

Second Regular Session  
Sixty-seventh General Assembly  
STATE OF COLORADO

**REENGROSSED**

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

LLS NO. 10-0776.02 Jane Ritter

**SENATE BILL 10-153**

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**SENATE SPONSORSHIP**

**Boyd,**

**HOUSE SPONSORSHIP**

**Frangas,**

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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.*

SENATE  
3rd Reading Unamended  
April 5, 2010

SENATE  
Amended 2nd Reading  
April 1, 2010

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, THE EXECUTIVE DIRECTOR OR  
19           CHIEF MEDICAL OFFICER OF THE DEPARTMENT OF PUBLIC HEALTH AND  
20           ENVIRONMENT, AND THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF  
21           CORRECTIONS, HEALTH CARE POLICY AND FINANCING, HUMAN SERVICES,  
22           LABOR AND EMPLOYMENT, LOCAL AFFAIRS, \_\_\_\_\_ AND PUBLIC SAFETY TO  
23           OVERSEE THE SYSTEMIC TRANSFORMATION OF THE BEHAVIORAL HEALTH  
24           SYSTEM.

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

1 TRANSFORMING THE BEHAVIORAL HEALTH SYSTEM IN COLORADO. ON OR  
2 BEFORE AUGUST 1, 2010, THE GOVERNOR SHALL DESIGNATE AN  
3 EXECUTIVE BRANCH DEPARTMENT TO SERVE AS THE LEAD DEPARTMENT TO  
4 FACILITATE THE COUNCIL'S WORK. IN CONSULTATION WITH THE  
5 GOVERNOR, THE LEAD AGENCY SHALL DETERMINE THE APPROPRIATE  
6 MEMBERSHIP, TENURE, AND OPERATING PROTOCOLS OF THE COUNCIL.

7 (b) THE COUNCIL MEMBERSHIP SHALL INCLUDE THE FOLLOWING:

8 (I) REPRESENTATIVES FROM EXECUTIVE BRANCH AGENCIES THAT  
9 FUND OR SERVE CLIENTS WHO USE THE BEHAVIORAL HEALTH SYSTEM,  
10 INCLUDING BUT NOT LIMITED TO THE DEPARTMENTS OF CORRECTIONS,  
11 EDUCATION, HEALTH CARE POLICY AND FINANCING, HUMAN SERVICES,  
12 LABOR AND EMPLOYMENT, LOCAL AFFAIRS, PUBLIC HEALTH AND  
13 ENVIRONMENT, AND PUBLIC SAFETY;

14 (II) AT LEAST TWO REPRESENTATIVES FROM THE JUDICIAL  
15 BRANCH, APPOINTED BY THE CHIEF JUSTICE OF THE COLORADO SUPREME  
16 COURT;

17 (III) TWO REPRESENTATIVES FROM THE HOUSE OF  
18 REPRESENTATIVES, ONE APPOINTED BY THE SPEAKER OF THE HOUSE OF  
19 REPRESENTATIVES AND ONE APPOINTED BY THE MINORITY LEADER;

20 (IV) TWO REPRESENTATIVES FROM THE SENATE, ONE APPOINTED  
21 BY THE PRESIDENT OF THE SENATE AND ONE APPOINTED BY THE MINORITY  
22 LEADER;

23 (V) ONE REPRESENTATIVE FROM THE GOVERNOR'S OFFICE OF  
24 INFORMATION TECHNOLOGY; AND

25 (VI) AT LEAST TEN REPRESENTATIVES, RECOMMENDED BY THE  
26 LEAD AGENCY IN CONSULTATION WITH THE COUNCIL, FROM ANY GROUP OR  
27 COMMITTEE THAT ACTIVELY PARTICIPATED IN THE BEHAVIORAL HEALTH

1 TRANSFORMATION GRANT IN 2009-2010, AND WHICH SHALL INCLUDE  
2 CONSUMERS OR ENTITIES REPRESENTING CONSUMERS OF BEHAVIORAL  
3 HEALTH SERVICES. \_\_\_

4 (c) ON OR BEFORE JANUARY 30, 2011, AND ON OR BEFORE  
5 JANUARY 30 EACH YEAR THEREAFTER, THE LEAD AGENCY SHALL BRIEF  
6 THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
7 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES,  
8 AND THE STATE COURT ADMINISTRATOR'S OFFICE ON THE ACTIVITIES AND  
9 PROGRESS OF THE COUNCIL TOWARD ACHIEVING THE GOALS OF A  
10 TRANSFORMATION OF COLORADO'S BEHAVIORAL HEALTH SYSTEM.

11 (3) THE COUNCIL SHALL HAVE THE FOLLOWING DUTIES AND  
12 FUNCTIONS:

13 (a) TO DEVELOP A STRATEGIC PRIORITIZATION, PLANNING, AND  
14 IMPLEMENTATION PROCESS TO ADVISE THE GOVERNOR'S CABINET ON  
15 TRANSFORMING COLORADO'S BEHAVIORAL HEALTH SYSTEM. THE  
16 COUNCIL SHALL WORK TOWARD THE FOLLOWING GOALS ASSOCIATED WITH  
17 A COMPREHENSIVE, EFFICIENT, EFFECTIVE, AND INTEGRATED BEHAVIORAL  
18 HEALTH SYSTEM:

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

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

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

27 (IV) CREATING INTEGRATED BEHAVIORAL HEALTH POLICIES AND

1 RULES TO ALIGN WITH INTEGRATED SERVICE DELIVERY;

2 (V) FINANCING REFORM TO MAXIMIZE AND EFFICIENTLY UTILIZE  
3 FUNDS;

4 (VI) UTILIZING ELECTRONIC HEALTH RECORDS OR OTHER  
5 TECHNOLOGY, SHARED SCREENING TOOLS, ASSESSMENTS, AND  
6 EVALUATIONS IN COMPLIANCE WITH FEDERAL AND STATE  
7 CONFIDENTIALITY AND PRIVACY LAWS;

8 (VII) ADOPTING CONSISTENT CROSS-SYSTEM STANDARDS FOR  
9 CULTURAL CONGRUENCE AND FOR YOUTH, ADULT, AND FAMILY  
10 INVOLVEMENT;

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

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

15 (b) TO MAKE RECOMMENDATIONS TO THE CABINET THAT  
16 ENCOURAGE AND PROMOTE COLLABORATION, PARTNERSHIPS, AND  
17 INNOVATION ACROSS GOVERNMENTAL AGENCIES AND OTHER AGENCIES IN  
18 THE BUDGETING, PLANNING, ADMINISTRATION, AND PROVISION OF  
19 BEHAVIORAL HEALTH SERVICES ASSOCIATED WITH THE GOALS ABOVE; AND

20 (c) TO COORDINATE AND CONSOLIDATE THE COUNCIL'S EFFORTS  
21 WITH THE EFFORTS OF OTHER GROUPS THAT ARE WORKING ON BEHAVIORAL  
22 HEALTH ISSUES TO INCREASE THE EFFECTIVENESS AND EFFICIENCY OF  
23 THESE EFFORTS.

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

27 SECTION 2. 2-3-1203 (3), Colorado Revised Statutes, is

1 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

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

5 (gg) July 1, 2020:

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

8 **SECTION 3.** 25.5-5-411, Colorado Revised Statutes, is amended  
9 to read:

10 **25.5-5-411. Medicaid community mental health services -**  
11 **legislative declaration - administration - rules.** (1) THE GENERAL  
12 ASSEMBLY HEREBY FINDS, DETERMINES, AND DECLARES THAT:

13 (a) THERE IS AN URGENT NEED TO ADDRESS THE ECONOMIC,  
14 SOCIAL, AND PERSONAL COSTS TO THE STATE OF COLORADO AND ITS  
15 CITIZENS OF UNTREATED MENTAL HEALTH AND SUBSTANCE USE  
16 DISORDERS;

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

24 (c) UNTREATED BEHAVIORAL HEALTH DISORDERS PLACE  
25 INDIVIDUALS AT HIGH RISK FOR POOR HEALTH OUTCOMES AND  
26 SIGNIFICANTLY AFFECT VIRTUALLY ALL ASPECTS OF LOCAL AND STATE  
27 GOVERNMENT BY REDUCING FAMILY STABILITY, STUDENT ACHIEVEMENT,



1 WORKFORCE PRODUCTIVITY, AND PUBLIC SAFETY;

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

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

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

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

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

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

1 ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDERS; AND

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

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

16 (1) (3) Except as provided for in subsection (3) SUBSECTION (6)  
17 of this section, the state department shall administer all medicaid  
18 community mental health services for medical assistance recipients  
19 including but not limited to the prepaid capitated single entry point  
20 system for mental health services, the fee-for-service mental health  
21 services, and alternatives to institutionalization. The administration of  
22 medicaid community mental health services shall include but shall not be  
23 limited to program approval, program monitoring, and data collection.

24 (1.5) (a) (4) (a) The requirements of section 25.5-5-408 shall not  
25 apply to the capitated rate calculation process for medicaid community  
26 mental health services; except that each medicaid community mental  
27 health services MCO shall be subject to the requirements of section

1 25.5-5-404 (1) (k) and (1) (l).

2 (b) The state department shall establish cost-effective, capitated  
3 rates for community mental health services in a manner that includes cost  
4 containment mechanisms. These cost containment mechanisms may  
5 include, but are not limited to, restricting average per member per month  
6 utilization growth, restricting unit cost growth, limiting allowable  
7 administrative cost, establishing minimum medical loss ratios, or  
8 establishing other cost containment mechanisms that the state department  
9 determines appropriate.

10 (c) Effective June 1, 2010, the state department shall make a  
11 capitation payment to a medicaid community mental health services MCO  
12 for each medical assistance recipient no sooner than the first day of the  
13 month following the month the recipient is enrolled with that MCO.

14 (2) (5) The state department is authorized to seek federal approval  
15 for any necessary changes to the state's waiver that authorizes the  
16 statewide system of community mental health care to reflect the  
17 provisions of this section. The state department is authorized to limit a  
18 recipient's freedom of choice with respect to a provider of mental health  
19 services and to restrict reimbursements for mental health services to  
20 designated and contracted agencies in such waiver.

21 (3) (6) The administration of the mental health institutes shall  
22 remain the responsibility of the department of human services.

23 (4) (7) On and after April 6, 2004, all positions of employment in  
24 the department of human services concerning the powers, duties, and  
25 functions of administering all medicaid community mental health services  
26 for medical assistance recipients transferred to the state department  
27 pursuant to this section and determined to be necessary to carry out the

1 purposes of this section by the executive director of the state department  
2 shall be transferred to the state department and shall become employment  
3 positions therein.

4 (5) (8) On and after April 6, 2004, all items of property, real and  
5 personal, including office furniture and fixtures, computers and software,  
6 books, documents, and records of the department of human services  
7 pertaining to the duties and functions of administering all medicaid  
8 community mental health services for medical assistance recipients are  
9 transferred to the state department and shall become the property thereof.

10 (6) (9) On and after April 6, 2004, for state fiscal year 2003-04,  
11 the state department may bill the department of human services  
12 medicaid-funded programs division appropriation within the state  
13 department's appropriation for the provision of medicaid community  
14 mental health services as authorized in this section.

15 (7) (10) On or before July 1, 2004, the state department and the  
16 department of human services shall jointly produce a document to assist  
17 mental health consumers and advocates and providers that participate in  
18 Colorado's publicly funded mental health system to understand the  
19 respective roles of each department in the provision of mental health  
20 services and each department's ability to provide high quality and  
21 accessible mental health services. The state department and the  
22 department of human services shall make the document available to the  
23 public and shall send at least one copy to each community mental health  
24 center, statewide mental health advocacy organization, and mental health  
25 assessment and services agency. The information contained in the  
26 document shall be made available on each department's internet web site.  
27 The state department and the department of human services are

1 encouraged to consult with representatives of mental health consumer and  
2 provider organizations in the development of the document to ensure that  
3 it benefits consumers seeking mental health services and consumers who  
4 need to express concerns or complaints regarding the quality, availability,  
5 or accessibility of mental health services.

6 (8) (11) When the state auditor conducts an audit of the statewide  
7 mental health system, the state auditor shall evaluate the coordination of  
8 services between the state department and the department of human  
9 services and the impact of the administration of the mental health system  
10 on the quality of care within the statewide mental health system.

11 (9) (12) The state board shall adopt any rules necessary for the  
12 implementation of this section. In adopting rules concerning medicaid  
13 community mental health services, the state board shall consider the  
14 effect the rules may have on the statewide mental health system.

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