COLORADO
Office of Behavioral Health
Department of Human Services

Expansion of the Colorado Crisis System Report (C.R.S. 27-60-103 (6) (c))

May 1, 2018

PREPARED FOR
Joint Judiciary Committee and the Joint Health and Human Services Committee

PREPARED BY
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Executive Summary

The following report provides a brief overview on the status of Colorado Crisis Services expansions. Senate Bill 17-207, which was signed by Gov. John Hickenlooper in May 2017, provided $7.1 million to the Office of Behavioral Health (OBH) in the Colorado Department of Human Services (CDHS) to expand the crisis system and better equip law enforcement to respond to individuals in mental health crisis. In addition, the Long Bill allocated $2.6 million for Law Enforcement-Assisted Diversion (LEAD) pilots to assist law enforcement with redirecting individuals to community-based services instead of jail.

More than $3.4 million of the funding provided through this bill supports regional improvements and enhanced partnerships between law enforcement and the four crisis contractors -- West Slope Casa (WSC), Southern Colorado Crisis Connection (SCCC), Northeast Behavioral Health (NBH) and Community Crisis Connection (CCC). The regional improvements are now well underway in their efforts to:

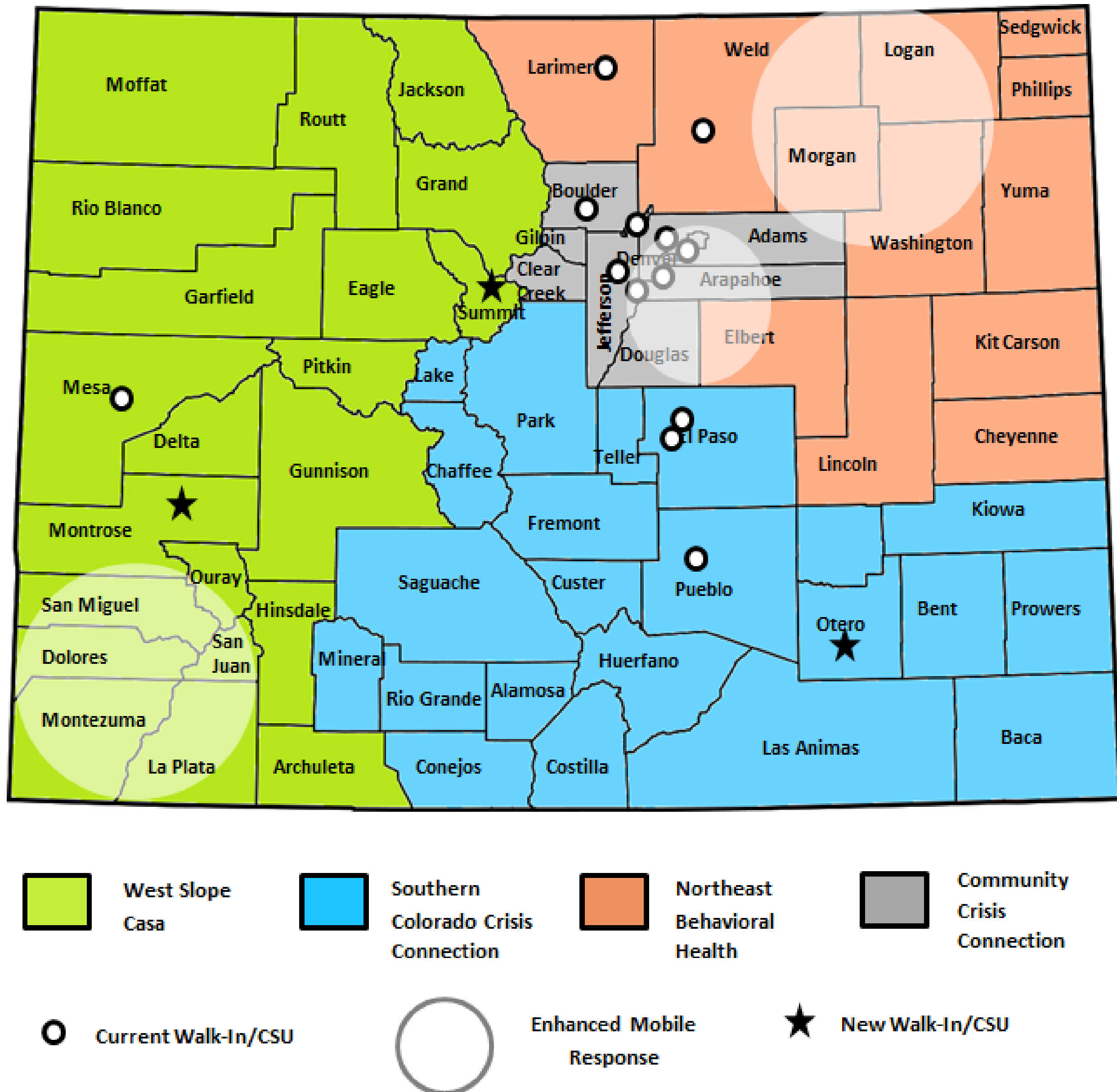
- Increase collaboration with local law enforcement;
- Improve capacity to conduct face-to-face (including telehealth) assessments;
- Ensure that walk-in centers, crisis stabilization units and acute treatment units are able to accept and triage individuals on emergency mental health holds; and
- Expand local partnerships to ensure jails are not used as a placement option for individuals on emergency mental health holds.

The Office of Behavioral Health finalized all contracts related to service expansion and preparing communities to provide alternatives to jails for people experiencing a behavioral health crisis. The expansion to the crisis system has resulted in a reinforced infrastructure with new support mechanisms for providers and access points for patients. These include:

- Three new crisis stabilization units with at least 25 new beds
- Enhanced access for one walk-in facility, providing 24 hour access
- Four new peer navigation specialists to help clients connect to appropriate local services in their region
- Three enhanced mobile crisis programs affecting up to 16 counties
- Enhanced staffing in one CSU to better serve complex and high need clients
- Increase respite services in two CSUs

The following illustrates the location of all current walk-in and CSU locations and highlights the SB 207 modality enhancements by region.

Figure 1. Map of Enhancement Walk-In/CSU and Mobile Response by Region



Work has begun in all four regions to expand service delivery and report data based on SB 207 improvements. All regions have agreed to report a standard set of data, which will be reported monthly to OBH. Specific data templates were created for each region's outlined enhancement plans that will serve as an ongoing source of information for future reports and regular monitoring of contracts. Due to the extended contract and procurement processes, a full report of all the crisis regions' new measures will be available in June 2018. Common elements incorporated into each region's SB 207 reporting templates include:

- Number of people placed on a 72-hold
- Number of people in which a first responder was involved during crisis response
- Number of people brought to a walk-in center or emergency department by a first responder
- Number of people transported by secure transportation companies and the most common pick-up/drop-off locations (CCC and WSC only)
- Most common location for crisis mobile response (CCC, NBH, and WSC only)

Community partners identified through the state solicitation process are also completing additional enhancements through SB 207 and the Long Bill. All additional enhancements have been awarded and work has begun. This includes additional enhancements to provide transportation for people in crisis and collaboration between behavioral health clinicians and law enforcement. See Figure 4 for a list of community grantees.

- Four communities were awarded the Law Enforcement-Assisted Diversion (LEAD) Program contracts and announced in Jan. 2018.
- Eight communities were awarded the Co-Responder Program contracts and announced in Jan. 2018.
- Two organizations were the recipients of the Transportation Pilot contracts executed in Feb. 2018.
- One organization received the Law Enforcement Training contract executed in Feb. 2018.
- Two organizations were awarded contracts to provide evaluation services for both the LEAD/Co-Responder Program and Transportation Pilot and executed in March 2018.

Additionally, OBH and stakeholders are continuing to work together to improve and enhance the system through rule promulgation for the involuntary transportation of immediate screening hold, and the establishment a Crisis Executive Steering Committee to provide recommendations on upgrades to the crisis system.

Introduction

The Colorado Department of Human Services, Office of Behavioral Health respectfully submits this Senate Bill 17-207 Colorado Crisis Services Report to the Governor; Joint Judiciary Committee; Joint Health and Human Services Committee; Joint Budget Committee; Behavioral Health Transformation Council; and Commission on Criminal and Juvenile Justice in compliance with the following statute:

1) **Colorado Revised Statute 27-60-103 (6) (c) (2017)**
   On or before May 1, 2018, but after January 31, 2018, the office of behavioral health within the state department shall present a report to the joint judiciary committee and the joint committee on health and human services concerning the current status of funding and the implementation of the expansion of behavioral health crisis services.

History and Overview of Colorado Crisis Services

Colorado Crisis Services (CCS) was established in 2013 in response to the Aurora Theater shooting through the State of Colorado's initiative "Strengthening Colorado's Mental Health System: A Plan to Safeguard All Coloradans." This initiative set forth by Governor John Hickenlooper, in partnership with CDHS, aimed to strengthen Colorado's mental health system and to provide Coloradans with greater access to behavioral healthcare services as part of a continuum of care, regardless of ability to pay. CDHS' Office of Behavioral Health, which oversees Colorado Crisis Services, is committed to enhancing the behavioral health crisis response system to ensure comprehensive, coordinated, easily accessible, culturally informed and integrated services are available for people who are experiencing a behavioral health crisis. Colorado's statewide crisis program provides clinical and peer support for individuals in need of mental health, substance use or emotional crisis help. The term 'crisis' was intentionally not defined to ensure people reaching out for services could self-define their experience, allowing for accessibility that does not require formal diagnosis or connection to a specific issue.

A comprehensive system promotes universal access to the most appropriate supports and resources as early as possible and decreases inappropriate and unlawful utilization of jails and prisons. Four regional contractors and a statewide hotline contractor coordinate the Colorado Crisis Services statewide.

Crisis Contractors

Figure 2. Crisis Contractor, Service Areas by County and Mental Health Providers

Crisis Contractor	Service Area	Service Providers	Services Available
Community Crisis Connection (CCC)	Denver-Boulder metro area: Boulder, Broomfield, Gilpin, Clear Creek, Jefferson, Douglas, Adams, Arapahoe and Denver counties	Aurora Mental Health Center, AllHealth Network, Community Reach Center, Jefferson Hills, Jefferson Center for Mental Health, the Mental Health Center of Denver and Mental Health Partners	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Northeast Behavioral Health (NBH)	Northeast Colorado: Larimer, Weld, Morgan, Logan, Sedgwick, Phillips, Yuma, Washington, Elbert, Lincoln, Kit Carson and Cheyenne counties	Centennial Mental Health Center, North Range Behavioral Health and SummitStone Health Partners	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Southern Colorado Crisis Connection (SCCC)	Park, Lake, Chaffee, Teller, El Paso, Fremont, Custer, Saguache, Custer, Crowley, Kiowa, Otero, Bent, Prowers, Baca, Las Animas, Huerfano, Alamosa, Conejos, Rio Grande, Mineral, Costilla and Pueblo counties	AspenPointe, San Luis Valley Behavioral Health, Solvista Health, Southeast Health Group and Health Solutions (formerly Spanish Peaks), as well as subcontracts for additional residential respite and mobile response services.	Walk-In, Crisis Stabilization Unit, Mobile and Respite
West Slope Casa (WSC)	Moffat, Routt, Jackson, Grand, Rio Blanco, Eagle, Summit, Garfield, Pitkin, Mesa, Delta, Gunnison, Montrose, Ouray, Hinsdale, San Juan, San Miguel, Dolores, Montezuma, La Plata, and Archuleta counties	Axis Health Solutions, The Center for Mental Health and Mind Springs Health	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Rocky Mountain Crisis Partners (RMCP)	All 64 counties across Colorado	All services provided by Rocky Mountain Crisis Partners	Hotline, including call, text and chat

Crisis Service Modalities

Colorado Crisis Services includes five service modalities: the statewide crisis hotline, regional walk-in crisis services and crisis stabilization units, regional mobile crisis and respite services in some areas of the state.

Crisis Line: The crisis line in Colorado (1-844-493-8255) consists of a hotline and a warm line, staffed to support people in need 24/7. The hotline is staffed by trained counselors and the warm line is staffed by peer specialists. The hotline uses a Care Team model, in which severity of need is determined by a member of the team who is able to connect the caller with the appropriate level of support. The crisis line staff also respond to individuals through the 24/7 text service option (text “TALK” to 38255), or an online chat function (4 p.m. to midnight at http://coloradocrisisservices.org/chat/). Translation services are available for non-English speakers who call the hotline. When the crisis hotline identifies an urgent or emergent situation, they will contact the regional crisis contractor to deploy a mobile clinician or contact law enforcement if necessary.

Walk-In Crisis Services and Crisis Stabilization Units (CSU): Walk-in centers are open 24/7, and offer confidential, in-person support, assessment, information and referrals to anyone in need. Individuals who are seeking in-person assistance, or are helping others with a crisis, can always present at one of the existing 12 walk-in centers across the state. Eight of the walk-in locations also include a crisis stabilization unit (CSU). These crisis stabilization beds are available for up to five days for individuals who need intensive services. CSUs are 27-65 designated and can accept voluntary or involuntary individuals for residential psychiatric treatment. Upon admission, the individual is evaluated by a behavioral health clinician, as well as a psychiatric prescriber within 24 hours. Services during a CSU stay may include continued risk assessment, psychiatric medication management, peer counseling, brief clinical therapy and/or resource coordination.

Mobile Services: Mobile crisis services are available statewide to respond to crisis in various community-based locations. Mobile clinicians are deployed to conduct an assessment and make a determination of treatment needs. These clinicians may resolve the crisis and make appropriate follow-up recommendations or could refer the person to a higher level of care such as a CSU. Mobile services are accessed through the crisis line and deployed by provider agencies.

Respite Services: Respite services may be provided in the home, in the community or in residential facilities to offer additional crisis stabilization and support in a safe and neutral environment. A referral to respite services requires an assessment at a walk-in center or by a mobile crisis clinician. Respite services are typically provided by peer specialists or para-professionals, and can be provided for up to 14 days, following the referral for services. In-home and community- based respite may include assisting an individual with connecting to resources, providing basic coping skills and emotional support, and serving as an added

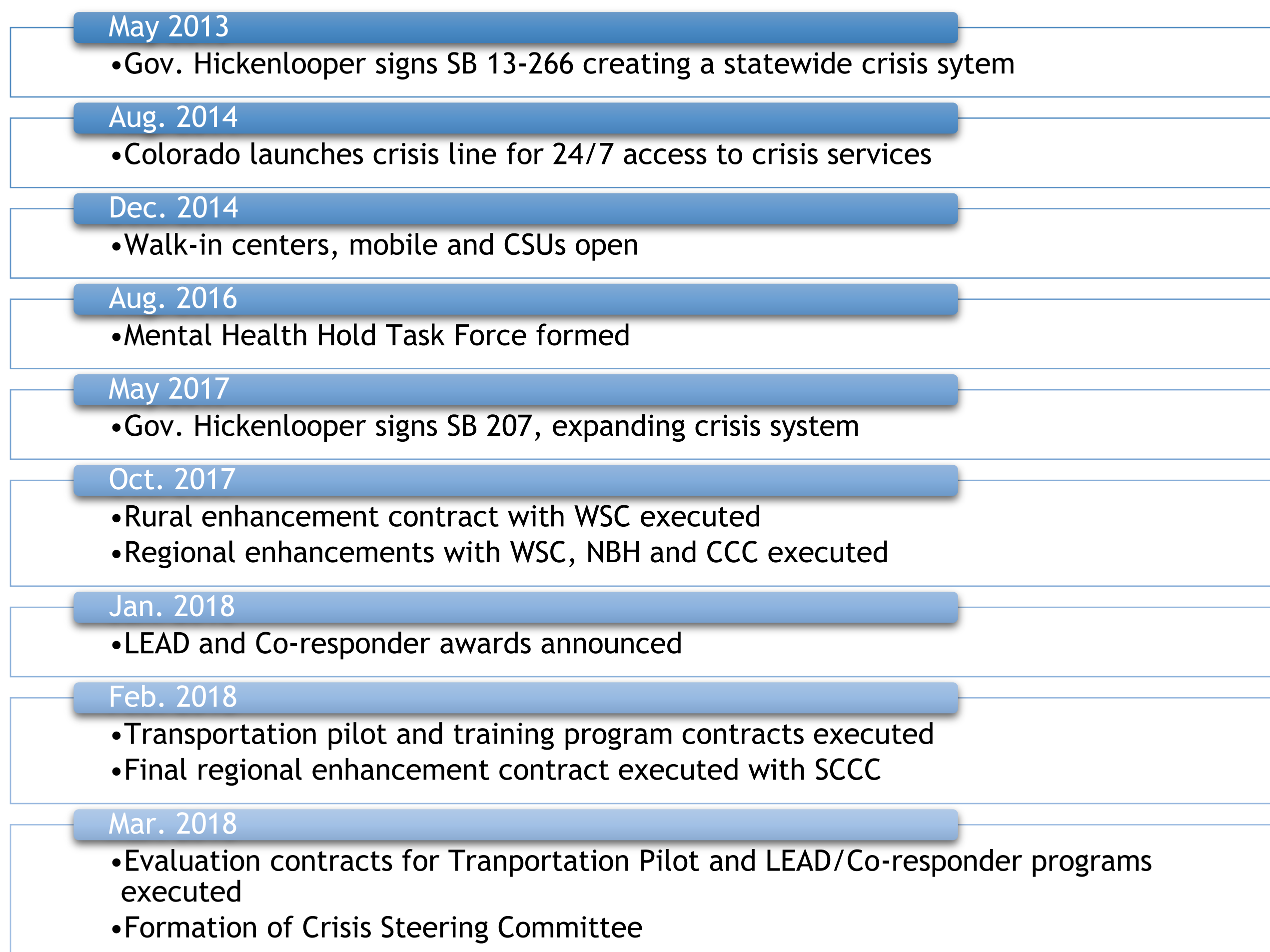
support following a crisis episode. Where available, residential respite services provide voluntary individuals, who would benefit from supervision but are not an acute threat to themselves or others, with a safe and supportive environment.

Crisis Expansion with Senate Bill 17-207

Overview

On May 18, 2017, Gov. John Hickenlooper signed Senate Bill 17-207, strengthening Colorado's crisis response system and effectively ending the use of jails as a placement option for individuals on an emergency mental health hold. SB 207 expanded the crisis system to better equip law enforcement to respond to individuals in mental health crisis and build stronger relationships with the established regional contractors. The comprehensive timeline of activities, included in Appendix I, outline the expansion activities as they relate to SB 207. Figure 3 presents the highlights of the implementation of Colorado Crisis Services including the roll out of the expansions outlined in SB 207.

Figure 3. Timeline of the Initiation and Expansion of Colorado Crisis Services



SB 207 was drafted by the Colorado Commission on Criminal and Juvenile Justice based on recommendations and significant input from the Mental Health Hold Task Force, outlined in Figure 4. The Mental Health Hold Task Force was created at the governor's request in 2016 to identify ways Colorado's system could better serve individuals in a mental health crisis. The task force was comprised of a diverse set of stakeholders including law enforcement, mental health advocates, hospitals, clinicians, regulatory agencies, legislators, and people with lived experience and their families.

Figure 4. Mental Health Hold Task Force Recommendations

Recommendation 1: End the Use of Law Enforcement Facilities for M-1 Holds
Recommendation 2: Streamline Regulations and Establish a Stronger System of Accountability
Recommendation 3: Establish a Tiered System for Carrying Out M-1 Holds
Recommendation 4: Ensure Network Adequacy
Recommendation 5: Expand and Extend the Behavioral Health Workforce
Recommendation 6: Create a Sustainable and Reliable Data Monitoring System
Recommendation 7: Ensure Proper Payment for Treatment of Individuals on Mental Health Holds
Recommendation 8: Identify and Pilot Client Transportation Solutions that Reduce the Costs, Stigma and Trauma Associated with M-1 Transport

Through Senate Bill 17-207, OBH and community providers are expanding availability of mobile clinicians, using telehealth and technology, improving options for crisis stabilization in underserved communities, using new options for transportation for people in crisis and supporting collaboration between behavioral health clinicians and law enforcement. The figure below outlines the specific program elements of the expansion, the community partner(s) executing the work, the cost, and the status of the execution.

Figure 5. Senate Bill 17-207 and Long Bill Breakdown of Funding for FY18

Program	Recipient	Appropriation (SB 207 & Long Bill)	Status
Regional Enhancement of Crisis Services	West Slope Casa, Southern Colorado Crisis Connections, Northeast Behavioral Health, Community Crisis Connection	$2,011,480	All contracts have been executed and work has begun. Contracts were signed for three regions by Oct. 27, 2017. The remaining region (SCCC) received its funding across two amendments executed on Dec. 21, 2017, and Feb. 25, 2018.
Rural Enhancements to the Crisis System on the Western Slope	West Slope Casa	$976,255	Contract executed on Oct. 27, 2017. Asked for amendment to execute scope of work in Jan. 2018
Salaries for a Crisis Coordinator	West Slope Casa, Southern Colorado Crisis Connection, Northeast Behavioral Health, Community Crisis Connection	$440,000	All contracts have been executed and work has begun. As of Oct. 27, 2017, contracts were executed for three regions. The contract for the remaining region was executed on Dec. 21, 2017.
LEAD and Co-Responder Program	**LEAD** City of Alamosa City and County of Denver City of Longmont Pueblo County **Co-Responder** City and County of Broomfield City and County of Denver El Paso County City of Evans City of Grand Junction Larimer County City of Longmont Pitkin County	$5,200,000	Request for Applications posted Sept. 2, 2017. Proposals scored and all letters of intent were issued on Jan. 9, 2018 for the 12 pilot community recipients. Contracts are executed for all but the City and County of Denver, which is scheduled to be completed by the end of April 2018.
Technical Assistance for LEAD Communities	Public Defender Association	$60,000	Purchase order executed on Dec. 12, 2017 to provide services and technical support to each LEAD program provider.
LEAD and Co-Responder Evaluation	University of Colorado	$170,000	Interagency agreement executed on March 7, 2018.

Program	Recipient	Appropriation (SB 207 & Long Bill)	Status
First Responder and Law Enforcement Training	University of Colorado	$107,500	Interagency agreement executed on Feb. 15, 2018 to develop the training curricula and begin online trainings in FY19.
Transportation Pilot Program	The Center for Mental Health (WSC), AspenPointe (SCCC)	$410,858	The Center for Mental Health was awarded a contract for $169,890, executed on Feb. 20, 2018. AspenPointe received $120,000 as a second location, executed on Feb. 25, 2018. Both sites will work to transport individuals in crisis to appropriate mental health setting.
Program Evaluation for Transportation Pilot	Clarity Research Group	$124,224	$100,000 purchase order executed on March 23, 2018. Negotiating balance of 2018 Transportation Pilot funds ($24,224).
CDHS/OBH Administration	2.3 FTE for Personnel Services and Operating	$154,578	2.3 FTE includes an Accountant that was hired and the position is now vacant, Data Analyst and LEAD/Co-Responder Program Manager are hired performing work.

Regional Enhancements

The planned **regional enhancements** include $502,870 for each region to make local improvements, as well as $110,000 each for a **regional coordinator** responsible for developing partnerships with law enforcement in each region. The Western Slope received an additional $976,255 specifically to **enhance rural crisis response**, which is a target area for improvement in the crisis system. The existing crisis contractors created expansion plans that aligned with the intent of the bill and included actions that:

- Increase the collaboration between the Colorado crisis response system regional contractors and local law enforcement;
- Ensure adequate capacity to conduct face-to-face (including tele-health) assessments within one hour of initial request for urban communities and two hours for rural communities;
- Ensure that walk-in centers, crisis stabilization units and acute treatment units are able to accept and triage individuals on mental health holds; and
- Expand local partnerships between the Colorado crisis response system and emergency departments and other community service providers to ensure safe, humane and legal alternatives to holding individuals on M1 holds in jails.

Contractors were required to submit plans that included evidence of participation of key stakeholders, including law enforcement, in development of the plan and demonstrate that the funding will address the issues outlined in the Mental Health Hold Task Force Recommendations and the legislation. The crisis contractors obtained signatures of support from local stakeholders, specified below.

- Southern Colorado Crisis Connection (SCCC)- El Paso County Sheriff's Office, San Luis Valley Regional Medical Center and Sen. Michael F. Bennet
- Community Crisis Connection (CCC)- Aurora Police Department and Arapahoe County Sheriff's Office
- West Slope Casa (WSC) –Sheriffs from 20, out of the 21 county region, have formally endorsed the enhancement plan through public meetings and outreach.
- Northeast Behavioral Health (NBH)- City of Fort Collins Police Services, University of Colorado Health Emergency Services, Greeley Fire Department, City of Greeley Police Department, City of Loveland Police Department and the North Colorado Health Alliance

At this point, all centers have begun work and will invoice OBH on a monthly basis for the regional enhancements outlined in the contracts. This first infusion of funds to improve the crisis system supports the following regional enhancement plans available in their entirety on the CDHS website at: https://www.colorado.gov/pacific/cdhs/behavioral-health-provider-contracts. Figure 6 outlines the regionally specific enhancements outlined in the contract amendments executed between OBH and each regional crisis contractor.

Figure 6. Overview of Regional Enhancements through SB 207 Funding

Crisis Partner	Crisis Enhancement Overview
West Slope Casa	• Create a Walk-in Center with a Crisis Stabilization Unit in Montrose and Summit counties (Capital outlay delays caused dates for implementation to be June 2018 and Sept. 2018) • Expand Mobile Response in Archuleta, Dolores, La Plata, Montezuma and San Juan counties • Facilitate alternative transport services in Moffat and Routt Counties
Southern Colorado Crisis Connection	• Create a Walk-in Center and Crisis Stabilization Unit in La Junta • Upgrade Walk-in Center in Alamosa and increase hours of operation to include evenings and weekends.

Northeast Behavioral Health	• Increase mobile staffing in Fort Morgan and Sterling
	  ○ Case Managers will be deployed to Centennial-region hospitals to provide support by monitoring individuals awaiting crisis services, assisting with placement, and performing other administrative tasks
	  ○ Mobile case manager in Larimer County will support mobile crisis teams by adding capacity to co-respond to calls where safety is a concern
	  ○ Mobile crisis staff will provide support in high-volume areas to ensure ability to accept higher acuity population
	• Enhance security services to Greeley's Acute Treatment Unit and Fort Collins' Walk-In/Crisis Stabilization Unit with security staffing
	• Launch Transportation Pilot Program implementing a region-wide secure transportation system for individuals in crisis

Community Crisis Connection	• Increase respite beds in Boulder/Broomfield • Facility enhancements at Walk-in Center/Crisis Stabilization Unit in Adams County • Crisis Walk-in Center will be moving from Lakewood to Wheat Ridge, opening mid-April 2018, to shared location with withdrawal management services. • Staff behavioral health clinicians to enable mobile co-response with law enforcement including outreach and resource efforts in Aurora City • Enhance staffing to increase mobile staff responder with law enforcement in Arapahoe/Douglas Counties • Denver County to fund alternative transportation for individuals from jail to home, Walk-in Center or Community Mental Health Center

The expansions that included significant funding to renovate or prepare buildings for residential crisis stabilization services required some additional coordination across state entities in order to ensure the expenses were allowable and met the legislative intent to support new access points for crisis services. This has resulted in a delay in service availability for two of the three new crisis stabilization units. OBH and the Colorado Department of Public Health and environment have been working closely with these three specific locations supported through 207 dollars to ensure full support from the state and prevent any additional delays.

- The new 6-bed ATU in La Junta is scheduled to be open by May 1, 2018.
- In order to complete necessary start-up renovations, new crisis stabilization units in Frisco and Montrose had to work with the Joint Budget Committee and CDHS to get spending authority for capital outlay for the two new facilities. Recently, Montrose has been involved with city licensing issues, but with transportation funding, has ensured clients receive appropriate transportation to necessary treatment services.
- The Montrose facility should be up and running by July 1, 2018 and Frisco should be open by Sept. 2018. Both communities are confident that through other expansions, they will be able to meet the needs of individuals in a behavioral health crisis without the use of jails.

Law Enforcement-Assisted Diversion (LEAD) and Co-Responder Models

In 2017, OBH began implementation of two types of law enforcement and behavioral health partnerships -- **Law Enforcement-Assisted Diversion (LEAD) and Co-Responder models** -- that help provide individuals in behavioral health crisis with services.

LEAD is a pre-booking diversion program that aims to improve public health and to end the cycle of recidivism related to individuals with substance use and/or mental health disorders. Instead of being charged and booked following an arrest, the arresting officer identifies the arrestee as a potential participant for the diversion program and subsequently connects them with a case manager. This case manager then provides a holistic approach to connecting the individual with resources such as housing and substance use treatment services or enrolling the participant in vocational training courses. The main principle of LEAD is collaborative partnerships between local law enforcement, district attorney's offices, sheriffs, treatment providers and other community stakeholders. This partnership was a requirement of all LEAD grants. OBH will receive $2.3 million annually for three years to contract up to four pilot programs.

The Co-Responder model of criminal justice diversion consists of two-person teams comprised of a law enforcement officer and a behavioral health specialist to intervene on mental health-related police calls to de-escalate situations that have historically resulted in arrest and to assess whether the person should be referred for an immediate behavioral health assessment. OBH will receive $2.9 million annually to contract with up to eight programs for a five-year term.

The request for applications was released Sept. 23, 2017. All proposals were due on Nov. 7, 2017. On Jan. 10, 2018, 12 awards were announced. The four communities awarded funding for LEAD are the City of Alamosa, Denver County, City of Longmont and Pueblo County. The eight communities awarded funding for Co-Responder Programs are City and County of Broomfield, Denver County, El Paso County, City of Evans, City of Grand Junction, Larimer County, City of Longmont and Pitkin County. Projects have begun in 11 communities and OBH is in contract negotiation with the last community, the City and County of Denver, with implementation estimated to begin in late April 2018. The LEAD pilots will continue through Spring 2021 and Co-Responder Pilots through Spring 2023

In addition to the LEAD pilot projects, OBH has contracted with the LEAD National Support Bureau for technical assistance and strategic planning for the implementation of the programs. OBH has also entered into an intergovernmental agreement with the University of Colorado - School of Public Affairs to conduct a study of the LEAD pilots, which will conclude at the end of the three-year pilot period. The findings and recommendations from the program study shall guide continued funding for the programs.

First Responder Education and Curricula

As Colorado moves toward ending the use of jails as placement for individuals in a behavioral health crisis, this bill provides for continuing education for law enforcement, emergency medical technicians and other first responders to help prepare them for new rules and locally available resources. The training curricula will provide instruction and information to first responders to prevent the use of jails, lockup or other detention facilities when the person in crisis has committed no penal offense or crime, but is experiencing a mental health crisis. On Jan. 29, 2018, the Rocky Mountain Public Health Training Center (RM-PHTC) was awarded the contract and has begun executing the development of the curricula. After the curricula is developed and tested, funding shall cover developing/converting the training for online access in the second year of the contract.

Transportation Pilot Program

Recommendation 8 from the Mental Health Hold Task Force was to "Identify and Pilot Client Transportation Solutions that Reduce the Costs, Stigma and Trauma Associated with M-1 Transport." SB 207 provides support for a transportation pilot program, which addresses the statewide need for secure transportation for individuals placed on a 72-hour treatment and evaluation holds. This two-year pilot provides funding for communities to train drivers and transport people in mental health crisis to a mental health center or designated facility, reducing the use of law enforcement and ambulances. OBH encouraged rural areas, defined by the U.S. Census Bureau as cities and counties with less than 50,000 people, to apply for these funds. The request for proposal was released on Aug. 29, 2017 and closed on Sept. 29, 2017. The letter of intent went to the sole bidder on Nov. 17, 2017. Contract negotiations began on Dec. 20, 2017 and the contract was executed on Feb. 20, 2018 to support transportation services in the West Slope Casa region. In an effort to expand the pilot to

include two rural communities, OBH worked with the CDHS contract team to amend existing contracts in order to implement a second pilot in the Southern Colorado Crisis Connection region. The contract for the second pilot was executed on Feb. 25, 2018 and will continue through February 2020.

Rule Promulgation for New Transportation Hold

SB 207 introduced new language intended to divert individuals with behavioral health disorders from entering the criminal justice system. This legislation included changes to C.R.S. 27-65-105, including the creation of a new involuntary transportation of immediate screening hold. This new involuntary transportation hold:

- Creates a new option for intervening professionals to transport an individual who appears in need of immediate evaluation for treatment to an appropriate facility;
- Ensures that civil liberties protections that currently exist in statute remain the same;
- Encourages first responders to transfer the decision to place a more restrictive M-1 hold to healthcare providers;
- Introduces a focus on community collaboration between systems to formalize how law enforcement, behavioral health providers, and other clinical settings collaborate in responding to crises.

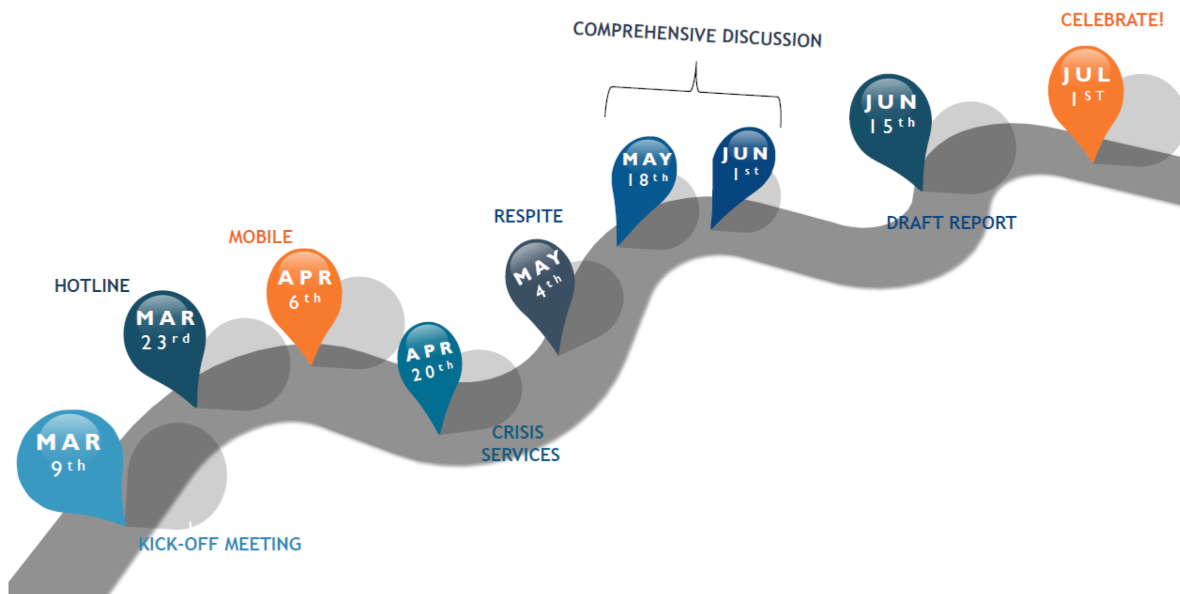
The intent is to ensure individuals aren't held unnecessarily and restore to liberty individuals who do not meet criteria for a hold, while also not mandating facilities to act outside their capabilities. Specifically, if an officer is unable to determine if a person meets hold criteria, but considers them a safety risk to themselves or others, the officer can connect that person to a behavioral health professional, instead of taking them to jail. Once a person in crisis is connected to a facility with a behavioral health professional, the standard existing process outlined in C.R.S. 27-65-105 is initiated.

The Office of Behavioral Health, in collaboration with behavioral health stakeholders, created a rule draft for how a 27-65 Designated Facility provides services when an individual arrives at their facility on the new involuntary transportation for immediate screening hold. The Involuntary Transportation for Immediate Screening Hold Rules, included in Appendix II, were adopted by the State Board of Human Services on April 6, 2018. The adopted rules are projected to go into effect June 1, 2018.

Crisis 2.0 Steering Committee

In March 2018, CDHS announced the formation of the interim Colorado Crisis Steering Committee comprised of stakeholders that are working together to provide recommendations to CDHS on how to improve and enhance the State's behavioral health crisis system. The Committee is studying each of the crisis system's components to identify the gaps in current service delivery. The goal is to increase system efficiencies that will improve crisis response services in all communities and reach those populations at highest risk. Additionally, the Committee is working to understand how data can be better used to demonstrate the effectiveness of the program. The committee may convene subcommittees to provide different and necessary perspectives on the crisis system as needed. The Committee will produce a report by June 30, 2018, outlining its recommendations for CDHS. Figure 7 outlines the pathway to complete this essential work by the end of the state fiscal year.

Figure 7. Crisis 2.0 Steering Committee Roadmap



Crisis Data

All Colorado Crisis Services' contractors are required to submit data on behalf of Senate Bill 17-207. Due to varying services across regions, specific data templates were created for each region's outlined enhancement plans. Figure 8 is a representation of the common elements between all contractors.

Figure 8. Most Common SB 207 Data Elements for Colorado Crisis Service's Contractors

Most Common 207 Data Elements
Number of unique individuals placed on a 72-hour hold
Number of unique individuals brought to walk-in center by first responders • **Of these individuals brought to a walk-in center by a first responder, number of individuals brought to an emergency department for treatment**[1]
Number of unique individuals in which a first responder was involved during crisis response
Most common encounter location of EMT/Clinician mobile responses by the teams added and supported by 207 funding[2] **(CCC, NBH and WSC only)**
Number of unique individuals transported by secure transportation companies (CCC and WSC only) • **Most common pick up location (CCC and WSC only)**[3] • **Most common drop off location (CCC and WSC only)**[3]

Contracts required that data collection begin 90 days after the contract execution date. As a result, many contractors began collecting Senate Bill 17-207-related data beginning in February 2017. Therefore, only a few months of data from each contractor have been submitted, postponing trends for analysis until after the completion of this report. Regions will have completed the first full month of data reporting to OBH by June 2018, although preliminary data show positive results. For example from Oct. 2016-Feb. 2018:

- Of the **256** people brought to a walk-in center by a first responder, **zero percent** required follow-up treatment through an emergency department in the Denver region [4].

[1] The value for this data element will be "N/A" if the value of the previous data element ("Number of unique individuals brought to WIC by first responders") is "0".
[2] This language is used by CCC and WSC. The language used by NBH is as follows: Most common location of encounter of paired mobile responses by teams added and supported by 207 funding.
[3] The value for this data element will be "N/A" if the value of the previous data element ("Number of unique individuals transported by secure transportation companies") is "0".
[4] Note these numbers do not indicate unique individuals.

- In the western region, secured **transportation** was used to pick up **15 people** from a hospital and connect them with the local Community Mental Health Center, CSU or locked psychiatric hospital.

Moving forward, data elements will serve as a source of information into the effectiveness of the 207 funding. Overall, data for the Colorado Crisis Services to date is provided below.

Colorado Crisis Services: Services Provided through February 2018

This chart represents services rendered and not individuals assisted. An individual may be assisted multiple times by Colorado Crisis Services.

	To Date (Since Inception)	Last Fiscal Year (FY17)	Current Fiscal Year (FY18)	February 2018
Hotline (Hotline, Warm Line, Text, Chat) Total Services:				
Rocky Mountain Crisis Partners (RMCP)	448,469	150,994	108,917	12,550
Total Services by Regions:				
Community Crisis Connection (CCC)	82,374	22,270	15,231	1,825
Northeast Behavioral Health (NBH)	22,985	8,627	5,790	835
Southern Colorado Crisis Connection (SCCC)	43,518	20,014	13,910	1,572
West Slope Casa (WSC)	29,434	9,717	7,424	814
Total Services by Modality (Service Type) Across All Regions:				
Walk-In Services*	50,491	29,774	20,717	2,353
Crisis Stabilization Unit	62,528	5,161*	3,279	197
Mobile Crisis Services	60,029	23,204*	16,888	2,340
Respite Care	5,263	2,489	1,471	156
Total Services:				
Total Regions (CCC, NBH, SCCC + WSC, all modalities)	178,311	60,628	42,355	5,046
Total Overall (Regions + RMCP)	626,780	211,622	151,272	17,596

*Walk-in services began in July 2016 and were previously a part of CSU or mobile services, depending on the region. The recategorization is reflected in number of services by modality beginning in FY17.

COLORADO
Office of Behavioral Health
Department of Human Services

Next Steps

The policies and funding provided through this landmark legislation have provided the additional safeguards to prepare communities for the full legislative implementation. The crisis contractors and the community providers in each region are relying on partners across law enforcement, community behavioral health services, transportation providers, peer navigators, and the four foundational elements of the crisis system (crisis line, mobile, walk-in, and respite) to provide a coordinated response to individuals experiencing a behavioral health crisis.

Regional enhancements are underway, though the implementation period was limited by:

- An extended negotiation process for the regional enhancement
- A standard but lengthy Request for Proposal process for all new contracts
- Higher than anticipated start-up costs related to renovation and building costs, this required additional approval for capital expenses.

OBH will continuously monitor progress to each plan though monthly meetings and reporting, and continue to work with community providers, counties, consumers and advocates, state departments and internal leadership to determine ways to increase access to crisis services and ensure the crisis system is truly patient-centered through the Crisis Steering Committee. Through June 30, 2018, OBH will participate in a series of stakeholder engagement meetings and information-gathering activities to create a set of recommendations for improvements to the behavioral health crisis system. These recommendations will address community-based, patient-centered solutions to identified barriers and challenges including mobile service delivery, crisis facility licensure, partnership with law enforcement and coordination of services. Prioritized areas of work include:

- Increased community based mobile responses
- Standard coverage across regions
- Improved partnerships across community services
- Licensure challenges for co-located mental health and substance abuse services

These recommendations will be shared with the General Assembly upon completion in June 2018.

Appendix

Appendix I: Timeline of Senate Bill 17-207 Activities, May 2017-May 2018

May 2017

- 18th, Gov. Hickenlooper signs Senate Bill 17-207
- Office of Behavioral Health (OBH) created and sent templates for regional enhancement plans to all crisis contractors

June 2017

- Crisis contractors engage with stakeholders and create regional-specific enhancement plans

July 2017

- 3rd, Crisis contractors submit their plans to OBH for review and approval

August 2017

- 18th, OBH mails out completed and approved contract amendments for signature
- CBHC mediates on behalf of the crisis contractors and requests significant changes to the approved plans
- 25th, Transportation Hold Rules Draft available for public comment
- 28th, Posted Transportation Pilot RFP

September 2017

- 12th, OBH and CBHC agree upon conceptual changes to the amendments and to start conversation on licensing challenge
- 21st, LEAD and Co-Responder RFP posted
- 29th, Transportation Pilot RFP closed for bid

October 2017

- 12th, OBH mails out re-drafted contracts for signature from the crisis contractors
- 19th, First Responder Education Curricula RPF posted
- 30th, Rural enhancement contract with West Slope Casa executed
- 30th, Three of the four regional enhancement contracts executed, request received for more changes from fourth contract (SCCC)
- 31st, First round of feedback for Transportation Hold Rules closes

November 2017

- 2nd, First Responder Education Curricula RFP closes for bid
- 3rd, Southern Colorado Crisis Connection (fourth region) statement of work and updated contract language due to the Department
- 7th, LEAD and Co-Responder RFP closes for bid

December 2017

- 20th, Bid submitted from Clarity Research Group for Needs/Capacity Study & Transportation Pilot Evaluation
- 21st, Amendment 1 executed for SCCC enhancement contract

January 2018

- 9th, LEAD and Co-Responder awards announced

February 2018

- 20th, Contract executed for Transportation Pilot Contractor in the West Slope Casa Region, The Center for Mental Health
- 25th, Contract executed for Transportation Pilot Contractor in the Southern Colorado Crisis Connections region, AspenPointe

March 2018

- OBH forwards LEAD and Co-Responder contracts for final contractor reviews
- 18th, collecting FY19 budgets for all Crisis contractors
- Contract execution for Needs/Capacity Study and Transportation Pilot Evaluation
- Formation of the Crisis Steering Committee

April 2018

- 6th, Transportation Hold rules passed by the State Board of Human Services
- Collecting contractor and OBH signatures for FY19 contracts
- Executed 11 of 12 contracts for LEAD and Co-responder Pilots

May 2018

- Provide continued implementation support and technical assistance for 207 expansion programming

Appendix II: Final Rules for Transportation Hold

(2 CCR 502-1)
21.281 INVOLUNTARY TRANSPORTATION FOR IMMEDIATE SCREENING

21.281.1 DEFINITIONS
"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 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 PROCEDURE

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 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.