# First Regular Session Sixty-ninth General Assembly STATE OF COLORADO

## PREAMENDED

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

LLS NO. 13-0905.01 Jane Ritter x4342

SENATE BILL 13-266

#### SENATE SPONSORSHIP

**Aguilar and Nicholson,** Carroll, Giron, Guzman, Jahn, Kefalas, Kerr, Newell, Ulibarri, Todd, Hudak, Roberts

### **HOUSE SPONSORSHIP**

Kraft-Tharp and Young, McCann

Senate Committees Health & Human Services Appropriations **House Committees** 

## A BILL FOR AN ACT

101	CONCERNING A REQUEST FOR PROPOSALS PROCESS TO CREATE A
102	COORDINATED BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM
103	FOR COMMUNITIES THROUGHOUT THE <u>STATE, AND, IN</u>
104	<b>CONNECTION THEREWITH, MAKING AN APPROPRIATION.</b>

### **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://www.leg.state.co.us/billsummaries.)

The bill directs the department of human services (department) to issue a request for proposals to entities with the capacity to create a statewide coordinated and seamless behavioral health crisis response system (crisis system). Proposals will be accepted for each of 5 specific components of a crisis system: A 24-hour crisis telephone hotline, walk-in crisis services and crisis stabilization units, mobile crisis services, residential and respite crisis services, and a public information campaign. The department is directed to establish and work with a committee of interested stakeholders, including the department of health care policy and financing, to develop the request for proposals and the selection criteria. The committee will also be responsible for reviewing proposals and awarding contracts. The request for proposals is scheduled to go out on or before September 1, 2013, and contracts must be awarded on or before January 1, 2014. The department is required to make annual reports to the general assembly on the progress toward implementing the crisis system.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add 27-60-102 as
3	follows:
4	27-60-102. Behavioral health crisis response system - services
5	- request for proposals - criteria - reporting - rules - definitions.
6	(1) (a) On or before September 1, 2013, the state department
7	SHALL ISSUE A STATEWIDE REQUEST FOR PROPOSALS TO ENTITIES WITH
8	THE CAPACITY TO CREATE A COORDINATED AND SEAMLESS BEHAVIORAL
9	HEALTH CRISIS RESPONSE SYSTEM TO PROVIDE CRISIS INTERVENTION
10	SERVICES, AS DEFINED IN SUBSECTION (7) OF THIS SECTION, FOR
11	COMMUNITIES THROUGHOUT THE STATE. <u>THE STATE DEPARTMENT SHALL</u>
12	COLLABORATE WITH THE BEHAVIORAL HEALTH TRANSFORMATION
13	COUNCIL, CREATED IN SECTION 27-61-102, TO ENSURE THAT SERVICES
14	RESULTING FROM THE REQUEST FOR PROPOSALS ARE ALIGNED
15	THROUGHOUT THE SYSTEM, INTEGRATED, AND COMPREHENSIVE.
16	SEPARATE PROPOSALS MAY BE SOLICITED AND ACCEPTED FOR EACH OF
17	THE FIVE COMPONENTS LISTED IN PARAGRAPH (b) OF THIS SUBSECTION (1).

THE BEHAVIORAL HEALTH CRISIS SYSTEM CREATED THROUGH THIS
 REQUEST FOR PROPOSALS PROCESS MUST BE BASED ON THE FOLLOWING
 PRINCIPLES:

- 4 (I) CULTURAL COMPETENCE;
- 5 (II) STRONG COMMUNITY RELATIONSHIPS;
- 6 (III) THE USE OF PEER SUPPORT;
- 7 (IV) THE USE OF EVIDENCE-BASED PRACTICES;
- 8 (V) BUILDING ON EXISTING FOUNDATIONS WITH AN EYE TOWARD
  9 INNOVATION;
- 10 (VI) UTILIZATION OF AN INTEGRATED SYSTEM OF CARE; AND
- 11 (VII) OUTREACH TO STUDENTS THROUGH SCHOOL-BASED CLINICS.

12 (b) THE COMPONENTS OF THE BEHAVIORAL HEALTH CRISIS 13 RESPONSE SYSTEM CREATED THROUGH THIS REQUEST FOR PROPOSAL 14 PROCESS MUST REFLECT A CONTINUUM OF CARE FROM CRISIS RESPONSE 15 THROUGH STABILIZATION AND SAFE RETURN TO THE COMMUNITY, WITH 16 ADEQUATE SUPPORT FOR TRANSITIONS TO EACH STAGE. SPECIFIC 17 COMPONENTS INCLUDE:

(I) A TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICE THAT IS
STAFFED BY SKILLED PROFESSIONALS WHO ARE CAPABLE OF ASSESSING
<u>CHILD, ADOLESCENT, AND ADULT</u> CRISIS SITUATIONS AND MAKING THE
APPROPRIATE REFERRALS;

(II) WALK-IN CRISIS SERVICES AND CRISIS STABILIZATION UNITS
WITH THE CAPACITY FOR IMMEDIATE CLINICAL INTERVENTION, TRIAGE,
AND STABILIZATION. THE WALK-IN CRISIS SERVICES AND CRISIS
STABILIZATION UNITS MUST EMPLOY AN INTEGRATED HEALTH MODEL
BASED ON EVIDENCE-BASED PRACTICES THAT CONSIDER AN INDIVIDUAL'S
PHYSICAL AND EMOTIONAL <u>HEALTH</u>, ARE A PART OF A CONTINUUM OF

-3-

1 <u>CARE, AND THAT ARE LINKED TO MOBILE CRISIS SERVICES AND CRISIS</u>

2 <u>RESPITE SERVICES.</u>

3 (III) MOBILE CRISIS SERVICES AND UNITS <u>THAT ARE LINKED TO THE</u>
4 <u>WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND</u> THAT HAVE
5 THE ABILITY TO INITIATE A RESPONSE IN A TIMELY FASHION TO A
6 BEHAVIORAL HEALTH CRISIS;

7 (IV) RESIDENTIAL AND RESPITE CRISIS SERVICES <u>THAT ARE LINKED</u>
8 <u>TO THE WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND</u> THAT
9 INCLUDE A RANGE OF SHORT-TERM CRISIS RESIDENTIAL SERVICES,
10 INCLUDING BUT NOT LIMITED TO COMMUNITY LIVING ARRANGEMENTS;
11 AND

12

(V) A PUBLIC INFORMATION CAMPAIGN.

13 (2) THE STATE DEPARTMENT SHALL COLLABORATE WITH THE 14 COMMITTEE OF INTERESTED STAKEHOLDERS ESTABLISHED IN SUBSECTION 15 (3) OF THIS SECTION TO DEVELOP THE REQUEST FOR PROPOSALS, 16 INCLUDING ELIGIBILITY AND AWARD CRITERIA. PRIORITY MAY BE GIVEN TO ENTITIES THAT HAVE DEMONSTRATED PARTNERSHIPS WITH 17 18 COLORADO-BASED RESOURCES. PROPOSALS WILL BE EVALUATED ON, AT 19 A MINIMUM, AN APPLICANT'S ABILITY, RELATIVE TO THE SPECIFIC 20 COMPONENT INVOLVED, TO:

(a) DEMONSTRATE INNOVATION BASED ON EVIDENCE-BASED
 PRACTICES THAT SHOW EVIDENCE OF COLLABORATION WITH EXISTING
 SYSTEMS OF CARE TO BUILD ON CURRENT STRENGTHS AND MAXIMIZE
 RESOURCES;

(b) <u>COORDINATE CLOSELY</u> WITH COMMUNITY MENTAL HEALTH
ORGANIZATIONS THAT PROVIDE SERVICES REGARDLESS OF THE SOURCE OF
PAYMENT, SUCH AS BEHAVIORAL HEALTH ORGANIZATIONS, <u>COMMUNITY</u>

<u>MENTAL HEALTH CENTERS</u>, REGIONAL CARE COLLABORATIVE
 ORGANIZATIONS, <u>SUBSTANCE USE TREATMENT PROVIDERS</u>, AND MANAGED
 SERVICE ORGANIZATIONS;

- 4 (c) SERVE INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY;
- 5 (d) BE PART OF A CONTINUUM OF CARE;
  - (e) UTILIZE PEER SUPPORTS;

6

- 7 (f) INCLUDE KEY COMMUNITY PARTICIPANTS;
- 8 (g) DEMONSTRATE A CAPACITY TO MEET THE DEMAND FOR
  9 SERVICES;
- (h) UNDERSTAND AND <u>PROVIDE SERVICES THAT ARE SPECIALIZED</u>
   <u>FOR</u> THE UNIQUE NEEDS OF CHILD AND ADOLESCENT PATIENTS; AND
   (i) REFLECT AN UNDERSTANDING OF THE DIFFERENT RESPONSE
- MECHANISMS UTILIZED BETWEEN MENTAL HEALTH AND SUBSTANCE USE
  DISORDER CRISES.

15 (3) THE STATE DEPARTMENT SHALL ESTABLISH A COMMITTEE OF 16 INTERESTED STAKEHOLDERS THAT WILL BE RESPONSIBLE FOR REVIEWING 17 THE PROPOSALS AND AWARDING CONTRACTS PURSUANT TO THIS SECTION. 18 REPRESENTATIONS FROM THE STATE DEPARTMENT OF HEALTH CARE 19 POLICY AND FINANCING MUST BE INCLUDED IN THE COMMITTEE OF 20 INTERESTED STAKEHOLDERS. A STAKEHOLDER PARTICIPATING IN THE 21 COMMITTEE MUST NOT HAVE A FINANCIAL OR OTHER CONFLICT OF 22 INTEREST THAT WOULD PREVENT HIM OR HER FROM IMPARTIALLY 23 **REVIEWING PROPOSALS.** 

(4) (a) THE DEPARTMENT SHALL ISSUE THE REQUEST FOR
PROPOSALS ON OR BEFORE SEPTEMBER 1, 2013, AND, SUBJECT TO
AVAILABLE APPROPRIATIONS, ON OR BEFORE EACH SEPTEMBER 1
THEREAFTER. PURSUANT TO THE STATE PROCUREMENT CODE, ARTICLES

-5-

101 AND 102 OF TITLE 24, C.R.S., THE DEPARTMENT SHALL MAKE AWARDS
 ON OR BEFORE JANUARY 1, 2014, AND, IF A REQUEST IS ISSUED, ON OR
 BEFORE EACH JANUARY 1 THEREAFTER.

4 (b) IF THE FULL APPROPRIATION BY THE GENERAL ASSEMBLY FOR
5 THE IMPLEMENTATION OF THIS SECTION IS NOT DISPERSED AS SPECIFIED IN
6 PARAGRAPH (a) OF THIS SUBSECTION (4), THE COMMITTEE SHALL ACCEPT
7 AND REVIEW PROPOSALS AND AWARD CONTRACTS AS THE PROPOSALS ARE
8 RECEIVED AND NOT REQUIRE AN APPLICATION BE HELD UNTIL A
9 SUBSEQUENT REQUEST FOR PROPOSALS.

10 (5) IF NECESSARY, THE STATE BOARD MAY PROMULGATE RULES TO
11 IMPLEMENT THE PROVISIONS OF THIS SECTION OR THE SERVICES TO BE
12 SUPPLIED PURSUANT TO THIS SECTION.

(6) BEGINNING IN JANUARY 2014, AND EVERY JANUARY
THEREAFTER, THE STATE DEPARTMENT SHALL REPORT PROGRESS ON THE
IMPLEMENTATION OF A COMPREHENSIVE STATEWIDE BEHAVIORAL HEALTH
CRISIS RESPONSE SYSTEM AS PART OF ITS "STATE MEASUREMENT FOR
ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203, C.R.S.

19 (7) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE20 REQUIRES:

(a) "CRISIS INTERVENTION SERVICES" MEANS AN ARRAY OF
INTEGRATED SERVICES THAT ARE AVAILABLE TWENTY-FOUR HOURS A DAY,
SEVEN DAYS A WEEK, TO RESPOND TO AND ASSIST INDIVIDUALS WHO ARE
IN A BEHAVIORAL HEALTH EMERGENCY.

(b) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN SERVICES
CREATED AND AUTHORIZED PURSUANT TO SECTION 26-1-107, C.R.S.

27 (c) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF

-6-

1	HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105, C.R.S.
2	SECTION 2. Appropriation. (1) In addition to any other
3	appropriation, there is hereby appropriated, out of any moneys in the
4	general fund, not otherwise appropriated, to the department of human
5	services, for the fiscal year beginning July 1, 2013, the sum of
6	\$19,792,028 and 0.9 FTE, or so much thereof as may be necessary, to be
7	allocated to behavioral health services for the implementation of this act
8	<u>as follows:</u>
9	(a) \$17,672,420 for co-occurring behavioral health services, crisis
10	response system-crisis stabilization units, mobile crisis response, respite
11	services, and marketing;
12	(b) \$2,046,675 for co-occurring behavioral health services, crisis
13	response system-telephone hotlines;
14	(c) \$67,280 and 0.9 FTE for administration, personal services; and
15	(d) \$5,653 for administration, operating expenses.
16	SECTION 3. Safety clause. The general assembly hereby finds,
17	determines, and declares that this act is necessary for the immediate
18	preservation of the public peace, health, and safety.