

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



HOUSE BILL 21-1166

BY REPRESENTATIVE(S) 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; also SENATOR(S) Ginal, Bridges, Buckner, Cooke, Donovan, Hisey, Jaquez Lewis, Kirkmeyer, Kolker, Lee, Priola, Rankin, Simpson, Story, Winter.

CONCERNING TRAINING PROVIDERS ACROSS THE STATE IN CROSS-SYSTEM BEHAVIORAL HEALTH CRISIS RESPONSE AS IT RELATES TO PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, **add** 25.5-10-209.3 as follows:

25.5-10-209.3. Cross-system behavioral health crisis response - comprehensive care coordination and treatment model - training - legislative declaration. (1) (a) THE GENERAL ASSEMBLY DECLARES THAT

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND CO-OCCURRING BEHAVIORAL HEALTH DIAGNOSES AND NEEDS:

(I) EXPERIENCE LIMITED ACCESS TO APPROPRIATE TREATMENT, INCLUDING CRISIS INTERVENTION, STABILIZATION, AND PREVENTION, AND SUCH INDIVIDUALS WHO LIVE IN RURAL AREAS OF COLORADO ARE PARTICULARLY IMPACTED BY THIS LIMITED ACCESS TO APPROPRIATE TREATMENT;

(II) DESERVE TO LIVE, WORK, PLAY, AND THRIVE IN THEIR COMMUNITIES;

(III) REQUIRE A HEIGHTENED LEVEL OF CARE;

(IV) REQUIRE EVIDENCE-BASED TREATMENT TO HELP LEAD FULL LIVES WITHIN THEIR COMMUNITIES; AND

(V) EXPERIENCE SIGNIFICANT GAPS IN CARE, INCLUDING A LACK OF ACCESS TO APPROPRIATE TREATMENT.

(b) THEREFORE, AS A PRELIMINARY MEASURE TO CLOSE THESE GAPS IN CARE, THE GENERAL ASSEMBLY FINDS THAT THE STATE MUST INVEST IN EXTENSIVE, EXPANDED TRAINING USING A COMPREHENSIVE MODEL OF CARE THAT IS AVAILABLE VIA TELECONFERENCE. THE TRAINING MUST BE AVAILABLE FOR UP TO THIRTY INDIVIDUALS ACROSS THE STATE IN ORDER TO ADEQUATELY ADDRESS THE LIMITED ACCESS TO TREATMENT IN RURAL AREAS.

(2) (a) ON OR BEFORE JANUARY 1, 2022, THE STATE DEPARTMENT SHALL OBTAIN A VENDOR TO PROVIDE EXTENSIVE STATEWIDE TRAINING TO PROFESSIONAL PERSONS WHO WORK WITH PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND CO-OCCURRING BEHAVIORAL HEALTH NEEDS.

(b) A QUALIFIED VENDOR MUST:

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

(II) BE ABLE TO SHOW DEMONSTRATED SUCCESS IN MULTIPLE

STATES;

(III) HAVE EXPERIENCE WITH RURAL ISSUES;

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

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

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

(3) (a) ON OR BEFORE MARCH 1, 2022, CASE MANAGEMENT AGENCIES, MENTAL HEALTH CENTERS, AND OTHER PROGRAM-APPROVED SERVICE AGENCIES IN THE STATE SHALL NOMINATE ONE PROVIDER IN THEIR GEOGRAPHIC SERVICE AREA TO BE TRAINED IN THE COMPREHENSIVE CARE COORDINATION AND TREATMENT MODEL DESIGNED AND PROVIDED BY THE VENDOR SELECTED PURSUANT TO SUBSECTION (2) OF THIS SECTION. UP TO TWENTY PROVIDERS MAY BE SELECTED FOR TRAINING PURSUANT TO THIS SUBSECTION (3)(a). SELECTED PROVIDERS MUST HAVE A CLINICAL BACKGROUND AND PRIOR EXPERIENCE WORKING WITH THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES POPULATION. IF MORE THAN TWENTY PROVIDERS ARE NOMINATED THROUGH THIS PROCESS, THE STATE DEPARTMENT SHALL MAKE FINAL SELECTIONS, GIVING PREFERENCE TO PROVIDERS IN UNDERSERVED AREAS.

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

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

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

TRAINING.

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

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

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

Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Leroy M. Garcia
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO