

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 19-0938.01 Shelby Ross x4510

SENATE BILL 19-222

SENATE SPONSORSHIP

Lee and Story, Bridges, Gonzales, Hisey, Rankin, Winter

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Senate Committees
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A BILL FOR AN ACT

101 **CONCERNING THE IMPROVEMENT OF ACCESS TO BEHAVIORAL HEALTH**
102 **SERVICES FOR INDIVIDUALS AT RISK OF INSTITUTIONALIZATION.**

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 requires the department of health care policy and financing (state department) to develop measurable outcomes to monitor efforts to prevent medicaid recipients from becoming involved in the criminal justice system.

The bill requires the state department to work collaboratively with managed care entities to create incentives for behavioral health providers

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.

to accept medicaid recipients with severe behavioral health disorders. The bill requires the state department to determine if seeking a 1115 demonstration waiver is the necessary response to the requirements of 42 CFR 438.6 (e) to ensure inpatient services are available to individuals with a serious mental illness. If the state department determines it is not appropriate, the state department is required to submit a report to the general assembly with the state department's reasoning and an alternative plan and proposed timeline for the implementation of the alternative plan.

The bill requires access to inpatient civil beds at the mental health institutes at Pueblo and Fort Logan to be based on the need of the individual and the inability of the individual to be stabilized in the community.

The bill creates a community behavioral health safety net system (safety net system) and requires the department of human services (department), in collaboration with the state department, to conduct the following activities:

- ! Define what constitutes a high-intensity behavioral health treatment program (treatment program), determine what an adequate network of high-intensity behavioral health treatment services includes, and identify existing treatment programs;
- ! Develop an implementation plan to increase the number of treatment programs in the state;
- ! Identify an advisory body to assist the department in creating a comprehensive proposal for a safety net system;
- ! Develop a comprehensive proposal to develop a safety net system that provides behavioral health services for individuals with severe behavioral health disorders;
- ! Implement the safety net system no later than January 1, 2024; and
- ! Provide an annual report from January 1, 2022, until July 1, 2024, on the progress made by the department in implementing and ensuring a safety net system to the public through the annual SMART Act hearing.

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

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

4 (a) Colorado has experienced a dramatic increase in the number
5 of individuals with severe behavioral health disorders who are arrested

1 and incarcerated, often for low-level crimes, and whose competency to
2 assist in their own defense is questioned, as the process is defined in
3 article 8.5 of title 16, Colorado Revised Statutes. To date, Colorado has
4 not consistently evaluated or treated such individuals in a timely and
5 clinically appropriate manner, resulting in lawsuits and millions of state
6 taxpayers' dollars unnecessarily spent.

7 (b) All Coloradans should have access to a high-quality behavioral
8 health system that serves individuals regardless of payer type or acuity
9 level and that has a full continuum of behavioral health treatment
10 services;

11 (c) Colorado has a significant interest in establishing the desired
12 outcomes for a safety net system that will effectively serve individuals
13 with severe behavioral health disorders; and

14 (d) Individuals with behavioral health disorders should not have
15 to enter the criminal justice system to access mental health services and
16 treatment options, because it is both costly for taxpayers and results in
17 poor outcomes.

18 (2) The general assembly further finds and declares that the state
19 shall ensure a safety net system that will not allow individuals with
20 behavioral health disorders to be turned away from treatment or
21 discharged without help and coordination unless or until the individual no
22 longer requires behavioral health services. The state shall assess the
23 current treatment system and ensure that adequate services exist in every
24 region of the state, including intensive community-based treatment and
25 supportive services that ensure individuals with the most difficult-to-treat
26 disorders are receiving services.

27 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-1-129 as

1 follows:

2 **25.5-1-129. Improving access to behavioral health services for**
3 **individuals at risk of entering the criminal justice system - duties of**

4 **the state department.** (1) ON OR BEFORE MARCH 1, 2020, THE STATE
5 DEPARTMENT SHALL DEVELOP MEASURABLE OUTCOMES TO MONITOR
6 EFFORTS TO PREVENT MEDICAID RECIPIENTS FROM BECOMING INVOLVED
7 IN THE CRIMINAL JUSTICE SYSTEM.

8 (2) ON OR BEFORE JULY 1, 2021, THE STATE DEPARTMENT SHALL
9 WORK COLLABORATIVELY WITH MANAGED CARE ENTITIES TO CREATE
10 INCENTIVES FOR BEHAVIORAL HEALTH PROVIDERS TO ACCEPT MEDICAID
11 RECIPIENTS WITH SEVERE BEHAVIORAL HEALTH DISORDERS. THE
12 INCENTIVES MAY INCLUDE, BUT NEED NOT BE LIMITED TO, HIGHER
13 REIMBURSEMENT RATES, QUALITY PAYMENTS TO REGIONAL ACCOUNTABLE
14 ENTITIES FOR EXPANDED NETWORKS, ESTABLISHING PERFORMANCE
15 MEASURES AND PERFORMANCE IMPROVEMENT PLANS RELATED TO
16 NETWORK EXPANSION, TRANSPORTATION SOLUTIONS TO INCENTIVIZE
17 MEDICAID RECIPIENTS TO ATTEND HEALTH CARE APPOINTMENTS, AND
18 INCENTIVIZING PROVIDERS TO CONDUCT OUTREACH TO MEDICAID
19 RECIPIENTS TO ENSURE THAT THEY ARE ENGAGED IN NEEDED BEHAVIORAL
20 HEALTH SERVICES, INCLUDING TECHNICAL ASSISTANCE WITH BILLING
21 PROCEDURES. THE STATE DEPARTMENT MAY SEEK ANY FEDERAL
22 AUTHORIZATION NECESSARY TO CREATE THE INCENTIVES DESCRIBED IN
23 THIS SUBSECTION (2).

24 **SECTION 3.** In Colorado Revised Statutes, **add** 25.5-4-504 as
25 follows:

26 **25.5-4-504. Federal authorization - repeal.** (1) THE STATE
27 DEPARTMENT SHALL DETERMINE IF THE STATE SHOULD APPLY FOR A

1 SECTION 1115 DEMONSTRATION WAIVER TO IMPROVE CARE FOR ADULTS
2 WITH SERIOUS MENTAL ILLNESS IN RESPONSE TO 42 CFR 438.6 (e). IF THE
3 STATE DEPARTMENT DETERMINES THAT A SECTION 1115 DEMONSTRATION
4 WAIVER WOULD BE THE MOST APPROPRIATE WAY TO ENSURE INPATIENT
5 SERVICES ARE AVAILABLE TO INDIVIDUALS WITH SERIOUS MENTAL
6 ILLNESS, THE STATE DEPARTMENT IS AUTHORIZED TO APPLY FOR A SECTION
7 1115 DEMONSTRATION WAIVER AFTER NOTIFYING THE GENERAL
8 ASSEMBLY, INCLUDING THE JOINT BUDGET COMMITTEE OF THE GENERAL
9 ASSEMBLY.

10 (2) IF THE STATE DEPARTMENT DETERMINES THAT PURSUING A
11 SECTION 1115 DEMONSTRATION WAIVER WOULD BE INAPPROPRIATE, THE
12 STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE JOINT BUDGET
13 COMMITTEE OF THE GENERAL ASSEMBLY ON OR BEFORE MARCH 1, 2020,
14 WITH THE FOLLOWING INFORMATION:

15 (a) AN EXPLANATION OF WHY THE STATE DEPARTMENT BELIEVES
16 APPLYING FOR A SECTION 1115 DEMONSTRATION WAIVER IS NOT AN
17 APPROPRIATE WAY TO RESPOND TO THE IMPLICATIONS OF 42 CFR 438.6
18 (e);

19 (b) THE STATE DEPARTMENT'S ALTERNATIVE PLAN, IN LIEU OF A
20 SECTION 1115 DEMONSTRATION WAIVER, TO ENSURE SERVICES WILL BE
21 AVAILABLE TO MEDICAID RECIPIENTS WHO NEED LONG-TERM INPATIENT
22 SERVICES. THE ALTERNATIVE PLAN MUST DETAIL HOW THE STATE
23 DEPARTMENT WILL ENSURE ADEQUATE REIMBURSEMENT TO MEDICAID
24 PROVIDERS THAT TREAT MEDICAID RECIPIENTS WHO REQUIRE AN
25 INPATIENT STAY LONGER THAN FIFTEEN DAYS.

26 (c) A PROPOSED TIMELINE FOR IMPLEMENTATION OF THE STATE
27 DEPARTMENT'S ALTERNATIVE PLAN DESCRIBED IN SUBSECTION (2)(b) OF

1 THIS SECTION; AND

2 (d) ANY NECESSARY FISCAL OR LEGISLATIVE PROPOSALS FOR THE
3 IMPLEMENTATION OF THE STATE DEPARTMENT'S ALTERNATIVE PLAN
4 DESCRIBED IN SUBSECTION (2)(b) OF THIS SECTION.

5 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2020.

6 **SECTION 4.** In Colorado Revised Statutes, **add** 27-93-106 as
7 follows:

8 **27-93-106. Access to inpatient civil beds at institute.** ACCESS TO
9 INPATIENT CIVIL BEDS MUST BE BASED ON THE NEED OF THE INDIVIDUAL
10 AND THE INABILITY OF THAT INDIVIDUAL TO BE STABILIZED IN THE
11 COMMUNITY. GEOGRAPHIC LOCATION, CURRENT HEALTH CARE PROVIDER,
12 AND PAYER TYPE MUST NOT DETERMINE WHETHER AN INDIVIDUAL HAS
13 ACCESS TO A CIVIL INPATIENT BED.

14 **SECTION 5.** In Colorado Revised Statutes, **add** 27-94-106 as
15 follows:

16 **27-94-106. Access to inpatient civil beds at center.** ACCESS TO
17 INPATIENT CIVIL BEDS MUST BE BASED ON THE NEED OF THE INDIVIDUAL
18 AND THE INABILITY OF THAT INDIVIDUAL TO BE STABILIZED IN THE
19 COMMUNITY. GEOGRAPHIC LOCATION, CURRENT HEALTH CARE PROVIDER,
20 AND PAYER TYPE MUST NOT DETERMINE WHETHER AN INDIVIDUAL HAS
21 ACCESS TO A CIVIL INPATIENT BED.

22 **SECTION 6.** In Colorado Revised Statutes, **add** article 63 to title
23 27 as follows:

24 **ARTICLE 63**

25 **Community Behavioral Health Safety Net System**

26 **27-63-101. Definitions.** AS USED IN THE ARTICLE 63, UNLESS THE
27 CONTEXT OTHERWISE REQUIRES:

1 (1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL
2 ANDEMOTIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S
3 OVERALL WELLNESS. BEHAVIORAL HEALTH PROBLEMS AND DISORDERS
4 INCLUDE SUBSTANCE USE DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS,
5 SUICIDAL IDEATION, AND OTHER MENTAL HEALTH DISORDERS. PROBLEMS
6 RANGING FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO
7 DIAGNOSABLE AND TREATABLE DISEASES ARE INCLUDED IN THE TERM
8 "BEHAVIORAL HEALTH". AN INTELLECTUAL OR DEVELOPMENTAL
9 DISABILITY IS INSUFFICIENT TO EITHER JUSTIFY OR EXCLUDE A FINDING OF
10 A BEHAVIORAL HEALTH DISORDER.

11 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES.

12 **27-63-102. High-intensity behavioral health treatment**
13 **programs - identification - departments' duties.** (1) ON OR BEFORE
14 JULY 1, 2020, THE DEPARTMENT, IN COLLABORATION WITH THE
15 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL:

16 (a) DEFINE WHAT CONSTITUTES A HIGH-INTENSITY BEHAVIORAL
17 HEALTH TREATMENT PROGRAM, WHICH AT A MINIMUM MUST INCLUDE:

18 (I) A PROGRAM THAT HAS EVIDENCE OF EFFECTIVENESS IN
19 ENGAGING AND TREATING INDIVIDUALS WITH SEVERE BEHAVIORAL
20 HEALTH DISORDERS; AND

21 (II) A PROGRAM THAT CONDUCTS EXTENSIVE OUTREACH TO AND
22 ENGAGEMENT WITH HIGH-RISK POPULATIONS THAT ARE KNOWN AND
23 UNKNOWN TO CURRENT HEALTH SYSTEMS;

24 (b) DETERMINE WHAT AN ADEQUATE NETWORK OF
25 HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT SERVICES INCLUDES BY
26 ENGAGING COUNTY STAKEHOLDERS, LAW ENFORCEMENT STAKEHOLDERS,
27 AND JUDICIAL DISTRICTS TO UNDERSTAND WHAT PROGRAMS ARE NEEDED

1 TO ASSIST IN THE DIVERSION AND RELEASE OF INDIVIDUALS WITH
2 BEHAVIORAL HEALTH DISORDERS FROM THE CRIMINAL JUSTICE AND
3 JUVENILE JUSTICE SYSTEMS; AND

4 (c) IDENTIFY EXISTING HIGH-INTENSITY BEHAVIORAL HEALTH
5 TREATMENT PROGRAMS, BASED ON THE DEFINITION DEVELOPED BY THE
6 DEPARTMENTS PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, THAT
7 ARE AVAILABLE THROUGHOUT THE STATE AND WHERE ADDITIONAL
8 HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT PROGRAMS ARE
9 NEEDED.

10 **27-63-103. Implementation plan - departments' duties -**
11 **report.** (1) ON OR BEFORE NOVEMBER 1, 2020, THE DEPARTMENT, IN
12 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
13 FINANCING, SHALL DEVELOP AN IMPLEMENTATION PLAN TO INCREASE THE
14 NUMBER OF HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT PROGRAMS
15 STATEWIDE.

16 (2) HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT PROGRAMS
17 MUST BE AVAILABLE FOR BOTH INDIVIDUALS UNDER CIVIL COMMITMENT
18 AND THOSE INVOLVED WITH OR AT RISK OF INVOLVEMENT WITH THE
19 CRIMINAL JUSTICE SYSTEM, INCLUDING INDIVIDUALS WITH CO-OCCURRING
20 MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

21 (3) THE IMPLEMENTATION PLAN MUST INCLUDE THE FOLLOWING
22 INFORMATION:

23 (a) FUNDING OR LEGISLATIVE RECOMMENDATIONS THAT ARE
24 NEEDED TO APPROPRIATELY IMPLEMENT THE PLAN;

25 (b) POTENTIAL COSTS ASSOCIATED WITH CREATING A
26 HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT PROGRAM;

27 (c) POTENTIAL COST-SHARING OPPORTUNITIES WITH LOCAL

1 MUNICIPALITIES AND COUNTIES;

2 (d) OTHER RECOMMENDATIONS ON ISSUES, SUCH AS LOCAL ZONING
3 BARRIERS, TRANSPORTATION, HOUSING, AND WORKFORCE; AND

4 (e) HOW THE DEPARTMENTS' PLAN ENSURES HIGH-INTENSITY
5 BEHAVIORAL HEALTH OUTPATIENT TREATMENT PROGRAMS ARE
6 AVAILABLE STATEWIDE.

7 (4) THE DEPARTMENT SHALL SUBMIT A REPORT OUTLINING THE
8 PROGRESS MADE TOWARD ENSURING THAT HIGH-INTENSITY BEHAVIORAL
9 HEALTH TREATMENT PROGRAMS ARE AVAILABLE STATEWIDE, BASED ON
10 THE IMPLEMENTATION PLAN. THE REPORT MUST BE SUBMITTED TO THE
11 JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY NO LATER THAN
12 JANUARY 1, 2022.

13 **27-63-104. Community behavioral health safety net system**
14 **advisory body - creation - membership - repeal.** (1) THE DEPARTMENT
15 SHALL IDENTIFY AN ADVISORY BODY, REFERRED TO IN THIS ARTICLE 63 AS
16 THE "ADVISORY BODY", TO ASSIST THE DEPARTMENT IN CREATING A
17 COMPREHENSIVE PROPOSAL FOR A BEHAVIORAL HEALTH SAFETY NET
18 SYSTEM. THE ADVISORY BODY SHALL INCLUDE BUT NOT BE LIMITED TO
19 REPRESENTATIVES FROM OTHER RELEVANT STATE DEPARTMENTS,
20 REPRESENTATIVES FROM COUNTIES REPRESENTING VARIOUS REGIONS OF
21 THE STATE AFFECTED BY COMMUNITY BEHAVIORAL HEALTH SERVICE
22 AVAILABILITY, REPRESENTATIVES FROM LAW ENFORCEMENT, CONSUMERS,
23 FAMILY MEMBERS OF CONSUMERS, AND ADVOCATES. VOTING MEMBERS OF
24 THE ADVISORY BODY SHALL NOT INCLUDE BEHAVIORAL HEALTH
25 PROVIDERS THAT HAVE A POTENTIAL FINANCIAL INTEREST RELATED TO
26 THE PROVISION OF DELIVERING CLINICAL SERVICES IN THE BEHAVIORAL
27 HEALTH SAFETY NET SYSTEM.

1 **(2) Safety net system comprehensive proposal.** (a) NO LATER
2 THAN JULY 1, 2021, THE DEPARTMENT, IN COLLABORATION WITH THE
3 ADVISORY BODY, SHALL DEVELOP A COMPREHENSIVE PROPOSAL TO
4 DEVELOP A SAFETY NET SYSTEM THAT PROVIDES BEHAVIORAL HEALTH
5 SERVICES FOR INDIVIDUALS WITH SEVERE BEHAVIORAL HEALTH
6 DISORDERS, REFERRED TO IN THIS ARTICLE 63 AS A "SAFETY NET SYSTEM",
7 INCLUDING INDIVIDUALS WITH CO-OCCURRING MENTAL HEALTH AND
8 SUBSTANCE USE DISORDERS.

9 (b) THE DEPARTMENT SHALL SOLICIT FEEDBACK FROM COMMUNITY
10 STAKEHOLDERS AND ENGAGE COMMUNITY STAKEHOLDERS WHEN
11 DEVELOPING THE PROPOSAL DESCRIBED IN SUBSECTION (2)(a) OF THIS
12 SECTION, INCLUDING DIRECT ENGAGEMENT OF CONSUMERS AND
13 CONSUMERS' FAMILIES, MANAGED SERVICE ORGANIZATIONS, HEALTH CARE
14 PROVIDERS, REGIONAL ACCOUNTABLE ENTITIES, COMMUNITY MENTAL
15 HEALTH CENTERS, AND SUBSTANCE USE DISORDER SERVICES PROVIDERS.

16 (c) THE SAFETY NET SYSTEM COMPREHENSIVE PROPOSAL MUST, AT
17 A MINIMUM:

18 (I) IDENTIFY WHAT BEHAVIORAL HEALTH SERVICES EACH
19 COMMUNITY MUST HAVE ACCESS TO IN EACH REGION OF THE STATE;

20 (II) DEVELOP AN ADEQUATE FUNDING MODEL TO ENSURE THE
21 VIABILITY OF THE SAFETY NET SYSTEM. THE FUNDING MODEL MUST
22 SUPPLEMENT AND NOT SUPPLANT ANY STATE FUNDING TO COMPLEMENT
23 MEDICAID, FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT
24 BLOCK GRANTS, FEDERAL MENTAL HEALTH SERVICES BLOCK GRANTS, AND
25 PRIVATE PAY FUNDING.

26 (III) PROVIDE RECOMMENDATIONS, INCLUDING LEGISLATIVE
27 RECOMMENDATIONS, TO ADDRESS BARRIERS TO BEHAVIORAL HEALTH

1 PROVIDERS AROUND LICENSING, HOUSING, TRANSPORTATION, WORKFORCE,
2 AND ANY OTHER BARRIER THAT CURBS ACCESS TO CARE; AND

3 (IV) SET FORTH CRITERIA, WITH FEEDBACK FROM BEHAVIORAL
4 HEALTH PROVIDERS, FOR WHEN THE NEEDS OF AN INDIVIDUAL REFERRED
5 TO A SAFETY NET PROVIDER EXCEED THE RESPONSIBILITY OF THE
6 BEHAVIORAL HEALTH PROVIDER.

7 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

8 **27-63-105. Safety net system implementation - safety net**
9 **system criteria.** (1) NO LATER THAN JANUARY 1, 2024, THE DEPARTMENT
10 SHALL IMPLEMENT THE SAFETY NET SYSTEM DEVELOPED PURSUANT TO
11 SECTION 27-63-104 (2), WHICH SHALL MEET THE FOLLOWING CRITERIA:

12 (a) THE SAFETY NET SYSTEM MUST NOT REFUSE TO TREAT AN
13 INDIVIDUAL BASED ON THE FOLLOWING:

14 (I) THE INDIVIDUAL'S INSURANCE COVERAGE, LACK OF INSURANCE
15 COVERAGE, OR ABILITY OR INABILITY TO PAY FOR BEHAVIORAL HEALTH
16 SERVICES;

17 (II) THE INDIVIDUAL'S CLINICAL ACUITY LEVEL RELATED TO THE
18 INDIVIDUAL'S BEHAVIORAL HEALTH DISORDER, INCLUDING WHETHER THE
19 INDIVIDUAL HAS BEEN CERTIFIED PURSUANT TO ARTICLE 65 OF THIS TITLE
20 27;

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

26 (IV) THE INDIVIDUAL'S INVOLVEMENT IN THE CRIMINAL OR
27 JUVENILE JUSTICE SYSTEM;

1 (V) THE INDIVIDUAL'S CURRENT INVOLVEMENT IN THE CHILD
2 WELFARE SYSTEM;

3 (VI) THE INDIVIDUAL'S CO-OCCURRING MENTAL HEALTH AND
4 SUBSTANCE USE DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR
5 DEVELOPMENTAL DISABILITY; OR

6 (VII) THE INDIVIDUAL'S DISPLAYS OF AGGRESSIVE BEHAVIOR, OR
7 HISTORY OF AGGRESSIVE BEHAVIOR, AS A RESULT OF A SYMPTOM OF A
8 DIAGNOSED MENTAL HEALTH DISORDER OR SUBSTANCE INTOXICATION;

9 (b) THE SAFETY NET SYSTEM MUST:

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

13 (II) PROMOTE COMPETENCY IN DE-ESCALATION TECHNIQUES;

14 (III) UTILIZE ADEQUATE NETWORKS FOR TIMELY ACCESS TO
15 TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL HEALTH
16 TREATMENT AND COMMUNITY TREATMENT FOR CHILDREN, YOUTH,
17 ADULTS, AND OTHER INDIVIDUALS;

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

21 (V) TRIAGE INDIVIDUALS WHO NEED ALTERNATIVE SERVICES
22 OUTSIDE THE SCOPE OF THE SAFETY NET SYSTEM;

23 (VI) PROMOTE PATIENT-CENTERED CARE AND CULTURAL
24 AWARENESS;

25 (VII) UPDATE INFORMATION AS REQUESTED BY THE DEPARTMENT
26 ABOUT AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION
27 OF THE STATE;

1 (VIII) UTILIZE EVIDENCE-BASED OR EVIDENCE-INFORMED
2 PROGRAMMING TO PROMOTE QUALITY SERVICES; AND

3 (IX) MEET ANY OTHER CRITERIA ESTABLISHED BY THE
4 DEPARTMENT.

5 (2) THE SAFETY NET SYSTEM MUST HAVE A NETWORK OF
6 BEHAVIORAL HEALTH CARE PROVIDERS TO ENSURE INDIVIDUALS WITH
7 SEVERE BEHAVIORAL HEALTH DISORDERS ARE TRIAGED IN A TIMELY
8 MANNER TO THE APPROPRIATE CARE SETTING IF AN INDIVIDUAL
9 BEHAVIORAL HEALTH CARE PROVIDER IS UNABLE TO PROVIDE ONGOING
10 CARE AND TREATMENT FOR THE INDIVIDUAL. THE DEPARTMENT SHALL
11 CONSIDER COMMUNITY MENTAL HEALTH CENTERS, MANAGED SERVICE
12 ORGANIZATIONS, CONTRACTORS FOR THE STATEWIDE BEHAVIORAL
13 HEALTH CRISIS RESPONSE SYSTEM, AND OTHER BEHAVIORAL HEALTH
14 COMMUNITY PROVIDERS AS KEY ELEMENTS IN THE BEHAVIORAL HEALTH
15 SAFETY NET SYSTEM.

16 **27-63-106. Safety net system - effectiveness - report.** (1) FROM
17 JANUARY 1, 2022, UNTIL JULY 1, 2024, THE DEPARTMENT SHALL PROVIDE
18 AN ANNUAL REPORT ON THE PROGRESS MADE BY THE DEPARTMENT IN
19 IMPLEMENTING AND ENSURING A SAFETY NET SYSTEM TO THE PUBLIC
20 THROUGH THE ANNUAL HEARING, PURSUANT TO THE "STATE
21 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
22 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

23 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), NO LATER
24 THAN JANUARY 1, 2025, THE DEPARTMENT SHALL PROVIDE AN ANNUAL
25 REPORT TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY
26 RELATED TO THE EXPENDITURES, OUTCOMES, AND EFFECTIVENESS OF THE
27 SAFETY NET SYSTEM BY SERVICE AREA REGION, INCLUDING ANY

1 RECOMMENDATIONS TO IMPROVE THE SYSTEM AND THE TRANSPARENCY
2 OF THE SYSTEM.

3 **SECTION 7. Safety clause.** The general assembly hereby finds,
4 determines, and declares that this act is necessary for the immediate
5 preservation of the public peace, health, and safety.