Title of Proposed Rule:	**Involuntary Transportation for Immediate Screening and/or Evaluation**	
CDHS Tracking #:	**17-06-26-02**	
Office, Division, & Program:	Rule Author:	Phone: 303-866-7405
OBH, DCBH	Ryan Templeton	E-Mail:ryan.templeton@state.co.us

STATEMENT OF BASIS AND PURPOSE

Summary of the basis and purpose for new rule or rule change.
Explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule.

Governor Hickenlooper signed Senate Bill 17-207 on May 18, 2017 which, effective May 1, 2018, outlaws the current practice of placing an individual in a jail or correctional facility on a seventy-two (72) hour mental health hold without being charged with a crime. In order to ensure mental health service options are able to meet an individual's needs, a new psychiatric emergency evaluation hold was created (27-65-105(1)(a)(I.5), C.R.S.). The Office of Behavioral Health designated providers and other stakeholders across the State have been requesting information about how this new addition to 27-65-105, C.R.S. Emergency Procedure will be implemented.

The proposed rule outlines how services are provided when an individual arrives at a designated facility or an emergency medical services facility on the new hold created pursuant to 27-65-105(1)(a)(I.5), C.R.S. In addition to the new rule, the Office of Behavioral Health will create and distribute best-practice guidelines to inform other facilities and intervening professionals across the State on how the new hold procedure should be implemented.

State Board Authority for Rule:

Code	Description
26-1-107, C.R.S. (2017)	State Board to promulgate rules
26-1-109, C.R.S. (2017)	State department rules to coordinate with federal programs
26-1-111, C.R.S. (2017)	State department to promulgate rules for public assistance and welfare activities.

Program Authority for Rule: *Give federal and/or state citations and a summary of the language authorizing the rule-making function AND authority.*

Code	Description
27-65-105, C.R.S. (2017)	[*Effective May 1, 2018*] **(1)(a)(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.
27-65-128, C.R.S. (2017)	The department shall make such rules as will consistently enforce the provisions of this article.

Does the rule incorporate material by reference?	[X]	Yes	[ ]	No
Does this rule repeat language found in statute?	[ ]	Yes	[X]	No

If yes, please explain. This rule references statute in the definitions and procedure section of rule.

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REGULATORY ANALYSIS

1. List of groups impacted by this rule.

Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?

All individuals in Colorado have the potential to benefit from timely mental health assessment for persons in a mental health crisis. This hold was created as another tool for intervening professionals to transport individuals from the community to a clinically appropriate setting for mental health services instead of using jails for individuals who have not been charged with a crime. Intervening professionals and facilities required to provide the services outlined in this rule will both benefit and bear the burden of this rule.

2. Describe the qualitative and quantitative impact.

How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?

This rule creates a procedure for how individuals in mental health crisis are involuntarily treated, moving the current burden from law enforcement to behavioral health professionals that have more experience and training in identifying behavioral health concerns. This hold is beneficial to intervening professionals and facilities, as this hold allows for proper screening to be completed to assess the need for a more restrictive 72-Hour Mental Health Hold. If an individual is placed on the more restrictive 72-Hour Mental Health Hold, only physicians and doctoral level psychologists have the ability to resolve that hold. This new transportation hold allows all intervening professionals to also resolve this transportation hold. With intervening professionals able to resolve the transportation hold, individuals are able to receive clinically appropriate services expediently and in the least restrictive setting.

3. Fiscal Impact

For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources. ***Answer should NEVER be just "no impact" answer should include "no impact because…."***

State Fiscal Impact *(Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change)*

The State fiscal impact from this rule will be absorbed within existing resources. With the creation of this rule, best-practice guidelines will also be created and disseminated by the Office of Behavioral Health. These best-practice guidelines will help inform intervening professionals, facilities, and interested stakeholders in the proper procedures for implementing not only this transportation hold, but all procedures associated with Title 27, Article 65, C.R.S. – Care *and Treatment of Persons with Mental Health Disorders.*

County Fiscal Impact

No county fiscal impact is expected as this rule is implemented by facilities outside the direct control of the counties.

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Federal Fiscal Impact

No federal fiscal impact is expected as this rule is implemented on a state level and was created to complement Colorado statute.

Other Fiscal Impact *(such as providers, local governments, etc.)*

Intervening professionals and facilities providing care to individuals in mental health crisis may experience minor fiscal impact in the form of implementation training for this new rule. The Office of Behavioral Health will create best-practice guidelines to help inform intervening professionals and facilities on the proper implementation of this new transportation hold. Due to the Office of Behavioral Health having no regulatory authority over most facilities, that provide mental health services on an emergency basis or intervening professionals, the training/best-practice guidance provided by the Office of Behavioral Health will be voluntary.

4. Data Description

List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?

Facilities designated by the Office of Behavioral Health to provide services aligned with Title 27, Article 65, C.R.S. are required to provide the Office of Behavioral Health with an annual report regarding data on individuals held by their facility on a 72-Hour Mental Health Hold. The Office of Behavioral Health collects all reported data and produces an annual report. The Office of Behavioral Health 27-65 Report does not include all facilities providing services to individuals on a 72-Hour Mental Health Hold, as not all facilities are 27-65 designated, although some data assumptions were used in the drafting of the bill that created this new transportation hold. In Fiscal Year 2016, there were 39,271 instances where an individual was placed on a 72-Hour Mental Health Hold and received services at an Office of Behavioral Health 27-65 Designated Facility. Through Office of Behavioral Health site visits to these 27-65 designated facilities it has been routinely found that individuals were placed on a 72-Hour Mental Health Hold inappropriately, leading to the need for better intervention techniques and tools accessible to intervening professionals. One of those tools is this new transportation hold, that transports individuals to trained behavioral health professionals who complete the screening for the more restrictive 72-Hour Mental Health Hold.

5. Alternatives to this Rule-making

Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative. **Answer should NEVER be just "no alternative" answer should include "no alternative because…"**

The Office of Behavioral Health considered updating the 27-65 procedure manual that outlines how 27-65 procedure should be implemented instead of writing this rule. However, the procedure manual provides no administrative authority for requiring facilities to provide required civil protections, which is why rule was created.

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OVERVIEW OF PROPOSED RULE

Compare and/or contrast the content of the current regulation and the proposed change.

Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
21.281	A rule does not exist for the how facilities handle an individual on an Involuntary Transportation for Immediate Screening and/or Evaluation Hold.	New	Title only	Not applicable	No
21.281.1	Definitions are needed to allow for clarification of what terms mean.	New	"Facility" means any outpatient mental health facility or other clinically appropriate facility designated by the office of behavioral health as a seventy-two (72) hour treatment and evaluation facility that has walk-in capabilities and provides immediate screenings. If such a facility is not available, an emergency medical services facility, as defined in Section 27-65-102(5.5), C.R.S., may be used. "Immediate screening" means the determination if an individual meets criteria for seventy-two (72) hour treatment and evaluation. "Intervening professional" as defined in section 27-65-105(1)(a)(II), C.R.S., means a certified peace officer; a professional person; a registered professional nurse as defined in section 12-38-103(11), C.R.S. who by reason of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing; a licensed marriage and family therapist, licensed professional counselor, or addiction counselor licensed under Part 5, 6, or 8 of Article 43 of Title 12, C.R.S., 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 a licensed clinical social worker licensed under the provisions of Part 4 of Article 43 of Title 12, C.R.S. "Involuntary transportation form" means the report and	Definitions of terms used throughout rule provide clarification and context to the rule.	Yes

Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
			application allowing for immediate transport of an individual, in need of an immediate screening for treatment, to a clinically appropriate facility. "Involuntary transportation hold" means the ability to transport an individual in need of an immediate screening to determine if the individual meets criteria for seventy-two (72) hour treatment and evaluation. Pursuant to Section 27-65-105(1)(a)(I.5), C.R.S., an intervening professional may involuntary transport an individual in need of an immediate screening from the community to an outpatient mental health facility or other clinically appropriate facility. The involuntary transportation hold does not extend or replace the timing or procedures related to a seventy-two (72) hour treatment and evaluation hold or an individual's ability to voluntarily apply for mental health services.		
21.281.2	A procedure needed for how facilities provide services when an individual arrives on a Transportation for Immediate Screening and/or Evaluation Hold	New	A. An individual may be placed on an involuntary transportation hold pursuant to section 27-65-105(1)(a)(I.5), C.R.S. 1. The involuntary transportation form shall be completed by an intervening professional and contain: a. The circumstances under which the individual's condition was called to the intervening professional's attention; b. The date and time the individual was placed on the involuntary transportation hold; c. The name of the facility to which the individual will be transported; and, d. The signature of the intervening professional placing the involuntary transportation hold. 2. A copy of the involuntary transportation form must be given to the facility and made part of the individual's	Section establishes the procedure for how facilities provide services for an individual on a Transportation Hold.	Yes

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Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
			medical record. 3. A copy of the involuntary transportation form must be given to the individual who was placed on the involuntary transportation hold. B. The involuntary transportation hold expires: 1. Six (6) hours after it was placed; or, 2. Upon the facility receiving the individual for screening; thereby resolving the involuntary transportation hold. C. The facility shall ensure that the immediate screening is completed to determine if the individual meets criteria for seventy-two (72) hour treatment and evaluation and follow standard procedures pursuant to section 27-65-105(1)(A)(I), C.R.S.		

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STAKEHOLDER COMMENT SUMMARY

Development

The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):

The Mental Health Advisory Board for Services Standards and Regulations (Board), created pursuant to 27-65-131, C.R.S., took the lead in designing the proposed rule section. The Board consists of Governor appointed members representing: the Office of Behavioral Health, the Department of Public Health and Environment, the University of Colorado Health Sciences Center, a leading professional association of psychiatrists in this state; proprietary skilled health care facilities; nonprofit health care facilities; the Colorado Bar Association; consumers of services for persons with mental health disorders; families of persons with mental health disorders; and, children's health care facilities.

Guests attending the monthly Board meeting while the rule was being developed included individuals representing: the Colorado Behavioral Healthcare Council (CBHC), the Colorado Hospital Association (CHA); the Colorado Physician Insurance Company (COPIC); and, the Colorado Federation of Families for Children's Mental Health.

This Rule-Making Package

The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:

The new transportation for an immediate evaluation hold has the potential to affect every individual in the state of Colorado, so a comprehensive statewide approach to disseminating the rule-making information took place utilizing key stakeholders and partners which include: Colorado Behavioral Health Care Council; Colorado Hospital Association; Mental Health Colorado; Behavioral Health Transformation Council; Mental Health Disorders in the Criminal Justice System Task Force; Department of Public Health and Environment; Department of Regulatory Agencies; Department of Health Care Policy and Financing; Department of Public Safety; Disability Law Colorado; community mental health centers; community mental health clinics; hospitals; patient advocacy agencies; individuals and families with lived experience; law enforcement; and local legislators.

Other State Agencies

Are other State Agencies (such as HCPF or CDPHE) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

[ ] Yes [X] No

If yes, who was contacted and what was their input?

Although these rules do not directly impact other State Agencies, representatives from the Department of Health Care Policy and Financing and the Department of Public Health and Environment either played a role in the development of the rule draft, through membership on the Mental Health Advisory Board for Service Standards and Regulations or were informed about this rule through presentations at other Boards and Commissions meetings and Community Forums.

Sub-PAC

Have these rules been reviewed by the appropriate Sub-PAC Committee?

[ ] Yes [X] No

Name of Sub-PAC	Not applicable
Date presented	Not applicable

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What issues were raised?	Not applicable		
Vote Count	*For*	*Against*	*Abstain*
	N/A	N/A	N/A
If not presented, explain why.	There is not a Behavioral Health Sub-PAC, so this rule-making packet will be presented to PAC on January 4, 2018 without a Sub-PAC review.		

PAC

Have these rules been approved by PAC?

[X] Yes [ ] No

Date presented	January 4, 2018		
What issues were raised?	None		
Vote Count	*For*	*Against*	*Abstain*
	Unanimous	0	0
If not presented, explain why.	N/A		

Other Comments

Comments were received from stakeholders on the proposed rules:

[X] Yes [ ] No

If "yes" to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.

General Feedback

Feedback	Response
How many designated facilities are there in Colorado? How many on the front range, how many on the western slope? Are there designated facilities that are not staffed 24/7 and, if yes, what is the expectation at that point?	There are 59 Colorado facilities designated by the Office of Behavioral Health, pursuant to Title 27, Article 65, C.R.S. Care and Treatment of Persons with Mental Health Disorders (27-65 designated facilities). Of those 59 27-65 Designated Facilities, 50 are located on the Front Range (I-25 Corridor and Eastern Plains) and 9 are located on the Western Slope (West of I-25 Corridor) of Colorado. The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.

Feedback	Response
	The Crisis Response System's facilities providing walk in services are the ideal facilities to provide services pursuant to this rule, as they are required to be open 24/7.
CBHC is writing this feedback on behalf of our membership which consists of Colorado's 17 community mental health centers, 5 behavioral health organizations, 4 managed services organizations, and 2 specialty clinics. We would like to take this opportunity to thank the board for their efforts in creating these draft rules. • We worked together with OBH, members of this board, and our community partners to advocate for the passage of SB17-207, and are glad to see the tenants of that bill included into this draft rule. • As we move forward, we would like to extend an offer of collaboration to educate on these rules, the legislation behind them, the intent of these changes, and the systems that will be affected. It will be critical to have comprehensive education to all stakeholders involved, and CBHC is committed to supporting the board and the department in these endeavors.	The Office of Behavioral Health agrees that comprehensive best-practice guidance is needs to truly move the behavioral health system into a system that is focused on the needs of individuals. The Office of Behavioral Health looks forward to working with our stakeholder to create the best system possible for the people of Colorado.
21.281.2 A: When any person appears to have mental health symptoms (would change from disorder). • 21.281.2 A: What required notification (Paperwork or verbal) will be instituted for intervening professionals upon making said decision based on probable cause to ensure proper disclosure to individual. • 21.281.2 C: This reads as if the assessment & decision by 2765 designated facility can/is to occur within the six hours outlined in section B, is that correct and if so, would suggest clarifying further. • 21.281.2 C: Suggest adding statutory permission to conduct assessment using telehealth • Overall: Support local law enforcement by developing a system similar to that of Emergency Departments whereby they can call or by mobile app find closest designated/appropriate facility and be advised of hours of operation.	Section 21.281.2(A) was changed to cite the statutory section that covers this transportation hold. Additions to the procedure manual will describe the procedure for instituting an involuntary transportation hold. These rules are specific to facilities receiving an individual on an involuntary hold, while the 27-65 Procedure Manual informs intervening professionals and other stakeholders on what needs to happen in order to implement a hold. The warm hand off described in section 21.280.2(B)(2) needs to happen prior to the 6 hour mark. We did not include that time covering the assessment, because this hold gets an individual to a screening for the need of a 72-Hour Mental Health Hold not necessarily the full assessment outlined on OBH rule section 21.190.3. The Office of Behavioral Health does not weigh in on the use of telehealth. Telehealth use is specific to facility policy and scope of practice for professionals, which is covered by the Department of Regulatory Agencies. The Crisis Response System's Call line and/or Mobile Crisis Units are also an option for intervening professionals to utilize when there is uncertainty about the need for a 72-Hour Mental Health Hold or when an intervening professional has questions about finding the

Feedback	Response
	most appropriate setting to bring an individual on this transportation hold.
Is there a consideration of the difficulty for some clients whom are unable to transport themselves back to their home or other location if a hold is not completed and they are released?	Facilities with walk-in capabilities currently have policies in place for managing transportation concerns for individuals walking-in for services. Those same policies should cover individuals arriving at these facilities on an Involuntary Transportation Hold.
My concern is that there are not enough facilities that can "hold" an involuntary client and if Emergency rooms are the alternative, you are setting that environment up for overload with psychiatrically unstable patients in an environment set up to treat acute medical issues. Hopefully you are not putting the horse before the cart.	The Crisis Response System, created in Section 27-60-103, C.R.S., was originally created to alleviate the use of emergency departments when an individual is experiencing a behavioral health crisis. SB17-207 further requires that the Crisis Response System be capable of managing individuals with higher acuity mental health needs, including individuals on a 72-Hour Treatment and Evaluation Hold (M-1 or Mental Health Hold). Colorado is focused on creating a system that meets the needs of individuals in a behavioral health crisis in a clinically appropriate setting, outside of using emergency departments.
Behavioral health facilities are not currently staffed or able to handle the influx of this rule. No one should be involuntarily deprived of their freedom absent probable cause that they are a danger to self, others or incapable of caring for themselves. Behavioral health workers are not present at scenes or available 24 hours a day. Behavioral inability to stand trial for the commission of crimes is a court issue, not a police issue. This will result in more people being unconstitutionally detained and improperly routed out of the criminal justice system. It puts the police into an untenable position of determining who is and is not criminally culpable.	Senate Bill 17-207 was signed into law with the overarching goals of outlawing the use of jails to house individuals in a mental health crisis without charges. In order for Colorado to move away from allowing jails to hold individuals in mental health crisis without charges, updates to the behavioral health system needed to take place. Updates to the system (SB17-207) include this new Involuntary Transportation Hold, requiring Crisis Response System Facilities to accept and treat higher acuity individuals and changes to who can resolve holds. This new transportation hold provides another tool for intervening professionals, including law enforcement, to provide the most clinically appropriate intervention for an individual in crisis. Law enforcement still has the discretion to charge individuals with crimes or place an 72-Hour Mental Health Hold.

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Feedback	Response
This is sounds like an amazing new procedure. It gives me hope that people in behavioral health crisis will be treated more along the guidelines of Mental Health First Aid versus the alternative of just sticking them in a jail cell which just exasperates the issue. It would be good for all officers and people working with an individual with behavioral health diagnosis to take the Mental Health First Aid Training. Training is the most important part of the implementation of the new law. We need respect for all individuals involved in these high-intensity moments, so the more preparation and preventive measures the better. I, as I Peer Support Specialist myself, feel like it would be good to for peer supporters like me to be involved in the whole situation that an involuntary hold would entail (the preparation and implementation). We can relate and advocate for others with behavioral health diagnosis. And we can share our stories during the preparation with other police officers and clinicians. By sharing our stories and experiences we can raise compassion and give the perspective that our diagnosis doesn't take away our human-ness. The more grace, the more love and attention, the more CARE we put into helping the huge population of those living with behavioral health diagnosis, the more the statement "RECOVERY IS POSSIBLE" will ring true for the masses.	The Office of Behavioral Health agrees that training is the key part in creating a more individual focused behavioral health system. The Office of Behavioral Health in collaboration with our stakeholders will be creating best-practice guidelines for how mental health crisis interventions should take place.
At least in Pueblo, I find law enforcement brings individuals in to be assessed in lieu of jail already. It is nice to have a "shorter hold" to determine if they meet criteria for the 72 hour hold. It would be great if there could be something in here stating that they must provide urine and blood so we know if drugs/alcohol are on board or not.	Each facility has different procedures for drug and alcohol testing. A key component to this hold is to get individuals into the right clinical setting for behavioral health services.
It would benefit to include wording along the lines of "professionals can initiate a transportation hold when immediate or timely evaluation cannot happen at location of the individual. Thus protecting individual's rights to be assessed in home, clinic or location by mobile response teams which are in place in many areas.	Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns. The Crisis Response System's Call line and/or Mobile Crisis Units are also an option for intervening professionals to utilize when there is uncertainty about the need for a 72-Hour Mental Health Hold. Utilizing the Crisis Response System's Mobile Crisis units may help alleviate the need to remove an individual from their location. The Office of Behavioral Health will be providing

Feedback	Response
	best-practice guidance that covers the proper use of each intervention.
This is feedback from Axis Health System. Overall, we think developing a transportation hold would be really helpful for both law enforcement and mobile crisis. We serve a large rural area and really depend on our collaboration with law enforcement. We have had many occasions when we have requested help from law enforcement to check on an individual and bring them in for an evaluation. They are VERY hesitant to do this unless the individual cooperates and agrees. Law enforcement doesn't feel qualified to assess whether someone meets criteria for an M-1 (nor do we have any 27-65 emergency departments), and they do not want to take away someone's rights unnecessarily. This draft rule takes some pressure off of law enforcement to make this determination, gives them permission and protection to transport individuals, and puts the actual assessment of an individual on us, which is appropriate.	The Office of Behavioral Health agrees that giving law enforcement another intervention is beneficial to law enforcement and individuals. SB17-207 was signed into law to stop the practice of holding individuals in a mental health crisis in jail without charges. We are hopeful that this new hold allows individuals to be screened for the need of a more restrictive 72-Hour Mental Health Hold by professionals with more experience in behavioral health, which should help decrease the number for improperly placed 72-Hour Mental Health Holds.
SB 2017-207 is a bill that we support. It represents an expansion of crisis response capacity across the State and the West Slope and will support the State's intention of providing resources that can wrap around patients experiencing a crisis event providing alternatives to jail placement.	The Office of Behavioral Health looks forward to working with our stakeholder to create the best system possible for the people of Colorado.
This still does not say who will transport the person? It should be the agency in which the person is in that needs to be transported. Small agencies like mine does not always have the man power to do these ordered transports but yet they are always dumped on the Sheriffs to do them. Most of these people do not need to have law enforcement to transport. Most of the time it makes them feel like a criminal being handcuffed and put in a patrol vehicle with a cage. My opinion this does not help the person that is in need of help.	SB17-207 also funded a Secure Transportation Pilot program to look into alternative way to transport individuals in a mental health crisis.

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Feedback	Response
OP offices are typically not equipped/staffed to maintain highly escalated or at risk clients who need a higher level of care. This put staff and, potentially the client, at risk if left by police. • OP offices are not open 24/7 so much of the time staff is not around to receive clients. • OP offices are managing scheduled clients and would not necessarily be available to receive a highly escalated or at risk clients. • Escalated or at risk clients typically have to be medically cleared (i.e. evaluated for substances, receive treatment if OD'd, etc.) before receiving a mental health evaluation. These activities are done at an ER. If left by police, they would just be called back to transport the client to the ED for clearance.	Licensing, regulatory, and contractual requirement of facilities mandate that individuals in crisis receive care. Additionally, with SB17-207 Crisis Response System providers are mandated to provide care for higher acuity individuals. Crisis Response System providers should be the primary facilities doing the screening for the need for a 72-Hour Mental Health Hold. The Office of Behavioral Health will be providing best-practice guidance to inform intervening professionals on the proper procedures for the most clinically appropriate intervention. The Crisis Response System Call Line and mobile crisis are also options for intervening professionals to use as resources. The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." With SB17-207 Crisis Response System providers are mandated to provide care for higher acuity individuals including care and treatment for individuals on a 72-Hour Mental Health Hold. Crisis Response Facilities should be able to evaluate individuals for substances and provide routine medical clearance.
I worry that a health care facility can be used when a mental health/crisis facility is not available. Current practice is that police bring patients to the ER many times rather than involving the mental health/crisis facility leading to the ER often being overwhelmed.	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
The rule says that law enforcement can bring someone to a Mental Health facility that is designated as a walk in center. The designated walk in center language is not clear or understood by anyone outside of a mental health center. To law enforcement partners that I have talked to that is any office that the center runs as they can "walk in". This will create huge difficulties for OP MHC operations. I can't imagine a small rural office lobby with a mother and child waiting for an appointment for ADHD medication, a depressed teen or	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice

Feedback	Response
an adult who is there to see a therapist having to be in that small lobby with someone who is in cuffs or shackles and in a crisis with law enforcement. This could be very traumatic for other clients and not conducive to engagement. I feel that the walk in center designation needs to be clarified and more prevalent in the rule so it is easily understood.	guidelines in attempt to addressing procedural concerns.
At CMHI Ft. Logan we often see patients evaluated by police, who decline to place an M-1 and a day or two later the patient finally gets placed for an evaluation. One goal of this rule is to move the evaluation from 1st responders to behavioral professionals. Without clear risk the police often refuse to use the M-1, probably to decrease time on that call and avoid transport. This rule will increase the # of patients police will have to transport. I am not clear if an ambulance can be used to transport the patient or what diagnosis would be used and what happens if the person does not require an M-1.	The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns. The Crisis Response System's Call line and/or Mobile Crisis Units are also an option for intervening professionals to utilize when there is uncertainty about the need for a 72-Hour Mental Health Hold. Utilizing the Crisis Response System's Mobile Crisis units may help alleviate the need to remove an individual from their location.
I concur that mental health conditions shall not be a criminal offense or the use of jails, lock-ups or places of confinement.	The Office of Behavioral Health agrees that jails should not be used for the treatment of individuals in mental health crisis who have not been charged with a crime.
Who is paying for transportation? How do folks who are not placed on an M-1 or who enter treatment voluntarily get home? Should this responsibility rest with the individual placing the transportation hold? The proposed rule does not seem to contemplate facility to facility transfers. Do "outpatient mental health facilities or clinically appropriate facilities" have the ability to turn away individuals on a transportation hold? One of the reasons that many of these individuals continue to end up in hospital emergency departments is that, per federal law, hospitals may not turn away individuals experiencing a mental health crisis. What happens if the nearest appropriate facility is full? Is a mobile crisis unit then responsible for transporting the individual to the next appropriate facility? How does this interact with the data collection requirements in SB17-207?	Facilities with walk-in capabilities currently have policies in place for managing transportation concerns for individuals walking-in for services. Those same policies should cover individuals arriving at these facilities on an Involuntary Transportation Hold. Licensing, regulatory, and contractual requirement of facilities mandate that individuals in crisis receive care. Additionally, with SB17-207 Crisis Response System providers are mandated to provide care for higher acuity individuals. Crisis Response System providers should be the primary facilities doing the screening for the need for a 72-Hour Mental Health Hold.
Need to change "outpatient facility" to something like: "behavioral health facility equipped to take crisis walk-ins for screening and assessment." This hold will likely inundate outpatient facilities with walk-ins that they are unable to accommodate.	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings."

Title of Proposed Rule:	**Involuntary Transportation for Immediate Screening and/or Evaluation**	
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OBH, DCBH	Ryan Templeton	E-Mail:ryan.templeton@state.co.us

Feedback	Response
The assumption is made that all individuals who are acutely suicidal possess a mental health disorder.	Section 27-65-105(1)(a)(I) and (II), C.R.S. uses the phase "*appears* to have a mental health disorder."
A mandate for Trauma informed care, specialized training to understand suicide and mental health disorders, because an individual may be mandated to endure practices that: escalate the traumatic response; may re-traumatize an individual who is obtaining services; replication of the abuse dynamic with behaviors, actions or triggers; coercion, restraint, seclusion, use of power and control, etc. I have intervened with an individual who was acutely suicidal, self-inflicted injuries and needed medical attention. As a result my intervention placed this individual in harm's way and was traumatizing to the individual, who was afraid to seek services when they experienced a mini-stroke a short time later. The individual who had a history of sexual abuse was undressed, while restrained with a room full of staff and police officers, which replicated a gang rape. The treating provider lacked awareness of how his actions of power and control, along with dehumanizing treatment was triggering and contributed to the escalation of traumatic reactions, which led to the restraint of the individual in the first place. This is not the only incident I have experienced where my intervention harmed an individual due to untrained professionals.	The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
Need solutions for addressing secure transportation, secure transportation does not mean an individual needs to be shackled at their wrists and ankles, a secure vehicle would appear appropriate if an individual in not resisting transportation.	Each law enforcement department has different policies on how they transport individuals in their patrol cars. SB17-207 also funded a Secure Transportation Pilot program to look into alternative way to transport individuals in a mental health crisis.
Lack of training and understanding has the potential to lead to discriminatory and harmful practices, which may re-traumatize an individual or result in institutional betrayal trauma with the individual refusing to ask for future help to seek treatment.	The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.

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Feedback on Section 21.281.1 Definitions

Feedback	Response
Definition of "intervening professional" should be changed to allow for unlicensed behavioral health clinicians to initiate or drop this hold.	"Intervening professional" is a statutorily defined term in section 27-65-105(1)(a)(II), C.R.S., so changes to the specific professionals listed as an intervening professional would have to be a legislative change not a rule change.
"Outpatient Mental Health facility" is too broad. Individuals in crisis brought to these facilities would significantly disrupt services for outpatient clients, especially in rural areas.	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for the care and treatment of individuals in a mental health crisis. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
What does "psychiatric harm" mean? I don't understand what such a term means...	Term "psychiatric harm" is used an undefined statutory term. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns include when and how to initiate holds.
Including all designated facilities seems too broad. Some designated facilities do not have emergency services/assessment services available such as the two Mental Health Institutes. This seems like it is written for Denver-Metro where it would probably work well, but not as well in Southern Colorado where there are no crisis centers other than CMHC's. Additionally, CMHIP is under a court order to provide criminal evaluation services and cannot just open up beds or staff to provide an assessment; they are severely understaffed. So, I would suggest language similar to other clinically appropriate facilities that have emergency evaluation services available.	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screening."
Unclear whether the professional can request the police to do the transport and whether the police have to do the transport.	The intervening professional instituting a transportation hold may have to use their clinical judgement on what type of transport is needed, similar to using their judgement on what type of hold will be initiated: transportation hold or 72-Hour Mental Health Hold.
We recommend adding a definition for "emergency medical services facility" as well; to clarify what kinds of sites are being discussed (is it emergency departments? Hospitals? Etc.?). o Secondly, do these facilities have to	A definition for "emergency medical services facility" was added to this rule. The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to

Feedback	Response
be 27-65 designated, if not perhaps clarifying that will be helpful. • It might help to clarify what kind of facilities are being discussed when adding "that has walk-in capabilities" Is it exclusively walk-in centers (WICs), or other types of mental health facilities as well?	confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screening."
Intervening professional is used to indicate someone who is both transporting the individual to be evaluated by a mental health professional, as well as the person who is doing the evaluation. This is confusing. If the person who would transport is able to effectively do the evaluation, why would you take the individual someplace else? If the idea is to get mental health professionals to do the evaluation, rather than law enforcement officers or others who don't have the depth of mental health training and experience that licensed therapists do, then we need to identify the transporting person separately from the one doing the evaluation. I don't have the code in front of me to see the definitions provided; to see if that would help clear up some of the confusion. As it stands, though, it is not clear.	In statute an intervening professional can institute both a transportation hold and a 72-Hour Mental Health Hold. The transportation hold is ideally used by law enforcement to get an individual to another intervening professional that has more training and experience in behavioral health. Due to the procedure outlined in statute intervening professional is used both for initiating the transportation hold and resolving the transportation hold.
An assumption is made that an emergency 72 hour hold indicates the commitment was involuntary, when an individual can recognize their vulnerable mental state or they are acutely suicidal, therefore seek services to remain safe is the action of a competent individual.	All individuals have to right to pursue mental health treatment on a voluntary basis. A 72-Hour Hold or a Transportation Hold is to used when an individual does not voluntarily agree to treatment.
Professional assumes the individual is trained to understand an individual in crisis, acutely suicidal, trauma, etc.	Intervening professional is a statutorily defined term, section 27-65-105(1)(a)(II). The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for instituting involuntary treatment. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
An individual may pose a threat to themselves or others, which does not equate to the presence of a mental health disorder.	Section 27-65-105(1)(a)(I) and (II), C.R.S. uses the phase "*appears* to have a mental health disorder."

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Feedback on Section 21.281.2 Procedure

Feedback	Response
B.2. Recommend that this language be changed to say that the hold shall be resolved after six hours or upon completion of the assessment and point to the process outlined in Section C.	The warm hand off needs to happen prior to the 6 hour mark. We did not include that time covering the assessment, because this hold gets an individual to a screening for the need of a 72-Hour Mental Health Hold not necessarily the full assessment outlined on OBH rule section 21.190.3.
(C)(2)(b) "be immediately released from the facility or returned to jail or detention facility if there is a criminal case pending and the individual has not posted bond or satisfied all conditions of bond."	This transportation hold is for transporting an individual from the community to an outpatient mental health facility to screen for the need for a 72-Hour Mental Health Hold. It is the responsibility of the jail or detention facility to provide appropriate medical interventions to individuals in their custody. Custody of individuals in jail pending criminal charges is not related to the *custody* described in 27-65-105, C.R.S. that created this transportation hold.
In section 21.281.2C.2.a. the term "full assessment" is used. What is a full assessment? Isn't an assessment part of treatment? 27-65-103 does not mention "assessment," but does mention "voluntary application for mental health services." Unless "full assessment" amounts to something more than appropriate treatment, should this section be changed as follows: a. Be offered the opportunity to voluntarily receive mental health services.	The Office of Behavioral Health agrees. A change was made to section 21.280.2(c)(2)(a) to read "Be offered the opportunity to voluntarily receive mental health services."
It would be wise to provide a way for the individual who was transported involuntarily to then have a way to get back home (or wherever else they were when they were picked up, perhaps?) if they are NOT placed on a 72 hour hold. Nothing is mentioned about this part of things, and we don't want to leave people stranded and in a position to get into trouble because they have no way to get home (particularly in areas where there is no public transportation or public transportation ends at a certain hour, etc.). Perhaps this is already covered as a service by the facility that does the evaluation. In case it is not, though, this needs to be figured out and included in whatever way works best.	Facilities with walk-in capabilities currently have policies in place for managing transportation concerns for individuals walking-in for services. Those same policies should cover individuals arriving at these facilities on an Involuntary Transportation Hold.
I am in agreement with the proposed procedural changes. My facility currently does not place a patient on an M-1 upon arrival to the ED for the exact reasons listed in the proposal. In my words 1. Find out if the apparent concerning behavior that resulted in the patient being brought to the ED is due to Mental Illness.	The Office of Behavioral Health will be creating best practice guidelines for proper utilization of the transportation hold and the 72-Hour Mental Health Hold (M-1). The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professional on the proper procedures for

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Feedback	Response
2. The patient needs to be medically deemed cleared of any medical issue that may cause the concerning behavior, this issue certainly touches on ethics. Then a mental health evaluation can be completed. 3. Allowing for transport using a temporary hold is the least restrictive care for the patient. In my opinion placing a patient on an M-1 hold prior to a full mental health evaluation, under the influence of a substance, or ruling out medical problems first is not best practice nor the intent of 27-65-105. I appreciate the thought that has gone into this proposal and the advocacy for best care of a patient.	instituting involuntary treatment. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
Detaining an individual for evaluation by a professional not required to have training in that field is taking away the right of an individual. Additionally, transporting an individual to an outpatient office, especially in a rural area, with limited staffing, hours, and no transportation options will result in 100% of these individuals needing to be transported a second time. Either the individual will need to be transported back to their home, to an emergency department for medical clearance if a higher level of care is needed, or to a psychiatric facility. Often this may require that law enforcement or first responders return and cooperate in transport. Who does this process benefit? An optimal solution would include 2 pieces; a. training for the professionals deeming evaluation is necessary & b. mobile crisis response to the location for evaluation, which is already an available option which is highly underutilized. Requiring the first responder to receive some level of training around behavioral health not only supports these professionals giving them additional tools in their tool boxes, but also supports individuals which they respond to. Training's could include but are not limited to Mental Health First Aid and Crisis Intervention Training. To effectively implement training, departments would need training offered at no cost or funding, as well as required support from surround offices to allow staff to complete training.	Intervening professionals as defined in section 27-65-105(1)(a)(II), C.R.S. outlines the professionals able to require involuntarily treatment. The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professionals on the proper procedures for instituting involuntary treatment. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
Having conducted M1 evaluations in hospital settings, I am concerned about the 6hr hold/emergency transportation taking place in an unsecured vehicle. This presents an unpredictable danger to the patient, the driver, and others traveling the same road.	The type of vehicle that an individual on a transportation hold has not been identified. The need for secure versus unsecure transportation is at the discretion of the intervening professional.

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Feedback	Response
Change the language in 21.281.2(A) to read: When any person appears to have a mental health disorder and/or exhibits behavior that is a current threat to the life of the individual or another person, and, as a result, 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, 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 facility is not available, the person may be taken to an emergency medical services facility.	This section of rule was changed and now refers to the statutory section, 27-65-105(1)(a)(I.5), C.R.S. effective May 1, 2018, allowing for the transportation hold. This rule change ensures rule does not duplicate language found in statute.
Thank you for the program. I'm certain it will have a positive effect on jails in general along with the patient. My only concern is the 6 hours expiration. I'm not certain that 6 hours is enough time in certain rural areas. Increasing that timeframe or carving out an exclusion for rural areas may help.	The Office of Behavioral Health along with the Mental Health Advisory Board for Services Standards and Regulations agreed that six hours should be sufficient to get an individual in need of immediate mental health screening to an appropriate facility. Excluding weather and major traffic delays, we could not locate a place in Colorado that it would take more than six hours to get to a Crisis Response System 24/7 Walk-In Service provider or an Emergency Medical Services Facility. These rules set the standard for this transportation hold, intervening professionals may need to use their judgement if traffic or weather patterns may affect their travel. The Crisis Response System's Call line and/or Mobile Crisis Units are also an option for intervening professionals to utilize when there is uncertainty about the need for a 72-Hour Mental Health Hold.
Having the hold terminate at arrival of the crisis center is likely to be problematic. Assuming that the individual is not going on a voluntary basis, they can walk out before being evaluated. This would result in a wasted trip for the officer. If the hold can remain in effect until after the assessment, that would make more sense.	These rules require a handoff between the intervening professional placing the individual on the transportation hold and the intervening professional at the outpatient mental health facility. The screening completed upon the handoff determines the need for a 72-Hour Mental Health Hold, other medical intervention, substance use intervention or voluntary application.
Which agency's "qualify" for screen/hold assessments? Currently many "potential" M-1s get brought to ER vs. local MH Center. Without "medical concerns" the ER is not appropriate setting for screening but seemingly "preferred" by law enforcement over 24/7 Crisis Response office 3 miles away.	The definition for "outpatient mental health facility or other clinically appropriate facility" was changed to confirm that facilities eligible to receive an individual on an Involuntary Transportation Hold have "walk-in capabilities and provides immediate screenings." The Office of Behavioral Health agrees that there is a level of training that needs to take place to inform intervening professionals on the proper procedures for instituting

Feedback	Response
	involuntary treatment and where to bring an individual on a hold. The Office of Behavioral Health will be providing best-practice guidelines in attempt to addressing procedural concerns.
In section C, item 1, the language references "the designated facility". Should there be another section added to explain the process if the individual is transported to another facility (emergency medical) that is not designated? • In section B, it may help to clarify that the hold does not have to remain the full six hours ("up to six hours") • In section B, is the individual still on the hold during the assessment/screening? If not, should that be clarified?	The procedure completed at an outpatient mental health facility or an emergency medical services facilities should be the same. Both types of facilities resolve this transportation hold with the same professionals and offer the same services for individuals in a mental health crisis. 21.281.2(B)(I) and (II) are separated by "or" meaning that the hold is resolved after either one of those requirements are met. The warm hand off needs to happen prior to the 6 hour mark. We did not include that time covering the assessment, because this hold gets an individual to a screening for the need of a 72-Hour Mental Health Hold not necessarily the full assessment outlined on OBH rule section 21.190.3.
B.2. When a professional accepts an individual into care resolves the hold. This creates a gap for the client to elope out of the unlocked facility before the full evaluation is performed to determine need for M1 hold. I recommend it state the hold is resolved at 6 hours or when the professional has determined need for 72 hour hold.	The rule language in 21.280.2(B)(II) was changed to "accepting an individual into *custody* for screening". The Intervening professionals bringing an individual to a facility that they are not paid staff at would create an issue for the receiving facility having outside staff dictating what is done in their facility. The intervening professionals instituting the hold is resolved of their duty once the facility accepts the individual into their custody, therefore it is the facility's responsibly to ensure proper care and treatment.
As the law is written, facilities are not mandated to accepted an M-1, only an M-3. I would assume this rule for evaluation would also allow facilities to refuse to accept patients when they cannot provide this care but perhaps that should be clarified.	Licensing, regulatory, and contractual requirement of facilities mandate that individuals in crisis receive care. Additionally, with SB17-207 Crisis Response System providers are mandated to provide care for higher acuity individuals. Crisis Response System providers should be the primary facilities doing the screening for the need for an 72-Hour Mental Health Hold.
So now we have taken this person some place, the person does not meet criteria for 72 hour, how do they get home? Many of these folks do not have money or family to help.	Facilities with walk-in capabilities currently have policies in place for managing transportation concerns for individuals walking-in for services. Those same policies should cover individuals arriving at these facilities on an Involuntary Transportation Hold.

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Feedback	Response
Confusion about the term "care" in 21.281.2(B)(2) possibly use "custody" and add "transportation" before "hold" in last line of B(2) for clarification. B(2) could read: "Upon an intervening professional at the outpatient mental health facility or other clinically appropriate facility, accepting an individual into *custody* for screening; thereby resolving the *transportation* hold."	The Office of Behavioral Health agrees that the use of *custody* aligns with statute and adding that the *transportation* hold is being resolved will provide additional clarity in this section. The change was made in this rule section.
An additional item needs to be added to 21.281.2(C)(2) that says that an individual may receive services for non-mental health related issues, such as drug or alcohol services or medical services. Alcohol and/or drugs and medical issues may cause symptoms that appear to be mental health related.	The Office of Behavioral Health agrees and added "Be referred for non-mental health related services" to 21.281.2(C)(2).

Stakeholders were given an opportunity to provide feedback on the amended rule draft via email or face-to-face during stakeholder meeting.

General Feedback on Amended Rule Draft

Feedback	Response
This actually looks a lot cleaner.	The Office of Behavioral Health agrees that the amended rule draft is easier to follow.
CBHC has concerns about the population who will transported for screening and later identified as not appropriate for an M-1, specifically regarding their transportation back to their place of residence. Currently, while facilities may have capacity to arrange transportation there may not be reliable funding to ensure that transportation. We strongly urge the Department add language after subsection C of section 21.281.2 that specifies that "in the case that an individual does not meet criteria for a seventy-two hour treatment and evaluation, the Department is responsible for the necessary transportation to return them to their place of origin", which will allow facilities to arrange for transportation home for individuals and pursue reimbursement from the department when appropriate or in the event that no other payor sources exist. Addressing this issue in the regulations, rather than best practice guidelines, will ensure that consumers have the protections and supports they deserve throughout this new process across every community in the state.	Facilities with walk-in capabilities currently have policies in place for managing transportation concerns for individuals walking-in for services. Those same policies should cover individuals arriving at these facilities on an Involuntary Transportation Hold.

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Feedback Amended Rule Draft Section 21.281.1 Definitions

Feedback	Response
I have concerns about the definition of "facility" because it includes a reference to an "emergency medical services facility." I know that it was not the intention, but there may be confusion that these rules apply to non-designated facilities. I understood that the rule was meant to reflect best practices for non-designated emergency services facilities. Also, this definition doesn't take into consideration the two separate definitions in the 27-65 statute: CRS 27-65-102. Definitions As used in this article 65, unless the context otherwise requires: . . . . (5.5) "Emergency medical services facility" means a facility licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to section 25-1.5-103, or any other licensed and certified facility that provides emergency medical services. An emergency medical services facility is not required to be, but may elect to become, a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation pursuant to section 27-65-105. . . . . (7) "Facility" means a public hospital or a licensed private hospital, clinic, community mental health center or clinic, acute treatment unit, institution, or residential child care facility that provides treatment for persons with mental health disorders. I would suggest adding back the reference in the rule to "emergency medical services facility:" "Emergency medical services facility" is defined in section 27-65-102(5.5), C.R.S. Because the definition of "facility" in the rule is different than the one in statute, it might make sense to replace "facility" with "walk-in seventy-two hour treatment and evaluation facility." Alternatively, the language "for purposes of this rule," could be added before the definitions section.	The statutory reference to the definition of "emergency medical services facility" was added to the definition of "facility", the definition of "facility" now reads: "Facility" means any outpatient mental health facility or other clinically appropriate facility designated by the office of behavioral health as a seventy-two (72) hour treatment and evaluation facility that has walk-in capabilities and provides immediate screenings. If such a facility is not available, an emergency medical services facility, as defined in Section 27-65-102(5.5), C.R.S., may be used. The definition section in this rule aligns with other definition sections throughout rule volume 2 CCR 502-1. The Office of Behavioral Health feels that the "facility" definition aligns with the intent of the statute.
Is the intent that "other clinically appropriate" facilities be 27-65 designated? If not, it should ready as "outpatient mental health facility designated by	The language in this definition aligns with the statute that created the Involuntary Transportation Hold, Section 27-65-105(1)(a)(I.5), C.R.S.

Feedback	Response
the office of behavioral health as a seventy-two hour treatment and evaluation facility or other clinically appropriate facility that has walk-in capabilities and provides immediate screening". The way it is currently written implies that the "other clinically appropriate" facilities will need to be 27-65 designated and CBHC believes that individual communities should have more flexibility to identify the facilities in their region that are appropriate.	

Feedback on Amended Rule Draft Section 21.281.2 Procedure

Feedback	Response
In the prior draft, there was a "warm transfer" of custody of the individual at the designated facility. The way the draft is written currently, the release from the hold would occur once the patient arrives on the facility's property. I imagine the intention would be for someone with authority to sign the transportation hold form to receive the person into custody.	Within the procedure section of this rule, the form completed that established the Transportation Hold must be given to the facility and made part of the individual's record. The Transportation Hold expires when the facility accepts the individual for screening. The Office of Behavioral Health feels a "warm handoff" is still incorporated into this rule, as there should be communication between the transporter/intervening professional and the facility. The communication (including information on the form) should provide the details for why the individual was initially placed on the Transportation Hold and help in the determination for the need of a 72-hour hold. Due to the requirement of giving the hold form to the facility and the hold not being resolved until the facility "receives the individual for screening" this hold would not be released by the individual only being on the facility's property.
I found a couple of typos section 21.281.2(A)(3) replace "place" with "placed", and 21.281.2(C) after "ensure" add "that". I also wonder why it is called '…treatment and evaluation hold…'? Shouldn't it state 'evaluation and treatment hold'? That makes more sense to me.	The rule draft has been updated to address the grammatical errors that were found. The rule conforms to how the terms are positioned in statute (27-65-105, C.R.S.)
CBHC already submitted questions regarding the timeframe of the transportation hold, specifically regarding whether the individual is on a hold for the length of the screening. Currently, the language is not clear on whether the hold dissolves upon acceptance for screening or completion of a screening. We believe that this issue would be better clarified in regulations rather than best practice guidelines to ensure consistency across the state.	The Transportation Hold is designed to get an individual from the community to a facility to be screened for the need of a 72-hour mental health hold. The Transportation Hold form is required to have the circumstances for why it was placed and should help inform the facility on the need for the 72 hour hold. The hold only gets the individual to the facility and provides a warm handoff. As stated in the rule it is required by the facility to complete the screening immediately.

(2 CCR 502-1)

21.281 INVOLUNTARY TRANSPORTATION FOR IMMEDIATE SCREENING ~~AND/OR EVALUATION~~

21.281.1 DEFINITIONS

~~"EMERGENCY MEDICAL SERVICES FACILITY" IS DEFINED IN SECTION 27-65-102(5.5), C.R.S.~~

"~~OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE~~ FACILITY" MEANS ANY OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE FACILITY ~~MENTAL HEALTH FACILITY~~ DESIGNATED BY THE OFFICE OF BEHAVIORAL HEALTH AS A SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION FACILITY THAT HAS WALK-IN CAPABILITIES AND PROVIDES IMMEDIATE SCREENINGS. IF SUCH A FACILITY IS NOT AVAILABLE, AN EMERGENCY MEDICAL SERVICES FACILITY, AS DEFINED IN SECTION 27-65-102(5.5), C.R.S., MAY BE USED.

"IMMEDIATE ~~EVALUATION FOR TREATMENT~~ SCREENING" MEANS ~~A SCREENING COMPLETED BY AN INTERVENING PROFESSIONAL TO DETERMINE~~ THE DETERMINATION IF AN INDIVIDUAL MEETS CRITERIA FOR SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION.

"INTERVENING PROFESSIONAL" ~~IS~~AS DEFINED IN SECTION 27-65-105(1)(A)(II), C.R.S., MEANS A CERTIFIED PEACE OFFICER; A PROFESSIONAL PERSON; A REGISTERED PROFESSIONAL NURSE AS DEFINED IN SECTION 12-38-103(11), C.R.S. WHO BY REASON OF POSTGRADUATE EDUCATION AND ADDITIONAL NURSING PREPARATION HAS GAINED KNOWLEDGE, JUDGMENT, AND SKILL IN PSYCHIATRIC OR MENTAL HEALTH NURSING; A LICENSED MARRIAGE AND FAMILY THERAPIST, LICENSED PROFESSIONAL COUNSELOR, OR ADDICTION COUNSELOR LICENSED UNDER PART 5, 6, OR 8 OF ARTICLE 43 OF TITLE 12, C.R.S., 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 A LICENSED CLINICAL SOCIAL WORKER LICENSED UNDER THE PROVISIONS OF PART 4 OF ARTICLE 43 OF TITLE 12, C.R.S.

"INVOLUNTARY TRANSPORTATION FORM" MEANS THE REPORT AND APPLICATION ALLOWING FOR IMMEDIATE TRANSPORT OF AN INDIVIDUAL, IN NEED OF AN IMMEDIATE SCREENING FOR TREATMENT, TO A CLINICALLY APPROPRIATE FACILITY.

"INVOLUNTARY TRANSPORTATION HOLD" MEANS THE ABILITY TO TRANSPORT AN INDIVIDUAL IN NEED OF AN IMMEDIATE SCREENING TO DETERMINE IF THE INDIVIDUAL MEETS CRITERIA FOR SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION. PURSUANT TO SECTION 27-65-105(1)(A)(I.5), AN INTERVENING PROFESSIONAL MAY INVOLUNTARY TRANSPORT AN INDIVIDUAL IN NEED OF AN IMMEDIATE SCREENING FROM THE COMMUNITY TO AN OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE FACILITY. THE INVOLUNTARY TRANSPORTATION HOLD DOES NOT EXTEND OR REPLACE THE TIMING OR PROCEDURES RELATED TO A SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION HOLD OR AN INDIVIDUAL'S ABILITY TO VOLUNTARILY APPLY FOR MENTAL HEALTH SERVICES.

21.281.2 PROCEDURE

A. AN INDIVIDUAL MAY BE PLACED ON AN INVOLUNTARY TRANSPORTATION ~~FOR IMMEDIATE SCREENING AND/OR EVALUATION~~ HOLD PURSUANT TO SECTION 27-65-105(1)(A)(I.5), C.R.S.

1. THE INVOLUNTARY TRANSPORTATION FORM SHALL BE COMPLETED BY AN INTERVENING PROFESSIONAL AND CONTAIN:

   A. THE CIRCUMSTANCES UNDER WHICH THE INDIVIDUAL'S CONDITION WAS CALLED TO THE INTERVENING PROFESSIONAL'S ATTENTION;

   B. THE DATE AND TIME THE INDIVIDUAL WAS PLACED ON THE INVOLUNTARY TRANSPORTATION HOLD;

   C. THE NAME OF THE FACILITY TO WHICH THE INDIVIDUAL WILL BE TRANSPORTED; AND,

   D. THE SIGNATURE OF THE INTERVENING PROFESSIONAL PLACING THE INVOLUNTARY TRANSPORTATION HOLD.

2. A COPY OF THE INVOLUNTARY TRANSPORTATION FORM MUST BE GIVEN TO THE FACILITY AND MADE PART OF THE INDIVIDUAL'S MEDICAL RECORD.

3. A COPY OF THE INVOLUNTARY TRANSPORTATION FORM MUST BE GIVEN TO THE INDIVIDUAL WHO WAS PLACED ON THE INVOLUNTARY TRANSPORTATION HOLD.

B. THE INVOLUNTARY TRANSPORTATION ~~FOR IMMEDIATE SCREENING AND/OR EVALUATION~~ HOLD EXPIRES:

1. SIX (6) HOURS AFTER IT WAS PLACED; OR,

2. UPON ~~AN INTERVENING PROFESSIONAL AT~~ THE ~~OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE~~ FACILITY~~, ACCEPTING AN~~ RECEIVING THE INDIVIDUAL ~~INTO CUSTODY~~ FOR SCREENING; THEREBY RESOLVING THE INVOLUNTARY TRANSPORTATION ~~FOR IMMEDIATE SCREENING AND/OR EVALUATION~~ HOLD.

C. THE FACILITY SHALL ENSURE THAT THE IMMEDIATE SCREENING IS COMPLETED ~~THE INTERVENING PROFESSIONAL AT THE OUTPATIENT MENTAL HEALTH FACILITY OR OTHER CLINICALLY APPROPRIATE FACILITY COMPLETES THE IMMEDIATE SCREENING AND/OR EVALUATION FOR TREATMENT~~ TO DETERMINE IF THE INDIVIDUAL MEETS CRITERIA FOR SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION AND FOLLOW STANDARD PROCEDURES PURSUANT TO SECTION 27-65-105(1)(a)(I), C.R.S.

~~1. IF THE INDIVIDUAL MEETS CRITERIA FOR SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION, THE SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION HOLD SHALL BE PLACED IN ACCORDANCE WITH SECTION 27-65-105, C.R.S.; OR,~~

~~2. IF THE INDIVIDUAL DOES NOT MEET CRITERIA FOR SEVENTY-TWO (72) HOUR TREATMENT AND EVALUATION, THE INDIVIDUAL SHALL:~~

~~A. BE OFFERED THE OPPORTUNITY TO VOLUNTARILY RECEIVE MENTAL HEALTH SERVICES;~~

~~B. BE REFERRED FOR NON-MENTAL HEALTH RELATED SERVICES; OR,~~

~~C. BE IMMEDIATELY RELEASED FROM THE FACILITY.~~