

Second Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 10-0776.02 Jane Ritter

SENATE BILL 10-153

SENATE SPONSORSHIP

Boyd,

HOUSE SPONSORSHIP

Frangas,

Senate Committees

Health and Human Services
Appropriations

House Committees

Health and Human Services

A BILL FOR AN ACT

101 **CONCERNING BEHAVIORAL HEALTH TRANSFORMATION.**

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.*

HOUSE
3rd Reading Unam ended
April 26, 2010

HOUSE
Am ended 2nd Reading
April 23, 2010

SENATE
3rd Reading Unam ended
April 5, 2010

SENATE
Am ended 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.

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, WITH
20 PREFERENCE GIVEN TO MEMBERS FAMILIAR WITH RECENT AUDIT ISSUES
21 REGARDING BEHAVIORAL HEALTH SERVICES;

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

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

27 (VI) AT LEAST TEN REPRESENTATIVES, RECOMMENDED BY THE

1 LEAD AGENCY IN CONSULTATION WITH THE COUNCIL, FROM ANY GROUP OR
2 COMMITTEE THAT ACTIVELY PARTICIPATED IN THE BEHAVIORAL HEALTH
3 TRANSFORMATION GRANT IN 2009-2010, AND WHICH SHALL INCLUDE
4 CONSUMERS OR ENTITIES REPRESENTING CONSUMERS OF BEHAVIORAL
5 HEALTH SERVICES. ___

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

13 (3) THE COUNCIL SHALL HAVE THE FOLLOWING DUTIES AND
14 FUNCTIONS:

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

21 (I) DEVELOPING SHARED OUTCOMES ACROSS KEY SYSTEMS TO
22 ENABLE JOINT ACCOUNTABILITY, IMPROVE SERVICES, AND INCREASE
23 RECOVERY, SELF-SUFFICIENCY, AND ECONOMIC OPPORTUNITY;

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

27 (III) ESTABLISHING JOINT MONITORING ACROSS SYSTEMS TO

1 ENSURE ACCOUNTABILITY FOR COMMON OUTCOMES AND TO REDUCE THE
2 ADMINISTRATIVE BURDEN ASSOCIATED WITH SERVICE PROVISION;

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

5 (V) FINANCING REFORM TO MAXIMIZE AND EFFICIENTLY UTILIZE
6 FUNDS;

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

11 (VII) ADOPTING CONSISTENT CROSS-SYSTEM STANDARDS FOR
12 CULTURAL CONGRUENCE AND FOR YOUTH, ADULT, AND FAMILY
13 INVOLVEMENT;

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

16 (IX) CREATING WORKFORCE-DEVELOPMENT STRATEGIES
17 REQUIRED FOR AN INTEGRATED BEHAVIORAL HEALTH SYSTEM; AND

18 (X) DEVELOPING A COMPREHENSIVE BEHAVIORAL HEALTH
19 SERVICE SYSTEM THAT INCLUDES SERVICES TO PERSONS WITH MENTAL
20 ILLNESS, ADDICTIONS, DISABILITIES, AND CO-OCCURRING ISSUES;

21 (b) TO MAKE RECOMMENDATIONS TO THE CABINET THAT
22 ENCOURAGE AND PROMOTE COLLABORATION, PARTNERSHIPS, AND
23 INNOVATION ACROSS GOVERNMENTAL AGENCIES AND OTHER AGENCIES IN
24 THE BUDGETING, PLANNING, ADMINISTRATION, AND PROVISION OF
25 BEHAVIORAL HEALTH SERVICES ASSOCIATED WITH THE GOALS ABOVE; AND

26 (c) TO COORDINATE AND CONSOLIDATE THE COUNCIL'S EFFORTS
27 WITH THE EFFORTS OF OTHER GROUPS THAT ARE WORKING ON BEHAVIORAL

1 HEALTH ISSUES TO INCREASE THE EFFECTIVENESS AND EFFICIENCY OF
2 THESE EFFORTS.

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

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

8 2-3-1203. Sunset review of advisory committees. (3) The
9 following dates are the dates for which the statutory authorization for the
10 designated advisory committees is scheduled for repeal:

11 (gg) July 1, 2020:

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

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

16 25.5-5-411. Medicaid community mental health services -
17 legislative declaration - administration - rules. (1) THE GENERAL
18 ASSEMBLY HEREBY FINDS, DETERMINES, AND DECLARES THAT:

19 (a) THERE IS AN URGENT NEED TO ADDRESS THE ECONOMIC,
20 SOCIAL, AND PERSONAL COSTS TO THE STATE OF COLORADO AND ITS
21 CITIZENS OF UNTREATED MENTAL HEALTH AND SUBSTANCE USE
22 DISORDERS;

23 (b) BEHAVIORAL HEALTH DISORDERS, INCLUDING MENTAL HEALTH
24 AND SUBSTANCE USE DISORDERS, ARE TREATABLE CONDITIONS NOT
25 UNLIKE OTHER CHRONIC HEALTH ISSUES THAT REQUIRE A COMBINATION
26 OF BEHAVIORAL CHANGE AND MEDICATION OR OTHER TREATMENT. WHEN
27 INDIVIDUALS RECEIVE APPROPRIATE PREVENTION, EARLY INTERVENTION,

1 TREATMENT, AND RECOVERY SERVICES, THEY CAN LIVE FULL, PRODUCTIVE
2 LIVES.

3 (c) UNTREATED BEHAVIORAL HEALTH DISORDERS PLACE
4 INDIVIDUALS AT HIGH RISK FOR POOR HEALTH OUTCOMES AND
5 SIGNIFICANTLY AFFECT VIRTUALLY ALL ASPECTS OF LOCAL AND STATE
6 GOVERNMENT BY REDUCING FAMILY STABILITY, STUDENT ACHIEVEMENT,
7 WORKFORCE PRODUCTIVITY, AND PUBLIC SAFETY;

8 (d) CURRENTLY, THERE IS NO SINGLE BEHAVIORAL HEALTH CARE
9 SYSTEM IN COLORADO. INSTEAD, CONSUMERS OF ALL AGES WITH
10 BEHAVIORAL HEALTH DISORDERS RECEIVE SERVICES FROM A NUMBER OF
11 DIFFERENT SYSTEMS, INCLUDING THE HEALTH CARE, BEHAVIORAL HEALTH
12 CARE, CHILD WELFARE, JUVENILE AND CRIMINAL JUSTICE, EDUCATION, AND
13 HIGHER EDUCATION SYSTEMS.

14 (e) ADULT AND YOUTH CONSUMERS AND THEIR FAMILIES NEED
15 QUALITY BEHAVIORAL HEALTH CARE THAT IS INDIVIDUALIZED AND
16 COORDINATED TO MEET THEIR CHANGING NEEDS THROUGH A
17 COMPREHENSIVE AND INTEGRATED SYSTEM;

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

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

25 (h) LACK OF PUBLIC AWARENESS REGARDING BEHAVIORAL HEALTH
26 ISSUES CREATES A NEED FOR PUBLIC EDUCATION THAT EMPHASIZES THE
27 IMPORTANCE OF BEHAVIORAL HEALTH AS PART OF OVERALL HEALTH AND

1 WELLNESS AND CREATES THE DESIRE TO INVEST IN AND SUPPORT AN
2 INTEGRATED BEHAVIORAL HEALTH SYSTEM IN COLORADO;

3 (i) TO REDUCE THE ECONOMIC AND SOCIAL COSTS OF UNTREATED
4 BEHAVIORAL HEALTH DISORDERS, COLORADO NEEDS A SYSTEMIC
5 TRANSFORMATION OF THE BEHAVIORAL HEALTH SYSTEM THROUGH WHICH
6 TRANSFORMATION THE STATE STRIVES TO ACHIEVE CRITICAL GOALS TO
7 ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDERS; AND

8 (j) THE OVERARCHING GOAL OF THIS BEHAVIORAL HEALTH
9 SYSTEM TRANSFORMATION SHALL BE TO MAKE THE BEHAVIORAL HEALTH
10 SYSTEM'S ADMINISTRATIVE PROCESSES, SERVICE DELIVERY, AND FUNDING
11 MORE EFFECTIVE AND EFFICIENT TO IMPROVE OUTCOMES FOR COLORADO
12 CITIZENS.

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

22 (1) (3) Except as provided for in subsection (3) SUBSECTION (6)
23 of this section, the state department shall administer all medicaid
24 community mental health services for medical assistance recipients
25 including but not limited to the prepaid capitated single entry point
26 system for mental health services, the fee-for-service mental health
27 services, and alternatives to institutionalization. The administration of

1 medicaid community mental health services shall include but shall not be
2 limited to program approval, program monitoring, and data collection.

3 ~~(1.5)~~(a) (4) (a) The requirements of section 25.5-5-408 shall not
4 apply to the capitated rate calculation process for medicaid community
5 mental health services; except that each medicaid community mental
6 health services MCO shall be subject to the requirements of section
7 25.5-5-404 (1) (k) and (1) (l).

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

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

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

27 ~~(3)~~(6) The administration of the mental health institutes shall

1 remain the responsibility of the department of human services.

2 (4) (7) On and after April 6, 2004, all positions of employment in
3 the department of human services concerning the powers, duties, and
4 functions of administering all medicaid community mental health services
5 for medical assistance recipients transferred to the state department
6 pursuant to this section and determined to be necessary to carry out the
7 purposes of this section by the executive director of the state department
8 shall be transferred to the state department and shall become employment
9 positions therein.

10 (5) (8) On and after April 6, 2004, all items of property, real and
11 personal, including office furniture and fixtures, computers and software,
12 books, documents, and records of the department of human services
13 pertaining to the duties and functions of administering all medicaid
14 community mental health services for medical assistance recipients are
15 transferred to the state department and shall become the property thereof.

16 (6) (9) On and after April 6, 2004, for state fiscal year 2003-04,
17 the state department may bill the department of human services
18 medicaid-funded programs division appropriation within the state
19 department's appropriation for the provision of medicaid community
20 mental health services as authorized in this section.

21 (7) (10) On or before July 1, 2004, the state department and the
22 department of human services shall jointly produce a document to assist
23 mental health consumers and advocates and providers that participate in
24 Colorado's publicly funded mental health system to understand the
25 respective roles of each department in the provision of mental health
26 services and each department's ability to provide high quality and
27 accessible mental health services. The state department and the

1 department of human services shall make the document available to the
2 public and shall send at least one copy to each community mental health
3 center, statewide mental health advocacy organization, and mental health
4 assessment and services agency. The information contained in the
5 document shall be made available on each department's internet web site.
6 The state department and the department of human services are
7 encouraged to consult with representatives of mental health consumer and
8 provider organizations in the development of the document to ensure that
9 it benefits consumers seeking mental health services and consumers who
10 need to express concerns or complaints regarding the quality, availability,
11 or accessibility of mental health services.

12 ~~(8)~~ (11) When the state auditor conducts an audit of the statewide
13 mental health system, the state auditor shall evaluate the coordination of
14 services between the state department and the department of human
15 services and the impact of the administration of the mental health system
16 on the quality of care within the statewide mental health system.

17 ~~(9)~~ (12) The state board shall adopt any rules necessary for the
18 implementation of this section. In adopting rules concerning medicaid
19 community mental health services, the state board shall consider the
20 effect the rules may have on the statewide mental health system.

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