

**Second Regular Session  
Sixty-seventh General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 10-0776.02 Jane Ritter

**SENATE BILL 10-153**

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**SENATE SPONSORSHIP**

**Boyd,**

**HOUSE SPONSORSHIP**

**(None),**

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**Senate Committees**

Health and Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING BEHAVIORAL HEALTH TRANSFORMATION.**

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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://www.leg.state.co.us/billsummaries>.)*

The bill sets forth a legislative declaration concerning the importance of creating a comprehensive approach to behavioral health issues, including mental health and substance use disorders, and establishes the behavioral health transformation council to develop strategies for implementing a systemic transformation of the behavioral health care system. The governor is directed to appoint a behavioral health transformation council whose goal it is to implement a systemic

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

transformation of the behavioral health system. The bill further establishes the behavioral health screening in the criminal justice system planning group (planning group) to determine a standard set of data elements and outlines the membership and duties of the planning group.

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

2 **SECTION 1.** Title 27, Colorado Revised Statutes, is amended BY  
3 **THE ADDITION OF A NEW ARTICLE** to read:

4 **ARTICLE 64**

5 **Behavioral Health**

6 **27-64-101. Legislative declaration.** (1) THE GENERAL  
7 **ASSEMBLY HEREBY FINDS, DETERMINES, AND DECLARES THAT:**

8 **(a) THERE IS AN URGENT NEED TO ADDRESS THE ECONOMIC,**  
9 **SOCIAL, AND PERSONAL COSTS TO THE STATE OF COLORADO AND ITS**  
10 **CITIZENS OF UNTREATED MENTAL HEALTH AND SUBSTANCE USE**  
11 **DISORDERS;**

12 **(b) BEHAVIORAL HEALTH DISORDERS, INCLUDING MENTAL HEALTH**  
13 **AND SUBSTANCE USE DISORDERS, ARE TREATABLE CONDITIONS NOT**  
14 **UNLIKE OTHER CHRONIC HEALTH ISSUES THAT REQUIRE A COMBINATION**  
15 **OF BEHAVIORAL CHANGE AND MEDICATION OR OTHER TREATMENT. WHEN**  
16 **INDIVIDUALS RECEIVE APPROPRIATE PREVENTION, EARLY INTERVENTION,**  
17 **TREATMENT, AND RECOVERY SERVICES, THEY CAN LIVE FULL, PRODUCTIVE**  
18 **LIVES.**

19 **(c) UNTREATED BEHAVIORAL HEALTH DISORDERS PLACE**  
20 **INDIVIDUALS AT HIGH RISK FOR POOR HEALTH OUTCOMES AND**  
21 **SIGNIFICANTLY IMPACT VIRTUALLY ALL ASPECTS OF LOCAL AND STATE**  
22 **GOVERNMENT BY REDUCING FAMILY STABILITY, STUDENT ACHIEVEMENT,**  
23 **WORKFORCE PRODUCTIVITY, AND PUBLIC SAFETY;**

1           (d) CURRENTLY, THERE IS NO SINGLE BEHAVIORAL HEALTH CARE  
2 SYSTEM IN COLORADO. INSTEAD, CONSUMERS OF ALL AGES WITH  
3 BEHAVIORAL HEALTH DISORDERS RECEIVE SERVICES FROM A NUMBER OF  
4 DIFFERENT SYSTEMS, INCLUDING THE HEALTH CARE, BEHAVIORAL HEALTH  
5 CARE, CHILD WELFARE, JUVENILE AND CRIMINAL JUSTICE, EDUCATION, AND  
6 HIGHER EDUCATION SYSTEMS.

7           (e) ADULT AND YOUTH CONSUMERS AND THEIR FAMILIES NEED  
8 QUALITY BEHAVIORAL HEALTH CARE THAT IS INDIVIDUALIZED AND  
9 COORDINATED TO MEET THEIR CHANGING NEEDS THROUGH A  
10 COMPREHENSIVE AND INTEGRATED SYSTEM;

11           (f) TIMELY ACCESS THROUGH MULTIPLE POINTS OF ENTRY TO A  
12 FULL CONTINUUM OF CULTURALLY RESPONSIVE SERVICES, INCLUDING  
13 PREVENTION, EARLY INTERVENTION, CRISIS RESPONSE, TREATMENT, AND  
14 RECOVERY, IS NECESSARY FOR AN EFFECTIVE INTEGRATED SYSTEM;

15           (g) EVIDENCE-BASED AND PROMISING PRACTICES RESULT IN  
16 FAVORABLE OUTCOMES FOR COLORADO'S ADULT AND YOUTH CONSUMERS,  
17 THEIR FAMILIES, AND THE COMMUNITIES IN WHICH THEY LIVE;

18           (h) LACK OF PUBLIC AWARENESS REGARDING BEHAVIORAL HEALTH  
19 ISSUES CREATES A NEED FOR PUBLIC EDUCATION THAT EMPHASIZES THE  
20 IMPORTANCE OF BEHAVIORAL HEALTH AS PART OF OVERALL HEALTH AND  
21 WELLNESS AND CREATES THE DESIRE TO INVEST IN AND SUPPORT AN  
22 INTEGRATED BEHAVIORAL HEALTH SYSTEM IN COLORADO;

23           (i) TO REDUCE THE ECONOMIC AND SOCIAL COSTS OF UNTREATED  
24 BEHAVIORAL HEALTH DISORDERS, COLORADO NEEDS A SYSTEMIC  
25 TRANSFORMATION OF THE BEHAVIORAL HEALTH SYSTEM THROUGH WHICH  
26 TRANSFORMATION THE STATE STRIVES TO ACHIEVE CRITICAL GOALS TO  
27 ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDERS; AND

1           (j) THE OVERARCHING GOAL OF THIS BEHAVIORAL HEALTH  
2           SYSTEM TRANSFORMATION SHALL BE TO MAKE THE BEHAVIORAL HEALTH  
3           SYSTEM'S ADMINISTRATIVE PROCESSES, SERVICE DELIVERY, AND FUNDING  
4           MORE EFFECTIVE AND EFFICIENT TO IMPROVE OUTCOMES FOR COLORADO  
5           CITIZENS.

6           (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT,  
7           TO IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF COLORADO,  
8           STRENGTHEN THE ECONOMY, AND CONTINUE THE RESPONSIBLE  
9           MANAGEMENT OF THE STATE'S RESOURCES, THE LEADERSHIP OF THE THREE  
10           BRANCHES OF COLORADO'S STATE GOVERNMENT AND THE STAKEHOLDERS  
11           MOST AFFECTED BY MENTAL HEALTH AND SUBSTANCE USE DISORDERS  
12           MUST COLLABORATE TO BUILD ON THE PROGRESS OF PAST EFFORTS AND TO  
13           SUSTAIN A FOCUS ON THE IMPROVEMENT OF BEHAVIORAL HEALTH  
14           SERVICES.

15           **27-64-102. Behavioral health transformation council - creation**  
16           **- duties - sunset review - repeal.** (1) THE GOVERNOR SHALL DESIGNATE  
17           A GROUP OF HIS OR HER CABINET MEMBERS INCLUDING, BUT NOT LIMITED  
18           TO, THE COMMISSIONER OF EDUCATION AND THE EXECUTIVE DIRECTORS OF  
19           THE DEPARTMENTS OF CORRECTIONS, HEALTH CARE POLICY AND  
20           FINANCING, HUMAN SERVICES, LABOR AND EMPLOYMENT, LOCAL AFFAIRS,  
21           PUBLIC HEALTH AND ENVIRONMENT, AND PUBLIC SAFETY TO OVERSEE THE  
22           SYSTEMIC TRANSFORMATION OF THE BEHAVIORAL HEALTH SYSTEM.

23           (2) (a) ON OR BEFORE AUGUST 1, 2010, THE GOVERNOR SHALL  
24           CREATE A BEHAVIORAL HEALTH TRANSFORMATION COUNCIL, REFERRED TO  
25           IN THIS SECTION AS THE "COUNCIL", TO ADVISE HIS OR HER CABINET ON  
26           TRANSFORMING THE BEHAVIORAL HEALTH SYSTEM IN COLORADO. ON OR  
27           BEFORE AUGUST 1, 2010, THE GOVERNOR SHALL DESIGNATE AN

1 EXECUTIVE BRANCH DEPARTMENT TO SERVE AS THE LEAD DEPARTMENT TO  
2 FACILITATE THE COUNCIL'S WORK. IN CONSULTATION WITH THE  
3 GOVERNOR, THE LEAD AGENCY SHALL DETERMINE THE APPROPRIATE  
4 MEMBERSHIP, TENURE, AND OPERATING PROTOCOLS OF THE COUNCIL.

5 (b) THE COUNCIL MEMBERSHIP SHALL INCLUDE STAFF FROM  
6 EXECUTIVE BRANCH AGENCIES THAT FUND OR SERVE CLIENTS WHO USE  
7 THE BEHAVIORAL HEALTH SYSTEM INCLUDING, BUT NOT LIMITED TO, THE  
8 DEPARTMENTS OF CORRECTIONS, EDUCATION, HEALTH CARE POLICY AND  
9 FINANCING, HUMAN SERVICES, LABOR AND EMPLOYMENT, LOCAL AFFAIRS,  
10 PUBLIC HEALTH AND ENVIRONMENT, AND PUBLIC SAFETY; AT LEAST TWO  
11 REPRESENTATIVES FROM THE JUDICIAL BRANCH; A MEMBER FROM THE  
12 MENTAL HEALTH PLANNING AND ADVISORY COMMITTEE IN THE  
13 DEPARTMENT OF HUMAN SERVICES; AND AT LEAST FOUR CONSUMERS AND  
14 OTHER STAKEHOLDERS IN THE BEHAVIORAL HEALTH SYSTEM.  
15 STAKEHOLDERS MAY INCLUDE, BUT NEED NOT BE LIMITED TO,  
16 CONSUMERS, PERSONS IN RECOVERY, FAMILY MEMBERS, ADVOCACY  
17 GROUPS, AND BEHAVIORAL HEALTH SERVICE PROVIDERS FROM THE PUBLIC  
18 AND PRIVATE SECTORS.

19 (c) ON OR BEFORE JANUARY 30, 2011, AND ON OR BEFORE  
20 JANUARY 30 EACH YEAR THEREAFTER, THE LEAD AGENCY SHALL BRIEF  
21 THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
22 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, ON  
23 THE ACTIVITIES AND PROGRESS OF THE COUNCIL TOWARD ACHIEVING THE  
24 GOALS OF A TRANSFORMATION OF COLORADO'S BEHAVIORAL HEALTH  
25 SYSTEM.

26 (3) THE COUNCIL SHALL HAVE THE FOLLOWING DUTIES AND  
27 FUNCTIONS:

1           (a) TO DEVELOP A STRATEGIC PRIORITIZATION, PLANNING, AND  
2 IMPLEMENTATION PROCESS TO ADVISE THE GOVERNOR'S CABINET ON  
3 TRANSFORMING COLORADO'S BEHAVIORAL HEALTH SYSTEM. THE  
4 COUNCIL SHALL WORK TOWARD THE FOLLOWING GOALS ASSOCIATED WITH  
5 A COMPREHENSIVE, EFFICIENT, EFFECTIVE, AND INTEGRATED BEHAVIORAL  
6 HEALTH SYSTEM:

7           (I) DEVELOPING SHARED OUTCOMES ACROSS KEY SYSTEMS TO  
8 ENABLE JOINT ACCOUNTABILITY AND TO IMPROVE SERVICES;

9           (II) ALIGNING SERVICE AREAS ACROSS SYSTEMS TO PROMOTE  
10 EQUITABLE AND TIMELY ACCESS TO A FULL CONTINUUM OF SERVICES  
11 THROUGHOUT COLORADO, TO THE EXTENT FEASIBLE;

12           (III) ESTABLISHING JOINT MONITORING ACROSS SYSTEMS TO  
13 ENSURE ACCOUNTABILITY FOR COMMON OUTCOMES AND TO REDUCE THE  
14 ADMINISTRATIVE BURDEN ASSOCIATED WITH SERVICE PROVISION;

15           (IV) CREATING INTEGRATED BEHAVIORAL HEALTH POLICIES AND  
16 RULES TO ALIGN WITH INTEGRATED SERVICE DELIVERY;

17           (V) FINANCING REFORM TO MAXIMIZE AND EFFICIENTLY UTILIZE  
18 FUNDS;

19           (VI) UTILIZING ELECTRONIC HEALTH RECORDS OR OTHER  
20 TECHNOLOGY, SHARED SCREENING TOOLS, ASSESSMENTS, AND  
21 EVALUATIONS IN COMPLIANCE WITH FEDERAL AND STATE  
22 CONFIDENTIALITY AND PRIVACY LAWS;

23           (VII) ADOPTING CONSISTENT CROSS-SYSTEM STANDARDS FOR  
24 CULTURAL CONGRUENCE AND FOR YOUTH, ADULT, AND FAMILY  
25 INVOLVEMENT;

26           (VIII) PROMOTING AND UTILIZING EVIDENCE-BASED AND  
27 PROMISING PRACTICES TO THE EXTENT POSSIBLE; AND

1           (IX) CREATING WORKFORCE-DEVELOPMENT STRATEGIES  
2 REQUIRED FOR AN INTEGRATED BEHAVIORAL HEALTH SYSTEM;

3           (b) TO MAKE RECOMMENDATIONS TO THE CABINET THAT  
4 ENCOURAGE AND PROMOTE COLLABORATION, PARTNERSHIPS, AND  
5 INNOVATION ACROSS GOVERNMENTAL AGENCIES AND OTHER AGENCIES IN  
6 THE BUDGETING, PLANNING, ADMINISTRATION, AND PROVISION OF  
7 BEHAVIORAL HEALTH SERVICES ASSOCIATED WITH THE GOALS ABOVE; AND

8           (c) TO COORDINATE AND CONSOLIDATE THE COUNCIL'S EFFORTS  
9 WITH THE EFFORTS OF OTHER GROUPS THAT ARE WORKING ON BEHAVIORAL  
10 HEALTH ISSUES TO INCREASE THE EFFECTIVENESS AND EFFICIENCY OF  
11 THESE EFFORTS.

12           (4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2020. PRIOR TO  
13 SUCH REPEAL, THE COMMISSION SHALL BE REVIEWED AS PROVIDED FOR IN  
14 SECTION 2-3-1203, C.R.S.

15           SECTION 2. 2-3-1203 (3), Colorado Revised Statutes, is  
16 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

17           2-3-1203. Sunset review of advisory committees. (3) The  
18 following dates are the dates for which the statutory authorization for the  
19 designated advisory committees is scheduled for repeal:

20           (gg) July 1, 2020:

21           (I) THE BEHAVIORAL HEALTH TRANSFORMATION COUNCIL,  
22 CREATED IN SECTION 27-64-102, C.R.S.

23           SECTION 3. 25.5-5-411, Colorado Revised Statutes, is amended  
24 to read:

25           25.5-5-411. Medicaid community mental health services -  
26 legislative declaration - administration - rules. (1) THE GENERAL  
27 ASSEMBLY HEREBY FINDS, DETERMINES, AND DECLARES THAT:

1           (a) THERE IS AN URGENT NEED TO ADDRESS THE ECONOMIC,  
2           SOCIAL, AND PERSONAL COSTS TO THE STATE OF COLORADO AND ITS  
3           CITIZENS OF UNTREATED MENTAL HEALTH AND SUBSTANCE USE  
4           DISORDERS;

5           (b) BEHAVIORAL HEALTH DISORDERS, INCLUDING MENTAL HEALTH  
6           AND SUBSTANCE USE DISORDERS, ARE TREATABLE CONDITIONS NOT  
7           UNLIKE OTHER CHRONIC HEALTH ISSUES THAT REQUIRE A COMBINATION  
8           OF BEHAVIORAL CHANGE AND MEDICATION OR OTHER TREATMENT. WHEN  
9           INDIVIDUALS RECEIVE APPROPRIATE PREVENTION, EARLY INTERVENTION,  
10          TREATMENT, AND RECOVERY SERVICES, THEY CAN LIVE FULL, PRODUCTIVE  
11          LIVES.

12          (c) UNTREATED BEHAVIORAL HEALTH DISORDERS PLACE  
13          INDIVIDUALS AT HIGH RISK FOR POOR HEALTH OUTCOMES AND  
14          SIGNIFICANTLY AFFECT VIRTUALLY ALL ASPECTS OF LOCAL AND STATE  
15          GOVERNMENT BY REDUCING FAMILY STABILITY, STUDENT ACHIEVEMENT,  
16          WORKFORCE PRODUCTIVITY, AND PUBLIC SAFETY;

17          (d) CURRENTLY, THERE IS NO SINGLE BEHAVIORAL HEALTH CARE  
18          SYSTEM IN COLORADO. INSTEAD, CONSUMERS OF ALL AGES WITH  
19          BEHAVIORAL HEALTH DISORDERS RECEIVE SERVICES FROM A NUMBER OF  
20          DIFFERENT SYSTEMS, INCLUDING THE HEALTH CARE, BEHAVIORAL HEALTH  
21          CARE, CHILD WELFARE, JUVENILE AND CRIMINAL JUSTICE, EDUCATION, AND  
22          HIGHER EDUCATION SYSTEMS.

23          (e) ADULT AND YOUTH CONSUMERS AND THEIR FAMILIES NEED  
24          QUALITY BEHAVIORAL HEALTH CARE THAT IS INDIVIDUALIZED AND  
25          COORDINATED TO MEET THEIR CHANGING NEEDS THROUGH A  
26          COMPREHENSIVE AND INTEGRATED SYSTEM;

27          (f) TIMELY ACCESS THROUGH MULTIPLE POINTS OF ENTRY TO A



1 FULL CONTINUUM OF CULTURALLY RESPONSIVE SERVICES, INCLUDING  
2 PREVENTION, EARLY INTERVENTION, CRISIS RESPONSE, TREATMENT, AND  
3 RECOVERY, IS NECESSARY FOR AN EFFECTIVE INTEGRATED SYSTEM;

4 (g) EVIDENCE-BASED AND PROMISING PRACTICES RESULT IN  
5 FAVORABLE OUTCOMES FOR COLORADO'S ADULT AND YOUTH CONSUMERS,  
6 THEIR FAMILIES, AND THE COMMUNITIES IN WHICH THEY LIVE;

7 (h) LACK OF PUBLIC AWARENESS REGARDING BEHAVIORAL HEALTH  
8 ISSUES CREATES A NEED FOR PUBLIC EDUCATION THAT EMPHASIZES THE  
9 IMPORTANCE OF BEHAVIORAL HEALTH AS PART OF OVERALL HEALTH AND  
10 WELLNESS AND CREATES THE DESIRE TO INVEST IN AND SUPPORT AN  
11 INTEGRATED BEHAVIORAL HEALTH SYSTEM IN COLORADO;

12 (i) TO REDUCE THE ECONOMIC AND SOCIAL COSTS OF UNTREATED  
13 BEHAVIORAL HEALTH DISORDERS, COLORADO NEEDS A SYSTEMIC  
14 TRANSFORMATION OF THE BEHAVIORAL HEALTH SYSTEM THROUGH WHICH  
15 TRANSFORMATION THE STATE STRIVES TO ACHIEVE CRITICAL GOALS TO  
16 ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDERS; AND

17 (j) THE OVERARCHING GOAL OF THIS BEHAVIORAL HEALTH  
18 SYSTEM TRANSFORMATION SHALL BE TO MAKE THE BEHAVIORAL HEALTH  
19 SYSTEM'S ADMINISTRATIVE PROCESSES, SERVICE DELIVERY, AND FUNDING  
20 MORE EFFECTIVE AND EFFICIENT TO IMPROVE OUTCOMES FOR COLORADO  
21 CITIZENS.

22 (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT,  
23 TO IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF COLORADO,  
24 STRENGTHEN THE ECONOMY, AND CONTINUE THE RESPONSIBLE  
25 MANAGEMENT OF THE STATE'S RESOURCES, THE LEADERSHIP OF THE THREE  
26 BRANCHES OF COLORADO'S STATE GOVERNMENT AND THE STAKEHOLDERS  
27 MOST AFFECTED BY MENTAL HEALTH AND SUBSTANCE USE DISORDERS

1 MUST COLLABORATE TO BUILD ON THE PROGRESS OF PAST EFFORTS AND TO  
2 SUSTAIN A FOCUS ON THE IMPROVEMENT OF BEHAVIORAL HEALTH  
3 SERVICES.

4 (1) (3) Except as provided for in subsection (3) SUBSECTION (6)  
5 of this section, the state department shall administer all medicaid  
6 community mental health services for medical assistance recipients  
7 including but not limited to the prepaid capitated single entry point  
8 system for mental health services, the fee-for-service mental health  
9 services, and alternatives to institutionalization. The administration of  
10 medicaid community mental health services shall include but shall not be  
11 limited to program approval, program monitoring, and data collection.

12 (1.5) (a) (4) (a) The requirements of section 25.5-5-408 shall not  
13 apply to the capitated rate calculation process for medicaid community  
14 mental health services; except that each medicaid community mental  
15 health services MCO shall be subject to the requirements of section  
16 25.5-5-404 (1) (k) and (1) (l).

17 (b) The state department shall establish cost-effective, capitated  
18 rates for community mental health services in a manner that includes cost  
19 containment mechanisms. These cost containment mechanisms may  
20 include, but are not limited to, restricting average per member per month  
21 utilization growth, restricting unit cost growth, limiting allowable  
22 administrative cost, establishing minimum medical loss ratios, or  
23 establishing other cost containment mechanisms that the state department  
24 determines appropriate.

25 (c) Effective June 1, 2010, the state department shall make a  
26 capitation payment to a medicaid community mental health services MCO  
27 for each medical assistance recipient no sooner than the first day of the

1 month following the month the recipient is enrolled with that MCO.

2 (2) (5) The state department is authorized to seek federal approval  
3 for any necessary changes to the state's waiver that authorizes the  
4 statewide system of community mental health care to reflect the  
5 provisions of this section. The state department is authorized to limit a  
6 recipient's freedom of choice with respect to a provider of mental health  
7 services and to restrict reimbursements for mental health services to  
8 designated and contracted agencies in such waiver.

9 (3) (6) The administration of the mental health institutes shall  
10 remain the responsibility of the department of human services.

11 (4) (7) On and after April 6, 2004, all positions of employment in  
12 the department of human services concerning the powers, duties, and  
13 functions of administering all medicaid community mental health services  
14 for medical assistance recipients transferred to the state department  
15 pursuant to this section and determined to be necessary to carry out the  
16 purposes of this section by the executive director of the state department  
17 shall be transferred to the state department and shall become employment  
18 positions therein.

19 (5) (8) On and after April 6, 2004, all items of property, real and  
20 personal, including office furniture and fixtures, computers and software,  
21 books, documents, and records of the department of human services  
22 pertaining to the duties and functions of administering all medicaid  
23 community mental health services for medical assistance recipients are  
24 transferred to the state department and shall become the property thereof.

25 (6) (9) On and after April 6, 2004, for state fiscal year 2003-04,  
26 the state department may bill the department of human services  
27 medicaid-funded programs division appropriation within the state

1 department's appropriation for the provision of medicaid community  
2 mental health services as authorized in this section.

3 (7) (10) On or before July 1, 2004, the state department and the  
4 department of human services shall jointly produce a document to assist  
5 mental health consumers and advocates and providers that participate in  
6 Colorado's publicly funded mental health system to understand the  
7 respective roles of each department in the provision of mental health  
8 services and each department's ability to provide high quality and  
9 accessible mental health services. The state department and the  
10 department of human services shall make the document available to the  
11 public and shall send at least one copy to each community mental health  
12 center, statewide mental health advocacy organization, and mental health  
13 assessment and services agency. The information contained in the  
14 document shall be made available on each department's internet web site.  
15 The state department and the department of human services are  
16 encouraged to consult with representatives of mental health consumer and  
17 provider organizations in the development of the document to ensure that  
18 it benefits consumers seeking mental health services and consumers who  
19 need to express concerns or complaints regarding the quality, availability,  
20 or accessibility of mental health services.

21 (8) (11) When the state auditor conducts an audit of the statewide  
22 mental health system, the state auditor shall evaluate the coordination of  
23 services between the state department and the department of human  
24 services and the impact of the administration of the mental health system  
25 on the quality of care within the statewide mental health system.

26 (9) (12) The state board shall adopt any rules necessary for the  
27 implementation of this section. In adopting rules concerning medicaid

1 community mental health services, the state board shall consider the  
2 effect the rules may have on the statewide mental health system.

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