Second Regular Session Seventy-first General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 18-1245.01 Kip Kolkmeier x4510

SENATE BILL 18-270

SENATE SPONSORSHIP

Jahn and Neville T.,

HOUSE SPONSORSHIP

Pettersen and Wist,

Senate Committees

State, Veterans, & Military Affairs Appropriations

House Committees

Public Health Care & Human Services Appropriations

A BILL FOR AN ACT

101	CONCERNING ESTABLISHING A STATEWIDE PROGRAM TO COORDINATE
102	REFERRALS OF HIGH-RISK INDIVIDUALS IN NEED OF BEHAVIORAL
103	HEALTH TRANSITION SERVICES, AND, IN CONNECTION
104	THEREWITH, MAKING 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.)

The bill establishes the community transition specialist program (program) in the office of behavioral health (office) in the department of human services (department). The program coordinates referrals of

HOUSE 3rd Reading Unamended May 9, 2018

HOUSE nd Reading Unamended May 8, 2018

SENATE
3rd Reading Unamended
May 4 2018

SENATE Amended 2nd Reading May 3, 2018

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

high-risk individuals to transition specialists by certain behavioral health facilities and programs. High-risk individuals are under an emergency or involuntary hold, have a significant mental health or substance use disorder, and are not in consistent behavioral health treatment. Transition specialists provide services related to housing, program placement, access to behavioral health treatment or benefits, advocacy, and other supportive services. The department is required to adopt rules to implement the program. The bill requires the office to collect data and make recommendations to the department, and the department is required to include program information in the department's annual SMART act report.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add article 66.5 to
3	title 27 as follows:
4	ARTICLE 66.5
5	Community Transition Specialist Program
6	27-66.5-101. Short title. The short title of this article 66.5
7	IS THE "COMMUNITY TRANSITION SPECIALIST PROGRAM ACT".
8	27-66.5-102. Definitions. As used in this article 66.5, unless
9	THE CONTEXT OTHERWISE REQUIRES:
10	_
11	(1) "Department" means the Colorado department of
12	HUMAN SERVICES CREATED IN SECTION 26-1-105.
13	(2) "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF
14	BEHAVIORAL HEALTH.
15	(3) "HIGH-RISK INDIVIDUAL" MEANS A PERSON WHO:
16	(a) IS UNDER:
17	(I) AN EMERGENCY PROCEDURE FOR A SEVENTY-TWO-HOUR HOLD
18	PURSUANT TO SECTION 27-65-105;
19	(II) A CERTIFICATION FOR SHORT-TERM TREATMENT OR EXTENDED

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1	SHORT-TERM TREATMENT PURSUANT TO SECTION 27-65-107 OR
2	27-65-108;
3	(III) LONG-TERM CARE AND TREATMENT PURSUANT TO SECTION
4	27-65-109;
5	(IV) AN EMERGENCY COMMITMENT PURSUANT TO SECTION
6	27-81-111 or 27-82-107; or
7	(V) AN INVOLUNTARY COMMITMENT PURSUANT TO SECTION
8	27-81-112 or 27-82-108;
9	(b) Has a significant mental health or substance use
10	DISORDER; AND
11	(c) IS NOT CURRENTLY ENGAGED IN CONSISTENT BEHAVIORAL
12	HEALTH TREATMENT.
13	(4) "Office" means the office of Behavioral health in the
14	DEPARTMENT OF HUMAN SERVICES.
15	(5) "Transition specialist" means a person who assists
16	HIGH-RISK INDIVIDUALS WITH ONE OR MORE OF THE FOLLOWING SERVICES:
17	(a) ACCESS TO HOUSING OR RESIDENTIAL PROGRAM PLACEMENT;
18	(b) ACCESS TO BEHAVIORAL HEALTH TREATMENT OR BENEFITS;
19	(c) ADVOCACY TO INSURANCE COMPANIES AND PROVIDERS FOR
20	THE APPROPRIATE TYPE AND INTENSITY OF MENTAL HEALTH OR
21	SUBSTANCE USE DISORDER SERVICES;
22	(d) Planning for follow-up services and coordination
23	WITHIN THE BEHAVIORAL HEALTH SYSTEM AFTER HOSPITALIZATION OR
24	DISCHARGE FROM A WITHDRAWAL MANAGEMENT FACILITY OR AN
25	EMERGENCY ROOM FOLLOWING A VISIT FOR BEHAVIORAL HEALTH
26	<u>REASONS;</u>
27	(A) ASSISTANCE WITH DDEDADING ADVANCE DIDECTIVES:

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1	(f) OBTAINING A REPRESENTATIVE PAYEE OR GUARDIAN;
2	(g) FAMILY SUPPORTIVE SERVICES; OR
3	(h) COMPLIANCE WITH COURT APPEARANCES OR PROBATION.
4	(6) "WITHDRAWAL MANAGEMENT FACILITY" MEANS A FACILITY
5	THAT PROVIDES TWENTY-FOUR-HOUR SUPERVISED WITHDRAWAL FROM
6	ALCOHOL OR DRUGS IN A RESIDENTIAL SETTING.
7	27-66.5-103. Community transition specialist program -
8	program requirements - acceptance of referrals - contract for
9	services - rules. (1) The community transition specialist program
10	IS ESTABLISHED IN THE OFFICE OF BEHAVIORAL HEALTH. THE PROGRAM
11	MUST COORDINATE REFERRALS OF HIGH-RISK INDIVIDUALS FROM
12	WITHDRAWAL MANAGEMENT FACILITIES AND HOSPITALS TO APPROPRIATE
13	TRANSITION SPECIALISTS.
14	(2) On or before January 1, 2019, the program must be
15	AVAILABLE STATEWIDE. THE PROGRAM MUST HAVE A PROCESS TO ACCEPT
16	REFERRALS FOR HIGH-RISK INDIVIDUALS AND COORDINATE CONTACT
17	BETWEEN REFERRED HIGH-RISK INDIVIDUALS AND APPROPRIATE
18	TRANSITION SPECIALISTS. TO THE EXTENT POSSIBLE, THE COORDINATED
19	CONTACT MUST TAKE PLACE PRIOR TO THE RELEASE OR DISCHARGE OF THE
20	HIGH-RISK INDIVIDUAL FROM A FACILITY.
21	(3) The program must encourage, but cannot require,
22	WITHDRAWAL MANAGEMENT FACILITIES AND HOSPITALS TO CONTACT THE
23	PROGRAM BEFORE RELEASING OR DISCHARGING A HIGH-RISK INDIVIDUAL.
24	(4) The program may encourage, but cannot require, a
25	HIGH-RISK INDIVIDUAL TO ACCEPT SERVICES FROM A TRANSITION
26	SPECIALIST. PARTICIPATION BY A HIGH-RISK INDIVIDUAL IS VOLUNTARY
27	AND THE INDIVIDUAL HAS THE RIGHT TO DECLINE COMMUNITY TRANSITION

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1	SPECIALIST SERVICES.
2	(5) THE OFFICE MAY CONTRACT WITH A VENDOR TO PROVIDE THE
3	REFERRAL AND COORDINATION SERVICES REQUIRED BY THIS ARTICLE 66.5.
4	(6) On or before October 1, 2018, the department shall
5	PROMULGATE RULES NECESSARY FOR THE IMPLEMENTATION OF THIS
6	ARTICLE 66.5.
7	27-66.5-104. Data collection and recommendations. (1) THE
8	OFFICE SHALL COLLECT INFORMATION ON THE FOLLOWING:
9	(a) CURRENT PRACTICES, CRITERIA, AND PROCEDURES REGARDING
10	FOLLOW-UP CARE FOR HIGH-RISK INDIVIDUALS RELEASED OR DISCHARGED
11	FROM EMERGENCY OR INVOLUNTARY HOLDS, CERTIFICATIONS, OR
12	COMMITMENTS; AND
13	(b) EXISTING CAPACITY TO SERVE HIGH-RISK INDIVIDUALS AFTER
14	RELEASE OR DISCHARGE.
15	(2) On or before January 1, 2020, and on or before January
16	1 EACH YEAR THEREAFTER, THE OFFICE SHALL ANALYZE THE DATA
17	COLLECTED IN ACCORDANCE WITH SUBSECTION (1) OF THIS SECTION AND
18	PREPARE RECOMMENDATIONS TO INCREASE ACCESS TO, AND
19	COORDINATION OF, TRANSITION SPECIALIST SERVICES FOR HIGH-RISK
20	INDIVIDUALS. THE RECOMMENDATIONS SHALL BE REPORTED TO THE
21	EXECUTIVE DIRECTOR OF THE DEPARTMENT AND SHALL BE INCLUDED IN
22	THE REPORTING REQUIREMENTS IN SECTION 27-66.5-105.
23	27-66.5-105. Reporting requirements - "State Measurement
24	for Accountable, Responsive, and Transparent (SMART)
25	Government Act" report. The Office shall report information on
26	THE COMMUNITY TRANSITION SPECIALIST PROGRAM IN THE DEPARTMENT'S
27	ANNUAL PRESENTATION TO THE GENERAL ASSEMBLY REQUIRED UNDER

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1	THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
2	TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF
3	TITLE 2.
4	SECTION 2. Appropriation. For the 2018-19 state fiscal year,
5	\$1,588,250 is appropriated to the department of human services for use
6	by the office of behavioral health. This appropriation is from the general
7	fund. To implement this act, the office may use this appropriation for
8	community transition services.
9	SECTION <u>3.</u> Safety clause. The general assembly hereby finds,
10	determines, and declares that this act is necessary for the immediate
11	preservation of the public peace, health, and safety.

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