

Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0997.01 Conrad Imel x2313

HOUSE BILL 22-1375

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HOUSE SPONSORSHIP

Michaelson Jenet,

SENATE SPONSORSHIP

(None),

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House Committees

Public & Behavioral Health & Human Services

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING MEASURES TO IMPROVE THE OUTCOMES FOR THOSE  
102 PLACED IN OUT-OF-HOME PLACEMENT FACILITIES.

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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 state department of human services (state department) to develop and implement a quality assurance and accountability system (system) to set quality measures for certain residential child care facilities (residential treatment facilities). The system includes quality assurance standards and a collaborative model of quality improvement in which providers and oversight agencies work

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.



1 (2) "BEHAVIORAL HEALTH" HAS THE SAME MEANING AS SET FORTH  
2 IN SECTION 27-60-100.3.

3 (3) "CHILD" MEANS A PERSON UNDER EIGHTEEN YEARS OF AGE.

4 (4) "IMPLEMENTATION TEAM" MEANS THE IMPLEMENTATION TEAM  
5 ESTABLISHED PURSUANT TO SECTION 26-6-903 (2).

6 (5) "INSTITUTION OF HIGHER EDUCATION" MEANS A  
7 POSTSECONDARY INSTITUTION THAT ENTERS INTO AN AGREEMENT TO  
8 ASSIST THE STATE DEPARTMENT IN THE DEVELOPMENT AND  
9 IMPLEMENTATION OF THE SYSTEM.

10 (6) "QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM" OR  
11 "SYSTEM" MEANS THE QUALITY ASSURANCE AND ACCOUNTABILITY  
12 SYSTEM DESCRIBED IN SECTION 26-6-902.

13 (7) "RESIDENTIAL TREATMENT FACILITY" OR "FACILITY" MEANS A  
14 RESIDENTIAL CHILD CARE FACILITY AS DEFINED IN SECTION 26-6-102;  
15 EXCEPT THAT "RESIDENTIAL TREATMENT FACILITY" DOES NOT INCLUDE A  
16 SHELTER FACILITY, PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, OR  
17 A COMMUNITY-BASED RESIDENTIAL CHILD CARE FACILITY.

18 (8) "RESIDENTIAL TREATMENT PROVIDER" MEANS A PROVIDER  
19 THAT OPERATES A RESIDENTIAL TREATMENT FACILITY.

20 **26-6-902. Statewide quality assurance and accountability**  
21 **system.** (1) (a) THE STATE DEPARTMENT, IN COLLABORATION WITH AN  
22 INSTITUTION OF HIGHER EDUCATION, SHALL DEVELOP AND IMPLEMENT A  
23 STATEWIDE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM TO SET  
24 QUALITY MEASURES FOR RESIDENTIAL TREATMENT FACILITIES. THE  
25 SYSTEM MUST CAPTURE BOTH THE QUANTITATIVE AND QUALITATIVE  
26 EXPERIENCES OF CHILDREN, YOUTH, FAMILIES, AND EMPLOYEES OF  
27 FACILITIES SO THAT THE STATE DEPARTMENT CAN PROPERLY EVALUATE

1 FACILITIES AND SO THAT THE PUBLIC AND ENTITIES THAT PLACE CHILDREN  
2 IN A FACILITY CAN MAKE INFORMED DECISIONS RELATED TO CHILD  
3 PLACEMENT.

4 (b) THE STATE DEPARTMENT SHALL ENTER INTO AN AGREEMENT  
5 WITH AN INSTITUTION OF HIGHER EDUCATION THAT HAS EXPERTISE IN  
6 CHILD WELFARE RESEARCH, INCLUDING OUTCOME MEASUREMENT AND  
7 IMPACT ANALYSIS, TO ASSIST THE STATE DEPARTMENT IN THE  
8 DEVELOPMENT AND IMPLEMENTATION OF THE SYSTEM. THE INSTITUTION  
9 SHALL COLLABORATE WITH THE STATE DEPARTMENT AND CARRY OUT THE  
10 DUTIES ASSIGNED TO THE INSTITUTION DESCRIBED IN THIS PART 9.

11 (2) THE STATE DEPARTMENT SHALL IMPLEMENT THE SYSTEM  
12 STATEWIDE ON OR BEFORE JULY 1, 2026. PRIOR TO IMPLEMENTING THE  
13 SYSTEM STATEWIDE, THE STATE DEPARTMENT SHALL CONVENE AND  
14 RECEIVE THE RECOMMENDATIONS OF THE ADVISORY GROUP DESCRIBED IN  
15 SECTION 26-6-903 (1) AND SHALL CONVENE THE IMPLEMENTATION TEAM  
16 TO CONDUCT THE PILOT PROGRAM DESCRIBED IN SECTION 26-6-903 (2).

17 (3) THE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM MUST  
18 INCLUDE EACH OF THE FOLLOWING COMPONENTS:

19 (a) QUALITY ASSURANCE STANDARDS WITH DOMAINS AND  
20 CLEARLY DEFINED LEVELS OF QUALITY. DOMAINS MAY INCLUDE, BUT ARE  
21 NOT LIMITED TO, ADMISSIONS, SERVICE PLANNING, TREATMENT PLANNING,  
22 LIVING ENVIRONMENT, TRANSITION AND DISCHARGE PLANNING, AND  
23 PROGRAM AND SERVICE REQUIREMENTS. THE SYSTEM MUST MEASURE THE  
24 LEVEL OF QUALITY FOR EACH DOMAIN, USING CRITERIA THAT RESIDENTIAL  
25 TREATMENT FACILITIES MUST MEET TO ACHIEVE EACH LEVEL OF QUALITY.

26 (b) STANDARDS THAT CONSIDER THE ACUITY LEVEL OF INDIVIDUAL  
27 CHILDREN WHEN USING THE SYSTEM TO EVALUATE FACILITIES AND

1 PROVIDERS;

2 (c) A COLLABORATIVE MODEL OF QUALITY IMPROVEMENT IN  
3 WHICH RESIDENTIAL TREATMENT FACILITIES AND STATE AND COUNTY  
4 OVERSIGHT AGENCIES WORK TOGETHER TO ENSURE THAT FACILITIES MEET  
5 THE QUALITY ASSURANCE STANDARDS. THE QUALITY IMPROVEMENT  
6 MODEL MUST NOT BE PUNITIVE AND MUST INCLUDE POSITIVE METHODS OF  
7 ENGAGEMENT, TRAINING, AND TECHNICAL ASSISTANCE THAT ENSURES THE  
8 BEST OUTCOMES FOR DELIVERING TREATMENT TO CHILDREN.

9 (d) A PUBLIC-FACING DASHBOARD THAT PROVIDES THE PUBLIC AND  
10 CHILD PLACEMENT ENTITIES WITH CURRENT INFORMATION REGARDING  
11 RESIDENTIAL TREATMENT FACILITIES. THE DASHBOARD MUST INCLUDE  
12 THE NATURE AND TYPE OF SERVICES PROVIDED BY A FACILITY AND A  
13 MEANINGFUL DESCRIPTION OF EACH FACILITY'S PERFORMANCE. THE  
14 DASHBOARD MUST INCLUDE SUFFICIENT INFORMATION TO ALLOW  
15 MEMBERS OF THE PUBLIC AND CHILD PLACEMENT ENTITIES TO MAKE  
16 INFORMED DECISIONS ABOUT THE PLACEMENT OF A CHILD IN A FACILITY.  
17 THE DASHBOARD MUST NOT ASSIGN A SINGLE SUMMARY RATING TO ANY  
18 FACILITY.

19 (4) THE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM MAY  
20 INCLUDE COMPONENTS IN ADDITION TO THE COMPONENTS DESCRIBED IN  
21 SUBSECTION (3) OF THIS SECTION, AS DETERMINED BY THE STATE  
22 DEPARTMENT.

23 (5) IN DEVELOPING AND OPERATING THE QUALITY ASSURANCE AND  
24 ACCOUNTABILITY SYSTEM, THE STATE DEPARTMENT SHALL COMPLY WITH  
25 ALL STATE AND FEDERAL LAWS THAT APPLY TO THE PLACEMENT OR  
26 TREATMENT OF CHILDREN IN A RESIDENTIAL TREATMENT FACILITY. TO  
27 AVOID DUPLICATIVE STATE REGULATORY ACTION, THE STATE

1 DEPARTMENT SHALL CREATE A PLAN THAT ENSURES THAT THE SYSTEM IS  
2 ALIGNED WITH THE PRACTICES OF ALL STATE AGENCIES RESPONSIBLE FOR  
3 THE OVERSIGHT OF A FACILITY.

4 (6) THE DEPARTMENT AND RESIDENTIAL TREATMENT FACILITIES  
5 SHALL USE THE INFORMATION FROM THE QUALITY ASSURANCE AND  
6 ACCOUNTABILITY SYSTEM TO IMPROVE TREATMENT IN FACILITIES.

7 **26-6-903. Advisory group - implementation team - creation -**  
8 **membership - duties - institution of higher education.** (1) (a) PRIOR  
9 TO DEVELOPING THE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM,  
10 THE STATE DEPARTMENT, IN COLLABORATION WITH THE INSTITUTION OF  
11 HIGHER EDUCATION, SHALL ESTABLISH AND CONVENE AN ADVISORY  
12 GROUP TO ADVISE THE STATE DEPARTMENT ABOUT THE DEVELOPMENT OF  
13 THE SYSTEM.

14 (b) THE ADVISORY GROUP IS COMPRISED OF:

15 (I) THE FOLLOWING MEMBERS, APPOINTED BY THE EXECUTIVE  
16 DIRECTOR AS FOLLOWS:

17 (A) A REPRESENTATIVE OF A RESIDENTIAL TREATMENT PROVIDER  
18 LOCATED IN AN URBAN AREA;

19 (B) A REPRESENTATIVE OF A RESIDENTIAL TREATMENT PROVIDER  
20 LOCATED IN A RURAL AREA;

21 (C) A REPRESENTATIVE OF A RESIDENTIAL TREATMENT PROVIDER  
22 THAT SERVES CHILDREN ELEVEN YEARS OF AGE OR YOUNGER;

23 (D) A REPRESENTATIVE OF A RESIDENTIAL TREATMENT PROVIDER  
24 THAT SERVES CHILDREN TWELVE YEARS OF AGE OR OLDER;

25 (E) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF FAMILY  
26 AND CHILDREN'S AGENCIES;

27 (F) A PHYSICIAN WHO REPRESENTS A HOSPITAL THAT PROVIDES

1 PSYCHIATRIC TREATMENT FOR CHILDREN;

2 (G) TWO ADULTS WHO RESIDED IN A RESIDENTIAL TREATMENT  
3 FACILITY AS CHILDREN;

4 (H) TWO PARENTS WHO HAVE CHILDREN WHO RESIDED IN A  
5 RESIDENTIAL TREATMENT FACILITY;

6 (I) A REPRESENTATIVE FROM A STATEWIDE ASSOCIATION THAT  
7 REPRESENTS CHILD PLACEMENT AGENCIES;

8 (J) TWO MEMBERS WHO REPRESENT A COUNTY DEPARTMENT OF  
9 HUMAN OR SOCIAL SERVICES, ONE FROM AN URBAN COUNTY AND THE  
10 OTHER FROM A RURAL COUNTY;

11 (K) ONE MEMBER WHO REPRESENTS THE OFFICE OF BEHAVIORAL  
12 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES;

13 (L) ONE MEMBER WHO REPRESENTS THE OFFICE OF CHILDREN,  
14 YOUTH, AND FAMILIES IN THE DIVISION OF CHILD WELFARE WITHIN THE  
15 STATE DEPARTMENT OF HUMAN SERVICES; AND

16 (M) TWO MEMBERS WHO REPRESENT THE PROVIDER SERVICES UNIT  
17 IN THE STATE DEPARTMENT'S OFFICE OF CHILDREN, YOUTH, AND FAMILIES;

18 (II) A REPRESENTATIVE OF THE OFFICE OF THE CHILD PROTECTION  
19 OMBUDSMAN, APPOINTED BY THE OMBUDSMAN;

20 (III) A REPRESENTATIVE OF THE COLORADO DEPARTMENT OF  
21 HEALTH CARE POLICY AND FINANCING WITH EXPERTISE IN THE  
22 ADMINISTRATION OF THE "COLORADO MEDICAL ASSISTANCE ACT",  
23 ARTICLES 4 TO 6 OF TITLE 25.5, APPOINTED BY THE EXECUTIVE DIRECTOR  
24 OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; AND

25 (IV) A REPRESENTATIVE OF THE FACILITY SCHOOLS UNIT IN THE  
26 DEPARTMENT OF EDUCATION, APPOINTED BY THE COMMISSIONER OF  
27 EDUCATION.

1 (c) THE APPOINTING AUTHORITIES SHALL MAKE THEIR  
2 APPOINTMENTS NO LATER THAN AUGUST 15, 2022. MEMBERS OF THE  
3 ADVISORY GROUP SERVE WITHOUT COMPENSATION AND WITHOUT  
4 REIMBURSEMENT FOR EXPENSES.

5 (d) THE EXECUTIVE DIRECTOR SHALL CONVENE THE FIRST MEETING  
6 OF THE ADVISORY GROUP NO LATER THAN SEPTEMBER 30, 2022. THE  
7 ADVISORY GROUP SHALL MEET AT LEAST FOUR TIMES, AND ADDITIONALLY  
8 AT THE CALL OF THE EXECUTIVE DIRECTOR AS NECESSARY TO CARRY OUT  
9 ITS DUTIES. THE ADVISORY GROUP MAY MEET ELECTRONICALLY. THE  
10 STATE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE ADVISORY  
11 GROUP.

12 (e) THE ADVISORY GROUP SHALL:

13 (I) IDENTIFY FACTORS THAT POSITIVELY CONTRIBUTE TO A CHILD'S  
14 BEHAVIORAL HEALTH OUTCOMES;

15 (II) IDENTIFY SYSTEMIC CONCERNS THAT CREATE BARRIERS TO  
16 POSITIVE BEHAVIORAL HEALTH OUTCOMES;

17 (III) IDENTIFY STRATEGIES FOR ASSESSING THE QUALITY OF  
18 RESIDENTIAL TREATMENT FACILITIES;

19 (IV) IDENTIFY INFORMATION THAT WOULD ASSIST THE PUBLIC IN  
20 UNDERSTANDING THE NATURE AND QUALITY OF CARE PROVIDED BY  
21 RESIDENTIAL TREATMENT FACILITIES; AND

22 (V) RECOMMEND TO THE STATE DEPARTMENT WHETHER ALL OR  
23 PART OF THE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM SHOULD  
24 BE USED TO ASSESS ADDITIONAL RESIDENTIAL FACILITIES, INCLUDING  
25 SHELTER FACILITIES, PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES,  
26 OR COMMUNITY-BASED RESIDENTIAL CHILD CARE FACILITIES.

27 (f) ON OR BEFORE SEPTEMBER 1, 2023, THE ADVISORY GROUP



1 SHALL REPORT THE RESULTS OF ITS WORK, INCLUDING ANY FINDINGS AND  
2 RECOMMENDATIONS, TO THE STATE DEPARTMENT.

3 (2) (a) AFTER RECEIVING THE RECOMMENDATIONS FROM THE  
4 ADVISORY GROUP AND DEVELOPING THE SYSTEM PURSUANT TO SECTION  
5 26-6-902, THE STATE DEPARTMENT, IN COLLABORATION WITH THE  
6 INSTITUTION OF HIGHER EDUCATION, SHALL ESTABLISH AND CONVENE AN  
7 IMPLEMENTATION TEAM TO CONDUCT A PILOT PROGRAM FOR THE SYSTEM.

8 (b) (I) THE IMPLEMENTATION TEAM INCLUDES A REPRESENTATIVE  
9 FROM EACH RESIDENTIAL TREATMENT FACILITY; A REPRESENTATIVE FROM  
10 THE PROVIDER SERVICES UNIT IN THE STATE DEPARTMENT'S OFFICE OF  
11 CHILDREN, YOUTH, AND FAMILIES; AND ANY ADDITIONAL MEMBERS  
12 DEEMED APPROPRIATE BY THE EXECUTIVE DIRECTOR. A MEMBER OF THE  
13 ADVISORY GROUP MAY BE A MEMBER OF THE IMPLEMENTATION TEAM.

14 (II) MEMBERS OF THE IMPLEMENTATION TEAM SERVE WITHOUT  
15 COMPENSATION OR REIMBURSEMENT FOR EXPENSES.

16 (c) THE EXECUTIVE DIRECTOR SHALL CONVENE THE FIRST MEETING  
17 OF THE IMPLEMENTATION TEAM WITHIN THIRTY DAYS AFTER THE STATE  
18 DEPARTMENT HAS DEVELOPED THE QUALITY ASSURANCE AND  
19 ACCOUNTABILITY SYSTEM. THE IMPLEMENTATION TEAM SHALL MEET AT  
20 LEAST FOUR TIMES DURING THE PILOT PROGRAM, AND ADDITIONALLY AT  
21 THE CALL OF THE EXECUTIVE DIRECTOR AS NECESSARY TO CARRY OUT ITS  
22 DUTIES. THE STATE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE  
23 IMPLEMENTATION TEAM. THE IMPLEMENTATION TEAM MAY MEET  
24 ELECTRONICALLY.

25 (d) THE IMPLEMENTATION TEAM SHALL EVALUATE THE SYSTEM BY  
26 CONDUCTING A PILOT PROGRAM THAT USES THE SYSTEM TO ASSESS FIVE  
27 RESIDENTIAL TREATMENT FACILITIES SELECTED BY THE IMPLEMENTATION

1 TEAM. IN SELECTING PILOT SITES, THE IMPLEMENTATION TEAM SHALL  
2 ENSURE THAT AT LEAST TWO PILOT SITES ARE QUALIFIED RESIDENTIAL  
3 TREATMENT PROGRAMS, AT LEAST ONE PILOT SITE IS LOCATED IN THE  
4 DENVER METROPOLITAN AREA, AND AT LEAST ONE PILOT SITE IS LOCATED  
5 OUTSIDE THE DENVER METROPOLITAN AREA. AS PART OF ITS EVALUATION  
6 OF THE SYSTEM, THE IMPLEMENTATION TEAM SHALL:

7 (I) IDENTIFY EXISTING PRACTICES AND SYSTEM FACTORS  
8 NECESSARY FOR THE SUCCESSFUL IMPLEMENTATION OF THE QUALITY  
9 ASSURANCE AND ACCOUNTABILITY SYSTEM;

10 (II) IDENTIFY BARRIERS TO SUCCESSFUL IMPLEMENTATION OF THE  
11 SYSTEM; AND

12 (III) IDENTIFY RESOURCES NEEDED FOR THE SUCCESSFUL  
13 IMPLEMENTATION OF THE SYSTEM.

14 (e) THE STATE DEPARTMENT SHALL NOT TAKE ANY ADVERSE  
15 ACTION AGAINST THE LICENSE OF A RESIDENTIAL TREATMENT FACILITY  
16 THAT PARTICIPATES IN THE PILOT PROGRAM BASED ON THE FACILITY'S  
17 FAILURE TO MEET QUALITY ASSURANCE STANDARDS INCLUDED IN THE  
18 SYSTEM.

19 (f) ON OR BEFORE DECEMBER 31, 2025, THE IMPLEMENTATION  
20 TEAM SHALL REPORT THE RESULTS OF ITS WORK TO THE STATE  
21 DEPARTMENT AND THE INSTITUTION OF HIGHER EDUCATION, INCLUDING  
22 ANY RECOMMENDATIONS FOR CHANGES TO THE SYSTEM PRIOR TO  
23 STATEWIDE IMPLEMENTATION.

24 (3) AS PART OF ITS COLLABORATION WITH THE STATE DEPARTMENT  
25 ON THE DEVELOPMENT AND IMPLEMENTATION OF THE SYSTEM, THE  
26 INSTITUTION OF HIGHER EDUCATION SHALL MAKE RECOMMENDATIONS TO  
27 THE STATE DEPARTMENT CONCERNING THE QUALITY ASSURANCE AND

1 ACCOUNTABILITY SYSTEM. AT A MINIMUM, THE RECOMMENDATIONS MUST  
2 INCLUDE:

3 (a) THE METRICS FACILITIES MUST REPORT AS PART OF THE  
4 SYSTEM;

5 (b) THE FREQUENCY THAT EACH METRIC MUST BE REPORTED AND  
6 UPDATED;

7 (c) THE CATEGORY OF METRICS THAT MUST BE INCLUDED IN A  
8 PUBLIC-FACING DASHBOARD;

9 (d) A TRANSPARENT PROCESS FOR MAKING CHANGES TO WHICH  
10 DATA ELEMENTS ARE REPORTED, HOW THEY ARE REPORTED, AND HOW  
11 FREQUENTLY THEY ARE REPORTED; AND

12 (e) THE REQUIRED INFRASTRUCTURE FEATURES OF A REPORTING  
13 SYSTEM THAT MEETS THE NEEDS OF STAKEHOLDERS USING THE SYSTEM.

14 **26-6-904. Rules - licensing authority not impaired.** (1) THE  
15 STATE DEPARTMENT MAY ADOPT RULES NECESSARY FOR THE PURPOSES OF  
16 THIS PART 9.

17 (2) NOTHING IN THIS PART 9 IMPAIRS THE DEPARTMENT'S  
18 LICENSING AUTHORITY PURSUANT TO THE "CHILD CARE LICENSING ACT",  
19 PART 1 OF THIS ARTICLE 6.

20 **26-6-905. Statewide quality assurance and accountability**  
21 **system reports - repeal.** (1) (a) ON OR BEFORE OCTOBER 1, 2023, THE  
22 STATE DEPARTMENT, IN COLLABORATION WITH THE INSTITUTION OF  
23 HIGHER EDUCATION, SHALL MAKE PUBLICLY AVAILABLE THE ADVISORY  
24 GROUP'S FINDINGS AND RECOMMENDATIONS.

25 (b) ON OR BEFORE OCTOBER 1, 2023, OCTOBER 1, 2024, AND  
26 OCTOBER 1, 2025, THE STATE DEPARTMENT SHALL SUBMIT A REPORT  
27 ABOUT THE QUALITY ASSURANCE AND ACCOUNTABILITY SYSTEM TO THE

1 HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND  
2 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN  
3 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES; THE JOINT  
4 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY; THE PRESIDENT OF THE  
5 SENATE; THE SPEAKER OF THE HOUSE OF REPRESENTATIVES; AND THE  
6 GOVERNOR. THE REPORT MUST INCLUDE, AT A MINIMUM, AN UPDATE ON  
7 THE DEVELOPMENT OF THE SYSTEM, A PLAN FOR DEPARTMENT OVERSIGHT  
8 AND IMPLEMENTATION OF THE SYSTEM, AND AN ANALYSIS OF AND  
9 RECOMMENDATIONS FOR LEGISLATIVE, REGULATORY, AND BUDGETARY  
10 CHANGES NECESSARY AS A RESULT OF THE DEVELOPMENT OF THE SYSTEM.

11 (c) THIS SUBSECTION (1) IS REPEALED, EFFECTIVE JUNE 30, 2026.

12 (2) (a) BEGINNING WITH THE 2026 LEGISLATIVE SESSION, THE  
13 STATE DEPARTMENT SHALL INCLUDE INFORMATION ABOUT THE QUALITY  
14 ASSURANCE AND ACCOUNTABILITY SYSTEM IN ITS REPORT TO THE  
15 COMMITTEES OF REFERENCE PURSUANT TO SECTION 2-7-203. THE REPORT  
16 MUST INCLUDE A DESCRIPTION OF THE SYSTEM, INCLUDING THE QUALITY  
17 ASSURANCE STANDARDS AND ANY TOOLS DEVELOPED AS A PART OF THE  
18 SYSTEM; A DESCRIPTION OF HOW THE STATE DEPARTMENT USES  
19 INFORMATION LEARNED FROM THE SYSTEM AND HOW RESIDENTIAL  
20 TREATMENT PROVIDERS AND MEMBERS OF THE PUBLIC USE THE  
21 INFORMATION; AN ASSESSMENT OF HOW CHILDREN ARE PLACED IN  
22 RESIDENTIAL TREATMENT FACILITIES USING DATA FROM THE  
23 ACCOUNTABILITY SYSTEM MEASURES; AND RECOMMENDATIONS TO  
24 FURTHER IMPROVE SERVICES AND TREATMENT IN FACILITIES.

25 (b) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REPORT  
26 REQUIRED IN THIS SUBSECTION (2) CONTINUES INDEFINITELY.

27 **SECTION 2.** In Colorado Revised Statutes, **add** 19-3.3-111 as

1 follows:

2 **19-3.3-111. Task force to prevent youth from running from**  
3 **out-of-home placement - creation - membership - duties - report**  
4 **-definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT

5 OTHERWISE REQUIRES:

6 (a) "CHILD" MEANS A PERSON UNDER EIGHTEEN YEARS OF AGE.

7 (b) "CHILDREN WHO HAVE RUN AWAY" MEANS A CHILD WHO HAS  
8 LEFT AND REMAINS AWAY FROM OUT-OF-HOME PLACEMENT WITHOUT THE  
9 PERMISSION OF THE CHILD'S PARENT, CAREGIVER, OR LEGAL GUARDIAN.

10 (c) "INSTITUTION OF HIGHER EDUCATION" MEANS A  
11 POSTSECONDARY INSTITUTION THAT ENTERS INTO AN AGREEMENT WITH  
12 THE CHILD PROTECTION OMBUDSMAN TO PERFORM RESEARCH AND  
13 CONDUCT FOCUS GROUPS.

14 (d) "OUT-OF-HOME PLACEMENT" MEANS PLACEMENT IN A  
15 RESIDENTIAL CHILD CARE FACILITY OR FOSTER CARE HOME, AS EACH IS  
16 DEFINED IN SECTION 26-6-102.

17 (e) "OUT-OF-HOME PLACEMENT PROVIDER" OR "PROVIDER"  
18 INCLUDES A LICENSED OUT-OF-HOME PLACEMENT PROVIDER AND A FOSTER  
19 PARENT APPROVED BY A COUNTY DEPARTMENT OF HUMAN OR SOCIAL  
20 SERVICES.

21 (f) "TASK FORCE" MEANS THE TIMOTHY MONTOYA TASK FORCE TO  
22 PREVENT CHILDREN FROM RUNNING AWAY FROM OUT-OF-HOME  
23 PLACEMENT ESTABLISHED IN THIS SECTION.

24 (2) (a) THERE IS CREATED IN THE OFFICE OF THE CHILD  
25 PROTECTION OMBUDSMAN THE TIMOTHY MONTOYA TASK FORCE TO  
26 PREVENT CHILDREN FROM RUNNING AWAY FROM OUT-OF-HOME  
27 PLACEMENT. THE TASK FORCE IS ESTABLISHED TO ANALYZE THE ROOT

1 CAUSES OF WHY CHILDREN RUN AWAY FROM OUT-OF-HOME PLACEMENT;  
2 DEVELOP A CONSISTENT, PROMPT, AND EFFECTIVE RESPONSE TO RECOVER  
3 MISSING CHILDREN; AND ADDRESS THE SAFETY AND WELL-BEING OF A  
4 CHILD UPON THE CHILD'S RETURN TO OUT-OF-HOME PLACEMENT.

5 (b) THE OFFICE SHALL ENTER INTO AN AGREEMENT WITH AN  
6 INSTITUTION OF HIGHER EDUCATION WITH EXPERIENCE IN CHILD WELFARE  
7 RESEARCH TO PERFORM RESEARCH TO SUPPORT THE TASK FORCE'S WORK  
8 AND CONDUCT THE FOCUS GROUPS DESCRIBED IN SUBSECTION (6) OF THIS  
9 SECTION.

10 (3) (a) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS:

11 (I) THE CHILD PROTECTION OMBUDSMAN, OR THE OMBUDSMAN'S  
12 DESIGNEE;

13 (II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN  
14 SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

15 (III) A REPRESENTATIVE OF THE DIVISION OF YOUTH SERVICES  
16 WITHIN THE STATE DEPARTMENT OF HUMAN SERVICES, APPOINTED BY THE  
17 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

18 (IV) THE DIRECTOR OF THE OFFICE OF THE CHILD'S  
19 REPRESENTATIVE, OR THE DIRECTOR'S DESIGNEE;

20 (V) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC  
21 SAFETY, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND

22 (VI) THE FOLLOWING MEMBERS, APPOINTED BY THE CHILD  
23 PROTECTION OMBUDSMAN:

24 (A) TWO MEMBERS WHO REPRESENT A COUNTY DEPARTMENT OF  
25 HUMAN OR SOCIAL SERVICES THAT DELIVERS CHILD WELFARE SERVICES,  
26 ONE WHO MUST BE FROM AN URBAN COUNTY AND THE OTHER FROM A  
27 RURAL COUNTY;

1 (B) A REPRESENTATIVE FROM A STATEWIDE ORGANIZATION THAT  
2 SUPPORTS VICTIMS OF HUMAN TRAFFICKING;

3 (C) A REPRESENTATIVE FROM A STATEWIDE ASSOCIATION THAT  
4 REPRESENTS DIRECTORS OF COUNTY HUMAN OR SOCIAL SERVICES  
5 AGENCIES;

6 (D) TWO FOSTER PARENTS CERTIFIED BY A COUNTY DEPARTMENT  
7 OF HUMAN OR SOCIAL SERVICES;

8 (E) TWO KINSHIP PROVIDERS CERTIFIED BY A COUNTY  
9 DEPARTMENT OF HUMAN OR SOCIAL SERVICES;

10 (F) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION THAT  
11 REPRESENTS CHILD PLACEMENT AGENCIES, AS DEFINED IN SECTION  
12 26-6-102;

13 (G) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF FAMILY  
14 AND CHILDREN'S AGENCIES;

15 (H) A REPRESENTATIVE OF AN OUT-OF-HOME PLACEMENT  
16 PROVIDER THAT SERVES CHILDREN IN THE CHILD WELFARE SYSTEM;

17 (I) A YOUNG ADULT WHO IS UNDER TWENTY-TWO YEARS OF AGE  
18 WHO HAS EXPERIENCED RESIDENTIAL CARE PLACEMENT;

19 (J) A FAMILY MEMBER OF A CHILD WHO HAS RUN AWAY FROM  
20 OUT-OF-HOME PLACEMENT;

21 (K) A REPRESENTATIVE OF A NONPROFIT ORGANIZATION THAT  
22 SERVES CHILDREN OR YOUTH WHO HAVE RUN AWAY FROM OUT-OF-HOME  
23 PLACEMENT;

24 (L) A REPRESENTATIVE OF THE CHIEFS OF POLICE, RECOMMENDED  
25 BY THE PRESIDENT OF A STATEWIDE ORGANIZATION REPRESENTING THE  
26 CHIEFS OF POLICE; AND

27 (M) TWO REPRESENTATIVES OF POLICE OFFICERS, ONE OF WHOM

1 MUST BE FROM A RURAL JURISDICTION AND ONE OF WHOM MUST BE FROM  
2 AN URBAN JURISDICTION, BOTH RECOMMENDED BY THE PRESIDENT OF A  
3 STATEWIDE ORGANIZATION REPRESENTING POLICE OFFICERS.

4 (b) (I) IN MAKING APPOINTMENTS PURSUANT TO SUBSECTION  
5 (3)(a)(VI) OF THIS SECTION, THE CHILD PROTECTION OMBUDSMAN SHALL  
6 SELECT MEMBERS WHO REPRESENT DIVERSE GEOGRAPHIC LOCATIONS,  
7 RACE AND ETHNICITY, GENDER, RELIGION, AND SOCIOECONOMIC STATUS.

8 (II) THE APPOINTING AUTHORITIES SHALL MAKE THEIR  
9 APPOINTMENTS ON OR BEFORE SEPTEMBER 1, 2022. THE TERM OF THE  
10 APPOINTMENT IS FOR THE DURATION OF THE TASK FORCE. THE APPOINTING  
11 AUTHORITY SHALL FILL ANY VACANCY SUBJECT TO THE SAME  
12 QUALIFICATIONS AS THE INITIAL APPOINTMENT.

13 (c) EACH MEMBER OF THE TASK FORCE SERVES WITHOUT  
14 COMPENSATION. MEMBERS APPOINTED PURSUANT TO SUBSECTIONS  
15 (3)(a)(VI)(D), (3)(a)(VI)(E), (3)(a)(VI)(I), AND (3)(a)(VI)(J) OF THIS  
16 SECTION MAY BE REIMBURSED FOR REASONABLE EXPENSES INCURRED  
17 WHILE SERVING ON THE TASK FORCE.

18 (d) THE CHILD PROTECTION OMBUDSMAN, OR THE OMBUDSMAN'S  
19 DESIGNEE, IS THE CHAIR OF THE TASK FORCE. AT ITS FIRST MEETING, THE  
20 TASK FORCE SHALL SELECT A VICE-CHAIR FROM AMONG ITS MEMBERS. THE  
21 CHAIR AND THE VICE-CHAIR SERVE FOR THE DURATION OF THE TASK  
22 FORCE.

23 (4) THE CHILD PROTECTION OMBUDSMAN SHALL CONVENE THE  
24 FIRST MEETING OF THE TASK FORCE NO LATER THAN OCTOBER 1, 2022.  
25 THE TASK FORCE SHALL MEET AT LEAST ONCE EVERY TWO MONTHS UNTIL  
26 THE TASK FORCE SUBMITS ITS FINAL REPORT DESCRIBED IN SUBSECTION  
27 (7)(b) OF THIS SECTION, AND ADDITIONALLY AT THE CALL OF THE CHAIR AS



1 NECESSARY TO COMPLETE ITS DUTIES. THE TASK FORCE MAY MEET  
2 ELECTRONICALLY. THE OFFICE SHALL PROVIDE STAFF SUPPORT NECESSARY  
3 FOR THE ADVISORY GROUP TO CARRY OUT ITS DUTIES. AT THE REQUEST OF  
4 THE TASK FORCE, THE INSTITUTION OF HIGHER EDUCATION SHALL PERFORM  
5 RESEARCH TO SUPPORT THE TASK FORCE'S WORK.

6 (5) THE TASK FORCE SHALL:

7 (a) ANALYZE THE SUFFICIENCY OF STATEWIDE DATA THAT  
8 MEASURES THE QUANTITATIVE AND QUALITATIVE EXPERIENCES OF  
9 CHILDREN WHO HAVE RUN AWAY FROM OUT-OF-HOME PLACEMENT;

10 (b) ANALYZE THE ROOT CAUSES OF WHY CHILDREN RUN AWAY  
11 FROM OUT-OF-HOME PLACEMENT;

12 (c) ANALYZE THE RELATIONSHIP BETWEEN CHILDREN WHO HAVE  
13 RUN AWAY FROM OUT-OF-HOME PLACEMENT AND THE LIKELIHOOD THAT  
14 THE CHILD WILL BECOME A VICTIM OF CRIME;

15 (d) ANALYZE THE COMPREHENSIVENESS AND EFFECTIVENESS OF  
16 EXISTING STATE LAWS AND REGULATIONS, AND PLACEMENT FACILITY  
17 PROTOCOLS, TO RESPOND TO A CHILD'S THREAT TO RUN AWAY FROM  
18 OUT-OF-HOME PLACEMENT AND FOR PROMPTLY REPORTING, LOCATING,  
19 EVALUATING, AND TREATING CHILDREN WHO HAVE RUN AWAY;

20 (e) ANALYZE BEST PRACTICES STATEWIDE AND NATIONALLY FOR  
21 PREVENTING AND ADDRESSING RUNAWAY BEHAVIOR, INCLUDING  
22 IDENTIFYING METHODS TO DETER CHILDREN FROM RUNNING AWAY FROM  
23 OUT-OF-HOME PLACEMENT;

24 (f) ANALYZE HOW ENTITIES RESPONSIBLE FOR THE CARE OF  
25 CHILDREN WHO RUN AWAY FROM OUT-OF-HOME PLACEMENT CAN  
26 COORDINATE A THOROUGH AND CONSISTENT RESPONSE TO RUNAWAY  
27 BEHAVIORS;

1 (g) IDENTIFY RESOURCES NECESSARY TO IMPROVE OR FACILITATE  
2 COMMUNICATION AND COORDINATED EFFORTS RELATED TO CHILDREN  
3 WHO RUN AWAY FROM OUT-OF-HOME PLACEMENT AMONG OUT-OF-HOME  
4 PLACEMENT FACILITIES, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL  
5 SERVICES, AND LAW ENFORCEMENT AGENCIES; AND

6 (h) AT ITS DISCRETION, DEVELOP RECOMMENDATIONS TO REDUCE  
7 THE NUMBER OF CHILDREN WHO RUN AWAY FROM OUT-OF-HOME  
8 PLACEMENT AND INCLUDE THE RECOMMENDATIONS IN ITS REPORTS  
9 DESCRIBED IN SUBSECTION (7) OF THIS SECTION.

10 (6) (a) THE INSTITUTION OF HIGHER EDUCATION SHALL CONDUCT  
11 FOCUS GROUPS WITH CHILDREN IN OUT-OF-HOME PLACEMENT AND YOUNG  
12 ADULTS UNDER TWENTY-TWO YEARS OF AGE WHO HAVE AGED OUT OF THE  
13 CHILD PROTECTION SYSTEM TO ASSIST THE TASK FORCE IN FULFILLING ITS  
14 DUTIES. THE INSTITUTION SHALL CONDUCT FOCUS GROUPS WITH  
15 OUT-OF-HOME PLACEMENT PROVIDERS TO DETERMINE WHAT CONDITIONS  
16 LEAD CHILDREN TO RUN AWAY FROM OUT-OF-HOME PLACEMENT, THE  
17 PROVIDER'S EFFORTS TO LOCATE CHILDREN WHO HAVE RUN AWAY, AND  
18 THE SERVICES PROVIDED TO A RUNAWAY CHILD UPON THE CHILD'S  
19 RETURN.

20 (b) THE INSTITUTION OF HIGHER EDUCATION SHALL ASK EACH  
21 FOCUS GROUP TO CONSIDER:

22 (I) THE REASONS WHY CHILDREN RUN AWAY FROM OUT-OF-HOME  
23 PLACEMENT;

24 (II) OPPORTUNITIES AND RESOURCES THAT COULD PREVENT  
25 CHILDREN FROM RUNNING AWAY FROM OUT-OF-HOME PLACEMENT; AND

26 (III) RESOURCES THAT CHILDREN NEED TO ENSURE THEIR SAFETY  
27 AND WELL-BEING AFTER THEY RETURN TO OUT-OF-HOME PLACEMENT.

1 (c) THE OFFICE SHALL REIMBURSE EACH FOCUS GROUP  
2 PARTICIPANT WHO IS A CHILD OR YOUTH FOR THE PARTICIPANT'S  
3 REASONABLE EXPENSES INCURRED FOR PARTICIPATING IN A FOCUS GROUP.

4 (d) THE INSTITUTION OF HIGHER EDUCATION SHALL MAKE  
5 INFORMATION LEARNED FROM THE FOCUS GROUPS PUBLICLY AVAILABLE  
6 AND SHALL SUBMIT ITS FINDINGS TO THE TASK FORCE ON OR BEFORE APRIL  
7 1, 2023. PERSONALLY IDENTIFIABLE INFORMATION ABOUT THE PERSONS  
8 WHO PARTICIPATED IN A FOCUS GROUP IS CONFIDENTIAL AND THE  
9 INSTITUTION SHALL NOT MAKE PUBLIC ANY PERSONALLY IDENTIFIABLE  
10 INFORMATION.

11 (7) (a) ON OR BEFORE OCTOBER 1, 2023, THE TASK FORCE SHALL  
12 SUBMIT A FIRST-YEAR STATUS REPORT TO THE GOVERNOR, THE PRESIDENT  
13 OF THE SENATE, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, AND  
14 THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND  
15 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN  
16 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES. THE  
17 FIRST-YEAR STATUS REPORT MUST INCLUDE A SUMMARY OF THE TASK  
18 FORCE'S WORK AND THE TASK FORCE'S INITIAL FINDINGS AND  
19 RECOMMENDATIONS, IF AVAILABLE.

20 (b) ON OR BEFORE OCTOBER 1, 2024, THE TASK FORCE SHALL  
21 SUBMIT A FINAL REPORT TO THE GOVERNOR, THE PRESIDENT OF THE  
22 SENATE, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, AND THE  
23 HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND  
24 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN  
25 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THAT INCLUDES  
26 A SUMMARY OF THE TASK FORCE'S WORK AND THE TASK FORCE'S  
27 RECOMMENDATIONS, IF APPLICABLE.

1           (8) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2025.

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