

**First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**BILLPAPER**

LLS NO. 21-0394.01

**HOUSE BILL**

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**House Committees**

**Senate Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING RECOMMENDATIONS FROM THE COLORADO BEHAVIORAL**  
102             **HEALTH TASK FORCE, AND, IN CONNECTION THEREWITH,**  
103             **ESTABLISHING A BEHAVIORAL HEALTH ADMINISTRATION.**

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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://leg.colorado.gov>.)*

The bill addresses multiple recommendations from the Colorado behavioral health task force (task force), created in 2019, related to the creation of a behavioral health administration (BHA). The BHA would be a single state agency to lead, promote, and administer the state's behavioral health priorities.

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

The bill requires the department of human services (department) to submit a plan for the creation and establishment of the BHA on or before November 1, 2021, to the joint budget committee and on or before January 30, 2022, to the department's committees of reference. The bill outlines what the plan must, at a minimum, include. The essential duties of the BHA, once established, are set forth.

A timeline is described for the establishment of the BHA in the department and for a future determination of what state department, if different than the department of human services, the BHA will exist.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 2 to article  
3 60 of title 27 as follows:

4 **PART 2**

5 **BEHAVIORAL HEALTH ADMINISTRATION**

6 **27-60-201. Legislative declaration.** (1) THE GENERAL ASSEMBLY  
7 FINDS AND DECLARES THAT:

8 (a) ON APRIL 8, 2019, THE COLORADO BEHAVIORAL HEALTH TASK  
9 FORCE WAS CREATED, BRINGING TOGETHER INDIVIDUALS REPRESENTING  
10 DIVERSE AND BALANCED PERSPECTIVES WITH RESPECT TO ISSUES SUCH AS  
11 CONSUMERS AND FAMILIES WHO ARE DEALING WITH MENTAL HEALTH OR  
12 SUBSTANCE ABUSE DISORDER ISSUES, KEY EXECUTIVE AGENCIES  
13 REPRESENTING STATE AND LOCAL GOVERNMENT, CRIMINAL JUSTICE  
14 EXPERTS, ADVOCACY GROUPS, BEHAVIORAL HEALTH EXPERTS, AND  
15 CONSUMERS;

16 (b) THE MISSION OF THE BEHAVIORAL HEALTH TASK FORCE IS TO  
17 EVALUATE AND CREATE A PLAN TO IMPROVE THE CURRENT BEHAVIORAL  
18 HEALTH SYSTEM IN COLORADO;

19 (c) THE BEHAVIORAL HEALTH TASK FORCE IS FOCUSED ON  
20 CREATING A BEHAVIORAL HEALTH SYSTEM THAT INCLUDES EASY ACCESS

1 TO CARE, EQUITY, AND WHOLE-PERSON CARE. THE NEW BEHAVIORAL  
2 HEALTH SYSTEM IN COLORADO:

3 (I) SHOULD PROVIDE EASY ACCESS TO SERVICES, INCLUDING  
4 EASILY ACCESSIBLE OPTIONS FOR CARE, REGARDLESS OF ABILITY TO PAY,  
5 CRIMINAL HISTORY, LOCATION, PAYER SOURCE, CULTURE, DISABILITY, OR  
6 ANY OTHER FACTOR;

7 (II) MUST PROVIDE ACCESS TO CARE THAT:

8 (A) INTEGRATES PHYSICAL AND BEHAVIORAL HEALTH;

9 (B) IS CULTURALLY AND LINGUISTICALLY RESPONSIVE,  
10 TRAUMA-INFORMED, AND INDIVIDUAL- AND FAMILY-CENTERED; AND

11 (C) EMPHASIZES ALL ASPECTS OF HEALTH, INCLUDING WELLNESS;  
12 AND

13 (d) IN SEPTEMBER 2020, THE BEHAVIORAL HEALTH TASK FORCE  
14 RELEASED ITS BLUEPRINT AND SEVERAL OTHER REPORTS THAT OUTLINE ITS  
15 VISION FOR BEHAVIORAL HEALTH REFORM.

16 (2) THE GENERAL ASSEMBLY FURTHER FINDS AND DECLARES THAT  
17 THE FINDINGS AND RECOMMENDATIONS OF THE COLORADO BEHAVIORAL  
18 HEALTH TASK FORCE TO ENSURE A QUALITY BEHAVIORAL HEALTH  
19 ADMINISTRATION IN COLORADO INCLUDE THAT:

20 (a) ALL COLORADANS, REGARDLESS OF SEVERITY OF NEED,  
21 ABILITY TO PAY, DISABILITY, LINGUISTICS, GEOGRAPHIC LOCATION, RACIAL  
22 OR ETHNIC IDENTITY, SOCIOECONOMIC STATUS, SEXUAL ORIENTATION,  
23 AGE, OR GENDER IDENTITY, MUST HAVE ACCESS TO A BEHAVIORAL HEALTH  
24 SYSTEM THAT PROVIDES A FULL CONTINUUM OF BEHAVIORAL HEALTH  
25 SERVICES IN THE RIGHT PLACE AT THE RIGHT TIME. THIS INCLUDES ACCESS  
26 TO PREVENTION, TREATMENT, AND RECOVERY SERVICES FOR BEHAVIORAL  
27 HEALTH CONDITIONS.

1           (b) ALL STAKEHOLDERS NEED TO WORK TOGETHER AND HOLD ONE  
2           ANOTHER ACCOUNTABLE TO ENSURE COLORADANS ARE RECEIVING THE  
3           QUALITY BEHAVIORAL HEALTH CARE THEY NEED AND DESERVE FOR AS  
4           LONG AS NECESSARY;

5           (c) THE BEHAVIORAL HEALTH SYSTEM MUST PROVIDE A  
6           COMPREHENSIVE CONTINUUM OF SERVICES AVAILABLE FOR CHILDREN,  
7           YOUTH, AND ADULTS;

8           (d) COLORADANS MUST BE ABLE TO ACCESS SERVICES IN A  
9           VARIETY OF METHODS, SUCH AS TELE-BEHAVIORAL HEALTH AND  
10          IN-PERSON SERVICES, FOR ALL LEVELS OF NEED;

11          (e) COLORADO MUST HAVE A BEHAVIORAL HEALTH SYSTEM THAT  
12          MEETS THE UNIQUE NEEDS OF CHILDREN AND YOUTH. YOUNG PEOPLE  
13          HAVE DIFFERENT NEEDS THAN ADULTS AND NEED TO BE OFFERED  
14          DEVELOPMENTALLY APPROPRIATE REMEDIES AND CULTURALLY  
15          COMPETENT SERVICES THAT AN ADULT SYSTEM CANNOT OFFER.

16          (f) COLORADANS MUST NOT HAVE TO BE ENGAGED IN THE  
17          CRIMINAL OR JUVENILE JUSTICE SYSTEMS TO ACCESS BEHAVIORAL HEALTH  
18          SERVICES IN THEIR COMMUNITIES;

19          (g) CARE IS AFFORDABLE WHEN:

20               (I) PEOPLE GET THE CARE THEY NEED TO STAY HEALTHY;

21               (II) THERE ARE ADMINISTRATIVE EFFICIENCIES ACROSS  
22          COLORADO'S BEHAVIORAL HEALTH SYSTEM; AND

23               (III) PAYMENT MODELS CREATE THE RIGHT INCENTIVES TO DRIVE  
24          IMPROVED OUTCOMES;

25          (h) COLORADO SHOULD HAVE A HIGH-QUALITY, TRAINED,  
26          CULTURALLY RESPONSIVE, AND DIVERSE PROFESSIONAL BEHAVIORAL  
27          HEALTH WORKFORCE THAT DELIVERS IMPROVED HEALTH AND ACCESS TO

1 COLORADANS; AND

2 (i) COLORADANS WILL BE BEST SERVED, HAVE THE BEST  
3 OPPORTUNITY TO ACHIEVE MENTAL WELLNESS, AND HAVE THE BEST  
4 CHANCES FOR IMPROVED HEALTH WHEN THEIR PHYSICAL AND BEHAVIORAL  
5 HEALTH CARE ARE INTEGRATED AND THEIR SOCIAL DETERMINANTS OF  
6 HEALTH ARE ADDRESSED.

7 (3) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT, TO  
8 ENSURE A STANDARD OF HIGH-QUALITY, INTEGRATED,  
9 CONSUMER-CENTRIC BEHAVIORAL HEALTH CARE ACCESS AND SERVICES,  
10 IT IS CRITICAL TO FOLLOW THE BLUEPRINT CREATED BY THE COLORADO  
11 BEHAVIORAL HEALTH TASK FORCE AND ESTABLISH A SINGLE STATE  
12 AGENCY, KNOWN AS THE BEHAVIORAL HEALTH ADMINISTRATION, TO LEAD  
13 AND PROMOTE THE STATE'S BEHAVIORAL HEALTH PRIORITIES. THE  
14 BEHAVIORAL HEALTH ADMINISTRATION SHALL TRANSFORM THE STATE'S  
15 CURRENT SYSTEM BY:

16 (a) ENSURING THAT BEHAVIORAL HEALTH SERVICES RESPOND TO  
17 THE CHANGING NEEDS OF COMMUNITIES, MONITOR STATE AND LOCAL  
18 OUTCOMES, AND EVALUATE STATE EFFORTS;

19 (b) MAKING IT EASIER FOR COLORADANS TO ACCESS BEHAVIORAL  
20 HEALTH SERVICES;

21 (c) LEADING AND PROMOTING COLORADO'S BEHAVIORAL HEALTH  
22 PRIORITIES TO ADDRESS THE INCREASING NEED FOR BEHAVIORAL HEALTH  
23 SERVICES;

24 (d) IMPROVING ACCESS, QUALITY, AND AFFORDABILITY OF  
25 BEHAVIORAL HEALTH CARE FOR ALL COLORADANS;

26 (e) ELIMINATING UNNECESSARY FRAGMENTATION OF SERVICES;

27 (f) ADDRESSING SOCIAL DETERMINANTS OF HEALTH AS A CORE

- 1 COMPONENT OF BEHAVIORAL HEALTH OUTCOMES;
- 2 (g) PROMOTING TRANSPARENCY OF CONSUMER OUTCOMES AND
- 3 SPENDING OF TAXPAYER DOLLARS;
- 4 (h) COORDINATING AND INTEGRATING THE DELIVERY OF
- 5 BEHAVIORAL HEALTH SERVICES IN COLORADO TO ENSURE PEOPLE HAVE
- 6 ACCESS TO BEHAVIORAL HEALTH SERVICES;
- 7 (i) SETTING STANDARDS FOR THE BEHAVIORAL HEALTH SYSTEM IN
- 8 COLORADO TO IMPROVE THE QUALITY OF CARE;
- 9 (j) REDUCING THE ADMINISTRATIVE BURDEN ON PROVIDERS SO
- 10 THEY CAN FOCUS ON CLIENT CARE;
- 11 (k) COORDINATING AND EVALUATING STATE AND LOCAL DATA TO
- 12 ENSURE THAT COLORADO IS RESPONSIVE TO THE CHANGING NEEDS OF
- 13 COLORADANS; AND
- 14 (l) PRESERVING AND BUILDING UPON THE INTEGRATION OF
- 15 BEHAVIORAL AND PHYSICAL HEALTH CARE THAT TREATS THE WHOLE
- 16 PERSON.

17 **27-60-202. Definitions.** AS USED IN THIS PART 2, UNLESS THE

18 CONTEXT OTHERWISE REQUIRES:

19 (1) "BEHAVIORAL HEALTH" HAS THE SAME MEANING AS SET FORTH

20 IN SECTION 27-60-100.3.

21 (2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS

22 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION

23 27-60-203.

24 (3) "PLAN" MEANS THE PROPOSED PLAN, AS DESCRIBED IN SECTION

25 27-60-203, FOR THE CREATION OF THE BEHAVIORAL HEALTH

26 ADMINISTRATION.

27 (4) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF

1 HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

2 **27-60-203. Behavioral health administration - plan for**  
3 **creation - proposed duties - timeline.** (1) (a) ON OR BEFORE NOVEMBER

4 1, 2021, BASED ON THE SEPTEMBER 2020 RECOMMENDATIONS FROM THE  
5 COLORADO BEHAVIORAL HEALTH TASK FORCE, THE STATE DEPARTMENT  
6 SHALL DEVELOP A PLAN FOR THE CREATION OF THE BEHAVIORAL HEALTH  
7 ADMINISTRATION. THE PLAN MUST INCLUDE STRATEGIES TO STREAMLINE  
8 AND IMPROVE EFFORTS THAT ADDRESS BEHAVIORAL HEALTH NEEDS IN THE  
9 STATE.

10 (b) THE STATE DEPARTMENT SHALL SOLICIT FEEDBACK FROM AND  
11 ENGAGE WITH COMMUNITY STAKEHOLDERS IN THE DEVELOPMENT OF THE  
12 PLAN DESCRIBED IN THIS SECTION. THIS INCLUDES, BUT IS NOT LIMITED TO,  
13 DIRECT ENGAGEMENT OF CONSUMERS AND CONSUMERS' FAMILIES, COUNTY  
14 GOVERNMENTS, MANAGED SERVICE ORGANIZATIONS, HEALTH CARE  
15 PROVIDERS, MANAGED CARE ENTITIES, INSURANCE CARRIERS, COMMUNITY  
16 MENTAL HEALTH CENTERS, AND SUBSTANCE USE DISORDER SERVICES  
17 PROVIDERS.

18 (c) ON OR BEFORE NOVEMBER 1, 2021, THE STATE DEPARTMENT  
19 SHALL PROVIDE THE PLAN AS A WRITTEN REPORT TO THE JOINT BUDGET  
20 COMMITTEE, THE PUBLIC AND BEHAVIORAL AND HUMAN SERVICES  
21 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND  
22 HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR  
23 COMMITTEES.

24 (2) THE PLAN MUST INCLUDE, BUT IS NOT LIMITED TO, THE  
25 FOLLOWING:

26 (a) RECOMMENDATIONS FOR FUNDING AND LEGISLATION  
27 NECESSARY TO APPROPRIATELY IMPLEMENT THE PLAN AND ADDRESS

1 INITIAL START-UP AS WELL AS ONGOING OPERATIONAL COSTS FOR THE  
2 BHA;

3 (b) A LIST AND DESCRIPTION OF WHICH STATE PROGRAMS, BOTH  
4 STATUTORY AND NONSTATUTORY, ALONG WITH THE ASSOCIATED FUNDING  
5 STREAMS, THAT SHOULD BE INCLUDED OR MANAGED BY THE BHA. THE  
6 LIST MUST SPECIFICALLY ADDRESS ALL THE FUNCTIONS CURRENTLY  
7 OVERSEEN BY THE OFFICE OF BEHAVIORAL HEALTH IN THE STATE  
8 DEPARTMENT OF HUMAN SERVICES.

9 (c) THE GOVERNANCE STRUCTURE OF THE BHA;

10 (d) POTENTIAL OPPORTUNITIES FOR COLLABORATION WITH LOCAL  
11 MUNICIPALITIES AND COUNTIES;

12 (e) RECOMMENDATIONS FOR A PLAN OF ACTION REGARDING  
13 GRIEVANCES, APPEALS, AND OMBUDSMAN SERVICES WITHIN THE BHA;

14 (f) A DATA INTEGRATION PLAN TO CREATE A DATA AND  
15 INFORMATION SHARING FRAMEWORK THAT LEVERAGES EXISTING  
16 INFRASTRUCTURE, SUCH AS HEALTH INFORMATION EXCHANGES, REUSABLE  
17 ARCHITECTURE, AND DATA STANDARDS TO ENABLE AND ADVANCE  
18 COORDINATED CARE AND SERVICES;

19 (g) A DESCRIPTION OF HOW THE BHA WILL ENSURE THE  
20 AVAILABILITY OF PROGRAMS AND ESTABLISH A STANDARD OF CARE; AND

21 (h) SPECIFIC RECOMMENDATIONS AS FOLLOWS:

22 (I) RECOMMENDATIONS FROM THE DEPARTMENT OF HEALTH CARE  
23 POLICY AND FINANCING, DEVELOPED IN COLLABORATION WITH THE  
24 DEPARTMENT OF HUMAN SERVICES, ON HOW MEDICAL ASSISTANCE  
25 PROGRAMS FOR BEHAVIORAL HEALTH ARE ALIGNED OR INTEGRATED INTO  
26 THE BHA;

27 (II) RECOMMENDATIONS FROM THE DIVISION OF INSURANCE



1     WITHIN THE DEPARTMENT OF REGULATORY AGENCIES, DEVELOPED IN  
2     COLLABORATION WITH THE DEPARTMENT OF HUMAN SERVICES,  
3     CONCERNING HOW PRIVATE INSURANCE EFFORTS THAT ARE SPECIFIC TO  
4     BEHAVIORAL HEALTH ARE ALIGNED OR INTEGRATED WITH THE BHA; AND

5             (III) RECOMMENDATIONS FROM THE DEPARTMENT OF PUBLIC  
6     HEALTH AND ENVIRONMENT, DEVELOPED IN COLLABORATION WITH THE  
7     DEPARTMENT OF HUMAN SERVICES, CONCERNING HOW PREVENTION AND  
8     PREVENTIVE SERVICES ARE ALIGNED OR INTEGRATED INTO THE BHA AND  
9     THE EXTENT TO WHICH THE BHA WILL ENGAGE IN POPULATION HEALTH.

10            (3) THE DUTIES OF THE BHA, ONCE ESTABLISHED AND FULLY  
11     OPERATIONAL, MUST INCLUDE, BUT ARE NOT LIMITED TO:

12            (a) SERVING AS THE SINGLE STATE AGENCY RESPONSIBLE FOR  
13     STATE BEHAVIORAL HEALTH PROGRAMS THAT WERE IDENTIFIED AS  
14     APPROPRIATE TO TRANSITION INTO THE BHA;

15            (b) RECEIVING, COORDINATING, AND DISTRIBUTING COMMUNITY  
16     BEHAVIORAL HEALTH MONEY THROUGHOUT THE STATE;

17            (c) MONITORING, EVALUATING, AND REPORTING ON DATA  
18     RELATED TO BEHAVIORAL HEALTH OUTCOMES ACROSS THE STATE AND  
19     WITHIN VARIOUS JURISDICTIONS; AND

20            (d) PROMOTING A BEHAVIORAL HEALTH SYSTEM THAT SUPPORTS  
21     A WHOLE-PERSON APPROACH TO ENSURE COLORADANS HAVE THE BEST  
22     CHANCE TO ACHIEVE WELLNESS. THIS APPROACH INCLUDES:

23            (I) PROMOTING AN INTEGRATED APPROACH TO MENTAL HEALTH  
24     AND SUBSTANCE USE;

25            (II) SUPPORTING EFFORTS FOR THE INTEGRATION OF BEHAVIORAL  
26     AND PHYSICAL CARE;

27            (III) SUPPORTING THE OVERALL WELL-BEING OF THE INDIVIDUAL

1 OR FAMILY; AND

2 (IV) PROMOTING CULTURALLY RESPONSIVE AND EQUITABLE  
3 BEHAVIORAL HEALTH CARE.

4 (4) THE STATE DEPARTMENT SHALL PROMULGATE RULES FOR THE  
5 BHA TO PROVIDE ADEQUATE OVERSIGHT OF THE QUALITY OF SERVICES  
6 AND SET STANDARDS OF CARE FOR SERVICES FOR ADULTS AS WELL AS  
7 CHILDREN AND YOUTH.

8 (5) (a) ON OR BEFORE JULY 1, 2022, THE BEHAVIORAL HEALTH  
9 ADMINISTRATION IS ESTABLISHED IN THE STATE DEPARTMENT. DURING  
10 THE TIME IT TAKES FOR THE BHA TO BECOME FULLY OPERATIONAL, IT  
11 REMAINS A PART OF THE STATE DEPARTMENT UNTIL A DETERMINATION IS  
12 MADE CONCERNING THE DEPARTMENT IT WILL BE PERMANENTLY LOCATED  
13 IN.

14 (b) ON OR BEFORE NOVEMBER 1, 2024, THE STATE DEPARTMENT  
15 SHALL PROVIDE A REPORT TO THE JOINT BUDGET COMMITTEE, THE PUBLIC  
16 AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE  
17 HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES  
18 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES,  
19 CONCERNING RECOMMENDATIONS ON WHETHER THE BHA SHOULD  
20 REMAIN IN THE STATE DEPARTMENT OR BE TRANSFERRED TO A DIFFERENT  
21 STATE DEPARTMENT.

22 (c) IF THE GENERAL ASSEMBLY TAKES NO ADDITIONAL  
23 LEGISLATIVE ACTION ON OR BEFORE JUNE 30, 2025, THE BHA WILL  
24 REMAIN IN THE STATE DEPARTMENT.

25 **SECTION 2. Safety clause.** The general assembly hereby finds,  
26 determines, and declares that this act is necessary for the immediate  
27 preservation of the public peace, health, or safety.