Second Regular Session Seventy-second General Assembly STATE OF COLORADO

PREAMENDED

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

LLS NO. 20-0825.01 Jane Ritter x4342

HOUSE BILL 20-1314

HOUSE SPONSORSHIP

Young and Pelton,

SENATE SPONSORSHIP

(None),

House Committees

Senate Committees

Public Health Care & Human Services Appropriations

	A BILL FOR AN ACT
101	CONCERNING TRAINING PROVIDERS ACROSS THE STATE IN
102	CROSS-SYSTEM BEHAVIORAL HEALTH CRISIS RESPONSE AS IT
103	RELATES TO PERSONS WITH INTELLECTUAL AND
104	DEVELOPMENTAL DISABILITIES.

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 directs the state department of health care policy and financing (department) to issue a request for proposals to contract with a vendor to provide a comprehensive care coordination and treatment

training model (model) for persons with intellectual and developmental disabilities and co-occurring behavioral health needs. The selected vendor must be able to provide the model using teleconferencing formats to better reach rural areas of the state. Community-centered boards, mental health centers, and program-approved service agencies shall nominate up to 20 providers to receive the training. The department may select an additional 10 providers from underserved areas of the state to receive the training.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add 25.5-10-209.3
3	as follows:
4	25.5-10-209.3. Cross system behavioral health crisis response
5	- comprehensive care coordination and treatment model - training -
6	legislative declaration. (1) (a) THE GENERAL ASSEMBLY DECLARES THAT
7	PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND
8	CO-OCCURRING BEHAVIORAL HEALTH DIAGNOSES AND NEEDS:
9	(I) EXPERIENCE LIMITED ACCESS TO APPROPRIATE TREATMENT,
10	INCLUDING CRISIS INTERVENTION, STABILIZATION, AND PREVENTION, AND
11	SUCH INDIVIDUALS WHO LIVE IN RURAL AREAS OF COLORADO ARE
12	PARTICULARLY IMPACTED BY THIS LIMITED ACCESS TO APPROPRIATE
13	TREATMENT;
14	(II) DESERVE TO LIVE, WORK, PLAY, AND THRIVE IN THEIR
15	COMMUNITIES;
16	(III) REQUIRE A HEIGHTENED LEVEL OF CARE;
17	(IV) REQUIRE EVIDENCE-BASED TREATMENT TO HELP LEAD FULL
18	LIVES WITHIN THEIR COMMUNITIES; AND
19	(V) EXPERIENCE SIGNIFICANT GAPS IN CARE, INCLUDING A LACK OF
20	ACCESS TO APPROPRIATE TREATMENT.
21	(b) Therefore, as a preliminary measure to close these

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1	GAPS IN CARE, THE GENERAL ASSEMBLY FINDS THAT THE STATE MUST
2	INVEST IN EXTENSIVE, EXPANDED TRAINING, USING A COMPREHENSIVE
3	MODEL OF CARE THAT IS AVAILABLE VIA TELECONFERENCE. THE TRAINING
4	MUST BE AVAILABLE FOR UP TO THIRTY INDIVIDUALS ACROSS THE STATE
5	IN ORDER TO ADEQUATELY ADDRESS THE LIMITED ACCESS TO TREATMENT
6	IN RURAL AREAS.
7	(2) (a) On or before January 1, 2021, the state department
8	SHALL PREPARE AND ISSUE A REQUEST FOR PROPOSALS TO OBTAIN A
9	VENDOR TO PROVIDE EXTENSIVE STATEWIDE TRAINING TO PROFESSIONAL
10	PERSONS WHO WORK WITH PERSONS WITH INTELLECTUAL AND
11	DEVELOPMENTAL DISABILITIES AND CO-OCCURRING BEHAVIORAL HEALTH
12	NEEDS.
13	(b) TO BE ELIGIBLE FOR SELECTION, A VENDOR MUST:
14	(I) UTILIZE A COMPREHENSIVE CARE COORDINATION AND
15	TREATMENT MODEL THAT IS EVIDENCE-BASED;
16	(II) BE ABLE TO SHOW DEMONSTRATED SUCCESS IN MULTIPLE
17	STATES;
18	(III) HAVE EXPERIENCE WITH RURAL ISSUES;
19	(IV) HAVE AT LEAST TEN YEARS OF EXPERIENCE WORKING WITH
20	PROFESSIONALS WHO WORK WITH INDIVIDUALS WITH INTELLECTUAL AND
21	DEVELOPMENTAL DISABILITIES;
22	(V) MAINTAIN A NATIONAL DATABASE THAT INVOLVES THE
23	STANDARDIZED COLLECTION, ANALYSIS, AND REPORTING OF OUTCOMES
24	ASSOCIATED WITH THE IMPACT OF THE TRAINING ON THE INDIVIDUALS
25	BEING SERVED; AND
26	(VI) BE ABLE TO PROVIDE THE TRAINING STATEWIDE USING
27	TELECONFERENCE TECHNOLOGY.

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1	(c) On or before March 1,2021, the state department shall
2	SELECT A VENDOR FROM THE APPLICATIONS MADE IN RESPONSE TO THE
3	REQUEST FOR PROPOSALS ISSUED IN SUBSECTION (2)(a) OF THIS SECTION.
4	(3) (a) On or before April 1, 2021, community-centered
5	BOARDS, MENTAL HEALTH CENTERS, AND OTHER PROGRAM-APPROVED
6	SERVICE AGENCIES IN THE STATE SHALL NOMINATE ONE PROVIDER IN
7	THEIR GEOGRAPHIC SERVICE AREA TO BE TRAINED IN THE COMPREHENSIVE
8	CARE COORDINATION AND TREATMENT MODEL DESIGNED AND PROVIDED
9	BY THE VENDOR SELECTED PURSUANT TO SUBSECTION (2) OF THIS SECTION.
10	UP TO TWENTY PROVIDERS MAY BE SELECTED FOR TRAINING PURSUANT TO
11	THIS SUBSECTION (3)(a). SELECTED PROVIDERS MUST HAVE A CLINICAL
12	BACKGROUND AND PRIOR EXPERIENCE WORKING WITH THE INTELLECTUAL
13	AND DEVELOPMENTAL DISABILITIES POPULATION. IF MORE THAN TWENTY
14	PROVIDERS ARE NOMINATED THROUGH THIS PROCESS, THE STATE
15	DEPARTMENT SHALL MAKE FINAL SELECTIONS, GIVING PREFERENCE TO
16	PROVIDERS IN UNDERSERVED AREAS.
17	(b) The state department shall coordinate with
18	COMMUNITY-CENTERED BOARDS IN UNDERSERVED AREAS OF THE STATE
19	TO SELECT AN ADDITIONAL TEN PROVIDERS TO BE TRAINED IN THE
20	COMPREHENSIVE CARE COORDINATION AND TREATMENT MODEL.
21	(4) PARTICIPATING PROVIDERS SHALL COMPLETE THE TRAINING
22	PROVIDED PURSUANT TO THIS SECTION AND BEGIN CRISIS COORDINATION
23	IN THEIR COMMUNITIES NO LATER THAN AUGUST 1, 2021.
24	(5) THE STATE DEPARTMENT SHALL REIMBURSE PARTICIPATING
25	PROVIDERS AT THE PROVIDER'S CURRENT PAY RATE FOR TIME SPENT IN
26	TRAINING.
27	SECTION 2. Safety clause. The general assembly hereby finds

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- determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.

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