

# Colorado's Emergency Mental Health Procedures Stakeholder Process

Hosted by:



June 14, 2021

# Timeline

June

- Discharge Planning
- June 28th: Presentation by Dr. Lacey Beruman/discharge planning continued

July

- July 12<sup>th</sup>: Inconsistencies in M1s: evaluations
- July 26<sup>th</sup>: Enforcement of 27-65

August

- Enforcement of 27-65
- Law enforcement and jails

# 27-65-117

## Current Discharge Planning Requirements

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27-65-105 (6) “At any time during emergency custody of an individual pursuant to this section in either an emergency medical services facility or a designated facility, if, in the opinion of a professional person, or an advanced practice nurse licensed pursuant to part 1 of article 255 of title 12 and included in the advanced practice registry pursuant to section 12-255-111 with a population focus in psychiatry or mental health, acting within his or her scope of practice, the person no longer meets the standards for emergency custody or detention and his or her care can be provided in another setting, the person must be appropriately discharged or referred for further care and treatment on a voluntary basis, or certified for treatment pursuant to section 27-65-107.

# OBH Rules: Discharge Planning (does not apply to EDs)

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## 21.190.6 DISCHARGE PLANNING AND SUMMARIES

### 21.190.61 Discharge Planning Requirements [Eff. 5/1/16]

- A. Discharge planning begins at the time of admission, is updated during the course of services, and engages the individual and support systems s/he identifies in the planning process.
- B. Discharge policies and procedures shall include criteria outlining the requirements for an individual's discharge from treatment.
- C. Discharge plans shall be concise, complete, and comprehensive to facilitate transition to the next level of care when applicable.
- D. Persons receiving services on a voluntary basis shall be discharged from treatment immediately at their request unless emergency commitments or emergency mental health holds are in effect.
- E. Documentation of discharge information provided to the individual, where applicable, shall include:
  - 1. Medications at discharge including, dosages and instructions for follow-up;
  - 2. Legal status and any other legal restrictions placed upon the individual;
  - 3. Referrals with details; and,
  - 4. Information if the discharge is being made against advice of provider.

# OBH Rules: Discharge Planning (does not apply to EDs)

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## 21.190.62 Discharge Summary [Eff. 5/1/16]

Discharge summaries shall be completed as soon as possible, no later than thirty (30) calendar days after discharge.

The agency's policy and procedures shall determine the minimum timeframe for completion. Records shall contain a written discharge summary to include, but not limited to, the following information, where applicable:

- A. Reason for admission;
- B. Reason for discharge;
- C. Primary and significant issues identified during course of services;
- D. Diagnoses;
- E. Summary of services, progress made, and outstanding concerns;
- F. Coordination of care with other service providers;

# Suggested Discharge Planning

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1. Discharge summaries shall be completed for all clients regardless of discharge status before the individual is released.
2. The discharge summary shall be signed by the client or the client's parent or guardian when possible, the professional person who evaluated the individual when possible and the clinical supervisor or program director.
3. A copy of the discharge summary shall be provided to the client upon discharge, when possible. The facility shall document in the client's medical record whether or not the discharge summary was provided to the client. If it was not provided to the client documentation shall include the reason it was not provided. If the individual is under 18 years old, the discharge summary shall be provided to the individual's parent or guardian. If the individual has identified and authorized an individual to act as a lay caregiver, a copy of the discharge summary shall be provided to the lay caregiver, when possible.

# Suggested Discharge Planning

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## 4. Discharge summaries shall include the following:

- Continuing care plan
- Any medications that were changed during the emergency mental health procedure including any medications the patient was taking/previously prescribed upon admission, and which (if any) were changed or stopped at the time of discharge.
- Any screening/diagnostic tests during the emergency mental health procedure.
- Any therapeutic treatments during the emergency mental health procedure
- Any labs (blood tests) or imaging (such as c-t, mri, etc.) that were completed or attempted
- Vital signs, if applicable
- How to contact the treating facility if needed.

# Suggested Discharge Planning

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5. Continuing Care. Each discharge summary shall include a continuing care plan. The plan shall include:
- Any prescriptions for the individual and a 7-day supply of medication\* (or enough medications provided until person is seen?)
  - An appointment for ongoing outpatient behavioral health care with the individual's care provider. If he or she does not have a care provider, the facility shall set up an appointment using a provider in the state's safety-net system as established in 27-63-105. The Behavioral Health Administration established pursuant to 27-60-203 shall ensure a safety net provider can provide a follow-up outpatient care for all individuals discharged after an emergency mental health procedure within 72 hours of discharge.
  - Develop a safety plan with the patient and, if applicable, the designated lay caregiver.
  - Notification of the patient's primary care provider, if applicable.
  - The facility shall ensure any individual who is discharged without food, housing, or economic security is referred to appropriate services in the community and these referrals and linkages shall be documented in the client's medical record.



# Suggested Discharge Planning

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- If the facility has provided care and treatment to the individual more than once in a twelve-month period under an emergency mental health procedure or emergency substance use commitment, the facility shall refer the individual to the transition specialist program created pursuant to 27-66.5-103.
- With the patient's consent, the facility shall also document information regarding the patient's pre-intake living situation for the purposes of data collection. Such information would include patient statistics about stable housing, community services efficiency, substance use, social support networks, resource accessibility, and employment.
- The phone number and text line to the Colorado Crisis Services hotline and information on the availability peer support services.
- Information on how to establish a psychiatric advance directive.

# Suggested Discharge Planning

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6. The facility shall, at a minimum, attempt to follow-up with the individual, his or her family or guardian, or identified lay caregiver at least 48/24? hours after discharge. The facility is encouraged to utilize peer support professionals, as defined in 27-60-108 (2)(b) when doing follow-up care with individuals and in developing a continuing care plan.

- A facility may facilitate follow-up care through contracts with a community-based behavioral health provider or Colorado behavioral health crisis hotline.
- Follow-up care may be conducted in person, via telehealth or by phone;

# Suggested Discharge Planning

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7. The facility shall encourage the client to identify a family, friend, or other individual to act as a lay caregiver to participate in discharge planning and shall notify the client that he or she is able to rescind the authorization at any time. If the individual identifies an individual to act as a lay caregiver and has provided necessary authorization, the facility shall attempt to involve that individual in discharge planning. The facility shall notify the lay caregiver that the client is being discharged or transferred.

- A copy of the continuing care plan shall be filed in the client's case record.

8. Referral Policies/Community Linkage. The entity shall develop, maintain and document compliance with written policies and procedures for referring clients and receiving client referrals from other service providers.

# Next Steps

- June 28<sup>th</sup>
  - Dr. Lacey Beruman
  - Continued discussion on discharge planning
- Please send any feedback in the interim to [lsnyder@mentalhealthcolorado.org](mailto:lsnyder@mentalhealthcolorado.org) with subject line “M1 discharge planning”

# Stay Connected

Ryan Templeton, Office of Behavioral Health [ryan.templeton@state.co.us](mailto:ryan.templeton@state.co.us)

Laura Ferguson, Office of Behavioral Health [laura.ferguson@state.co.us](mailto:laura.ferguson@state.co.us)

Lauren Snyder, Mental Health Colorado  
[lsnyder@mentalhealthcolorado.org](mailto:lsnyder@mentalhealthcolorado.org)

**For updates, meeting notes, and relevant documents:**

[www.mentalhealthcolorado.org/emergency-mental-health-procedures/](http://www.mentalhealthcolorado.org/emergency-mental-health-procedures/)



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Office of Behavioral Health  
Department of Human Services