

**First Regular Session  
Sixty-ninth General Assembly  
STATE OF COLORADO**

**ENGROSSED**

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

LLS NO. 13-0905.01 Jane Ritter x4342

**SENATE BILL 13-266**

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**SENATE SPONSORSHIP**

**Aguilar and Nicholson,** Carroll, Giron, Guzman, Jahn, Kefalas, Kerr, Newell, Ulibarri,  
Todd, Hudak, Roberts

**HOUSE SPONSORSHIP**

**Kraft-Tharp and Young,** McCann

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**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, AND, IN**  
104             **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**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

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.*

SENATE  
Amended 2nd Reading  
April 23, 2013

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.

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1 *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:

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).

1 THE BEHAVIORAL HEALTH CRISIS SYSTEM CREATED THROUGH THIS  
2 REQUEST FOR PROPOSALS PROCESS MUST BE BASED ON THE FOLLOWING  
3 PRINCIPLES:

- 4 (I) CULTURAL COMPETENCE;
- 5 (II) STRONG COMMUNITY RELATIONSHIPS;
- 6 (III) THE USE OF PEER SUPPORT;
- 7 (IV) THE USE OF EVIDENCE-BASED PRACTICES;
- 8 (V) BUILDING ON EXISTING FOUNDATIONS WITH AN EYE TOWARD  
9 INNOVATION;
- 10 (VI) UTILIZATION OF AN INTEGRATED SYSTEM OF CARE; AND
- 11 (VII) OUTREACH TO STUDENTS THROUGH SCHOOL-BASED CLINICS.

12 (b) THE COMPONENTS OF THE BEHAVIORAL HEALTH CRISIS  
13 RESPONSE SYSTEM CREATED THROUGH THIS REQUEST FOR PROPOSAL  
14 PROCESS MUST REFLECT A CONTINUUM OF CARE FROM CRISIS RESPONSE  
15 THROUGH STABILIZATION AND SAFE RETURN TO THE COMMUNITY, WITH  
16 ADEQUATE SUPPORT FOR TRANSITIONS TO EACH STAGE. SPECIFIC  
17 COMPONENTS INCLUDE:

18 (I) A TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICE THAT IS  
19 STAFFED BY SKILLED PROFESSIONALS WHO ARE CAPABLE OF ASSESSING  
20 CHILD, ADOLESCENT, AND ADULT CRISIS SITUATIONS AND MAKING THE  
21 APPROPRIATE REFERRALS;

22 (II) WALK-IN CRISIS SERVICES AND CRISIS STABILIZATION UNITS  
23 WITH THE CAPACITY FOR IMMEDIATE CLINICAL INTERVENTION, TRIAGE,  
24 AND STABILIZATION. THE WALK-IN CRISIS SERVICES AND CRISIS  
25 STABILIZATION UNITS MUST EMPLOY AN INTEGRATED HEALTH MODEL  
26 BASED ON EVIDENCE-BASED PRACTICES THAT CONSIDER AN INDIVIDUAL'S  
27 PHYSICAL AND EMOTIONAL HEALTH, ARE A PART OF A CONTINUUM OF

1 CARE, AND THAT ARE LINKED TO MOBILE CRISIS SERVICES AND CRISIS  
2 RESPITE SERVICES.

3 (III) MOBILE CRISIS SERVICES AND UNITS THAT ARE LINKED TO THE  
4 WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND THAT HAVE  
5 THE ABILITY TO INITIATE A RESPONSE IN A TIMELY FASHION TO A  
6 BEHAVIORAL HEALTH CRISIS;

7 (IV) RESIDENTIAL AND RESPITE CRISIS SERVICES THAT ARE LINKED  
8 TO THE WALK-IN CRISIS SERVICES AND CRISIS RESPITE SERVICES AND THAT  
9 INCLUDE A RANGE OF SHORT-TERM CRISIS RESIDENTIAL SERVICES,  
10 INCLUDING BUT NOT LIMITED TO COMMUNITY LIVING ARRANGEMENTS;  
11 AND

12 (V) A PUBLIC INFORMATION CAMPAIGN.

13 (2) THE STATE DEPARTMENT SHALL COLLABORATE WITH THE  
14 COMMITTEE OF INTERESTED STAKEHOLDERS ESTABLISHED IN SUBSECTION  
15 (3) OF THIS SECTION TO DEVELOP THE REQUEST FOR PROPOSALS,  
16 INCLUDING ELIGIBILITY AND AWARD CRITERIA. PRIORITY MAY BE GIVEN TO  
17 ENTITIES THAT HAVE DEMONSTRATED PARTNERSHIPS WITH  
18 COLORADO-BASED RESOURCES. PROPOSALS WILL BE EVALUATED ON, AT  
19 A MINIMUM, AN APPLICANT'S ABILITY, RELATIVE TO THE SPECIFIC  
20 COMPONENT INVOLVED, TO:

21 (a) DEMONSTRATE INNOVATION BASED ON EVIDENCE-BASED  
22 PRACTICES THAT SHOW EVIDENCE OF COLLABORATION WITH EXISTING  
23 SYSTEMS OF CARE TO BUILD ON CURRENT STRENGTHS AND MAXIMIZE  
24 RESOURCES;

25 (b) COORDINATE CLOSELY WITH COMMUNITY MENTAL HEALTH  
26 ORGANIZATIONS THAT PROVIDE SERVICES REGARDLESS OF THE SOURCE OF  
27 PAYMENT, SUCH AS BEHAVIORAL HEALTH ORGANIZATIONS, COMMUNITY

1 MENTAL HEALTH CENTERS, REGIONAL CARE COLLABORATIVE  
2 ORGANIZATIONS, SUBSTANCE USE TREATMENT PROVIDERS, AND MANAGED  
3 SERVICE ORGANIZATIONS;

4 (c) SERVE INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY;

5 (d) BE PART OF A CONTINUUM OF CARE;

6 (e) UTILIZE PEER SUPPORTS;

7 (f) INCLUDE KEY COMMUNITY PARTICIPANTS;

8 (g) DEMONSTRATE A CAPACITY TO MEET THE DEMAND FOR  
9 SERVICES;

10 (h) UNDERSTAND AND PROVIDE SERVICES THAT ARE SPECIALIZED  
11 FOR THE UNIQUE NEEDS OF CHILD AND ADOLESCENT PATIENTS; AND

12 (i) REFLECT AN UNDERSTANDING OF THE DIFFERENT RESPONSE  
13 MECHANISMS UTILIZED BETWEEN MENTAL HEALTH AND SUBSTANCE USE  
14 DISORDER CRISES.

15 (3) THE STATE DEPARTMENT SHALL ESTABLISH A COMMITTEE OF  
16 INTERESTED STAKEHOLDERS THAT WILL BE RESPONSIBLE FOR REVIEWING  
17 THE PROPOSALS AND AWARDED CONTRACTS PURSUANT TO THIS SECTION.  
18 REPRESENTATIONS FROM THE STATE DEPARTMENT OF HEALTH CARE  
19 POLICY AND FINANCING MUST BE INCLUDED IN THE COMMITTEE OF  
20 INTERESTED STAKEHOLDERS. A STAKEHOLDER PARTICIPATING IN THE  
21 COMMITTEE MUST NOT HAVE A FINANCIAL OR OTHER CONFLICT OF  
22 INTEREST THAT WOULD PREVENT HIM OR HER FROM IMPARTIALLY  
23 REVIEWING PROPOSALS.

24 (4) (a) THE DEPARTMENT SHALL ISSUE THE INITIAL REQUEST FOR  
25 PROPOSALS ON OR BEFORE SEPTEMBER 1, 2013, SUBJECT TO AVAILABLE  
26 APPROPRIATIONS. PURSUANT TO THE STATE PROCUREMENT CODE,  
27 ARTICLES 101 AND 102 OF TITLE 24, C.R.S., THE DEPARTMENT SHALL

1 MAKE AWARDS ON OR BEFORE JANUARY 1, 2014. IF ADDITIONAL MONEYS  
2 ARE APPROPRIATED, THE DEPARTMENT MAY ISSUE ADDITIONAL REQUESTS  
3 FOR PROPOSALS CONSISTENT WITH THIS SECTION AND THE STATE  
4 PROCUREMENT CODE, ARTICLES 101 AND 102 OF TITLE 24, C.R.S.

5 (b) IF THE FULL APPROPRIATION BY THE GENERAL ASSEMBLY FOR  
6 THE IMPLEMENTATION OF THIS SECTION IS NOT DISPERSED AS SPECIFIED IN  
7 PARAGRAPH (a) OF THIS SUBSECTION (4), THE COMMITTEE SHALL ACCEPT  
8 AND REVIEW PROPOSALS AND AWARD CONTRACTS AS THE PROPOSALS ARE  
9 RECEIVED AND NOT REQUIRE AN APPLICATION BE HELD UNTIL A  
10 SUBSEQUENT REQUEST FOR PROPOSALS.

11 (5) IF NECESSARY, THE STATE BOARD MAY PROMULGATE RULES TO  
12 IMPLEMENT THE PROVISIONS OF THIS SECTION OR THE SERVICES TO BE  
13 SUPPLIED PURSUANT TO THIS SECTION.

14 (6) BEGINNING IN JANUARY 2014, AND EVERY JANUARY  
15 THEREAFTER, THE STATE DEPARTMENT SHALL REPORT PROGRESS ON THE  
16 IMPLEMENTATION OF A COMPREHENSIVE STATEWIDE BEHAVIORAL HEALTH  
17 CRISIS RESPONSE SYSTEM AS PART OF ITS "STATE MEASUREMENT FOR  
18 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
19 GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203, C.R.S.

20 (7) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
21 REQUIRES:

22 (a) "CRISIS INTERVENTION SERVICES" MEANS AN ARRAY OF  
23 INTEGRATED SERVICES THAT ARE AVAILABLE TWENTY-FOUR HOURS A DAY,  
24 SEVEN DAYS A WEEK, TO RESPOND TO AND ASSIST INDIVIDUALS WHO ARE  
25 IN A BEHAVIORAL HEALTH EMERGENCY.

26 (b) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN SERVICES  
27 CREATED AND AUTHORIZED PURSUANT TO SECTION 26-1-107, C.R.S.

1 (c) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF  
2 HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105, C.R.S.

3 **SECTION 2. Appropriation.** (1) In addition to any other  
4 appropriation, there is hereby appropriated, out of any moneys in the  
5 general fund, not otherwise appropriated, to the department of human  
6 services, for the fiscal year beginning July 1, 2013, the sum of  
7 \$19,792,028 and 0.9 FTE, or so much thereof as may be necessary, to be  
8 allocated to behavioral health services for the implementation of this act  
9 as follows:

10 (a) \$17,672,420 for co-occurring behavioral health services, crisis  
11 response system–crisis stabilization units, mobile crisis response, respite  
12 services, and marketing;

13 (b) \$2,046,675 for co-occurring behavioral health services, crisis  
14 response system–telephone hotlines;

15 (c) \$67,280 and 0.9 FTE for administration, personal services; and

16 (d) \$5,653 for administration, operating expenses.

17 **SECTION 3. 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, and safety.