

CBHC BOARD POSITION STATEMENT 11.0:

Civil Commitment and Emergency Mental Health Holds

Position Statement

Coloradans in need of involuntary commitment for mental health services must be treated efficiently and with the highest levels of quality, dignity, and respect.

Background

Colorado has laws, like every state, that establish criteria for determining when an individual in need of acute care is appropriate for involuntary treatment. Colorado statutes require that an individual be deemed as either an imminent danger to self, others, or gravely disabled before a professional person can initiate a civil commitment hold for involuntary treatment. Commonly, Coloradans refer to civil commitment holds as “M-1 Holds”.

Colorado’s community mental health providers have long played a critical role in the involuntary commitment process both as initiators of M-1 holds, evaluators, treatment providers, and in a systemic advisory capacity to first responders, policy makers, and other healthcare systems. The community mental health centers across Colorado have a unique responsibility to balance the needs of the individual and the state and make difficult decisions that promote health, well-being, and public safety. In Colorado, mental health centers are the compassionate entity that can make a professional decisions to promote best outcomes for everyone involved.

CBHC members are committed to our value that involuntary commitment should be utilized only as a last resort option for individuals in need of acute care and that voluntary options, motivational techniques, and transports to healthcare facilities should always be prioritized over a civil commitment. When a M-1 hold cannot be avoided, we are committed to our values of least restrictive environments for holding individuals, transparency and oversight of the process, and minimizing the amount of time an individual is held involuntarily.

Colorado policy makers, healthcare providers, and advocates have long debated the various complexities that braid into the M-1 process. From which facilities can be “designated” to hold to how strict Colorado’s law is, there has been an ongoing and evolving dialogue across Colorado communities to find a balance between safety and autonomy for individuals in need. At our core, CBHC holds the value that individuals in need of acute behavioral health treatment deserve to be treated with respect, given as much self-determination as possible, and interfaced primarily by comprehensive healthcare systems that understand the situations in which they are navigating. It is our belief that the best hope

for good health outcomes begins with community-based, recovery-oriented, and person-centered systems of care.

Policy Priorities

11.1 Regulatory Oversight of Civil Commitment

To ensure that individuals in need for acute care are receiving the highest quality operations and services, it is critical that public and private partnerships focus on policy making that is informed and person-centered.

- ❖ CBHC supports policies that promote a public health approach, rather than a punitive one, to civil commitment and emergency mental health services.
 - Shifting oversight of M-1 designation for facilities to public health regulatory structures.
 - Ensuring a consistent advocacy and persons with lived experience voice in policy decisions across all state departments and the state legislature.

11.2 First Responder and Acute Care Coordination

Often, crisis services clinicians, first responders, and emergency professionals are the first to encounter an individual who may meet criteria for a M-1 hold. Education and coordination between these systems and the healthcare service delivery system that will be accepting the individual is crucial to achieve good outcomes.

- ❖ CBHC supports policies, legislation, and innovative programming that leverages the relationships of professionals across systems to streamline the civil commitment process and promote good outcomes.
 - Educating first responders and emergency health professionals on behavioral health crises, the civil commitment process, new options such as transportation holds, and how to engage the behavioral health system.
 - Creating seamless transitions between systems to facilitate appropriate and rapid care and tearing down regulatory or bureaucratic barriers to collaboration.

11.3 Tools to Enhance Self-Determination

Models of planning have been promising in increasing an individual's autonomy during a mental health crisis and facilitating communication between individuals in crisis and responding professionals. Continued innovation and open dialogue between advocates, policy makers, and professionals is critical to finding unique and workable strategies.

- ❖ CBHC supports policies and legislation that increase awareness and utilization of tools to improve the civil commitment process for all parties involved.
 - Increasing awareness and utilization of crisis plans and advanced directives for all individuals, not only those with a past experience of mental health crisis.
 - Increasing the availability of trainings for motivational techniques and preventative strategies.
 - Promoting a public health understanding of mental health crises to diminish a punitive or threatening approach by professionals responding to an individual in need.

11.4 Facility Designation for Holding Individuals on M-1 Holds

CBHC and members have long been involved in the dialogue on how to improve Colorado's civil commitment designation policies and process. At our core, we hold true to the belief that all healthcare systems have a role to play in ensuring that an individual is treated efficiently and with respect. In 2016, The Governor's Mental Health Holds Task Force recommended that Colorado establish a tiered system for facility designation to carry out M-1 holds.

- ❖ CBHC supports policies to restructure facility designation in a manner that increases availability of resources and access to care across Colorado communities.
 - Restructure regulation to ensure more facilities have a place on the designation spectrum and, at a minimum, have a protocol for routing an individual in crisis to appropriate care.
 - Clear up conflicts for facilities, such as hospitals, to clarify ability to treat individuals in critical need.
- ❖ CBHC supports the development of a tiered system of facility designation as outlined in the Governor's Mental Health Holds Taskforce Recommendations:
 - **Tier 1:** Current designated facilities (short- and long-term facilities)
 - **Tier 2:** Hospital with mental health partnership (facility placement agreement)
 - **Tier 3:** General emergency department without psychiatrist specialty services.

Effective Period

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 2/16/2018. It is reviewed as required by the Public Policy Advisory Committee.

Policy Updated

Updates to this policy position were approved by the CBHC Board of Directors on 2/16/2018.

Expiration: 2/16/2020