

Colorado's Behavioral Health Crisis System



Background

Several bills passed during the 2017 legislative session to improve the state's behavioral health system. This comes in response to the Governor's decision to veto a bill (Senate Bill (SB) 16-169), which CHA spearheaded during the 2016 session to address crisis mental health services. As a result of the Governor's veto letter, two parallel task forces met during the 2016 interim to develop consensus-based responses to the issue – the Mental Health Holds Task Force and the Colorado Commission on Criminal and Juvenile Justice. CHA worked with the Governor's Office, the Department of Human Services (DHS) and other behavioral health stakeholders to come up with solutions that addressed both patient and provider needs. Upon completion of the interim task force work, Governor Hickenlooper's administration drafted [SB 17-207](#) to remove jails from the list of places an individual experiencing a psychiatric condition may be taken.

SB 17-207: Strengthen Colorado Behavioral Health Crisis System

SB 17-207 aims to improve coordination and response for behavioral health crises, forbids the use of jails for 72-hour holds and identifies psychiatric emergencies as a health care issue that allows the individual to adequately receive necessary services. SB 17-207 improves upon the current system but does not fully address the underlying conflict that CHA tried to address during the 2016 session. While the new law will allow patients to go to non-designated hospital emergency departments, it still lacks clarity if a hospital is unable to find a more appropriate provider within a specified time period, which has potential to continue the conflict between federal and state law. It also increases the foundation and framework of crisis response systems in rural communities. In order to bolster the crisis response system, state funds of approximately \$7 million will be appropriated each year, beginning in fiscal year 2017-18 through 2019-20.

continued

What You Need to Know

- Under the law, individuals experiencing a mental health crisis can be taken to an emergency medical services facility, including a non-designated hospital emergency department, if a DHS-approved facility is not available. By eliminating the use of the criminal justice system to hold individuals, hospitals may see an increased use of emergency departments, especially those facilities providing behavioral health interventions.
- An advanced practice nurse specializing in mental or psychiatric services may determine whether emergency services are no longer needed and can authorize discharge or refer the patient to appropriate care.
- The law also creates new conditions under which a 72-hour hold may be placed in order to transport an individual to a clinically appropriate facility if the person appears to have a mental health disorder and is in need of immediate evaluation for treatment in order to prevent harm to himself or others.
- To ensure full compliance with the new law, hospitals should remember the following dates:
 - **Jan. 1, 2018:** Walk in centers, mobile health units, acute treatment centers and crisis stabilization units must be able to adequately receive individuals requiring treatment for a 72-hour hold.
 - **May 1, 2018:** Law enforcement facilities will no longer be approved facilities to hold individuals who are experiencing a mental health crisis.
 - **July 1, 2019:** Each facility must provide an annual report documenting the services given to an individual or patient that presents at an emergency facility for hold care and treatment. This report will include names and counties of facilities, total number of treated individuals, rationale for treatment of individual and a summary of disposition of patient transferred to designated facility.

Additional Resources

- SB 17-207: [Final Bill](#) and [Fiscal Note](#)
- SB 17-207 has various effective dates starting Aug. 9, 2017 and ending July 1, 2019

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