

SB195\_L.002

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

SB19-195 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and  
2 substitute:

3 **"SECTION 1. Legislative declaration.** The general assembly  
4 finds and declares that, in 2017, suicide was the leading cause of death for  
5 children and youth 10 to 24 years of age in the state of Colorado.  
6 Childhood and adolescence are critical periods of risk for the onset of a  
7 behavioral health disorder. Nationally, half of all lifetime cases of mental  
8 illness begin by 14 years of age and three-quarters begin by 24 years of  
9 age. Children and youth may be exposed to trauma, maltreatment, and  
10 other adverse childhood experiences that may be risk factors for  
11 behavioral health diagnoses in adolescence and adulthood, and there is a  
12 need to strengthen the protective factors for child and youth health and  
13 safety because children and youth have unique physical and behavioral  
14 health needs. Additionally, many children and youth are left undiagnosed  
15 and untreated because they have not been exposed to adverse childhood  
16 experiences or do not show outward signs that would identify the child or  
17 youth as at risk.

18 **SECTION 2.** In Colorado Revised Statutes, **add** part 8 to article  
19 5 of title 25.5 as follows:

20 PART 8

21 CHILDREN AND YOUTH BEHAVIORAL  
22 HEALTH SYSTEM IMPROVEMENTS

23 **25.5-5-801. Legislative declaration.** (1) THE GENERAL  
24 ASSEMBLY FINDS AND DECLARES THAT:

25 (a) IN ORDER TO PROVIDE QUALITY BEHAVIORAL HEALTH SERVICES  
26 TO FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
27 CHALLENGES, BEHAVIORAL HEALTH SERVICES SHOULD BE COORDINATED  
28 AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE  
29 AND SHOULD BE CULTURALLY COMPETENT, COST-EFFECTIVE, AND  
30 PROVIDED IN THE LEAST RESTRICTIVE SETTINGS;

31 (b) THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND  
32 YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE  
33 CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN  
34 PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND  
35 SERVICES FOR CHILDREN AND YOUTH;

36 (c) CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
37 CHALLENGES MAY REQUIRE A MULTI-SYSTEM LEVEL OF CARE THAT CAN  
38 LEAD TO DUPLICATION AND FRAGMENTATION OF SERVICES. TO AVOID  
39 THESE PROBLEMS, KEEP FAMILIES TOGETHER, AND SUPPORT CAREGIVERS  
40 DURING A CHILD'S OR YOUTH'S BEHAVIORAL HEALTH CHALLENGE,

1 DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST  
2 COLLABORATE WITH ONE ANOTHER;

3 (d) THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT OF  
4 2018", AS DEFINED IN SECTION 26-5-101 (4.5), WILL BRING MAJOR  
5 CHANGES TO THE CHILD WELFARE SYSTEM, INCLUDING SUPPORTING MORE  
6 CHILDREN IN THE COMMUNITY AND REQUIRING A STRONG AND EFFECTIVE  
7 CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM; AND

8 (e) THE COLORADO STATE INNOVATION MODEL, AN INITIATIVE  
9 HOUSED IN THE OFFICE OF THE GOVERNOR, HAS WORKED TO INTEGRATE  
10 BEHAVIORAL HEALTH AND PHYSICAL HEALTH, HAS MADE SIGNIFICANT  
11 PROGRESS ADVANCING THE USE OF ALTERNATIVE PAYMENT MODELS, AND  
12 HAS CREATED INFRASTRUCTURE FOR SCREENING AND INNOVATIVE  
13 PAYMENT REFORMS. HOWEVER, FUTURE WORK IS NEEDED TO FURTHER  
14 EXPAND AND IMPROVE INTEGRATED SERVICES FOR CHILDREN AND  
15 FAMILIES, WITH A FOCUS ON EARLY AND UPSTREAM INTERVENTIONS.

16 (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT,  
17 BUILDING UPON WORK COMPLETED BY COLORADO'S TRAUMA-INFORMED  
18 SYSTEM OF CARE, COLORADO MUST IMPLEMENT A MODEL OF  
19 COMPREHENSIVE SYSTEM OF CARE FOR FAMILIES OF CHILDREN AND YOUTH  
20 WITH BEHAVIORAL HEALTH CHALLENGES.

21 **25.5-5-802. Definitions.** AS USED IN THIS PART 8, UNLESS THE  
22 CONTEXT OTHERWISE REQUIRES:

23 (1) "AT RISK OF DEVELOPING A BEHAVIORAL HEALTH DISORDER"  
24 MEANS THE OCCURRENCE OF ANY NUMBER OF PSYCHOLOGICAL OR SOCIAL  
25 RISK FACTORS, SUCH AS TRAUMA, THAT MAY MAKE A PERSON MORE  
26 LIKELY TO DEVELOP A BEHAVIORAL HEALTH DISORDER.

27 (2) "AT RISK OF OUT-OF-HOME PLACEMENT" MEANS A CHILD OR  
28 YOUTH WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO  
29 ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

30 (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH  
31 DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5), OR A BEHAVIORAL  
32 HEALTH DISORDER; AND

33 (b) MAY REQUIRE A LEVEL OF CARE THAT IS PROVIDED IN A  
34 RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR  
35 OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S  
36 HOME. "AT RISK OF OUT-OF-HOME PLACEMENT" INCLUDES A CHILD OR  
37 YOUTH WHO:

38 (I) IS ENTERING THE DIVISION OF YOUTH SERVICES; OR

39 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

40 (3) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE  
41 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL  
42 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES  
43 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY

1 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL  
2 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE  
3 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF  
4 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,  
5 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND  
6 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND  
7 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND  
8 RELATED HEALTH PROBLEMS.

9 (4) "BEHAVIORAL HEALTH SERVICES" OR "BEHAVIORAL HEALTH  
10 SYSTEM" MEANS THE CHILD AND YOUTH SERVICE SYSTEM THAT  
11 ENCOMPASSES PREVENTION AND PROMOTION OF EMOTIONAL HEALTH,  
12 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND  
13 SUBSTANCE USE CONDITIONS, AND RECOVERY SUPPORT.

14 (5) "CHILD AND YOUTH" MEANS A PERSON WHO IS TWENTY-SIX  
15 YEARS OF AGE OR YOUNGER.

16 (6) "MANAGED CARE ENTITY" MEANS AN ENTITY THAT ENTERS  
17 INTO A CONTRACT TO PROVIDE SERVICES IN THE STATEWIDE MANAGED  
18 CARE SYSTEM PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

19 (7) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL  
20 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43  
21 OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION  
22 27-65-102 (17).

23 (8) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO  
24 IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND  
25 6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

26 (a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH  
27 DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5), OR A BEHAVIORAL  
28 HEALTH DISORDER; AND

29 (b) MAY REQUIRE A LEVEL OF CARE THAT IS PROVIDED IN A  
30 RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR  
31 OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S  
32 HOME. "OUT-OF-HOME PLACEMENT" INCLUDES A CHILD OR YOUTH WHO:

33 (I) HAS ENTERED THE DIVISION OF YOUTH SERVICES; OR

34 (II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

35 (9) "STANDARDIZED ASSESSMENT TOOL" MEANS A MULTI-PURPOSE  
36 INSTRUMENT THAT FACILITATES THE LINK BETWEEN ASSESSMENT AND  
37 LEVEL OF CARE AND INDIVIDUALIZED SERVICE PLANNING; FACILITATES  
38 QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS FOR MONITORING OF  
39 OUTCOMES OF SERVICES.

40 (10) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,  
41 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING  
42 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL  
43 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH

1 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE  
2 FRAMEWORK.

3 **25.5-5-803. High-fidelity wraparound services for children**  
4 **and youth - federal approval - reporting.** (1) NO LATER THAN MARCH  
5 1, 2020, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION  
6 FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO  
7 PROVIDE WRAPAROUND SERVICES FOR ELIGIBLE CHILDREN AND YOUTH  
8 WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME  
9 PLACEMENT. PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE  
10 DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS  
11 INCLUDING COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE  
12 STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH  
13 WITH BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE  
14 PREVIOUSLY IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH  
15 PROFESSIONALS, AND OTHER RELEVANT DEPARTMENTS. THE STATE  
16 DEPARTMENT SHALL CONSIDER TIERED CARE COORDINATION AS AN  
17 APPROACH WHEN DEVELOPING THE WRAPAROUND MODEL.

18 (2) UPON FEDERAL AUTHORIZATION, THE STATE DEPARTMENT  
19 SHALL REQUIRE MANAGED CARE ENTITIES TO IMPLEMENT WRAPAROUND  
20 SERVICES, WHICH MAY BE CONTRACTED OUT TO A THIRD PARTY. THE  
21 STATE DEPARTMENT SHALL ENSURE CARE COORDINATORS AND THOSE  
22 RESPONSIBLE FOR IMPLEMENTING WRAPAROUND SERVICES HAVE  
23 ADEQUATE TRAINING AND RESOURCES TO SUPPORT CHILDREN AND YOUTH  
24 WHO MAY HAVE CO-OCCURRING DIAGNOSES, INCLUDING BEHAVIORAL  
25 HEALTH DISORDERS AND PHYSICAL OR INTELLECTUAL OR DEVELOPMENTAL  
26 DISABILITIES. ATTENTION MUST ALSO BE GIVEN TO THE GEOGRAPHIC  
27 DIVERSITY OF THE STATE IN DESIGNING THIS PROGRAM IN RURAL  
28 COMMUNITIES.

29 (3) UPON IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE  
30 STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL  
31 MONITOR AND REPORT THE ANNUAL COST SAVINGS ASSOCIATED WITH  
32 ELIGIBLE CHILDREN AND YOUTH RECEIVING WRAPAROUND SERVICES TO  
33 THE PUBLIC THROUGH THE ANNUAL HEARING, PURSUANT TO THE "STATE  
34 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT  
35 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE  
36 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL REQUIRE  
37 MANAGED CARE ENTITIES TO REPORT DATA ON THE UTILIZATION AND  
38 EFFECTIVENESS OF WRAPAROUND SERVICES.

39 (4) THE STATE DEPARTMENT SHALL WORK COLLABORATIVELY  
40 WITH THE DEPARTMENT OF HUMAN SERVICES, COUNTIES, AND OTHER  
41 DEPARTMENTS, AS APPROPRIATE, TO DEVELOP, IMPLEMENT, AND OVERSEE  
42 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK OF  
43 OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME PLACEMENT. AS PART

1 OF ROUTINE COLLABORATION, THE STATE DEPARTMENT SHALL DEVELOP  
2 A MODEL OF SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES IN  
3 CONSULTATION WITH THE DEPARTMENT OF HUMAN SERVICES.  
4 WRAPAROUND SERVICES PROVIDED TO ELIGIBLE CHILDREN AND YOUTH  
5 PURSUANT TO THIS SECTION MUST BE COVERED UNDER THE "COLORADO  
6 MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.  
7 THE STATE DEPARTMENT MAY USE TARGETING CRITERIA TO RAMP UP  
8 WRAPAROUND SERVICES AS SERVICE CAPACITY INCREASES, OR  
9 TEMPORARILY, AS NECESSARY, TO MEET CERTAIN FEDERAL FINANCIAL  
10 PARTICIPATION REQUIREMENTS.

11 **25.5-5-804. Standardized assessment tool - standardized**  
12 **screening tools - single referral and entry point. (1) Standardized**  
13 **assessment tool.** NO LATER THAN JULY 1, 2020, THE STATE DEPARTMENT  
14 AND DEPARTMENT OF HUMAN SERVICES SHALL JOINTLY SELECT A SINGLE  
15 STANDARDIZED ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF  
16 BEHAVIORAL HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN  
17 AND YOUTH AND TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR  
18 PROGRAMMATIC UTILIZATION. THE STATE DEPARTMENT AND DEPARTMENT  
19 OF HUMAN SERVICES SHALL CONSULT WITH COUNTIES, STAKEHOLDERS,  
20 AND OTHER RELEVANT DEPARTMENTS, AS APPROPRIATE, PRIOR TO  
21 SELECTING THE TOOL.

22 (2) **Standardized screening tools.** NO LATER THAN JULY 1, 2020,  
23 THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES  
24 SHALL SELECT DEVELOPMENTALLY APPROPRIATE AND CULTURALLY  
25 COMPETENT STATEWIDE BEHAVIORAL HEALTH STANDARDIZED SCREENING  
26 TOOLS FOR PRIMARY CARE PROVIDERS SERVING CHILDREN, YOUTH, AND  
27 CAREGIVERS IN THE PERINATAL PERIOD, INCLUDING POSTPARTUM WOMEN.  
28 THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES MAY  
29 MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE  
30 PROFESSIONALS AND THE PUBLIC. PRIOR TO THE ADOPTION OF THE  
31 STANDARDIZED ASSESSMENT TOOL DESCRIBED IN SUBSECTION (1) OF THIS  
32 SECTION, AND THE STANDARDIZED SCREENING TOOLS DESCRIBED IN THIS  
33 SUBSECTION (2), THE STATE DEPARTMENT SHALL LEAD A PUBLIC  
34 CONSULTATION PROCESS INVOLVING RELEVANT STAKEHOLDERS,  
35 INCLUDING HEALTH CARE PROFESSIONALS, WITH INPUT FROM THE  
36 DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT OF PUBLIC HEALTH  
37 AND ENVIRONMENT, AND THE DIVISION OF INSURANCE.

38 (3) **Statewide referral and entry point.** NO LATER THAN JULY 1,  
39 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT  
40 OF HUMAN SERVICES, THE DEPARTMENT OF PUBLIC HEALTH AND  
41 ENVIRONMENT, AND OTHER RELEVANT DEPARTMENTS AND COUNTIES, AS  
42 NECESSARY, SHALL DEVELOP A PLAN FOR ESTABLISHING A SINGLE  
43 STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND YOUTH WHO

1 HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE NEEDS ARE  
2 IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT. IN DEVELOPING THE  
3 SINGLE STATEWIDE REFERRAL AND ENTRY POINT, THE STATE DEPARTMENT  
4 SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS, INCLUDING  
5 COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE STATEWIDE  
6 MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH WITH  
7 BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE PREVIOUSLY  
8 IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH PROFESSIONALS,  
9 AND OTHER RELEVANT DEPARTMENTS.

10 **25.5-5-805. Integrated funding pilot.** NO LATER THAN JULY 1,  
11 2021, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT  
12 OF HUMAN SERVICES, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,  
13 SHALL DESIGN AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL  
14 HEALTH DELIVERY SYSTEM PILOT PROGRAM THAT ADDRESSES THE  
15 CHALLENGES OF FRAGMENTATION AND DUPLICATION OF BEHAVIORAL  
16 HEALTH SERVICES. THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR  
17 BEHAVIORAL HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS  
18 THE STATE TO SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH  
19 DISORDERS. TO IMPLEMENT THE PROVISIONS OF THIS SECTION, THE STATE  
20 DEPARTMENT SHALL COLLABORATE WITH THE DEPARTMENT OF HUMAN  
21 SERVICES AND OTHER RELEVANT STAKEHOLDERS, INCLUDING COUNTIES,  
22 MANAGED CARE ENTITIES, AND FAMILIES.

23 **SECTION 3.** In Colorado Revised Statutes, add article 51 to title  
24 25 as follows:

#### 25 **ARTICLE 51**

#### 26 **Standardized Screening and Assessment Tool Training**

27 **25-51-101. Training on standardized screening tools and**  
28 **standardized assessment tool.** FOLLOWING THE SELECTION OF THE  
29 STANDARDIZED SCREENING TOOLS AND THE STANDARDIZED ASSESSMENT  
30 TOOL, AS DESCRIBED IN SECTION 25.5-5-804, THE DEPARTMENT OF PUBLIC  
31 HEALTH AND ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE  
32 TRAINING ON THE STANDARDIZED SCREENING TOOLS AND THE  
33 STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND  
34 OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR  
35 CHILDREN, ENSURING THAT TRAINING IS OFFERED AT NO COST TO THE  
36 PROFESSIONAL. TRAINING SERVICES MAY BE CONTRACTED OUT TO A THIRD  
37 PARTY.

38 **SECTION 4.** In Colorado Revised Statutes, add article 62 to title  
39 27 as follows:

#### 40 **ARTICLE 62**

#### 41 **High-fidelity Wraparound Services for Children and Youth**

42 **27-62-101. High-fidelity wraparound services for children and**  
43 **youth - interagency coordination - reporting.** (1) PURSUANT TO

1 SECTION 25.5-5-803 (4), THE DEPARTMENT OF HUMAN SERVICES SHALL  
2 WORK COLLABORATIVELY WITH THE DEPARTMENT OF HEALTH CARE  
3 POLICY AND FINANCING, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,  
4 AS APPROPRIATE, TO DEVELOP AND OVERSEE WRAPAROUND SERVICES FOR  
5 CHILDREN AND YOUTH AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN  
6 OUT-OF-HOME PLACEMENT. AS PART OF ROUTINE COLLABORATION, THE  
7 DEPARTMENT OF HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF  
8 HEALTH CARE POLICY AND FINANCING IN DEVELOPING A MODEL OF  
9 SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES. THE DEPARTMENT  
10 OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND  
11 FINANCING SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS  
12 ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING  
13 WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,  
14 PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,  
15 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2  
16 OF ARTICLE 7 OF TITLE 2.

17 (2) TWO FULL-TIME STAFF PERSONS SHALL BE APPOINTED BY THE  
18 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES TO  
19 SUPPORT AND FACILITATE INTERAGENCY COORDINATION PURSUANT TO  
20 THIS ARTICLE 62, PART 8 OF ARTICLE 5 OF TITLE 25.5, AND ANY OTHER  
21 RELATED INTERAGENCY BEHAVIORAL HEALTH EFFORTS AS DETERMINED  
22 BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES.

23 **27-62-102. Standardized screening tools - standardized**  
24 **assessment tool - interagency coordination - single referral and entry**  
25 **point. (1) Standardized assessment tool.** PURSUANT TO SECTION  
26 25.5-5-804 (1), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
27 HUMAN SERVICES SHALL COORDINATE WITH THE DEPARTMENT OF HEALTH  
28 CARE POLICY AND FINANCING TO JOINTLY SELECT A SINGLE STANDARDIZED  
29 ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF BEHAVIORAL  
30 HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN AND YOUTH AND  
31 TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR PROGRAMMATIC  
32 UTILIZATION.

33 (2) **Standardized screening tools.** PURSUANT TO SECTION  
34 25.5-5-804 (2), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
35 HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF HEALTH CARE  
36 POLICY AND FINANCING IN SELECTING DEVELOPMENTALLY APPROPRIATE  
37 AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH  
38 STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING  
39 CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,  
40 INCLUDING POSTPARTUM WOMEN. THE DEPARTMENT OF HEALTH CARE  
41 POLICY AND FINANCING AND THE DEPARTMENT OF HUMAN SERVICES MAY  
42 MAKE THE TOOLS AVAILABLE ELECTRONICALLY FOR HEALTH CARE  
43 PROFESSIONALS AND THE PUBLIC.

1           (3) **Statewide referral and entry point.** PURSUANT TO SECTION  
2 25.5-5-804 (3), NO LATER THAN JULY 1, 2020, THE DEPARTMENT OF  
3 HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF HEALTH CARE  
4 POLICY AND FINANCING IN DEVELOPING A PLAN FOR ESTABLISHING A  
5 SINGLE STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND  
6 YOUTH WHO HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE  
7 NEEDS ARE IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT.

8           **SECTION 5. Act subject to petition - effective date.** This act  
9 takes effect at 12:01 a.m. on the day following the expiration of the  
10 ninety-day period after final adjournment of the general assembly (August  
11 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a  
12 referendum petition is filed pursuant to section 1 (3) of article V of the  
13 state constitution against this act or an item, section, or part of this act  
14 within such period, then the act, item, section, or part will not take effect  
15 unless approved by the people at the general election to be held in  
16 November 2020 and, in such case, will take effect on the date of the  
17 official declaration of the vote thereon by the governor."

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