

Bernadette Santistevan RN
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To Whom It May Concern:

I am writing this letter in support of the Licensed Psychiatric Technicians. In my healthcare career I have been a Psychiatric Technician, a Nurse Aide. I am now an RN and DON on a Geriatric Psych. Unit. We use Psych. Techs. On this unit.

I taught the C N A classes for a few years. They learn the basic ADL care. The Psych. Tech's. take the basic ADL courses plus they learn the basics of proper groups, how to handle the difficult Psych. Patient, how to redirect the difficult patients, and I could go on about the advanced training that the Psych. Techs receive in their classes.

CMHIP is only one of the facilities that use Psych. Techs. There are different private programs that utilize the expertise of the Psych. Techs. Please reconsider doing away with the Psychiatric License because we have many patients that need their help.

Respectfully,

A handwritten signature in cursive script that reads "Bernadette Santistevan RN". The signature is written in black ink and is positioned above the typed name and title.

Bernadette Santistevan RN
Director of Nursing

Bad plan

THERE'S A move afoot to do away with the job of psychiatric technicians at the Colorado Mental Health Institute at Pueblo. According to a proposal being floated around in Denver, psych techs would be replaced by licensed practical nurses or even certified nurse aides. This would be a backward step for the mentally ill in Colorado and should not be allowed.

Recently the hospital's citizen advisory committee agreed to oppose the proposal. Officials at the Department of Human Services also are opposed.

Psych techs have been the backbone for patient care and rehabilitation at the hospital since the 1950s. They receive training at Pueblo Community College, which has developed a top-notch specialized-education program.

The proposal is bouncing around the Department of Regulatory Agencies as part of mandated "sunset" reviews. As proposed, the psych tech licensure would cease in five years.

That would be a step backward.

Currently CMHIP is under a federal court order to improve care for forensic patients, those who are criminally insane. As a result of that order, Colorado is building a new, state-of-the-art forensic treatment center on the north grounds of the hospital campus and has been ramping up its treatment regime.

To do away with psych techs would be antithetical to the hospital's mission.

Dr. John DeQuardo, CMHIP's superintendent, says he and others fear the measure could be approved because lawmakers tend not to meddle after a government agency conducts research and recommends changes in policy. But faulty research should not be rewarded in this case.

DORA should drop this misguided proposal. But if it continues, then the Legislature should step in and retain the licensure of psychiatric technicians.

This state should be a leader in its treatment of the mentally ill, not just one of the pack.

February 5, 2009

State Capitol Building

Denver, CO

Members of the Health and Human Services Committee ,

This letter is written in response to the "Sunset Review" of the Colorado Board of Nursing. The review includes the proposal to discontinue licensure regulation and state oversight for the License Psychiatric Technician (LPT). This is an issue that should be of grave concern to everyone *providing* standard health care and anyone *needing* competent providers in the mental health field in Colorado.

Much can be said in support of the licensure for the LPT. Those offering and receiving mental health care realize the serious business of providing adequate and quality care to the chronically and seriously mentally ill in our state of Colorado.

Care of the mentally ill has taken on many challenges. Early on, those with mental illness were committed to asylums and those committing crimes were placed in prisons. Those caring for them were lacking training, interest and compassion. Those with education and training (physicians and nurses) became charged with their care. The **19th century** brought classifications of mental disorders. Later, there was optimism that this patient *could actually recover and return* to society. The **20th century** brought training schools for nurses established by the American Psychiatric Association. World W I increased the demand for nurses with psychiatric skills. In 1946, the U.S. Congress passed the **National Mental Health Act**. This provided funding for research and education in all areas of psychiatric care. **Today** our society is suffering from a serious global nursing shortage. This shortage will not go away soon. **Colorado** has twice the vacancy rate than that of other states. It is reflected in all healthcare settings. Any consideration in discontinuing the LPT licensure will only add to the multitude of *healthcare challenges that already exist*. *Let us not return to the days of providing only custodial care* to our mentally ill patients. This will occur as we turn care over to less prepared healthcare workers.

Nor should we forget the number of veterans that are returning home with head injuries and other mental disorders that may come with being in a war. Our health care system is yet to realize how unprepared it is in caring for this patient type. Only clinicians working with this type of illness can appreciate the need for *skilled* clinicians.

The clinicians are challenged daily with their professional duty to offer mental health care to our many patients. Very soon, many if not all hospitals will be challenged also due to the number of patients that will need care due to war-time trauma (mental and physical). These individuals enter our doors with *challenging and complicated* illnesses. It requires clinicians with *specific skills* that are acquired through a **focused training and education** program with proper oversight to ensure the standard of care does not become diluted and become custodial care as it was in its early history. A certified nurse aide is respected for her/his contribution. However, the level of expertise does not compare to the focused education of the LPT. *Oversight is essential*. The serious nature of the patient illness, the necessary care and monitoring will not be recognized and realized without it being treated as serious as seen with oversight and licensure. These skills and standards are met and acquired by the LPT program and eventual state licensure only after :

- Learning the distinctive signs and symptoms of the various mental illness suffered by the mentally ill.
- Understanding the developmental level or the life processes of a patient
- Recognizing patient cognitive, emotional and physical limitations stemming from mental illness

- Demonstrating assessment skills that assist registered nurses, psychiatrists, psychologists, social workers and other clinicians as they offer individualized and often complicated treatment programs to patients
- Recognizing *physical* symptoms that may occur with the altered psychological functioning
- Administering physician ordered medications *specific to the illness* diagnosed by a physician
- Administering scheduled drugs ordered by physicians and knowing the contraindications and side effects that may result. It can be crucial responsibility that can detrimental if not understood to be serious in the monitoring and observation of a patient. The administration of medication is not as simple as offering a patient a tablet, being familiar with the dosage and knowing the correct time and route to provide it. College level pharmacology courses have been required to LPTs for a broader responsibility.
- Engaging a patient that may be fearful and having difficulty in relating to others, trusting others, accepting treatment/medication etc.
- Understanding the interpersonal, systemic, socio-cultural, spiritual, or environmental circumstances that impact the well-being of the patient
- Being able to identify subtle behavioral changes that come with either the stabilization or decompensation of patients.
- Intervening in last resort treatment interventions that are strictly regulated such as seclusion and restraint and being very familiar with the legal rights of patients related to these serious interventions.


These are *few* of the expectations needed by those working with the mentally ill as they assist the interdisciplinary teams.

As a seasoned registered nurse, board certified in psych-mental health, with 20 plus years in the behavioral health field, I urge you to continue and maintain the licensure for the much needed oversight of the Licensed Psychiatric Technician in Colorado. The reasoning that may have initiated the proposal to discontinue the licensure was possibly premature and lacked feedback from those that are familiar and have "hands on" experience with the intense environment that utilizes the expertise from this discipline. The level of care would be seriously impacted without the licensure and oversight of the LPT. The need for the prepared, invested individual with expertise and commitment will most certainly be seen in other hospitals sooner than we realize and sooner than we are prepared for regarding the preparation of healthcare professionals and the continued nursing shortage.

In no way should we dismiss the trained certified nurse aide. However, there is a need to maintain a *healthy* standard of care that will allow for *safe, knowledgeable* decision making in caring for the mentally ill client.

Other states would benefit and upgrade their level of mental health care by utilizing this trained and licensed classification. I respectfully ask that you refuse to allow the healthcare in Colorado to be further compromised.

It is my hope to be able to thank you for your commitment to good health standards in our state.

Respectfully,

Eva Muniz Valdez RNd, B.S., S.A.N.E.-A, CAC II

January 22, 2009

To: Colorado Legislature

From: Glenna Nickens, TAIH

RE: DORA, Nurse Aide Certification Program

As licensed Psychiatric DD techs we are trained to attend to the physical, emotional and behavioral needs of individuals living at the Pueblo Regional Center. We are also responsible for medications, treatments, sleep, nutrition, hydration, elimination monitoring, activities of daily living, along with maintaining a safe, secure environment for patients and staff.

As DD techs we have clear guidelines and training that we apply when there is a need to use certified and approved behavioral management techniques to eliminate, reduce, control or otherwise alter the behaviors of our individuals. We are trained to use non-restrictive and restrictive procedures. As DD techs we have been trained to recognize and evaluate the need for medications on an as needed basis (PRN's) for possible pain or discomfort that can bring on behavioral issues. We work closely with the nursing staff to identify and monitor our clients for both physical and psychological side effects of medications. Many of the individuals that we serve are non-verbal and they rely on staff to determine possible acute medical, physical and psychiatric needs. Our education has taught us to be observant for unusual behaviors and pay attention to non-verbal communication and cues, both physical and psychological and to report and document these to nursing.

As DD techs we are responsible for administering medications (both general and controlled) on a daily basis. We review the medications supply and notify nursing of treatments or medications that need to be ordered. We are responsible for receiving medications and treatments from the pharmacy and placing them into the proper storage areas checking to ensure all are accounted for. We transport and administer both general and controlled medications during day programming and outings. We also receive refills delivered from the pharmacy and ensure that what is being received matches what was ordered and verify and file the report with nursing. We are proficient in administering medications orally, topically, by inhalation and rectally. We administer oxygen, gastric tube feedings, enemas, oral/nasal cavity suctioning, nebulizer treatments, temperature, pulse, respiration and blood pressure assessments. We are trained and yearly recertified in all of the above skills, as well as first-aid, CPR, infection control, communicable diseases and universal precautions.

We are also highly trained to implement all psychology programs and safety control plans and to collect data on these daily while monitoring and addressing challenging behaviors. This requires considerable skills as well as training in how to safely restrain and isolate clients with behavioral problems to keep all those in the environment safe. As DD techs we work closely with nursing, psychology, social services, case management

and provide consultation within and out of the agency as required. DD techs utilize skills and training and knowledge to develop and provide input and feedback to individual's plans, medical appointment, and psychiatric appointments.

We treat individuals with dual diagnosis and with serious psychiatric problems such as mood disorders, bi-polar, anxiety disorders, attention deficit hyperactivity disorder, Tourettes disorder, major depression, adjustment disorder, autism, post-traumatic stress disorder, sexual disorders, obsessive compulsive disorders, physical aggression, self-injurious behaviors, explosive disorders, stereotypic movement, manic and pica disorders. Our individuals have adapted to control their environment and express their stress through a wide variety of highly challenging behaviors including physical aggression, property damage, self-injurious behaviors, agitated self-stimulation, leaving supervision, public masturbation, stripping and inappropriate touching, screaming, intrusiveness, violence, unacceptable elimination, threat of suicide, substance abuse off campus, and attempts or threats to place others in fear of bodily harm.

There are many challenging moments that can occur on a daily shift as we care for the individuals we serve. The medical aspects are but one part of the caution and attention we exercise in the treatment and care of our individuals who are dually diagnosed.

The Pueblo Regional Center is home to 88 people who have developmental disabilities with mental illness who cannot live safely and have their high behavioral and medical challenges needs met in other group home settings or with their families. All individuals are here under a legal Disposition of Disability, which requires numerous yearly surveys to insure that the court's mandate is being met, and by Medicaid which provides half of our funding making it necessary to have highly trained and educated staff. The psych tech program offered through the Pueblo Regional Center meets all the requirements to train and educate staff in it's 540 hours of training; this is in comparison to the CNA's who have no standard curriculum and no focus on the developmentally disabled.

January 23, 2009

To Whom It May Concern:

I am writing on behalf of the proposed Sunset Review regarding the abolishment of the Psychiatric Technician Programs in Colorado. I would like to take the opportunity to voice my concern.

I am currently employed by the Department of Human Services as a Director of Nursing at the 88-bed Pueblo Regional Center in Pueblo West, Colorado. The regional center has trained and utilized the Psychiatric Technician program for a great many years. I am also aware that there are several other similar agencies throughout Colorado that also employ Psychiatric Technicians.

I am gravely concerned about who or even what the state will develop to replace them and the particular skill sets they provide. My understanding is that the state is proposing to utilize Certified Nurse Aides and grant them Medication Authority. Under the current by-laws, Medication Authority limits what the Nurse Aide can do, making them essentially useless in the facilities which utilize the Psychiatric Technician. Although this is more "cost effective", it eliminates a resource necessary to the function of the agency. I have yet to see a viable alternative.

I hope you can understand my concern, and I patiently await the state's decision on the matter.

Sincerely,

Jason Faber, RN IV
Director of Nursing
Pueblo Regional Center

Pueblo Regional Center
Colorado Department of Human Services
Valita Speedie, Director

270 W. John Powell Blvd.
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Bill
Governor

Ritter

Karen L. Beye
Executive Director

To interested parties:

This letter is written as a last minute plea for the Colorado State Legislation to re-consider the Board of Nursing's recommendations to abolish the Licensed Psychiatric Technician series, both D.D. and M.I. Both classes of workers provide for the overall safety and security of some of the most challenging individuals receiving care and treatment in the State of Colorado.


I understand the State Board of Nursing's rationale as outlined on their Sunset Review policy paper, but this recommendation appears to only be an effort by the State Board to either make a failed program (CNA-MAA) viable by the demise of the LPT programs, or to ease their own workload. Their rationale that CNA-MAAs would be more marketable to all sectors of the community at large is mostly unproven. I believe the CNA-MAA has been an option for a few years now, but has not found a single school or college to teach this course. Also the B.O.N. in their review paper states numerous times that the CNA-MAA is preferable and better able to transition into the marketplace, but gives no evidence of these statements. They give no data whatsoever of any other State or States that uses the CNA-MAA designation to show just cause for their decision. They do however have data backing their rationale to abolish the LPT based on what Kansas and Arkansas did.

We here at the Pueblo Regional Center have enrolled numerous CNAs throughout the years to complete our LPT program and the overwhelming consensus from most all of them has been that the current CNA programs in the community do not prepare them at the least for work with our residents at PRC. Most of the CNAs obtain their certificates either through nursing homes or small "for pay" community programs in as little as two weeks. The CNA's comments are that there is very little supervision, oversight or formal classroom instruction to become a CNA. Based on these sorts of comments from the CNAs themselves, I can only ascertain that the B.O.N. does not provide any real oversight into the current CNA programs. (The exception to this being the community colleges.) I shutter to think what would happen if the CNA-MAA programs were run as shoddily as those current CNA programs and how they would have the ability to hold a human beings life in the balance because they now administer the medications.

The LPT's here at the Pueblo Regional Center take their duties very seriously and take great pains to administer the medications and treatments in the proper and correct manner as they were taught. True the medication administration is but a part of his or her overall daily duties, but those duties if not done correctly can seriously hurt, cripple or kill someone. I think of the individuals that we are charged with treating and caring for and can only think they deserve better not less.

Sincerely,
Richard Esquivel GPIII
Staff Development Coordinator
Pueblo Regional Center
270 West John Powell Blvd.
Pueblo West, CO 81007

TO: Colorado Legislature
DORA – Department of Regulatory Agencies

FROM: Bob Rowton, RN @ Pueblo Regional Center 

DATE: 1/13/09

RE: Nurse Aide Certification Program – CNA/ MAA

I would like to take this opportunity to express many concerns about the Nurse Aide Certification Program, the CNA-MAA specifically. First, I would like to describe my background as a nurse, and my experience in the field of human services. I have been in the field of developmentally disabilities for 33 years, as a nurse and previously as a programmatic/administrative personnel. I have worked in community programs for the developmentally disabled, and have been working in the state system for the past 11 years. Since 1999 I have been a primary nurse for many medically-fragile, developmentally disabled adults with multiple handicaps at the Pueblo Regional Center in Pueblo West. I also have had several years of experience in community hospital setting, and nursing home work. Needless to say I have had many experiences directly and indirectly serving various individuals. In my many years of experience, I have seen MANY changes in providing health care, most of which has been intended to improve health care with logical rationalizations. However, I have a few SERIOUS concerns with the proposal for this position. Thus I am taking critical time today to address these concerns.

In reference to the 2008 Sunset Review: Nurse Aide Certification Program October 15, 2008, page 14:

Once the MAA has been issued, the CNA may do the following in nursing facilities only: "...Administer routinely prescribed oral medications which the CNA has personally prepared, according to the manufacturer's instructions and a physician's order; ..." Further it states, "CNAs with MAA—sometimes referred to as medication aides—are prohibited from administering Coumadin and its derivatives, controlled substances, non-oral medications, or medications administered on an "as needed basis."

Objections:

1. With only the availability to administer routine prescribed oral medications, then the CNA would not be able to administer prn, or as needed, medications if something as simple as a headache or backache occurs.
2. Something as simple as a superficial abrasion, the CNA would not be able to clean the wound, apply an antibiotic ointment, and cover the abrasion with a bandaid, as this does not fall into routine, oral medication category.

3. I have worked with many individuals that also require non-oral medications and nutrition, i.e. gastrostomy tube, and the CNA would not be able to administer these interventions as well.
4. We have individuals on Coumadin therapy that is critical to their cardiac care, and the CNA would not be able to administer this much-needed medication.
5. There are MANY individuals in our agency that require prn controlled substances for timely management of seizures. The CNA would not be able to perform this critical function.

With the above 5 areas of concern, who is going to perform these functions? An RN, a LPN, a LPT – Licensed Psychiatric Technician? We have 11 group homes at the Pueblo Regional Center with a capacity of 88 difficult-to-serve developmentally disabled individuals. At times there is only ONE RN on duty to handle client needs. When there is more than one RN, the on-duty RN can be involved in many activities: taking someone to a doctor's appointment, doing insulin injections to one of our many diabetic individuals, on the phone with physicians, et al in their office, attending individual plan meetings or many other meetings. Therefore, an on-duty nurse is not the resource person to administer all of the items #1-5 above. WE NEED FULLY TRAINED LPTs to perform these tasks as they have been trained to do so for many years! These LPTs have been trained in many areas, and have successfully performed the many services for the difficult-to-serve individuals. The CNA-MAA position obviously is inferior in the total picture of health care services. I understand that every year there are budgetary concerns, that the economy picture looks bleak, however I cannot ever support any position that compromises the care of any individual! This position does not make any sense!!

Why was this position recommended? Is it because there is a small need for the LPT in the state? Is it because of the money the state has to pay for a monitored written test? One suggestion: Put the licensing exam online for all applicants to take. The variability of each test can differ widely between test applicants, classes for licensed personnel could then start and stop at any time during the year, and assist agencies in procuring trained staff in a timely basis. In the long run, this would probably save money, and be time efficient.

We DO NOT want to sacrifice training and preparation for direct care staff for this specialized population that the general community needs and expects from us.

Feel free to contact me at any time with questions, concerns at the following numbers:

Bob Rowton, RN 719-585-4004

Nursing Fax at Pueblo Regional Center: 719-585-4052