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

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

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

PART 8

CHILDREN AND YOUTH BEHAVIORAL HEALTH SYSTEM IMPROVEMENTS

25.5-5-801. Legislative declaration. (1) The general assembly finds and declares that:

(a) In order to provide quality behavioral health services to families of children and youth with behavioral health challenges, behavioral health services should be coordinated among state departments and political subdivisions of the state and should be culturally competent, cost-effective, and provided in the least restrictive settings;

(b) The behavioral health system and child- and youth-serving agencies are often constrained by resource capacity and systemic barriers that can create difficulties in providing appropriate and cost-effective interventions and services for children and youth;

(c) Children and youth with behavioral health challenges may require a multi-system level of care that can lead to duplication and fragmentation of services. To avoid these problems, keep families together, and support caregivers during a child's or youth's behavioral health challenge,
DEPARTMENTS AND POLITICAL SUBDIVISIONS OF THE STATE MUST COLLABORATE WITH ONE ANOTHER;

(d) The federal "Family First Prevention Services Act of 2018", as defined in section 26-5-101 (4.5), will bring major changes to the child welfare system, including supporting more children in the community and requiring a strong and effective child and youth behavioral health system; and

(e) The Colorado state innovation model, an initiative housed in the office of the governor, has worked to integrate behavioral health and physical health, has made significant progress advancing the use of alternative payment models, and has created infrastructure for screening and innovative payment reforms. However, future work is needed to further expand and improve integrated services for children and families, with a focus on early and upstream interventions.

(2) The general assembly further finds and declares that, building upon work completed by Colorado's trauma-informed system of care, Colorado must implement a model of comprehensive system of care for families of children and youth with behavioral health challenges.

25.5-5-802. Definitions. As used in this part 8, unless the context otherwise requires:

(1) "At risk of developing a behavioral health disorder" means the occurrence of any number of psychological or social risk factors, such as trauma, that may make a person more likely to develop a behavioral health disorder.

(2) "At risk of out-of-home placement" means a child or youth who is eligible for medical assistance pursuant to articles 4, 5, and 6 of this title 25.5 and the child or youth:

(a) Has been diagnosed as having a mental health disorder, as defined in section 27-65-102 (11.5), or a behavioral health disorder; and

(b) May require a level of care that is provided in a residential child care facility, inpatient psychiatric hospital, or other intensive care setting outside of the child's or youth's home. "At risk of out-of-home placement" includes a child or youth who:

(I) Is entering the division of youth services; or

(II) Is at risk of child welfare involvement.

(3) "Behavioral health disorder" means a substance use disorder, mental health disorder, or one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impair judgment or capacity to recognize reality
OR TO CONTROL BEHAVIOR, INCLUDING SERIOUS EMOTIONAL
DISTURBANCES. "BEHAVIORAL HEALTH DISORDER" ALSO INCLUDES THOSE
MENTAL HEALTH DISORDERS LISTED IN THE MOST RECENT VERSIONS OF
THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS,
THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND
DEVELOPMENTAL DISORDERS OF INFANCY AND EARLY CHILDHOOD, AND
THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND
RELATED HEALTH PROBLEMS.

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

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

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

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

(8) "OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO
IS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND
6 OF THIS TITLE 25.5 AND THE CHILD OR YOUTH:
(a) HAS BEEN DIAGNOSED AS HAVING A MENTAL HEALTH
DISORDER, AS DEFINED IN SECTION 27-65-102 (11.5), OR A BEHAVIORAL
HEALTH DISORDER; AND
(b) MAY REQUIRE A LEVEL OF CARE THAT IS PROVIDED IN A
RESIDENTIAL CHILD CARE FACILITY, INPATIENT PSYCHIATRIC HOSPITAL, OR
OTHER INTENSIVE CARE SETTING OUTSIDE OF THE CHILD'S OR YOUTH'S
HOME. "OUT-OF-HOME PLACEMENT" INCLUDES A CHILD OR YOUTH WHO:
(I) HAS ENTERED THE DIVISION OF YOUTH SERVICES; OR
(II) IS AT RISK OF CHILD WELFARE INVOLVEMENT.

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

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

25.5-5-803. High-fidelity wraparound services for children and youth - federal approval - reporting. (1) No later than March 1, 2020, the state department shall seek federal authorization from the federal centers for medicare and medicaid services to provide wraparound services for eligible children and youth who are at risk of out-of-home placement or in an out-of-home placement. Prior to seeking federal authorization, the state department shall seek input from relevant stakeholders including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, and other relevant departments. The state department shall consider tiered care coordination as an approach when developing the wraparound model.

(2) Upon federal authorization, the state department shall require managed care entities to implement wraparound services, which may be contracted out to a third party. The state department shall ensure care coordinators and those responsible for implementing wraparound services have adequate training and resources to support children and youth who may have co-occurring diagnoses, including behavioral health disorders and physical or intellectual or developmental disabilities. Attention must also be given to the geographic diversity of the state in designing this program in rural communities.

(3) Upon implementation of the wraparound services, the state department and the department of human services shall monitor and report the annual cost savings associated with eligible children and youth receiving wraparound services to the public through the annual hearing, pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2. The department of health care policy and financing shall require managed care entities to report data on the utilization and effectiveness of wraparound services.

(4) The state department shall work collaboratively with the department of human services, counties, and other departments, as appropriate, to develop, implement, and oversee wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. As part
OF ROUTINE COLLABORATION, THE STATE DEPARTMENT SHALL DEVELOP
A MODEL OF SUSTAINABLE FUNDING FOR WRAPAROUND SERVICES IN
CONSULTATION WITH THE DEPARTMENT OF HUMAN SERVICES.
WRAPAROUND SERVICES PROVIDED TO ELIGIBLE CHILDREN AND YOUTH
PURSUANT TO THIS SECTION MUST BE COVERED UNDER THE "COLORADO
MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.
The state department may use targeting criteria to ramp up
wraparound services as service capacity increases, or
temporarily, as necessary, to meet certain federal financial
participation requirements.

25.5-5-804. Standardized assessment tool - standardized
screening tools - single referral and entry point. (1) Standardized
assessment tool. No later than July 1, 2020, the state department
and department of human services shall jointly select a single
standardized assessment tool to facilitate identification of
behavioral health issues and other related needs in children
and youth and to develop a plan to implement the tool for
programmatic utilization. The state department and department
of human services shall consult with counties, stakeholders,
and other relevant departments, as appropriate, prior to
selecting the tool.

(2) Standardized screening tools. No later than July 1, 2020,
the state department and the department of human services
shall select developmentally appropriate and culturally
competent statewide behavioral health standardized screening
tools for primary care providers serving children, youth, and
caregivers in the perinatal period, including postpartum women.
The state department and the department of human services may
make the tools available electronically for health care
professionals and the public. Prior to the adoption of the
standardized assessment tool described in subsection (1) of this
section, and the standardized screening tools described in this
subsection (2), the state department shall lead a public
consultation process involving relevant stakeholders,
including health care professionals, with input from the
department of human services, the department of public health
and environment, and the division of insurance.

(3) Statewide referral and entry point. No later than July 1,
2020, the state department, in conjunction with the department
of human services, the department of public health and
environment, and other relevant departments and counties, as
necessary, shall develop a plan for establishing a single
statewide referral and entry point for children and youth who
HAVE A POSITIVE BEHAVIORAL HEALTH SCREENING OR WHOSE NEEDS ARE IDENTIFIED THROUGH A STANDARDIZED ASSESSMENT. IN DEVELOPING THE SINGLE STATEWIDE REFERRAL AND ENTRY POINT, THE STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS, INCLUDING COUNTIES, MANAGED CARE ENTITIES PARTICIPATING IN THE STATEWIDE MANAGED CARE SYSTEM, FAMILIES OF CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH DISORDERS, COMMUNITIES THAT HAVE PREVIOUSLY IMPLEMENTED WRAPAROUND SERVICES, MENTAL HEALTH PROFESSIONALS, AND OTHER RELEVANT DEPARTMENTS.


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

ARTICLE 51
Standardized Screening and Assessment Tool Training

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

ARTICLE 62
High-fidelity Wraparound Services for Children and Youth
27-62-101. High-fidelity wraparound services for children and youth - interagency coordination - reporting. (1) PURSUANT TO

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

27-62-102. Standardized screening tools - standardized assessment tool - interagency coordination - single referral and entry point. (1) Standardized assessment tool. Pursuant to Section 25.5-5-804 (1), no later than July 1, 2020, the department of human services shall coordinate with the department of health care policy and financing to jointly select a single standardized assessment tool to facilitate identification of behavioral health issues and other related needs in children and youth and to develop a plan to implement the tool for programmatic utilization.

(2) Standardized screening tools. Pursuant to Section 25.5-5-804 (2), no later than July 1, 2020, the department of human services shall assist the department of health care policy and financing in selecting developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period, including postpartum women. The department of health care policy and financing and the department of human services may make the tools available electronically for health care professionals and the public.
(3) **Statewide referral and entry point.** Pursuant to section 25.5-5-804 (3), no later than July 1, 2020, the Department of Human Services shall assist the Department of Health Care Policy and Financing in developing a plan for establishing a single statewide referral and entry point for children and youth who have a positive behavioral health screening or whose needs are identified through a standardized assessment.

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

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