Colorado Revised Statutes 2021

TITLE 27

BEHAVIORAL HEALTH

DEPARTMENT OF HUMAN SERVICES

ARTICLE 1

Department of Human Services

27-1-101 to 27-1-306. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 11 of chapter 3, C.R.S. 1963. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. The provisions of this article were relocated to articles 66, 68, and 90 of this title. For the location of specific provisions, see the editor's notes following each section in said articles that were relocated and the comparative tables located in the back of the index.

ARTICLE 2

General Administrative Provisions

27-2-101 to 27-2-110. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 3 of chapter 130, C.R.S. 1963. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. The provisions of this article were relocated to article 91 of this title. For the location of specific provisions, see the editor's notes following each section in said article and the comparative tables located in the back of the index.

MENTAL HEALTH

General Provisions

ARTICLE 9

Commitment and General Provisions

27-9-101 to 27-9-133. (Repealed)

Editor's note: (1) This article was numbered as article 1 of chapter 71, C.R.S. 1963. This article was repealed on revision as obsolete, effective July 1, 1975. For pertinent information concerning this article, see (2) of this note.

(2) The article was repealed and reenacted in 1973 with an effective date of July 1, 1974. (See L. 73, p. 819.) Section 3 of chapter 67, Session Laws of Colorado 1974, changed the effective date of the repeal and reenactment from July 1, 1974, to July 1, 1975. (See L. 74, p. 287.) In compiling C.R.S. 1973, which was not available until 1974, two versions were printed. Article 1 of chapter 71, C.R.S. 1963, was reorganized and renumbered as article 9 of title 27 in the compilation of C.R.S. 1973 and contained the original version of article 1 of chapter 71 found in C.R.S. 1963 in effect until July 1, 1975. The repealed and reenacted version of article 1 of chapter 71, C.R.S. 1963, effective July 1, 1975, was renumbered as article 10 in the compilation of C.R.S. 1973 and replaced article 9. (For the version of article 1 of chapter 71 in effect until July 1, 1975, see article 9 of title 27 in the original volume of C.R.S. 1973, pages 381 through 398.) For a detailed comparison of the former article 9 prior to its repeal by revision in 1975, see the comparative tables located in the back of the index.

Cross references: For current provisions concerning care and treatment of persons with mental illness, see article 65 of this title.

ARTICLE 10

Care and Treatment of Persons
with Mental Illness

27-10-101 to 27-10-129. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 1 of chapter 71, C.R.S. 1963. This article replaced article 9 of this title, effective July 1, 1975. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume and the editor's note following the repeal of article 9 of this title. (For the version of article 1 of chapter 71 in effect July 1, 1975, see article

10 of title 27 in the original volume of C.R.S. 1973, pages 399 through 414.) The provisions of this article were relocated to article 65 of this title. For the location of specific provisions, see the editor's notes following each section in said article and the comparative tables located in the back of the index.

ARTICLE 10.3

Child Mental Health Treatment Act

27-10.3-101 to 27-10.3-108. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was added in 1999. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note beginning on page vii in the front of this volume. The provisions of this article were relocated to article 67 of this title. For the location of specific provisions, see the editor's notes following each section in said article and the comparative tables located in the back of the index.

ARTICLE 10.5

Care and Treatment of Persons with
Intellectual and Developmental Disabilities

Cross references: For provisions concerning home- and community-based services for persons with developmental disabilities, see part 3 of article 6 of title 25.5.

PART 1

RIGHTS OF PERSONS WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

27-10.5-101. Legislative declaration - repeal. (Repealed)

Source: L. 75: Entire article added, p. 906, § 1, effective July 1. **L. 85:** Entire section amended, p. 983, § 1, effective July 1. **L. 92:** Entire section amended, p. 1350, § 1, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-201 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-102. Definitions - repeal. [*Editor's note: This version of the introductory portion of this section is effective until July 1, 2024.*] As used in this article, unless the context otherwise requires:

[*Editor's note: This version of the introductory portion of this section is effective July 1, 2024.*] As used in this article 10.5, unless the context otherwise requires:

(1) "Authorized representative" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(1.5) **[*Editor's note: Subsection (1.5) is effective July 1, 2024.*]** "Case management agency" has the same meaning as set forth in section 25.5-6-1702 (2).

(2) "Case management services" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(2.3) "Case manager" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(2.5) (Deleted by amendment, L. 2008, p. 1442, 1, effective August 5, 2008.)

(3) (a) "Community-centered board" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(b) This subsection (3) is repealed, effective July 1, 2024.

(4) (Deleted by amendment, L. 2013.)

(5) "Consent" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(6) "Contribution" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(7) "Court" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(7.5) **[*Editor's note: Subsection (7.5) is effective July 1, 2024.*]** "Defined service area" has the same meaning as set forth in section 25.5-6-1702 (7).

(8) "Department" means the department of human services.

(9) (a) "Designated service area" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(b) This subsection (9) is repealed, effective July 1, 2024.

(10) "Developmental disabilities professional" has the same meaning as "intellectual and developmental disabilities professional" as set forth in subsection (21.5) of this section.

(11) (a) "Developmental disability" has the same meaning as "intellectual and developmental disability" as set forth in section 25.5-10-202, C.R.S.

(b) "Person with a developmental disability" has the same meaning as "person with an intellectual and developmental disability" as set forth in section 25.5-10-202, C.R.S.

(c) "Child with a developmental delay" means:

(I) A person less than five years of age with delayed development as defined by the department; or

(II) A person less than five years of age who is at risk of having a developmental disability as defined by the department.

(12) "Early intervention services and supports" means services described in and provided pursuant to part 7 of this article, including education, training, and assistance in child development, parent education, therapies, and other activities for infants and toddlers and their families that are designed to meet the developmental needs of infants and toddlers including, but not limited to, cognition, speech, communication, physical, motor, vision, hearing, social-emotional, and self-help skills.

(13) **[*Editor's note: This version of subsection (13) is effective until July 1, 2024.*]** "Eligible for supports and services" refers to any person with an intellectual and developmental

disability or delay as determined eligible by the community-centered boards, pursuant to section 27-10.5-106.

(13) **[*Editor's note: This version of subsection (13) is effective July 1, 2024.*]** "Eligible for supports and services" refers to any person with an intellectual and developmental disability or delay as determined eligible by the case management agency, pursuant to section 27-10.5-106.

(13.5) (Deleted by amendment, L. 2008, p. 1442, 1, effective August 5, 2008.)

(13.7) "Enrolled" means that a person with an intellectual and developmental disability who is eligible for supports and services has been authorized, as defined by rules promulgated by the department, to participate in a program funded pursuant to this article.

(14) "Executive director" means the executive director of the department of human services.

(15) "Family" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(15.5) (Deleted by amendment, L. 2013.)

(16) "Gastrostomy tube" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(17) "Human rights committee" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(17.5) "IDEA" means the federal "Individuals with Disabilities Education Improvement Act of 2004", 20 U.S.C. sec. 1400 et seq., as amended, and its implementing regulations, 34 CFR part 303.

(18) "Inclusion" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(19) (Deleted by amendment, L. 2012.)

(19.5) "Individualized family service plan" or "IFSP" means a written plan developed pursuant to 20 U.S.C. sec. 1436 and 34 CFR 303.340 that authorizes the provision of early intervention services to an eligible child and the child's family. An IFSP shall serve as the individualized plan, pursuant to paragraph (c) of subsection (20) of this section, for a child from birth through two years of age.

(20) (a) "Individualized plan" means a written plan designed by an interdisciplinary team for the purpose of identifying:

(I) The needs and preferences of the person or family receiving services;

(II) The specific services and supports appropriate to meet those needs and preferences;

(III) The projected date for initiation of services and supports; and

(IV) The anticipated outcomes to be achieved by receiving the services and supports.

(b) **[*Editor's note: This version of subsection (20)(b) is effective until July 1, 2024.*]** Every individualized plan will include a statement of agreement with the plan, signed by the person receiving services or other such person legally authorized to sign on behalf of the person and a representative of the community-centered board.

(b) **[*Editor's note: This version of subsection (20)(b) is effective July 1, 2024.*]** Every individualized plan must include a statement of agreement with the plan, signed by the person receiving services or other such person legally authorized to sign on behalf of the person and a representative of the case management agency.

(c) Any other service or support plan, designated by the department, that meets all of the requirements of an individualized plan will be considered to be an individualized plan pursuant to this article.

(d) (Deleted by amendment, L. 2013.)

(21) "Infants and toddlers" means a child with a developmental delay from birth through two years of age.

(21.5) "Intellectual and developmental disabilities professional" means a person who has professional training and experience in the intellectual and developmental disabilities field, as defined by the department.

(22) "Interdependence" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(23) "Interdisciplinary team" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(24) "Least restrictive environment" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(25) "Person receiving services" means a person with an intellectual and developmental disability who is enrolled in a program funded pursuant to this article.

(25.5) "Program" means a specific group of services or supports as defined by rules promulgated by the department and for which funding is available pursuant to this article to a person with an intellectual and developmental disability who is eligible for supports and services.

(26) Repealed.

(27) "Regional center" means a facility or program operated directly by the department that provides services and supports to persons with intellectual and developmental disabilities.

(28) "Service agency" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(29) "Service and support coordination" means planning, locating, facilitating access to, coordinating, and reviewing all aspects of needed and preferred services, supports, and resources that are provided in cooperation with the person receiving services, the person's family, as appropriate, the family of a child with a developmental delay, and the involved public or private agencies. Planning includes the development or review of an existing individualized plan. "Service and support coordination" also includes the reassessment of the needs and preferences of the person receiving services or the needs and preferences of the family of the person, with maximum participation of the person receiving services and the person's parents, guardian, or authorized representative, as appropriate.

(30) "Services and supports" means one or more of the following: Education, training, therapies, identification of natural supports, and other activities provided to:

(a) Enable persons with intellectual and developmental disabilities to make responsible choices, exert greater control over their lives, experience presence and inclusion in their communities, develop their competencies and talents, maintain relationships, foster a sense of belonging, and experience personal security and self-respect;

(b) Enhance child development and healthy parent-child and family interaction for eligible infants and toddlers and their families pursuant to part 7 of this article; and

(c) Enable families, who choose or desire to maintain a family member with an intellectual and developmental disability at home, to obtain support and to enjoy a typical lifestyle.

(31) "Sterilization" has the same meaning as set forth in section 25.5-10-202, C.R.S.

(32) (Deleted by amendment, L. 2013.)

Source: L. 75: Entire article added, p. 906, § 1, effective July 1. **L. 76:** (4)(a) amended, p. 671, § 1, effective May 20. **L. 85:** Entire section R&RE, p. 984, § 2, effective July 1. **L. 88:** (6)(b) amended, p. 1082, § 1, effective April 9. **L. 91:** (13.5) added, p. 1163, § 4, effective March 29. **L. 92:** Entire section R&RE, p. 1351, § 2, effective July 1. **L. 93:** (11)(a) amended, p. 1668, § 81, effective July 1; (8) and (14) amended, p. 1162, § 132, effective July 1, 1994. **L. 2001:** (4) amended, p. 106, § 4, effective March 21. **L. 2002:** (11)(a) amended, p. 1024, § 47, effective June 1. **L. 2004:** (20)(d) added, p. 480, § 1, effective August 4. **L. 2007:** (2.5), (13.5), and (17.5) added, p. 1559, § 5, effective May 31. **L. 2008:** (15.5) added and (24) amended, p. 2179, § 1, effective June 5; entire section amended, p. 1442, § 1, effective August 5; (2.3) and (32) added, p. 2206, § 1, effective August 5. **L. 2009:** (15.5) amended, (SB 09-044), ch. 57, p. 208, § 9, effective March 25. **L. 2010:** (13.7) and (25.5) added and (25) and (32) amended, (HB 10- 1213), ch. 220, p. 960, § 1, effective May 10; (26) repealed, (SB 10-208), ch. 314, p. 1472, § 1, effective May 27. **L. 2013:** Entire section amended, (HB 13-1314), ch. 323, p. 1786, § 2, effective March 1, 2014. **L. 2021:** IP, (13), and (20)(b) amended and (1.5) and (7.5) added, (HB 21-1187), ch. 83, p. 348, § 56, effective July 1, 2024; (3)(b) and (9)(b) added by revision, (HB 21-1187), ch. 83, pp. 348, 354, §§ 56, 70.

Editor's note: (1) Amendments to this section by House Bill 08-1031, Senate Bill 08-002, and House Bill 08-1366 were harmonized.

(2) Subsection (19.5) was originally numbered as (20.5) in House Bill 08-1366 but has been renumbered on revision for ease of location.

Cross references: For the legislative declaration contained in the 1993 act amending subsections (8) and (14), see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-103. Duties of the executive director - rules - definition. (1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective until July 1, 2022.*]** In order to implement the provisions of this article, the executive director shall carry out the following duties, subject to available appropriations:

(1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective July 1, 2022.*]** In order to implement the provisions of this article 10.5, the executive director shall carry out the following duties, subject to available appropriations:

(a) Promote effective coordination with agencies serving persons with intellectual and developmental disabilities in order to improve continuity of services and supports for persons facing life transitions from toddler to preschool, school to adult life, and work to retirement;

(b) **[*Editor's note: This version of subsection (1)(b) is effective until July 1, 2022.*]** Conduct appropriate part C child find activities as described in section 27-10.5-704. Part C child find activities conducted by the department shall include, but need not be limited to, case management, referral, transitions, and public education outreach and awareness of early intervention services.

(b) **[*Editor's note: This version of subsection (1)(b) is effective July 1, 2022.*]** Conduct appropriate part C child find activities as described in section 27-10.5-704. Part C child find activities conducted by the department include, but need not be limited to, early intervention evaluations, case management, referrals to public education systems or other community

resources, implementation of state-level interagency operating agreements, and public outreach and awareness of early intervention evaluations and services.

(c) Operate regional centers pursuant to part 3 of this article; and

(d) Facilitate employment first policies and practices by:

(I) Providing department input and assistance to the employment first advisory partnership established in part 3 of article 84 of title 8, C.R.S., in carrying out its duties; and

(II) Presenting the reports and recommendations of the employment first advisory partnership to the department's legislative committee of reference pursuant to section 8-84-303 (7), C.R.S.

(2) In accordance with section 24-4-103, and in coordination with the requirements of article 10 of title 25.5, the department shall adopt such rules as are necessary to carry out the provisions and purposes of this article 10.5, including but not limited to the following:

(a) Standards for services and supports, including preparation of individualized plans;

(b) Purchase of services and supports and financial administration;

(c) Procedures for resolving disputes over eligibility determination and the modification, denial, or termination of services;

(d) Procedures for admission to programs contained in this article;

(e) Systems of quality assurance and data collection;

(f) The rights of a person receiving services;

(g) Confidentiality of records of a person receiving services;

(h) Designation of authorized representatives and delineation of their rights and duties pursuant to this article;

(i) (I) The establishment of guidelines and procedures for authorization of persons for administration of nutrition and fluids through gastrostomy tubes.

(II) The department shall require that a service agency providing residential or day program services or supports have a staff member qualified pursuant to subparagraph (III) of this paragraph (i) on duty at any time the facility administers said nutrition and fluids through gastrostomy tubes, and that the facility maintain a written record of each nutrient or fluid administered to each person receiving services, including the time and the amount of the nutrient or fluid.

(III) A person who is not otherwise authorized by law to administer nutrition and fluids through gastrostomy tubes is allowed to perform the duties only under the supervision of a licensed nurse or physician. A person who administers nutrition and fluids in compliance with the provisions of this subsection (2)(i) is exempt from the licensing requirements of the "Colorado Medical Practice Act", article 240 of title 12, and the "Nurse and Nurse Aide Practice Act", article 255 of title 12. Nothing in this subsection (2)(i) shall be deemed to authorize the administration of medications through gastrostomy tubes. A person administering medications through gastrostomy tubes is subject to the requirements of part 3 of article 1.5 of title 25.

(IV) For purposes of this paragraph (i), "administration" means assisting a person in the ingestion of nutrition or fluids according to the direction and supervision of a licensed nurse or physician.

(j) Child find activities, as described in section 27-10.5-704.

Source: L. 75: Entire article added, p. 908, § 1, effective July 1. **L. 79:** (4)(b) amended, p. 1640, § 47, effective July 19. **L. 85:** Entire section R&RE, p. 987, § 3, effective July 1. **L. 88:**

(2)(j) repealed and (3) amended, pp. 1083, 1082, §§ 9, 2, effective April 9. **L. 91:** (2)(k) added, p. 1164, § 6, effective March 29; (1)(f) amended, p. 1859, § 22, effective April 11. **L. 92:** (2)(k)(V) repealed, p. 2011, § 5, effective June 2; entire section amended, p. 1357, § 3, effective July 1. **L. 93:** (1)(f) amended, p. 1162, § 133, effective July 1, 1994; (1)(f) repealed, p. 1121, § 32, effective July 1, 1994. **L. 94:** (1)(f) RC&RE, p. 2613, § 18, effective July 1. **L. 2003:** IP(2) and (2)(k)(III) amended, p. 714, § 54, effective July 1. **L. 2006:** (1)(f) amended, p. 2021, § 112, effective July 1. **L. 2007:** Entire section amended, p. 1559, § 6, effective May 31. **L. 2008:** (1)(h) and (2)(l) amended, p. 1448, § 2, effective August 5. **L. 2009:** IP(2) amended, (SB 09-044), ch. 57, p. 208, § 10, effective March 25. **L. 2010:** (2)(e) amended, (SB 10-208), ch. 314, p. 1472, § 2, effective May 27. **L. 2013:** Entire section R&RE, (HB 13-1314), ch. 323, p. 1792, § 3, effective March 1, 2014. **L. 2016:** (1)(b) and (1)(c) amended and (1)(d) added, (SB 16-077), ch. 360, p. 1507, § 8, effective July 1. **L. 2019:** IP(2) and (2)(i)(III) amended, (HB 19-1172), ch. 136, p. 1712, § 197, effective October 1. **L. 2020:** (2)(i)(III) amended, (HB 20-1183), ch. 157, p. 704, § 65, effective July 1. **L. 2021:** IP(1) and (1)(b) amended, (SB 21-275), ch. 393, p. 2613, § 6, effective July 1, 2022.

Editor's note: Amendments to this section by Senate Bill 92-096 and Senate Bill 92-133 were harmonized.

Cross references: For the legislative declaration contained in the 1993 act repealing subsection (1)(f), see section 1 of chapter 230, Session Laws of Colorado 1993. For the legislative declaration contained in the 1994 act recreating and reenacting subsection (1)(f), see section 1 of chapter 345, Session Laws of Colorado 1994. For the legislative declaration in SB 16-077, see section 1 of chapter 360, Session Laws of Colorado 2016.

27-10.5-103.5. Community centered boards and service agencies - local public procurement units - repeal. (Repealed)

Source: L. 92: Entire section added, p. 1077, § 3, effective July 1. **L. 96:** Entire section amended, p. 1476, § 37, effective June 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-205 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-104. Authorized services and supports - conditions of funding - purchase of services and supports - boards of county commissioners - appropriation - repeal. (1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective until July 1, 2024.*]** Subject to annual appropriations by the general assembly, the department shall provide or purchase, pursuant to subsection (4) of this section, authorized services and supports from community-centered boards or service agencies for persons who have been determined to be eligible for such services and supports pursuant to section 27-10.5-106, and as specified in the eligible person's individualized plan. Those services and supports may include, but need not be limited to, the following:

(1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective July 1, 2024.*]** Subject to annual appropriations by the general assembly, the department shall provide or purchase, pursuant to subsection (4) of this section, authorized long-term services and supports from case management agencies or service agencies for persons who have been determined to be eligible for such long-term services and supports pursuant to section 27-10.5-106, and as specified in the eligible person's individualized plan. Those long-term services and supports may include, but need not be limited to, the following:

(a) Early intervention services and supports that offer infants and toddlers and their families services and supports to enhance child development in the areas of cognition, speech, communication, physical, motor, vision, hearing, social-emotional development, and self-help skills; parent-child or family interaction; and early identification, screening, and assessment services that are provided pursuant to part 7 of this article;

(b) Case management services;

(c) Day services and supports that offer opportunities for persons with intellectual and developmental disabilities to experience and actively participate in valued adult roles in the community. These services and supports will enable persons receiving services to access and participate in community activities, such as work, recreation, higher education, and senior citizen activities. Day services and supports, including early intervention services, may also include the administration of nutrition or fluids through gastrostomy tubes, if administered by a person authorized pursuant to section 27-10.5-103 (2)(i) and supervised by a licensed nurse or physician.

(d) Residential services and supports, including an array of training, learning, experiential, and support activities provided in living alternatives designed to meet the individual needs of persons receiving services and may include the administration of nutrition or fluids through gastrostomy tubes, if administered by a person authorized pursuant to section 27-10.5-103 (2)(i) and supervised by a licensed nurse or physician; and

(e) Ancillary services, including activities that are secondary but integral to the provision of the services and supports specified in this subsection (1).

(2) Service agencies receiving funds pursuant to subsection (1) of this section shall comply with all of the provisions of this article and the rules promulgated thereunder.

(3) Service and support coordination shall be purchased pursuant to part 7 of this article.

(4) (a) The department may purchase services and supports, including service and support coordination, directly from service agencies if:

(I) Required by the federal requirements for the state to qualify for federal funds under Title XIX of the federal "Social Security Act", as amended, including programs authorized pursuant to part 4 of article 6 of title 25.5, C.R.S.; or

(II) (A) The executive director has determined that a service or support provided or purchased by a designated community-centered board does not meet established standards and the continuation of purchase of the service or support through the community-centered board is not in the best interests of the persons receiving services.

(B) This subsection (4)(a)(II) is repealed, effective July 1, 2024.

(b) **[*Editor's note: This version of subsection (4)(b) is effective until July 1, 2024.*]** The department shall only purchase services and supports directly from those community-centered boards or service agencies that meet established standards.

(b) [***Editor's note: This version of subsection (4)(b) is effective July 1, 2024.***] The department shall only purchase long-term services and supports directly from those service agencies that meet established standards.

(c) Nothing in this section shall be construed to prohibit the provision of services and supports, including case management services, directly by the department through regional centers, for persons receiving services in regional centers.

(d) Nothing in this section shall be construed to require the provision of services and supports, including case management services, directly by the department.

(5) (a) Each year the general assembly shall appropriate moneys to the department to provide or purchase services and supports for persons with intellectual and developmental disabilities pursuant to this section. Unless specifically provided otherwise, services and supports shall be purchased on the basis of state funding less any federal or cash funds received for general operating expenses from any other state or federal source, less funds available to a person receiving residential services or supports after such person receives an allowance for personal needs or for meeting other obligations imposed by federal or state law. The yearly appropriation, when combined with all other sources of funds, shall in no case exceed one hundred percent of the approved program costs as determined by the general assembly. Funds received for capital construction shall not be considered in the calculation for the distribution of funds under the provisions of this section.

(b) The department is authorized to use up to three percent of the appropriation allocated for early intervention services and supports for training and technical assistance to ensure that the latest developments for early intervention services and supports are rapidly integrated into service provision throughout the state.

Source: L. 75: Entire article added, p. 909, § 1, effective July 1. **L. 79:** (6)(b) amended, p. 1640, § 48, effective July 19. **L. 85:** Entire section R&RE, p. 988, § 4, effective July 1. **L. 88:** (2) and (8) amended, p. 1082, § 3, effective April 9; (7)(b) amended, p. 812, § 13, effective May 24. **L. 91:** (1)(d) amended, p. 1163, § 5, effective March 29. **L. 92:** Entire section R&RE, p. 1359, § 4, effective July 1. **L. 93:** (1)(a) amended, p. 1789, § 75, effective June 6; IP(1), IP(4)(a), and (7)(a) amended, p. 1162, § 134, effective July 1, 1994. **L. 94:** (7)(b) amended, p. 823, § 51, effective April 27. **L. 96:** (5) amended, p. 472, § 6, effective July 1. **L. 2008:** Entire section amended, p. 2216, § 1, effective June 5; (4)(a.7) added, p. 2180, § 2, effective June 5; (1) and (3) amended, p. 1448, § 3, effective August 5. **L. 2010:** (7)(b) amended, (HB 10-1013), ch. 399, p. 1916, § 48, effective June 10. **L. 2013:** Entire section R&RE, (HB 13-1314), ch. 323, p. 1794, § 4, effective March 1, 2014. **L. 2021:** IP(1) and (4)(b) amended, (HB 21-1187), ch. 83, p. 348, § 57, effective July 1, 2024; (4)(a)(II)(B) added by revision, (HB 21-1187), ch. 83, pp. 348, 354, §§ 57, 70.

Editor's note: Amendments to this section by House Bill 08-1366, Senate Bill 08-002, and House Bill 08-1220 were harmonized.

Cross references: For the legislative declaration contained in the 1993 act amending the introductory portions to subsections (1) and (4)(a) and subsection (7)(a), see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-104.2. Services and supports - waiting list reduction - cash fund - repeal. (Repealed)

Source: L. 2008: Entire section added, p. 2209, § 2, effective August 5. **L. 2009:** (2) amended, (SB 09-228), ch. 410, p. 2264, § 17, effective July 1. **L. 2013:** (1), (2), and (3)(a) amended and (1.5) added, (HB 13-1314), ch. 323, p. 1796, § 5, effective May 28; (6) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-207 in 2014.

(2) Subsection (6) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-104.5. Case management agencies when acting as a service agency - money - rules - repeal. (1) (a) A service agency, including a community centered board when acting as a service agency, shall comply with the requirements set forth in this article and the rules promulgated thereunder.

(b) This subsection (1) is repealed, efffective July 1, 2024.

(2) (Deleted by amendment, L. 92, p. 1363, § 5, effective July 1, 1992.)

(3) **[*Editor's note: This version of the introductory portion to subsection (3) is effective until July 1, 2024.*]** The department shall promulgate rules to implement the purchase of services and supports from a community-centered board or a service agency. The rules shall include, but need not be limited to:

(3) **[*Editor's note: This version of the introductory portion to subsection (3) is effective July 1, 2024.*]** The department shall promulgate rules to implement the purchase of long-term services and supports from a case management agency or a service agency. The rules must include, but need not be limited to:

(a) Terms and conditions necessary to promote the effective delivery of services and supports;

(b) **[*Editor's note: This version of subsection (3)(b) is effective until July 1, 2024.*]** Procedures for obtaining an annual audit of designated community-centered boards and service agencies not affiliated with a designated community-centered board to provide financial information deemed necessary by the department to establish costs of services and supports and to ensure proper management of moneys received pursuant to section 27-10.5-104;

(b) **[*Editor's note: This version of subsection (3)(b) is effective July 1, 2024.*]** Procedures for obtaining an annual audit of case management agencies and service agencies not affiliated with a case management agency to provide financial information deemed necessary by the department to establish costs of long-term services and supports and to ensure proper management of money received pursuant to section 27-10.5-104;

(c) (I) Delineation of a system to resolve contractual disputes between the department and designated community-centered boards or service agencies and between designated community-centered boards and service agencies, including the contesting of any rates that the designated community-centered boards charge to service agencies based upon a percentage of the rates that service agencies charge for services and supports;

(II) This subsection (3)(c) is repealed, effective July 1, 2024.

(d) **[*Editor's note: This version of subsection (3)(d) is effective until July 1, 2024.*]** Specification of what services and supports are to be reimbursed by the department and secondarily by the community-centered board, the source of reimbursement, actual service or support costs, incentives, and program service objectives which affect reimbursement;

(d) **[*Editor's note: This version of subsection (3)(d) is effective July 1, 2024.*]** Specification of what long-term services and supports are to be reimbursed by the department and secondarily by the case management agencies, the source of reimbursement, actual long-term service or support costs, incentives, and program service objectives which affect reimbursement;

(e) The methods of coordinating the purchase of services and supports, including, but not limited to, service and support coordination, with other federal, state, and local programs which provide funding for authorized services and supports;

(f) (Deleted by amendment, L. 92, p. 1363, § 5, effective July 1, 1992.)

(g) and (h) (Deleted by amendment, L. 2008, p. 2219, § 2, effective June 5, 2008.)

(i) **[*Editor's note: This version of subsection (3)(i) is effective until July 1, 2024.*]** Criteria for and limitations on any rates that designated community-centered boards charge to service agencies based upon a percentage of the rates that service agencies charge for services and supports.

(i) **[*Editor's note: This version of subsection (3)(i) is effective July 1, 2024.*]** Criteria for and limitations on any rates that case management agencies charge to service agencies based upon a percentage of the rates that service agencies charge for long-term services and supports.

(3.5) **[*Editor's note: This version of subsection (3.5) is effective until July 1, 2024.*]** Any incorporated service agency which is registered in Colorado as a foreign corporation shall organize a local advisory board consisting of individuals who reside within the designated service area. Such advisory board shall be representative of the community at large and persons receiving services and their families.

(3.5) **[*Editor's note: This version of subsection (3.5) is effective July 1, 2024.*]** Any incorporated service agency which is registered in Colorado as a foreign corporation shall organize a local advisory board consisting of individuals who reside within the defined service area. The advisory board must be representative of the community at large and persons receiving services and their families.

(4) **[*Editor's note: This version of subsection (4) is effective until July 1, 2024.*]** Upon a determination by the executive director that services or supports have not been provided in accordance with the program or financial administration standards specified in this article and the rules and regulations promulgated thereunder, the executive director may reduce, suspend, or withhold payment to a designated community centered board, service agency under contract with a designated community centered board, or service agency from which the department of human services purchased services or supports directly. When the executive director decides to reduce, suspend, or withhold payment, the executive director shall specify the reasons therefor and the actions which are necessary to bring the service agency into compliance.

(4) **[*Editor's note: This version of subsection (4) is effective July 1, 2024.*]** Upon a determination by the executive director that long-term services or supports have not been provided in accordance with the program or financial administration standards specified in this article 10.5 and the rules and regulations promulgated thereunder, the executive director may reduce, suspend, or withhold payment to a case management agency, service agency under

contract with a case management agency, or service agency from which the department of human services purchased long-term services or supports directly. When the executive director decides to reduce, suspend, or withhold payment, the executive director shall specify the reasons therefor and the actions which are necessary to bring the service agency into compliance.

(5) Nothing in this article or in any rules or regulations promulgated pursuant thereto and no actions taken by the executive director pursuant to this article shall be construed to affect the obtaining of funds from local authorities, including those funds obtained from a mill levy assessed by a county or municipality for the purpose of purchasing services or supports for persons with developmental disabilities, or to require that such funds from local authorities be used to supplant state or federal funds available for purchasing services and supports for persons with developmental disabilities.

(6) (Deleted by amendment, L. 92, p. 1363, § 5, effective July 1, 1992.)

Source: L. 85: Entire section added, p. 991, § 5, effective July 1. **L. 88:** (6) amended, p. 1083, § 4, effective April 9. **L. 92:** Entire section amended, p. 1363, § 5, effective July 1. **L. 93:** (3)(d) and (4) amended, p. 1163, § 135, effective July 1, 1994. **L. 2008:** (3) amended, p. 2219, § 2, effective June 5; IP(3) and (3)(a) amended, p. 2180, § 3, effective June 5. **L. 2009:** (1), IP(3), and (3)(b) amended, (SB 09-044), ch. 57, p. 208, § 11, effective March 25. **L. 2013:** (3) amended, (HB 13-1314), ch. 323, p. 1797, § 6, effective March 1, 2014. **L. 2021:** IP(3), (3)(b), (3)(d), (3)(i), (3.5), and (4) amended, (HB 21-1187), ch. 83, p. 349, § 58, effective July 1, 2024; (1)(b) and (3)(c)(II) added by revision, (HB 21-1187), ch. 83, pp. 349, 354, §§ 58, 70.

Editor's note: Amendments to subsection (3) by House Bill 08-1220 and Senate Bill 08-002 were harmonized.

Cross references: For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-105. Case management agencies - purchase of services and supports. (1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective until July 1, 2024.*]** Once a community-centered board has been designated pursuant to section 25.5-10-209, C.R.S., it shall, subject to available appropriations:

(1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective July 1, 2024.*]** Once a case management agency has been designated pursuant to section 25.5-6-1703, it shall, subject to available appropriations:

(a) **[*Editor's note: This version of subsection (1)(a) is effective until July 1, 2024.*]** Determine eligibility and develop an individualized plan for each person who receives services or supports pursuant to section 25.5-10-211, C.R.S.; except that, for a child from birth through two years of age, eligibility determination and development of an individualized family service plan shall be made pursuant to part 7 of this article;

(a) **[*Editor's note: This version of subsection (1)(a) is effective July 1, 2024.*]** Determine eligibility and develop an individualized plan for each person who receives long-term services or supports pursuant to section 25.5-6-1704; except that, for a child from birth through two years of age, eligibility determination and development of an individualized family service plan shall must be made pursuant to part 7 of this article 10.5;

(b) Provide case management services, including service and support coordination and periodic reviews, for persons receiving services and families with children with intellectual and developmental disabilities;

(c) Obtain or provide early intervention services and supports pursuant to part 7 of this article;

(d) Take steps to notify eligible persons, and their families as appropriate, regarding the availability of services and supports;

(e) Pursuant to section 27-10.5-704, collaborate with the department as it develops and implements a statewide plan for public education outreach and awareness efforts related to part C child find and the availability of early intervention services.

Source: L. 75: Entire article added, p. 910, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 992, § 6, effective July 1. **L. 88:** (2)(f) repealed and (4) amended, p. 1083, §§ 9, 5, effective April 9. **L. 90:** (2)(a) amended, p. 412, § 42, effective June 7. **L. 92:** Entire section R&RE, p. 1365, § 6, effective July 1. **L. 93:** IP(1) amended, p. 1163, § 136, effective July 1, 1994. **L. 2007:** (2) amended, p. 1562, § 7, effective May 31. **L. 2008:** (2) amended, p. 2220, § 3, effective June 5; entire section amended, p. 1450, § 4, effective August 5. **L. 2010:** (2)(d) amended, (HB 10-1213), ch. 220, p. 961, § 2, effective May 10; (2)(f) repealed, (SB 10-208), ch. 314, p. 1472, § 3, effective May 27. **L. 2013:** Entire section R&RE, (HB 13-1314), ch. 323, p. 1797, § 7, effective March 1, 2014. **L. 2014:** IP(1) and (1)(a) amended, (HB 14-1363), ch. 302, p. 1270, § 33, effective May 31. **L. 2021:** IP(1) and (1)(a) amended, (HB 21-1187), ch. 83, p. 350, § 59, effective July 1, 2024.

Cross references: For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-105.5. Revocation of designation - repeal. (Repealed)

Source: L. 85: Entire section added, p. 995, § 7, effective July 1. **L. 88:** (3) amended, p. 1083, § 6, effective April 9. **L. 92:** Entire section amended, p. 1368, § 7, effective July 1. **L. 2013:** (4) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-210 in 2014.

(2) Subsection (4) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-106. Eligibility determination. [*Editor's note: This version of this section is effective until July 1, 2024.*] Any person may request an evaluation pursuant to section 25.5-10-211, C.R.S., to determine whether he or she has an intellectual and developmental disability and is eligible to receive services and supports pursuant to this article. Application for eligibility determination shall be made to the designated community-centered board in the designated service area where the person resides.

27-10.5-106. Eligibility determination. [*Editor's note: This version of this section is effective July 1, 2024.*] Any person may request an evaluation pursuant to section 25.5-6-1704 to

determine whether the person has an intellectual and developmental disability and is eligible to receive long-term services and supports pursuant to this article 10.5. Application for eligibility determination must be made to the case management agency in the defined service area where the person resides.

Source: L. 75: Entire article added, p. 910, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 995, § 8, effective July 1. **L. 88:** (4) amended, p. 1083, § 7, effective April 9. **L. 92:** Entire section amended, p. 1368, § 8, effective July 1. **L. 93:** (1)(b) amended, p. 1163, § 137, effective July 1, 1994. **L. 2007:** (2) and (3) amended, p. 1564, § 8, effective May 31. **L. 2008:** Entire section amended, p. 1453, § 5, effective August 5. **L. 2009:** (1)(b) amended, (SB 09-044), ch. 57, p. 208, § 12, effective March 25. **L. 2010:** (1)(b) and (2) amended and (5) added, (HB 10-1213), ch. 220, p. 961, § 3, effective May 10. **L. 2013:** Entire section R&RE, (HB 13-1314), ch. 323, p. 1798, § 8, effective March 1, 2014. **L. 2014:** Entire section amended, (HB 14-1363), ch. 302, p. 1270, § 34, effective May 31. **L. 2021:** Entire section amended, (HB 21-1187), ch. 83, p. 350, § 60, effective July 1, 2024.

Cross references: For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-107. Procedure for resolving disputes over eligibility, modification of services or supports, and termination of services or supports. (1) Every state or local service agency receiving state moneys pursuant to section 27-10.5-104 or section 25.5-10-105, C.R.S., shall adopt a procedure for the resolution of disputes arising between the service agency and any recipient of, or applicant for, services or supports authorized under section 27-10.5-104 or section 25.5-10-105, C.R.S. Procedures for the resolution of disputes regarding early intervention services shall be in compliance with IDEA. The procedures shall be consistent with rules promulgated by the department pursuant to article 4 of title 24, C.R.S., and shall be applicable to the following disputes:

(a) A contested decision that the applicant is not eligible for services or supports;

(b) A contested decision to provide, modify, reduce, or deny services or supports set forth in the individualized plan or individualized family service plan of the person receiving services;

(c) A contested decision to terminate services or supports;

(d) A contested decision that the person receiving services is no longer eligible for services or supports.

(2) (Deleted by amendment, L. 92, p. 1369, § 9, effective July 1, 1992.)

(3) The department shall promulgate rules pursuant to article 4 of title 24, C.R.S., setting forth procedures for the resolution of disputes specified in subsection (1) of this section that shall:

(a) Require that all applicants for services and supports and the parents or guardian of a minor, the guardian, or an authorized representative be informed orally and in writing, in their native language, of the dispute resolution procedures at the time of application, at the time the individualized plan is developed, and any time changes in the plan are contemplated;

(b) Require that a service agency keep a written record of all proceedings specified pursuant to this section;

(c) Require that no person receiving services be terminated from such services or supports during the resolution process;

(d) Require that utilizing the dispute resolution procedure shall not prejudice the future provision of appropriate services or supports to individuals; and

(e) Require that the intended action not occur until after reasonable notice has been provided to the person, the parents or guardian of a minor, the guardian, or an authorized representative, along with an opportunity to utilize the resolution process, except in emergency situations, as determined by the department.

(3.5) The resolution process need not conform to the requirements of section 24-4-105, C.R.S., as long as the rules adopted by the department include provisions specifically setting forth procedures, time frames, notice, an opportunity to be heard and to present evidence, and the opportunity for impartial review of the decision in dispute by the executive director or designee, if the resolution process has failed.

(4) and (5) (Deleted by amendment, L. 92, p. 1369, § 9, effective July 1, 1992.)

Source: L. 75: Entire article added, p. 911, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 996, § 9, effective July 1. **L. 88:** (5) amended, p. 1083, § 8, effective April 9. **L. 92:** Entire section amended, p. 1369, § 9, effective July 1. **L. 2008:** (1) amended, p. 1454, § 6, effective August 5. **L. 2009:** IP(1), IP(3), and (3.5) amended, (SB 09-044), ch. 57, p. 209, § 13, effective March 25. **L. 2013:** IP(1) amended, (HB 13-1314), ch. 323, p. 1798, § 9, effective March 1, 2014.

27-10.5-108. Discharge. (1) A person receiving services shall be discharged from services or supports upon a determination, made pursuant to the individualized planning process, that the services or supports are no longer appropriate. At least ten days prior to effectuation of the discharge, notification of discharge shall be given to the person receiving services, the parents or guardian of such a person who is a minor, and such person's legal guardian and authorized representative when applicable.

(2) When a person receiving services notifies a service agency that such person no longer wishes to receive a service or support, the person shall be discharged from such service or support unless the person is subject to a petition to impose a legal disability or to remove a legal right, filed pursuant to section 27-10.5-110 or section 25.5-10-216, C.R.S., or for whom a legal guardian has been appointed, affecting the person's ability to voluntarily terminate services or supports. The parents of the person receiving services who is a minor and such person's guardian shall be notified of the person's wish to terminate services or supports, but no minor will be discharged without the consent of the parent or legal guardian.

Source: L. 75: Entire article added, p. 911, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 997, § 10, effective July 1. **L. 92:** Entire section amended, p. 1371, § 10, effective July 1. **L. 2013:** (2) amended, (HB 13-1314), ch. 323, p. 1799, § 10, effective March 1, 2014.

27-10.5-109. Community residential home - licenses - rules - repeal. (Repealed)

Source: L. 75: Entire article added, p. 911, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 997, § 11, effective January 1, 1986. **L. 92:** Entire section amended, p. 1371, § 11,

effective July 1. **L. 94:** Entire section amended, p. 2712, § 287, effective July 1. **L. 2008:** IP(6) amended, p. 1454, § 7, effective August 5. **L. 2009:** (3), (5), and IP(6) amended, (SB 09-044), ch. 57, p. 209, § 14, effective March 25. **L. 2012:** (2) and (3) amended, (HB 12-1294), ch. 252, p. 1260, § 12, effective June 4. **L. 2013:** (6)(d) added, (SB 13-283), ch. 332, p. 1896, § 16, effective May 28; (7) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-214 in 2014.

(2) Subsection (7) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-109.5. Compliance with local government zoning regulations - notice to local governments - provisional licensure - repeal. (Repealed)

Source: L. 2000: Entire section added, p. 1517, § 5, effective June 1. **L. 2013:** (4) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-215 in 2014.

(2) Subsection (4) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-110. Imposition of legal disability - removal of legal right. (1) Any interested person may petition the court pursuant to section 25.5-10-216, C.R.S., to impose a legal disability on or to remove a legal right from a person with an intellectual and developmental disability as defined in section 25.5-10-202, C.R.S. The petition shall set forth the disability to be imposed or the legal right to be removed and the reasons therefor. The petition may affect the right to contract, the right to determine place of abode or provisions of services and supports, the right to operate a motor vehicle, and other similar rights.

(2) A person shall not be admitted to a regional center without a court order issued pursuant to section 25.5-10-216, C.R.S., except in an emergency or for the purpose of temporary respite care.

Source: L. 75: Entire article added, p. 912, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 998, § 12, effective July 1. **L. 92:** Entire section amended, p. 1372, § 12, effective July 1. **L. 2010:** (2)(a)(II) amended, (HB 10-1213), ch. 220, p. 961, § 4, effective May 10. **L. 2013:** Entire section R&RE, (HB 13-1314), ch. 323, p. 1799, § 11, effective March 1, 2014.

27-10.5-110.5. Rights of persons with intellectual and developmental disabilities. Each person receiving services pursuant to this article and article 10 of title 25.5, C.R.S., shall have the rights set forth in sections 25.5-10-223 to 25.5-10-230, C.R.S.

Source: L. 2013: Entire section added, (HB 13-1314), ch. 323, p. 1799, § 12, effective March 1, 2014.

27-10.5-111. Conduct of court proceedings - repeal. (Repealed)

Source: L. 75: Entire article added, p. 912, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 1000, § 13, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-217 in 2014.
(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-112. Individuals' rights - repeal. (Repealed)

Source: L. 75: Entire article added, p. 912, § 1, effective July 1. **L. 85:** Entire section R&RE, p. 1000, § 14, effective July 1. **L. 92:** Entire section amended, p. 1374, § 13, effective July 1. **L. 2013:** (5) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-218 in 2014.
(2) Subsection (5) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-113. Right to individualized plan or individualized family service plan - repeal. (Repealed)

Source: L. 75: Entire article added, p. 913, § 1, effective July 1. **L. 85:** (1) and (2) amended and (3) repealed, pp. 1001, 1016, §§ 15, 46, effective July 1. **L. 92:** Entire section R&RE, p. 1375, § 14, effective July 1. **L. 2007:** Entire section amended, p. 1565, § 9, effective May 31. **L. 2008:** Entire section amended, p. 1455, § 8, effective August 5. **L. 2010:** (2) amended, (HB 10-1213), ch. 220, p. 962, § 5, effective May 10. **L. 2013:** (3) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-219 in 2014.
(2) Subsection (3) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-114. Right to medical care and treatment - repeal. (Repealed)

Source: L. 75: Entire article added, p. 913, § 1, effective July 1. **L. 85:** (1), (3) to (5), (7), and (8) amended, p. 1001, § 16, effective July 1. **L. 92:** Entire section amended and (6.5) added, pp. 1375, 1157, §§ 15, 13, effective July 1. **L. 97:** (6.5) amended, p. 1024, § 47, effective August 6. **L. 2003:** (3) and (6.5) amended, p. 714, § 55, effective July 1. **L. 2013:** (11) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-220 in 2014.
(2) Subsection (11) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-115. Right to humane care and treatment - repeal. (Repealed)

Source: L. 75: Entire article added, p. 914, § 1, effective July 1. **L. 85:** (2) and (8) amended, p. 1002, § 17, effective July 1. **L. 92:** Entire section R&RE, p. 1377, § 16, effective July 1. **L. 2013:** (12) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-221 in 2014.
(2) Subsection (12) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-116. Right to religious belief, practice, and worship - repeal. (Repealed)

Source: L. 75: Entire article added, p. 915, § 1, effective July 1. **L. 85:** Entire section amended, p. 1004, § 18, effective July 1. **L. 92:** Entire section amended, p. 1379, § 17, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-222 in 2014.
(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-117. Rights to communications and visits - repeal. (Repealed)

Source: L. 75: Entire article added, p. 915, § 1, effective July 1. **L. 85:** (1) to (3), (5), and (6) amended and (4) and (7) repealed, pp. 1004, 1016, §§ 19, 46, effective July 1. **L. 92:** Entire section amended, p. 1379, § 18, effective July 1. **L. 2013:** (8) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-223 in 2014.
(2) Subsection (8) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-118. Right to fair employment practices - repeal. (Repealed)

Source: L. 75: Entire article added, p. 916, § 1, effective July 1. **L. 85:** Entire section amended, p. 1004, § 20, effective July 1. **L. 92:** Entire section amended, p. 1379, § 19, effective July 1. **L. 2013:** (7) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-224 in 2014.
(2) Subsection (7) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-119. Right to vote - repeal. (Repealed)

Source: L. 75: Entire article added, p. 916, § 1, effective July 1. **L. 85:** Entire section amended, p. 1005, § 21, effective July 1. **L. 92:** Entire section amended, p. 1380, § 20, effective July 1. **L. 2007:** Entire section amended, p. 1798, § 71, effective June 1. **L. 2013:** Entire section

amended, (HB 13-1303), ch. 185, p. 750, § 130, effective May 10; (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) Amendments to this section by House Bill 13-1303 and House Bill 13-1314 were harmonized, and this section was relocated to § 25.5-10-225 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-120. Records and confidentiality of information pertaining to eligible persons or their families - repeal. (Repealed)

Source: L. 75: Entire article added, p. 916, § 1, effective July 1. **L. 85:** Entire section amended, p. 1005, § 22, effective July 1. **L. 92:** Entire section amended, p. 1380, § 21, effective July 1. **L. 2008:** (4) added, p. 1455, § 9, effective August 5. **L. 2013:** (5) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-226 in 2014.

(2) Subsection (5) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-121. Right to personal property - repeal. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section amended, p. 1006, § 23, effective July 1. **L. 92:** Entire section amended, p. 1381, § 22, effective July 1. **L. 2013:** (4) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-227 in 2014.

(2) Subsection (4) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-122. Right to influence policy - repeal. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section amended, p. 1007, § 24, effective July 1. **L. 92:** Entire section amended, p. 1382, § 23, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-228 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-123. Right to notification - repeal. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section amended, p. 1007, § 25, effective July 1. **L. 92:** Entire section amended, p. 1382, § 24, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-229 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-124. Discrimination - repeal. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section amended, p. 1007, § 26, effective July 1. **L. 92:** Entire section amended, p. 1382, § 25, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-230 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-125. Transfer of residents. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section repealed, p. 1016, § 46, effective July 1.

27-10.5-126. Return of residents. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section repealed, p. 1016, § 46, effective July 1.

27-10.5-127. Restoration of rights. (Repealed)

Source: L. 75: Entire article added, p. 917, § 1, effective July 1. **L. 85:** Entire section repealed, p. 1016, § 46, effective July 1.

27-10.5-128. Sterilization rights - repeal. (Repealed)

Source: L. 75: Entire article added, p. 918, § 1, effective July 1. **L. 85:** IP(1), (1)(b), and (2) amended, p. 1007, § 27, effective July 1. **L. 92:** Entire section R&RE, p. 1382, § 26, effective July 1. **L. 2013:** (6) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-231 in 2014.

(2) Subsection (6) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-129. Competency to give consent to sterilization - repeal. (Repealed)

Source: L. 75: Entire article added, p. 918, § 1, effective July 1. **L. 85:** IP(1) and (2) to (4) amended, p. 1008, § 28, effective July 1. **L. 92:** Entire section R&RE, p. 1383, § 27, effective July 1. **L. 2013:** (4) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-232 in 2014.

(2) Subsection (4) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-130. Court-ordered sterilization - repeal. (Repealed)

Source: L. 75: Entire article added, p. 919, § 1, effective July 1. **L. 85:** (1) amended, p. 1009, § 29, effective July 1. **L. 92:** Entire section R&RE, p. 1384, § 28, effective July 1. **L. 2013:** (7) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-233 in 2014.

(2) Subsection (7) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-131. Confidentiality of sterilization proceedings - repeal. (Repealed)

Source: L. 75: Entire article added, p. 919, § 1, effective July 1. **L. 85:** Entire section amended, p. 1009, § 30, effective July 1. **L. 92:** Entire section amended, p. 1386, § 29, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-234 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-132. Limitations on sterilization - repeal. (Repealed)

Source: L. 75: Entire article added, p. 919, § 1, effective July 1. **L. 2013:** (3) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-235 in 2014.

(2) Subsection (3) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-133. Group homes for the developmentally disabled. (Repealed)

Source: L. 75: Entire article added, p. 919, § 1, effective July 1. **L. 76:** (1)(a), (1)(b), and (2) amended and (2.5) added, p. 671, § 2, effective May 20. **L. 85:** Entire section repealed, p. 1016, § 46, effective July 1.

27-10.5-134. Civil action and attorney fees - repeal. (Repealed)

Source: L. 75: Entire article added, p. 920, § 1, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-236 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-135. Terminology - repeal. (Repealed)

Source: L. 75: Entire article added, p. 920, § 1, effective July 1. **L. 85:** Entire section amended, p. 1009, § 31, effective July 1. **L. 92:** Entire section amended, p. 1386, § 30, effective July 1. **L. 2005:** (2) amended, p. 773, § 54, effective June 1. **L. 2006:** (1) amended, p. 1406, § 72, effective August 7. **L. 2013:** (3) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-237 in 2014.
(2) Subsection (3) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-136. Adjudication of competency. (Repealed)

Source: L. 75: Entire article added, p. 920, § 1, effective July 1.

Editor's note: Subsection (2) provided for the repeal of this section, effective July 1, 1976. (See L. 75, p. 920.)

27-10.5-137. Federal funds - repeal. (Repealed)

Source: L. 85: Entire section added, p. 1009, § 32, effective July 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-238 in 2014.
(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-138. Service provision system evaluation. (Repealed)

Source: L. 85: Entire section added, p. 1009, § 32, effective July 1.

Editor's note: Subsection (2) provided for the repeal of this section, effective July 1, 1988. (See L. 85, p. 1009.)

27-10.5-139. Evaluations to determine whether a defendant is mentally retarded for purposes of class 1 felony trials - repeal. (Repealed)

Source: L. 95: Entire section added, p. 1258, § 24, effective July 1. **L. 2002:** Entire section amended, p. 1541, § 281, effective October 1. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: (1) This section was relocated to § 25.5-10-239 in 2014.

(2) Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-140. Child find - responsibilities - interagency operating agreements - rules. (Repealed)

Source: L. 2007: Entire section added, p. 1565, § 10, effective May 31. **L. 2008:** Entire section repealed, p. 1455, § 10, effective August 5.

27-10.5-141. Retaliation prohibited - repeal. (Repealed)

Source: L. 2008: Entire section added, p. 1235, § 5, effective May 27. **L. 2013:** (2) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 13, 56.

Editor's note: Subsection (2) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-142. Caregiver abuse - duties of the department - working group - issues - report - funding - repeal. (Repealed)

Source: L. 2008: Entire section added, p. 2212, § 1, effective June 5. **L. 2013:** (7) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 14, 56.

Editor's note: Subsection (7) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

27-10.5-143. Caregiver abuse - task force - repeal. (Repealed)

Source: L. 2009: Entire section added, (HB 09-1178), ch. 84, p. 308, § 1, effective April 2. **L. 2013:** (3) added by revision, (HB 13-1314), ch. 323, pp. 1799, 1813, §§ 14, 56.

Editor's note: Subsection (3) provided for the repeal of this section, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

PART 2

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

27-10.5-201. Legislative declaration. The general assembly finds that state and local agencies provide a variety of services and supports to persons with developmental disabilities including institutional care, residential, social, and income maintenance services, diagnostic and health-related services, and educational and other programs. Because these services and supports are supported by many diverse agencies and organizations and because congress, through the federal "Developmental Disabilities Services and Facilities Construction Act", and amendments

thereto, has called for the establishment of state councils to provide coordination and planning in the field of developmental disabilities, the general assembly declares that there is need to establish a state council on developmental disabilities to be responsible for the coordination of services and supports to the persons with developmental disabilities and to serve as an advocate for such persons. The general assembly further finds that there is need to carefully define the duties and responsibilities of a state council on developmental disabilities.

Source: L. 79: Entire part added, p. 1117, § 1, effective July 1. **L. 85:** Entire section amended, p. 1010, § 33, effective July 1. **L. 92:** Entire section amended, p. 1386, § 31, effective July 1. **L. 2002:** Entire section amended, p. 1024, § 48, effective June 1.

27-10.5-202. Definitions. As used in this part 2, unless the context otherwise requires:

(1) "Developmental disability" means a severe, chronic disability of a person nine years of age or older which:

(a) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(b) Is manifested before the person attains age twenty-two;

(c) Results in substantial functional limitations in three or more of the following areas of major life activity:

(I) Self-care;

(II) Receptive and expressive language;

(III) Learning;

(IV) Mobility;

(V) Self-direction;

(VI) Capacity for independent living; and

(VII) Economic self-sufficiency; and

(d) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services and supports which are of lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age nine years, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services or supports are not provided.

(2) "State plan" means the state plan for developmental disabilities established pursuant to the provisions of section 27-10.5-204 and as required by the federal "Developmental Disabilities Services and Facilities Construction Act", and amendments thereto, including the "Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978", Pub.L. 95-602.

(3) "State council" means the Colorado developmental disabilities council established pursuant to section 27-10.5-203.

Source: L. 79: Entire part added, p. 1117, § 1, effective July 1. **L. 92:** Entire section amended, p. 1386, § 32, effective July 1. **L. 2002:** IP(1), (1)(d), and (3) amended, p. 1025, § 49, effective June 1.

Editor's note: Pub.L. 95-602 is contained in 29 U.S.C. sec. 720.

27-10.5-203. Establishment of state council. (1) There is hereby created, within the office of the executive director of the department of human services, the Colorado developmental disabilities council. The powers, duties, and functions of the state council are transferred by a **type 1** transfer, as such transfer is defined by the "Administrative Organization Act of 1968", article 1 of title 24, C.R.S., to the department of human services. The state council shall operate in accordance with the federal "Developmental Disabilities Assistance and Bill of Rights Act of 2000", 42 U.S.C. sec. 15001 et seq.

(2) The state council shall consist of twenty-four members appointed by the governor for three-year terms; except that of the members first appointed, one-third shall be appointed for one-year terms, one-third shall be appointed for two-year terms, and one-third shall be appointed for three-year terms. Vacancies shall be filled by appointment for the unexpired term.

(3) The state council shall at all times include in its membership representatives of the principal state agencies, including the state agency that administers funds provided under the federal "Rehabilitation Act of 1973", the state agency that administers funds provided under the federal "Individuals with Disabilities Education Act", the state agency that administers funds provided under the federal "Older Americans Act of 1965", and the state agency that administers funds provided under Titles V and XIX of the federal "Social Security Act" for persons with developmental disabilities; university centers for excellence in developmental disabilities education, research, and service; nongovernmental agencies; and private nonprofit groups concerned with services and supports for persons with developmental disabilities.

(4) At least one-half of the membership of the state council shall consist of persons who:

(a) Are persons with developmental disabilities;

(b) Are parents or guardians of such persons; or

(c) Are family members or guardians of persons with mentally impairing developmental disabilities, and who are not employees of a state agency which receives funds or provides services and supports under this part 2, and who are not employees implementing programs under the federal "Social Security Act" or of any other entity which receives funds or provides services and supports under this part 2.

(5) Of the members of the state council described in subsection (4) of this section:

(a) At least one-third shall be persons with developmental disabilities;

(b) At least one-third shall be individuals described in paragraph (c) of subsection (4) of this section, and at least one of such individuals shall be an immediate relative or guardian of an institutionalized or previously institutionalized person with a developmental disability.

(6) Members of the state council shall serve without compensation but shall be entitled to reimbursement for their expenses while attending regular and special meetings of the state council.

(7) The state council shall operate in accordance with bylaws adopted by a quorum of its membership.

(8) For the purposes of holding meetings of the council, a quorum shall be a simple majority of the council membership in attendance.

Source: L. 79: Entire part added, p. 1118, § 1, effective July 1. **L. 85:** (2) and (6) amended, p. 1010, § 34, effective July 1. **L. 92:** Entire section R&RE, p. 1387, § 33, effective

July 1. **L. 93:** (1) amended, p. 1164, § 138, effective July 1, 1994. **L. 2002:** (1), (2), (3), IP(4), IP(5), (6), and (7) amended, p. 1025, § 50, effective June 1.

Cross references: (1) For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

(2) For the "Individuals with Disabilities Education Act", see Pub.L. 91-230, codified at 20 U.S.C. sec. 1400 et seq. For the "Older Americans Act of 1965", see Pub.L. 89-73, codified at 42 U.S.C. sec. 3001 et seq.

27-10.5-204. Development of the state plan. The state council shall develop a five-year state plan for developmental disabilities in accordance with the federal "Developmental Disabilities Assistance and Bill of Rights Act of 2000", 42 U.S.C. sec. 15024. The state plan shall include establishment of goals and priorities for meeting the needs of persons with developmental disabilities, including recommendations concerning state program operations and funding for a comprehensive system of services and supports to persons with developmental disabilities. The state plan shall be prepared in compliance with federal requirements and shall designate the state agency responsible for administration of the state plan. The state council shall submit the state plan to the governor for approval.

Source: L. 79: Entire part added, p. 1118, § 1, effective July 1. **L. 92:** Entire section amended, p. 1389, § 34, effective July 1. **L. 2002:** Entire section amended, p. 1026, § 51, effective June 1.

27-10.5-205. Powers and duties. (1) The state council shall:

(a) Monitor the plans and programs of state agencies established and administered pursuant to the state plan;

(b) Review budgets and other programs and proposals for funding services and supports to persons with developmental disabilities;

(c) **[*Editor's note: This version of subsection (1)(c) is effective until July 1, 2024.*]** Review programs that provide services and supports to persons with developmental disabilities under contracts with state agencies and community centered boards as authorized by the state plan;

(c) **[*Editor's note: This version of subsection (1)(c) is effective July 1, 2024.*]** Review programs that provide long-term services and supports to persons with intellectual and developmental disabilities under contracts with state agencies and case management agencies as authorized by the state plan;

(d) Encourage cooperation and coordination of services and supports of public and private agencies including home care services and assist in the elimination of unnecessary and duplicative programs and procedures;

(e) Identify gaps in services and supports to persons with developmental disabilities and monitor programs for deinstitutionalization of such persons;

(f) Serve in an advisory capacity to the governor and the general assembly on matters affecting persons with developmental disabilities;

(g) Meet at least quarterly and as often as necessary to fulfill its duties and responsibilities;

(h) Have all powers necessary to carry out the provisions of this part 2.

Source: L. 79: Entire part added, p. 1118, § 1, effective July 1. **L. 85:** (1)(b), (1)(c), (1)(e), and (1)(f) amended, p. 1011, § 35, effective July 1. **L. 92:** Entire section amended, p. 1389, § 35, effective July 1. **L. 2002:** IP(1) amended, p. 1026, § 52, effective June 1. **L. 2021:** (1)(c) amended, (HB 21-1187), ch. 83, p. 350, § 61, effective July 1, 2024.

27-10.5-206. State council employees. Subject to available appropriations, the executive director of the department of human services may employ such personnel as are required by the state council, pursuant to the provisions of section 13 of article XII of the state constitution. The executive director of the department of human services will appoint the staff director to the state council, accepting the recommendations of the council.

Source: L. 79: Entire part added, p. 1119, § 1, effective July 1. **L. 93:** Entire section amended, p. 1164, § 139, effective July 1, 1994. **L. 2002:** Entire section amended, p. 1026, § 53, effective June 1.

Cross references: For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-207. Cooperation of departments. The departments of human services, public health and environment, and education shall cooperate with the state council in the development of and implementation of the recommendations made within the state plan. Said departments shall provide documents and other assistance requested by the state council or its representatives which are essential for the state council to meet its federal and state statutory requirements.

Source: L. 79: Entire part added, p. 1119, § 1, effective July 1. **L. 92:** Entire section amended, p. 1390, § 36, effective July 1. **L. 93:** Entire section amended, p. 1164, § 140, effective July 1, 1994. **L. 2002:** Entire section amended, p. 1027, § 54, effective June 1.

Cross references: For the legislative declaration contained in the 1993 act amending this section, see section 1 of chapter 230, Session Laws of Colorado 1993.

27-10.5-208. Service provision system evaluation. (Repealed)

Source: L. 85: Entire section added, p. 1011, § 36, effective July 1.

Editor's note: Subsection (2) provided for the repeal of this section, effective July 1, 1988. (See L. 85, p. 1011.)

PART 3

REGIONAL CENTERS

Editor's note: Provisions similar to the provisions of this part 3 were found in article 14 of this title prior to its repeal in 1985.

27-10.5-301. Regional centers for persons with developmental disabilities. There are hereby established state regional centers in Wheat Ridge, Pueblo, and Grand Junction. The essential object of such regional centers shall be to provide state operated services and supports to persons with developmental disabilities. A regional center may not permit the cultivation, use, or consumption of retail marijuana on its premises.

Source: L. 85: Entire part added, p. 1011, § 37, effective July 1. **L. 92:** Entire section amended, p. 1390, § 37, effective July 1. **L. 2013:** Entire section amended, (SB 13-283), ch. 332, p. 1896, § 17, effective May 28.

27-10.5-302. Directors. The executive director shall appoint, pursuant to section 13 of article XII of the state constitution, a director for each regional center. Persons appointed must be skilled and trained administrators with experience related to the needs of persons with developmental disabilities. The director of each regional center shall appoint such other employees in accordance with section 13 of article XII of the state constitution as are necessary to carry out the functions of the regional center.

Source: L. 85: Entire part added, p. 1012, § 37, effective July 1. **L. 92:** Entire section amended, p. 1390, § 38, effective July 1.

27-10.5-303. Annual reports - publications. The director of each regional center shall report to the executive director at such times and on such matters as the executive director may require. Publications of each regional center circulated in quantity outside the department shall be subject to the approval and control of the executive director.

Source: L. 85: Entire part 3 added, p. 1012, § 37, effective July 1. **L. 92:** Entire section amended, p. 1391, § 39, effective July 1.

27-10.5-304. Admissions. (1) There may be admitted to any regional center persons with developmental disabilities who have been ordered placed in a regional center pursuant to section 27-10.5-110, if the applicant or legal guardian is a bona fide resident of Colorado.

(2) (Deleted by amendment, L. 92, p. 1391, § 40, effective July 1, 1992.)

Source: L. 85: Entire part added, p. 1012, § 37, effective July 1. **L. 92:** Entire section amended, p. 1391, § 40, effective July 1.

Cross references: For the interstate compact on mental health, see part 10 of article 60 of title 24.

27-10.5-305. Endowment fund. There is hereby authorized the regional center endowment fund. Any parent, person, corporation, or institution may contribute to said endowment fund. The bylaws to be provided by the department of human services shall

prescribe the different endowments; but the investments from said endowment fund shall be in state, county, or city bonds or in first mortgages on improved realty for not more than forty percent of the actual value of such realty.

Source: L. 85: Entire part added, p. 1012, § 37, effective July 1. **L. 92:** Entire section amended, p. 1391, § 41, effective July 1. **L. 94:** Entire section amended, p. 2712, § 288, effective July 1.

Cross references: For the legislative declaration contained in the 1994 act amending this section, see section 1 of chapter 345, Session Laws of Colorado 1994.

27-10.5-306. Gifts - receipt and disposition. Each regional center is hereby authorized to receive gifts, legacies, devises, and conveyances of property, real or personal, that may be made, given, or granted to or for such regional center. If the gifts are not prescribed, the director, with approval of the executive director, shall exercise such authority and make such disposition of the gift property as may be for the best interest of said regional center.

Source: L. 85: Entire part added, p. 1012, § 37, effective July 1. **L. 92:** Entire section amended, p. 1391, § 42, effective July 1.

27-10.5-307. Expenditures.</CATCH_LIN E> No moneys shall be paid by the state treasurer out of any other appropriation for, or moneys belonging to, a regional center, except upon warrants of the controller upon vouchers in favor of the persons to whom the state is indebted on account of said regional center and certified by the director of said regional center.

Source: L. 85: Entire part added, p. 1013, § 37, effective July 1. **L. 92:** Entire section amended, p. 1392, § 43, effective July 1.

27-10.5-308. Buildings - Pueblo. (Repealed)

Source: L. 85: Entire part added, p. 1013, § 37, effective July 1. **L. 91:** Entire section amended, p. 1146, § 17, effective May 18. **L. 92:** Entire section repealed, p. 1392, § 44, effective July 1.

27-10.5-309. Lease of property at regional center - regional center enterprise fund - creation. (Repealed)

Source: L. 85: Entire part added, p. 1013, § 37, effective July 1. **L. 92:** Entire section amended, p. 1392, § 45, effective July 1. **L. 2008:** Entire section repealed, p. 1345, § 3, effective May 27.

27-10.5-310. Regional centers task force - creation - members - recommendations - utilization study - reporting - repeal. (Repealed)

Source: L. 2014: Entire section added, (HB 14-1338), ch. 298, p. 1247, § 1, effective May 31.

Editor's note: Subsection (12) provided for the repeal of this section, effective December 31, 2015. (See L. 2014, p. 1247.)

27-10.5-311. Regional centers - waiver beds - prohibition on closure or sale - repeal. (Repealed)

Source: L. 2015: Entire section added, (SB 15-243), ch. 131, p. 405, § 1, effective August 5. **L. 2016:** Entire section amended, (SB 16-178), ch. 274, p. 1135, § 2, effective June 10.

Editor's note: Subsection (2) provided for the repeal of this section, effective July 1, 2017. (See L. 2016, p. 1135.)

27-10.5-312. Grand Junction regional center campus - vacating and sale or transfer - legislative declaration - definition - repeal. (Repealed)

Source: L. 2016: Entire section added, (SB 16-178), ch. 274, p. 1133, § 1, effective June 10. **L. 2018:** (3)(b) amended, (HB 18-1049), ch. 134, p. 887, § 1, effective April 12. **L. 2019:** (3)(a) and (3)(b)(I) amended, (HB 19-1062), ch. 20, p. 74, § 1, effective August 2.

Editor's note: Subsection (5) provided for the repeal of this secion, effective June 30, 2021. (See L. 2016, p. 1133.)

27-10.5-313. Regional center - employees - adult protective services data system check. On and after January 1, 2019, prior to employment, a regional center shall submit the name of a person who will be providing direct care, as defined in section 26-3.1-101 (3.5), to an at-risk adult, as defined in section 26-3.1-101 (1.5), as well as any other required identifying information, to the department of human services for a check of the Colorado adult protective services data system pursuant to section 26-3.1-111, to determine if the person is substantiated in a case of mistreatment of an at-risk adult.

Source: L. 2017: Entire section added, (HB 17-1284), ch. 272, p. 1505, § 14, effective May 31.

PART 4

FAMILY SUPPORT SERVICES

27-10.5-401 to 27-10.5-408. (Repealed)

Editor's note: (1) This part 4 was added in 1991. For amendments to this part 4 prior to its repeal in 2014, consult the 2013 Colorado Revised Statutes and the Colorado statutory

research explanatory note beginning on page vii in the front of this volume. This part 4 was relocated to part 3 of article 10 of title 25.5, effective March 1, 2014. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this part 4, see the comparative tables located in the back of the index.

(2) Section 27-10.5-408 provided for the repeal of this part 4, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

PART 5

COLORADO FAMILY SUPPORT LOAN FUND

27-10.5-501 to 27-10.5-504. (Repealed)

Editor's note: (1) This part 5 was added in 1991. For amendments to this part 5 prior to its repeal in 2014, consult the 2013 Colorado Revised Statutes and the Colorado statutory research explanatory note beginning on page vii in the front of this volume. This part 5 was relocated to part 4 of article 10 of title 25.5, effective March 1, 2014. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this part 5, see the comparative tables located in the back of the index.

(2) Section 27-10.5-504 provided for the repeal of this part 5, effective March 1, 2014. (See L. 2013, pp. 1799, 1813.)

PART 6

STUDY OF SELF-SUFFICIENCY TRUSTS

27-10.5-601. (Repealed)

Source: L. 96: Entire part repealed, p. 563, § 24, effective April 24.

Editor's note: This part 6 was added in 1991. For amendments to this part 6 prior to its repeal in 1996, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

PART 7

COORDINATED SYSTEM OF PAYMENT FOR EARLY
INTERVENTION SERVICES FOR INFANTS AND TODDLERS

Editor's note: This part 7 was added in 2007 and was not amended prior to 2008. The substantive provisions of this part 7 were repealed and reenacted in 2008, resulting in the addition, relocation, and elimination of sections as well as subject matter. For the text of this part 7 prior to 2008, consult the 2007 Colorado Revised Statutes. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated.

27-10.5-701. Legislative declaration. (1) The general assembly hereby finds that:

(a) There is an urgent and substantial need to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first three years of life;

(b) The longer a child's developmental delays are not addressed, the more developmental difficulties the child will experience in the future, the less prepared the child will be for school, the more special education needs the child is likely to have, and the more costly those problems will be to address;

(c) The capacity of families to meet the special needs of their infants and toddlers with disabilities needs to be supported and enhanced;

(d) Colorado's system for providing early intervention services to eligible infants and toddlers from birth through two years of age with significant developmental delays and disabilities relies on multiple sources of funding;

(e) The early childhood and school readiness commission, which was the successor of the child care commission, was created in the 2004 legislative session to study, review, and evaluate the development of plans for creating a comprehensive early childhood system;

(f) The early childhood and school readiness commission extensively studied and evaluated issues regarding early intervention services for infants and toddlers who have delays in development and learned that there is no coordinated system of payment for early intervention services, resulting in the provision of disjunctive or interrupted services to eligible children and inadequate reimbursement of early intervention service providers;

(g) The early childhood and school readiness commission was also informed that many eligible children are covered as dependents by their parents' health-care plans, but some of the plans may deny benefits for early intervention services, thereby eliminating a source of private funds for the payment of early intervention services;

(h) Pursuant to part C of the federal "Individuals with Disabilities Education Act", 20 U.S.C. sec. 1400 et seq., there is an urgent and substantial need to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources, including public medical assistance and private insurance coverage;

(i) Existing levels of local, state, federal, and private funding may be more efficiently used, more children may be served, and a higher quality of services may be provided if the existing early intervention system is modified to create a more coherent and coordinated system of payment for early intervention services;

(j) The involvement of a child's primary health-care provider and other health- care providers is an essential component of effective planning for the provision of early intervention services; and

(k) The provision of early intervention services is intended only to meet the developmental needs of an infant or toddler and not to replace other needed medical services that are recommended by the child's primary health-care provider.

Source: L. 2008: Entire part R&RE, p. 1456, § 11, effective August 5. **L. 2009:** (1)(j) and (1)(k) added, (HB 09-1237), ch. 216, p. 979, § 2, effective May 2.

Editor's note: This section is similar to former § 27-10.5-701 as it existed prior to 2008.

27-10.5-702. Definitions. As used in this part 7, unless the context otherwise requires:

(1) "Administrative unit" means a school district, a board of cooperative services, or the state charter school institute that is providing educational services to exceptional children and that is responsible for the local administration of the education of exceptional children pursuant to article 20 of title 22, C.R.S.

(2) "Carrier" has the same meaning as set forth in section 10-16-102 (8), C.R.S.

(3) **[*Editor's note: This version of subsection (3) is effective until July 1, 2024.*]** "Certified early intervention service broker" or "broker" means a community-centered board or other entity designated by the department of health care policy and financing pursuant to section 25.5-10-209, C.R.S., to perform the duties and functions specified in section 27-10.5-708 in a particular designated service area. Notwithstanding the provisions of section 27-10.5-104 (4), if the department of health care policy and financing is unable to designate a community-centered board or other entity to serve as the broker for a particular designated service area, the department shall serve as the broker for the designated service area and may contract directly with early intervention service providers to provide early intervention services to eligible children in the designated service area.

(3) **[*Editor's note: This version of subsection (3) is effective July 1, 2024.*]** "Certified early intervention service broker" or "broker" means a case management agency or an entity, as those terms are defined in section 25.5-6-1702, that has entered into a contract with the department to perform the duties and functions specified in section 27-10.5-708 in a particular defined service area. Notwithstanding the provisions of section 27-10.5-104 (4), if there is not a case management agency or an entity and the department is unable to designate an organization to serve as the broker for a particular defined service area, the department shall serve as the broker for the defined service area and may contract directly with early intervention service providers to provide early intervention services to eligible children in the defined service area.

(4) "Child find" means the program component of IDEA that requires states to find, identify, locate, evaluate, and serve all children with disabilities, from birth to twenty-one years of age. Child find includes:

(a) Part C child find, which is the program component of IDEA that requires states to find, identify, locate, evaluate, and serve children from birth through two years of age; and

(b) Part B child find, which is the program component of IDEA that requires states to find, identify, locate, evaluate, and serve children from three to twenty-one years of age.

(5) "Coordinated system of payment" means the policies and procedures developed by the department, in cooperation with the departments of education, health care policy and financing, and public health and environment, the division of insurance in the department of regulatory agencies, private health insurance carriers, and certified early intervention service brokers, to ensure that available public and private sources of funds to pay for early intervention services for eligible children are accessed and utilized in an efficient manner.

(6) "Department" means the department of human services.

(6.5) "Early intervention evaluations" means evaluations conducted pursuant to the early intervention program for infants and toddlers under part C of the federal "Individuals with Disabilities Education Act", 20 U.S.C. sec. 1400 et seq.

(7) "Early intervention services" means services as defined by the department in accordance with part C that are authorized through an eligible child's IFSP and are provided to families at no cost or through the application of a sliding fee schedule. Early intervention

services, as specified in an eligible child's IFSP, shall qualify as meeting the standard for medically necessary services as used by private health insurance and as used by public medical assistance, to the extent allowed pursuant to section 25.5-1-124, C.R.S.

(8) "Early intervention state plan" means the state plan for a comprehensive and coordinated system of early intervention services required pursuant to part C.

(9) "Eligible child" means an infant or toddler, from birth through two years of age, who, as defined by the department in accordance with part C, has significant delays in development or has a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development or who is eligible for services pursuant to section 27-10.5-102 (11)(c).

(10) "Evaluation" means:

(a) For the purposes of part C child find, the procedures used to determine a child's initial and continuing eligibility for part C child find, including but not limited to:

(I) Determining the status of the child in each of the developmental areas;

(II) Identifying the child's unique strengths and needs;

(III) Identifying any early intervention services that might serve the child's needs; and

(IV) Identifying priorities and concerns of the family and any resources to which the family has access.

(b) For the purposes of part B child find, the procedures used under IDEA for children with disabilities to determine whether a child has a disability and the nature and extent of special education and related services that the child will need.

(11) "Individualized family service plan" or "IFSP" means a written plan developed pursuant to 20 U.S.C. sec. 1436 and 34 CFR 303.340 that authorizes the provision of early intervention services to an eligible child and the child's family. An IFSP shall serve as the individualized plan, pursuant to section 27-10.5-102 (20)(c), for a child from birth through two years of age.

(12) "Multidisciplinary team" means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities defined in 34 CFR 303.322 and development of the child's IFSP.

(13) "Part B" means the program component of IDEA that requires states to find, identify, locate, evaluate, and serve children with disabilities from three to twenty-one years of age.

(14) "Part C" means the early intervention program for infants and toddlers who are eligible for services under part C of the federal "Individuals with Disabilities Education Act", 20 U.S.C. sec. 1400 et seq.

(15) "Private health insurance" means a health coverage plan, as defined in section 10-16-102 (34), C.R.S., that is purchased by individuals or groups to provide, deliver, arrange for, pay for, or reimburse any of the costs of health-care services, as defined in section 10-16-102 (33), C.R.S., provided to a person entitled to receive benefits or services under the health coverage plan.

(16) "Public medical assistance" means medical services that are provided by the state through the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5, C.R.S., or the "Children's Basic Health Plan Act", article 8 of title 25.5, C.R.S., or other public medical assistance funding sources to qualifying individuals.

(17) **[*Editor's note: This version of subsection (17) is effective until July 1, 2022.*]** "Qualified early intervention service provider" or "qualified provider" means a person or agency, as defined by the department by rule in accordance with part C, who provides early intervention services and is listed on the registry of early intervention service providers pursuant to section 27-10.5-708 (1)(a).

(17) **[*Editor's note: This version of subsection (17) is effective July 1, 2022.*]** "Qualified early intervention service provider" or "qualified provider" means a person or agency, as defined by the department by rule in accordance with part C, who provides early intervention services or early intervention evaluations and is listed on the registry of early intervention service providers pursuant to section 27-10.5-708 (1)(a). In the event of a shortage of qualified early intervention evaluators, the department may contract with an administrative unit to conduct early intervention evaluations if a contract is entered between the department and the administrative unit, including written consent of the director of special education, with conditions for conducting and completing the evaluations, including identification of staff, costs for services, timelines for contract completion, and any other contract elements.

(18) **[*Editor's note: This version of subsection (18) is effective until July 1, 2022.*]** "Service coordination" means the activities carried out by a service coordinator to assist and enable an eligible child and the eligible child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the early intervention program.

(18) **[*Editor's note: This version of subsection (18) is effective July 1, 2022.*]** "Service coordination" means the activities carried out by a service coordinator to coordinate evaluation and intake activities, assist, and enable an eligible child and the eligible child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the early intervention program.

(19) "State interagency coordinating council" means the council that is established pursuant to part C and appointed by the governor to advise and assist the lead agency designated or established under part C.

Source: L. 2008: Entire part R&RE, p. 1457, § 11, effective August 5. **L. 2013:** (2) and (15) amended, (HB 13-1266), ch. 217, p. 993, § 67, effective May 13; (3) amended, (HB 13-1314), ch. 323, p. 1812, § 51, effective March 1, 2014. **L. 2014:** (3) amended, (HB 14-1363), ch. 302, p. 1270, § 35, effective May 31. **L. 2018:** (6.5) added, (HB 18-1333), ch. 176, p. 1210, § 1, effective April 30. **L. 2021:** (17) and (18) amended, (SB 21-275), ch. 393, p. 2614, § 7, effective July 1, 2022; (3) amended, (HB 21-1187), ch. 83, p. 350, § 62, effective July 1, 2024.

Editor's note: This section is similar to former § 27-10.5-702 as it existed prior to 2008.

27-10.5-703. Early intervention services - administration - duties of department - rules. (1) Subject to annual appropriation from the general assembly, the department shall administer early intervention services and shall coordinate early intervention services with existing services provided to eligible infants and toddlers from birth through two years of age and their families.

(2) The department shall promulgate rules, pursuant to section 27-10.5-103, as necessary for the implementation of this section and to ensure that all IDEA timelines and requirements are

met, including but not limited to administrative remedies if the timelines and requirements are not met.

(3) **[*Editor's note: This version of introductory portion to subsection (3) is effective until July 1, 2022.*]** In administering early intervention services, the department shall have and perform the following duties:

(3) **[*Editor's note: This version of introductory portion to subsection (3) is effective July 1, 2022.*]** In administering early intervention services, the department shall perform the following duties:

(a) To design early intervention services in a manner consistent with part C;

(b) To develop and promulgate rules after consultation with the state interagency coordinating council;

(c) **[*Editor's note: This version of subsection (3)(c) is effective until July 1, 2022.*]** To ensure eligibility determination for a child with disabilities from birth through two years of age, based in part on information received concerning the screening and evaluation performed by an entity that conducts early intervention evaluations;

(c) **[*Editor's note: This version of subsection (3)(c) is effective July 1, 2022.*]** To ensure eligibility determination for a child with disabilities from birth through two years of age, based in part on information received concerning the screening and evaluation;

(d) **[*Editor's note: This version of subsection (3)(d) is effective until July 1, 2022.*]** To ensure that an individualized family service plan is developed for infants and toddlers from birth through two years of age who are eligible for early intervention services. The IFSP shall be developed in compliance with part C requirements and in coordination with part C child find evaluations or early intervention evaluations where applicable, including the mandatory IFSP meeting at which the family receives information concerning the results of the evaluation. The initial IFSP shall be developed in collaboration with a representative from the entity that participated in the child's evaluation. The representative shall participate in the initial meeting for the development of the child's IFSP.

(d) **[*Editor's note: This version of subsection (3)(d) is effective July 1, 2022.*]** To ensure that an individualized family service plan is developed for infants and toddlers from birth through two years of age who are eligible for early intervention services. The IFSP must be developed in compliance with part C requirements, including the mandatory IFSP meeting at which the family receives information concerning the results of the initial early intervention evaluation. The initial IFSP must be developed in collaboration with a representative from an evaluation provider that participated in the child's evaluation. The representative shall participate in the initial meeting for the development of the child's IFSP.

(e) To allocate moneys;

(f) **[*Editor's note: This version of subsection (3)(f) is effective until July 1, 2024.*]** To coordinate training and provide technical assistance to community centered boards, service providers, and other constituents who are involved in the delivery of early intervention services to infants and toddlers from birth through two years of age;

(f) **[*Editor's note: This version of subsection (3)(f) is effective July 1, 2024.*]** To coordinate training and provide technical assistance to certified early intervention service brokers, service providers, and other constituents who are involved in the delivery of early intervention services to infants and toddlers from birth through two years of age;

(g) [***Editor's note: This version of subsection (3)(g) is effective until July 1, 2024.***] To monitor and evaluate early intervention services provided through this part 7; and

(g) [***Editor's note: This version of subsection (3)(g) is effective July 1, 2024.***] To monitor and evaluate early intervention services provided through this part 7;

(h) [***Editor's note: This version of subsection (3)(h) is effective until July 1, 2024.***] To coordinate contracts, expenditures, and billing for early intervention services provided through this part 7.

(h) [***Editor's note: This version of subsection (3)(h) is effective July 1, 2024.***] To coordinate contracts, expenditures, and billing for early intervention services provided through this part 7; and

(i) [***Editor's note: Subsection (3)(i) is effective July 1, 2024.***] To certify early intervention service brokers within a defined service area.

Source: L. 2008: Entire part R&RE, p. 1460, § 11, effective August 5. **L. 2009:** (2) amended, (SB 09-044), ch. 57, p. 210, § 15, effective March 25. **L. 2018:** (3)(c) and (3)(d) amended, (HB 18-1333), ch. 176, p. 1212, § 3, effective April 30. **L. 2021:** IP(3), (3)(c), and (3)(d) amended, (SB 21-275), ch. 393, p. 2614, § 8, effective July 1, 2022; (3)(f), (3)(g), and (3)(h) amended and (3)(i) added, (HB 21-1187), ch. 83, p. 351, § 63, effective July 1, 2024.

27-10.5-703.5. Child find from birth through two years of age - responsibilities - rules - interagency operating agreements - funding - report - repeal. (1) (a) On or before October 1, 2018, the department shall enter into an interagency agreement, referred to in this section as the "agreement", with the department of education to study the administration of early intervention evaluations.

(b) The agreement must include a process for studying the following, in relation to conducting early intervention evaluations:

(I) Establishing clear lines of responsibility and accountability using contracts and interagency agreements;

(II) Necessary reporting requirements and report-sharing requirements, including deadlines for report-sharing;

(III) A description of how funding should be allocated between the parties to the agreement;

(IV) Monitoring of program compliance and agreement compliance;

(V) Evaluation timeline requirements;

(VI) Evaluation tools;

(VII) The location of evaluations, including a pilot program for in-home evaluations;

(VIII) A pilot program for integrated services that allows for wraparound services;

(IX) Practices to ensure minimal disruption to families;

(X) Data collection from local education agencies and entities that conduct early intervention evaluations regarding actual costs associated with part C evaluations and early intervention evaluations; and

(XI) Transition for part C services in the department to part B services in the department of education, including timelines for this transition.

(c) The executive director, in consultation with the commissioner of education, shall hire an independent third party to facilitate and assist the departments entering into the agreement.

(d) (I) Except as provided in subsection (1)(d)(II) of this section, on or before November 1, 2018, the department and the department of education shall report to the joint budget committee on the agreement.

(II) In the event that the department and the department of education do not enter into the agreement by October 1, 2018, the department and the department of education shall each submit alternative interagency agreements to the joint budget committee by November 1, 2018, from which the joint budget committee shall select an interagency agreement before the beginning of the succeeding calendar year.

(2) On or before June 30, 2019, the department and the department of education shall report to the joint budget committee concerning the agreement, including recommendations for the administration of early intervention evaluations.

(3) This section is repealed, effective July 1, 2022.

Source: L. 2018: Entire section added, (HB 18-1333), ch. 176, p. 1210, § 2, effective April 30. **L. 2021:** (3) added by revision, (SB 21-275), ch. 393, p. 2618, §§ 13, 15.

27-10.5-704. Child find - responsibilities - interagency operating agreements - rules. [*Editor's note: This version of this section is effective until July 1, 2022.*] (1) The department shall have the following responsibilities and duties for children from birth through two years of age who are referred for early intervention services:

(a) To develop and implement, in coordination with community centered boards, service agencies, governmental units, and the departments of education, public health and environment, and health care policy and financing, a statewide plan for public education, outreach, and awareness efforts related to child find and the availability of early intervention services;

(b) To ensure that referrals from the community are accepted and families are assisted in connecting with the appropriate agency for intake and case management services;

(c) To ensure that intake and case management services are provided after a referral has been made by working with community centered boards as the single entry point for a family into the developmental disabilities system, as described in section 27-10.5-102 (3); and

(d) To work with community centered boards, administrative units, and the department of education to assist a child with disabilities as he or she transitions from the developmental disabilities system into the public education system at no later than three years of age as required by IDEA.

(2) To facilitate the implementation of early intervention evaluations that are the responsibility of the department pursuant to this part 7 and to implement an effective and collaborative system of early intervention services, the department shall enter into any necessary interagency operating agreements at the state level and the local level.

(3) To facilitate the implementation of part C child find and early intervention evaluations, and the use of medicaid funds, the department and entities that conduct early intervention evaluations may, when appropriate, share information with the department of education, the department of health care policy and financing, or other entities that conduct early intervention evaluations or that offer child find services pursuant to section 22-20-118, so long as each department or local agency acts in compliance with the federal "Health Insurance Portability and Accountability Act of 1996", 42 U.S.C. sec. 1320d.

(4) As of July 1, 2022, the department of human services shall administer part C child find pursuant to this part 7; except that, on and after May 1, 2022, the department of human services shall administer the referral intake process for part C child find evaluations.

(5) On or before July 1, 2022, the department shall establish a state-level interagency operating agreement, referred to in this section as the "agreement", with the department of human services concerning the coordination of transitions of children from part C child find to part B child find. In developing the agreement, the department and the department of human services shall involve stakeholder participation, including representatives from administrative units and part C entities. The agreement must also include:

(a) The definition of a child who is potentially eligible for part B;

(b) The processes for a parent of a child to opt out of required notifications;

(c) The required notification concerning a child who is potentially eligible for part B;

(d) A process for resolving disputes between an administrative unit and a part C entity concerning the satisfaction of agreement requirements, including remedies and sanctions;

(e) A process for resolving disputes between the department and the department of human services concerning systemic and statewide issues related to agreement requirements;

(f) The development and delivery of standardized communication materials for a parent of a child who is potentially eligible for part B, including information concerning eligibility, referral, evaluation, and service delivery;

(g) The development and delivery of standardized training for part C and part B providers, including information concerning eligibility, referral, evaluation, and service delivery for the programs;

(h) The process for transferring a child's assessment, IFSP, and other necessary information to an administrative unit for consideration of a part B evaluation and eligibility determination, if a parent has provided written consent;

(i) (I) Processes to ensure timely notification to the administrative unit if a child is potentially eligible for part B. At a minimum, timely notification must occur not later than when a child is two years and six months of age; except that timely notification must occur not later than when a child is two years and three months of age if a child has a low incidence diagnosis including, but not limited to, visual impairment, including blindness; hearing impairment, including deafness; or deaf-blind.

(II) If a child is determined to be eligible for part C when the child is older than the ages described in subsection (5)(i)(I) of this section, timely notification must occur not later than ten business days after the eligibility determination.

(j) A process for including an administrative unit representative in a transition conference for a child who transitions from part C to part B;

(k) A process for including an early intervention services provider in the development of an IEP, if requested by the parent of the child; and

(l) A process for timely transferring data that is required by law between the department and the department of human services.

(6) The department and the department of human services shall review and revise the agreement to account for any changes to state or federal law, as necessary. At a minimum, the agreement must be reviewed once every five years. In the review and revision of the agreement, the department and the department of human services shall involve stakeholder participation, including representatives from administrative units and part C entities.

27-10.5-704. Child find - responsibilities - interagency operating agreements - rules. **[*Editor's note: This version of this section is effective July 1, 2022.*]** (1) The department has the following responsibilities and duties for children from birth through two years of age who are referred for early intervention services:

(a) To develop and implement, in coordination with certified early intervention service brokers, service agencies, governmental units, and the departments of education, public health and environment, and health care policy and financing, a statewide plan for public education, outreach, and awareness efforts related to child find and the availability of early intervention services;

(b) To ensure that referrals from the community are accepted and families are assisted in connecting with the appropriate agency for intake and case management services;

(c) To facilitate the implementation of early intervention evaluations that are the responsibility of the department pursuant to this part 7 and to implement an effective and collaborative system of early intervention services, the department shall enter into any necessary interagency operating agreements at the state level and the local level; and

(d) To facilitate the implementation of part C child find and early intervention evaluations, and the use of medicaid funds, the department and entities that conduct early intervention evaluations may, when appropriate, share information with the department of education, the department of health care policy and financing, or other entities that conduct early intervention evaluations, so long as each department or local agency acts in compliance with the federal "Health Insurance Portability and Accountability Act of 1996", 42 U.S.C. sec. 1320d, as amended, and the federal "Family Educational Rights and Privacy Act of 1974", 20 U.S.C. sec. 1232g, as amended, and all federal regulations and applicable guidelines adopted thereto.

(2) As of July 1, 2022, the department of human services shall administer part C child find pursuant to this part 7; except that, on and after May 1, 2022, the department of human services shall administer the referral intake process for part C child find evaluations.

(3) On or before July 1, 2022, the department shall establish a state-level interagency operating agreement, referred to in this section as the "agreement", with the department of human services concerning the coordination of transitions of children from part C child find to part B child find. In developing the agreement, the department and the department of human services shall involve stakeholder participation, including representatives from administrative units and part C entities. The agreement must also include:

(a) The definition of a child who is potentially eligible for part B;

(b) The processes for a parent of a child to opt out of required notifications;

(c) The required notification concerning a child who is potentially eligible for part B;

(d) A process for resolving disputes between an administrative unit and a part C entity concerning the satisfaction of agreement requirements, including remedies and sanctions;

(e) A process for resolving disputes between the department and the department of human services concerning systemic and statewide issues related to agreement requirements;

(f) The development and delivery of standardized communication materials for a parent of a child who is potentially eligible for part B, including information concerning eligibility, referral, evaluation, and service delivery;

(g) The development and delivery of standardized training for part C and part B providers, including information concerning eligibility, referral, evaluation, and service delivery for the programs;

(h) The process for transferring a child's assessment, IFSP, and other necessary information to an administrative unit for consideration of a part B evaluation and eligibility determination, if a parent has provided written consent;

(i) (I) Processes to ensure timely notification to the administrative unit if a child is potentially eligible for part B. At a minimum, timely notification must occur not later than when a child is two years and six months of age; except that timely notification must occur not later than when a child is two years and three months of age if a child has a low incidence diagnosis including, but not limited to, visual impairment, including blindness; hearing impairment, including deafness; or deaf-blind.

(II) If a child is determined to be eligible for part C when the child is older than the ages described in subsection (3)(i)(I) of this section, timely notification must occur not later than ten business days after the eligibility determination.

(j) A process for including an administrative unit representative in a transition conference for a child who transitions from part C to part B;

(k) A process for including an early intervention services provider in the development of an IEP, if requested by the parent of the child; and

(l) A process for timely transferring data that is required by law between the department and the department of human services.

(4) The department and the department of human services shall review and revise the agreement to account for any changes to state or federal law, as necessary. At a minimum, the agreement must be reviewed once every five years. In the review and revision of the agreement, the department and the department of human services shall involve stakeholder participation, including representatives from administrative units and part C entities.

Source: L. 2008: Entire part R&RE, p. 1461, § 11, effective August 5. **L. 2018:** (2) and (3) amended, (HB 18-1333), ch. 176, p. 1212, § 4, effective April 30. **L. 2021:** (4), (5), and (6) added, (SB 21-275), ch. 393, p. 2616, § 10, effective June 30; entire section amended, (SB 21-275), ch. 393, p. 2615, § 9, effective July 1, 2022; (1)(a), (1)(c), and (1)(d) amended, (HB 21-1187), ch. 83, p. 351, § 64, effective July 1, 2024.

Editor's note: (1) Subsections (4), (5), and (6) as added by section 10 of SB 21-275 (see L. 2021, p. 2616) will be harmonized with the amendment of this section as it appears in section 9 of SB 21-275 and relocated as subsections (2), (3), and (4), effective July 1, 2022.

(2) Subsections (1)(c) and (1)(d) were amended in HB 21-1187, effective July 1, 2024. However, those amendments were superseded by the amendment of this section in SB 21-275, effective July 1, 2022.

27-10.5-705. Authorized services - conditions of funding - purchases of services - rules. (1) **[*Editor's note: This version of subsection (1) is effective until July 1, 2024.*]** The department shall promulgate rules as are necessary, in accordance with this part 7 and consistent with section 27-10.5-104.5, to implement the purchase of early intervention services directly or through community centered boards or certified early intervention service brokers.

(1) **[*Editor's note: This version of subsection (1) is effective July 1, 2024.*]** The department shall promulgate rules as necessary, in accordance with this part 7 and consistent

with section 27-10.5-104.5, to implement the purchase of early intervention services directly or through certified early intervention service brokers.

(2) **[*Editor's note: This version of subsection (2) is effective until July 1, 2024.*]** Community centered boards, certified early intervention service brokers, and service agencies receiving moneys pursuant to section 27-10.5-708 shall comply with all of the provisions of this article and the rules promulgated pursuant to this article.

(2) **[*Editor's note: This version of subsection (2) is effective July 1, 2024.*]** Certified early intervention service brokers and service agencies receiving money pursuant to section 27-10.5-708 shall comply with all of the provisions of this article 10.5 and the rules promulgated pursuant to this article 10.5.

(3) **[*Editor's note: This version of the introductory portion to subsection (3) is effective until July 1, 2024.*]** Community centered boards and certified early intervention service brokers shall obtain or provide early intervention services, subject to available appropriations, including but not limited to:

(3) **[*Editor's note: This version of the introductory portion to subsection (3) is effective July 1, 2024.*]** Certified early intervention service brokers shall obtain or provide early intervention services, subject to available appropriations, including but not limited to:

(a) Service coordination with families of eligible infants and toddlers from birth through two years of age. The purpose of service and support coordination shall be to enable a family to utilize service systems to meet its needs in an effective manner and increase the family's confidence and competence. Service coordination is to be rendered in an interagency context that emphasizes interagency collaboration. A family shall have, to the extent possible, a choice as to who shall perform certain facets of service coordination as established in the family's individualized family service plan.

(b) **[*Editor's note: This version of the introductory portion to subsection (3)(b) is effective until July 1, 2024.*]** Coordination of early intervention services with local agencies and other community resources at the local level to avoid duplication and fragmentation of early intervention services. A community centered board shall:

(b) **[*Editor's note: This version of the introductory portion to subsection (3)(b) is effective July 1, 2024.*]** Coordination of early intervention services with local agencies and other community resources at the local level to avoid duplication and fragmentation of early intervention services. A certified early intervention service broker shall:

(I) **[*Editor's note: This version of subsection (3)(b)(I) is effective until July 1, 2024.*]** Coordinate with the local interagency effort regarding outreach, identification, screening, multidisciplinary assessment, and eligibility determination for families served by the community centered board who requested the services;

(I) **[*Editor's note: This version of subsection (3)(b)(I) is effective July 1, 2024.*]** Coordinate with the local interagency effort regarding outreach, identification, screening, multidisciplinary assessment, and eligibility determination for families served by the certified early intervention service broker who requested the services;

(II) Coordinate with the local family support services program; and

(III) Coordinate with other appropriate state agencies providing programs for infants and toddlers.

(4) The department is authorized to use up to three percent of the amount of the appropriation for early intervention services for training and technical assistance to ensure that

the latest developments for early intervention services are rapidly integrated into service provision throughout the state.

Source: L. 2008: Entire part R&RE, p. 1462, § 11, effective August 5. **L. 2009:** (1) amended, (SB 09-044), ch. 57, p. 210, § 16, effective March 25. **L. 2021:** (1), (2), IP(3), IP(3)(b), and (3)(b)(I) amended, (HB 21-1187), ch. 83, p. 352, § 65, effective July 1, 2024.

27-10.5-706. Coordinated system of payment for early intervention services - duties of departments. (1) In order to implement the provisions of this part 7, the department, as lead agency for part C, shall be responsible for the following, subject to available appropriations:

(a) Establishing an early intervention state plan for a statewide, comprehensive system of early intervention evaluations and early intervention services in accordance with part C child find;

(b) Establishing an interagency operating agreement between the department and the departments of education, health care policy and financing, and public health and environment regarding the responsibilities of each department to assist in the development and implementation of a statewide, comprehensive system of early intervention services and a coordinated system of payments for early intervention services;

(c) Developing, in cooperation with the department of education, the department of health care policy and financing, the department of public health and environment, the division of insurance in the department of regulatory agencies, private health insurance carriers, and certified early intervention service brokers, a coordinated system of payment of early intervention services using public and private moneys;

(d) **[*Editor's note: This version of subsection (1)(d) is effective until July 1, 2024.*]** Certifying community centered boards or other entities as determined by the department as early intervention service brokers for early intervention services provided pursuant to this part 7; and

(d) **[*Editor's note: This version of subsection (1)(d) is effective July 1, 2024.*]** Certifying early intervention service brokers for early intervention services provided pursuant to this part 7; and

(e) Ensuring an appropriate allocation of payment responsibilities for early intervention services among federal, state, local, and private sources, including public medical assistance and private insurance coverage.

(2) Any additional source of moneys that may become available for the payment of early intervention services on or after July 1, 2008, as a result of the development and implementation of a statewide, comprehensive system of early intervention services and a coordinated system of payments for early intervention services shall not replace or reduce any other federal or state moneys available for the payment of early intervention services on or before July 1, 2008.

(3) **[*Editor's note: This version of subsection (3) is effective until July 1, 2024.*]** Nothing in this part 7 shall be construed to inhibit, encumber, or control the use of local moneys, including county grants, revenues from local mill levies, and private grants and contributions, that a community centered board or county government may elect to allocate for the benefit of eligible children.

(3) **[*Editor's note: This version of subsection (3) is effective July 1, 2024.*]** Nothing in this part 7 inhibits, encumbers, or controls the use of local money, including county grants, revenues from local mill levies, and private grants and contributions, that a certified early

intervention service broker or county government may elect to allocate for the benefit of eligible children.

(4) In developing a coordinated system of payment, the department shall not directly or indirectly create a new entitlement for early intervention services funded from the state general fund. However, this subsection (4) shall not prohibit any adjustments to public medical assistance required by section 25.5-1-124, C.R.S.

Source: L. 2008: Entire part R&RE, p. 1463, § 11, effective August 5. **L. 2018:** IP(1) and (1)(a) amended, (HB 18-1333), ch. 176, p. 1212, § 5, effective April 30. **L. 2021:** (1)(d) and (3) amended, (HB 21-1187), ch. 83, p. 352, § 66, effective July 1, 2024.

Editor's note: This section is similar to former § 27-10.5-703 as it existed prior to 2008.

27-10.5-707. Cooperation among state agencies - implementing coordinated payment system - revisions to rules - repeal. (1) The departments of education, health care policy and financing, and public health and environment shall cooperate with the department to implement the provisions of this part 7 and each department shall:

(a) (I) Assign a representative in accordance with part C child find to advise and assist the department in the development and implementation of the early intervention services system.

(II) This subsection (1)(a) is repealed, effective July 1, 2022.

(b) Participate in the ongoing review of funding practices for early intervention services anbd develop or revise procedures for a coordinated system of payment for early intervention services;

(c) Use uniform forms and procedures for billing the costs of early intervention services to public medical assistance, as specified in the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5, C.R.S., or the "Children's Basic Health Plan Act", article 8 of title 25.5, C.R.S., as appropriate, and private health insurance, as specified in part 1 of article 16 of title 10, C.R.S.;

(d) Coordinate revisions to existing rules that are necessary to implement this part 7; and

(e) Perform other tasks and functions necessary for the implementation of this part 7.

(2) The division of insurance in the department of regulatory agencies shall provide assistance to the department related to the requirements and implementation of section 10-16-104 (1.3), C.R.S., and insurance laws and rules related to billing and claims handling.

(3) (a) Any appropriation for the 2021-22 budget year to the department of human services for part C responsibilities that is in addition to an appropriation pursuant to House Bill 18-1333, enacted in 2018, must be allocated to the department of education to reimburse administrative units for their proportionate share of unfunded costs of part C evaluations during the 2021-22 state fiscal year.

(b) This subsection (3) is repealed, effective July 1, 2023.

Source: L. 2008: Entire part R&RE, p. 1464, § 11, effective August 5. **L. 2021:** (3) added, (SB 21-275), ch. 393, p. 2617, § 12, effective June 30; (1)(a)(II) added by revision, (SB 21-275), ch. 393, pp. 2617, 2618, §§ 11, 15.

Editor's note: This section is similar to former § 27-10.5-704 as it existed prior to 2008.

27-10.5-708. Certified early intervention service brokers - duties - payment for early intervention services - fees. (1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective until July 1, 2024.*]** For each designated service area in the state, the certified early intervention service broker for the area shall:

(1) **[*Editor's note: This version of the introductory portion to subsection (1) is effective July 1, 2024.*]** For each defined service area in the state, the certified early intervention service broker for the area shall:

(a) **[*Editor's note: This version of subsection (1)(a) is effective until July 1, 2024.*]** Establish a registry of qualified early intervention service providers to provide early intervention services to eligible children in the designated service area. The certified early intervention service broker for a designated service area may provide early intervention services directly or may subcontract the provision of services to other qualified providers on the registry.

(a) **[*Editor's note: This version of subsection (1)(a) is effective July 1, 2024.*]** Establish a registry of qualified early intervention service providers to provide early intervention services to eligible children in the defined service area. The certified early intervention service broker for a defined service area may provide early intervention services directly or may subcontract the provision of services to other qualified providers on the registry.

(b) Accept and process claims for reimbursement for early intervention services provided under this part 7 by qualified providers;

(c) **[*Editor's note: This version of subsection (1)(c) is effective until July 1, 2024.*]** Negotiate for the payment of early intervention services provided to eligible children in the designated service area by qualified providers, to the extent permissible under federal law; and

(c) **[*Editor's note: This version of subsection (1)(c) is effective July 1, 2024.*]** Negotiate for the payment of early intervention services provided to eligible children in the defined service area by qualified providers, to the extent permissible under federal law; and

(d) Ensure payment to a qualified provider for early intervention services rendered by the qualified provider.

(2) Certified early intervention service brokers shall use procedures and forms determined by the department to document the provision or purchase of early intervention services on behalf of eligible children. Invoices or insurance claims for early intervention services shall be submitted based on the available funding source for each eligible child and the reimbursement rate for the appropriate federal, state, local, or private funding sources, including public medical assistance and private health insurance.

(3) The department shall establish a schedule of fees to be charged by certified early intervention service brokers for providing broker services under this part 7. In developing the fee schedule, the department shall obtain input from certified early intervention service brokers and shall consider the duties of brokers under this part 7, the expenses incurred by brokers, and the relevant market conditions.

(4) Use of a certified early intervention broker is voluntary; except that private health insurance carriers that are included under section 10-16-104 (1.3), C.R.S., are required to make payment in trust under section 27-10.5-709. Nothing in this part 7 prohibits a qualified provider of early intervention services from directly billing the appropriate program of public medical assistance or a participating provider, as defined in section 10-16-102 (46), C.R.S., or from directly billing a private health insurance carrier for services rendered under this part 7 for insurance plans that are not included under section 10-16-104 (1.3), C.R.S.

(5) To the extent requested by the department, certified early intervention service brokers shall participate in ongoing reviews of funding practices for early intervention services and the development or revision of procedures for a coordinated system of payment for early intervention services.

Source: L. 2008: Entire part R&RE, p. 1465, § 11, effective August 5. **L. 2009:** (4) amended, (HB 09-1237), ch. 216, p. 979, § 3, effective May 2. **L. 2013:** (4) amended, (HB 13-1266), ch. 217, p. 994, § 68, effective May 13. **L. 2021:** IP(1), (1)(a), and (1)(c) amended, (HB 21-1187), ch. 83, p. 353, § 67, effective July 1, 2024.

Editor's note: This section is similar to former § 27-10.5-705 as it existed prior to 2008.

27-10.5-709. Payment from private health insurance for early intervention services - trust fund. (1) Private health insurance carriers that are required to make payment of benefits for early intervention services for which coverage is required pursuant to section 10-16-104 (1.3), C.R.S., shall pay benefits to the department in trust for payment to a broker or provider for early intervention services provided to an eligible child. Upon notification from the department that a child is eligible, the child's private health insurance carrier shall have thirty days to make payment to the department.

(2) (a) When a private health insurance carrier makes payments of benefits for an eligible child to the department in trust, those moneys shall be deposited in the early intervention services trust fund, which trust fund is hereby created in the state treasury. Except as provided in paragraph (b) of this subsection (2), the principal of the trust fund shall only be used to pay certified early intervention service brokers or qualified early intervention service providers for early intervention services provided to the eligible child for whom the moneys were paid to the department in trust by the private health insurance carrier. Except as provided in paragraph (b) of this subsection (2), the principal of the trust fund shall not constitute state fiscal year spending for purposes of section 20 of article X of the state constitution, and such moneys shall be deemed custodial funds that are not subject to appropriation by the general assembly.

(b) (I) For the 2008-09 fiscal year and each fiscal year thereafter, the general assembly shall make appropriations to the department from the principal of the early intervention services trust fund for the direct and indirect costs of administering this section. Any moneys appropriated to the department pursuant to this paragraph (b) shall constitute state fiscal year spending for purposes of section 20 of article X of the state constitution.

(II) All interest derived from the deposit and investment of moneys in the early intervention services trust fund shall be credited to the trust fund, may be appropriated to the department in accordance with this paragraph (b), and shall constitute state fiscal year spending for purposes of section 20 of article X of the state constitution.

(c) Within ninety days after the department determines that a child is no longer an eligible child for purposes of section 10-16-104 (1.3), C.R.S., the department shall notify the carrier that the child is no longer eligible and that the carrier is no longer required to provide the coverage required by said section for that child. Any moneys deposited in the trust fund on behalf of an eligible child that are not expended on behalf of the child before the child becomes ineligible shall be returned to the carrier that made the payments in trust for the child.

(3) No later than March 1, 2009, and no later than April 1 each year thereafter, the department shall provide a report to each private health insurance carrier that has made payments of benefits for an eligible child to the department in trust. The report shall specify the total amount of benefits paid to brokers or qualified providers for services provided to the eligible child during the prior calendar year, including the amount paid to each broker or qualified provider and the services provided to the eligible child. The report required by this subsection (3) shall be provided at least annually and more often, as determined by the department and the carrier.

Source: L. 2008: Entire part R&RE, p. 1466, § 11, effective August 5. **L. 2009:** (1), (2)(a), (2)(c), and (3) amended, (HB 09-1237), ch. 216, p. 979, § 4, effective May 2.

Editor's note: This section is similar to former § 27-10.5-706 as it existed prior to 2008.

27-10.5-710. Annual report - cooperation from certified early intervention service brokers and qualified providers. (1) Notwithstanding section 24-1-136 (11)(a)(I), by November 1, 2008, and by November 1 each year thereafter, the department shall submit an annual report to the general assembly regarding the various funding sources used for early intervention services, the number of eligible children served, the average cost of early intervention services, and any other information the department deems appropriate. The department shall submit the report to the joint budget committee as part of the department's annual budget request. The department shall also submit the report to the health and human services committees and the education committees of the senate and house of representatives, or any successor committees.

(2) The department shall request, and certified early intervention service brokers and qualified early intervention service providers shall provide, information regarding early intervention services that the department needs to prepare the annual report required by this section or other required federal or state reports.

Source: L. 2008: Entire part R&RE, p. 1467, § 11, effective August 5. **L. 2017:** (1) amended, (SB 17-234), ch. 154, p. 524, § 16, effective August 9.

Editor's note: This section is similar to former § 27-10.5-707 as it existed prior to 2008.

PART 8

OUTCOME-BASED SUPPORTED EMPLOYMENT SYSTEM
FOR INTEGRATED EMPLOYMENT SERVICES
FOR PERSONS WITH DISABILITIES, INCLUDING
DEVELOPMENTAL DISABILITIES

27-10.5-801. Pilot program - creation - goals - implementation - reporting - repeal. (Repealed)

Source: L. 2008: Entire part added, p. 378, § 2, effective April 10. **L. 2015:** (4) added by revision, (SB 15-239), ch. 160, pp. 488, 490 §§ 7, 14.

Editor's note: Subsection (4) provided for the repeal of this section, effective July 1, 2016. (See L. 2015, pp. 488, 490.)

PART 9

STATE EMPLOYMENT OF PERSONS
WITH DEVELOPMENTAL DISABILITIES

27-10.5-901. Legislative declaration. (1) The general assembly hereby finds that:

(a) Persons with developmental disabilities represent a population that has long been underutilized and often denied employment opportunities within state government, partially due to hiring personnel's perceptions and understanding of the operation and requirements of the state personnel system;

(b) Some state agencies are unaware of the avenues that are available within the state personnel system by which state agencies can hire and provide training and support for persons with developmental disabilities; and

(c) Many persons with developmental disabilities, when provided appropriate training and support, can develop sufficient skills and competencies to more than adequately fulfill job expectations in employment positions in state government.

(2) Therefore, it is the intent of the general assembly to create the state employment program for persons with developmental disabilities to encourage and provide incentives for state agencies to give meaningful employment opportunities to persons with developmental disabilities and to improve the state's practices in employing, supervising, and supporting persons with developmental disabilities.

Source: L. 2008: Entire part added, p. 2182, § 1, effective June 5.

27-10.5-902. State employment program for persons with developmental disabilities - creation - rules. (1) There is hereby created within the department the state employment program for persons with developmental disabilities, referred to in this part 9 as the "program". The department shall design and implement the program to coordinate the hiring of interested persons with developmental disabilities into appropriate and meaningful state employment opportunities. The goal of the program is to identify for persons with developmental disabilities permanent and stable employment opportunities that are integrated within and appropriately meet the service goals of state agencies. The department of human services shall collaborate with the department of personnel in designing the program.

(2) (a) On or before July 1, 2008, the executive directors of the department of human services and the department of personnel shall jointly convene a working group to study and recommend how the state's policies and practices in employing, supervising, and supporting persons with developmental disabilities can be improved in order to effectively and successfully implement the program. The executive directors shall include in the working group persons with expertise in implementing the statutes and rules pertaining to the state personnel system, persons

with expertise in interpreting and implementing the federal "Americans with Disabilities Act of 1990", 42 U.S.C. sec. 12101 et seq., and persons with experience in employing and placing for employment persons with developmental disabilities.

(b) The working group shall complete its work and make recommendations to the executive directors of the department of human services and the department of personnel by January 1, 2009. The recommendations of the working group may include, but need not be limited to:

(I) Modifications to rules, statutes, or the state constitution to improve the success of persons with developmental disabilities who are employed through the program; and

(II) Identification or clarification of the roles and responsibilities of persons in the department of human services and the department of personnel in implementing the program efficiently and successfully.

(3) (a) If the working group finds that implementation of the program may require statutory or constitutional changes, the department of human services and the department of personnel shall not implement the program until the general assembly has considered and rejected said changes or until after a bill enacting said statutory changes or a referred measure enacting said constitutional changes has become law.

(b) After the conditions specified in paragraph (a) of this subsection (3) are met, or if the working group finds that neither statutory nor constitutional changes are necessary for implementation of the program, the state board of human services and the state personnel board shall promulgate rules in accordance with the "State Administrative Procedure Act", article 4 of title 24, C.R.S., as follows:

(I) The state board of human services shall promulgate rules as necessary for implementation of the program within the department of human services; and

(II) The state personnel board shall promulgate rules pertaining to the state personnel system as necessary for implementation of the program.

(4) Following promulgation of rules pursuant to subsection (3) of this section and in accordance with said rules and the provisions of this section, the department of human services, in collaboration with the department of personnel, shall implement the program. A state agency that seeks to employ a person with developmental disabilities through the program shall be responsible for hiring and supervision of the person and payment of the person's salary and benefits. The department, through the program, shall provide guidance to the hiring state agency regarding any additional issues that are pertinent to the person's employment.

(5) Following adoption of the rules specified in subsection (3) of this section, the department shall regularly provide information to state agencies to explain and promote the program. Upon full implementation of the program, each state agency is strongly encouraged to participate in the program by identifying meaningful and appropriate employment positions for persons with developmental disabilities and working with the department to hire persons with developmental disabilities for these positions.

Source: L. 2008: Entire part added, p. 2183, § 1, effective June 5.

PART 10

GENERAL PROVISIONS

27-10.5-1001. (Repealed)

Source: L. 2009: Entire part repealed, (SB 09-206), ch. 7, p. 59, § 1, effective March 2.

Editor's note: This part 10 was added in 2008 and was not amended prior to its repeal in 2009. For the text of this part 10 prior to 2009, consult the 2008 Colorado Revised Statutes.

ARTICLE 11

Community Centers - Mentally Retarded
and Handicapped

27-11-101 to 27-11-106. (Repealed)

Source: L. 85: Entire article repealed, p. 1016, § 46, effective July 1.

Editor's note: This article was numbered as article 8 of chapter 71 in C.R.S. 1963. For amendments to this article prior to its repeal in 1985, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

Cross references: For current provisions on community-centered boards that provide services for persons with intellectual and developmental disabilities, see part 1 of article 10.5 of this title 27.

ARTICLE 12

Charges for Patients

27-12-101 to 27-12-109. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 7 of chapter 71, C.R.S. 1963. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. The provisions of this article were relocated to article 92 of this title. For the location of specific provisions, see the editor's notes following each section in said article and the comparative tables located in the back of the index.

Institutions

ARTICLE 13

Colorado Mental Health Institute at Pueblo

27-13-101 to 27-13-113. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 3 of chapter 71, C.R.S. 1963. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. The provisions of this article were relocated to article 93 of this title. For the location of specific provisions, see the editor's notes following each section in said article and the comparative tables located in the back of the index.

ARTICLE 14

Homes for Mental Defectives

27-14-101 to 27-14-116. (Repealed)

Source: L. 85: Entire article repealed, p. 1016, § 46, effective July 1.

Editor's note: This article was numbered as article 4 of chapter 71 in C.R.S. 1963. For amendments to this article prior to its repeal in 1985, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

Cross references: For current provisions on regional centers, see part 3 of article 10.5 of this title 27.

ARTICLE 15

Colorado Mental Health Institute at Fort Logan

27-15-101 to 27-15-105. (Repealed)

Source: L. 2010: Entire article repealed, (SB 10-175), ch. 188, p. 675, § 1, effective April 29.

Editor's note: This article was numbered as article 5 of chapter 71, C.R.S. 1963. For amendments to this article prior to its repeal in 2010, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. The provisions

of this article were relocated to article 94 of this title. For the location of specific provisions, see the editor's notes following each section of said article and the comparative tables located in the back of the index.

ARTICLE 16

Western Regional Mental Health Center

27-16-101 to 27-16-105. (Repealed)

Source: L. 77: Entire article repealed, p. 293, § 7, effective May 26.

Editor's note: This article was numbered as article 9 of chapter 71 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

CORRECTIONS

ARTICLE 20

Penitentiary

27-20-101 to 27-20-203. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions of part 1 concerning the state penitentiary and the provisions of part 2, enacted by L. 77, p. 1377, § 1, concerning minimum security facilities, are under the department of corrections. (See articles 20 and 25 of title 17.)

(2) This article was numbered as article 4 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 21

Women's Correctional Institution

27-21-101 and 27-21-102. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: This article was numbered as articles 3 and 4 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory

research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 22

Reformatory

27-22-101 to 27-22-110. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: This article was numbered as article 3 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 23

Mentally Ill or Retarded Convicts - Transfer

27-23-101 to 27-23-103. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning the transfer of inmates with mental health disorders or intellectual and developmental disabilities are under the department of corrections. (See article 23 of title 17.)

(2) This article was numbered as article 2 of chapter 71 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 24

Convict Labor and Goods

27-24-101 to 27-24-124. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: This article was numbered as article 5 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 25

Correctional Industries

27-25-101 to 27-25-203. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning correctional industries are under the department of corrections. (See article 24 of title 17.)

(2) This article was numbered as article 8 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 26

Jails

27-26-101 to 27-26-129. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning jails are under the department of corrections. (See article 26 of title 17.)

(2) This article was numbered as article 7 of chapter 105 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 27

Community Correctional Facilities and Programs

27-27-101 to 27-27-112. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning community correctional facilities and programs are under the department of corrections. (See article 27 of title 17.)

(2) This article was added in 1974. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

ARTICLE 28

Restitution to Victims of Crime

27-28-101 and 27-28-102. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning restitution to victims of crime are under the department of corrections. (See article 28 of title 17.)

(2) This article was added in 1976 and was not amended prior to its repeal in 1977. For the text of this article prior to 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

OTHER INSTITUTIONS

ARTICLE 35

School for the Deaf and the Blind

27-35-101 to 27-35-116. (Repealed)

Source: L. 77: Entire article repealed, p. 1095, § 5, effective July 1.

Editor's note: (1) The provisions concerning the school for the deaf and the blind have been transferred to article 80 of title 22. (See L. 77, pp. 1090-1095.)

(2) This article was numbered as article 1 of chapter 16 in C.R.S. 1963. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

COLORADO DIAGNOSTIC PROGRAM

ARTICLE 40

Colorado Diagnostic Program

27-40-101 to 27-40-107. (Repealed)

Source: L. 77: Entire article repealed, p. 955, § 37, effective August 1.

Editor's note: (1) The provisions concerning the Colorado diagnostic program, are under the department of corrections. (See article 40 of title 17.)

(2) This article was added in 1974. For amendments to this article prior to its repeal in 1977, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

BEHAVIORAL HEALTH

ARTICLE 60

General Provisions

PART 1

GENERAL PROVISIONS

27-60-100.3. Definitions. As used in this article 60, unless the context otherwise requires:

(1) "Behavioral health" refers to an individual's mental and emotional well-being and actions that affect an individual's overall wellness. Behavioral health problems and disorders include substance use disorders, serious psychological distress, suicide, and other mental health disorders. Problems ranging from unhealthy stress or subclinical conditions to diagnosable and treatable diseases are included in the term "behavioral health". The term "behavioral health" is also used to describe service systems that encompass prevention and promotion of emotional health, prevention and treatment services for mental health and substance use disorders, and recovery support.

(1.5) "Criminal justice diversion program" means a program created pursuant to section 27-60-106.5 or programs operated by cities or counties that connect law enforcement officers with behavioral health providers to assist individuals in need of behavioral health interventions or to divert individuals from the criminal justice system.

(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.

(4.7) "Office" means the office of behavioral health in the department of human services.

(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.

Source: L. 2017: Entire section added, (SB 17-242), ch. 263, p. 1335, § 226, effective May 25. **L. 2018:** (4.7) added, (SB 18-250), ch. 403, p. 2376, § 1, effective June 6. **L. 2020:** (1.5) added, (HB 20-1017), ch. 288, p. 1426, § 11, effective September 14.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-60-101. Behavioral health crisis response system - legislative declaration. (1) (a) The general assembly finds and declares that:

(I) There are people in Colorado communities who are experiencing behavioral health crises and need professional behavioral health crisis care or urgent psychiatric care from skilled mental health clinicians and medical professionals who excel at providing compassionate behavioral health crisis intervention and stabilization;

(II) A behavioral health crisis can happen any hour of the day and any day of the week;

(III) Persons in a behavioral health crisis frequently come in contact with community first responders who are often unable to provide necessary behavioral health interventions or who must transport these persons in a behavioral health crisis to emergency rooms for services, or, in cases where a crime is alleged, to jail;

(IV) Colorado ranks fiftieth in the nation in the number of inpatient psychiatric beds;

(V) Fewer than one-half of the persons who are in a behavioral health crisis and are taken to an emergency room are admitted for inpatient hospitalization, meaning that thousands of people each year return to community streets with little, if any, crisis intervention or treatment for behavioral health disorders; and

(VI) Significant time and resources are required of community first responders in addressing persons in a behavioral health crisis and, in many cases, this community response is neither timely nor safe for the person in crisis nor cost-efficient for the state.

(b) The general assembly therefore finds that a coordinated behavioral health crisis response system:

(I) Serves as a comprehensive and preferred response to behavioral health emergencies throughout Colorado by providing for early intervention and effective treatment of 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) 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 information technology systems to integrate available behavioral health crisis responses;

(III) Should be available in all Colorado communities;

(IV) Includes community-based, behavioral health crisis centers where individuals who are experiencing a behavioral health 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) Repealed.

Source: L. 2010: Entire article added, (HB 10-1032), ch. 316, p. 1475, § 1, effective May 27. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1336, § 227, effective May 25; (1)(b) amended, (1)(c) added, and (2) repealed, (SB 17-207), ch. 205, p. 761, § 2, effective August 9.

Editor's note: (1) This section was added by section 1 of ch. 316, Session Laws of Colorado 2010, as § 27-1-210 but was renumbered on revision for ease of location since article 1 of this title was repealed by Senate Bill 10-175.

(2) Amendments to subsection (1)(b) by SB 17-207 and SB 17-242 were harmonized.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 17-207, see section 1 of chapter 205, Session Laws of Colorado 2017.

27-60-102. Civil commitment statute review task force - legislative declaration - creation - duties - repeal. (Repealed)

Source: L. 2013: Entire section added, (HB 13-1296), ch. 232, p. 1109, § 1, effective May 16.

Editor's note: Subsection (10) provided for the repeal of this section, effective November 1, 2014. (See L. 2013, p. 1109.)

27-60-102.5. Definitions. (Repealed)

Source: L. 2017: Entire section added, (SB 17-207), ch. 205, p. 762, § 3, effective August 9. **L. 2018:** Entire section repealed, (SB 18-094), ch. 30, p. 332, § 2, effective August 8.

Cross references: For the legislative declaration in SB 18-094, see section 1 of chapter 30, Session Laws of Colorado 2018.

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 for communities throughout the state. Separate proposals may be solicited and accepted for each of the five components listed in subsection (1)(b) of this section. The crisis response system created through this request for proposals process must be based on the following principles:

(I) Cultural competence;

(II) Strong community relationships;

(III) The use of peer support;

(IV) The use of evidence-based practices;

(V) Building on existing foundations with an eye toward innovation;

(VI) Utilization of an integrated system of care; and

(VII) Outreach to students through school-based clinics.

(b) The components of the crisis response system 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:

(I) A twenty-four-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals;

(II) Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.

(III) Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis;

(IV) Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements; and

(V) A public information campaign.

(2) The state department shall collaborate with the committee of interested stakeholders established in subsection (3) of this section to develop the request for proposals, including eligibility and award criteria. Priority may be given to entities that have demonstrated partnerships with Colorado-based resources. Proposals will be evaluated on, at a minimum, an applicant's ability, relative to the specific component involved, to:

(a) Demonstrate innovation based on evidence-based practices that show evidence of collaboration with existing systems of care to build on current strengths and maximize resources;

(b) Coordinate closely with community mental health organizations that provide services regardless of the source of payment, such as behavioral health organizations, community mental health centers, regional care collaborative organizations, substance use treatment providers, and managed service organizations;

(c) Serve individuals regardless of their ability to pay;

(d) Be part of a continuum of care;

(e) Utilize peer supports;

(f) Include key community participants;

(g) Demonstrate a capacity to meet the demand for services;

(h) Understand and provide services that are specialized for the unique needs of child and adolescent patients; and

(i) Reflect an understanding of the different response mechanisms utilized between mental health and substance use disorder crises.

(3) The state department shall establish a committee of interested stakeholders that will be responsible for reviewing the proposals and awarding contracts pursuant to this section.

Representations from the state department of health care policy and financing must be included in the committee of interested stakeholders. A stakeholder participating in the committee must not have a financial or other conflict of interest that would prevent him or her from impartially reviewing proposals.

(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, the state department shall make awards on or before January 1, 2014. If additional 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.

(b) If the full appropriation by the general assembly for the implementation of this section is not dispersed as specified in paragraph (a) of this subsection (4), the committee shall accept and review proposals and award contracts as the proposals are received and not require an application be held until a subsequent request for proposals.

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

(6) (a) Beginning in January 2014, and every January thereafter, the state department shall report progress on the implementation of 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.

(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; 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) Repealed.

Source: L. 2013: Entire section added, (SB 13-266), ch. 231, p. 1105, § 1, effective May 16. **L. 2017:** (7) repealed, (SB 17-242), ch. 263, p. 1337, § 228, effective May 25; IP(1)(a), IP(1)(b), (4)(a), (5), and (6) amended and (7) repealed, (SB 17-207), ch. 205, p. 762, § 4, effective August 9. **L. 2018:** IP(1)(a) and (6)(b) amended, (SB 18-161), ch. 123, p. 830, § 4, effective September 1.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 17-207, see section 1 of chapter 205, Session Laws of Colorado 2017.

27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units - report. (1) **[*Editor's note: This version of subsection (1) is effective until July 1, 2022.*]** On or before January 1, 2018, 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.

(1) **[*Editor's note: This version of subsection (1) is effective July 1, 2022.*]** All behavioral health entities, 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) (a) 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.

(b) Mobile crisis services may be delivered by criminal justice diversion programs approved by the state department or a crisis response system contractor.

(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) **[*Editor's note: This version of the introductory portion to subsection (6) is effective until July 1, 2022.*]** 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:

(6) **[*Editor's note: This version of the introductory portion to subsection (6) is effective July 1, 2022.*]** 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, behavioral health entities, 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, as defined in section 25-3.5-103 (11.4), of individuals placed on a seventy-two-hour treatment and evaluation hold pursuant to article 65 of this title 27, and shall include the following information as part of its 2023 "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required pursuant to section 2-7-203:

(a) How crisis contractors are facilitating the use of secure transportation or contracting with secure transportation licensees; and

(b) How the state department has supported and encouraged crisis contractors to include secure transportation in the behavioral health crisis response system.

(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.

Source: L. 2017: Entire section added, (SB 17-207), ch. 205, p. 764, § 5, effective August 9. **L. 2019:** (1) and IP(6) amended, (HB 19-1237), ch. 413, p. 3640, § 11, effective July 1, 2022. **L. 2020:** (2) amended, (HB 20-1017), ch. 288, p. 1426, § 12, effective September 14. **L. 2021:** (7) amended, (HB 21-1085), ch. 355, p. 2312, § 5, effective June 27.

Cross references: For the legislative declaration in SB 17-207, see section 1 of chapter 205, Session Laws of Colorado 2017.

27-60-104.5. Behavioral health capacity tracking system - legislative declaration - definitions - rules. (1) (a) The general assembly finds that:

(I) There is a shortage of available beds for psychiatric emergencies, withdrawal management for substance use disorders, and intensive residential inpatient and outpatient behavioral health services in Colorado;

(II) Creating a behavioral health capacity tracking system of available treatment capacity and medication-assisted treatment programs would help families, law enforcement agencies, counties, court personnel, and emergency room personnel locate an appropriate treatment option for individuals experiencing behavioral health crises; and

(III) Further, a tracking system would decrease the time that individuals wait in emergency rooms, ensure that existing resources are maximized, and increase the likelihood that individuals in crisis receive services closer to their community.

(b) Therefore, the general assembly declares that the creation of a behavioral health capacity tracking system is an important tool for addressing behavioral health crises, including connecting individuals to treatment for opioid and other substance use disorders.

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

(a) "Consistent noncompliance" means when a provider does not complete daily required capacity updates for two or more consecutive days or has five or more days of noncompliance in any given month.

(b) "Tracking system" means the behavioral health capacity tracking system created pursuant to this section.

(3) Pursuant to subsection (8) of this section, the state department shall implement a behavioral health capacity tracking system, which must include the following:

(a) A twenty-four-hour, web-based platform;

(b) Online access by health-care professionals, law enforcement, and court personnel;

(c) Coordination with the telephone crisis service that is part of the behavioral health crisis response system pursuant to section 27-60-103;

(d) Required capacity updates, at least daily, unless the facility is a residential facility and capacity has not changed, with a penalty for consistent noncompliance, for facilities listed under subsection (3)(e) of this section; except that opioid treatment programs licensed pursuant to section 27-80-204 are only required to update daily whether the program is accepting new clients; and

(e) Capacity reporting for the following facilities and treatment providers statewide:

(I) Facilities that provide evaluation and treatment to individuals held under an emergency commitment pursuant to section 27-81-111, an involuntary commitment pursuant to section 27-81-112, or a civil commitment pursuant to section 27-65-105, including crisis stabilization units, acute treatment units, community mental health centers, and hospitals, including state mental health institutes;

(II) Inpatient treatment facilities;

(III) Residential treatment facilities;

(IV) Withdrawal management facilities; and

(V) Facilities licensed pursuant to section 27-80-204, including opioid treatment programs and medically managed and clinically managed withdrawal management facilities.

(4) In addition to reporting by those facilities listed in subsection (3)(e) of this section, the tracking system may allow any medical provider providing behavioral health treatment as part of the provider's medical practice to participate in the tracking system with prior approval by the state department.

(5) To the extent possible, the tracking system should be designed to collect the following information:

(a) The name, address, web address, and telephone number of the facility or treatment program and information as to the process for confirming the current availability of a bed or a slot in a treatment program and for reserving a bed or slot in the facility or treatment program;

(b) The license type for the facility or treatment program and the licensed bed capacity of the facility;

(c) The number of beds or slots currently available and staffed for behavioral health services;

(d) Admission and exclusion criteria, including gender, age, acuity level, medical complications, diagnoses, or behaviors excluded, such as intellectual or developmental disabilities, aggression, substance use disorders, traumatic brain injury, or history of violence or aggressive behavior;

(e) The type of substance for which the facility or treatment program provides treatment;

(f) Whether the facility serves involuntary clients;

(g) Payer sources accepted by each facility or treatment program;

(h) The time and date of the last update of information for the facility or treatment program; and

(i) A link to a stable location map.

(6) The tracking system is designed to provide immediate and accurate information regarding the availability of facility beds or slots in treatment programs but does not guarantee availability. The user shall be directed to contact the facility or treatment program directly to confirm capacity and to arrange placement.

(7) Prior to contracting for components of the tracking system or its implementation, the state department shall convene a stakeholder process to identify an efficient and effective tracking system design. The state department shall receive input relating to existing information and reporting systems that may be expanded upon for the tracking system, issues relating to data collection and input by facilities and treatment providers, and the most effective interface for tracking system users. In addition to any persons or organizations identified by the state department, the stakeholder process must include input from the department of public health and environment, emergency medical service providers, contractors operating existing information and reporting systems in the state, and facilities required to provide information for the tracking system. The state department shall report to the opioid and other substance use disorders study committee during the legislative interim preceding the 2020 legislative session concerning the results of the stakeholder process.

(8) Subject to available appropriations, the state department shall implement a centralized, web-based tracking system as described in this section and shall ensure that appropriate tracking system information is available to the public. The contractor of the twenty-four-hour telephone crisis services provided pursuant to section 27-60-103 shall use the tracking system as an available service resource locator.

(9) Repealed.

(10) The state department may adopt rules, as necessary, to implement this section.

Source: L. 2019: Entire section added, (HB 19-1287), ch. 175, p. 2012, § 1, effective May 14. **L. 2020:** (8) amended and (9) repealed, (HB 20-1391), ch. 211, p. 1026, § 1, effective June 30; (3)(e)(I) amended, (SB 20-007), ch. 286, p. 1416, § 52, effective July 13.

27-60-105. Outpatient restoration to competency services - jail-based behavioral health services - responsible entity - duties - report - legislative declaration. (1) The general assembly finds and declares that:

(a) Colorado's statutory scheme does not designate an entity responsible for competency restoration services, nor does it provide a sufficient framework for the provision of outpatient

restoration services to adults or juveniles. As a result, there have been deficits and inconsistencies in the administration of the educational component of outpatient competency restoration services and the coordination and integration of that component with existing services and supports to address the underlying causes of incompetency.

(b) The lack of a designated responsible entity for competency restoration services in Colorado has caused inconsistency in competency restoration services throughout the state and delays in proceedings that impact the due process rights of juveniles and adults involved in the juvenile and criminal justice systems, as well as the interests of victims;

(c) Competency restoration services must be localized and accessible and take into account the public safety, while still allowing for state-level standards and oversight;

(d) Competency restoration services for juveniles must be provided in the least restrictive environment, while taking into account the public safety and the best interests of the juvenile; and

(e) Many services essential to the restoration of competency can be provided through existing programs using existing funding. However, the current system lacks funding and responsibility for the educational component of competency restoration services and case management to access and leverage available services and supports which, combined, will help ensure an integrated approach to competency restoration for juveniles and adults.

(2) The office of behavioral health serves as a central organizing structure and responsible entity for the provision of competency restoration education services, coordination of competency restoration services ordered by the court pursuant to section 16-8.5-111 (2)(b) or 19-2.5-704 (2), and jail-based behavioral health services pursuant to section 27-60-106.

(3) On or before December 1, 2017, the office shall develop standardized juvenile and adult curricula for the educational component of competency restoration services. The curricula must have a content and delivery mechanism that allows it to be tailored to meet individual needs, including those of persons with intellectual and developmental disabilities.

(4) Beginning July 1, 2019, the office has the following duties and responsibilities, subject to available appropriations:

(a) To oversee providers of the education component of competency restoration services, including:

(I) Establishing and enforcing qualifications of competency restoration educators, including minimum and ongoing training requirements;

(II) Evaluating models for the delivery of competency restoration education in a manner that maximizes and expands on available resources while minimizing costs to the state; and

(III) Maintaining an adequate pool of competency restoration providers, as defined by:

(A) Qualifications and training;

(B) Geographical accessibility, in light of the goal of ensuring community-based restoration in the least restrictive environment throughout the state; and

(C) Ability to provide culturally competent and developmentally appropriate competency restoration education tailored to an individual's unique needs;

(b) To develop models for providing competency restoration services that integrate competency restoration education with other case management and treatment, ensure continuation of ongoing treatment and services as appropriate, avoid duplication of services, and achieve efficiencies by coordinating with existing community resources and programs;

(c) To preserve the integrity of the competency evaluation process by ensuring that competency restoration educators operate independently from competency evaluators at the case level;

(d) To engage with key stakeholders in the juvenile and adult justice systems to develop best practices in the delivery of competency restoration services;

(e) To make recommendations for legislation; and

(f) To oversee the functions of the jail-based behavioral health services program created in section 27-60-106.

(5) Notwithstanding section 24-1-136 (11)(a)(I), on or before January 1, 2019, and every January 1 thereafter, the office shall submit an annual written report to the general assembly summarizing the office's provision of competency restoration education, its efforts toward the coordination of competency restoration education with other existing services, and the results of the jail-based behavioral health services program created in section 27-60-106. The report must include:

(a) Data on the number of individuals ordered to competency restoration services, the average time frame for beginning and ending such services, the types of settings in which competency restoration services are provided, and the outcomes of such services;

(b) A description of the office's engagement with community partners to coordinate competency restoration services in an effective and efficient manner;

(c) Identification of best and promising practices for education and coordination of competency restoration services;

(d) A description of opportunities to maximize and increase available resources and funding;

(e) A description of gaps in and conflicts with existing funding, services, and programming essential to the effective restoration of competency for juveniles and adults; and

(f) A description of the services funded through the jail-based behavioral health services program created in section 27-60-106.

(6) In addition to subsection (4) of this section and subject to available appropriations, the office shall require any county jail to assist in the provision of interim mental health services for individuals who have been court-ordered for inpatient competency restoration and who are waiting admission for an inpatient bed. This section does not toll or otherwise modify the time frames for the department to offer inpatient admission pursuant to the provisions of section 16-8.5-111.

Source: L. 2017: Entire section added, (SB 17-012), ch. 404, p. 2109, § 3, effective August 9. **L. 2018:** (2), IP(4), (4)(d), (4)(e), IP(5), (5)(d), and (5)(e) amended and (4)(f) and (5)(f) added, (SB 18-250), ch. 403, p. 2376, § 2, effective June 6. **L. 2019:** (2) and IP(4) amended and (6) added, (SB 19-223), ch. 227, pp. 2293, 2290, §§ 20, 12, effective July 1. **L. 2021:** (2) amended, (SB 21-059), ch. 136, p. 749, § 131, effective October 1.

Editor's note: Subsection (6) was numbered as (5) in SB 19-223 but has been renumbered on revision for ease of location.

27-60-106. Jail-based behavioral health services program - purpose - created - funding. (1) There is created in the office the jail-based behavioral health services program,

referred to in this section as the "program". The program may receive money from the correctional treatment cash fund pursuant to section 18-19-103 (5)(c)(V).

(2) The purpose of the program is to:

(a) Provide adequate staff to complete behavioral health screenings; prescribe psychiatric medications as necessary; and provide mental health counseling, substance use disorder treatment pursuant to section 18-19-103 (5)(c)(V), and transitional care coordination;

(b) Train jail staff on behavioral health disorders and best practices in working with individuals with mental health, substance use, and co-occurring disorders; and

(c) Fund administrative costs to jails that implement the requirements outlined in subsection (3) of this section.

(3) The office shall prioritize jails with minimal behavioral health services, including but not limited to rural and frontier jails.

(4) Subject to available appropriations, the office may require a county jail that receives funding through the program to:

(a) Screen all individuals booked into the jail facility with standardized evidence-based screening tools, as determined by the office, for mental health disorders, substance use disorders, and suicide risk;

(b) Assess all individuals booked into the jail facility for substance use withdrawal symptoms and develop protocols for medical detoxification monitoring procedures;

(c) Assess all individuals booked into the jail facility for psychiatric medication needs by requesting and reviewing medical and prescription history;

(d) Have access to all psychiatric medications, as defined by the medication formulary established pursuant to section 27-70-103;

(e) Assist in the provision of coordinated services for individuals in jail custody who may require competency restoration services;

(f) Coordinate services with community behavioral health providers prior to the release of an inmate to ensure continuity of care following his or her release from the jail facility;

(g) Track performance outcomes for measures developed by the office, including behavioral health disorder prevalence and service data through information-sharing processes, as defined by the office; and

(h) Partner with the office to develop feasible health information exchange strategies for medical and behavioral health records.

(5) (a) The office shall require a county jail that receives funding through the program to have a policy in place on or before January 1, 2020, that describes how medication-assisted treatment, as it is defined in section 23-21-803, will be provided, when necessary, to individuals confined in the county jail.

(b) A sheriff who is the custodian of a county jail or city and county jail may enter into agreements with community agencies, behavioral health organizations, and substance use disorder treatment organizations to assist in the development and administration of medication-assisted treatment in the jail.

(6) Subject to available appropriations, nothing in this section prohibits program funds from being used to meet the requirements outlined in sections 17-26-303 and 17-26-304 for local jails, as defined in section 17-26-302 (2), by providing additional staffing, training, robust behavioral health services and supports, or facility changes. Any facility changes must be approved by the office of behavioral health before funds may be expended.

Source: L. 2018: Entire section added, (SB 18-250), ch. 403, p. 2377, § 3, effective June 6. **L. 2019:** (5) added, (SB 19-008), ch. 275, p. 2599, § 7, effective August 2. **L. 2021:** (6) added, (HB 21-1211), ch. 322, p. 1982, § 3, effective June 24.

27-60-106.5. Criminal justice diversion programs - rules - report. (1) (a) The office of behavioral health in the state department may contract with cities and counties for the creation, maintenance, or expansion of criminal justice diversion programs. The goal of each program created pursuant to this section should be to connect law enforcement officers with behavioral health providers to assist individuals in need of behavioral health intervention or to divert individuals from the criminal justice system.

(b) The office of behavioral health in the state department may require criminal justice diversion programs contracted pursuant to subsection (1)(a) of this section to participate as a mobile crisis service in the behavioral health crisis response system, created pursuant to section 27-60-103.

(2) On or before November 1, 2021, and on or before each November 1 thereafter, the state department shall include an update regarding the current status of funding and the criminal justice diversion programs implemented pursuant to this section in its report to the judiciary committees of the senate and the house of representatives, the health and human services committee of the senate, the public health care and human services committee of the house of representatives, or any successor committees, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required by section 2-7-203.

(3) The state board of human services, created in section 26-1-107, may promulgate rules to implement the provisions of this section.

Source: L. 2020: Entire section added, (HB 20-1017), ch. 288, p. 1426, § 10, effective September 14.

27-60-107. Behavioral health entity licenses - assistance - transfer of staff. (1) Pursuant to article 27.6 of title 25, there is a behavioral health entity license issued by the department of public health and environment. Certain facilities that are licensed by the state department will transition to the behavioral health entity license issued by the department of public health and environment. Prior to the transition, the office shall assist the department of public health and environment and the behavioral health entity implementation and advisory committee established in section 25-27.6-103 in designing and implementing the transition and informing facilities licensed by the state department prior to the transition.

(2) When one or more types of licenses are transitioned to the department of public health and environment, employees of the office who were previously responsible for issuing licenses by the state department may be offered positions in the department of public health and environment in accordance with department of personnel rules.

Source: L. 2019: Entire section added, (HB 19-1237), ch. 413, p. 3637, § 2, effective August 2.

27-60-108. Peer support professionals - cash fund - fees - requirements - rules - legislative declaration - definitions. (1) (a) The general assembly hereby finds and declares that:

(I) Peer support professionals help people achieve their recovery goals through shared understanding, respect, and empowerment. Peer support offers a form of acceptance, understanding, and validation not often found in other professional relationships.

(II) The federal centers for medicare and medicaid services recognize that peer support professionals can be an important component in a state's delivery of effective mental health and substance use disorder treatment;

(III) Peer support services can cut hospitalizations, increase a person's engagement in self-care and wellness, and help to decrease a person's psychotic symptoms;

(IV) The COVID-19 pandemic has exacerbated Colorado's existing behavioral health workforce shortage, particularly in rural areas and communities of color;

(V) Colorado lacks a behavioral health workforce that reflects the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of individuals in the state;

(VI) In the past two years, the number of people who have needed but have not received behavioral health services has nearly doubled. Challenges to the workforce is considered the leading cause for the decreased availability of behavioral health services. Peer support professionals can help fill Colorado's workforce need.

(VII) The substance abuse and mental health services administration has identified peer-run organizations as an evidence-based practice. Peer-run organizations may offer a variety of services, including but not limited to:

(A) Peer-run drop-in centers;

(B) Recovery and wellness centers;

(C) Employment services;

(D) Prevention and early intervention activities;

(E) Peer mentoring for children and adolescents;

(F) Warm lines; or

(G) Advocacy services.

(VIII) Peer-run organizations, including recovery community organizations, are important components in Colorado's behavioral health system. These organizations help individuals define their life goals and find a unique path toward recovery in a holistic manner.

(b) The general assembly finds, therefore, that it is in the best interest of the state to support the peer support professional workforce through the creation of peer-run recovery support services organizations. Peer-run and peer-led organizations will help expand peer support services throughout the state, expand the behavioral health workforce, and save the state money by reducing the need for crisis services.

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

(a) "Licensed mental health provider" means a:

(I) Mental health professional licensed or certified pursuant to article 245 of title 12, except for unlicensed psychotherapists pursuant to article 245 of title 12;

(II) Advanced practice registered nurse registered pursuant to section 12-255-111 with training in substance use disorders or mental health;

(III) Physician assistant licensed pursuant to section 12-240-113 with specific training in substance use disorders or mental health;

(IV) Psychiatric technician licensed pursuant to article 295 of title 12; and

(V) Medical doctor or doctor of osteopathy licensed pursuant to article 240 of title 12.

(b) "Peer support professional" means a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate, or family systems navigator who meets the qualifications described in subsection (3)(a)(III) of this section.

(c) "Recovery support services organization" means an independent entity led and governed by representatives of local communities of recovery and approved by the executive director of the state department pursuant to subsection (3)(a) of this section.

(3) (a) On or before July 1, 2022, the state department shall develop a procedure for recovery support services organizations to be approved by the executive director of the state department for reimbursement pursuant to this section. The procedures must ensure that the recovery support services organization:

(I) Provides recovery-focused services and supports;

(II) Employs or contracts with a licensed mental health provider to administer on-going supervision of peer support professionals employed by recovery support services organizations. The licensed mental health provider must be in good standing and must demonstrate having received formal training specific to the provision of peer support services and supervision of peer support professionals;

(III) Employs or contracts with peer support professionals who must:

(A) Self-identify as having experienced the process of recovery from a mental health disorder, substance use disorder, trauma, or one or all of such conditions, either as a consumer of recovery services or as the parent or a family member of the consumer;

(B) Have successfully completed formal training covering all content areas outlined in the core competencies for peer support professionals established by either the state department or the substance abuse and mental health services administration of the United States department of health and human services; and

(C) Provide nonclinical support services that align with recommendations from the substance abuse and mental health services administration of the United States department of health and human services, including engaging individuals in peer-to-peer relationships that support healing, personal growth, life skills development, self-care, and crisis-strategy development to help achieve recovery, wellness, and life goals;

(IV) Has an established process by which the organization coordinates its services with those rendered by other agencies to ensure an uninterrupted continuum of care to persons with behavioral health disorders; and

(V) Meets any other standards as determined by rule of the executive director.

(b) A peer support professional may provide services for a recovery support services organization in various clinical and nonclinical settings, including but not limited to:

(I) Justice-involved settings;

(II) Physical health settings, such as pediatrician or obstetric and gynecological health care offices;

(III) Emergency departments;

(IV) Services delivered via telehealth;

(V) Agencies serving homeless communities;

(VI) Peer respite homes;

(VII) School-based health centers; and

(VIII) Home- and community-based settings.

(c) The executive director of the state department, in collaboration with the department of health care policy and financing, may promulgate rules establishing minimum standards that recovery support services organizations must meet.

(4) The state department may charge a fee for recovery support services organizations seeking approval pursuant to subsection (3)(a) of this section. If the executive director of the state department charges a fee to recovery support services organizations, the executive director shall promulgate rules to establish the fee at an amount not to substantially exceed the amount charged to other behavioral health providers seeking approval from the state department. The state department shall deposit any fees collected into the peer support professional workforce cash fund created in subsection (6) of this section.

(5) The state department may seek, accept, and expend gifts, grants, or donations from private or public sources for the purposes of this section. The state department shall transfer each gift, grant, and donation to the state treasurer, who shall credit the same to the peer support professional workforce cash fund created in subsection (6) of this section.

(6) (a) There is created in the state treasury the peer support professional workforce cash fund, referred to in this section as the "fund", which consists of:

(I) Fees collected pursuant to subsection (4) of this section;

(II) Gifts, grants, and donations collected pursuant to subsection (5) of this section; and

(III) Money appropriated to the fund by the general assembly.

(b) The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund.

(c) Any unexpended and unencumbered money remaining in the fund at the end of a fiscal year remains in the fund and is not transferred to the general fund or any other fund.

(d) Subject to annual appropriation by the general assembly, the state department may expend state money from the fund for the purpose of implementing this section.

(7) A peer-run recovery service provider shall not be compelled to seek approval from the state department to become a recovery support services organization. Expanded service funding available for recovery services through recovery support services organizations is intended to supplement existing state investment in the recovery system infrastructure. The state department shall fund recovery services, within existing appropriations, including peer-run organizations that do not seek to be recovery support services organizations.

Source: L. 2021: Entire section added, (HB 21-1021), ch. 256, p. 1505, § 1, effective September 7.

27-60-109. Temporary youth mental health services program - established - rules - report - definitions - repeal. (1) As used in this section, unless the context otherwise requires:

(a) "Portal" means the website or web-based application described in subsection (4) of this section that facilitates the program.

(b) "Program" means the temporary youth mental health services program established in this section.

(c) "Provider" means a licensed psychiatrist regulated pursuant to article 240 of title 12 or any of the following licensees, certified professionals, or candidates regulated pursuant to article 245 of title 12: A licensed psychologist or psychologist candidate; licensed social worker, licensed clinical social worker, or clinical social worker candidate; licensed marriage and family therapist or marriage and family therapist candidate; licensed professional counselor or licensed professional counselor candidate; or licensed addiction counselor, certified addiction specialist, or addiction counselor candidate.

(d) "Telehealth" has the same meaning set forth in section 10-16-123.

(e) "Youth" means:

(I) A person eighteen years of age or younger; and

(II) A person who is twenty-one years of age or younger but older than eighteen years of age who is receiving special education services pursuant to part 1 of article 20 of title 22.

(2) (a) There is established in the office the temporary youth mental health services program to facilitate access to mental health services, including substance use disorder services, for youth to respond to mental health needs identified in an initial mental health screening through the portal, including those needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to three mental health sessions with a youth.

(b) The office shall reimburse providers who participate in the program for each mental health session with a youth, either in-person or by telehealth, up to a maximum of three sessions per youth client; except that subject to available money, the state department may reimburse a provider for additional sessions. To be eligible for reimbursement from the program, a provider must be available to provide three mental health sessions to each youth the provider accepts as a client.

(c) A provider shall maintain client confidentiality pursuant to state or federal law with regard to a youth client who participates in a mental health session with the provider that is reimbursed pursuant to the program.

(3) (a) The office shall:

(I) Develop a process consistent with the requirements of this section for providers to apply for, and demonstrate eligibility to receive, reimbursement from the program;

(II) Determine a reasonable rate of reimbursement for each mental health session with a youth client pursuant to the program, which rate must be the same regardless of whether the appointment is a telehealth or in-person appointment; and

(III) Implement a statewide public awareness and outreach campaign about the program. The general assembly encourages the office to involve schools, neighborhood youth organizations, health-care providers, faith-based organizations, and any other community-based organizations that interact with youth on the local level in disseminating information about the program.

(b) The state department may promulgate rules necessary for the administration of this section, including rules to protect the privacy of youth who receive services through the program.

(4) (a) As soon as practicable, but no later than August 1, 2021, the state department shall enter into an agreement with a vendor to create, or use an existing, website or web-based application as a portal available to youth and providers to facilitate the program. The portal must:

(I) Serve as a platform for initial age-appropriate mental health screenings to determine if a youth may benefit from mental health support;

(II) Allow providers to register and share in-person or telehealth appointment availability;

(III) When possible, connect youth with providers who accept the youth's insurance or payment source that may cover the costs of ongoing mental health treatment, if the youth has insurance or a payment source; and

(IV) Allow a youth, regardless of whether the youth has insurance or any other payment source, to schedule telehealth appointments with a provider. An in-person appointment may be provided if and when available.

(b) The selection of a vendor pursuant to this subsection (4) is exempt from the requirements of the procurement code, articles 101 to 112 of title 24.

(5) On or before January 1, 2022, and on or before June 30, 2022, the state department shall report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, regarding the number of youth who received services under the program, excluding any personally identifiable information in accordance with state and federal law; information in aggregate about the services provided to youth under the program; and other relevant information regarding the program.

(6) This section is repealed, effective June 30, 2022.

Source: L. 2021: Entire section added, (HB 21-1258), ch. 265, p. 1542, § 2, effective June 18.

Cross references: For the legislative declaration in HB 21-1258, see section 1 of chapter 265, Session Laws of Colorado 2021.

27-60-110. Behavioral health-care services for rural and agricultural communities - vouchers - contract - appropriation. (1) No later than one hundred eighty days after June 28, 2021, the state department, in collaboration with the department of agriculture, shall contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado, as identified by the state department, to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services.

(2) The nonprofit organization awarded the contract pursuant to subsection (1) of this section shall:

(a) Contract with licensed behavioral health-care providers that have completed training on cultural competencies specific to the Colorado agricultural and rural community lifestyle to provide direct behavioral health-care services to farmers, ranchers, farm and ranch workers and their families, and other underserved populations in rural and agricultural communities. At least sixty percent of the money received pursuant to the contract must be used for direct behavioral health-care services described in this subsection (2)(a).

(b) Develop training materials and train behavioral health-care providers on cultural competencies specific to the Colorado agricultural and rural community lifestyle.

(3) For the 2021-22 fiscal year, and each fiscal year thereafter, the general assembly shall annually appropriate fifty thousand dollars for the contract awarded pursuant to subsection (1) of this section.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2367, § 14, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-60-111. County-based behavioral health grant program - created - rules - report - repeal. (1) There is created in the office the county-based behavioral health grant program, referred to in this section as the "grant program", to provide matching grants to county departments of human or social services for the expansion or improvement of local or regional behavioral health disorder treatment programs.

(2) Grant recipients may use the money received through the grant program for the following purposes:

(a) Peer training;

(b) Augmentation of direct therapy;

(c) Acute treatment units;

(d) Inpatient treatment programs;

(e) Outreach and education;

(f) Navigation or care coordination;

(g) Capital investments in behavioral health center infrastructure;

(h) Services for non-English-speaking individuals;

(i) Culturally responsive and attuned services;

(j) Suicide prevention and intervention;

(k) Crisis response;

(l) Withdrawal management;

(m) Workforce development;

(n) Supporting regional service delivery; or

(o) Any other purpose the office identifies that will expand or improve local or regional behavioral health disorder treatment programs.

(3) The office shall administer the grant program and shall award grants as provided in this section.

(4) The office shall implement the grant program in accordance with this section. At a minimum, the office shall specify the time frames for applying for grants, the form of the grant program application, and the time frames for distributing grant money.

(5) (a) Each grant applicant shall demonstrate:

(I) A dedication of local funding to support the expansion or improvement of local behavioral health disorder treatment programs, which may be from the county's local share of the federal "American Rescue Plan Act of 2021", Pub.L. 117-2, as the act may be subsequently amended, or other local revenue sources; or

(II) A plan for regional collaboration between no fewer than three counties to support the expansion or improvement of regional behavioral health disorder treatment programs.

(b) No single grant awarded may exceed one million dollars, unless a grant is awarded for a regional effort involving two or more counties.

(c) A direct service provider that receives a grant shall limit any indirect expenses to no more than ten percent of the total state money awarded, and any entity that receives a grant and oversees a direct service provider shall limit the entity's indirect expenses to no more than five percent of the total state money awarded.

(d) If any grant money is used for capital projects, the grant recipient shall demonstrate a commitment to continue those services past the grant cycle for at least an additional five years.

(e) A grant applicant shall disclose if any project or program is receiving money from another payer source, including but not limited to private dollars, county dollars, state block grants, or money awarded by a managed service organization.

(6) To receive a grant, a county department of human or social services shall submit an application to the office. The office shall give priority to applications that demonstrate innovation and collaboration or include rural or frontier communities; address a demonstrated need, as identified by community input and local planning efforts; and demonstrate the ability to rapidly distribute the grant money into the community. The office shall award grant money equitably to reflect the geographic diversity of the state.

(7) Subject to available appropriations, beginning January 1, 2022, and on or before January 1 each year thereafter for the duration of the grant program, the office shall award grants as provided in this section. The office shall distribute the grant money within ninety days after the office awards the grants.

(8) (a) On or before February 1, 2023, and on or before February 1 each year thereafter for the duration of the grant program, each county department of human or social services that receives a grant through the grant program shall submit a report to the office on the use of the grant money received pursuant to this section, including the total number of individuals served, disaggregated by race, ethnicity, and age.

(b) On or before April 1, 2023, and on or before April 1 each year thereafter for the duration of the grant program, the state department shall submit a summarized report of the information received pursuant to subsection (8)(a) of this section to the joint budget committee, the health and insurance committee and the public and behavioral health and human services committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, on the grant program.

(9) For the 2021-22 state fiscal year, the general assembly shall appropriate nine million dollars from the behavioral and mental health cash fund created in section 24-75- 230 to the department of human services for use by the office for the purposes of this section. If any unexpended or unencumbered money remains at the end of the fiscal year, the office may expend the money for the same purposes in the next fiscal year without further appropriation.

(10) This section is repealed, effective July 1, 2023.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2368, § 15, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 15 of the act adding this section takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-60-112. Behavioral health-care workforce development program - creation - rules - report. (1) There is created in the office the behavioral health-care workforce development program, referred to in this section as the "program". The purpose of the program is to increase the behavioral health-care workforce's ability to treat individuals, including youth, with severe behavioral health disorders.

(2) To implement the program, the office shall:

(a) Develop an online training system that allows for accessible statewide training opportunities;

(b) Develop an online training curriculum for providers in rural and metro areas to increase competencies in mental health and substance use disorders that will support a high-quality, trained, culturally responsive, and diverse behavioral health-care workforce;

(c) Provide fiscal incentives for lower income individuals to obtain a degree in behavioral health, with funding specifically targeted for rural areas of the state;

(d) Provide training to the existing behavioral health-care workforce to be certified in federally reimbursed services; and

(e) Provide capacity-building grants to diversify the safety-net provider workforce and meet the requirements of section 27-63-103.

(3) The state department may promulgate rules as necessary for the implementation of this section.

(4) For the state fiscal year 2021-22 and each state fiscal year thereafter for which the program receives funding, the state department shall report a summary of the expenditures from the program, the impact of the expenditures in increasing the behavioral health-care workforce, and any recommendations to strengthen and improve the behavioral health-care workforce as part of its annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2370, § 16, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 16 of the act adding this section takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-60-113. Out-of-home placement for children and youth with mental or behavioral needs - rules - report - legislative declaration - repeal. (1) (a) The general assembly finds and declares that:

(I) The COVID-19 pandemic has lead to an emergency need for increased placements for children and youth with behavioral or mental health needs, including those involved with the child welfare system; and

(II) As the state works to transition to the critical requirements of the federal "Family First Prevention Services Act", it must ensure a smooth transition by helping existing residential child care facilities transition to qualified residential treatment programs or psychiatric residential treatment facilities.

(b) Therefore, the general assembly declares that the state should provide resources to qualified residential treatment programs, psychiatric residential treatment facilities, or therapeutic foster care providers to address this emergency situation and ensure there are high-quality providers available to meet these needs.

(2) On or before August 1, 2021, the state department shall develop a program to provide emergency resources to licensed providers to help remove barriers such providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility. Any such licensed provider shall meet the requirements of a qualified residential treatment program, as defined in section 26-5.4-102, a psychiatric residential treatment facility, as defined in section 26-5.4-103 (19.5), or therapeutic foster care, as defined in section 26-6-102 (39).

(3) The state department may promulgate rules concerning the placement of a child or youth in the program. The rules may address quality assurance monitoring, admissions, discharge planning, appropriate length of stay, an appeals process for children and youth who are determined ineligible for the program, and compliance with applicable federal law, including the federal "Family First Prevention Services Act"; except that rules concerning the placement of a child or youth who is not in the custody of a state or county department of human or social services shall not inappropriately apply compliance with such act.

(4) (a) On or before December 31, 2021, the state department shall contract with licensed providers for the delivery of services to children and youth who are determined eligible for and placed in the program. A provider that contracts with the state department shall not:

(I) Deny admittance of a child or youth if the child or youth otherwise meets the eligibility criteria for the program; or

(II) Discharge a child or youth based on the severity or complexity of the child or youth's physical, behavioral, or mental health needs; except that the state department may arrange for the placement of a child or youth with an alternate contracted provider if the placement with the alternate provider is better suited to deliver services that meet the needs of the child or youth.

(b) The state department shall reimburse a provider directly for the costs associated with the placement of a child or youth in the program for the duration of the treatment, including the costs the provider demonstrates are necessary in order for the provider to operate continuously during this period.

(c) The state department shall coordinate with the department of health care policy and financing to support continuity of care and payment for services for any children or youth placed in the program.

(d) The state department shall reimburse the provider one hundred percent of the cost of unutilized beds in the program to ensure available space for emergency residential out-of-home placements.

(5) (a) A hospital, health-care provider, provider of case management services, school district, managed care entity, or state or county department of human or social services may refer a family for the placement of a child or youth in the program. The entity referring a child or youth for placement in the program shall submit or assist the family with submitting an application to the state department for review. The state department shall consider each application as space becomes available. The state department shall approve admissions into the program and determine admission and discharge criteria for placement.

(b) The state department shall develop a discharge plan for each child or youth placed in the program. The plan must include the eligible period of placement of the child or youth and shall identify the entity that will be responsible for the placement costs if the child or youth remains with the provider beyond the date of eligibility identified in the plan.

(c) The entity or family that places the child or youth in the program retains the right to remove the child or youth from the program any time prior to the discharge date specified by the state department.

(6) Within seven days after submitting an application to the state department for placing a child or youth in the program, the state department shall work with the referring entity and the child's or youth's parents or legal guardians to ensure the child or youth is assessed for eligibility for enrollment into the state medical assistance program. A child or youth who is eligible for enrollment into the state medical assistance program shall be enrolled. Enrollment of a child or youth into the state medical assistance program does not constitute automatic placement into the program.

(7) No later than November 1, 2022, 2023, and 2024, the state department shall submit a written report to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee. At a minimum, the report must include:

(a) The number of applications received for placement of children and youth in the program;

(b) The number of children and youth accepted for placement in the program;

(c) The duration of each placement; and

(d) The daily rate paid to each provider for placement of children and youth.

(8) This section is intended to provide enhanced emergency services resulting from the increased need for services due to the COVID-19 pandemic. No later than September 30, 2024, the state department shall submit recommendations to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for children and youth in need of residential care, including hospital step-down services on an ongoing basis.

(9) This section is repealed, effective July 1, 2025.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2371, § 17, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 17 of the act adding this section takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

PART 2

BEHAVIORAL HEALTH ADMINISTRATION

27-60-201. Legislative declaration. (1) The general assembly finds and declares that:

(a) On April 8, 2019, the Colorado behavioral health task force was created, bringing together individuals representing diverse and balanced perspectives with respect to issues such as adults, children, and families who are dealing with mental health or substance use issues, key executive agencies representing state, local, and tribal governments, criminal justice experts, advocacy groups, behavioral health experts, and consumers;

(b) The mission of the behavioral health task force was to evaluate and create a plan to improve the current behavioral health system in Colorado;

(c) The behavioral health task force focused on creating a behavioral health system that includes equitable access to whole-person care;

(d) In September 2020, the behavioral health task force released its blueprint, subcommittee, and COVID-19 special committee reports that outline its vision for behavioral health reform; and

(e) The findings and recommendations of the task force indicate that it is imperative that an improved behavioral health system in Colorado:

(I) Provide equitable and meaningful access to services and care for Coloradans, regardless of ability to pay, co-occurring conditions, disability, linguistics, geographic location, racial or ethnic identity, religion, socioeconomic status, sexual orientation, age, gender identity, housing status, history of criminal justice involvement, payer source, culture, or any other factor;

(II) Provide access to care that:

(A) Integrates physical and behavioral health;

(B) Is culturally and linguistically responsive, trauma-informed, and tailored to the individual and specific family needs; and

(C) Prioritizes all aspects of health, including wellness, and early interventions and supports that help people stay successfully and meaningfully connected to the community where they live, work, and play;

(III) Provides a continuum of services for children, youth, and adults, including meeting the unique needs of children and youth. Young people have different needs than adults and should be offered developmentally appropriate and culturally competent services.

(IV) Provides access to quality and affordable services in a variety of methods, including in-person and virtual services;

(V) Provides access to behavioral health services in regions and communities without necessitating engagement with the criminal or juvenile justice systems;

(VI) Provides Coloradans with access to affordable care that keeps them healthy, and administrative efficiencies across the behavioral health care industry align with payment models and incentives that drive quality and improved outcomes;

(VII) Includes a high-quality, trained, culturally responsive, trauma-informed, and diverse professional behavioral health workforce that delivers outcomes and equitable access to care; and

(VIII) Provides Coloradans with an opportunity to achieve and maintain mental wellness by addressing social determinants of health, such as housing, transportation, and employment, in addition to the integration of physical and behavioral health care.

(2) The general assembly further finds that in implementing the findings and recommendations of the Colorado behavioral health task force it is imperative to rely on all stakeholders working together to hold the behavioral health system accountable to ensure all Coloradans are receiving the care needed to fulfill the task force's aim of ensuring a quality behavioral health system.

(3) Therefore, the general assembly declares that, to ensure a standard of high-quality, integrated, and consumer-centric access to behavioral health care services, it is imperative that the recommendations and findings included in the blueprint created by the Colorado behavioral health task force be followed and that a single state agency, known as the behavioral health administration, be established to lead and promote the state's behavioral health priorities. It is imperative that the behavioral health administration transform the state's current behavioral health system by:

(a) Coordinating and integrating the delivery of behavioral health services in Colorado;

(b) Setting standards for the behavioral health system to improve the quality and equity of care;

(c) Ensuring that behavioral health services respond to the changing needs of communities, monitor state and local outcomes, support tribal needs, and evaluate state efforts;

(d) Improving equitable access to, quality of, and affordability of behavioral health services for Coloradans;

(e) Preserving and building upon the integration of behavioral and physical health care that treats the whole person;

(f) Leading and promoting Colorado's priority of addressing the increasing need for behavioral health services;

(g) Eliminating unnecessary fragmentation of services and streamlining access;

(h) Addressing social determinants of health as a core component of behavioral health outcomes;

(i) Promoting transparency and accountability of behavioral health reform outcomes and spending of taxpayer dollars; and

(j) Reducing administrative burden on behavioral health care providers so they are able to focus on client care.

Source: L. 2021: Entire part added, (HB 21-1097), ch. 48, p. 198, § 1, effective April 22.

27-60-202. Definitions. As used in this part 2, unless the context otherwise requires:

(1) "Behavioral health" has the same meaning as set forth in section 27-60-100.3.

(2) "Behavioral health administration" or "BHA" means the behavioral health administration established in section 27-60-203.

(2.5) "Care coordination" means services that support individuals and families and initiate care and navigating crisis supports, mental health and substance use disorder assistance, and services that address the social determinants of health, and preventive care services.

(3) "Plan" means the proposed plan, as described in section 27-60-203, for the creation of the behavioral health administration.

(4) "State department" means the state department of human services created pursuant to section 26-1-105.

Source: L. 2021: Entire part added, (HB 21-1097), ch. 48, p. 201, § 1, effective April 22; (2.5) added, (SB 21-137), ch. 362, p. 2374, § 18, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 18 of the act adding subsection (2.5) takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-60-203. Behavioral health administration - plan for creation - proposed duties - timeline. (1) (a) On or before November 1, 2021, based on the September 2020 recommendations from the Colorado behavioral health task force, the state department shall develop a plan for the creation of the behavioral health administration. The plan must include strategies to streamline and improve efforts that address behavioral health needs in the state and reduce behavioral health disparities.

(b) The state department shall solicit feedback from and engage with demographically diverse community stakeholders in the development of the plan described in this section. This includes, but is not limited to, direct engagement of consumers and consumers' advocates, county governments, municipal governments, tribal governments, managed service organizations, health care providers, managed care entities, insurance carriers, community mental health centers, and substance use disorder services providers.

(c) On or before November 1, 2021, the state department shall provide the plan as a written report to the joint budget committee, the public and behavioral and human services

committee of the house of representatives, and the health and human services committee of the senate, or any successor committees.

(2) The plan must include, but is not limited to, the following:

(a) Recommendations for funding and legislation necessary to appropriately implement the plan and address initial start-up as well as ongoing operational costs for the BHA;

(b) A list and description of which state programs, both statutory and nonstatutory, along with the associated funding streams and personnel, that should be included or managed by the BHA. The list must specifically address all the functions currently overseen by the office of behavioral health in the state department of human services.

(c) The governance structure of the BHA, including a recommendation for infrastructure within any governance structure to oversee and be accountable for policy, strategy, and services for all children and youth;

(d) Potential opportunities for collaboration with local municipalities, counties, and tribes;

(e) Recommendations for a plan of action regarding grievances, appeals, and ombudsman services within the BHA;

(f) A data integration plan to create a data and information sharing and legal framework to support an agreed-upon approach and specific use case for information sharing that leverages existing infrastructure, such as health information exchanges, reusable architecture, and data standards to enable and advance coordinated care and services and behavioral health equity while maintaining tribal sovereignty;

(g) A description of how the BHA will ensure the availability of services and establish a standard of care across Colorado; and

(h) Specific recommendations as follows:

(I) Recommendations for the department of health care policy and financing, developed in collaboration with community stakeholders, on how medical assistance programs for behavioral health should be aligned or integrated with the BHA in such a way that consumers of behavioral health services have seamless access to needed services regardless of payer. The recommendations must include a description of how the BHA will ensure that access to services deemed medically necessary pursuant to the early and period screening, diagnostic, and treatment benefit is arranged for eligible children and youth.

(II) Recommendations for the division of insurance within the department of regulatory agencies, developed in collaboration with the community stakeholders, concerning how private insurance efforts that are specific to behavioral health should be aligned or integrated with the BHA; and

(III) Recommendations for the department of public health and environment, developed in collaboration with the community stakeholders, concerning how prevention and preventive services should be aligned or integrated with the BHA and the extent to which the BHA will engage in population health.

(3) The duties of the BHA, once established and fully operational, must include, but are not limited to:

(a) Serving as the single state agency responsible for state behavioral health programs that were identified as appropriate to transition into the BHA;

(b) Receiving, coordinating, and distributing appropriate community behavioral health funding throughout the state;

(c) Monitoring, evaluating, and reporting behavioral health outcomes across the state and within various jurisdictions, while maintaining tribal sovereignty; and

(d) Promoting a behavioral health system that supports a whole-person approach to ensure Coloradans have the best chance to achieve and maintain wellness. This approach includes:

(I) Promoting an integrated approach to mental health and substance use treatment;

(II) Strengthening the integration of behavioral and physical care;

(III) Enhancing programmatic and funding opportunities in support of the overall well-being of the individual or family;

(IV) Promoting culturally responsive, trauma-informed, and equitable behavioral health care; and

(V) Promoting coordination of supportive services outside of the behavioral health system to address social determinants of health, and to connect people to services such as housing, transportation, and employment.

(4) The state department shall work collaboratively with the department of health care policy and financing, community stakeholders, and other state departments, as appropriate, to promulgate rules for the BHA to provide adequate oversight of the quality of services and set standards of care for services for adults as well as children and youth.

(5) (a) On or before July 1, 2022, the behavioral health administration is established in the state department. During the time it takes for the BHA to become fully operational, it remains a part of the state department until a determination is made by the general assembly concerning the department it will be permanently located in.

(b) On or before November 1, 2024, the state department shall provide a report to the joint budget committee, the public and behavioral health and human services committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, concerning recommendations on whether the BHA should remain in the state department or be transferred to a different department within the state.

(c) If the general assembly takes no additional legislative action on or before June 30, 2025, the BHA will remain in the state department.

Source: L. 2021: Entire part added, (HB 21-1097), ch. 48, p. 201, § 1, effective April 22.

27-60-204. Care coordination infrastructure. (1) (a) The state department, in collaboration with the department of health care policy and financing, shall develop a statewide care coordination infrastructure to drive accountability and more effective behavioral health navigation to care that builds upon and collaborates with existing care coordination services. The infrastructure must include a website and mobile application that serves as a centralized gateway for information for patients, providers, and care coordination and that facilities access and navigation of behavioral health-care services and support.

(b) The state department shall convene a working group of geographically and demographically diverse partners and stakeholders, including those with lived and professional experience, to provide feedback and recommendations that inform and guide the development of the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section.

(c) The extent to which medicaid and private insurance existing care coordination services are aligned with the statewide care coordination infrastructure described in subsection (1)(a) of this section shall be determined by the department of health care policy and financing, the division of insurance in the department of regulatory agencies, and the working group created pursuant to subsection (1)(b) of this section.

(d) The state department shall implement, directly or through a contractor, a comprehensive and robust marketing and outreach plan to make Coloradans aware of the website and mobile application and associated care coordination services developed pursuant to subsection (1)(a) of this section.

(2) On or before July 1, 2022, the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section is the responsibility of the behavioral health administration established in section 27-60-203.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2374, § 19, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 19 of the act adding this section takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

ARTICLE 61

Behavioral Health Transformation Council

27-61-101 and 27-61-102. (Repealed)

Source: L. 2018: Entire article repealed, (SB 18-161), ch. 123, p. 830, § 1, effective September 1.

Editor's note: This article was added in 2010. For amendments to this article prior to its repeal in 2018, consult the 2017 Colorado Revised Statutes and the Colorado statutory research explanatory note beginning on page vii in the front of this volume.

ARTICLE 62

High-fidelity Wraparound Services
for Children and Youth

Cross references: For the legislative declaration in SB 19-195, see section 1 of chapter 190, Session Laws of Colorado 2019.

27-62-101. Definitions. As used in this article 62, unless the context otherwise requires:

(1) "At risk of out-of-home placement" means a child or youth who is eligible for medical assistance pursuant to articles 4, 5, and 6 of title 25.5 and the child or youth:

(a) Has been diagnosed as having a mental health disorder, as defined in section 27-65-102 (11.5), or a behavioral health disorder; and

(b) May require a level of care that is provided in a residential child care facility, inpatient psychiatric hospital, or other intensive care setting outside of the child's or youth's home. "At risk of out-of-home placement" includes a child or youth who:

(I) Is entering the division of youth services; or

(II) Is at risk of child welfare involvement.

(2) "Behavioral health disorder" means a substance use disorder, mental health disorder, or one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impair judgment or capacity to recognize reality or to control behavior, including serious emotional disturbances. "Behavioral health disorder" also includes those mental health disorders listed in the most recent versions of the diagnostic statistical manual of mental health disorders, the diagnostic classification of mental health and developmental disorders of infancy and early childhood, and the international statistical classification of diseases and related health problems.

(3) "Child and youth" means a person who is twenty-six years of age or younger.

(4) "Managed care entity" means an entity that enters into a contract to provide services in the statewide managed care system pursuant to articles 4, 5, and 6 of title 25.5.

(5) "Mental health professional" means an individual licensed as a mental health professional pursuant to article 245 of title 12 or a professional person as defined in section 27-65-102 (17).

(6) "Out-of-home placement" means a child or youth who is eligible for medical assistance pursuant to articles 4, 5, and 6 of title 25.5 and the child or youth:

(a) Has been diagnosed as having a mental health disorder, as defined in section 27-65-102 (11.5), or a behavioral health disorder; and

(b) May require a level of care that is provided in a residential child care facility, inpatient psychiatric hospital, or other intensive care setting outside of the child's or youth's home. "Out-of-home placement" includes a child or youth who:

(I) Has entered the division of youth services; or

(II) Is at risk of child welfare involvement.

(7) "Standardized assessment tool" means a multipurpose instrument that facilitates the link between assessment and level of care and individualized service planning, facilitates quality improvement activities, and allows for monitoring of outcomes of services.

(8) "State department" means the department of human services created pursuant to section 26-1-105.

(9) "Wraparound" means a high-fidelity, individualized, family-centered, strengths-based, and intensive care planning and management process used in the delivery of behavioral health services for a child or youth with a behavioral health disorder, commonly utilized as part of the system of care framework.

Source: L. 2019: Entire article added, (SB 19-195), ch. 190, p. 2101, § 4, effective August 2.

27-62-102. High-fidelity wraparound services for children and youth - interagency coordination - reporting. (1) Pursuant to section 25.5-5-803 (4), the department of human services shall work collaboratively with the department of health care policy and financing, counties, and other relevant departments, as appropriate, to develop and oversee wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. As part of routine collaboration, the department of human services shall assist the department of health care policy and financing in developing a model of sustainable funding for wraparound services. The department of human services and the department of health care policy and financing shall monitor and report the annual cost savings associated with eligible children and youth receiving wraparound services to the public through the annual hearing, pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

(2) Subject to available appropriations, two full-time staff persons shall be appointed by the executive director of the department of human services to support and facilitate interagency coordination pursuant to this article 62, part 8 of article 5 of title 25.5, and any other related interagency behavioral health efforts as determined by the executive director of the department of human services.

Source: L. 2019: Entire article added, (SB 19-195), ch. 190, p. 2103, § 4, effective August 2. **L. 2020:** (2) amended, (HB 20-1384), ch. 172, p. 790, § 4, effective June 29.

27-62-103. Standardized assessment tool - standardized screening tools - interagency coordination - single referral and entry point. (1) **Standardized assessment tool.** Subject to available appropriations, the state department shall select a single standardized assessment tool to facilitate identification of behavioral health issues and other related needs in children and youth and to develop a plan to implement the tool for programmatic utilization. The state department shall consult with the department of health care policy and financing, managed care entities, counties, stakeholders, and other relevant departments, as appropriate, prior to selecting the tool.

(2) **Standardized screening tools.** Subject to available appropriations, the state department shall select developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period, including postpartum women. The state department and the department of human services may make the tools available electronically for health-care professionals and the public. Prior to the adoption of the standardized assessment tool described in subsection (1) of this section, and the standardized screening tools described in this subsection (2), the state department shall lead a public consultation process involving relevant stakeholders, including health-care professionals and managed care entities, with input from the department of health care policy and financing, the department of public health and environment, and the division of insurance.

(3) **Single statewide referral and entry point.** Subject to available appropriations, the state department, in conjunction with the department of health care policy and financing, the

department of public health and environment, and other relevant departments and counties, as necessary, shall develop a plan for establishing a single statewide referral and entry point for children and youth who have a positive behavioral health screening or whose needs are identified through a standardized assessment. In developing the single statewide referral and entry point plan, the state department shall seek input from relevant stakeholders, including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, and other relevant departments.

Source: L. 2019: Entire article added, (SB 19-195), ch. 190, p. 2103, § 4, effective August 2. **L. 2020:** Entire section amended, (HB 20-1384), ch. 172, p. 791, § 5, effective June 29.

ARTICLE 63

Community Behavioral Health Safety Net System

Cross references: For the legislative declaration in SB 19-222, see section 1 of chapter 226, Session Laws of Colorado 2019.

27-63-101. Definitions. As used in the article 63, unless the context otherwise requires:

(1) "Behavioral health" refers to an individual's mental and emotional well-being development and actions that affect an individual's overall wellness. Behavioral health problems and disorders include substance use disorders, serious psychological distress, suicidal ideation, and other mental health disorders. Problems ranging from unhealthy stress or subclinical conditions to diagnosable and treatable diseases are included in the term "behavioral health". An intellectual or developmental disability is insufficient to either justify or exclude a finding of a behavioral health disorder.

(2) "Department" means the department of human services.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2266, § 6, effective May 20.

27-63-102. High-intensity behavioral health treatment programs - identification - departments' duties. (1) On or before July 1, 2020, the department, in collaboration with the department of health care policy and financing, shall:

(a) Define what constitutes a high-intensity behavioral health treatment program, which at a minimum must include:

(I) A program that has evidence of effectiveness in engaging and treating individuals, including youth, with severe behavioral health disorders; and

(II) A program that conducts assertive outreach to and engagement with high-risk populations that are known and unknown to current health systems;

(b) Determine what an adequate network of high-intensity behavioral health treatment services includes by collaborating with stakeholders, which include but are not limited to, counties; law enforcement; community mental health centers; substance use providers; and other

behavioral health providers, hospitals, physical health providers, and judicial districts, to understand what services and supports are needed to assist in the diversion and release of individuals with behavioral health disorders from the criminal justice and juvenile justice systems; and

(c) Identify existing high-intensity behavioral health treatment programs, based on the definition developed by the departments pursuant to subsection (1)(a) of this section, that are available throughout the state and where those programs require additional resources to meet the identified needs or where additional high-intensity behavioral health treatment programs are needed.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2267, § 6, effective May 20.

27-63-103. Implementation plan - departments' duties - report. (1) On or before November 1, 2020, the department, in collaboration with the department of health care policy and financing, shall develop an implementation plan to increase the number of high-intensity behavioral health treatment programs, including programs that serve youth, statewide.

(2) High-intensity behavioral health treatment programs must be available for both individuals under civil commitment and those involved with or at risk of involvement with the criminal or juvenile justice system, including individuals with co-occurring mental health and substance use disorders.

(3) The implementation plan must include the following information:

(a) Funding or legislative recommendations that are needed to appropriately implement the plan;

(b) Potential costs associated with increasing the number or availability of high-intensity behavioral health treatment programs and expanding statewide capacity;

(c) Potential cost-sharing opportunities with local municipalities and counties;

(d) Other recommendations on issues, such as local variables, zoning barriers, transportation, housing, and workforce; and

(e) How the departments' plan ensures high-intensity behavioral health outpatient treatment programs are available statewide.

(4) The department shall submit a report outlining the progress made toward ensuring that high-intensity behavioral health treatment programs are available statewide, based on the implementation plan. The report must be submitted to the joint budget committee of the general assembly no later than January 1, 2022.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2267, § 6, effective May 20.

27-63-104. Community behavioral health safety net system advisory body - creation - membership - repeal. (1) The department shall identify an advisory body, referred to in this article 63 as the "advisory body", to assist the department in creating a comprehensive proposal to strengthen and expand the behavioral health safety net system. The advisory body shall include but not be limited to representatives from other relevant state departments, representatives from counties representing various regions of the state affected by community

behavioral health service availability, representatives from law enforcement, consumers, family members of consumers, behavioral health providers, behavioral health administrative organizations, and advocates. Members of the advisory body shall disclose potential conflicts of interest and shall recuse themselves from voting when the member has a financial interest related to the provision of delivering clinical services in the behavioral health safety net system. Voting members of the advisory body shall not include behavioral health providers that have a potential financial interest related to the provision of delivering clinical services in the behavioral health safety net system.

(2) **Safety net system comprehensive proposal.** (a) No later than July 1, 2021, the department, in collaboration with the advisory body, shall develop a comprehensive proposal to strengthen and expand the safety net system that provides behavioral health services for individuals with severe behavioral health disorders, referred to in this article 63 as a "safety net system", including individuals with co-occurring mental health and substance use disorders.

(b) The department and advisory body shall solicit feedback from community stakeholders and engage community stakeholders when developing the proposal described in subsection (2)(a) of this section, including direct engagement of consumers and consumers' families, managed service organizations, health-care providers, managed care entities, community mental health centers, and substance use disorder services providers.

(c) The safety net system comprehensive proposal must, at a minimum:

(I) Identify what behavioral health services each community must have access to in each region of the state;

(II) Develop a funding model to ensure the viability of the safety net system. The funding model must supplement and not supplant any state funding to complement medicaid, federal substance abuse prevention and treatment block grants, federal mental health services block grants, and private pay funding.

(III) Provide locally responsive recommendations, including legislative recommendations, to address behavioral health provider licensing and regulations, housing, transportation, workforce, and any other barrier that curbs access to care; and

(IV) Set forth criteria and processes, in collaboration with behavioral health providers, for when the needs of an individual referred to a safety net provider exceed the treatment capacity or clinical expertise of that provider.

(3) This section is repealed, effective July 1, 2024.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2268, § 6, effective May 20. **L. 2020:** (2)(b) amended, (SB 20-136), ch. 70, p. 300, § 57, effective September 14.

Cross references: For the legislative declaration in SB 20-136, see section 1 of chapter 70, Session Laws of Colorado 2020.

27-63-105. Safety net system implementation - safety net system criteria. (1) No later than January 1, 2024, the department shall implement the comprehensive proposal and the funding model developed pursuant to section 27-63-104 (2), which shall meet the following criteria:

(a) The safety net system must not refuse to treat an individual, including youth, based on the following:

(I) The individual's insurance coverage, lack of insurance coverage, or ability or inability to pay for behavioral health services;

(II) The individual's clinical acuity level related to the individual's behavioral health disorder, including whether the individual has been certified pursuant to article 65 of this title 27;

(III) The individual's readiness to transition out of the Colorado mental health institute at Pueblo, the Colorado mental health institute at Fort Logan, or any other mental health institute because the individual no longer requires inpatient care and treatment;

(IV) The individual's involvement in the criminal or juvenile justice system;

(V) The individual's current involvement in the child welfare system;

(VI) The individual's co-occurring mental health and substance use disorders, physical disability, or intellectual or developmental disability; or

(VII) The individual's displays of aggressive behavior, or history of aggressive behavior, as a result of a symptom of a diagnosed mental health disorder or substance intoxication;

(b) The safety net system must:

(I) Proactively engage hard-to-serve individuals with adequate case management and care coordination throughout the care continuum;

(II) Promote competency in de-escalation techniques;

(III) Utilize adequate networks for timely access to treatment, including high-intensity behavioral health treatment and community treatment for children, youth, adults, and other individuals;

(IV) Require collaboration with all local law enforcement jurisdictions and counties in the service area, including county departments of human or social services;

(V) Triage individuals who need alternative services outside the scope of the safety net system;

(VI) Promote patient-centered care and cultural awareness;

(VII) Update information as requested by the department about available treatment options and outcomes in each region of the state;

(VIII) Utilize evidence-based or evidence-informed programming to promote quality services; and

(IX) Meet any other criteria established by the department.

(2) The safety net system must have a network of behavioral health-care providers that collectively offer a full continuum of services to ensure individuals with severe behavioral health disorders are triaged in a timely manner to the appropriate care setting if an individual behavioral health-care provider is unable to provide ongoing care and treatment for the individual. The department shall consider community mental health centers, managed service organizations, contractors for the statewide behavioral health crisis response system, and other behavioral health community providers as key elements in the behavioral health safety net system.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2269, § 6, effective May 20.

27-63-106. Safety net system - effectiveness - report. (1) From January 1, 2022, until July 1, 2024, the department shall provide an annual report on the progress made by the department on the behavioral health safety net system to the public through the annual hearing,

pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

(2) Notwithstanding section 24-1-136 (11)(a)(I), no later than January 1, 2025, the department shall provide an annual report to the joint budget committee of the general assembly related to the expenditures, outcomes, and effectiveness of the safety net system by service area region, including any recommendations to improve the system and the transparency of the system.

Source: L. 2019: Entire article added, (SB 19-222), ch. 226, p. 2271, § 6, effective May 20.

ARTICLE 64

988 Crisis Hotline Enterprise

27-64-101. Legislative declaration. (1) The general assembly finds and declares that:

(a) On July 16, 2020, the federal communications commission adopted rules, and on October 17, 2020, congress passed the "National Suicide Hotline Designation Act of 2020", designating 988 as the three-digit number for the national suicide prevention lifeline to aid rapid access to suicide prevention and mental health support services;

(b) It is imperative for Colorado to implement 988 as the three-digit number for crisis response services in Colorado in order to comply with federal regulations; improve quality and access to behavioral health crisis services, especially for underserved populations and in rural areas of the state; and reduce stigma surrounding suicide, mental health, and substance use conditions;

(c) The 988 crisis hotline enterprise provides valuable benefits and services to telephone service users when the enterprise funds the 988 crisis hotline and provides crisis outreach, stabilization, and acute care to individuals calling the 988 crisis hotline from any jurisdiction in Colorado twenty-four hours a day, seven days a week;

(d) By providing the benefits and services specified in subsection (1)(c) of this section, the 988 crisis hotline enterprise engages in an activity conducted in the pursuit of a benefit, gain, or livelihood, and therefore operates as a business;

(e) Consistent with the determination of the Colorado supreme court in Nicholl v. E-470 Public Highway Authority, 896 P.2d 859 (Colo. 1995), that the power to impose taxes is inconsistent with enterprise status under section 20 of article X of the state constitution, it is the conclusion of the general assembly that the charges imposed by the enterprise is a fee, not a tax, because the charges are imposed for the specific purpose of allowing the enterprise to defray the costs of providing the benefits and services specified in subsection (1)(c) of this section to telephone service users and the charges are imposed at rates that are reasonably calculated based on the cost of the services received by telephone service users;

(f) So long as the 988 crisis hotline enterprise qualifies as an enterprise for purposes of section 20 of article X of the state constitution, the revenue from the charges imposed by the enterprise are not state fiscal year spending, as defined in section 24-77-102 (17), or state revenues, as defined in section 24-77-103.6 (6)(c), and do not count against either the state fiscal

year spending limit imposed by section 20 article X of the state constitution or the excess state revenues cap, as defined in section 24-77-103.6 (6)(b)(I); and

(g) No other enterprise created simultaneously or within the preceding five years serves primarily the same purpose as the 988 crisis hotline enterprise and the 988 crisis hotline enterprise will generate revenue from charges of less than one hundred million dollars total in its first five fiscal years. Accordingly, the creation of the 988 crisis hotline enterprise does not require voter approval pursuant to section 24-77-108.

Source: L. 2021: Entire article added, (SB 21-154), ch. 360, p. 2343, § 1, effective September 7.

27-64-102. Definitions. As used in this article 64, unless the context otherwise requires:

(1) "988 crisis hotline" means a state-identified hotline participating in the national suicide prevention lifeline network to respond to statewide or regional behavioral health crisis calls.

(2) "Charge" means the 988 surcharge imposed by the enterprise pursuant to section 27-64-103 (4)(a) and the prepaid wireless 988 charge imposed by the enterprise pursuant to section 27-64-103 (4)(b).

(3) "Enterprise" means the 988 crisis hotline enterprise created in section 27-64-103.

(4) "National suicide prevention lifeline" means a national network of local crisis centers maintained by the federal substance abuse and mental health services administration that provides free and confidential emotional support to people in suicidal crisis or emotional distress twenty-four hours a day, seven days a week.

(5) "Veterans crisis line" means the veterans crisis line maintained by the United States department of veterans affairs.

Source: L. 2021: Entire article added, (SB 21-154), ch. 360, p. 2344, § 1, effective September 7.

27-64-103. 988 crisis hotline enterprise - creation - powers and duties. (1) There is created in the department of human services the 988 crisis hotline enterprise. The enterprise is and operates as a government-owned business within the department of human services for the business purpose of imposing charges pursuant to subsections (4)(a) and (4)(b) of this section, and utilizing the charges' revenue to fund the 988 crisis hotline and provide crisis outreach, stabilization, and acute care to individuals calling the 988 crisis hotline. The enterprise exercises its power and performs its duties as if the same were transferred by a **type 1** transfer, as defined in section 24-1-105, to the state department.

(2) The enterprise constitutes an enterprise for purposes of section 20 of article X of the state constitution so long as it retains the authority to issue revenue bonds and receives less than ten percent of its total revenues in grants from all Colorado state and local governments combined. So long as it constitutes an enterprise pursuant to this subsection (2), the enterprise is not subject to section 20 of article X of the state constitution.

(3) The enterprise is governed by a board of directors appointed by the governor.

(4) The enterprise's primary powers and duties are to:

(a) Effective January 1, 2022, impose a 988 surcharge on service users, as defined in section 40-17.5-101 (13), in an amount to be established annually by the enterprise, in collaboration with the public utilities commission, but not to exceed thirty cents per month per 988 access connection, as defined in section 40-17.5-101 (2). On or before October 1, 2021, and on or before October 1 of each year thereafter, the enterprise, in collaboration with the public utilities commission, shall establish the amount of the surcharge for the next calendar year. The amount of the surcharge must be reasonably calculated based on the cost of the services received by telephone service users. The amount of the surcharge imposed per 988 access connection must be uniform, regardless of the technology used to provide the 988 access connection.

(b) Effective January 1, 2022, impose a prepaid wireless 988 charge on each retail transaction, as defined in section 40-17.5-104 (1)(d), in an amount to be established annually by the enterprise, in collaboration with the public utilities commission, but not to exceed thirty cents per each retail transaction in which prepaid wireless service is purchased in Colorado. On or before October 1, 2021, and on or before October 1 of each year thereafter, the enterprise, in collaboration with the public utilities commission, shall establish the amount of the charge for the next calendar year. The amount of the charge must be reasonably calculated to meet the needs of the enterprise.

(c) As required by subsection (5) of this section, fund the 988 crisis hotline to provide intervention services and crisis care coordination to individuals calling the 988 crisis hotline;

(d) (I) Engage the services of third parties serving as crisis vendors to provide crisis outreach, stabilization, acute care, and marketing for the 988 crisis hotline;

(II) Enter into any other contracts necessary for professional and technical assistance and advice and to supply other services related to the conduct of the affairs of the enterprise, without regard to the "Procurement Code", articles 101 to 112 of title 24.

(III) The department of human services shall provide office space and administrative staff to the enterprise pursuant to a contract entered into pursuant to subsection (4)(d)(II) of this section.

(e) By resolution, authorize and issue revenue bonds that are payable only from the money in the 988 crisis hotline cash fund created in section 27-64-104; and

(f) Adopt, amend, or repeal policies for the regulation of its affairs and the conduct of its business consistent with this section.

(5) (a) On or before July 1, 2022, the enterprise shall fund a nonprofit organization to operate the 988 crisis hotline and provide intervention services and crisis care coordination to individuals calling the 988 crisis hotline from any jurisdiction within Colorado twenty-four hours a day, seven days a week.

(b) The nonprofit organization shall:

(I) Have an active agreement with the administrator of the national suicide prevention lifeline for participation within the network;

(II) Meet the national suicide prevention lifeline requirements and best practice guidelines for operational and clinical standards;

(III) Meet the national suicide prevention lifeline requirements for serving high-risk and specialized populations;

(IV) Deploy mobile response units and co-responder programs that are part of the behavioral health crisis response system, created pursuant to section 27-60-103, and coordinate access to crisis walk-in centers, as appropriate; and

(V) Provide follow-up services to individuals accessing the 988 crisis hotline.

(6) The enterprise shall collaborate with the national suicide prevention lifeline and the veterans crisis line for the purpose of ensuring consistent public messaging about the 988 crisis hotline center and available services.

(7) The enterprise shall consider recommendations from the state's 988 planning committee to determine how the 988 crisis hotline will interact with the twenty-four-hour telephone crisis services established in section 27-60-103 (1)(b)(I).

(8) The enterprise is subject to the open meetings provisions of the "Colorado Sunshine Act of 1972", contained in part 4 of article 6 of title 24, and the "Colorado Open Records Act", part 2 of article 72 of title 24.

(9) For purposes of the "Colorado Open Records Act", part 2 of article 72 of title 24, and except as may otherwise be provided by federal law or regulation or state law, the records of the enterprise are public records, as defined in section 24-72-202 (6), regardless of whether the enterprise receives less than ten percent of its total annual revenue in grants, as defined in section 24-77-102 (7), from all Colorado state and local governments combined.

(10) The enterprise is a public entity for purposes of part 2 of article 57 of title 11.

Source: L. 2021: Entire article added, (SB 21-154), ch. 360, p. 2345, § 1, effective September 7.

27-64-104. 988 crisis hotline cash fund - creation. (1) The 988 crisis hotline cash fund, referred to in this section as the "fund", is created in the state treasury. The fund consists of money credited to the fund in accordance with article 17.5 of title 40.

(2) The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund.

(3) Subject to annual appropriation by the general assembly, the enterprise may expend money from the fund for the purposes outlined in section 27-64-103 (4)(c) and (4)(d).

(4) The board may seek, accept, and expend gifts, grants, or donations from private or public sources for the purposes of this section, so long as the combination of grants from state and local governments is less than ten percent of the enterprise's total annual revenue.

Source: L. 2021: Entire article added, (SB 21-154), ch. 360, p. 2347, § 1, effective September 7.

27-64-105. Reports. (1) Beginning January 1, 2023, and each January 1 thereafter, the department of human services shall:

(a) Submit information about the usage of the 988 crisis hotline and services provided to the federal substance abuse and mental health services administration and information about the expenditures of the 988 crisis hotline cash fund to the federal communications commission; and

(b) Report progress on the implementation of the 988 crisis hotline, including the usage of the 988 crisis hotline, the services provided, and the deposits and expenditures from the 988 crisis hotline cash fund as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203.

Source: L. 2021: Entire article added, (SB 21-154), ch. 360, p. 2347, § 1, effective September 7.

MENTAL HEALTH AND MENTAL HEALTH DISORDERS

ARTICLE 65

Care and Treatment of Persons
with Mental Health Disorders

Editor's note: This article was added with relocations in 2010 containing provisions of article 10 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

Cross references: For provisions concerning home- and community-based services for persons with intellectual and developmental disabilities, see part 4 of article 6 of title 25.5; for liability of mental health care providers, see § 13-21-117.

Law reviews: For article, "Expanded Medical Screening for Public Sector Psychiatric Patients", see 13 Colo. Law. 1651 (1984); for article "Medina: Incompetence and the Right to Refuse Medication", see 14 Colo. Law. 1998 (1985); for article, "A Critique of the Model State Law on Civil Commitment of the Mentally Ill", see 14 Colo. Law. 1206 (1985); for article, "Colorado Guardianship and Conservatorship Law: A Status Report", see 16 Colo. Law. 421 (1987); for article, "The Continuing Crisis in Mental Health Care", see 18 Colo. Law. 1533 (1989); for article, "When Worlds Collide: Mentally Ill Criminal Defendants--Part II", see 29 Colo. Law. 101 (July 2000); for article, "Guidance for Attorneys When Children's Mental Health Concerns are Implicated", see 31 Colo. Law. 33 (Oct. 2002).

27-65-101. Legislative declaration. (1) The general assembly declares that, subject to available appropriations, the purposes of this article 65 are:

(a) To secure for each person with a mental health disorder such care and treatment suited to his or her needs and to ensure that the care and treatment are skillfully and humanely administered with full respect for the person's dignity and personal integrity;

(b) To deprive a person of his or her liberty for purposes of care or treatment only when less restrictive alternatives are unavailable and only when his or her safety or the safety of others is endangered;

(c) To provide the fullest possible measure of privacy, dignity, and other rights to persons undergoing care and treatment for a mental health disorder;

(d) To encourage the use of voluntary, rather than coercive, measures to provide care and treatment for mental health disorders and to provide the care and treatment in the least restrictive setting;

(e) To provide appropriate information to family members concerning the location and fact of admission of a person with a mental health disorder to inpatient or residential care and treatment;

(f) To encourage the appropriate participation of family members in the care and treatment of a person with a mental health disorder and, when appropriate, to provide information to family members in order to facilitate that participation; and

(g) To facilitate the recovery and resiliency of each person who receives care and treatment pursuant to this article 65.

(2) To carry out these purposes, subject to available appropriations, the provisions of this article shall be liberally construed.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 675, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1338, § 232, effective May 25.

Editor's note: This section is similar to former § 27-10-101 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

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

(1) "Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which may include treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.

(1.5) **[*Editor's note: Subsection (1.5) is effective July 1, 2022.*]** "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in section 27-66-101 (2) and (3), but does not include:

(a) Residential child care facilities as defined in section 26-6-102 (33); or

(b) Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.

(2) "Certified peace officer" means any certified peace officer as described in section 16-2.5-102, C.R.S.

(3) "Court" means any district court of the state of Colorado and the probate court in the city and county of Denver.

(4) "Court-ordered evaluation" means an evaluation ordered by a court pursuant to section 27-65-106.

(4.5) "Danger to self or others" means:

(a) With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to himself or herself; or

(b) With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in reasonable

fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.

(5) "Department" means the department of human services.

(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.

(6) "Executive director" means the executive director of the department of human services.

(7) **[*Editor's note: This version of subsection (7) is effective until July 1, 2022.*]** "Facility" means a public hospital or a licensed private hospital, clinic, community mental health center or clinic, acute treatment unit, institution, or residential child care facility that provides treatment for persons with mental health disorders.

(7) **[*Editor's note: This version of subsection (7) is effective July 1, 2022.*]** "Facility" means a public hospital or a licensed private hospital, clinic, behavioral health entity, community mental health center or clinic, acute treatment unit, institution, or residential child care facility that provides treatment for persons with mental health disorders.

(8) "Family member" means a spouse, parent, adult child, or adult sibling of a person with a mental health disorder.

(9) "Gravely disabled" means a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be "gravely disabled", but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.

(10) "Hospitalization" means twenty-four-hour out-of-home placement for treatment in a facility for a person with a mental health disorder.

(11) "Independent professional person" means a professional person, as defined in subsection (17) of this section, who evaluates a minor's condition as an independent decision-maker and whose recommendations are based on the standard of what is in the best interest of the minor. The professional person may be associated with the admitting mental health facility if he or she is free to independently evaluate the minor's condition and need for treatment and has the authority to refuse admission to any minor who does not satisfy the statutory standards specified in section 27-65-103 (3).

(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.

(11.5) "Mental health disorder" includes one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impairs judgment or capacity to recognize reality or to control behavior. An intellectual or developmental disability is

insufficient to either justify or exclude a finding of a mental health disorder pursuant to the provisions of this article 65.

(12) "Minor" means a person under eighteen years of age; except that the term does not include a person who is fifteen years of age or older who is living separately and apart from his or her parent or legal guardian and is managing his or her financial affairs, regardless of his or her source of income, or who is married and living separately and apart from his or her parent or legal guardian.

(13) "Patient representative" means a person designated by a mental health facility to process patient complaints or grievances or to represent patients who are minors pursuant to section 27-65-103 (5).

(14) Repealed.

(15) "Petitioner" means any person who files any petition in any proceeding in the interest of any person who allegedly has a mental health disorder or is allegedly gravely disabled.

(16) "Physician" means a person licensed to practice medicine in this state.

(17) "Professional person" means a person licensed to practice medicine in this state, a psychologist certified to practice in this state, or a person licensed and in good standing to practice medicine in another state or a psychologist certified to practice and in good standing in another state who is providing medical or clinical services at a treatment facility in this state that is operated by the armed forces of the United States, the United States public health service, or the United States department of veterans affairs.

(18) "Residential child care facility" means a facility licensed by the state department of human services pursuant to article 6 of title 26, C.R.S., to provide group care and treatment for children as such facility is defined in section 26-6-102 (33), C.R.S. A residential child care facility may be eligible for designation by the executive director of the department of human services pursuant to this article.

(19) "Respondent" means either a person alleged in a petition filed pursuant to this article 65 to have a mental health disorder or be gravely disabled or a person certified pursuant to the provisions of this article 65.

(20) "Screening" means a review of all petitions, to consist of an interview with the petitioner and, whenever possible, the respondent, an assessment of the problem, an explanation of the petition to the respondent, and a determination of whether the respondent needs and, if so, will accept, on a voluntary basis, comprehensive evaluation, treatment, referral, and other appropriate services, either on an inpatient or an outpatient basis.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 676, § 2, effective April 29. **L. 2013:** (17) amended, (HB 13-1065), ch. 42, p. 115, § 1, effective March 15; (9) amended, (HB 13-1296), ch. 232, p. 1112, § 2, effective July 1, 2014; (4.5) added, (HB 13-1296), ch. 232, p. 1112, § 2, effective October 22. **L. 2016:** (18) amended, (SB 16-189), ch. 210, p. 783, § 79, effective June 6. **L. 2017:** IP, (1), (7), (8), (10), (15), and (19) amended, (11.3) and (11.5) added, and (14) repealed, (SB 17-242), ch. 263, p. 1339, § 233, effective May 25; IP amended and (5.5) and (11.3) added, (SB 17-207), ch. 205, p. 765, § 6, effective May 1, 2018. **L. 2019:** (1.5) added and (7) amended, (HB 19-1237), ch. 413, p. 3641, § 13, effective July 1, 2022.

Editor's note: (1) This section is similar to former § 27-10-102 as it existed prior to 2010.

(2) SB 17-242, adding subsection (11.3) was superseded by SB 17-207, adding subsection (11.3), effective May 1, 2018.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 17-207, see section 1 of chapter 205, Session Laws of Colorado 2017.

27-65-103. Voluntary applications for mental health services - treatment of minors. (1) Nothing in this article 65 in any way limits the right of any person to make voluntary application at any time to any public or private agency or professional person for mental health services, either by direct application in person or by referral from any other public or private agency or professional person. Subject to section 15-14-316 (4), a ward, as defined in section 15-14-102 (15), may be admitted to hospital or institutional care and treatment for a mental health disorder by consent of the guardian for so long as the ward agrees to such care and treatment. Within ten days after any such admission, the guardian shall notify in writing the court that appointed the guardian of the admission.

(2) Notwithstanding any other provision of law, a minor who is fifteen years of age or older, whether with or without the consent of a parent or legal guardian, may consent to receive mental health services to be rendered by a facility or by a professional person or mental health professional licensed pursuant to part 3, 4, 5, 6, or 8 of article 245 of title 12 in any practice setting. Such consent shall not be subject to disaffirmance because of minority. The professional person or licensed mental health professional rendering mental health services to a minor may, with or without the consent of the minor, advise the parent or legal guardian of the minor of the services given or needed.

(3) A minor who is fifteen years of age or older or a parent or legal guardian of a minor on the minor's behalf may make voluntary application for hospitalization. Application for hospitalization on behalf of a minor who is under fifteen years of age and who is a ward of the department of human services shall not be made unless a guardian ad litem has been appointed for the minor or a petition for the same has been filed with the court by the agency having custody of the minor; except that such an application for hospitalization may be made under emergency circumstances requiring immediate hospitalization, in which case the agency shall file a petition for appointment of a guardian ad litem within seventy-two hours after application for admission is made, and the court shall appoint a guardian ad litem forthwith. Procedures for hospitalization of such minor may proceed pursuant to this section once a petition for appointment of a guardian ad litem has been filed, if necessary. Whenever such application for hospitalization is made, an independent professional person shall interview the minor and conduct a careful investigation into the minor's background, using all available sources, including, but not limited to, the parents or legal guardian and the school and any other social agencies. Prior to admitting a minor for hospitalization, the independent professional person shall make the following findings:

(a) That the minor has a mental health disorder and is in need of hospitalization;

(b) That a less restrictive treatment alternative is inappropriate or unavailable; and

(c) That hospitalization is likely to be beneficial.

(4) An interview and investigation by an independent professional person shall not be required for a minor who is fifteen years of age or older and who, upon the recommendation of his or her treating professional person, seeks voluntary hospitalization with the consent of his or her parent or legal guardian. In order to assure that the minor's consent to such hospitalization is voluntary, the minor shall be advised, at or before the time of admission, of his or her right to refuse to sign the admission consent form and his or her right to revoke his or her consent at a later date. If a minor admitted pursuant to this subsection (4) subsequently revokes his or her consent after admission, a review of his or her need for hospitalization pursuant to subsection (5) of this section shall be initiated immediately.

(5) (a) The need for continuing hospitalization of all voluntary patients who are minors shall be formally reviewed at least every two months. Review pursuant to this subsection (5) shall fulfill the requirement specified in section 19-1-115 (8), C.R.S., when the minor is fifteen years of age or older and consenting to hospitalization.

(b) The review shall be conducted by an independent professional person who is not a member of the minor's treating team; or, if the minor, his or her physician, and the minor's parent or guardian do not object to the need for continued hospitalization, the review required pursuant to this subsection (5) may be conducted internally by the hospital staff.

(c) The independent professional person shall determine whether the minor continues to meet the criteria specified in subsection (3) of this section and whether continued hospitalization is appropriate and shall at least conduct an investigation pursuant to subsection (3) of this section.

(d) Ten days prior to the review, the patient representative at the mental health facility shall notify the minor of the date of the review and shall assist the minor in articulating to the independent professional person his or her wishes concerning continued hospitalization.

(e) Nothing in this section shall be construed to limit a minor's right to seek release from the facility pursuant to any other provisions under the law.

(6) Every six months the review required pursuant to subsection (5) of this section shall be conducted by an independent professional person who is not a member of the minor's treating team and who has not previously reviewed the child pursuant to subsection (5) of this section.

(7) (a) When a minor does not consent to or objects to continued hospitalization, the need for such continued hospitalization shall, within ten days, be reviewed pursuant to subsection (5) of this section by an independent professional person who is not a member of the minor's treating team and who has not previously reviewed the child pursuant to this subsection (7). The minor shall be informed of the results of such review within three days of completion of such review. If the conclusion reached by such professional person is that the minor no longer meets the standards for hospitalization specified in subsection (3) of this section, the minor shall be discharged.

(b) If, twenty-four hours after being informed of the results of the review specified in paragraph (a) of this subsection (7), a minor continues to affirm the objection to hospitalization, the minor shall be advised by the director of the facility or his or her duly appointed representative that the minor has the right to retain and consult with an attorney at any time and that the director or his or her duly appointed representative shall file, within three days after the request of the minor, a statement requesting an attorney for the minor or, if the minor is under fifteen years of age, a guardian ad litem. The minor, his or her attorney, if any, and his or her parent, legal guardian, or guardian ad litem, if any, shall also be given written notice that a

hearing upon the recommendation for continued hospitalization may be had before the court or a jury upon written request directed to the court pursuant to paragraph (d) of this subsection (7).

(c) Whenever the statement requesting an attorney is filed with the court, the court shall ascertain whether the minor has retained counsel, and, if he or she has not, the court shall, within three days, appoint an attorney to represent the minor, or if the minor is under fifteen years of age, a guardian ad litem. Upon receipt of a petition filed by the guardian ad litem, the court shall appoint an attorney to represent the minor under fifteen years of age.

(d) The minor or his or her attorney or guardian ad litem may, at any time after the minor has continued to affirm his or her objection to hospitalization pursuant to subsection (7)(b) of this section, file a written request that the recommendation for continued hospitalization be reviewed by the court or that the treatment be on an outpatient basis. If review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the minor; his or her attorney, if any; his or her parents or legal guardian; his or her guardian ad litem, if any; the independent professional person; and the minor's treating team of the time and place of the hearing. The hearing must be held in accordance with section 27-65-111; except that the court or jury shall determine that the minor is in need of care and treatment if the court or jury makes the following findings: That the minor has a mental health disorder and is in need of hospitalization, that a less restrictive treatment alternative is inappropriate or unavailable, and that hospitalization is likely to be beneficial. At the conclusion of the hearing, the court may enter an order confirming the recommendation for continued hospitalization, discharge the minor, or enter any other appropriate order.

(e) For purposes of this subsection (7), "objects to hospitalization" means that a minor, with the necessary assistance of hospital staff, has written his or her objections to continued hospitalization and has been given an opportunity to affirm or disaffirm such objections forty-eight hours after the objections are first written.

(f) A minor may not again object to hospitalization pursuant to this subsection (7) until ninety days after conclusion of proceedings pursuant to this subsection (7).

(g) In addition to the rights specified under section 27-65-117 for persons receiving evaluation, care, or treatment, a written notice specifying the rights of minor children under this section shall be given to each minor upon admission to hospitalization.

(8) A minor who no longer meets the standards for hospitalization specified in subsection (3) of this section shall be discharged.

(9) For the purpose of this article, the treatment by prayer in the practice of the religion of any church which teaches reliance on spiritual means alone for healing shall be considered a form of treatment.

(10) The medical and legal status of all voluntary patients receiving treatment for mental health disorders in inpatient or custodial facilities must be reviewed at least once every six months.

(11) Voluntary patients shall be afforded all the rights and privileges customarily granted by hospitals to their patients.

(12) If at any time during a seventy-two-hour evaluation of a person who is confined involuntarily the facility staff requests the person to sign in voluntarily and he or she elects to do so, the following advisement shall be given orally and in writing and an appropriate notation shall be made in his or her medical record by the professional person or his or her designated agent:

NOTICE

The decision to sign in voluntarily should be made by you alone and should be free from any force or pressure implied or otherwise. If you do not feel that you are able to make a truly voluntary decision, you may continue to be held at the hospital involuntarily. As an involuntary patient, you will have the right to protest your confinement and request a hearing before a judge.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 679, § 2, effective April 29. **L. 2015:** (2) amended, (HB 15-1032), ch. 40, p. 100, § 1, effective March 20. **L. 2017:** (1), (3)(a), (7)(d), and (10) amended, (SB 17-242), ch. 263, p. 1340, § 234, effective May 25. **L. 2019:** (2) amended, (HB 19-1172), ch. 136, p. 1713, § 198, effective October 1.

Editor's note: This section is similar to former § 27-10-103 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-104. Rights of respondents. Unless specifically stated in an order by the court, a respondent shall not forfeit any legal right or suffer legal disability by reason of the provisions of this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 682, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-104 as it existed prior to 2010.

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

(a) (I) When any person appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, 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 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 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 12-255-104 (11) 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 245 of title 12 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 245 of title 12.

(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 health disorder and, as a result of the mental 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 65 a facility is to be designated or approved by the executive director, hospitals, if available, must be approved or designated in each county before other facilities are approved or designated. Whenever in this 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 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) When a person is taken into custody pursuant to subsection (1) of this section, 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.

(3) 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 or obtained from others whom he or she reasonably believes to be reliable, to establish that the person has a mental health disorder and, as a result of the mental health disorder, is an imminent danger to others or to himself or herself, is gravely disabled, or is in need of immediate evaluation for treatment. The application 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 must

be furnished to the person being evaluated, and the application must be retained in accordance with the provisions of section 27-65-121 (4).

(4) If the seventy-two-hour treatment and evaluation facility admits the person, it may detain him or her for evaluation and treatment for a period not to exceed seventy-two hours, excluding Saturdays, Sundays, and holidays if evaluation and treatment services are not available on those days. For the purposes of this subsection (4), evaluation and treatment services are not deemed to be available merely because a professional person is on call during weekends or holidays. If, in the opinion of the professional person in charge of the evaluation, the person can be properly cared for without being detained, he or she shall be provided services on a voluntary basis.

(5) Each person admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this article shall receive an evaluation as soon as possible after he or she is admitted and shall receive such treatment and care as his or her condition requires for the full period that he or she is held. The person shall be released before seventy-two hours have elapsed if, in the opinion of the professional person in charge of the evaluation, the person no longer requires evaluation or treatment. Persons who have been detained for seventy-two-hour evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or certified for treatment pursuant to section 27-65-107.

(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 part 1 of article 255 of title 12 and included in the advanced practice registry pursuant to section 12-255-111 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.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 682, § 2, effective April 29. **L. 2011:** (1)(a)(II)(D) amended, (SB 11-187), ch. 285, p. 1329, § 75, effective July 1. **L. 2017:** (1)(a)(I), IP(1)(a)(II), (1)(b), and (3) amended, (SB 17-242), ch. 263, p. 1341, § 235, effective May 25; (1), (2), and (3) amended and (6) and (7) added, (SB 17-207), ch. 205, p. 766, § 7, effective May 1, 2018. **L. 2019:** (1)(a)(II)(C), (1)(a)(II)(D), (1)(a)(II)(E), and (6) amended, (HB 19-1172), ch. 136, p. 1713, § 199, effective October 1. **L. 2020:** (6) amended, (HB 20-1183), ch. 157, p. 705, § 66, effective July 1.

Editor's note: (1) This section is similar to former § 27-10-105 as it existed prior to 2010.

(2) Amendments to subsections (1) and (3) by SB 17-242 and SB 17-207 were harmonized.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 17-207, see section 1 of chapter 205, Session Laws of Colorado 2017.

27-65-106. Court-ordered evaluation for persons with mental health disorders. (1) Any person alleged to have a mental health disorder and, as a result of the mental health disorder, to be a danger to others or to himself or herself or to be gravely disabled may be given an evaluation of his or her condition under a court order pursuant to this section.

(2) Any individual may petition the court in the county in which the respondent resides or is physically present alleging that there is a person who appears to have a mental health disorder and, as a result of the mental health disorder, appears to be a danger to others or to himself or herself or appears to be gravely disabled and requesting an evaluation of the person's condition.

(3) The petition for a court-ordered evaluation must contain the following:

(a) The name and address of the petitioner and his or her interest in the case;

(b) The name of the person for whom evaluation is sought, who shall be designated as the respondent, and, if known to the petitioner, the address, age, sex, marital status, and occupation of the respondent;

(c) Allegations of fact indicating that the respondent may have a mental health disorder and, as a result of the mental health disorder, be a danger to others or to himself or herself or be gravely disabled and showing reasonable grounds to warrant an evaluation;

(d) The name and address of every person known or believed by the petitioner to be legally responsible for the care, support, and maintenance of the respondent, if available;

(e) The name, address, and telephone number of the attorney, if any, who has most recently represented the respondent. If there is no attorney, there shall be a statement as to whether, to the best knowledge of the petitioner, the respondent meets the criteria established by the legal aid agency operating in the county or city and county for it to represent a client.

(4) Upon receipt of a petition satisfying the requirements of subsection (3) of this section, the court shall designate a facility, approved by the executive director, or a professional person to provide screening of the respondent to determine whether there is probable cause to believe the allegations.

(5) Following screening, the facility or professional person designated by the court shall file his or her report with the court. The report must include a recommendation as to whether there is probable cause to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled and whether the respondent will voluntarily receive evaluation or treatment. The screening report submitted to the court is confidential in accordance with section 27-65-121 and must be furnished to the respondent or his or her attorney or personal representative.

(6) Whenever it appears, by petition and screening pursuant to this section, to the satisfaction of the court that probable cause exists to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled and that efforts have been made to secure the cooperation of the respondent, who has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation authorizing a certified peace officer to take the respondent into custody and place him or her in a facility designated by the executive director for seventy-two-hour treatment and evaluation. At the time of taking the respondent into custody, a copy of the petition and the order for evaluation must be given to the respondent, and promptly thereafter to any one person designated by the respondent and to the person in charge of the seventy-two-hour treatment and evaluation facility named in the order or his or her designee.

(7) The respondent shall be evaluated as promptly as possible and shall in no event be detained longer than seventy-two hours under the court order, excluding Saturdays, Sundays, and holidays if treatment and evaluation services are not available on those days. Within that time, the respondent shall be released, referred for further care and treatment on a voluntary basis, or certified for short-term treatment.

(8) At the time the respondent is taken into custody for evaluation or within a reasonable time thereafter, unless a responsible relative is in possession of the respondent's personal property, the certified peace officer taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the respondent.

(9) When a person is involuntarily admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this section or section 27-65-105, the person shall be advised by the facility director or his or her duly appointed representative that the person is going to be examined with regard to his or her mental condition.

(10) Whenever a person is involuntarily admitted to a seventy-two-hour treatment and evaluation facility, he or she shall be advised by the facility director or his or her duly appointed representative of his or her right to retain and consult with any attorney at any time and that, if he or she cannot afford to pay an attorney, upon proof of indigency, one will be appointed by the court without cost.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 684, § 2, effective April 29. **L. 2017:** (1), (2), IP(3), (3)(c), (5), and (6) amended, (SB 17-242), ch. 263, p. 1342, § 236, effective May 25.

Editor's note: This section is similar to former § 27-10-106 as it existed prior to 2010.

Cross references: (1) For rights of person under arrest, see part 4 of article 3 of title 16.

(2) For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-107. Certification for short-term treatment - procedure. (1) If a person detained for seventy-two hours pursuant to the provisions of section 27-65-105 or a respondent under court order for evaluation pursuant to section 27-65-106 has received an evaluation, he or she may be certified for not more than three months of short-term treatment under the following conditions:

(a) The professional staff of the agency or facility providing seventy-two-hour treatment and evaluation has analyzed the person's condition and has found the person has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled.

(b) The person has been advised of the availability of, but has not accepted, voluntary treatment; but, if reasonable grounds exist to believe that the person will not remain in a voluntary treatment program, his or her acceptance of voluntary treatment shall not preclude certification.

(c) The facility which will provide short-term treatment has been designated or approved by the executive director to provide such treatment.

(2) The notice of certification must be signed by a professional person on the staff of the evaluation facility who participated in the evaluation and must state facts sufficient to establish reasonable grounds to believe that the person has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled. The certification must be filed with the court within forty-eight hours, excluding Saturdays, Sundays, and court holidays, of the date of certification. The certification must be filed with the court in the county in which the respondent resided or was physically present immediately prior to being taken into custody.

(3) Within twenty-four hours of certification, copies of the certification shall be personally delivered to the respondent, and a copy shall be kept by the evaluation facility as part of the person's record. The respondent shall also be asked to designate one other person whom he or she wishes informed regarding certification. If he or she is incapable of making such a designation at the time the certification is delivered, he or she shall be asked to designate such person as soon as he or she is capable. In addition to the copy of the certification, the respondent shall be given a written notice that a hearing upon his or her certification for short-term treatment may be had before the court or a jury upon written request directed to the court pursuant to subsection (6) of this section.

(4) Upon certification of the respondent, the facility designated for short-term treatment shall have custody of the respondent.

(5) Whenever a certification is filed with the court, the court, if it has not already done so under section 27-65-106 (10), shall forthwith appoint an attorney to represent the respondent. The court shall determine whether the respondent is able to afford an attorney. If the respondent cannot afford counsel, the court shall appoint either counsel from the legal services program operating in that jurisdiction or private counsel to represent the respondent. The attorney representing the respondent shall be provided with a copy of the certification immediately upon his or her appointment. Waiver of counsel must be knowingly and intelligently made in writing and filed with the court by the respondent. In the event that a respondent who is able to afford an attorney fails to pay the appointed counsel, such counsel, upon application to the court and after appropriate notice and hearing, may obtain a judgment for reasonable attorney fees against the respondent or person making request for such counsel or both the respondent and such person.

(6) The respondent for short-term treatment or his or her attorney may at any time file a written request that the certification for short-term treatment or the treatment be reviewed by the court or that the treatment be on an outpatient basis. If review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the respondent and his or her attorney and the certifying and treating professional person of the time and place thereof. The hearing shall be held in accordance with section 27-65-111. At the conclusion of the hearing, the court may enter or confirm the certification for short-term treatment, discharge the respondent, or enter any other appropriate order, subject to available appropriations.

(7) Records and papers in proceedings under this section and section 27-65-108 shall be maintained separately by the clerks of the several courts. Upon the release of any respondent in accordance with the provisions of section 27-65-110, the facility shall notify the clerk of the court within five days of the release, and the clerk shall forthwith seal the record in the case and omit the name of the respondent from the index of cases in such court until and unless the respondent becomes subject to an order of long-term care and treatment pursuant to section 27-65-109 or until and unless the court orders them opened for good cause shown. In the event a petition is filed pursuant to section 27-65-109, such certification record may be opened and become a part of the record in the long-term care and treatment case and the name of the respondent indexed.

(8) Whenever it appears to the court, by reason of a report by the treating professional person or any other report satisfactory to the court, that a respondent detained for evaluation and treatment or certified for treatment should be transferred to another facility for treatment and the safety of the respondent or the public requires that the respondent be transported by secure transportation, as defined in section 25-3.5-103 (11.4), or a sheriff, the court may issue an order directing the sheriff or the sheriff's designee to deliver the respondent to the designated facility.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 686, § 2, effective April 29. **L. 2017:** IP(1), (1)(a), and (2) amended, (SB 17-242), ch. 263, p. 1343, § 237, effective May 25. **L. 2021:** (8) amended, (HB 21-1085), ch. 355, p. 2312, § 6, effective June 27.

Editor's note: This section is similar to former § 27-10-107 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-108. Extension of short-term treatment. If the professional person in charge of the evaluation and treatment believes that a period longer than three months is necessary for treatment of the respondent, he or she shall file with the court an extended certification. No extended certification for treatment shall be for a period of more than three months. The respondent shall be entitled to a hearing on the extended certification under the same conditions as in an original certification. The attorney initially representing the respondent shall continue to represent that person, unless the court appoints another attorney.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 688, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-108 as it existed prior to 2010.

27-65-109. Long-term care and treatment of persons with mental health disorders - procedure. (1) Whenever a respondent has received short-term treatment for five consecutive months pursuant to the provisions of sections 27-65-107 and 27-65-108, the professional person in charge of the evaluation and treatment may file a petition with the court for long-term care and treatment of the respondent under the following conditions:

(a) The professional staff of the agency or facility providing short-term treatment has analyzed the respondent's condition and has found that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled.

(b) The respondent has been advised of the availability of, but has not accepted, voluntary treatment; but, if reasonable grounds exist to believe that the respondent will not remain in a voluntary treatment program, his or her acceptance of voluntary treatment shall not preclude an order pursuant to this section.

(c) The facility that will provide long-term care and treatment has been designated or approved by the executive director to provide the care and treatment.

(2) Every petition for long-term care and treatment shall include a request for a hearing before the court prior to the expiration of six months from the date of original certification. A copy of the petition shall be delivered personally to the respondent for whom long-term care and treatment is sought and mailed to his or her attorney of record simultaneously with the filing thereof.

(3) Within ten days after receipt of the petition, the respondent or his or her attorney may request a jury trial by filing a written request therefor with the court.

(4) The court or jury shall determine whether the conditions of subsection (1) of this section are met and whether the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled. The court shall thereupon issue an order of long-term care and treatment for a term not to exceed six months, or it shall discharge the respondent for whom long-term care and treatment was sought, or it shall enter any other appropriate order, subject to available appropriations. An order for long-term care and treatment must grant custody of the respondent to the department for placement with an agency or facility designated by the executive director to provide long-term care and treatment. When a petition contains a request that a specific legal disability be imposed or that a specific legal right be deprived, the court may order the disability imposed or the right

deprived if the court or a jury has determined that the respondent has a mental health disorder or is gravely disabled and that, by reason thereof, the person is unable to competently exercise said right or perform the function as to which the disability is sought to be imposed. Any interested person may ask leave of the court to intervene as a copetitioner for the purpose of seeking the imposition of a legal disability or the deprivation of a legal right.

(5) An original order of long-term care and treatment or any extension of such order expires on the date specified, unless further extended as provided in this subsection (5). If an extension is being sought, the professional person in charge of the evaluation and treatment shall certify to the court at least thirty days prior to the expiration date of the order in force that an extension of the order is necessary for the care and treatment of the respondent subject to the order in force, and a copy of the certification must be delivered to the respondent and simultaneously mailed to his or her attorney of record. At least twenty days before the expiration of the order, the court shall give written notice to the respondent and his or her attorney of record that a hearing upon the extension may be had before the court or a jury upon written request to the court within ten days after receipt of the notice. If a hearing is not requested by the respondent within such time, the court may proceed ex parte. If a hearing is timely requested, it must be held before the expiration date of the order in force. If the court or jury finds that the conditions of subsection (1) of this section continue to be met and that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled, the court shall issue an extension of the order. Any extension must not exceed six months, but there may be as many extensions as the court orders pursuant to this section.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 688, § 2, effective April 29. **L. 2017:** IP(1), (1)(a), (4), and (5) amended, (SB 17-242), ch. 263, p. 1344, § 238, effective May 25.

Editor's note: This section is similar to former § 27-10-109 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-110. Termination of short-term and long-term treatment - escape. (1) An original certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108, or an order for long-term care and treatment or any extension thereof shall terminate as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit from such treatment for him or her to leave. Whenever a certification or extended certification is terminated under this section, the professional person in charge of providing treatment shall so notify the court in writing within five days of such termination. Such professional person may also prescribe day care, night care, or any other similar mode of treatment prior to termination.

(2) Before termination, an escaped respondent may be returned to the facility by order of the court without a hearing or by the superintendent or director of such facility without order of court. After termination, a respondent may be returned to the institution only in accordance with the provisions of this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 689, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-110 as it existed prior to 2010.

27-65-111. Hearing procedures - jurisdiction. (1) Hearings before the court pursuant to section 27-65-107, 27-65-108, or 27-65-109 are conducted in the same manner as other civil proceedings before the court. The burden of proof is on the person or facility seeking to detain the respondent. The court or jury shall determine that the respondent is in need of care and treatment only if the court or jury finds by clear and convincing evidence that the person has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself or is gravely disabled.

(2) The court, after consultation with respondent's counsel to obtain counsel's recommendations, may appoint a professional person to examine the respondent for whom short-term treatment or long-term care and treatment is sought and to testify at the hearing before the court as to the results of his or her examination. The court-appointed professional person shall act solely in an advisory capacity, and no presumption shall attach to his or her findings.

(3) Every respondent subject to an order for short-term treatment or long-term care and treatment shall be advised of his or her right to appeal the order by the court at the conclusion of any hearing as a result of which such an order may be entered.

(4) The court in which the petition is filed under section 27-65-106 or the certification is filed under section 27-65-107 shall be the court of original jurisdiction and of continuing jurisdiction for any further proceedings under this article. When the convenience of the parties and the ends of justice would be promoted by a change in the court having jurisdiction, the court may order a transfer of the proceeding to another county. Until further order of the transferee court, if any, it shall be the court of continuing jurisdiction.

(5) (a) In the event that a respondent or a person found not guilty by reason of impaired mental condition pursuant to section 16-8-103.5 (5), C.R.S., or by reason of insanity pursuant to section 16-8-105 (4) or 16-8-105.5, C.R.S., refuses to accept medication, the court having jurisdiction of the action pursuant to subsection (4) of this section, the court committing the person or defendant to the custody of the department pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, C.R.S., or the court of the jurisdiction in which the designated facility treating the respondent or person is located shall have jurisdiction and venue to accept a petition by a treating physician and to enter an order requiring that the respondent or person accept such treatment or, in the alternative, that the medication be forcibly administered to him or her. The court of the jurisdiction in which the designated facility is located shall not exercise its jurisdiction without the permission of the court that committed the person to the custody of the department. Upon the filing of such a petition, the court shall appoint an attorney, if one has not been appointed, to represent the respondent or person and hear the matter within ten days.

(b) In any case brought under paragraph (a) of this subsection (5) in a court for the county in which the treating facility is located, the county where the proceeding was initiated pursuant to subsection (4) of this section or the court committing the person to the custody of the department pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, C.R.S., shall either reimburse the county in which the proceeding pursuant to this subsection (5) was filed and in which the proceeding was held for the reasonable costs incurred in conducting the proceeding or

conduct the proceeding itself using its own personnel and resources, including its own district or county attorney, as the case may be.

(c) In the case of a defendant who is found incompetent to proceed pursuant to section 16-8.5-103, C.R.S., and who refuses to accept medication, the jurisdiction for the petition for involuntary treatment procedures shall be as set forth in section 16-8.5-112, C.R.S.

(6) All proceedings under this article, including proceedings to impose a legal disability pursuant to section 27-65-127, shall be conducted by the district attorney of the county where the proceeding is held or by a qualified attorney acting for the district attorney appointed by the district court for that purpose; except that, in any county or in any city and county having a population exceeding fifty thousand persons, the proceedings shall be conducted by the county attorney or by a qualified attorney acting for the county attorney appointed by the district court. In any case in which there has been a change of venue to a county other than the county of residence of the respondent or the county in which the certification proceeding was commenced, the county from which the proceeding was transferred shall either reimburse the county to which the proceeding was transferred and in which the proceeding was held for the reasonable costs incurred in conducting the proceeding or conduct the proceeding itself using its own personnel and resources, including its own district or county attorney, as the case may be. Upon request of a guardian appointed pursuant to article 14 of title 15, C.R.S., the guardian may intervene in any proceeding under this article concerning his or her ward and, through counsel, may present evidence and represent to the court the views of the guardian concerning the appropriate disposition of the case.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 690, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1345, § 239, effective May 25.

Editor's note: This section is similar to former § 27-10-111 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-112. Appeals. Appellate review of any order of short-term treatment or long-term care and treatment may be had as provided in the Colorado appellate rules. Such appeal shall be advanced upon the calendar of the appellate court and shall be decided at the earliest practicable time. Pending disposition by the appellate court, it may make such order as it may consider proper in the premises relating to the care and custody of the respondent.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 691, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-112 as it existed prior to 2010.

27-65-113. Habeas corpus. Any person detained pursuant to this article shall be entitled to an order in the nature of habeas corpus upon proper petition to any court generally empowered to issue orders in the nature of habeas corpus.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 691, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-113 as it existed prior to 2010.

27-65-114. Restoration of rights. Any person who, by reason of a judicial decree entered by a court of this state prior to July 1, 1975, is adjudicated as a person with a mental illness shall be deemed to have been restored to legal capacity and competency.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 691, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-114 as it existed prior to 2010.

27-65-115. Discrimination. No person who has received evaluation or treatment under any provisions of this article shall be discriminated against because of such status. For purposes of this section, "discrimination" means giving any undue weight to the fact of hospitalization or outpatient care and treatment unrelated to a person's present capacity to meet standards applicable to all persons. Any person who suffers injury by reason of a violation of this section shall have a civil cause of action.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 692, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-115 as it existed prior to 2010.

27-65-116. Right to treatment. (1) (a) Any person receiving evaluation or treatment under any of the provisions of this article is entitled to medical and psychiatric care and treatment, with regard to services listed in section 27-66-101 and services listed in rules authorized by section 27-66-102, suited to meet his or her individual needs, delivered in such a way as to keep him or her in the least restrictive environment, and delivered in such a way as to include the opportunity for participation of family members in his or her program of care and treatment when appropriate, all subject to available appropriations. Nothing in this paragraph (a) shall create any right with respect to any person other than the person receiving evaluation, care, or treatment. The professional person and the agency or facility providing evaluation, care, or treatment shall keep records detailing all care and treatment received by such person, and such records shall be made available, upon that person's written authorization, to his or her attorney or his or her personal physician. Such records shall be permanent records and retained in accordance with the provisions of section 27-65-121 (4).

(b) Any person receiving evaluation or treatment under any of the provisions of this article is entitled to petition the court pursuant to the provisions of section 13-45-102, C.R.S., subject to available appropriations, for release to a less restrictive setting within or without a treating facility or release from a treating facility when adequate medical and psychiatric care and treatment is not administered.

(2) The department shall adopt regulations to assure that each agency or facility providing evaluation, care, or treatment shall require the following:

(a) Consent for specific therapies and major medical treatment in the nature of surgery. The nature of the consent, by whom it is given, and under what conditions, shall be determined by rules of the department.

(b) The order of a physician for any treatment or specific therapy based on appropriate medical examinations;

(c) Notation in the patient's treatment record of periodic examinations, evaluations, orders for treatment, and specific therapies signed by personnel involved;

(d) Conduct according to the guidelines contained in the regulations of the federal government and the department with regard to clinical investigations, research, experimentation, and testing of any kind; and

(e) Documentation of the findings, conclusions, and decisions in any administrative review of a decision to release or withhold the information requested by a family member pursuant to section 27-65-121 (1)(g) or (1)(h) and documentation of any information given to a family member.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 692, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-116 as it existed prior to 2010.

27-65-117. Rights of persons receiving evaluation, care, or treatment. (1) Each person receiving evaluation, care, or treatment under any provision of this article has the following rights and shall be advised of such rights by the facility:

(a) To receive and send sealed correspondence. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by the personnel of the facility.

(b) To have access to letter-writing materials, including postage, and to have staff members of the facility assist him or her if unable to write, prepare, and mail correspondence;

(c) To have ready access to telephones, both to make and to receive calls in privacy;

(d) To have frequent and convenient opportunities to meet with visitors. Each person may see his or her attorney, clergyman, or physician at any time.

(e) To wear his or her own clothes, keep and use his or her own personal possessions, and keep and be allowed to spend a reasonable sum of his or her own money.

(2) A person's rights under subsection (1) of this section may be denied for good cause only by the professional person providing treatment. Denial of any right shall in all cases be entered into the person's treatment record. Information pertaining to a denial of rights contained in the person's treatment record shall be made available, upon request, to the person or his or her attorney.

(3) No person admitted to or in a facility shall be fingerprinted unless required by other provisions of law.

(4) A person may be photographed upon admission for identification and the administrative purposes of the facility. The photographs shall be confidential and shall not be released by the facility except pursuant to court order. No other nonmedical photographs shall be taken or used without appropriate consent or authorization.

(5) Any person receiving evaluation or treatment under any of the provisions of this article is entitled to a written copy of all his or her rights enumerated in this section, and a minor child shall receive written notice of his or her rights as provided in section 27-65-103 (7)(g). A list of such rights shall be prominently posted in all evaluation and treatment facilities.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 693, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-117 as it existed prior to 2010.

Cross references: For rights of persons in custody upon criminal charges, see part 4 of article 3 of title 16.

27-65-118. Administration or monitoring of medications to persons receiving care. The executive director has the power to direct the administration or monitoring of medications in conformity with part 3 of article 1.5 of title 25, C.R.S., to persons receiving treatment in facilities created pursuant to this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 693, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-117.5 as it existed prior to 2010.

27-65-119. Employment of persons in a facility - rules. The department shall adopt rules governing the employment and compensation therefor of persons receiving care or treatment under any provision of this article. The department shall establish standards for reasonable compensation for such employment.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 694, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-118 as it existed prior to 2010.

27-65-120. Voting in public elections. Any person receiving evaluation, care, or treatment under this article shall be given the opportunity to exercise his or her right to register and to vote in primary and general elections. The agency or facility providing evaluation, care, or treatment shall assist such persons, upon their request, to obtain voter registration forms and mail ballots and to comply with any other prerequisite for voting.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 694, § 2, effective April 29. **L. 2013:** Entire section amended, (HB 13-1303), ch. 185, p. 750, § 131, effective May 10.

Editor's note: This section is similar to former § 27-10-119 as it existed prior to 2010.

Cross references: In 2013, this section was amended by the "Voter Access and Modernized Elections Act". For the short title and legislative declaration, see sections 1 and 2 of chapter 185, Session Laws of Colorado 2013.

27-65-121. Records. (1) Except as provided in subsection (2) of this section, all information obtained and records prepared in the course of providing any services pursuant to this article 65 to individuals pursuant to any provision of this article 65 are confidential and privileged matter. The information and records may be disclosed only:

(a) In communications between qualified professional personnel in the provision of services or appropriate referrals;

(b) When the recipient of services designates persons to whom information or records may be released; but, if a recipient of services is a ward or conservatee and his or her guardian or conservator designates, in writing, persons to whom records or information may be disclosed, the designation shall be valid in lieu of the designation by the recipient; except that nothing in this section shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional personnel to reveal information that has been given to him or her in confidence by members of a patient's family or other informants;

(c) To the extent necessary to make claims on behalf of a recipient of aid, insurance, or medical assistance to which he or she may be entitled;

(d) If the department has promulgated rules for the conduct of research. Such rules shall include, but not be limited to, the requirement that all researchers must sign an oath of confidentiality. All identifying information concerning individual patients, including names, addresses, telephone numbers, and social security numbers, shall not be disclosed for research purposes.

(e) To the courts, as necessary to the administration of the provisions of this article;

(f) To persons authorized by an order of court after notice and opportunity for hearing to the person to whom the record or information pertains and the custodian of the record or information pursuant to the Colorado rules of civil procedure;

(g) To adult family members upon admission of a person with a mental health disorder for inpatient or residential care and treatment. The only information that may be released pursuant to this subsection (1)(g) is the location and fact of admission of the person with a mental health disorder who is receiving care and treatment. The disclosure of location is governed by the procedures in section 27-65-122 and is subject to review pursuant to section 27-65-122.

(h) To adult family members actively participating in the care and treatment of a person with a mental health disorder regardless of the length of the participation. The information released pursuant to this subsection (1)(h) is limited to one or more of the following: The diagnosis, the prognosis, the need for hospitalization and anticipated length of stay, the discharge plan, the medication administered and side effects of the medication, and the short-term and long-term treatment goals. The disclosure is governed by the procedures in section 27-65-122 (2) and is subject to review pursuant to section 27-65-122.

(i) In accordance with state and federal law to the agency designated pursuant to the federal "Protection and Advocacy for Individuals with Mental Illness Act", 42 U.S.C. sec. 10801 et seq., as the governor's protection and advocacy system for Colorado.

(2) Nothing in paragraph (g) or (h) of subsection (1) of this section shall be deemed to preclude the release of information to a parent concerning his or her minor child.

(3) (a) Nothing in this article shall be construed as rendering privileged or confidential any information, except written medical records and information that is privileged under section 13-90-107, C.R.S., concerning observed behavior that constitutes a criminal offense committed upon the premises of any facility providing services under this article or any criminal offense committed against any person while performing or receiving services under this article.

(b) The provisions of subsection (1) of this section shall not apply to physicians or psychologists eligible to testify concerning a criminal defendant's mental condition pursuant to section 16-8-103.6, C.R.S.

(4) (a) All facilities shall maintain and retain permanent records, including all applications as required pursuant to section 27-65-105 (3).

(b) Outpatient or ambulatory care facilities shall retain all records for a minimum of seven years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-five years of age for persons who were under eighteen years of age when admitted to the facility.

(c) Inpatient or hospital care facilities shall retain all records for a minimum of ten years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-eight years of age for persons who were under eighteen years of age when admitted to the facility.

(5) Nothing in this section shall be construed to prohibit or limit the sharing of information by a state institution of higher education police department to authorized university administrators pursuant to section 23-5-141, C.R.S.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 694, § 2, effective April 29. **L. 2011:** (5) added, (HB 11-1169), ch. 119, p. 374, § 3, effective April 20. **L. 2017:** IP(1), (1)(g), and (1)(h) amended, (SB 17-242), ch. 263, p. 1345, § 240, effective May 25. **L. 2018:** (1)(i) amended, (SB 18-091), ch. 35, p. 390, § 35, effective August 8.

Editor's note: This section is similar to former § 27-10-120 as it existed prior to 2010.

Cross references: (1) For privilege of communication of physicians generally, see §§ 13-90-107 (1)(d) and 13-90-108.

(2) For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 18-091, see section 1 of chapter 35, Session Laws of Colorado 2018.

27-65-122. Request for release of information - procedures - review of a decision concerning release of information. (1) When a family member requests the location and fact of admission of a person with a mental health disorder pursuant to section 27-65-121 (1)(g), the treating professional person or his or her designee, who must be a professional person, shall decide whether to release or withhold such information. The location must be released unless the treating professional person or his or her designee determines, after an interview with the person with a mental health disorder, that release of the information to a particular family member would not be in the best interests of the person with a mental health disorder. Any decision to

withhold information requested pursuant to section 27-65-121 (1)(g) is subject to administrative review pursuant to this section upon request of a family member or the person with a mental health disorder. The treating facility shall make a record of the information given to a family member pursuant to this subsection (1). For the purposes of this subsection (1), an adult person having a similar relationship to a person with a mental health disorder as a spouse, parent, child, or sibling of a person with a mental health disorder may also request the location and fact of admission concerning a person with a mental health disorder.

(2) (a) When a family member requests information pursuant to section 27-65-121 (1)(h) concerning a person with a mental health disorder, the treating professional person or his or her designee shall determine whether the person with a mental health disorder is capable of making a rational decision in weighing his or her confidentiality interests and the care and treatment interests implicated by the release of information. The treating professional person or his or her designee shall then determine whether the person with a mental health disorder consents or objects to the release of information. Information must be released or withheld in the following circumstances:

(I) If the treating professional person or his or her designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning his or her interests and the person with a mental health disorder consents to the release of information, the treating professional person or his or her designee shall order the release of the information unless he or she determines that the release would not be in the best interests of the person with a mental health disorder.

(II) If the treating professional person or his or her designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning his or her interests and the person with a mental health disorder objects to the release of information, the treating professional person or his or her designee shall not order the release of the information.

(III) If the treating professional person or his or her designee makes a finding that the person with a mental health disorder is not capable of making a rational decision concerning his or her interests, the treating professional person or his or her designee may order the release of the information if he or she determines that the release would be in the best interests of the person with a mental health disorder.

(IV) Any determination as to capacity pursuant to this subsection (2)(a) must be used only for the limited purpose of this subsection (2)(a).

(b) A decision by a treating professional person or his or her designee concerning the capability of a person with a mental health disorder pursuant to subsection (2)(a)(III) of this section is subject to administrative review upon the request of the person with a mental health disorder. A decision by a treating professional person or his or her designee to order the release or withholding of information pursuant to subsection (2)(a)(III) of this section is subject to administrative review upon the request of either a family member or the person with a mental health disorder.

(c) The director of the treating facility shall make a record of any information given to a family member pursuant to subsection (2)(a) of this section and section 27-65-121 (1)(h).

(3) When administrative review is requested either pursuant to subsection (1) or subsection (2)(b) of this section, the director of the facility providing care and treatment to the person with a mental health disorder shall cause an objective and impartial review of the

decision to withhold or release information. The director of the facility shall conduct the review, if he or she is a professional person. If the director is not available or if the director cannot provide an objective and impartial review, the review shall be conducted by a professional person designated by the director of the facility. The review must include, but need not be limited to, an interview with the person with a mental health disorder. The facility providing care and treatment shall document the review of the decision.

(4) If a person with a mental health disorder objects to the release or withholding of information, the person with a mental health disorder and his or her attorney, if any, must be provided with information concerning the procedures for administrative review of a decision to release or withhold information. The person with a mental health disorder must be informed of any information proposed to be withheld or released and to whom and be given a reasonable opportunity to initiate the administrative review process before information concerning his or her care and treatment is released.

(5) A family member whose request for information is denied shall be provided with information concerning the procedures for administrative review of a decision to release or withhold information.

(6) A person with a mental health disorder may file a written request for review by the court of a decision made upon administrative review to release information to a family member requested pursuant to section 27-65-121 (1)(h) and proposed to be released pursuant to subsection (2) of this section. If judicial review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the person with a mental health disorder and his or her attorney, the treating professional person, and the person who made the decision upon administrative review of the time and place of the hearing. The hearing must be conducted in the same manner as other civil proceedings before the court.

(7) In order to allow a person with a mental health disorder an opportunity to seek judicial review, the treating facility or the treating professional person or his or her designee shall not release information requested pursuant to section 27-65-121 (1)(h) until five days after the determination upon administrative review of the director or his or her designee is received by the person with a mental health disorder, and, once judicial review is requested, the treating facility or the treating professional person or his or her designee shall not release information except by court order. However, if the person with a mental health disorder indicates an intention not to appeal a determination upon administrative review that is adverse to him or her concerning the release of information, the information may be released less than five days after the determination upon review is received by the person with a mental health disorder.

(8) This section provides for the release of information only and shall not be deemed to authorize the release of the written medical record without authorization by the patient or as otherwise provided by law.

(9) For purposes of this section, the treating professional person's designee shall be a professional person.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 695, § 2, effective April 29. **L. 2017:** (1), (2), (3), (4), (6), and (7) amended, (SB 17-242), ch. 263, p. 1345, § 241, effective May 25.

Editor's note: This section is similar to former § 27-10-120.5 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-123. Treatment in federal facilities. (1) If a person is certified under the provisions of this article and is eligible for hospital care or treatment by an agency of the United States and if a certificate of notification from said agency, showing that facilities are available and that the person is eligible for care or treatment therein, is received, the court may order him or her to be placed in the custody of the agency for hospitalization. When any person is admitted pursuant to an order of court to any hospital or institution operated by any agency of the United States within or without this state, the person shall be subject to the rules and regulations of the agency. The chief officer of any hospital or institution operated by an agency and in which the person is so hospitalized shall, with respect to the person, be vested with the same powers as the chief officer of the Colorado mental health institute at Pueblo with respect to detention, custody, transfer, conditional release, or discharge of patients. Jurisdiction shall be retained in the appropriate courts of this state to inquire into the mental condition of persons so hospitalized and to determine the necessity for continuance of their hospitalization.

(2) An order of a court of competent jurisdiction of another state, territory, or the District of Columbia, authorizing hospitalization of a person to any agency of the United States, shall have the same effect as to said person while in this state as in the jurisdiction in which the court entering the order is situated; the courts of the state or district issuing the order shall be deemed to have retained jurisdiction of the person so hospitalized for the purpose of inquiring into his or her mental condition and of determining the necessity for continuance of his or her hospitalization. Consent is hereby given to the application of the law of the state or district in which the court issuing the order for hospitalization is located, with respect to the authority of the chief officer of any hospital or institution operated in this state by any agency of the United States to retain custody, to transfer, to conditionally release, or to discharge the person hospitalized.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 698, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-121 as it existed prior to 2010.

27-65-124. Transfer of persons into and out of Colorado - reciprocal agreements. The transfer of persons hospitalized voluntarily under the provisions of this article out of Colorado or under the laws of another jurisdiction into Colorado shall be governed by the provisions of the interstate compact on mental health.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 698, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-122 as it existed prior to 2010.

Cross references: For the interstate compact on mental health, see part 10 of article 60 of title 24.

27-65-125. Criminal proceedings. (Repealed)

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 698, § 2, effective April 29. **L. 2019:** Entire section repealed, (SB 19-223), ch. 227, p. 2290, § 13, effective July 1.

Editor's note: This section was similar to former § 27-10-123 as it existed prior to 2010.

27-65-126. Application of this article. The provisions of this article do not apply to or govern any proceedings commenced or concluded prior to July 1, 1975, with the exception of section 27-65-114. Any proceeding commenced prior to July 1, 1975, shall be administered and disposed of according to the provisions of law existing prior to July 1, 1975, in the same manner as if this article had not been enacted.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 699, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-124 as it existed prior to 2010.

27-65-127. Imposition of legal disability - deprivation of legal right - restoration. (1) (a) When an interested person wishes to obtain a determination as to the imposition of a legal disability or the deprivation of a legal right for a person who has a mental health disorder and who is a danger to himself or herself or others, is gravely disabled, or is insane, as defined in section 16-8-101, and who is not then subject to proceedings pursuant to this article 65 or part 3 or part 4 of article 14 of title 15, the interested person may petition the court for a specific finding as to the legal disability or deprivation of a legal right. Actions commenced pursuant to this subsection (1) may include but are not limited to actions to determine contractual rights and rights with regard to the operation of motor vehicles.

(b) The petition shall set forth the disability to be imposed or the legal right to be deprived and the reasons therefor.

(2) The court may impose a legal disability or may deprive a person of a legal right only upon finding both of the following:

(a) That the respondent is a person with a mental health disorder and is a danger to himself or herself or others, gravely disabled, or insane, as defined in section 16-8-101;

(b) That the requested disability or deprivation is both necessary and desirable.

(3) To have a legal disability removed or a legal right restored, any interested person may file a petition with the court which made the original finding. No legal disability shall be imposed nor a legal right be deprived for a period of more than six months without a review hearing by the court at the end of six months at which the findings specified in subsection (2) of this section shall be reaffirmed to justify continuance of the disability or deprivation. A copy of the petition shall be served on the person who filed the original petition, on the person whose rights are affected if he or she is not the petitioner, and upon the facility where the person whose rights are affected resides, if any.

(4) Whenever any proceedings are instituted or conducted pursuant to this section, the following procedures shall apply:

(a) Upon the filing of a petition, the court shall appoint an attorney-at-law to represent the respondent. The respondent may replace said attorney with an attorney of the respondent's own selection at any time. Attorney fees for an indigent respondent shall be paid by the court.

(b) The court, upon request of an indigent respondent or his or her attorney, shall appoint, at the court's expense, one or more professional persons of the respondent's selection to assist the respondent in the preparation of his or her case.

(c) Upon demand made at least five days prior to the date of hearing, the respondent shall have the right to a trial of all issues by a jury of six.

(d) At all times the burden shall be upon the person seeking imposition of a disability or deprivation of a legal right or opposing removal of a disability or deprivation to prove all essential elements by clear and convincing evidence.

(e) Pending a hearing, the court may issue an order temporarily imposing a disability or depriving the respondent of a legal right for a period of not more than ten days in conformity with the standards for issuance of ex parte temporary restraining orders in civil cases, but no individual habilitation or rehabilitation plan shall be required prior to the issuance of such order.

(f) Except as otherwise provided in this subsection (4), all proceedings shall be held in conformance with the Colorado rules of civil procedure, but no costs shall be assessed against the respondent.

(5) Any person who, by reason of a judicial decree or order entered by a court of this state prior to July 1, 1979, is under the imposition of a legal disability or has been deprived of a legal right pursuant to this section as it existed prior to July 1, 1979, shall be released from such decree or order on December 31, 1979.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 699, § 2, effective April 29. **L. 2017:** (1)(a) and (2)(a) amended, (SB 17-242), ch. 263, p. 1348, § 242, effective May 25.

Editor's note: This section is similar to former § 27-10-125 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-128. Administration - rules. The department shall make such rules as will consistently enforce the provisions of this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 700, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-126 as it existed prior to 2010.

27-65-129. Payment for counsel. In order to provide legal representation to persons eligible therefor as provided in this article, the judicial department is authorized to pay, out of appropriations made therefor by the general assembly, sums directly to appointed counsel on a case-by-case basis or, on behalf of the state, to make lump-sum grants to and contract with

individual attorneys, legal partnerships, legal professional corporations, public interest law firms, or nonprofit legal services corporations.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 700, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10-127 as it existed prior to 2010.

27-65-130. Mental health service standards for health-care facilities. The advisory board created by section 27-65-131 is responsible for recommending standards and rules relevant to the provisions of this article 65 for the programs of mental health services to those patients in any health-care facility that has either separate facilities for the care, treatment, and rehabilitation of persons with mental health disorders or those health-care facilities that have as their only purpose the care and treatment of such persons.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 700, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1348, § 243, effective May 25.

Editor's note: This section is similar to former § 27-10-128 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-65-131. Advisory board - service standards and rules. An advisory board, referred to as the "board" in this section, to the department is established for the purpose of assisting and advising the executive director in accordance with section 27-65-130 in the development of service standards and rules. The board consists of not less than eleven nor more than fifteen members appointed by the governor. The board includes one representative each from the office of behavioral health, the department of human services, the department of public health and environment, the university of Colorado health sciences center, and a leading professional association of psychiatrists in this state; at least one member representing proprietary skilled health-care facilities; one member representing nonprofit health-care facilities; one member representing the Colorado bar association; one member representing consumers of services for persons with mental health disorders; one member representing families of persons with mental health disorders; one member representing children's health-care facilities; and other persons from both the private and the public sectors who are recognized or known to be interested and informed in the area of the board's purpose and function. In making appointments to the board, the governor is encouraged to include representation by at least one member who is a person with a disability, as defined in section 24-34-301 (2.5), a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements of this section are met.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 701, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1348, § 244,

effective May 25. **L. 2018:** Entire section amended, (HB 18-1364), ch. 351, p. 2082, § 9, effective July 1.

Editor's note: This section is similar to former § 27-10-129 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

ARTICLE 66

Community Mental Health Services - Purchase

Editor's note: This article was added with relocations in 2010 containing provisions of part 2 of article 1 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-66-101. Definitions. As used in this article 66, unless the context otherwise requires:

(1) "Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which may include substance abuse treatment and treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.

(1.5) **[*Editor's note: Subsection (1.5) is effective July 1, 2022.*]** "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in subsections (2) and (3) of this section, but does not include:

(a) Residential child care facilities as defined in section 26-6-102 (33); or

(b) Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.

(2) "Community mental health center" means either a physical plant or a group of services under unified administration or affiliated with one another, and including at least the following services provided for the prevention and treatment of behavioral or mental health disorders in persons residing in a particular community in or near the facility so situated:

(a) Inpatient services;

(b) Outpatient services;

(c) Partial hospitalization;

(d) Emergency services;

(e) Consultative and educational services.

(3) "Community mental health clinic" means a health institution planned, organized, operated, and maintained to provide basic community services for the prevention, diagnosis, and

treatment of emotional, behavioral, or mental health disorders, such services being rendered primarily on an outpatient and consultative basis.

(4) "Department" means the department of human services created in section 26-1-105, C.R.S.

(5) "Executive director" means the executive director of the department of human services.

(6) "Office of behavioral health" means the office of behavioral health in the department.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 701, § 2, effective April 29. **L. 2017:** IP, (1), IP(2), (3), and (6) amended, (SB 17-242), ch. 263, p. 1349, § 245, effective May 25. **L. 2019:** (1.5) added, (HB 19-1237), ch. 413, p. 3642, § 14, effective July 1, 2022.

Editor's note: This section is similar to former § 27-1-201 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-66-102. Administration - rules. (1) The executive director has the power and duty to administer and enforce the provisions of this article.

(2) The department may adopt reasonable and proper rules to implement this article in accordance with the provisions of section 24-4-103, C.R.S., and consistent with sections 27-90-102 and 27-90-103.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 702, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-202 as it existed prior to 2010.

27-66-103. Community mental health services - purchase program. In order to encourage the development of preventive, treatment, and rehabilitative services through new community mental health programs, the improvement and expansion of existing community mental health services, and the integration of community with state mental health services, there is established a program to purchase community mental health services by the department.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 702, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-203 as it existed prior to 2010.

Cross references: For provisions on community-centered boards that provide services for persons with developmental disabilities, see part 1 of article 10.5 of this title 27.

27-66-104. Types of services purchased - limitation on payments. (1) **[*Editor's note: This version of subsection (1) is effective until July 1, 2022.*]** Community mental health

services may be purchased from clinics, community mental health centers, local general or psychiatric hospitals, and other agencies that have been approved by the executive director.

(1) **[*Editor's note: This version of subsection (1) is effective July 1, 2022.*]** Community mental health services may be purchased from behavioral health entities, clinics, community mental health centers, local general or psychiatric hospitals, and other agencies that have been approved by the executive director.

(2) (a) **[*Editor's note: This version of the introductory portion to subsection (2)(a) is effective until July 1, 2022.*]** Each year the general assembly shall appropriate funds for the purchase of mental health services from:

(2) (a) **[*Editor's note: This version of the introductory portion to subsection (2)(a) is effective July 1, 2022.*]** Each year the general assembly shall appropriate money for the purchase of mental health services from:

(I) Community mental health centers;

(II) **[*Editor's note: This version of subsection (2)(a)(II) is effective until July 1, 2022.*]** Agencies that provide specialized clinic-type services but do not serve a specific designated service area; and

(II) **[*Editor's note: This version of subsection (2)(a)(II) is effective July 1, 2022.*]** Agencies that provide specialized clinic-type services but do not serve a specific designated service area;

(III) **[*Editor's note: This version of subsection (2)(a)(III) is effective until July 1, 2022.*]** Acute treatment units;

(III) **[*Editor's note: This version of subsection (2)(a)(III) is effective July 1, 2022.*]** Acute treatment units; and

(IV) **[*Editor's note: Subsection (2)(a)(IV) is effective July 1, 2022.*]** Behavioral health entities.

(b) **[*Editor's note: This version of subsection (2)(b) is effective until July 1, 2022.*]** The funds appropriated for the purposes of this subsection (2) shall be distributed by the executive director to approved community mental health centers and other agencies on the basis of need and in accordance with the services provided.

(b) **[*Editor's note: This version of subsection (2)(b) is effective July 1, 2022.*]** The money appropriated for the purposes of this subsection (2) shall be distributed by the executive director to approved behavioral health entities, community mental health centers, and other agencies on the basis of need and in accordance with the services provided.

(3) **[*Editor's note: This version of subsection (3) is effective until July 1, 2022.*]** Each year the general assembly may appropriate funds in addition to those appropriated for purposes of subsection (2) of this section, which funds may be used by the executive director to assist community mental health clinics and centers in instituting innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The executive director shall require that any innovative or crisis programs for which funds are allocated under this subsection (3) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of funds to be provided.

(3) **[*Editor's note: This version of subsection (3) is effective July 1, 2022.*]** Each year the general assembly may appropriate money in addition to the money appropriated for purposes of subsection (2) of this section, which money may be used by the executive director to assist behavioral health entities and community mental health clinics and centers in instituting

innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The executive director shall require that any innovative or crisis programs for which money is allocated pursuant to this subsection (3) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of money to be provided.

(4) Repealed.

(5) If there is a reduction in the financial support of local governmental bodies for community mental health services, the executive director is authorized to reduce state payments for services in an amount proportional to the reduction in such local financial support.

(6) **[*Editor's note: This version of subsection (6) is effective until July 1, 2022.*]** For purposes of entering into a cooperative purchasing agreement pursuant to section 24-110-201, C.R.S., a nonprofit community mental health center or a nonprofit community mental health clinic may be certified as a local public procurement unit as provided in section 24-110-207.5, C.R.S.

(6) **[*Editor's note: This version of subsection (6) is effective July 1, 2022.*]** For purposes of entering into a cooperative purchasing agreement pursuant to section 24-110-201, a nonprofit behavioral health entity, nonprofit community mental health center, or nonprofit community mental health clinic may be certified as a local public procurement unit as provided in section 24-110-207.5.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 702, § 2, effective April 29. **L. 2011:** (4)(a) amended, (SB 11-225), ch. 189, p. 731, § 5, effective May 19. **L. 2012:** (4)(a) amended, (HB 12-1247), ch. 53, p. 197, § 8, effective March 22. **L. 2013:** (4)(a) amended, (HB 13-1181), ch. 74, p. 241, § 9, effective March 22. **L. 2016:** (4)(a) amended, (HB 16-1408), ch. 153, p. 471, § 23, effective May 4; (4)(b) repealed, (HB 16-1408), ch. 153, p. 472, § 26, effective July 1. **L. 2017:** (4) amended, (SB 17-264), ch. 353, p. 1839, § 2, effective June 5. **L. 2019:** (1), IP(2)(a), (2)(a)(II), (2)(a)(III), (2)(b), (3), and (6) amended and (2)(a)(IV) added, (HB 19-1237), ch. 413, p. 3642, § 15, effective July 1, 2022.

Editor's note: (1) This section is similar to former § 27-1-204 as it existed prior to 2010.

(2) Subsection (4)(c) provided for the repeal of subsection (4), effective September 1, 2017. (See L. 2017, p. 1839.)

27-66-105. Standards for approval. (1) In approving or rejecting community mental health clinics for the purchase of behavioral or mental health services, the executive director shall:

(a) **[*Editor's note: This version of subsection (1)(a) is effective until July 1, 2022.*]** Consider the adequacy of mental health services provided by such clinics, taking into consideration such factors as geographic location, local economic conditions, and availability of manpower;

(a) **[*Editor's note: This version of subsection (1)(a) is effective July 1, 2022.*]** Consider the adequacy and quality of mental health services provided by such clinics, taking into consideration such factors as geographic location, local economic conditions, and availability of manpower;

(b) Require that overall responsibility for the administration of a community mental health clinic be vested in a director who is a physician or a member of one of the mental health professions;

(c) Require that the treatment programs of the clinic be under the overall direction of a psychiatrist who is a physician licensed to practice medicine in the state of Colorado;

(d) Require that the clinic staff include, wherever feasible, other professional staff workers, such as psychologists, social workers, educational consultants, and nurses, with such qualifications, responsibilities, and time on the job as correspond with the size and capacity of the clinic. The clinic staff may include, with the approval of the executive director, such other nonprofessional persons as may be deemed necessary by the clinic board for the proper discharge of its functions.

(e) Require that each clinic from which services may be purchased be under the control and direction of a county or community board of health, a board of directors or trustees of a corporation, for profit or not for profit, a regional mental health board, or a political subdivision of the state;

(f) Consider the existence of facilities that provide an emphasis on the care and treatment of persons recently released from hospitals or facilities directed toward assisting persons with behavioral or mental health disorders in their adjustment to and functioning within society as a whole;

(g) **[*Editor's note: Subsection (1)(g) is effective July 1, 2022.*]** On and after July 1, 2022, require licensure by the department of public health and environment pursuant to section 25-27.6-104.

(2) **[*Editor's note: This version of the introductory portion to subsection (2) is effective until July 1, 2022.*]** In approving or rejecting local general or psychiatric hospitals, community mental health centers, acute treatment units, and other agencies for the purchase of services not provided by local mental health clinics, including, but not limited to, twenty-four-hour and partial hospitalization, the executive director shall consider the following factors:

(2) **[*Editor's note: This version of the introductory portion to subsection (2) is effective July 1, 2022.*]** In approving or rejecting local general or psychiatric hospitals, behavioral health entities, community mental health centers, acute treatment units, and other agencies for the purchase of services not provided by local mental health clinics, including, but not limited to, twenty-four-hour and partial hospitalization, the executive director shall consider the following factors:

(a) The general quality of care provided to patients by such agencies;

(b) The organization of the medical staff to provide for the integration and coordination of the psychiatric treatment program;

(c) The provisions for the availability of nursing, psychological, and social services and the existence of an organized program of activities under the direction of an occupational therapist or of another qualified person;

(d) The licensure by the department of public health and environment or another state agency where applicable;

(e) The methods by which the agency coordinates its services with those rendered by other agencies to ensure an uninterrupted continuum of care to persons with behavioral or mental health disorders; and

(f) The availability of such services to the general public.

(3) **[*Editor's note: This version of subsection (3) is effective until July 1, 2022.*]** In the purchase of services from community mental health centers, the executive director shall specify levels and types of inpatient, outpatient, consultation, education, and training services and expenditures and shall establish minimum standards for other programs of such centers that are to be supported with state funds.

(3) **[*Editor's note: This version of subsection (3) is effective July 1, 2022.*]** In the purchase of services from behavioral health entities or community mental health centers, the executive director shall specify levels and types of inpatient, outpatient, consultation, education, and training services and expenditures and shall establish minimum standards for other programs of such centers that are to be supported with state funds.

(4) **[*Editor's note: Subsection (4) is effective July 1, 2022.*]** In approving or rejecting behavioral health entities, community mental health clinics, community mental health centers, acute treatment units, local general or psychiatric hospitals, and other agencies for the purchase of services, the executive director shall ensure the agencies comply with federal financial participation requirements for department-administered programs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 704, § 2, effective April 29. **L. 2017:** IP(1), (1)(f), and (2)(e) amended, (SB 17-242), ch. 263, p. 1350, § 246, effective May 25. **L. 2018:** (1)(e) amended, (SB 18-096), ch. 44, p. 475, § 19, effective August 8. **L. 2019:** (1)(a), IP(2), and (3) amended and (1)(g) and (4) added, (HB 19-1237), ch. 413, p. 3643, § 16, effective July 1, 2022.

Editor's note: This section is similar to former § 27-1-205 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 18-096, see section 1 of chapter 44, Session Laws of Colorado 2018.

27-66-106. Federal grants-in-aid - administration. [*Editor's note: This version of this section is effective until July 1, 2022.*] (1) The department is designated the official mental health authority, and is authorized to receive grants-in-aid from the federal government under the provisions of 42 U.S.C. sec. 246, and shall administer said grants in accordance therewith.

(2) The department shall continue to fund the costs of licensing activities related to the behavioral health entity license across the department of human services and the department of public health and environment, less the money collected by the behavioral health entity cash fund created in section 25-27.6-108 through June 30, 2024.

27-66-106. Federal grants-in-aid and other grants for mental health and integrated behavioral health services - administration. [*Editor's note: This version of this section is effective July 1, 2022.*] (1) The department is designated the official mental health authority and is authorized to:

(a) Receive grants-in-aid from the federal government under the provisions of 42 U.S.C. sec. 246 and shall administer said grants in accordance therewith; and

(b) Receive other grants from the federal government for the provision of mental health or integrated behavioral health services and shall administer such grants in accordance therewith.

(2) The department shall continue to fund the costs of licensing activities related to the behavioral health entity license across the department of human services and the department of public health and environment, less the money collected by the behavioral health entity cash fund created in section 25-27.6-108 through June 30, 2024.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 705, § 2, effective April 29. **L. 2018:** Entire section amended, (SB 18-096), ch. 44, p. 475, § 20, effective August 8. **L. 2019:** Entire section amended, (HB 19-1237), ch. 413, p. 3638, § 4, effective August 2; entire section amended, (HB 19-1237), ch. 413, p. 3643, § 17, effective July 1, 2022.

Editor's note: (1) This section is similar to former § 27-1-206 as it existed prior to 2010.

(2) Amendments to this section by sections 4 and 17 of HB 19-1237 were harmonized, effective July 1, 2022.

Cross references: For the legislative declaration in SB 18-096, see section 1 of chapter 44, Session Laws of Colorado 2018.

27-66-107. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions. [*Editor's note: This version of this section is effective until July 1, 2022.*] Any county, municipality, school district, health service district, or other political subdivision of the state or any county, district, or juvenile court may enter into intergovernmental agreements with any municipality, school district, health service district, or other political subdivision of the state or may enter into contractual agreements with any private provider, community mental health clinics, and such other community agencies for the purchase of mental health services. For the purchase of mental health services by counties or city and counties as authorized by this section, the board of county commissioners of any county or the city council of any city and county may levy a tax not to exceed two mills upon real property within the county or city and county if the board first submits the question of such levy to a vote of the qualified electors at a general election and receives their approval of such levy.

27-66-107. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions. [*Editor's note: This version of this section is effective July 1, 2022.*] Any county, municipality, school district, health service district, or other political subdivision of the state or any county, district, or juvenile court may enter into intergovernmental agreements with any municipality, school district, health service district, or other political subdivision of the state or may enter into contractual agreements with any private provider, behavioral health entities, community mental health clinics, and other community agencies for the purchase of mental health services. For the purchase of mental health services by counties or city and counties as authorized by this section, the board of county commissioners of any county or the city council of any city and county may levy a tax not to exceed two mills upon real property within the county or city and county if the board first submits the question of the levy to a vote of the qualified electors at a general election and receives their approval of the levy.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 705, § 2, effective April 29. **L. 2019:** Entire section amended, (HB 19-1287), ch. 175, p. 2015, § 2, effective May 14; entire section amended, (HB 19-1237), ch. 413, p. 3644, § 18, effective July 1, 2022.

Editor's note: (1) This section is similar to former § 27-1-207 as it existed prior to 2010.

(2) Amendments to this section by HB 19-1287 and HB 19-1237 were harmonized, effective July 1, 2022.

27-66-108. Institutes and training programs. The department may, from time to time during each year, provide consultation and conduct institutes and training programs on a state, regional, district, county, or community level as necessary to coordinate, inform, and assist in the training of staff members of the various approved community mental health programs of the state. The department may reimburse staff members for reasonable and necessary expenses incurred in attending the institutes and training programs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 705, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-208 as it existed prior to 2010.

27-66-109. Family mental health services grant program - rural areas - creation - administration - report - repeal. (Repealed)

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 705, § 2, effective April 29.

Editor's note: (1) Subsection (5) provided for the repeal of this section, effective July 1, 2010. (See L. 2010, p. 705.)

(2) This section was similar to former § 27-1-209 as it existed prior to 2010.

27-66-110. Trauma-informed care standards of approval. The office of behavioral health shall establish care standards and an approval process that a qualified residential treatment program, as defined in section 26-6-102 (30.5), must meet to ensure that qualified residential treatment programs have a trauma-informed treatment model that addresses the needs of children and youth with serious emotional or behavioral health disorders or disturbances.

Source: L. 2019: Entire section added, (HB 19-1308), ch. 256, p. 2462, § 12, effective August 2.

ARTICLE 66.5

Community Transition Specialist Program

27-66.5-101. Short title. The short title of this article 66.5 is the "Community Transition Specialist Program Act".

Source: L. 2018: Entire article added, (SB 18-270), ch. 223, p. 1421, § 1, effective May 21.

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

(1) "Department" means the Colorado department of human services created in section 26-1-105.

(2) "Director" means the director of the office of behavioral health.

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

(a) Has a significant mental health or substance use disorder, as evidenced by:

(I) An emergency procedure for a seventy-two-hour hold pursuant to section 27-65-105;

(II) A certification for short-term treatment or extended short-term treatment pursuant to section 27-65-107 or 27-65-108;

(III) Long-term care and treatment pursuant to section 27-65-109;

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

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

(VI) Receiving voluntary behavioral health services pursuant to section 27-65-103, 27-81-109, or 27-81-110; and

(b) Repealed.

(c) Is not currently engaged or actively enrolled in consistent community-based behavioral health treatment.

(4) "Office" means the office of behavioral health in the department of human services.

(4.5) "Transition services" include, but are not limited to, one or more of the following services:

(a) Access to housing or residential program placement;

(b) Access to behavioral health treatment or benefits;

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

(d) Planning for follow-up services and coordination within the behavioral health system after hospitalization or discharge from a withdrawal management facility, acute treatment service facility, crisis stabilization service facility, or a hospital or an emergency department following a visit for behavioral health reasons;

(e) Assistance with preparing advance directives;

(f) Obtaining a representative payee or guardian;

(g) Family supportive services; or

(h) Compliance with court appearances or probation.

(5) "Transition specialist" means a person who assists high-risk individuals with transition services.

(6) "Withdrawal management facility" means a facility that provides twenty-four-hour supervised withdrawal from alcohol or drugs in a residential setting.

Source: L. 2018: Entire article added, (SB 18-270), ch. 223, p. 1421, § 1, effective May 21. **L. 2020:** (3)(a)(IV) and (3)(a)(V) amended, (SB 20-007), ch. 286, p. 1416, § 53, effective July 13. **L. 2021:** IP(3)(a), (3)(a)(IV), (3)(a)(V), (3)(c), and (5) amended, (3)(a)(VI) and (4.5) added, and (3)(b) repealed, (HB 21-1130), ch. 45, p. 190, § 1, effective April 20.

27-66.5-103. Community transition specialist program - program requirements - acceptance of referrals - contract for services - rules. (1) The community transition specialist program is established in the office of behavioral health. The program coordinates referrals of high-risk individuals from withdrawal management facilities, facilities providing acute treatment services, facilities providing crisis stabilization services, and hospitals or emergency departments to appropriate transition specialists.

(2) On or before January 1, 2019, the program must be available statewide, subject to available appropriations. The program must have a process to accept referrals for high-risk individuals and coordinate contact between referred high-risk individuals and appropriate transition specialists. To the extent possible, the coordinated contact must take place prior to the release or discharge of the high-risk individual from a facility.

(3) The program must encourage, but cannot require, withdrawal management facilities, facilities providing acute treatment services, facilities providing crisis stabilization services, and hospitals or emergency departments to contact the program before releasing or discharging a high-risk individual.

(4) The program may encourage, but cannot require, a high-risk individual to accept services from a transition specialist. Participation by a high-risk individual is voluntary and the individual has the right to decline community transition specialist services.

(5) The office may contract with a vendor to provide the referral and coordination services required by this article 66.5.

(6) The department may promulgate rules necessary for the implementation of this article 66.5.

Source: L. 2018: Entire article added, (SB 18-270), ch. 223, p. 1423, § 1, effective May 21. **L. 2021:** (1), (2), (3), and (6) amended, (HB 21-1130), ch. 45, p. 191, § 2, effective April 20.

27-66.5-104. Data collection and recommendations. (1) The office shall collect information on the following:

(a) Current practices, criteria, and procedures regarding follow-up care for high-risk individuals released or discharged from emergency or involuntary holds, certifications, or commitments; and

(b) Existing capacity to serve high-risk individuals after release or discharge.

(2) On or before January 1, 2020, and on or before January 1 each year thereafter, the office shall analyze the data collected in accordance with subsection (1) of this section and prepare recommendations to increase access to, and coordination of, transition specialist services for high-risk individuals. The recommendations shall be reported to the executive director of the department and shall be included in the reporting requirements in section 27-66.5-105.

Source: L. 2018: Entire article added, (SB 18-270), ch. 223, p. 1423, § 1, effective May 21.

27-66.5-105. Reporting requirements - "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" report. The office shall report information on the community transition specialist program in the department's annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2.

Source: L. 2018: Entire article added, (SB 18-270), ch. 223, p. 1423, § 1, effective May 21.

ARTICLE 67

Children and Youth Mental Health Treatment Act

Editor's note: This article was added with relocations in 2010 containing provisions of article 10.3 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

Law reviews: For article, "Guidance for Attorneys When Children's Mental Health Concerns are Implicated", see 31 Colo. Law. 33 (Oct. 2002).

27-67-101. Short title. The short title of this article 67 is the "Children and Youth Mental Health Treatment Act".

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 708, § 2, effective April 29. **L. 2018:** Entire section amended, (HB 18-1094), ch. 343, p. 2037, § 1, effective June 30.

Editor's note: This section is similar to former § 27-10.3-101 as it existed prior to 2010.

27-67-102. Legislative declaration. (1) The general assembly finds that many parents in Colorado experience challenging circumstances because their children have significant mental health needs. Many times, the parents are loving, caring parents who have become increasingly frustrated in their attempts to navigate the various governmental systems, including child welfare, mental health, law enforcement, juvenile justice, education, and youth services, in an attempt to find help for their children. Frequently in these situations, an action in dependency or neglect under article 3 of title 19 is neither appropriate nor warranted.

(2) The general assembly finds that it is desirable to assist children and youth with mental health needs and their families. The general assembly further finds that it is desirable to make mental health services more available to families who want treatment for their children. The general assembly finds that it is in the best interest of the state to provide a full range of mental health treatment services, including residential care, to children and youth who are not eligible for medicaid. The general assembly further finds that, although the mental health agencies are responsible for providing or coordinating the full range of mental health treatment services, including residential care, for those children and youth who have been found to be

categorically eligible for medicaid, there remains a population of children and youth in need of mental health services who are not categorically eligible for medicaid. Accordingly, the general assembly determines that it is appropriate to adopt a program pursuant to which a continuum of services would be provided to these children and youth.

(3) The general assembly therefore finds that children and youth who are categorically eligible for medicaid and who may be eligible for mental health treatment services, including residential care, may need support in identifying clear appeals processes.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 708, § 2, effective April 29. **L. 2017:** (1) amended, (HB 17-1329), ch. 381, p. 1984, § 64, effective June 6. **L. 2018:** Entire section amended, (HB 18-1094), ch. 343, p. 2037, § 2, effective June 30.

Editor's note: This section is similar to former § 27-10.3-102 as it existed prior to 2010.

27-67-103. Definitions. As used in this article 67, unless the context otherwise requires:

(1) "Care management" includes, but is not limited to, consideration of the continuity of care and array of services necessary for appropriately treating a child or youth and the decision-making authority regarding the child's or youth's placement in and discharge from behavioral health services.

(2) "Child or youth at risk of out-of-home placement" means a child or youth who, although not otherwise categorically eligible for medicaid, meets the following criteria:

(a) The child or youth has been diagnosed as having a mental health disorder, as defined in section 27-65-102 (11.5);

(b) The child or youth requires a level of care that is provided in a residential child care facility pursuant to section 25.5-6-903, or that is provided through community-based programs, and who, without such care, is at risk of unwarranted child welfare involvement or other system involvement, as described in section 27-67-102, in order to receive funding for treatment;

(c) If the child or youth is determined to be in need of placement in a residential child care facility, he or she shall apply for supplemental security income, but any determination for supplemental security income must not be a criterion for a child or youth to receive services pursuant to this article 67;

(d) The child or youth is a person for whom there is no pending or current action in dependency or neglect pursuant to article 3 of title 19; and

(e) The child or youth is younger than eighteen years of age, but he or she may continue to remain eligible for services until his or her twenty-first birthday.

(3) "Community-based care" means any intervention that is designed to be an alternative to residential or hospital level of care in which the child or youth resides within a noninstitutional setting.

(4) "Community mental health center" has the same meaning as provided in section 27-66-101 (2).

(5) "County department" means the county or district department of human or social services.

(6) "Family advocate" has the same meaning as provided in section 27-69-102 (5).

(7) "Family systems navigator" has the same meaning as provided in section 27-69-102 (5.5).

(8) "First-level appeal" means the initial process a medicaid member is required to enact to contest a benefit, service, or eligibility decision made by medicaid or a medicaid managed care entity.

(9) "Medicaid child or youth who is at risk of out-of-home placement" means a child or youth who is categorically eligible for medicaid but who otherwise meets the definition of a child or youth who is at risk of out-of-home placement as defined in subsection (2) of this section.

(10) "Mental health agency" means a behavioral health services contractor through the state department of human services serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of this article 67.

(11) "Professional person" means a person licensed to practice medicine in this state, a psychologist certified to practice in this state, or a person licensed and in good standing to practice medicine in another state or a psychologist certified to practice and in good standing in another state who is providing medical or clinical services at a treatment facility in this state that is operated by the armed forces of the United States, the United States public health service, or the United States department of veterans affairs.

(12) "State department" means the state department of human services.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 708, § 2, effective April 29. **L. 2017:** IP, (2)(a), and IP(3) amended, (SB 17-242), ch. 263, p. 1350, § 247, effective May 25. **L. 2018:** Entire section R&RE, (HB 18-1094), ch. 343, p. 2038, § 3, effective June 30; (5) amended, (SB 18-092), ch. 38, p. 453, § 139, effective August 8; (2)(b) amended, (HB 18-1328), ch. 184, p. 1244, § 7, effective June 7, 2019.

Editor's note: (1) This section is similar to former § 27-10.3-103 as it existed prior to 2010.

(2) Section 10 of chapter 184 (HB 18-1328), Session Laws of Colorado 2018, provides that section 7 of the act changing subsection (2)(b) takes effect upon notice to the revisor of statutes pursuant to section 25.5-5-306 (6) as enacted in section 2 of the act. For more information, see HB 18-1328. (L. 2018, p. 1247.) On August 14, 2019, the revisor of statutes received the notice referred to in § 25.5-5-306 (6) that the federal department of health and human services approved the waiver on June 7, 2019.

(3) (a) Subsection (5) was numbered as subsection (4) in SB 18-092. That provision was harmonized with and relocated to subsection (5) as it appears in HB 18-1094.

(b) Amendments to subsection (2)(b) by HB 18-1094 and HB 18-1328 were harmonized, effective June 7, 2019.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 18-092, see section 1 of chapter 38, Session Laws of Colorado 2018. For the legislative declaration in HB 18-1328, see section 1 of chapter 184, Session Laws of Colorado 2018.

27-67-104. Provision of mental health treatment services for children and youth. (1) (a) A parent or guardian may apply to a mental health agency on behalf of a child or youth for

mental health treatment services for the child or youth pursuant to this section, if the parent or guardian believes the child or youth is at risk of out-of-home placement. The parent's or guardian's request for services described in this section may be done with assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the state department is not obligated to pay for any services provided by entities with which they do not contract. In such circumstances, the mental health agency is responsible for evaluating the child or youth and clinically assessing the child's or youth's need for mental health services and, when warranted, to provide treatment services as necessary and in the best interests of the child or youth and the child's or youth's family. When evaluating a child or youth for eligibility, the mental health agency shall use a standardized risk stratification tool, in a manner determined by rule of the state department. Following the evaluation of the child or youth, the mental health agency shall provide a written notification to the child's or youth's parent or guardian that includes a comprehensive list of potential treatment providers, with a disclosure that the child's or youth's family may choose to seek services from the provider of their choice, including but not limited to the mental health agency. The written notification must also inform the child's or youth's family that they may request assistance from a family advocate, family systems navigator, nonprofit advocacy organization, or county department; however, the state department is not obligated to pay for any services provided by entities with which they do not contract. The state department shall maintain a list of available providers on a public website and shall update the website quarterly. The mental health agency is responsible for the provision of the treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate for the child's or youth's needs or his or her family's needs. A dependency or neglect action pursuant to article 3 of title 19 is not required in order to allow a family access to residential mental health treatment services for a child or youth.

(b) At the time of the assessment by the mental health agency, if requested services are denied, or at the time when the mental health agency has recommended that the child or youth be discharged from services, the mental health agency shall advise the family, both orally and in writing, of the appeal process available to them. The mental health agency shall have two working days within which to complete any internal appeal process. Within five working days after the mental health agency's final denial or recommendation for discharge, a parent or guardian may request an objective third party at the state department who is a professional person to review the action of the mental health agency. A family advocate, family systems navigator, nonprofit advocacy organization, or county department may assist a family in filing an appeal; however, the state department is not obligated to pay for any services provided by entities with which they do not contract. The review must occur within three working days of the parent's or guardian's request. The professional person shall determine if the requested services are appropriate.

(1.5) (a) The parent or guardian of a medicaid child or youth who is at risk of out-of-home placement may request, within five days after all first-level medicaid appeals processes are exhausted, an objective third party at the state department who is a professional person to review the service request made to medicaid. A family advocate, family system navigator, or county department may assist a family in filing an appeal. The review must occur within three working days of the parent's or guardian's request.

(b) The administrative law judge considering the medicaid appeal for the medicaid child or youth who is at risk of out-of-home placement shall take into consideration the objective third-party review by the state department as part of his or her reconsideration and decision of the medicaid service request.

(2) If at any time the mental health agency determines pursuant to section 19-3-304 that there is reasonable cause to know or suspect that a child or youth has been subjected to abuse or neglect, then the mental health agency shall immediately make a referral to the statewide child abuse hotline established in section 26-5-111 or the appropriate county department. Within ten working days after the referral, if assigned for an assessment by the county department, a representative of the mental health agency shall meet with the county department and the family. Upon referral to the county department, if assigned for an assessment, the county department shall proceed with the assessment to determine whether there is a sufficient basis to believe that physical or sexual abuse or neglect or some other form of abuse or neglect of a child's or youth's physical well-being has occurred.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 709, § 2, effective April 29. **L. 2018:** Entire section amended, (HB 18-1094), ch. 343, p. 2039, § 4, effective June 30; (1)(a) amended, (HB 18-1431), ch. 313, p. 1892, § 11, effective August 8.

Editor's note: (1) This section is similar to former § 27-10.3-104 as it existed prior to 2010.

(2) Amendments to subsection (1)(a) by HB 18-1094 and HB 18-1431 were harmonized.

27-67-105. Monitoring - reports. (1) On or before September 1, 2018, and by September 1 of each year thereafter, each mental health agency shall report to the state department the following information:

(a) The number of children and youth who are at risk of out-of-home placement and whose parent or legal guardian requested residential or community-based care pursuant to section 27-67-104 to whom the following services were provided:

(I) An assessment pursuant to section 27-67-104 (1)(a);

(II) Community-based care;

(III) Residential treatment; or

(IV) Post-residential follow-up services;

(b) The number of children and youth who are at risk of out-of-home placement and for whom a child abuse and neglect referral was made to the county department;

(c) The number of children and youth for whom either:

(I) An assessment was requested but not performed, and the reasons that the assessment was not performed; or

(II) An assessment was performed but the mental health agency did not provide services pursuant to this article 67, and the reasons that services were not provided, including whether the family refused the services offered;

(d) The costs associated with the provision of the mental health treatment services described in subsection (1)(a) of this section;

(e) The demographic information of the children, youth, and families served, as outlined by the state department;

(f) The outcomes of treatment for the children and youth served, as determined by the state department in consultation with mental health agencies, service providers, and families;

(g) The length of stay and funding totals for residential services and community-based care; and

(h) The aggregate number of third-party reviews completed by the state department for children served pursuant to this article 67, delineated by children who are and are not categorically eligible for medicaid.

(2) On or after January 1, 2019, the state department shall make the information obtained pursuant to subsection (1) of this section available to the public by posting it to the state department's website. Any information so posted must not include any personal health information.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 710, § 2, effective April 29. **L. 2018:** Entire section R&RE, (HB 18-1094), ch. 343, p. 2041, § 5, effective June 30; IP(1)(a) and (1)(b) amended, (HB 18-1431), ch. 313, p. 1893, § 12, effective August 8.

Editor's note: (1) This section is similar to former § 27-10.3-105 as it existed prior to 2010.

(2) Subsections IP(1)(a) and (1)(b) were amended in HB 18-1431, effective August 8, 2018. However, those amendments were superseded by the repeal and reenactment of this section in HB 18-1094, effective June 30, 2018.

27-67-106. Funding - rules. (1) In order to make mental health treatment available, it is the intent of the general assembly that mental health treatment provided pursuant to this article to each child described in section 27-67-103 (2) be provided by mental health agencies.

(2) (a) If neither the family's private insurance nor federal medicaid funding cover all of the costs associated with the services provided to a child at risk of out-of-home placement pursuant to this article, then the family is responsible for paying that portion that is not covered by private insurance or federal medicaid funding on a sliding scale basis as set forth in subsection (3) of this section. Any remaining portion of the services not covered by private insurance, federal medicaid funding, or the family's share, shall be paid for from any moneys appropriated by the general assembly for that purpose.

(b) Repealed.

(3) The state board of human services shall promulgate rules implementing a sliding scale for the payment of services, including mental health treatment and room and board, that are not covered by private insurance or federal medicaid funding. It is the intent of the general assembly that subsidies provided by the state through general fund money must be used to assist the lowest income families to ensure the maximum use of appropriate least restrictive treatment services and to provide access to the greatest number of children and youth.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 712, § 2, effective April 29. **L. 2016:** (2)(a) amended and (2)(b) repealed, (HB 16-1408), ch. 153, p. 472, §§ 24, 26, effective July 1. **L. 2018:** (3) amended, (HB 18-1094), ch. 343, p. 2042, § 6, effective June 30.

Editor's note: This section is similar to former § 27-10.3-106 as it existed prior to 2010.

27-67-107. Dispute resolution - rules. (1) The state department shall utilize, when appropriate, established grievance and dispute resolution processes in order to assure that parents have access to mental health services on behalf of their children.

(2) The state board of human services shall promulgate rules to assure that a grievance process is available to parents concerning the provision of mental health services and to assure that a dispute resolution process is available for disputes between the county departments and mental health agencies.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 712, § 2, effective April 29.

Editor's note: This section is similar to former § 27-10.3-107 as it existed prior to 2010.

27-67-108. Repeal of article. (Repealed)

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 712, § 2, effective April 29. **L. 2018:** Entire section repealed, (HB 18-1094), ch. 343, p. 2043, § 7, effective June 30.

Editor's note: This section was similar to former § 27-10.3-108 as it existed prior to 2010.

27-67-109. Child and youth mental health services standards - advisory board. (1) The advisory board established in subsection (2) of this section is responsible for recommending standards and rules relevant to the provision of mental health services to children and youth covered by this article 67.

(2) An advisory board to the state department is established for the purpose of assisting and advising the executive director in accordance with this section in the development of service standards and rules. The advisory board consists of not less than eleven nor more than fifteen members appointed by the state department as follows:

(a) One representative each from the office of behavioral health; the office of children, youth, and families; the department of health care policy and financing; and a leading professional association of psychiatrists in this state;

(b) One member representing nonprofit health-care facilities;

(c) One member representing children or youth consumers of services for persons with mental health disorders;

(d) One member representing families of persons with mental health disorders;

(e) One member representing children's health-care facilities;

(f) One member representing a community mental health center that performs evaluations pursuant to this article 67;

(g) One member representing a county human or social services agency;

(h) One member representing individuals with intellectual and developmental disabilities; and

(i) Other persons from both the private and the public sectors who are recognized or known to be interested and informed in the area of the advisory board's purpose and function.

(3) In making appointments to the advisory board, the state department must include representation by at least one member who is a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements of subsection (2) of this section are met.

Source: L. 2018: Entire section added, (HB 18-1094), ch. 343, p. 2043, § 8, effective June 30. **L. 2019:** (3) amended, (SB 19-241), ch. 390, p. 3474, § 42, effective August 2. **L. 2020:** (3) amended, (HB 20-1392), ch. 132, p. 575, § 4, effective June 26.

ARTICLE 68

Mental Health Services Pilot Program for Families
of Discharged Veterans of Operation Enduring Freedom
and Operation Iraqi Freedom

27-68-101 to 27-68-106. (Repealed)

Editor's note: (1) This article was added with relocations in 2010 containing provisions of part 3 of article 1 of this title and was subsequently repealed in 2010. This article was not amended prior to its repeal in 2010. For a detailed comparison of this article, see the comparative tables located in the back of the index.

(2) Section 27-68-106 provided for the repeal of this article, effective July 1, 2010. (See L. 2010, p. 715.)

ARTICLE 69

Family Advocacy Mental Health
Juvenile Justice Programs

Editor's note: This article was added with relocations in 2010 containing provisions of article 22 of title 26. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-69-101 to 27-69-106. (Repealed)

Editor's note: (1) This article 69 was added in 2010. For amendments to this article 69 prior to its repeal in 2021, consult the 2020 Colorado Revised Statutes and the Colorado statutory research explanatory note beginning on page vii in the front of this volume.

(2) Section 27-69-106 provided for the repeal of this article 69, effective July 1, 2021. (See L. 2011, p. 198.)

(3) Section 27-69-104 (3)(a) was amended in HB 21-1187, effective July 1, 2024. Those amendments were superseded by the repeal of this article 69, effective July 1, 2021.

ARTICLE 70

Medication Consistency for
Individuals with Behavioral or Mental Health Disorders
in the Criminal and Juvenile Justice Systems

27-70-101. Legislative declaration. (1) The general assembly finds and declares that:

(a) The lack of medication consistency for individuals with behavioral or mental health disorders who are involved in the criminal and juvenile justice systems creates additional, often serious, problems for these individuals;

(b) It is critical that the state increase the likelihood that a broad spectrum of effective medications, including psychotropic medications, are available to these individuals, regardless of setting or service provider;

(c) By working cooperatively with the criminal and juvenile justice systems and mental health service providers, the state can help ensure medication consistency and also decrease overall state costs through the use of a common and agreed upon medication formulary and cooperative purchasing;

(d) Prior to its repeal in 2018, the medication consistency work group of the behavioral health transformation council identified mental health medications that are essential and preferred for a basic medication formulary that could be used across all public systems to increase medication continuity for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems; and

(e) Increasing information sharing across systems and service providers about the importance of medication consistency and the use of a common and agreed upon medication formulary and cooperative purchasing will result in long-term benefits for the state and for individuals with behavioral or mental health disorders who are involved in the criminal and juvenile justice systems.

Source: L. 2017: Entire article added, (SB 17-019), ch. 405, p. 2113, § 1, effective August 9. **L. 2018:** (1)(d) amended, (SB 18-161), ch. 123, p. 831, § 5, effective September 1.

27-70-102. Definitions. As used in this article 70, unless the context otherwise requires:

(1) "Department" means the department of human services created in section 26-1-105.

(2) **[*Editor's note: This version of subsection (2) is effective until July 1, 2022.*]** "Facility" means a federally qualified health-care center, clinic, community mental health center or clinic, institution, acute treatment unit, jail, facility operated by the department of corrections, or a facility operated by the division of youth services.

(2) **[*Editor's note: This version of subsection (2) is effective July 1, 2022.*]** "Facility" means a federally qualified health-care center, clinic, community mental health center or clinic, behavioral health entity, institution, acute treatment unit, jail, facility operated by the department of corrections, or a facility operated by the division of youth services.

(3) "Medication formulary" means the medication formulary established pursuant to section 27-70-103 for use by providers.

(4) "Office" means the office of behavioral health in the department of human services.

(5) "Provider" means any person, facility, or government entity responsible for providing mental health services related to the care and treatment of an individual with behavioral or mental health disorders who is or was involved with the criminal or juvenile justice system.

Source: L. 2017: Entire article added, (SB 17-019), ch. 405, p. 2114, § 1, effective August 9. **L. 2019:** (2) amended, (HB 19-1237), ch. 413, p. 3644, § 19, effective July 1, 2022.

27-70-103. Medication consistency for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems - medication formulary - cooperative purchasing - reporting - rules. (1) (a) Beginning December 1, 2017, the department of human services in consultation with the department of corrections shall promulgate rules that require providers under each department's authority to use a medication formulary that has been developed collaboratively by departments, agencies, and providers. Public hospitals and licensed private hospitals may also, at their discretion, participate in the medication formulary. Using consulting services as necessary, the departments shall also develop processes for education and marketing related to information regarding the medication formulary and cooperative purchasing opportunities for facilities and providers. The processes for education and marketing required pursuant to this subsection (1) shall be completed on or before December 1, 2017.

(b) For the sole purpose of ensuring medication consistency for persons with mental health disorders in the criminal and juvenile justice systems, the department of corrections, counties, the division of youth services, community mental health centers, and other providers shall share patient-specific mental health and treatment information. All such information sharing must comply with confidentiality requirements, including any necessary memorandums of understanding between providers, set forth in the federal "Health Insurance Portability and Accountability Act of 1996", 45 CFR parts 2, 160, 162, and 164.

(2) Beginning July 1, 2018, the office shall have the following duties and responsibilities, subject to available appropriations:

(a) On or before September 1, 2018, and every September 1 of every even-numbered year thereafter, the office shall conduct a review of the medication formulary to address any urgent concerns related to the formulary and to propose updates to the formulary. During this review, the office shall also create the appropriate notification process for updates to the formulary.

(b) On or before July 1, 2019, and every two years thereafter as necessary, the office shall conduct a review of the medication formulary to update the medication formulary and ensure compliance with the medicaid formulary used by the department of health care policy and financing.

(c) On or before September 1, 2018, the office, in collaboration with the office of information technology, the office of e-health innovation, the department of health care policy and financing, the department of public safety, the department of corrections, and other agencies as appropriate, shall develop a plan by which the patient-specific information required by subsection (1)(b) of this section can be shared electronically, while still in compliance with confidentiality requirements, including any necessary memorandums of understanding between providers, set forth in the federal "Health Insurance Portability and Accountability Act of 1996", 45 CFR parts 2, 160, 162, and 164.

(d) (I) The office shall encourage providers that have been granted purchasing authority by the department of personnel pursuant to section 24-102-204 to utilize cooperative purchasing for the medication formulary, as authorized pursuant to section 24-110-201, unless the provider can obtain the medication elsewhere at a lower cost. The use of cooperative purchasing may, and is encouraged to, include external procurement activity, as defined in section 24-110-101 (2), if the external procurement activity aggregates purchasing volume to negotiate discounts with manufacturers, distributors, and other vendors.

(II) Any external procurement activity, as defined in section 24-110-101 (2), used by providers for purposes of this article 70 is encouraged to include an ongoing drug utilization review process. The purpose of the review process is to help ensure a structured, ongoing review of health-care provider prescribing, pharmacist dispensing, and patient use of medication. The review must include a comprehensive analysis of patients' prescription and medication data to help ensure appropriate medication decision-making and positive patient outcomes by providing educational feedback to providers on appropriate medication utilization.

(e) The office shall investigate and develop options for collaboration with local county jails to coordinate medication purchasing.

(3) (a) Beginning in January 2019, and every January thereafter, the department of human services and the department of corrections shall report progress on the implementation and use of the medication formulary and cooperative purchasing as part of each department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203. Each department shall make such reports to the joint health and human services committee and the joint judiciary committee, or any successor committees.

(b) This section is exempt from the provisions of section 24-1-136 (11), and the periodic reporting requirement of that section shall remain in effect until changed by the general assembly acting by bill.

Source: L. 2017: Entire article added, (SB 17-019), ch. 405, p. 2114, § 1, effective August 9. **L. 2018:** (2)(e) amended, (SB 18-161), ch. 123, p. 831, § 6, effective September 1.

ALCOHOL AND SUBSTANCE USE - ALCOHOL AND SUBSTANCE USE DISORDERS

ARTICLE 80

Alcohol and Substance Use -
Alcohol and Substance Use Disorders

PART 1

PROGRAMS AND SERVICES

Editor's note: This part 1 was added with relocations in 2010 containing provisions of part 2 of article 1 of title 25. Former C.R.S. section numbers are shown in editor's notes

following those sections that were relocated. For a detailed comparison of this part 1, see the comparative tables located in the back of the index.

27-80-101. Definitions. As used in this article 80, unless the context otherwise requires:

(1) "Department" means the department of human services created in section 26-1-105, C.R.S.

(2) "Designated service area" means the geographical substate planning area specified by the director of the office of behavioral health to be served by a designated managed service organization, as described in section 27-80-107.

(3) "Executive director" means the executive director of the department of human services.

(4) "Fetal alcohol spectrum disorder" or "FASD" means a continuum of permanent birth defects caused by maternal consumption of alcohol during pregnancy. "FASD" includes, but is not limited to, fetal alcohol syndrome.

(4.7) "Office of behavioral health" means the office of behavioral health in the department.

(5) "Public program" means a program concerning the problems of alcohol or drug abuse sponsored by a county, district, or municipal public health agency, county department of human or social services, court, probation department, law enforcement agency, school, school system, board of cooperative services, Indian tribal reservation, or state agency. "Public program" includes any alcohol or drug abuse treatment program required as a condition of probation under part 2 of article 11 of title 16, any alcohol or drug abuse program administered by the division of adult parole under article 2 of title 17, any community correctional facility or program administered under article 27 of title 17, and any alcohol or drug abuse treatment program administered by the division of youth services under title 19.

(6) and (7) Repealed.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 721, § 2, effective April 29; (5) amended, (HB 10-1422), ch. 419, p. 2091, § 85, effective August 11. **L. 2011:** (7) repealed, (HB 11-1144), ch. 65, p. 173, § 3, effective August 10. **L. 2017:** IP and (2) amended, (4.7) added, and (6) repealed, (SB 17-242), ch. 263, p. 1353, § 253, effective May 25; IP and (5) amended, (HB 17-1329), ch. 381, p. 1985, § 66, effective June 6. **L. 2018:** (5) amended, (SB 18-092), ch. 38, p. 453, § 140, effective August 8.

Editor's note: (1) This section is similar to former § 25-1-201 as it existed prior to 2010.

(2) Subsection (5) was numbered as § 25-1-201 (4) in House Bill 10-1422 (see L. 2010, p. 2091) but was relocated due to its harmonization with this section as it was added by Senate Bill 10-175.

Cross references: For the legislative declaration in the 2011 act repealing subsection (7), see section 1 of chapter 65, Session Laws of Colorado 2011. For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017. For the legislative declaration in SB 18-092, see section 1 of chapter 38, Session Laws of Colorado 2018.

27-80-102. Duties of the office of behavioral health - repeal. (1) The office of behavioral health shall formulate a comprehensive state plan for substance use disorder treatment programs. The office of behavioral health shall submit the state plan to the governor and, upon his or her approval, submit it to the appropriate United States agency for review and approval. The state plan must include, but not be limited to:

(a) A survey of the need for the prevention and treatment of alcohol and drug abuse, including a survey of the health facilities needed to provide services and a plan for the development and distribution of facilities and programs throughout the state;

(b) A plan for programs to educate the public in the problems of alcohol and drug abuse;

(c) A survey of the need for trained teachers, health professionals, and others involved in the prevention and treatment of alcohol and drug abuse and the rehabilitation of abusers, and a plan to provide the necessary training for such persons;

(d) Provisions for the periodic review and updating of the state plan, which shall take place at least annually.

(2) The department, acting by and through the office of behavioral health, is designated as the sole state agency for the supervision of the administration of the state plan.

(3) (a) The office of behavioral health shall:

(I) Contract with the Colorado 2-1-1 collaborative as set forth in section 29-11-203 to hire and train specialized personnel;

(II) Collaborate with the Colorado 2-1-1 collaborative to engage in targeted outreach and marketing to individuals who are unemployed, regardless of whether they receive benefits; and

(III) Report to the general assembly explaining the impact of the Colorado 2-1-1 collaborative statewide communication system on behavioral health referrals and access to behavioral health services and other resources.

(b) This subsection (3) is repealed, effective July 1, 2022.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 722, § 2, effective April 29. **L. 2017:** IP(1) and (2) amended, (SB 17-242), ch. 263, p. 1353, § 254, effective May 25. **L. 2021:** (3) added, (SB 21-239), ch. 266, p. 1548, § 4, effective June 18.

Editor's note: This section is similar to former § 25-1-202 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-103. Grants for public programs. (1) The office of behavioral health may make grants, from money appropriated by the general assembly for purposes of this section or available from any other governmental or private source, to approved public programs.

(2) A public program may provide, but need not be limited to, any of the following:

(a) Acute medical services, including emergency services and detoxification;

(b) Case finding, diagnosis, treatment, counseling, individual or group psychotherapy, after-care treatment, and other rehabilitation services;

(c) Education and counseling regarding the use and abuse of alcohol and drugs;

(d) Programs for prevention of alcohol and drug abuse;

(e) Training of teachers, health professionals, and others in the field of alcohol and drug abuse and addiction counseling;

(f) Coordination of existing services and the development of other needed services through demonstration and evaluation projects; or

(g) Services to pregnant women who are alcohol and drug dependent through demonstration and evaluation projects.

(3) In approving any public program, the office of behavioral health shall take into consideration the following:

(a) The community need for the public program;

(b) The range of services to be provided;

(c) The integration of the public program with, and the participation of, other public and nongovernmental agencies, organizations, institutions, and individuals, and their services and facilities, if any, that are available to assist the public program;

(d) The adequacy of the public program to accomplish its purposes; and

(e) Any other information the office of behavioral health deems necessary.

(4) Applications for grants made pursuant to subsection (1) of this section are made to the office of behavioral health, on forms furnished by the office of behavioral health, and must contain any information the office of behavioral health requires. Wherever possible, the office of behavioral health shall give priority to public programs that are community-based and include services to children and juveniles as well as adults, that provide a comprehensive range of services, and that evidence a high degree of community support, either financial or in the furnishing of services and facilities, or both.

(5) Whenever any department or agency of the state has money available from any source for public programs, the department or agency is authorized to distribute the money in accordance with the state plan and to make reasonable rules for the administration of the public programs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 722, § 2, effective April 29. **L. 2017:** (1), IP(3), (3)(e), (4), and (5) amended, (SB 17-242), ch. 263, p. 1354, § 255, effective May 25.

Editor's note: This section is similar to former § 25-1-203 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-104. Cancellation of grants. (1) The office of behavioral health may cancel a grant for any public program for any of the following reasons:

(a) There is no longer a need for the public program.

(b) Funds for the public program are not available.

(c) The public program does not meet the standards or requirements adopted by the department or does not conform to the comprehensive state plan for substance use disorder treatment programs.

(2) Before canceling a grant for the reasons set forth in subsection (1)(c) of this section, the office of behavioral health shall notify the person or agency in charge of the public program

of the deficiency in the program, and the person or agency must be given a reasonable amount of time in which to correct the deficiency.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 723, § 2, effective April 29. **L. 2017:** IP(1), (1)(c), and (2) amended, (SB 17-242), ch. 263, p. 1354, § 256, effective May 25.

Editor's note: This section is similar to former § 25-1-204 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-105. Annual distribution of funds. Funds for public programs shall be distributed annually, if available.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 724, § 2, effective April 29.

Editor's note: This section is similar to former § 25-1-205 as it existed prior to 2010.

27-80-106. Purchase of prevention and treatment services. (1) Using money appropriated for purposes of this section or available from any other governmental or private source, the office of behavioral health may purchase services for prevention or for treatment of alcohol and drug abuse or substance use disorders or both types of services on a contract basis from any tribal nation or any public or private agency, organization, or institution approved by the office of behavioral health. The services purchased may be any of those provided through a public program, as set forth in section 27-80-103 (2). In contracting for services, the office of behavioral health shall attempt to obtain services that are in addition to, and not a duplication of, existing available services or services that are of a pilot or demonstration nature. An agency operating a public program may also purchase services on a contract basis.

(2) (a) In addition to the services purchased pursuant to subsection (1) of this section, using money appropriated for purposes of this section or available from any other governmental or private source, the office of behavioral health may purchase services for the treatment of alcohol and drug abuse or substance use disorders on a contract basis from a designated managed service organization for a designated service area as set forth in section 27-80-107. A public or private agency, organization, or institution approved by the office of behavioral health through the process set forth in section 27-80-107 may be designated as a designated managed service organization.

(b) Designated managed service organizations receiving money pursuant to this subsection (2) shall comply with all relevant provisions of and rules promulgated pursuant to this article 80.

(3) Repealed.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 724, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1355, § 257, effective May 25. **L. 2019:** (3) added, (SB 19-228), ch. 276, p. 2605, § 9, effective May 23.

Editor's note: (1) This section is similar to former § 25-1-206 as it existed prior to 2010.

(2) Subsection (3)(c) provided for the repeal of subsection (3), effective September 1, 2020. (See L. 2019, p. 2605.)

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-107. Designation of managed service organizations - purchase of services - revocation of designation. (1) The director of the office of behavioral health shall establish designated service areas to provide substance use disorder treatment and recovery services in a particular geographical region of the state.

(2) To be selected as a designated managed service organization to provide services in a particular designated service area, a private corporation; for profit or not for profit; or a public agency, organization, or institution shall apply to the office of behavioral health for a designation in the form and manner specified by the executive director or the executive director's designee. The designation process is in lieu of a competitive bid process pursuant to the "Procurement Code", articles 101 to 112 of title 24. The director of the office of behavioral health shall make the designation based on factors established by the executive director or the executive director's designee. The factors for designation established by the executive director or the executive director's designee include the following:

(a) Whether the managed service organization has experience working with public treatment agencies and collaborating with other public agencies;

(b) Whether the managed service organization has experience working with publicly funded clients, including expertise in treating priority populations designated by the office of behavioral health;

(c) Whether the managed service organization has offices in and provides services in the substate planning area or is willing to relocate to the substate planning area;

(d) Whether the managed service organization has experience using the cost-share principles used by the office of behavioral health in its contracts with providers and is willing to cost-share;

(e) Whether the managed service organization has developed an effective, integrated information and fiscal reporting system and has experience working with and is able to comply with state and federal reporting requirements;

(f) Whether the managed service organization has experience engaging in a clinical quality improvement process; and

(g) Whether the managed service organization has experience with public funding requirements and state contracting requirements.

(3) The designation of a managed service organization by the director of the office of behavioral health, as described in subsection (2) of this section, is an initial decision of the department which may be reviewed by the executive director in accordance with the provisions

of section 24-4-105. Review by the executive director in accordance with section 24-4-105 constitutes final agency action for purposes of judicial review.

(4) (a) The terms and conditions for providing substance use disorder treatment and recovery services must be specified in the contract entered into between the office of behavioral health and the designated managed service organization. Contracts entered into between the office of behavioral health and the designated managed service organization must include terms and conditions prohibiting a designated managed service organization contracted treatment provider from denying or prohibiting access to medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder.

(b) Contracts entered into between the office of behavioral health and the designated managed service organization must include terms and conditions that outline the expectations for the designated managed service organization to invest in the state's recovery services infrastructure, which include peer-run recovery support services and specialized services for underserved populations. Investments are based on available appropriations.

(5) The contract may include a provisional designation for ninety days. At the conclusion of the ninety-day provisional period, the director of the office of behavioral health may choose to revoke the contract or, subject to meeting the terms and conditions specified in the contract, may choose to extend the contract for a stated time period.

(6) A managed service organization that is designated to serve a designated service area may subcontract with a network of service providers to provide treatment and recovery services for alcohol and drug abuse and substance use disorders within the particular designated service area.

(7) (a) The director of the office of behavioral health may revoke the designation of a designated managed service organization upon finding that the managed service organization is in violation of the performance of the provisions of or rules promulgated pursuant to this article 80. The revocation must conform to the provisions and procedures specified in article 4 of title 24, and occur only after notice and an opportunity for a hearing is provided as specified in article 4 of title 24. A hearing to revoke a designation as a designated managed service organization constitutes final agency action for purposes of judicial review.

(b) Once a designation has been revoked pursuant to subsection (7)(a) of this section, the director of the office of behavioral health may designate one or more service providers to provide the treatment services pending designation of a new designated managed service organization or may enter into contracts with subcontractors to provide the treatment services.

(c) From time to time, the director of the office of behavioral health may solicit applications from applicants for managed service organization designation to provide substance use disorder treatment and recovery services for a specified planning area or areas.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 724, § 2, effective April 29. **L. 2017:** (1), IP(2), (2)(b), (2)(d), (3), (4), (5), (6), and (7) amended, (SB 17-242), ch. 263, p. 1355, § 258, effective May 25. **L. 2020:** (4) amended, (SB 20-007), ch. 286, p. 1390, § 2, effective July 13. **L. 2021:** (1), (4), (6), and (7)(c) amended, (HB 21-1021), ch. 256, p. 1510, § 3, effective September 7.

Editor's note: This section is similar to former § 25-1-206.5 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-107.5. Increasing access to effective substance use disorder services act - managed service organizations - substance use disorder services - assessment - community action plan - allocations - reporting requirements - evaluation. (1) The short title of this section is the "Increasing Access to Effective Substance Use Disorder Services Act".

(2) On or before February 1, 2017, each managed service organization designated pursuant to section 27-80-107 shall assess the sufficiency of substance use disorder services within its geographic region for adolescents ages seventeen and younger, young adults ages eighteen through twenty-five, pregnant women, women who are postpartum and parenting, and other adults who are in need of such services. During the community assessment process, each managed service organization shall seek input and information from appropriate entities, such as community mental health centers, behavioral health organizations, county departments of human or social services, local public health agencies, substance use disorder treatment providers, law enforcement agencies, probation departments, organizations that serve veterans or homeless individuals, and other relevant stakeholders. The community assessment must include an analysis of existing funding and resources within the community to provide a continuum of substance use disorder services, including prevention, intervention, treatment, and recovery support services, for adolescents ages seventeen and younger, young adults ages eighteen through twenty-five, pregnant women, women who are postpartum and parenting, and other adults who are in need of such services.

(3) (a) On or before March 1, 2017, each managed service organization that has completed a community assessment pursuant to subsection (2) of this section shall prepare and submit in electronic format to the department and the department of health care policy and financing a community action plan to increase access to effective substance use disorder services, referred to in this section as the "community action plan". The community action plan must summarize the results of the community assessment and include a description of how the managed service organization will utilize its allocation of funding from the marijuana tax cash fund created in section 39-28.8-501, C.R.S., to address the most critical service gaps in its geographic region and a timeline for implementation of the community action plan.

(b) A managed service organization may periodically update its community action plan to reflect changes in community needs and priorities. Any such updated plan must be submitted in electronic format to the department and the department of health care policy and financing.

(c) On or before May 1, 2017, the department shall post the community action plans from the managed service organizations developed pursuant to paragraph (a) of this subsection (3) on its website. On or before May 1, 2017, the department shall submit a report summarizing all of the community action plans received from the managed service organizations to the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or any successor committees. The department shall post on its website any updated community action plans received pursuant to paragraph (b) of this subsection (3).

(4) (a) On July 1, 2016, the department shall disburse to each designated managed service organization sixty percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund. Each designated managed

service organization that conducts a community assessment and prepares a community action plan pursuant to subsection (3) of this section may use up to fifteen percent of its state fiscal year 2016-17 allocation from the marijuana tax cash fund for such purposes and the remainder for substance use disorder services. The department shall disburse the remaining forty percent of the designated managed service organization's marijuana tax cash fund allocation to each designated managed service organization after the submission of its community action plan.

(b) On July 1, 2017, and on every July 1 thereafter, the department shall disburse to each designated managed service organization that has submitted a community action plan one hundred percent of the designated managed service organization's allocation from the money appropriated from the marijuana tax cash fund.

(c) It is the intent of the general assembly that each designated managed service organization use money allocated to it from the marijuana tax cash fund to cover expenditures for substance use disorder services that are not otherwise covered by public or private insurance. Except as provided in subsection (4)(a) of this section, each managed service organization may use its allocation from the marijuana tax cash fund to implement its community action plan, including expenditures for substance use disorder services and for any start-up costs or other expenses necessary to increase capacity to provide such services. A designated managed service organization must spend its allocation in the state fiscal year in which it is received or in the next state fiscal year thereafter. If there is any money from the allocation remaining after the second state fiscal year, then the designated managed service organization shall return the money to the department. If an enhanced residential and inpatient substance use disorder treatment and medical detoxification services benefit becomes available under the Colorado medical assistance program, managed service organizations shall determine to what extent money allocated from the marijuana tax cash fund may be used to assist in providing substance use disorder treatment, including residential and inpatient substance use disorder treatment and medical detoxification services, if those services are not otherwise covered by public or private insurance.

(d) (I) For state fiscal year 2016-17, and each state fiscal year thereafter, the department shall allocate money that is annually appropriated to it from the marijuana tax cash fund to the designated managed service organizations based on the department's allocation of the federal substance abuse prevention and treatment block grant to geographical areas for the same state fiscal year. Any money from the marijuana tax cash fund that is allocated in accordance with this subsection (4)(d)(I) and that is not expended by a managed service organization in the state fiscal year in which it is disbursed remains available for expenditure by the department in the next state fiscal year without further appropriation.

(II) For state fiscal year 2017-18 and each fiscal year thereafter, the department shall modify the allocation methodology set forth in subparagraph (I) of this paragraph (d) if the designated managed service organizations recommend, by consensus, a change. Any such recommendation must be submitted to the department by February 28 prior to the state fiscal year in which the change would apply.

(5) (a) On or before September 1, 2017, and on or before each September 1 thereafter, each designated managed service organization shall submit an annual report to the department, the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or their successor committees, concerning the amount and purpose of actual expenditures made using money from the marijuana tax cash fund in the previous state fiscal year. The report must

contain a description of the impact of the expenditures on addressing the needs that were identified in the initial and any subsequent community assessments and action plans developed pursuant to subsection (3) of this section, as well as any other requirements established for the contents of the report by the department.

(b) A designated managed service organization shall provide the department with information about actual expenditures as required by the department.

(c) On or before November 1, 2020, the department, in collaboration with the designated managed service organizations, shall submit a report to the joint budget committee and the joint health and human services committee, or any successor committees. The report must:

(I) Summarize expenditures made by the designated managed service organizations using money made available pursuant to this section for state fiscal years 2016-17, 2017-18, 2018-19, and 2019-20;

(II) Describe the impact the expenditures have had on increasing statewide access to a continuum of effective substance use disorder services, including the availability of prevention, intervention, treatment, and recovery support services in each designated service area; and

(III) Include any recommendations to strengthen or improve the program.

(6) (a) On or before November 1, 2016, the department shall enter into a contract with an evaluation contractor to study the effectiveness of intensive residential treatment of substance use disorders provided through managed service organizations. The department and the department of health care policy and financing shall collaborate with the evaluation contractor on the design of the evaluation so that the data and analyses will be of maximum benefit for evaluating whether the medicaid behavioral health benefit should be expanded to include intensive residential treatment for substance use disorders.

(b) Prior to entering into a contract for the evaluation of intensive residential treatment of substance use disorders provided through managed service organizations, the department shall seek input from managed service organizations and residential substance use disorder treatment providers concerning relevant outcome measures to be used by the evaluation contractor in the study.

(c) On or before February 1, 2019, the department shall submit a copy of the evaluation contractor's final report to the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or any successor committees.

(7) Notwithstanding section 24-1-136 (11)(a)(I), the department shall report on outcomes related to the implementation of this section as part of its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203, beginning with the hearing that precedes the 2019 legislative session.

Source: L. 2016: Entire section added, (SB 16-202), ch. 209, p. 748, § 1, effective June 1. **L. 2017:** IP(5)(c) amended, (SB 17-234), ch. 154, p. 524, § 17, effective August 9. **L. 2018:** (4)(c), (4)(d)(I), (5)(a), (5)(b), IP(5)(c), and (5)(c)(II) amended and (7) added, (HB 18-1172), ch. 110, p. 801, § 1, effective April 9; (4)(c) amended, (HB 18-1136), ch. 373, p. 2271, § 3, effective June 5.

Editor's note: Amendments to subsection (4)(c) by HB 18-1172 and HB 18-1136 were harmonized.

27-80-108. Rules. (1) The state board of human services, created in section 26-1-107, has the power to promulgate rules governing the provisions of this article 80. The rules may include, but are not limited to:

(a) Requirements for the operation of a public program, including record keeping and data compilation;

(b) Conditions that may be imposed on a public program for the program to maintain grant eligibility;

(c) Requirements for public and private agencies, organizations, and institutions from which the office of behavioral health may purchase services pursuant to section 27-80-106 (1), which requirements must include prohibiting the purchase of services from entities that deny or prohibit access to medical services or substance use disorder treatment and services to persons who are participating in prescribed medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder;

(d) Requirements for managed service organizations that are designated by the director of the office of behavioral health to provide services in a designated service area pursuant to section 27-80-106 (2);

(e) Standards that addiction counselors must meet to participate in public programs or to provide purchased services and certification requirements necessary to be certified by the director of the division of professions and occupations, pursuant to part 8 of article 245 of title 12;

(e.5) On or before March 1, 2022, standards that addiction counselors must meet to participate in public programs or to provide purchased services and education requirements necessary to be licensed by the director of the division of professions and occupations, pursuant to part 8 of article 245 of title 12;

(f) Any rules that are necessary to carry out the purposes of the treatment program for high-risk pregnant women created in section 27-80-112.

(2) In the rules promulgated pursuant to subsection (1)(e) of this section, the state board of human services shall include education requirements for certified addiction technicians, certified addiction specialists, and licensed addiction counselors.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 726, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1357, § 259, effective May 25. **L. 2019:** (1)(e) amended, (HB 19-1172), ch. 136, p. 1714, § 200, effective October 1. **L. 2020:** (1)(c) amended, (SB 20-007), ch. 286, p. 1390, § 3, effective July 13; (2) added, (HB 20-1206), ch. 304, p. 1543, § 41, effective July 14. **L. 2021:** (1)(e.5) added and (2) amended, (HB 21-1305), ch. 399, p. 2649, § 6, effective July 1.

Editor's note: This section is similar to former § 25-1-207 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-109. Coordination of state and federal funds and programs. (1) Requests for state appropriations for substance use disorder treatment programs must be submitted to the office of behavioral health and the office of state planning and budgeting on dates specified by

the office of behavioral health, consistent with requirements and procedures of the office of state planning and budgeting. After studying each request, the office of behavioral health shall make a report with its comments and recommendations, including priorities for appropriations and a statement as to whether the requested appropriation would be consistent with the comprehensive state plan for substance use disorder treatment programs. The office of behavioral health shall submit its reports to the governor, the office of state planning and budgeting, and the joint budget committee, together with all pertinent material on which the report's recommendations are based.

(2) The office of behavioral health shall also review applications for federal grants for substance use disorder treatment programs submitted by any department or agency of state government; political subdivision of the state; Indian tribal reservation; or other public or private agency, organization, or institution. The office of behavioral health shall transmit to the division of planning and to the appropriate United States agency its comments and recommendations, together with a statement as to whether the grant would be consistent with the comprehensive state plan for substance use disorder treatment programs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 727, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1357, § 260, effective May 25.

Editor's note: This section is similar to former § 25-1-209 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-110. Reports. (Repealed)

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 727, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1358, § 261, effective May 25; entire section repealed, (SB 17-234), ch. 154, p. 524, § 18, effective August 9.

Editor's note: (1) This section was similar to former § 25-1-210 as it existed prior to 2010.

(2) This section was amended in SB 17-242. Those amendments were superseded by the repeal of this section in SB 17-234, effective August 9, 2017.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-111. Counselor training - fund created. (1) The executive director shall establish by rule fees to be charged for addiction counselor training. The amount assessed must be sufficient to cover a portion of the costs of administering the training, and the money collected must be deposited in the addiction counselor training fund. Additional funding may be obtained from general, cash, or federal funds otherwise appropriated to the office of behavioral health.

(2) There is created in the office of the state treasurer the addiction counselor training fund, referred to in this section as the "fund". Money collected pursuant to subsection (1) of this section shall be deposited in the fund. The money in the fund is subject to annual appropriation by the general assembly to the department for allocation to the office of behavioral health for the administration of addiction counselor training requirements established by rules of the state board of human services pursuant to section 27-80-108 (1)(e). Money in the fund at the end of the fiscal year must remain in the fund and not revert to the general fund.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 727, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1358, § 262, effective May 25.

Editor's note: This section is similar to former § 25-1-211 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-112. Legislative declaration - treatment program for high-risk pregnant women - creation. (1) The general assembly hereby finds and declares that the health and well-being of the women of Colorado is at risk; that such women are at risk of poor birth outcomes or physical and other disabilities due to substance abuse, which is the abuse of alcohol and drugs, during the prenatal period; that early identification of such high-risk pregnant women and substance abuse treatment greatly reduce the occurrence of poor birth outcomes; and that the citizens of Colorado will greatly benefit from a program to reduce poor birth outcomes and subsequent problems resulting from such poor birth outcomes in cases involving high-risk pregnant women through the cost savings envisioned by the prevention and early treatment of such problems.

(2) In recognition of such problems, there is hereby created a treatment program for high-risk pregnant women.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 728, § 2, effective April 29.

Editor's note: This section is similar to former § 25-1-212 as it existed prior to 2010.

27-80-113. Substance use and addiction counseling and treatment - necessary components. Any entity that qualifies to provide services pursuant to section 25.5-5-202 (1)(r) in regard to the treatment program for high-risk pregnant women, shall make available, in addition to substance use and addiction counseling and treatment: Risk assessment services; care coordination; nutrition assessment; psychosocial counseling; intensive health education, including parenting education and education on risk factors and appropriate health behaviors; home visits; transportation services; and other services deemed necessary by the office of behavioral health and the department of health care policy and financing.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 728, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1358, § 263, effective May 25.

Editor's note: This section is similar to former § 25-1-213 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-114. Treatment program for high-risk pregnant and parenting women - cooperation with organizations. The department of health care policy and financing shall cooperate with any organizations that desire to assist the department of health care policy and financing in the provision of services connected with the treatment program for high-risk pregnant and parenting women. Organizations may provide services that are not provided to persons pursuant to the treatment program for high-risk pregnant and parenting women, article 2 of title 26, and articles 4, 5, and 6 of title 25.5, which may include, but shall not be limited to, needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation, development of provider training, child care, and other necessary components of residential or outpatient treatment or care.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 728, § 2, effective April 29. **L. 2019:** Entire section amended, (HB 19-1193), ch. 272, p. 2570, § 6, effective May 23.

Editor's note: This section is similar to former § 25-1-214 as it existed prior to 2010.

Cross references: For the legislative declaration in HB 19-1193, see section 1 of chapter 272, Session Laws of Colorado 2019.

27-80-115. Treatment program for high-risk pregnant and parenting women - data collection. The department of health care policy and financing shall create a data collection mechanism regarding persons receiving services pursuant to the treatment program for high-risk pregnant and parenting women that must include the collection of data on cost-effectiveness, success of the program, and other data the department of health care policy and financing deems appropriate.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 728, § 2, effective April 29. **L. 2019:** Entire section amended, (HB 19-1193), ch. 272, p. 2570, § 7, effective May 23.

Editor's note: This section is similar to former § 25-1-215 as it existed prior to 2010.

Cross references: For the legislative declaration in HB 19-1193, see section 1 of chapter 272, Session Laws of Colorado 2019.

27-80-116. Fetal alcohol spectrum disorders - legislative declaration - health warning signs. (1) The general assembly finds and declares that:

(a) Fetal alcohol exposure is the leading known cause of preventable intellectual and developmental disabilities and birth defects in the children of this state;

(b) Individuals with undiagnosed fetal alcohol spectrum disorders suffer substantially from secondary issues such as child abuse and neglect, separation from families, multiple foster placements, depression, aggression, school failure, juvenile detention, and job instability;

(b.5) Compared to individuals diagnosed before age twelve, individuals with undiagnosed FASD are two to four times more likely to suffer from inappropriate sexual behavior; disrupted school experiences; trouble with the law; alcohol and substance problems or disorders; or confinement in a jail, a hospital or treatment facility for persons with behavioral or mental health disorders, or a substance use disorder treatment facility;

(c) These secondary disabilities come at a high cost to individuals, their families, and society;

(d) A survey performed in 2006 by the Colorado pregnancy risk assessment system estimated that eleven and two-tenths percent of women in Colorado said that they drank alcohol during the last three months of their pregnancy; and

(e) The commission should evaluate the current use and distribution of written and electronic informational materials designed to increase awareness of the consequences of drinking alcohol while pregnant and should investigate additional means by which such written and electronic materials might best be used.

(2) The general assembly therefore declares that fetal alcohol exposure and its related problems can be reduced substantially by a greater awareness of the consequences of drinking alcohol while pregnant and by early diagnosis and receipt of appropriate and effective intervention.

(3) Each person licensed pursuant to section 44-3-401 (1)(h) to (1)(t) or 44-3-401 (1)(v) to sell malt, vinous, and spirituous liquors or licensed pursuant to section 44-4-104 (1)(c) to sell fermented malt beverages is hereby encouraged to post a health warning sign informing patrons that the consumption of alcohol during pregnancy may cause birth defects, including fetal alcohol spectrum disorders.

(4) Repealed.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 728, § 2, effective April 29. **L. 2011:** Entire section amended, (HB 11-1144), ch. 65, p. 170, § 2, effective August 10. **L. 2015:** (3) and (4)(c) amended, (HB 15-1204), ch. 121, p. 374, § 23, effective April 24. **L. 2016:** (3) amended, (SB 16-189), ch. 210, p. 783, § 80, effective June 6. **L. 2017:** IP(1) and (1)(b.5) amended, (SB 17-242), ch. 263, p. 1359, § 264, effective May 25. **L. 2018:** (3) amended, (HB 18-1025), ch. 152, p. 1080, § 16, effective October 1.

Editor's note: (1) This section is similar to former § 25-1-216 as it existed prior to 2010.

(2) Subsection (4)(e) provided for the repeal of subsection (4), effective June 30, 2015. (See L. 2011, p. 170.)

Cross references: For the legislative declaration in the 2011 act amending this section, see section 1 of chapter 65, Session Laws of Colorado 2011. For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-117. Rural alcohol and substance abuse prevention and treatment program - creation - administration - definitions - cash fund - repeal. (1) As used in this section, unless the context otherwise requires:

(a) "Program" means the rural alcohol and substance abuse prevention and treatment program created pursuant to subsection (2) of this section that shall consist of the rural youth alcohol and substance abuse prevention and treatment project and the rural detoxification project.

(b) "Rural area" means a county with a population of less than thirty thousand people, according to the most recently available population statistics of the United States bureau of the census.

(c) "Youth" means an individual who is at least eight years of age but who is less than eighteen years of age.

(2) (a) (I) There is created the rural alcohol and substance abuse prevention and treatment program in the office of behavioral health to provide:

(A) Prevention and treatment services to youth in rural areas. The services may include providing alternative activities for youth through the rural youth alcohol and substance abuse prevention and treatment project; and

(B) Treatment services through the rural detoxification project for persons with substance use disorders.

(II) The office of behavioral health shall administer the program pursuant to rules adopted by the state board of human services as of January 1, 2010, or as amended by the state board.

(b) The office of behavioral health shall incorporate provisions to implement the program into its regular contracting mechanism for the purchase of prevention and treatment services pursuant to section 27-80-106, including detoxification programs. The office of behavioral health shall develop a method to equitably distribute and provide additional money through contracts to provide for prevention services for and treatment of persons in rural areas.

(c) Notwithstanding any provision of this section to the contrary, the office of behavioral health shall implement the program on or after January 1, 2011, subject to the availability of sufficient money to operate an effective program, as determined by the office.

(3) (a) There is created in the state treasury the rural alcohol and substance abuse cash fund, referred to in this section as the "fund", that consists of the rural youth alcohol and substance abuse prevention and treatment account, referred to in this section as the "youth account", and the rural detoxification account, referred to in this section as the "detoxification account". The fund is comprised of money collected from surcharges assessed pursuant to sections 18-19-103.5, 42-4-1307 (10)(d)(I), and 42-4-1701 (4)(f). The money collected from the surcharges must be divided equally between the youth account and the detoxification account. The fund also includes any money credited to the fund pursuant to subsection (3)(b) of this section. Money in the fund credited pursuant to subsection (3)(b) of this section must be divided equally between the youth account and the detoxification account unless the grantee or donor specifies to which account the grant, gift, or donation is to be credited. The money in the fund is

subject to annual appropriation by the general assembly to the office of behavioral health for the purpose of implementing the program. All interest derived from the deposit and investment of money in the fund remains in the fund. Any unexpended or unencumbered money remaining in the fund at the end of a fiscal year remains in the fund and shall not be transferred or credited to the general fund or another fund; except that any unexpended and unencumbered money remaining in the fund as of August 30, 2025, is credited to the general fund.

(b) The office of behavioral health is authorized to accept grants, gifts, or donations from any private or public source on behalf of the state for the purpose of the program. The office of behavioral health shall transmit all private and public money received through grants, gifts, or donations to the state treasurer, who shall credit the same to the fund.

(4) (a) This section is repealed, effective September 1, 2025.

(b) Prior to such repeal, the program shall be reviewed as provided in section 24-34-104, C.R.S.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 730, § 2, effective April 29; (3)(a) amended, (HB 10-1347), ch. 258, p. 1159, § 6, effective July 1. **L. 2016:** (3)(a) and (4)(a) amended, (HB 16-1168), ch. 93, p. 261, § 1, effective April 14. **L. 2017:** (2) and (3) amended, (SB 17-242), ch. 263, p. 1359, § 265, effective May 25.

Editor's note: (1) This section is similar to former § 25-1-217 as it existed prior to 2010.

(2) Subsection (3)(a) was numbered as § 25-1-217 (3)(a) in House Bill 10-1347 (see L. 2010, p. 1159) but was relocated due to its harmonization with this section as it was added by Senate Bill 10-175.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-118. Center for research into substance use disorder prevention, treatment, and recovery support strategies - established - appropriation - legislative declaration. (1) The general assembly finds that:

(a) Opioid addiction has emerged as a significant public health concern in Colorado, with more than ten thousand deaths attributed to drug overdoses since 2000, and the annual rate of death from drug overdose doubling from seven-point-eight deaths per one hundred thousand people in 2000 to fifteen-point-seven deaths per one hundred thousand people in 2015. This rate is significantly higher than the national rate.

(b) The abuse of prescription drugs is the fastest growing substance abuse problem in the United States, particularly among adolescents;

(c) Each year, there are approximately seventeen thousand overdose deaths from opioid painkillers nationally and approximately three hundred such deaths in Colorado;

(d) According to the centers for disease control, Colorado's drug overdose mortality rate has increased by five hundred percent since 2014;

(e) Colorado and other states in the region have the highest death rates attributable to alcohol in the country, and approximately eighteen percent, or one out of every five, of all Colorado adults engaged in heavy or binge drinking monthly;

(f) In addition to opioids, prescription drugs, and alcohol, surveys show use rates for methamphetamine, cocaine, and other illicit drugs are higher in Colorado than in other states; and

(g) There is a lack of sufficient research on the most effective strategies for addressing substance use disorders across the full continuum of recommended services that include prevention, early intervention, treatment, and recovery support services.

(2) The general assembly therefore finds that for Colorado to respond to these issues and to foster the health, welfare, and safety of the state's residents, it is hereby declared that it is the state's policy to facilitate research into substance use disorder prevention, treatment, and recovery support strategies.

(3) A center for research into substance use disorder prevention, treatment, and recovery support strategies, referred to in this section as the "center", is established in the university of Colorado health sciences center. Subject to available appropriations, the center's mission is to:

(a) Establish or expand programs for research concerning prevention, treatment, and recovery support strategies for substance use disorders, including but not limited to opioid addiction;

(b) Establish or expand innovative treatments for substance use disorders, including but not limited to opioid addiction;

(c) Expand partnerships and collaboration with substance use disorder professionals, other programs at the university of Colorado, and other organizations with similar missions throughout the state and nation; and

(d) Seek federal and private resources to further the center's research activities.

(4) (a) The center shall develop and implement a series of continuing education activities designed to help a prescriber of pain medication to safely and effectively manage patients with pain and, when appropriate, prescribe opioids or medication-assisted treatment. The educational activities must also include best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients. The educational activities must apply to physicians, physician assistants, nurses, and dentists, with an emphasis on physicians, physician assistants, nurses, and dentists serving underserved populations and communities.

(b) The center shall also develop education and training for law enforcement officers and first responders concerning the use of opioid antagonists for opioid overdose and community-based training for persons at risk of opioid overdose.

(c) The center shall engage in community engagement activities to address substance use prevention, harm reduction, criminal justice system response, treatment, and recovery.

(d) For the 2021-22 state fiscal year, and each fiscal year thereafter, the general assembly shall appropriate seven hundred fifty thousand dollars to the center from the marijuana tax cash fund created in section 39-28.8-501 for the purposes of this subsection (4).

(5) (a) The center shall develop and implement a program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of naloxone and other drugs used to block the effects of an opioid overdose.

(b) For the 2021-22 state fiscal year, and each state fiscal year thereafter, the general assembly shall appropriate two hundred fifty thousand dollars to the center from the marijuana tax cash fund created in section 39-28.8-501 (1) for the purposes of this subsection (5).

(6) (a) The center may employ up to three additional employees to work as grant writers in order to aid local communities in need of assistance in applying for grants to access state and

federal money to address opioid and other substance use disorders in their communities. The center shall determine the communities in which to provide the grant writing assistance.

(b) For the fiscal year 2019-20, the general assembly shall appropriate money from the marijuana tax cash fund created in section 39-28.8-501 (1) to the department for allocation to the center for the purposes of this subsection (6). The center may use the money to hire new employees and for the direct and indirect costs associated with this subsection (6).

Source: L. 2017: Entire section added, (SB 17-193), ch. 202, p. 747, § 1, effective May 18. **L. 2018:** (4) added, (HB 18-1003), ch. 224, p. 1429, § 5, effective May 21. **L. 2019:** (5) and (6) added, (SB 19-228), ch. 276, p. 2605, § 10, effective May 23. **L. 2020:** (5)(b)(I) amended, (HB 20-1364), ch. 205, p. 1009, § 1, effective June 30. **L. 2021:** (4)(c) RC&RE, (4)(d) added, and (5)(b) amended, (SB 21-137), ch. 362, p. 2375, § 20, effective June 28; (4)(a) amended, (HB 21-1276), ch. 364, p. 2402, § 17, effective July 1.

Editor's note: Subsection (4)(c)(II) provided for the repeal of subsection (4)(c), effective September 1, 2019. (See L. 2018, p. 1429.)

Cross references: (1) For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

(2) For the legislative declaration in HB 21-1276, see section 1 of chapter 364, Session Laws of Colorado 2021.

27-80-119. Care navigation program - creation - reporting - rules - legislative declaration - definition. (1) (a) The general assembly finds that:

(I) Many individuals who need treatment for substance use disorders must wait weeks or months to access residential or outpatient services;

(II) When dealing with a substance use disorder, any delay in starting treatment could mean life or death for the affected individual; and

(III) Individuals who are engaged in seeking treatment for a substance use disorder would benefit from care navigation services to connect those individuals with available treatment facilities or programs.

(b) Therefore, the general assembly declares that care navigation services that help individuals who are ready to begin treatment to gain timely access to that treatment are vital to the well-being of many Coloradans in crisis.

(2) As used in this section, "engaged client" means an individual who is interested in and willing to engage in substance use disorder treatment and recovery services or other treatment services either for the individual or an affected family member or friend.

(3) Subject to available appropriations, the department shall implement a care navigation program to assist engaged clients in obtaining access to treatment for substance use disorders. At a minimum, services available statewide must include independent screening of the treatment needs of the engaged client using nationally recognized screening criteria to determine the correct level of care; the identification of licensed or accredited substance use disorder treatment options, including social and medical detoxification services, medication-assisted treatment, and

inpatient and outpatient treatment programs; and the availability of various treatment options for the engaged client.

(4) To implement the care navigation program, the office shall include care navigation services in the twenty-four-hour telephone crisis service created pursuant to section 27-60-103. The contractor selected by the office must provide care navigation services to engaged clients statewide. Care navigation services must be available twenty-four hours a day and must be accessible through various formats. The contractor shall coordinate services in conjunction with other state care navigation and coordination services and behavioral health response systems to ensure coordinated and integrated service delivery. The use of peer support specialists is encouraged in the coordination of services. The contractor shall assist the engaged client with accessing treatment facilities, treatment programs, or treatment providers and shall provide services to engaged clients regardless of the client's payer source or whether the client is uninsured. Once the engaged client has initiated treatment, the contractor is no longer responsible for care navigation for that engaged client for that episode. Engaged clients who are enrolled in the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5 shall be provided with contact information for their managed care entity. The contractor shall conduct ongoing outreach to inform behavioral health providers, counties, county departments of human or social services, jails, law enforcement personnel, health-care professionals, and other interested persons about care navigation services.

(5) The contractor shall enter into a memorandum of understanding with the office of the ombudsman for behavioral health access to care created pursuant to section 27-80-303. If the contractor believes that a health benefit plan is in violation of state and federal parity laws, rules, or regulations pursuant to section 10-16-104 (5.5) and the "Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008", Pub.L. 110-343, as amended, with the engaged client's written permission, the contractor shall assist the engaged client with reporting the alleged violation to the office of the ombudsman for behavioral health access to care.

(6) The contractor shall collect and transmit to the department, in the time and manner determined by rule of the department, the following data and information relating to engaged clients served by the contractor:

(a) Demographic characteristics of the engaged client, including age, sex, ethnicity, and county of residence;

(b) The type of substance for which the engaged client is seeking treatment;

(c) Any self-reported or identified mental health conditions;

(d) Whether the engaged client was able to secure treatment and where, and, if not, the reasons why;

(e) The length of time the contractor provided care navigation services to the engaged client;

(f) Whether the engaged client had private or public insurance or was eligible for services through the office due to income;

(g) Services or treatment options that were not available in the engaged client's community, including recovery services, housing, transportation, and other supports; and

(h) The number of family members or friends calling on behalf of an engaged client or an individual with a substance use disorder.

(7) The state board may promulgate any rules necessary to implement the care navigation program.

(8) No later than September 1 during the first year in which the care navigation program is implemented pursuant to this section, and no later than September 1 of each year thereafter in which the care navigation program is implemented, the department shall submit an annual report to the joint budget committee, the public health care and human services committee and the health and insurance committee of the house of representatives, and the health and human services committee of the senate, or any successor committees, concerning the utilization of care navigation services pursuant to this section, including a summary of the data and information collected by the contractor pursuant to subsection (6) of this section, in accordance with state and federal health-care privacy laws. Notwithstanding the provisions of section 24-1-136 (11)(a)(I), the reporting requirements of this subsection (8) continue indefinitely.

Source: L. 2019: Entire section added, (HB 19-1287), ch. 175, p. 2015, § 3, effective May 14. **L. 2020:** (3) and (8) amended, (HB 20-1391), ch. 211, p. 1026, § 2, effective June 30. **L. 2021:** (2) amended, (HB 21-1021), ch. 256, p. 1512, § 9, effective September 7.

27-80-120. Building substance use disorder treatment capacity in underserved communities - grant program. (1) There is created in the department the building substance use disorder treatment capacity in underserved communities grant program, referred to in this section as the "grant program".

(2) Subject to available appropriations, the department shall award grant program money to increase substance use disorder capacity and services in rural and frontier communities. Each managed service organization area that consists of at least fifty percent rural or frontier counties shall receive an equal proportion of the annual grant program money to disburse in local grants.

(3) A grant committee shall review grant applications and, if approved, award local grants. The grant committee includes two members appointed by the county commissioners in the relevant managed service organization service area, two representatives from the managed service organization, and two members representing the department and appointed by the executive director of the department. The award of a local grant must be approved by a majority of the members of the grant committee. In awarding a local grant, the grant committee shall prioritize geographic areas that are unserved or underserved. After local grants are approved for each managed service organization service area, the department shall disburse grant program money to the managed service organization for distribution to local grant recipients.

(4) Local grants must be used to ensure that local communities increase access to a continuum of substance use disorder treatment and recovery services, including medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment.

(5) Local governments, municipalities, counties, schools, law enforcement agencies, and primary care or substance use disorder treatment providers within or outside of the managed service organization's network of providers may apply for a local grant to provide services.

(6) Money appropriated for the pilot program that remains unexpended and unencumbered at the end of the fiscal year is further appropriated to the department for the pilot program in the next fiscal year.

(7) Repealed.

Source: L. 2019: Entire section added, (HB 19-1287), ch. 175, p. 2018, § 4, effective May 14. **L. 2021:** (7) repealed, (SB 21-137), ch. 362, p. 2375, § 21, effective June 28; (4) amended, (HB 21-1021), ch. 256, p. 1512, § 10, effective September 7.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-121. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report. (1) The center for research into substance use disorder prevention, treatment, and recovery support strategies established in section 27-80-118, referred to in this section as the "center", in partnership with an institution of higher education and the state substance abuse trend and response task force established in section 18-18.5-103, may conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program, articles 4 to 6 of title 25.5; the electronic prescription drug monitoring program created in part 4 of article 280 of title 12; the Colorado TRAILS system, as defined in section 16-20.5-102 (10); the Colorado immunization information system, created pursuant to section 25-4-2401, et seq.; the Colorado child care assistance program, created in part 8 of article 2 of title 26; the office of behavioral health in the department of human services; and birth and death records to examine the following:

(a) Health-care mortality utilization by pregnant and postpartum women with substance use disorders and their infants compared to the general population;

(b) Human service, public health program utilization, and substance use treatment by pregnant and postpartum women with substance use disorders and their infants;

(c) Health-care, human service, and public health program outcomes among pregnant and postpartum women with substance use disorders and their infants; and

(d) Costs associated with health-care, human service, and public health program provisions for pregnant and postpartum women with substance use disorders and their infants.

(2) The data linkage project shall use vital records to establish maternal and infant dyads beginning at the birth hospitalization and retrospectively link the prenatal period and prospectively link the first year postpartum.

(3) The data linkage project may conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health and human service outcomes based on the standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or whether a child is neglected or dependent.

(4) The data linkage project may connect additional state and non-state data sources for the purpose of improving population-level estimates of perinatal substance exposure and examining system utilization and outcomes.

(5) The governor's office of information technology shall obtain data and perform secure linkage and anonymization on behalf of the state.

(6) Notwithstanding section 24-1-136 (11)(a)(I), on or before January 1, 2021, and annually thereafter throughout the duration of the data linkage project, the center shall report

progress on the data linkage project and the results, if available, to the health and insurance committee and the public health care and human services committee of the house of representatives and the health and human services committee of the senate or their successor committees.

Source: L. 2019: Entire section added, (SB 19-228), ch. 276, p. 2606, § 12, effective May 23. **L. 2020:** (2.5) added, (SB 20-028), ch. 186, p. 854, § 7, effective June 30. **L. 2021:** Entire section amended, (SB 21-137), ch. 362, p. 2375, § 22, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-122. Recovery residence certifying body - competitive selection process - appropriation. (1) No later than January 1, 2022, the office of behavioral health shall use a competitive selection process pursuant to the "Procurement Code", articles 101 to 112 of title 24, to select a recovery residence certifying body to:

(a) Certify recovery residences pursuant to section 25-1.5-108.5; and

(b) Educate and train recovery residence owners and recovery residence staff on industry best practices, including best practices for providing culturally responsive and trauma-informed care.

(2) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate two hundred thousand dollars to the office of behavioral health for the purpose of implementing this section.

Source: L. 2019: Entire section added, (HB 19-1009), ch. 274, p. 2591, § 4, effective May 23. **L. 2021:** Entire section R&RE, (SB 21-137), ch. 362, p. 2376, § 23, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-123. High-risk families cash fund - creation - services provided - report - definition. (1) As used in this section, unless the context otherwise requires, "high-risk children and youth" means children or youth at risk of entering or who are involved with the juvenile justice system or the child welfare system.

(2) There is created in the state treasury the high-risk families cash fund, referred to in this section as the "fund". The fund consists of money credited to the fund and any other money that the general assembly may appropriate or transfer to the fund. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. Money in the fund is continuously appropriated to the department, which may expend money from the fund for the purposes specified in subsection (4) of this section.

(3) Repealed.

(4) The department may expend money in the fund for the following purposes:

(a) For services to high-risk parents, including pregnant and parenting women, with substance use disorders;

(b) For services for high-risk children and youth with behavioral health disorders; and

(c) For services for families with behavioral health needs, including family-centered treatment models.

(5) (a) The department may use money from the fund to contract with managed service organizations, private providers, schools, counties, nonprofit organizations, or municipalities to provide services described in subsection (4) of this section.

(b) Money expended by the department must be used for one-time allocations to increase treatment capacity, including start-up costs and capital expenditures, or to provide substance use disorder recovery and wraparound services, including the prenatal plus program and access to child care, to high-risk families.

(6) After considering relevant stakeholder feedback, the department shall annually prioritize the use of available money in the fund, recognizing statewide need and complementing existing funding for behavioral health services statewide.

(7) Notwithstanding the provisions of section 24-1-136 (11)(a)(I) to the contrary, the department shall submit a report to the general assembly on July 1, 2020, and on July 1 each year thereafter, which report must include:

(a) A summary of expenditures from the fund made by the department;

(b) The impact of the expenditures in increasing services for high-risk families; and

(c) Any recommendations to strengthen and improve access to services and services provided with money from the fund.

Source: L. 2019: Entire section added, (HB 19-1193), ch. 272, p. 2571, § 8, effective May 23. **L. 2020:** (3) repealed, (HB 20-1388), ch. 124, p. 523, § 4, effective June 24. **L. 2021:** (4) and (5)(b) amended, (SB 21-137), ch. 362, p. 2386, § 34, effective June 28.

Editor's note: This section was numbered as § 27-80-119 in HB 19-1193 but was renumbered on revision for ease of location.

Cross references: (1) For the legislative declaration in HB 19-1193, see section 1 of chapter 272, Session Laws of Colorado 2019.

(2) For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-124. Colorado substance use disorders prevention collaborative - created - mission - administration - report - repeal. (1) The office of behavioral health shall convene and administer a Colorado substance use disorders prevention collaborative with institutions of higher education, nonprofit agencies, and state agencies, referred to in this section as the "collaborative", for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices to fulfill the mission stated in subsection (2) of this section.

(2) The mission of the collaborative is to:

(a) Coordinate with and assist state agencies and communities to strengthen Colorado's prevention infrastructure and to implement a statewide strategic plan for primary prevention of substance use disorders for state fiscal years 2021-22 through 2024-25;

(b) Advance the use of tested and effective prevention programs and practices through education, outreach, advocacy, and technical assistance, with an emphasis on addressing the needs of underserved populations and communities;

(c) Direct efforts to raise public awareness of the cost savings of prevention measures;

(d) Provide direct training and technical assistance to communities regarding selection, implementation, and sustainment of tested and effective primary prevention programs;

(e) Pursue local and state policy changes that enhance the use of tested and effective primary prevention programs;

(f) Advise state agencies and communities regarding new and innovative primary prevention programs and practices;

(g) Support funding efforts in order to align funding and services and communicate with communities about funding strategies;

(h) Work with key state and community stakeholders to establish a minimum standard for primary prevention programs in Colorado; and

(i) Work with prevention specialists and existing training agencies to provide and support training to strengthen Colorado's prevention workforce.

(3) The office of behavioral health and the collaborative shall:

(a) Establish community-based prevention coalitions and delivery systems to reduce substance misuse;

(b) Implement effective primary prevention programs in Colorado communities with the goal of increasing the number of programs to reach those in need statewide; and

(c) Coordinate with designated state agencies and other organizations to provide prevention science training to systemize, update, expand, and strengthen prevention certification training and provide continuing education to prevention specialists.

(4) In order to implement and provide sustainability to the collaborative, for state fiscal years 2021-22 through 2024-25, the general assembly shall appropriate money from the marijuana tax cash fund created in section 39-28.8-501 (1) to the office of behavioral health to accomplish the mission of the collaborative.

(5) The office of behavioral health shall report its progress to the general assembly on or before September 1, 2022, and each September 1 through September 1, 2025.

(6) This section is repealed, effective September 30, 2025.

Source: L. 2021: Entire section added, (HB 21-1276), ch. 364, p. 2402, § 18, effective July 1.

Cross references: For the legislative declaration in HB 21-1276, see section 1 of chapter 364, Session Laws of Colorado 2021.

27-80-125. Housing assistance for individuals with a substance use disorder - rules - report - appropriation. (1) The office of behavioral health shall establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is:

(a) Transitioning out of a residential treatment setting and into recovery; or

(b) Receiving treatment for the individual's substance use disorder.

(2) The office of behavioral health may promulgate rules establishing the maximum amount of temporary financial assistance that an individual can receive and the maximum amount of time for which an individual may receive assistance. Rules promulgated pursuant to this subsection (2) related to the time for which an individual may receive assistance must be clinically based, culturally responsive, and trauma-informed.

(3) In awarding temporary financial housing assistance in accordance with this section, the office of behavioral health shall consider funding for individuals entering into a recovery residence, as defined in section 25-1.5-108.5 (1)(a).

(4) Notwithstanding section 24-1-136 (11)(a)(I), by February 1, 2022, and by February 1 each year thereafter, the office of behavioral health shall submit a report detailing the amount of housing assistance provided in the prior year, the number of individuals and the entities that received the housing assistance, and the duration of housing assistance each individual or entity received to the health and human services committee of the senate, the health and insurance and the public and behavioral health and human services committees of the house of representatives, and the opioid and other substance use disorders study committee created in section 10-22.3-101, or any successor committees.

(5) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate four million dollars to the office of behavioral health for the purpose of the housing program described in this section.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2377, § 24, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-126. Recovery support services grant program - creation - eligibility - reporting requirements - appropriation - rules - definitions. (1) As used in this section, unless the context otherwise requires:

(a) "Grant program" means the recovery support services grant program created in this section.

(b) "Recovery community organization" means an independent, nonprofit organization led and governed by representatives of local communities of recovery that organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, or provide peer-run recovery support services.

(2) There is created in the office of behavioral health the recovery support services grant program, referred to in this section as the "grant program", to provide grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder.

(3) A recovery community organization that receives a grant from the grant program may use the money to:

(a) Offer opportunities for individuals with a substance use disorder or co-occurring substance use and mental health disorder in recovery to engage in activities focused on mental or physical wellness or community service;

(b) Provide guidance to individuals with a substance use disorder or co-occurring substance use and mental health disorder and their family members on navigating treatment, social service, and recovery support systems;

(c) Help individuals with a substance use disorder or co-occurring substance use and mental health disorder to connect with resources needed to initiate and maintain recovery as outlined by the federal substance abuse and mental health services administration's four dimensions of recovery: Health, home, community, and purpose;

(d) Assist in establishing and sustaining a social and physical environment supportive of recovery;

(e) Provide local and state recovery resources to recovery community organization participants and community members; and

(f) Provide recovery support services for caregivers and families of individuals recovering from a substance use and co-occurring mental health disorder.

(4) The office of behavioral health shall administer the grant program. Subject to available appropriations, the office shall disburse grant money appropriated pursuant to subsection (8) of this section to each managed service organization designated pursuant to section 27-80-107.

(5) The office of behavioral health shall implement the grant program in accordance with this section. Pursuant to article 4 of title 24, the office shall promulgate rules as necessary to implement the grant program.

(6) (a) To receive a grant, a recovery community organization must submit an application to the applicable managed service organization in accordance with rules promulgated by the office of behavioral health.

(b) Each managed service organization shall review the applications received pursuant to this section. In awarding grants, the managed service organization shall prioritize an applicant whose program outlines the capacity to deliver recovery support services to meet the needs of diverse racial, cultural, income, ability, and other underserved groups, including the delivery of recovery support services by culturally responsive and trauma-informed professionals.

(7) (a) On or before December 1, 2023, and on or before December 1 each year thereafter, each managed service organization that awards grants shall submit a report to the office of behavioral health. At a minimum, the report must include the following information:

(I) The number of community members involved in the recovery community organization;

(II) A detailed description of the organization's advocacy efforts;

(III) Any collaborative projects a recovery community organization has with other recovery community organizations across the state; and

(IV) Any other information required by the office of behavioral health.

(b) On or before March 1, 2022, and on or before March 1 each year thereafter for the duration of the grant program, the office of behavioral health shall submit a summarized report on the grant program to the health and human services committee of the senate and the health and insurance and the public and behavioral health and human services committees of the house

of representatives, or any successor committees, and to the opioid and other substance use disorders study committee created in section 10-22.3-101.

(c) Notwithstanding section 24-1-136 (11)(a)(I), the reporting requirements set forth in this subsection (7) continue indefinitely.

(8) For the 2021-22 state fiscal year and each state fiscal year thereafter, the general assembly shall appropriate one million six hundred thousand dollars from the general fund to the office of behavioral health to implement the grant program. The office may use a portion of the money appropriated for the grant program to pay the direct and indirect costs of administering the grant program.

Source: L. 2021: Entire section added, (SB 21-137), ch. 362, p. 2377, § 24, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

PART 2

CONTROLLED SUBSTANCES

Editor's note: This part 2 was added with relocations in 2012. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this part 2, see the comparative tables located in the back of the index.

27-80-201. Short title. This part 2 shall be known and may be cited as the "Colorado Licensing of Controlled Substances Act".

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1595, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-301 as it existed prior to 2012.

27-80-202. Legislative declaration. The general assembly finds, determines, and declares that strict control of controlled substances within this state is necessary for the immediate and future preservation of the public peace, health, and safety and that the licensing, record-keeping, penalty, and other provisions contained in this part 2 are necessary for the achievement of such control.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1595, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-302 as it existed prior to 2012.

27-80-203. Definitions. As used in this part 2, unless the context otherwise requires:

(1) and (2) Repealed.

(3) "Administer" means to apply a controlled substance, whether by injection, inhalation, ingestion, or any other means, directly to the body of a patient.

(4) "Agent" means an authorized person who acts on behalf of or at the direction of a person licensed or otherwise authorized under this part 2. "Agent" does not include a common or contract carrier, a public warehouseman, or an employee of a carrier or warehouseman.

(5) "Bureau" means the drug enforcement administration, or its successor agency, of the United States department of justice.

(6) (a) "Compound" means to prepare, mix, assemble, package, or label a drug or device:

(I) As the result of a practitioner's prescription drug order, chart order, or initiative, based on the relationship between the practitioner, patient, and pharmacist in the course of professional practice; or

(II) For the purpose of, or as an incident to, teaching or chemical analysis and not for sale or dispensing.

(b) "Compound" also includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(7) "Controlled substance" shall have the same meaning as in section 18-18-102 (5), C.R.S.

(8) "Deliver" or "delivery" means actual, constructive, or attempted transfer of a controlled substance whether or not there is an agency relationship.

(9) "Detoxification treatment" means a program for a short term of not more than three weeks for the administering or dispensing, in decreasing doses, of a controlled substance to a person with a substance use disorder while he or she is receiving appropriate supportive medical treatment, with the immediate goal being to render the person no longer dependent on the intake of any amount of a controlled substance.

(10) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, or similar or related article that is required under federal law to bear the label, "**Caution: federal law requires dispensing by or on the order of a physician.**" "Device" also includes any component part of, or accessory or attachment to, any such article, whether or not the component part, accessory, or attachment is separately so labeled.

(11) "Dispense" means to interpret, evaluate, and implement a prescription drug or controlled substances order or chart order, including the preparation of a drug or device for a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to or use by a patient.

(12) "Distribute" means to deliver a controlled substance other than by administering or dispensing.

(13) (a) "Drug" means any of the substances:

(I) Recognized as drugs in the official United States pharmacopoeia, national formulary, or the official homeopathic pharmacopoeia of the United States, or a supplement thereof;

(II) Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in individuals or animals;

(III) Other than food, intended to affect the structure or any function of the body of individuals or animals; or

(IV) Intended for use as a component of any substance specified in subparagraph (I), (II), or (III) of this paragraph (a).

(b) "Drug" does not include devices or their components, parts, or accessories.

(14) "Maintenance treatment" means a program of more than six months' duration for the administering or dispensing of a controlled substance, approved for such use by federal law or regulation, to a person with a substance use disorder for the purpose of continuing his or her dependence upon a controlled substance in the course of conducting an authorized rehabilitation program for persons with substance use disorders, with a long-term goal of decreasing the person's controlled substance dependency and leading to his or her possible withdrawal.

(15) "Marijuana" means all parts of the plant cannabis sativa L., whether growing or not, the seeds thereof, the resin extracted from any part of the plant, and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or its resin. It does not include fiber produced from the stalks, oil or cake made from the seeds of the plant, or sterilized seed of the plant that is incapable of germination, if these items exist apart from any other item defined as "marijuana" in this subsection (15). "Marijuana" does not include marijuana concentrate as defined in subsection (16) of this section.

(16) "Marijuana concentrate" means hashish, tetrahydrocannabinols, or any alkaloid, salt, derivative, preparation, compound, or mixture, whether natural or synthesized, of tetrahydrocannabinols.

(16.5) "Opioid treatment program" means a treatment program licensed pursuant to this part 2 and certified as an opioid treatment program by the federal substance abuse and mental health services administration pursuant to the rules of the federal department of health and human services and the federal drug enforcement administration, to provide medication-assisted treatment for people diagnosed with an opioid-use disorder.

(17) "Peace officer" shall have the same meaning as set forth in section 16-2.5-101, C.R.S.

(18) "Person" means any individual, government, governmental subdivision, agency, business trust, estate, trust, partnership, corporation, association, institution, or other legal entity.

(19) "Peyote" means all parts of the plant presently classified botanically as lophophora williamsii lemaire, whether growing or not, the seeds thereof, any extraction from any part of such plant, and every compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or extracts.

(20) "Practitioner" means a person authorized by law to prescribe any drug or device, acting within the scope of such authority.

(21) "Prescription drug" means a drug that, prior to being dispensed or delivered, is required to be labeled with the following statement: "Caution: Federal law prohibits dispensing without a prescription.", "Rx only", or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

(22) "Production" or "produces" means the manufacturing, planting, cultivating, growing, or harvesting of a controlled substance.

(23) Repealed.

(23.3) "Substance use disorder" means a physical or psychological dependence on a controlled substance that develops following the use of the controlled substance on a periodic or continuing basis and is demonstrated by appropriate observation and tests by a person licensed to practice medicine pursuant to article 240 of title 12.

(23.5) "Substance use disorder treatment program" means a program licensed pursuant to this part 2 for the detoxification, withdrawal, or maintenance treatment of a person with a

substance use disorder. "Substance use disorder treatment program" includes an opioid treatment program.

(24) (a) "Tetrahydrocannabinols" means synthetic equivalents of the substances contained in the plant, or in the resinous extractives of, cannabis, sp., or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity, such as the following:

(I) ^{1}cis or trans tetrahydrocannabinol, and their optical isomers;

(II) ^{6}cis or trans tetrahydrocannabinol, and their optical isomers;

(III) ^{3,4}cis or trans tetrahydrocannabinol, and their optical isomers.

(b) Since the nomenclature of the substances listed in paragraph (a) of this subsection (24) is not internationally standardized, compounds of these structures, regardless of the numerical designation of atomic positions, are included in this definition.

(25) "Withdrawal treatment" means a program for an intermediate term, of more than three weeks but less than six months, for the administering or dispensing, in decreasing doses, of a controlled substance, approved for such use by federal law or regulation, to a person with a substance use disorder while receiving rehabilitative measures as indicated, with the immediate goal being to render the person with the substance use disorder no longer dependent on the intake of any amount of a controlled substance.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1596, § 5, effective July 1. **L. 2017:** (1) and (2) repealed, (9), (14), and (25) amended, and (23.3) and (23.5) added, (SB 17-242), ch. 266, p. 1360, § 263, effective May 25. **L. 2019:** (3), (6)(a)(II), and (23.5) amended, (16.5) added, and (23) repealed, (SB 19-219), ch. 277, p. 2613, § 2, effective August 2; (23.3) amended, (HB 19-1172), ch. 136, p. 1714, § 201, effective October 1.

Editor's note: This section is similar to former § 12-22-303 and § 12-22-102 as they existed prior to 2012.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-204. License required - controlled substances - repeal. (1) (a) In accordance with part 3 of article 18 of title 18, a substance use disorder treatment program that compounds, administers, or dispenses a controlled substance shall annually obtain a license issued by the department for each place of business or professional practice located in this state.

(b) (I) This subsection (1) is repealed, effective September 1, 2026.

(II) Prior to the repeal, the department of regulatory agencies shall review the licensing functions of the department as provided in section 24-34-104. In conducting the review, the department of regulatory agencies shall consider whether the licensing pursuant to this subsection (1) should be combined with the licensing of any other substance use disorder treatment programs by the department.

(2) Persons licensed as required under this part 2, or otherwise licensed as required by federal law, may possess, distribute, dispense, or administer controlled substances only to the extent authorized by their licenses and in conformity with the provisions of this part 2 and with article 18 of title 18.

(3) An employee of a facility, as defined in section 25-1.5-301, C.R.S., who is administering and monitoring medications to persons under the care or jurisdiction of the facility pursuant to part 3 of article 1.5 of title 25, C.R.S., need not be licensed by the department to lawfully possess controlled substances under this part 2.

(4) A person who is required to be but is not yet licensed may apply for a license at any time. A person who is required to be licensed under this part 2 shall not engage in any activity for which a license is required until the department grants the person's application and issues a license to him or her.

(5) Repealed.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1601, § 5, effective July 1. **L. 2014:** (1)(b)(I) amended, (HB 14-1173), ch. 291, p. 1191, § 2, effective May 31. **L. 2017:** (1)(a) and (1)(b)(II) amended, (SB 17-242), ch. 263, p. 1361, § 267, effective May 25. **L. 2019:** (1)(b)(I) and (2) amended and (5) repealed, (SB 19-219), ch. 277, p. 2614, § 3, effective August 2.

Editor's note: This section is similar to former § 12-22-304 as it existed prior to 2012.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-205. Issuance of license - fees. (1) The department, as provided in section 27-80-204 (1), shall issue the appropriate license to each substance use disorder treatment program meeting all the requirements of this part 2 unless it determines that the issuance of the license would be inconsistent with the public interest. In determining the public interest, the department shall consider the following factors:

(a) Maintenance of effective controls against diversion of controlled substances into illegitimate medical, scientific, or industrial channels;

(b) Compliance with applicable state and local laws;

(c) Any conviction of the applicant under any federal or state law relating to a controlled substance;

(d) Past experience in the manufacture or distribution of controlled substances and the existence in the applicant's establishment of effective controls against diversion;

(e) Any false or fraudulent information in an application filed under this part 2;

(f) Suspension or revocation of the applicant's federal registration to manufacture, distribute, or dispense a controlled substance as authorized by federal law; and

(g) Any other factors relevant to and consistent with the public peace, health, and safety.

(2) Issuance of a license under subsection (1) of this section does not entitle a licensee to distribute or professionally use controlled substances beyond the scope of the licensee's federal registration.

(3) (a) Repealed.

(a.5) The department may administratively set initial and annual license fees for substance use disorder treatment programs to approximate the direct and indirect costs of the program.

(b) The department shall transmit the fees collected pursuant to this section to the state treasurer for deposit in the controlled substances program fund created in section 27-80-206.

(4) Any person who is licensed may apply for license renewal not more than sixty days before the expiration date of the license.

(5) The United States, the state of Colorado, or any political subdivision of the state is not required to pay any license fee required by this part 2.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1602, § 5, effective July 1. **L. 2014:** (3)(a)(I) repealed and (3)(a.5) added, (HB 14-1173), ch. 291, p. 1192, § 5, effective May 31. **L. 2017:** IP(1) and (3)(a.5) amended, (SB 17-242), ch. 263, p. 1361, § 268, effective May 25. **L. 2019:** IP(1) amended and (3)(a) repealed, (SB 19-219), ch. 277, p. 2614, § 4, effective August 2.

Editor's note: This section is similar to former § 12-22-305 as it existed prior to 2012.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-206. Controlled substances program fund - disposition of fees. There is hereby created in the state treasury the controlled substances program fund. The department shall transmit all moneys it collects pursuant to this part 2 to the state treasurer, who shall credit the moneys to the controlled substances program fund. The general assembly shall make annual appropriations from the controlled substances program fund to the department for the purposes authorized by this part 2. All moneys credited to the controlled substances program fund and any interest earned on the fund remain in the fund and do not revert to the general fund or any other fund at the end of any fiscal year.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1604, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-306 as it existed prior to 2012.

27-80-207. Qualifications for license. (1) An applicant for a license under this part 2 shall have adequate and proper facilities for the handling and storage of controlled substances and shall maintain proper control over the controlled substances to ensure the controlled substances are not illegally dispensed or distributed.

(2) Repealed.

(3) The department shall not grant a license to a person who has been convicted within the last two years of a willful violation of this part 2 or any other state or federal law regulating controlled substances.

(4) Except for fees, compliance by a registrant with the provisions of the federal law respecting registration entitles the registrant to be licensed under this part 2.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1604, § 5, effective July 1. **L. 2019:** (2) repealed, (SB 19-219), ch. 277, p. 2615, § 5, effective August 2.

Editor's note: This section is similar to former § 12-22-307 as it existed prior to 2012.

27-80-208. Denial, revocation, or suspension of license - other disciplinary actions - notice. (1) The department may deny, suspend, or revoke a license issued under this part 2 pursuant to article 4 of title 24, or take other disciplinary action as set forth in subsection (2.5) of this section, at the department's discretion, upon a finding that the licensee:

(a) Has furnished false or fraudulent information in an application filed under this part 2;

(b) Has been convicted of, or has had accepted by a court a plea of guilty or nolo contendere to, a felony under any state or federal law relating to a controlled substance;

(c) Has had his or her federal registration to manufacture, distribute, or dispense a controlled substance suspended or revoked; or

(d) Has violated any provision of this part 2 or the rules of the department or of the state board of human services created in section 26-1-107, C.R.S.

(2) The department may limit revocation or suspension of a license to the particular controlled substance that was the basis for revocation or suspension.

(2.5) If the department determines that a licensee has committed an act that would authorize the department to deny, revoke, or suspend a license, the department may, at its discretion, impose other disciplinary actions that may include, but need not be limited to, a fine not to exceed five hundred dollars, probation, or stipulation.

(3) If the department suspends or revokes a license, the department may place all controlled substances owned or possessed by the licensee at the time of the suspension or on the effective date of the revocation order under seal. The department may not dispose of substances under seal until the time for making an appeal has elapsed or until all appeals have been concluded, unless a court orders otherwise or orders the sale of any perishable controlled substances and the deposit of the proceeds with the court. When a revocation order becomes final, all controlled substances may be forfeited to the state.

(4) The department shall promptly notify the bureau and the appropriate professional licensing agency, if any, of all charges and the final disposition of the charges, and of all forfeitures of a controlled substance.

(5) (a) On or before July 1, 2020, the department shall develop and implement a formal, simple, accurate, and objective system to track and categorize complaints made against a licensee and disciplinary action taken pursuant to this part 2.

(b) Repealed.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1604, § 5, effective July 1. **L. 2014:** IP(1) amended and (2.5) added, (HB 14-1173), ch. 291, p. 1192, § 3, effective May 31. **L. 2019:** IP(1) and (1)(c) amended and (5) added, (SB 19-219), ch. 277, p. 2615, § 6, effective August 2.

Editor's note: (1) This section is similar to former § 12-22-308 as it existed prior to 2012.

(2) Subsection (5)(b)(II) provided for the repeal of subsection (5)(b), effective July 1, 2021. (See L. 2019, p. 2615.)

27-80-209. Exemptions. (1) The provisions of section 18-18-414, C.R.S., do not apply to:

(a) Agents of persons licensed under this part 2 or under part 3 of article 18 of title 18, C.R.S., acting within the provisions of their licenses; or

(b) Officers or employees of appropriate agencies of federal, state, or local governments acting pursuant to their official duties.

(2) All combination drugs that are exempted by regulation of the attorney general of the United States department of justice, pursuant to section 1006 (b) of Public Law 91-513 (84 Stat. 1236), known as the "Comprehensive Drug Abuse Prevention and Control Act of 1970", on or after July 1, 1981, are exempt from this part 2 and part 3 of article 18 of title 18, C.R.S.

(3) This part 2 does not apply to peyote if it is used in religious ceremonies of any bona fide religious organization.

(4) Section 27-80-210 does not apply to a practitioner authorized to prescribe any controlled substance that is listed in schedules III, IV, or V of part 2 of article 18 of title 18, C.R.S., and that is manufactured, received, or dispensed by the practitioner in the course of his or her professional practice, unless:

(a) The practitioner dispenses, other than by direct administration, a schedule III, IV, or V controlled substance to his or her patients, and the practitioner charges the patients either separately or together with charges for other professional services; or

(b) The practitioner regularly engages in dispensing a schedule III, IV, or V controlled substance to his or her patients.

(5) The exemptions set forth in this section are available as a defense to any person accused of violating section 18-18-414, C.R.S.

(6) The state is not required to negate any exemption or exception in this part 2 or in part 3 or 4 of article 18 of title 18, C.R.S., in any complaint, information, indictment, or other pleading or in any trial, hearing, or other proceeding under this part 2 or under part 4 of article 18 of title 18, C.R.S. The burden of proving an exemption or exception is upon the person claiming the exemption or exception.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1605, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-317 as it existed prior to 2012.

27-80-210. Records to be kept - order forms. (1) Each person licensed or otherwise authorized under this part 2 or other laws of this state to manufacture, purchase, distribute, dispense, administer, store, or otherwise handle controlled substances shall keep and maintain separate detailed and accurate records and inventories relating to controlled substances and retain the records and inventories for a period of two years after the respective dates of the transactions as shown on the records and inventories.

(2) The record of any controlled substance distributed, administered, dispensed, or otherwise used must show the date the controlled substance was distributed, administered, dispensed, used, or otherwise disposed of, the name and address of the person to whom or for whose use the controlled substance was distributed, administered, dispensed, used, or otherwise disposed of, and the kind and quantity of the controlled substance.

(3) A person who maintains a record required by federal law that contains substantially the same information as set forth in subsections (1) and (2) of this section is deemed to comply with the record-keeping requirements of this part 2.

(4) A person required to maintain records pursuant to this section shall keep a record of any controlled substance lost, destroyed, or stolen, the kind and quantity of the controlled substance, and the date of the loss, destruction, or theft.

(5) A person licensed or otherwise authorized under this part 2 or other laws of this state shall distribute, administer, dispense, use, or otherwise dispose of controlled substances listed in schedule I or II of part 2 of article 18 of title 18, C.R.S., only pursuant to an order form. Compliance with the provisions of federal law respecting order forms is deemed compliance with this section.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1606, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-318 as it existed prior to 2012.

27-80-211. Enforcement and cooperation. (1) Each peace officer and district attorney in this state shall enforce this part 2 and shall cooperate with all agencies charged with the enforcement of the laws of this state, all other states, and the United States relating to controlled substances.

(2) The department shall cooperate with all agencies charged with the enforcement of the laws of this state, all other states, and the United States relating to controlled substances. To this end, the department shall:

(a) Arrange for the exchange of information among governmental officials concerning the use and abuse of controlled substances;

(b) Cooperate with the bureau and with local, state, and other federal agencies by maintaining a centralized unit to accept, catalogue, file, and collect statistics, including records of dependent and other controlled substance law offenders within the state, and make the information available for federal, state, and local law enforcement or regulatory purposes. The department shall not furnish the name or identity of a patient whose identity could not be obtained under section 27-80-212.

(c) Respond to referrals, complaints, or other information received regarding possible violations and, upon notification of the appropriate licensing authority, if applicable, and upon a written finding by the executive director of the department that probable cause exists to believe that there is illegal distribution or dispensing of controlled substances, to make any inspections, investigations, and reports that may be necessary to determine compliance with this part 2 by all licensed or otherwise authorized individuals who handle controlled substances;

(d) Cooperate with and make information available to appropriate state licensing and registration boards regarding any violations of this part 2 by persons licensed or registered by the boards;

(e) Enter into contracts and encourage and conduct educational and research activities designed to prevent and determine misuse and abuse of controlled substances.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1607, § 5, effective July 1. **L. 2019:** (2)(b) amended, (SB 19-219), ch. 277, p. 2615, § 7, effective August 2.

Editor's note: This section is similar to former § 12-22-319 as it existed prior to 2012.

27-80-212. Records confidential. Prescriptions, orders, and records required by this part 2 and stocks of controlled substances are open for inspection only to federal, state, county, and municipal officers whose duty it is to enforce the laws of this state or of the United States relating to controlled substances or the regulation of practitioners. No officer having knowledge, by virtue of his or her office, of a prescription, order, or record shall divulge his or her knowledge, except in connection with a prosecution or proceeding in court or before a licensing or registration board or officer to which prosecution or proceeding the person to whom the prescriptions, orders, or records relate is a party.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1607, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-320 as it existed prior to 2012.

27-80-213. Rules - policies. (1) The department shall update rules and promulgate new rules, as necessary and pursuant to article 4 of title 24, C.R.S., to implement this part 2. The department shall make the rules available to the public on its website.

(2) The department shall promulgate rules, in accordance with article 4 of title 24, for the conduct of detoxification treatment, maintenance treatment, and withdrawal treatment programs for substance use disorders related to controlled substances.

(3) The department shall develop a policy that separates the administration of this part 2 from the administration of article 81 of this title 27. The policy must ensure that the department's performance of its duties pursuant to this part 2 does not interfere with the performance of its duties as required by article 81 of this title 27.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1608, § 5, effective July 1. **L. 2017:** (2) amended, (SB 17-242), ch. 263, p. 1362, § 269, effective May 25. **L. 2019:** (2) amended and (3) added, (SB 19-219), ch. 277, p. 2616, § 8, effective August 2.

Editor's note: This section is similar to former § 12-22-321 and § 12-22-322 as they existed prior to 2012.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-80-214. Defenses. The common law defense known as the "procuring agent defense" is not a defense to any crime in this part 2 or in title 18, C.R.S.

Source: L. 2012: Entire part added with relocations, (SB 12-1311), ch. 281, p. 1608, § 5, effective July 1.

Editor's note: This section is similar to former § 12-22-324 as it existed prior to 2012.

27-80-215. Central registry - registration required - notice - repeal. (1) (a) On or before July 1, 2020, the department shall develop or procure a secure online central registry, referred to in this section as the "registry", to register patients treated in a substance use disorder treatment program.

(b) The department shall operate and maintain the registry or enter into an agreement with a third party to operate and maintain the registry on its behalf.

(c) Each opioid treatment program shall register and maintain an account with the registry.

(d) Repealed.

(2) (a) (I) In order to prevent simultaneous enrollment of a patient in more than one opioid treatment program, each opioid treatment program shall fully participate in the registry, including submitting a query to the registry for each patient and entering in patient information as required by this part 2 and department rule.

(II) For each patient, the entry into the registry must include the patient's name, the opioid treatment program providing treatment to the patient, and any information the department deems necessary to further the goals of this part 2.

(III) Any person seeking treatment from an opioid treatment program must provide the program with any information required by this section and authorize the program to query the registry. A program may not query or enter any information into the registry without authorization from the patient.

(b) The department shall establish the method for opioid treatment programs to enter information into the registry and query the registry for information concerning prospective patients.

(3) (a) This section is repealed, effective September 1, 2026.

(b) Prior to the repeal, the department of regulatory agencies shall review the registration functions of the department as provided in section 24-34-104.

Source: L. 2019: Entire section added, (SB 19-219), ch. 277, p. 2616, § 9, effective August 2.

Editor's note: Subsection (1)(d)(II) provided for the repeal of subsection (1)(d), effective July 1, 2021. (See L. 2019, p. 2616.)

27-80-216. Policy verifying identity. The department shall establish a policy on how a substance use disorder treatment program must verify the identity of individuals initiating into detoxification, withdrawal, or maintenance treatment for a substance use disorder. The department policy must include verification requirements for individuals without identification and individuals experiencing homelessness.

Source: L. 2019: Entire section added, (SB 19-227), ch. 273, p. 2583, § 13, effective May 23.

PART 3

BEHAVIORAL HEALTH ACCESS TO CARE OMBUDSMAN

27-80-301. Short title. The short title of this part 3 is the "Behavioral Health Access to Care Ombudsman Act".

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1548, § 1, effective August 8.

27-80-302. Definitions. As used in this part 3, unless the context otherwise requires:

(1) "Health-care provider" or "provider" means:

(a) A professional person, as defined in section 27-65-102 (17);

(b) A mental health professional licensed or certified under article 245 of title 12;

(c) Any other health-care provider regulated by the state when engaged in assisting consumers with behavioral health-care access and coverage issues; or

(d) A health-care facility licensed pursuant to section 25-1.5-103, when the facility is engaged in assisting consumers with behavioral health-care access and coverage issues.

(2) "Office" means the office of the ombudsman for behavioral health access to care created in section 27-80-303.

(3) "Ombudsman" means the individual designated pursuant to section 27-80-303 as the ombudsman for behavioral health access to care.

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1548, § 1, effective August 8. **L. 2019:** (1)(b) amended, (HB 19-1172), ch. 136, p. 1714, § 202, effective October 1.

27-80-303. Office of ombudsman for behavioral health access to care - creation - appointment of ombudsman - duties. (1) (a) There is hereby created in the office of the executive director the office of the ombudsman for behavioral health access to care for the purpose of assisting Coloradans in accessing behavioral health care.

(b) The office of behavioral health shall offer the office limited support with respect to:

(I) Personnel matters;

(II) Recruitment;

(III) Payroll;

(IV) Benefits;

(V) Budget submission, as needed;

(VI) Accounting;

(VII) Office space, facilities, and technical support; and

(VIII) Administrative support that will help maintain the independence of the office.

(c) The office operates with full independence and has complete autonomy, control, and authority over operations, budget, and personnel decisions related to the office and the ombudsman, subject to state personnel and fiscal rules. The office may seek, accept, and expend gifts, grants, or donations for the purpose of operating the office. The department may, but is not required to, provide funding to the office.

(2) By November 1, 2018, the governor shall designate an ombudsman for behavioral health access to care, who shall serve as director of the office. The ombudsman shall serve as a neutral party to help consumers, including consumers who are uninsured or have public or

private health benefit coverage, including coverage that is not subject to state regulation, and health-care providers, acting on their own behalf, on behalf of a consumer with the consumer's written permission, or on behalf of a group of health-care providers, navigate and resolve issues and ensure compliance regarding consumer access to behavioral health care, including care for mental health conditions and substance use disorders.

(3) The ombudsman shall:

(a) Interact with consumers and health-care providers with concerns or complaints to help the consumers and providers resolve behavioral health-care access and coverage issues;

(b) Identify, track, and report to the appropriate regulatory or oversight agency concerns, complaints, and potential violations of state or federal rules, regulations, or statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions or substance use disorders, including potential violations related to quantitative and nonquantitative treatment limitations;

(c) Receive and assist consumers and providers in reporting concerns and filing complaints with appropriate regulatory or oversight agencies relating to inappropriate care, an emergency procedure under section 27-65-105, a certification for short-term treatment under section 27-65-107, or a certification for long-term care and treatment under section 27-65-109;

(d) Provide appropriate information to help consumers obtain behavioral health care;

(e) Develop appropriate points of contact for referrals to other state and federal agencies;

(f) Provide appropriate information to help consumers or health-care providers file appeals or complaints with the appropriate entities, including insurers and other state and federal agencies; and

(g) Be the appointing authority for any employees the office may choose to hire. Any such employees are state employees subject to the state personnel system.

(4) The ombudsman, employees of the office, and any persons acting on behalf of the office shall comply with all state and federal confidentiality laws that govern the department with respect to the treatment of confidential information or records and the disclosure of such information and records.

(5) In the performance of his or her duties, the ombudsman shall act independently of the office of behavioral health. Any recommendations made or positions taken by the ombudsman do not reflect those of the department or office of behavioral health.

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1549, § 1, effective August 8. **L. 2021:** (1)(b), (1)(c), (2), (3)(e), and (3)(f) amended and (3)(g) added, (SB 21-137), ch. 362, p. 2380, § 25, effective June 28.

Editor's note: Section 38 of chapter 362 (SB 21-137), Session Laws of Colorado 2021, provides that section 25 of the act amending this section takes effect only if SB 21-288 becomes law and takes effect either upon the effective date of SB 21-137 or one day after the passage of SB 21-288, whichever is later. SB 21-288 became law and took effect June 11, 2021, and SB 21-137 took effect June 28, 2021.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-80-304. Liaisons - department - commissioner of insurance. The commissioner of insurance and the executive director shall each appoint a liaison to the ombudsman to receive reports of concerns, complaints, and potential violations described in section 27-80-303 (3)(b) from the ombudsman, consumers, or health-care providers.

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1551, § 1, effective August 8.

27-80-305. Qualified immunity. The ombudsman and employees or persons acting on behalf of the office are immune from suit and liability, either personally or in their official capacities, for any claim for damage to or loss of property, or for personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred within the scope of employment, duties, or responsibilities pertaining to the office, including issuing reports or recommendations; except that nothing in this section protects those persons from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of the person.

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1551, § 1, effective August 8.

27-80-306. Annual report. (1) On or before September 1, 2020, and on or before September 1 of each year thereafter, the ombudsman shall prepare and submit, in accordance with subsection (2) of this section, a written report that includes information from the preceding fiscal year concerning actions taken by the ombudsman relating to the duties of the office set forth in section 27-80-303.

(2) The ombudsman shall submit the report required by this section to the governor, the executive director, the commissioner of insurance, the senate committee on health and human services or any successor committee, and the house of representatives committees on health, insurance, and environment and public health care and human services or any successor committees. Notwithstanding section 24-1-136 (11)(a)(I), the reporting requirement set forth in this section continues indefinitely.

(3) The ombudsman shall post the annual report on the department's website.

(4) The ombudsman shall not include in the report required by this section any personally identifying information about an individual consumer or health-care provider or identifying information about a health-care facility licensed pursuant to section 25-1.5-103 or an emergency medical services facility, as defined in section 27-65-102 (5.5).

Source: L. 2018: Entire part added, (HB 18-1357), ch. 252, p. 1551, § 1, effective August 8.

ARTICLE 81

Substance Use Disorders
Education, Prevention, and Treatment

Editor's note: This article was added with relocations in 2010 containing provisions of part 3 of article 1 of title 25. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

Cross references: For placement of a person in a state-approved treatment facility for alcohol use disorders after he or she has been arrested and charged for driving under the influence, see § 42-4-1705 (3).

27-81-101. Legislative declaration. (1) The general assembly recognizes the character and pervasiveness of substance use disorders and that substance use disorders are serious problems. The general assembly further finds and declares that these problems have been very seriously neglected and that the social and economic costs and the waste of human resources caused by substance use disorders are massive, tragic, and no longer acceptable. The general assembly believes that the best interests of this state demand an across-the-board, locally oriented attack on the massive problems of drug abuse and substance use disorders. The attack includes prevention, education, and treatment, and this article 81 provides a base from which to launch the attack and reduce the tragic human loss.

(2) It is the policy of this state that persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs should be afforded treatment so they may lead normal lives as productive members of society. The general assembly finds and declares that substance use disorders are matters of statewide concern.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 732, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1362, § 270, effective May 25. **L. 2020:** Entire section R&RE, (SB 20-007), ch. 286, p. 1392, § 11, effective July 13.

Editor's note: This section is similar to former § 27-82-101 as it existed prior to 2020.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-102. Definitions. As used in this article 81, unless the context otherwise requires:

(1) "Administrator" means the administrator of an approved treatment facility or an individual authorized in writing to act as the administrator's designee.

(1.2) **[*Editor's note: This version of subsection (1.2) is effective until July 1, 2022.*]**"Alcohol use disorder" means a condition by which a person habitually lacks self-control as to the use of alcoholic beverages or uses alcoholic beverages to the extent that the person's health is substantially impaired or endangered or the person's social or economic function is substantially disrupted. Nothing in this subsection (1.2) precludes the denomination of a person with an alcohol use disorder as intoxicated by alcohol or incapacitated by alcohol.

(1.2) **[*Editor's note: This version of subsection (1.2) is effective July 1, 2022.*]**"Alcohol use disorder" means a chronic relapsing brain disease characterized by recurrent use of alcohol

causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, and home.

(2) "Approved private treatment facility" means a private agency meeting the standards prescribed in section 27-81-106 (1) and approved under section 27-81-106.

(3) "Approved public treatment facility" means a treatment agency operating under the direction and control of or approved by the office of behavioral health or providing treatment pursuant to this article 81 through a contract with the office of behavioral health pursuant to section 27-81-105 (7) and meeting the standards prescribed in section 27-81-106 (1) and approved pursuant to section 27-81-106.

(3.5) **[*Editor's note: Subsection (3.5) is effective July 1, 2022.*]** "Behavioral health entity" means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in section 27-66-101 (2) and (3), but does not include:

(a) Residential child care facilities as defined in section 26-6-102 (33); or

(b) Services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.

(4) "Court" means the district court in the county in which the person named in a petition filed pursuant to this article resides or is physically present. In the city and county of Denver, "court" means the probate court.

(5) "Department" means the department of human services created in section 26-1-105, C.R.S.

(6) "Director" means the director of the office of behavioral health.

(6.5) "Drug" means a controlled substance, as defined in section 18-18-102 (5), and toxic vapors.

(7) "Emergency service patrol" means a patrol established under section 27-81-115.

(8) "Executive director" means the executive director of the department.

(9) "Incapacitated by alcohol" means that a person, as a result of the use of alcohol, is unconscious, has his or her judgment otherwise so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment, is unable to take care of his or her basic personal needs or safety, or lacks sufficient understanding or capacity to make or communicate rational decisions about himself or herself.

(9.2) "Incapacitated by drugs" means that a person, as a result of the use of drugs, is unconscious or has judgment otherwise so impaired that the person is incapable of realizing and making a rational decision with respect to the person's need for treatment, is unable to take care of basic personal needs or safety, or lacks sufficient understanding or capacity to make or communicate rational decisions concerning himself or herself.

(9.4) "Incapacitated by substances" means that a person is incapacitated by alcohol or is incapacitated by drugs.

(10) Repealed.

(11) "Intoxicated person" or "person intoxicated by alcohol" means a person whose mental or physical functioning is temporarily but substantially impaired as a result of the presence of alcohol in his or her body.

(12) "Licensed physician" means either a physician licensed by the state of Colorado or a hospital-licensed physician employed by the admitting facility.

(13) "Minor" means a person under the age of eighteen years.

(13.5) "Office of behavioral health" means the office of behavioral health in the department.

(13.6) "Person under the influence of drugs" means any person whose mental or physical functioning is temporarily but substantially impaired as a result of the presence of drugs in the person's body.

(13.7) **[*Editor's note: Subsection (13.7) is effective July 1, 2022.*]**"Public funds" means money appropriated to the office of behavioral health by the general assembly or any other governmental or private sources for withdrawal management or for the treatment of alcohol use disorders in approved facilities pursuant to this article 81.

(13.8) "Substance use disorder" means a chronic relapsing brain disease, characterized by recurrent use of alcohol, drugs, or both, causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

(13.9) "Toxic vapors" means a substance or product containing such substances as defined in section 18-18-412 (3).

(14) "Treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling that may be extended to a person with a substance use disorder, a person incapacitated by substances, a person under the influence of drugs, and a person intoxicated by alcohol.

(15) Repealed.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 732, § 2, effective April 29. **L. 2011:** (10) repealed, (HB 11-1303), ch. 264, p. 1172, § 81, effective August 10. **L. 2017:** IP, (1), (3), (6), and (14) amended, (13.5) added, and (15) repealed, (SB 17-242), ch. 263, p. 1362, § 271, effective May 25. **L. 2019:** (1) amended and (3.5) and (13.7) added, (HB 19-1237), ch. 413, p. 3644, § 20, effective July 1, 2022. **L. 2020:** (1) and (14) amended and (1.2), (6.5), (9.2), (9.4), (13.6), (13.8), and (13.9) added, (SB 20-007), ch. 286, p. 1392, § 12, effective July 13. **L. 2021:** (13.8) amended, (SB 21-266), ch. 423, p. 2803, § 26, effective July 2.

Editor's note: (1) This section is similar to former § 25-1-302 as it existed prior to 2010.

(2) The provisions of this section are similar to several former provisions of § 27-82-102 as they existed prior to 2020. For a detailed comparison of this section, see SB 20-007, L. 2020, p. 1392.

(3) (a) Subsection (13.8) is similar to former § 27-82-102 (13.5) as it would have become effective July 1, 2022.

(b) Subsection (13.8) was added in 2020 by SB 20-007, effective July 1, 2022. It was subsequently amended in SB 21-266 to give it effect July 2, 2021.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-103. Powers of the office of behavioral health. (1) To carry out the purposes of this article 81, the office of behavioral health may:

(a) Plan, establish, and maintain substance use disorder treatment programs as necessary or desirable;

(b) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals to pay them for services rendered or furnished to persons with substance use disorders, persons intoxicated by alcohol, or persons under the influence of drugs;

(c) Solicit and accept for use any gift of money or property made by will or otherwise and any grant of money, services, or property from the federal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;

(d) Administer or supervise the administration of the provisions relating to persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

(e) Coordinate its activities and cooperate with substance use disorder treatment programs in this state and other states and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this state and other states for the treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs and for the common advancement of substance use disorder treatment programs;

(f) Keep records and engage in research and the gathering of relevant statistics;

(g) Do other acts and things necessary or convenient to execute the authority expressly granted to it; and

(h) Acquire, hold, or dispose of real property, or any interest therein, and construct, lease, or otherwise provide substance use disorder treatment facilities for persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 733, § 2, effective April 29. **L. 2017:** IP(1), (1)(a), (1)(b), (1)(d), (1)(e), and (1)(h) amended, (SB 17-242), ch. 263, p. 1363, § 272, effective May 25. **L. 2020:** (1)(a), (1)(b), (1)(d), (1)(e), and (1)(h) amended, (SB 20-007), ch. 286, p. 1394, § 13, effective July 13.

Editor's note: This section is similar to former § 25-1-303 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-104. Duties of the office of behavioral health - review. (1) In addition to duties prescribed by section 27-80-102, the office of behavioral health shall:

(a) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of substance use disorders and treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs, in cooperation with

public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(b) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of substance use disorders and treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs;

(c) [***Editor's note: This version of subsection (1)(c) is effective until July 1, 2022.***] Utilize community mental health centers and clinics, or other approved treatment facilities, whenever feasible;

(c) [***Editor's note: This version of subsection (1)(c) is effective July 1, 2022.***] Utilize behavioral health entities, community mental health centers and clinics, or other approved treatment facilities, whenever feasible;

(d) Cooperate with the department of corrections in establishing and conducting programs for the prevention of substance use disorders and treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs in appropriate agencies and institutions and for persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs in or on parole from correctional institutions and in carrying out duties specified in subsections (1)(i) and (1)(k) of this section;

(e) Cooperate with the department of education, schools, police departments, courts, and other public and private agencies, organizations, and individuals in establishing programs for the prevention of substance use disorders and treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs and preparing curriculum materials for use at all levels of school education;

(f) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and drugs;

(g) Develop and implement, as an integral part of substance use disorder treatment programs, an educational program for use in the treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs. The program must include the dissemination of information concerning the nature and effects of alcohol and drugs.

(h) Organize and foster training programs for all persons engaged in treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs;

(i) Sponsor and encourage research into the causes and nature of substance use disorders and treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs, and serve as a clearinghouse for information relating to substance use disorders;

(j) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(k) Advise the governor in the preparation of a comprehensive plan for treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs for inclusion in the state's comprehensive health plan;

(l) Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation and advise the governor on provisions to be included relating to substance use disorders, persons with substance use disorders, and persons under the influence of drugs;

(m) Assist in the development of, and cooperate with, substance use education and treatment programs for employees of state and local governments and businesses and industries in this state;

(n) Utilize the support and assistance of interested persons in the community, particularly persons with substance use disorders that are in remission, to encourage persons with substance use disorders to voluntarily undergo treatment;

(o) Cooperate with the department of transportation in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of, or impaired by, alcohol or drugs;

(p) Encourage general hospitals and other appropriate health facilities to admit without discrimination persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs and to provide them with adequate and appropriate treatment;

(q) Encourage all health and disability insurance programs to include substance use disorders as a covered illness; and

(r) Submit to the governor an annual report covering the activities of the office of behavioral health.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 734, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1364, § 273, effective May 25. **L. 2019:** (1)(c) amended, (HB 19-1237), ch. 413, p. 3645, § 21, effective July 1, 2022. **L. 2020:** Entire section amended, (SB 20-007), ch. 286, p. 1394, § 14, effective July 13.

Editor's note: This section is similar to former § 25-1-304 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-105. Comprehensive program for treatment - regional facilities. (1) The office of behavioral health shall establish a comprehensive and coordinated program for the treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs.

(2) Insofar as money available to the office of behavioral health permits, the program established in subsection (1) of this section must include all of the following:

(a) Emergency treatment;

(b) Inpatient treatment;

(c) Intermediate treatment; and

(d) Outpatient and follow-up treatment.

(3) The office of behavioral health shall provide adequate and appropriate treatment for persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs admitted pursuant to sections 27-81-109 to 27-81-112. Except as otherwise

provided in section 27-81-111, treatment must not be provided at a correctional institution, except for inmates.

(4) The office of behavioral health shall maintain, supervise, and control all facilities it operates subject to policies of the department. The administrator of each facility shall make an annual report of the facility's activities to the director in the form and manner specified by the director.

(5) All appropriate public and private resources shall be coordinated with and utilized in the program if possible.

(6) The director shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(7) The office of behavioral health may contract for the use of any facility as an approved public treatment facility if the director, subject to the policies of the department, considers it to be an effective and economical course to follow.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 736, § 2, effective April 29. **L. 2017:** (1), IP(2), (3), (4), and (7) amended, (SB 17-242), ch. 263, p. 1366, § 274, effective May 25. **L. 2020:** (1) and (3) amended, (SB 20-007), ch. 286, p. 1396, § 15, effective July 13.

Editor's note: This section is similar to former § 25-1-305 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-106. Standards for public and private treatment facilities - fees - enforcement procedures - penalties. (1) In accordance with the provisions of this article 81, the office of behavioral health shall establish standards for approved treatment facilities that receive public funds. A treatment facility shall meet the established standards to be approved as a public or private treatment facility. The office of behavioral health shall fix the fees to be charged for the required inspections. The fees charged to approved treatment facilities that provide level I and level II programs, as provided in section 42-4-1301.3 (3)(c), must be transmitted to the state treasurer, who shall credit the fees to the alcohol and drug driving safety program fund created in section 42-4-1301.3 (4)(a). The standards may concern only health standards to be met and standards of treatment to be afforded patients and must reflect the success criteria established by the general assembly.

(2) The office of behavioral health shall periodically inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.

(3) The office of behavioral health shall maintain a list of approved public and private treatment facilities.

(4) Each approved public and private treatment facility shall file with the office of behavioral health, on request, data, statistics, schedules, and any other information the office reasonably requires. The director shall remove from the list of approved treatment facilities an approved public or private treatment facility that fails, without good cause, to furnish any data, statistics, schedules, or other information, as requested, or files fraudulent returns.

(5) The office of behavioral health, after hearing, may suspend, revoke, limit, restrict, or refuse to grant an approval for failure to meet its standards.

(6) A person shall not operate a private or public treatment facility in this state without approval from the office of behavioral health; except that this article 81 does not apply to a private treatment facility that accepts only private money and does not dispense controlled substances. The district court may restrain any violation of, review any denial, restriction, or revocation of approval under, and grant other relief required to enforce the provisions of this section.

(7) Upon petition of the office of behavioral health and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office of behavioral health authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment facility that refuses to consent to inspection or examination by the office of behavioral health or which the office of behavioral health has reasonable cause to believe is operating in violation of this article 81.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 736, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1366, § 275, effective May 25. **L. 2020:** (6) R&RE, (SB 20-007), ch. 286, p. 1397, § 16, effective July 13.

Editor's note: (1) This section is similar to former § 25-1-306 as it existed prior to 2010.

(2) Subsection (6) is similar to former § 27-82-103 (6) as it existed prior to 2020.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-107. Compliance with local government zoning regulations - notice to local governments - provisional approval - repeal. (1) **[*Editor's note: This version of subsection (1) is effective until July 1, 2022.*]** The office of behavioral health shall require any residential treatment facility seeking approval as a public or private treatment facility pursuant to this article 81 to comply with any applicable zoning regulations of the municipality, city and county, or county where the facility is situated. Failure to comply with applicable zoning regulations constitutes grounds for the denial of approval of a facility.

(1) **[*Editor's note: This version of subsection (1) is effective July 1, 2022.*]** Prior to July 1, 2024, the office of behavioral health shall require any residential treatment facility seeking approval as a public or private treatment facility pursuant to this article 81 to comply with any applicable zoning regulations of the municipality, city and county, or county where the facility is situated. Failure to comply with applicable zoning regulations constitutes grounds for the denial of approval of a facility.

(2) The office of behavioral health shall assure that timely written notice is provided to the municipality, city and county, or county where a residential treatment facility is situated, including the address of the facility and the population and number of persons to be served by the facility, when any of the following occurs:

(a) An application for approval of a residential treatment facility pursuant to section 27-81-106 is made;

(b) Approval is granted to a residential treatment facility pursuant to section 27-81-106;

(c) A change in the approval of a residential treatment facility occurs; or

(d) The approval of a residential treatment facility is revoked or otherwise terminated for any reason.

(3) In the event of a zoning or other delay or dispute between a residential treatment facility and the municipality, city and county, or county where the facility is situated, the office of behavioral health may grant provisional approval of the facility for up to one hundred twenty days pending resolution of the delay or dispute.

(4) **[*Editor's note: Subsection (4) is effective July 1, 2022.*]** This section is repealed, effective July 1, 2024.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 737, § 2, effective April 29. **L. 2017:** (1), IP(2), and (3) amended, (SB 17-242), ch. 263, p. 1367, § 276, effective May 25. **L. 2019:** (1) amended and (4) added, (HB 19-1237), ch. 413, p. 3645, § 22, effective July 1, 2022.

Editor's note: This section is similar to former § 25-1-306.5 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-107.5. Licensure. [*Editor's note: This section is effective July 1, 2022.*] On and after July 1, 2024, the office of behavioral health shall require any treatment facility seeking approval as a public or private treatment facility pursuant to this article 81 to be licensed by the department of public health and environment pursuant to section 25-27.6-104 or by any other required state agency.

Source: L. 2019: Entire section added, (HB 19-1237), ch. 413, p. 3645, § 23, effective July 1, 2022.

27-81-108. Acceptance for treatment - rules. (1) The director shall adopt and may amend and repeal rules for acceptance of persons into the substance use disorder treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs. In establishing the rules, the following standards guide the director:

(a) If possible a patient shall be treated on a voluntary rather than an involuntary basis.

(b) Qualified staff shall assess the proper level of care for the person pursuant to rules adopted by the director and make a referral for placement.

(c) A person must not be denied treatment solely because the person has withdrawn from treatment against medical advice on a prior occasion or because the person has relapsed after earlier treatment.

(d) An individualized treatment plan shall be prepared and maintained on a current basis for each patient.

(e) Provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will have available and utilize other appropriate treatment.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 738, § 2, effective April 29. **L. 2017:** IP(1) amended, (SB 17-242), ch. 263, p. 1367, § 277, effective May 25. **L. 2020:** IP(1), (1)(b), and (1)(c) amended, (SB 20-007), ch. 286, p. 1397, § 17, effective July 13.

Editor's note: This section is similar to former § 25-1-307 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-109. Voluntary treatment of persons with substance use disorders. (1) A person with a substance use disorder, including a minor, may apply for voluntary treatment directly to an approved treatment facility.

(2) Subject to rules adopted by the director, the administrator in charge of an approved treatment facility shall determine who is admitted for treatment. If a person is refused admission to an approved treatment facility, the administrator may refer the person to another approved and appropriate treatment facility for treatment if it is deemed likely to be beneficial. A person must not be referred for further treatment if it is determined that further treatment is not likely to bring about significant improvement in the person's condition, or treatment is no longer appropriate, or further treatment is unlikely to be beneficial.

(3) If a patient receiving residential care leaves an approved treatment facility, the person is encouraged to consent to outpatient treatment or supportive services, if appropriate.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 738, § 2, effective April 29. **L. 2017:** (1) and (3) amended, (SB 17-242), ch. 263, p. 1368, § 278, effective May 25. **L. 2020:** Entire section R&RE, (SB 20-007), ch. 286, p. 1397, § 18, effective July 13.

Editor's note: (1) This section is similar to former § 25-1-308 as it existed prior to 2010.

(2) This section is similar to former § 27-82-105 as it existed prior to 2020.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-110. Voluntary treatment for persons intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. (1) A person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances, including a minor if provided by rules of the office of behavioral health, may voluntarily admit himself or herself to an approved treatment facility for an emergency evaluation to determine need for treatment.

(2) The administrator shall immediately evaluate or examine a person who voluntarily enters an approved treatment facility. If the person is found to be in need of treatment, the administrator shall admit the person or refer the person to another appropriate facility. If a person is found not to be in need of treatment, the administrator shall release the person and may refer the person to another appropriate facility.

(3) Except as provided in subsection (7) of this section, a treatment facility shall immediately release a voluntarily admitted person upon the person's request.

(4) A person who is not admitted to an approved treatment facility or referred to another health facility, and who has no money, may be taken to the person's home, if any. If the person has no home, the approved treatment facility may assist the person in obtaining shelter.

(5) If a person is admitted to an approved treatment facility, the person's family or next of kin must be notified as promptly as possible in accordance with federal confidentiality regulations for substance use disorder patient records, which regulations are found at 42 CFR part 2, as amended. If an adult person requests that there be no notification, the adult person's request must be respected.

(6) If the administrator determines that it is for the person's benefit, the person must be encouraged to agree to further diagnosis and appropriate voluntary treatment.

(7) Nothing in this section precludes the administrator from seeking emergency commitment of a person as provided in section 27-81-111 or involuntary commitment of a person as provided in section 27-81-112, regardless of whether the person has been voluntarily admitted under this section. In such case, the administrator's further conduct is governed by section 27-81-111 or 27-81-112, as applicable.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 738, § 2, effective April 29. **L. 2020:** Entire section R&RE, (SB 20-007), ch. 286, p. 1398, § 19, effective July 13.

Editor's note: (1) This section is similar to former § 25-1-309 as it existed prior to 2010.

(2) This section is similar to former § 27-82-106 as it existed prior to 2020.

27-81-111. Emergency commitment. (1) (a) When a person is under the influence of or incapacitated by substances and clearly dangerous to the health and safety of himself, herself, or others, law enforcement authorities or an emergency service patrol, acting with probable cause, shall take the person into protective custody in an approved treatment facility. If no such facilities are available, the person may be detained in an emergency medical facility or jail, but only for so long as may be necessary to prevent injury to himself, herself, or others or to prevent a breach of the peace. If the person being detained is a juvenile, as defined in section 19-2.5-102, the juvenile must be placed in a setting that is nonsecure and physically segregated by sight and sound from the adult offenders. A law enforcement officer or emergency service patrol officer, in detaining the person, is taking the person into protective custody. In so doing, the detaining officer may protect himself or herself by reasonable methods but shall make every reasonable effort to protect the detainee's health and safety. A taking into protective custody pursuant to this section is not an arrest, and an entry or other record shall not be made to indicate that the person has been arrested or charged with a crime. Law enforcement or emergency service personnel

who act in compliance with this section are acting in the course of their official duties and are not criminally or civilly liable. Nothing in this subsection (1) precludes a person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances who is not dangerous to the health and safety of himself, herself, or others from being assisted to the person's home or like location by the law enforcement officer or emergency service patrol officer.

(b) A sheriff or police chief who violates the provisions of subsection (1)(a) of this section 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 subsection (1)(a) of this section by the sheriff or police chief and the willingness of the sheriff or police chief to address the violations in order to comply with subsection (1)(a) of this section.

(2) A law enforcement officer, emergency service patrol officer, physician, spouse, guardian, or relative of the person to be committed or any other responsible person may make a written application for emergency commitment under this section, directed to the administrator of the approved treatment facility. The application must state the circumstances requiring emergency commitment, including the applicant's personal observations and the specific statements of others, if any, upon which the applicant relies in making the application. A copy of the application must be furnished to the person to be committed.

(3) If the administrator approves the application, the administrator shall commit, evaluate, and treat the person for a period not to exceed five days. A peace officer, the emergency service patrol, or any interested person shall bring the person to the facility. If necessary, the court may be contacted to issue an order to the police, the peace officer's department, or the sheriff's department to transport the person to the facility.

(4) If the administrator determines that the application fails to sustain the grounds for emergency commitment as set forth in subsection (1) of this section, the administrator shall refuse the commitment, immediately release the detained person, and encourage the person to seek voluntary treatment, if appropriate.

(5) When the administrator determines that the grounds for commitment no longer exist, the administrator shall discharge the person committed under this section. A person committed under this section must not be detained in any treatment facility for more than five days; except that a person may be detained for longer than five days at the approved treatment facility if, in that period of time, a petition for involuntary commitment has been filed pursuant to section 27-81-112. A person must not be detained longer than ten days, excluding weekends and holidays, after the date of filing of the petition for involuntary commitment unless a valid medical reason exists for detaining a person longer.

(6) Whenever a person is involuntarily detained pursuant to this section, the administrator shall, within twenty-four hours after detainment, advise the person who is involuntarily detained, both orally and in writing, of the person's right to challenge the detention by application to the courts for a writ of habeas corpus, to be represented by counsel at every stage of any proceedings relating to commitment and recommitment, and to have counsel appointed by the court or provided by the court if the person wants the assistance of counsel and is unable to obtain counsel.

(7) Any law enforcement officer, emergency service personnel, physician, spouse, guardian, or relative of any person to be committed; any treatment facility administrator or the administrator's designee; or any other employee or person acting on behalf of an approved treatment facility, participating in or carrying out the emergency commitment or treatment as

described in this section, whether acting individually or in his or her official capacity, is not criminally or civilly liable therefor.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 739, § 2, effective April 29. **L. 2020:** Entire section amended, (SB 20-007), ch. 286, p. 1399, § 20, effective July 13. **L. 2021:** (1)(a) amended, (SB 21-059), ch. 136, p. 749, § 132, effective October 1.

Editor's note: This section is similar to former § 25-1-310 as it existed prior to 2010.

27-81-112. Involuntary commitment of a person with a substance use disorder. (1) The court may commit a person to the custody of the office of behavioral health upon the petition of the person's spouse or guardian, a relative, a physician, an advanced practice nurse, the administrator in charge of an approved treatment facility, or any other responsible person. The petition must allege that the person has a substance use disorder and that the person has threatened or attempted to inflict or inflicted physical harm on himself or herself or on another and that unless committed, the person is likely to inflict physical harm on himself or herself or on another or that the person is incapacitated by substances. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within ten days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition, or an examination cannot be made of the person due to the person's condition. The certificate must set forth the physician's findings in support of the petition's allegations.

(2) A court shall not accept a petition submitted pursuant to subsection (1) of this section unless there is documentation of the refusal by the person to be committed to accessible and affordable voluntary treatment. The documentation may include, but is not limited to, notations in the person's medical or law enforcement records or statements by a physician, advanced practice nurse, or witness.

(3) (a) Upon filing the petition, the person whose commitment is sought must be notified of the person's right to:

(I) Enter into a stipulated order of the court for committed treatment in order to expedite placement in an approved treatment facility by the office of behavioral health; or

(II) Contest the commitment proceeding.

(b) If a stipulated order is entered, the office of behavioral health shall place the person in an approved treatment program that reflects the level of need of the person.

(c) If the person whose commitment is sought exercises the right to contest the petition, the court shall fix a date for a hearing no later than ten days, excluding weekends and holidays, after the date the petition was filed. A copy of the petition and the notice of the hearing, including the date fixed by the court, must be personally served on the petitioner, the person whose commitment is sought, and one of the person's parents or the person's legal guardian if the person is a minor. A copy of the petition and notice of hearing must be provided to the office of behavioral health, to counsel for the person whose commitment is sought, to the administrator in charge of the approved treatment facility to which the person may have been committed for emergency treatment, and to any other person the court believes advisable.

(4) At the hearing, the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person must be present unless the court believes that the person's presence is likely to be injurious to the person; in this event, the court shall appoint a guardian ad litem to represent the person throughout the proceeding. If the person has refused to be examined by a licensed physician, the person must be given an opportunity to be examined by a court-appointed licensed physician. If the person refuses and there is sufficient evidence to believe that the allegations of the petition are true or if the court believes that more medical evidence is necessary, the court may commit the person to a licensed hospital for a period of not more than five days for a diagnostic examination. In such event, the court shall schedule a further hearing for final determination of commitment, in no event later than five days after the first hearing.

(5) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed hospital, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, the court shall make an order of commitment to the office of behavioral health. The office of behavioral health has the right to delegate physical custody of the person to an appropriate approved treatment facility. The court may not order commitment of a person unless it determines that the office of behavioral health is able to provide adequate and appropriate treatment for the person, and the treatment is likely to be beneficial.

(6) Upon the court's commitment of a person to the office of behavioral health, the court may issue an order to the sheriff to transport the person to the facility designated by the office of behavioral health.

(7) A person committed as provided for in this section remains in the custody of the office of behavioral health for treatment for a period of up to ninety days. At the end of the ninety-day period, the treatment facility shall automatically discharge the person unless the office of behavioral health, before expiration of the ninety-day period, obtains a court order for the person's recommitment on the grounds set forth in subsection (1) of this section for a further period of ninety days unless discharged sooner. If a person has been committed because the person is a person with a substance use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists.

(8) A person who is recommitted as provided for in subsection (7) of this section and who has not been discharged by the office of behavioral health before the end of the ninety-day period is discharged at the expiration of that ninety-day period unless the office of behavioral health, before expiration of the ninety-day period, obtains a court order on the grounds set forth in subsection (1) of this section for recommitment for a further period, not to exceed ninety days. If a person has been committed because the person is a person with a substance use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists. Only two recommitment orders pursuant to subsection (7) of this section and this subsection (8) are permitted.

(9) Upon the filing of a petition for recommitment under subsections (7) and (8) of this section, the court shall fix a date for hearing not later than ten days, excluding weekends and holidays, after the date the petition was filed unless a valid medical reason exists for delaying the hearing. A copy of the petition and of the notice of hearing shall be served and provided as

required in subsection (3) of this section. At the hearing, the court shall proceed as provided in subsection (4) of this section.

(10) The office of behavioral health shall provide adequate and appropriate treatment of a person committed to its custody. The office of behavioral health may transfer any person committed to its custody from one approved treatment facility to another, if transfer is advisable.

(11) The office of behavioral health shall discharge a person committed to its custody for treatment at any time before the end of the period for which the person has been committed if either of the following conditions is met:

(a) In the case of a person with a substance use disorder committed on the grounds that the person is likely to inflict physical harm upon another, that the person no longer has a substance use disorder that requires treatment or the likelihood to inflict physical harm upon another no longer exists; or

(b) In the case of a person with a substance use disorder committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists, or in the case of a person with a substance use disorder committed on any grounds pursuant to this section, that further treatment is not likely to bring about significant improvement in the person's condition, or treatment is no longer appropriate, or that further treatment is unlikely to be beneficial.

(12) The court shall inform the person whose commitment or recommitment is sought of the person's right to contest the application, to be represented by counsel at every stage of any proceedings relating to the person's commitment and recommitment, and to have counsel appointed by the court or provided by the court if the person wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for the person regardless of the person's wishes. The person whose commitment or recommitment is sought shall be informed of the person's right to be examined by a licensed physician of the person's choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician.

(13) If a private treatment facility agrees with the request of a competent patient or the patient's parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer the patient to the private treatment facility.

(14) A person committed under this article 81 may at any time seek to be discharged from commitment by an order in the nature of habeas corpus.

(15) The venue for proceedings under this section is the county in which the person to be committed resides or is present.

(16) All proceedings conducted pursuant to this article 81 are conducted by the district attorney of the county where the proceeding is held or by an attorney acting for the district attorney appointed by the court for that purpose; except that, in any county or in any city and county having a population exceeding one hundred thousand persons, the proceedings shall be conducted by the county attorney or by an attorney acting for the county attorney appointed by the court.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 741, § 2, effective April 29. **L. 2017:** (1), (3), (5), (6), (7), (8), (10), and (11) amended, (SB 17-242), ch.

263, p. 1368, § 279, effective May 25. **L. 2020:** Entire section amended, (SB 20-007), ch. 286, p. 1401, § 21, effective July 13.

Editor's note: This section is similar to former § 25-1-311 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-113. Records of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of substances. (1) The registration and other records of treatment facilities are confidential and fully protected as outlined in federal confidentiality regulations for substance use disorder records found at 42 CFR part 2, as amended, and are privileged to the patient.

(2) Notwithstanding subsection (1) of this section, the director may make available information from patients' records for purposes of research into the causes and treatment of substance use disorders. Information made available pursuant to this subsection (2) must not be published in a way that discloses patients' names or other identifying information.

(3) Nothing in this section prohibits or limits the sharing of information by a state institution of higher education police department to authorized university administrators pursuant to section 23-5-141.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 743, § 2, effective April 29. **L. 2011:** (3) added, (HB 11-1169), ch. 119, p. 374, § 4, effective April 20. **L. 2017:** (2) amended, (SB 17-242), ch. 263, p. 1370, § 280, effective May 25. **L. 2020:** Entire section amended, (SB 20-007), ch. 286, p. 1404, § 22, effective July 13.

Editor's note: This section is similar to former § 25-1-312 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-114. Rights of persons receiving evaluation, care, or treatment. (1) A facility shall immediately advise each person receiving evaluation, care, or treatment under any provision of this article 81, orally and in writing, that the person has and is afforded the following rights:

(a) To be evaluated to determine the person's behavioral health treatment needs relating to the use of substances, including alcohol or drugs;

(b) If under an emergency commitment pursuant to section 27-81-111, to refuse to be examined by a licensed physician for certification. A person's refusal to be examined for certification may be alleged in a petition for involuntary commitment. A person may request to be examined by the person's physician, or a court may order a person to be evaluated by a licensed physician for certification.

(c) To receive timely medical and behavioral health care and treatment, as specified in law, that is determined based on the person's needs and that is delivered in the least restrictive treatment setting possible, as set forth in department rules;

(d) To be treated fairly and to receive the same consideration and access to appropriate services as others, regardless of race, color, national origin, age, gender identity, gender expression, sexual orientation, political affiliation, religious beliefs, financial status, or disability;

(e) To contest a commitment proceeding or to enter into a stipulated order of the court for committed treatment;

(f) To retain and consult with an attorney at any time and to have an attorney appointed by or provided by the court in a timely manner in any proceedings relating to commitment or recommitment if the person wants the assistance of an attorney and is unable to obtain an attorney;

(g) To at any time seek to be discharged from commitment by an order in the nature of habeas corpus;

(h) Once no longer under the influence of drugs or intoxicated by alcohol, to sign in and seek voluntary substance use disorder treatment, unless the administrator determines in writing that reasonable grounds exist to believe that the person will not remain in voluntary treatment or that the person is clearly dangerous to the health and safety of himself or herself or others;

(i) If in committed treatment, to receive twenty-four-hour notice prior to being transferred to another facility;

(j) To have reasonable opportunities for continuing visitation and communication with the person's family and friends, consistent with an effective treatment program and as determined in department rules. Each person may meet with the person's attorney, clergyperson, or health-care provider at any time.

(k) To have reasonable access to mail and writing materials, including postage, as well as the assistance of facility staff if the person is unable to write, prepare, or mail correspondence;

(l) Subject to department rules relating to the use of telephones and other communication devices, to have reasonable access to telephones or other communication devices, and to make and to receive calls or communications in privacy. Facility staff shall not open, delay, intercept, read, or censor mail or other communications or use mail or other communications as a method to enforce compliance with facility staff.

(m) To wear his or her own clothes, keep and use personal possessions, and keep and be allowed to spend a reasonable sum of the person's own money;

(n) To have access to medical records;

(o) To have treatment records remain confidential, except as required by law;

(p) To not be fingerprinted, unless required by law;

(q) To refuse to be photographed, except for treatment facility identification purposes;

(r) To have the opportunity to register and vote by absentee ballot with the assistance of facility staff;

(s) To have appropriate access to adequate food, water, and hygiene products;

(t) To have physical privacy in showering, changing, and using the restroom; and

(u) To be free of restraints and solitary confinement.

(2) Only qualified staff providing evaluation, treatment, or care for a person may deny or restrict the person's rights under subsection (1) of this section if the person's health or safety would be clearly endangered if the rights were not denied or restricted. If a person's rights are denied or restricted, the reason for the denial or restriction must be explained to the person and entered into the person's treatment record. The facility shall provide the person and the person's

attorney the information pertaining to a denial or restriction of rights contained in the person's treatment record. The person's rights must be immediately restored as soon as the person's health and safety are no longer clearly endangered.

(3) A person receiving evaluation, care, or treatment under any provision of this article 81 may submit a grievance or complaint against the facility or facility staff pursuant to a grievance or complaint process, which is explained to the person in detail and included with the oral and written explanation of rights.

(4) As part of the immediate oral and written advisement of the rights enumerated in this section, a facility shall also include the telephone number and e-mail address for the office of the ombudsman for behavioral health access to care, created in section 27-80-303. The written advisements must be translated if the person cannot read or understand English. The administrator shall cause the rights enumerated in this section to be posted in a prominent location where clients in the facility reside, which posting must also include the number and e-mail address for the office of the ombudsman for behavioral health access to care, created in section 27-80-303.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 743, § 2, effective April 29. **L. 2020:** Entire section R&RE, (SB 20-007), ch. 286, p. 1404, § 23, effective July 13. **L. 2021:** (1)(d) amended, (HB 21-1108), ch. 156, p. 897, § 43, effective September 7.

Editor's note: This section is similar to former § 25-1-313 as it existed prior to 2010.

Cross references: For the legislative declaration in HB 21-1108, see section 1 of chapter 156, Session Laws of Colorado 2021.

27-81-115. Emergency service patrol - establishment - rules. (1) The office of behavioral health and cities, counties, city and counties, and regional service authorities may establish emergency service patrols. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. Members of an emergency service patrol must be capable of providing first aid in emergency situations and are authorized to transport a person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances to his or her home and to and from treatment facilities.

(2) The director shall adopt rules for the establishment, training, and conduct of emergency service patrols.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 744, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1370, § 281, effective May 25. **L. 2020:** (1) amended, (SB 20-007), ch. 286, p. 1407, § 24, effective July 13.

Editor's note: This section is similar to former § 25-1-314 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-116. Payment for treatment - financial ability of patients. (1) If treatment is provided by an approved public treatment facility and the patient, including a committed person, has not paid the charge therefor, the approved treatment facility is entitled to any payment received by the patient or to which the patient may be entitled because of the services rendered and from any public or private source available to the approved treatment facility because of the treatment provided to the patient. The approved treatment facility may seek and obtain a judgment in an appropriate court for any fees or charges that have not been paid.

(2) A patient in an approved treatment facility, or the estate of the patient, or a person obligated to provide for the cost of treatment and having sufficient financial ability is liable to the approved treatment facility for the cost of maintenance and treatment of the patient therein in accordance with rates established. The approved treatment facility may seek and obtain a judgment in an appropriate court for any fees or charges that have not been paid.

(3) The director shall adopt rules that establish a standardized ability-to-pay schedule, under which those with sufficient financial ability are required to pay the full cost of services provided and those who are totally without sufficient financial ability are provided appropriate treatment at no charge. The schedule shall take into consideration the income, including government assistance programs, savings, and other personal and real property, of the person required to pay and any support the person required to pay furnishes to another person as required by law.

(4) Nothing in this section shall prohibit an approved treatment facility from charging a minimal fee for therapeutic purposes.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 744, § 2, effective April 29.

Editor's note: This section is similar to former § 25-1-315 as it existed prior to 2010.

27-81-117. Criminal laws - limitations. (1) A county, municipality, or other political subdivision may not adopt or enforce a local law, ordinance, resolution, or rule having the force of law that includes drinking, being a person with an alcohol use disorder, or being found in an intoxicated condition as one of the elements of the offense giving rise to a criminal or civil penalty or sanction.

(2) A county, municipality, or other political subdivision shall not interpret or apply any law of general application to circumvent the provisions of subsection (1) of this section.

(3) Nothing in this article 81 affects any law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol or drugs, or other similar offense involving the operation of a vehicle, an aircraft, or a boat or machinery or other equipment or regarding the sale, purchase, dispensing, possessing, or use of drugs or alcoholic beverages at stated times and places or by a particular class of persons.

(4) The fact that a person is intoxicated by alcohol, under the influence of drugs, or incapacitated by substances does not prevent the person's arrest or prosecution for the commission of any criminal act or conduct not enumerated in subsection (1) of this section.

(5) Nothing in this article 81 limits the right of a police officer to make an otherwise legal arrest, notwithstanding the fact that the arrested person may be intoxicated by alcohol, under the influence of drugs, or incapacitated by substances.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 744, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1370, § 282, effective May 25. **L. 2020:** Entire section amended, (SB 20-007), ch. 286, p. 1407, § 25, effective July 13.

Editor's note: This section is similar to former § 25-1-316 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-81-118. Opioid crisis recovery funds advisory committee - creation - membership - purpose. (1) There is created the opioid crisis recovery funds advisory committee, referred to in this section as the "committee", which is created to advise and collaborate with the department of law on uses of any custodial funds received by the state as the result of opioid-addiction-related litigation and for which the use of the funds is not predetermined or committed by court order or other action by a state or federal court of law.

(2) (a) The committee consists of members appointed as follows:

(I) Thirteen members appointed by the governor, including:

(A) One member licensed to practice medicine pursuant to article 240 of title 12;

(B) One member licensed to practice pharmacy pursuant to article 280 of title 12;

(C) One member licensed to practice as a nurse pursuant to part 1 of article 255 of title 12;

(D) One member licensed as a dentist pursuant to article 220 of title 12;

(E) One member licensed as a veterinarian pursuant to article 315 of title 12;

(F) One member licensed as a physical therapist pursuant to article 285 of title 12;

(G) One member representing a local public health agency;

(H) One member who has been affected by the opioid crisis;

(I) One family member of a person who has been affected by the opioid crisis;

(J) One member representing an advocacy organization for people with substance use disorders;

(K) Two members appointed from nominees submitted by statewide organizations representing counties, with one member representing the western slope and one member representing the eastern part of the state; and

(L) One member from an association that represents behavioral health providers;

(II) Two members appointed by the executive director of the department of human services, one of whom must represent an association of substance use providers;

(III) Two members appointed by the executive director of the department of public health and environment, one of whom is a pain management patient;

(IV) One member appointed by the executive director of the department of regulatory agencies;

(V) One member appointed by the executive director of the department of health care policy and financing;

(VI) One member from the state substance abuse trend and response task force, created in section 18-18.5-103, appointed by the attorney general;

(VII) One member from the center for research into substance use disorder prevention, treatment, and recovery support strategies, created in section 27-80-118 (3), appointed by the director of the center;

(VIII) One member from each safety net hospital that provides addiction services, appointed by the hospital;

(IX) One member from the Colorado district attorneys' council, or any successor organization, appointed by its executive director;

(X) Two members representing law enforcement agencies, one of whom is appointed by the Colorado association of chiefs of police, or any successor organization, and one of whom is appointed by the county sheriffs of Colorado, or any successor organization; and

(XI) One member representing the Colorado municipal league, or any successor organization, appointed by the president of the executive board of the Colorado municipal league or the president's designee.

(b) The attorney general shall notify the appointing authorities if the state receives a settlement or damage award for which the use of the custodial funds is not predetermined or committed by court order or other action by a state or federal court of law. The appointing authorities shall make their initial appointments to the committee no later than ninety days after receiving the notice.

(3) Each member of the committee who is appointed pursuant to subsection (2) of this section serves at the pleasure of the appointing authority that appointed the member. The appointing authority shall fill a vacancy in the same manner as the initial appointment.

(4) If the state receives custodial funds from a settlement or damage award from opioid-addiction-related litigation and the use of the funds is not predetermined or committed by court order or other action by a state or federal court of law, the attorney general shall convene and call a meeting of the committee, and any subsequent meetings as necessary, to seek input and recommendations from the committee on the proper expenditure of the funds received.

(5) (a) Each member of the committee shall maintain confidentiality throughout the process of determining the proper expenditure of custodial funds. Members shall not disclose the contents of any requests for funding with anyone outside of the committee.

(b) Each committee member shall affirm that the member does not have a personal or financial interest regarding any organization that may request funding. Members shall disclose all potential conflict of interest situations to the attorney general before reviewing funding requests.

Source: L. 2020: (2)(a)(I)(C) amended, (HB 20-1183), ch. 157, p. 705, § 67, effective July 1; entire section added, (SB 20-007), ch. 286, p. 1407, § 26, effective July 13.

Editor's note: (1) This section was added with amended provisions relocated from § 27-82-114.

(2) Subsection (2)(a)(I)(C) was numbered as § 27-82-114 (2)(a)(I)(C) in HB 20-1183. That provision was harmonized with and relocated to this section as this section appears in SB 20-007.

ARTICLE 82

Maternal and Child Health
Pilot Program

Editor's note: This article was added with relocations in 2010 containing provisions of part 11 of article 1 of title 25. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

PART 1

GENERAL PROVISIONS

27-82-101 to 27-82-114. (Repealed)

Source: L. 2020: Entire part repealed, (SB 20-007), ch. 286, p. 1410, § 27, effective July 13.

Editor's note: (1) This part 1 was added with relocations in 2010, except for §§ 27-82-103.5 and 27-82-114, which were added in 2019. For amendments to this part 1 prior to its repeal in 2020, consult the 2019 Colorado Revised Statutes and the Colorado statutory research explanatory note beginning on page vii in the front of this volume.

(2) This part 1 was repealed and relocated to various sections within article 81 of title 27 in 2020.

PART 2

MATERNAL AND CHILD HEALTH PILOT PROGRAM

27-82-201. Legislative declaration. The general assembly finds and declares that facilities that provide treatment to individuals with a substance use disorder, including medication-assisted treatment, and clinics that provide obstetric and gynecological health-care services would better serve pregnant and postpartum women if the services could be coordinated and provided to women at the same location. It is the intent of the general assembly to fund a pilot program to integrate these health-care services at specified facilities and clinics and require the office of behavioral health to evaluate the pilot program and report the results of the pilot program to the general assembly.

Source: L. 2019: Entire part added, (SB 19-228), ch. 276, p. 2607, § 13, effective May 23.

27-82-202. Definitions. As used in this part 2, unless the context otherwise requires:

(1) "Clinic" means a site that provides obstetric and gynecological health care.

(2) "Licensed health-care provider" means a physician or physician assistant licensed pursuant to article 240 of title 12 or a nurse licensed pursuant to part 1 of article 255 of title 12.

(3) "Pilot program" means the maternal and child health pilot program created in section 27-82-203.

(4) "Treatment facility" means a health-care facility that provides substance use disorder or medication-assisted treatment and that is approved by the office of behavioral health pursuant to section 27-81-106.

Source: L. 2019: Entire part added, (SB 19-228), ch. 276, p. 2607, § 13, effective May 23. **L. 2020:** (2) amended, (HB 20-1183), ch. 157, p. 705, § 68, effective July 1; (4) amended, (SB 20-007), ch. 286, p. 1417, § 54, effective July 13.

27-82-203. Maternal and child health pilot program - created - eligibility of grant recipients - rules - report. (1) There is created in the department the maternal and child health pilot program. The office of behavioral health shall administer the pilot program. The purpose of the pilot program is to:

(a) Provide grants to two treatment facilities to facilitate the integration of obstetric and gynecological health care; and

(b) Provide grants to four clinics to facilitate the integration of behavioral health, including substance use disorder treatment or medication-assisted treatment, into obstetric and gynecological health care at the clinics.

(2) The office of behavioral health shall determine the criteria for treatment facilities and clinics to be eligible to receive the grants.

(3) (a) (I) A treatment facility that is awarded a grant shall integrate prenatal, postpartum, and other health-care services delivered by licensed health-care providers into the services currently provided at the treatment facility.

(II) A treatment facility that is awarded a grant may use the grant to hire clinical staff and to provide clinical updates, including training staff and upgrading and changing technology platforms to support integrated care, in order to perform obstetric and gynecological health care within the treatment facility. A treatment facility with low patient volume may partner with other treatment facilities and clinics to provide integrated care.

(b) (I) A clinic that is awarded a grant shall integrate behavioral health-care services provided by social workers and other behavioral health-care professionals licensed pursuant to article 245 of title 12, including mental health services, substance use disorder treatment, or medication-assisted treatment, into the health-care services currently provided at the clinic.

(II) A clinic may use the grant for services including training clinical staff, upgrading and changing technology platforms to support integrated care, employing behavioral health-care providers, and coordinating and referring patients to behavioral health-care providers outside the clinic.

(4) The state board of human services within the department, in consultation with the office of behavioral health, may promulgate rules to implement the pilot program. The rules must include:

(a) The procedures and timelines by which a treatment facility or clinic may apply for a grant;

(b) Grant application contents; and

(c) Criteria for determining eligibility for and the amount of each grant awarded to a treatment facility or clinic.

(5) The executive director shall determine a process to evaluate the grant recipients and the integration of health care resulting from the pilot program. The office of behavioral health shall report the results of the pilot program to the public health care and human services and the health and insurance committees of the house of representatives and the health and human services committee of the senate, or their successor committees.

Source: L. 2019: Entire part added, (SB 19-228), ch. 276, p. 2607, § 13, effective May 23.

27-82-204. Funding for pilot program. (1) (a) For the 2021-22 fiscal year, and each fiscal year thereafter, the general assembly shall appropriate money from the marijuana tax cash fund created in section 39-28.8-501 (1) to the department for allocation to the office of behavioral health to implement the pilot program. The office of behavioral health may use a portion of the money annually appropriated for the pilot program to pay the direct and indirect costs incurred to administer the pilot program.

(b) If any unexpended or uncommitted money appropriated for a fiscal year remains at the end of that fiscal year, the office of behavioral health may expend the money in accordance with this section in the succeeding fiscal year without further appropriation.

(2) The department may solicit, accept, and expend any gifts, grants, or donations from private or public sources to implement or administer the pilot program.

Source: L. 2019: Entire part added, (SB 19-228), ch. 276, p. 2609, § 13, effective May 23. **L. 2021:** (1) amended, (SB 21-137), ch. 362, p. 2381, § 26, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

27-82-205. Repeal of part. (Repealed)

Source: L. 2019: Entire part added, (SB 19-228), ch. 276, p. 2609, § 13, effective May 23. **L. 2021:** Entire section repealed, (SB 21-137), ch. 362, p. 2387, § 36, effective June 28.

Cross references: For the short title ("Behavioral Health Recovery Act of 2021") and the legislative declaration in SB 21-137, see sections 1 and 2 of chapter 362, Session Laws of Colorado 2021.

INSTITUTIONS

ARTICLE 90

Institutions - Department of Human Services

Editor's note: This article was added with relocations in 2010 containing provisions of part 1 of article 1 of this title. Former C.R.S. section numbers are shown in editor's notes

following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-90-100.3. Definitions. As used in this article, unless the context otherwise requires:

(1) "Department" means the department of human services created in section 26-1-105, C.R.S.

(2) "Executive director" means the executive director of the department of human services.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 755, § 2, effective April 29.

27-90-101. Executive director - division heads - interagency council - advisory boards. (1) (a) Medical personnel employed at any of the institutions subject to the control of the executive director, the medical director of which is licensed to practice medicine in this state, shall be exempt from the provisions of the "Colorado Medical Practice Act", article 240 of title 12, with respect to service rendered to bona fide patients or inmates at those institutions, if such personnel: Are licensed to practice medicine in any other state of the United States or any province of Canada; have satisfactorily completed an internship of not less than one year in the United States, Canada, or Puerto Rico in a hospital approved for that purpose by the American medical association; have satisfactorily completed three years of postgraduate residency training, or its equivalent, in their particular specialty in a hospital approved for that purpose by the American Medical Association; and can read, write, speak, and understand the English language. Proof that the requirements have been met shall be submitted to and approved or disapproved by the executive director.

(b) All personnel who cannot satisfy all of the requirements set forth in subsection (1)(a) of this section shall be exempt from the "Colorado Medical Practice Act", article 240 of title 12, with respect to services rendered to bona fide patients or inmates at said institutions, if the personnel are of good moral character, are graduates of an approved medical college as defined in section 12-240-104 (3), have completed an approved internship of at least one year as defined in section 12-240-104 (2) within nine months after first being employed, pass the examinations approved by the Colorado medical board under the "Colorado Medical Practice Act" and the National Board of Medical Examiners, the National Board of Examiners for Osteopathic Physicians and Surgeons, or the Federation of State Medical Boards, or their successor organizations, on subjects relating to the basic sciences, are able to read, write, speak, and understand the English language, and, in the case of personnel who are not citizens of the United States, become citizens within the minimum period of time within which the particular individual can become a citizen according to the laws of the United States and the regulations of the immigration and naturalization service of the United States, department of justice, or any successor agency, or within such additional time as may be granted by said boards.

(c) Medical personnel granted exemption under paragraphs (a) and (b) of this subsection (1) may not practice medicine except as described in this subsection (1) without first complying with all of the provisions of the "Colorado Medical Practice Act".

(2) The governor may appoint an interagency council to serve at his or her pleasure, to be composed of such representatives as he or she may select from the departments of public

health and environment, labor and employment, health care policy and financing, human services, personnel, and such other state officers and officials as he or she may deem appropriate.

(3) The governor may appoint advisory boards to consult with the executive director and the chief officer of any institution within the jurisdiction of the department. Any such advisory board shall consist of not less than five nor more than fifteen persons recognized or known to be interested and informed in the area of the institution's purpose and function. Members of the advisory boards shall serve without compensation but may be reimbursed for actual and necessary expenses incurred in attending regular meetings. Advisory boards established pursuant to this subsection (3) shall meet quarterly and during any interim on call of the executive director.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 755, § 2, effective April 29; (1)(b) amended, (HB 10-1260), ch. 403, p. 1990, § 87, effective July 1. **L. 2011:** (1)(b) amended, (HB 11-1303), ch. 264, p. 1172, § 82, effective August 10. **L. 2019:** (1)(a) and (1)(b) amended, (HB 19-1172), ch. 136, p. 1714, § 203, effective October 1.

Editor's note: (1) This section is similar to former § 27-1-102 as it existed prior to 2010.

(2) Subsection (1)(b) was numbered as § 27-1-102 (2)(c) in House Bill 10-1260 (see L. 2010, p. 1990) but was relocated due to its harmonization with this section as it was added by Senate Bill 10-175.

27-90-102. Duties of executive director - governor acquire water rights - rules. (1) The duties of the executive director are:

(a) To manage, supervise, and control the charitable, behavioral or mental health, custodial, and special educational public institutions operated and supported by the state; to manage and supervise the special agencies, departments, boards, and commissions transferred to or established within the department by law; to improve, develop, and carry forward programs of therapy, counseling, and aftercare to the end that a person dependent upon tax-supported programs may be afforded opportunity and encouragement to overcome the disability causing his or her partial or total dependence upon the state;

(b) To supervise the business, fiscal, budget, personnel, and financial operations of the department and the institutions and activities under his or her control;

(c) In consultation with the several superintendents, the chief officer of the Colorado mental health institute at Pueblo, the head of the administrative division for the Colorado mental health institute at Fort Logan, and the director of the division of planning, to develop a systematic building program providing for the projected, long-range needs of the institutions under his or her control;

(d) To classify the lands connected with the state institutions under his or her control and determine which are of such character as to be most profitably used for agricultural purposes, taking into consideration the needs of all state institutions for the food products that can be grown or produced thereon and the relative value of such agricultural use in the treatment or rehabilitation of the persons confined in those institutions;

(e) To the extent practical, to utilize the staff and services of other state agencies and departments, within their respective statutory functions, including administrative law judges appointed pursuant to part 10 of article 30 of title 24, C.R.S., to carry out the purposes of this article;

(f) To examine and evaluate each child committed to the department and to place each child committed pursuant to section 19-2.5-1525;

(g) To transfer between appropriate state institutions children committed to the department pursuant to section 19-2.5-1532;

(h) To require of the head of each institution and agency assigned to the department an annual report containing information, and submitted at a time, as the executive director decides;

(i) To exercise control over publications of the department and subdivisions thereof and cause publications that are approved for circulation in quantity outside the executive branch to be issued in accordance with the provisions of section 24-1-136, C.R.S.;

(j) To implement the procedures regarding children who are in detention or who have or may have a behavioral or mental health disorder or an intellectual and developmental disability specified in the provisions of the "Colorado Children's Code" contained in articles 1, 2, and 3 of title 19;

(k) To carry out the duties prescribed in article 11.7 of title 16, C.R.S.; and

(l) To provide information to the director of research of the legislative council concerning population projections, research data, and the projected long-range needs of the institutions under the control of the executive director and any other related data requested by the director.

(2) The executive director shall have such other powers, duties, and functions as are prescribed for heads of principal departments in the "Administrative Organization Act of 1968", article 1 of title 24, C.R.S.

(3) On behalf of the state of Colorado, the governor is authorized to acquire water and water rights for the operation of the Colorado mental health institute at Fort Logan. Title to that property may be acquired in fee simple absolute by purchase, donation, or the exercise of the power of eminent domain through condemnation proceedings in accordance with law from funds made available by the general assembly.

(4) (a) (I) The executive director shall appoint a board of medical consultants.

(II) The executive director shall determine the membership of the board based on the medical and surgical needs of the department.

(III) The executive director shall determine the qualifications for appointment to the board of medical consultants; except that all members of the board shall be licensed by the Colorado medical board pursuant to article 240 of title 12.

(b) A person serving on the board of medical consultants shall provide not more than one thousand hours of consultation per year in his or her capacity as a board member.

(c) Members of the board of medical consultants shall be compensated at a rate that shall be approved by the executive director. Compensation shall be paid from available funds of the department.

(d) The board members shall act as medical consultants to the department with respect to persons receiving services from the institutions listed in section 27-90-104 and from any institution operated pursuant to part 10 of article 2.5 of title 19.

(e) A member of the board of medical consultants, for all activities performed within the course and scope of his or her responsibilities to the department, is a "public employee" as defined in section 24-10-103 (4), C.R.S.

(5) (a) The executive director shall have authority to adopt "executive director rules", as described in section 26-1-108, C.R.S., for programs administered and services provided by the department as set forth in this title. The rules shall be promulgated in accordance with the provisions of section 24-4-103, C.R.S.

(b) Whenever a statutory grant of rule-making authority in this title refers to the department, state department, or the department of human services, it shall mean the department of human services acting through either the state board of human services or the executive director or both. When exercising rule-making authority under this title, the department, either acting through the state board or the executive director, shall establish rules consistent with the powers and the distinction between "board rules" as set forth in section 27-90-103 and "executive director rules" as set forth in this section.

(c) Any rules adopted by the state board of human services to implement the provisions of this title prior to March 25, 2009, whose content meets the definition of "executive director rules" shall continue to be effective until revised, amended, or repealed by the executive director.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 756, § 2, effective April 29; (4)(a)(III) amended, (HB 10-1260), ch. 403, p. 1991, § 88, effective July 1. **L. 2017:** IP(1), (1)(a), and (1)(j) amended, (SB 17-242), ch. 263, p. 1375, § 292, effective May 25. **L. 2019:** (4)(a)(III) amended, (HB 19-1172), ch. 136, p. 1715, § 204, effective October 1. **L. 2021:** (1)(f), (1)(g), and (4)(d) amended, (SB 21-059), ch. 136, p. 750, § 133, effective October 1.

Editor's note: (1) This section is similar to former § 27-1-103 as it existed prior to 2010.

(2) Subsection (4)(a)(III) was numbered as § 27-1-103 (3)(a)(III) in House Bill 10-1260 (see L. 2010, p. 1991), but was relocated due to its harmonization with this section as it was added by Senate Bill 10-175.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-90-103. State board of human services - rules. (1) The state board of human services, created in section 26-1-107, C.R.S., is authorized to adopt "board rules" as necessary to implement the programs administered and the services provided by the department as provided in this title. The rules shall be promulgated in accordance with the provisions of section 24-4-103, C.R.S.

(2) "Board rules" are rules promulgated by the state board of human services governing:

(a) Program scope and content;

(b) Requirements, obligations, and rights of clients and recipients;

(c) Nonexecutive director rules concerning vendors, providers, and other persons affected by acts of the department.

(3) (a) Any rules adopted by the executive director to implement the provisions of this title prior to March 25, 2009, whose content meets the definition of "board rules" shall continue to be effective until revised, amended, or repealed by the state board of human services.

(b) Any rules adopted by the state board to implement the provisions of this title prior to March 25, 2009, whose content meets the definition of "executive director rules" shall continue to be effective until revised, amended, or repealed by the executive director.

(4) Whenever a statutory grant of rule-making authority in this title refers to the department, the state department, or the department of human services, it shall mean the department of human services acting through either the state board of human services or the executive director. When exercising rule-making authority under this title, the state department, either acting through the state board or the executive director, shall establish rules consistent with the powers and the distinction between "board rules" as set forth in this section and "executive director rules" as set forth in section 27-90-102.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 758, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-103.5 as it existed prior to 2010.

27-90-104. Institutions managed, supervised, and controlled. (1) The department shall manage, supervise, and control the following state institutions:

(a) Colorado mental health institute at Pueblo;
(b) Wheat Ridge regional center;
(c) Grand Junction regional center;
(d) Lookout Mountain school, at Golden;
(e) Mount View school, at Morrison;
(f) Colorado mental health institute at Fort Logan, in Denver;
(g) Golden Gate youth camp, in Gilpin county;
(h) Lathrop Park youth camp, in Huerfano county; and
(i) Pueblo regional center.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 759, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-104 as it existed prior to 2010.

27-90-105. Future juvenile detention facility needs. (1) (a) The general assembly hereby finds and declares that currently there are no juvenile detention facilities with commitment beds or locked detention beds in the southwest portion of Colorado and that the nearest such facility in the Grand Junction or Glenwood Springs area is as much as four hours away from some southwestern communities. As a result of this distance, authorities in the southwest region of the state often avoid detention even though such avoidance presents a public safety problem, and those juveniles who are taken to distant facilities lose the critical access to family members and local community agencies that would otherwise render their transitional return to the community less difficult.

(b) The general assembly further finds and declares that the juvenile population in detention is expected to increase by seventy and nine hundredths percent by the year 2002. In addition, the general assembly finds and declares that the juvenile commitment population is expected to increase by forty-nine and nine-tenths percent by the year 2002. The general assembly finds and declares that the growth patterns on the western slope of the state have led to a growth in population of at-risk youth and increased crime and that the office of youth services accordingly has experienced a shortfall of both detention and commitment beds in the western part of the state.

(c) The general assembly therefore determines that it would be appropriate to consider the need for the construction of a juvenile detention facility in southwest Colorado.

(2) (a) The department is directed to assess the need for, and to determine the community commitment to, a new multipurpose juvenile detention facility to be constructed in La Plata county that would serve the following detention and treatment needs of juveniles in the southwest portion of the state:

(I) Secure facility housing of juveniles who are detained on juvenile-related charges; and

(II) Secure facility and medium secure facility housing of juveniles who are committed to the division of youth services.

(b) In assessing the need for such a facility and the services to be rendered at such a facility, the department shall evaluate privatization options.

(3) The department shall present its findings, conclusions, and recommendations to the capital development committee of the general assembly on or before November 1, 1996.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 760, § 2, effective April 29. **L. 2017:** (2)(a)(II) amended, (HB 17-1329), ch. 381, p. 1985, § 67, effective June 6.

Editor's note: This section is similar to former § 27-1-104.4 as it existed prior to 2010.

27-90-106. Legislative review of facilities program plans for juvenile facilities. (Repealed)

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 761, § 2, effective April 29. **L. 2015:** Entire section repealed, (SB 15-270), ch. 296, p. 1220, § 21, effective June 5.

Editor's note: This section was similar to former § 27-1-104.5 as it existed prior to 2010.

27-90-107. Transfer of functions. (1) The department has the authority to execute, administer, perform, and enforce the rights, powers, duties, functions, and obligations vested in the board of control of the state children's home, the board of control of the Mount View girls' school, and the division of administration of the division of parole prior to July 1, 1959.

(2) Except where the context plainly requires otherwise, "board" or "boards of control", with reference to the institutions and the division listed in subsection (1) of this section, means and refers to the department of human services.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 761, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-106 as it existed prior to 2010.

27-90-108. Transfer of employees, records, and property - retirement benefits protected - decision of governor. (1) All employees of the division of administration of the division of parole and all employees of the boards of control enumerated in section 27-90-107 who were engaged in the performance of duties prescribed and supervised by the division of administration of the division of parole and the boards, respectively, and who were transferred to the department of institutions on July 1, 1959, shall retain all rights to retirement benefits under the laws of the state, and their services shall be deemed to have been continuous. All funds, accounts, books, records, documents, and equipment of the boards and the division of administration of the division of parole became the property of the department of institutions on July 1, 1959.

(2) All questions pertaining to the proper disposition of funds, accounts, books, records, documents, or equipment arising under this article and section 17-1-101, C.R.S., and caused by the transfer of powers, duties, rights, functions, and obligations from any board of control to the department of institutions shall be determined by the governor.

(3) Whenever in this article a department, agency, division, or unit thereof is transferred to the department of institutions, the provisions of subsections (1) and (2) of this section shall be declared applicable in effecting such transfer.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 761, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-107 as it existed prior to 2010.

27-90-109. Department may accept gifts, donations, and grants. The department or any institution managed, supervised, and controlled by the department may accept or refuse to accept, on behalf of and in the name of the state, gifts, donations, and grants, including grants of federal funds, for any purpose connected with the work or programs of the department or of any such institution. The executive director, with the approval of the governor, has the power to direct the disposition of any such gift, donation, and grant so accepted for any purpose consistent with the terms and conditions under which given.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 762, § 2, effective April 29.

Editor's note: This section is similar to former § 27-1-108 as it existed prior to 2010.

27-90-110. Rules for this article 90 and certain provisions in title 19. Pursuant to section 24-4-103, the department shall promulgate such rules as are necessary to implement the provisions of this article 90 and the procedures specified in sections 19-2.5-305, 19-2.5-1102, 19-2.5-1525, 19-2.5-1532, 19-3-403, 19-3-506, 19-3-507, and 19-3-508 regarding children who

are in detention or who have or may have a behavioral or mental health disorder or an intellectual and developmental disability.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 762, § 2, effective April 29. **L. 2017:** Entire section amended, (SB 17-242), ch. 263, p. 1376, § 293, effective May 25. **L. 2021:** Entire section amended, (SB 21-059), ch. 136, p. 750, § 134, effective October 1.

Editor's note: This section is similar to former § 27-1-109 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-90-111. Employment of personnel - screening of applicants - disqualifications from employment - contracts - rules - definitions. (1) The general assembly recognizes that many of the individuals receiving services from department employees pursuant to title 26 or this title 27 are unable to defend themselves and are therefore vulnerable to abuse or assault. It is the intent of the general assembly to minimize the potential for hiring and employing persons with a propensity toward abuse, assault, or similar offenses against others for positions that would provide them with unsupervised access to vulnerable persons. The general assembly declares that, in accordance with section 13 of article XII of the state constitution, for purposes of terminating employees in the state personnel system who are finally convicted of criminal conduct, offenses involving moral turpitude include, but are not limited to, the disqualifying offenses specified in subsection (9) of this section.

(2) For purposes of this section, unless the context otherwise requires:

(a) "Contracting agency" means an agency, corporation, nonprofit entity, or any other outside entity that contracts with the department to provide services pursuant to title 26 or this title 27 and that provides services that involve direct contact with vulnerable persons.

(b) "Conviction" means a verdict of guilty by a judge or jury or a plea of guilty or nolo contendere that is accepted by the court or adjudication for an offense that would constitute a criminal offense if committed by an adult. "Conviction" also includes having received a deferred judgment and sentence or deferred adjudication; except that a person shall not be deemed to have been convicted if the person has successfully completed a deferred sentence or deferred adjudication.

(b.5) "Department employee" means an employee of the department who is employed through the state personnel system of the state of Colorado.

(c) "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to vulnerable persons, regardless of the level of supervision of the department employee. "Direct contact" may include positions in which persons have access to or unsupervised time with clients or patients, including but not limited to maintenance personnel, housekeeping staff, kitchen staff, and security personnel.

(d) Repealed.

(d.5) "Independent contractor" means an individual who contracts directly with the department and who is designated, by the executive director or the executive director's designee, as serving in a contract position involving direct contact with vulnerable persons.

(e) "Vulnerable person" means any individual served by the department who is susceptible to abuse or mistreatment because of the individual's circumstances, including but not limited to the individual's age, disability, frailty, behavioral or mental health, intellectual and developmental disability, or ill health.

(3) The employment screening and disqualification requirements in this section apply to the following facilities or programs operated by the department:

(a) Any facility operated by the department for the care and treatment of persons with a mental health disorder pursuant to article 65 of this title 27;

(b) Any facility operated by the department for the care and treatment of persons with intellectual and developmental disabilities pursuant to article 10.5 of this title 27;

(c) Repealed.

(d) Any direct services identified and provided by the department in which department employees, independent contractors, or contracting agencies have direct contact with vulnerable persons in a state-operated facility or in a vulnerable person's home or residence;

(e) Veterans community living centers operated pursuant to article 12 of title 26, C.R.S.;

(f) Any facility directly operated by the department in which juveniles who are in the custody of the department reside, including detention or commitment centers; and

(g) Any secure facility contracted for by the department pursuant to section 19-2.5-1502 in which juveniles who are in the custody of the department reside.

(4) Prior to the department's permanent employment of a person in a position that would require that person to have direct contact with a vulnerable person, the executive director or any division head of the department shall make an inquiry to the director of the Colorado bureau of investigation to ascertain whether the person has a criminal history. The person's employment is conditional upon a satisfactory state and national fingerprint-based criminal history record check. A criminal history record check conducted pursuant to this subsection (4) must include but need not be limited to arrests, conviction records, and the disposition of any criminal charges. The department shall require the person to have his or her fingerprints taken by a local law enforcement agency or any third party approved by the Colorado bureau of investigation. If an approved third party takes the person's fingerprints, the fingerprints may be electronically captured using Colorado bureau of investigation-approved livescan equipment. Third-party vendors shall not keep the applicant information for more than thirty days unless requested to do so by the applicant. The department shall forward those fingerprints to the Colorado bureau of investigation for the purpose of fingerprint processing utilizing the files and records of the Colorado bureau of investigation and the federal bureau of investigation. When the results of a fingerprint-based criminal history record check of a person performed pursuant to this section reveal a record of arrest without a disposition, the department shall require that person to submit to a name-based criminal history record check, as defined in section 22-2-119.3 (6)(d). The department shall pay for the costs of criminal history record checks conducted pursuant to this section out of existing appropriations.

(5) The executive director or any division head shall contact previous employers of any person who is one of the top three finalists for a position that would require that person to have direct contact with any vulnerable person, for the purpose of obtaining information and recommendations that may be relevant to the person's fitness for employment. Any previous employer of an applicant for employment who provides information to the executive director or a division head or who makes a recommendation concerning the person shall be immune from

civil liability unless the information is false and the previous employer knows such information is false or acts with reckless disregard concerning the veracity of the information.

(6) Any local agency or provider of services pursuant to this title or title 26, C.R.S., may investigate applicants for employment.

(7) The executive director, any division head, or any local agency or provider who relies on information obtained pursuant to this section in making an employment decision or who concludes that the nature of any information disqualifies the person from employment as either a department employee or an independent contractor is immune from civil liability for that decision or conclusion unless the information relied upon is false and the executive director, division head, or local agency or provider knows the information is false or acts with reckless disregard concerning the veracity of the information.

(8) The executive director may promulgate such rules as are necessary to implement the provisions of this section.

(9) (a) If the criminal history record check conducted pursuant to subsection (4) or (11) of this section indicates that a prospective department employee or prospective independent contractor was convicted of any of the disqualifying offenses set forth in subsection (9)(b) or (9)(c) of this section, the person is disqualified from employment either as a department employee or as an independent contractor in a position involving direct contact with vulnerable persons. The department shall not hire or retain a person who is disqualified as a result of this section for a position involving direct contact with vulnerable persons nor is the person eligible to contract for or continue in a contract position designated by the executive director or the executive director's designee as involving direct contact with vulnerable persons.

(b) Except as otherwise provided in subsection (9)(d) of this section, a person is disqualified from employment either as a department employee or as an independent contractor, regardless of the length of time that may have passed since the discharge of the sentence imposed for any of the following criminal offenses:

(I) A crime of violence, as defined in section 18-1.3-406, C.R.S.;

(II) Any felony offense involving unlawful sexual behavior, as defined in section 16-22-102 (9), C.R.S.;

(III) Any felony, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3, C.R.S.;

(IV) Any felony offense of child abuse, as defined in section 18-6-401, C.R.S.; or

(V) Any felony offense in any other state, the elements of which are substantially similar to the elements of any of the offenses described in subparagraph (I), (II), (III), or (IV) of this paragraph (b).

(c) Except as otherwise provided in subsection (9)(d) of this section, a person is disqualified from employment either as a department employee or as an independent contractor if less than ten years have passed since the person was discharged from a sentence imposed for conviction of any of the following criminal offenses:

(I) Third degree assault, as described in section 18-3-204, C.R.S.;

(II) Any misdemeanor, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3, C.R.S.;

(III) Violation of a protection order, as described in section 18-6-803.5, C.R.S.;

(IV) Any misdemeanor offense of child abuse, as defined in section 18-6-401, C.R.S.;

(V) Any misdemeanor offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5, C.R.S.; or

(VI) Any misdemeanor offense in any other state, the elements of which are substantially similar to the elements of any of the offenses described in subparagraph (I), (II), (III), (IV), or (V) of this paragraph (c).

(d) If a person was adjudicated a juvenile delinquent for the commission of any disqualifying offense set forth in either paragraph (b) or (c) of this subsection (9) and more than seven years have elapsed since the commission of the offense, the person may submit a written request to the executive director as provided in subsection (13) of this section for reconsideration of the disqualification.

(10) (a) Any department employee who is employed in a position involving direct contact with vulnerable persons and who is arrested, charged with, or issued a summons and complaint for any of the disqualifying offenses set forth in subsection (9)(b) or (9)(c) of this section shall inform his or her supervisor of the arrest, charges, or issuance of a summons and complaint before returning to work. Any department employee who fails to make such a report or disclosure may be terminated from employment. The department or any facility operated by the department shall advise its employees and independent contractors in writing of the requirement for self-reporting of the disqualifying offenses set forth in subsection (9)(b) or (9)(c) of this section.

(b) Any department employee who is charged with any of the disqualifying offenses set forth in subsection (9)(b) of this section must be suspended until resolution of the criminal charges or completion of administrative action by the department. A department employee who is charged with any of the disqualifying offenses set forth in subsection (9)(c) of this section may be suspended at the discretion of the department until resolution of the criminal charges or completion of administrative action by the department. The department employee shall inform his or her supervisor of the disposition of the criminal charges. Any department employee who fails to report such information may be terminated from employment. Upon notification to the department that the department employee has received a conviction for any of the disqualifying offenses described in subsection (9)(b) or (9)(c) of this section, the department employee must be terminated from employment. Nothing in this subsection (10)(b) prohibits the department from taking administrative action if the department employee's conduct would justify disciplinary action under section 13 of article XII of the state constitution for failure to comply with standards of efficient service or competence or for willful misconduct, willful failure, or inability to perform his or her duties.

(11) The general assembly recognizes that the department contracts with persons to serve in positions that involve direct contact with vulnerable persons in state-operated facilities or to provide state-funded services that involve direct contact with vulnerable persons in the homes and residences of such vulnerable persons. In order to protect vulnerable persons who come into contact with these independent contractors, the executive director or his or her designee shall designate those contract positions that involve direct contact with vulnerable persons that are subject to the provisions of this subsection (11). In any contract initially entered into or renewed on or after July 1, 1999, concerning a contract position that has been designated as involving direct contact with vulnerable persons, the department shall include the following terms and conditions:

(a) That the independent contractor shall submit to a state and national fingerprint-based criminal history record check as described in subsection (4) of this section for state employees; except that the independent contractor shall bear the cost of such criminal history record checks;

(b) That the independent contractor shall report any arrests, charges, or summonses for any of the disqualifying offenses specified in subsection (9)(b) or (9)(c) of this section to the independent contractor's supervisor at the department before returning to work;

(c) That the independent contractor may be suspended or terminated, at the discretion of the department, prior to the resolution of the criminal charges for any of the disqualifying offenses specified in subsection (9)(b) or (9)(c) of this section;

(d) That, upon notification to the department that the independent contractor has been convicted for any of the disqualifying offenses described in subsection (9)(b) or (9)(c) of this section, the independent contractor's position with the department must be terminated.

(11.5) (a) The general assembly also recognizes that the department contracts with outside contracting agencies for services where the contracting agency's employees will have direct contact with vulnerable persons who receive services pursuant to title 26 and this title 27. To protect vulnerable persons who come into contact with employees of a contracting agency, the executive director, or his or her designee, shall designate those contracts that will involve direct contact with vulnerable persons and that are therefore subject to the provisions of this subsection (11.5). Any contract with a contracting agency that is initially entered into or is renewed on or after July 1, 2018, and that has been designated as a contract that involves direct contact with vulnerable persons, must include the following terms and conditions:

(I) The contracting agency shall submit its employees who will have direct contact with vulnerable persons as a result of the contract to a state and national fingerprint-based criminal history record check. The contracting agency shall provide the information required by subsection (4) of this section to the executive director or any division head of the department who works directly with the contracting agency.

(II) That the contracting agency shall require its employees who will have direct contact with vulnerable persons as a result of the contract to report any arrests, charges, or summonses for any of the disqualifying offenses specified in subsection (9)(b) or (9)(c) of this section to the contracting agency's supervisor before returning to work. The contracting agency's supervisor shall immediately notify the executive director or the respective division head of the department who works directly with the contracting agency upon notification of any such report made by an employee.

(III) That the contracting agency may be required to remove an employee from having direct contact with vulnerable persons, at the discretion of the department, prior to the resolution of the criminal charges for any of the disqualifying offenses specified in subsection (9)(b) or (9)(c) of this section;

(IV) That, upon notification to the department that the contracting agency's employee who has direct contact with vulnerable persons as a result of the contract has been convicted of any of the disqualifying offenses specified in subsection (9)(b) or (9)(c) of this section, such employee is no longer permitted to work in any capacity with the department where he or she would have direct contact with vulnerable persons as a result of the contract; and

(V) That, if the contracting agency fails to comply with subsections (11.5)(a)(I) to (11.5)(a)(IV) of this section, the contract may be immediately terminated.

(b) If the contracting agency is also licensed pursuant to section 26-6-104 and has conducted a criminal history record check pursuant to section 26-6-104 (7)(a)(III) for its employees who will have direct contact with vulnerable persons as a result of the contract, the department may accept such criminal history record check to satisfy the requirements of this subsection (11.5).

(12) A department employee, independent contractor, or employee of a contracting agency who is disqualified due to conviction of any of the disqualifying offenses set forth in subsection (9)(b) or (9)(c) of this section may submit a written request to the executive director for reconsideration of the disqualification. Reconsideration pursuant to this subsection (12) may only be based on a mistake of fact such as an error in the identity of the person for whom the criminal history record check was performed pursuant to subsection (11) of this section. If the executive director determines that there was a mistake of fact involving the identity of the person, the executive director shall issue a finding that the disqualifying factor is not a bar to the person's employment either as a department employee or as an independent contractor or employee of a contracting agency.

(13) (a) A department employee, an independent contractor, or an employee of a contracting agency who is disqualified for conviction of an offense specified in subsection (9)(c) of this section may submit a written request to the executive director for reconsideration of the disqualification and a review of whether the person poses a risk of harm to vulnerable persons. In reviewing a disqualification, the executive director shall give predominant weight to the safety of vulnerable persons over the interests of the disqualified person. The final determination must be based upon a review of:

(I) The seriousness of the disqualifying offense;

(II) Whether the person has a conviction for more than one disqualifying offense;

(III) The vulnerability of the victim at the time the disqualifying offense was committed;

(IV) The time elapsed without a repeat of the same or similar disqualifying offense;

(V) Documentation of successful completion of training or rehabilitation pertinent to the disqualifying offense; and

(VI) Any other relevant information submitted by the disqualified person.

(b) The decision of the executive director shall constitute final agency action.

(14) Nothing in this section shall be construed to preclude the department or the director of any facility operated by the department from adopting a policy regarding self-reporting of arrests, charges, or summonses or a policy regarding disqualification from employment that includes other offenses not set forth in paragraph (b) or (c) of subsection (9) of this section.

(15) (a) In considering any disciplinary action under section 24-50-125 (1) against an employee who is certified to any class or position in the state personnel system for engaging in mistreatment, abuse, neglect, or exploitation against a vulnerable person, the appointing authority shall give weight to the safety of vulnerable persons over the interests of any other person. For purposes of this subsection (15), "mistreatment", "abuse", "neglect", or "exploitation" shall have the same definitions as contained in article 22 of title 16, articles 3 and 6.5 of title 18, articles 1 and 3 of title 19, article 3.1 of title 26, and this article 90 and titles 38 and 42 of the code of federal regulations, as amended.

(b) If the appointing authority finds that the employee has engaged in mistreatment, abuse, neglect, or exploitation against a vulnerable person, the appointing authority may take such disciplinary action as the appointing authority deems appropriate, up to and including

termination, taking into consideration the harm or risk of harm to vulnerable persons created by the employee's actions. Nothing in this subsection (15)(b) affects the constitutional or statutory due process rights afforded to an employee who is certified to any class or position in the state personnel system.

(c) This subsection (15) applies regardless of whether the employee has been charged with or convicted of a disqualifying offense under subsection (9)(b) or (9)(c) of this section.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 762, § 2, effective April 29. **L. 2013:** (3)(e) amended, (HB 13-1300), ch. 316, p. 1692, § 87, effective August 7. **L. 2014:** (3)(e) amended, (SB 14-096), ch. 59, p. 274, § 30, effective August 6. **L. 2015:** (3)(c)(II) added by revision, (SB 15-239), ch. 160, pp. 488, 490 §§ 8, 14. **L. 2017:** (2)(e), (3)(a), and (3)(b) amended, (SB 17-242), ch. 263, p. 1376, § 294, effective May 25; (4) amended, (SB 17-189), ch. 149, p. 504, § 14, effective August 9. **L. 2018:** (1), (2)(a), (2)(c), (3)(d), (4), (7), (9)(a), IP(9)(b), IP(9)(c), (10), (11), (12), and IP(13)(a) amended, (2)(b.5), (2)(d.5), and (11.5) added, and (2)(d) repealed, (HB 18-1411), ch. 238, p. 1484, § 2, effective May 24; (15) added, (HB 18-1065), ch. 142, p. 919, § 1, effective August 8. **L. 2019:** (4) amended, (HB 19-1166), ch. 125, p. 558, § 49, effective April 18. **L. 2021:** (3)(g) amended, (SB 21-059), ch. 136, p. 750, § 135, effective October 1.

Editor's note: (1) This section is similar to former § 27-1-110 as it existed prior to 2010.
<(T)>(2) Subsection (3)(c)(II) provided for the repeal of subsection (3)(c), effective July 1, 2016. (See L. 2015, pp. 488, 490.)

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

ARTICLE 91

Institutions - General Administrative Provisions

Editor's note: This article was added with relocations in 2010 containing provisions of article 2 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-91-101. Legislative declaration. The purpose of this section and section 27-91-102 is to provide for the payment of actual expenses only, in lieu of stated salaries and mileage, to all members of boards of control of state institutions.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 768, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-101 as it existed prior to 2010.

27-91-102. Boards of control entitled only to actual expenses. A member of a board of control, trustees, or commissioners of all institutions supported by or under the patronage and control of the state shall receive as compensation for his or her services only actual expenses incurred in attendance upon and in going to and returning from each regular and special meeting of the board of control, trustees, or commissioners or for performing any services whatever for the institution of which he or she is a member of the board of control, trustees, or commissioners, payment to be made out of the funds appropriated for the support and maintenance of the respective institutions. In all cases of cash paid out by the member of a board of control, trustees, or commissioners, an itemized account, accompanied by the proper vouchers therefor, signed by the party to whom such money has been paid, shall accompany the vouchers upon which all warrants for such expenditures shall issue.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 768, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-102 as it existed prior to 2010.

27-91-103. Debts in excess of appropriation - emergencies. The various officers designated by law to control and direct the fiscal affairs of the several state institutions shall not contract within any year any indebtedness in excess of the amount named in any appropriation made for the support of any state institution during that time; but, in cases of emergency, the governor may authorize the contraction of such indebtedness that in his or her judgment is absolutely necessary for the maintenance and support of the institution, until such time as the general assembly meets. The officers of any state institution, supported by the levy of any special tax, shall contract no indebtedness in any year in excess of eighty percent of the gross amount of the levy made for that year from which to support that institution.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 768, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-103 as it existed prior to 2010.

27-91-104. The term "officer" includes members of boards. The term "officer" as used in section 27-91-105 includes any member of the various boards created by law to govern or supervise the respective state institutions.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 768, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-104 as it existed prior to 2010.

27-91-105. Indebtedness limited to appropriation. It is unlawful for any officer of any state institution of this state to incur or contract any indebtedness for, on behalf of, or in the name of the state institution or in the name of the state in excess of the sum appropriated by the general assembly for the use or support of the institution for the fiscal year. An officer of any

state institution shall not draw any money from the state treasury unless the same is absolutely needed and required by the institution at the time, and then only upon the warrant of the controller.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 768, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-105 as it existed prior to 2010.

27-91-106. Violation - penalty. Any person who violates any of the provisions of section 27-91-105 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 769, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-106 as it existed prior to 2010.

27-91-107. Purchase of supplies by and from institutions. (1) The following designated state institutions are within the purview of this section: All facilities of the departments of corrections and human services, the Colorado mental health institute at Pueblo, the Wheat Ridge regional center, the Grand Junction regional center, the Pueblo regional center, the Lookout Mountain school at Golden, the Mount View school at Morrison, the Colorado industries for the blind, and the Colorado psychiatric hospital.

(2) When any of the institutions enumerated in subsection (1) of this section are in need of supplies that are grown, produced, or manufactured by any other of the institutions, it shall purchase the same from the other institution if it has a surplus thereof of suitable quality available for sale at a price not in excess of the current market price for such supplies, and it is the duty of the managing boards of such respective institutions to require observance of the provisions of this section.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 769, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-107 as it existed prior to 2010.

27-91-108. Display of flags. (1) The chief administrative officer of any state institution supported in whole or in part by the state and under the control of the state shall have erected and maintained, at the entrance of the institution or on the principal administrative building or grounds thereof, a suitable flagstaff with the attachments necessary for the display of flags and shall cause to be displayed thereon the flags of the United States and of the state of Colorado. The flag of the state of Colorado shall be the same size as the flag of the United States with which it is displayed. If both flags are displayed on one flagstaff, the flag of the state of Colorado shall be placed below the flag of the United States.

(2) (a) The chief administrative officer of any court facility supported in whole or in part by the state and under the control of the state shall cause to be permanently and prominently displayed the flag of the United States, as described in chapter 1 of title 4, U.S.C., in each courtroom when a court proceeding is in session. A flag displayed in a courtroom must measure three by five feet. No alleged failure to cause the flag of the United States to be permanently and prominently displayed in a courtroom supported in whole or in part by the state and under the control of the state shall be the basis of any challenge to such court's authority or jurisdiction or for any appeal of any decision, order, or judgment of such court.

(b) The flags of the United States and of the state of Colorado shall be permanently and prominently displayed in all committee rooms under the control of the general assembly of the state of Colorado.

(c) On and after September 1, 1996, the chief administrative officer of any school supported in whole or in part by the state and under the control of the state shall cause to be displayed permanently and prominently the flag of the United States, as described in chapter 1 of title 4, U.S.C., in each academic classroom when an academic class is in session. A flag displayed in an academic classroom shall measure no less than either twelve by eighteen inches if it is displayed in a frame or two by three feet if it is displayed on a flagstaff.

(3) The chief administrative officer of any school or court facility supported in whole or in part by the state and under the control of the state is hereby authorized to accept donations of flags to be displayed in classrooms or courtrooms pursuant to the provisions of subsection (2) of this section.

(4) (a) The chief administrative officer of any state institution, school, or court facility described in this section shall not permit the display of any depiction or representation of a flag of the United States that is intended for public view and permanently affixed or attached to any part of the building or grounds of said state institution, school, or court facility, and which display does not conform with 4 U.S.C. sec. 7.

(b) Nothing in this subsection (4) shall be construed to preclude the temporary display of any instructional or historical materials or student work product included as part of a lesson not permanently affixed or attached to any part of said building or grounds.

(5) Any flag of the United States displayed pursuant to this section shall be displayed as described in 4 U.S.C. sec. 7.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 769, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-108 as it existed prior to 2010.

27-91-109. Personal display of flags. (1) The right to display reasonably the flag of the United States shall not be infringed with respect to the display:

(a) On an individual's person;

(b) Anywhere on an individual's personal or real property; and

(c) In the buildings or on the grounds of any tax-supported property in the state; except that the state or political subdivision that has jurisdiction over the building or grounds may adopt reasonable rules and regulations regarding the size, number, placement, manner of display, and lighting of the flag, and the location, size, and height of flagpoles.

(2) (a) Notwithstanding any provision of subsection (1) of this section to the contrary, the right with respect to an individual's real property shall be subject to reasonable restrictive covenants or equitable servitudes; except that no such covenant or servitude, nor any owners' association shall prohibit the outdoor display of the flag of the United States by a property owner on that owner's property if the flag is displayed in a manner consistent with chapter 1 of title 4 of the United States Code, as amended.

(b) Notwithstanding any provision of paragraph (a) of this subsection (2) to the contrary, an owners' association, the state, or a political subdivision may adopt reasonable rules and regulations regarding the size, number, placement, manner of display, and lighting of the flag, and the location, size, and height of flagpoles.

(3) For purposes of this section, "display reasonably" shall be presumed to include a display of the flag of the United States that is consistent with chapter 1 of title 4 of the United States Code, as amended.

(4) A right described in subsection (1) of this section is a civil right of free speech and a protected form of expression under the first amendment to the United States constitution and section 10 of article II of the state constitution.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 770, § 2, effective April 29.

Editor's note: This section is similar to former § 27-2-108.5 as it existed prior to 2010.

ARTICLE 92

Institutions - Charges for Patients

Editor's note: This article was added with relocations in 2010 containing provisions of article 12 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-92-101. Liability. (1) When a person is admitted, committed, or transferred to a public institution of this state supervised by the department of human services for the care, support, maintenance, education, or treatment of persons with mental health disorders, the person, his or her spouse, and his or her parents are liable for the costs of his or her care, support, maintenance, and treatment to the extent and in the manner provided in this article 92. No other relatives of the person are liable to any extent for such costs.

(2) This article 92 also applies to those persons received pursuant to article 8 of title 16 and sections 16-13-216, 19-2.5-1525, and 19-2.5-1532, but not by way of exclusion.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 771, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1376, § 295, effective May 25. **L. 2021:** (2) amended, (SB 21-059), ch. 136, p. 751, § 136, effective October 1.

Editor's note: This section is similar to former § 27-12-101 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-92-102. Cost determination. (1) The department of human services shall periodically determine the individual cost for the care, support, maintenance, treatment, and education of the patients of each of the public institutions supervised by the department of human services. In making the determination, it is proper for the department to use averaging methods to the extent that it is not practicable, in the judgment of the executive director of the department of human services, to compute the actual cost for each patient.

(2) With respect to a resident patient who is under the age of twenty-one years, the department of human services shall deduct from the determined cost an amount equal to the average per capita cost for the education of children with disabilities pursuant to article 20 of title 22, C.R.S.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 771, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-102 as it existed prior to 2010.

27-92-103. Extent of liability. (1) The department of human services shall assess against the patient, spouse, or parents made liable by section 27-92-101, or any of them, all or such part of the cost as they are respectively able to pay, but the department of human services shall not assess against the liable persons in the aggregate more than the whole of such cost.

(2) The liability of each parent shall cease when such parent has completed the payments as assessed in this article or upon the patient's eighteenth birthday, whichever event first occurs.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 771, § 2, effective April 29. **L. 2011:** (2) amended, (HB 11-1303), ch. 264, p. 1172, § 83, effective August 10.

Editor's note: This section is similar to former § 27-12-103 as it existed prior to 2010.

27-92-104. Determination of ability to pay. (1) All insurance and other benefits payable for the care, support, maintenance, and treatment of a patient shall be considered available for payment of the cost determined under section 27-92-102.

(2) The department of human services shall determine the ability of a patient and his or her spouse to pay the balance of the cost by consideration of the following factors: Income reportable under Colorado law; the age of the patient and spouse; the number of dependents, their ages, and their mental and physical condition; provision for retirement years; the length of the patient's care or treatment; liabilities; and assets. The determination shall be made according to schedules contained in published rules, adopted in accordance with the provisions of article 4 of title 24, C.R.S.

(3) If it is determined that the patient and his or her spouse are unable to pay the entire cost determined under section 27-92-102 and the length of the patient's care and treatment at a state institution is reasonably anticipated to be less than six months, the department of human

services shall determine the parent's ability to pay by consideration of the same factors referred to in subsection (2) of this section, applying each such factor to the parent.

(4) If it is determined that the patient and his or her spouse are unable to pay the entire cost determined under section 27-92-102 and the length of the patient's care and treatment at a state institution is reasonably anticipated to exceed six months, the department of human services shall determine the parent's ability to pay by reference to the parent's net taxable income reportable under Colorado law and to the patient's length of care or treatment. At the request of the parent, the department shall also consider other factors relevant to the interest of avoiding undue hardship to the family unit. Other factors may include the parent's age, provision for retirement years, assets, liabilities, and the number of dependents, their mental and physical condition, and their educational requirements. The determination shall be made according to schedules contained in published rules adopted in accordance with the provisions of article 4 of title 24, C.R.S.

(5) Should any parent not file a Colorado income tax return, the parent's net Colorado taxable income equivalent shall be determined by reference to his or her United States income tax return as though all the income disclosed by that return had been derived from sources within Colorado, and the table of rates shall be applied to the net taxable income equivalent.

(6) Upon the willful failure of any patient, spouse, or parent to furnish to the department of human services, upon request, copies of his or her income tax returns, he or she shall be deemed to have the ability to pay the entire cost determined under this article.

(7) Every agency and department of the state is required to render all reasonable assistance to the executive director of the department of human services in obtaining all information necessary for proper implementation of the purposes of this article. Nothing in this subsection (7) shall be construed to require the department of revenue to produce a copy of any person's income tax return solely upon the request of the department of human services, but the department of revenue shall deliver a copy of any such return upon the request of the taxpayer or his or her duly authorized representative, pursuant to section 39-21-113 (4), C.R.S.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 772, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-104 as it existed prior to 2010.

27-92-105. Effect of determination. A determination of the ability of a patient, spouse, or parent to pay shall remain in effect until a redetermination is made.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 773, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-105 as it existed prior to 2010.

27-92-106. Appeal. Appeals from the determination of the ability of a patient or relative to pay, as provided in this article, may be taken to any court of record in Colorado having jurisdiction of the patient or his or her spouse or parents liable for payment; but no appeal may be taken until the executive director of the department of human services has ruled upon a

written request for a review of the determination. The request shall be made within sixty days after receipt of notification of the determination, and the applicant shall be notified of the decision of the executive director within forty-five days after the receipt of the applicant's request for review.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 773, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-106 as it existed prior to 2010.

27-92-107. Service. Service of any notification, information, or request for information, review, or redetermination, accomplished by certified mail, return receipt requested, or in any manner provided by the Colorado rules of civil procedure, shall be sufficient for all purposes of this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 773, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-107 as it existed prior to 2010.

27-92-108. Certificate - prima facie evidence. In any action or proceeding to enforce the claims of the state provided for in this article, a certificate by the chief administrative officer of the institution involved or the executive director of the department of human services as to any fact or matter necessary to the establishment of the claim which is a matter of record in the institution or in the department of human services shall constitute prima facie evidence.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 773, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-108 as it existed prior to 2010.

27-92-109. Further actions. (1) A patient, spouse, or parent liable by this article who fails to pay the amounts assessed pursuant to this article shall be proceeded against in any manner authorized by law for the collection of sums due and owing to the state of Colorado.

(2) All property of persons liable pursuant to this article shall be subject to application to claims irrespective of its origin, composition, or source subject to the exemptions set forth in section 13-54-102, C.R.S.

(3) Claims against responsible relatives in other states may be enforced as claims for support under the provisions of the "Uniform Interstate Family Support Act", article 5 of title 14, C.R.S.

(4) In the absence of fraud, the patient, spouse, and parents shall be liable only to the extent of assessments actually made against them respectively in accordance with this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 773, § 2, effective April 29.

Editor's note: This section is similar to former § 27-12-109 as it existed prior to 2010.

ARTICLE 93

Colorado Mental Health Institute at Pueblo

Editor's note: This article was added with relocations in 2010 containing provisions of article 13 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-93-101. Institute established. (1) There is established the Colorado mental health institute at Pueblo for the treatment and care of persons who may have a behavioral or mental health disorder from any cause and for other persons in state institutions on an inpatient and outpatient basis and in state programs relating to the treatment of substance use disorders who may require medical care and treatment within the capabilities of the staff and facilities of the institute.

(2) All materials without limitation that contain the former names of the Colorado mental health institute at Fort Logan and the Colorado mental health institute at Pueblo shall be utilized to the maximum extent possible in the ordinary course of business before being replaced.

(3) The Colorado mental health institute at Pueblo is authorized to contract, pursuant to the federal government procurement process, with federal agencies to provide psychiatric, medical, and surgical services at the institute to persons under the care of or in the custody or control of an agency of the federal government, so long as the provision of such services does not exceed the capabilities of the staff and facilities of the institute and does not preempt services to state patients.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 774, § 2, effective April 29. **L. 2017:** (1) amended, (SB 17-242), ch. 263, p. 1377, § 296, effective May 25.

Editor's note: This section is similar to former § 27-13-101 as it existed prior to 2010.

Cross references: For the legislative declaration in SB 17-242, see section 1 of chapter 263, Session Laws of Colorado 2017.

27-93-102. Capacity to take property. The Colorado mental health institute at Pueblo is authorized to receive gifts, legacies, devises, and conveyances of property, real or personal, that may be made, given, or granted to or for the Colorado mental health institute at Pueblo. The chief officer of the institute, with the approval of the governor, shall make disposition of such gifts or property as may be for the best interest of said Colorado mental health institute at Pueblo.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 774, § 2, effective April 29.

Editor's note: This section is similar to former § 27-13-102 as it existed prior to 2010.

27-93-103. Employees - adult protective services data system check - publications. (1) The head of the administrative division overseeing the Colorado mental health institute at Pueblo shall appoint or employ, pursuant to section 13 of article XII of the state constitution, such administrators, physicians, nurses, attendants, and additional employees as may be necessary for the proper conduct of said institute. The head of the administrative division may contract with the board of regents of the university of Colorado health sciences center or any other governing board of a state-supported institution of higher education for the provision of services by physicians and other health-care practitioners when deemed necessary for the proper conduct of the institute. During the performance of any duties by the physicians and other health-care practitioners for the department of human services, the physicians and other health-care practitioners are "public employees" as defined in section 24-10-103 (4), C.R.S., and the limitation of section 24-30-1517 (2), C.R.S., shall not apply.

(1.5) On and after January 1, 2019, the head of the administrative division overseeing the Colorado mental health institute at Pueblo shall, prior to employment, submit the name of a person who will be providing direct care, as defined in section 26-3.1-101 (3.5), to an at-risk adult, as defined in section 26-3.1-101 (1.5), as well as any other required identifying information, to the department of human services for a check of the Colorado adult protective services data system pursuant to section 26-3.1-111 to determine if the person is substantiated in a case of mistreatment of an at-risk adult.

(2) Publications of the institute circulated in quantity outside the institute shall be subject to the approval and control of the executive director of the department of human services.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 774, § 2, effective April 29. **L. 2017:** (1.5) added, (HB 17-1284), ch. 272, p. 1506, § 15, effective May 31.

Editor's note: This section is similar to former § 27-13-103 as it existed prior to 2010.

27-93-104. Authorized utilization of medical facilities at institute - equipment replacement fund. (1) A person committed to the custody of or cared for in the department of human services or the department of corrections who requires medical care and treatment that can be advantageously treated by psychiatric, medical, or surgical care available at the Colorado mental health institute at Pueblo may be treated at the institute. Charges for patient care and treatment shall be made in the manner provided in article 92 of this title. A specific appropriation shall be made annually for the general medical division of the Colorado mental health institute at Pueblo, based upon projections of the total patient load and associated costs from all institutions, and the department of human services shall determine at least annually the per diem expenses and the actual utilization of the general medical division by each institution, including other divisions of the Colorado mental health institute at Pueblo.

(2) A person under the care of or in the custody or control of an agency of the federal government whose psychiatric, medical, or surgical needs could be advantageously treated at the Colorado mental health institute at Pueblo may be treated at the institute pursuant to a contract between the institute and the agency of the federal government.

(3) A contract entered into pursuant to subsection (2) of this section shall cover the full direct and indirect costs of services as determined by generally accepted accounting principles and shall include a fee to cover the need for replacement of existing equipment which would occur because of this additional use. All fees collected pursuant to this subsection (3) shall be collected by the Colorado mental health institute at Pueblo and shall be transmitted to the state treasurer, who shall credit the same to the equipment replacement fund, which fund is hereby created. Moneys in the equipment replacement fund shall be appropriated by the general assembly on an annual basis to the department of human services for replacement of existing equipment made necessary pursuant to this section.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 774, § 2, effective April 29.

Editor's note: This section is similar to former § 27-13-109 as it existed prior to 2010.

27-93-105. Alternative uses for institute facilities. The department of human services shall determine the existence of resources at the Colorado mental health institute at Pueblo that are in excess of the needs of the primary purpose of the institute and may make available to the regents of the university of Colorado, on mutually agreeable terms, a maximum of ten beds at the institute for the purpose of teaching students in the family practice medical training program conducted by and under the control of the regents. The resources shall be a supplement to any existing health-care resources and academic facilities in the region.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 775, § 2, effective April 29.

Editor's note: This section is similar to former § 27-13-110 as it existed prior to 2010.

27-93-106. Access to inpatient civil beds at institute. The department shall develop and implement admission criteria that ensures individuals, prior to being admitted, have been evaluated for the least restrictive level of care and that geographic location, current health-care provider, and payer type are not the primary determining factor in whether an individual has access to a civil inpatient bed.

Source: L. 2019: Entire section added, (SB 19-222), ch. 226, p. 2266, § 4, effective May 20.

Cross references: For the legislative declaration in SB 19-222, see section 1 of chapter 226, Session Laws of Colorado 2019.

ARTICLE 94

Colorado Mental Health Institute at Fort Logan

Editor's note: This article was added with relocations in 2010 containing provisions of article 15 of this title. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this article, see the comparative tables located in the back of the index.

27-94-101. Legislative declaration. In order to provide a program to promote mental health in the state of Colorado, a mental health center is established as provided in this article.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 775, § 2, effective April 29.

Editor's note: This section is similar to former § 27-15-101 as it existed prior to 2010.

27-94-102. Establishment of mental health center. (1) There is hereby established at the site of Fort Logan, Denver county, Colorado, a mental health center to be known as the Colorado mental health institute at Fort Logan, referred to in this article as the "center". The center shall be under the general supervision and control of the department of human services.

(2) All materials without limitation that contain the former names of the Colorado mental health institute at Fort Logan and the Colorado mental health institute at Pueblo shall be utilized to the maximum extent possible in the ordinary course of business before being replaced.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 775, § 2, effective April 29.

Editor's note: This section is similar to former § 27-15-102 as it existed prior to 2010.

27-94-103. Employees - adult protective services data system check - publications. (1) The head of the administrative division overseeing the center shall appoint or employ, pursuant to section 13 of article XII of the state constitution, administrators, physicians, nurses, attendants, and additional employees as necessary for the proper conduct of the center. The head of the administrative division may contract with the board of regents of the university of Colorado health sciences center for the provision of services by physicians when deemed necessary for the proper conduct of the center, and during the performance of any duties by the physicians for the department of human services, the physicians are "public employees" as defined in section 24-10-103 (4), C.R.S., and the limitation of section 24-30-1517 (2), C.R.S., shall not apply.

(1.5) On and after January 1, 2019, the head of the administrative division overseeing the center shall, prior to employment, submit the name of a person who will be providing direct care, as defined in section 26-3.1-101 (3.5), to an at-risk adult, as defined in section 26-3.1-101 (1.5), as well as any other required identifying information, to the department of human services for a check of the Colorado adult protective services data system pursuant to section 26-3.1-111 to determine if the person is substantiated in a case of mistreatment of an at-risk adult.

(2) Publications of the center circulated in quantity outside the center shall be subject to the approval and control of the executive director of the department of human services.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 776, § 2, effective April 29. **L. 2017:** (1.5) added, (HB 17-1284), ch. 272, p. 1506, § 16, effective May 31.

Editor's note: This section is similar to former § 27-15-103 as it existed prior to 2010.

27-94-104. Capacity to take property. The center is authorized to receive gifts, legacies, devises, and conveyances of property, real and personal, that may be granted or given to the center. The executive director of the department of human services, with the approval of the governor, shall make disposition of such property as may be for the best interest of said center.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 776, § 2, effective April 29.

Editor's note: This section is similar to former § 27-15-104 as it existed prior to 2010.

27-94-105. Admissions to center - transfers - releases. (1) A person who by law is committed to the department of human services for placement in a state hospital may be committed to or placed in the center upon order of a court of competent jurisdiction, except those persons committed to the Colorado mental health institute at Pueblo pursuant to a judicial determination of not guilty by reason of insanity and those persons committed under section 16-8-106 (1), C.R.S., relating to commitments for observation and examination.

(2) A person placed at the center may be transferred to the Colorado mental health institute at Pueblo, the Wheat Ridge regional center, the Grand Junction regional center, the Pueblo regional center, the Mount View school, or the Lookout Mountain school in accordance with law.

(3) A person placed at the center may be released under such terms and conditions as would entitle him or her to his or her release from the Colorado mental health institute at Pueblo.

Source: L. 2010: Entire article added with relocations, (SB 10-175), ch. 188, p. 776, § 2, effective April 29.

Editor's note: This section is similar to former § 27-15-105 as it existed prior to 2010.

27-94-106. Access to inpatient civil beds at center. The department shall develop and implement admission criteria that ensures individuals, prior to being admitted, have been evaluated for the least restrictive level of care and that geographic location, current health care provider, and payer type are not the primary determining factor in whether an individual has access to a civil inpatient bed.

Source: L. 2019: Entire section added, (SB 19-222), ch. 226, p. 2266, § 5, effective May 20.

Cross references: For the legislative declaration in SB 19-222, see section 1 of chapter 226, Session Laws of Colorado 2019.