



HOUSE BILL 22-1256

BY REPRESENTATIVE(S) Amabile and McCluskie, Pelton, Bacon, Benavidez, Bennett, Bird, Boesenecker, Cutter, Duran, Esgar, Froelich, Gonzales-Gutierrez, Herod, Hooton, Jodeh, Kennedy, Kipp, Lindsay, McCormick, Michaelson Jenet, Ricks, Sirota, Valdez A., Woodrow, Young; also SENATOR(S) Moreno and Gardner, Bridges, Buckner, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Pettersen, Rankin, Story, Winter.

CONCERNING MODIFICATIONS TO CIVIL INVOLUNTARY COMMITMENT STATUTES FOR PERSONS WITH MENTAL HEALTH DISORDERS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, amend with relocated provisions article 65 of title 27 as follows:

ARTICLE 65
Care and Treatment of Persons
with Mental Health Disorders

27-65-101. Legislative declaration. (1) The general assembly

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

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~~ THE PERSON'S 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~~ THE PERSON'S liberty for purposes of care or treatment only when less restrictive alternatives are unavailable and only when ~~his or her~~ THE PERSON'S 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 ARTICLE 65 MUST be liberally construed.

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.

(2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203.

(3) "BEHAVIORAL HEALTH CRISIS" MEANS A SIGNIFICANT DISRUPTION IN A PERSON'S MENTAL OR EMOTIONAL STABILITY OR FUNCTIONING RESULTING IN AN URGENT NEED FOR IMMEDIATE ASSESSMENT AND TREATMENT TO PREVENT A SERIOUS DETERIORATION IN THE PERSON'S MENTAL OR PHYSICAL HEALTH.

(4) "BEHAVIORAL HEALTH CRISIS RESPONSE TEAM" MEANS A MOBILE TEAM THAT RESPONDS TO PEOPLE IN THE COMMUNITY WHO ARE IN A BEHAVIORAL HEALTH CRISIS AND INCLUDES AT LEAST ONE LICENSED OR BACHELOR-DEGREE-LEVEL BEHAVIORAL HEALTH WORKER. A "BEHAVIORAL HEALTH CRISIS RESPONSE TEAM" INCLUDES, BUT IS NOT LIMITED TO, A CO-RESPONDER MODEL, MOBILE CRISIS RESPONSE UNIT, OR A COMMUNITY RESPONSE TEAM.

(4.5) (5) "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 HAS THE SAME MEANING AS SET FORTH IN SECTION 27-50-101.

(2) (6) "Certified peace officer" means any certified peace officer

as described in section 16-2.5-102. C.R.S.

(7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203.

(3) (8) "Court" means any district court of the state of Colorado and the probate court in the city and county of Denver.

(4) (9) "Court-ordered evaluation" means an evaluation ordered by a court pursuant to section 27-65-106.

(4.5) (10) "Danger to THE PERSON'S self or others" means:

(a) ~~With respect to an individual, that the individual A PERSON poses a substantial risk of physical harm to himself or herself THE PERSON'S SELF as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to himself or herself THE PERSON'S SELF; or~~

(b) ~~With respect to other persons, that the individual A PERSON 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) (11) "Department" means the department of human services.

(5.5) (12) "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~~ GENERAL HOSPITAL WITH AN EMERGENCY DEPARTMENT OR A FREESTANDING EMERGENCY DEPARTMENT, AS DEFINED IN SECTION 25-1.5-114 (5). 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~~ COMMISSIONER.

(13) "EMERGENCY MEDICAL SERVICES PROVIDER" HAS THE SAME MEANING AS SET FORTH IN SECTION 25-3.5-103 (8).

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

(7) (15) "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) (16) "Family member" means a spouse, PARTNER IN A CIVIL UNION, AS DEFINED IN SECTION 14-15-103 (5), parent, adult child, or adult sibling of a person with a mental health disorder.

(9) (17) "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~~ THE PERSON'S 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~~ THE PERSON'S essential needs that could result in substantial bodily harm. A person of any age may be "gravely disabled", but ~~such~~ THE term does not include a person whose decision-making capabilities are limited solely by ~~his or her~~ THE PERSON'S developmental disability.

(10) (18) "Hospitalization" means twenty-four-hour out-of-home placement for treatment in a facility for a person with a mental health disorder.

(11) (19) "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~~ THE PROFESSIONAL PERSON 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)~~ SECTION 27-65-104 (2).

(11.3) (20) "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~~ WHO IS ONE OF THE FOLLOWING:

- (a) A PROFESSIONAL PERSON;
- (b) A PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION 12-240-113;
- (c) AN ADVANCED PRACTICE REGISTERED NURSE, AS DEFINED IN SECTION 12-255-104 (1);
- (d) A REGISTERED PROFESSIONAL NURSE, AS DEFINED IN SECTION 12-255-104 (11), WHO HAS SPECIFIC MENTAL HEALTH TRAINING AS IDENTIFIED BY THE BHA;
- (e) A CLINICAL SOCIAL WORKER LICENSED PURSUANT TO PART 4 OF ARTICLE 245 OF TITLE 12;
- (f) A MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO PART 5 OF ARTICLE 245 OF TITLE 12;
- (g) A PROFESSIONAL COUNSELOR LICENSED PURSUANT TO PART 6 OF ARTICLE 245 OF TITLE 12; OR
- (h) AN ADDICTION COUNSELOR LICENSED PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE 12.

(21) "LAY PERSON" MEANS A PERSON IDENTIFIED BY ANOTHER PERSON WHO IS DETAINED ON AN INVOLUNTARY EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106, CERTIFIED FOR SHORT-TERM TREATMENT PURSUANT TO SECTION 27-65-109, OR CERTIFIED FOR LONG-TERM CARE AND TREATMENT PURSUANT TO SECTION 27-65-110 WHO IS AUTHORIZED TO PARTICIPATE IN ACTIVITIES RELATED TO THE PERSON'S INVOLUNTARY EMERGENCY MENTAL HEALTH HOLD, SHORT-TERM TREATMENT, OR LONG-TERM TREATMENT, INCLUDING COURT APPEARANCES, DISCHARGE PLANNING, AND GRIEVANCES. THE PERSON MAY RESCIND THE LAY PERSON'S AUTHORIZATION AT ANY TIME.

(11.5) (22) "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) (23) "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~~ THE PERSON'S parent or legal guardian and is managing ~~his or her~~ THE PERSON'S OWN financial affairs, regardless of ~~his or her~~ THE PERSON'S source of income, or who is married and living separately and apart from ~~his or her~~ THE PERSON'S parent or legal guardian.

(13) (24) "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)~~ SECTION 27-65-104 (4).

(14) ~~Repeated~~

(15) (25) "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) (26) "Physician" means a person licensed to practice medicine in this state.

(17) (27) "Professional person" means a person licensed to practice medicine in this state, a psychologist ~~certified~~ LICENSED to practice in this state, or a person licensed and in good standing to practice medicine in another state or a psychologist ~~certified~~ LICENSED 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) (28) "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 HAS THE SAME MEANING AS SET FORTH 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~~ COMMISSIONER pursuant to this ~~article~~ ARTICLE 65.

(19) (29) "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) (30) "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, A comprehensive evaluation, treatment, referral, and other appropriate services, either on an inpatient or an outpatient basis.

(31) "SECURE TRANSPORTATION PROVIDER" MEANS A PROVIDER LICENSED PURSUANT TO SECTION 25-3.5-310 TO PROVIDE PUBLIC OR PRIVATE SECURE TRANSPORTATION SERVICES.

27-65-103. Voluntary applications for mental health services.

(1) Nothing in this article 65 in any way limits the right of any person to make A 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 A hospital or institutional care and treatment for a mental health disorder ~~by consent of~~ WITH the ~~guardian~~ GUARDIAN'S CONSENT for ~~so~~ AS long as the ward agrees to such care and treatment. ~~Within ten days after any such admission;~~ The guardian shall IMMEDIATELY notify in writing the court that appointed the guardian of the admission.

(9) (2) For the purpose of this ~~article~~ ARTICLE 65, the treatment by prayer in the practice of the religion of any church ~~which~~ THAT teaches reliance on spiritual means alone for healing ~~shall be~~ IS considered a form of treatment.

(10) (3) 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) (4) Voluntary patients ~~shall be~~ ARE afforded all the rights and privileges customarily granted by hospitals to their patients.

(12) (5) (a) If at any time during ~~a seventy-two-hour evaluation~~ AN EMERGENCY MENTAL HEALTH HOLD of a person who is confined involuntarily the facility staff requests the person to sign in voluntarily and ~~he or she~~ THE PERSON 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~~ THE PERSON's medical record by the professional person or his or her THE PROFESSIONAL PERSON'S 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.

(b) THIS SUBSECTION (5) DOES NOT APPLY TO A PERSON ON AN EMERGENCY MENTAL HEALTH HOLD IN AN EMERGENCY MEDICAL SERVICES FACILITY.

27-65-104. Voluntary applications for mental health services - treatment of minors - definition. (1) [Formerly 27-65-103 (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~~ IS 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 MINOR'S parent or legal guardian ~~of the minor~~ of the services given or needed.

(2) [Formerly 27-65-103 (3)] A minor who is fifteen years of age or older or a MINOR'S parent or legal guardian, ~~of a minor~~ on the minor's behalf, may make A voluntary application for hospitalization. AN 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 MUST 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 IMMEDIATELY appoint a guardian ad litem. ~~forthwith~~. Procedures for hospitalization of such A minor may proceed pursuant to this section once a petition for appointment of a guardian ad litem has been filed, if necessary. Whenever such AN 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 MINOR'S parents or legal guardian, ~~and~~ the MINOR'S school, and any other social SERVICE 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.

(3) [Formerly 27-65-103 (4)] An interview and investigation by an independent professional person ~~shall not be~~ IS NOT required for a minor who is fifteen years of age or older and who, upon the recommendation of ~~his or her~~ THE MINOR'S treating professional person, seeks voluntary hospitalization with the consent of ~~his or her~~ THE MINOR'S 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~~ THE MINOR'S right to refuse to sign the admission consent form and ~~his or her~~ THE MINOR'S right to revoke ~~his or her~~ THE MINOR'S consent

at a later date. If a minor admitted pursuant to this subsection (4) SUBSECTION (3) subsequently revokes ~~his or her~~ THE MINOR'S consent after admission, a review of ~~his or her~~ THE MINOR'S need for hospitalization pursuant to subsection (5) SUBSECTION (4) of this section ~~shall~~ MUST be initiated immediately.

(4) [Formerly 27-65-103 (5)] (a) The need for continuing hospitalization of all voluntary MINOR patients ~~who are minors~~ shall MUST be formally reviewed at least every two months. Review pursuant to this subsection (5) ~~shall~~ SUBSECTION (4) MUST fulfill the requirement specified in section 19-1-115 (8) E.R.S., when the minor is fifteen years of age or older and consenting to hospitalization.

(b) The review ~~shall~~ MUST 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~~ THE MINOR'S physician, and the minor's parent or LEGAL guardian do not object to the need for continued hospitalization, the review required pursuant to this subsection (5) SUBSECTION (4) 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) SUBSECTION (2) of this section and whether continued hospitalization is appropriate and shall, ~~at least~~ AT A MINIMUM, conduct an investigation pursuant to subsection (3) SUBSECTION (2) 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~~ THE MINOR'S wishes concerning continued hospitalization.

(e) Nothing in this section ~~shall be construed to limit~~ LIMITS a minor's right to seek release from the facility pursuant to any other provisions under the PROVISION OF law.

(5) [Formerly 27-65-103 (6)] Every six months the review required pursuant to subsection (5) SUBSECTION (4) 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~~ MINOR pursuant to subsection (5) SUBSECTION (4) of this section.

(6) [Formerly 27-65-103 (7)] (a) When a minor does not consent to or objects to continued hospitalization, the need for such continued hospitalization ~~shall~~ MUST, within ten days, be reviewed pursuant to subsection ~~(5)~~ SUBSECTION (4) 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~~ MINOR pursuant to this subsection ~~(7)~~ SUBSECTION (6). The minor shall be informed of the results of such THE review within three days ~~of~~ AFTER THE REVIEW'S completion. ~~of such review~~. If the conclusion reached by such THE professional person is that the minor no longer meets the standards for hospitalization specified in subsection ~~(3)~~ SUBSECTION (2) of this section, the minor ~~shall~~ MUST be discharged.

(b) If, twenty-four hours after being informed of the results of the review specified in paragraph (a) of this subsection ~~(7)~~ SUBSECTION (6)(a) OF THIS SECTION, a minor continues to affirm the objection to hospitalization, ~~the minor shall be advised by~~ the director of the facility or ~~his or her~~ THE DIRECTOR'S duly appointed representative SHALL ADVISE THE MINOR that the minor has the right to retain and consult with an attorney at any time and that the director or ~~his or her~~ THE DIRECTOR'S 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~~ THE MINOR'S attorney, if any; and ~~his or her~~ THE MINOR'S 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)~~ SUBSECTION (6)(d) OF THIS SECTION.

(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~~ THE MINOR 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) (I) The minor or ~~his or her~~ THE MINOR'S attorney or guardian ad litem may, at any time after the minor has continued to affirm ~~his or her~~ THE MINOR'S objection to hospitalization pursuant to subsection ~~(7)(b)~~

SUBSECTION (6)(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 ~~OF THE TIME AND PLACE OF THE HEARING~~ to the minor; ~~his or her~~ THE MINOR'S attorney, if any; ~~his or her~~ THE MINOR'S parents or legal guardian; ~~his or her~~ THE MINOR'S 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~~ SECTION 27-65-113; 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:

(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.

(II) 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)~~ SUBSECTION (6), "objects to hospitalization" means that a minor, with the necessary assistance of hospital staff, has written ~~his or her~~ THE MINOR'S 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)~~ SUBSECTION (6) until ninety days after conclusion of proceedings pursuant to this ~~subsection (7)~~ SUBSECTION (6).

(g) In addition to the rights specified ~~under section 27-65-117~~ IN SECTION 27-65-119 for persons receiving evaluation, care, or treatment, a written notice specifying the rights of minor children under this section ~~shall~~ MUST be given to each minor upon admission to hospitalization.

(7) [Formerly 27-65-103 (8)] A minor who no longer meets the standards for hospitalization specified in subsection (3) SUBSECTION (2) of this section ~~shall~~ MUST be discharged.

27-65-105. [Formerly 27-65-104] Rights of respondents. Unless specifically stated in an order by the court, a respondent ~~shall~~ DOES not forfeit any legal right or suffer legal disability by reason of the provisions of this ~~article~~ ARTICLE 65.

27-65-106. Emergency mental health hold - screening - court-ordered evaluation - discharge instructions - respondent's rights - report. (1) [Formerly 27-65-105 (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~~ THE PERSON'S SELF or appears to be gravely disabled, then an intervening professional ~~as specified in subsection (1)(a)(II) of this section OR CERTIFIED PEACE OFFICER~~, 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~~ COMMISSIONER 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 THE PERSON'S SELF 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~~ COMMISSIONER 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~~ COMMISSIONER, 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~~ COMMISSIONER 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~~ COMMISSIONER 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.

(c) (d) [Formerly 27-65-106 (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 THE PERSON'S SELF or appears to be gravely disabled and requesting an evaluation of the person's condition.

(2) [Formerly 27-65-105 (2)] When a person is taken into custody pursuant to subsection (1) of this section, he or she THE PERSON 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) [Formerly 27-65-105 (3)] When a person is taken into emergency custody by an intervening professional OR CERTIFIED PEACE OFFICER 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 COMMISSIONER, 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 OR CERTIFIED PEACE OFFICER and further stating sufficient facts, obtained from the intervening professional's OR CERTIFIED PEACE OFFICER's personal observations or obtained from others whom he or she THE INTERVENING PROFESSIONAL OR CERTIFIED PEACE OFFICER 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 THE PERSON'S SELF, 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 OR CERTIFIED PEACE OFFICER. 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) SECTION 27-65-123 (4).

(4) (a) [Formerly 27-65-106 (3)] The petition for a court-ordered evaluation must contain the following:

(a) (I) The name and address of the petitioner and ~~his or her~~ THE PETITIONER'S interest in the case;

(b) (II) The name of the person for whom evaluation is sought who ~~shall be~~ IS designated as the respondent, and, if known to the petitioner, the address, age, sex, marital status, and occupation of the respondent;

(c) (III) 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~~ THE RESPONDENT'S SELF or be gravely disabled and showing reasonable grounds to warrant an evaluation;

(d) (IV) 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) (V) 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.

(b) [Formerly 27-65-106 (4)] Upon receipt of a petition satisfying the requirements of subsection (3) SUBSECTION (4)(a) of this section, the court shall designate a facility, approved by the ~~executive director~~ COMMISSIONER, ~~or a~~ AN INTERVENING professional, person; OR A CERTIFIED PEACE OFFICER to provide screening of the respondent to determine whether there is probable cause to believe the allegations.

(c) [Formerly 27-65-106 (5)] Following screening, the facility, ~~or~~ INTERVENING professional, person; OR CERTIFIED PEACE OFFICER designated by the court shall file ~~his or her~~ A 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~~ THE RESPONDENT'S SELF or is gravely disabled and whether the respondent will voluntarily receive evaluation or treatment. The screening report submitted to the court PURSUANT TO THIS SUBSECTION (4)(c) is confidential in accordance with ~~section 27-65-121~~ SECTION 27-65-123 and must be furnished to the respondent or ~~his or her~~ THE RESPONDENT'S attorney or

personal representative.

(d) [Formerly 27-65-106 (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~~ THE RESPONDENT'S SELF 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 OR SECURE TRANSPORTATION PROVIDER to take the respondent into custody and ~~place~~ ~~him or her~~ TRANSPORT THE RESPONDENT ~~in~~ TO a facility designated by the ~~executive~~ director COMMISSIONER 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~~ THE PERSON'S designee.

(5) [Formerly 27-65-105 (4)] If the seventy-two-hour treatment and evaluation facility admits the person, it may detain ~~him or her~~ THE PERSON 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) SUBSECTION (5), 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~~ THE PERSON shall be provided services on a voluntary basis.

(6) [Formerly 27-65-105 (5)] Each person admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this ~~article~~ ARTICLE 65 shall receive an evaluation as soon as possible after ~~he or she~~ THE PERSON is admitted and shall receive such treatment and care as ~~his or her~~ THE PERSON'S condition requires for the full period that ~~he or she~~ THE PERSON is held. The person ~~shall~~ MUST 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~~
SECTION 27-65-109.

(7) to (8) Reserved.

(9) [Formerly 27-65-105 (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~~ BHA that includes only ~~aggregate~~ DISAGGREGATED 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~~ DISAGGREGATED and provided to the ~~department~~ BHA pursuant to this ~~subsection~~ (7) SUBSECTION (9) 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) SUBSECTION (9), the ~~department~~ BHA 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) SUBSECTION (9)(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)~~ SUBSECTION (9)(a) of this section.

27-65-107. Emergency transportation - application - screening - respondent's rights. (1) (a) WHEN A CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER HAS PROBABLE CAUSE TO BELIEVE A PERSON IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS OR IS GRAVELY DISABLED AND, AS A RESULT, WITHOUT PROFESSIONAL INTERVENTION THE PERSON MAY BE A DANGER TO THE PERSON'S SELF OR OTHERS, THEN THE CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER MAY TAKE THE PERSON INTO PROTECTIVE CUSTODY AND TRANSPORT THE PERSON TO AN OUTPATIENT MENTAL HEALTH FACILITY OR A FACILITY DESIGNATED BY THE COMMISSIONER OR OTHER CLINICALLY APPROPRIATE FACILITY DESIGNATED BY THE COMMISSIONER. IF SUCH A SERVICE IS NOT AVAILABLE, THE PERSON MAY BE TAKEN TO AN EMERGENCY MEDICAL SERVICES FACILITY.

(b) AN INDIVIDUAL MAY NOT BE TRANSPORTED PURSUANT TO THIS SUBSECTION (1) IF AN INTERVENING PROFESSIONAL HAS ASSESSED THE PERSON DURING THE SAME EMERGENCY EVENT AND DETERMINED THE INDIVIDUAL DOES NOT MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106.

(c) IF A BEHAVIORAL HEATH CRISIS RESPONSE TEAM IS KNOWN TO BE AVAILABLE IN A TIMELY MANNER, THE CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER SHALL ACCESS THE BEHAVIORAL HEALTH CRISIS RESPONSE TEAM PRIOR TO TRANSPORTING AN INDIVIDUAL INVOLUNTARILY PURSUANT TO THIS SUBSECTION (1).

(2) WHEN A PERSON IS TRANSPORTED AGAINST THE PERSON'S WILL PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE FACILITY SHALL REQUIRE AN APPLICATION, IN WRITING, STATING THE CIRCUMSTANCES UNDER WHICH THE PERSON'S CONDITION WAS CALLED TO THE ATTENTION OF THE CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER AND FURTHER STATING SUFFICIENT FACTS, OBTAINED FROM PERSONAL OBSERVATIONS OR OBTAINED FROM OTHERS WHOM THE CERTIFIED PEACE

OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER REASONABLY BELIEVES TO BE RELIABLE, TO ESTABLISH THAT THE PERSON IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS OR IS GRAVELY DISABLED AND, AS A RESULT, IT IS BELIEVED THAT WITHOUT PROFESSIONAL INTERVENTION THE PERSON MAY BE A DANGER TO THE PERSON'S SELF OR OTHERS. THE APPLICATION MUST INDICATE THE NAME OF THE PERSON AND THE TIME THE PERSON WAS TRANSPORTED. A COPY OF THE APPLICATION MUST BE FURNISHED TO THE PERSON BEING TRANSPORTED.

(3) ONCE THE PERSON IS PRESENTED TO AN OUTPATIENT MENTAL HEALTH FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER, AN INTERVENING PROFESSIONAL SHALL SCREEN THE PERSON IMMEDIATELY. IF AN INTERVENING PROFESSIONAL IS NOT IMMEDIATELY AVAILABLE, THE PERSON MUST BE SCREENED WITHIN EIGHT HOURS AFTER THE PERSON'S ARRIVAL AT THE FACILITY TO DETERMINE IF THE PERSON MEETS CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106. ONCE THE SCREENING IS COMPLETED AND IF THE PERSON MEETS THE CRITERIA, THE INTERVENING PROFESSIONAL SHALL FIRST PURSUE VOLUNTARY TREATMENT AND EVALUATION. IF THE PERSON REFUSES OR THE INTERVENING PROFESSIONAL HAS REASONABLE GROUNDS TO BELIEVE THE PERSON WILL NOT REMAIN VOLUNTARILY, THE INTERVENING PROFESSIONAL MAY PLACE THE PERSON UNDER AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106.

(4) (a) A PERSON DETAINED PURSUANT TO THIS SECTION AT AN OUTPATIENT MENTAL HEALTH FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER, HAS THE FOLLOWING RIGHTS WHILE BEING DETAINED, WHICH MUST BE EXPLAINED TO THE PERSON BEFORE BEING TRANSPORTED TO A RECEIVING FACILITY:

(I) TO NOT BE DETAINED UNDER AN EMERGENCY TRANSPORTATION HOLD PURSUANT TO THIS SECTION FOR LONGER THAN FOURTEEN HOURS, TO NOT BE TRANSPORTED FOR LONGER THAN SIX HOURS, AND TO RECEIVE A SCREENING WITHIN EIGHT HOURS AFTER BEING PRESENTED TO THE RECEIVING FACILITY. THIS SUBSECTION (4)(a)(I) DOES NOT PROHIBIT A FACILITY FROM HOLDING THE PERSON AS AUTHORIZED BY STATE AND FEDERAL LAW, INCLUDING THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, OR IF THE TREATING PROFESSIONAL DETERMINES THAT THE INDIVIDUAL'S PHYSICAL OR MENTAL HEALTH DISORDER IMPAIRS THE PERSON'S ABILITY TO MAKE AN INFORMED

DECISION TO REFUSE CARE AND THE PROVIDER DETERMINES THAT FURTHER CARE IS INDICATED.

(II) TO REQUEST A PHONE CALL TO AN INTERESTED PARTY PRIOR TO BEING TRANSPORTED. IF THE CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER BELIEVES ACCESS TO A PHONE POSES A PHYSICAL DANGER TO THE PERSON OR SOMEONE ELSE, THE RECEIVING FACILITY SHALL MAKE THE CALL ON THE PERSON'S BEHALF IMMEDIATELY UPON ARRIVAL AT THE RECEIVING FACILITY.

(III) TO WEAR THE PERSON'S OWN CLOTHES AND KEEP AND USE PERSONAL POSSESSIONS THAT THE PERSON HAD IN THE PERSON'S POSSESSION AT THE TIME OF DETAINMENT. A FACILITY MAY TEMPORARILY RESTRICT A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL POSSESSIONS UNTIL A SAFETY ASSESSMENT IS COMPLETED. IF THE FACILITY RESTRICTS A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL POSSESSIONS, THE FACILITY SHALL HAVE A DISCUSSION WITH THE PERSON ABOUT WHY THE PERSON'S PERSONAL CLOTHING OR PERSONAL POSSESSIONS ARE BEING RESTRICTED. A LICENSED MEDICAL PROFESSIONAL OR A LICENSED BEHAVIORAL HEALTH PROFESSIONAL SHALL CONDUCT A SAFETY ASSESSMENT AS SOON AS POSSIBLE. THE LICENSED PROFESSIONAL SHALL DOCUMENT IN THE PERSON'S MEDICAL RECORD THE SPECIFIC REASONS WHY IT IS NOT SAFE FOR THE PERSON TO POSSESS THE PERSON'S PERSONAL CLOTHING OR PERSONAL POSSESSIONS.

(IV) TO KEEP AND USE THE PERSON'S CELL PHONE, UNLESS ACCESS TO THE CELL PHONE CAUSES THE PERSON TO DESTABILIZE OR CREATES A DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A PROVIDER, FACILITY STAFF MEMBER, OR SECURITY PERSONNEL INVOLVED IN THE PERSON'S CARE;

(V) TO HAVE APPROPRIATE ACCESS TO ADEQUATE WATER AND FOOD AND TO HAVE THE PERSON'S NUTRITIONAL NEEDS MET IN A MANNER THAT IS CONSISTENT WITH RECOGNIZED DIETARY PRACTICES;

(VI) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF THE PERSON'S DIGNITY AND INDIVIDUALITY; AND

(VII) TO FILE A GRIEVANCE WITH THE BHA, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE OFFICE OF THE OMBUDSMAN FOR

BEHAVIORAL HEALTH ACCESS TO CARE ESTABLISHED PURSUANT TO PART 3 OF ARTICLE 80 OF TITLE 27.

(b) A PERSON'S RIGHTS PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION MAY ONLY BE DENIED IF ACCESS TO THE ITEM, PROGRAM, OR SERVICE CAUSES THE PERSON TO DESTABILIZE OR CREATES A DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A LICENSED PROVIDER INVOLVED IN THE PERSON'S CARE OR TRANSPORTATION. DENIAL OF ANY RIGHT MUST BE ENTERED INTO THE PERSON'S TREATMENT RECORD OR BHA-APPROVED FORM. INFORMATION PERTAINING TO A DENIAL OF RIGHTS CONTAINED IN THE PERSON'S TREATMENT RECORD MUST BE MADE AVAILABLE, UPON REQUEST, TO THE PERSON, THE PERSON'S ATTORNEY, OR THE PERSON'S LAY PERSON.

27-65-108. Care coordination for persons certified or in need of ongoing treatment. (1) A FACILITY DESIGNATED BY THE COMMISSIONER SHALL NOTIFY AND ENGAGE THE BHA PRIOR TO TERMINATING OR TRANSFERRING A PERSON CERTIFIED PURSUANT TO SECTION 27-65-109, 27-65-110, OR 27-65-111. THE BHA MAY PROVIDE CARE COORDINATION SERVICES TO SUPPORT A PERSON WHOSE CERTIFICATION IS TERMINATED BUT WHO IS IN NEED OF ONGOING TREATMENT AND SERVICES.

(2) THE BHA SHALL, DIRECTLY OR THROUGH CONTRACT, PROVIDE CARE COORDINATION SERVICES TO A PERSON CERTIFIED PURSUANT TO SECTION 27-65-109, 27-65-110, OR 27-65-111 AND DETERMINED BY THE DESIGNATED FACILITY AND THE BHA TO NEED CARE COORDINATION SERVICES.

27-65-109. Certification for short-term treatment - procedure. (1) [Formerly 27-65-107 (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 THE PERSON may be certified for not more than three months of FOR 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 THE PERSON'S SELF 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~~ THE PERSON'S acceptance of voluntary treatment ~~shall~~ DOES not preclude certification; AND

(c) The facility ~~which~~ THAT will provide short-term treatment has been designated or approved by the ~~executive~~ director COMMISSIONER to provide such treatment.

(2) [Formerly 27-65-107 (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:

(a) 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~~ THE PERSON'S SELF or is gravely disabled; ~~The certification must~~

(b) Be filed with the court within forty-eight hours, excluding Saturdays, Sundays, and court holidays, of the date of certification; ~~The certification must~~ AND

(c) 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) [Formerly 27-65-107 (3)] Within twenty-four hours of AFTER certification, copies of the certification ~~shall~~ MUST be personally delivered to the respondent, and a copy ~~shall~~ MUST be kept by the evaluation facility as part of the person's RESPONDENT'S record. The respondent ~~shall~~ MUST also be asked to designate one other person whom ~~he or she~~ THE RESPONDENT wishes informed regarding certification. If ~~he or she~~ THE RESPONDENT is incapable of making such a designation at the time the certification is delivered, ~~he or she shall~~ THE RESPONDENT MUST be asked to designate such person as soon as ~~he or she~~ THE RESPONDENT is capable. In addition to the copy of the certification, the respondent ~~shall~~ MUST be given a written notice that a hearing upon ~~his or her~~ THE RESPONDENT'S 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) [Formerly 27-65-107 (4)] Upon certification of the respondent, the facility designated for short-term treatment ~~shall have~~ HAS custody of the respondent.

(5) [Formerly 27-65-107 (5)] Whenever a certification is filed with the court BY A PROFESSIONAL PERSON, the court ~~if it has not already done so under section 27-65-106 (10)~~, shall forthwith IMMEDIATELY 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 RESPONDENT HAS THE RIGHT TO AN ATTORNEY FOR ALL PROCEEDINGS CONDUCTED PURSUANT TO THIS SECTION, INCLUDING ANY APPEALS. The attorney representing the respondent ~~shall~~ MUST be provided with a copy of the certification immediately upon his ~~or~~ her THE ATTORNEY'S 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. THE RESPONDENT MAY ONLY WAIVE COUNSEL WHEN THE RESPONDENT MAKES A KNOWING AND INTELLIGENT WAIVER IN FRONT OF THE COURT.

(6) [Formerly 27-65-107 (6)] The respondent for short-term treatment or his ~~or~~ her THE RESPONDENT'S 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 THE RESPONDENT'S attorney and the certifying and treating professional person of the time and place thereof. The hearing ~~shall~~ MUST be held in accordance with ~~section 27-65-111~~ SECTION 27-65-113. 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) [Formerly 27-65-107 (7)] Records and papers in proceedings under this section and section 27-65-108 shall MUST 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 SECTION 27-65-112, the facility shall notify the clerk of the court within five days of AFTER 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 THE court until and unless the respondent becomes subject to an order of long-term care and treatment pursuant to section 27-65-109 SECTION 27-65-110 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 SECTION 27-65-110, THE 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) [Formerly 27-65-107 (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 A secure transportation as defined in section 25-3.5-103 (11.4) PROVIDER, or a sheriff, LAW ENFORCEMENT AGENCY, the court may issue an order directing the sheriff or the sheriff's designee, LAW ENFORCEMENT AGENCY WHERE THE RESPONDENT RESIDES to deliver the respondent to the designated facility.

(9) A RESPONDENT CERTIFIED FOR SHORT-TERM TREATMENT MAY BE DISCHARGED UPON THE SIGNATURE OF THE TREATING MEDICAL PROFESSIONAL AND THE MEDICAL DIRECTOR OF THE FACILITY. A RESPONDENT CERTIFIED FOR SHORT-TERM TREATMENT ON AN OUTPATIENT BASIS MAY BE DISCHARGED UPON THE SIGNATURE OF THE APPROVED PROFESSIONAL PERSON OVERSEEING THE RESPONDENT'S TREATMENT, AND THE PROFESSIONAL PERSON SHALL NOTIFY THE BHA PRIOR TO THE DISCHARGE. A FACILITY OR PROGRAM SHALL MAKE THE RESPONDENT'S DISCHARGE INSTRUCTIONS AVAILABLE TO THE RESPONDENT, THE RESPONDENT'S ATTORNEY, AND THE RESPONDENT'S LEGAL GUARDIAN, IF APPLICABLE, WITHIN SEVEN DAYS AFTER DISCHARGE, IF REQUESTED. A FACILITY OR PROGRAM THAT IS TRANSFERRING A RESPONDENT TO A DIFFERENT TREATMENT FACILITY OR TO AN OUTPATIENT PROVIDER SHALL PROVIDE ALL TREATMENT RECORDS TO THE FACILITY OR PROVIDER

ACCEPTING THE RESPONDENT AT LEAST TWENTY-FOUR HOURS PRIOR TO THE TRANSFER.

(10) [Formerly 27-65-108] 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~~ THE PROFESSIONAL PERSON shall file with the court an extended certification. ~~No~~ Extended certification for treatment ~~shall be~~ IS NOT for a period of more than three months. The respondent ~~shall be~~ IS 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~~ THE RESPONDENT, unless the court appoints another attorney.

27-65-110. Long-term care and treatment of persons with mental health disorders - procedure. (1) [Formerly 27-65-109 (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~~ AN EXTENDED CERTIFICATION FOR TREATMENT PURSUANT SECTION 27-65-109(10), the professional person in charge of the ~~evaluation and treatment~~ CERTIFICATION FOR SHORT-TERM TREATMENT OR THE BHA may file a petition with the court AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE OF THE EXTENDED CERTIFICATION 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~~ THE RESPONDENT'S SELF OR OTHERS 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~~ THE RESPONDENT'S acceptance of voluntary treatment ~~shall~~ DOES not preclude an order pursuant to this section; AND

(c) The facility that will provide long-term care and treatment has been designated ~~or approved by the executive director~~ BY THE COMMISSIONER to provide the care and treatment.

(2) [Formerly 27-65-109 (2)] Every petition for long-term care and treatment ~~shall~~ MUST include a request for a hearing before the court prior to the expiration of six months from AFTER the date of original certification AND PROVIDE A RECOMMENDATION AS TO WHETHER THE CERTIFICATION FOR LONG-TERM CARE AND TREATMENT SHOULD TAKE PLACE ON AN INPATIENT OR OUTPATIENT BASIS. A copy of the petition ~~shall~~ MUST be delivered personally to the respondent for whom long-term care and treatment is sought and ~~mailed to his or her~~ ELECTRONICALLY DELIVERED TO THE RESPONDENT'S attorney of record simultaneously with the filing thereof.

(3) [Formerly 27-65-109 (3)] Within ten days after receipt of the petition, the respondent or ~~his or her~~ THE RESPONDENT'S attorney may request A HEARING BEFORE THE COURT OR a jury trial by filing a written request ~~therefor~~ with the court.

(4) [Formerly 27-65-109 (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~~ THE RESPONDENT'S SELF OR OTHERS 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~~ BHA for placement with an agency or facility designated by the ~~executive director~~ COMMISSIONER to provide long-term care and treatment. THE BHA MAY DELEGATE THE PHYSICAL CUSTODY OF THE RESPONDENT TO A FACILITY DESIGNATED BY THE COMMISSIONER AND THE REQUIREMENT FOR THE PROVISION OF SERVICES AND CARE COORDINATION. 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 AS A RESULT, the person~~ RESPONDENT is unable to competently exercise ~~said~~ THE SPECIFIC LEGAL right or perform the function ~~as to~~ FOR 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) [Formerly 27-65-109 (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 SIMULTANEOUSLY delivered to the respondent and ~~simultaneously mailed to his or her~~ ELECTRONICALLY DELIVERED TO THE RESPONDENT'S 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~~ THE RESPONDENT'S 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~~ THE HEARING 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~~ THE RESPONDENT'S SELF 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.

(6) A RESPONDENT CERTIFIED FOR LONG-TERM CARE AND TREATMENT MAY BE DISCHARGED FROM THE FACILITY UPON THE SIGNATURE OF THE TREATING PROFESSIONAL PERSON AND MEDICAL DIRECTOR OF THE FACILITY, AND THE FACILITY SHALL NOTIFY THE BHA PRIOR TO THE RESPONDENT'S DISCHARGE. THE FACILITY SHALL MAKE THE RESPONDENT'S DISCHARGE INSTRUCTIONS AVAILABLE TO THE RESPONDENT, THE RESPONDENT'S ATTORNEY, THE RESPONDENT'S LAY PERSON, AND THE RESPONDENT'S LEGAL GUARDIAN, IF APPLICABLE, WITHIN ONE WEEK AFTER DISCHARGE, IF REQUESTED. A FACILITY THAT IS TRANSFERRING A RESPONDENT TO A DIFFERENT FACILITY OR TO AN OUTPATIENT PROGRAM SHALL PROVIDE ALL TREATMENT RECORDS TO THE FACILITY OR PROVIDER ACCEPTING THE RESPONDENT AT LEAST TWENTY-FOUR HOURS PRIOR TO THE TRANSFER.

27-65-111. Certification on an outpatient basis - short-term and long-term care. (1) ANY RESPONDENT CERTIFIED PURSUANT TO SECTION

27-65-109 OR 27-65-110 MAY BE PROVIDED TREATMENT ON AN OUTPATIENT BASIS. THE OUTPATIENT TREATMENT PROVIDER SHALL DEVELOP A TREATMENT PLAN FOR THE RESPONDENT RECEIVING TREATMENT ON AN OUTPATIENT BASIS WITH THE GOAL OF THE RESPONDENT FINDING AND SUSTAINING RECOVERY. THE TREATMENT PLAN MUST INCLUDE MEASURES TO KEEP THE RESPONDENT OR OTHERS SAFE, AS INFORMED BY THE RESPONDENT'S NEED FOR CERTIFICATION. THE TREATMENT PLAN MAY INCLUDE, BUT IS NOT LIMITED TO:

- (a) INTENSIVE CASE MANAGEMENT;
- (b) ASSERTIVE COMMUNITY TREATMENT;
- (c) PEER RECOVERY SERVICES;
- (d) INDIVIDUAL OR GROUP THERAPY;
- (e) DAY OR PARTIAL-DAY PROGRAMMING ACTIVITIES;
- (f) INTENSIVE OUTPATIENT PROGRAMS;
- (g) EDUCATIONAL AND VOCATIONAL TRAINING OR ACTIVITIES; AND
- (h) HOUSING AND TRANSPORTATION ASSISTANCE.

(2) THE RESPONDENT, THE RESPONDENT'S LEGAL GUARDIAN, THE RESPONDENT'S PATIENT REPRESENTATIVE OR THE RESPONDENT'S LAY PERSON, OR ANY PARTY AT ANY COURT HEARING MAY CONTEST A RESPONDENT'S TREATMENT REGIMEN, INCLUDING COURT-ORDERED MEDICATIONS, AT ANY COURT HEARING RELATED TO THE RESPONDENT'S CERTIFICATION FOR TREATMENT.

(3) THE FACILITY RESPONSIBLE FOR PROVIDING SERVICES TO A RESPONDENT ON A CERTIFICATION ON AN OUTPATIENT BASIS SHALL PROACTIVELY REACH OUT TO THE RESPONDENT TO ENGAGE THE RESPONDENT IN TREATMENT. IF THE RESPONDENT REFUSES TREATMENT OR COURT-ORDERED MEDICATION AND IS DECOMPENSATING PSYCHIATRICALLY, THE COURT MAY ORDER A CERTIFIED PEACE OFFICER OR SECURE TRANSPORTATION PROVIDER TO TRANSPORT THE RESPONDENT TO AN APPROPRIATE, LEAST RESTRICTIVE DESIGNATED FACILITY IN COLLABORATION

WITH THE BHA AND THE PROVIDER HOLDING THE CERTIFICATION. THE RESPONDENT DOES NOT NEED TO BE IMMINENTLY DANGEROUS TO THE RESPONDENT'S SELF OR OTHERS FOR THE PROVIDER TO REQUEST, AND THE COURT TO ORDER, TRANSPORTATION TO A FACILITY FOR THE RESPONDENT TO RECEIVE TREATMENT AND COURT-ORDERED MEDICATIONS. THE FACILITY RESPONSIBLE FOR PROVIDING SERVICES TO A RESPONDENT ON A CERTIFICATION ON AN OUTPATIENT BASIS SHALL PROVIDE THE COURT INFORMATION ON THE FACILITY'S PROACTIVE OUTREACH TO THE RESPONDENT AND THE PROFESSIONAL PERSON'S AND PSYCHIATRIC ADVANCED PRACTICE REGISTERED NURSE'S BASIS FOR MEDICAL OPINION.

(4) IF A RESPONDENT IS PLACED IN A MORE RESTRICTIVE SETTING, THE RESPONDENT HAS THE RIGHT TO JUDICIAL REVIEW WITHIN TEN DAYS AFTER FILING A WRITTEN REQUEST.

(5) (a) IN ADDITION TO ANY OTHER LIMITATION ON LIABILITY, A PERSON PROVIDING CARE TO A RESPONDENT PLACED ON SHORT-TERM OR LONG-TERM CERTIFICATION ON AN OUTPATIENT BASIS IS ONLY LIABLE FOR HARM SUBSEQUENTLY CAUSED BY OR TO A RESPONDENT WHO:

(I) HAS BEEN TERMINATED FROM CERTIFICATION DESPITE MEETING STATUTORY CRITERIA FOR CERTIFICATION PURSUANT TO SECTION 27-65-109 OR 27-65-110; OR

(II) PROVIDED SERVICES TO THE RESPONDENT NOT WITHIN THE SCOPE OF THE PERSON'S PROFESSIONAL LICENSE, OR WAS RECKLESS OR GROSSLY NEGLIGENT IN PROVIDING SERVICES.

(b) A PROVIDER IS NOT LIABLE IF A RESPONDENT'S CERTIFICATION IS TERMINATED, DESPITE MEETING CRITERIA FOR CERTIFICATION, IF THE PROVIDER IS UNABLE TO LOCATE THE RESPONDENT DESPITE PROACTIVE AND REASONABLE OUTREACH.

(6) A RESPONDENT SUBJECT TO A SHORT-TERM OR LONG-TERM CERTIFICATION ON AN OUTPATIENT BASIS HAS THE FOLLOWING RIGHTS, IN ADDITION TO THOSE ENUMERATED IN SECTION 27-65-119:

(a) TO REQUEST A CHANGE TO VOLUNTARY STATUS. A CHANGE TO VOLUNTARY STATUS MAY BE DENIED BY THE SUPERVISING PROFESSIONAL PERSON OR ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN

PSYCHIATRIC NURSING RESPONSIBLE FOR THE RESPONDENT'S TREATMENT IF THE PROFESSIONAL PERSON OR ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN PSYCHIATRIC NURSING DETERMINES REASONABLE GROUNDS EXIST TO BELIEVE THAT THE RESPONDENT WILL NOT REMAIN IN A VOLUNTARY TREATMENT PROGRAM.

(b) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF THE RESPONDENT'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF THE TREATMENT FACILITY WITH WHOM THE RESPONDENT COMES IN CONTACT;

(c) TO APPROPRIATE TREATMENT, WHICH MUST BE ADMINISTERED SKILLFULLY, SAFELY, AND HUMANELY. A RESPONDENT SHALL RECEIVE TREATMENT SUITED TO THE RESPONDENT'S NEEDS THAT MUST BE DETERMINED IN COLLABORATION WITH THE RESPONDENT.

(d) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE, RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION;

(e) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME;

(f) WITHIN FORTY-EIGHT HOURS AFTER THE RESPONDENT'S REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT REPRESENTATIVE, INCLUDING A PEER SPECIALIST, WHO HAS NO DIRECT OR INDIRECT CLINICAL, ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR THE RESPONDENT;

(g) TO HAVE THE RESPONDENT'S BEHAVIORAL HEALTH ORDERS FOR SCOPE OF TREATMENT OR PSYCHIATRIC ADVANCE DIRECTIVE REVIEWED AND CONSIDERED BY THE COURT AS THE PREFERRED TREATMENT OPTION FOR INVOLUNTARY ADMINISTRATION OF MEDICATIONS UNLESS, BY CLEAR AND CONVINCING EVIDENCE, THE RESPONDENT'S DIRECTIVE DOES NOT QUALIFY AS EFFECTIVE PARTICIPATION IN BEHAVIORAL HEALTH DECISION-MAKING;

(h) TO HAVE THE RESPONDENT'S INFORMATION AND RECORDS DISCLOSED TO ADULT FAMILY MEMBERS AND A LAY PERSON PURSUANT TO SECTION 27-65-123;

(i) TO HAVE ACCESS TO A REPRESENTATIVE WITHIN THE FACILITY WHO PROVIDES ASSISTANCE TO FILE A GRIEVANCE; AND

(j) TO HAVE THE RIGHT TO FILE A MOTION WITH THE COURT AT ANY TIME TO CONTEST THE CERTIFICATION.

27-65-112. [Formerly 27-65-110] Termination of short-term and long-term treatment - escape. (1) An original OR EXTENDED 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~~ TERMINATES 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~~ THE RESPONDENT to leave. Whenever a certification or extended certification is terminated ~~under~~ PURSUANT TO this section, the professional person in charge of providing treatment shall ~~so~~ notify the court in writing within five days ~~of~~ AFTER such termination. Such THE 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~~ THE facility without order of court. After termination, a respondent may be returned to the ~~institution~~ FACILITY only in accordance with ~~the provisions of this article~~ ARTICLE 65.

27-65-113. [Formerly 27-65-111] Hearing procedures - jurisdiction. (1) Hearings before the court pursuant to ~~section 27-65-107, 27-65-108, or 27-65-109~~ SECTION 27-65-109 OR 27-65-110 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~~ 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~~ THE RESPONDENT'S SELF OR OTHERS 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~~ THE PROFESSIONAL PERSON'S examination. The court-appointed professional person shall act solely in an advisory capacity,

and no presumption shall attach to his or her IS ATTACHED TO THE PROFESSIONAL PERSON'S findings.

(3) Every respondent subject to an order for short-term treatment or long-term care and treatment shall MUST be advised of his or her THE RESPONDENT'S right to appeal the order by the court at the conclusion of any hearing AND, as a result, of which such an THE 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 PURSUANT TO SECTION 27-65-109 IS the court of original jurisdiction and of continuing jurisdiction for any further proceedings under this article PURSUANT TO THIS ARTICLE 65. 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 IS 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 BHA 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 HAS 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 RESPONDENT OR PERSON. 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 BHA. 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) PURSUANT TO SUBSECTION (5)(a) OF THIS SECTION 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~~ BHA 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~~ IS as set forth in section 16-8.5-112. ~~C.R.S.~~

(6) All ADVERSARIAL proceedings ~~under this article~~ PURSUANT TO THIS ARTICLE 65, including proceedings to impose a legal disability pursuant to section 27-65-127, ~~shall~~ MUST 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~~ MUST 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.

(7) Upon request of a LEGAL guardian appointed pursuant to article 14 of title 15, ~~C.R.S.~~, the LEGAL guardian may intervene in any proceeding ~~under this article~~ BROUGHT PURSUANT TO THIS ARTICLE 65 concerning ~~his or her~~ THE LEGAL GUARDIAN'S ward and, through counsel, may present evidence and represent to the court the views of the LEGAL guardian concerning the appropriate disposition of the case.

(8) A LAY PERSON MAY SUBMIT AN AFFIDAVIT TO THE COURT CONCERNING THE LAY PERSON'S RELATIONSHIP TO THE RESPONDENT, HOW

LONG THE LAY PERSON HAS KNOWN THE RESPONDENT, THE LAY PERSON'S PHYSICAL ADDRESS, AND THE LAY PERSON'S VIEWS CONCERNING THE APPROPRIATE DISPOSITION OF THE RESPONDENT'S CASE.

27-65-114. [Formerly 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 AN appeal shall~~ MUST be advanced upon the calendar of the appellate court and ~~shall~~ MUST be decided at the earliest practicable time. Pending disposition by the appellate court, ~~it~~ THE COURT may make such order as ~~it~~ THE COURT may consider proper in the premises relating to the care and custody of the respondent.

27-65-115. [Formerly 27-65-113] Habeas corpus. Any person detained pursuant to this ~~article shall be~~ ARTICLE 65 IS 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.

27-65-116. [Formerly 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~~ IS deemed to have been restored to legal capacity and competency.

27-65-117. [Formerly 27-65-115] Discrimination - definition. No person who has received AN evaluation or treatment ~~under any provisions of this article shall be~~ PURSUANT TO THIS ARTICLE 65 MAY BE discriminated against ~~because of such status~~ FOR RECEIVING AN EVALUATION OR TREATMENT. 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~~ HAS a civil cause of action.

27-65-118. [Formerly 27-65-116] Right to treatment - rules.
(1) (a) Any person receiving AN evaluation or treatment ~~under any of the provisions of this article~~ PURSUANT TO THIS ARTICLE 65 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~~ THE PERSON'S individual needs, delivered in such a way as to keep ~~him or her~~ THE PERSON 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 THE PERSON'S program of care and treatment, when appropriate. ~~all subject to available appropriations~~ Nothing in this paragraph (a) shall create SUBSECTION (1)(a) CREATES any right with respect to any person other than the person receiving AN evaluation, care, or treatment. The professional person and the agency or facility providing AN evaluation, care, or treatment shall keep records detailing all care and treatment received by ~~such~~ THE person, and ~~such~~ THE records shall MUST be made available, upon ~~that~~ THE person's written authorization, to ~~his or her~~ THE PERSON'S attorney or ~~his or her~~ THE PERSON'S personal physician. ~~Such~~ THE records shall be ARE permanent records and MUST BE retained in accordance with the provisions of section 27-65-121 (4) SECTION 27-65-123 (4).

(b) Any person receiving AN evaluation or treatment ~~under any of the provisions of this article is entitled to~~ PURSUANT TO THIS ARTICLE 65 MAY 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~~ ARE not administered.

(2) The ~~department~~ BHA shall ~~adopt regulations~~ PROMULGATE RULES to assure that each agency or facility providing AN evaluation, care, or treatment ~~shall require~~ REQUIRES 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~~ IS determined by rules of the ~~department~~ BHA.

(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~~ RULES OF THE BHA 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 OR LAY PERSON pursuant to ~~section 27-65-121 (1)(g) or (1)(h)~~ SECTION 27-65-123 (1)(g) OR (1)(h) and documentation of any information given to a family member OR LAY PERSON.

27-65-119. [Formerly 27-65-117] Rights of persons receiving care or treatment. (1) Each person receiving evaluation, care, or treatment ~~under PURSUANT TO~~ any provision of this ~~article~~ ARTICLE 65 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~~ THE PERSON if THE PERSON IS 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~~ THE PERSON'S attorney, clergyman, CLERGYPERSON, or physician at any time.

(e) To wear ~~his or her~~ THE PERSON'S own clothes, keep and use ~~his or her~~ THE PERSON'S own personal possessions, and keep and be allowed to spend a reasonable sum of ~~his or her~~ THE PERSON'S 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~~ MUST 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~~ MUST be made available, upon request, to the person, or ~~his or her~~ THE PERSON'S 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~~ ARE confidential and ~~shall~~ MUST not be released by the facility except pursuant to court order. No other nonmedical photographs ~~shall~~ MAY be taken or used without appropriate consent or authorization.

(5) Any person receiving evaluation or treatment ~~under~~ PURSUANT TO any of the provisions of this ~~article~~ ARTICLE 65 is entitled to a written copy of all ~~his or her~~ THE PERSON'S rights enumerated in this section, and a minor child shall receive written notice of ~~his or her~~ THE MINOR'S rights as provided in ~~section 27-65-103 (7)(g)~~ SECTION 27-65-104 (6)(g). A list of such rights ~~shall~~ MUST be prominently posted in all evaluation and treatment facilities.

27-65-120. [Formerly 27-65-118] Administration or monitoring of medications to persons receiving treatment. The ~~executive~~ director COMMISSIONER has the power to direct the administration or monitoring of medications in conformity with part 3 of article 1.5 of title 25 E.R.S., to persons receiving treatment in facilities ~~created~~ DESIGNATED pursuant to this ~~article~~ ARTICLE 65.

27-65-121. [Formerly 27-65-119] Employment of persons in a facility - rules. The ~~department~~ BHA shall adopt rules governing the employment and compensation ~~therefor~~ of FOR THE ADMINISTRATION OF CARE OR TREATMENT TO persons receiving care or treatment ~~under any provision of this article~~ PURSUANT TO THIS ARTICLE 65. The ~~department~~ BHA shall establish standards for reasonable compensation for such employment.

27-65-122. [Formerly 27-65-120] Voting in public elections. Any person receiving evaluation, care, or treatment ~~under~~ PURSUANT TO this ~~article~~ shall ARTICLE 65 MUST be given the opportunity to exercise ~~his or her~~ THE PERSON'S right to register and to vote in primary and general elections. The agency or facility providing evaluation, care, or treatment shall assist ~~such persons~~ THE PERSON, upon ~~their~~ THE PERSON'S request, to obtain voter registration forms and mail ballots and to comply with any other prerequisite for voting.

27-65-123. [Formerly 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 ANY PERSON 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 THE WARD'S OR CONSERVATEE'S 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 COMPELS a physician, psychologist, social worker, nurse, attorney, or other professional personnel to reveal information that has been given to him or her THE PERSON 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 THE RECIPIENT may be entitled;

(d) If the department BHA has promulgated rules for the conduct of research. Such rules shall MUST include, but ARE 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 MUST not be disclosed for research purposes.

(e) To the courts, as necessary to FOR the administration of the provisions of this article ARTICLE 65;

(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~~ SECTION 27-65-124 and is subject to review pursuant to ~~section 27-65-122~~ SECTION 27-65-124.

(h) To ~~adult~~ family members OR A LAY PERSON 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)~~ SECTION 27-65-124 (2) and is subject to review pursuant to ~~section 27-65-122~~ SECTION 27-65-124.

(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)~~ SUBSECTION (1)(g) OR (1)(h) of this section ~~shall be deemed to preclude~~ PRECLUDES the release of information to a parent concerning his or her THE PARENT'S minor child.

(3) (a) Nothing in this article ~~shall be construed as rendering~~ ARTICLE 65 RENDERS privileged or confidential any information, except written medical records and information that is privileged ~~under~~ PURSUANT TO 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~~ PURSUANT TO THIS ARTICLE 65 or any criminal offense committed against any person while performing or receiving services ~~under this article~~ PURSUANT TO THIS ARTICLE 65.

(b) The provisions of Subsection (1) of this section ~~shall~~ DOES 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)~~ SECTION 27-65-106 (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 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. C.R.S.

27-65-124. [Formerly 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)~~ SECTION 27-65-123 (1)(g), the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S 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~~ THE PROFESSIONAL PERSON'S 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)~~ SECTION 27-65-123 (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, LAY PERSON, 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)~~ SECTION 27-65-123 (1)(h) concerning a person with a mental health disorder, the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S designee, shall determine whether the person with a mental health disorder is capable of making a rational decision in weighing ~~his or her~~ THE PERSON'S confidentiality interests and the care and treatment interests implicated by the release of information. The treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S 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~~ THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning ~~his or her~~ THE PERSON'S interests and the person with a mental health disorder consents to the release of information, the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S designee shall order the release of the information unless ~~he or she~~ THE PROFESSIONAL PERSON OR THE PROFESSIONAL PERSON'S DESIGNEE 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~~ THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning ~~his or her~~ THE PERSON'S interests and the person with a mental health disorder objects to the release of information, the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S designee shall not order the release of the information.

(III) If the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is not capable of making a rational decision concerning ~~his or her~~ THE PERSON'S interests, the treating professional person or ~~his or her~~ THE PROFESSIONAL PERSON'S designee may order the release of the information if ~~he or she~~ THE PROFESSIONAL PERSON OR THE

PROFESSIONAL PERSON'S DESIGNEE 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~~ THE PROFESSIONAL PERSON'S 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~~ THE PROFESSIONAL PERSON'S 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)~~ SECTION 27-65-123 (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~~ THE DIRECTOR is a professional person. If the director is not available or if the director cannot provide an objective and impartial review, the review ~~shall~~ MUST 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~~ THE PERSON'S 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~~ THE PERSON'S care

and treatment is released.

(5) A family member whose request for information is denied shall MUST 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)~~ SECTION 27-65-123 (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~~ THE PERSON'S 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~~ THE PROFESSIONAL PERSON'S designee shall not release information requested pursuant to ~~section 27-65-121 (1)(h)~~ SECTION 27-65-123 (1)(h) until five days after the determination upon administrative review of the director or ~~his or her~~ THE DIRECTOR'S 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~~ THE PROFESSIONAL PERSON'S 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~~ THE PERSON 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~~ IS NOT 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.

27-65-125. [Formerly 27-65-123] Treatment in federal facilities.

(1) If a person is certified ~~under the provisions of this article~~ PURSUANT TO THIS ARTICLE 65 and is eligible for hospital care or treatment by an agency of the United States, and if a certificate of notification from ~~said~~ THE 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~~ THE PERSON 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~~ OUTSIDE this state, the person ~~shall be~~ IS 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~~ IS retained in the appropriate courts of this state to inquire into the mental condition of ~~persons~~ A PERSON so hospitalized and to determine the necessity for continuance of ~~their~~ THE PERSON'S 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~~ HAS the same effect as to ~~said~~ THE 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~~ RETAIN jurisdiction of the person so hospitalized for the purpose of inquiring into ~~his or her~~ THE PERSON'S mental condition and ~~of~~ FOR determining the necessity for continuance of ~~his or her~~ THE PERSON'S 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.

27-65-126. [Formerly 27-65-124] Transfer of persons into and out of Colorado - reciprocal agreements. The transfer of ~~persons~~ A PERSON hospitalized voluntarily ~~under the provisions of this article~~ PURSUANT TO THIS ARTICLE 65 out of Colorado or under the laws of another jurisdiction into Colorado ~~shall be~~ ARE governed by the provisions of the interstate compact on mental health.

27-65-127. Imposition of legal disability - deprivation of legal right - restoration - repeal. (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~~ THE PERSON'S SELF 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~~ MUST 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 RESPONDENT 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~~ THE RESPONDENT'S SELF or others, IS gravely disabled, or insane, as defined in section 16-8-101; AND

(b) That the requested disability or deprivation is both necessary and desirable.

(3) (a) BEGINNING JANUARY 1, 2023, THE BHA SHALL PROVIDE PERIODIC UPDATES TO THE ADVISORY BOARD RELATED TO THE IMPLEMENTATION OF HOUSE BILL 22-1256, INCLUDING UPDATES REGARDING WHETHER THE BHA WILL HAVE THE CAPABILITY AND CAPACITY TO ASSIST EMERGENCY MEDICAL SERVICES FACILITIES THAT TREAT A PERSON UNDER AN EMERGENCY MENTAL HEALTH HOLD FIND APPROPRIATE PLACEMENT, WHEN INDICATED, FOR THE PERSON AT AN INPATIENT OR OUTPATIENT MENTAL HEALTH FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER.

(b) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2025.

(3) (4) To have a legal disability removed or a legal right restored, any interested person may file a petition with the court ~~which~~ THAT made the original finding. No legal disability ~~shall~~ MAY 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 TIME the findings specified in subsection (2) of this section ~~shall~~ MUST be reaffirmed to justify continuance of the disability or deprivation. A copy of the petition ~~shall~~ MUST be served on the person who filed the original petition, on the person whose rights are affected if ~~he or she~~ THE PERSON is not the petitioner, and upon the facility where the person whose rights are affected resides, if any.

(4) (5) 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~~ ATTORNEY to represent the respondent. The respondent may replace ~~said~~ THE attorney with an attorney of the respondent's own ~~selection~~ CHOOSING at any time. Attorney fees for an indigent respondent ~~shall be~~ ARE paid by the court.

(b) The court, upon request of an indigent respondent or ~~his or her~~ THE RESPONDENT'S attorney, shall appoint, at the court's expense, one or more professional persons of the respondent's ~~selection~~ CHOOSING to assist the respondent in the preparation of ~~his or her~~ THE RESPONDENT'S case.

(c) Upon demand made at least five days prior to the date of hearing, the respondent ~~shall have~~ HAS the right to a trial of all issues by a jury of six.

(d) At all times the burden ~~shall be~~ IS 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~~ IS required prior to the issuance of ~~such~~ THE order.

(f) Except as otherwise provided in this subsection (5), all proceedings ~~shall~~ MUST be held in conformance with the Colorado rules of

civil procedure, but no costs ~~shall~~ ~~MAY~~ 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.~~

27-65-128. Administration - rules. The ~~department~~ BHA shall make such PROMULGATE ANY rules ~~as will~~ AND DEVELOP AND DISTRIBUTE ANY APPLICATIONS OR FORMS NECESSARY TO consistently enforce the provisions of this ~~article~~ ARTICLE 65. THE BHA SHALL PROACTIVELY TRAIN PROVIDERS, FACILITIES, COUNTIES, JUDGES, MAGISTRATES, INTERVENING PROFESSIONALS, AND CERTIFIED PEACE OFFICERS ON THE PROCEDURES UNDER THIS ARTICLE 65, WHICH TRAINING MUST INCLUDE AN UNDERSTANDING OF THE CRITERIA FOR INVOKING AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106, THE DEFINITION OF "GRAVELY DISABLED" AND HOW A PERSON WHO IS GRAVELY DISABLED MAY PRESENT PHYSICALLY AND PSYCHIATRICALLY, AND SUGGESTED TEMPLATES AND RESOURCES TO BE USED BY FACILITIES TO MEET THE REQUIREMENTS OF SECTION 27-65-106 (8)(a)(III) AND (8)(a)(VII).

27-65-129. Payment for counsel. In order to provide legal representation to persons eligible ~~therefor as provided in~~ FOR AN ATTORNEY PURSUANT TO this ~~article~~ ARTICLE 65, the judicial department is ~~authorized to~~ SHALL pay, out of ~~appropriations made therefor~~ MONEY APPROPRIATED by the general assembly, sums directly to THE appointed ~~counsel~~ ATTORNEY on a case-by-case basis or, on behalf of the state, ~~to make~~ SHALL PAY lump-sum grants to and contract with individual attorneys, legal partnerships, legal professional corporations, public interest law firms, or nonprofit legal services corporations.

27-65-130. Advisory board - created - service standards and rules. (1) [Formerly 27-65-131] (a) An advisory board, referred to IN THIS SECTION as the "board", ~~in this section, to the department~~ is established for the purpose of assisting and advising the ~~executive director~~ COMMISSIONER in accordance with ~~section 27-65-130~~ SUBSECTION (2) OF THIS SECTION in the development of service standards and rules. The board consists of ~~not less~~ NO FEWER than eleven ~~nor~~ BUT NOT more than fifteen members appointed by the governor, AS FOLLOWS:

- (I) The board includes One representative each from the office of behavioral health; the department of human services;
- (II) ONE REPRESENTATIVE FROM THE BHA;
- (III) ONE REPRESENTATIVE FROM the department of public health and environment;
- (IV) ONE REPRESENTATIVE FROM the university of Colorado health sciences center; and
- (V) ONE REPRESENTATIVE FROM a leading professional association of psychiatrists in this state; at least
- (VI) One member representing proprietary skilled health-care facilities;
- (VII) One member representing nonprofit health-care facilities;
- (VIII) One member representing the Colorado bar association;
- (IX) One member representing consumers of services for persons with mental health disorders;
- (X) One member representing families of persons with mental health disorders;
- (XI) One member representing children's health-care facilities; and
- (XII) 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.

(b) 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.

(2) [Formerly 27-65-130] 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 THE HEALTH-CARE FACILITY'S only purpose the care and treatment of such persons.

27-65-131. Data report. (1) BEGINNING JANUARY 1, 2025, AND EACH JANUARY 1 THEREAFTER, THE BHA SHALL ANNUALLY SUBMIT A REPORT TO THE GENERAL ASSEMBLY ON THE OUTCOMES AND EFFECTIVENESS OF THE INVOLUNTARY COMMITMENT SYSTEM DESCRIBED IN THIS ARTICLE 65, DISAGGREGATED BY REGION, INCLUDING ANY RECOMMENDATIONS TO IMPROVE THE SYSTEM AND OUTCOMES FOR PERSONS INVOLUNTARILY COMMITTED OR CERTIFIED PURSUANT TO THIS ARTICLE 65. THE REPORT MUST INCLUDE AGGREGATED AND DISAGGREGATED NONIDENTIFYING INDIVIDUAL-LEVEL DATA. AT A MINIMUM, THE REPORT MUST INCLUDE:

- (a) THE NUMBER OF SEVENTY-TWO-HOUR EMERGENCY MENTAL HEALTH HOLDS THAT OCCURRED IN THE STATE AND THE NUMBER OF PEOPLE PLACED ON A SEVENTY-TWO-HOUR EMERGENCY MENTAL HEALTH HOLD, INCLUDING:
 - (I) A SUMMARY OF THE REASON EACH PERSON WAS PLACED ON AN EMERGENCY MENTAL HEALTH HOLD;
 - (II) DEMOGRAPHIC INFORMATION OF EACH PERSON PLACED ON AN EMERGENCY MENTAL HEALTH HOLD;
 - (III) DISPOSITION OF EACH PERSON PLACED ON AN EMERGENCY MENTAL HEALTH HOLD;
 - (IV) HOW OFTEN A FACILITY WAS REQUIRED TO ASK FOR ASSISTANCE FROM THE BHA TO FIND PLACEMENT FOR THE PERSON PURSUANT TO SECTION 27-65-106 AND IF PLACEMENT WAS FOUND, THE AVERAGE LENGTH OF TIME A PERSON HAD TO WAIT FOR THE PLACEMENT AND THE CHALLENGES ENCOUNTERED IN FINDING A PLACEMENT;
 - (V) HOW MANY SUBSEQUENT EMERGENCY MENTAL HEALTH HOLDS WERE PLACED PURSUANT TO SECTION 27-65-106 DUE TO A LACK OF APPROPRIATE PLACEMENT OPTIONS; AND

(VI) HOW EACH EMERGENCY MENTAL HEALTH HOLD ORIGINATED, WHETHER BY A CERTIFIED PEACE OFFICER; INTERVENING PROFESSIONAL, INCLUDING SPECIFIC PROFESSIONAL TYPE; OR A COURT ORDER;

(b) THE NUMBER AND CHARACTERISTICS OF EACH CERTIFICATION FOR SHORT-TERM TREATMENT, INCLUDING AN EXTENSION OF SHORT-TERM TREATMENT, AND LONG-TERM CARE AND TREATMENT THAT OCCURRED IN THE STATE, INCLUDING:

(I) THE NUMBER OF INPATIENT VERSUS OUTPATIENT CERTIFICATIONS;

(II) THE REASON FOR INITIATING EACH CERTIFICATION;

(III) THE NUMBER OF CERTIFICATIONS INITIATED BY A COURT ORDER, PROFESSIONAL PERSON, OR CERTIFIED PEACE OFFICER;

(IV) THE AVERAGE LENGTH OF EACH CERTIFICATION;

(V) THE DEMOGRAPHICS OF EACH INDIVIDUAL ON A CERTIFICATION FOR SHORT-TERM TREATMENT;

(VI) THE SERVICES PROVIDED;

(VII) THE SERVICES NEEDED THAT WERE NOT AVAILABLE; AND

(VIII) ANY IDENTIFIED BARRIERS PREVENTING THE PROVISION OF NEEDED SERVICES;

(c) THE OUTCOME OF EACH CERTIFICATION FOR SHORT-TERM TREATMENT AND CERTIFICATION FOR LONG-TERM CARE AND TREATMENT;

(d) THE REASON EACH CERTIFICATION WAS DISCONTINUED, DISAGGREGATED BY THOSE SUCCESSFULLY DISCHARGED, VOLUNTARILY DISCHARGED, TRANSFERRED, NOT LOCATED, WITH TREATMENT COMPLIANCE CONCERNS, UNABLE TO TRANSFER TO ANOTHER FACILITY OR PROVIDER, FOR LACK OF PAYMENT TO TREATMENT PROVIDERS, AND FOR ANY OTHER REASONS;

(e) THE PERSON'S HOUSING AND EMPLOYMENT STATUS WHEN CERTIFICATION WAS DISCONTINUED;

(f) WHAT SERVICES WERE PROVIDED VERSUS WHAT SERVICES WERE MOST FREQUENTLY NEEDED BY PEOPLE CERTIFIED ON AN OUTPATIENT BASIS;

(g) BARRIERS AND OPPORTUNITIES WITH LOCAL PROVIDERS, THE JUDICIAL BRANCH, AND LAW ENFORCEMENT; AND

(h) HOW MANY INDIVIDUALS WERE PLACED IN THE CUSTODY OF THE BHA ON A CERTIFICATION FOR SHORT-TERM TREATMENT WHO WERE CONCURRENTLY INVOLVED IN THE CRIMINAL JUSTICE SYSTEM, INCLUDING THE OUTCOMES OF EACH PERSON AND ANY BARRIERS AND OPPORTUNITIES THAT MAY EXIST TO BETTER SERVE THE POPULATION.

SECTION 2. In Colorado Revised Statutes, amend as added by House Bill 22-1256 27-65-106 as follows:

27-65-106. Emergency mental health hold - screening - court-ordered evaluation - discharge instructions - respondent's rights.

(1) **Emergency procedure** AN EMERGENCY MENTAL HEALTH HOLD may be invoked under one of the following conditions:

(a) (I) When ~~any~~ A CERTIFIED PEACE OFFICER HAS PROBABLE CAUSE TO BELIEVE ~~A person appears to have~~ HAS a mental health disorder and, as a result of ~~such~~ THE mental health disorder, ~~appears to be~~ IS an imminent danger to THE PERSON'S SELF OR others ~~or to the person's self or~~ ~~appears to be~~ IS gravely disabled, THE CERTIFIED PEACE OFFICER MAY TAKE THE PERSON INTO PROTECTIVE CUSTODY AND TRANSPORT THE PERSON TO A FACILITY DESIGNATED BY THE COMMISSIONER FOR AN EMERGENCY MENTAL HEALTH HOLD. IF SUCH A FACILITY IS NOT AVAILABLE, THE CERTIFIED PEACE OFFICER MAY TRANSPORT THE PERSON TO AN EMERGENCY MEDICAL SERVICES FACILITY. THE CERTIFIED PEACE OFFICER MAY REQUEST ASSISTANCE FROM A BEHAVIORAL HEALTH CRISIS RESPONSE TEAM FOR ASSISTANCE IN DETAINING AND TRANSPORTING THE PERSON OR AN EMERGENCY MEDICAL SERVICES PROVIDER IN TRANSPORTING THE PERSON; OR ~~then an intervening professional, or certified officer, 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.~~

(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 the person's self 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.

(II) WHEN AN INTERVENING PROFESSIONAL REASONABLY BELIEVES 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 THE PERSON'S SELF OR OTHERS OR APPEARS TO BE GRAVELY DISABLED, THE INTERVENING PROFESSIONAL MAY CAUSE THE PERSON TO BE TAKEN INTO PROTECTIVE CUSTODY AND TRANSPORTED TO A FACILITY DESIGNATED BY THE COMMISSIONER FOR AN EMERGENCY MENTAL HEALTH HOLD. IF SUCH A FACILITY IS NOT AVAILABLE, THE CERTIFIED PEACE OFFICER MAY TRANSPORT THE PERSON TO AN EMERGENCY MEDICAL SERVICES FACILITY. THE INTERVENING PROFESSIONAL MAY REQUEST ASSISTANCE FROM A CERTIFIED PEACE OFFICER, A SECURE TRANSPORTATION PROVIDER, OR A BEHAVIORAL HEALTH CRISIS RESPONSE TEAM FOR ASSISTANCE IN DETAINING AND TRANSPORTING THE PERSON, OR ASSISTANCE FROM AN EMERGENCY MEDICAL SERVICES PROVIDER IN TRANSPORTING THE PERSON.

(d) (b) (I) Any individual may petition WHEN A PERSON PETITIONS the court in the county in which the respondent resides or is physically present REQUESTING AN EVALUATION OF THE RESPONDENT'S CONDITION AND alleging that there is a person who THE RESPONDENT appears to have a mental health disorder and, as a result of the mental health disorder, appears to be a danger to THE RESPONDENT'S SELF OR others or to the person's self or appears to be gravely disabled. and requesting an evaluation of the person's condition.

(II) ANY PERSON WHO FILES A MALICIOUS OR FALSE PETITION FOR AN EVALUATION OF A RESPONDENT PURSUANT TO THIS SECTION IS SUBJECT TO CRIMINAL PROSECUTION.

(2) When a person is taken into custody pursuant to subsection (1) of this section, the person must not be detained in a jail, lockup, or other place used for the confinement of persons charged with or convicted of penal offenses. UNLESS OTHERWISE REQUIRED BY LAW, A CERTIFIED PEACE OFFICER MAY TRANSPORT THE PERSON TO AN EMERGENCY MEDICAL SERVICES FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER EVEN IF A WARRANT HAS BEEN ISSUED FOR THE PERSON'S ARREST IF THE CERTIFIED PEACE OFFICER BELIEVES IT IS IN THE BEST INTEREST OF THE PERSON. THE PERSON MUST NOT BE HELD ON AN EMERGENCY MENTAL HEALTH HOLD FOR LONGER THAN SEVENTY-TWO HOURS AFTER THE HOLD IS PLACED OR ORDERED. NOTHING IN THIS SECTION PROHIBITS AN EMERGENCY MEDICAL SERVICES FACILITY FROM INVOLUNTARILY HOLDING THE PERSON IN ORDER TO STABILIZE THE PERSON AS REQUIRED PURSUANT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, OR IF THE TREATING PROFESSIONAL DETERMINES THAT THE INDIVIDUAL'S PHYSICAL OR MENTAL HEALTH DISORDER IMPAIRS THE PERSON'S ABILITY TO MAKE AN INFORMED DECISION TO REFUSE CARE AND THE PROVIDER DETERMINES THAT FURTHER CARE IS INDICATED.

(3) When a person is taken into ~~emergency custody by an intervening professional or certified police officer~~ PLACED ON AN EMERGENCY MENTAL HEALTH HOLD 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 commissioner~~, the facility shall require ~~an~~ A BHA-APPROVED application in writing, stating the circumstances under which the person's condition was called to the attention of the intervening professional or certified peace officer and further stating sufficient facts, obtained from the intervening professional's or certified peace officer's personal observations or obtained from others whom the intervening professional or certified peace officer 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 THE PERSON'S SELF OR others or ~~the person's self 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 or certified peace officer. A copy

of the application must be furnished to the person being evaluated, and the application must be retained in accordance with section 27-65-123 (4).

(4) (a) The petition for a court-ordered evaluation FILED PURSUANT TO SUBSECTION (1)(b) OF THIS SECTION must contain the following:

(I) The name and address of the petitioner and the petitioner's interest in the case;

(II) The name of the person RESPONDENT for whom evaluation is sought, ~~who is designated as the respondent~~, and, if known to the petitioner, the address, age, ~~sex~~ GENDER, marital status, ~~and~~ occupation, ~~of the respondent~~, AND ANY ANIMALS OR DEPENDENT CHILDREN IN THE RESPONDENT'S CARE;

(III) 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 THE RESPONDENT'S SELF OR others ~~the respondent's self~~ or be gravely disabled and showing reasonable grounds to warrant an evaluation;

(IV) 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; AND

(V) 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~~.

(b) Upon receipt of a petition satisfying the requirements of subsection (4)(a) of this section, IF THE COURT IS NOT SATISFIED THAT PROBABLE CAUSE EXISTS TO ISSUE AN ORDER FOR AN EVALUATION, the court shall ~~designate~~ IDENTIFY a facility ~~approved~~ DESIGNATED by the commissioner, an intervening professional, or A certified peace officer to provide screening of the respondent to determine whether ~~there is probable cause EXISTS to believe the allegations~~.

(c) Following THE screening DESCRIBED IN SUBSECTION (4)(b) OF THIS SECTION, the facility, intervening professional, or certified peace

officer designated by the court shall file a report with the court AND MAY INITIATE AN EMERGENCY MENTAL HEALTH HOLD AT THE TIME OF SCREENING. The report must include a recommendation as to whether ~~there is~~ 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 THE RESPONDENT'S SELF OR others ~~the respondent's~~ self or is gravely disabled and whether the respondent will voluntarily receive evaluation or treatment. The screening report submitted to the court pursuant to this subsection (4)(c) is confidential in accordance with section 27-65-123 and must be furnished to the respondent or the respondent's attorney or personal representative.

(d) 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 THE RESPONDENT'S SELF OR others ~~the respondent's~~ self or is gravely disabled and that efforts have been made to secure the cooperation of the respondent ~~who~~ BUT THE RESPONDENT has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation authorizing a certified peace officer or secure transportation provider to take the respondent into custody and transport the respondent to a facility designated by the commissioner for ~~seventy-two-hour treatment and evaluation~~ AN EMERGENCY MENTAL HEALTH HOLD. At the time of taking the respondent IS TAKEN into custody, a copy of the petition and the order for evaluation must be given to the respondent and promptly thereafter to ~~any~~ THE one LAY 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 the person's designee. IF THE RESPONDENT REFUSES TO ACCEPT A COPY OF THE PETITION AND THE ORDER FOR EVALUATION, SUCH REFUSAL MUST BE DOCUMENTED IN THE PETITION AND THE ORDER FOR EVALUATION.

(5) If the ~~seventy-two-hour treatment and evaluation~~ facility admits the person, it WHEN A PERSON IS TRANSPORTED TO AN EMERGENCY MEDICAL SERVICES FACILITY OR A FACILITY DESIGNATED BY THE COMMISSIONER, THE FACILITY may detain the person under an emergency mental health hold 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 FROM THE TIME THE EMERGENCY MENTAL HEALTH HOLD WAS PLACED OR ORDERED. NOTHING IN THIS SECTION PROHIBITS AN EMERGENCY MEDICAL SERVICES FACILITY FROM INVOLUNTARILY HOLDING THE PERSON IN ORDER TO STABILIZE THE PERSON AS REQUIRED PURSUANT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, OR IF THE TREATING PROFESSIONAL DETERMINES THAT THE INDIVIDUAL'S PHYSICAL OR MENTAL HEALTH DISORDER IMPAIRS THE PERSON'S ABILITY TO MAKE AN INFORMED DECISION TO REFUSE CARE AND THE PROVIDER DETERMINES THAT FURTHER CARE IS INDICATED. If, in the opinion of the professional person in charge of the evaluation, the person can be properly cared for without being detained, the person shall be provided services on a voluntary basis. IF THE PERSON IN CHARGE OF THE EVALUATION DETERMINES THE PERSON SHOULD BE RELEASED, THE PERSON IN CHARGE OF THE EVALUATION MAY TERMINATE THE EMERGENCY MENTAL HEALTH HOLD.

(6) (a) Each person admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this article shall DETAINED FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO THIS SECTION SHALL receive an evaluation as soon as possible after the person is admitted PRESENTED TO THE FACILITY and shall receive such treatment and care as the person's condition requires for the full period that the person 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 THE EVALUATION MAY INCLUDE AN ASSESSMENT TO DETERMINE IF THE PERSON CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD AND REQUIRES FURTHER MENTAL HEALTH CARE IN A FACILITY DESIGNATED BY THE COMMISSIONER. THE EVALUATION MUST STATE WHETHER THE PERSON SHOULD be released, referred for further care and treatment on a voluntary basis, or certified for SHORT-TERM treatment pursuant to section 27-65-109.

(b) EACH EVALUATION MUST BE COMPLETED USING A STANDARDIZED FORM APPROVED BY THE COMMISSIONER AND MAY BE COMPLETED BY A PROFESSIONAL PERSON; A LICENSED ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN PSYCHIATRIC NURSING; OR A LICENSED PHYSICIAN ASSISTANT, A LICENSED CLINICAL SOCIAL WORKER, A LICENSED PROFESSIONAL COUNSELOR, OR A LICENSED MARRIAGE AND FAMILY

THERAPIST WHO HAS TWO YEARS OF EXPERIENCE IN BEHAVIORAL HEALTH SAFETY AND RISK ASSESSMENT WORKING IN A HEALTH-CARE SETTING.

(c) IF THE PERSON CONDUCTING AN EVALUATION PURSUANT TO SUBSECTION (6)(a) OF THIS SECTION IS NOT A PROFESSIONAL PERSON AND THE EVALUATING PERSON RECOMMENDS THE DETAINED PERSON BE CERTIFIED FOR SHORT-TERM TREATMENT PURSUANT TO SECTION 27-65-109, THE EVALUATING PERSON SHALL NOTIFY THE FACILITY OF THE RECOMMENDATION. A CERTIFICATION MAY ONLY BE INITIATED BY A PROFESSIONAL PERSON.

~~(7) to (8) Repealed.~~

(7) (a) IF A PERSON IS EVALUATED AT AN EMERGENCY MEDICAL SERVICES FACILITY AND THE EVALUATING PROFESSIONAL DETERMINES THAT THE PERSON CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE EMERGENCY MEDICAL SERVICES FACILITY SHALL IMMEDIATELY NOTIFY THE BHA IF THE FACILITY CANNOT LOCATE APPROPRIATE PLACEMENT. ONCE NOTIFIED, THE BHA SHALL SUPPORT THE EMERGENCY MEDICAL SERVICES FACILITY IN LOCATING AN APPROPRIATE PLACEMENT OPTION ON AN INPATIENT OR OUTPATIENT BASIS, WHICHEVER IS CLINICALLY APPROPRIATE.

(b) IF AN APPROPRIATE PLACEMENT OPTION CANNOT BE LOCATED PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION AND THE PERSON CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SUBSECTION (1) OF THIS SECTION AND THE PERSON HAS BEEN MEDICALLY STABILIZED, THE EMERGENCY MEDICAL SERVICES FACILITY MAY PLACE THE PERSON UNDER A SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD. IF THE FACILITY PLACES THE PERSON UNDER A SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD, THE FACILITY SHALL IMMEDIATELY NOTIFY THE BHA, THE PERSON'S LAY PERSON, AND THE COURT, AND THE COURT SHALL IMMEDIATELY APPOINT AN ATTORNEY TO REPRESENT THE PERSON. THE FACILITY MAY NOTIFY THE COURT WHERE THE PERSON RESIDES BY MAIL. ONCE THE COURT IS NOTIFIED, THE EMERGENCY MEDICAL SERVICES FACILITY IS NOT REQUIRED TO TAKE ANY FURTHER ACTION TO PROVIDE THE PERSON WITH AN ATTORNEY UNLESS SPECIFIED IN SUBSECTION (10) OF THIS SECTION. THE EMERGENCY MEDICAL SERVICES FACILITY SHALL NOTIFY THE BHA AFTER EACH EMERGENCY MENTAL HEALTH HOLD IS PLACED. THE BHA IS RESPONSIBLE FOR ACTIVELY ASSISTING THE FACILITY IN LOCATING

APPROPRIATE PLACEMENT FOR THE PERSON. IF THE PERSON HAS BEEN RECENTLY TRANSFERRED FROM AN EMERGENCY MEDICAL SERVICES FACILITY TO A FACILITY DESIGNATED BY THE COMMISSIONER AND THE DESIGNATED FACILITY IS ABLE TO DEMONSTRATE THAT THE FACILITY IS UNABLE TO COMPLETE THE EVALUATION BEFORE THE INITIAL EMERGENCY MENTAL HEALTH HOLD IS SET TO EXPIRE, THE DESIGNATED FACILITY MAY PLACE THE PERSON UNDER A SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD AND SHALL IMMEDIATELY NOTIFY THE BHA AND LAY PERSON.

(c) THE BHA SHALL MAINTAIN DATA ON THE CHARACTERISTICS OF EACH PERSON PLACED ON A SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SUBSECTION (7)(b) OF THIS SECTION. THE BHA MAY CONTRACT WITH ENTITIES COORDINATING CARE OR WITH PROVIDERS SERVING WITHIN THE SAFETY NET SYSTEM DEVELOPED PURSUANT TO SECTION 27-63-105 TO MEET THE REQUIREMENTS OF THIS SUBSECTION (7).

(8) (a) THE FACILITY SHALL PROVIDE EACH PERSON DETAINED FOR AN EMERGENCY MENTAL HEALTH HOLD DISCHARGE INSTRUCTIONS. THE DISCHARGE INSTRUCTIONS MUST BE COMPLETED FOR EVERY PERSON, REGARDLESS OF THE PERSON'S DISCHARGE STATUS, BEFORE THE PERSON IS RELEASED. IF THE DETAINED PERSON REFUSES TO ACCEPT THE DISCHARGE INSTRUCTIONS, THE REFUSAL MUST BE DOCUMENTED IN THE PERSON'S MEDICAL RECORD. AT A MINIMUM, THE DISCHARGE INSTRUCTIONS MUST INCLUDE:

(I) A SUMMARY OF WHY THE PERSON WAS DETAINED OR EVALUATED FOR AN EMERGENCY MENTAL HEALTH HOLD; DETAILED INFORMATION AS TO WHY THE EVALUATING PROFESSIONAL DETERMINED THE PERSON NO LONGER MEETS THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD OR CERTIFICATION PURSUANT TO SECTION 27-65-109; AND WHETHER THE PERSON MAY RECEIVE SERVICES ON A VOLUNTARY BASIS PURSUANT TO SUBSECTION (6) OF THIS SECTION;

(II) IF THE PERSON'S MEDICATIONS WERE CHANGED OR THE PERSON WAS NEWLY PRESCRIBED MEDICATIONS DURING THE EMERGENCY MENTAL HEALTH HOLD, A CLINICALLY APPROPRIATE SUPPLY OF MEDICATIONS, AS DETERMINED BY THE JUDGMENT OF A LICENSED HEALTH-CARE PROVIDER, FOR THE PERSON UNTIL THE PERSON CAN ACCESS ANOTHER PROVIDER OR FOLLOW-UP APPOINTMENT;

(III) A SAFETY PLAN FOR THE PERSON AND, IF APPLICABLE, THE PERSON'S LAY PERSON WHERE INDICATED BY THE PERSON'S MENTAL HEALTH DISORDER OR MENTAL OR EMOTIONAL STATE;

(IV) NOTIFICATION TO THE PERSON'S PRIMARY CARE PROVIDER, IF APPLICABLE;

(V) A REFERRAL TO APPROPRIATE SERVICES, IF SUCH SERVICES EXIST IN THE COMMUNITY, IF THE PERSON IS DISCHARGED WITHOUT FOOD, HOUSING, OR ECONOMIC SECURITY. ANY REFERRALS AND LINKAGES MUST BE DOCUMENTED IN THE PERSON'S MEDICAL RECORD.

(VI) THE PHONE NUMBER TO CALL OR TEXT THE COLORADO CRISIS SERVICES HOTLINE AND INFORMATION ON THE AVAILABILITY OF PEER SUPPORT SERVICES;

(VII) INFORMATION ON HOW TO ESTABLISH A PSYCHIATRIC ADVANCE DIRECTIVE IF ONE IS NOT PRESENTED;

(VIII) MEDICATIONS THAT WERE CHANGED DURING THE EMERGENCY MENTAL HEALTH HOLD, INCLUDING ANY MEDICATIONS THAT THE PERSON WAS TAKING OR THAT WERE PREVIOUSLY PRESCRIBED UPON ADMISSION, AND WHICH MEDICATIONS, IF ANY, WERE CHANGED OR DISCONTINUED AT THE TIME OF DISCHARGE;

(IX) A LIST OF ANY SCREENING OR DIAGNOSTIC TESTS CONDUCTED DURING THE EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;

(X) A SUMMARY OF THERAPEUTIC TREATMENTS PROVIDED DURING THE EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;

(XI) ANY LABORATORY WORK, INCLUDING BLOOD SAMPLES OR IMAGING THAT WAS COMPLETED OR ATTEMPTED, IF REQUESTED;

(XII) THE PERSON'S VITAL SIGNS UPON DISCHARGE FROM THE EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;

(XIII) A COPY OF ANY PSYCHIATRIC ADVANCE DIRECTIVE PRESENTED TO THE FACILITY, IF APPLICABLE; AND

(XIV) HOW TO CONTACT THE DISCHARGING FACILITY IF NEEDED.

(b) THE FACILITY SHALL DOCUMENT IN THE PERSON'S MEDICAL RECORD WHETHER THE PERSON ACCEPTED THE DISCHARGE INSTRUCTIONS. THE FACILITY SHALL PROVIDE THE DISCHARGE INSTRUCTIONS TO THE PERSON'S PARENT OR LEGAL GUARDIAN IF THE PERSON IS UNDER EIGHTEEN YEARS OF AGE, AND TO THE PERSON'S LAY PERSON, WHEN POSSIBLE.

(c) UPON DISCHARGE, THE FACILITY SHALL DISCUSS WITH THE PERSON, THE PERSON'S PARENT OR LEGAL GUARDIAN, OR THE PERSON'S LAY PERSON THE STATEWIDE CARE COORDINATION INFRASTRUCTURE ESTABLISHED IN SECTION 27-60-204 TO FACILITATE A FOLLOW-UP APPOINTMENT FOR THE PERSON WITHIN SEVEN CALENDAR DAYS AFTER THE DISCHARGE. FACILITIES SHALL COMPLY WITH THIS SUBSECTION (8)(c) WHEN THE STATEWIDE CARE COORDINATION INFRASTRUCTURE CREATED IN SECTION 27-60-204 IS FULLY OPERATIONAL, AS DETERMINED BY THE BHA. THE BHA SHALL IMMEDIATELY NOTIFY FACILITIES WHEN THE STATEWIDE CARE COORDINATION INFRASTRUCTURE IS AVAILABLE TO ASSIST PERSONS WITH DISCHARGE.

(d) (I) THE FACILITY SHALL, AT A MINIMUM, ATTEMPT TO FOLLOW UP WITH THE PERSON, THE PERSON'S PARENT OR LEGAL GUARDIAN, OR THE PERSON'S LAY PERSON AT LEAST FORTY-EIGHT HOURS AFTER DISCHARGE. THE FACILITY IS ENCOURAGED TO UTILIZE PEER SUPPORT PROFESSIONALS, AS DEFINED IN SECTION 27-60-108 (2)(b), WHEN PERFORMING FOLLOW-UP CARE WITH INDIVIDUALS AND IN DEVELOPING A CONTINUING CARE PLAN PURSUANT TO SUBSECTION (8)(a)(I) OF THIS SECTION. THE FACILITY MAY FACILITATE FOLLOW-UP CARE THROUGH CONTRACTS WITH COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS OR THE COLORADO BEHAVIORAL HEALTH CRISIS HOTLINE. IF THE FACILITY FACILITATES FOLLOW-UP CARE THROUGH A THIRD-PARTY CONTRACT, THE FACILITY SHALL OBTAIN AUTHORIZATION FROM THE PERSON TO PROVIDE FOLLOW-UP CARE.

(II) IF THE PERSON IS ENROLLED IN MEDICAID, THE FACILITY IS NOT REQUIRED TO MEET THE REQUIREMENTS OF THIS SUBSECTION (8)(d) AND INSTEAD, THE FACILITY SHALL NOTIFY THE PERSON'S RELEVANT MANAGED CARE ENTITY, AS DEFINED IN SECTION 25.5-5-403, OF THE PERSON'S DISCHARGE AND NEED FOR ONGOING FOLLOW-UP CARE PRIOR TO THE PERSON'S DISCHARGE.

(III) IF THE FACILITY CONTRACTS WITH A SAFETY NET PROVIDER, AS DEFINED IN SECTION 27-50-101, TO PROVIDE BEHAVIORAL HEALTH SERVICES TO A PERSON ON OR FOLLOWING AN EMERGENCY MENTAL HEALTH HOLD, THE FACILITY SHALL WORK WITH THE SAFETY NET PROVIDER IN ORDER TO MEET THE REQUIREMENTS OF THIS SUBSECTION (8)(d).

(e) THE FACILITY SHALL ENCOURAGE THE PERSON TO DESIGNATE A FAMILY MEMBER, FRIEND, OR OTHER PERSON AS A LAY PERSON TO PARTICIPATE IN THE PERSON'S DISCHARGE PLANNING AND SHALL NOTIFY THE PERSON THAT THE PERSON IS ABLE TO RESCIND THE AUTHORIZATION OF A LAY PERSON AT ANY TIME. IF THE PERSON DESIGNATES A LAY PERSON AND HAS PROVIDED NECESSARY AUTHORIZATION, THE FACILITY SHALL ATTEMPT TO INVOLVE THE LAY PERSON IN THE PERSON'S DISCHARGE PLANNING. THE FACILITY SHALL NOTIFY THE LAY PERSON THAT THE PERSON IS BEING DISCHARGED OR TRANSFERRED.

(9) (a) On or before ~~July 1, 2019~~ JULY 1, 2023, and each July 1 thereafter, each emergency medical services facility that has ~~treated~~ EVALUATED a person pursuant to this section shall provide an annual report to the BHA that includes only disaggregated and nonidentifying information concerning persons who were treated at an emergency medical services facility pursuant to this section. The report must comply with section 24-1-136 (9) and is exempt from 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 disaggregated and provided to the BHA pursuant to this subsection (9) 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~~ COLLECTING THE DATA PURSUANT TO the requirements of this subsection (9), the BHA 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 (9)(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)~~ SUBSECTION (9)(a) of this section.

(10) (a) A PERSON DETAINED FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO THIS SECTION HAS THE FOLLOWING RIGHTS:

(I) TO BE TOLD THE REASON FOR THE PERSON'S DETAINMENT AND THE LIMITATIONS OF THE PERSON'S DETAINMENT, INCLUDING A DESCRIPTION OF THE PERSON'S RIGHT TO REFUSE MEDICATION, UNLESS THE PERSON REQUIRES EMERGENCY MEDICATIONS, AND THAT THE DETAINMENT DOES NOT MEAN ALL TREATMENT DURING DETAINMENT IS MANDATORY;

(II) TO REQUEST A CHANGE TO VOLUNTARY STATUS;

(III) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF THE PERSON'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF THE FACILITY WITH WHOM THE PERSON COMES IN CONTACT;

(IV) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE, RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION;

(V) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME; EXCEPT THAT, UNLESS SPECIFIED IN SUBSECTION (7)(b) OF THIS SECTION, THE FACILITY IS NOT REQUIRED TO RETAIN AN ATTORNEY ON BEHALF OF THE

PERSON BUT MUST ALLOW THE PERSON TO CONTACT AN ATTORNEY;

(VI) TO CONTINUE THE PRACTICE OF RELIGION;

(VII) WITHIN TWENTY-FOUR HOURS AFTER THE PERSON'S REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT REPRESENTATIVE WHO HAS NO DIRECT OR INDIRECT CLINICAL, ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR THE PERSON;

(VIII) TO HAVE REASONABLE ACCESS TO TELEPHONES OR OTHER COMMUNICATION DEVICES AND TO MAKE AND TO RECEIVE CALLS OR COMMUNICATIONS IN PRIVATE. 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.

(IX) TO WEAR THE PERSON'S OWN CLOTHES, KEEP AND USE THE PERSON'S OWN PERSONAL POSSESSIONS AND KEEP AND BE ALLOWED TO SPEND A REASONABLE SUM OF THE PERSON'S OWN MONEY. A FACILITY MAY TEMPORARILY RESTRICT A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL POSSESSIONS, UNTIL A SAFETY ASSESSMENT IS COMPLETED. IF THE FACILITY RESTRICTS A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL POSSESSIONS, THE FACILITY SHALL HAVE A DISCUSSION WITH THE PERSON ABOUT WHY THE PERSON'S PERSONAL CLOTHING OR PERSONAL POSSESSIONS ARE BEING RESTRICTED. A LICENSED MEDICAL PROFESSIONAL OR A LICENSED BEHAVIORAL HEALTH PROFESSIONAL SHALL CONDUCT A SAFETY ASSESSMENT AS SOON AS POSSIBLE. THE LICENSED PROFESSIONAL SHALL DOCUMENT IN THE PERSON'S MEDICAL RECORD THE SPECIFIC REASONS WHY IT IS NOT SAFE FOR THE PERSON TO POSSESS THE PERSON'S PERSONAL CLOTHING OR PERSONAL POSSESSIONS. THE FACILITY SHALL PERIODICALLY CONDUCT ADDITIONAL SAFETY ASSESSMENTS TO DETERMINE WHETHER THE PERSON MAY POSSESS THE PERSON'S PERSONAL CLOTHING OR PERSONAL POSSESSIONS, WITH THE GOAL OF RESTORING THE PERSON'S RIGHTS ESTABLISHED PURSUANT TO THIS SECTION.

(X) TO KEEP AND USE THE PERSON'S CELL PHONE, UNLESS ACCESS TO THE CELL PHONE CAUSES THE PERSON TO DESTABILIZE OR CREATES A DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A PROVIDER, FACILITY STAFF MEMBER, OR SECURITY PERSONNEL INVOLVED IN THE PERSON'S CARE;

(XI) TO HAVE THE PERSON'S INFORMATION AND RECORDS DISCLOSED TO FAMILY MEMBERS AND A LAY PERSON PURSUANT TO SECTION 27-65-123;

(XII) TO HAVE THE PERSON'S TREATMENT RECORDS REMAIN CONFIDENTIAL, EXCEPT AS REQUIRED BY LAW;

(XIII) TO NOT BE FINGERPRINTED, UNLESS REQUIRED BY LAW;

(XIV) TO NOT BE PHOTOGRAPHED, EXCEPT UPON ADMISSION FOR IDENTIFICATION AND ADMINISTRATIVE PURPOSES. ANY PHOTOGRAPHS MUST BE CONFIDENTIAL AND MUST NOT BE RELEASED BY THE FACILITY EXCEPT PURSUANT TO A COURT ORDER. NONMEDICAL PHOTOGRAPHS MUST NOT BE TAKEN OR USED WITHOUT APPROPRIATE CONSENT OR AUTHORIZATION.

(XV) TO HAVE APPROPRIATE ACCESS TO ADEQUATE WATER, HYGIENE PRODUCTS, AND FOOD AND TO HAVE THE PERSON'S NUTRITIONAL NEEDS MET IN A MANNER THAT IS CONSISTENT WITH RECOGNIZED DIETARY PRACTICES;

(XVI) TO HAVE PERSONAL PRIVACY TO THE EXTENT POSSIBLE DURING THE COURSE OF TREATMENT; AND

(XVII) TO HAVE THE ABILITY TO MEET WITH VISITORS IN ACCORDANCE WITH THE FACILITY'S CURRENT VISITOR GUIDELINES.

(b) A PERSON'S RIGHTS UNDER THIS SUBSECTION (10) MAY ONLY BE DENIED IF ACCESS TO THE ITEM, PROGRAM, OR SERVICE CAUSES THE PERSON TO DESTABILIZE OR CREATES A DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A LICENCED PROVIDER INVOLVED IN THE PERSON'S CARE. DENIAL OF ANY RIGHT MUST BE ENTERED INTO THE PERSON'S TREATMENT RECORD AND MUST BE MADE AVAILABLE, UPON REQUEST, TO THE PERSON, THE PERSON'S LEGAL GUARDIAN, OR THE PERSON'S ATTORNEY.

(c) A FACILITY SHALL NOT INTENTIONALLY RETALIATE OR DISCRIMINATE AGAINST A DETAINED PERSON OR EMPLOYEE FOR CONTACTING OR PROVIDING INFORMATION TO ANY OFFICIAL OR TO AN EMPLOYEE OF ANY STATE PROTECTION AND ADVOCACY AGENCY OR FOR INITIATING, PARTICIPATING IN, OR TESTIFYING IN A GRIEVANCE PROCEDURE OR IN AN ACTION FOR ANY REMEDY AUTHORIZED PURSUANT TO THIS SECTION. ANY FACILITY THAT VIOLATES THIS SUBSECTION (10) COMMITS AN UNCLASSIFIED MISDEMEANOR AND SHALL BE FINED NOT MORE THAN ONE THOUSAND

DOLLARS.

(d) ANY PERSON WHOSE RIGHTS ARE DENIED OR VIOLATED PURSUANT TO THIS SECTION HAS THE RIGHT TO FILE A COMPLAINT AGAINST THE FACILITY WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

SECTION 3. In Colorado Revised Statutes, 27-65-109, **amend as added by House Bill 22-1256** (1), (2), (3), (4), (6), (7), (8), and (10) as follows:

27-65-109. Certification for short-term treatment - procedure.
(1) ~~If A person detained pursuant to section 27-65-106 has received an evaluation, the person~~ may be certified for not more than three months for 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~~ DETAINING THE PERSON ON AN EMERGENCY MENTAL HEALTH HOLD HAS EVALUATED THE PERSON 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~~ the person's self OR OTHERS 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, the person's acceptance of voluntary treatment does not preclude certification; and

(c) The facility OR COMMUNITY PROVIDER that will provide short-term treatment has been designated ~~or approved~~ by the commissioner to provide such treatment; AND

(d) THE PERSON, THE PERSON'S LEGAL GUARDIAN, AND THE PERSON'S LAY PERSON, IF APPLICABLE, HAVE BEEN ADVISED OF THE PERSON'S RIGHT TO AN ATTORNEY AND TO CONTEST THE CERTIFICATION FOR SHORT-TERM 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 THE NOTICE OF CERTIFICATION must:

(a) State facts sufficient to establish reasonable grounds to believe that the ~~person~~ RESPONDENT has a mental health disorder and, as a result of the mental health disorder, is a danger to ~~others or to the person's self~~ THE RESPONDENT'S SELF OR OTHERS or is gravely disabled;

(b) Be filed with the court within forty-eight hours, excluding Saturdays, Sundays, and court holidays, ~~or~~ AFTER the date of certification; and

(c) Be filed with the court in the county in which the respondent resided or was physically present immediately prior to being taken into custody; AND

(d) PROVIDE RECOMMENDATIONS IF THE CERTIFICATION SHOULD TAKE PLACE ON AN INPATIENT OR OUTPATIENT BASIS.

(3) Within twenty-four hours after certification, copies of the certification must be personally delivered to the respondent, THE BHA, and a copy must be kept by the ~~evaluation~~ EVALUATING facility as part of the respondent's record, IF APPLICABLE. The FACILITY OR COURT SHALL ASK THE respondent ~~must also be asked~~ to designate ~~one other person~~ A LAY PERSON whom the respondent wishes TO BE informed regarding certification. If the respondent is incapable of making such a designation at the time the certification is delivered, ~~he or she~~ THE RESPONDENT must be asked to designate ~~such~~ A LAY person as soon as the respondent is capable. In addition to the copy of the certification, the respondent must be given a written notice that a hearing upon the respondent's 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 has custody of the respondent.

(6) The respondent ~~for short-term treatment~~ or the respondent's 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 the respondent's attorney and the certifying and treating professional person of the time and place ~~thereof~~ OF THE HEARING. The hearing must be held in accordance with section 27-65-113. 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~~ PURSUANT TO this section must be maintained separately by the clerks of the several courts. Upon the release of any respondent in accordance with section 27-65-112, the facility shall notify the clerk of the court within five days after the release, and the clerk shall ~~forthwith~~ IMMEDIATELY seal the record in the case and omit the name of the respondent from the index of cases in the court until and unless the respondent becomes subject to an order of CERTIFICATION FOR long-term care and treatment pursuant to section 27-65-110 or until and unless the court orders ~~them~~ THE RECORDS opened for good cause shown. In the event a petition is filed pursuant to section 27-65-110, the 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 THE BHA or any other report satisfactory to the court, that a respondent detained for evaluation and treatment or certified for SHORT-TERM 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 a secure transportation provider or a law enforcement agency, the court may issue an order directing the law enforcement agency where the respondent resides OR SECURE TRANSPORTATION PROVIDER to deliver the respondent to the designated facility.

(10) If the professional person in charge of the evaluation and treatment believes that a period longer than three months is necessary ~~for treatment of~~ TO TREAT the respondent, the professional person shall file with the court an extended certification AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL CERTIFICATION. AN extended certification for treatment ~~is not~~ MUST NOT BE for a period of more than three months. The respondent is entitled to a hearing on the extended certification under the same conditions as an original certification. The

attorney initially representing the respondent shall continue to represent the respondent, unless the court appoints another attorney.

SECTION 4. In Colorado Revised Statutes, amend as added by House Bill 22-1256 27-65-112 as follows:

27-65-112. Termination of certification for short-term and long-term treatment. (1) An original or extended certification for short-term treatment ISSUED PURSUANT TO SECTION 27-65-109, or an order OR EXTENSION FOR CERTIFICATION for long-term care and treatment ~~or any extension thereof~~ PURSUANT TO SECTION 27-65-110 terminates as soon as ~~in the opinion of~~ the professional person in charge of treatment of the respondent AND THE BHA DETERMINE the respondent has received sufficient benefit from ~~such~~ THE treatment for the respondent to ~~leave~~ END INVOLUNTARY TREATMENT. Whenever a certification or extended certification is terminated pursuant to this section, the professional person in charge of providing treatment shall notify the court in writing within five days after ~~such~~ THE termination. The professional person may also prescribe ~~day care, night care, or any other similar mode of treatment prior to termination~~.

(2) Before termination, ~~an escaped~~ A respondent WHO LEAVES A FACILITY may be returned to the facility by order of the court without a hearing or by the superintendent or director of the facility without ~~order of~~ A court ORDER. After termination, a respondent may be returned to the facility only in accordance with this article 65.

SECTION 5. In Colorado Revised Statutes, amend as added by House Bill 22-1256 27-65-119 as follows:

27-65-119. Rights of respondents certified for short-term treatment or long-term care and treatment. (1) Each person receiving ~~evaluation, care or treatment pursuant to any provision of this article 65~~ RESPONDENT CERTIFIED FOR SHORT-TERM TREATMENT OR LONG-TERM CARE AND TREATMENT ON AN INPATIENT BASIS PURSUANT TO SECTIONS 27-65-109 AND 27-65-110 has the following rights and shall be advised of such rights by the facility:

(a) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF THE RESPONDENT'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF THE

FACILITY WITH WHOM THE RESPONDENT COMES IN CONTACT;

(b) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE, RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION;

(c) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME;

(d) TO MEET WITH OR CALL A PERSONAL CLINICIAN, SPIRITUAL ADVISOR, COUNSELOR, CRISIS HOTLINE, FAMILY MEMBER, WORKPLACE, CHILD CARE PROVIDER, OR SCHOOL AT ALL REASONABLE TIMES;

(e) TO CONTINUE THE PRACTICE OF RELIGION;

(f) WITHIN TWENTY-FOUR HOURS AFTER THE RESPONDENT'S REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT REPRESENTATIVE WHO HAS NO DIRECT OR INDIRECT CLINICAL, ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR THE PERSON;

(g) To receive and send sealed correspondence, ~~No incoming or outgoing correspondence shall be opened, delayed, held, or censored by the personnel of the facility as well as to be given the assistance of facility staff if the respondent is unable to write, prepare, or mail correspondence. 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;~~

(h) TO HAVE THE RESPONDENT'S BEHAVIORAL HEALTH ORDERS FOR SCOPE OF TREATMENT OR PSYCHIATRIC ADVANCE DIRECTIVE REVIEWED AND CONSIDERED BY THE COURT AS THE PREFERRED TREATMENT OPTION FOR INVOLUNTARY ADMINISTRATION OF MEDICATIONS UNLESS, BY CLEAR AND CONVINCING EVIDENCE, THE RESPONDENT'S DIRECTIVE DOES NOT QUALIFY AS EFFECTIVE PARTICIPATION IN BEHAVIORAL HEALTH DECISION-MAKING;

(i) TO HAVE REASONABLE ACCESS TO TELEPHONES OR OTHER COMMUNICATION DEVICES AND TO MAKE AND RECEIVE CALLS OR COMMUNICATIONS IN PRIVATE;

(d) (j) To have frequent and convenient opportunities to meet with visitors; Each person may

(k) To see the person's THE RESPONDENT'S attorney, clergyperson, or physician at any time;

(e) (l) To wear the person's THE RESPONDENT'S own clothes, keep and use the person's THE RESPONDENT'S own personal possessions, INCLUDING THE PERSON'S CELL PHONE, and keep and be allowed to spend a reasonable sum of the person's THE RESPONDENT'S own money;

(m) To HAVE THE RESPONDENT'S INFORMATION AND RECORDS DISCLOSED TO FAMILY MEMBERS AND A LAY PERSON PURSUANT TO SECTION 27-65-123;

(n) To HAVE THE RESPONDENT'S TREATMENT RECORDS REMAIN CONFIDENTIAL, EXCEPT AS REQUIRED BY LAW;

(o) To HAVE APPROPRIATE ACCESS TO ADEQUATE WATER, HYGIENE PRODUCTS, AND FOOD AND TO HAVE THE RESPONDENT'S NUTRITIONAL NEEDS MET IN A MANNER THAT IS CONSISTENT WITH RECOGNIZED DIETARY PRACTICES;

(p) To HAVE PERSONAL PRIVACY TO THE EXTENT POSSIBLE DURING THE COURSE OF TREATMENT; AND

(q) To HAVE ACCESS TO A REPRESENTATIVE WITHIN THE FACILITY WHO PROVIDES ASSISTANCE TO FILE A GRIEVANCE.

(2) A person's RESPONDENT'S rights under subsection (1) of this section may be denied for good cause only by the professional person providing treatment if access to the item, program, or service would endanger the safety of the respondent or another person in close proximity and may only be denied by a person involved in the respondent's care. Denial of any right ~~must in all cases~~ MUST be entered into the person's RESPONDENT'S treatment record. Information pertaining to a denial of rights contained in the person's RESPONDENT'S treatment record must be made available, upon request, to the person RESPONDENT, the RESPONDENT'S LEGAL GUARDIAN, or the person's THE RESPONDENT'S attorney.

(3) No person A RESPONDENT admitted to or in a facility ~~shall~~ MUST NOT be fingerprinted unless required by other provisions of law.

(4) A person RESPONDENT may be photographed upon admission for identification and the administrative purposes of the facility. The photographs are confidential and must not be released by the facility except pursuant to court order. ~~No other Nonmedical photographs may~~ SHALL NOT be taken or used without appropriate consent or authorization.

(5) Any person RESPONDENT receiving evaluation or treatment under any of the provisions of this article 65 is entitled to a written copy AND VERBAL DESCRIPTION IN A LANGUAGE OR MODALITY ACCESSIBLE TO THE PERSON of all the person's rights enumerated in this section, and a minor child ~~shall~~ MUST receive written notice of THE minor's rights as provided in section 27-65-104 (6)(g). A list of the rights must be prominently posted in all evaluation and treatment facilities IN THE PREDOMINANT LANGUAGES OF THE COMMUNITY AND EXPLAINED IN A LANGUAGE OR MODALITY ACCESSIBLE TO THE RESPONDENT. THE FACILITY SHALL ASSIST THE RESPONDENT IN EXERCISING THE RIGHTS ENUMERATED IN THIS SECTION.

(6) A FACILITY SHALL NOT INTENTIONALLY RETALIATE OR DISCRIMINATE AGAINST A PERSON OR EMPLOYEE FOR CONTACTING OR PROVIDING INFORMATION TO ANY OFFICIAL OR TO AN EMPLOYEE OF ANY STATE PROTECTION AND ADVOCACY AGENCY, OR FOR INITIATING, PARTICIPATING IN, OR TESTIFYING IN A GRIEVANCE PROCEDURE OR IN AN ACTION FOR ANY REMEDY AUTHORIZED PURSUANT TO THIS SECTION. ANY FACILITY THAT VIOLATES THIS SUBSECTION (6) COMMITS AN UNCLASSIFIED MISDEMEANOR AND SHALL BE FINED NOT MORE THAN ONE THOUSAND DOLLARS.

(7) ANY RESPONDENT WHOSE RIGHTS ARE DENIED OR VIOLATED PURSUANT TO THIS SECTION HAS THE RIGHT TO FILE A COMPLAINT AGAINST THE FACILITY WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

SECTION 6. In Colorado Revised Statutes, 7-60-132, amend (1)(a) as follows:

7-60-132. Dissolution by decree of court. (1) On application by or for a partner, the court shall decree a dissolution if:

(a) A partner has been determined by the court to be mentally incompetent to such a degree that the partner is incapable of performing the partner's part of the partnership contract or a court of competent jurisdiction has made such a finding pursuant to part 3 or part 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127; C.R.S.;

SECTION 7. In Colorado Revised Statutes, 12-215-115, amend (7) as follows:

12-215-115. Discipline of licensees - suspension, revocation, denial, and probation - grounds - definitions. (7) In the event any person holding a license to practice chiropractic in this state is determined to be mentally incompetent or insane by a court of competent jurisdiction and a court enters, pursuant to part 3 or 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127, an order specifically finding that the mental incompetency or insanity is of such a degree that the person holding a license is incapable of continuing to practice chiropractic, ~~his or her~~ THE PERSON'S license shall automatically be suspended by the board, and, anything in this article 215 to the contrary notwithstanding, the suspension ~~shall~~ MUST continue until the licensee is found by the court to be competent to practice chiropractic.

SECTION 8. In Colorado Revised Statutes, 12-240-125, amend (7) as follows:

12-240-125. Disciplinary action by board - rules. (7) If any licensee is determined to be mentally incompetent or insane by a court of competent jurisdiction and a court enters, pursuant to part 3 or 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127, an order specifically finding that the mental incompetency or insanity is of such a degree that the licensee is incapable of continuing to practice medicine, practice as a physician assistant, or practice as an anesthesiologist assistant, the board shall automatically suspend ~~his or her~~ THE LICENSEE'S license, and, anything in this article 240 to the contrary notwithstanding, the suspension must continue until the licensee is found by the court to be competent to practice medicine, practice as a physician assistant, or practice as an anesthesiologist assistant.

SECTION 9. In Colorado Revised Statutes, 12-245-203.5, amend (1) as follows:

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

SECTION 10. In Colorado Revised Statutes, 12-245-216, amend (2) and (4)(b) as follows:

12-245-216. Mandatory disclosure of information to clients. (2) If the client is a ~~child~~ MINOR who is consenting to mental health services pursuant to ~~section 27-65-103~~ SECTION 27-65-104, disclosure shall MUST be made to the ~~child~~ MINOR. If the client is a ~~child~~ MINOR whose parent or legal guardian is consenting to mental health services, disclosure shall MUST be made to the MINOR'S parent or legal guardian.

(4) The disclosure of information required by subsection (1) of this section is not required when psychotherapy is being administered in any of the following circumstances:

(b) Pursuant to a court order or involuntary procedures pursuant to ~~sections 27-65-105 to 27-65-109~~ SECTION 27-65-106 TO 27-65-110;

SECTION 11. In Colorado Revised Statutes, 12-255-119, amend (7) as follows:

12-255-119. Disciplinary procedures of the board - inquiry and hearings panels - mental and physical examinations - definitions - rules. (7) In case any nurse is determined to be mentally incompetent or insane by a court of competent jurisdiction and a court enters, pursuant to part 3 or 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127, an order specifically finding that the mental incompetency or insanity is of such a degree that the nurse is incapable of continuing the practice of nursing, the ~~nurse's license~~ BOARD shall automatically be suspended by the board SUSPEND THE NURSE'S LICENSE, and, notwithstanding any provision of this part 1 to the contrary, the suspension shall MUST continue until the nurse is found by the court to be competent to continue the practice of nursing.

SECTION 12. In Colorado Revised Statutes, 12-290-113, amend (8) as follows:

12-290-113. Disciplinary action by board. (8) If a person holding a license to practice podiatry in this state is determined to be mentally incompetent or insane by a court of competent jurisdiction and a court enters, pursuant to part 3 or 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127, an order specifically finding that the mental incompetency or insanity is of such a degree that the person holding a license is incapable of continuing to practice podiatry, the ~~license~~ BOARD shall automatically ~~be suspended by the board~~ SUSPEND THE LICENSE, and, anything in this article 290 to the contrary notwithstanding, the suspension ~~shall~~ MUST continue until the licensee is found by the court to be competent to practice podiatry.

SECTION 13. In Colorado Revised Statutes, 12-315-112, amend (1)(v) as follows:

12-315-112. Discipline of licensees. (1) Upon receipt of a signed complaint by a complainant or upon its own motion, the board may proceed to a hearing in conformity with section 12-315-113. After a hearing, and by a concurrence of a majority of members, the board may take disciplinary or other action as authorized in section 12-20-404 against an applicant or a licensed veterinarian for any of the following reasons:

(v) A determination that the individual is mentally incompetent by a court of competent jurisdiction and the court has entered, pursuant to part 3 or 4 of article 14 of title 15 or ~~section 27-65-109 (4)~~ SECTION 27-65-110 (4) or 27-65-127, an order specifically finding that the mental incompetency is of such a degree that the individual is incapable of continuing to practice veterinary medicine;

SECTION 14. In Colorado Revised Statutes, 13-5-142, amend (1)(c) and (3)(b)(III) as follows:

13-5-142. National instant criminal background check system - reporting. (1) On and after March 20, 2013, the state court administrator shall send electronically the following information to the Colorado bureau of investigation created pursuant to section 24-33.5-401, referred to in this section as the "bureau":

(c) The name of each person with respect to whom the court has entered an order for involuntary certification for short-term treatment of a mental health disorder pursuant to ~~section 27-65-107~~ SECTION 27-65-109, for extended certification for treatment of a mental health disorder pursuant to ~~section 27-65-108~~ SECTION 27-65-109 (10), or for long-term care and treatment of a mental health disorder pursuant to ~~section 27-65-109~~ SECTION 27-65-110.

(3) The state court administrator shall take all necessary steps to cancel a record made by the state court administrator in the national instant criminal background check system if:

(b) No less than three years before the date of the written request:

(III) The record in the case was sealed pursuant to ~~section 27-65-107~~ (7) SECTION 27-65-109 (7), or the court entered an order discharging the person from certification in the nature of habeas corpus pursuant to ~~section 27-65-113~~ SECTION 27-65-115, if the record in the national instant criminal background check system is based on a court order for involuntary certification for short-term treatment of a mental health disorder.

SECTION 15. In Colorado Revised Statutes, 13-5-142.5, amend (2)(a)(III) as follows:

13-5-142.5. National instant criminal background check system - judicial process for awarding relief from federal prohibitions - legislative declaration. (2) **Eligibility.** A person may petition for relief pursuant to this section if:

(a) (III) The court has entered an order for the person's involuntary certification for short-term treatment of a mental health disorder pursuant to ~~section 27-65-107~~ SECTION 27-65-109, for extended certification for treatment of a mental health disorder pursuant to ~~section 27-65-108~~ SECTION 27-65-109 (10), or for long-term care and treatment of a mental health disorder pursuant to ~~section 27-65-109~~ SECTION 27-65-110; and

SECTION 16. In Colorado Revised Statutes, amend 13-5-142.8 as follows:

13-5-142.8. Notice by professional persons. Under sections

13-9-123 (1), 13-9-124 (2), 13-5-142 (1), and 13-5-142.5 (2), an order for involuntary certification for short-term treatment of a mental health disorder pursuant to ~~section 27-65-107~~ shall SECTION 27-65-109 MUST also include a notice filed by a professional person pursuant to ~~section 27-65-107~~ SECTION 27-65-109, and an order for extended certification for treatment of mental health disorder pursuant to ~~section 27-65-108~~ shall SECTION 27-65-109 (10) MUST also include a notice filed by a professional person pursuant to ~~section 27-65-108~~ SECTION 27-65-109 (10).

SECTION 17. In Colorado Revised Statutes, 13-9-123, amend (1)(c) and (3)(b)(III) as follows:

13-9-123. National instant criminal background check system - reporting. (1) On and after March 20, 2013, the state court administrator shall send electronically the following information to the Colorado bureau of investigation created pursuant to section 24-33.5-401, referred to in this section as the "bureau":

(c) The name of each person with respect to whom the court has entered an order for involuntary certification for short-term treatment of a mental health disorder pursuant to ~~section 27-65-107~~ SECTION 27-65-109, for extended certification for treatment of a mental health disorder pursuant to ~~section 27-65-108~~ SECTION 27-65-109 (10), or for long-term care and treatment of a mental health disorder pursuant to ~~section 27-65-109~~ SECTION 27-65-110.

(3) The state court administrator shall take all necessary steps to cancel a record made by the state court administrator in the national instant criminal background check system if:

(b) No less than three years before the date of the written request:

(III) The record in the case was sealed pursuant to ~~section 27-65-107~~ (7) SECTION 27-65-109 (7), or the court entered an order discharging the person from certification in the nature of habeas corpus pursuant to ~~section 27-65-113~~ SECTION 27-65-115, if the record in the national instant criminal background check system is based on a court order for involuntary certification for short-term treatment of a mental health disorder.

SECTION 18. In Colorado Revised Statutes, 13-9-124, amend

(2)(a)(III) as follows:

13-9-124. National instant criminal background check system - judicial process for awarding relief from federal prohibitions - legislative declaration. (2) **Eligibility.** A person may petition for relief pursuant to this section if:

(a) (III) The court has entered an order for the person's involuntary certification for short-term treatment of a mental health disorder pursuant to ~~section 27-65-107~~ SECTION 27-65-109, for extended certification for treatment of a mental health disorder pursuant to ~~section 27-65-108~~ SECTION 27-65-109 (10), or for long-term care and treatment of a mental health disorder pursuant to ~~section 27-65-109~~ SECTION 27-65-110; and

SECTION 19. In Colorado Revised Statutes, 13-14.5-105, amend (8)(a) as follows:

13-14.5-105. Hearings on petition - grounds for order issuance. (8) (a) Before issuing an extreme risk protection order, the court shall consider whether the respondent meets the standard for a court-ordered evaluation for persons with mental health disorders pursuant to section 27-65-106. If the court determines that the respondent meets the standard, then, in addition to issuing an extreme risk protection order, the court shall order mental health treatment and evaluation authorized pursuant to ~~section 27-65-106 (6)~~ SECTION 27-65-106 (4)(d).

SECTION 20. In Colorado Revised Statutes, 13-20-401, amend (2) as follows:

13-20-401. Definitions. As used in this part 4, unless the context otherwise requires:

(2) "Patient" means the person upon whom a proposed electroconvulsive treatment is to be performed; except that nothing in this part 4 supersedes the provisions of article 65 of title 27 or any rule adopted by the ~~department of human services~~ BEHAVIORAL HEALTH ADMINISTRATION pursuant to ~~section 27-65-116 (2)~~ SECTION 27-65-118 (2) with regard to the care and treatment of any person unable to exercise written informed consent or of a person with a mental health disorder.

SECTION 21. In Colorado Revised Statutes, 15-18.7-201, amend (9)(b) as follows:

15-18.7-201. Definitions. As used in this part 2, unless the context otherwise requires:

(9) "Health-care provider" means:

(b) A professional person, as defined in section 27-65-102 (17) (27);

SECTION 22. In Colorado Revised Statutes, 15-18.7-202, amend (5), (6), and (7) as follows:

15-18.7-202. Behavioral health orders for scope of treatment - form contents - effect. (5) A behavioral health orders form may be admissible in a hearing pursuant to ~~section 27-65-111~~ SECTION 27-65-113 for the purpose of establishing the adult's behavioral health treatment, medication, and alternative treatment history, decisions, and preferences to be made on behalf of the adult during an involuntary emergency procedure, certification, or commitment authorized pursuant to state law.

(6) Nothing in this part 2 means that an adult who has executed a behavioral health orders form has waived the right to a hearing before the court or jury pursuant to ~~section 27-65-111~~ SECTION 27-65-113.

(7) Nothing in this part 2 means that an adult who has executed a behavioral health orders form has consented to a petition for involuntary administration of medication authority pursuant to ~~section 27-65-111 (5)~~ SECTION 27-65-113 (5).

SECTION 23. In Colorado Revised Statutes, 16-8.5-105, amend (1)(a)(IV) and (6) as follows:

16-8.5-105. Evaluations, locations, time frames, and report.

(1) (a) (IV) Nothing in this subsection (1)(a) limits the availability of a court-ordered evaluation for a person with a mental health disorder pursuant to ~~section 27-65-106~~ or invokes the ~~emergency~~ procedure FOR AN EMERGENCY MENTAL HEALTH HOLD set forth in ~~section 27-65-105~~ SECTION 27-65-106.

(6) Whenever a competency evaluation is ordered upon the request of either party, the court may notify the county attorney or district attorney required to conduct proceedings pursuant to ~~section 27-65-111(6)~~ SECTION 27-65-113 (6) for the county in which the charges are pending and the court liaison hired pursuant to part 2 of article 11.9 of this title 16 of all court dates for return of the report on competency to ensure that all parties are on notice of the expected need for coordinated services and planning with consideration of possible civil certification.

SECTION 24. In Colorado Revised Statutes, 16-8.5-111, amend (2)(a) as follows:

16-8.5-111. Procedure after determination of competency or incompetency. (2) If the final determination made pursuant to section 16-8.5-103 is that the defendant is incompetent to proceed, the court has the following options:

(a) If the defendant is charged with an offense as outlined in section 16-8.5-116 (7) and the competency evaluation has determined that the defendant meets the standard for civil certification pursuant to article 65 of title 27, the court may forgo any order of restoration and immediately order that proceedings be initiated by the county attorney or district attorney required to conduct proceedings pursuant to ~~section 27-65-111(6)~~ SECTION 27-65-113 (6) for the civil certification of the defendant and dismiss the charges without prejudice in the interest of justice once civil certification proceedings have been initiated.

SECTION 25. In Colorado Revised Statutes, 16-8.5-116, amend (5), (6)(b), and (10) as follows:

16-8.5-116. Certification - reviews - termination of proceedings - rules. (5) The court shall forward a copy of each report and summary received pursuant to subsections (2), (3), and (4) of this section to the county attorney or district attorney required to conduct proceedings pursuant to ~~section 27-65-111(6)~~ SECTION 27-65-113 (6) for the county in which the case is pending and to the court liaison.

(6) Notwithstanding the time periods provided in subsections (7), (8), and (9) of this section and to ensure compliance with relevant constitutional principles, for any offense for which the defendant remains

confined as a result of a determination of incompetency to proceed if the court determines, based on available evidence, that there is not a substantial probability that the defendant will be restored to competency within the reasonably foreseeable future, the court may order the defendant's release from commitment pursuant to this article 8.5 through one or more of the following means:

(b) The court may, in coordination with the county attorney or district attorney required to conduct proceedings pursuant to ~~section 27-65-111(6)~~ SECTION 27-65-113 (6) for the county in which the defendant is charged, order the commencement of certification proceedings pursuant to the provisions of article 65 of title 27 if the defendant meets the requirements for certification pursuant to article 65 of title 27;

(10) Prior to the dismissal of charges pursuant to subsection (1), (6), (7), (8), or (9) of this section, the court shall identify whether the defendant meets the requirements for certification pursuant to article 65 of title 27, or for the provision of services pursuant to article 10.5 of title 27, or whether the defendant will agree to a voluntary commitment. If the court finds the requirements for certification or provision of services are met or the defendant does not agree to a voluntary commitment, the court may stay the dismissal for twenty-one days and notify the department and county attorney or district attorney required to conduct proceedings pursuant to ~~section 27-65-111(6)~~ 27-65-113 (6) in the relevant jurisdiction of the pending dismissal so as to provide the department and the county attorney or district attorney with the opportunity to pursue certification proceedings or the provision of necessary services.

SECTION 26. In Colorado Revised Statutes, 18-1.3-204, amend (2)(a)(II) as follows:

18-1.3-204. Conditions of probation - interstate compact probation transfer cash fund - creation. (2)(a) When granting probation, the court may, as a condition of probation, require that the defendant:

(II) Undergo available medical or psychiatric treatment and remain in a specified institution if required for that purpose. In any case where inpatient psychiatric treatment is indicated, the court shall proceed in accordance with article 65 of title 27 C.R.S., and require the defendant to comply with the recommendation of the professional person in charge of the

evaluation required pursuant to section 27-65-105 or 27-65-106. C.R.S.

SECTION 27. In Colorado Revised Statutes, 18-6.5-102, amend (11)(e) as follows:

18-6.5-102. Definitions. As used in this article 6.5, unless the context otherwise requires:

(11) "Person with a disability" means any person who:

(e) Is a person with HAS a mental health disorder, as the term is defined in section 27-65-102; (11.5);

SECTION 28. In Colorado Revised Statutes, 19-1-115, amend (8)(a) as follows:

19-1-115. Legal custody - guardianship - placement out of the home - petition for review for need of placement. (8) (a) Whenever it appears necessary that the placement of a child out of the home will be for longer than ninety days, the placement is voluntary and not court-ordered, and the placement involves the direct expenditure of funds appropriated by the general assembly to the department of human services, a petition for review of need for placement shall be filed by the department or agency with which the child has been placed before the expiration of ninety days in the placement. A decree providing for voluntary placement of a child with an agency in which public ~~money~~ are MONEY IS expended ~~shall~~ MUST be renewable in circumstances ~~where~~ WHEN there is documentation that the child has an emotional, a physical, or an intellectual disability that necessitates care and treatment for a longer duration than ninety days as provided pursuant to this paragraph (a) SUBSECTION (8)(a). The court shall not transfer or require relinquishment of legal custody of, or otherwise terminate the parental rights with respect to, a child who has an emotional, a physical, or an intellectual disability and who was voluntarily placed out of the home for the purposes of obtaining special treatment or care solely because the parent or legal guardian is unable to provide the treatment or care. Whenever a child fifteen years of age or older consents to placement in a mental health facility pursuant to section 27-65-103, C.R.S., SECTION 27-65-104, the review ~~under section 27-65-103 (5), C.R.S., shall~~ PURSUANT TO SECTION 27-65-104 (4) MUST be conducted in lieu of and ~~shall~~ MUST fulfill the requirements for review under this paragraph (a) SUBSECTION

(8)(a).

SECTION 29. In Colorado Revised Statutes, 19-2.5-102, amend (34) as follows:

19-2.5-102. Definitions. In addition to the terms defined in section 19-1-103, as used in this article 2.5, unless the context otherwise requires:

(34) "Mental health hospital placement prescreening" means a face-to-face mental health examination conducted by a mental health professional to determine whether a child should be placed in a facility for evaluation pursuant to section ~~27-65-105~~ or 27-65-106. The prescreening may include consultation with other mental health professionals and review of all available records on the child.

SECTION 30. In Colorado Revised Statutes, 19-2.5-305, amend as it exists until July 1, 2024, (3)(b)(I); and amend (3)(b)(II), (3)(b)(III), and (3)(b)(IV) as follows:

19-2.5-305. Detention and shelter - hearing - time limits - findings - review - confinement with adult offenders - restrictions. (3) (b) (I) If it appears that a juvenile being held in detention or temporary shelter may have an intellectual and developmental disability, as described in article 10.5 of title 27, the court or detention personnel shall refer the juvenile to the nearest community-centered board for an eligibility determination. If it appears that a juvenile being held in a detention or temporary shelter facility pursuant to this article 2.5 may have a mental health disorder, as provided in ~~sections 27-65-105 and SECTION 27-65-106~~, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health hospital placement prescreening on the juvenile. The court must be notified of the contact and may take appropriate action. If a mental health hospital placement prescreening is requested, it must be conducted in an appropriate place accessible to the juvenile and the mental health professional. A request for a mental health hospital placement prescreening must not extend the time within which a detention hearing must be held pursuant to this section. If a detention hearing has been set but has not yet occurred, the mental health hospital placement prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a detention hearing must be held.

(II) If a juvenile has been ordered detained pending an adjudication, disposition, or other court hearing, and the juvenile subsequently appears to have a mental health disorder, as described in section ~~27-65-105~~ or 27-65-106, the intake personnel or other appropriate personnel shall contact the court with a recommendation for a mental health hospital placement prescreening. A mental health hospital placement prescreening must be conducted at any appropriate place accessible to the juvenile and the mental health professional within twenty-four hours of AFTER the request, excluding Saturdays, Sundays, and legal holidays.

(III) When the mental health professional finds, as a result of the prescreening, that the juvenile may have a mental health disorder, the mental health professional shall recommend to the court that the juvenile be evaluated pursuant to section ~~27-65-105~~ or 27-65-106.

(IV) Nothing in this subsection (3)(b) precludes the use of emergency procedures FOR AN EMERGENCY MENTAL HEALTH HOLD pursuant to section ~~27-65-105 (1)~~ SECTION 27-65-106 (1)(a).

SECTION 31. In Colorado Revised Statutes, 19-2.5-305, amend as it will become effective July 1, 2024, (3)(b)(I) as follows:

19-2.5-305. Detention and shelter - hearing - time limits - findings - review - confinement with adult offenders - restrictions.
(3) (b) (I) If it appears that a juvenile being held in detention or temporary shelter may have an intellectual and developmental disability, as described in article 10.5 of title 27, the court or detention personnel shall refer the juvenile to the nearest case management agency, as defined in section 25.5-6-1702, for an eligibility determination. If it appears that a juvenile being held in a detention or temporary shelter facility pursuant to this article 2.5 may have a mental health disorder, as provided in sections ~~27-65-105~~ and SECTION 27-65-106, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health hospital placement prescreening on the juvenile. The court must be notified of the contact and may take appropriate action. If a mental health hospital placement prescreening is requested, it must be conducted in an appropriate place accessible to the juvenile and the mental health professional. A request for a mental health hospital placement prescreening must not extend the time within which a detention hearing must be held pursuant to this section. If a detention hearing has been set but has not yet occurred, the

mental health hospital placement prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a detention hearing must be held.

SECTION 32. In Colorado Revised Statutes, 19-2.5-1114, amend (1) as follows:

19-2.5-1114. Sentencing - placement based on special needs of the juvenile. (1) Except as otherwise required by section 19-2.5-1127 for an aggravated juvenile offender, the court may order that the juvenile be examined or treated by a physician, surgeon, psychiatrist, or psychologist or that the juvenile receive other special care and may place the juvenile in a hospital or other suitable facility for such purposes; except that a juvenile may not be placed in a mental health facility operated by the department of human services until the juvenile has received a mental health placement prescreening resulting in a recommendation that the juvenile be placed in a facility for an evaluation pursuant to section ~~27-65-105~~ or 27-65-106, or a hearing has been held by the court after notice to all parties, including the department of human services. An order for a ~~seventy-two-hour treatment and evaluation~~ EMERGENCY MENTAL HEALTH HOLD must not be entered unless a hearing is held and evidence indicates that the prescreening report is inadequate, incomplete, or incorrect and that competent professional evidence is presented by a mental health professional that indicates that the juvenile has a behavioral or mental health disorder. The court shall make, prior to the hearing, orders regarding temporary custody of the juvenile as are deemed appropriate.

SECTION 33. In Colorado Revised Statutes, 19-2.5-1525, amend (3)(b)(III) as follows:

19-2.5-1525. Juveniles committed to department of human services - evaluation and placement. (3) (b) (III) If the evaluation report states that the juvenile has a mental health disorder, as described in sections ~~27-65-105~~ and SECTION 27-65-106, the department of human services shall initiate proceedings pursuant to article 65 of title 27 and notify the court.

SECTION 34. In Colorado Revised Statutes, 19-2.5-1532, amend (3)(a) as follows:

19-2.5-1532. Juveniles committed to department of human

services - transfers. (3) (a) A juvenile committed to the department of human services may be transferred temporarily to any state treatment facility for persons with behavioral or mental health disorders or intellectual and developmental disabilities for purposes of diagnosis, evaluation, and emergency treatment; except that a juvenile may not be transferred to a state treatment facility for persons with mental health disorders until the juvenile has received a mental health hospital placement prescreening resulting in a recommendation that the juvenile be placed in a facility for evaluation pursuant to section ~~27-65-105~~ or 27-65-106. A juvenile committed to the department of human services as an aggravated juvenile offender pursuant to section 19-2.5-1127 or violent juvenile offender pursuant to section 19-2.5-1126 (1)(c) must not be transferred until the treatment facility has a secure setting in which to house the juvenile. The period of temporary transfer pursuant to this subsection (3)(a) must not exceed sixty days.

SECTION 35. In Colorado Revised Statutes, 19-3-401, **amend** (3)(c)(II) and (3)(c)(III) as follows:

19-3-401. Taking children into custody. (3) (c) The court orders required by subsections (3)(a) and (3)(b) of this section are not required in the following circumstances:

(II) When the newborn child's only identifiable birth parent has been determined by a physician, registered nurse, or qualified mental health professional to meet the criteria specified in ~~section 27-65-105~~ SECTION 27-65-106 for custody, treatment, and evaluation of a mental health disorder or grave disability;

(III) When both of the newborn child's birth parents have been determined by a physician, registered nurse, or qualified mental health professional to meet the criteria specified in ~~section 27-65-105~~ SECTION 27-65-106 for custody, treatment, and evaluation of a mental health disorder or grave disability; or

SECTION 36. In Colorado Revised Statutes, 19-3-403, **amend as it exists until July 1, 2024**, (4)(a); and **amend** (4)(b), (4)(c), and (4)(d) as follows:

19-3-403. Temporary custody - hearing - time limits - restriction - rules. (4) (a) If it appears that any child being held in a shelter facility

may have an intellectual and developmental disability, as provided in article 10.5 of title 27, the court shall refer the child to the nearest community-centered board for an eligibility determination. If it appears that any child being held in a shelter facility pursuant to the provisions of this article 3 may have a mental health disorder, as provided in ~~sections 27-65-105 and SECTION 27-65-106~~, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health disorder prescreening on the child. The court shall be notified of the contact and may take appropriate action. If a mental health disorder prescreening is requested, it ~~shall~~ ~~MUST~~ be conducted in an appropriate place accessible to the child and the mental health professional. A request for a mental health disorder prescreening must not extend the time within which a hearing is to be held pursuant to this section. If a hearing has been set but has not yet occurred, the mental health disorder prescreening ~~shall~~ ~~MUST~~ be conducted prior to the hearing; except that the prescreening must not extend the time within which a hearing is to be held pursuant to this section.

(b) If a child has been ordered detained pending an adjudication, disposition, or other court hearing and the child subsequently appears to have a mental health disorder, as provided in section ~~27-65-105 or~~ 27-65-106, the intake personnel or other appropriate personnel shall contact the court with a recommendation for a mental health disorder prescreening. A mental health disorder prescreening ~~shall~~ ~~MUST~~ be conducted at any appropriate place accessible to the child and the mental health professional within twenty-four hours ~~of~~ AFTER the request, excluding Saturdays, Sundays, and legal holidays.

(c) If the mental health professional finds, as a result of the prescreening, that the child may have a mental health disorder, the mental health professional shall recommend to the court that the child be evaluated pursuant to section ~~27-65-105 or~~ 27-65-106, and the court shall proceed as provided in section 19-3-506.

(d) Nothing in this subsection (4) precludes the use of ~~emergency~~ procedures FOR AN EMERGENCY MENTAL HEALTH HOLD pursuant to ~~section 27-65-105~~ SECTION 27-65-106.

SECTION 37. In Colorado Revised Statutes, 19-3-403, amend as it will become effective July 1, 2024, (4)(a) as follows:

19-3-403. Temporary custody - hearing - time limits - restriction - rules. (4) (a) If it appears that any child being held in a shelter facility may have an intellectual and developmental disability, as provided in article 10.5 of title 27, the court shall refer the child to the nearest case management agency, as defined in section 25.5-6-1702, for an eligibility determination. If it appears that any child being held in a shelter facility pursuant to this article 3 may have a mental health disorder, as provided in ~~sections 27-65-105 and SECTION 27-65-106~~, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health disorder prescreening on the child. The court must be notified of the contact and may take appropriate action. If a mental health disorder prescreening is requested, it must be conducted in an appropriate place accessible to the child and the mental health professional. A request for a mental health disorder prescreening must not extend the time within which a hearing is to be held pursuant to this section. If a hearing has been set but has not yet occurred, the mental health disorder prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a hearing is to be held pursuant to this section.

SECTION 38. In Colorado Revised Statutes, 19-3-506, **amend** (1)(b), (1)(c), and (3)(a) as follows:

19-3-506. Child with a mental health disorder or an intellectual and developmental disability - procedure. (1) (b) If it appears from the evidence presented at an adjudicatory hearing or otherwise that a child may have a mental health disorder, as defined in ~~sections 27-65-105 and 27-65-106 SECTION 27-65-102~~, and the child has not had a mental health disorder prescreening pursuant to section 19-3-403 (4), the court shall order a prescreening to determine whether the child requires further evaluation. The prescreening ~~shall~~ **MUST** be conducted as expeditiously as possible, and a prescreening report must be provided to the court within twenty-four hours ~~of~~ AFTER the prescreening, excluding Saturdays, Sundays, and legal holidays.

(c) If the mental health professional finds, based upon a prescreening done pursuant to this section or section 19-3-403 (4), that the child may have a mental health disorder, as defined in section 27-65-102, the court shall review the prescreening report within twenty-four hours, excluding Saturdays, Sundays, and legal holidays, and order the child placed for an evaluation at a facility designated by the ~~executive director~~

COMMISSIONER of the department of human services BEHAVIORAL HEALTH ADMINISTRATION for a ~~seventy-two-hour treatment and evaluation~~ EMERGENCY MENTAL HEALTH HOLD pursuant to section 27-65-105 or 27-65-106. On and after January 1, 1986, if the child to be placed is in a detention facility, the designated facility shall admit the child within twenty-four hours after the court orders an evaluation, excluding Saturdays, Sundays, and legal holidays.

(3)(a) When the evaluation conducted pursuant to subsection (1) of this section states that the child has a mental health disorder, as defined in section 27-65-102, the court shall treat the evaluation report as a certification under section 27-65-107 SECTION 27-65-109 and shall proceed pursuant to article 65 of title 27, assuming all of the powers granted to a court in such proceedings.

SECTION 39. In Colorado Revised Statutes, 19-3-508, amend (1)(d)(I) as follows:

19-3-508. Neglected or dependent child - disposition - concurrent planning. (1) When a child has been adjudicated to be neglected or dependent, the court may enter a decree of disposition the same day, but in any event it shall do so within forty-five days unless the court finds that the best interests of the child will be served by granting a delay. In a county designated pursuant to section 19-1-123, if the child is under six years of age at the time a petition is filed in accordance with section 19-3-501 (2), the court shall enter a decree of disposition within thirty days after the adjudication and shall not grant a delay unless good cause is shown and unless the court finds that the best interests of the child will be served by granting the delay. It is the intent of the general assembly that the dispositional hearing be held on the same day as the adjudicatory hearing, whenever possible. If a delay is granted, the court shall set forth the reasons why a delay is necessary and the minimum amount of time needed to resolve the reasons for the delay and shall schedule the hearing at the earliest possible time following the delay. When the proposed disposition is termination of the parent-child legal relationship, the hearing on termination must not be held on the same date as the adjudication, and the time limits set forth above for dispositional hearings do not apply. When the proposed disposition is termination of the parent-child legal relationship, the court may continue the dispositional hearing to the earliest available date for a hearing in accordance with the provisions of subsection (3)(a) of

this section and part 6 of this article 3. When the decree does not terminate the parent-child legal relationship, the court shall approve an appropriate treatment plan that must include but not be limited to one or more of the following provisions of subsections (1)(a) to (1)(d) of this section:

(d) (I) The court may order that the child be examined or treated by a physician, surgeon, psychiatrist, or psychologist or that ~~he or she~~ THE CHILD receive other special care and may place the child in a hospital or other suitable facility for such purposes; except that the child may not be placed in a mental health facility operated by the department of human services until the child has received a behavioral or mental health disorder prescreening resulting in a recommendation that the child be placed in a facility for evaluation pursuant to ~~section 27-65-105 or SECTION 27-65-106~~, or a hearing has been held by the court after notice to all parties, including the department of human services. An order for a ~~seventy-two-hour treatment and evaluation~~ AN EMERGENCY MENTAL HEALTH HOLD must not be entered unless a hearing is held and evidence indicates that the prescreening report is inadequate, incomplete, or incorrect and that competent professional evidence is presented by a mental health professional that indicates that a behavioral or mental health disorder is present in the child. The court shall make, prior to the hearing, such orders regarding temporary custody of the child as are deemed appropriate. described in ~~section 27-65-105~~ SECTION 27-65-106 or a voluntary application for mental health services pursuant to section 27-65-103 OR 27-65-104. The arrangements for care must be completed through the crisis response system or prearranged partnerships with other crisis intervention services.

SECTION 40. In Colorado Revised Statutes, 25-3-102.1, amend (1)(c) as follows:

25-3-102.1. Deemed status for certain facilities. (1) (c) Upon submission of a completed application for license renewal, the department of public health and environment shall accept proof of the accreditation in lieu of licensing inspections or other requirements. Nothing in this section exempts an accredited health facility from inspections or from other forms of oversight by the department as necessary to ensure public health and safety. ~~NOTHING IN THIS SECTION PREVENTS THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FROM CONDUCTING AN INSPECTION OF A HOSPITAL OR OTHER HEALTH FACILITY DESCRIBED IN SECTION 25-3-101 TO~~

INVESTIGATE A COMPLAINT REGARDING THE PROVISIONS OF SECTION 27-65-106, 27-65-107, 27-65-109, 27-65-110, OR 27-65-119 TO THE EXTENT THE COMPLAINT IS APPLICABLE TO HEALTH FACILITIES LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

SECTION 41. In Colorado Revised Statutes, 27-60-104.5, amend (3)(e)(I) as follows:

27-60-104.5. Behavioral health capacity tracking system - legislative declaration - definitions - rules. (3) Pursuant to subsection (8) of this section, the state department shall implement a behavioral health capacity tracking system, which must include the following:

(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~~ SECTION 27-65-106, including crisis stabilization units, acute treatment units, community mental health centers, and hospitals, including state mental health institutes;

SECTION 42. In Colorado Revised Statutes, 27-62-101, amend (1)(a), (5), and (6)(a) as follows:

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

(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) (27).

(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

SECTION 43. In Colorado Revised Statutes, 27-66.5-102, amend (3)(a)(I), (3)(a)(II), (3)(a)(III), and (3)(a)(VI) as follows:

27-66.5-102. Definitions. As used in this article 66.5, unless the context otherwise requires:

(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~~ MENTAL HEALTH hold pursuant to ~~section 27-65-105~~ SECTION 27-65-106;

(II) A certification for short-term treatment or extended short-term treatment pursuant to ~~section 27-65-107 or 27-65-108~~ SECTION 27-65-109;

(III) Long-term care and treatment pursuant to ~~section 27-65-109~~ SECTION 27-65-110;

(VI) Receiving voluntary behavioral health services pursuant to section 27-65-103, ~~27-65-104~~, 27-81-109, or 27-81-110; and

SECTION 44. In Colorado Revised Statutes, 27-67-103, amend (2)(a) as follows:

27-67-103. Definitions. As used in this article 67, unless the context otherwise requires:

(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);

SECTION 45. In Colorado Revised Statutes, 27-80-302, amend (1)(a) as follows:

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) (27);

SECTION 46. In Colorado Revised Statutes, 27-80-303, amend (3)(c) as follows:

27-80-303. Office of ombudsman for behavioral health access to care - creation - appointment of ombudsman - duties. (3) The ombudsman shall:

(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~~ A procedure under ~~section 27-65-105 FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO~~ SECTION 27-65-106, a certification for short-term treatment ~~under section 27-65-107 PURSUANT TO SECTION 27-65-109~~, or a certification for long-term care and treatment ~~under section 27-65-109 PURSUANT TO SECTION 27-65-110~~;

SECTION 47. In Colorado Revised Statutes, 27-80-306, amend (4) as follows:

27-80-306. Annual report. (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).

SECTION 48. In Colorado Revised Statutes, 30-28-115, amend

(2)(b.5) as follows:

30-28-115. Public welfare to be promoted - legislative declaration - construction. (2) (b.5) The general assembly declares that the establishment of state-licensed group homes for the exclusive use of persons with behavioral or mental health disorders, as that term is defined in section 27-65-102, is a matter of statewide concern and that a state-licensed group home for eight persons with behavioral or mental health disorders is a residential use of property for zoning purposes, as defined in section 31-23-301 (4). A group home for persons with behavioral or mental health disorders established pursuant to this subsection (2)(b.5) must not be located within seven hundred fifty feet of another such group home or of another group home as described in subsections (2)(a) and (2)(b) of this section, unless otherwise provided for by the county. A person must not be placed in a group home without being screened by either a professional person, as defined in section 27-65-102 (17) (27), or any other such mental health professional designated by the director of a facility, which facility is approved by the ~~executive director~~ COMMISSIONER of the ~~department of human services~~ pursuant to section 27-90-102 BEHAVIORAL HEALTH ADMINISTRATION. Persons determined to be not guilty by reason of insanity to a violent offense must not be placed in such group homes, and any person who has been convicted of a felony involving a violent offense is not eligible for placement in such group homes. The provisions of This subsection (2)(b.5) must be implemented, where appropriate, by the rules of the department of public health and environment concerning residential treatment facilities for persons with behavioral or mental health disorders. Nothing in this subsection (2)(b.5) exempts such group homes from compliance with any state, county, or municipal health, safety, and fire codes.

SECTION 49. In Colorado Revised Statutes, 31-23-303, amend (2)(b.5) as follows:

31-23-303. Legislative declaration. (2) (b.5) The general assembly declares that the establishment of state-licensed group homes for the exclusive use of persons with behavioral or mental health disorders, as that term is defined in section 27-65-102, is a matter of statewide concern and that a state-licensed group home for eight persons with behavioral or mental health disorders is a residential use of property for zoning purposes, as defined in section 31-23-301 (4). A group home for persons with behavioral

or mental health disorders established pursuant to this subsection (2)(b.5) must not be located within seven hundred fifty feet of another such group home, unless otherwise provided for by the municipality. A person must not be placed in a group home without being screened by either a professional person, as defined in section 27-65-102 (17) (27), or any other such mental health professional designated by the director of a facility approved by the ~~executive~~ director COMMISSIONER of the ~~department of human services~~ pursuant to section 27-90-102 BEHAVIORAL HEALTH ADMINISTRATION. Persons determined to be not guilty by reason of insanity to a violent offense must not be placed in such group homes, and any person who has been convicted of a felony involving a violent offense is not be eligible for placement in such group homes. The provisions of This subsection (2)(b.5) must be implemented, where appropriate, by the rules of the department of public health and environment concerning residential treatment facilities for persons with behavioral or mental health disorders. Nothing in this subsection (2)(b.5) exempts such group homes from compliance with any state, county, or municipal health, safety, and fire codes.

SECTION 50. In Colorado Revised Statutes, 42-2-116, amend (5) as follows:

42-2-116. Restricted license. (5) The department is authorized after examination to issue a restricted license to a person with a behavioral or mental health disorder or an intellectual and developmental disability, containing such restrictions as may be imposed upon said person by a court pursuant to part 3 or part 4 of article 14 of title 15 or section 27-65-109 (4) SECTION 27-65-110 (4) or 27-65-127.

SECTION 51. In Colorado Revised Statutes, 42-2-125, amend (1)(h) as follows:

42-2-125. Mandatory revocation of license and permit. (1) The department shall immediately revoke the license or permit of any driver or minor driver upon receiving a record showing that the driver has:

(h) Been determined to be mentally incompetent by a court of competent jurisdiction and for whom a court has entered, pursuant to part 3 or part 4 of article 14 of title 15 C.R.S., or section 27-65-109 (4) SECTION 27-65-110 (4) or 27-65-127, C.R.S., an order specifically finding that the mental incompetency is of such a degree that the person is incapable of

safely operating a motor vehicle;

SECTION 52. In Colorado Revised Statutes, 25-3.5-103, amend (11.4)(b)(I) as follows:

25-3.5-103. Definitions. As used in this article 3.5, unless the context otherwise requires:

(11.4) (b) Secure transportation includes:

(I) For an individual being transported pursuant to ~~section 27-65-103 or 27-65-105~~ (1) SECTION 27-65-104 OR 27-65-106 (1), transportation from the community to a facility designated by the ~~executive director~~ COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the department of human services for treatment and evaluation pursuant to article 65 of title 27;

SECTION 53. In Colorado Revised Statutes, 25.5-4-103, amend as it exists until July 1, 2024, (3) as follows:

25.5-4-103. Definitions. As used in this article 4 and articles 5 and 6 of this title 25.5, unless the context otherwise requires:

(3) "Case management services" means services provided by community-centered boards, as defined by IN section 25.5-10-202, and community mental health centers and community mental health clinics, as defined by IN section 27-66-101, to assist persons with intellectual and developmental disabilities, as defined by IN section 25.5-10-202, and persons with mental health disorders, as defined by IN section 27-65-102, (11.5), by case management agencies, as defined in section 25.5-6-303 (5), providing case management services, as defined in sections 25.5-6-104 (2)(b) and 25.5-6-303 (6), to persons with a disability, persons who are elderly or blind, and long-term care clients, in gaining access to needed medical, social, educational, and other services.

SECTION 54. In Colorado Revised Statutes, 26-20-103, amend (3) as follows:

26-20-103. Basis for use of restraint or seclusion. (3) In addition to the circumstances described in subsection (1) of this section, a facility,

as defined in section 27-65-102, (7), that is designated by the ~~executive director~~ of COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN the state department to provide treatment pursuant to ~~section 27-65-105, 27-65-106, 27-65-107, or 27-65-109~~ SECTION 27-65-106, 27-65-108, 27-65-109, OR 27-65-110 to an individual with a mental health disorder, as defined in section 27-65-102, (11.5), may use seclusion to restrain an individual with a mental health disorder when the seclusion is necessary to eliminate a continuous and serious disruption of the treatment environment.

SECTION 55. In Colorado Revised Statutes, 27-60-104, amend (3) as follows:

27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units - report.
(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~~ COMMISSIONER for a seventy-two-hour treatment and evaluation~~ AN EMERGENCY MENTAL HEALTH HOLD, adequately prepared, and properly staffed to accept an individual through the ~~emergency mental health procedure outlined in section 27-65-105~~ SECTION 27-65-106 or a voluntary application for mental health services pursuant to ~~section 27-65-103~~ SECTION 27-65-103 OR 27-65-104. Priority for individuals receiving emergency placement PLACED UNDER AN EMERGENCY MENTAL HEALTH HOLD pursuant to ~~section 27-65-105~~ SECTION 27-65-106 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~~ AN emergency mental health procedure HOLD outlined in ~~section 27-65-105~~ SECTION 27-65-106 or a voluntary application for mental health services pursuant to ~~section 27-65-103~~ SECTION 27-65-103 OR 27-65-104 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.

SECTION 56. Repeal of nonrelocated provisions in this act. In Colorado Revised Statutes, ~~repeal~~ 27-65-102 (14), 27-65-105 (6), 27-65-106 (1), 27-65-106 (7), 27-65-106 (8), 27-65-106 (9), 27-65-106 (10), 27-65-117 (1)(b), 27-65-117 (1)(c), 27-65-125, and 27-65-126.

SECTION 57. Appropriation. (1) For the 2022-23 state fiscal year, \$522,433 is appropriated to the department of human services. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) \$345,007 for use by the behavioral health administration for program costs, which amount is based on an assumption that the administration will require an additional 4.5 FTE; and

(b) \$177,426 for the purchase of legal services.

(2) For the 2022-23 state fiscal year, \$177,426 is appropriated to the department of law. This appropriation is from reappropriated funds received from the department of human services under subsection (1)(b) of this section and is based on an assumption that the department of law will require an additional 1.0 FTE. To implement this act, the department of law may use this appropriation to provide legal services for the department of human services.

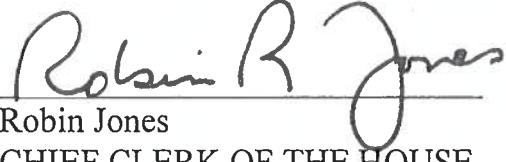
(3) For the 2022-23 state fiscal year, \$86,700 is appropriated to the judicial department. This appropriation is from the general fund. To implement this act, the department may use this appropriation for court costs, jury costs, and court-appointed counsel.

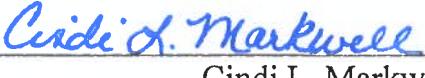
SECTION 58. Act subject to petition - effective date. Sections 2 and 5 of this act take effect July 1, 2023, sections 27-65-108 and 27-65-111, as enacted in section 1 of this act, and sections 3 and 4 of this act take effect July 1, 2024, and the remainder of this act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor; except that sections 2 and 5 of this act take effect July 1, 2023,

sections 27-65-108 and 27-65-111, as enacted in section 1 of this act, and sections 3 and 4 of this act take effect July 1, 2024.

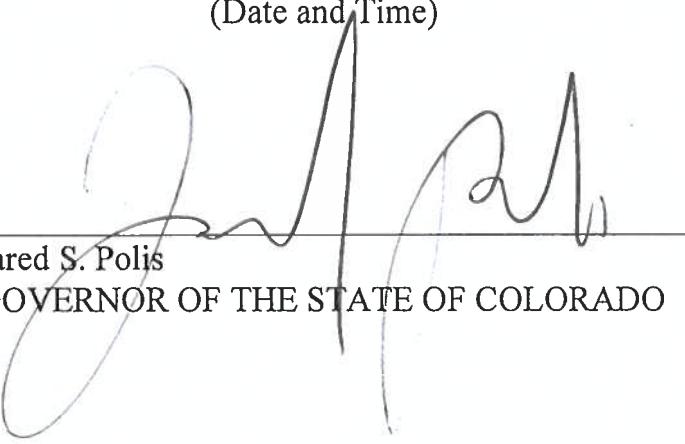

Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES


Steve Fenberg
PRESIDENT OF
THE SENATE


Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES


Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED June 8, 2022 at 12:17 pm
(Date and Time)


Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO