CHAPTER 197

HUMAN SERVICES - BEHAVIORAL HEALTH

HOUSE BILL 19-1120

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also SENATOR(S) Fenberg, Court, Danielson, Donovan, Fields, Ginal, Gonzales, Lee, Moreno, Pettersen, Story, Todd, Williams A., Winter, Zenzinger.

AN ACT

CONCERNING MULTIPLE APPROACHES TO PREVENT YOUTH SUICIDE, 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 that:

(a) The federal centers for disease control and prevention found suicide to be the tenth leading cause of death for all ages in 2017 and is currently the leading cause of death for Colorado youth who are ten through fourteen years of age;

(b) According to the Colorado Health Institute, Colorado has the tenth highest suicide rate in the nation, and rates of suicide in the eastern plains of Colorado doubled from 2016 to 2017;

(c) According to the national institute of mental health, approximately twenty-one-point-four percent of youth who are eight through fifteen years of age experience a severe mental health disorder;

(d) According to the American Association of Suicidology, the suicide rate for youth who are ten through fourteen years of age has increased by more than fifty percent over the past three decades; and

(e) Youth who are ten through fourteen years of age often avoid obtaining, or are legally unable to obtain without parental consent, outpatient psychotherapy services

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.
that would help them prior to reaching crisis levels because they are embarrassed or concerned about speaking with their parent or legal guardian about their mental health concerns and situations.

(2) The general assembly therefore declares that it is a matter of statewide concern to allow youth who are twelve years of age or older to have legal access to outpatient psychotherapy services that might otherwise be unavailable without the consent of or notification to the youth’s parent or legal guardian. Providing these youth with access to outpatient psychotherapy services is intended to reduce youth suicides and allow registered psychotherapists and licensed social workers to work with youth to teach them functional coping skills. Mental health professionals would have further opportunity to help these youth build healthy connections with parents or legal guardians by increasing communication and strengthening the bond between parent and child, thus building an ongoing nonclinical support system for youth to use to manage their mental health concerns.

SECTION 2. In Colorado Revised Statutes, 12-43-201, amend (9)(a) as follows:

12-43-201. Definitions. As used in this article 43, unless the context otherwise requires:

(9) (a) "Psychotherapy", or "PSYCHOTHERAPY SERVICES", means the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate behavioral and mental health disorders; understand unconscious or conscious motivation; resolve emotional, relationship, or attitudinal conflicts; or modify behaviors that interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention that takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, psychotherapy can be a single intervention.

SECTION 3. In Colorado Revised Statutes, add 12-43-202.5 as follows:

12-43-202.5. Minors - consent for outpatient psychotherapy services - immunity - definition. (1) As used in this section, unless the context otherwise requires, "MENTAL HEALTH PROFESSIONAL" INCLUDES A PROFESSIONAL PERSON AS DEFINED IN SECTION 27-65-102 (17); A MENTAL HEALTH PROFESSIONAL LICENSED PURSUANT TO PART 3, 4, 5, 6, OR 8 OF THIS ARTICLE 43; A LICENSED PROFESSIONAL COUNSELOR CANDIDATE; A PSYCHOLOGIST CANDIDATE; OR A SCHOOL SOCIAL WORKER LICENSED BY THE DEPARTMENT OF EDUCATION.

(2) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A MENTAL HEALTH PROFESSIONAL DESCRIBED IN SUBSECTION (1) OF THIS SECTION MAY PROVIDE PSYCHOTHERAPY SERVICES, AS DEFINED IN SECTION 12-43-201 (9)(a), TO A MINOR WHO IS TWELVE YEARS OF AGE OR OLDER, WITH OR WITHOUT THE CONSENT OF THE MINOR’S PARENT OR LEGAL GUARDIAN, IF THE MENTAL HEALTH PROFESSIONAL DETERMINES THAT:

(a) THE MINOR IS KNOWINGLY AND VOLUNTARILY SEEKING SUCH SERVICES; AND

(b) THE PROVISION OF PSYCHOTHERAPY SERVICES IS CLINICALLY INDICATED AND NECESSARY TO THE MINOR’S WELL-BEING.
(3) (a) The mental health professional may notify the minor's parent or legal guardian of the psychotherapy services given or needed, with the minor's consent, or, with the consent of the individual who a court has ordered holds the minor's therapeutic privilege, unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor's care and treatment.

(b) The mental health professional shall engage the minor in a discussion about the importance of involving and notifying the minor's parent or legal guardian and shall encourage such notification to help support the minor's care and treatment.

(c) Notwithstanding the provisions of subsection (3)(a) of this section, a mental health professional may notify the minor's parent or legal guardian of the psychotherapy services given or needed, without the minor's consent, if in the professional opinion of the mental health professional, the minor is unable to manage the minor's care or treatment.

(4) A mental health professional described in subsection (1) of this section shall fully document when the mental health professional attempts to contact or notify the minor's parent or legal guardian, and whether the attempt was successful or unsuccessful, or the reason why, in the mental health professional's opinion, it would be inappropriate to contact or notify the minor's parent or legal guardian. Documentation must be included in the minor's clinical record, along with a written statement signed by the minor indicating that the minor is voluntarily seeking psychotherapy services.

(5) Psychotherapy services must be provided in a culturally appropriate manner. Written and oral instruction, training of providers and staff, and the overall provision of services must be culturally appropriate and provided in a manner and format to support individuals with limited English proficiency or challenges with accessibility related to a disability and with respect for diverse backgrounds, including individuals with different cultural origins and individuals who are lesbian, gay, bisexual, or transgender.

(6) As used in this section, psychotherapy services do not include inpatient psychotherapy services.

(7) If a minor who is receiving psychotherapy services pursuant to this section communicates a clear and imminent intent or threat to inflict serious bodily harm on themselves or others, the mental health professional described in subsection (1) of this section is subject to the notification provisions of section 13-21-117(2).

(8) If a minor who is receiving psychotherapy services pursuant to this section communicates an intent to commit suicide, the mental health professional described in subsection (1) of this section shall notify the minor's parent or legal guardian of such suicidal ideation.
SECTION 4. In Colorado Revised Statutes, add 22-2-127.9 as follows:

**22-2-127.9. Mental health education literacy - resource bank - technical assistance.** (1) The Department, with assistance from the Office of Suicide Prevention created pursuant to section 25-1.5-101 (1)(w)(I), the Colorado Youth Advisory Council created pursuant to section 2-2-1302, and the Suicide Prevention Commission created pursuant to section 25-1.5-111, shall create and maintain a resource bank of evidence-based, research-based, and promising program materials and curricula pertaining to mental health, which materials and curricula may be used in elementary and secondary schools in the state. The resource bank and curricula must be youth-friendly, culturally sensitive, and available in both English and Spanish. In creating the resource bank and curricula, the Department may provide Internet links to resources and materials pertaining to mental health available from other entities that the Department finds reliable. Additionally, the Department shall solicit input from persons, including youth, within and outside of the mental health profession, including both community and school mental health professionals. Subject to available appropriations, the Department shall solicit requests for information and may contract for:

(a) The organization and enhancement of the resource bank, including materials on the prevention of suicide and education on mental health;

(b) The development of mental health curricula for schools and providing such curricula to schools; and

(c) Training for educators and school staff concerning mental health.

(2) On and after July 1, 2020, the Department shall make material in the resource bank available without charge to school districts, charter schools, institute charter schools, boards of cooperative services, professional educators, parents or guardians of youth, students, and community providers. At the request of a school district, charter school, institute charter school, or board of cooperative services, the Department shall provide technical assistance to the school district, charter school, institute charter school, or board of cooperative services in designing age-appropriate curricula pertaining to mental health.

(3) The materials and resources available to students must be developed and updated with input from youth.

(4) School districts, charter schools, institute charter schools, and boards of cooperative services are encouraged to report to the Department on the effectiveness of the resource bank and curricula and to recommend changes to improve the resource bank or curricula. The Department is encouraged to update the resource bank and curricula based on recommendations from school districts, charter schools, institute charter schools, boards of cooperative services, professional educators, parents or guardians of youth, students, and community providers.
SECTION 5. In Colorado Revised Statutes, 22-7-1005, add (2.3) as follows:

22-7-1005. Preschool through elementary and secondary education - aligned standards - adoption - revisions. (2.3) On or before July 1, 2020, the State Board shall adopt standards that identify the knowledge and skills that an elementary through secondary education student should acquire related to mental health, including suicide prevention. When the State Board is adopting standards, the State Board shall take into account what local education providers are currently teaching with regard to mental health.

SECTION 6. In Colorado Revised Statutes, amend as relocated by House Bill 19-1172 12-245-202 (14)(a) as follows:

12-245-202. Definitions. As used in this article 245, unless the context otherwise requires:

(14) (a) "Psychotherapy" or "PSYCHOTHERAPY SERVICES" means the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate behavioral and mental health disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention that takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, psychotherapy can be a single intervention.

SECTION 7. In Colorado Revised Statutes, add to article 245 as relocated by House Bill 19-1172 12-245-203.5 as follows:

12-245-203.5. Minors - consent for outpatient psychotherapy services - immunity - definition. (1) As used in this section, unless the context otherwise requires, "MENTAL HEALTH PROFESSIONAL" includes a professional person as defined in section 27-65-102 (17); a mental health professional licensed pursuant to part 3, 4, 5, 6, or 8 of this article 245; a licensed professional counselor candidate; a psychologist candidate; or a school social worker licensed by the Department of Education.

(2) Notwithstanding any other provision of law, a mental health professional described in subsection (1) of this section may provide psychotherapy services, as defined in section 12-245-202 (14)(a), to a minor who is twelve years of age or older, with or without the consent of the minor's parent or legal guardian, if the mental health professional determines that:

(a) The minor is knowingly and voluntarily seeking such services; and

(b) The provision of psychotherapy services is clinically indicated and necessary to the minor's well-being.
(3) (a) The mental health professional may notify the minor’s parent or legal guardian of the psychotherapy services given or needed, with the minor’s consent, unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor’s care and treatment.

(b) The mental health professional shall engage the minor in a discussion about the importance of involving and notifying the minor’s parent or legal guardian and shall encourage such notification to help support the minor’s care and treatment.

(c) Notwithstanding the provisions of subsection (3)(a) of this section, a mental health professional may notify the minor’s parent or legal guardian of the psychotherapy services given or needed, without the minor’s consent, if in the professional opinion of the mental health professional, the minor is unable to manage the minor’s care or treatment.

(4) A mental health professional described in subsection (1) of this section shall fully document when the mental health professional attempts to contact or notify the minor’s parent or legal guardian, and whether the attempt was successful or unsuccessful, or the reason why, in the mental health professional’s opinion, it would be inappropriate to contact or notify the minor’s parent or legal guardian. Documentation must be included in the minor’s clinical record, along with a written statement signed by the minor indicating that the minor is voluntarily seeking psychotherapy services.

(5) Psychotherapy services must be provided in a culturally appropriate manner. Written and oral instruction, training of providers and staff, and the overall provision of services must be culturally appropriate and provided in a manner and format to support individuals with limited English proficiency or challenges with accessibility related to a disability and with respect for diverse backgrounds, including individuals with different cultural origins and individuals who are lesbian, gay, bisexual, or transgender.

(6) As used in this section, psychotherapy services do not include inpatient psychotherapy services.

(7) If a minor who is receiving psychotherapy services pursuant to this section communicates a clear and imminent intent or threat to inflict serious bodily harm on themselves or others, the mental health professional described in subsection (1) of this section is subject to the notification provisions of Section 13-21-117(2).

(8) If a minor who is receiving psychotherapy services pursuant to subsections (2) and (3) of this section communicates an intent to commit suicide, the mental health professional described in subsection (1) of this section shall notify the minor’s parent or legal guardian of such suicidal ideation.
SECTION 8. Appropriation. For the 2019-20 state fiscal year, $116,550 is appropriated to the department of education. This appropriation is from the general fund and is based on an assumption that the department will require an additional 0.9 FTE. To implement this act, the department may use this appropriation for mental health education resource bank and technical assistance.

SECTION 9. Effective date. This act takes effect upon passage; except that sections 6 and 7 of this act take effect only if House Bill 19-1172 becomes law, in which case sections 6 and 7 take effect on October 1, 2019.

SECTION 10. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 16, 2019