

First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0669.01 Jane Ritter x4342

HOUSE BILL 21-1166

---

HOUSE SPONSORSHIP

Young and Will,

SENATE SPONSORSHIP

Ginal,

---

House Committees

Public & Behavioral Health & Human Services

Senate Committees

---

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 obtain a vendor to provide a comprehensive care coordination and treatment training model (model) for persons who

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.

work with 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. Case management agencies, 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  
22 GAPS IN CARE, THE GENERAL ASSEMBLY FINDS THAT THE STATE MUST

1 INVEST IN EXTENSIVE, EXPANDED TRAINING USING A COMPREHENSIVE  
2 MODEL OF CARE THAT IS AVAILABLE VIA TELECONFERENCE. THE TRAINING  
3 MUST BE AVAILABLE FOR UP TO THIRTY INDIVIDUALS ACROSS THE STATE  
4 IN ORDER TO ADEQUATELY ADDRESS THE LIMITED ACCESS TO TREATMENT  
5 IN RURAL AREAS.

6 (2) (a) ON OR BEFORE AUGUST 1, 2021, THE STATE DEPARTMENT  
7 SHALL OBTAIN A VENDOR TO PROVIDE EXTENSIVE STATEWIDE TRAINING TO  
8 PROFESSIONAL PERSONS WHO WORK WITH PERSONS WITH INTELLECTUAL  
9 AND DEVELOPMENTAL DISABILITIES AND CO-OCCURRING BEHAVIORAL  
10 HEALTH NEEDS.

11 (b) A QUALIFIED VENDOR MUST:

12 (I) UTILIZE A COMPREHENSIVE CARE COORDINATION AND  
13 TREATMENT MODEL THAT IS EVIDENCE-BASED;

14 (II) BE ABLE TO SHOW DEMONSTRATED SUCCESS IN MULTIPLE  
15 STATES;

16 (III) HAVE EXPERIENCE WITH RURAL ISSUES;

17 (IV) HAVE AT LEAST TEN YEARS OF EXPERIENCE WORKING WITH  
18 PROFESSIONALS WHO WORK WITH INDIVIDUALS WITH INTELLECTUAL AND  
19 DEVELOPMENTAL DISABILITIES;

20 (V) MAINTAIN A NATIONAL DATABASE THAT INVOLVES THE  
21 STANDARDIZED COLLECTION, ANALYSIS, AND REPORTING OF OUTCOMES  
22 ASSOCIATED WITH THE IMPACT OF THE TRAINING ON THE INDIVIDUALS  
23 BEING SERVED; AND

24 (VI) BE ABLE TO PROVIDE THE TRAINING STATEWIDE USING  
25 TELECONFERENCE TECHNOLOGY.

26 (3) (a) ON OR BEFORE NOVEMBER 1, 2021, CASE MANAGEMENT  
27 AGENCIES, MENTAL HEALTH CENTERS, AND OTHER PROGRAM-APPROVED

1 SERVICE AGENCIES IN THE STATE SHALL NOMINATE ONE PROVIDER IN  
2 THEIR GEOGRAPHIC SERVICE AREA TO BE TRAINED IN THE COMPREHENSIVE  
3 CARE COORDINATION AND TREATMENT MODEL DESIGNED AND PROVIDED  
4 BY THE VENDOR SELECTED PURSUANT TO SUBSECTION (2) OF THIS SECTION.  
5 UP TO TWENTY PROVIDERS MAY BE SELECTED FOR TRAINING PURSUANT TO  
6 THIS SUBSECTION (3)(a). SELECTED PROVIDERS MUST HAVE A CLINICAL  
7 BACKGROUND AND PRIOR EXPERIENCE WORKING WITH THE INTELLECTUAL  
8 AND DEVELOPMENTAL DISABILITIES POPULATION. IF MORE THAN TWENTY  
9 PROVIDERS ARE NOMINATED THROUGH THIS PROCESS, THE STATE  
10 DEPARTMENT SHALL MAKE FINAL SELECTIONS, GIVING PREFERENCE TO  
11 PROVIDERS IN UNDERSERVED AREAS.

12 (b) THE STATE DEPARTMENT SHALL COORDINATE WITH CASE  
13 MANAGEMENT AGENCIES IN UNDERSERVED AREAS OF THE STATE TO  
14 SELECT AN ADDITIONAL TEN PROVIDERS TO BE TRAINED IN THE  
15 COMPREHENSIVE CARE COORDINATION AND TREATMENT MODEL.

16 (4) PARTICIPATING PROVIDERS SHALL COMPLETE THE TRAINING  
17 PROVIDED NO LATER THAN MAY 1, 2022.

18 (5) THE STATE DEPARTMENT SHALL REIMBURSE PARTICIPATING  
19 PROVIDERS AT THE PROVIDER'S CURRENT PAY RATE FOR TIME SPENT IN  
20 TRAINING.

21 **SECTION 2. 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, or safety.