# 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 STATE.

### **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.

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:

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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. THE STATE DEPARTMENT SHALL 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). 18 THE BEHAVIORAL HEALTH CRISIS SYSTEM CREATED THROUGH THIS 19 REQUEST FOR PROPOSALS PROCESS MUST BE BASED ON THE FOLLOWING

-2- 266

1	PRINCIPLES:
2	(I) CULTURAL COMPETENCE;
3	(II) STRONG COMMUNITY RELATIONSHIPS;
4	(III) THE USE OF PEER SUPPORT;
5	(IV) THE USE OF EVIDENCE-BASED PRACTICES;
6	(V) BUILDING ON EXISTING FOUNDATIONS WITH AN EYE TOWARD
7	INNOVATION;
8	(VI) UTILIZATION OF AN INTEGRATED SYSTEM OF CARE; AND
9	(VII) OUTREACH TO STUDENTS THROUGH SCHOOL-BASED CLINICS.
10	(b) THE COMPONENTS OF THE BEHAVIORAL HEALTH CRISIS
11	RESPONSE SYSTEM CREATED THROUGH THIS REQUEST FOR PROPOSAL
12	PROCESS MUST REFLECT A CONTINUUM OF CARE FROM CRISIS RESPONSE
13	THROUGH STABILIZATION AND SAFE RETURN TO THE COMMUNITY, WITH
14	ADEQUATE SUPPORT FOR TRANSITIONS TO EACH STAGE. SPECIFIC
15	COMPONENTS INCLUDE:
16	(I) A TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICE THAT IS
17	STAFFED BY SKILLED PROFESSIONALS WHO ARE CAPABLE OF ASSESSING
18	CHILD, ADOLESCENT, AND ADULT CRISIS SITUATIONS AND MAKING THE
19	APPROPRIATE REFERRALS;
20	(II) WALK-IN CRISIS SERVICES AND CRISIS STABILIZATION UNITS
21	WITH THE CAPACITY FOR IMMEDIATE CLINICAL INTERVENTION, TRIAGE,
22	AND STABILIZATION. THE WALK-IN CRISIS SERVICES AND CRISIS
23	STABILIZATION UNITS MUST EMPLOY AN INTEGRATED HEALTH MODEL
24	BASED ON EVIDENCE-BASED PRACTICES THAT CONSIDER AN INDIVIDUAL'S
25	PHYSICAL AND EMOTIONAL <u>HEALTH</u> , ARE A PART OF A CONTINUUM OF
26	CARE, AND THAT ARE LINKED TO MOBILE CRISIS SERVICES AND CRISIS
27	DESDITE SEDVICES

-3-

1	(III) Mobile crisis services and units <u>that are linked to the</u>
2	WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND THAT HAVE
3	THE ABILITY TO INITIATE A RESPONSE IN A TIMELY FASHION TO A
4	BEHAVIORAL HEALTH CRISIS;
5	(IV) RESIDENTIAL AND RESPITE CRISIS SERVICES $\underline{THAT\ ARE\ LINKED}$
6	TO THE WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND THAT
7	INCLUDE A RANGE OF SHORT-TERM CRISIS RESIDENTIAL SERVICES,
8	INCLUDING BUT NOT LIMITED TO COMMUNITY LIVING ARRANGEMENTS;
9	AND
10	(V) A PUBLIC INFORMATION CAMPAIGN.
11	(2) The state department shall collaborate with the
12	COMMITTEE OF INTERESTED STAKEHOLDERS ESTABLISHED IN SUBSECTION
13	(3) OF THIS SECTION TO DEVELOP THE REQUEST FOR PROPOSALS,
14	INCLUDING ELIGIBILITY AND AWARD CRITERIA. PRIORITY MAY BE GIVEN TO
15	ENTITIES THAT HAVE DEMONSTRATED PARTNERSHIPS WITH
16	<u>COLORADO-BASED RESOURCES.</u> PROPOSALS WILL BE EVALUATED ON, AT
17	A MINIMUM, AN APPLICANT'S ABILITY, RELATIVE TO THE SPECIFIC
18	COMPONENT INVOLVED, TO:
19	(a) Demonstrate innovation based on evidence-based
20	PRACTICES THAT SHOW EVIDENCE OF COLLABORATION WITH EXISTING
21	SYSTEMS OF CARE TO BUILD ON CURRENT STRENGTHS AND MAXIMIZE
22	RESOURCES;
23	(b) <u>Coordinate Closely</u> with community mental health
24	ORGANIZATIONS THAT PROVIDE SERVICES REGARDLESS OF THE SOURCE OF
25	PAYMENT, SUCH AS BEHAVIORAL HEALTH ORGANIZATIONS, COMMUNITY
26	MENTAL HEALTH CENTERS, REGIONAL CARE COLLABORATIVE
27	ORGANIZATIONS, SUBSTANCE USE TREATMENT PROVIDERS, AND MANAGED

-4- 266

1	SERVICE ORGANIZATIONS;
2	(c) Serve individuals regardless of their ability to pay;
3	(d) BE PART OF A CONTINUUM OF CARE;
4	(e) Utilize peer supports;
5	(f) INCLUDE KEY COMMUNITY PARTICIPANTS;
6	(g) DEMONSTRATE A CAPACITY TO MEET THE DEMAND FOR
7	SERVICES;
8	(h) Understand and <u>Provide Services that are specialized</u>
9	FOR THE UNIQUE NEEDS OF CHILD AND ADOLESCENT PATIENTS; AND
10	(i) Reflect an understanding of the different response
11	MECHANISMS UTILIZED BETWEEN MENTAL HEALTH AND SUBSTANCE USE
12	DISORDER CRISES.
13	(3) THE STATE DEPARTMENT SHALL ESTABLISH A COMMITTEE OF
14	INTERESTED STAKEHOLDERS THAT WILL BE RESPONSIBLE FOR REVIEWING
15	THE PROPOSALS AND AWARDING CONTRACTS PURSUANT TO THIS SECTION.
16	REPRESENTATIONS FROM THE STATE DEPARTMENT OF HEALTH CARE
17	POLICY AND FINANCING MUST BE INCLUDED IN THE COMMITTEE OF
18	INTERESTED STAKEHOLDERS. A STAKEHOLDER PARTICIPATING IN THE
19	COMMITTEE MUST NOT HAVE A FINANCIAL OR OTHER CONFLICT OF
20	INTEREST THAT WOULD PREVENT HIM OR HER FROM IMPARTIALLY
21	REVIEWING PROPOSALS.
22	(4) (a) The department shall issue the request for
23	PROPOSALS ON OR BEFORE SEPTEMBER 1, 2013, AND, SUBJECT TO
24	AVAILABLE APPROPRIATIONS, ON OR BEFORE EACH SEPTEMBER 1
25	THEREAFTER. PURSUANT TO THE STATE PROCUREMENT CODE, ARTICLES
26	$101\mathrm{AND}102\mathrm{OF}\mathrm{TITLE}24, C.R.S.$ , the department shall make awards
27	ON OR BEFORE JANUARY 1, 2014, AND, IF A REQUEST IS ISSUED, ON OR

-5- 266

1	BEFORE EACH JANUARY 1 THEREAFTER.
2	(b) IF THE FULL APPROPRIATION BY THE GENERAL ASSEMBLY FOR
3	THE IMPLEMENTATION OF THIS SECTION IS NOT DISPERSED AS SPECIFIED IN
4	PARAGRAPH (a) OF THIS SUBSECTION (4), THE COMMITTEE SHALL ACCEPT
5	AND REVIEW PROPOSALS AND AWARD CONTRACTS AS THE PROPOSALS ARE
6	RECEIVED AND NOT REQUIRE AN APPLICATION BE HELD UNTIL A
7	SUBSEQUENT REQUEST FOR PROPOSALS.
8	(5) IF NECESSARY, THE STATE BOARD MAY PROMULGATE RULES TO
9	IMPLEMENT THE PROVISIONS OF THIS SECTION OR THE SERVICES TO BE
10	SUPPLIED PURSUANT TO THIS SECTION.
11	(6) Beginning in January 2014, and every January
12	THEREAFTER, THE STATE DEPARTMENT SHALL REPORT PROGRESS ON THE
13	IMPLEMENTATION OF A COMPREHENSIVE STATEWIDE BEHAVIORAL HEALTH
14	CRISIS RESPONSE SYSTEM AS PART OF ITS "STATE MEASUREMENT FOR
15	ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
16	GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203, C.R.S.
17	(7) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
18	REQUIRES:
19	(a) "CRISIS INTERVENTION SERVICES" MEANS AN ARRAY OF
20	INTEGRATED SERVICES THAT ARE AVAILABLE TWENTY-FOUR HOURS A DAY,
21	SEVEN DAYS A WEEK, TO RESPOND TO AND ASSIST INDIVIDUALS WHO ARE
22	IN A BEHAVIORAL HEALTH EMERGENCY.
23	(b) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN SERVICES
24	CREATED AND AUTHORIZED PURSUANT TO SECTION 26-1-107, C.R.S.
25	(c) "State department" means the state department of
26	HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105, C.R.S.
27	SECTION 2. Safety clause. The general assembly hereby finds,

-6- 266

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

-7- 266