

**First Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO**

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 17-0856.01 Jane Ritter x4342

**SENATE BILL 17-207**

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**SENATE SPONSORSHIP**

**Kagan and Cooke, Jahn**

**HOUSE SPONSORSHIP**

**Salazar and Sias, Kraft-Tharp, Landgraf**

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**Senate Committees**

Judiciary  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

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

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**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 clarifies the intent of the general assembly for establishing a coordinated behavioral health crisis response system (crisis system). The crisis system is intended to be a comprehensive, appropriate, and preferred response to behavioral health crises in Colorado. By clarifying the role of the crisis system and making necessary enhancements, the bill

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

SENATE  
3rd Reading Unamended  
May 3, 2017

SENATE  
Amended 2nd Reading  
May 2, 2017

puts systems in place to help Colorado end the use of jails and correctional facilities as placement options for individuals placed on emergency mental health holds if they have not also been charged with a crime and enhances the ability of emergency departments to serve individuals who are experiencing a behavioral health crisis. The crisis system is intended to provide an appropriate first line of response to individuals in need of an emergency 72-hour mental health hold. The statewide framework created by the crisis system strengthens community partnerships and ensures that first responders are equipped with a variety of options for addressing behavioral health crises that meet the needs of the individual in a clinically appropriate setting.

The bill expands and strengthens the current crisis system in the following ways:

- ! Encourages crisis system contractors in each region to develop partnerships with the broad array of crisis intervention services in the region;
- ! Requires crisis system contractors to be responsible for community engagement, coordination, and system navigation for key partners in the crisis system. The goals of community coordination are to formalize key relationships within contractually defined regions, pursue collaborative programming for behavioral health services, and coordinate interventions as necessary with behavioral health crises in the region.
- ! Increases the ability of all crisis services facilities, including walk-in centers, acute treatment units, and crisis stabilization units within the crisis system, regardless of facility licensure, to adequately care for an individual brought to the facility in need of an emergency 72-hour mental health hold;
- ! Expands the ability of mobile response units to be available within 2 hours, either face-to-face or using telehealth operations for mobile crisis evaluations;
- ! Recognizes the obligations of hospitals and hospital-based emergency departments under federal law to screen and stabilize every patient who comes to the hospital-based emergency department, including those patients experiencing a behavioral health crisis; and
- ! Requires that, on or before January 1, 2018, all walk-in centers throughout the state be appropriately designated, adequately prepared, and properly staffed to accept an individual in need of an emergency 72-hour mental health hold.

The department of human services (department) shall ensure consistent training for professionals who have regular contact with

individuals who are experiencing a behavioral health crisis. The department shall conduct a needs and capacity assessment of the crisis system.

The office of behavioral health is required to submit a report on or before November 1, 2017, and on or before May 1, 2018, concerning the status of funding, the use of new and existing resources, and the implementation of additional behavioral health crisis services. This report is separate and in addition to the information the department is required to provide concerning the crisis system in its annual SMART report to the general assembly.

The bill removes language from statute that allows, at any time for any reason, an individual who is being held on an emergency 72-hour mental health hold to be detained or housed in a jail, lockup, or other place used for the confinement of persons charged with or convicted of criminal offenses. The effective date of this component of the bill is May 1, 2018.

An appropriation from the marijuana tax cash fund is authorized.

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

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

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

6 (b) As such, Colorado should immediately end the use of jails,  
7 lockups, or other places used for the confinement of persons charged with  
8 or convicted of penal offenses as placement options for individuals who  
9 have been placed on an emergency seventy-two-hour mental health hold  
10 but who have not been charged with nor convicted of a crime;

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

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

1 individuals in a behavioral health crisis.

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

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

16 **27-60-101. Behavioral health crisis response system -**  
17 **legislative declaration.** (1) (b) The general assembly therefore finds that  
18 A COORDINATED BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM:

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

25 (I.5) AS THE APPROPRIATE AND PREFERRED RESPONSE TO  
26 BEHAVIORAL HEALTH CRISES, ELIMINATES THE USE OF THE CRIMINAL  
27 JUSTICE SYSTEM TO HOLD INDIVIDUALS WHO ARE EXPERIENCING A MENTAL

1 HEALTH CRISIS AND ENHANCES THE ABILITY OF MENTAL HEALTH  
2 PROVIDERS AND HOSPITALS TO SERVE INDIVIDUALS WHO ARE  
3 EXPERIENCING A MENTAL HEALTH CRISIS;

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

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

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

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

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

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

1           (2) (a) ~~The department of human services shall review the current~~  
2 ~~behavioral health crisis response in Colorado and shall formulate a plan~~  
3 ~~to address the lack of coordinated crisis response in the state. The plan~~  
4 ~~shall include an analysis of the best use of existing resources, including~~  
5 ~~but not limited to managed service organizations, behavioral health~~  
6 ~~organizations, mental health centers, crisis intervention trained officers,~~  
7 ~~metro crisis services, hospitals, and other entities impacting behavioral~~  
8 ~~health crisis response. The department of human services shall complete~~  
9 ~~the review, formulate the plan, and prepare the report required in~~  
10 ~~paragraph (b) of this subsection (2) within existing appropriations and~~  
11 ~~shall design the plan to be implemented within existing appropriations.~~

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

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

20           **27-60-102.5. Definitions.** AS USED IN THIS ARTICLE 60, UNLESS  
21 THE CONTEXT OTHERWISE REQUIRES:

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

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

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

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

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

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

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

14 **27-60-103. Behavioral health crisis response system - services**  
15 **- request for proposals - criteria - reporting - rules.** (1) (a) On or  
16 before September 1, 2013, the state department shall issue a statewide  
17 request for proposals to entities with the capacity to create a coordinated  
18 and seamless behavioral health crisis response system to provide crisis  
19 intervention services ~~as defined in subsection (7) of this section~~, for  
20 communities throughout the state. The state department shall collaborate  
21 with the behavioral health transformation council, created in section  
22 27-61-102, to ensure that services resulting from the request for proposals  
23 are aligned throughout the system, integrated, and comprehensive.  
24 Separate proposals may be solicited and accepted for each of the five  
25 components listed in ~~paragraph (b) of this subsection (1)~~ SUBSECTION  
26 (1)(b) OF THIS SECTION. The ~~behavioral health~~ crisis RESPONSE system  
27 created through this request for proposals process must be based on the

1 following principles:

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

7 (4) (a) The STATE department shall issue the initial request for  
8 proposals on or before September 1, 2013, subject to available  
9 appropriations. Pursuant to the state procurement code, articles 101 and  
10 102 of title 24, ~~C.R.S.~~, the STATE department shall make awards on or  
11 before January 1, 2014. If additional ~~moneys are~~ MONEY IS appropriated,  
12 the STATE department may issue additional requests for proposals  
13 consistent with this section and the state procurement code, articles 101  
14 and 102 of title 24. ~~C.R.S.~~

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

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

24 (b) ON OR BEFORE NOVEMBER 1, 2017, THE OFFICE OF  
25 BEHAVIORAL HEALTH WITHIN THE STATE DEPARTMENT SHALL PREPARE A  
26 REPORT AND SUBMIT SUCH REPORT TO THE JOINT JUDICIARY COMMITTEE;  
27 THE JOINT HEALTH AND HUMAN SERVICES COMMITTEE; THE JOINT BUDGET



1 COMMITTEE; THE GOVERNOR; THE BEHAVIORAL HEALTH TRANSFORMATION  
2 COUNCIL, ESTABLISHED IN SECTION 27-61-102; AND THE COMMISSION ON  
3 CRIMINAL AND JUVENILE JUSTICE, ESTABLISHED IN SECTION 16-11.3-102.  
4 AT A MINIMUM, THE REPORT MUST INCLUDE DETAILS CONCERNING THE  
5 CURRENT STATUS OF FUNDING AND THE IMPLEMENTATION OF THE  
6 EXPANSION OF BEHAVIORAL HEALTH CRISIS SERVICES.

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

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

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

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

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

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

24 **27-60-104. Behavioral health crisis response system - crisis**  
25 **service facilities - walk-in centers - mobile response units.** (1) ON OR  
26 BEFORE JANUARY 1, 2018, ALL CRISIS WALK-IN CENTERS, ACUTE  
27 TREATMENT UNITS, AND CRISIS STABILIZATION UNITS WITHIN THE CRISIS

1 RESPONSE SYSTEM, REGARDLESS OF FACILITY LICENSURE, MUST BE ABLE  
2 TO ADEQUATELY CARE FOR AN INDIVIDUAL BROUGHT TO THE FACILITY  
3 THROUGH THE EMERGENCY MENTAL HEALTH PROCEDURE DESCRIBED IN  
4 SECTION 27-65-105 OR A VOLUNTARY APPLICATION FOR MENTAL HEALTH  
5 SERVICES PURSUANT TO SECTION 27-65-103. THE ARRANGEMENTS FOR  
6 CARE MUST BE COMPLETED THROUGH THE CRISIS RESPONSE SYSTEM OR  
7 PREARRANGED PARTNERSHIPS WITH OTHER CRISIS INTERVENTION  
8 SERVICES.

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

14 (3) (a) ON OR BEFORE JANUARY 1, 2018, ALL WALK-IN CENTERS  
15 THROUGHOUT THE STATE'S CRISIS RESPONSE SYSTEM MUST BE  
16 APPROPRIATELY DESIGNATED BY THE EXECUTIVE DIRECTOR FOR A  
17 SEVENTY-TWO-HOUR TREATMENT AND EVALUATION, ADEQUATELY  
18 PREPARED, AND PROPERLY STAFFED TO ACCEPT AN INDIVIDUAL THROUGH  
19 THE EMERGENCY MENTAL HEALTH PROCEDURE OUTLINED IN SECTION  
20 27-65-105 OR A VOLUNTARY APPLICATION FOR MENTAL HEALTH SERVICES  
21 PURSUANT TO SECTION 27-65-103. PRIORITY FOR INDIVIDUALS RECEIVING  
22 EMERGENCY PLACEMENT PURSUANT TO SECTION 27-65-105 IS ON  
23 TREATING HIGH-ACUITY INDIVIDUALS IN THE LEAST RESTRICTIVE  
24 ENVIRONMENT WITHOUT THE USE OF LAW ENFORCEMENT.

25 (b) INCREASING THE ABILITY OF WALK-IN CENTERS TO ACCEPT  
26 INDIVIDUALS THROUGH THE EMERGENCY MENTAL HEALTH PROCEDURE  
27 OUTLINED IN SECTION 27-65-105 OR A VOLUNTARY APPLICATION FOR

1 MENTAL HEALTH SERVICES PURSUANT TO SECTION 27-65-103 MAY  
2 INCLUDE, BUT IS NOT LIMITED TO, PURCHASING, INSTALLING, AND USING  
3 TELEHEALTH OPERATIONS FOR MOBILE CRISIS EVALUATIONS IN  
4 PARTNERSHIP WITH HOSPITALS, CLINICS, LAW ENFORCEMENT AGENCIES,  
5 AND OTHER APPROPRIATE SERVICE PROVIDERS.

6 (4) RURAL CRISIS FACILITIES ARE ENCOURAGED TO WORK  
7 COLLABORATIVELY WITH OTHER FACILITIES IN THE REGION THAT PROVIDE  
8 CARE TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK, TO FORM LOCAL  
9 ARRANGEMENTS.

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

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

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

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

27 (c) BUILD CLOSE RELATIONSHIPS BETWEEN FIRST RESPONDERS AND

1 DISPATCH CENTERS AND THE CRISIS RESPONSE SYSTEM CONTRACTOR IN  
2 THE REGION; AND

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

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

10 (8) THE STATE DEPARTMENT SHALL ENSURE CONSISTENT TRAINING  
11 FOR PROFESSIONALS WHO HAVE REGULAR CONTACT WITH INDIVIDUALS  
12 EXPERIENCING A BEHAVIORAL HEALTH CRISIS.

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

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

19 **27-65-102. Definitions.** As used in this ~~article~~ ARTICLE 65, unless  
20 the context otherwise requires:

21 (5.5) "EMERGENCY MEDICAL SERVICES FACILITY" MEANS A  
22 FACILITY LICENSED PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25 OR  
23 CERTIFIED PURSUANT TO SECTION 25-1.5-103, OR ANY OTHER LICENSED  
24 AND CERTIFIED FACILITY THAT PROVIDES EMERGENCY MEDICAL SERVICES.  
25 AN EMERGENCY MEDICAL SERVICES FACILITY IS NOT REQUIRED TO BE, BUT  
26 MAY ELECT TO BECOME, A FACILITY DESIGNATED OR APPROVED BY THE  
27 EXECUTIVE DIRECTOR FOR A SEVENTY-TWO-HOUR TREATMENT AND

1 EVALUATION PURSUANT TO SECTION 27-65-105.

2 (11.3) "INTERVENING PROFESSIONAL" MEANS A PERSON DESCRIBED  
3 IN SECTION 27-65-105 (1)(a)(II) WHO MAY EFFECT A SEVENTY-TWO-HOUR  
4 HOLD UNDER THE PROVISIONS OUTLINED IN SECTION 27-65-105.

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

7 **27-65-105. Emergency procedure.** (1) Emergency procedure  
8 may be invoked under ~~either~~ one of the following ~~two~~ conditions:

9 (a) (I) When any person appears to have a mental illness and, as  
10 a result of such mental illness, appears to be an imminent danger to others  
11 or to himself or herself or appears to be gravely disabled, then ~~a person~~  
12 ~~specified in subparagraph (H) of this paragraph (a), each of whom is~~  
13 ~~referred to in this section as the "intervening professional"~~ AN  
14 INTERVENING PROFESSIONAL, AS SPECIFIED IN SUBSECTION (1)(a)(II) OF  
15 THIS SECTION, upon probable cause and with such assistance as may be  
16 required, may take the person into custody, or cause the person to be  
17 taken into custody, and placed in a facility designated or approved by the  
18 executive director for a seventy-two-hour treatment and evaluation. IF  
19 SUCH A FACILITY IS NOT AVAILABLE, THE PERSON MAY BE TAKEN TO AN  
20 EMERGENCY MEDICAL SERVICES FACILITY.

21 (I.5) WHEN ANY PERSON APPEARS TO HAVE A MENTAL ILLNESS  
22 AND, AS A RESULT OF SUCH MENTAL ILLNESS, IS IN NEED OF IMMEDIATE  
23 EVALUATION FOR TREATMENT IN ORDER TO PREVENT PHYSICAL OR  
24 PSYCHIATRIC HARM TO OTHERS OR TO HIMSELF OR HERSELF, THEN AN  
25 INTERVENING PROFESSIONAL, AS SPECIFIED IN SUBSECTION (1)(a)(II) OF  
26 THIS SECTION, UPON PROBABLE CAUSE AND WITH SUCH ASSISTANCE AS  
27 MAY BE REQUIRED, MAY IMMEDIATELY TRANSPORT THE PERSON TO AN

1 OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY  
2 APPROPRIATE FACILITY DESIGNATED OR APPROVED BY THE EXECUTIVE  
3 DIRECTOR. IF SUCH A FACILITY IS NOT AVAILABLE, THE PERSON MAY BE  
4 TAKEN TO AN EMERGENCY MEDICAL SERVICES FACILITY.

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

9 (A) A certified peace officer;

10 (B) A professional person;

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

15 (D) A licensed marriage and family therapist, licensed  
16 professional counselor, or addiction counselor licensed under part 5, 6, or  
17 8 of article 43 of title 12, ~~C.R.S.~~, who by reason of postgraduate  
18 education and additional preparation has gained knowledge, judgment,  
19 and skill in psychiatric or clinical mental health therapy, forensic  
20 psychotherapy, or the evaluation of mental disorders; or

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

23 (b) Upon an affidavit sworn to or affirmed before a judge that  
24 relates sufficient facts to establish that a person appears to have a mental  
25 illness and, as a result of the mental illness, appears to be an imminent  
26 danger to others or to himself or herself or appears to be gravely disabled,  
27 the court may order the person described in the affidavit to be taken into

1 custody and placed in a facility designated or approved by the executive  
2 director for a seventy-two-hour treatment and evaluation. Whenever in  
3 this ~~article~~ ARTICLE 65 a facility is to be designated or approved by the  
4 executive director, hospitals, if available, ~~shall~~ MUST be approved or  
5 designated in each county before other facilities are approved or  
6 designated. Whenever in this ~~article~~ ARTICLE 65 a facility is to be  
7 designated or approved by the executive director as a facility for a stated  
8 purpose and the facility to be designated or approved is a private facility,  
9 the consent of the private facility to the enforcement of standards set by  
10 the executive director ~~shall be~~ IS a prerequisite to the designation or  
11 approval.

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

21 (2) ~~(a)~~ When a person is taken into custody pursuant to subsection  
22 (1) of this section, ~~such person shall~~ HE OR SHE MUST not be detained in  
23 a jail, lockup, or other place used for the confinement of persons charged  
24 with or convicted of penal offenses. ~~except that such place may be used~~  
25 ~~if no other suitable place of confinement for treatment and evaluation is~~  
26 ~~readily available. In such situation the person shall be detained separately~~  
27 ~~from those persons charged with or convicted of penal offenses and shall~~

1 be held for a period not to exceed twenty-four hours, excluding Saturdays,  
2 Sundays, and holidays, after which time he or she shall be transferred to  
3 a facility designated or approved by the executive director for a  
4 seventy-two-hour treatment and evaluation. If the person being detained  
5 is a juvenile, as defined in section 19-1-103 (68), C.R.S., the juvenile  
6 shall be placed in a setting that is nonsecure and physically segregated by  
7 sight and sound from the adult offenders. When a person is taken into  
8 custody and confined pursuant to this subsection (2), such person shall be  
9 examined at least every twelve hours by a certified peace officer, nurse,  
10 or physician or by an appropriate staff professional of the nearest  
11 designated or approved mental health treatment facility to determine if the  
12 person is receiving appropriate care consistent with his or her mental  
13 condition.

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

21 (3) ~~Such~~ WHEN A PERSON IS TAKEN INTO EMERGENCY CUSTODY BY  
22 AN INTERVENING PROFESSIONAL PURSUANT TO SUBSECTION (1) OF THIS  
23 SECTION AND IS PRESENTED TO AN EMERGENCY MEDICAL SERVICES  
24 FACILITY OR A FACILITY THAT IS DESIGNATED OR APPROVED BY THE  
25 EXECUTIVE DIRECTOR,        THE facility shall require an application in  
26 writing, stating the circumstances under which the person's condition was  
27 called to the attention of the intervening professional and further stating



1 sufficient facts, obtained from the INTERVENING PROFESSIONAL'S personal  
2 observations ~~of the intervening professional~~ or obtained from others  
3 whom he or she reasonably believes to be reliable, to establish that the  
4 person has a mental illness and, as a result of the mental illness, is an  
5 imminent danger to others or to himself or herself, ~~or~~ is gravely disabled,  
6 OR IS IN NEED OF IMMEDIATE EVALUATION FOR TREATMENT. The  
7 application ~~shall~~ MUST indicate when the person was taken into custody  
8 and who brought the person's condition to the attention of the intervening  
9 professional. A copy of the application shall be furnished to the person  
10 being evaluated, and the application shall be retained in accordance with  
11 the provisions of section 27-65-121 (4).

12                   == =====

13                   (6) AT ANY TIME DURING EMERGENCY CUSTODY OF AN INDIVIDUAL  
14 PURSUANT TO THIS SECTION IN EITHER AN EMERGENCY MEDICAL SERVICES  
15 FACILITY OR A DESIGNATED FACILITY, IF, IN THE OPINION OF A  
16 PROFESSIONAL PERSON, OR AN ADVANCED PRACTICE NURSE LICENSED  
17 PURSUANT TO ARTICLE 38 OF TITLE 12 AND INCLUDED IN THE ADVANCED  
18 PRACTICE REGISTRY PURSUANT TO SECTION 12-38-111.5 WITH A  
19 POPULATION FOCUS IN PSYCHIATRY OR MENTAL HEALTH, ACTING WITHIN  
20 HIS OR HER SCOPE OF PRACTICE, THE PERSON NO LONGER MEETS THE  
21 STANDARDS FOR EMERGENCY CUSTODY OR DETENTION AND HIS OR HER  
22 CARE CAN BE PROVIDED IN ANOTHER SETTING, THE PERSON MUST BE  
23 APPROPRIATELY DISCHARGED OR REFERRED FOR FURTHER CARE AND  
24 TREATMENT ON A VOLUNTARY BASIS, OR CERTIFIED FOR TREATMENT  
25 PURSUANT TO SECTION 27-65-107.

26                   (7) (a) ON OR BEFORE JULY 1, 2017, AND EACH JULY 1  
27 THEREAFTER, EACH EMERGENCY MEDICAL SERVICES FACILITY THAT HAS

1 TREATED A PERSON PURSUANT TO THIS SECTION SHALL PROVIDE AN  
2 ANNUAL REPORT TO THE DEPARTMENT THAT INCLUDES ONLY AGGREGATE  
3 AND NONIDENTIFYING INFORMATION CONCERNING PERSONS WHO WERE  
4 TREATED AT AN EMERGENCY MEDICAL SERVICES FACILITY PURSUANT TO  
5 THIS SECTION. THE REPORT MUST COMPLY WITH THE PROVISIONS OF  
6 SECTION 24-1-136 (9) AND IS EXEMPT FROM THE PROVISIONS OF SECTION  
7 24-1-136 (11)(a)(I). THE REPORT MUST CONTAIN THE FOLLOWING:

8 (I) THE NAMES AND COUNTIES OF THE FACILITIES;

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

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

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

15 (b) (I) ANY INFORMATION AGGREGATED AND PROVIDED TO THE  
16 DEPARTMENT PURSUANT TO THIS SUBSECTION (7) IS PRIVILEGED AND  
17 CONFIDENTIAL. SUCH INFORMATION MUST NOT BE MADE AVAILABLE TO  
18 THE PUBLIC EXCEPT IN AN AGGREGATE FORMAT THAT CANNOT BE USED TO  
19 IDENTIFY AN INDIVIDUAL FACILITY. THE INFORMATION IS NOT SUBJECT TO  
20 CIVIL SUBPOENA AND IS NOT DISCOVERABLE OR ADMISSIBLE IN ANY CIVIL,  
21 CRIMINAL, OR ADMINISTRATIVE PROCEEDING AGAINST AN EMERGENCY  
22 MEDICAL SERVICES FACILITY OR HEALTH CARE PROFESSIONAL. THE  
23 INFORMATION MUST BE USED ONLY TO ASSESS STATEWIDE BEHAVIORAL  
24 HEALTH SERVICES NEEDS AND TO PLAN FOR SUFFICIENT LEVELS OF  
25 STATEWIDE BEHAVIORAL HEALTH SERVICES. IN THE COLLECTION OF DATA  
26 TO ACCOMPLISH THE REQUIREMENTS OF THIS SUBSECTION (7), THE  
27 DEPARTMENT SHALL PROTECT THE CONFIDENTIALITY OF PATIENT

1 RECORDS, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, AND SHALL  
2 NOT DISCLOSE ANY PUBLIC IDENTIFYING OR PROPRIETARY INFORMATION  
3 OF ANY HOSPITAL, HOSPITAL ADMINISTRATOR, HEALTH CARE  
4 PROFESSIONAL, OR EMPLOYEE OF A HEALTH CARE FACILITY.

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

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

11 **39-28.8-501. Marijuana tax cash fund - creation - distribution**  
12 **- legislative declaration.** (2) (b) (IV) Subject to the limitation in  
13 subsection (5) of this section, the general assembly may annually  
14 appropriate any money in the fund for any fiscal year following the fiscal  
15 year in which they were received by the state for the following purposes:

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

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

24 **SECTION 9. Appropriation.** For the 2017-18 state fiscal year,  
25 \$7,086,280 is appropriated to the department of human services for use  
26 by the office of behavioral health. This appropriation is from the  
27 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To

1 implement this act, the office may use this appropriation as follows:

2 **Community behavioral health administration**

3 Personal services \$50,404 (0.9 FTE)

4 Operating expenses \$5,558

5 **Integrated behavioral health services**

6 Behavioral health crisis response system services \$4,070,318

7 Criminal justice diversion programs \$2,960,000

8 **SECTION 10. Act subject to petition - effective date.** Sections  
9 6 and 7 of this act take effect May 1, 2018, and the remainder of this act  
10 takes effect at 12:01 a.m. on the day following the expiration of the  
11 ninety-day period after final adjournment of the general assembly (August  
12 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a  
13 referendum petition is filed pursuant to section 1 (3) of article V of the  
14 state constitution against this act or an item, section, or part of this act  
15 within such period, then the act, item, section, or part will not take effect  
16 unless approved by the people at the general election to be held in  
17 November 2018 and, in such case, will take effect on the date of the  
18 official declaration of the vote thereon by the governor.