

First Regular Session
Seventy-first General Assembly
STATE OF COLORADO

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 17-0856.01 Jane Ritter x4342

SENATE BILL 17-207

SENATE SPONSORSHIP

Kagan and Cooke, Jahn

HOUSE SPONSORSHIP

Salazar and Sias, Kraft-Tharp, Landgraf

Senate Committees

Judiciary
Appropriations

House Committees

Judiciary
Appropriations

A BILL FOR AN ACT

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

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

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

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

HOUSE
Amended 2nd Reading
May 5, 2017

SENATE
3rd Reading Unamended
May 3, 2017

SENATE
Amended 2nd Reading
May 2, 2017

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

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

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

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

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

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

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

An appropriation from the marijuana tax cash fund is authorized.

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

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

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

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

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

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

1 individuals in a behavioral health crisis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 following principles:

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

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

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

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

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

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

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

13 (7) ~~As used in this section, unless the context otherwise requires:~~
14 (a) ~~"Crisis intervention services"~~ means an array of integrated
15 services that are available twenty-four hours a day, seven days a week, to
16 respond to and assist individuals who are in a behavioral health
17 emergency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (c) BUILD CLOSE RELATIONSHIPS BETWEEN FIRST RESPONDERS AND

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

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

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

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

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

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

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

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

1 EVALUATION PURSUANT TO SECTION 27-65-105.

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

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

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

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

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

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

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

9 (A) A certified peace officer;

10 (B) A professional person;

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

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

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

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

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

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

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

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

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

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

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

12 =====

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

26 (7) (a) ON OR BEFORE JULY 1, 2019, AND EACH JULY 1
27 THEREAFTER, EACH EMERGENCY MEDICAL SERVICES FACILITY THAT HAS

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

8 (I) THE NAMES AND COUNTIES OF THE FACILITIES;
9 (II) THE TOTAL NUMBER OF PERSONS TREATED PURSUANT TO THIS
10 SECTION, INCLUDING A SUMMARY OF DEMOGRAPHIC INFORMATION;
11 (III) A SUMMARY REGARDING THE DIFFERENT REASONS FOR WHICH
12 PERSONS WERE TREATED PURSUANT TO THIS SECTION; AND
13 (IV) A SUMMARY OF THE DISPOSITION OF PERSONS TRANSFERRED
14 TO A DESIGNATED FACILITY.

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

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

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

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

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

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

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

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

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

2 **Community behavioral health administration**

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

4 Operating expenses \$5,558

5 **Integrated behavioral health services**

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

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

8 **SECTION 10. Act subject to petition - effective date.** Sections

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