

# C.R.S. 27-65-111

## Copy Citation

Statutes current and final through all legislation from the 2023 Regular and First Extraordinary Sessions.

- [Colorado Revised Statutes Annotated](#)
- [Title 27. Behavioral Health](#)
- [Mental Health and Mental Health Disorders \(Arts. 65 — 71\)](#)
- [Article 65. Care and Treatment of Persons with Mental Health Disorders \(§§ 27-65-101 — 27-65-131\)](#)

### 27-65-111. Certification on an outpatient basis - short-term and long-term care.

**(1)** *[Editor's note: This section is effective July 1, 2024.]* Any respondent certified pursuant to section 27-65-108.5, 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 27-65-108.5, 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.

## History

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**Source:** **L. 2022:**Entire article amended with relocations, (HB 22-1256), ch. 451, p. 3190, § 1, effective July 1, 2024. **L. 2023:**IP(1) and (5)(a)(I) amended, (HB 23-1138), ch. 423, p. 2490, § 14, effective July 1, 2024.

### ▼ Annotations

### Research References & Practice Aids

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#### Hierarchy Notes:

C.R.S. Title 27, Art. 65

