

## CHAPTER 45

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**HUMAN SERVICES - BEHAVIORAL HEALTH**


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**HOUSE BILL 21-1130**

BY REPRESENTATIVE(S) Michaelson Jenet and Bradfield, Amabile, Benavidez, Burnett, Bird, Cutter, Hooton, Jackson, Kipp, Lontine, McLachlan, Mullica, Sirota, Titone, Valdez A., Van Beber, Woodrow, Young; also SENATOR(S) Kolker and Gardner, Ginal, Moreno, Pettersen, Story, Winter, Garcia.

**AN ACT****CONCERNING EXPANDING THE COMMUNITY TRANSITION SPECIALIST PROGRAM.**

*Be it enacted by the General Assembly of the State of Colorado:*

**SECTION 1.** In Colorado Revised Statutes, 27-66.5-102, **amend** (3)(a) introductory portion, (3)(a)(IV), (3)(a)(V), (3)(c), and (5); **repeal** (3)(b); and **add** (3)(a)(VI) and (4.5) as follows:

**27-66.5-102. Definitions.** As used in this article 66.5, unless the context otherwise requires:

(3) "High-risk individual" means a person who:

(a) ~~is under~~ HAS A SIGNIFICANT MENTAL HEALTH OR SUBSTANCE USE DISORDER, AS EVIDENCED BY:

(IV) An emergency commitment pursuant to section 27-81-111; ~~or~~

(V) An involuntary commitment pursuant to section 27-81-112; OR

(VI) RECEIVING VOLUNTARY BEHAVIORAL HEALTH SERVICES PURSUANT TO SECTION 27-65-103, 27-81-109, OR 27-81-110; AND

(b) ~~Has a significant mental health or substance use disorder; and~~

(c) Is not currently engaged OR ACTIVELY ENROLLED in consistent COMMUNITY-BASED behavioral health treatment.

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

(4.5) "TRANSITION SERVICES" INCLUDE, BUT ARE NOT LIMITED TO, ONE OR MORE OF THE FOLLOWING SERVICES:

(a) ACCESS TO HOUSING OR RESIDENTIAL PROGRAM PLACEMENT;

(b) ACCESS TO BEHAVIORAL HEALTH TREATMENT OR BENEFITS;

(c) ADVOCACY TO INSURANCE COMPANIES AND PROVIDERS FOR THE APPROPRIATE TYPE AND INTENSITY OF MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES;

(d) PLANNING FOR FOLLOW-UP SERVICES AND COORDINATION WITHIN THE BEHAVIORAL HEALTH SYSTEM AFTER HOSPITALIZATION OR DISCHARGE FROM A WITHDRAWAL MANAGEMENT FACILITY, ACUTE TREATMENT SERVICE FACILITY, CRISIS STABILIZATION SERVICE FACILITY, OR A HOSPITAL OR AN EMERGENCY DEPARTMENT FOLLOWING A VISIT FOR BEHAVIORAL HEALTH REASONS;

(e) ASSISTANCE WITH PREPARING ADVANCE DIRECTIVES;

(f) OBTAINING A REPRESENTATIVE PAYEE OR GUARDIAN;

(g) FAMILY SUPPORTIVE SERVICES; OR

(h) COMPLIANCE WITH COURT APPEARANCES OR PROBATION.

(5) "Transition specialist" means a person who assists high-risk individuals with ~~one or more of the following~~ TRANSITION services.

~~(a) Access to housing or residential program placement;~~

~~(b) Access to behavioral health treatment or benefits;~~

~~(c) Advocacy to insurance companies and providers for the appropriate type and intensity of mental health or substance use disorder services;~~

~~(d) Planning for follow-up services and coordination within the behavioral health system after hospitalization or discharge from a withdrawal management facility or an emergency room following a visit for behavioral health reasons;~~

~~(e) Assistance with preparing advance directives;~~

~~(f) Obtaining a representative payee or guardian;~~

~~(g) Family supportive services; or~~

~~(h) Compliance with court appearances or probation.~~

**SECTION 2.** In Colorado Revised Statutes, 27-66.5-103, **amend** (1), (2), (3), and (6) as follows:

**27-66.5-103. Community transition specialist program - program requirements - acceptance of referrals - contract for services - rules.** (1) The

community transition specialist program is established in the office of behavioral health. The program ~~must coordinate~~ COORDINATES referrals of high-risk individuals from withdrawal management facilities, FACILITIES PROVIDING ACUTE TREATMENT SERVICES, FACILITIES PROVIDING CRISIS STABILIZATION SERVICES, and hospitals OR EMERGENCY DEPARTMENTS to appropriate transition specialists.

(2) On or before January 1, 2019, the program must be available statewide, SUBJECT TO AVAILABLE APPROPRIATIONS. 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, withdrawal management facilities, FACILITIES PROVIDING ACUTE TREATMENT SERVICES, FACILITIES PROVIDING CRISIS STABILIZATION SERVICES, and hospitals OR EMERGENCY DEPARTMENTS to contact the program before releasing or discharging a high-risk individual.

(6) ~~On or before October 1, 2018,~~ The department ~~shall~~ MAY promulgate rules necessary for the implementation of this article 66.5.

**SECTION 3. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Approved: April 20, 2021