

House Public & Behavioral Health & Human Services  
 03/22/2022 01:30 PM  
 HB22-1256 Modifications To Civil Involuntary Commitment  
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Virginia Gebhart For Colorado Foundation for Universal Health Care	<p>The Colorado Foundation for Universal Health Care supports this bill because it has the potential to improve behavioral health services for people who are experiencing possibly the worst days of their lives. Their families may be terrified for the life of their loved one and don't know where to turn. Improving intake and discharge policies can go a long way to providing a continuum of care that is desperately needed to improve outcomes.</p> <p>I experienced in my own family the lack of humanity in our behavioral health services. My adult son experienced a mental health crisis. I took him to the ER. He was admitted to the hospital and placed under a 72 hour hold. Luckily there was one psychiatric bed available for him for a few days, but he was discharged abruptly with no follow up outpatient services available to him and no follow up appointment with a counselor. We were left to make phone calls to providers to beg for an appointment, leading to 10 days without help. These weeks of confusion and fear my son's life became one of the worst experiences of my life. I'd like to think we can do better. Please pass this bill.</p>
Aimee Techau For Self	<p>My name is Aimee Techau, and I am a psychiatric and addictions nurse practitioner working in community mental health. I am seeking your support for HB22-1256.</p> <p>We face an unprecedented mental health crisis; compounding the issue are the significant shortages in the behavioral health workforce. There are only 8.6 psychiatrists per 100,000 residents in Co, and for every 2 psychiatrists that retire, only 1 new psychiatrist replaces them. This has created a tremendous need for other qualified practitioners to fill the gap. PMHNPs and clinical nurse specialists with prescriptive authority expand access by increasing the number of providers with a comprehensive scope of practice that can meet the demand.</p> <p>Psychiatric nurses and advanced practice nurses are the 2nd largest group providing behavioral healthcare. PMHNPs are independently licensed to offer a full range of diagnostic and treatment services, including pharmacotherapy. Our training is rigorous competency-based, taking some of the same classes that the medical students do. We also must pass a national certifying exam and participate in continuing education.</p> <p>PMHNPs have become the backbone of community mental health centers and inpatient psychiatric facilities and treat the lion's share of Medicaid clients. Several reviews suggest that advanced nurse practitioners provide care indistinguishable from physicians'. This</p>

	<p>conclusion is supported by at least four randomized controlled trials and several less rigorous studies.</p> <p>The system's current state creates unnecessary bottlenecks of care that disrupt the provider-patient relationships and produce substandard care.</p> <p>In the community mental health setting, I can provide patients on certifications with the full spectrum on care. Still, I require a physician's signature on medication letters, and I am prevented from testifying in court proceedings on my client's behalf. A psychiatrist that often has never met my patient testifies instead. This is not in my patient's best interest and often provides less than ideal patient outcomes.</p> <p>Inpatient settings may have 8 nurse practitioners to one psychiatrist and a census of 100 patients. It makes it difficult to deliver timely care, if only one person can discharge an M1 hold or ensure the placement of short-term certifications.</p> <p>Please support HB22-1256 which will unleash the PMHNP workforce as we possess the knowledge and passion for serving patients.</p>
<p>Seyanna Hitt For Colorado Cross-Disability Coalition</p>	<p>My name is Seyanna Hitt, a Fellow with the Colorado Cross-Disability Coalition. Thank you for your time and dedication to wanting to improve behavioral health care in Colorado. For years prior to my start with CCDC, I worked in the mental health field and developed various concerns spanning from the way in which people receive services, to the inequities to receive and maintain services, to the quality of the facilities themselves and, finally, to the legal, ethical and moral standards of operation within the current mental health care model. As mentioned in previous testimony provided by me to the Behavioral Health Taskforce, "I have witnessed patients discharged absent of medication, without secure housing and nonexistent follow up/post discharge care plans. In some cases, these individuals lost their jobs due to voluntary and involuntary stays that limited communications for assistance in navigating the commitment process. It was common for patients to be involuntarily committed without appropriate explanation of what it is and what their rights are. During my years of employment at a psychiatric hospital, I did not see one translator come in to speak to/with patients in their language, such as ASL and Spanish, to ensure comprehension of the process and their rights". Coloradans deserve better as we know that the mental health and the substance abuse crisis continue to grow for a variety of reasons such as housing insecurities, employment insecurities and food insecurities in addition to increasing limitations to timely healthcare of all types. Efforts such as those proposed by this bill are a step in the right direction but it is just that, a</p>

	<p>single step to improving the quality of life for many Coloradans. A step that I am personally thankful for and see the potential impact it has. Thank you for your time and consideration. - Seyanna Hitt, MNM, CCDC Fellow</p>
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Dear Honorable Members of the House Public and Behavior Health and Human Services Committee,

The Colorado Psychological Association would like to thank the committee for their time and consideration of HB22-1256: Modifications to Civil Involuntary Commitment. We would also like to thank the sponsors Representative Amabile and Representative McCluskie as well as Mental Health Colorado for all their hard work and collaboration on this extremely important bill. It has been a pleasure working with everyone and we have very much appreciated the proponents willingness to address our original concerns with the definition of a professional person.

Reforming the 72-hour hold system is undoubtedly a large albeit extremely important undertaking given that updating this bill is meant to improve the processes by which we provide services to individuals in crisis who are needing additional psychiatric support and/or stabilization. Improving the process by which individuals are evaluated, provided treatment, and discharged from care is necessary to ensure that at-risk individuals receive the appropriate and adequate treatment they both deserve and need.

Regrettably, Colorado has one of the highest rates of death by suicide in the US, a ranking that has remained high for several years. We know that discharge from inpatient psychiatric care is a particularly high-risk period for individuals to die by suicide. As a result, CPA focused a lot of attention on strengthening discharge planning requirements for individuals who have been both evaluated and placed on 72-hour holds given that we believe this is a critical component of care that supports individuals during times of crisis. While we see encouraging improvements in discharge planning included to the existing language in the bill, we would still like to see stronger discharge planning language since this can be a period of increased vulnerability and instability for individuals. We believe that more concise and comprehensive aftercare planning will assist individuals in successfully transitioning to the recommended and clinically appropriate plan of care.

This bill encompasses some of the most delicate, important, and challenging circumstances of our work as psychologists and we are thankful to be a part of these collaborative improvements. We are committed to improving mental health associated processes in Colorado and appreciate your time in considering this critical issue.

Sincerely,

Marisa Kostiuk  
Legislative Committee Member, Colorado Psychological Association



March 22, 2022

Representative Dafna Michaelson Jenet  
Chair, Public and Behavioral Health and Human Services  
Colorado General Assembly  
200 E. Colfax Avenue, HCR 0112  
Denver, Colorado 80203

**RE: Support for HB22-1256, Modifications To Civil Involuntary Commitment**

Dear Chairperson Michaelson Jenet and members of the committee,

My name is Alyn Whelchel and I represent the Colorado Academy of Physician Assistants (CAPA). I am writing in support of HB22-1256. This legislation would improve patient access to mental health services at a time when it has never been needed more.

The PA profession was established as a means of expanding access to quality healthcare by filling gaps in areas of high medical need and have been an essential component of providing care in mental health arenas. Current law does not include PAs in the list of providers who can place and remove 72 hour holds for patients. This limits the professional capability of PAs and thus continues current unnecessary barriers to care. PAs who are trained and work in mental health, emergency medicine and other specialties cannot currently remove a hold and must rely on additional professionals to accomplish a critical need that is well within their training and scope of diagnostic ability. Mental health is facing a crisis and we need to actively increase access to providers trained to aid patients. HB22-1256 does just that.

In general, the need for high quality mental health services is well known in our state. HB22-1256 strives to address this issue. PAs are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. Adding PAs to the list of Intervening professionals does just that by allowing the provider who has evaluated and established trust with a person in crisis to also provide the care they need.

Decades of research demonstrate PAs provide safe, quality care to patients. Over the course of the last two years, the pandemic has demonstrated the need to have an efficient set of laws and regulations that allow qualified healthcare providers to respond to patient needs. CAPA urges your support of HB22-1256, which will reduce barriers for PAs so they can provide high-quality care in Colorado.



Sincerely,

*Alyn Whelchel, PA-C*

Alyn Whelchel, PA-C, MSPA  
President Colorado Academy of PAs



## **POLICY STATEMENT**

**Colorado’s lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) community faces significantly higher rates of mental health and substance use challenges. LGBTQ+ people, and all Coloradans, deserve an emergency mental health system that is safe and supportive to individuals in crisis. Health care facilities must also be held accountable for ensuring continuity of care and proper documentation of the civil involuntary commitment process. Envision:You strongly supports House Bill 22-1256 to modify the regulations regarding 72-hour treatment and evaluation for people with mental health disorders.**

### **House Bill 22-1256 – Concerning Modifications to Civil Involuntary Commitment Statutes for Persons with Mental Health Disorders**

This bill modifies the procedures for transportation, screening, and detention of a person for a 72-hour treatment and evaluation if the person appears to have a mental health disorder and appears to be an imminent danger to the person's self or others, or appears to be gravely disabled. Modifications include limiting who can take an individual into custody, requiring screening within 8 hours of arrival, requiring increased documentation, and establishing rights for a person being transported and detained, among others. Overall, HB22-1256 makes significant reforms to the 72-hour treatment and evaluation process that adds additional regulations and accountability for facilities to protect the rights of individuals who may be at risk of being detained due to a mental health disorder.

#### **Why it Matters**

LGBTQ+ Coloradans are at a higher risk for substantial mental health challenges due to widespread stigma, rejection, and the lack of access to identity-affirming services. Individuals who identify as LGBTQ+ experience 3 times the rates of depression, anxiety, and suicidal ideation compared to their heterosexual, cis-gendered peers. According to the Envision:You 2021 State of the State Report, 66% of LGBTQ+ Coloradans had seriously considered harming themselves and 50% had seriously considered suicide at some point in their life. It is essential that emergency response for individuals with mental health disorders is supportive and leads to lasting connection to ongoing care and services.

Adding additional regulations and establishing rights for individuals at risk of being put on a 72-hour detention improves the standard of care and holds facilities accountable for documenting their decision making process. There is a longstanding history of discrimination and mistreatment against LGBTQ people seeking health care. When LGBTQ+ feel unsafe in health care environments, the effectiveness of treatment can be greatly reduced and individuals may be discouraged from further seeking support. Changes to emergency mental health services are



crucial to help LGBTQ+ feel safe and supported when accessing care during a crisis when they may be most vulnerable.

Envision:You strongly supports HB22-1256 to modify the standards and regulations for civil involuntary commitment of individuals with mental health disorders. LGBTQ+ individuals, and all Coloradans, deserve rights when seeking care during a crisis and facilities must be held accountable for ensuring mental health holds are supportive to the long-term well-being of at risk individuals.

### Envision:You

The Envision:You mission is to support, educate and empower Colorado's LGBTQ+ (lesbian, gay, bisexual, transgender and queer/questioning) community living with a mental health or substance use disorder. Furthermore, we work to inform the public—including elected officials and policymakers—about the disparities in care facing LGBTQ+ people. Finally, we support partners and allies to enhance training, research, education, and resources to assist LGBTQ+ people. To learn more please visit: [www.envision-you.org](http://www.envision-you.org).

