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

# **PREAMENDED**

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

LLS NO. 21-0669.01 Jane Ritter x4342

**HOUSE BILL 21-1166** 

### **HOUSE SPONSORSHIP**

Young and Will,

## SENATE SPONSORSHIP

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#### **House Committees**

#### **Senate Committees**

Public & Behavioral 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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

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 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

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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, 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

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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	<b>SECTION 2.</b> 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,

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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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