

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0957.01 Shelby Ross x4510

HOUSE BILL 21-1281

HOUSE SPONSORSHIP

Cutter and Will,

SENATE SPONSORSHIP

Pettersen,

House Committees

Public & Behavioral Health & Human Services

Senate Committees

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.

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 requires the department of public health and environment

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

(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 health 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.

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

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

4 (a) Colorado has a rich history of disaster preparedness efforts
5 across sectors and industries throughout the state;

6 (b) Colorado has taken deliberate measures to ensure that disaster
7 response is community-oriented and comprehensively accounts for
8 communities' behavioral health needs;

9 (c) In May 2020, the governor asked the behavioral health task
10 force to establish the COVID-19 special assignment committee to
11 develop key recommendations for consideration in a future crisis;

12 (d) The committee determined that Colorado must maintain and
13 enhance a coordinated behavioral health emergency disaster response and
14 ensure the permanency of robust resources for preparedness and response;

15 (e) The COVID-19 pandemic has demonstrated the importance of
16 behavioral health emergency preparedness and response as communities
17 have worked to manage the short- and long-term impact on the behavioral

1 health of Coloradans;

2 (f) Behavioral health is a critical component of any adequate
3 emergency response plan, and preparedness efforts are enhanced by the
4 inclusion of community mental health center (CMHC) partners;

5 (g) Community behavioral health organizations, including
6 CMHCs, have:

7 (I) Actively responded to local, state, and national emergencies,
8 critical incidents, and disasters for decades;

9 (II) Supported the recovery from these events, including natural
10 disasters, violence, mass casualty events, and public health crises; and

11 (III) Been actively involved in community preparedness and
12 response activities associated with local and statewide public health
13 emergencies;

14 (h) There are costs associated with preparedness and planning
15 activities in addition to the ongoing efforts of response and recovery that
16 often do not have a definitive end date. Additionally, many types of
17 community responses do not have a federal emergency management
18 agency funding stream attached or other ways to reimburse for staff
19 training or time spent during the response or recovery.

20 (i) Colorado's CMHCs have been actively involved in community
21 preparedness and response activities associated with public health and
22 health-care coalitions for decades without proper or adequate
23 reimbursement, limiting the extent to which efforts can grow and reach
24 the entire Colorado population; and

25 (j) Disaster behavioral health response differs from traditional
26 psychotherapeutic interventions. The goal is to support normal behavioral
27 functioning and decrease stress, which allows for normal executive

1 functioning of the brain, such as decision-making, problem solving, and
2 cognitive processing. The community behavioral health disaster response
3 coordinator is not a practicing therapist but is instead providing a range
4 of basic services through a tiered response effort that is designed to
5 support normal functioning during and after times of trauma and chaos.
6 The intent of disaster response is to promote individual, family, and
7 community resilience and it helps affected individuals return to a
8 pre-event level of functioning as quickly as possible. Disaster response
9 methods include triage, basic support, psychological first aid, and making
10 appropriate professional referrals in the community. These services are
11 provided both to survivors and first responders, and the actual methods
12 used depend on the type of event, the number of people affected, and the
13 availability of resources.

14 (2) Therefore, the general assembly declares that it is necessary to
15 formalize the role of Colorado's community behavioral health
16 organizations in the disaster preparedness and response continuum and
17 create avenues for effective and adequate reimbursement for those related
18 activities.

19 **SECTION 2.** In Colorado Revised Statutes, **add** part 12 to article
20 20.5 of title 25 as follows:

21 PART 12

22 COMMUNITY BEHAVIORAL HEALTH DISASTER

23 PREPAREDNESS AND RESPONSE PROGRAM

24 **25-20.5-1201. Definitions.** AS USED IN THIS PART 12, UNLESS THE
25 CONTEXT OTHERWISE REQUIRES:

26 (1) "COMMUNITY BEHAVIORAL HEALTH DISASTER PREPAREDNESS
27 AND RESPONSE PROGRAM" OR "PROGRAM" MEANS THE COMMUNITY

1 BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE PROGRAM
2 CREATED IN SECTION 25-20.5-1202.

3 (2) "COMMUNITY BEHAVIORAL HEALTH DISASTER RESPONSE
4 COORDINATOR" OR "RESPONSE COORDINATOR" MEANS AN INDIVIDUAL
5 WHO IS DESIGNATED BY A COMMUNITY MENTAL HEALTH CENTER OR OTHER
6 BEHAVIORAL HEALTH PROVIDER TO FULFILL THE DUTIES AND
7 RESPONSIBILITIES OF THE RESPONSE COORDINATOR PURSUANT TO SECTION
8 25-20.5-1202.

9 (3) "DISASTER" HAS THE SAME MEANING AS SET FORTH IN SECTION
10 24-33.5-703.

11 **25-20.5-1202. Community behavioral health disaster**
12 **preparedness and response program - creation - department duties**

13 **- rules.** (1) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
14 SHALL IMPLEMENT THE COMMUNITY BEHAVIORAL HEALTH DISASTER
15 PREPAREDNESS AND RESPONSE PROGRAM USING EXISTING INITIATIVES AND
16 ACTIVITIES TO ENSURE THAT BEHAVIORAL HEALTH IS ADEQUATELY
17 REPRESENTED WITHIN DISASTER PREPAREDNESS AND RESPONSE EFFORTS
18 ACROSS THE STATE.

19 (2) THE PROGRAM IS INTENDED TO ENHANCE, SUPPORT, AND
20 FORMALIZE BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE
21 ACTIVITIES CONDUCTED BY COMMUNITY BEHAVIORAL HEALTH
22 ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH CENTERS AS
23 DEFINED IN SECTION 27-66-101 (2), WHICH ACTIVITIES MAY INCLUDE BUT
24 ARE NOT LIMITED TO:

25 (a) PREPAREDNESS ACTIVITIES, SUCH AS:

26 (I) RISK ASSESSMENT, HAZARD VULNERABILITY ASSESSMENTS,
27 AND DISASTER PLANNING;

1 (II) DEVELOPMENT OF POLICIES AND PROCEDURES FOR DISASTER
2 PREPAREDNESS AND RESPONSE PLANNING;

3 (III) IMPLEMENTING DISASTER COMMUNICATION PLANS;

4 (IV) TRAINING ON AND PRACTICING EXISTING DISASTER
5 PREPAREDNESS AND RESPONSE PLANS; AND

6 (V) ENGAGING WITH LOCAL AND STATE PARTNERS FOR DISASTER
7 PREPAREDNESS AND MEDICAL SURGE PLANNING;

8 (b) RESPONSE ACTIVITIES, SUCH AS:

9 (I) COORDINATION AND RESPONSE WITH LOCAL AND STATE
10 PARTNERS;

11 (II) SUPPORTING EMERGENCY FUNCTIONS, SUCH AS HEALTH AND
12 MEDICAL RESOURCE REQUESTS FOR BEHAVIORAL HEALTH SERVICES;

13 (III) TRIAGING PSYCHOLOGICAL OR PSYCHO-SOCIAL CARE FOR
14 AFFECTED INDIVIDUALS;

15 (IV) PROVIDING IMMEDIATE AND ONGOING SUPPORT AND CARE
16 FOR INDIVIDUALS IN CRISIS IMPACTED BY EMERGENCIES AND DISASTERS,
17 INCLUDING PROFESSIONALS WHO RESPOND TO EMERGENCIES AND
18 DISASTERS AND OTHERS ON THE SCENE OF SUCH INCIDENTS; AND

19 (V) PROVIDING ONGOING FOLLOW-UP, REFERRALS, AND SERVICES
20 FOR AFFECTED INDIVIDUALS; AND

21 (c) RECOVERY ACTIVITIES, SUCH AS:

22 (I) PROVIDING ONGOING DEBRIEFING OPPORTUNITIES FOR
23 AFFECTED INDIVIDUALS AND COMMUNITIES; AND

24 (II) MAINTAINING CONNECTIONS TO ONGOING CARE FOR AFFECTED
25 INDIVIDUALS.

26 (3) THE DEPARTMENT SHALL:

27 (a) PROMULGATE RULES AS NECESSARY FOR THE OVERSIGHT AND

1 MANAGEMENT OF THE PROGRAM, INCLUDING ALLOWABLE USES FOR
2 FUNDING ALLOCATED FROM THE COMMUNITY BEHAVIORAL HEALTH
3 DISASTER PREPAREDNESS AND RESPONSE CASH FUND CREATED IN SECTION
4 25-20.5-1203;

5 (b) WORK COLLABORATIVELY WITH COMMUNITY BEHAVIORAL
6 HEALTH ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH
7 CENTERS, TO:

8 (I) DEVELOP AND MONITOR THE EXPECTED DUTIES AND
9 RESPONSIBILITIES OF RESPONSE COORDINATORS;

10 (II) DEVELOP MEASURES FOR PREPAREDNESS CAPABILITIES AND A
11 METHODOLOGY FOR REPORTING ON OUTCOMES OF UTILIZED FUNDING AND
12 REPORT ON THE OUTCOMES OF UTILIZED FUNDING TO THE GENERAL
13 ASSEMBLY, AS NECESSARY; AND

14 (III) DECIDE ON AND ANNUALLY REVIEW AND UPDATE, IF
15 NECESSARY, ALLOWABLE USES FOR THE COMMUNITY BEHAVIORAL HEALTH
16 DISASTER PREPAREDNESS AND RESPONSE CASH FUND CREATED IN SECTION
17 25-20.5-1203;

18 (c) CREATE, DEFINE, AND PUBLISH ELIGIBILITY CRITERIA FOR
19 COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS TO PARTICIPATE IN
20 THE PROGRAM, WHICH AT A MINIMUM MUST CONSIDER CAPABILITIES AND
21 CAPACITY IN THE FOLLOWING PROGRAMMATIC ELEMENTS:

- 22 (I) SERVICE CAPACITY;
- 23 (II) PLANNING;
- 24 (III) RESPONSE STRIKE TEAM AVAILABILITY;
- 25 (IV) TRAINING; AND
- 26 (V) CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES;

27 AND

1 (d) PROVIDE FUNDING TO COMMUNITY BEHAVIORAL HEALTH
2 ORGANIZATIONS ON AN ANNUAL OR AS-NEEDED BASIS FOR THE ACTIVITIES
3 OUTLINED IN SUBSECTION (2) OF THIS SECTION.

4 **25-20.5-1203. Community behavioral health disaster**
5 **preparedness and response cash fund.** (1) THE COMMUNITY
6 BEHAVIORAL HEALTH DISASTER PREPAREDNESS AND RESPONSE CASH
7 FUND, REFERRED TO IN THIS SECTION AS THE "FUND", IS CREATED IN THE
8 STATE TREASURY. THE FUND CONSISTS OF GIFTS, GRANTS, AND DONATIONS
9 AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY APPROPRIATE
10 OR TRANSFER TO THE FUND.

11 (2) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
12 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
13 FUND TO THE FUND.

14 (3) ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING
15 IN THE FUND AT THE END OF ANY FISCAL YEAR REMAINS IN THE FUND AND
16 MUST NOT BE TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

17 (4) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL
18 ASSEMBLY, THE DEPARTMENT MAY EXPEND MONEY FROM THE FUND FOR
19 THE PURPOSES DESCRIBED IN SECTION 25-20.5-1202.

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