

First Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO

DRAFT  
8/22/24

**BILL 2**

LLS NO. 25-0113.01 Shelby Ross x4510

**INTERIM COMMITTEE BILL**

---

**Legislative Oversight Committee Concerning the Treatment of Persons  
with Behavioral Health Disorders in the Criminal and Juvenile Justice  
Systems**

---

**BILL TOPIC:** Behavioral Health Crisis Response Recommendations  
**DEADLINES:** File by: 8/23/2024

---

**A BILL FOR AN ACT**

101 **CONCERNING MEASURES TO ADDRESS COLORADO'S BEHAVIORAL**  
102 **HEALTH CRISIS RESPONSE.**

---

**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/>.)*

**Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems.** No later than December 31, 2025, the bill requires the department of public safety (DPS), in collaboration with the behavioral health administration (BHA), to convene a stakeholder group to identify existing resources and model programs that communities

*Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words indicate deletions from existing law.*

throughout Colorado utilize when responding to behavioral health crises, including, but not limited to, co-responder programs, alternative response programs, and mobile crisis response programs. The bill requires DPS to compile a list of the existing resources and model programs and make the resources and information about the model programs publicly available on DPS's website.

The bill requires the department of health care policy and financing (HCPF), the department of public health and environment, and the BHA, to provide information to the general assembly on or before January 1, 2027, regarding the reimbursement shortages and gaps within the continuum of care for the behavioral health crisis response system and the reimbursement and funding options at the state and federal level that are available to address the shortages and gaps, including funding for treatment in place.

Upon receiving the necessary federal authorization, the bill requires HCPF to reimburse an institute of mental health disease for providing inpatient mental health care and treatment to a member for up to 60 days, as long as the average length of stay does not exceed 30 days per calendar year.

Current law requires each person detained for an emergency mental health hold to receive an evaluation as soon as possible after the person is presented to a facility, and the evaluation may, but is not required to, include an assessment to determine if the person continues to meet the criteria for an emergency mental health hold and requires further mental health care in a facility designated by the commissioner. The bill requires the evaluation to include the assessment determination.

The bill requires a facility to only discharge a person placed on an emergency mental health hold if the person no longer meets the criteria for an emergency mental health hold; except that a facility may transfer the person to another facility if the facility is unable to provide the appropriate medical care to the person.

The bill requires the BHA to include in its annual report to the general assembly the reason for discharging each person who is placed on an emergency mental health hold.

No later than December 31, 2025, the bill requires each behavioral health entity, facility, and hospital to provide information to the BHA about the behavioral health entity's, facility's, or hospital's medical and behavioral health-care capabilities.

Beginning October 1, 2025, and continuing annually until October 1, 2030, the bill requires the BHA, in coordination with HCPF and the health information organization network, to prepare and submit a report to the general assembly on behavioral health data interoperability.

1           **SECTION 1.** In Colorado Revised Statutes, **add** 24-33.5-121 as  
2 follows:

3           **24-33.5-121. Alternative response programs, co-responder**  
4 **programs, mobile crisis response programs - stakeholder group -**  
5 **data collection - legislative declaration - repeal.** (1) (a) THE GENERAL  
6 ASSEMBLY FINDS THAT SOME COLORADO COMMUNITIES UTILIZE UNIQUE  
7 RESOURCES AND MODEL PROGRAMS WHEN RESPONDING TO A BEHAVIORAL  
8 HEALTH CRISIS, INCLUDING CO-RESPONDER PROGRAMS, ALTERNATIVE  
9 RESPONSE PROGRAMS, AND MOBILE CRISIS RESPONSE PROGRAMS.  
10 HOWEVER, THERE IS NO REPOSITORY OF INFORMATION ABOUT, NOR A  
11 GENERAL UNDERSTANDING OF, WHY THE DIFFERENT RESOURCES AND  
12 MODEL PROGRAMS WORK IN EACH COMMUNITY.

13           (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IN  
14 ORDER TO ENCOURAGE AND ASSIST OTHER COLORADO COMMUNITIES TO  
15 DEVELOP RESOURCES AND A MODEL PROGRAM SPECIFIC TO THE  
16 COMMUNITY'S NEEDS, THE DEPARTMENT OF PUBLIC SAFETY AND THE  
17 BEHAVIORAL HEALTH ADMINISTRATION SHALL CONVENE A STAKEHOLDER  
18 GROUP TO IDENTIFY EXISTING RESOURCES AND MODEL PROGRAMS,  
19 COMPILE THE INFORMATION, AND MAKE THE INFORMATION PUBLICLY  
20 AVAILABLE.

21           (2) (a) NO LATER THAN DECEMBER 31, 2025, THE DEPARTMENT,  
22 IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN  
23 THE DEPARTMENT OF HUMAN SERVICES, SHALL CONVENE A STAKEHOLDER  
24 GROUP TO IDENTIFY EXISTING RESOURCES AND MODEL PROGRAMS THAT  
25 COMMUNITIES THROUGHOUT COLORADO UTILIZE WHEN RESPONDING TO  
26 BEHAVIORAL HEALTH CRISES, INCLUDING, BUT NOT LIMITED TO,  
27 CO-RESPONDER PROGRAMS, ALTERNATIVE RESPONSE PROGRAMS, AND

1 MOBILE CRISIS RESPONSE PROGRAMS.

2 (b) AT A MINIMUM, THE STAKEHOLDER GROUP MUST INCLUDE  
3 REPRESENTATIVES FROM COMMUNITIES THAT HAVE EXISTING RESOURCES  
4 AND PROGRAMS; REPRESENTATIVES FROM COMMUNITY MENTAL HEALTH  
5 CENTERS; AND REPRESENTATIVES FROM AGENCIES PROVIDING LAW  
6 ENFORCEMENT, FIRE PROTECTION, EMERGENCY MEDICAL SERVICES,  
7 EMERGENCY RESPONSE SERVICES, EMERGENCY DISPATCH SERVICES, AND  
8 ANY OTHER REPRESENTATIVES THE DEPARTMENT AND BEHAVIORAL  
9 HEALTH ADMINISTRATION DETERMINE ARE NECESSARY.

10 (3) (a) AFTER CONVENING THE STAKEHOLDER GROUP PURSUANT  
11 TO SUBSECTION (2)(a) OF THIS SECTION, THE DEPARTMENT SHALL COMPILE  
12 A LIST OF EXISTING RESOURCES AND MODEL PROGRAMS IDENTIFIED  
13 DURING THE MEETING AND MAKE THE RESOURCES AND INFORMATION  
14 ABOUT THE MODEL PROGRAMS PUBLICLY AVAILABLE ON THE  
15 DEPARTMENT'S WEBSITE.

16 (b) THE DEPARTMENT AND THE BHA SHALL CONTINUALLY UPDATE  
17 THE RESOURCES AND MODEL PROGRAMS COMPILED PURSUANT TO  
18 SUBSECTION (3)(a) OF THIS SECTION, AS THE DEPARTMENT DETERMINES IS  
19 NECESSARY.

20 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-4-434 as  
21 follows:

22 **25.5-4-434. Crisis response continuum of care -**  
23 **reimbursement shortages and gaps - report - repeal.** (1) ON OR  
24 BEFORE JANUARY 1, 2027, THE STATE DEPARTMENT, THE DEPARTMENT OF  
25 PUBLIC HEALTH AND ENVIRONMENT, AND THE BEHAVIORAL HEALTH  
26 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, SHALL  
27 PROVIDE INFORMATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND

1 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN  
2 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND ANY  
3 IMPACTED STATE AGENCY, REGARDING THE REIMBURSEMENT SHORTAGES  
4 AND GAPS WITHIN THE CONTINUUM OF CARE FOR THE BEHAVIORAL HEALTH  
5 CRISIS RESPONSE SYSTEM, AND REIMBURSEMENT AND FUNDING OPTIONS  
6 AT THE STATE AND FEDERAL LEVEL THAT ARE AVAILABLE TO ADDRESS  
7 SHORTAGES AND GAPS, INCLUDING FUNDING FOR TREATMENT IN PLACE.

8 (2) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2027.

9 **SECTION 3.** In Colorado Revised Statutes, **add** 25.5-4-435 as  
10 follows:

11 **25.5-4-435. Reimbursement for sixty-day stay - federal**  
12 **authorization.** UPON RECEIVING THE NECESSARY FEDERAL  
13 AUTHORIZATION, THE STATE DEPARTMENT SHALL REIMBURSE AN  
14 INSTITUTE OF MENTAL HEALTH DISEASE FOR PROVIDING INPATIENT  
15 BEHAVIORAL HEALTH CARE AND TREATMENT TO A MEMBER FOR UP TO  
16 SIXTY DAYS, AS LONG AS THE AVERAGE LENGTH OF STAY DOES NOT  
17 EXCEED THIRTY DAYS PER CALENDAR YEAR.

18 **SECTION 4.** In Colorado Revised Statutes, 27-65-106, **amend**  
19 (6)(a); and **add** (7)(d) as follows:

20 **27-65-106. Emergency mental health hold - screening -**  
21 **court-ordered evaluation - discharge instructions - respondent's**  
22 **rights.** (6) (a) Each person detained for an emergency mental health hold  
23 pursuant to this section shall receive an evaluation as soon as possible  
24 after the person is presented to the facility and shall receive such  
25 treatment and care as the person's condition requires for the full period  
26 that the person is held. The evaluation ~~may~~ **MUST** include an assessment  
27 to determine if the person continues to meet the criteria for an emergency

1 mental health hold and requires further mental health care in a facility  
2 designated by the commissioner. The evaluation must state whether the  
3 person should be released, referred for further care and treatment on a  
4 voluntary basis, or certified for short-term treatment pursuant to section  
5 27-65-109.

6 (7) (d) A FACILITY SHALL ONLY DISCHARGE A PERSON PLACED ON  
7 AN EMERGENCY MENTAL HEALTH HOLD IF THE PERSON NO LONGER MEETS  
8 THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD; EXCEPT THAT  
9 A FACILITY MAY TRANSFER THE PERSON TO ANOTHER FACILITY IF THE  
10 FACILITY IS UNABLE TO PROVIDE THE APPROPRIATE MEDICAL CARE TO THE  
11 PERSON.

12 **SECTION 5.** In Colorado Revised Statutes, 27-65-131, **amend**  
13 (1)(a)(III) as follows:

14 **27-65-131. Data report.** (1) Beginning January 1, 2025, and each  
15 January 1 thereafter, the BHA shall annually submit a report to the  
16 general assembly on the outcomes and effectiveness of the involuntary  
17 commitment system described in this article 65, disaggregated by region,  
18 including any recommendations to improve the system and outcomes for  
19 persons involuntarily committed or certified pursuant to this article 65.  
20 The report must include aggregated and disaggregated nonidentifying  
21 individual-level data. At a minimum, the report must include:

22 (a) The number of seventy-two-hour emergency mental health  
23 holds that occurred in the state and the number of people placed on a  
24 seventy-two-hour emergency mental health hold, including:

25 (III) THE disposition of each person placed on an emergency  
26 mental health hold AND FOR EACH PERSON DISCHARGED, THE REASON THE  
27 PERSON WAS DISCHARGED;

1           **SECTION 6.** In Colorado Revised Statutes, **add** 27-50-305 as  
2 follows:

3           **27-50-305. Reporting requirement - behavioral health and**  
4 **medical care capabilities - repeal.** (1) NO LATER THAN DECEMBER 31,  
5 2025, EACH BEHAVIORAL HEALTH ENTITY; FACILITY, AS DEFINED IN  
6 SECTION 27-65-102; AND HOSPITAL LICENSED PURSUANT TO SECTION  
7 25-1.3-103 SHALL PROVIDE INFORMATION TO THE BHA ABOUT THE  
8 BEHAVIORAL HEALTH ENTITY'S, FACILITY'S, OR HOSPITAL'S MEDICAL AND  
9 BEHAVIORAL HEALTH-CARE CAPABILITIES, INCLUDING, BUT NOT LIMITED  
10 TO, WHETHER THE BEHAVIORAL HEALTH ENTITY, FACILITY, OR HOSPITAL  
11 IS ABLE TO PROVIDE CARE AND TREATMENT FOR EMERGENCY MENTAL  
12 HEALTH HOLDS, SUBSTANCE USE DISORDERS, LONG-TERM  
13 HOSPITALIZATION, DETOX SERVICES, INTENSIVE OUTPATIENT PROGRAMS,  
14 AND MEDICAL CARE.

15           (2) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2026.

16           **SECTION 7.** In Colorado Revised Statutes, 27-50-204, **add** (3)  
17 as follows:

18           **27-50-204. Reporting.** (3) BEGINNING OCTOBER 1, 2025, AND  
19 CONTINUING ANNUALLY UNTIL OCTOBER 1, 2030, THE BHA, IN  
20 COORDINATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND  
21 FINANCING AND THE HEALTH INFORMATION ORGANIZATION NETWORK, AS  
22 DEFINED IN SECTION 25-35-103, SHALL PREPARE AND SUBMIT A REPORT ON  
23 BEHAVIORAL HEALTH DATA INTEROPERABILITY TO THE HOUSE OF  
24 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE  
25 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR  
26 COMMITTEES. AT A MINIMUM, THE REPORT MUST INCLUDE:

27           (a) A DESCRIPTION OF HOW THE BHA IS CURRENTLY LEVERAGING

1 THE HEALTH INFORMATION ORGANIZATION NETWORK TO MEET THE  
2 REQUIREMENTS OF SECTION 27-50-201 AND TO PROMOTE THE  
3 INTEROPERABLE EXCHANGE OF DATA TO IMPROVE THE QUALITY OF  
4 PATIENT CARE, AS DESCRIBED IN SECTION 27-50-105 (5), INCLUDING:

5 (I) THE EXTENT TO WHICH BEHAVIORAL HEALTH PROVIDERS,  
6 INCLUDING FACILITIES THAT PROVIDE INPATIENT TREATMENT PURSUANT  
7 TO SECTION 27-65-106 AND FACILITIES REGULATED BY 42 CFR 2, ARE  
8 CONNECTED TO THE HEALTH INFORMATION ORGANIZATION NETWORKS TO  
9 VIEW AND EXCHANGE HEALTH INFORMATION DATA; AND

10 (II) THE ROLE OF HEALTH INFORMATION ORGANIZATIONS IN  
11 SUPPORTING PROVIDERS TO MEET REPORTING REQUIREMENTS, INCLUDING  
12 FOR VALUE-BASED PAYMENTS AND QUALITY IMPROVEMENT;

13 (b) PLANS TO INCREASE THE INTEROPERABLE EXCHANGE OF DATA  
14 BETWEEN BEHAVIORAL HEALTH PROVIDERS, INCLUDING CONSIDERATION  
15 OF THE FOLLOWING:

16 (I) THE CARE COORDINATION AND TREATMENT PLANNING NEEDS  
17 OF INDIVIDUALS IN CRISIS, INCLUDING THOSE WHO HAVE HAD REPEATED  
18 HOSPITALIZATIONS PURSUANT TO SECTION 27-65-106;

19 (II) STRATEGIES THAT HAVE BEEN IMPLEMENTED TO INCENTIVIZE  
20 AND SUPPORT PHYSICAL HEALTH PROVIDERS' PARTICIPATION IN THE  
21 HEALTH INFORMATION ORGANIZATION NETWORKS AND HOW THOSE MAY  
22 BE REPLICATED OR MODIFIED TO INCENTIVIZE BEHAVIORAL HEALTH  
23 PROVIDERS; AND

24 (III) EXISTING FUNCTIONALITY IN THE HEALTH INFORMATION  
25 ORGANIZATION NETWORK THAT COULD BE LEVERAGED TO BETTER MEET  
26 THE NEEDS OF INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS; AND

27 (c) RECOMMENDATIONS TO REMOVE BARRIERS AND INCREASE THE



1 INTEROPERABLE EXCHANGE OF DATA BETWEEN BEHAVIORAL HEALTH  
2 PROVIDERS, INCLUDING CONSIDERATION OF COSTS TO PROVIDERS AND  
3 OPPORTUNITIES TO MAXIMIZE FEDERAL FUNDING.

4           **SECTION 8. Act subject to petition - effective date.** This act  
5 takes effect at 12:01 a.m. on the day following the expiration of the  
6 ninety-day period after final adjournment of the general assembly; except  
7 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
8 of the state constitution against this act or an item, section, or part of this  
9 act within such period, then the act, item, section, or part will not take  
10 effect unless approved by the people at the general election to be held in  
11 November 2026 and, in such case, will take effect on the date of the  
12 official declaration of the vote thereon by the governor.