Second Regular Session Seventy-first General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 18-1251.01 Jane Ritter x4342

SENATE BILL 18-251

SENATE SPONSORSHIP

Gardner and Lambert, Jahn, Lundberg, Moreno

HOUSE SPONSORSHIP

Lee and Young, Hamner, Rankin, Singer

Senate Committees

Judiciary Appropriations

House Committees

Judiciary Appropriations

A BILL FOR AN ACT

101	CONCERNING ESTABLISHING A STATEWIDE BEHAVIORAL HEALTH
102	COURT LIAISON PROGRAM, AND, IN CONNECTION THEREWITH
103	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 in the office of the state court administrator (office) a statewide behavioral health court liaison program (program). The purpose of the program is to identify and dedicate local behavioral health professionals as court liaisons (court liaisons) in each state judicial district to facilitate communication and collaboration among judicial,

SENATE 3rd Reading Unamended May 3, 2018

SENATE Amended 2nd Reading May 2, 2018 health care, and behavioral health systems. The office shall administer the program and establish procedures, timelines, and funding guidelines for the program. Program funding must be allocated to judicial districts based on case volume, geographical complexity, and density of need. Specific duties of the court liaisons are outlined, as well as reporting requirements.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add part 2 to article
3	11.9 of title 16 as follows:
4	PART 2
5	STATEWIDE BEHAVIORAL HEALTH COURT
6	LIAISON PROGRAM
7	16-11.9-201. Legislative declaration and intent. (1) THE
8	GENERAL ASSEMBLY FINDS AND DECLARES THAT:
9	(a) COLORADO'S CITIZENS WHO ARE LIVING WITH MENTAL HEALTH
10	AND SUBSTANCE USE DISORDERS ARE OVER-REPRESENTED IN THE
11	CRIMINAL JUSTICE SYSTEM, AND THEY ARE AT A SIGNIFICANTLY GREATER
12	RISK OF INCURRING CRIMINAL JUSTICE INVOLVEMENT, LONGER TERMS OF
13	INVOLVEMENT, AND HARSHER CONSEQUENCES OF THAT INVOLVEMENT
14	WHEN COMPARED TO THE GENERAL PUBLIC;
15	(b) COLORADO MUST MAKE A COMMITMENT TO ENSURE THAT ALL
16	INDIVIDUALS WITHIN THE CRIMINAL JUSTICE SYSTEM ARE TREATED FAIRLY
17	AND HUMANELY, REGARDLESS OF THEIR BEHAVIORAL HEALTH HISTORY OR
18	MENTAL STATE; AND
19	(c) THERE IS A SIGNIFICANT NEED FOR ENHANCED COMMUNICATION
20	AMONG HEALTH CARE SYSTEMS, BEHAVIORAL HEALTH SYSTEMS, AND
21	CRIMINAL JUSTICE ENTITIES, INCLUDING LAW ENFORCEMENT, DEFENSE
22	ATTORNEYS, DISTRICT ATTORNEYS, JUDGES, AND PROBATION, TO FOSTER
23	COLLABORATION THAT PROVIDES ALL INDIVIDUALS WITH A FAIR CHANCE

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1	OF LIVING A HEALTHY AND PRODUCTIVE LIFE.
2	(2) THE GENERAL ASSEMBLY FURTHER FINDS THAT:
3	(a) COLORADO HAS AN OBLIGATION TO ENSURE THAT ENTITIES
4	WITHIN THE CRIMINAL JUSTICE SYSTEM ARE EQUIPPED WITH A GREATER
5	UNDERSTANDING OF BEHAVIORAL HEALTH TREATMENT OPTIONS IN THE
6	COMMUNITY; AND
7	(b) COMMUNITY MENTAL HEALTH PROVIDERS, INCLUDING
8	COMMUNITY MENTAL HEALTH CENTERS, ARE A CRITICAL COMPONENT OF
9	ACHIEVING POSITIVE OUTCOMES FOR INDIVIDUALS LIVING WITH MENTAL
10	HEALTH, BEHAVIORAL HEALTH, AND SUBSTANCE USE DISORDERS AND
11	HAVE LONG HELD AN ESSENTIAL ROLE IN ENGAGING CRIMINAL JUSTICE
12	ENTITIES.
13	(3) The general assembly therefore finds that it is
14	CRITICAL TO CREATE A NETWORK OF PROFESSIONALS WHO CAN
15	COMPREHENSIVELY BRIDGE THE CRIMINAL JUSTICE SYSTEM AND THE
16	COMMUNITY BEHAVIORAL HEALTH SYSTEMS ACROSS THE STATE IN ORDER
17	TO:
18	(a) PROMOTE POSITIVE OUTCOMES FOR INDIVIDUALS LIVING WITH
19	MENTAL HEALTH OR CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS;
20	(b) Inform criminal justice entities about community
21	TREATMENT OPTIONS; <u>AND</u>
22	(c) CONNECT INDIVIDUALS TO BEHAVIORAL HEALTH <u>SERVICES.</u>
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24	(4) Therefore, the general assembly declares that a
25	STATEWIDE BEHAVIORAL HEALTH COURT LIAISON PROGRAM MUST
26	PROVIDE A METHOD FOR COLLABORATION AND CONSULTATION AMONG
27	BEHAVIORAL HEALTH PROVIDERS, DISTRICT ATTORNEYS, AND DEFENSE

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1	ATTORNEYS ABOUT AVAILABLE COMMUNITY-BASED BEHAVIORAL HEALTH
2	SERVICES AND SUPPORTS, COMPETENCY EVALUATIONS, RESTORATION
3	TO COMPETENCY SERVICES, AND OTHER RELEVANT DECISIONS AND ISSUES
4	FACING INDIVIDUALS WITH MENTAL HEALTH OR CO-OCCURRING
5	BEHAVIORAL HEALTH CONDITIONS WHO ARE INVOLVED WITH THE
6	CRIMINAL JUSTICE SYSTEM, INCLUDING APPROPRIATENESS FOR
7	COMMUNITY TREATMENT AND RESOURCE AVAILABILITY.
8	16-11.9-202. Definitions. As used in this part 2, unless the
9	CONTEXT OTHERWISE REQUIRES:
10	(1) "Behavioral Health condition" refers to mental
11	HEALTH AND CO-OCCURRING SUBSTANCE USE CONDITIONS THAT ARE
12	INDICATIVE OF A POSSIBLE BEHAVIORAL HEALTH PROBLEM, CONCERN, OR
13	DISORDER.
14	(2) "BEHAVIORAL HEALTH SERVICES" OR "BEHAVIORAL HEALTH
15	SYSTEMS" MEANS SERVICE SYSTEMS THAT ENCOMPASS PREVENTION AND
16	PROMOTION OF EMOTIONAL HEALTH, PREVENTION AND TREATMENT
17	SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE CONDITIONS, AND
18	RECOVERY SUPPORT.
19	(3) "COURT LIAISON" MEANS A PERSON WHO IS HIRED AS A
20	DEDICATED BEHAVIORAL HEALTH COURT LIAISON FOR THE PROGRAM
21	PURSUANT TO SECTION 16-11.9-203.
22	(4) "PROGRAM" MEANS THE STATEWIDE BEHAVIORAL HEALTH
23	COURT LIAISON PROGRAM ESTABLISHED IN SECTION 16-11.9-203.
24	_
25	(5) "STATE COURT ADMINISTRATOR" MEANS THE STATE COURT
26	ADMINISTRATOR ESTABLISHED PURSUANT TO SECTION 13-3-101.
27	16-11.9-203. Statewide behavioral health court liaison

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- 1 program - established - purpose - administration. (1) (a) THE 2 STATEWIDE BEHAVIORAL HEALTH COURT LIAISON PROGRAM IS 3 ESTABLISHED IN THE OFFICE OF THE STATE COURT ADMINISTRATOR. THE 4 STATE COURT ADMINISTRATOR IS RESPONSIBLE FOR PROGRAM 5 ADMINISTRATION, INCLUDING ENSURING THAT EACH JUDICIAL DISTRICT 6 IMPLEMENTS A LOCAL PROGRAM DESIGN THAT IS ALIGNED WITH 7 STATEWIDE GOALS AND LEGISLATIVE INTENT.
- (b) THE PURPOSE OF THE PROGRAM IS TO IDENTIFY AND DEDICATE 9 LOCAL BEHAVIORAL HEALTH PROFESSIONALS AS COURT LIAISONS IN EACH STATE JUDICIAL DISTRICT. THE COURT LIAISONS SHALL FACILITATE COMMUNICATION AND COLLABORATION BETWEEN JUDICIAL AND BEHAVIORAL HEALTH SYSTEMS.

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- THE PROGRAM IS DESIGNED TO KEEP JUDGES, DISTRICT ATTORNEYS, AND DEFENSE ATTORNEYS INFORMED ABOUT AVAILABLE COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES, INCLUDING SERVICES FOR DEFENDANTS WHO HAVE BEEN ORDERED TO UNDERGO A COMPETENCY EVALUATION OR RECEIVE COMPETENCY RESTORATION SERVICES PURSUANT TO ARTICLE 8.5 OF THIS TITLE 16. THE PROGRAM IS FURTHER DESIGNED TO PROMOTE POSITIVE OUTCOMES FOR INDIVIDUALS LIVING WITH MENTAL HEALTH OR CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS.
- (3) On or before October 1, 2018, and as necessary THEREAFTER, THE STATE COURT ADMINISTRATOR SHALL ESTABLISH PROGRAM PROCEDURES, TIMELINES, FUNDING GUIDELINES, AND ACCEPTABLE EXPENSES FOR THE DISTRIBUTION OF PROGRAM FUNDS TO JUDICIAL DISTRICTS. THE STATE COURT ADMINISTRATOR SHALL ALLOCATE PROGRAM FUNDING TO JUDICIAL DISTRICTS BASED ON CASE VOLUME,

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1	GEOGRAPHICAL COMPLEXITY, AND DENSITY OF NEED.
2	(4) THE STATE COURT ADMINISTRATOR SHALL IMPLEMENT
3	CAPABILITIES WITHIN THE EXISTING STATEWIDE COURT DATA SYSTEM TO
4	INDICATE BEHAVIORAL HEALTH CONDITIONS IN CASES BROUGHT TO THE
5	COURTS.
6	(5) EACH JUDICIAL DISTRICT SHALL USE ALLOCATED PROGRAM
7	MONEY TO PARTNER WITH COMMUNITY MENTAL HEALTH <u>PROVIDERS</u> ,
8	SUCH AS A COMMUNITY MENTAL HEALTH CENTER, THAT ARE ABLE TO
9	PROVIDE A CONTINUUM OF COMMUNITY-BASED BEHAVIORAL HEALTH
10	SERVICES IN $\underline{\text{THEIR}}$ REGION TO ACCOMPLISH THE PROGRAM GOALS SET
11	FORTH IN SUBSECTIONS (1) AND (2) OF THIS SECTION. PROGRAM MONEY
12	MAY BE USED FOR THE PURPOSES ESTABLISHED BY THE STATE COURT
13	ADMINISTRATOR PURSUANT TO SUBSECTION (3) OF THIS SECTION,
14	INCLUDING BUT NOT LIMITED TO:
15	(a) PROGRAM IMPLEMENTATION AND START-UP COSTS
16	DETERMINED NECESSARY AND APPROPRIATE BY THE STATE COURT
17	ADMINISTRATOR;
18	(b) Contracting for an adequate number of dedicated
19	COURT LIAISONS RESPONSIBLE FOR THE DUTIES SET FORTH IN SECTION
20	16-11.9-204;
21	(c) PRIORITIZING, THROUGH THE COURT LIAISONS, CASES WHERE
22	COMPETENCY TO PROCEED AND RESTORATION TO COMPETENCY ARE
23	RAISED, AND PROVIDING NECESSARY SERVICES FOR SUCH CASES; AND
24	(d) OPERATIONAL FUNDING FOR COURT LIAISON ACTIVITIES AS
25	DETERMINED NECESSARY AND APPROPRIATE BY THE STATE COURT
26	ADMINISTRATOR.
27	16-11.9-204. Behavioral health court liaisons - duties and

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1	responsibilities - consultation and collaboration. (1) A COURT LIAISON
2	HIRED PURSUANT TO THIS PART 2 HAS THE FOLLOWING DUTIES AND
3	RESPONSIBILITIES:
4	(a) ACCESSING LOCAL COMMUNITY MENTAL HEALTH CENTER
5	RECORDS AND APPOINTMENT SYSTEMS, AS ALLOWED BY STATE AND
6	FEDERAL LAW, TO ASSESS TREATMENT HISTORY AND MAKE DIRECT
7	CONNECTIONS TO SERVICES FOR A DEFENDANT WITH A BEHAVIORAL
8	HEALTH CONDITION;
9	(b) Screening for behavioral health conditions and
10	DETERMINING APPROPRIATE REFERRAL AND TREATMENT OPTIONS WHEN
11	NECESSARY;
12	(c) USING THE BEHAVIORAL HEALTH INFORMATION FROM THE
13	STATEWIDE COURT DATA SYSTEM, AS UPDATED PURSUANT TO SECTION
14	16-11.9-203 (4), TO MAKE A DETERMINATION REGARDING WHETHER A
15	BEHAVIORAL HEALTH CONSULTATION WOULD BE BENEFICIAL IN ACHIEVING
16	PROGRAM GOALS AND OBJECTIVES. IF THE COURT LIAISON OPERATING IN
17	THE JUDICIAL DISTRICT DETERMINES THAT A CONSULTATION WOULD BE
18	BENEFICIAL, THE COURT LIAISON SHALL CONSULT WITH EACH JUDICIAL
19	OFFICER, DEFENSE ATTORNEY, AND DISTRICT ATTORNEY WORKING ON THE
20	CASE, AND THE $\underline{\text{LIAISON}}$ MUST IDENTIFY, AT A MINIMUM, THE FOLLOWING
21	INFORMATION:
22	(I) THE NATURE OF THE INDIVIDUAL'S BEHAVIORAL HEALTH
23	CONDITION;
24	(II) WHETHER THE INDIVIDUAL HAS A READILY AVAILABLE
25	HISTORY OF BEHAVIORAL HEALTH TREATMENT;
26	(III) WHETHER THE INDIVIDUAL IS A CURRENT OR PAST CLIENT OF
27	A COMMUNITY MENTAL HEALTH CENTER IN THE JUDICIAL DISTRICT; AND

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2	(IV) THE LOCAL, REGIONAL, OR STATE AVAILABILITY OF
3	RESOURCES THAT THE INDIVIDUAL MAY NEED, INCLUDING BUT NOT
4	LIMITED TO:
5	(A) OUTPATIENT AND OUT-OF-CUSTODY COMPETENCY
6	EVALUATIONS OR COMPETENCY RESTORATION SERVICES;
7	(B) BEHAVIORAL HEALTH SERVICES OR PSYCHIATRIC SERVICES OR
8	SUPPORTS; OR
9	(C) EMPLOYMENT, HOUSING, OR OTHER SOCIAL SUPPORTS.
10	(d) FACILITATING COMMUNICATION BETWEEN BEHAVIORAL
11	HEALTH SYSTEMS AND CRIMINAL JUSTICE ENTITIES AND PROVIDING
12	CONSULTATION TO CRIMINAL JUSTICE PERSONNEL REGARDING
13	BEHAVIORAL HEALTH AND COMMUNITY TREATMENT OPTIONS;
14	(e) COORDINATING WITH JAIL-BASED BEHAVIORAL HEALTH
15	PROVIDERS TO ENSURE CONTINUITY OF CARE AND SERVICE <u>DELIVERY</u> ; <u>AND</u>
16	(f) IDENTIFYING EXISTING PROGRAMS AND RESOURCES THAT ARE
17	ALREADY AVAILABLE IN THE COMMUNITY, INCLUDING BUT NOT LIMITED
18	<u>TO:</u>
19	(I) CO-RESPONDER PROGRAMS THAT PAIR LOCAL COMMUNITY
20	BEHAVIORAL HEALTH SPECIALISTS AND PROVIDERS WITH LAW
21	ENFORCEMENT PERSONNEL;
22	(II) OTHER CRIMINAL JUSTICE DIVERSION PROGRAMS FOR
23	INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS;
24	(III) COMMUNITY MENTAL HEALTH CENTERS AND OTHER LOCAL
25	COMMUNITY BEHAVIORAL HEALTH PROVIDERS THAT RECEIVE STATE
26	FUNDING THROUGH THE OFFICE OF BEHAVIORAL HEALTH FOR SERVICES
27	SUCH AS:

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1	(A) MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT
2	OFFENDERS;
3	(B) SUBSTANCE USE TREATMENT SERVICES FOR OFFENDERS AND
4	INDIVIDUALS DIVERTED FROM THE CRIMINAL JUSTICE SYSTEM;
5	(C) Transition services and wraparound services for
6	INDIVIDUALS WITH SERIOUS MENTAL HEALTH DISORDERS WHO ARE
7	TRANSITIONING FROM A PSYCHIATRIC HOSPITAL OR WHO REQUIRE MORE
8	INTENSIVE SERVICES IN THE COMMUNITY TO AVOID INSTITUTIONAL
9	PLACEMENT; AND
10	(D) BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SERVICES OR
11	THE ASSOCIATED TELEPHONE HOTLINE; AND
12	(IV) BEHAVIORAL HEALTH SERVICES PROVIDED FOR MEDICAID
13	CLIENTS THROUGH THE REGIONAL ACCOUNTABLE ENTITY THAT THE
14	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING CONTRACTS WITH
15	FOR THE PROVISION OF SUCH SERVICES.
16	(2) IF A CONSULTATION OCCURS PURSUANT TO SUBSECTION (1)(c)
17	OF THIS SECTION, THE STATEWIDE COURT DATA SYSTEM MUST INCLUDE A
18	RECORD OF SUCH CONSULTATION ON THE INDIVIDUAL'S CASE RECORDS.
19	16-11.9-205. Reporting requirements. (1) THE STATE COURT
20	ADMINISTRATOR SHALL COLLABORATE WITH EACH JUDICIAL JURISDICTION
21	IN THE STATE AND EACH COURT LIAISON TO COLLECT AND ANALYZE DATA
22	REGARDING THE WORK OF THE PROGRAM, INCLUDING DATA THAT
23	DEMONSTRATES THE IMPACT OF CONSULTATION, UTILIZATION OF THE
24	COURT LIAISONS BY JUDICIAL DISTRICTS, AND THE EFFICIENCY OF THE
25	PROGRAM IN PROMOTING THE LEGISLATIVE INTENT AND STATEWIDE GOALS
26	AS SET FORTH IN THIS PART 2.
27	(2) NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136 ON

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1	OR BEFORE OCTOBER 1, 2019, AND EACH OCTOBER 1 THEREAFTER, THE
2	STATE COURT ADMINISTRATOR SHALL REPORT TO THE JOINT BUDGET
3	COMMITTEE, OR ANY SUCCESSOR COMMITTEE, THE NUMBER OF CASES IN
4	THE PAST YEAR FOR WHICH A BEHAVIORAL HEALTH CONDITION WAS
5	IDENTIFIED AND RESULTED IN A CONSULTATION PURSUANT TO SECTION
6	16-11.9-204, AND OUTCOMES RELATED TO THE LEGISLATIVE INTENT AND
7	STATEWIDE GOALS OF THE PROGRAM, AS SET FORTH IN THIS PART 2.
8	SECTION 2. Appropriation. For the 2018-19 state fiscal year,
9	\$1,997,112 is appropriated to the judicial department. This appropriation
10	is from the general fund and is based on an assumption that the
11	department will require an additional 0.9 FTE. To implement this act, the
12	department may use this appropriation for the statewide behavioral health
13	court liaison program.
14	SECTION 3. Safety clause. The general assembly hereby finds,
15	determines, and declares that this act is necessary for the immediate
16	preservation of the public peace, health, and safety.

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