

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

REVISED

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

LLS NO. 21-0669.01 Jane Ritter x4342

HOUSE BILL 21-1166

HOUSE SPONSORSHIP

Young and Will, Amabile, Bernett, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Gonzales-Gutierrez, Gray, Hooton, Jackson, Jodeh, Kennedy, Kipp, Lontine, McCluskie, McCormick, Michaelson Jenet, Mullica, Ortiz, Roberts, Sirota, Snyder, Titone, Valdez A., Valdez D., Woodrow

SENATE SPONSORSHIP

Ginal,

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

Health & 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, AND, IN CONNECTION**
105 **THEREWITH, MAKING AN APPROPRIATION.**

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

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.

SENATE
2nd Reading Unamended
June 3, 2021

HOUSE
3rd Reading Unamended
May 10, 2021

HOUSE
Amended 2nd Reading
May 7, 2021

care coordination and treatment training model (model) for persons who 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

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, 2022, THE STATE DEPARTMENT
8 SHALL OBTAIN A VENDOR TO PROVIDE EXTENSIVE STATEWIDE TRAINING TO
9 PROFESSIONAL PERSONS WHO WORK WITH PERSONS WITH INTELLECTUAL
10 AND DEVELOPMENTAL DISABILITIES AND CO-OCCURRING BEHAVIORAL
11 HEALTH NEEDS.

12 (b) A QUALIFIED VENDOR MUST:

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

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

17 (III) HAVE EXPERIENCE WITH RURAL ISSUES;

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

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

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

27 (3) (a) ON OR BEFORE MARCH 1, 2022, CASE MANAGEMENT

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

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

17 (4) PARTICIPATING PROVIDERS SHALL COMPLETE THE TRAINING
18 PROVIDED NO LATER THAN MARCH 30, 2023.

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

22 **SECTION 2. Appropriation.** For the 2021-22 state fiscal year,
23 \$67,680 is appropriated to the department of health care policy and
24 financing for use by the executive director's office. This appropriation is
25 from the general fund. To implement this act, the office may use this
26 appropriation for general professional services and special projects.

27 **SECTION 3. Safety clause.** The general assembly hereby finds,

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