



Title: Mental Health Hold Reporting and Assistance for Emergency Departments		State Agency/division: Behavioral Health Administration, Division of Statewide Programs	
Memo number: OM-SWP-2023-0001		Program area: 27-65 / Care Coordination	
Pertinent statute/rule: C.R.S. 27-65-106(7)			
Issue date: Nov. 30, 2023	Effective: January 1, 2024	Review Date: January 1, 2026	

Intended recipients

A Colorado emergency medical services facility (**emergency department**) providing services to an individual on a mental health hold (a.k.a. 72-Hour Hold or M1) pursuant to C.R.S. 27-65-106. C.R.S. 27-65-102(12) defines “emergency medical services” as:

“Emergency medical services facility” means a general hospital with an emergency department or a freestanding emergency department, as defined in section 25-1.5-114(5). An emergency medical services facility is not required to be, but may elect to become, a facility designated or approved by the commissioner.

Purpose

This memo is intended to provide clarity and guidance on how an emergency department informs the Behavioral Health Administration (BHA) when an individual on a mental health hold is placed on a subsequent mental health hold in conformity with C.R.S. 27-65-106(7)(b). This memo also provides guidance for how emergency departments may reach out to BHA for support in finding appropriate placement options on an inpatient or outpatient basis, whichever is clinically appropriate, for an individual on an initial mental health hold as established pursuant to C.R.S. 27-65-106(7)(a).

Action

1. If an emergency department determines an individual continues to meet the criteria for an emergency mental health hold, and is placing the person on a subsequent emergency mental health hold when the initial hold expires, the emergency department will notify BHA immediately of the subsequent hold.
 - a. The emergency department will provide the person’s name, date of birth, reason for the subsequent hold, and let BHA know if they are requesting assistance in finding a placement.
 - b. The emergency department may request assistance from BHA in finding appropriate placement of the individual by calling the BHA Care Coordination Team at (720) 947-5076 or through the BHA_CareCoordination@state.co.us email address.
2. An emergency department may contact the BHA Care Coordination Team at any point during an *initial* emergency mental health hold, but preferably no later than 24 hours before the initial hold expires, if the person continues to meet the criteria for an





emergency mental health hold under C.R.S 27-65-106(1) and the emergency department is not able to locate an appropriate placement for the person. The BHA Care Coordinator may assist with finding an appropriate placement. To better assist the emergency department, the checklist below should be completed before contacting the BHA Care Coordination team.

- a. BHA Care Navigators will track progress on the Emergency Department (ED) Request for Placement sheet. This sheet is for internal use only, will not be repurposed for other uses, and should maintain all HIPAA requirements.
 - b. Once a placement is found, it remains the responsibility of the ED to send the admission packet to the identified facility.
3. Please contact BHA and update the form below for each subsequent emergency mental health consecutive hold (subsequent hold) so this information may be tracked, per statute. Care Coordination is available from 8am to 8pm Monday through Sunday. Please reach out to the BHA Care Coordination team via (720) 947-5076. The checklist below may be submitted via email to BHA_CareCoordination@state.co.us or via fax at (303) 265-9834.





Checklist for Emergency Medical Services Facilities Before Contacting BHA

Please complete this form before contacting the BHA Care Coordinator for assistance.¹

- Name and Date of Birth of the Person under the hold:
- Number of subsequent holds:
- Has psychotropic medication been prescribed to the person?
- List the specific facilities contacted, phone number, dates, times, the point of contact, and reason provided for why the person was not admitted. Please add more rows as necessary:

Facility	Phone Number	Date/Time	Point of Contact	Reason

- What, if any, are the person’s preferred language, identity, accessibility needs, or cultural preferences/needs?
- Provide the date, time, the point of contact from the court regarding the M1 hold, and reason for any subsequent extensions. C.R.S. 27-65-106(7)(b). Please add more rows as necessary:

Court	Phone Number	Date/Time	Point of Contact	Reason for the Extension

Attachments

[Emergency Department Checklist](#)

Supersedes

¹ Full completion of this form in some situations may not be compliant with federal law (e.g. 42 C.F.R. Part 2). In such instances, please provide as much information as possible, consistent with law, so as to enable the BHA to assist with placement.





COLORADO
Behavioral Health
Administration

N/A

Contact

For more information about this memo, please contact the BHA Care Coordination team, BHA_CareCoordination@state.co.us or via fax at (303) 265-9834.

