

First Regular Session
Seventieth General Assembly
STATE OF COLORADO

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 15-1015.01 Jane Ritter x4342

HOUSE BILL 15-1368

HOUSE SPONSORSHIP

Young, Hamner, Rankin

SENATE SPONSORSHIP

Grantham, Lambert, Steadman

House Committees
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A CROSS-SYSTEM RESPONSE FOR**
102 **BEHAVIORAL HEALTH CRISES PILOT PROGRAM TO SERVE**
103 **INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL**
104 **DISABILITIES, AND, IN CONNECTION THEREWITH, MAKING AN**
105 **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 <http://www.leg.state.co.us/billsummaries>.)

Joint Budget Committee. The bill establishes the cross-system response for behavioral health crises pilot program (pilot program) to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

HOUSE
3rd Reading Unamended
April 27, 2015

HOUSE
Amended 2nd Reading
April 23, 2015

provide crisis intervention, stabilization, and follow-up services to individuals who have both an intellectual or developmental disability and a mental health or behavioral disorder and who also require services not available through an existing home- or community-based services waiver or not covered under the Colorado behavioral health care system. The pilot program will begin on or before March 1, 2016, and will consist of multiple sites that represent different geographic areas of the state. The pilot program shall:

- ! Provide access to intensive coordinated psychiatric, behavioral, and mental health services as an alternative to emergency department care or in-patient hospitalization;
- ! Offer community-based, mobile supports to individuals with dual diagnoses and their families;
- ! Offer follow-up supports to individuals with dual diagnoses, families, and caregivers to reduce the likelihood of future crises;
- ! Provide education and training for families and service agencies;
- ! Provide data about the cost in Colorado of providing such services throughout the state; and
- ! Provide data about systemic structural changes needed to remove existing regulatory or procedural barriers to the authorized use of public funds across systems, including the medicaid state plan, home- and community-based service medicaid waivers, and the capitated mental health system.

The department of health care policy and financing (department) shall conduct a cost-analysis study related to the services that would need to be added to eliminate service gaps and ensure that individuals with intellectual and developmental disabilities are fully included in the Colorado behavioral health system. The department shall also provide recommendations for eliminating the service gap.

The cross-system response for behavioral health crises pilot program fund is established.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-6-412 as
3 follows:

4 **25.5-6-412. Cross-system response for behavioral health crises**
5 **pilot program - legislative declaration - creation - criteria -**

1 **recommendations - fund - repeal.** (1) THE GENERAL ASSEMBLY
2 DECLARES THAT:

3 (a) THERE IS LIMITED ACCESS TO APPROPRIATE TREATMENT IN THE
4 BEHAVIORAL HEALTH SYSTEM, INCLUDING CRISIS INTERVENTION,
5 STABILIZATION, AND PREVENTION, FOR INDIVIDUALS WITH INTELLECTUAL
6 AND DEVELOPMENTAL DISABILITIES;

7 (b) THERE IS INADEQUATE REIMBURSEMENT AND INAPPROPRIATE
8 SERVICE LIMITS AND DEFINITIONS IN THE BEHAVIORAL HEALTH CAPITATED
9 SYSTEM AS WELL AS MEDICAL MENTAL HEALTH BENEFITS IN THE
10 COLORADO FEE-FOR-SERVICE MEDICAID STATE PLAN FOR INDIVIDUALS
11 WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES;

12 (c) THERE ARE CONFLICTING REQUIREMENTS AND CONFUSION
13 ABOUT DIAGNOSES-BASED REQUIREMENTS THAT LIMIT ACCESS TO
14 ASSESSMENTS AS WELL AS TREATMENT;

15 (d) THERE IS A LACK OF PROFESSIONAL EXPERTISE AND
16 WORKFORCE CAPACITY; AND

17 (e) A SYSTEMATIC AND STRATEGIC APPROACH IS NEEDED TO
18 INCREASE CAPACITY AMONG LICENSED MEDICAL PROFESSIONALS,
19 CREDENTIALLED SERVICE PROVIDERS, AND DIRECT SERVICE PERSONNEL TO
20 HELP PROVIDE MEDICAL AND BEHAVIORAL HEALTH SERVICES FOR
21 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

22 (2) THE GENERAL ASSEMBLY THEREFORE SUPPORTS FUNDING FOR
23 A PILOT PROGRAM WITH LOCATIONS AT MULTIPLE SITES THAT REPRESENT
24 DIFFERENT GEOGRAPHIC REGIONS OF THE STATE THAT WILL UTILIZE
25 COLLABORATIVE APPROACHES TO PROVIDE A CROSS-SYSTEM RESPONSE TO
26 BEHAVIORAL HEALTH CRISES FOR INDIVIDUALS WITH INTELLECTUAL AND
27 DEVELOPMENTAL DISABILITIES. THE CROSS-SYSTEM RESPONSE WILL

1 INCLUDE WRITTEN COOPERATIVE AGREEMENTS AMONG PROVIDERS FOR
2 MEDICAID STATE PLAN SERVICES, MEDICAID SCHOOL-BASED HEALTH
3 SERVICES, HOME- AND COMMUNITY-BASED WAIVER SERVICES, AND THE
4 CAPITATED MENTAL HEALTH CARE SYSTEM. THE CROSS-SYSTEM RESPONSE
5 WOULD INCLUDE TIMELY CRISIS INTERVENTION, STABILIZATION,
6 EVALUATION, TREATMENT, IN-HOME THERAPEUTIC RESPITE, SITE-BASED
7 THERAPEUTIC RESPITE, AND FOLLOW-UP SERVICES TO INTEGRATE WITH
8 THE COLORADO MENTAL HEALTH CRISIS PROGRAM AND ALSO REQUIRE
9 SERVICES SPECIFICALLY APPROPRIATE FOR THE NEEDS OF INDIVIDUALS
10 WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. A COST
11 ANALYSIS WITH ACCOMPANYING ACTUARIAL STUDY WILL COMPLEMENT
12 THE PILOT PROGRAM TO ENSURE THAT INDIVIDUALS WITH INTELLECTUAL
13 AND DEVELOPMENTAL DISABILITIES ARE FULLY INCLUDED IN THE
14 COLORADO BEHAVIORAL HEALTH SYSTEM AND ARE SUPPORTED IN THE
15 COLORADO BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM.

16 (3) THERE IS CREATED IN THE STATE DEPARTMENT A
17 CROSS-SYSTEM RESPONSE FOR BEHAVIORAL HEALTH CRISES PILOT
18 PROGRAM, REFERRED TO IN THIS SECTION AS THE "PILOT PROGRAM". THE
19 PILOT PROGRAM WILL HAVE LOCATIONS AT MULTIPLE SITES THAT
20 REPRESENT DIFFERENT GEOGRAPHIC REGIONS OF THE STATE. THE GOAL OF
21 THE PILOT PROGRAM IS TO PROVIDE CRISIS INTERVENTION, STABILIZATION,
22 AND FOLLOW-UP SERVICES TO INDIVIDUALS WHO HAVE BOTH AN
23 INTELLECTUAL OR DEVELOPMENTAL DISABILITY AND A MENTAL HEALTH
24 OR BEHAVIORAL DISORDER AND WHO ALSO REQUIRE SERVICES NOT
25 AVAILABLE THROUGH AN EXISTING HOME- OR COMMUNITY-BASED
26 SERVICES WAIVER OR COVERED UNDER THE COLORADO BEHAVIORAL
27 HEALTH CARE SYSTEM. TO ACHIEVE THIS GOAL, THE PILOT PROGRAM MUST

1 COMPLEMENT AND EXPAND ON THE COLORADO BEHAVIORAL HEALTH
2 CRISIS RESPONSE SYSTEM, PROVIDED THROUGH THE DEPARTMENT OF
3 HUMAN SERVICES PURSUANT TO SECTION 27-60-103, C.R.S., TO:

4 (a) PROVIDE ACCESS TO INTENSIVE COORDINATED PSYCHIATRIC,
5 BEHAVIORAL, AND MENTAL HEALTH SERVICES FOR CRISIS INTERVENTION
6 AS AN ALTERNATIVE TO EMERGENCY DEPARTMENT CARE OR IN-PATIENT
7 HOSPITALIZATION;

8 (b) OFFER COMMUNITY-BASED, MOBILE SUPPORTS TO INDIVIDUALS
9 WITH DUAL DIAGNOSES AND THEIR FAMILIES;

10 (c) OFFER FOLLOW-UP SUPPORTS TO INDIVIDUALS WITH DUAL
11 DIAGNOSES, FAMILIES, AND CAREGIVERS TO REDUCE THE LIKELIHOOD OF
12 FUTURE CRISES;

13 (d) PROVIDE EDUCATION AND TRAINING FOR FAMILIES AND
14 SERVICE AGENCIES;

15 (e) PROVIDE DATA ABOUT THE COST IN COLORADO OF PROVIDING
16 SUCH SERVICES THROUGHOUT THE STATE TO COMPLEMENT THE
17 COST-ANALYSIS STUDY DESCRIBED IN SUBSECTION (6) OF THIS SECTION
18 RELATED TO THE COST TO ELIMINATE SERVICE GAPS FOR INDIVIDUALS WHO
19 HAVE AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY AND WHO ALSO
20 HAVE A PSYCHIATRIC OR BEHAVIORAL DISORDER; AND

21 (f) PROVIDE DATA ABOUT SYSTEMIC STRUCTURAL CHANGES
22 NEEDED TO REMOVE EXISTING REGULATORY OR PROCEDURAL BARRIERS TO
23 THE AUTHORIZED USE OF PUBLIC FUNDS ACROSS SYSTEMS, INCLUDING THE
24 MEDICAID STATE PLAN, HOME- AND COMMUNITY-BASED SERVICE
25 MEDICAID WAIVERS, THE CAPITATED MENTAL HEALTH CARE SYSTEM, AND
26 THE COLORADO BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM.

27 (4) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

1 SHALL ENTER INTO AN INTERAGENCY AGREEMENT WITH THE DEPARTMENT
2 OF HUMAN SERVICES TO JOINTLY MANAGE THE INTEGRATION OF THE PILOT
3 PROGRAM WITH THE COLORADO BEHAVIORAL HEALTH CRISIS RESPONSE
4 SYSTEM.

5 (5) (a) THE PILOT PROGRAM SHALL BEGIN ON OR BEFORE MARCH
6 1, 2016, AND OPERATE UNTIL MARCH 1, 2019. THE PILOT PROGRAM WILL
7 PROVIDE SUPPORT TO ELIGIBLE INDIVIDUALS TO OBTAIN THE ADDITIONAL
8 NECESSARY SERVICES, REGARDLESS OF THE APPROPRIATE PAYER. ONCE AN
9 INDIVIDUAL WHO IS PARTICIPATING IN THE PILOT PROGRAM IS STABILIZED,
10 THE PILOT PROGRAM SHALL DETERMINE WHERE SERVICES SHOULD HAVE
11 BEEN PROVIDED AND WHO THE APPROPRIATE PAYER IS. IF NO SERVICE
12 PAYER IS AVAILABLE, MONEYS FOR THE ADDITIONAL NECESSARY
13 BEHAVIORAL HEALTH SERVICES WILL COME FROM THE CROSS-SYSTEM
14 RESPONSE FOR BEHAVIORAL HEALTH CRISES PILOT PROGRAM FUND
15 CREATED IN SUBSECTION (7) OF THIS SECTION.

16 (b) THE PILOT PROGRAM MUST COLLECT DATA CONCERNING THE
17 SUPPORT PROVIDED AND SERVICES DELIVERED FOR EACH INDIVIDUAL
18 PARTICIPATING IN THE PILOT PROGRAM. THE DATA MUST INCLUDE
19 INFORMATION ON WHEN THE INDIVIDUAL'S SITUATION STABILIZED AND
20 BEHAVIORAL HEALTH SERVICES NECESSARY FOR THE INDIVIDUAL TO
21 MAINTAIN STABILITY. THE PILOT PROGRAM SHALL ANALYZE THE DATA
22 COLLECTED AND PROVIDE A SUMMARY REPORT TO THE STATE
23 DEPARTMENT REGARDING WHERE SERVICE GAPS EXIST, AS WELL AS
24 RECOMMENDED SOLUTIONS TO ELIMINATE THOSE GAPS.

25 (6) ON OR BEFORE JULY 1, 2017, AND EACH JULY 1 THEREAFTER
26 UNTIL THIS SECTION IS REPEALED, THE STATE DEPARTMENT SHALL
27 CONDUCT A COST ANALYSIS OF THE SERVICES THAT WOULD NEED TO BE

1 ADDED TO ELIMINATE SERVICE GAPS AND ENSURE THAT INDIVIDUALS WITH
2 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE FULLY INCLUDED
3 IN THE COLORADO BEHAVIORAL HEALTH SYSTEM AND ARE SUPPORTED IN
4 THE COLORADO BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM. THE
5 STATE DEPARTMENT SHALL PROVIDE THE RESULTS OF THE COST ANALYSES
6 IN AN ANNUAL WRITTEN REPORT ON THE PILOT PROGRAM, AS WELL AS
7 RECOMMENDATIONS RELATED TO CLOSING SERVICE GAPS, TO THE HEALTH
8 AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE PUBLIC
9 HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
10 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES.

11 (7) THERE IS CREATED IN THE STATE TREASURY THE
12 CROSS-SYSTEM RESPONSE FOR BEHAVIORAL HEALTH CRISES PILOT
13 PROGRAM FUND, REFERRED TO IN THIS SECTION AS THE "FUND". THE FUND
14 CONSISTS OF ANY MONEYS APPROPRIATED TO THE FUND BY THE GENERAL
15 ASSEMBLY. THE MONEYS IN THE FUND ARE SUBJECT TO ANNUAL
16 APPROPRIATION BY THE GENERAL ASSEMBLY TO THE STATE DEPARTMENT
17 FOR THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH IMPLEMENTING
18 THE PILOT PROGRAM CREATED PURSUANT TO THIS SECTION. THE STATE
19 TREASURER MAY INVEST ANY MONEYS IN THE FUND NOT EXPENDED FOR
20 THE PURPOSE OF THIS SECTION AS PROVIDED BY LAW. THE STATE
21 TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE
22 INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND TO THE FUND. ANY
23 UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND AT
24 THE END OF A FISCAL YEAR REMAIN IN THE FUND AND SHALL NOT BE
25 CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANOTHER FUND.
26 THE STATE TREASURER SHALL TRANSFER ALL UNEXPENDED AND
27 UNENCUMBERED MONEYS REMAINING IN THE FUND AS OF JULY 1, 2019, TO

1 THE GENERAL FUND.

2 (8) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
3 AND THE DEPARTMENT OF HUMAN SERVICES ARE AUTHORIZED TO PURSUE
4 THE OPTION OF ALLOWING A COMMUNITY-CENTERED BOARD TO USE A
5 VACANT STATE-OWNED GROUP HOME ■ FOR THE PURPOSES OF THE PILOT
6 PROGRAM. IN SUCH AN INSTANCE, THE COMMUNITY-CENTERED BOARD
7 MAY USE UP TO ONE HUNDRED THOUSAND DOLLARS FROM THE FUND
8 CREATED IN SUBSECTION (7) OF THIS SECTION FOR ANY REGULATORY
9 IMPROVEMENTS FOR LICENSING AND OPERATIONS REQUIRED BY THE
10 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. GENERAL
11 MAINTENANCE AND UPKEEP OF THE FACILITY IS THE RESPONSIBILITY OF
12 THE COMMUNITY-CENTERED BOARD, WITH PAYMENT FROM THE FUND
13 CREATED IN SUBSECTION (7) OF THIS SECTION; EXCEPT THAT PAYMENT FOR
14 AND COMPLETION OF ANY PRE-EXISTING CONTROLLED MAINTENANCE
15 PROJECTS REQUIRED IN ORDER FOR THE GROUP HOME TO BECOME FULLY
16 LICENSED IS THE RESPONSIBILITY OF THE DEPARTMENT OF HUMAN
17 SERVICES AND MUST BE COMPLETE PRIOR TO OCCUPANCY OF THE GROUP
18 HOME.

19 (9) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2019.

20 **SECTION 2. Appropriation.** (1) For the 2015-16 state fiscal
21 year, \$1,695,000 is appropriated to the cross-system response for
22 behavioral health crises pilot program fund created in section 25.5-6-412
23 (7), C.R.S. This appropriation is from the intellectual and developmental
24 disabilities services cash fund created in section 25.5-10-207 (1), C.R.S.
25 The department of health care policy and financing is responsible for the
26 accounting related to this appropriation.

27 (2) For the 2015-16 state fiscal year, \$1,695,000 is appropriated

1 to the department of health care policy and financing for use by the
2 division of intellectual and developmental disabilities. This appropriation
3 is from reappropriated funds in the cross-system response for behavioral
4 health crises pilot program fund under subsection (1) of this section. To
5 implement this act, the division may use the appropriation for the
6 cross-system response for behavioral health crises pilot program.

7 **SECTION 3. Safety clause.** The general assembly hereby finds,
8 determines, and declares that this act is necessary for the immediate
9 preservation of the public peace, health, and safety.