

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

PREAMENDED

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

LLS NO. 19-0938.01 Shelby Ross x4510

SENATE BILL 19-222

SENATE SPONSORSHIP

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

HOUSE SPONSORSHIP

Esgar and Landgraf, Herod, Larson, Liston, Pelton, Rich, Roberts, Sandridge, Soper, Will,
Wilson

Senate Committees

Judiciary
Appropriations

House Committees

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 strengthening outcomes
12 for the behavioral health safety net system that will effectively serve
13 individuals 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 strengthen and expand the safety net system that will not allow
20 individuals with behavioral health disorders to be turned away from
21 treatment or discharged without help and coordination unless or until the
22 individual no longer requires behavioral health services. The state shall
23 assess the current treatment system and ensure that adequate services
24 exist in every region of the state, including intensive community-based
25 treatment and supportive services that ensure individuals with the most
26 difficult-to-treat 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 ADEQUATE 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 ASSERTIVE 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 COLLABORATING WITH STAKEHOLDERS, WHICH INCLUDE BUT ARE NOT
27 LIMITED TO, COUNTIES; LAW ENFORCEMENT; COMMUNITY MENTAL HEALTH

1 CENTERS; SUBSTANCE USE PROVIDERS; AND OTHER BEHAVIORAL HEALTH
2 PROVIDERS, HOSPITALS, PHYSICAL HEALTH PROVIDERS, AND JUDICIAL
3 DISTRICTS TO UNDERSTAND WHAT SERVICES AND SUPPORTS ARE NEEDED
4 TO ASSIST IN THE DIVERSION AND RELEASE OF INDIVIDUALS WITH
5 BEHAVIORAL HEALTH DISORDERS FROM THE CRIMINAL JUSTICE AND
6 JUVENILE JUSTICE SYSTEMS; AND

7 (c) IDENTIFY EXISTING HIGH-INTENSITY BEHAVIORAL HEALTH
8 TREATMENT PROGRAMS, BASED ON THE DEFINITION DEVELOPED BY THE
9 DEPARTMENTS PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, THAT
10 ARE AVAILABLE THROUGHOUT THE STATE AND WHERE THOSE PROGRAMS
11 REQUIRE ADDITIONAL RESOURCES TO MEET THE IDENTIFIED NEEDS OR
12 WHERE ADDITIONAL HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT
13 PROGRAMS ARE NEEDED.

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

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

25 (3) THE IMPLEMENTATION PLAN MUST INCLUDE THE FOLLOWING
26 INFORMATION:

27 (a) FUNDING OR LEGISLATIVE RECOMMENDATIONS THAT ARE

1 NEEDED TO APPROPRIATELY IMPLEMENT THE PLAN;

2 (b) POTENTIAL COSTS ASSOCIATED WITH INCREASING THE NUMBER
3 OR AVAILABILITY OF HIGH-INTENSITY BEHAVIORAL HEALTH TREATMENT
4 PROGRAMS AND EXPANDING STATEWIDE CAPACITY;

5 (c) POTENTIAL COST-SHARING OPPORTUNITIES WITH LOCAL
6 MUNICIPALITIES AND COUNTIES;

7 (d) OTHER RECOMMENDATIONS ON ISSUES, SUCH AS LOCAL
8 VARIABLES, ZONING BARRIERS, TRANSPORTATION, HOUSING, AND
9 WORKFORCE; AND

10 (e) HOW THE DEPARTMENTS' PLAN ENSURES HIGH-INTENSITY
11 BEHAVIORAL HEALTH OUTPATIENT TREATMENT PROGRAMS ARE
12 AVAILABLE STATEWIDE.

13 (4) THE DEPARTMENT SHALL SUBMIT A REPORT OUTLINING THE
14 PROGRESS MADE TOWARD ENSURING THAT HIGH-INTENSITY BEHAVIORAL
15 HEALTH TREATMENT PROGRAMS ARE AVAILABLE STATEWIDE, BASED ON
16 THE IMPLEMENTATION PLAN. THE REPORT MUST BE SUBMITTED TO THE
17 JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY NO LATER THAN
18 JANUARY 1, 2022.

19 **27-63-104. Community behavioral health safety net system**
20 **advisory body - creation - membership - repeal.** (1) THE DEPARTMENT
21 SHALL IDENTIFY AN ADVISORY BODY, REFERRED TO IN THIS ARTICLE 63 AS
22 THE "ADVISORY BODY", TO ASSIST THE DEPARTMENT IN CREATING A
23 COMPREHENSIVE PROPOSAL TO STRENGTHEN AND EXPAND THE
24 BEHAVIORAL HEALTH SAFETY NET SYSTEM. THE ADVISORY BODY SHALL
25 INCLUDE BUT NOT BE LIMITED TO REPRESENTATIVES FROM OTHER
26 RELEVANT STATE DEPARTMENTS, REPRESENTATIVES FROM COUNTIES
27 REPRESENTING VARIOUS REGIONS OF THE STATE AFFECTED BY COMMUNITY

1 BEHAVIORAL HEALTH SERVICE AVAILABILITY, REPRESENTATIVES FROM
2 LAW ENFORCEMENT, CONSUMERS, FAMILY MEMBERS OF CONSUMERS,
3 BEHAVIORAL HEALTH PROVIDERS, BEHAVIORAL HEALTH ADMINISTRATIVE
4 ORGANIZATIONS, AND ADVOCATES. MEMBERS OF THE ADVISORY BODY
5 SHALL DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND SHALL RECUSE
6 THEMSELVES FROM VOTING WHEN THE MEMBER HAS A FINANCIAL
7 INTEREST RELATED TO THE PROVISION OF DELIVERING CLINICAL SERVICES
8 IN THE BEHAVIORAL HEALTH SAFETY NET SYSTEM. VOTING MEMBERS OF
9 THE ADVISORY BODY SHALL NOT INCLUDE BEHAVIORAL HEALTH
10 PROVIDERS THAT HAVE A POTENTIAL FINANCIAL INTEREST RELATED TO
11 THE PROVISION OF DELIVERING CLINICAL SERVICES IN THE BEHAVIORAL
12 HEALTH SAFETY NET SYSTEM.

13 (2) **Safety net system comprehensive proposal.** (a) NO LATER
14 THAN JULY 1, 2021, THE DEPARTMENT, IN COLLABORATION WITH THE
15 ADVISORY BODY, SHALL DEVELOP A COMPREHENSIVE PROPOSAL TO
16 STRENGTHEN AND EXPAND THE SAFETY NET SYSTEM THAT PROVIDES
17 BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS WITH SEVERE
18 BEHAVIORAL HEALTH DISORDERS, REFERRED TO IN THIS ARTICLE 63 AS A
19 "SAFETY NET SYSTEM", INCLUDING INDIVIDUALS WITH CO-OCCURRING
20 MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

21 (b) THE DEPARTMENT AND ADVISORY BODY SHALL SOLICIT
22 FEEDBACK FROM COMMUNITY STAKEHOLDERS AND ENGAGE COMMUNITY
23 STAKEHOLDERS WHEN DEVELOPING THE PROPOSAL DESCRIBED IN
24 SUBSECTION (2)(a) OF THIS SECTION, INCLUDING DIRECT ENGAGEMENT OF
25 CONSUMERS AND CONSUMERS' FAMILIES, MANAGED SERVICE
26 ORGANIZATIONS, HEALTH CARE PROVIDERS, REGIONAL ACCOUNTABLE
27 ENTITIES, COMMUNITY MENTAL HEALTH CENTERS, AND SUBSTANCE USE

1 DISORDER SERVICES PROVIDERS.

2 (c) THE SAFETY NET SYSTEM COMPREHENSIVE PROPOSAL MUST, AT
3 A MINIMUM:

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

6 (II) DEVELOP A FUNDING MODEL TO ENSURE THE VIABILITY OF THE
7 SAFETY NET SYSTEM. THE FUNDING MODEL MUST SUPPLEMENT AND NOT
8 SUPPLANT ANY STATE FUNDING TO COMPLEMENT MEDICAID, FEDERAL
9 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS,
10 FEDERAL MENTAL HEALTH SERVICES BLOCK GRANTS, AND PRIVATE PAY
11 FUNDING.

12 (III) PROVIDE LOCALLY RESPONSIVE RECOMMENDATIONS,
13 INCLUDING LEGISLATIVE RECOMMENDATIONS, TO ADDRESS _____
14 BEHAVIORAL HEALTH PROVIDER LICENSING AND REGULATIONS, HOUSING,
15 TRANSPORTATION, WORKFORCE, AND ANY OTHER BARRIER THAT CURBS
16 ACCESS TO CARE; AND

17 (IV) SET FORTH CRITERIA AND PROCESSES, IN COLLABORATION
18 WITH BEHAVIORAL HEALTH PROVIDERS, FOR WHEN THE NEEDS OF AN
19 INDIVIDUAL REFERRED TO A SAFETY NET PROVIDER EXCEED THE
20 TREATMENT CAPACITY OR CLINICAL EXPERTISE OF THAT PROVIDER. _____

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

22 **27-63-105. Safety net system implementation - safety net**
23 **system criteria.** (1) NO LATER THAN JANUARY 1, 2024, THE DEPARTMENT
24 SHALL IMPLEMENT THE COMPREHENSIVE PROPOSAL AND THE FUNDING
25 MODEL DEVELOPED PURSUANT TO SECTION 27-63-104 (2), WHICH SHALL
26 MEET THE FOLLOWING CRITERIA:

27 (a) THE SAFETY NET SYSTEM MUST NOT REFUSE TO TREAT AN

1 INDIVIDUAL BASED ON THE FOLLOWING:

2 (I) THE INDIVIDUAL'S INSURANCE COVERAGE, LACK OF INSURANCE
3 COVERAGE, OR ABILITY OR INABILITY TO PAY FOR BEHAVIORAL HEALTH
4 SERVICES;

5 (II) THE INDIVIDUAL'S CLINICAL ACUITY LEVEL RELATED TO THE
6 INDIVIDUAL'S BEHAVIORAL HEALTH DISORDER, INCLUDING WHETHER THE
7 INDIVIDUAL HAS BEEN CERTIFIED PURSUANT TO ARTICLE 65 OF THIS TITLE
8 27;

9 (III) THE INDIVIDUAL'S READINESS TO TRANSITION OUT OF THE
10 COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO, THE COLORADO
11 MENTAL HEALTH INSTITUTE AT FORT LOGAN, OR ANY OTHER MENTAL
12 HEALTH INSTITUTE BECAUSE THE INDIVIDUAL NO LONGER REQUIRES
13 INPATIENT CARE AND TREATMENT;

14 (IV) THE INDIVIDUAL'S INVOLVEMENT IN THE CRIMINAL OR
15 JUVENILE JUSTICE SYSTEM;

16 (V) THE INDIVIDUAL'S CURRENT INVOLVEMENT IN THE CHILD
17 WELFARE SYSTEM;

18 (VI) THE INDIVIDUAL'S CO-OCCURRING MENTAL HEALTH AND
19 SUBSTANCE USE DISORDERS, PHYSICAL DISABILITY, OR INTELLECTUAL OR
20 DEVELOPMENTAL DISABILITY; OR

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

24 (b) THE SAFETY NET SYSTEM MUST:

25 (I) PROACTIVELY ENGAGE HARD-TO-SERVE INDIVIDUALS WITH
26 ADEQUATE CASE MANAGEMENT AND CARE COORDINATION THROUGHOUT
27 THE CARE CONTINUUM;

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

2 (III) UTILIZE ADEQUATE NETWORKS FOR TIMELY ACCESS TO
3 TREATMENT, INCLUDING HIGH-INTENSITY BEHAVIORAL HEALTH
4 TREATMENT AND COMMUNITY TREATMENT FOR CHILDREN, YOUTH,
5 ADULTS, AND OTHER INDIVIDUALS;

6 (IV) REQUIRE _____ COLLABORATION WITH ALL LOCAL LAW
7 ENFORCEMENT JURISDICTIONS AND COUNTIES IN THE SERVICE AREA,
8 INCLUDING COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES;

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

11 (VI) PROMOTE PATIENT-CENTERED CARE AND CULTURAL
12 AWARENESS;

13 (VII) UPDATE INFORMATION AS REQUESTED BY THE DEPARTMENT
14 ABOUT AVAILABLE TREATMENT OPTIONS AND OUTCOMES IN EACH REGION
15 OF THE STATE;

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

18 (IX) MEET ANY OTHER CRITERIA ESTABLISHED BY THE
19 DEPARTMENT.

20 (2) THE SAFETY NET SYSTEM MUST HAVE A NETWORK OF
21 BEHAVIORAL HEALTH CARE PROVIDERS THAT COLLECTIVELY OFFER A FULL
22 CONTINUUM OF SERVICES TO ENSURE INDIVIDUALS WITH SEVERE
23 BEHAVIORAL HEALTH DISORDERS ARE TRIAGED IN A TIMELY MANNER TO
24 THE APPROPRIATE CARE SETTING IF AN INDIVIDUAL BEHAVIORAL HEALTH
25 CARE PROVIDER IS UNABLE TO PROVIDE ONGOING CARE AND TREATMENT
26 FOR THE INDIVIDUAL. THE DEPARTMENT SHALL CONSIDER COMMUNITY
27 MENTAL HEALTH CENTERS, MANAGED SERVICE ORGANIZATIONS,

1 CONTRACTORS FOR THE STATEWIDE BEHAVIORAL HEALTH CRISIS RESPONSE
2 SYSTEM, AND OTHER BEHAVIORAL HEALTH COMMUNITY PROVIDERS AS
3 KEY ELEMENTS IN THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.

4 **27-63-106. Safety net system - effectiveness - report.** (1) FROM
5 JANUARY 1, 2022, UNTIL JULY 1, 2024, THE DEPARTMENT SHALL PROVIDE
6 AN ANNUAL REPORT ON THE PROGRESS MADE BY THE DEPARTMENT ON
7 THE BEHAVIORAL HEALTH SAFETY NET SYSTEM TO THE PUBLIC THROUGH
8 THE ANNUAL HEARING, PURSUANT TO THE "STATE MEASUREMENT FOR
9 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
10 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

11 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), NO LATER
12 THAN JANUARY 1, 2025, THE DEPARTMENT SHALL PROVIDE AN ANNUAL
13 REPORT TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY
14 RELATED TO THE EXPENDITURES, OUTCOMES, AND EFFECTIVENESS OF THE
15 SAFETY NET SYSTEM BY SERVICE AREA REGION, INCLUDING ANY
16 RECOMMENDATIONS TO IMPROVE THE SYSTEM AND THE TRANSPARENCY
17 OF THE SYSTEM.

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