Emergency Procedures Meeting – 3/22/21

Discussion Notes

Current Statute / Last Meeting Ideas

- Last Meeting – reviewed 27-65 statute and broke down language into parts

Updated language proposal

Who can place update (initiate hold):

- Making it specific to law enforcement could increase negative interaction, would rather law enforcement not be involved
    - We want to get to a point where there's more behavioral health response, but there needs to be more availability for that to take place
- Designed to prioritize behavioral health response, and keep trauma informed perspective
- Would like to see training requirements included
    - De-escalation or CIT training for EMS personnel and peace officers
- Is this strictly for people resisting movement to a facility? Have you considered how this would affect rural communities with reduced resources
    - Not intended for escalated persons, purpose of transportation hold was for someone who doesn't have clinical training to place hold because they aren't able to make determination for full M1 hold
    - Designed for rural areas to not utilize jails in holds
- Is .5 hold intended to be used before M1 hold or concurrent with it?
    - No, intended to be place in situation of uncertainty regarding criteria
    - Not simultaneous to another
- Amount of available transport is a barrier, we're working to fill these gaps
- In other communities there are designated vehicles for transportation, the hope would be police car as a last resort situation
- Rural areas law enforcement not using .5 due to foreseen liability
- I have concern with EMS since there is a charge for the service. I learned of a person who paid $10000 for the cost of transportation, because no beds available on western slope and transported to eastern slope. Physician assistance should be included. Training for anyone involved. Not everyone who attempts or dies by suicide has MI, so what is done in that situation.
- Is the transportation hold necessary?
    - Many law enforcement agencies view the M.5 a violation of civil liberties.
- Victoria Allen Sanchez – as intervening prof, she's issued hold before for ED to evaluate and then release before they're ready - lots of opportunity for confusion
- Why would initiating a hold make a person being held feel safer – she feels the opposite
    - Always try to encourage voluntary
    - Clinicians are afraid of liability

- Providers should be learning how to support people in crisis rather than how to protect themselves

Criteria:

- Goal – transportation is the last resort. Meeting people where they're at is the priority. Moving someone out of their community is not the goal.
- Ty – we should separate substance use and mental health, persons with mental health can get stuck in longer holds that are meant for detox period
- There should be a way for person possibly being held to dispute the hold
    - All his holds experienced, could've been mitigated by being connected to help that knew him and understood his situation to help de escalate situation
- Son's experience – was initiated into hold, there should be a way for a person who is being held to dispute, there was no communication with parents
- This leads to future distrust with system/ not sharing their feelings after previous holds experienced
- The transport hold sets the stage to criminalize people in crisis
- Recommendations:
    - Being allowed to transport themselves/ parents allowed to transport children
    - Peer service transport
    - Specific to law enforcement and EMS
- San Luis valley peer transport pilot
    - Peers and case managers
    - No incidents – after covid funding was pulled
- Gunnison Valley Health is developing a transport process staffed by Peer Support
    - the expense is paid by the hospital. Some offset by our Foundation. But cheaper than paying another transport agency and or keeping these patients at the hospital until transport can be arranged
- There is no system for transport home after discharge
- An accountability measure that reviews hold necessity and provides actual feedback to providers/ coupled with training and support for clinicians from peers would be a potential game changer
- Maybe we scrap the .5 and develop stricter requirements and more clearly defined usage of the m1 hold
- Client should be provided a peer advocate
- Behavioral Health Center – have seen 0 transportation holds
    - How can we use metro resources to support rural communities
        - Telehealth
    - How can we integrate peers into our systems of care
    - BH teams should be integrated in all police
- We need to beef up mobile response times and availability – would entirely reduce need for transport hold
    - We should look at alternatives also
- There needs to be specifics for Minors. Parents should have the right to transport their own child if necessary

- Make mobile crisis available to law enforcement to have support in making determinations in the field
- We need more education for clinicians to get everyone on the same page