

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 21-0957.01 Shelby Ross x4510

HOUSE BILL 21-1281

HOUSE SPONSORSHIP

Cutter and Will, Amabile, Bernett, Bird, Boesenecker, Caraveo, Duran, Esgar, Exum, Froelich, Gonzales-Gutierrez, Gray, Hooton, Jackson, Jodeh, Kipp, Lontine, McCluskie, McCormick, McLachlan, Michaelson Jenet, Ortiz, Ricks, Sirota, Sullivan, Titone, Valdez D., Young

SENATE SPONSORSHIP

Pettersen, Buckner, Danielson, Fenberg, Gonzales, Jaquez Lewis, Story, Winter, Zenzinger

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

State, Veterans, & Military Affairs
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>.)

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.

SENATE
3rd Reading Unamended
June 4, 2021

SENATE
2nd Reading Unamended
June 3, 2021

HOUSE
3rd Reading Unamended
May 20, 2021

HOUSE
Amended 2nd Reading
May 19, 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 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

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

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 **SECTION 2.** In Colorado Revised Statutes, **add** 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 **25-20.5-1201. Definitions.** AS USED IN THIS PART 12, UNLESS THE
26 CONTEXT OTHERWISE REQUIRES:

27 (1) "COMMUNITY BEHAVIORAL HEALTH DISASTER PREPAREDNESS

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 ACTIVITIES CONDUCTED BY COMMUNITY BEHAVIORAL HEALTH
23 ORGANIZATIONS, INCLUDING COMMUNITY MENTAL HEALTH CENTERS AS
24 DEFINED IN SECTION 27-66-101 (2); EXCEPT THAT THE ACTIVITIES MUST
25 NOT REPLACE OR SUPERSEDE ANY DISASTER PLANS PREPARED OR
26 MAINTAINED BY A LOCAL OR INTERJURISDICTIONAL EMERGENCY
27 MANAGEMENT AGENCY, AS ESTABLISHED IN SECTION 24-33.5-707. THE

- 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 INCIDENTS; 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 INDIVIDUALS AND COMMUNITIES; AND

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:

- 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

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.