

27-65 C.R.S. Updates

For law enforcement, EMS, hospitals, etc.

Presenters:

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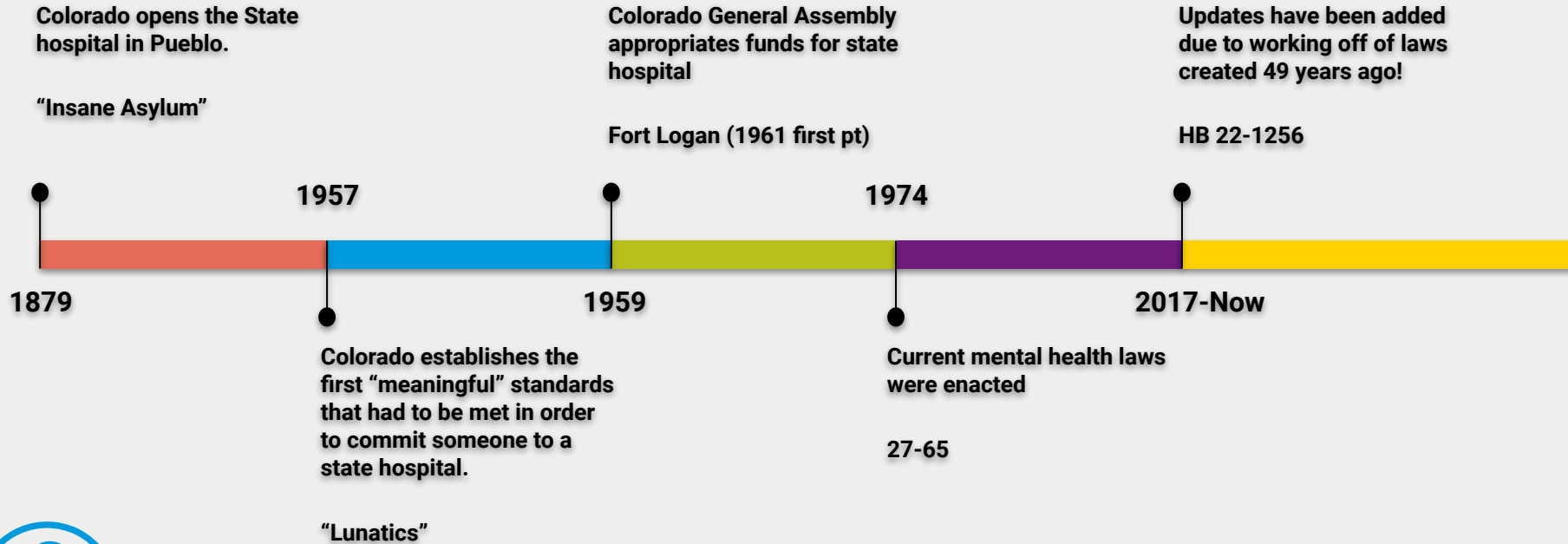
COLORADO
Behavioral Health
Administration



Goals/Agenda

- Colorado history
- 27-65 C.R.S.
 - Key Terms/Definitions
 - Transportation Hold
 - Emergency Mental Health Hold
 - Subsequent Emergency Mental Health Hold
 - Care coordination
 - Discharge Requirements
- Additional areas
- M forms

Brief History



What is 27-65 Care and Treatment of Persons with a Mental Health Disorders

- Law that secures the care and treatment of persons with mental health needs
- Defines and establishes how services shall be provided
- Designed to provide individualized services and protect an individuals dignity and personal integrity while in service
- And more...

Ultimately, 27-65 is a protection of a person's rights, especially when they are being treated involuntarily.

Definitions (27-65-102 C.R.S.)

Relevant definitions

- “Behavioral Health Crisis” - Disruption in a person’s behavioral health stability/functioning requiring a need for immediate assessment and treatment.
- “Mental Health Disorder” - Disorders of the cognitive, volitional, or emotional processes that impair judgment, behavioral control, or capacity to recognize reality. ****An intellectual or developmental disability is insufficient to justify or exclude a finding of a mental health disorder.****

Definitions (27-65-102 C.R.S.) Cont'd

- “Danger to self or others” -
 - A person poses a substantial risk of physical harm to the person’s self as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to the person’s self; or
 - 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.

Definitions (27-65-102 C.R.S.) Cont'd

- “Gravely Disabled” -
 - A condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for 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 the person’s essential needs that could result in substantial bodily harm. A person of any age may be “gravely disabled”, but the term *does not include a person whose decision-making capabilities are limited solely by the person’s developmental disability.*
 - Caretaker

Definitions (27-65-102 C.R.S.) Cont'd

- “Intervening Professional” - Professional person, PA, APRN, RN with BHA training, LCSW, LMFT, LPC, LAC
- “Professional Person” - Licensed to practice medicine in this state - MD, DO, psychologist.
- “Behavioral Health Crisis Response Team” - Co-responder, mobile crisis response unit, or community response team. *At least 1 licensed or bachelor-degree-level BH worker*
- “Certified Peace Officer” - Described in C.R.S. 16-2.5-102. P.O.S.T.

Screening

- Process completed to place an individual on an M-1 for further evaluation and treatment.
- Review of all petitions and an interview to assess the problem.
- Makes a determination of whether the individual needs a comprehensive evaluation, treatment, referral, and other appropriate services and, if so, will accept this on a voluntary basis or not.

VS Evaluation



- Process following an individual being placed on an M-1 or M-7.
- Completed at the facility.
- Determines whether the individual continues to meet emergency mental health hold criteria and, if so, what further mental health care is recommended.

27-65 Designed to protect individuals during
treatment and care

Dignity, personal integrity, individualized services



Voluntary

VS

Involuntary

Any person can seek services

27-65-103, 27-65-104

Hospital patient rights

Age of consent is 15

Civil Court proceedings

27-65-106, 27-65-107, 27-65-109,

27-65-110, 27-65-111

M Forms

Involuntary Process



- 27-65-107 C.R.S. (M-0.5) Emergency Transportation
 - CPO, EMT/EMS
 - No longer intervening professionals
 - 14 hours
- 27-65-106 C.R.S. (M-1) Emergency Mental Health Hold
 - CPO, intervening professionals
 - 3 pathways
 - 72 hours
- **New required procedures form!! (M-1.5)** 27-65-106(6)(b) C.R.S.


M-Forms

- Legal forms associated with involuntary services
- Statute required updates to forms and patient rights
- Updated forms as of 10.1.2023
- New M Form are available on BHA's website
 - ◆ Implementation date is 1.1.2024
 - ◆ Old forms are no longer valid



M-1.5 Evaluation Procedures ****NEW****

- Checklist outlining the involuntary process to determine what, if any, treatment a person requires.
- Everyone signs - this sheet stays with patient throughout their involuntary/evaluation process.
- Meant to be used as an internal checklist, completed by different professionals to standardize processes.

	
Evaluation Procedures	Individual's Name:
	Client ID:

Per 27-65-106(6) C.R.S., each individual held for an emergency mental health hold must be evaluated to determine what, if any, further treatment and care the individual requires. Listed below are the standardized processes, procedures, and/or documentation required. Initial each portion completed, sign your name with credentials at the bottom.

- ☐ Initial Agency Crisis Screening or BHA Crisis Assessment, if applicable
- ☐ Transportation Hold Documentation, if applicable (*FORM: M-0.5*)
 - ☐ Signed Transportation Patient Rights (*FORM: M-0.51*)
- ☐ Emergency Mental Health Screening (if no initial screening/BHA Crisis Assessment)
- ☐ Emergency Mental Health Hold Application (*FORM: M-1*)
 - ☐ Signed Patient Rights (*FORM: M-2*)
- ☐ Agency Behavioral Health/Comprehensive Evaluation
 - ☐ Diagnostic Impression
 - ☐ Danger to Self
 - ☐ Danger to Others
 - ☐ Gravely Disabled
 - ☐ N/A; Individual Discharged
- ☐ Transferred to Inpatient (under original *M-1* hold) **[EMERGENCY DEPARTMENT ONLY]**
- ☐ Subsequent Hold, if applicable **[EMERGENCY DEPARTMENT ONLY]**
- ☐ Discharge Summary/Instructions (per 27-65-106(8) C.R.S) provided to individual, or documented in chart patient refusal to accept instructions.

****I have reviewed the above documents in their entirety and recommend the following:**

- ☐ Discharge Client, no further care and/or treatment required.
- ☐ Client has agreed to voluntary services.
- ☐ Client has declined voluntary services or has agreed to services voluntarily however there is substantial reason to believe that individual will not remain voluntarily.
 - ☐ Certification (*FORM: M-8*)
 - ☐ Adult Certified Inpatient Rights (*FORM: M-8.1*)
 - ☐ Minor Certified Inpatient Rights (*FORM: M-8.3*)
 - ☐ Outpatient Certified Patient Rights (*FORM: M-8.2*)

****By signing below, I affirm I have completed the item I have initialed and discussed any pertinent information with the signer of other documents.**

Initials	Signature	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Colorado, Behavioral Health Administration
Form: M-1.5 (rev. 10/2023) Evaluation Procedure

M-0.5 Transportation Hold (27-65-107)

What?

Involuntary hold for non-mental health clinicians to involuntarily transport someone suspected of experiencing a behavioral health crisis for screening.



Who?

Certified Peace Officers

Emergency Medical Services
Provider

*Intervening professionals
were removed*

When?

There is 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 themselves or others.

Not a replacement for M-1!

Exceptions

- Intervening professional determined to NOT meet emergency mental health hold criteria (M-1) during same event
- Crisis response team available in “timely manner”
- Individual needs medical assistance

Limitations



- Cannot be transported longer than 6 hours
- Cannot be held longer than 14 hours
- Must be screened by an intervening professional immediately/within 8 hours.



Transportation Hold



Per statute:

- Transport to a crisis walk-in center or 27-65 designated facility.
- If unavailable, ED.
 - Hold expires upon ED receiving the individual for care.

****Rights must be read and provided prior to transportation.****



At the facility?

- Upon arrival, intervening professional must screen individual immediately, but no later than 8 hours after arrival if unavailable.
- Screening is to determine if the individual meets the criteria for an emergency mental health hold, will accept treatment on a voluntary basis, or may discharge with other appropriate referrals.

[illegible]

COLORADO

Behavioral Health
Administration

RIGHTS OF PATIENTS-TRANSPORTATION HOLD

C.R.S. 27-63-105; 27-63-107, as amended.

Any individual detained pursuant to §27-65-107 has the following rights, which must be explained prior to transporting the individual.

TO: _____, Patient:


1. **REASON FOR DETAINMENT.** You have the right to be told the reason for your detainment and the limitations of that detainment. You have the right not to be detained in a jail, lockup, or other place used for confinement of persons charged with or convicted of penal offenses.
2. **DETAINMENT PERIOD.** Unless otherwise permitted by state and federal law, you have the right not to be detained under an emergency transportation hold for longer than 14 hours. You have the right not to be transported for longer than 6 hours and to receive a screening within 8 hours after being presented to a receiving facility.
3. **PHONE CALL.** You have the right to make a phone call to an interested party prior to being transported unless a certified peace officer or emergency medical services provider believes access to a phone poses physical danger to you or someone else. If the peace officer or EMS provider believes phone access poses a danger, the receiving facility shall make the call on your behalf immediately upon your arrival at the receiving facility.
4. **CELL PHONE.** You have the right to keep and use your cell phone, unless access to your cell phone causes you to destabilize or will result in danger to yourself or others as determined by a provider, facility staff member, or security personnel involved in your care.
5. **CLOTHING AND POSSESSIONS.** You have the right to wear your own clothing and to keep and use the personal possessions in your possession at the time of detainment. However, the receiving facility may temporarily restrict your access to personal clothing or possessions until a safety assessment is completed. A licensed medical or behavioral health professional must conduct a safety assessment as soon as possible. If the facility restricts your access to personal clothing or personal possessions, the facility is required to inform you as to why these things are being restricted.
6. **FACILITY CONDITIONS.** You have the right to appropriate access to water, hygiene products, and food. You have the right to have your nutritional needs met in a manner that is consistent with recognized dietary practices to the extent reasonably possible at the receiving facility.
7. **FAIR TREATMENT.** You have the right to the same consideration and treatment as anyone else, regardless of race, ethnicity, religion, culture, spoken language, age, sex, sexual orientation, gender identity or expression, socioeconomic status, or physical or mental disability. You have the right to be treated fairly, with respect and recognition of your dignity and individuality.
8. **GREIVANCES.** You have the right to file a grievance with the Behavioral Health Administration, the Colorado Department of Public Health and Environment, and the Office of the Colorado Ombudsman for Behavioral Health Access to Care.

Your rights, as provided here, may only be denied if access to an item, program, or service would cause you to destabilize or would create a danger to yourself or others. Any such determination must be made by a licensed provider involved in your care. Denial of any right listed here must be entered into your treatment record and must be made available, upon request, to you, your attorney, or your designated lay person.

Person Providing Advice/ment

Date/Time

State of Colorado, Behavioral Health Administration
Form 14-03 (Rev. 08/23), Transportation Rights

 <div style="display: inline-block; text-align: left;"> Colorado Behavioral Health Administration <small>Behavioral Health Administration</small> </div>	Individual's Name: _____ Client ID: _____
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Evaluation Procedures

Per 27-65-106(6) C.R.S., each individual held for an emergency mental health hold must be evaluated to determine what, if any, further treatment and care the individual requires. Listed below are the standardized processes, procedures, and/or documentation required. Initial each portion completed, sign your name with credentials at the bottom.

- Initial Agency Crisis Screening or BHA Crisis Assessment, if applicable
- Transportation Hold Documentation, if applicable (*FORM: M-0.5*)
 - ☐ Signed Transportation Patient Rights (*FORM: M-0.5.1*)
- Emergency Mental Health Screening (if no initial screening/BHA Crisis Assessment)
- Emergency Mental Health Hold Application (*FORM: M-1*)
 - ☐ Signed Patient Rights (*FORM: M-2*)
- Agency Behavioral Health/Comprehensive Evaluation
 - ☐ Diagnostic Impression
 - ☐ Danger to Self
 - ☐ Danger to Others
 - ☐ Gravely Disabled
 - ☐ NA; Individual Discharged
- Transferred to Inpatient (under original M-1 hold) **[EMERGENCY DEPARTMENT ONLY]**
- Subsequent Hold, if applicable **[EMERGENCY DEPARTMENT ONLY]**
- Discharge Summary/Instructions (per 27-65-106(8) C.R.S.) provided to individual, or documented in chart patient refusal to accept instructions.

***I** have reviewed the above documents in their entirety and recommend the following:

- Discharge Client, no further care and/or treatment required.
- Client has agreed to voluntary services.
- Client has declined voluntary services or has agreed to services voluntarily however there is substantial reason to believe that individual will not remain voluntarily.
 - ☐ Certification (*FORM: M-8*)
 - ☐ Adult Certified Inpatient Rights (*FORM: M-8-1*)
 - ☐ Minor Certified Inpatient Rights (*FORM: M-8-3*)
 - ☐ Outpatient Certified Patient Rights (*FORM: M-8-2*)

******By signing below, I affirm I have completed the item I have initialed and discussed any pertinent information with the signer of other documents.

Initials	Signature	Agency

Must contain the following, per statute:

1. Name and address of the petitioner and petitioner's interest in the case.
1. Name of the respondent and, if known, the address, age, gender, marital status, occupation, and any animals or dependents in the respondent's care
1. Allegations indicating the hold criteria is met
1. Name and address of every person known or believed to be legally responsible for the care, support, and maintenance of the respondent.
1. Name, address, and telephone number of the attorney who has most recently represented the respondent (if any).

EMERGENCY TRANSPORTATION FOR IMMEDIATE
SCREENING

Date:		Time:
Individual's Name:		Case/Incident/Event No:
Address (Street, City, County, State, Zip Code):		Date Of Birth: Race:
Place Of Contact:		Primary Language: Sex: Gender Id:
Name Of Person Reporting Individual's Condition to Undersigned:		
Nearest Relative (Name):		Relationship:
Address (Street, City, County, State, Zip Code):		Phone
Pursuant to the provisions of SECTION 27-65-107, C.R.S. as amended, the individual was taken into protective custody by the undersigned and transported for an immediate screening at (name of facility):		
The undersigned has probable cause to believe the individual is experiencing a behavioral health crisis or is gravely disabled and, as a result, without professional intervention the individual may be a danger to the person's self or others. Signs and/or symptoms consistent with this probable cause is/are:		
<input type="checkbox"/> Check if restraint intervention used during transport		<input type="checkbox"/> By checking this box, I acknowledge I advised the individual of their rights during this transportation hold. (M-0.51)
Examples may include: <i>Feelings of paranoia Agitated Non sensical speech Bizarre Complaints Confusion</i> <i>Hearing Voices Seeing Things Homicidal Thoughts Suicidal Thoughts</i>		
Individuals Or Pets the Individual Is Responsible For (names/locations):		
SIGNATURE:		TITLE: BADGE/CERTIFICATION NO.:
<i>This Emergency Transportation Hold must not last longer than 14 hours, except that when a person is transported to an emergency medical facility the involuntary transportation hold expires upon receipt by the receiving facility for screening. The intervening professional must screen the individual immediately when received by the facility. If an intervening professional is not immediately available, the individual must be screened within eight (8) hours after the individual's arrival to the facility, per Section 27-65-107(3)(a)-(b), 4(a)(i), C.R.S.</i>		
NOTICE TO INDIVIDUAL: Section 27-65-107(1)(a), C.R.S., authorizes your immediate transport to an outpatient mental health facility, a designated facility, or other clinically appropriate facility. If such facilities are not available, you may be taken to an emergency medical services facility.		

RIGHTS OF PATIENTS- TRANSPORTATION HOLD

C.R.S. 27-65-105; 27-65-107, as amended.

Any individual detained pursuant to §27-65-107 has the following rights, which must be explained prior to transporting the individual.

TO: _____, Patient:

1. **REASON FOR DETAINMENT.** You have the right to be told the reason for your detainment and the limitations of that detainment. You have the right to not be detained in a jail, lockup, or other place used for confinement of persons charged with or convicted of penal offenses.
2. **DETAINMENT PERIOD.** Unless otherwise permitted by state and federal law, you have the right not to be detained under an emergency transportation hold for longer than 14 hours. You have the right not to be transported for longer than 6 hours and to receive a screening within 8 hours after being presented to a receiving facility.
3. **PHONE CALL.** You have the right to make a phone call to an interested party prior to being transported unless a certified peace officer or emergency medical services provider believes access to a phone poses physical danger to you or someone else. If the peace officer or EMS providers believes phone access poses a danger, the receiving facility shall make the call on your behalf immediately upon your arrival at the receiving facility.
4. **CELL PHONE.** You have the right to keep and use your cell phone, unless access to your cell phone causes you to destabilize or will result in danger to yourself or others as determined by a provider, facility staff member, or security personnel involved in your care.
5. **CLOTHING AND POSSESSIONS.** You have the right to wear your own clothing and to keep and use the personal possessions in your possession at the time of detainment. However, the receiving facility may temporarily restrict your access to personal clothing or possessions until a safety assessment is completed. A licensed medical or behavioral health professional must conduct a safety assessment as soon as possible. If the facility restricts your access to personal clothing or personal possessions, the facility is required to inform you as to why these things are being restricted.
6. **FACILITY CONDITIONS.** You have the right to appropriate access to water, hygiene products, and food. You have the right to have your nutritional needs met in a manner that is consistent with recognized dietary practices to the extent reasonably possible at the receiving facility.
7. **FAIR TREATMENT.** You have the right to the same consideration and treatment as anyone else regardless of race, ethnicity, religion, culture, spoken language, age, sex, sexual orientation, gender identity or expression, socioeconomic status, or physical or mental disability. You have the right to be treated fairly, with respect and recognition of your dignity and individuality.
8. **GRIEVANCES.** You have the right to file a grievance with the Behavioral Health Administration, the Colorado Department of Public Health and Environment, and the Office of the Colorado Ombudsman for Behavioral Health Access to Care.

Your rights, as provided here, may only be denied if access to an item, program, or service would cause you to destabilize or would create a danger to yourself or others. Any such determination must be made by a licensed provider involved in your care. Denial of any right listed here must be entered into your treatment record and must be made available, upon request, to you, your attorney, or your designated lay person.

Person Providing Advisement

Date/Time

M-0.51 Transportation Rights

Certified Peace Off./EMS

- Probable cause BH crisis/grave disability
- CRT available within a “timely manner”
- No primary medical needs
- Read the rights PRIOR to transport
Individual can make a phone call

Intervening Prof.

- Cannot place an M-0.5
- Respond in a “timely manner”
- Screen for M-1 criteria
- Place M-1 if appropriate
- If already determined to not meet M-1 criteria, cannot be placed on an M-0.5

M-1 Emergency Mental Health Hold (27-65-106)



What?

Involuntary hold that allows for a person to be taken into protective custody and transported to a facility for ongoing treatment and care, if criteria is met.

Transport for evaluation.

Who?

Certified Peace Officers

Intervening professionals

Court petition

When?

Probable cause to believe/reasonably believes a person has a mental health disorder and as a result of the mental health disorder a person is an imminent danger to themselves, others, or is gravely disabled.

Individual will NOT go voluntarily.





Emergency Mental Health Hold

- Law Enforcement:
 - Probable cause to believe a person has a MH disorder and as a result is an imminent danger to self/others or gravely disabled.

- Intervening Professional:
 - Reasonably believes a person appears to have a MH disorder and as a result is an imminent danger to self/others or gravely disabled.

- Only an evaluating professional can remove a hold. Evaluating professionals are:
 - A professional person;
 - An advanced practice registered nurse with training in psychiatric nursing;
or
 - A licensed PA, a LCSW, a LPC, or a LMFT who has 2 years of experience in behavioral safety and risk assessment working in a health-care setting.



Emergency Mental Health Hold

- Transport to a 27-65 designated facility
 - If unavailable, “emergency medical services facility”
- May detain the person for evaluation, not to exceed 72 hours
- Evaluation ASAP by an evaluating professional
 - Determine treatment and care needed
 - Results must state whether the person should be released, referred for tx voluntarily, or certified.





Respond

1

Screening to determine criteria
Voluntary?



Protective custody

2

Must not be detained in a jail
Can transport even if warrant - best interest
M-2, patient rights!

Transport

3

27-65 facility, ED
Intervening professional can request CPO or secure
transport provider

Limitations

4

72-hours
Evaluating professional to remove
Evaluation ASAP
Treatment and care during 72-hours
Subsequent holds...

Rule Outs?

5

Medical, dementia, I/DD

M-1 Emergency Mental Health Hold (27-65-106) Cont'd Process

Emergency Mental Health Hold Required Forms

COLORADO
Behavioral Health
Administration
EMERGENCY MENTAL HEALTH HOLD APPLICATION
C.R.S. 27-65-106, as amended.

Date/Time Involuntarily Detained _____

Individual's Name: _____ Case/Event No. (Law Enforcement Only): _____

Address (Street, City, County, State, Zip+City Code): _____ Date Of Birth: _____ Primary Language: _____

Place Of Contact: _____ Race/Ethnicity: _____ Sex: _____ Gender Identity: _____

Current Psychiatric Care (when/where/when): _____

Previous Psychiatric Care (when/where/when): _____

Name Of Person Reporting Individual's Condition To Undergo: _____ Relationship: _____

Nearest Relative (Name): _____ Address (Street, City, County, State, Zip+City Code): _____ Phone: _____

Individual's Presenting Symptoms (Circle all that support probable cause for emergency procedures)

Physical Activity:	Emotional Reaction/Attitude:
Agitated Stunned Lethargic Isolated	Aggressive Suspicious Excited Withdrawn Euphoric Sad Angry Manic Confused Indifferent Scared
Disorientation: _____	Speech: _____
Clown Only Tidy Unknown Inappropriate	Swearing Over-talking Derails Stumbling Rambling Under-talking Furious Silent Nonsensical Shouting Controlled Monotone Illogical Normal Variable
Expressions: _____	Thoughts: _____
Suicide thoughts: _____	Grandiose Ideas: _____
Hearing voices: _____	Suspicious or Paranoid: _____
	Homicidal thoughts: _____
	Ridiculous Complaint: _____
	Unusual sexual ideas: _____
	Overly self-critical: _____
	Seeing things: _____
	Ideas of being persecuted: _____
	Disregard for danger: _____
	Flat, lack of expression: _____

Does individual:

Know who they are?	Yes	No	Access to weapons?	Yes	No	Unknown
Where they are?	Yes	No	Types, locations of weapons:	Yes	No	Unknown
Understand reason for hold?	Yes	No				

NARRATIVE REPORT (Additional information that supports probable cause to invoke the emergency procedure)

Individual appears to have a mental health disorder and is a result of such mental health disorder, appears to be an **imminent danger** to **themselves**, **others**, or **the individual's self** or appear to be **gravely disabled**. The circumstances, behaviors, and perceptions observed by the undersigned show probable cause to take the individual into custody, as follows:

TREATMENT AND EVALUATION LOCATION: Pursuant to the provisions of SECTION 27-65-106, C.R.S., as amended, the individual was taken into custody by the undersigned and detained for 72-hour treatment and evaluation at (facility name and address): _____

Is the individual responsible for any persons or pets? If yes, please provide additional details: No Yes _____

Is the individual responsible for any property (such as temporary housing) which may be jeopardized by their detainment? If yes, please provide additional details: No Yes _____

Printed Name: _____ **Title:** _____ **Phone:** _____

Signature: _____ **Agency:** _____ **Badge/CO License No.:** _____

Co-Signer: _____ **Title:** _____ **Phone:** _____

Co-Signature: _____ **Agency:** _____ **Badge/CO License No.:** _____

***NOTICE TO INDIVIDUAL:** Section 27-65-106(5), the time period for evaluation and care should not exceed seventy-two (72) hours. _____ Required Copies Provided to: _____

Hold discontinued (date/time): _____ Receiving Facility: _____

State of Colorado, Behavioral Health Administration
Form M-1 (rev. 06/23), Emergency Mental Health Hold Application

M-1

COLORADO
Behavioral Health
Administration
RIGHTS OF PATIENTS
EMERGENCY MENTAL HEALTH HOLD
C.R.S. 27-65-105 to 106, as amended.

TO: _____ Patient: _____

You are being held on an INVOLUNTARY emergency mental health hold. The following rights apply to you as you receive evaluation and care. These rights must be provided to you in written form and explained to you in a language or manner so that you may understand. The facility must help you in exercising your rights listed below.

Your rights as provided here may only be denied if access to an item, program, or service would cause you to destabilize or would create a danger to yourself or others. Any such determination must be made by a licensed provider involved in your care. Denial of any right listed here must be entered into your record and must be made available, upon request, to you, your legal guardian, and/or your attorney.

****If you feel at any time your rights have been violated, you have the right to file a complaint against the facility with the Behavioral Health Administration and/or the Colorado Department of Public Health and Environment. Your patient representative will assist you in making a formal complaint or grievance if requested. ****

- REASON FOR DETAINMENT.** You have the right to be told the reason for your detainment and the limitations of that detainment. You have the right to not be detained in a jail, lockup, or other place used for confinement of persons charged with or convicted of penal offenses.
- INFORMED.** You will be told the reason for any holding at a facility and the limits of this holding. You will be evaluated to decide your mental health condition and find the best direction for your care. You have the right to receive care that is provided safely, by a skilled professional, that will treat you humanely.

Your emergency mental health hold began: _____ (date/time)

****There is potential for your hold to end before 72 hours or extended longer than 72 hours depending on your specific needs. ****

- TELEPHONES.** You have the right to have reasonable access to telephones or other communication devices. You have the right to make and receive calls or communications in private. You have the right to keep and use your cellphone, unless access to your cellphone causes you to destabilize or will result in danger to yourself or others as determined by a provider, facility staff member, or security personnel involved in your care.
- CLOTHING AND POSSESSIONS.** You have the right to wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money. The facility may temporarily restrict your access to personal clothing or possessions until a safety assessment is completed. A licensed medical or behavioral health professional must conduct a safety assessment as soon as possible. If the facility restricts your access to personal clothing or personal possessions, the facility is required to inform you as to why these things are being restricted. The facility shall periodically conduct additional safety assessments to determine whether you may possess your personal clothing and possessions, with the goal of restoring your rights.
- YOUR ATTORNEY.** You have the right to retain and consult with an attorney at any time. If you are being detained by an emergency medical services facility under an emergency mental health hold, the medical services must notify the court and the court shall appoint an attorney to represent you. Non-emergency medical services facilities are not required to retain an attorney on your behalf, but they must allow you to

State of Colorado, Behavioral Health Administration
Form M-2 (rev. 09/2023), Emergency Hold Rights

M-2

COLORADO
Behavioral Health
Administration
Evaluation Procedures

Individual's Name: _____

Client ID: _____

Per 27-65-106(6) C.R.S., each individual held for an emergency mental health hold must be evaluated to determine what, if any, further treatment and care the individual requires. Listed below are the standardized processes, procedures, and/or documentation required. Initial each portion completed, sign your name with credentials at the bottom.

- Initial Agency Crisis Screening or BHA Crisis Assessment, if applicable
- Transportation Hold Documentation, if applicable (FORM: M-0.5)
 - Signed Transportation Patient Rights (FORM: M-0.51)
- Emergency Mental Health Screening (if no initial screening/BHA Crisis Assessment)
- Emergency Mental Health Hold Application (FORM: M-1)
 - Signed Patient Rights (FORM: M-2)
- Agency Behavioral Health/Comprehensive Evaluation
 - Diagnostic Impression
 - Danger to Self
 - Danger to Others
 - Gravely Disabled
 - NIA: Individual Discharged
- Transferred to Inpatient (under emergency M-1 hold) [EMERGENCY DEPARTMENT ONLY]
- Subsequent Hold, if applicable [EMERGENCY DEPARTMENT ONLY]
- Discharge Summary/Instructions (per 27-65-106(8) C.R.S.) provided to individual, or documented in chart patient refusal to accept instructions.

****I have reviewed the above documents in their entirety and recommend the following:**

- Discharge Client, no further care and/or treatment required
- Client has agreed to voluntary services.
- Client has declined voluntary services or has agreed to services voluntarily however there is substantial reason to believe that individual will not remain voluntarily.
 - Adult Certified Inpatient Rights (FORM: M-8-1)
 - Minor Certified Inpatient Rights (FORM: M-8-3)
 - Outpatient Certified Patient Rights (FORM: M-8-2)

****By signing below, I affirm I have completed the item I have initiated and discussed any pertinent information with the signer of other documents.**

Initials	Signature	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Colorado, Behavioral Health Administration
Form: M-1.5 (rev. 10/2023) Evaluation Procedure

M-1.5



Must contain the following, per statute:

1. Name and address of the petitioner and petitioner's interest in the case.
2. Name of the respondent and, if known, the address, age, gender, marital status, occupation, and any animals or dependents in the respondent's care
3. Allegations indicating the hold criteria is met
4. Name and address of every person known or believed to be legally responsible for the care, support, and maintenance of the respondent.
5. Name, address, and telephone number of the attorney who has most recently represented the respondent (if any).

COLORADO

**Behavioral Health
Administration**

EMERGENCY MENTAL HEALTH HOLD APPLICATION

C.R.S. 27-65-106, as amended.

Individual's Name:		Date/Time Involuntarily Detained:	
Address (Street, City, County, State, Zip Code)		Case/Event No. (Law Enforcement Only):	
Place Of Contact:		Date Of Birth:	Primary Language:
		Race/Ethnicity:	Sex: Gender Identity:
Current Psychiatric Care (where/provider name):			
Previous Psychiatric Care (where/provider name/when):			
Name Of Person Reporting Individual's Condition to Undersigned:			
Nearest Relative (Name):		Relationship:	
Address (Street, City, County, State, Zip Code)		Phone:	
Individual's Presenting Symptoms (<i>Circle all that support probable cause for emergency procedures</i>)			
Physical Activity: <input type="checkbox"/> Agitated <input type="checkbox"/> Elevated Lethargic <input type="checkbox"/> Isolated		Emotional Reaction/Attitude: <input type="checkbox"/> Aggressive <input type="checkbox"/> Suspicious <input type="checkbox"/> Excited <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Manic <input type="checkbox"/> Confused <input type="checkbox"/> Indifferent <input type="checkbox"/> Scared	
Dress/Hygiene: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Tidy <input type="checkbox"/> Unkempt <input type="checkbox"/> Eccentric <input type="checkbox"/> Inappropriate		Speech: <input type="checkbox"/> Screaming <input type="checkbox"/> Over-talkative <input type="checkbox"/> Dramatic <input type="checkbox"/> Mumbling <input type="checkbox"/> Rambling <input type="checkbox"/> Under-talkative <input type="checkbox"/> Forceful <input type="checkbox"/> Silent <input type="checkbox"/> Nonsensical <input type="checkbox"/> Shouting <input type="checkbox"/> Controlled <input type="checkbox"/> Monotone <input type="checkbox"/> Illogical <input type="checkbox"/> Normal <input type="checkbox"/> Variable	
Expressions: <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Grandiose ideas <input type="checkbox"/> Suspicious or Paranoid <input type="checkbox"/> Homicidal thoughts <input type="checkbox"/> Bizarre Complaint <input type="checkbox"/> Unusual sexual ideas <input type="checkbox"/> Hearing voices <input type="checkbox"/> Overly self-critical <input type="checkbox"/> Seeing things <input type="checkbox"/> Ideas of being persecuted <input type="checkbox"/> Disregard for Danger <input type="checkbox"/> Flat, lack of expression			
Does individual: Know who they are? Yes No Where they are? Yes No Understand reason for hold? Yes No		Access to weapon(s)? Yes No Unknown Type(s), Location(s) of weapon(s):	
NARRATIVE REPORT (Additional information that supports probable cause to invoke the emergency procedure). The individual appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger <input type="checkbox"/> to others , <input type="checkbox"/> individual's self , or appears to be <input type="checkbox"/> gravely disabled . The circumstances, behaviors, and presentations observed by the undersigned shows probable cause to take the individual into custody are as follows: 			
TREATMENT AND EVALUATION LOCATION: Pursuant to the provisions of SECTION 27-65-106, C.R.S., as amended, the individual was taken into custody by the undersigned and detained for 72-hour treatment and evaluation at (facility name and address): 			
Is the individual responsible for any persons or pets? If yes, please provide additional details. No Yes: _____			
Is the individual responsible for any property (such as temporary housing) which may be jeopardized by their detainment? If yes, please provide additional details. No Yes: _____			
Printed Name:	Title:	Phone:	
Signature:	Agency:	Badge/CO License No.:	
Co-Signer:	Title:	Phone:	
Co-Signature:	Agency:	Badge/CO License No.:	
*NOTICE TO INDIVIDUAL: Section 27-65-106(5), the time period for evaluation and care should not exceed seventy-two (72) hours.		Required Copies Provided to: Receiving Facility Individual Records:	
Hold Disc continued (date/time):			

State of Colorado, Behavioral Health Administration
Form M-1 (rev. 09/23) Emergency Mental Health Hold Application

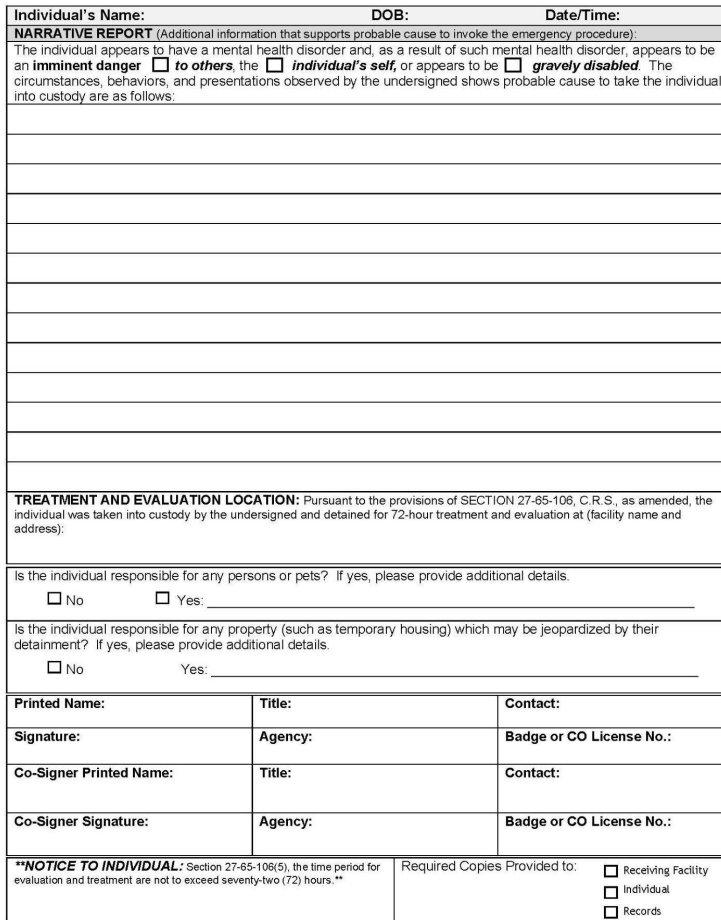
1

27



EMERGENCY MENTAL HEALTH HOLD APPLICATION
C.R.S. 27-65-106, as amended.

Individual's Presenting Symptoms <i>(Select all that support probable cause for emergency procedures)</i>			
Physical Activity:		Emotional Reaction/Attitude:	
<input type="checkbox"/> Agitated	<input type="checkbox"/> Elevated	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Suspicious <input type="checkbox"/> Excited <input type="checkbox"/> Withdrawn
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Isolated	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Manic
		<input type="checkbox"/> Confused	<input type="checkbox"/> Indifferent <input type="checkbox"/> Scared
Dress/Hygiene: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty		Speech:	
<input type="checkbox"/> Tidy <input type="checkbox"/> Unkempt		<input type="checkbox"/> Screaming	<input type="checkbox"/> Over-talkative <input type="checkbox"/> Dramatic <input type="checkbox"/> Mumbling
<input type="checkbox"/> Eccentric		<input type="checkbox"/> Rambling	<input type="checkbox"/> Under-talkative <input type="checkbox"/> Forceful <input type="checkbox"/> Silent
<input type="checkbox"/> Inappropriate		<input type="checkbox"/> Nonsensical	<input type="checkbox"/> Shouting <input type="checkbox"/> Controlled <input type="checkbox"/> Monotone
		<input type="checkbox"/> Illogical	<input type="checkbox"/> Normal <input type="checkbox"/> Variable
Expressions:			
<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Grandiose ideas	<input type="checkbox"/> Suspicious or Paranoid	
<input type="checkbox"/> Homicidal thoughts	<input type="checkbox"/> Bizarre Complaint	<input type="checkbox"/> Unusual sexual ideas	
<input type="checkbox"/> Hearing voices	<input type="checkbox"/> Overly self-critical	<input type="checkbox"/> Seeing things	
<input type="checkbox"/> Ideas of being persecuted	<input type="checkbox"/> Disregard for Danger	<input type="checkbox"/> Flat, lack of expression	
Does individual:		Access to weapon(s)?	
Know who they are?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Where they are?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Understand reason for hold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	
		Type(s), Location(s) of weapon(s):	



**RIGHTS OF PATIENTS
EMERGENCY MENTAL HEALTH HOLD**
C.R.S. 27-65-105 to 106, as amended.



TO: _____, Patient:

You are being held on an **INVOLUNTARY** emergency mental health hold. The following rights apply to you as you receive evaluation and care. These rights must be provided to you in written form and explained to you in a language or manner so that you may understand. The facility must help you in exercising your rights listed below.

Your rights as provided here may only be denied if access to an item, program, or service would cause you to destabilize or would create a danger to yourself or others. Any such determination must be made by a licensed provider involved in your care. Denial of any right listed here must be entered into your record and must be made available, upon request, to you, your legal guardian, and/or your attorney.

*** If you feel at any time your rights have been violated, you have the right to file a complaint against the facility with the Behavioral Health Administration and/or the Colorado Department of Public Health and Environment. Your patient representative will assist you in making a formal complaint or grievance if requested. ***

1. **REASON FOR DETAINMENT.** You have the right to be told the reason for your detainment and the limitations of that detainment. You have the right to not be detained in a jail, lockup, or other place used for confinement of persons charged with or convicted of penal offenses.
2. **INFORMED.** You will be told the reason for any holding at a facility and the limits of this holding. You will be evaluated to decide your mental health condition and find the best direction for your care. You have the right to receive care that is provided safely, by a skilled professional, that will treat you humanely.

Your emergency mental health hold began: _____ (date/time)

*** There is potential for your hold to end before 72 hours or extended longer than 72 hours depending on your specific needs. ***

3. **TELEPHONES.** You have the right to have reasonable access to telephones or other communication devices. You have the right to make and receive calls or communications in private. You have the right to keep and use your cellphone, unless access to your cellphone causes you to destabilize or will result in danger to yourself or others as determined by a provider, facility staff member, or security personnel involved in your care.
4. **CLOTHING AND POSSESSIONS.** You have the right to wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money. The facility may temporarily restrict your access to personal clothing or possessions until a safety assessment is completed. A licensed medical or behavioral health professional must conduct a safety assessment as soon as possible. If the facility restricts your access to personal clothing or personal possessions, the facility is required to inform you as to why these things are being restricted. The facility shall periodically conduct additional safety assessments to determine whether you may possess your personal clothing and possessions, with the goal of restoring your rights.
5. **YOUR ATTORNEY.** You have the right to retain and consult with an attorney at any time. If you are being detained by an emergency medical services facility under an emergency mental health hold, the facility must notify the court and the court shall appoint an attorney to represent you. Non-emergency medical services facilities are not required to retain an attorney on your behalf, but they must allow you to

contact an attorney. You must have access to your attorney at any time, including but not limited to, during non-visiting hours. The facility must not deny any request to speak with your attorney.

6. **PATIENT REPRESENTATIVE.** Within 24 hours of making a request, you have the right to see and receive the services of a patient representative who has no direct or indirect clinical, administrative, or financial responsibility for you.
7. **MEDICATIONS.** You have the right to refuse medications. Any treatments offered during your emergency mental health hold require your consent. This does not include the use of emergency medications.
8. **VOLUNTARY EVALUATION.** You have the right to sign in voluntarily at any time. This decision 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 truly make a voluntary decision, you may continue to be held involuntarily.
9. **NO DISCRIMINATION.** You have the right to the same consideration and treatment as anyone else regardless of race, ethnicity, religion, culture, spoken language, age, sex, sexual orientation, gender identity or expression, socioeconomic status, or physical or mental disability. You have the right to be treated fairly, with respect and recognition of your dignity and individuality by all employees of the facility with whom you come into contact.
10. **BASIC NEEDS.** You have the right to appropriate access to water, hygiene products, and food. You have the right to have your nutritional needs met in a manner that is consistent with recognized dietary practices.
11. **VISITORS.** You have the right to have frequent and convenient opportunities to meet with visitors in accordance with the facility's current visitor guidelines. You have the right to see your attorney, chosen clergy person, or physician at any time.
12. **RELIGIOUS PRACTICES.** You have the right to continue to practice your religion while on a mental health hold.
13. **CONFIDENTIALITY.** You have the right to have your records remain confidential, except as required by law.
14. **FINGERPRINTS AND PHOTOGRAPHS.** You have the right not to be fingerprinted except as required by law. You have the right not to be photographed, except upon admission to the facility for purposes for identification and administration. Any photographs taken by the facility are confidential and must not be released except pursuant to court order. Any nonmedical photographs may not be taken or used without appropriate consent or authorization.
15. **RECORDS.** You have the right to have your information and records disclosed to family members and lay persons as chosen by you. However, if you are a ward or conservatee, your guardian may designate to whom your records or information may be disclosed.

By signing below, I am acknowledging that these rights have been explained to me in a way I understand. I am also acknowledging that I received a copy of these rights.

Patient or legal guardian

Date

Facility Representative

Date

M-2 Emergency Mental Health Hold Rights

Review of Rights

- Reason for detainment
- Informed
- Telephones
- Clothing and possession
- Attorney
- Patient Representatives
- Medication
- Voluntary Evaluation
- No discrimination
- Basic needs
- Visitors
- Religious Practices
- Confidentiality
- Fingerprints and photographs
- Records

Certified Peace Off.

- Probable cause MH disorder and d/t this GD, imminent danger to self/others.
- Take the person into protective custody
Transport to 27-65 facility/ED
- Rights! Best practice when placing the hold

Intervening Prof.

- Reasonably believes a person appears to have a MH disorder and d/t appears GD, imminent danger to self/others.
- Cause person to be taken into protective custody and transported.
Can request assistance from CPO, secure transportation provider, or BH crisis response team.
- Rights! M-2 when placing hold.

Restriction of Rights

Rights can only be restricted by an *licensed provider* during a clinical assessment of if access to a right will cause destabilization or a danger to self/others

- Professional Person, LMFT, LCSW, or LPC

Any restriction of right **MUST** be documented in the patient's record including:

- What right was restricted
- Why the right was restricted
- How the individual can regain access to the right (best practice)
- How long the restriction will last (Must be reviewed every 7 day)

When is it appropriate to restrict a right?

Rights should only be restricted when access to the right causes

- The individual to destabilize
- Danger to self
- Danger to others

****RIGHTS RESTRICTION CAN ONLY TAKE PLACE ON AN INDIVIDUAL BASIS****



M-1.1 Notice of Subsequent Emergency Mental Health Hold

ED specific, subsequent hold form submitted to the Court.

M-1.1

- Specific to ED use when needing to place a subsequent hold
 - Subsequent holds can be placed by an ED if:
 - Placement has not been found for the individual during their M-1 (72-hour hold)
 - Individual continues to meet emergency mental health hold criteria
 - Imminent danger to self, imminent danger to others, gravely disabled
 - Individual will not remain voluntarily in treatment or will not seek treatment voluntarily.
 - Individual is medically stable.
- Completed by the evaluating professional and submitted to the Court
 - Evaluations can be completed by a professional person; a licensed APRN with training in psychiatric nursing; or a licensed PA, a LCSW, a LPC, or a LMFT who has two years of experience in behavioral health safety and risk assessment working in a health-care setting.

M-1.1

- When the M-1.1 is sent to the court, the court shall appoint an attorney.
- BHA must also be notified of the subsequent emergency mental health hold.
- BHA is providing care coordination for those on subsequent holds in the emergency department - additional information on this process can be provided by Kalli Likness kalli.likness@state.co.us
 - BHA has also issued a memo to provide clarity and guidance on how an emergency department informs BHA of a subsequent mental health hold and how emergency departments may reach out to BHA's care coordination.

District Court	Probate Court
County, Colorado	
Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:	
Respondent:	
<input type="checkbox"/> COURT USE ONLY <input type="checkbox"/>	
Attorney or Party Without Attorney (Name and Address)	Case No.:
Phone number:	
Fax:	
Email:	
Atty. Reg. #	Division: Courtroom:
NOTICE OF SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD (§27-65-106(7), C.R.S.)	

Respondent:

Name: _____ DOB: _____

Last First Middle

Social Security Number: _____ Race: _____

Sex: _____ M _____ F

Respondent Address: _____

Street City

County State Zip Code

Phone Number(s): _____

Per 27-65-106(7)(b) C.R.S. the below named respondent is being held at (facility name/address)



Date/Time of Initial Hold: _____

Reason for Initial Hold: ☐ Danger to Self ☐ Danger to Others ☐ Gravely Disabled

Date/Time of Subsequent Hold: _____

Reason for Hold: ☐ Danger to Self ☐ Danger to Others ☐ Gravely Disabled

Contact Information:

Evaluating Person at Facility:

Name Phone Email

Respondent's Layperson:

Name Phone Email

Evaluating Professional (print)

Evaluating Professional Signature

Date

 Distribution: ☐ Court
☐ Respondent
☐ County/District Attorney
☐ Respondent's Records
☐ Respondent's Attorney



Care Coordination

- Subsequent Emergency Mental Health Holds for emergency medical services facilities (1.1.24)
- 7.1.24: 27-65-108 C.R.S.
 - The designated facility shall notify and engage BHA prior to termination of a certified individual.
 - BHA may provide care coordination services to support a person who is in need of ongoing treatment and services after certification termination.
- 7.1.24: 27-60-204 C.R.S. Care Coordination Infrastructure
 - Additional information to come. BHA's care coordination team is currently providing training on the subsequent hold care coordination.



Discharge Requirements

- Update per statute and added to rule.
- Required for everyone following an M-1.
 - The facility shall provide each person detained for an EMHH discharge instructions.
- Must be completed for every person, regardless of discharge status, before they are released.
- If the person refuses to accept discharge instructions, the refusal must be documented in the person's medical record.

Discharge Requirements Cont'd

- Summary of why the person was detained and why they no longer meet criteria for hold or certification.
- Medications, (changed/new/discontinued)
 - ◆ Clinically appropriate supply provided
- Safety plan (client and lay person)
- Notification to primary care
- Referral to appropriate services
 - ◆ Any referrals must be documented in medical record.
- Crisis hotline
- Psychiatric advance directive
 - ◆ Copy of psychiatric advance directive presented to facility
- List of any screening, dx tests, labs, and vitals
- Summary of tx provided
- How to contact discharging facility if needed
- Statewide care coordination infrastructure, when implemented.

Discharge Requirements Cont'd

- Follow-up calls to be completed within 48 hours of d/c.
 - If enrolled in medicaid, shall notify person's relevant RAE of the d/c and need for ongoing follow-up
- If contracted with a safety net provider, shall work with the safety net provider to meet the follow-up requirements.

Discharge Requirements Cont'd

- The facility shall document whether the person accepted the discharge instructions and shall provide the discharge instructions to the person's parent/legal guardian, and to the person's lay person.
 - Refusal must be documented in their record.
- 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 (7.1.2024).



Short-Term Certification

Certification for short-term treatment

- Professional person
- Filed to the court in the county which the respondent resides
- 3 months, inpatient or outpatient
- Continues to meet criteria
- Has been advised of and has not accepted voluntary treatment or reasonable grounds



A close-up photograph of a person's hands wearing brown work gloves, carefully planting a small green seedling into dark, rich soil. The seedling has several leaves, some of which are yellowed. The background is dark and out of focus.

Long-Term Certification

Long-Term Care and Treatment

- Professional Person
- 6 months, inpatient or outpatient
- Must be after both short-term certification and extension of short-term certification
- Continues to meet criteria
- Has been advised of and has not accepted voluntary treatment or reasonable grounds



Additional Areas for Certified Peace Officers/Intervening Professionals



Additional Areas

- Any person can petition the court and request a court ordered evaluation of the individual. (M-4)
- Filed with the county court in which the individual resides or currently present.
- The court can find probable cause of the allegations and order 72-hour treatment and evaluation (M-7) or if the court is not satisfied probable cause exists they can order screening (M-3).

Not satisfied...

If court is not satisfied they shall identify a facility, intervening professional, or CPO to provide screening to determine probable cause of the allegations. (M-3)

In response, the above identified shall file a report with the court. May initiate an emergency mental health hold. (M-6)

Satisfied...



If the court is satisfied, they shall issue an order authorizing a CPO or secure transportation provider to detain and transport the individual for an emergency mental health hold. (M-7)

A copy of the petition and the order for evaluation must be given to the individual, their lay person, and to the facility named in the order or the respondent's designee.

Not satisfied...

<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court Court Address: _____ County, Colorado	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent: _____	
Attorney or Party Without Attorney (Name and Address) Phone number: Fax: Email: Atty. Reg. #	Case No.: _____ ^ COURT USE ONLY ^ Division: _____ Courtroom: _____

ORDER FOR EMERGENCY SCREENING

Following a review of the submitted Petition (M-4), the Court finds that sufficient facts have not been provided to establish probable cause that Respondent appears to be a danger to self or others and, as a result of the mental health disorder, appears to be a danger to self or others or to the person's self or appears to be gravely disabled.

Therefore, the Court orders that:

- ☐ That an approved designated provider from _____ (agency) _____

- ☐ The Respondent be transported to _____ a facility designated or approved for conducting an emergency mental health hold screening.

State of Colorado, Behavioral Health Administration
Form M-3 (rev. 09/2023) Order for Screening

1

State of Colorado, Behavioral Health Administration
Form M-3 (rev. 09/2023) Order for Screening

2

State of Colorado, Behavioral Health Administration
Form M-3 (rev. 09/2023) Order for Screening

3

Satisfied...



<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court Court Address: _____ County, Colorado	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent: _____	
Attorney or Party Without Attorney (Name and Address) Phone number: Fax: Email: Atty. Reg. #	Case No.: _____ ^ COURT USE ONLY ^ Division: _____ Courtroom: _____

ORDER FOR EMERGENCY TREATMENT AND EVALUATION
(27-65-106(4)(d), C.R.S.)

Respondent Name: _____ Last First Middle DOB: _____
Social Security Number: _____ Race: _____
Respondent Address: _____ Street _____ City _____
County _____ State _____ Zip Code _____

Phone Number(s): _____
Physical Description: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Following a review of the submitted Petition, the Court finds that probable cause exists to establish that Respondent has 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. Respondent has refused or failed to accept evaluation voluntarily.

State of Colorado, Behavioral Health Administration
Form M-7 (rev. 09/2023) Order for Evaluation

1

State of Colorado, Behavioral Health Administration
Form M-7 (rev. 09/2023) Order for Evaluation

2

State of Colorado, Behavioral Health Administration
Form M-7 (rev. 09/2023) Order for Evaluation

3

TO: _____

Date: _____

You are hereby notified pursuant to the provisions of Section 27-65-106(1)(b), Colorado Revised Statutes, as amended, that a petition has been filed with the _____ (county) Court for a screening of your mental health.

Attached hereto is a copy of the petition and Court Order directing you be screened to determine whether there is probable cause to believe the allegations in the petition. The court has designated _____ (facility) to conduct the screening.

Your cooperation is requested to avoid the possibility of involuntary detainment for screening.

Professional Person_____
CO License_____
Date

Notice of Screening

- Following an M-3 order.
- Completed by the designated facility as listed in the court order.
- Provided to individual listed in M-3 order.

<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court County, Colorado	
Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent:	
^ COURT USE ONLY ^	
Attorney or Party Without Attorney (Name and Address)	Case No.:
Phone number: Fax: Email: Atty. Reg. #	Division: Courtroom:
SCREENING REPORT <small>(27-63-106)(H)(C), AS AMENDED, C.R.S.)</small>	

Respondent:

Name: _____ DOB: _____

Last First Middle

Social Security Number: _____ Race: _____

Respondent Address: _____

Street

City

County State Zip Code

Phone Number(s): _____

Physical Description: _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

THE ABOVE-NAMED INDIVIDUAL WAS SCREENED PURSUANT TO THE COURT ORDER DATED:

Screening Consisted of the Following:

 Review of petition ☐ Yes ☐ No Copy of Petition and order given to individual ☐ Yes ☐ No

 Interview with petitioner Date of interview: ☐ Yes ☐ No Explanation of petition to individual ☐ Yes ☐ No

 Interview with individual Date of interview: ☐ Yes ☐ No

If any of the above are answered "NO" please explain in detail below:

 As a result of this screening the undersigned reports that there (check one) ☐ Is, ☐ Is not probable cause to believe that the individual has a mental health disorder for the following reasons:

 As a result of this screening the undersigned reports that there (check one) ☐ Is, ☐ Is not probable cause to believe that the individual, as a result of a mental health disorder is (check one) ☐ AN IMMINENT DANGER TO OTHERS, ☐ AN IMMINENT DANGER TO THE INDIVIDUAL'S SELF, OR ☐ GRAVELY DISABLED for the following reasons:

It is therefore respectfully recommended that:

- ☐ The court take no action regarding the petition.
☐ The respondent be permitted to receive evaluation on a voluntary basis.
☐ The court act upon the petition and order the respondent to be brought to (facility name), for seventy-two hour evaluation and treatment.
☐ The respondent was taken into custody under the emergency provisions of the statute and no further action is needed pursuant to the petition and order for evaluation.

Was the respondent willing to voluntarily receive evaluation?

☐ Yes
☐ No

If involuntary evaluation is recommended, describe what efforts have been made to secure the cooperation of the respondent to accept evaluation and treatment voluntarily.

Professional Person (print)

Professional Person Signature

 Distribution: ☐ Court
☐ Respondent
☐ County/District Attorney
☐ Respondent's Records
☐ Respondent's Attorney

Screening Report

- Provided to court regardless of screening outcome.
- Copy also provided to individual, individual's attorney or representative post-screening.

M-3.1

<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court County, Colorado Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent:	
Attorney or Party Without Attorney (Name and Address) Phone number: Fax: Email: Atty. Reg. #	^ COURT USE ONLY ^ Case No.: Division: Courtroom:
NOTICE OF DISPOSITION (TO BE USED WHEN RESPONDENT IS <u>NOT</u> CERTIFIED)	

The above-named respondent was evaluated pursuant to your court order dated:

There "is" "is not" probable cause to believe that respondent is mentally ill, and as a result of mental illness, "is a danger to others" "danger to self" "gravely disabled."

Pertinent observations about the respondent's condition are as follows:

Notice of Disposition

- Submitted to courts following M-7 order.
- Used if Individual is NOT certified. Individual has been released or accepted services voluntarily.

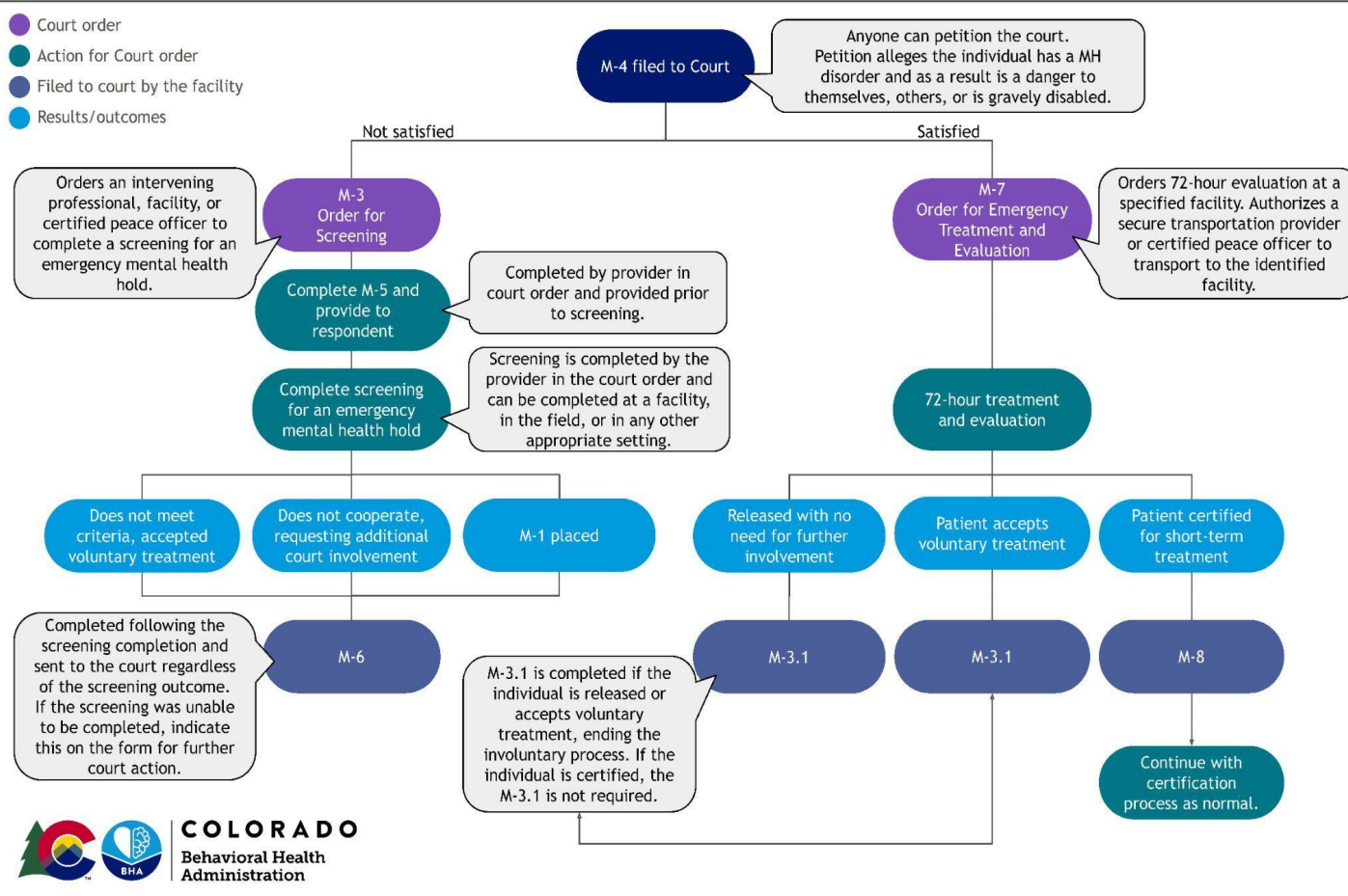
The respondent has "been released" "accepted treatment on a voluntary basis and was referred to _____ (facility) for further care and treatment. "

 Professional Person/Evaluator

 Address and Phone Number

Distribution: ☐ Court (original)
☐ Respondent
☐ Respondent's Attorney/Personal Representative, if applicable
☐ Respondent's Record

Court Petition Process and Forms



27-65-111

New section for outpatient certification 7.1.2024

- If the individual certified for outpatient treatment refuses treatment or court-ordered medications and is decompensating psychiatrically:
 - Court may order a certified peace officer or secure transport provider to transport the individual to an appropriate designated facility (M-18.1 & M-18).

<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court Court Address: _____ County, Colorado	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent: _____ Attorney or Party Without Attorney (Name and Address): _____ Phone number: Fax: Email: Atty. Reg. #	COURT USE ONLY Case No.: _____ Division: _____ Courtroom: _____
NOTICE AND REQUEST FOR TRANSPORT ORDER (27-65-111)(3), C.R.S., as amended	
Respondent: Name: _____ Last _____ First _____ Middle _____ DOB: _____ Social Security Number: _____ Race: _____ Sex: _____ M _____ F _____ Respondent Address: _____ Street _____ City _____ County _____ State _____ Zip Code _____ Phone Number(s): _____ Physical Description: _____ Height: _____ Weight: _____ Eye Color: _____ Hair: _____ Pursuant to § 27-65-111(3), C.R.S., as amended, Respondent's treating facility provides the following notice and requests an order for secure transport:	
1	

It was certified on an outpatient basis on _____ (date). The treating facility hereby notifies the Court that (check all that apply): Respondent has refused treatment since _____ (date). Respondent has refused to take court-ordered medication since _____ (date). Respondent is decompensating psychiatrically. Nevertheless, it is an accounting of the facility's proactive outreach to the Respondent, as well as the professional person's and/or psychiatric advanced practice nurse's basis for medical opinion. If a treating facility and professional person hereby request an order from this Respondent be taken into custody and securely transported to an appropriate facility for treatment and court-ordered medication.	
Responsible Professional Person (print): _____ Date: _____ Colorado License No.: _____	2

CERTIFICATE OF SERVICE Officer's NOTICE AND REQUEST TO TRANSPORT has been served upon the Respondent via Colorado Courts' E-File Service this _____ day of _____ (month), _____ (year) addressed as follows: Respondent's Attorney Address: _____ Respondent's Address: _____ Mails prepaid, to each of the following persons at the addresses indicated (month), 20____: by respondent Address: _____ by _____ Address: _____ by _____ Address: _____ Signature of person certifying to the service: _____ 1 Administrator of the Transport	
3	

<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court Court Address: _____ County, Colorado	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent: _____ Attorney or Party Without Attorney (Name and Address): _____ Phone number: Fax: Email: Atty. Reg. #	COURT USE ONLY Case No.: _____ Division: _____ Courtroom: _____
ORDER TO TRANSPORT (27-65-111)(3), C.R.S., as amended	
Respondent Name: _____ Last _____ First _____ Middle _____ DOB: _____ Social Security Number: _____ Race: _____ Respondent Address: _____ Street _____ City _____ County _____ State _____ Zip Code _____ Phone Number(s): _____ Physical Description: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____	
1	

The Court, having reviewed the report of (treating professional person(s)/hospital) regarding the above-named Respondent, enters the following order for transport pursuant to § 27-65-111(3), C.R.S., as amended : 1. The safety of the Respondent or the public requires that the Respondent be transported by a secure transportation provider or a law enforcement agency where the Respondent resides. 2. Respondent shall be transported to _____ (facility) by _____ (secure transportation provider/law enforcement agency) for treatment. IT IS ORDERED: That Respondent shall be transported to the designated facility for care and treatment. Date: _____ _____ Judge/Clerk	
CERTIFICATION I certify that on _____ (date), I mailed, faxed, or hand-delivered a copy of the Order to the following: _____ (Attorney for Respondent or Respondent) _____ (Respondent's designated lay person) _____ (Person in Charge of treating facility) _____ (The Behavioral Health Administrator) _____ (Other): _____ _____ Clerk	
2	



All M forms can be found on
BHA's website under
provider resources:
<https://bha.colorado.gov/>

Questions?



Thank You

Taylor Linn
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C: 720-877-2442

bha.colorado.gov
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Agency
request a
27-65
training:



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COLORADO
Behavioral Health
Administration