Emergency Mental Health Procedures Stakeholder Meeting – 6/28/21

Dr. Berumen's slides from this presentation are available for download at
https://www.mentalhealthcolorado.org/emergency-mental-health-procedures/

Presentation discussion – Clinician's perspective on 27-65

- Peer specialists should be incorporated in warm handoffs to services when hold is dropped
- Peers would be incredibly helpful when folks initially arrive in the ED to minimize potential trauma, and to help explain to people what to expect while awaiting an ED evaluation
- Challenges being faced by hospitals in trying to pilot peer support employees
    - Criteria (such as justice involvement) are barriers to employing peers
    - CDPHE standards for persons with direct contact with patients
        - Effects partnerships with peer support organizations
        - HR processes, policies, background checks for employment
        - Have seen this issue with incorporating local community MH centers for assessments
    - Opportunity for state BHA to partner with provider system rather than just act as a regulator – upon court involvement and need for certification (after 72 hrs)
        - MA, OH, have more comprehensive outcomes for persons on alcohol and drug certifications
- Has there been discussion around setting up Behavioral health emergency/ urgent care departments?
    - Looking at tiered designation for ERs and resource incentives to encourage more mental health informed facilities
- Challenges with the transgender population, can that be expanded on?
    - Need for privacy – not a lot of facilities are willing to give up 2 beds for one person
    - Need for trauma informed care
- Still at a point where substance use and mental health issues are treated separately
    - Need to move to more holistic system for co-occurring population
- Gap between ERs and CSU/ATUs we need to fill
- Could we develop an information portal available to share information with ED staff and BH staff for continuity of care especially for overnight services
    - Potential to utilize portal being used for PADs
- Solutions can't be so limited by payer. I think the BHA could/should really be an opportunity to ensure care transitions are payer-blind