Second Regular Session Seventy-first General Assembly STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House SENATE BILL 18-270

LLS NO. 18-1245.01 Kip Kolkmeier x4510

SENATE SPONSORSHIP

Jahn and Neville T.,

Pettersen and Wist,

HOUSE SPONSORSHIP

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 <u>SERVICES, AND, IN CONNECTION</u>
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 <u>http://leg.colorado.gov</u>.)

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



Amended 2nd Reading May 3, 2018

SENATE

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 "DEPARTMENT" MEANS THE COLORADO DEPARTMENT OF 11 (1)12 HUMAN SERVICES CREATED IN SECTION 26-1-105. "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF 13 (2)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 SHORT-TERM TREATMENT PURSUANT TO SECTION 27-65-107 OR
 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 (e) ASSISTANCE WITH PREPARING ADVANCE DIRECTIVES;

-3-

270

(f) OBTAINING A REPRESENTATIVE PAYEE OR GUARDIAN;

2 (g) FAMILY SUPPORTIVE SERVICES; OR

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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.

(2) ON OR BEFORE JANUARY 1, 2019, THE PROGRAM MUST BE
AVAILABLE STATEWIDE. THE PROGRAM MUST HAVE A PROCESS TO ACCEPT
REFERRALS FOR HIGH-RISK INDIVIDUALS AND COORDINATE CONTACT
BETWEEN REFERRED HIGH-RISK INDIVIDUALS AND APPROPRIATE
TRANSITION SPECIALISTS. TO THE EXTENT POSSIBLE, THE COORDINATED
CONTACT MUST TAKE PLACE PRIOR TO THE RELEASE OR DISCHARGE OF THE
HIGH-RISK INDIVIDUAL FROM A FACILITY.

(3) THE PROGRAM MUST ENCOURAGE, BUT CANNOT REQUIRE,
<u>WITHDRAWALMANAGEMENT FACILITIES AND HOSPITALS TO CONTACT THE</u>
<u>PROGRAM</u> BEFORE RELEASING OR DISCHARGING A HIGH-RISK INDIVIDUAL.
(4) <u>THE PROGRAM MAY ENCOURAGE, BUT CANNOT REQUIRE, A</u>
<u>HIGH-RISK INDIVIDUAL TO ACCEPT SERVICES FROM A TRANSITION</u>
<u>SPECIALIST. PARTICIPATION BY A HIGH-RISK INDIVIDUAL IS VOLUNTARY</u>
AND THE INDIVIDUAL HAS THE RIGHT TO DECLINE COMMUNITY TRANSITION

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.

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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 THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
 TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF
 TITLE 2.

<u>SECTION 2. Appropriation.</u> For the 2018-19 state fiscal year,
<u>\$1,588,250 is appropriated to the department of human services for use</u>
by the office of behavioral health. This appropriation is from the general
<u>fund. To implement this act, the office may use this appropriation for</u>
<u>community transition services.</u>
<u>SECTION 3.</u> Safety clause. The general assembly hereby finds,
determines, and declares that this act is necessary for the immediate

11 preservation of the public peace, health, and safety.