

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

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 19-0717.01 Shelby Ross x4510

SENATE BILL 19-195

SENATE SPONSORSHIP

Fields and Gardner, Court, Crowder, Garcia, Lee, Moreno, Pettersen, Priola, Tate, Todd, Williams A., Zenzinger

HOUSE SPONSORSHIP

Kraft-Tharp and Landgraf,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING ENHANCEMENTS TO BEHAVIORAL HEALTH SERVICES AND**
102 **POLICY COORDINATION FOR CHILDREN AND YOUTH, AND, IN**
103 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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 office of children and youth behavioral health policy coordination (office) in the office of the governor. The bill also creates the children and youth behavioral health policy coordination commission (commission) and the children and youth behavioral health advisory council (council) in the office.

*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.*

SENATE
3rd Reading Unamended
April 24, 2019

SENATE
Amended 2nd Reading
April 23, 2019

The commission consists of 15 members, which must be appointed no later than September 1, 2019. The primary duties and responsibilities of the commission include:

- ! Providing leadership to increase and enhance efficient and effective behavioral health services to children and youth;
- ! Coordinating efforts between state agencies and departments to increase public understanding and awareness of child and youth behavioral health needs;
- ! Recommending shared policies to remove administrative barriers in order to facilitate collaboration between communities, state departments, and political subdivisions of the state;
- ! Monitoring and receiving updates related to network adequacy for access to behavioral health services in the state;
- ! Compiling and disseminating information regarding best practices for delivering and funding behavioral health services;
- ! Receiving and acting on recommendations;
- ! Recommending funds contained in each department's budget that can be identified for collaborative service delivery systems; and
- ! Beginning January 1, 2020, and each January 1 thereafter, recommending performance measures for each department, office, and county represented on the commission that will quantify and demonstrate the effectiveness of the behavioral health system in Colorado.

The commission shall consult and collaborate with other organizations that incorporate child behavioral health strategies when developing proposals, activities, and implementation planning.

Beginning October 1, 2019, the commission shall work collaboratively with the department of health care policy and financing and the department of human services (departments) to implement wraparound services for children and youth at risk of out-of-home placement. No later than July 1, 2020, the commission shall:

- ! Recommend to the departments programmatic utilization of a single standardized assessment tool to facilitate identification of behavioral health issues and other needs;
- ! Recommend to the departments developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period;
- ! Design and recommend a child and youth behavioral health delivery system pilot program that addresses the challenges

of fragmentation and duplication of behavioral health services.

The council consists of 25 members, who must be appointed no later than September 1, 2019. The primary duties, responsibilities, and functions of the council include:

- ! Assisting the commission in fulfilling its duties;
- ! Reviewing the commission's data on performance measures and providing input to the commission to ensure continuous quality improvement;
- ! Identifying, monitoring, soliciting input, and providing policy and budgetary recommendations on emerging children and youth behavioral health issues affecting the quality and availability of behavioral health services reported by local collaborative management programs; and
- ! Submitting any formal recommendations to the commission.

On or before July 1, 2020, and each July 1 thereafter, the governor shall ensure that an annual external evaluation of the commission and council is conducted by an independent organization, which evaluation must be made publicly available in an electronic format.

On or before July 1, 2020, and each July 1 thereafter, the commission shall submit an annual report to the governor and the health and human services committee of the senate and the public health care and human services committee of the house of representatives (committees). On or before January 15, 2021, and annually thereafter, the commission shall present the annual report and submit a progress report on any recommendations to the committees.

The commission and council are scheduled to repeal on September 1, 2024, after review by the department of regulatory agencies.

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

2 **SECTION 1. Legislative declaration.** The general assembly
3 finds and declares that, in 2017, suicide was the leading cause of death for
4 children and youth 10 to 24 years of age in the state of Colorado.
5 Childhood and adolescence are critical periods of risk for the onset of a
6 behavioral health disorder. Nationally, half of all lifetime cases of mental
7 illness begin by 14 years of age, and three-quarters begin by 24 years of
8 age. Children and youth may be exposed to trauma, maltreatment, and

1 other adverse childhood experiences that may be risk factors for
2 behavioral health diagnoses in adolescence and adulthood, and there is a
3 need to strengthen the protective factors for child and youth health and
4 safety because children and youth have unique physical and behavioral
5 health needs. Additionally, many children and youth are left undiagnosed
6 and untreated because they have not been exposed to adverse childhood
7 experiences or do not show outward signs that would identify the child or
8 youth as at risk.

9 **SECTION 2.** In Colorado Revised Statutes, **add** part 8 to article
10 5 of title 25.5 as follows:

11 PART 8

12 CHILDREN AND YOUTH BEHAVIORAL

13 HEALTH SYSTEM IMPROVEMENTS

14 **25.5-5-801. Legislative declaration.** (1) **THE GENERAL**
15 **ASSEMBLY FINDS AND DECLARES THAT:**

16 (a) **IN ORDER TO PROVIDE QUALITY BEHAVIORAL HEALTH SERVICES**
17 **TO FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH**
18 **CHALLENGES, BEHAVIORAL HEALTH SERVICES SHOULD BE COORDINATED**
19 **AMONG STATE DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE**
20 **AND SHOULD BE CULTURALLY COMPETENT, COST-EFFECTIVE, AND**
21 **PROVIDED IN THE LEAST RESTRICTIVE SETTINGS;**

22 (b) **THE BEHAVIORAL HEALTH SYSTEM AND CHILD- AND**
23 **YOUTH-SERVING AGENCIES ARE OFTEN CONSTRAINED BY RESOURCE**
24 **CAPACITY AND SYSTEMIC BARRIERS THAT CAN CREATE DIFFICULTIES IN**
25 **PROVIDING APPROPRIATE AND COST-EFFECTIVE INTERVENTIONS AND**
26 **SERVICES FOR CHILDREN AND YOUTH;**

27 (c) **CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH**

1 CHALLENGES MAY REQUIRE A MULTI-SYSTEM LEVEL OF CARE THAT CAN
2 LEAD TO DUPLICATION AND FRAGMENTATION OF SERVICES. TO AVOID
3 THESE PROBLEMS, KEEP FAMILIES TOGETHER, AND SUPPORT CAREGIVERS
4 DURING A CHILD'S OR YOUTH'S BEHAVIORAL HEALTH CHALLENGE,
5 DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST
6 COLLABORATE WITH ONE ANOTHER; AND

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

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

20 **25.5-5-802. Definitions.** AS USED IN THIS PART 8, UNLESS THE
21 CONTEXT OTHERWISE REQUIRES:

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

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

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

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

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

8 (2) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE
9 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL
10 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES
11 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY
12 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
13 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE
14 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
15 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
16 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
17 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
18 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
19 RELATED HEALTH PROBLEMS.

20 (3) "BEHAVIORAL HEALTH SERVICES" OR "BEHAVIORAL HEALTH
21 SYSTEM" MEANS THE CHILD AND YOUTH SERVICE SYSTEM THAT
22 ENCOMPASSES PREVENTION AND PROMOTION OF EMOTIONAL HEALTH,
23 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND
24 SUBSTANCE USE CONDITIONS, AND RECOVERY SUPPORT.

25 (4) "CHILD AND YOUTH" MEANS A PERSON WHO IS TWENTY-SIX
26 YEARS OF AGE OR YOUNGER.

27 (5) "MANAGED CARE ENTITY" MEANS AN ENTITY THAT ENTERS

1 INTO A CONTRACT TO PROVIDE SERVICES IN THE STATEWIDE MANAGED
2 CARE SYSTEM PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

3 (6) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL
4 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43
5 OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION
6 27-65-102 (17).

7 (7) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO
8 IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND
9 6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:

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

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

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

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

19 (8) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,
20 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING
21 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL
22 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH
23 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE
24 FRAMEWORK.

25 **25.5-5-803. High-fidelity wraparound services for children**
26 **and youth - federal approval - reporting.** (1) NO LATER THAN JULY 1,
27 2020, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION

1 FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO
2 PROVIDE WRAPAROUND SERVICES FOR ELIGIBLE CHILDREN AND YOUTH
3 WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME
4 PLACEMENT. PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE
5 DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS
6 INCLUDING COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE
7 STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH
8 WITH BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE
9 PREVIOUSLY IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH
10 PROFESSIONALS, AND OTHER RELEVANT DEPARTMENTS. THE STATE
11 DEPARTMENT SHALL CONSIDER TIERED CARE COORDINATION AS AN
12 APPROACH WHEN DEVELOPING THE WRAPAROUND MODEL.

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

25 (3) UPON IMPLEMENTATION OF THE WRAPAROUND SERVICES, THE
26 STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL
27 MONITOR AND REPORT THE ANNUAL COST SAVINGS ASSOCIATED WITH

1 ELIGIBLE CHILDREN AND YOUTH RECEIVING WRAPAROUND SERVICES TO
2 THE PUBLIC THROUGH THE ANNUAL HEARING, PURSUANT TO THE "STATE
3 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
4 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE
5 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL REQUIRE
6 MANAGED CARE ENTITIES TO REPORT DATA ON THE UTILIZATION AND
7 EFFECTIVENESS OF WRAPAROUND SERVICES.

8 (4) THE STATE DEPARTMENT SHALL WORK COLLABORATIVELY
9 WITH THE DEPARTMENT OF HUMAN SERVICES, COUNTIES, AND OTHER
10 DEPARTMENTS, AS APPROPRIATE, TO DEVELOP AND IMPLEMENT
11 WRAPAROUND SERVICES FOR CHILDREN AND YOUTH AT RISK OF
12 OUT-OF-HOME PLACEMENT OR IN AN OUT-OF-HOME PLACEMENT. THE
13 DEPARTMENT OF HUMAN SERVICES SHALL OVERSEE THAT THE
14 WRAPAROUND SERVICES ARE DELIVERED WITH FIDELITY TO THE MODEL.
15 AS PART OF ROUTINE COLLABORATION, THE STATE DEPARTMENT SHALL
16 DEVELOP A MODEL OF SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES
17 IN CONSULTATION WITH THE DEPARTMENT OF HUMAN SERVICES.
18 WRAPAROUND SERVICES PROVIDED TO ELIGIBLE CHILDREN AND YOUTH
19 PURSUANT TO THIS SECTION MUST BE COVERED UNDER THE "COLORADO
20 MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.
21 THE STATE DEPARTMENT MAY USE TARGETING CRITERIA TO RAMP UP
22 WRAPAROUND SERVICES AS SERVICE CAPACITY INCREASES, OR
23 TEMPORARILY, AS NECESSARY, TO MEET CERTAIN FEDERAL FINANCIAL
24 PARTICIPATION REQUIREMENTS.

25 **25.5-5-804. Integrated funding pilot.** NO LATER THAN JULY 1,
26 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT
27 OF HUMAN SERVICES, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,

1 SHALL DESIGN AND RECOMMEND A CHILD AND YOUTH BEHAVIORAL
2 HEALTH DELIVERY SYSTEM PILOT PROGRAM THAT ADDRESSES THE
3 CHALLENGES OF FRAGMENTATION AND DUPLICATION OF BEHAVIORAL
4 HEALTH SERVICES. THE PILOT PROGRAM SHALL INTEGRATE FUNDING FOR
5 BEHAVIORAL HEALTH INTERVENTION AND TREATMENT SERVICES ACROSS
6 THE STATE TO SERVE CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH
7 DISORDERS. TO IMPLEMENT THE PROVISIONS OF THIS SECTION, THE STATE
8 DEPARTMENT SHALL COLLABORATE WITH THE DEPARTMENT OF HUMAN
9 SERVICES AND OTHER RELEVANT STAKEHOLDERS, INCLUDING COUNTIES,
10 MANAGED CARE ENTITIES, AND FAMILIES.

11 **SECTION 3.** In Colorado Revised Statutes, **add** article 51 to title
12 25 as follows:

13 **ARTICLE 51**

14 **Standardized Screening and Assessment Tool Training**

15 **25-51-101. Training on standardized screening tools and**
16 **standardized assessment tool.** FOLLOWING THE SELECTION OF THE
17 STANDARDIZED SCREENING TOOLS, AS DESCRIBED IN SECTION 27-62-103,
18 THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL ENSURE
19 ADEQUATE STATEWIDE TRAINING ON THE STANDARDIZED SCREENING
20 TOOLS FOR PRIMARY CARE PROVIDERS AND OTHER INTERESTED HEALTH
21 CARE PROFESSIONALS WHO CARE FOR CHILDREN, ENSURING THAT
22 TRAINING IS OFFERED AT NO COST TO THE PROFESSIONAL. TRAINING
23 SERVICES MAY BE CONTRACTED OUT TO A THIRD PARTY.

24 **SECTION 4.** In Colorado Revised Statutes, **add** article 62 to title
25 27 as follows:

26 **ARTICLE 62**

27 **High-fidelity Wraparound Services for Children and Youth**

1 **27-62-101. Definitions.** AS USED IN THIS ARTICLE 62, UNLESS THE
2 CONTEXT OTHERWISE REQUIRES:

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

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

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

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

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

16 (2) "BEHAVIORAL HEALTH DISORDER" MEANS A SUBSTANCE USE
17 DISORDER, MENTAL HEALTH DISORDER, OR ONE OR MORE SUBSTANTIAL
18 DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES
19 THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE REALITY
20 OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
21 DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE
22 MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
23 THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
24 THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
25 DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
26 THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
27 RELATED HEALTH PROBLEMS.

1 (3) "CHILD AND YOUTH" MEANS A PERSON WHO IS TWENTY-SIX
2 YEARS OF AGE OR YOUNGER.

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

6 (5) "MENTAL HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL
7 LICENSED AS A MENTAL HEALTH PROFESSIONAL PURSUANT TO ARTICLE 43
8 OF TITLE 12 OR A PROFESSIONAL PERSON AS DEFINED IN SECTION
9 27-65-102 (17).

10 (6) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO
11 IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND
12 6 OF TITLE 25.5 AND THE CHILD OR YOUTH:

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

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

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

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

22 (7) "STANDARDIZED ASSESSMENT TOOL" MEANS A MULTI-PURPOSE
23 INSTRUMENT THAT FACILITATES THE LINK BETWEEN ASSESSMENT AND
24 LEVEL OF CARE AND INDIVIDUALIZED SERVICE PLANNING; FACILITATES
25 QUALITY IMPROVEMENT ACTIVITIES; AND ALLOWS FOR MONITORING OF
26 OUTCOMES OF SERVICES.

27 (8) "STATE DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN

1 SERVICES CREATED PURSUANT TO SECTION 26-1-105.

2 (9) "WRAPAROUND" MEANS A HIGH-FIDELITY, INDIVIDUALIZED,
3 FAMILY-CENTERED, STRENGTHS-BASED, AND INTENSIVE CARE PLANNING
4 AND MANAGEMENT PROCESS USED IN THE DELIVERY OF BEHAVIORAL
5 HEALTH SERVICES FOR A CHILD OR YOUTH WITH A BEHAVIORAL HEALTH
6 DISORDER, COMMONLY UTILIZED AS PART OF THE SYSTEM OF CARE
7 FRAMEWORK.

8 **27-62-102. High-fidelity wraparound services for children and**
9 **youth - interagency coordination - reporting.** (1) PURSUANT TO
10 SECTION 25.5-5-803 (4), THE DEPARTMENT OF HUMAN SERVICES SHALL
11 WORK COLLABORATIVELY WITH THE DEPARTMENT OF HEALTH CARE
12 POLICY AND FINANCING, COUNTIES, AND OTHER RELEVANT DEPARTMENTS,
13 AS APPROPRIATE, TO DEVELOP AND OVERSEE WRAPAROUND SERVICES FOR
14 CHILDREN AND YOUTH AT RISK OF OUT-OF-HOME PLACEMENT OR IN AN
15 OUT-OF-HOME PLACEMENT. AS PART OF ROUTINE COLLABORATION, THE
16 DEPARTMENT OF HUMAN SERVICES SHALL ASSIST THE DEPARTMENT OF
17 HEALTH CARE POLICY AND FINANCING IN DEVELOPING A MODEL OF
18 SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES. THE DEPARTMENT
19 OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND
20 FINANCING SHALL MONITOR AND REPORT THE ANNUAL COST SAVINGS
21 ASSOCIATED WITH ELIGIBLE CHILDREN AND YOUTH RECEIVING
22 WRAPAROUND SERVICES TO THE PUBLIC THROUGH THE ANNUAL HEARING,
23 PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE,
24 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2
25 OF ARTICLE 7 OF TITLE 2.

26 (2) TWO FULL-TIME STAFF PERSONS SHALL BE APPOINTED BY THE
27 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES TO

1 SUPPORT AND FACILITATE INTERAGENCY COORDINATION PURSUANT TO
2 THIS ARTICLE 62, PART 8 OF ARTICLE 5 OF TITLE 25.5, AND ANY OTHER
3 RELATED INTERAGENCY BEHAVIORAL HEALTH EFFORTS AS DETERMINED
4 BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES.

5 **27-62-103. Standardized screening tools - standardized**
6 **assessment tool - interagency coordination - single referral and entry**
7 **point. (1) Standardized assessment tool. NO LATER THAN JULY 1, 2020,**
8 **THE STATE DEPARTMENT SHALL SELECT A SINGLE STANDARDIZED**
9 **ASSESSMENT TOOL TO FACILITATE IDENTIFICATION OF BEHAVIORAL**
10 **HEALTH ISSUES AND OTHER RELATED NEEDS IN CHILDREN AND YOUTH AND**
11 **TO DEVELOP A PLAN TO IMPLEMENT THE TOOL FOR PROGRAMMATIC**
12 **UTILIZATION. THE STATE DEPARTMENT SHALL CONSULT WITH THE**
13 **DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, MANAGED CARE**
14 **ENTITIES, COUNTIES, STAKEHOLDERS, AND OTHER RELEVANT**
15 **DEPARTMENTS, AS APPROPRIATE, PRIOR TO SELECTING THE TOOL.**

16 **(2) Standardized screening tools. NO LATER THAN JULY 1, 2020,**
17 **THE STATE DEPARTMENT SHALL SELECT DEVELOPMENTALLY APPROPRIATE**
18 **AND CULTURALLY COMPETENT STATEWIDE BEHAVIORAL HEALTH**
19 **STANDARDIZED SCREENING TOOLS FOR PRIMARY CARE PROVIDERS SERVING**
20 **CHILDREN, YOUTH, AND CAREGIVERS IN THE PERINATAL PERIOD,**
21 **INCLUDING POSTPARTUM WOMEN. THE STATE DEPARTMENT AND THE**
22 **DEPARTMENT OF HUMAN SERVICES MAY MAKE THE TOOLS AVAILABLE**
23 **ELECTRONICALLY FOR HEALTH CARE PROFESSIONALS AND THE PUBLIC.**
24 **PRIOR TO THE ADOPTION OF THE STANDARDIZED ASSESSMENT TOOL**
25 **DESCRIBED IN SUBSECTION (1) OF THIS SECTION, AND THE STANDARDIZED**
26 **SCREENING TOOLS DESCRIBED IN THIS SUBSECTION (2), THE STATE**
27 **DEPARTMENT SHALL LEAD A PUBLIC CONSULTATION PROCESS INVOLVING**

1 RELEVANT STAKEHOLDERS, INCLUDING HEALTH CARE PROFESSIONALS AND
2 MANAGED CARE ENTITIES, WITH INPUT FROM THE DEPARTMENT OF HEALTH
3 CARE POLICY AND FINANCING, THE DEPARTMENT OF PUBLIC HEALTH AND
4 ENVIRONMENT, AND THE DIVISION OF INSURANCE.

5 (3) Statewide referral and entry point. NO LATER THAN JULY 1,
6 2020, THE STATE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT
7 OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT OF PUBLIC
8 HEALTH AND ENVIRONMENT, AND OTHER RELEVANT DEPARTMENTS AND
9 COUNTIES, AS NECESSARY, SHALL DEVELOP A PLAN FOR ESTABLISHING A
10 SINGLE STATEWIDE REFERRAL AND ENTRY POINT FOR CHILDREN AND
11 YOUTH WHO HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE
12 NEEDS ARE IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT. IN
13 DEVELOPING THE SINGLE STATEWIDE REFERRAL AND ENTRY POINT PLAN,
14 THE STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT
15 STAKEHOLDERS, INCLUDING COUNTIES, MANAGED CARE ENTITIES
16 PARTICIPATING IN THE STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF
17 CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS,
18 COMMUNITIES THAT HAVE PREVIOUSLY IMPLEMENTED WRAPAROUND
19 SERVICES, MENTAL HEALTH PROFESSIONALS, AND OTHER RELEVANT
20 DEPARTMENTS.

21 SECTION 5. Appropriation. (1) For the 2019-20 state fiscal
22 year, \$619,484 is appropriated to the department of health care policy and
23 financing. This appropriation is from the general fund. To implement this
24 act, the department may use this appropriation as follows:

25 (a) \$172,652 for use by the executive director's office for personal
26 services, which amount is based on an assumption that the department
27 will require an additional 3.9 FTE;

1 (b) \$21,171 for use by the executive director's office for operating
2 expenses; and

3 (c) \$120,871 for use by the executive director's office for general
4 professional services and special projects;

5 (d) \$154,790 for use by the executive director's office for medicaid
6 management information system maintenance and projects; and

7 (e) \$150,000 for community behavioral health administration
8 related to department of human services medicaid-funded programs.

9 (2) For the 2019-20 state fiscal year, the general assembly
10 anticipates that the department of health care policy and financing will
11 receive \$771,903 in federal funds to implement this act, which amount
12 is included for informational purposes only. The appropriation in
13 subsection (1) of this section is based on the assumption that the
14 department will receive this amount of federal funds to be used as
15 follows:

16 (a) \$116,357 for use by the executive director's office for personal
17 services;

18 (b) \$6,239 for use by the executive director's office for operating
19 expenses; and

20 (c) \$34,938 for use by the executive director's office for general
21 professional services and special projects;

22 (d) \$464,369 for use by the executive director's office for medicaid
23 management information system maintenance and projects; and

24 (e) \$150,000 for community behavioral health administration
25 related to department of human services medicaid-funded programs.

26 (3) For the 2019-20 state fiscal year, \$300,000 is appropriated to
27 the department of human services for use by the office of behavioral

1 health. This appropriation is from reappropriated funds received from the
2 department of health care policy and financing under subsections (1)(e)
3 and (2)(e) of this section. To implement this act, the office may use this
4 appropriation for personal services related to community behavioral
5 health administration for training and resources for implementing
6 wraparound services.

7 (4) For the 2019-20 state fiscal year, \$142,449 is appropriated to
8 the department of human services for use by the office of behavioral
9 health. This appropriation is from the general fund. To implement this
10 act, the office may use this appropriation as follows:

11 (a) \$131,428 for personal services related to community
12 behavioral health administration, which amount is based on an
13 assumption that the office will require an additional 1.5 FTE; and

14 (b) \$11,021 for operating expenses related to community
15 behavioral health administration.

16 **SECTION 6. Act subject to petition - effective date.** This act
17 takes effect at 12:01 a.m. on the day following the expiration of the
18 ninety-day period after final adjournment of the general assembly (August
19 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
20 referendum petition is filed pursuant to section 1 (3) of article V of the
21 state constitution against this act or an item, section, or part of this act
22 within such period, then the act, item, section, or part will not take effect
23 unless approved by the people at the general election to be held in
24 November 2020 and, in such case, will take effect on the date of the
25 official declaration of the vote thereon by the governor.