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

## REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction

LLS NO. 21-0957.01 Shelby Ross x4510

**HOUSE BILL 21-1281** 

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#### **House Committees**

#### **Senate Committees**

Public & Behavioral Health & Human Services Appropriations

	A BILL FOR AN ACT
101	CONCERNING THE CREATION OF THE COMMUNITY BEHAVIORAL
102	HEALTH DISASTER PREPAREDNESS AND RESPONSE PROGRAM IN
103	THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO
104	ENSURE BEHAVIORAL HEALTH IS ADEQUATELY REPRESENTED
105	WITHIN DISASTER PREPAREDNESS AND RESPONSE EFFORTS
106	ACROSS THE STATE, AND, IN CONNECTION THEREWITH, MAKING
107	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 http://leg.colorado.gov.)

Reading Unamended May 20, 2021

The bill requires the department of public health and environment (department) to implement the community behavioral health disaster preparedness and response program (program) using existing initiatives and activities to ensure that behavioral health is adequately represented within disaster preparedness and response efforts across the state. The program is intended to enhance, support, and formalize behavioral health disaster preparedness and response activities conducted by community behavioral health organizations.

The bill requires the department to promulgate rules as necessary for the oversight and management of the program; work collaboratively with community behavioral heath organizations; create, define, and publish eligibility criteria for community behavioral health organizations to participate in the program; and provide funding to community behavioral health organizations on an annual or as-needed basis for the activities the organizations conduct.

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

**SECTION 1. Legislative declaration.** (1) The general assembly finds and declares that:

- (a) Colorado has a rich history of disaster preparedness efforts across sectors and industries throughout the state;
- (b) Colorado has taken deliberate measures to ensure that disaster response is community-oriented and comprehensively accounts for communities' behavioral health needs;
- (c) In May 2020, the governor asked the behavioral health task force to establish the COVID-19 special assignment committee to develop key recommendations for consideration in a future crisis;
- (d) The committee determined that Colorado must maintain and enhance a coordinated behavioral health emergency disaster response and ensure the permanency of robust resources for preparedness and response;
- (e) The COVID-19 pandemic has demonstrated the importance of behavioral health emergency preparedness and response as communities

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1	have worked to manage the short- and long-term impact on the behavioral
2	health of Coloradans;
3	(f) Behavioral health is a critical component of any adequate
4	emergency response plan, and preparedness efforts are enhanced by the
5	inclusion of community mental health center (CMHC) partners;
6	(g) Community behavioral health organizations, including
7	CMHCs, have:
8	(I) Actively responded to local, state, and national emergencies,
9	critical incidents, and disasters for decades;
10	(II) Supported the recovery from these events, including natural
11	disasters, violence, mass casualty events, and public health crises; and
12	(III) Been actively involved in community preparedness and
13	response activities associated with local and statewide public health
14	emergencies;
15	(h) There are costs associated with preparedness and planning
16	activities in addition to the ongoing efforts of response and recovery that
17	often do not have a definitive end date. Additionally, many types of
18	community responses do not have a federal emergency management
19	agency funding stream attached or other ways to reimburse for staff
20	training or time spent during the response or recovery.
21	(i) Colorado's CMHCs have been actively involved in community
22	preparedness and response activities associated with public health and
23	health-care coalitions for decades without proper or adequate
24	reimbursement, limiting the extent to which efforts can grow and reach
25	the entire Colorado population; and
26	(j) Disaster behavioral health response differs from traditional
27	psychotherapeutic interventions. The goal is to support normal behavioral

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1	functioning and decrease stress, which allows for normal executive
2	functioning of the brain, such as decision-making, problem solving, and
3	cognitive processing. The community behavioral health disaster response
4	coordinator is not a practicing therapist but is instead providing a range
5	of basic services through a tiered response effort that is designed to
6	support normal functioning during and after times of trauma and chaos.
7	The intent of disaster response is to promote individual, family, and
8	community resilience and it helps affected individuals return to a
9	pre-event level of functioning as quickly as possible. Disaster response
10	methods include triage, basic support, psychological first aid, and making
11	appropriate professional referrals in the community. These services are
12	provided both to survivors and first responders, and the actual methods
13	used depend on the type of event, the number of people affected, and the
14	availability of resources.
15	(2) Therefore, the general assembly declares that it is necessary to
16	formalize the role of Colorado's community behavioral health
17	organizations in the disaster preparedness and response continuum and
18	create avenues for effective and adequate reimbursement for those related
19	activities.
20	<b>SECTION 2.</b> In Colorado Revised Statutes, <b>add</b> part 12 to article
21	20.5 of title 25 as follows:
22	PART 12
23	COMMUNITY BEHAVIORAL HEALTH DISASTER
24	PREPAREDNESS AND RESPONSE PROGRAM
25	<b>25-20.5-1201. Definitions.</b> AS USED IN THIS PART 12, UNLESS THE
26	CONTEXT OTHERWISE REQUIRES:
27	(1) "COMMUNITY BEHAVIORAL HEALTH DISASTER PREPAREDNESS

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1	AND RESPONSE PROGRAM" OR "PROGRAM" MEANS THE COMMUNITY
2	BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE PROGRAM
3	CREATED IN SECTION 25-20.5-1202.
4	(2) "COMMUNITY BEHAVIORAL HEALTH DISASTER RESPONSE
5	COORDINATOR" OR "RESPONSE COORDINATOR" MEANS AN INDIVIDUAL
6	WHO IS DESIGNATED BY A COMMUNITY MENTAL HEALTH CENTER OR OTHER
7	BEHAVIORAL HEALTH PROVIDER TO FULFILL THE DUTIES AND
8	RESPONSIBILITIES OF THE RESPONSE COORDINATOR PURSUANT TO SECTION
9	25-20.5-1202.
10	(3) "DISASTER" HAS THE SAME MEANING AS SET FORTH IN SECTION
11	24-33.5-703.
12	25-20.5-1202. Community behavioral health disaster
13	preparedness and response program - creation - department duties
14	- rules. (1) Subject to available appropriations, the department
15	SHALL IMPLEMENT THE COMMUNITY BEHAVIORAL HEALTH DISASTER
16	PREPAREDNESS AND RESPONSE PROGRAM USING EXISTING INITIATIVES AND
17	ACTIVITIES TO ENSURE THAT BEHAVIORAL HEALTH IS ADEQUATELY
18	REPRESENTED WITHIN DISASTER PREPAREDNESS AND RESPONSE EFFORTS
19	ACROSS THE STATE.
20	(2) The program is intended to enhance, support, and
21	FORMALIZE BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE
22	
23	ACTIVITIES CONDUCTED BY COMMUNITY BEHAVIORAL HEALTH
	ACTIVITIES CONDUCTED BY COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH CENTERS AS
24	
	ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH CENTERS AS
24	ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH CENTERS AS DEFINED IN SECTION 27-66-101 (2); EXCEPT THAT THE ACTIVITIES MUST

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1	ACTIVITIES MAY INCLUDE BUT ARE NOT LIMITED TO:
2	(a) Preparedness activities, such as:
3	(I) RISK ASSESSMENT, HAZARD VULNERABILITY ASSESSMENTS,
4	AND DISASTER PLANNING;
5	(II) DEVELOPMENT OF POLICIES AND PROCEDURES FOR DISASTER
6	PREPAREDNESS AND RESPONSE PLANNING;
7	(III) IMPLEMENTING DISASTER COMMUNICATION PLANS;
8	(IV) TRAINING ON AND PRACTICING EXISTING DISASTER
9	PREPAREDNESS AND RESPONSE PLANS; AND
10	(V) ENGAGING WITH LOCAL AND STATE PARTNERS FOR DISASTER
11	PREPAREDNESS AND MEDICAL SURGE PLANNING;
12	(b) RESPONSE ACTIVITIES, SUCH AS:
13	(I) COORDINATION AND RESPONSE WITH LOCAL AND STATE
14	PARTNERS;
15	(II) SUPPORTING EMERGENCY FUNCTIONS, SUCH AS HEALTH AND
16	MEDICAL RESOURCE REQUESTS FOR BEHAVIORAL HEALTH SERVICES;
17	(III) TRIAGING PSYCHOLOGICAL OR PSYCHO-SOCIAL CARE FOR
18	AFFECTED INDIVIDUALS;
19	(IV) PROVIDING IMMEDIATE AND ONGOING SUPPORT AND CARE
20	FOR INDIVIDUALS IN CRISIS IMPACTED BY EMERGENCIES AND DISASTERS,
21	INCLUDING PROFESSIONALS WHO RESPOND TO EMERGENCIES AND
22	DISASTERS AND OTHERS ON THE SCENE OF SUCH INCIDENCES; AND
23	(V) PROVIDING ONGOING FOLLOW-UP, REFERRALS, AND SERVICES
24	FOR AFFECTED INDIVIDUALS; AND
25	(c) RECOVERY ACTIVITIES, SUCH AS:
26	(I) Providing ongoing debriefing opportunities for
27	AFFECTED INDIVIDIALS AND COMMUNITIES: AND

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1	$(II)\ Maintaining connections to ongoing care for affected$
2	INDIVIDUALS.
3	(3) THE DEPARTMENT SHALL:
4	(a) PROMULGATE RULES AS NECESSARY FOR THE OVERSIGHT AND
5	MANAGEMENT OF THE PROGRAM, INCLUDING ALLOWABLE USES FOR
6	FUNDING ALLOCATED FROM THE COMMUNITY BEHAVIORAL HEALTH
7	DISASTER PREPAREDNESS AND RESPONSE CASH FUND CREATED IN SECTION
8	25-20.5-1203. THE RULES PROMULGATED PURSUANT TO THIS SUBSECTION
9	(3)(a) MUST ENCOURAGE GEOGRAPHIC AND SOCIOECONOMIC DIVERSITY OF
10	PROVIDERS.
11	(b) Work collaboratively with community behavioral
12	HEALTH ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH
13	CENTERS, TO:
14	(I) DEVELOP AND MONITOR THE EXPECTED DUTIES AND
15	RESPONSIBILITIES OF RESPONSE COORDINATORS;
16	(II) DEVELOP MEASURES FOR PREPAREDNESS CAPABILITIES AND A
17	METHODOLOGY FOR REPORTING ON OUTCOMES OF UTILIZED FUNDING AND
18	REPORT ON THE OUTCOMES OF UTILIZED FUNDING TO THE GENERAL
19	ASSEMBLY, AS NECESSARY; AND
20	(III) DECIDE ON AND ANNUALLY REVIEW AND UPDATE, IF
21	NECESSARY, ALLOWABLE USES FOR THE COMMUNITY BEHAVIORAL HEALTH
22	DISASTER PREPAREDNESS AND RESPONSE CASH FUND CREATED IN SECTION
23	25-20.5-1203;
24	(c) Create, define, and publish eligibility criteria for
25	COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS TO PARTICIPATE IN
26	THE PROGRAM, WHICH AT A MINIMUM MUST CONSIDER CAPABILITIES AND
27	CAPACITY IN THE FOLLOWING PROGRAMMATIC ELEMENTS:

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1	(I) SERVICE CAPACITY;
2	(II) PLANNING;
3	(III) RESPONSE STRIKE TEAM AVAILABILITY;
4	(IV) TRAINING; AND
5	(V) CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES;
6	AND
7	(d) Provide funding to community behavioral health
8	ORGANIZATIONS ON AN ANNUAL OR AS-NEEDED BASIS FOR THE ACTIVITIES
9	OUTLINED IN SUBSECTION (2) OF THIS SECTION; EXCEPT THAT FUNDING
10	MUST NOT BE PROVIDED TO REIMBURSE EXPENSES INCURRED PRIOR TO THE
11	EFFECTIVE DATE OF THIS SECTION.
12	25-20.5-1203. Community behavioral health disaster
13	preparedness and response cash fund. (1) THE COMMUNITY
14	BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE CASH
15	FUND, REFERRED TO IN THIS SECTION AS THE "FUND", IS CREATED IN THE
16	STATE TREASURY. THE FUND CONSISTS OF GIFTS, GRANTS, AND DONATIONS
17	AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY APPROPRIATE
18	OR TRANSFER TO THE FUND.
19	(2) The state treasurer shall credit all interest and
20	INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
21	FUND TO THE FUND.
22	(3) ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING
23	IN THE FUND AT THE END OF ANY FISCAL YEAR REMAINS IN THE FUND AND
24	MUST NOT BE TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.
25	(4) MONEY IN THE FUND IS CONTINUOUSLY APPROPRIATED TO THE
26	DEPARTMENT FOR THE PURPOSES DESCRIBED IN SECTION 25-20.5-1202.
27	SECTION 3. In Colorado Revised Statutes, 24-75-402, add

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1	(5)(rr) as follows:
2	24-75-402. Cash funds - limit on uncommitted reserves -
3	reduction in the amount of fees - exclusions - repeal.
4	(5) Notwithstanding any provision of this section to the contrary, the
5	following cash funds are excluded from the limitations specified in this
6	section:
7	(rr) The community behavioral health disaster
8	PREPAREDNESS AND RESPONSE CASH FUND CREATED IN SECTION
9	25-20.5-1203.
10	SECTION 4. Appropriation. For the 2021-22 state fiscal year,
11	\$529,801 is appropriated to the department of public health and
12	environment for use by the office of emergency preparedness and
13	response. This appropriation is from the general fund and is based on an
14	assumption that the office will require an additional 1.8 FTE. To
15	implement this act, the office may use this appropriation for state directed
16	emergency preparedness and response activities.
17	SECTION 5. Safety clause. The general assembly hereby finds,
18	determines, and declares that this act is necessary for the immediate
19	preservation of the public peace, health, or safety.

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