

## Emergency Procedures Stakeholders Meeting – 5/24/21

### Colorado Hospital Association presentation-

- Hospital role in Emergency MH procedure
- Regulations that impact Emergency MH procedures
- Recommendations
  - Patient Rights
    - We should be taking the setting into consideration and the nuances that come with these different environments (Emergency Department, designated facility, etc.)
      - Rights to communication should be equitable for mental health patients
      - Rights should be spelled out as detailed as possible for the patient, especially because they're having their rights removed via the hold
      - Psych patients carry stigma within hospital setting, culture of punishment for 'being bad' while experiencing crisis
    - Increase access to an independent patient rights navigator
  - Discharge Planning
    - Upon hospital evaluation of services post discharge, if certain services are unavailable can the state help hospitals navigate in finding service location and placement
    - Create a post-acute care navigator that can assist hospitals in placement if services are unavailable
      - Opportunity for further development and inclusion of peer advocates
      - Third party peers outside of hospital employment is preferable, eliminates potential conflict of interest, creates additional level of trust
      - Information sharing between hospitals and mental health facilities not consistent, often left without discharge summary for patient, lack of accountability
  - Hospital and Healthcare workforce
    - How can we strengthen and increase efforts around shortages and trainings
      - Investigating shortages, turnover, potential shortages (increased funding for recruitment)
      - Anti-stigma trainings at hospitals with other health care providers and creating a best practice forum
    - Investigate further funding and training to improve transportation
      - Opportunity for peer respite services
      - Inclusion of training for trauma informed care
      - Ensuring that providers have supports in place as well to reduce potential for burnout/ turnover

Patient Rights discussion continued:

- It is the facility responsibility to identify an attorney for a person undergoing an M1 hold if they are unable to do so themselves
- MA Human Rights Officer
  - o Could this type of role fall to the behavioral health ombudsman
- Assumptions about patient shouldn't be made when taking away patient rights