

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:

ARTICLE 51

Standardized Screening and Assessment Tool Training

26 **25-51-101. Training on standardized screening tools and**
27 **standardized assessment tool.** FOLLOWING THE SELECTION OF THE
28 STANDARDIZED SCREENING TOOLS AND THE STANDARDIZED ASSESSMENT
29 TOOL, AS DESCRIBED IN SECTION 25.5-5-804, THE DEPARTMENT OF PUBLIC
30 HEALTH AND ENVIRONMENT SHALL ENSURE ADEQUATE STATEWIDE
31 TRAINING ON THE STANDARDIZED SCREENING TOOLS AND THE
32 STANDARDIZED ASSESSMENT TOOL FOR PRIMARY CARE PROVIDERS AND
33 OTHER INTERESTED HEALTH CARE PROFESSIONALS WHO CARE FOR
34 CHILDREN, ENSURING THAT TRAINING IS OFFERED AT NO COST TO THE
35 PROFESSIONAL. TRAINING SERVICES MAY BE CONTRACTED OUT TO A THIRD
36 PARTY.
37

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

ARTICLE 62

High-fidelity Wraparound Services for Children and Youth

40 **27-62-101. High-fidelity wraparound services for children and**
41 **youth - interagency coordination - reporting.** (1) PURSUANT TO
42
43

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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