

17 **SECTION 152.** In Colorado Revised Statutes, 27-80-112, **amend**
18 (2) as follows:

19 **27-80-112. Legislative declaration - treatment program for**
20 **high-risk pregnant women - creation.** (2) In recognition of such
21 problems, there is hereby created a treatment program for high-risk
22 pregnant women IN THE BEHAVIORAL HEALTH ADMINISTRATION.

23 **SECTION 153.** In Colorado Revised Statutes, **amend** 27-80-113
24 as follows:

25 **27-80-113. Substance use and addiction counseling and**
26 **treatment - necessary components.** Any entity that qualifies to provide
27 services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment

1 program for high-risk pregnant women, shall make available, in addition
2 to substance use and addiction counseling and treatment: Risk assessment
3 services; care coordination; nutrition assessment; psychosocial
4 counseling; intensive health education, including parenting education and
5 education on risk factors and appropriate health behaviors; home visits;
6 transportation services; and other services deemed necessary by the ~~office~~
7 ~~of behavioral health~~ BHA and the department of health care policy and
8 financing.

9 **SECTION 154.** In Colorado Revised Statutes, 27-80-117, **amend**
10 (2)(a)(I) introductory portion, (2)(a)(II), (2)(b), (2)(c), and (3) as follows:

11 **27-80-117. Rural alcohol and substance abuse prevention and**
12 **treatment program - creation - administration - cash fund -**
13 **definitions - repeal.** (2) (a) (I) There is created the rural alcohol and
14 substance abuse prevention and treatment program in the ~~office of~~
15 ~~behavioral health~~ BHA to provide:

16 (II) The ~~office of behavioral health~~ BHA shall administer the
17 program pursuant to rules adopted by the state board of human services
18 as of January 1, 2010, or as amended by the state board.

19 (b) The ~~office of behavioral health~~ BHA shall incorporate
20 provisions to implement the program into its regular contracting
21 mechanism for the purchase of prevention and treatment services
22 pursuant to section 27-80-106, including detoxification programs. The
23 ~~office of behavioral health~~ BHA shall develop a method to equitably
24 distribute and provide additional money through contracts to provide for
25 prevention services for and treatment of persons in rural areas.

26 (c) Notwithstanding any provision of this section to the contrary,
27 the ~~office of behavioral health~~ BHA shall implement the program on or

1 after January 1, 2011, subject to the availability of sufficient money to
2 operate an effective program, as determined by the ~~office~~ BHA.

3 (3) (a) There is created in the state treasury the rural alcohol and
4 substance abuse cash fund, referred to in this section as the "fund", that
5 consists of the rural youth alcohol and substance abuse prevention and
6 treatment account, referred to in this section as the "youth account", and
7 the rural detoxification account, referred to in this section as the
8 "detoxification account". The fund is comprised of money collected from
9 surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307
10 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges
11 must be divided equally between the youth account and the detoxification
12 account. The fund also includes any money credited to the fund pursuant
13 to subsection (3)(b) of this section. Money in the fund credited pursuant
14 to subsection (3)(b) of this section must be divided equally between the
15 youth account and the detoxification account unless the grantee or donor
16 specifies to which account the grant, gift, or donation is to be credited.
17 The money in the fund is subject to annual appropriation by the general
18 assembly to the ~~office of behavioral health~~ BHA for the purpose of
19 implementing the program. All interest derived from the deposit and
20 investment of money in the fund remains in the fund. Any unexpended or
21 unencumbered money remaining in the fund at the end of a fiscal year
22 remains in the fund and shall not be transferred or credited to the general
23 fund or another fund; except that any unexpended and unencumbered
24 money remaining in the fund as of August 30, 2025, is credited to the
25 general fund.

26 (b) The ~~office of behavioral health~~ BHA is authorized to accept
27 grants, gifts, or donations from any private or public source on behalf of

1 the state for the purpose of the program. The ~~office of behavioral health~~
2 BHA shall transmit all private and public money received through grants,
3 gifts, or donations to the state treasurer, who shall credit the same to the
4 fund.

5 **SECTION 155.** In Colorado Revised Statutes, 27-80-119, **amend**
6 (3), (4), (6) introductory portion, (6)(f), (7), and (8) as follows:

7 **27-80-119. Care navigation program - creation - reporting -**
8 **rules - legislative declaration - definition.** (3) Subject to available
9 appropriations, the ~~department~~ BHA shall implement a care navigation
10 program to assist engaged clients in obtaining access to treatment for
11 substance use disorders. At a minimum, services available statewide must
12 include independent screening of the treatment needs of the engaged
13 client using nationally recognized screening criteria to determine the
14 correct level of care; the identification of licensed or accredited substance
15 use disorder treatment options, including social and medical
16 detoxification services, medication-assisted treatment, and inpatient and
17 outpatient treatment programs; and the availability of various treatment
18 options for the engaged client.

19 (4) To implement the care navigation program, the ~~office~~ BHA
20 shall include care navigation services in the twenty-four-hour telephone
21 crisis service created pursuant to section 27-60-103. The contractor
22 selected by the ~~office~~ BHA must provide care navigation services to
23 engaged clients statewide. Care navigation services must be available
24 twenty-four hours a day and must be accessible through various formats.
25 The contractor shall coordinate services in conjunction with other state
26 care navigation and coordination services and behavioral health response
27 systems to ensure coordinated and integrated service delivery. The use of

1 peer support specialists is encouraged in the coordination of services. The
2 contractor shall assist the engaged client with accessing treatment
3 facilities, treatment programs, or treatment providers and shall provide
4 services to engaged clients regardless of the client's payer source or
5 whether the client is uninsured. Once the engaged client has initiated
6 treatment, the contractor is no longer responsible for care navigation for
7 that engaged client for that episode. Engaged clients who are enrolled in
8 the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5
9 shall be provided with contact information for their managed care entity.
10 The contractor shall conduct ongoing outreach to inform behavioral
11 health providers, counties, county departments of human or social
12 services, jails, law enforcement personnel, health-care professionals, and
13 other interested persons about care navigation services.

14 (6) The contractor shall collect and transmit to the ~~department~~
15 BHA, in the time and manner determined by rule of the ~~department~~ STATE
16 BOARD OF HUMAN SERVICES, the following data and information relating
17 to engaged clients served by the contractor:

18 (f) Whether the engaged client had private or public insurance or
19 was eligible for services through the ~~office~~ BHA due to income;

20 (7) The state board OF HUMAN SERVICES may promulgate any rules
21 necessary to implement the care navigation program.

22 (8) No later than September 1 during the first year in which the
23 care navigation program is implemented pursuant to this section, and no
24 later than September 1 of each year thereafter in which the care
25 navigation program is implemented, the ~~department~~ BHA shall submit an
26 annual report to the joint budget committee, the public AND BEHAVIORAL
27 health ~~care~~ and human services committee and the health and insurance

1 committee of the house of representatives, and the health and human
2 services committee of the senate, or any successor committees,
3 concerning the utilization of care navigation services pursuant to this
4 section, including a summary of the data and information collected by the
5 contractor pursuant to subsection (6) of this section, in accordance with
6 state and federal health-care privacy laws. Notwithstanding the provisions
7 of section 24-1-136 (11)(a)(I), the reporting requirements of this
8 subsection (8) continue indefinitely.

9 **SECTION 156.** In Colorado Revised Statutes, 27-80-120, **amend**
10 (1), (2), (3), and (6) as follows:

11 **27-80-120. Building substance use disorder treatment capacity**
12 **in underserved communities - grant program.** (1) There is created in
13 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the building
14 substance use disorder treatment capacity in underserved communities
15 grant program, referred to in this section as the "grant program".

16 (2) Subject to available appropriations, the ~~department~~ BHA shall
17 award grant program money to increase substance use disorder capacity
18 and services in rural and frontier communities. Each managed service
19 organization area that consists of at least fifty percent rural or frontier
20 counties shall receive an equal proportion of the annual grant program
21 money to disburse in local grants.

22 (3) A grant committee shall review grant applications and, if
23 approved, award local grants. The grant committee includes two members
24 appointed by the county commissioners in the relevant managed service
25 organization service area, two representatives from the managed service
26 organization, and two members representing the ~~department~~ BHA and
27 appointed by the ~~executive director of the department~~ COMMISSIONER.

1 The award of a local grant must be approved by a majority of the
2 members of the grant committee. In awarding a local grant, the grant
3 committee shall prioritize geographic areas that are unserved or
4 underserved. After local grants are approved for each managed service
5 organization service area, the ~~department~~ BHA shall disburse grant
6 program money to the managed service organization for distribution to
7 local grant recipients.

8 (6) Money appropriated for the pilot program that remains
9 unexpended and unencumbered at the end of the fiscal year is further
10 appropriated to the ~~department~~ BHA for the pilot program in the next
11 fiscal year.

12 **SECTION 157.** In Colorado Revised Statutes, 27-80-121, **amend**
13 (1) introductory portion as follows:

14 **27-80-121. Perinatal substance use data linkage project -**
15 **center for research into substance use disorder prevention,**
16 **treatment, and recovery support strategies - report.** (1) The center for
17 research into substance use disorder prevention, treatment, and recovery
18 support strategies established in section 27-80-118, referred to in this
19 section as the "center", in partnership with an institution of higher
20 education and the state substance abuse trend and response task force
21 established in section 18-18.5-103, may conduct a statewide perinatal
22 substance use data linkage project that uses ongoing collection, analysis,
23 interpretation, and dissemination of data for the planning,
24 implementation, and evaluation of public health actions to improve
25 outcomes for families impacted by substance use during pregnancy. The
26 data linkage project shall utilize data from the medical assistance
27 program, articles 4 to 6 of title 25.5; the electronic prescription drug

1 monitoring program created in part 4 of article 280 of title 12; the
2 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
3 Colorado immunization information system, created pursuant to section
4 25-4-2401, et seq.; the Colorado child care assistance program, created
5 in part 8 of article 2 of title 26; the ~~office of behavioral health in the~~
6 ~~department of human services~~ BHA; and birth and death records to
7 examine the following:

8 **SECTION 158.** In Colorado Revised Statutes, 27-80-122, **amend**
9 (1) introductory portion and (2) as follows:

10 **27-80-122. Recovery residence certifying body - competitive**
11 **selection process - appropriation.** (1) No later than January 1, 2022, the
12 ~~office of behavioral health~~ BHA shall use a competitive selection process
13 pursuant to the "Procurement Code", articles 101 to 112 of title 24, to
14 select a recovery residence certifying body to:

15 (2) For the 2021-22 state fiscal year and each state fiscal year
16 thereafter, the general assembly shall appropriate two hundred thousand
17 dollars to the ~~office of behavioral health~~ BHA for the purpose of
18 implementing this section.

19 **SECTION 159.** In Colorado Revised Statutes, 27-80-123, **amend**
20 (2), (4) introductory portion, (5), (6), (7) introductory portion, and (7)(a)
21 as follows:

22 **27-80-123. High-risk families cash fund - creation - services**
23 **provided - report - definition.** (2) There is created in the state treasury
24 the high-risk families cash fund, referred to in this section as the "fund".
25 The fund consists of money credited to the fund and any other money that
26 the general assembly may appropriate or transfer to the fund. The state
27 treasurer shall credit all interest and income derived from the deposit and

1 investment of money in the fund to the fund. Money in the fund is
2 continuously appropriated to the ~~department~~ BHA, which may expend
3 money from the fund for the purposes specified in subsection (4) of this
4 section.

5 (4) The ~~department~~ BHA may expend money in the fund for the
6 following purposes:

7 (5) (a) The ~~department~~ BHA may use money from the fund to
8 contract with managed service organizations, private providers, schools,
9 counties, nonprofit organizations, or municipalities to provide services
10 described in subsection (4) of this section.

11 (b) Money expended by the ~~department~~ BHA must be used for
12 one-time allocations to increase treatment capacity, including start-up
13 costs and capital expenditures, or to provide substance use disorder
14 recovery and wraparound services, including the prenatal plus program
15 and access to child care, to high-risk families.

16 (6) After considering relevant stakeholder feedback, the
17 ~~department~~ BHA shall annually prioritize the use of available money in
18 the fund, recognizing statewide need and complementing existing funding
19 for behavioral health services statewide.

20 (7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I)
21 to the contrary, the ~~department~~ BHA shall submit a report to the general
22 assembly on July 1, 2020, and on July 1 each year thereafter, which report
23 must include:

24 (a) A summary of expenditures from the fund made by the
25 ~~department~~ BHA;

26 **SECTION 160.** In Colorado Revised Statutes, 27-80-124, **amend**
27 (1), (3) introductory portion, (4), and (5) as follows:

1 **27-80-124. Colorado substance use disorders prevention**
2 **collaborative - created - mission - administration - report - repeal.**

3 (1) The ~~office of behavioral health~~ BHA shall convene and administer a
4 Colorado substance use disorders prevention collaborative with
5 institutions of higher education, nonprofit agencies, and state agencies,
6 referred to in this section as the "collaborative", for the purpose of
7 gathering feedback from local public health agencies, institutions of
8 higher education, nonprofit agencies, and state agencies concerning
9 evidence-based prevention practices to fulfill the mission stated in
10 subsection (2) of this section.

11 (3) The ~~office of behavioral health~~ BHA and the collaborative
12 shall:

13 (4) In order to implement and provide sustainability to the
14 collaborative, for state fiscal years 2021-22 through 2024-25, the general
15 assembly shall appropriate money from the marijuana tax cash fund
16 created in section 39-28.8-501 (1) to the ~~office of behavioral health~~ BHA
17 to accomplish the mission of the collaborative.

18 (5) The ~~office of behavioral health~~ BHA shall report its progress
19 to the general assembly on or before September 1, 2022, and each
20 September 1 through September 1, 2025.

21 **SECTION 161.** In Colorado Revised Statutes, 27-80-125, **amend**
22 (1) introductory portion, (2), (3), (4), and (5) as follows:

23 **27-80-125. Housing assistance for individuals with a substance**
24 **use disorder - rules - report - appropriation.** (1) The ~~office of~~
25 ~~behavioral health~~ BHA shall establish a program to provide temporary
26 financial housing assistance to individuals with a substance use disorder
27 who have no supportive housing options when the individual is:

1 (2) The ~~office of behavioral health~~ BHA may promulgate rules
2 establishing the maximum amount of temporary financial assistance that
3 an individual can receive and the maximum amount of time for which an
4 individual may receive assistance. Rules promulgated pursuant to this
5 subsection (2) related to the time for which an individual may receive
6 assistance must be clinically based, culturally responsive, and
7 trauma-informed.

8 (3) In awarding temporary financial housing assistance in
9 accordance with this section, the ~~office of behavioral health~~ BHA shall
10 consider funding for individuals entering into a recovery residence, as
11 defined in section 25-1.5-108.5 (1)(a).

12 (4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1,
13 2022, and by February 1 each year thereafter, the ~~office of behavioral~~
14 ~~health~~ BHA shall submit a report detailing the amount of housing
15 assistance provided in the prior year, the number of individuals and the
16 entities that received the housing assistance, and the duration of housing
17 assistance each individual or entity received to the health and human
18 services committee of the senate, the health and insurance and the public
19 and behavioral health and human services committees of the house of
20 representatives, and the opioid and other substance use disorders study
21 committee created in section 10-22.3-101, or any successor committees.

22 (5) For the 2021-22 state fiscal year and each state fiscal year
23 thereafter, the general assembly shall appropriate four million dollars to
24 the ~~office of behavioral health~~ BHA for the purpose of the housing
25 program described in this section.

26 **SECTION 162.** In Colorado Revised Statutes, 27-80-126, **amend**
27 (2), (4), (5), (6)(a), (7)(a) introductory portion, (7)(a)(IV), (7)(b), and (8)

1 as follows:

2 **27-80-126. Recovery support services grant program -**
3 **creation - eligibility - reporting requirements - appropriation - rules**

4 **- definitions.** (2) There is created in the ~~office of~~ behavioral health
5 ADMINISTRATION the recovery support services grant program, referred
6 to in this section as the "grant program", to provide grants to recovery
7 community organizations for the purpose of providing recovery-oriented
8 services to individuals with a substance use disorder or co-occurring
9 substance use and mental health disorder.

10 (4) The ~~office of behavioral health~~ BHA shall administer the grant
11 program. Subject to available appropriations, the ~~office~~ BHA shall
12 disburse grant money appropriated pursuant to subsection (8) of this
13 section to each managed service organization designated pursuant to
14 section 27-80-107.

15 (5) The ~~office of behavioral health~~ BHA shall implement the grant
16 program in accordance with this section. Pursuant to article 4 of title 24,
17 the ~~office~~ BHA shall promulgate rules as necessary to implement the
18 grant program.

19 (6) (a) To receive a grant, a recovery community organization
20 must submit an application to the applicable managed service
21 organization in accordance with rules promulgated by the ~~office of~~
22 ~~behavioral health~~ BHA.

23 (7) (a) On or before December 1, 2023, and on or before
24 December 1 each year thereafter, each managed service organization that
25 awards grants shall submit a report to the ~~office of behavioral health~~
26 BHA. At a minimum, the report must include the following information:

27 (IV) Any other information required by the ~~office of behavioral~~

1 ~~health~~ BHA.

2 (b) On or before March 1, 2022, and on or before March 1 each
3 year thereafter for the duration of the grant program, the ~~office of~~
4 ~~behavioral health~~ BHA shall submit a summarized report on the grant
5 program to the health and human services committee of the senate and the
6 health and insurance and the public and behavioral health and human
7 services committees of the house of representatives, or any successor
8 committees, and to the opioid and other substance use disorders study
9 committee created in section 10-22.3-101.

10 (8) For the 2021-22 state fiscal year and each state fiscal year
11 thereafter, the general assembly shall appropriate one million six hundred
12 thousand dollars from the general fund to the ~~office of behavioral health~~
13 BHA to implement the grant program. The ~~office~~ BHA may use a portion
14 of the money appropriated for the grant program to pay the direct and
15 indirect costs of administering the grant program.

16 **SECTION 163.** In Colorado Revised Statutes, 27-80-204, **amend**
17 (1)(a), (1)(b)(II), (3), and (4) as follows:

18 **27-80-204. License required - controlled substances - repeal.**

19 (1) (a) In accordance with part 3 of article 18 of title 18, a substance use
20 disorder treatment program that compounds, administers, or dispenses a
21 controlled substance shall annually obtain a license issued by the
22 ~~department~~ BHA for each place of business or professional practice
23 located in this state.

24 (b) (II) Prior to the repeal, the department of regulatory agencies
25 shall review the licensing functions of the ~~department~~ BHA as provided
26 in section 24-34-104. In conducting the review, the department of
27 regulatory agencies shall consider whether the licensing pursuant to this

1 subsection (1) should be combined with the licensing of any other
2 substance use disorder treatment programs by the department.

3 (3) An employee of a facility, as defined in section 25-1.5-301,
4 ~~C.R.S.~~, who is administering and monitoring medications to persons
5 under the care or jurisdiction of the facility pursuant to part 3 of article
6 1.5 of title 25 ~~C.R.S.~~, need not be licensed by the ~~department~~ BHA to
7 lawfully possess controlled substances under this part 2.

8 (4) A person who is required to be but is not yet licensed may
9 apply for a license at any time. A person who is required to be licensed
10 under this part 2 shall not engage in any activity for which a license is
11 required until the ~~department~~ BHA grants the person's application and
12 issues a license to ~~him or her~~ THE PERSON.

13 **SECTION 164.** In Colorado Revised Statutes, 27-80-205, **amend**
14 (1) introductory portion, (3)(a.5), and (3)(b) as follows:

15 **27-80-205. Issuance of license - fees.** (1) The ~~department~~ BHA,
16 as provided in section 27-80-204 (1), shall issue the appropriate license
17 to each substance use disorder treatment program meeting all the
18 requirements of this part 2 unless it determines that the issuance of the
19 license would be inconsistent with the public interest. In determining the
20 public interest, the ~~department~~ BHA shall consider the following factors:

21 (3) (a.5) The ~~department~~ BHA may administratively set initial and
22 annual license fees for substance use disorder treatment programs to
23 approximate the direct and indirect costs of the program.

24 (b) The ~~department~~ BHA shall transmit the fees collected pursuant
25 to this section to the state treasurer for deposit in the controlled
26 substances program fund created in section 27-80-206.

27 **SECTION 165.** In Colorado Revised Statutes, **amend** 27-80-206

1 as follows:

2 **27-80-206. Controlled substances program fund - disposition**
3 **of fees.** There is ~~hereby~~ created in the state treasury the controlled
4 substances program fund. The ~~department~~ BHA shall transmit all ~~moneys~~
5 MONEY it collects pursuant to this part 2 to the state treasurer, who shall
6 credit the ~~moneys~~ MONEY to the controlled substances program fund. The
7 general assembly shall ~~make annual appropriations~~ ANNUALLY
8 APPROPRIATE MONEY from the controlled substances program fund to the
9 ~~department~~ BHA for the purposes authorized by this part 2. All ~~moneys~~
10 MONEY credited to the controlled substances program fund and any
11 interest earned on the fund ~~remain~~ REMAINS in the fund and ~~do~~ DOES not
12 revert to the general fund or any other fund at the end of any fiscal year.

13 **SECTION 166.** In Colorado Revised Statutes, 27-80-207, **amend**
14 (3) as follows:

15 **27-80-207. Qualifications for license.** (3) The ~~department~~ BHA
16 shall not grant a license to a person who has been convicted within the
17 last two years of a willful violation of this part 2 or any other state or
18 federal law regulating controlled substances.

19 **SECTION 167.** In Colorado Revised Statutes, 27-80-208, **amend**
20 (1) introductory portion, (1)(d), (2), (2.5), (3), (4), and (5)(a) as follows:

21 **27-80-208. Denial, revocation, or suspension of license - other**
22 **disciplinary actions - notice.** (1) The ~~department~~ BHA may deny,
23 suspend, or revoke a license issued under this part 2 pursuant to article 4
24 of title 24, or take other disciplinary action as set forth in subsection (2.5)
25 of this section, at the ~~department's~~ BHA's discretion, upon a finding that
26 the licensee:

27 (d) Has violated any provision of this part 2 or the rules of the

1 ~~department~~ BHA or of the state board of human services created in
2 section 26-1-107. ~~C.R.S.~~

3 (2) The ~~department~~ BHA may limit revocation or suspension of
4 a license to the particular controlled substance that was the basis for
5 revocation or suspension.

6 (2.5) If the ~~department~~ BHA determines that a licensee has
7 committed an act that would authorize the ~~department~~ BHA to deny,
8 revoke, or suspend a license, the ~~department~~ BHA may, at its discretion,
9 impose other disciplinary actions that may include, but need not be
10 limited to, a fine not to exceed five hundred dollars, probation, or
11 stipulation.

12 (3) If the ~~department~~ BHA suspends or revokes a license, the
13 ~~department~~ BHA may place all controlled substances owned or possessed
14 by the licensee at the time of the suspension or on the effective date of the
15 revocation order under seal. The ~~department~~ BHA may not dispose of
16 substances under seal until the time for making an appeal has elapsed or
17 until all appeals have been concluded, unless a court orders otherwise or
18 orders the sale of any perishable controlled substances and the deposit of
19 the proceeds with the court. When a revocation order becomes final, all
20 controlled substances may be forfeited to the state.

21 (4) The ~~department~~ BHA shall promptly notify the bureau and the
22 appropriate professional licensing agency, if any, of all charges and the
23 final disposition of the charges, and of all forfeitures of a controlled
24 substance.

25 (5) (a) On or before July 1, 2020, the ~~department~~ BHA shall
26 develop and implement a formal, simple, accurate, and objective system
27 to track and categorize complaints made against a licensee and

1 disciplinary action taken pursuant to this part 2.

2 **SECTION 168.** In Colorado Revised Statutes, 27-80-211, **amend**
3 (2) introductory portion, (2)(b), and (2)(c) as follows:

4 **27-80-211. Enforcement and cooperation.** (2) The ~~department~~
5 BHA shall cooperate with all agencies charged with the enforcement of
6 the laws of this state, all other states, and the United States relating to
7 controlled substances. To this end, the ~~department~~ BHA shall:

8 (b) Cooperate with the bureau and with local, state, and other
9 federal agencies by maintaining a centralized unit to accept, catalogue,
10 file, and collect statistics, including records of dependent and other
11 controlled substance law offenders within the state, and make the
12 information available for federal, state, and local law enforcement or
13 regulatory purposes. The ~~department~~ BHA shall not furnish the name or
14 identity of a patient whose identity could not be obtained under section
15 27-80-212.

16 (c) Respond to referrals, complaints, or other information received
17 regarding possible violations and, upon notification of the appropriate
18 licensing authority, if applicable, and upon a written finding by the
19 ~~executive director of the department~~ COMMISSIONER that probable cause
20 exists to believe that there is illegal distribution or dispensing of
21 controlled substances, to make any inspections, investigations, and reports
22 that may be necessary to determine compliance with this part 2 by all
23 licensed or otherwise authorized individuals who handle controlled
24 substances;

25 **SECTION 169.** In Colorado Revised Statutes, **amend** 27-80-213
26 as follows:

27 **27-80-213. Rules - policies.** (1) The ~~department~~ BHA shall

1 update rules and promulgate new rules, as necessary and pursuant to
2 article 4 of title 24, ~~C.R.S.~~, to implement this part 2. The ~~department~~
3 BHA shall make the rules available to the public on its website.

4 (2) The ~~department~~ BHA shall promulgate rules, in accordance
5 with article 4 of title 24, for the conduct of detoxification treatment,
6 maintenance treatment, and withdrawal treatment programs for substance
7 use disorders related to controlled substances.

8 (3) The ~~department~~ BHA shall develop a policy that separates the
9 administration of this part 2 from the administration of article 81 of this
10 title 27. The policy must ensure that the ~~department's~~ BHA's performance
11 of its duties pursuant to this part 2 does not interfere with the performance
12 of its duties as required by article 81 of this title 27.

13 **SECTION 170.** In Colorado Revised Statutes, 27-80-215, **amend**
14 (1)(a), (1)(b), (2)(a)(I), (2)(a)(II), (2)(b), and (3)(b) as follows:

15 **27-80-215. Central registry - registration required - notice -**
16 **repeal.** (1) (a) On or before July 1, 2020, the ~~department~~ BHA shall
17 develop or procure a secure online central registry, referred to in this
18 section as the "registry", to register patients treated in a substance use
19 disorder treatment program.

20 (b) The ~~department~~ BHA shall operate and maintain the registry
21 or enter into an agreement with a third party to operate and maintain the
22 registry on its behalf.

23 (2) (a) (I) In order to prevent simultaneous enrollment of a patient
24 in more than one opioid treatment program, each opioid treatment
25 program shall fully participate in the registry, including submitting a
26 query to the registry for each patient and entering in patient information
27 as required by this part 2 and ~~department~~ BHA rule.

1 (II) For each patient, the entry into the registry must include the
2 patient's name, the opioid treatment program providing treatment to the
3 patient, and any information the department BHA deems necessary to
4 further the goals of this part 2.

5 (b) The department BHA shall establish the method for opioid
6 treatment programs to enter information into the registry and query the
7 registry for information concerning prospective patients.

8 (3) (b) Prior to the repeal, the department of regulatory agencies
9 shall review the registration functions of the department BHA as provided
10 in section 24-34-104.

11 **SECTION 171.** In Colorado Revised Statutes, **amend** 27-80-216
12 as follows:

13 **27-80-216. Policy verifying identity.** The department BHA shall
14 establish a policy on how a substance use disorder treatment program
15 must verify the identity of individuals initiating into detoxification,
16 withdrawal, or maintenance treatment for a substance use disorder. The
17 department BHA policy must include verification requirements for
18 individuals without identification and individuals experiencing
19 homelessness.

20 **SECTION 172.** In Colorado Revised Statutes, 27-80-303, **amend**
21 (1)(a), (1)(b) introductory portion, (4), and (5) as follows:

22 **27-80-303. Office of ombudsman for behavioral health access**
23 **to care - creation - appointment of ombudsman - duties.** (1) (a) There
24 is hereby created in the office of the executive director OF THE
25 DEPARTMENT the office of the ombudsman for behavioral health access
26 to care for the purpose of assisting Coloradans in accessing behavioral
27 health care.

1 (b) The office of behavioral health IN THE DEPARTMENT AND THE
2 BHA shall offer the office limited support with respect to:

3 (4) The ombudsman, employees of the office, and any persons
4 acting on behalf of the office shall comply with all state and federal
5 confidentiality laws that govern the department AND THE BHA with
6 respect to the treatment of confidential information or records and the
7 disclosure of such information and records.

8 (5) In the performance of ~~his or her~~ THE OMBUDSMAN'S duties, the
9 ombudsman shall act independently of the office of behavioral health IN
10 THE DEPARTMENT AND THE BHA. Any recommendations made or
11 positions taken by the ombudsman do not reflect those of the department,
12 ~~or~~ THE office of behavioral health, OR THE BHA.

13 **SECTION 173.** In Colorado Revised Statutes, **amend** 27-80-304
14 as follows:

15 **27-80-304. Liaisons - department - commissioner of insurance.**
16 The commissioner of insurance and the executive director OF THE
17 DEPARTMENT shall each appoint a liaison to the ombudsman to receive
18 reports of concerns, complaints, and potential violations described in
19 section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care
20 providers.

21 **SECTION 174.** In Colorado Revised Statutes, 27-80-306, **amend**
22 (2) and (3) as follows:

23 **27-80-306. Annual report.** (2) The ombudsman shall submit the
24 report required by this section to the governor, the executive director OF
25 THE DEPARTMENT AND THE COMMISSIONER OF THE BHA, the
26 commissioner of insurance, the senate committee on health and human
27 services or any successor committee, and the house of representatives

1 committees on health AND insurance ~~and environment~~ and public AND
2 BEHAVIORAL health ~~care~~ and human services or any successor
3 committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting
4 requirement set forth in this section continues indefinitely.

5 (3) The ombudsman shall post the annual report on the
6 ~~department's~~ BHA's website.

7 **SECTION 175.** In Colorado Revised Statutes, 27-81-102, **amend**
8 **(3); amend as it will become effective July 1, 2022,** (13.7); **repeal** (6),
9 (8), and (13.5); and **add** (3.3) and (3.7) as follows:

10 **27-81-102. Definitions.** As used in this article 81, unless the
11 context otherwise requires:

12 (3) "Approved public treatment facility" means a treatment agency
13 operating under the direction and control of or approved by the ~~office of~~
14 ~~behavioral health~~ BHA or providing treatment pursuant to this article 81
15 through a contract with the ~~office of behavioral health~~ BHA pursuant to
16 section 27-81-105 (7) and meeting the standards prescribed in section
17 27-81-106 (1) and approved pursuant to section 27-81-106.

18 (3.3) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
19 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
20 27-50-102.

21 (3.7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
22 BEHAVIORAL HEALTH ADMINISTRATION.

23 (6) ~~"Director" means the director of the office of behavioral~~
24 ~~health.~~

25 (8) ~~"Executive director" means the executive director of the~~
26 ~~department.~~

27 (13.5) ~~"Office of behavioral health" means the office of~~

1 ~~behavioral health in the department.~~

2 (13.7) "Public funds" means money appropriated to the ~~office of~~
3 behavioral health ADMINISTRATION by the general assembly or any other
4 governmental or private sources for withdrawal management or for the
5 treatment of alcohol use disorders in approved facilities pursuant to this
6 article 81.

7 **SECTION 176.** In Colorado Revised Statutes, 27-81-103, **amend**
8 (1) introductory portion as follows:

9 **27-81-103. Powers of the behavioral health administration.**

10 (1) To carry out the purposes of this article 81, the ~~office of behavioral~~
11 ~~health~~ BHA may:

12 **SECTION 177.** In Colorado Revised Statutes, 27-81-104, **amend**
13 (1) introductory portion and (1)(r) as follows:

14 **27-81-104. Duties of the behavioral health administration -**
15 **review.** (1) ~~In addition to duties prescribed by section 27-80-102, the~~
16 ~~office of behavioral health~~ THE BHA shall:

17 (r) Submit to the governor an annual report covering the activities
18 of the ~~office of behavioral health~~ BHA.

19 **SECTION 178.** In Colorado Revised Statutes, 27-81-105, **amend**
20 (1), (2) introductory portion, (3), (4), (6), and (7) as follows:

21 **27-81-105. Comprehensive program for treatment - regional**
22 **facilities.** (1) The ~~office of behavioral health~~ BHA shall establish a
23 comprehensive and coordinated program for the treatment of persons with
24 substance use disorders, persons intoxicated by alcohol, and persons
25 under the influence of drugs.

26 (2) Insofar as money available to the ~~office of behavioral health~~
27 BHA permits, the program established in subsection (1) of this section

1 must include all of the following:

2 (3) The ~~office of behavioral health~~ BHA shall provide adequate
3 and appropriate treatment for persons with substance use disorders,
4 persons intoxicated by alcohol, and persons under the influence of drugs
5 admitted pursuant to sections 27-81-109 to 27-81-112. Except as
6 otherwise provided in section 27-81-111, treatment must not be provided
7 at a correctional institution, except for inmates.

8 (4) The ~~office of behavioral health~~ BHA shall maintain, supervise,
9 and control all facilities it operates subject to policies of the department.
10 The administrator of each facility shall make an annual report of the
11 facility's activities to the ~~director~~ COMMISSIONER in the form and manner
12 specified by the ~~director~~ COMMISSIONER.

13 (6) The ~~director~~ COMMISSIONER shall prepare, publish, and
14 distribute annually a list of all approved public and private treatment
15 facilities.

16 (7) The ~~office of behavioral health~~ BHA may contract for the use
17 of any facility as an approved public treatment facility if the ~~director~~
18 COMMISSIONER, subject to the policies of the department, considers it to
19 be an effective and economical course to follow.

20 **SECTION 179.** In Colorado Revised Statutes, **amend** 27-81-106
21 as follows:

22 **27-81-106. Standards for public and private treatment**
23 **facilities - fees - enforcement procedures - penalties.** (1) In accordance
24 with the provisions of this article 81, the ~~office of behavioral health~~ BHA
25 shall establish standards for approved treatment facilities that receive
26 public funds. A treatment facility shall meet the established standards to
27 be approved as a public or private treatment facility. The ~~office of~~

1 ~~behavioral health~~ BHA shall fix the fees to be charged for the required
2 inspections. The fees charged to approved treatment facilities that provide
3 level I and level II programs, as provided in section 42-4-1301.3 (3)(c),
4 must be transmitted to the state treasurer, who shall credit the fees to the
5 alcohol and drug driving safety program fund created in section
6 42-4-1301.3 (4)(a). The standards may concern only health standards to
7 be met and standards of treatment to be afforded patients and must reflect
8 the success criteria established by the general assembly.

9 (2) The ~~office of behavioral health~~ BHA shall periodically inspect
10 approved public and private treatment facilities at reasonable times and
11 in a reasonable manner.

12 (3) The ~~office of behavioral health~~ BHA shall maintain a list of
13 approved public and private treatment facilities.

14 (4) Each approved public and private treatment facility shall file
15 with the ~~office of behavioral health~~ BHA, on request, data, statistics,
16 schedules, and any other information the ~~office~~ BHA reasonably requires.
17 The ~~director~~ COMMISSIONER shall remove from the list of approved
18 treatment facilities an approved public or private treatment facility that
19 fails, without good cause, to furnish any data, statistics, schedules, or
20 other information, as requested, or files fraudulent returns.

21 (5) The ~~office of behavioral health~~ BHA, after A hearing, may
22 suspend, revoke, limit, restrict, or refuse to grant an approval for failure
23 to meet its standards.

24 (6) A person shall not operate a private or public treatment facility
25 in this state without approval from the ~~office of behavioral health~~ BHA;
26 except that this article 81 does not apply to a private treatment facility that
27 accepts only private money and does not dispense controlled substances.

1 The district court may restrain any violation of, review any denial,
2 restriction, or revocation of approval under, and grant other relief
3 required to enforce the provisions of this section.

4 (7) Upon petition of the ~~office of behavioral health~~ BHA and after
5 a hearing held upon reasonable notice to the facility, the district court may
6 issue a warrant to an officer or employee of the ~~office of behavioral~~
7 ~~health~~ BHA authorizing ~~him or her~~ THE OFFICER OR EMPLOYEE to enter
8 and inspect at reasonable times, and examine the books and accounts of,
9 any approved public or private treatment facility that refuses to consent
10 to inspection or examination by the ~~office of behavioral health~~ BHA or
11 which the ~~office of behavioral health~~ BHA has reasonable cause to
12 believe is operating in violation of this article 81.

13 **SECTION 180.** In Colorado Revised Statutes, 27-81-107, **amend**
14 (2) introductory portion and (3); and **amend as it will become effective**
15 **July 1, 2022,** (1) as follows:

16 **27-81-107. Compliance with local government zoning**
17 **regulations - notice to local governments - provisional approval -**
18 **repeal.** (1) Prior to July 1, 2024, the ~~office of behavioral health~~ BHA
19 shall require any residential treatment facility seeking approval as a public
20 or private treatment facility pursuant to this article 81 to comply with any
21 applicable zoning regulations of the municipality, city and county, or
22 county where the facility is situated. Failure to comply with applicable
23 zoning regulations constitutes grounds for the denial of approval of a
24 facility.

25 (2) The ~~office of behavioral health~~ BHA shall assure that timely
26 written notice is provided to the municipality, city and county, or county
27 where a residential treatment facility is situated, including the address of

1 the facility and the population and number of persons to be served by the
2 facility, when any of the following occurs:

3 (3) In the event of a zoning or other delay or dispute between a
4 residential treatment facility and the municipality, city and county, or
5 county where the facility is situated, the ~~office of behavioral health~~ BHA
6 may grant provisional approval of the facility for up to one hundred
7 twenty days pending resolution of the delay or dispute.

8 **SECTION 181.** In Colorado Revised Statutes, **repeal as it will**
9 **become effective July 1, 2022, 27-81-107.5.**

10 **SECTION 182.** In Colorado Revised Statutes, 27-81-108, **amend**
11 (1) introductory portion and (1)(b) as follows:

12 **27-81-108. Acceptance for treatment - rules.** (1) The ~~director~~
13 COMMISSIONER shall adopt and may amend and repeal rules for
14 acceptance of persons into the substance use disorder treatment program,
15 considering available treatment resources and facilities, for the purpose
16 of early and effective treatment of persons with substance use disorders,
17 persons intoxicated by alcohol, and persons under the influence of drugs.
18 In establishing the rules, the following standards guide the ~~director~~
19 COMMISSIONER:

20 (b) Qualified staff shall assess the proper level of care for the
21 person pursuant to rules adopted by the ~~director~~ COMMISSIONER and make
22 a referral for placement.

23 **SECTION 183.** In Colorado Revised Statutes, 27-81-109, **amend**
24 (2) as follows:

25 **27-81-109. Voluntary treatment of persons with substance use**
26 **disorders.** (2) Subject to rules adopted by the ~~director~~ COMMISSIONER,
27 the administrator in charge of an approved treatment facility shall

1 determine who is admitted for treatment. If a person is refused admission
2 to an approved treatment facility, the administrator may refer the person
3 to another approved and appropriate treatment facility for treatment if it
4 is deemed likely to be beneficial. A person must not be referred for
5 further treatment if it is determined that further treatment is not likely to
6 bring about significant improvement in the person's condition, or
7 treatment is no longer appropriate, or further treatment is unlikely to be
8 beneficial.

9 **SECTION 184.** In Colorado Revised Statutes, 27-81-110, **amend**
10 (1) as follows:

11 **27-81-110. Voluntary treatment for persons intoxicated by**
12 **alcohol, under the influence of drugs, or incapacitated by substances.**

13 (1) A person intoxicated by alcohol, under the influence of drugs, or
14 incapacitated by substances, including a minor if provided by rules of the
15 ~~office of behavioral health~~ BHA, may voluntarily admit ~~himself or herself~~
16 THE PERSON'S SELF to an approved treatment facility for an emergency
17 evaluation to determine need for treatment.

18 **SECTION 185.** In Colorado Revised Statutes, 27-81-112, **amend**
19 (1), (3)(a)(I), (3)(b), (3)(c), (5), (6), (7), (8), (10), and (11) introductory
20 portion as follows:

21 **27-81-112. Involuntary commitment of a person with a**
22 **substance use disorder.** (1) The court may commit a person to the
23 custody of the ~~office of behavioral health~~ BHA upon the petition of the
24 person's spouse or guardian, a relative, a physician, an advanced practice
25 nurse, the administrator in charge of an approved treatment facility, or
26 any other responsible person. The petition must allege that the person has
27 a substance use disorder and that the person has threatened or attempted

1 to inflict or inflicted physical harm on ~~himself or herself~~ THE PERSON'S
2 SELF or on another and that unless committed, the person is likely to
3 inflict physical harm on ~~himself or herself~~ THE PERSON'S SELF or on
4 another or that the person is incapacitated by substances. A refusal to
5 undergo treatment does not constitute evidence of lack of judgment as to
6 the need for treatment. The petition must be accompanied by a certificate
7 of a licensed physician who has examined the person within ten days
8 before submission of the petition, unless the person whose commitment
9 is sought has refused to submit to a medical examination, in which case
10 the fact of refusal must be alleged in the petition, or an examination
11 cannot be made of the person due to the person's condition. The
12 certificate must set forth the physician's findings in support of the
13 petition's allegations.

14 (3) (a) Upon filing the petition, the person whose commitment is
15 sought must be notified of the person's right to:

16 (I) Enter into a stipulated order of the court for committed
17 treatment in order to expedite placement in an approved treatment facility
18 by the ~~office of behavioral health~~ BHA; or

19 (b) If a stipulated order is entered, the ~~office of behavioral health~~
20 BHA shall place the person in an approved treatment program that
21 reflects the level of need of the person.

22 (c) If the person whose commitment is sought exercises the right
23 to contest the petition, the court shall fix a date for a hearing no later than
24 ten days, excluding weekends and holidays, after the date the petition was
25 filed. A copy of the petition and the notice of the hearing, including the
26 date fixed by the court, must be personally served on the petitioner, the
27 person whose commitment is sought, and one of the person's parents or

1 the person's legal guardian if the person is a minor. A copy of the petition
2 and notice of hearing must be provided to the ~~office of behavioral health~~
3 BHA, to counsel for the person whose commitment is sought, to the
4 administrator in charge of the approved treatment facility to which the
5 person may have been committed for emergency treatment, and to any
6 other person the court believes advisable.

7 (5) If after hearing all relevant evidence, including the results of
8 any diagnostic examination by the licensed hospital, the court finds that
9 grounds for involuntary commitment have been established by clear and
10 convincing proof, the court shall make an order of commitment to the
11 ~~office of behavioral health~~. ~~The office of behavioral health~~ BHA. THE
12 BHA has the right to delegate physical custody of the person to an
13 appropriate approved treatment facility. The court may not order
14 commitment of a person unless ~~it~~ THE COURT determines that the ~~office~~
15 ~~of behavioral health~~ BHA is able to provide adequate and appropriate
16 treatment for the person, and the treatment is likely to be beneficial.

17 (6) Upon the court's commitment of a person to the ~~office of~~
18 ~~behavioral health~~ BHA, the court may issue an order to the sheriff to
19 transport the person to the facility designated by the ~~office of behavioral~~
20 ~~health~~ BHA.

21 (7) A person committed as provided for in this section remains in
22 the custody of the ~~office of behavioral health~~ BHA for treatment for a
23 period of up to ninety days. At the end of the ninety-day period, the
24 treatment facility shall automatically discharge the person unless the
25 ~~office of behavioral health~~ BHA, before expiration of the ninety-day
26 period, obtains a court order for the person's recommitment on the
27 grounds set forth in subsection (1) of this section for a further period of

1 ninety days unless discharged sooner. If a person has been committed
2 because the person is a person with a substance use disorder who is likely
3 to inflict physical harm on another, the ~~office of behavioral health~~ BHA
4 shall apply for recommitment if, after examination, it is determined that
5 the likelihood to inflict physical harm on another still exists.

6 (8) A person who is recommitted as provided for in subsection (7)
7 of this section and who has not been discharged by the ~~office of~~
8 ~~behavioral health~~ BHA before the end of the ninety-day period is
9 discharged at the expiration of that ninety-day period unless the ~~office of~~
10 ~~behavioral health~~ BHA, before expiration of the ninety-day period,
11 obtains a court order on the grounds set forth in subsection (1) of this
12 section for recommitment for a further period, not to exceed ninety days.
13 If a person has been committed because the person is a person with a
14 substance use disorder who is likely to inflict physical harm on another,
15 the ~~office of behavioral health~~ BHA shall apply for recommitment if, after
16 examination, it is determined that the likelihood to inflict physical harm
17 on another still exists. Only two recommitment orders pursuant to
18 subsection (7) of this section and this subsection (8) are permitted.

19 (10) The ~~office of behavioral health~~ BHA shall provide adequate
20 and appropriate treatment of a person committed to its custody. The ~~office~~
21 ~~of behavioral health~~ BHA may transfer any person committed to its
22 custody from one approved treatment facility to another, if transfer is
23 advisable.

24 (11) The ~~office of behavioral health~~ BHA shall discharge a person
25 committed to its custody for treatment at any time before the end of the
26 period for which the person has been committed if either of the following
27 conditions is met:

1 **SECTION 186.** In Colorado Revised Statutes, 27-81-113, **amend**
2 (2) as follows:

3 **27-81-113. Records of persons with substance use disorders,**
4 **persons intoxicated by alcohol, and persons under the influence of**
5 **substances.** (2) Notwithstanding subsection (1) of this section, the
6 ~~director~~ COMMISSIONER may make available information from patients'
7 records for purposes of research into the causes and treatment of
8 substance use disorders. Information made available pursuant to this
9 subsection (2) must not be published in a way that discloses patients'
10 names or other identifying information.

11 **SECTION 187.** In Colorado Revised Statutes, 27-81-114, **amend**
12 (1)(c), (1)(j), and (1)(l) as follows:

13 **27-81-114. Rights of persons receiving evaluation, care, or**
14 **treatment.** (1) A facility shall immediately advise each person receiving
15 evaluation, care, or treatment under any provision of this article 81, orally
16 and in writing, that the person has and is afforded the following rights:

17 (c) To receive timely medical and behavioral health care and
18 treatment, as specified in law, that is determined based on the person's
19 needs and that is delivered in the least restrictive treatment setting
20 possible, as set forth in ~~department~~ BHA rules;

21 (j) To have reasonable opportunities for continuing visitation and
22 communication with the person's family and friends, consistent with an
23 effective treatment program and as determined in ~~department~~ BHA rules.
24 Each person may meet with the person's attorney, clergyperson, or
25 health-care provider at any time.

26 (l) Subject to ~~department~~ BHA rules relating to the use of
27 telephones and other communication devices, to have reasonable access

1 to telephones or other communication devices, and to make and to receive
2 calls or communications in privacy. Facility staff shall not open, delay,
3 intercept, read, or censor mail or other communications or use mail or
4 other communications as a method to enforce compliance with facility
5 staff.

6 **SECTION 188.** In Colorado Revised Statutes, **amend** 27-81-115
7 as follows:

8 **27-81-115. Emergency service patrol - establishment - rules.**

9 (1) The ~~office of behavioral health~~ BHA and cities, counties, city and
10 counties, and regional service authorities may establish emergency
11 service patrols. A patrol consists of persons trained to give assistance in
12 the streets and in other public places to persons who are intoxicated by
13 alcohol, under the influence of drugs, or incapacitated by substances.
14 Members of an emergency service patrol must be capable of providing
15 first aid in emergency situations and are authorized to transport a person
16 intoxicated by alcohol, under the influence of drugs, or incapacitated by
17 substances to ~~his or her~~ THE PERSON'S home and to and from treatment
18 facilities.

19 (2) The ~~director~~ COMMISSIONER shall adopt rules for the
20 establishment, training, and conduct of emergency service patrols.

21 **SECTION 189.** In Colorado Revised Statutes, 27-81-116, **amend**
22 (3) as follows:

23 **27-81-116. Payment for treatment - financial ability of**
24 **patients.** (3) The ~~director~~ COMMISSIONER shall adopt rules that establish
25 a standardized ability-to-pay schedule, under which those with sufficient
26 financial ability are required to pay the full cost of services provided and
27 those who are totally without sufficient financial ability are provided

1 appropriate treatment at no charge. The schedule shall take into
2 consideration the income, including government assistance programs,
3 savings, and other personal and real property, of the person required to
4 pay and any support the person required to pay furnishes to another
5 person as required by law.

6 **SECTION 190.** In Colorado Revised Statutes, 27-81-118, **amend**
7 (2)(a)(II) as follows:

8 **27-81-118. Opioid crisis recovery funds advisory committee -**
9 **creation - membership - purpose.** (2) (a) The committee consists of
10 members appointed as follows:

11 (II) Two members appointed by the ~~executive director of the~~
12 ~~department of human services~~ COMMISSIONER, one of whom must
13 represent an association of substance use providers;

14 **SECTION 191.** In Colorado Revised Statutes, **amend** 27-82-201
15 as follows:

16 **27-82-201. Legislative declaration.** The general assembly finds
17 and declares that facilities that provide treatment to individuals with a
18 substance use disorder, including medication-assisted treatment, and
19 clinics that provide obstetric and gynecological health-care services
20 would better serve pregnant and postpartum women if the services could
21 be coordinated and provided to women at the same location. It is the
22 intent of the general assembly to fund a pilot program to integrate these
23 health-care services at specified facilities and clinics and require the
24 ~~office of behavioral health~~ BHA to evaluate the pilot program and report
25 the results of the pilot program to the general assembly.

26 **SECTION 192.** In Colorado Revised Statutes, 27-82-202, **amend**
27 (1) and (4); and **add** (1.5) as follows:

1 **27-82-202. Definitions.** As used in this part 2, unless the context
2 otherwise requires:

3 (1) ~~"Clinic" means a site that provides obstetric and gynecological~~
4 ~~health care~~ "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
5 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
6 27-50-102.

7 (1.5) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
8 GYNECOLOGICAL HEALTH CARE.

9 (4) "Treatment facility" means a health-care facility that provides
10 substance use disorder or medication-assisted treatment and that is
11 approved by the ~~office of behavioral health~~ ADMINISTRATION pursuant to
12 section 27-81-106.

13 **SECTION 193.** In Colorado Revised Statutes, 27-82-203, **amend**
14 (1) introductory portion, (2), (4) introductory portion, and (5) as follows:

15 **27-82-203. Maternal and child health pilot program - created**
16 **- eligibility of grant recipients - rules - report.** (1) There is created in
17 the ~~department~~ BEHAVIORAL HEALTH ADMINISTRATION the maternal and
18 child health pilot program. The ~~office of behavioral health~~ BHA shall
19 administer the pilot program. The purpose of the pilot program is to:

20 (2) The ~~office of behavioral health~~ BHA shall determine the
21 criteria for treatment facilities and clinics to be eligible to receive the
22 grants.

23 (4) The state board of human services within the department OF
24 HUMAN SERVICES, in consultation with the ~~office of behavioral health~~
25 BHA, may promulgate rules to implement the pilot program. The rules
26 must include:

27 (5) The ~~executive director~~ COMMISSIONER OF THE BHA shall

1 determine a process to evaluate the grant recipients and the integration of
2 health care resulting from the pilot program. The ~~office of behavioral~~
3 ~~health~~ BHA shall report the results of the pilot program to the public AND
4 BEHAVIORAL health ~~care~~ and human services and the health and insurance
5 committees of the house of representatives and the health and human
6 services committee of the senate, or their successor committees.

7 **SECTION 194.** In Colorado Revised Statutes, **amend** 27-82-204
8 as follows:

9 **27-82-204. Funding for pilot program.** (1) (a) For the 2021-22
10 fiscal year, and each fiscal year thereafter, the general assembly shall
11 appropriate money from the marijuana tax cash fund created in section
12 39-28.8-501 (1) ~~to the department for allocation to the office of~~
13 ~~behavioral health~~ TO THE BHA to implement the pilot program. The ~~office~~
14 ~~of behavioral health~~ BHA may use a portion of the money annually
15 appropriated for the pilot program to pay the direct and indirect costs
16 incurred to administer the pilot program.

17 (b) If any unexpended or uncommitted money appropriated for a
18 fiscal year remains at the end of that fiscal year, the ~~office of behavioral~~
19 ~~health~~ BHA may expend the money in accordance with this section in the
20 succeeding fiscal year without further appropriation.

21 (2) The ~~department~~ BHA may solicit, accept, and expend any
22 gifts, grants, or donations from private or public sources to implement or
23 administer the pilot program.

24 **SECTION 195.** In Colorado Revised Statutes, 29-11-202, **amend**
25 the introductory portion and (1); **repeal** (2) and (4); and **add** (1.5) as
26 follows:

27 **29-11-202. Definitions.** ~~For purposes of~~ AS USED IN this part 2,

1 unless the context otherwise requires:

2 (1) ~~"Colorado 2-1-1 collaborative" means the group authorized by~~
3 ~~the public utilities commission to establish the provision of human~~
4 ~~services referral services in the state of Colorado~~ "BEHAVIORAL HEALTH
5 ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH
6 ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

7 (1.5) "COLORADO 2-1-1 COLLABORATIVE" MEANS THE GROUP
8 AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION TO ESTABLISH THE
9 PROVISION OF HUMAN SERVICES REFERRAL SERVICES IN THE STATE OF
10 COLORADO.

11 (2) ~~"Department" means the department of human services created~~
12 ~~in section 26-1-105.~~

13 (4) ~~"Office of behavioral health" means the office of behavioral~~
14 ~~health in the department of human services.~~

15 **SECTION 196.** In Colorado Revised Statutes, 29-11-203, **amend**
16 (3.2)(a) as follows:

17 **29-11-203. Human services referral service - immunity - grant**
18 **- report - repeal.** (3.2) (a) During the 2023 legislative session, the
19 ~~department~~ BHA shall include in its report to the committees of reference
20 pursuant to the "State Measurement for Accountable, Responsive, and
21 Transparent (SMART) Government Act" hearing required by section
22 2-7-203 information from the ~~office of behavioral health~~ BHA regarding
23 its contract with the Colorado 2-1-1 collaborative pursuant to subsection
24 (3)(a) of this section prior to its repeal in 2022, and the impact of the
25 statewide communication system on behavioral health referrals and
26 access to behavioral health services and other resources.

27 **SECTION 197.** In Colorado Revised Statutes, 41-2-102, **amend**

1 (8) as follows:

2 **41-2-102. Operating an aircraft under the influence -**
3 **operating an aircraft with excessive alcohol content - tests - penalties**
4 **- useful public service program - definition - repeal.** (8) The office of
5 behavioral health ADMINISTRATION in the department of human services
6 shall provide presentence alcohol and drug evaluations on all persons
7 convicted of a violation of subsection (1) or (2) of this section, in the
8 same manner as described in section 42-4-1301.3.

9 **SECTION 198.** In Colorado Revised Statutes, 42-2-122, **amend**
10 (1)(i) as follows:

11 **42-2-122. Department may cancel license - limited license for**
12 **physical or mental limitations - rules.** (1) The department has the
13 authority to cancel, deny, or deny the reissuance of any driver's or minor
14 driver's license upon determining that the licensee was not entitled to the
15 issuance for any of the following reasons:

16 (i) Failure of the person to complete a level II alcohol and drug
17 education and treatment program certified by the office of behavioral
18 health ADMINISTRATION in the department of human services pursuant to
19 section 42-4-1301.3, as required by section 42-2-126 (4)(d)(II)(A) or
20 42-2-132 (2)(a)(II). The failure must be documented pursuant to section
21 42-2-144.

22 **SECTION 199.** In Colorado Revised Statutes, 42-2-125, **amend**
23 (1)(i) as follows:

24 **42-2-125. Mandatory revocation of license and permit.** (1) The
25 department shall immediately revoke the license or permit of any driver
26 or minor driver upon receiving a record showing that the driver has:

27 (i) Been convicted of DUI, DUI per se, or DWAI and has two

1 previous convictions of any of those offenses. The department shall
2 revoke the license of any driver for an indefinite period and only reissue
3 it upon proof to the department that the driver has completed a level II
4 alcohol and drug education and treatment program certified by the ~~office~~
5 ~~of~~ behavioral health ADMINISTRATION in the department of human
6 services pursuant to section 42-4-1301.3 and that the driver has
7 demonstrated knowledge of the laws and driving ability through the
8 regular motor vehicle testing process. The department shall not reissue
9 the license in less than two years.

10 **SECTION 200.** In Colorado Revised Statutes, 42-2-126, **amend**
11 (4)(d)(II) as follows:

12 **42-2-126. Revocation of license based on administrative**
13 **determination. (4) Multiple restraints and conditions on driving**
14 **privileges. (d) (II) (A)** If a person was driving with excess BAC and the
15 person had a BAC that was 0.15 or more or if the person's driving record
16 otherwise indicates a designation as a persistent drunk driver as defined
17 in section 42-1-102 (68.5), the department shall require the person to
18 complete a level II alcohol and drug education and treatment program
19 certified by the ~~office~~ of behavioral health ADMINISTRATION in the
20 department of human services pursuant to section 42-4-1301.3 as a
21 condition to restoring driving privileges to the person and, upon the
22 restoration of driving privileges, shall require the person to hold a
23 restricted license requiring the use of an ignition interlock device
24 pursuant to section 42-2-132.5 (1)(a)(II).

25 (B) If a person seeking reinstatement is required to complete, but
26 has not yet completed, a level II alcohol and drug education and treatment
27 program, the person shall file with the department proof of current

1 enrollment in a level II alcohol and drug education and treatment program
2 certified by the ~~office of~~ behavioral health ADMINISTRATION in the
3 department of human services pursuant to section 42-4-1301.3, on a form
4 approved by the department.

5 **SECTION 201.** In Colorado Revised Statutes, 42-2-127, **amend**
6 (14)(a)(I)(A) as follows:

7 **42-2-127. Authority to suspend license - to deny license - type**
8 **of conviction - points.** (14) (a) (I) If there is no other statutory reason for
9 denial of a probationary license, any individual who has had a license
10 suspended by the department because of, at least in part, a conviction of
11 an offense specified in subsection (5)(b) of this section may be entitled to
12 a probationary license pursuant to subsection (12) of this section for the
13 purpose of driving for reasons of employment, education, health, or
14 alcohol and drug education or treatment, but:

15 (A) If ordered by the court that convicted the individual, the
16 individual shall enroll in a program of driving education or alcohol and
17 drug education and treatment certified by the ~~office of~~ behavioral health
18 ADMINISTRATION in the department of human services; and

19 **SECTION 202.** In Colorado Revised Statutes, 42-2-132, **amend**
20 (2)(a)(II) and (2)(a)(III) as follows:

21 **42-2-132. Period of suspension or revocation.**

22 (2) (a) (II) (A) Following the period of revocation set forth in this
23 subsection (2), the department shall not issue a new license unless and
24 until it is satisfied that the person has demonstrated knowledge of the
25 laws and driving ability through the appropriate motor vehicle testing
26 process, and that the person whose license was revoked pursuant to
27 section 42-2-125 for a second or subsequent alcohol- or drug-related

1 driving offense has completed not less than a level II alcohol and drug
2 education and treatment program certified by the ~~office of~~ behavioral
3 health ADMINISTRATION in the department of human services pursuant to
4 section 42-4-1301.3.

5 (B) If the person was in violation of section 42-2-126 (3)(a) and
6 the person had a BAC that was 0.15 or more at the time of driving or
7 within two hours after driving, or if the person's driving record otherwise
8 indicates a designation as a persistent drunk driver as defined in section
9 42-1-102 (68.5), the department shall require the person to complete a
10 level II alcohol and drug education and treatment program certified by the
11 ~~office of~~ behavioral health ADMINISTRATION in the department of human
12 services pursuant to section 42-4-1301.3, and, upon the restoration of
13 driving privileges, shall require the person to hold a restricted license
14 requiring the use of an ignition interlock device pursuant to section
15 42-2-132.5 (1)(a)(II).

16 (C) If a person seeking reinstatement has not completed the
17 required level II alcohol and drug education and treatment program, the
18 person shall file with the department proof of current enrollment in a
19 level II alcohol and drug education and treatment program certified by the
20 ~~office of~~ behavioral health ADMINISTRATION in the department of human
21 services pursuant to section 42-4-1301.3, on a form approved by the
22 department.

23 (III) In the case of a minor driver whose license has been revoked
24 as a result of one conviction for DUI, DUI per se, DWAI, or UDD, the
25 minor driver, unless otherwise required after an evaluation made pursuant
26 to section 42-4-1301.3, must complete a level I alcohol and drug
27 education program certified by the ~~office of~~ behavioral health

1 ADMINISTRATION in the department of human services.

2 **SECTION 203.** In Colorado Revised Statutes, 42-2-144, **amend**
3 (1) as follows:

4 **42-2-144. Reporting by certified level II alcohol and drug**
5 **education and treatment program providers - notice of**
6 **administrative remedies against a driver's license - rules.** (1) The
7 department shall require all providers of level II alcohol and drug
8 education and treatment programs certified by the ~~office of~~ behavioral
9 health ADMINISTRATION in the department of human services pursuant to
10 section 42-4-1301.3 to provide quarterly reports to the department about
11 each person who is enrolled and who has filed proof of such enrollment
12 with the department as required by section 42-2-126 (4)(d)(II).

13 **SECTION 204.** In Colorado Revised Statutes, 42-4-1301.3,
14 **amend** (3)(c)(IV), (4)(a), and (4)(b) as follows:

15 **42-4-1301.3. Alcohol and drug driving safety program -**
16 **definition.** (3) (c) (IV) For the purpose of this section, "alcohol and drug
17 driving safety education or treatment" means either level I or level II
18 education or treatment programs approved by the ~~office of~~ behavioral
19 health ADMINISTRATION in the department of human services. Level I
20 programs are short-term, didactic education programs. Level II programs
21 are therapeutically oriented education, long-term outpatient, and
22 comprehensive residential programs. The court shall instruct a defendant
23 sentenced to level I or level II programs to meet all financial obligations
24 of the programs. If the financial obligations are not met, the program shall
25 notify the sentencing court for the purpose of collection or review and
26 further action on the defendant's sentence. Nothing in this section
27 prohibits treatment agencies from applying to the state for money to

1 recover the costs of level II treatment for defendants determined indigent
2 by the court.

3 (4) (a) There is created an alcohol and drug driving safety
4 program fund in the office of the state treasurer, referred to in this
5 subsection (4) as the "fund". The fund consists of money deposited in it
6 as directed by this subsection (4)(a). The assessment in effect on July 1,
7 1998, remains in effect unless the judicial department and the ~~office of~~
8 behavioral health ADMINISTRATION in the department of human services
9 have provided the general assembly with a statement of the cost of the
10 program, including costs of administration for the past and current fiscal
11 year to include a proposed change in the assessment. The general
12 assembly shall then consider the proposed new assessment and approve
13 the amount to be assessed against each person during the following fiscal
14 year in order to ensure that the alcohol and drug driving safety program
15 established in this section is financially self-supporting. Any adjustment
16 in the amount to be assessed must be noted in the appropriation to the
17 judicial department and the ~~office of~~ behavioral health ADMINISTRATION
18 in the department of human services as a footnote or line item related to
19 this program in the general appropriation bill. The state auditor shall
20 periodically audit the costs of the programs to determine that they are
21 reasonable and that the rate charged is accurate based on these costs. Any
22 other fines, fees, or costs levied against a person are not part of the
23 program fund. The court shall transmit to the state treasurer the amount
24 assessed for the alcohol and drug evaluation to be credited to the fund.
25 Fees charged pursuant to section 27-81-106 (1) to approved alcohol and
26 drug treatment facilities that provide level I and level II programs as
27 provided in subsection (3)(c) of this section must be transmitted to the

1 state treasurer, who shall credit the fees to the fund. Upon appropriation
2 by the general assembly, the money must be expended by the judicial
3 department and the ~~office of~~ behavioral health ADMINISTRATION in the
4 department of human services for the administration of the alcohol and
5 drug driving safety program. In administering the alcohol and drug
6 driving safety program, the judicial department is authorized to contract
7 with any agency for any services the judicial department deems necessary.
8 Money deposited in the fund remains in the fund to be used for the
9 purposes set forth in this section and must not revert or transfer to the
10 general fund except by further act of the general assembly.

11 (b) The judicial department shall ensure that qualified personnel
12 are placed in the judicial districts. The judicial department and the ~~office~~
13 ~~of~~ behavioral health ADMINISTRATION in the department of human
14 services shall jointly develop and maintain criteria for evaluation
15 techniques, treatment referral, data reporting, and program evaluation.

16 **SECTION 205.** In Colorado Revised Statutes, 42-4-1306, **amend**
17 (3)(a)(VI) introductory portion as follows:

18 **42-4-1306. Colorado task force on drunk and impaired driving**
19 **- creation - legislative declaration.** (3) (a) The task force shall consist
20 of:

21 (VI) Two representatives appointed by the ~~executive director of~~
22 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the
23 department of human services with the following qualifications:

24 **SECTION 206.** In Colorado Revised Statutes, 43-4-402, **amend**
25 (2)(a) as follows:

26 **43-4-402. Source of revenues - allocation of money.** (2) (a) The
27 general assembly shall make an annual appropriation out of the money in

1 the fund to the department of public health and environment in an amount
2 sufficient to pay for the costs of evidential breath alcohol testing,
3 including any education needs associated with testing, and implied
4 consent specialists, the costs of which were previously paid out of the
5 highway users tax fund. The general assembly shall also make an annual
6 appropriation out of the money in the fund to the Colorado bureau of
7 investigation to pay for the costs of toxicology laboratory services,
8 including any education needs associated with the services. Of the money
9 remaining in the fund, eighty percent shall be deposited in a special
10 drunken driving account in the fund, which account is created, and be
11 available immediately, without further appropriation, for allocation by the
12 transportation commission to the office of transportation safety. The
13 office of transportation safety shall allocate the money in accordance with
14 the provisions of section 43-4-404 (1) and (2). The remaining twenty
15 percent shall be appropriated by the general assembly to the ~~office of~~
16 behavioral health ADMINISTRATION in the department of human services,
17 which shall use the money for the purposes stated in section 43-4-404 (3).
18 The office of transportation safety and the ~~office of~~ behavioral health
19 ADMINISTRATION in the department of human services may use amounts
20 from the money allocated or appropriated to them by this subsection (2)
21 as necessary for the purpose of paying the costs incurred by the office of
22 transportation safety and the ~~office of~~ behavioral health ADMINISTRATION
23 in administering the programs established pursuant to this part 4; except
24 that neither the office of transportation safety nor the ~~office of~~ behavioral
25 health ADMINISTRATION may use for the purposes of this part 4 an amount
26 exceeding eight percent of the money allocated or appropriated.

27 **SECTION 207.** In Colorado Revised Statutes, 43-4-404, **amend**

1 (3) as follows:

2 **43-4-404. Formula for allocation of money - rules.** (3) The
3 money in the fund appropriated to the ~~office of~~ behavioral health
4 ADMINISTRATION in the department of human services pursuant to section
5 43-4-402 (2) must be used to establish a statewide program for the
6 prevention of driving after drinking, including educating the public in the
7 problems of driving after drinking; training teachers, health professionals,
8 and law enforcement in the dangers of driving after drinking; preparing
9 and disseminating educational materials dealing with the effects of
10 alcohol and other drugs on driving behavior; and preparing and
11 disseminating education curriculum materials for use at all school levels.
12 The ~~office of~~ behavioral health ADMINISTRATION in the department of
13 human services is authorized to contract with a qualified private
14 corporation to provide all or part of these services and to establish
15 standards for the program.

16 **SECTION 208.** In Colorado Revised Statutes, 44-30-1301,
17 **amend** (2)(b)(I) and (2)(b)(II) introductory portion as follows:

18 **44-30-1301. Definitions - local government limited gaming**
19 **impact fund - rules - report - legislative declaration - repeal.**

20 (2) (b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the
21 ~~executive director~~ COMMISSIONER of the BEHAVIORAL HEALTH
22 ADMINISTRATION IN THE department of human services shall use the
23 money in the gambling addiction account to award grants for the purpose
24 of providing gambling addiction counseling services to Colorado
25 residents and to provide gambling addiction treatment training to staff at
26 nonprofit community mental health centers or clinics as defined in section
27 27-66-101. The ~~department of human services~~ BEHAVIORAL HEALTH

1 ADMINISTRATION may use a portion of the money in the gambling
2 addiction account, not to exceed ten percent in the 2008-09 fiscal year
3 and five percent in each fiscal year thereafter, to cover the ~~department's~~
4 ADMINISTRATION'S direct and indirect costs associated with administering
5 the grant program authorized in this subsection (2)(b). The ~~executive~~
6 ~~director of the department of human services~~ COMMISSIONER OF THE
7 ADMINISTRATION shall award grants to state or local public or private
8 entities or programs that provide gambling addiction counseling services
9 and that have or are seeking nationally accredited gambling addiction
10 counselors. The ~~executive director of the department of human services~~
11 COMMISSIONER OF THE ADMINISTRATION shall award ten percent of the
12 money in the gambling addiction account in grants to addiction
13 counselors who are actively pursuing national accreditation as gambling
14 addiction counselors. In order to qualify for an accreditation grant, an
15 addiction counselor applicant must provide sufficient proof that ~~he or she~~
16 THE APPLICANT has completed at least half of the counseling hours
17 required for national accreditation. The ~~executive director of the~~
18 ~~department of human services~~ COMMISSIONER OF THE ADMINISTRATION
19 shall adopt rules establishing the procedure for applying for a grant from
20 the gambling addiction account, the criteria for awarding grants and
21 prioritizing applications, and any other provision necessary for the
22 administration of the grant applications and awards. Neither the entity,
23 program, or gambling addiction counselor providing the gambling
24 addiction counseling services nor the recipients of the counseling services
25 need to be located within the jurisdiction of an eligible local
26 governmental entity in order to receive a grant or counseling services. At
27 the end of a fiscal year, all unexpended and unencumbered money in the

1 gambling addiction account remains in the account and does not revert to
2 the general fund or any other fund or account.

3 (II) Notwithstanding section 24-1-136 (11)(a)(I), by January 1,
4 2009, and by each January 1 thereafter, the BEHAVIORAL HEALTH
5 ADMINISTRATION IN THE department of human services shall submit a
6 report to the health and human services committees of the senate and
7 house of representatives, or their successor committees, regarding the
8 grant program. The report shall detail the following information for the
9 fiscal year in which the report is submitted:

10 **SECTION 209.** In Colorado Revised Statutes, 44-30-1509,
11 **amend** (2)(d) introductory portion as follows:

12 **44-30-1509. Sports betting fund - creation - rules - definitions.**

13 (2) From the money in the sports betting fund, to the extent the
14 unexpended and unencumbered balance in the fund so permits, the state
15 treasurer shall:

16 (d) Fourth, transfer one hundred thirty thousand dollars annually
17 to the ~~office of~~ behavioral health ADMINISTRATION in the department of
18 human services, to be used as follows:

19 **SECTION 210. Safety clause.** The general assembly hereby
20 finds, determines, and declares that this act is necessary for the immediate
21 preservation of the public peace, health, or safety.