

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**

# An Act

SENATE BILL 17-207

BY SENATOR(S) Kagan and Cooke, Jahn, Aguilar, Court, Donovan, Fenberg, Fields, Garcia, Gardner, Guzman, Jones, Kefalas, Merrifield, Moreno, Tate, Todd, Williams A., Zenzinger;  
also REPRESENTATIVE(S) Salazar and Sias, Kraft-Tharp, Landgraf, Arndt, Becker K., Bridges, Buckner, Coleman, Danielson, Esgar, Exum, Foote, Ginal, Gray, Hamner, Hansen, Herod, Jackson, Kennedy, Lee, Lontine, Melton, Michaelson Jenet, Mitsch Bush, Pettersen, Rosenthal, Valdez, Weissman, Winter, Young, Duran.

CONCERNING STRENGTHENING COLORADO'S STATEWIDE RESPONSE TO BEHAVIORAL HEALTH CRISES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

**SECTION 1. Legislative declaration.** (1) The general assembly finds and declares that:

(a) Behavioral health and behavioral health crises are health care issues;

(b) As such, Colorado should immediately end the use of jails, lockups, or other places used for the confinement of persons charged with

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*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.*

or convicted of penal offenses as placement options for individuals who have been placed on an emergency seventy-two-hour mental health hold but who have not been charged with nor convicted of a crime;

(c) The coordinated behavioral health crisis response system was created in 2013 to address behavioral health crises and should be utilized throughout the state as the preferred response to such crises; and

(d) The coordinated behavioral health crisis response system should be responsible for engaging in community partnerships that facilitate a coordinated and clinically appropriate health care response for individuals in a behavioral health crisis.

(2) Therefore, the general assembly finds that steps should be taken to strengthen the ability of the coordinated behavioral health crisis response system to respond to behavioral health crises in all Colorado communities. These steps include ending the use of jails, lockups, or other places used for confinement of persons charged with or convicted of penal offenses as placement options for individuals who have been placed on emergency seventy-two-hour mental health holds; ensuring the adequacy of community-based options for persons on an emergency seventy-two-hour mental health hold, in a clinically appropriate setting that meets the person's needs; and dedicating resources to incentivize collaboration and formal partnerships between appropriate local health care providers.

**SECTION 2.** In Colorado Revised Statutes, 27-60-101, **amend** (1)(b); **repeal** (2); and **add** (1)(c) as follows:

**27-60-101. Behavioral health crisis response system - legislative declaration.** (1) (b) The general assembly therefore finds that A COORDINATED BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM:

(I) ~~A coordinated crisis response system provides~~ SERVES AS A COMPREHENSIVE AND PREFERRED RESPONSE TO BEHAVIORAL HEALTH EMERGENCIES THROUGHOUT COLORADO BY PROVIDING for early intervention and effective treatment of ~~persons in mental health or substance abuse~~ INDIVIDUALS WHO ARE EXPERIENCING A BEHAVIORAL HEALTH crisis;

(I.5) AS THE APPROPRIATE AND PREFERRED RESPONSE TO

BEHAVIORAL HEALTH CRISES, ELIMINATES THE USE OF THE CRIMINAL JUSTICE SYSTEM TO HOLD INDIVIDUALS WHO ARE EXPERIENCING A MENTAL HEALTH CRISIS AND ENHANCES THE ABILITY OF MENTAL HEALTH PROVIDERS AND HOSPITALS TO SERVE INDIVIDUALS WHO ARE EXPERIENCING A MENTAL HEALTH CRISIS;

(II) ~~A coordinated crisis response system should involve~~ PROVIDES AN APPROPRIATE FIRST LINE OF RESPONSE TO INDIVIDUALS IN NEED OF AN EMERGENCY SEVENTY-TWO-HOUR MENTAL HEALTH HOLD AND UTILIZES first responders and ~~include~~ information technology systems to integrate available crisis responses;

(III) ~~A coordinated crisis response system~~ Should be available in all COLORADO communities; ~~statewide; and~~

(IV) ~~A coordinated crisis response system may include~~ INCLUDES community-based crisis centers where ~~persons in~~ INDIVIDUALS WHO ARE EXPERIENCING A mental health or substance abuse crisis may be stabilized and receive short-term treatment, AS CLINICALLY APPROPRIATE;

(V) DECRIMINALIZES MENTAL HEALTH DISORDERS BY LEADING THE DEVELOPMENT OF A PARTNERSHIP-SUPPORTED NETWORK OF CRISIS SERVICES; AND

(VI) ESTABLISHES A STATEWIDE FRAMEWORK THAT CREATES, STRENGTHENS, AND ENHANCES COMMUNITY PARTNERSHIPS THAT WILL FACILITATE THE PREFERRED RESPONSE TO BEHAVIORAL HEALTH CRISES, INCLUDING ENSURING THAT PEACE OFFICERS AND OTHER FIRST RESPONDERS ARE EQUIPPED WITH A VARIETY OF OPTIONS WHEN THEY ENCOUNTER A BEHAVIORAL HEALTH CRISIS.

(c) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IT IS A MATTER OF STATEWIDE CONCERN TO INCENTIVIZE AND COORDINATE EXISTING BEHAVIORAL HEALTH CRISIS INTERVENTION SERVICES AND TO COMMIT RESOURCES TO EXPAND THE CRISIS RESPONSE SYSTEM.

(2) (a) ~~The department of human services shall review the current behavioral health crisis response in Colorado and shall formulate a plan to address the lack of coordinated crisis response in the state. The plan shall include an analysis of the best use of existing resources, including but not~~

~~limited to managed service organizations, behavioral health organizations, mental health centers, crisis intervention trained officers, metro crisis services, hospitals, and other entities impacting behavioral health crisis response. The department of human services shall complete the review, formulate the plan, and prepare the report required in paragraph (b) of this subsection (2) within existing appropriations and shall design the plan to be implemented within existing appropriations.~~

~~(b) On or before January 30, 2013, the department of human services shall present to a joint meeting of the health and human services committees of the house of representatives and the senate, or any successor committees, a report concerning coordinated behavioral health crisis response in Colorado. The report, at a minimum, shall include the plan prepared pursuant to paragraph (a) of this subsection (2).~~

**SECTION 3.** In Colorado Revised Statutes, **add** 27-60-102.5 as follows:

**27-60-102.5. Definitions.** AS USED IN THIS ARTICLE 60, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH" IS INCLUSIVE OF BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(2) "CRISIS INTERVENTION SERVICES" MEANS THE ARRAY OF BEHAVIORAL HEALTH CRISIS SERVICES THAT ARE FUNDED BY PUBLIC OR PRIVATE SOURCES AND EXIST TO SERVE INDIVIDUALS WHO ARE EXPERIENCING A BEHAVIORAL HEALTH CRISIS.

(3) "CRISIS RESPONSE SYSTEM" MEANS THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM DEVELOPED AND IMPLEMENTED PURSUANT TO THIS ARTICLE 60.

(4) "CRISIS RESPONSE SYSTEM CONTRACTOR" MEANS AN ENTITY THAT HAS BEEN AWARDED A CONTRACT TO PROVIDE ONE OR MORE CRISIS INTERVENTION SERVICES PURSUANT TO SECTION 27-60-103.

(5) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN SERVICES CREATED AND AUTHORIZED PURSUANT TO SECTION 26-1-107.

(6) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

**SECTION 4.** In Colorado Revised Statutes, 27-60-103, **amend** (1)(a) introductory portion, (1)(b) introductory portion, (4)(a), (5), and (6); and **repeal** (7) as follows:

**27-60-103. Behavioral health crisis response system - services - request for proposals - criteria - reporting - rules.** (1) (a) On or before September 1, 2013, the state department shall issue a statewide request for proposals to entities with the capacity to create a coordinated and seamless behavioral health crisis response system to provide crisis intervention services ~~as defined in subsection (7) of this section,~~ for communities throughout the state. The state department shall collaborate with the behavioral health transformation council, created in section 27-61-102, to ensure that services resulting from the request for proposals are aligned throughout the system, integrated, and comprehensive. Separate proposals may be solicited and accepted for each of the five components listed in ~~paragraph (b) of this subsection (1)~~ SUBSECTION (1)(b) OF THIS SECTION. The ~~behavioral health~~ crisis RESPONSE system created through this request for proposals process must be based on the following principles:

(b) The components of the ~~behavioral health~~ crisis response system ~~created through this request for proposal process~~ must reflect a continuum of care from crisis response through stabilization and safe return to the community, with adequate support for transitions to each stage. Specific components include:

(4) (a) The STATE department shall issue the initial request for proposals on or before September 1, 2013, subject to available appropriations. Pursuant to the state procurement code, articles 101 and 102 of title 24, ~~C.R.S.~~, the STATE department shall make awards on or before January 1, 2014. If additional ~~moneys are~~ MONEY IS appropriated, the STATE department may issue additional requests for proposals consistent with this section and the state procurement code, articles 101 and 102 of title 24. ~~C.R.S.~~

(5) If necessary, the state board may promulgate rules to implement the provisions of this ~~section~~ ARTICLE 60 or the services to be supplied pursuant to this ~~section~~ ARTICLE 60.

(6) (a) Beginning in January 2014, and every January thereafter, the state department shall report progress on the implementation of a ~~comprehensive statewide behavioral health~~ THE crisis response system, AS WELL AS INFORMATION ABOUT AND UPDATES TO THE SYSTEM, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203. ~~C.R.S.~~

(b) ON OR BEFORE NOVEMBER 1, 2017, THE OFFICE OF BEHAVIORAL HEALTH WITHIN THE STATE DEPARTMENT SHALL PREPARE A REPORT AND SUBMIT SUCH REPORT TO THE JOINT JUDICIARY COMMITTEE; THE JOINT HEALTH AND HUMAN SERVICES COMMITTEE; THE JOINT BUDGET COMMITTEE; THE GOVERNOR; THE BEHAVIORAL HEALTH TRANSFORMATION COUNCIL, ESTABLISHED IN SECTION 27-61-102; AND THE COMMISSION ON CRIMINAL AND JUVENILE JUSTICE, ESTABLISHED IN SECTION 16-11.3-102. AT A MINIMUM, THE REPORT MUST INCLUDE DETAILS CONCERNING THE CURRENT STATUS OF FUNDING AND THE IMPLEMENTATION OF THE EXPANSION OF BEHAVIORAL HEALTH CRISIS SERVICES.

(c) ON OR BEFORE MAY 1, 2018, BUT AFTER JANUARY 31, 2018, THE OFFICE OF BEHAVIORAL HEALTH WITHIN THE STATE DEPARTMENT SHALL PRESENT A REPORT TO THE JOINT JUDICIARY COMMITTEE AND THE JOINT COMMITTEE ON HEALTH AND HUMAN SERVICES CONCERNING THE CURRENT STATUS OF FUNDING AND THE IMPLEMENTATION OF THE EXPANSION OF BEHAVIORAL HEALTH CRISIS SERVICES.

(7) ~~As used in this section, unless the context otherwise requires:~~

(a) ~~"Crisis intervention services" means an array of integrated services that are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency.~~

(b) ~~"State board" means the state board of human services created and authorized pursuant to section 26-1-107, C.R.S.~~

(c) ~~"State department" means the state department of human services created pursuant to section 26-1-105, C.R.S.~~

**SECTION 5.** In Colorado Revised Statutes, **add** 27-60-104 as follows:

**27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units.** (1) ON OR BEFORE JANUARY 1, 2018, ALL CRISIS WALK-IN CENTERS, ACUTE TREATMENT UNITS, AND CRISIS STABILIZATION UNITS WITHIN THE CRISIS RESPONSE SYSTEM, REGARDLESS OF FACILITY LICENSURE, MUST BE ABLE TO ADEQUATELY CARE FOR AN INDIVIDUAL BROUGHT TO THE FACILITY THROUGH THE EMERGENCY MENTAL HEALTH PROCEDURE DESCRIBED IN SECTION 27-65-105 OR A VOLUNTARY APPLICATION FOR MENTAL HEALTH SERVICES PURSUANT TO SECTION 27-65-103. THE ARRANGEMENTS FOR CARE MUST BE COMPLETED THROUGH THE CRISIS RESPONSE SYSTEM OR PREARRANGED PARTNERSHIPS WITH OTHER CRISIS INTERVENTION SERVICES.

(2) ON OR BEFORE JANUARY 1, 2018, THE STATE DEPARTMENT SHALL ENSURE THAT MOBILE RESPONSE UNITS ARE AVAILABLE TO RESPOND TO A BEHAVIORAL HEALTH CRISIS ANYWHERE IN THE STATE WITHIN NO MORE THAN TWO HOURS, EITHER FACE-TO-FACE OR USING TELEHEALTH OPERATIONS, FOR MOBILE CRISIS EVALUATIONS.

(3) (a) ON OR BEFORE JANUARY 1, 2018, ALL WALK-IN CENTERS THROUGHOUT THE STATE'S CRISIS RESPONSE SYSTEM MUST BE APPROPRIATELY DESIGNATED BY THE EXECUTIVE DIRECTOR FOR A SEVENTY-TWO-HOUR TREATMENT AND EVALUATION, ADEQUATELY PREPARED, AND PROPERLY STAFFED TO ACCEPT AN INDIVIDUAL THROUGH THE EMERGENCY MENTAL HEALTH PROCEDURE OUTLINED IN SECTION 27-65-105 OR A VOLUNTARY APPLICATION FOR MENTAL HEALTH SERVICES PURSUANT TO SECTION 27-65-103. PRIORITY FOR INDIVIDUALS RECEIVING EMERGENCY PLACEMENT PURSUANT TO SECTION 27-65-105 IS ON TREATING HIGH-ACUITY INDIVIDUALS IN THE LEAST RESTRICTIVE ENVIRONMENT WITHOUT THE USE OF LAW ENFORCEMENT.

(b) INCREASING THE ABILITY OF WALK-IN CENTERS TO ACCEPT INDIVIDUALS THROUGH THE EMERGENCY MENTAL HEALTH PROCEDURE OUTLINED IN SECTION 27-65-105 OR A VOLUNTARY APPLICATION FOR MENTAL HEALTH SERVICES PURSUANT TO SECTION 27-65-103 MAY INCLUDE, BUT IS NOT LIMITED TO, PURCHASING, INSTALLING, AND USING TELEHEALTH OPERATIONS FOR MOBILE CRISIS EVALUATIONS IN PARTNERSHIP WITH HOSPITALS, CLINICS, LAW ENFORCEMENT AGENCIES, AND OTHER APPROPRIATE SERVICE PROVIDERS.

(4) RURAL CRISIS FACILITIES ARE ENCOURAGED TO WORK

COLLABORATIVELY WITH OTHER FACILITIES IN THE REGION THAT PROVIDE CARE TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK, TO FORM LOCAL ARRANGEMENTS.

(5) THE STATE DEPARTMENT SHALL ENCOURAGE CRISIS RESPONSE SYSTEM CONTRACTORS IN EACH REGION TO DEVELOP PARTNERSHIPS WITH THE BROAD ARRAY OF CRISIS INTERVENTION SERVICES THROUGH MOBILE RESPONSE UNITS AND TELEHEALTH-CAPABLE WALK-IN CENTERS IN RURAL COMMUNITIES THAT OFFER CARE TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK.

(6) THE STATE DEPARTMENT SHALL ENSURE CRISIS RESPONSE SYSTEM CONTRACTORS ARE RESPONSIBLE FOR COMMUNITY ENGAGEMENT, COORDINATION, AND SYSTEM NAVIGATION FOR KEY PARTNERS, INCLUDING CRIMINAL JUSTICE AGENCIES, EMERGENCY DEPARTMENTS, HOSPITALS, PRIMARY CARE FACILITIES, WALK-IN CENTERS, AND OTHER CRISIS SERVICE FACILITIES. THE GOALS OF COMMUNITY COORDINATION ARE TO:

(a) FORMALIZE RELATIONSHIPS WITH PARTNERS IN THE CONTRACTUALLY DEFINED REGIONS;

(b) PURSUE COLLABORATIVE PROGRAMMING FOR BEHAVIORAL HEALTH SERVICES, INCLUDING, WHEN POSSIBLE, EMBEDDING CRISIS CLINICIANS AND CONSULTANTS IN FIRST RESPONSE SYSTEMS;

(c) BUILD CLOSE RELATIONSHIPS BETWEEN FIRST RESPONDERS AND DISPATCH CENTERS AND THE CRISIS RESPONSE SYSTEM CONTRACTOR IN THE REGION; AND

(d) COORDINATE BEHAVIORAL HEALTH CRISES INTERVENTIONS IN THE COMMUNITY AS EARLY AS POSSIBLE TO PROMOTE DIVERSION FROM THE CRIMINAL JUSTICE SYSTEM AND CONTINUITY OF CARE.

(7) THE STATE DEPARTMENT SHALL EXPLORE SOLUTIONS FOR ADDRESSING SECURE TRANSPORTATION OF INDIVIDUALS PLACED ON A SEVENTY-TWO-HOUR TREATMENT AND EVALUATION HOLD PURSUANT TO ARTICLE 65 OF THIS TITLE 27.

(8) THE STATE DEPARTMENT SHALL ENSURE CONSISTENT TRAINING FOR PROFESSIONALS WHO HAVE REGULAR CONTACT WITH INDIVIDUALS



EXPERIENCING A BEHAVIORAL HEALTH CRISIS.

(9) THE STATE DEPARTMENT SHALL CONDUCT AN ASSESSMENT OF NEED AND CAPACITY OF THE STATEWIDE CRISIS RESPONSE SYSTEM TO BETTER UNDERSTAND THE STATE'S NEEDS FOR CRISIS RESPONSE AND SERVICE GAPS ACROSS THE STATE.

**SECTION 6.** In Colorado Revised Statutes, 27-65-102, **amend** the introductory portion; and **add** (5.5) and (11.3) as follows:

**27-65-102. Definitions.** As used in this ~~article~~ ARTICLE 65, unless the context otherwise requires:

(5.5) "EMERGENCY MEDICAL SERVICES FACILITY" MEANS A FACILITY LICENSED PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25 OR CERTIFIED PURSUANT TO SECTION 25-1.5-103, OR ANY OTHER LICENSED AND CERTIFIED FACILITY THAT PROVIDES EMERGENCY MEDICAL SERVICES. AN EMERGENCY MEDICAL SERVICES FACILITY IS NOT REQUIRED TO BE, BUT MAY ELECT TO BECOME, A FACILITY DESIGNATED OR APPROVED BY THE EXECUTIVE DIRECTOR FOR A SEVENTY-TWO-HOUR TREATMENT AND EVALUATION PURSUANT TO SECTION 27-65-105.

(11.3) "INTERVENING PROFESSIONAL" MEANS A PERSON DESCRIBED IN SECTION 27-65-105 (1)(a)(II) WHO MAY EFFECT A SEVENTY-TWO-HOUR HOLD UNDER THE PROVISIONS OUTLINED IN SECTION 27-65-105.

**SECTION 7.** In Colorado Revised Statutes, 27-65-105, **amend** (1), (2), and (3); and **add** (6) and (7) as follows:

**27-65-105. Emergency procedure.** (1) Emergency procedure may be invoked under ~~either~~ one of the following ~~two~~ conditions:

(a) (I) When any person appears to have a mental ~~illness~~ HEALTH DISORDER and, as a result of such mental ~~illness~~ HEALTH DISORDER, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then ~~a person specified in subparagraph (II) of this paragraph (a), each of whom is referred to in this section as the "intervening professional"~~ AN INTERVENING PROFESSIONAL, AS SPECIFIED IN SUBSECTION (1)(a)(II) OF THIS SECTION, upon probable cause and with such assistance as may be required, may take the person into custody, or

cause the person to be taken into custody, and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. IF SUCH A FACILITY IS NOT AVAILABLE, THE PERSON MAY BE TAKEN TO AN EMERGENCY MEDICAL SERVICES FACILITY.

(I.5) WHEN ANY PERSON APPEARS TO HAVE A MENTAL HEALTH DISORDER AND, AS A RESULT OF SUCH MENTAL HEALTH DISORDER, IS IN NEED OF IMMEDIATE EVALUATION FOR TREATMENT IN ORDER TO PREVENT PHYSICAL OR PSYCHIATRIC HARM TO OTHERS OR TO HIMSELF OR HERSELF, THEN AN INTERVENING PROFESSIONAL, AS SPECIFIED IN SUBSECTION (1)(a)(II) OF THIS SECTION, UPON PROBABLE CAUSE AND WITH SUCH ASSISTANCE AS MAY BE REQUIRED, MAY IMMEDIATELY TRANSPORT THE PERSON TO AN OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE FACILITY DESIGNATED OR APPROVED BY THE EXECUTIVE DIRECTOR. IF SUCH A FACILITY IS NOT AVAILABLE, THE PERSON MAY BE TAKEN TO AN EMERGENCY MEDICAL SERVICES FACILITY.

(II) The following persons may ACT AS INTERVENING PROFESSIONALS TO effect a seventy-two-hour hold, as provided in ~~subparagraph (I) of this paragraph (a)~~ SUBSECTIONS (1)(a)(I) AND (1)(a)(I.5) OF THIS SECTION:

(A) A certified peace officer;

(B) A professional person;

(C) A registered professional nurse as defined in section 12-38-103 (11) ~~C.R.S.~~, who by reason of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing;

(D) A licensed marriage and family therapist, licensed professional counselor, or addiction counselor licensed under part 5, 6, or 8 of article 43 of title 12, ~~C.R.S.~~, who by reason of postgraduate education and additional preparation has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental HEALTH disorders; or

(E) A licensed clinical social worker licensed under the provisions of part 4 of article 43 of title 12. ~~C.R.S.~~

(b) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental ~~illness~~ HEALTH DISORDER and, as a result of the mental ~~illness~~ HEALTH DISORDER, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. Whenever in this ~~article~~ ARTICLE 65 a facility is to be designated or approved by the executive director, hospitals, if available, ~~shall~~ MUST be approved or designated in each county before other facilities are approved or designated. Whenever in this ~~article~~ ARTICLE 65 a facility is to be designated or approved by the executive director as a facility for a stated purpose and the facility to be designated or approved is a private facility, the consent of the private facility to the enforcement of standards set by the executive director ~~shall be~~ IS a prerequisite to the designation or approval.

(c) UPON AN AFFIDAVIT SWORN TO OR AFFIRMED BEFORE A JUDGE THAT RELATES SUFFICIENT FACTS TO ESTABLISH THAT A PERSON APPEARS TO HAVE A MENTAL HEALTH DISORDER AND, AS A RESULT OF THE MENTAL HEALTH DISORDER, IS IN NEED OF IMMEDIATE EVALUATION FOR TREATMENT TO PREVENT PHYSICAL OR PSYCHIATRIC HARM TO OTHERS OR TO HIMSELF OR HERSELF, THE COURT MAY ORDER THE PERSON DESCRIBED IN THE AFFIDAVIT TO BE TRANSPORTED TO AN OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE FACILITY DESIGNATED OR APPROVED BY THE EXECUTIVE DIRECTOR.

(2) (a) When a person is taken into custody pursuant to subsection (1) of this section, ~~such person shall~~ HE OR SHE MUST not be detained in a jail, lockup, or other place used for the confinement of persons charged with or convicted of penal offenses. ~~except that such place may be used if no other suitable place of confinement for treatment and evaluation is readily available. In such situation the person shall be detained separately from those persons charged with or convicted of penal offenses and shall be held for a period not to exceed twenty-four hours, excluding Saturdays, Sundays, and holidays, after which time he or she shall be transferred to a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. If the person being detained is a juvenile, as defined in section 19-1-103 (68), C.R.S., the juvenile shall be placed in a setting that is nonsecure and physically segregated by sight and~~

~~sound from the adult offenders. When a person is taken into custody and confined pursuant to this subsection (2), such person shall be examined at least every twelve hours by a certified peace officer, nurse, or physician or by an appropriate staff professional of the nearest designated or approved mental health treatment facility to determine if the person is receiving appropriate care consistent with his or her mental condition.~~

~~(b) A sheriff or police chief who violates the provisions of paragraph (a) of this subsection (2), related to detaining juveniles may be subject to a civil fine of no more than one thousand dollars. The decision to fine shall be based on prior violations of the provisions of paragraph (a) of this subsection (2) by the sheriff or police chief and the willingness of the sheriff or police chief to address the violations in order to comply with paragraph (a) of this subsection (2).~~

(3) ~~Such~~ WHEN A PERSON IS TAKEN INTO EMERGENCY CUSTODY BY AN INTERVENING PROFESSIONAL PURSUANT TO SUBSECTION (1) OF THIS SECTION AND IS PRESENTED TO AN EMERGENCY MEDICAL SERVICES FACILITY OR A FACILITY THAT IS DESIGNATED OR APPROVED BY THE EXECUTIVE DIRECTOR, THE facility shall require an application in writing, stating the circumstances under which the person's condition was called to the attention of the intervening professional and further stating sufficient facts, obtained from the INTERVENING PROFESSIONAL'S personal observations ~~of the intervening professional~~ or obtained from others whom he or she reasonably believes to be reliable, to establish that the person has a mental ~~illness~~ HEALTH DISORDER and, as a result of the mental ~~illness~~ HEALTH DISORDER, is an imminent danger to others or to himself or herself, ~~or~~ is gravely disabled, OR IS IN NEED OF IMMEDIATE EVALUATION FOR TREATMENT. The application ~~shall~~ MUST indicate when the person was taken into custody and who brought the person's condition to the attention of the intervening professional. A copy of the application shall be furnished to the person being evaluated, and the application shall be retained in accordance with the provisions of section 27-65-121 (4).

(6) AT ANY TIME DURING EMERGENCY CUSTODY OF AN INDIVIDUAL PURSUANT TO THIS SECTION IN EITHER AN EMERGENCY MEDICAL SERVICES FACILITY OR A DESIGNATED FACILITY, IF, IN THE OPINION OF A PROFESSIONAL PERSON, OR AN ADVANCED PRACTICE NURSE LICENSED PURSUANT TO ARTICLE 38 OF TITLE 12 AND INCLUDED IN THE ADVANCED PRACTICE REGISTRY PURSUANT TO SECTION 12-38-111.5 WITH A

POPULATION FOCUS IN PSYCHIATRY OR MENTAL HEALTH, ACTING WITHIN HIS OR HER SCOPE OF PRACTICE, THE PERSON NO LONGER MEETS THE STANDARDS FOR EMERGENCY CUSTODY OR DETENTION AND HIS OR HER CARE CAN BE PROVIDED IN ANOTHER SETTING, THE PERSON MUST BE APPROPRIATELY DISCHARGED OR REFERRED FOR FURTHER CARE AND TREATMENT ON A VOLUNTARY BASIS, OR CERTIFIED FOR TREATMENT PURSUANT TO SECTION 27-65-107.

(7)(a) ON OR BEFORE JULY 1, 2019, AND EACH JULY 1 THEREAFTER, EACH EMERGENCY MEDICAL SERVICES FACILITY THAT HAS TREATED A PERSON PURSUANT TO THIS SECTION SHALL PROVIDE AN ANNUAL REPORT TO THE DEPARTMENT THAT INCLUDES ONLY AGGREGATE AND NONIDENTIFYING INFORMATION CONCERNING PERSONS WHO WERE TREATED AT AN EMERGENCY MEDICAL SERVICES FACILITY PURSUANT TO THIS SECTION. THE REPORT MUST COMPLY WITH THE PROVISIONS OF SECTION 24-1-136 (9) AND IS EXEMPT FROM THE PROVISIONS OF SECTION 24-1-136 (11)(a)(I). THE REPORT MUST CONTAIN THE FOLLOWING:

(I) THE NAMES AND COUNTIES OF THE FACILITIES;

(II) THE TOTAL NUMBER OF PERSONS TREATED PURSUANT TO THIS SECTION, INCLUDING A SUMMARY OF DEMOGRAPHIC INFORMATION;

(III) A SUMMARY REGARDING THE DIFFERENT REASONS FOR WHICH PERSONS WERE TREATED PURSUANT TO THIS SECTION; AND

(IV) A SUMMARY OF THE DISPOSITION OF PERSONS TRANSFERRED TO A DESIGNATED FACILITY.

(b) (I) ANY INFORMATION AGGREGATED AND PROVIDED TO THE DEPARTMENT PURSUANT TO THIS SUBSECTION (7) IS PRIVILEGED AND CONFIDENTIAL. SUCH INFORMATION MUST NOT BE MADE AVAILABLE TO THE PUBLIC EXCEPT IN AN AGGREGATE FORMAT THAT CANNOT BE USED TO IDENTIFY AN INDIVIDUAL FACILITY. THE INFORMATION IS NOT SUBJECT TO CIVIL SUBPOENA AND IS NOT DISCOVERABLE OR ADMISSIBLE IN ANY CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING AGAINST AN EMERGENCY MEDICAL SERVICES FACILITY OR HEALTH CARE PROFESSIONAL. THE INFORMATION MUST BE USED ONLY TO ASSESS STATEWIDE BEHAVIORAL HEALTH SERVICES NEEDS AND TO PLAN FOR SUFFICIENT LEVELS OF STATEWIDE BEHAVIORAL HEALTH SERVICES. IN THE COLLECTION OF DATA

TO ACCOMPLISH THE REQUIREMENTS OF THIS SUBSECTION (7), THE DEPARTMENT SHALL PROTECT THE CONFIDENTIALITY OF PATIENT RECORDS, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, AND SHALL NOT DISCLOSE ANY PUBLIC IDENTIFYING OR PROPRIETARY INFORMATION OF ANY HOSPITAL, HOSPITAL ADMINISTRATOR, HEALTH CARE PROFESSIONAL, OR EMPLOYEE OF A HEALTH CARE FACILITY.

(II) SUBSECTION (7)(b)(I) OF THIS SECTION DOES NOT APPLY TO INFORMATION THAT IS OTHERWISE AVAILABLE FROM A SOURCE OUTSIDE OF THE DATA COLLECTION ACTIVITIES REQUIRED PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION.

**SECTION 8.** In Colorado Revised Statutes, 39-28.8-501, **amend** (2)(b)(IV)(C) and (2)(b)(IV)(D) as follows:

**39-28.8-501. Marijuana tax cash fund - creation - distribution - legislative declaration.** (2) (b) (IV) Subject to the limitation in subsection (5) of this section, the general assembly may annually appropriate any money in the fund for any fiscal year following the fiscal year in which they were received by the state for the following purposes:

(C) To treat and provide related services to people with any type of substance use OR MENTAL HEALTH disorder, including those with co-occurring disorders, or to evaluate the effectiveness and sufficiency of ~~substance use disorder~~ BEHAVIORAL HEALTH services;

(D) For jail-based and other behavioral health services for persons involved in OR DIVERTED FROM the criminal justice system; ~~through the correctional treatment cash fund created in section 18-19-103 (4)(a); C.R.S.;~~

**SECTION 9. Appropriation.** For the 2017-18 state fiscal year, \$7,086,280 is appropriated to the department of human services for use by the office of behavioral health. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the office may use this appropriation as follows:

**Community behavioral health administration**

Personal services	\$50,404 (0.9 FTE)
Operating expenses	\$5,558

**Integrated behavioral health services**

Behavioral health crisis response system services	\$4,070,318
Criminal justice diversion programs	\$2,960,000

**SECTION 10. Act subject to petition - effective date.** Sections 6 and 7 of this act take effect May 1, 2018, and the remainder of this act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless

approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

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Kevin J. Grantham  
PRESIDENT OF  
THE SENATE

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Crisanta Duran  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

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Effie Ameen  
SECRETARY OF  
THE SENATE

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Marilyn Eddins  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

APPROVED \_\_\_\_\_

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John W. Hickenlooper  
GOVERNOR OF THE STATE OF COLORADO