A BILL FOR AN ACT

Concerning training providers across the state in cross-system behavioral health crisis response as it relates to persons with intellectual and 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.

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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 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.
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 JULY 1, 2020, THE STATE DEPARTMENT SHALL PREPARE AND ISSUE A REQUEST FOR PROPOSALS TO 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) TO BE ELIGIBLE FOR SELECTION, A 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.
(c) On or before July 30, 2020, the state department shall select a vendor from the applications made in response to the request for proposals issued in subsection (2)(a) of this section.

(3)(a) On or before August 30, 2020, community-centered boards, 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 community-centered boards 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 pursuant to this section and begin crisis coordination in their communities no later than January 1, 2021.

(5) The state department shall reimburse participating providers at the provider's current pay rate for time spent in training.

SECTION 2. 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.