Emergency Procedures Stakeholders Group – 4/12/21

Intervening Professionals Discussion

Current Statute:

(II) The following persons may act as intervening professionals to effect a seventy-two-hour hold, as provided in subsections (1)(a)(I) and (1)(a)(I.5) of this section:

(A) A certified peace officer;

(B) A professional person;

(C) A registered professional nurse as defined in section 12-38-103(11) who by reason of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing;

(D) 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, 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

(E) A licensed clinical social worker licensed under the provisions of part 4 of article 43 of title 12.

- Physicians assistants cannot place Mental Health holds
    - Based on OBH interpretation of definition of "Physician" for 27-65
    - Nurse practitioners also excluded
- Professional person can initiate and end of/ next steps of holds, need broad training for the total process of the hold
- Professional Nurse – interpreted by OBH as minimum master's degree and documented training
    - How should additional preparation be better defined/ enforced
        - Nurses usually have 6 weeks in psych training – should require additional education
        - For rural & frontier CO, access to MD's in large part for psych care is limited. To not include PA's & APN's who provide psychiatric care as unable able to utilize M-1's does not make any sense.
    - Haven't seen frequent examples of non-qualified professionals signing holds
        - More of an issue of using the M1 holds in situations that don't require it
    - Lots of M1 hold usage for persons under the influence/ intoxicated, which is a misuse of the hold
        - 5 day drug and alcohol hold exists to avoid that
        - Detox beds are lacking as well
- Significant difference in lack of community resources between rural/frontier and rest of state
        - Important that we remember that less resources means more barriers

- Can an EMS provider initiate an M1 on behalf of their medical director if they MD assesses virtually?
    - Not currently. The MD who completes the assessment must sign the M-1.
    - We should include modern telehealth options for assessment
    - CDPHE regulatory language - "An/a [EMT, AEMT, EMT-I, Paramedic] may carry out a physician order for a mental health hold as set forth in Section 27-65- 105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications."
- LMFT, LPC, LAC
    - OBH interprets as minimum master's degree and documented training
    - Are addiction counselors trained in mental health?
        - Looking at what expectations for professionals are and additional regulations for professions eligible for initiating holds
    - LAC needs a masters degree - can be in substance use without mental health specifically. You do not need an additional license, and the hours are shorter so many people gain that license first after graduate school.
        - Some LACs more specific to substance abuse
    - Need to develop foundational training requirements
- LCSW
    - No additional educational requirements
    - Medicare reimburses – does not for LPCs

Potential changes;

- Add EMS providers
- Add PAs
- Should certain professionals only be able to administer a .5
- Currently RN, LMFT, LPC, and LAC require additional education/ preparation
    - RNs should have capability/ training as many rural professionals don't have additional master's degree, should include bachelors level professionals – with some form of training requirement
- Need for professionals to have deep understand that they are taking someone's constitutional rights, many examples of abusing system to mitigate liability/ intent to provide safety for person – when they're actually removing someone's rights and need to understand the gravity of initiating this process
- EMS have more regular training yearly, rather than Law Enforcement which requires some CIT training
    - EMS have more mental health training
- Could we also include more training for what a comprehensive safety plan looks like when an M-1 may not be the most appropriate intervention?
- Foundational training is so important, but not to mention continuing, documented education.
- Every intervening professional should have regular updated training
    - What entity is responsible for this
        - BHA would be the right place – building capacity, identifying challenges and gaps, robust technical assistance

        - Inclusion of how to appropriately be reimbursed for services
        - LCSW's are also required to complete the Jurisprudence and complete continuing education for license renewal.
- Should there be separate lists of professionals for different hold types?
    - Dichotomy between urban and rural due to resource availability
    - Make language more inclusive and considerate of entirety of state
        - Make it consistent, but not unable to be flexed for different needs across the state
        - They should be different lists. If a provider is qualified to place a 72 hour hold, then there should be no need for them to place a 0.5 (Other than Law Enforcement)
- There should there be a list for who can resolve a hold and training required for that as well
- Need to look at entirety of hold process
- With removal of qualified immunity – personal liability creates an argument for need of available transportation hold
- We should consider adding a 3rd hold type, transport, crisis, and inpatient qualified assessment hold
- It is also important to ensure that this process appropriately meets the unique needs of children, youth, adolescents and their families
- The M.5 has had it's challenges, most of it around education and implementation. Would support keeping it as an option for certified professionals who are unclear on whether an individual qualifies for M-1 until they can be connected to competent and confident assessor
- How can we incorporate community resources such as peers in these processes.
    - With that education requirements/ training should also be discussed for peers
- How can we mitigate weaponization of these holds