



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

June 8, 2023

Anne Landman


Sent via electronic mail to: landman.anne@gmail.com

Dear Ms. Landman:

Please accept this letter as the Division of Professions and Occupations' response to your Colorado Open Records Act request initially received in this office on June 5, 2023.

The State Board of Social Work Examiners received your request for information and its records have been reviewed to determine which materials may be responsive to your request.

Requested: “[A] copy of the original complaint submitted against Lisa Mills, Case No. 2019-2630.”

Response: Attached is the responsive document. Redactions were made pursuant to section 24-72-204(2)(a)(VII), C.R.S.

Please visit our [website](#) to check the status of a license and/or view all public disciplinary documents.

Sincerely,



Darcie Magnuson
Legal Affairs, Regulatory Analyst

CORA 154-2023



Complaint - Lisa Rickerd Mills, CSW.09925520

Name

Respondent

Name

Lisa Rickerd Mills

Address

[Redacted Address]

E-mail

[Redacted E-mail]

Work Phone

[Redacted Work Phone]

License Number
CSW.09925520

Complainant

Name

Address

Anonymous
Yes

Online Complaint - Information

Online Complaint

Please complete the following complaint information. Only questions listed with a red asterisk (*) are required.
If you have chosen to file this complaint anonymously on the previous screen you may skip questions pertaining to identity. However, if you chose to submit anonymously you will not be provided updates to the complaint as it moves through the Board/Program and the Board/Program will be unable to reach you for any necessary clarification or more information if needed.
Please Note: If you have not created an account with the Division and are not currently logged into your account, selecting "Close and Save" will NOT save your complaint information and you will have to re-enter the information upon your return to the system.

Have you read the Advisory Notice to Complainants? It is recommended, but not required, that you review the [information in the Advisory Notice](#), which provides instructions about complaints, legal authority of the Division's Boards and Programs, and information about the investigative process.

1. Client/Patient Name:

On behalf of a patient

2. Relationship to the Client/Patient:

Staff

3. Date of Birth of Client/Patient:

4. Enter the Date(s) of the incident(s).

2018

5. Nature of Complaint:

Documentation Issues

Inappropriate Care of Child Client/Patient

Misdiagnosis of Condition/Problem

Other: Please Describe in the Comments section below

Comments: Inappropriate diagnosis, clinical skill and ability to practice in a safe manner.

6. Please provide a chronological summary of your complaint.

Information is all from a confidential setting. HR has not authorized a release of the information, making this complaint very difficult as most of the pertinent information is protected. If you are able to follow up, LRM has worked at the local VA Hospital in Grand Junction, Colorado -which she reported three of her patients completed suicide in 2018 after directly working with her. Other complaints have come from St. Mary's Hospital Emergency Department after releasing unsafe clients into the community, and finally complaints from the local university when collaborating with community members about inappropriate professional communication. Some examples: Patient seen and released after evaluation, LRM deeming patient safe. Concerns: Law enforcement stated patient had been posting pictures and suicidal statements with guns and pills on social media. Law Enforcement verified they viewed the pictures on social media. Additional concerns with this patient: recent serious suicide attempt, divorce, making suicidal posts with a gun and pills. None of this was address in her assessment or discussion with the doctor; however, her assessment stated he was at moderate risk and discharged home with a safety contract. Family came back the next day, as patient was escalated, carrying guns in his car and continued to be suicidal. Patient placed on M1 following day. This poses serious risk to the client, family, and community. Two overdoses and released by LRM. New clinician saw the patient on third overdoses which resulted in M-1. Concerns with patient safety. This occurred over a week. Clinician team expressed concern about a female who had been seen a few times by LRM as suicidal with plan and intention to suicide; however, was released to the community. Patient returned and needed to be intubated after a suicide attempt. This occurred in a week span. The concern is that she is making independent decisions about crisis clients and releasing them when they clearly meet m1 protocol to ensure the safety of the client and community. LMR continued to discharge all of these patients, indicating her clinical skills may not be appropriate. LRM moved from East Coast where she was not an independent practitioner, holding an LCSW (licensed certified social worker) as in there state she would have needed to be an LICSW (Licensed independent clinical social worker) to practice independently. My concern is for our patient safety.

7. Please list all names, addresses and phone numbers of witnesses including other professionals.

VA hospital, Grand Junction, CO St. Mary's Hospital, Grand Junction, CO

8. Please list any police investigation(s) including case number(s):

none known

9. Have you filed a complaint with anyone else, retained an attorney, or had the case reviewed by any experts?

No

10. If "Yes" to the above, please provide detailed information for each:

The documents are with our HR department and have not been approved for release. HR reported if they are contacted they may share information.

11. Provide scanned electronic copies of all documents relevant to your complaint as described below:

12. By checking the box below you are indicating that you will mail the documents to the Division and will do so within 7 days of submission of this online complaint.

No

By submitting this Online Complaint with the Division of Professions and Occupations, you agree with the following statement:

I attest that all statements made related to this complaint are true to the best of my knowledge and belief.

13. Submission Date:

04/12/2019

14. Complainant Phone Number:

15. **How did you hear about DORA?**

Comments: Please contact HR/ Social Work at VA or HR St Marys Psychiatric evaluation or ER manager

Online Complaint Healthcare - Authorization Release**Authorization for Release of Medical Records and Medical Information**

A refusal to complete the following "Authorization for Release of Medical Records and Medical Information" DOES NOT limit the Board or Program's authority to obtain documents. However, it may delay the investigation of your complaint. You should be aware that the Board or Program may use its subpoena authority to obtain records that are deemed necessary to investigate the complaint.

16. **I (Complainant) hereby authorize the release of records and information pertaining to (Client/Patient) provided by any treating health care provider, hospital, pharmacy or other facility. The records and information may be release to the Department of Regulatory Agencies (DORA) and the investigators of the Division or Professions and Occupations (DPO) and others directly involved in the review process.**

If you select "No": Please skip the rest of this page and click the "Next" button below to proceed with submission.

No

17. **Complainant Name:**18. **Client/Patient Name:**19. **Client/Patient Date of Birth:**20. **Complete the information below if the patient is someone other than the person completing this release:**

I have the authority to authorize release of these records and information because of my relationship with the patient. Select one of the options below:

21. **If you selected "Legal Power of Attorney" above, please provide a scanned copy of the legal document showing power of attorney. Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.**

By completing authorization you agree with the following statements: I understand that completing this authorization is voluntary. I understand that the release of these records and this information is for the purpose of investigation and proceedings involving issues relating to the complaint I have submitted to DORA and may include my personal records. I further consent to the use of these records in a criminal investigation or proceeding by any law enforcement agency against the Health Care provider who is the subject of my complaint. I also understand that the board or program may use their subpoena power to obtain records it deems necessary to investigate the complaint.

HIPAA applies only to covered entities, which are defined in the regulations to include only a health plan, health care clearing house and health care provider who transmits certain covered transactions electronically. 45 C.F.R. § 160.103. In contrast, state health professional licensure agencies, boards, and programs were specifically included in the definition of a health oversight agency under HIPAA in the preamble to the regulations. 65 Fed. Reg. 82492 (Dec. 28, 2000). As health oversight agencies under HIPAA, these boards and programs are not covered entities and therefore not subject to the requirements of HIPAA.

I understand that this release does not include records of identity, diagnosis, prognosis or treatment maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

22. **Date:**

04/12/2019

Online Complaint - Review Notice

Online Complaint: Review your information and submit

If you are confident that you have provided all necessary information for your complaint and are prepared to submit it, select the finish button below. Once you submit your complaint you will be unable to access it again to make any edits. If you would like to review your answers prior to submitting, select the previous button below to review and make any necessary edits.

Once you choose the finish button below you will be returned to the main File a Complaint page and your complaint will begin processing with the Division of Professions and Occupations.