An Evaluation of the State of Colorado's Care and Treatment of People with Mental Illness: Title 27, Article 65 (C.R.S. 27-65-101 et seq.)

A Report from the Colorado Department of Human Services

Division of Behavioral Health

Fiscal Year 2010

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Executive Introduction to the Report

This report is the fifth iteration of the Colorado Department of Human Services, Division of Behavioral Health's (DBH) evaluation of the rights-restricted procedures, such as involuntary 72-hour holds and evaluations, provided to individuals with mental illness. The data in this report are for procedures that took place in the State Fiscal Year 2010 (July 1, 2009 – June 30, 2010). In the State Fiscal Year 2010 (FY 2010), 55 facilities were designated by DBH to provide rights-restricted procedures (also known as 27-65 procedures and previously known as 27-10 procedures). All facilities were required to report data on rights-restricted procedures to DBH.

It is important to note that limitations (as outlined below) continue to exist for data reporting, collection, and analyses of rights-restricted procedures in Colorado. These limitations, which may weaken the integrity of the data, prevent the use of rights-restricted data to make any concrete interpretations or to confidently inform policy.

For FY2010, DBH provided designated facilities with a standardized data template to use for data collection that also included definitions for the required data points. Despite this effort, feedback from some facilities suggested that there was variation in interpreting what information was required for the data points. To reduce this, efforts were taken by DBH to provide consultation and technical support to the designated facilities that had questions. In addition to variation in the interpretation of required data points, another problem occurred in which the standardized data template was often modified by individual facilities. This resulted in DBH receiving differently formatted datasets from 27-65 designated facilities, hindering our ability to efficiently merge and analyze the State's data. Lastly, some facilities simply did not submit any data, submit only partially complete data, and/or have been inconsistent with submitting data from year to year despite the State statute that legally requires facilities to do so.

Because of these limitations, the following data are presented with a strong caution against making interpretations from these data. Rather, the data are presented to describe and highlight the reported 27-65 procedures that were reported as taking place in FY 2010. Readers are advised to review these data only with taking into account the serious methodological limitations.

DBH has already been in contact with designated facilities about submitting data for FY 2011 (which will be due on August 1, 2011). Seeking to address the limitations of the data, DBH will continue to implement a process to provide more immediate feedback to each facility on their dataset quality and consistency. Through the use of a standardized data template and with more immediate feedback, DBH hopes to set more clear guidelines for data submission. DBH's eventual goal is to accept facilities' datasets from analyses only if they meet the data guidelines. Using only data that are reliable and valid is important for allowing DBH to have confidence in making interpretations and conclusions from the data. Data interpretations and conclusions will increase the usefulness of the information for DBH, certified facilities, and mental health consumers.

Division of Behavioral Health
Data and Evaluation Unit

About this Report

In 2010, the Colorado Division of Behavioral Health (DBH) conducted an evaluation of rights-restricted services (e.g., seventy-two hour evaluation and treatment, seclusions, restraints, etc.) provided to individuals with mental illness in the State Fiscal Year 2010 (July 1, 2009-June 30, 2010). The evaluation project was approached with the following aims:

- Increase the use of a standardized data collection tool, thus increasing the usability of data;
- Collect data using this tool from all 27-65 designated community mental health centers/hospitals/agencies/residential child care facilities (known as facilities in the remainder of this document) that were designated by DBH to provide rights-restricted procedures;
- Evaluate these data to determine feasibility of identifying trends in upcoming years with respect to numbers of particular procedures provided;
- Promote ongoing data collection for future years;
- Revise the data collection tool based upon user feedback.

This report outlines the 27-65 legislation, the results of the evaluation, method of data collection, problematic issues related to data collection, results and limitations of data analysis, and recommendations for future evaluations of 27-65 procedures.

What is the C.R.S 27-65-101 et seq. legislation?

The C.R.S. 27-65-101 et seq. (Care and Treatment of Persons With Mental Illness) legislation (referred to as 27-65 legislation) provides rules and regulations regarding involuntary processes of individuals with mental illness in the State of Colorado. The legislation was originally adopted in 1977. Most recently, however, in April 2010's legislative session, S.B. 10-175 (Concerning The Relocation Of Provisions Relating to Behavioral Health) changed the C.R.S. 27-10-101 to its current iteration as C.R.S. 27-65-101.

Facilities apply to become licensed by the Colorado Department of Public Health and Environment (CDPHE) and subsequently obtain approval and designation through the Colorado Department of Human Services (CDHS) to provide care under the 27-65 legislation. Facilities submit a formal application to CDHS via the Division of Behavioral Health (DBH) and participate in an on-site evaluation. Facilities are designated for a one-year period and must reapply annually. DBH is responsible for evaluating compliance with the 27-65 statutes, rules and regulations, procedure manual, and has the responsibility of investigating all 27-65 complaints.

Facilities can be designated to provide any or all of the following 27-65 services (See Appendix C for applicable definitions):

- Seventy-two hour treatment and evaluation
- Short-term certification and treatment

- Long-term certification and treatment
- Seclusions
- Restraints
- Involuntary medication management
- Electroconvulsive therapy
- Court-ordered imposition of disability or deprivation of rights
- Services to voluntary patients

All facilities abide by several requirements regarding provision of treatment, notification of clients' rights, provision of advocates, and data reporting, among others.

Data Collection FAQ

Why is reporting data about 27-65 necessary?
Reporting data regarding 27-65 procedures is important for the following reasons:

1. Clients' safety and the facilities' best interests given the sensitive nature of the procedures.
2. The 27-65 statutes require that all 27-65 facilities report data to CDHS annually.
3. DBH is invested in better understanding the overall picture of mental health services in Colorado; these data contribute to that knowledge.
4. DBH is responsible for providing data to the federal government pertaining to 27-65 procedures, upon request.

What types of data does DBH request and how are data collected?
Specific 27-65 service-level data are required for seventy-two hour holds, short- and long-term certifications, voluntary patients, involuntary medications, seclusion and restraints, electroconvulsive therapy (ECT), and court-ordered imposition of legal disability or deprivation of a right (see Appendix C for definitions). Within each of these categories are specific data collection requirements including demographic information, procedure date, reason, and outcome of the procedure as well as other information.

Data are collected via an Excel spreadsheet template generated by DBH that includes all of the aforementioned required data points/variables. This spreadsheet was distributed to all 27-65 designated facilities and is the current tool for annual data collection and reporting.

When are data requirements due and what is the reporting timeframe?
Data from all designated 27-65 facilities is due approximately one month following the end of the fiscal year. Thus, for the State Fiscal Year 2010 (FY 2010), data were due August 1, 2010.

How were 27-65 data analyzed? What were the areas of focus in this evaluation?
The data for FY2010 were analyzed in aggregate. Summative information about each category of data, including demographic information, was gathered and is reported in this report. Ideally, procedural trends by demographic variables would have also been reported. However, the analyses and report were restricted due to multiple problematic data issues (see below); therefore, all data provided in this report should be interpreted with caution.

Data Collection Challenges

This report is the fifth iteration of the DBH 27-65 report. The FY10 data collection procedures were improved from previous years, as indicated by increased submissions of data, increased compliance in timeliness of data submission, and increased compliance in correct data formatting, from designated facilities. However, there were still issues that continued to be problematic for this round of data collection.

The first problem noted in FY2010 data collection was the standardization of 27-65 data. A total of 52 out of the 55 designated facilities submitted data (94.5%). Of the 52 agencies that submitted data for FY2010, three facilities (5.5%) submitted data over two months passed the deadline, and one facility (1.8%) submitted data that deviated so far from the State's 27-65 data template format that it was deemed unusable. Usable data was defined as facility-reported data on 27-65 procedures in the provided Excel spreadsheet from DBH that needed little or no formatting changes in order to be merged and analyzed with data from other facilities. There were also four facilities that reported having no data to submit (7.2%) and these facilities was included as having provided usable data. While DBH had taken efforts to emphasize the use of the standardized data collection tool, some sites continued to submit data in their own electronic formatted files. Additionally, many sites altered the data collection spreadsheet prior to submission, which often required DBH data and evaluation staff to reformat the data to prepare it for analyses. For the one facility (1.8%), the departure from the original format was too significant to be included in the analyses. Despite that such occurrences led to the exclusion of 1 site in FY2010, there has been a marked improvement over time. For example, this was an improvement from FY2009 when 3 sites (5.4%) were excluded, from FY2008 when 7 sites were excluded (13%), and FY2007 when 11 sites were excluded due to formatting problems. The trend towards improved standardization of submitted data may indicate that sites are better understanding and using the provided spreadsheet. (To facilitate a better understanding, a data dictionary was provided for each variable of each category of 27-65 procedures.) This trend may also indicate that sites were collecting the data throughout the fiscal year rather than inputting data into the template at the end of the fiscal year.

Even though the consistency of data appeared to increase across facilities for this report, the reliability and validity of submitted data continued to be an area of concern for FY 2010 data collection. While DBH had taken efforts to include a data dictionary--an attempt to enhance the reporting procedures and accuracy of data across sites--the evaluators received feedback from some facilities of confusion over the definitions. For example, some sites appeared to interpret the spreadsheet variable "Date 27-10 Procedure was Initiated" as the time a person was admitted to the facility rather than the time a procedure was administered, even though the data dictionary defined this variable otherwise. Additionally, facilities expressed confusion about the requirement that they should be reporting data on 27-65 procedures that includes both civil and forensic patients/clients. In sum, it seemed that across providers, interpretations of the requested variables were not the same and some did not match the intentions of the data collection tool. Therefore, it was difficult to assert that all data submitted were valid and reliable.

As the 27-65 project continues to evolve, DBH is aware that there may be some additional opportunities for improvements in the tool and is in the ongoing process of collecting feedback on the tool and making adjustments. DBH is also aware that better communication with the facilities has helped to improve data over the year and we are committed to continuing to offer

technical assistance and clarification as needed. Despite the data limitations, results are presented below to describe and highlight the reported 27-65 procedures that took place in FY 2010.

Results

Data were analyzed from 53 designated 27-65 facilities (out of a total of 56; 94.6%) across the State of Colorado. Please refer to Appendix A for a complete list of these facilities. Readers are advised to interpret the following results with great caution given the problematic issues in data collection (as outlined above).

Holds and Certifications

What follows are data corresponding to 72-hour holds, short-term certifications and long-term certifications (See Appendix D for information on specific facility). There are 28,710 entries in total (including individuals with multiple certifications and holds) from the 38 designated facilities that reported data on holds or certifications. The first set of tables details information about legal status (see Appendix C for applicable definitions), persons responsible for initiating holds and certifications, reasons for the holds and certifications, and outcomes of the holds and certifications for all 28,710 entries. It is important to note that for some variables, a large percentage of data is missing, as many facilities did not provide complete data in their submissions. Percentages of missing data from all consumers ranged from 8.4% to 25.7% across different variables.

Regarding legal status, or the reported type of hold or certification that was placed on the consumer, a majority (65.1%) were 72-hour holds. See Table 1 for the distribution of legal status options.

Table 1

Legal Status Distribution

Status	*Percentage*	*Frequency*
Involuntary 72-Hour Hold	65.1	18,688
Voluntary	11.8	3,377
Short-term Certification	9.1	2,609
Extended Short-Term Certification	0.7	210
Long-term Certification	3.2	906
Extended Long-Term Certification	1.8	514
Total Reported	91.6	26,304
Missing	8.4	2,406

Data collected regarding who initiated the hold or certification and the distribution of information are presented in Table 2. Facility-based personnel can include a variety of

professionals based on the type of hold or certification. Peace officers and courts may also initiate holds. [See Procedure Manual and *Minimum Standards for the Care and Treatment of the Mentally Ill* (C.R.S. 27-10-101 et seq.) for more detail.]

Table 2

Distribution of Parties Responsible for Initiating Holds or Certifications

Party Responsible	*Percentage*	*Frequency*
Facility-Based Personnel	59.0	16,935
Police	14.2	4,082
Court	1.1	303
Total Reported	74.3	21,320
Missing/Mis-Coded	25.7	7,390

Table 3 presents information on the reported reason for the hold or certification. The "Dangerous to Self" option is reported as the most common reason for hold or certification (51.3%). While there was still a 20% missing data rate, this does reflect a steady improvement compared with past years. For example, in FY2008 date there was a 29.6% missing data rate and in FY2007 there was a 49.4% missing data rate.

Table 3

Reason for the Hold or Certification

Reason	*Percentage*	*Frequency*
Dangerous to Self	51.3	14,718
Gravely Disabled	13.9	3,979
Dangerous to Others	3.4	989
Dangerous to Self and Others	6.4	1,844
Dangerous to Others and Gravely Disabled	1.7	502
Dangerous to Self and Gravely Disabled	2.2	631
Dangerous to Self, Others and Gravely Disabled	1.0	298
Total Reported	80.0	22,961
Missing/Mis-Coded	20.0	5,749

Persons who have been detained for a 72-hour evaluation and treatment can have a variety of disposition outcomes, including Voluntary, Dropped, Certified, Transferred, Continued, and Court-Ordered Dropped. Voluntary is defined as when an individual elects to engage in treatment nullifying the need for a certification or hold. Dropped is defined as when a 72-hour hold or certification expires or is terminated by a licensed professional. Certified is defined as when a 72-hour hold moves to a short-term certification by a licensed professional. Transferred is defined as when an individual is transferred to another 27-65 designated facility (not to their

home). Continued is defined as when a certification is extended (e.g., that a certification moves to an extended short-term certification or extended long-term certification or when an extended short-term certification moves to a long-term certification). Court-ordered dropped is defined as when a certification is contested in court and the court decides to terminate the certification.

The data for outcomes show that a little over 31% of certifications or holds were transitioned to a dropped status. However, this is the percentage for those outcomes that are reported; almost twenty-five percent of the data are missing. For the full distribution of outcome options, see Table 4. Again, it is important to be very cautious in interpreting the results of this report due to the extensive missing data and the multiple issues in data collection.

Table 4

Distribution of Hold and Certification Outcomes

Outcome	*Percentage*	*Frequency*
Dropped	31.2	8,945
Voluntary	19.9	5,705
Certified	7.9	2,254
Transferred	14.2	4,075
Continued	2.2	632
Court-ordered Dropped	0.0	9
Total Reported	75.3	21,620
Missing/Mis-Coded	24.7	7,090

The following set of tables details information about demographic variables and the numbers of unique or unduplicated clients (P = 75.8%; n = 21,748) placed on a hold or certification in FY 2010 (i.e., if a client had multiple holds or certifications, only their last hold or certification was included in the following analyses). Missing data for unduplicated data ranged from 13.4% to 30.7% across variables.

Table 5 presents the number of unique holds and certifications represented in the legal status variable. As is evident in the table, the percentage of unique 72-hour holds (71.7%) is higher than the percentage of the total or duplicated set of 72-hour holds (65.1%). However, the percentage of unique short-term certifications (6.6%) is lower than the percentage of the total or duplicated short-term certifications (9.1%), while the percentage of long-term certifications is approximately the same for unique or duplicated data (3.0 to 3.2%). DBH hopes that as the data collection process improves in the future, we will be able to further analyze the demographic aspects of the consumers who require more frequent and intensive treatment.

Table 5

Unduplicated Legal Status Distribution

Status	*Percentage*	*Frequency*
Involuntary 72-Hour Hold	71.7	15,588
Short-term Certification	6.6	1,425

Voluntary	12.3	2,665
Extended Long-Term Certification	1.4	300
Long-term Certification	3.0	655
Extended Short-Term Certification	0.5	109
Total Reported	95.4	20,742
Missing	4.6	1,006

Table 6 describes who initiated the hold or certification for the set of unduplicated clients. The percentage of unique facility-based initiated holds/certifications (63.0%) was higher than for the set of duplicated clients (59.0%). The percentage of unique police initiated holds/certifications (15.1%) was only slightly higher than for the set of duplicated clients (14.2%). The percentage of court-initiated holds/certifications was the same for unique and duplicated clients (1.1% Please see Table 2 for more detailed information.

Table 6

Unduplicated Distribution of Parties Responsible for Initiating Holds or Certifications

Party Responsible	*Percentage*	*Frequency*
Facility-Based Personnel	63.0	13,703
Police	15.1	3,287
Court	1.1	232
Total Reported	79.1	17,222
Missing/Mis-Coded	20.8	4,526

The reported reason for the hold or certification is presented in Table 7 for the unduplicated set of consumers. Dangerous to self is the most common reason (57.5%), which represents an increase compared to the total number of reported holds or certifications being a danger to self (51.3%).

Table 7

Unduplicated Reason for the Hold or Certification

Reason	*Percentage*	*Frequency*
Dangerous to Self	57.5	12,511
Gravely Disabled	13.8	3,012
Dangerous to Others	3.5	772
Dangerous to Self and Others	5.2	1,122
Dangerous to Others and Gravely Disabled	1.5	333
Dangerous to Self and Gravely Disabled	2.3	504
Dangerous to Self, Others and Gravely Disabled	0.8	182

Total Reported	84.8	18,436
Missing/Mis-Coded	15.2	3,312

The outcome of a certification or hold for the unduplicated consumers show that 34.3% of individuals with certification or holds are transitioned to a dropped status, which is a slight decrease in comparison to the 31.2% of duplicated cases with a dropped outcome. For the full distribution of unduplicated outcome options, see Table 8.

Table 8

Distribution of Unduplicated Hold and Certification Outcomes

Outcome	*Percentage*	*Frequency*
Dropped	34.3	7,456
Voluntary	23.2	5,050
Certified	7.1	1,552
Transferred	16.8	3,656
Court-Ordered Dropped	0.0	8
Continued	1.6	353
Total	83.1	18,075
Missing	16.9	3,673

Of the unduplicated consumers who were placed on a hold or a certification, 50.7 % are female, compared to 48.6% males. The ethnic distribution is presented in Table 9.

Table 9

Ethnic Distribution of Consumers with Holds and Certifications

	Unique Consumers	
Ethnicity	*Percentage*	*Frequency*
African American	5.3	1,144
American Indian/Alaskan Native	0.5	115
Asian/Pacific Islander	0.9	206
Hispanic	10.8	2,339
Other	3.7	797
White/Caucasian	64.5	14,019
Total Reported	85.6	18,620
Missing	14.4	3,128

Tables 10 and 11 present information about the reported age distribution, including both bifurcated and grouped age distributions, of clients placed on a certification or hold in FY 2010. Please again note that interpreting the age distribution tables should be done with great caution,

as it is unclear that facilities accurately and consistently report date of birth and/or date of the initial 27-65 procedure.

Table 10

Bifurcated Age Distribution of Consumers with Holds and Certifications

Age Group	Unique Consumers	
	Percentage	*Frequency*
Under 18	11.1	2,422
Over 18	67.4	14,653
Total Reported	78.5	17,075
Missing	21.5	4,673

Table 11

Age Distribution of Consumers with Holds and Certifications

Age Group in Years	Unique Consumers	
	Percentage	*Frequency*
0-5	0.2	50
6-11	0.9	188
12-17	10.0	2,183
18-25	14.5	3,155
26-59	48.7	10,601
60+	4.1	897
Total Reported	78.5	17,074
Missing	21.5	4,674

Seclusions and Restraints

The following data correspond to seclusions and restraints. There were 6,057 entries in total (including individuals with multiple seclusions and restraints) from 24 designated facilities. Percentages of missing seclusion and restraints data ranged from 3.3% to 35.5%.

The majority (52.8%) of the 6,057 entries were seclusions while 25.7% were restraints and 18.2% were a combination of seclusions and restraints.

An unduplicated descriptive analysis was also conducted to determine the number of unique consumers requiring a seclusion and/or restraint (n = 2,115) as well as the demographic composition of these consumers. Approximately 43.0% of these unique consumers experienced a seclusion, 35.0% required a restraint and the remaining 17.0% of unduplicated consumers required a combination seclusion and restraint procedure. See Table 12 for a comparison of the total or duplicated number of seclusions and restraints to the number of unique consumers requiring a seclusion and/or restraint.

Table 12

Comparison of Duplicated and Unduplicated Seclusions and Restraints.

	Total Seclusions and Restraints	Unique Consumers Requiring Seclusions and Restraints
Type	*Percentage (Frequency)*	*Percentage (Frequency)*
Restraint	25.7 *(1,556)*	35.0 *(741)*
Seclusion	52.8 *(3,201)*	43.0 *(910)*
Seclusion and Restraint	18.2 *(1,102)*	17.0 *(360)*
Total Reported	96.7 *(5,859)*	95.1 *(2,011)*
Missing	3.3 (198)	4.9 *(104)*

Of the unduplicated or unique consumers placed in a seclusion or restraint, 39.7% were female and 59.8% were male. Ethnic distribution is presented in Table 13.

Table 13

Ethnic Distribution of Consumers Requiring Seclusions and Restraints

	Unique Consumers	
Ethnicity	*Percentage*	*Frequency*
African American	9.9	209
American Indian/Alaskan	1.0	21
Asian/Pacific Islander	1.3	28
Hispanic	13.3	282
Other	10.5	223
White/Caucasian	60.1	1,271
Total Reported	96.2	2,034
Missing	3.8	81

Tables 14 and 15 present information about the age distribution of consumers placed on seclusion and/or restraints. Again, bifurcated and grouped age distributions are provided for consumers.

Table 14

Bifurcated Age Distribution of Consumers with Seclusions and Restraints

	Unique Consumers	
Age Group	*Percentage*	*Frequency*
Under 18	19.8	419
Over 18	44.7	945

Total Reported	64.5	1,364
Missing	35.5	751

Table 15

Age Distribution of Consumers with Seclusion and Restraints

	Unique Consumers	
Age Group in Years	*Percentage*	*Frequency*
0-5	0.5	10
6-11	7.6	161
12-17	11.7	248
18-25	12.6	266
26-59	30.2	638
60+	1.9	41
Total Reported	64.5	1,364
Missing	35.5	751

Involuntary Medications

What follows are data corresponding to involuntary psychiatric medication administrations. There were 2,999 entries in total (including individuals with multiple orders for involuntary medications) from 28 designated facilities. A descriptive analysis was also conducted to determine the number of unique consumers receiving involuntary (court-ordered or emergency) psychiatric medication (n = 1,319) as well as the demographic composition of these consumers. Over 71% of these consumers received involuntary psychiatric medications on an emergency basis, and 22.6% were court ordered to take psychiatric medications. See Table 16 for a comparison of the total or duplicated number of involuntary psychiatric medication received to the number of unique consumers who received involuntary psychiatric medication.

Percentages for unduplicated and duplicated orders for involuntary psychiatric medications are somewhat different. It is important to note that for involuntary psychiatric medications missing data ranged from 5.9% to 37.4% across different variables. Given that, data should be interpreted with caution accordingly.

Table 16

Comparison of Duplicated and Unduplicated Types of Involuntary Medication Order

Type	Total Involuntary Medication Orders	Unique Consumers Requiring Involuntary Medications
	Percentage (Frequency)	*Percentage (Frequency)*
Emergency	71.5 *(2,143)*	63.7 *(840)*
Court Ordered	22.6 *(678)*	25.5 *(337)*

Total Reported	94.1 *(2821)*	89.3 *(1,177)*
Missing	5.9 *(178)*	10.7 *(142)*

Regarding demographics for the unduplicated or unique consumers requiring involuntary medication orders, 47.0% were female and 52.5% were male. Ethnic distribution is presented in Table 17.

Table 17

Ethnic Distribution of Consumers Requiring Involuntary Medication Orders

	Unique Consumers	
Ethnicity	*Percentage*	*Frequency*
African American	12.9	170
American Indian/Alaskan	0.7	9
Asian/Pacific Islander	1.9	25
Hispanic	11.2	148
Other	2.6	34
White/Caucasian	61.6	813
Total Reported	90.9	1,199
Missing	9.1	120

Tables 18 and 19 present information about the age distribution of consumers receiving involuntary psychiatric medications. Again, bifurcated and grouped age distributions are provided for consumers.

Table 18

Bifurcated Age Distribution of Consumers with Involuntary Medication Orders

	Unique Consumers	
Age Group	*Percentage*	*Frequency*
Under 18	2.4	32
Over 18	60.2	794
Total Reported	62.6	826
Missing	37.4	493

Table 19

Age Distribution of Consumers with Involuntary Medication Orders

	Unique Consumers	
Age Group in Years	*Percentage*	*Frequency*
0-5	0.1	1

6-11	0.3	4
12-17	2.0	27
18-25	11.0	145
26-59	43.7	576
60+	5.5	73
Total Reported	62.6	826
Missing	37.4	493

Electroconvulsive Therapy (ECT)

Four facilities provided data on electroconvulsive therapy (ECT), including consumer demographics, and those data are presented below. Across the years, there has been fluctuation in the number of instances and individuals reported for ETC. Unfortunately, the cause of this fluctuation is unclear. For example, it could be attributed to a lack of reporting by facilities or to true changes in the number of ECT instances over the years.

Overall, 539 instances of ECT were reported for 179 individuals in FY2010, compared to 653 instances of ECT for 181 individuals in FY2009, 453 instances of ECT for 30 individuals in FY2008 and to 2,941 instances for 341 individuals reported in FY 2007. Regarding demographics for the unduplicated or unique consumers receiving ECT, 72.1% were female and 27.9% were male. Although ethnic distribution is presented in Table 20, the extremely high percentage of missing data (83.2%) prevents meaningful interpretation of it. In fact, ETC data has the highest missing data rate of all the 27-65 procedures in FY2010, ranging from 73.7 to 83.2 across demographic variables.

Table 20

Ethnic Distribution of Consumers Undergoing ECT

	Unique Consumers	
Ethnicity	*Percentage*	*Frequency*
African American	1.1	2
American Indian/Alaskan	0.0	0
Asian/Pacific Islander	0.0	0
Hispanic	1.1	2
Other	1.1	2
White/Caucasian	13.4	24
Total Reported	16.8	30
Missing	83.2	149

Tables 21 and 22 present information about the age distribution of consumers receiving ECT, including bifurcated and grouped age distributions.

Table 21

Bifurcated Age Distribution of Consumers Receiving Electroconvulsive Therapy (ECT)

	Unique Consumers*	
Age Group	*Percentage*	*Frequency*
Under 18	0.0	0
Over 18	26.3	47
Total Reported	26.3	47
Missing	73.7	132

Table 22

Age Distribution of Consumers Receiving Electroconvulsive Therapy (ECT)

	Unique Consumers*	
Age Group in Years	*Percentage*	*Frequency*
0-5	0.0	0
6-11	0.0	0
12-17	0.0	0
18-25	2.2	4
26-59	20.1	36
60+	3.9	7
Total Reported	26.3	47
Missing	73.7	132

Court-Ordered Imposition of Disability or Deprivation of Rights

Data were provided from four facilities on court orders for imposition of legal disability or the deprivation of a right including consumer demographics (see Appendix C for definitions). Overall, 34 instances of these court orders were reported to DBH for FY 2010. The number of consumers who received these court orders totaled 30. Of the unduplicated or unique consumers being issued a court order, 53.3% were female and 46.7% were male. Ethnic distribution is presented in Table 23 and age distribution is presented in Tables 24 and 25.

Table 23

Ethnic Distribution of Consumers Who are Under a Court Order for Imposition of Legal Disability or the Deprivation of a Right

	Unique Consumers	
Ethnicity	*Percentage*	*Frequency*
African American	16.7	5
American Indian/Alaskan	0.0	0
Asian/Pacific Islander	3.3	1
Hispanic	6.7	2

Other	3.3	1
White/Caucasian	70.0	21
Total Reported	100.0	30
Missing	0.0	0

Table 24

Bifurcated Age Distribution of Consumers Who are Under a Court Order for Imposition of Legal Disability or the Deprivation of a Right

	Unique Consumers	
Age Group	*Percentage*	*Frequency*
Under 18	0.0	0
Over 18	30.0	9
Total Reported	30.0	9
Missing	70.0	21

Table 25

Age Distribution of Consumers Who are Under a Court Order for Imposition of Legal Disability or the Deprivation of a Right

	Unique Consumers	
Age Group in Years	*Percentage*	*Frequency*
0-5	0.0	0
6-11	0.0	0
12-17	0.0	0
18-25	10.0	3
26-59	20.0	6
60+	0.0	0
Total Reported	30.0	9
Missing	70.0	21

Recommendations

Below are several recommendations that aim to improve the data collection process and improve the integrity of 27-65 data in the future. The recommendations are as follows:

1. DBH continues to strive to increase collaboration and communication with facilities in order to assist in understanding data variables and to increase the number of facilities who participate in submission of required data. It the Division's hope that such collaboration will encourage continued facility feedback to improve the data collection process.

2. Feedback from facilities about the data collection template will continue to be used to improve it. It is the Division's goal to create a template that is easy to use by both the facility users and the data analysts; specifically, the tool ideally will be comprehensive and self-explanatory and will circumvent the need for facility users to manipulate the form.
3. DBH will continue to work towards developing clear criteria for including or not including data from facilities to make this process transparent. The Division is developing a data feedback system in order to both hold facilities accountable for submitting usable data as well as to aid facilities in understanding the data requirements. DBH's goal is to continue to keep this system in place so as to provide the clear, specific, and timely feedback needed by facilities to improve data submissions in future years.

Summary

This report reflects the evaluation DBH conducted of rights-restricted services provided to individuals with mental illness in the State Fiscal Year 2010 (July 1, 2009-June 30, 2010). This is the fifth year that data were formally collected in an effort to investigate trends of rights-restricted procedures across all certified 27-65 facilities and to promote ongoing data collection in future years. The data are presented to describe and highlight the reported 27-65 procedures that took place in FY 2010. However, given the multiple limitations of the data presented in this report, this report should be interpreted with great caution.

Several issues are observed in the data collection process for FY2010, including noncompliance in data submission, incomplete data submission, incorrectly formatted data submissions that do not use of the most recently updated DBH-generated data collection tool, and variation in the interpretation of data variables. Each of these issues results in limited ability to analyze and interpret the submitted data. Over 5% of designated facilities did not submit the required data despite multiple email and phone call reminders. Additionally, 1.8% of facilities submitted data that had to be excluded from analyses because the departure of the data from the provided Excel spreadsheet format was too great. Despite these issues, a higher number of facilities submitted appropriately formatted data in FY2010 than in previous years. However, designated facilities continue to struggle with submitting complete data and, especially for some 27-65 procedures, significant amounts of required data are not provided. As more facilities use the data collection tool as their primary way of recording data related to 27-64 procedures, it is hoped that data collection and reporting will become more streamlined, benefiting both the facilities and DBH. Additionally, we hope that increased communication and collaboration between DBH and designated facilities will also aid in this process.

The 27-65 statutes mandate data submission on rights-restricted procedures. Facilities that are certified to provide these procedures are made aware of the data submission requirement. DBH will continue to work with facilities to improve their data submission and compliance with 27-65 mandates.

Despite improvement in the data collection process over the last five years, a number of limitations prevent strong interpretation of the data. Because of these limitations, only descriptive analyses are conducted in FY2010's report and the results of this report should be interpreted with great caution. With respect to holds and certifications, a total of 28,710 holds

and certifications are represented in the data collected by DBH. In many cases, one consumer has multiple holds or certifications; when these duplications are accounted for, there are 21,748 unique individuals who are placed on a hold or certification. There are 6,057 seclusions and restraints in the total data set (including consumers with multiple procedures). When duplicate cases are removed from the analyses, a total of 2,115 unique clients requiring a seclusion and restraint remain. The number of instances of consumers receiving involuntary psychiatric medications reported total 2,999 with 1,319 unique consumers receiving these medications one or several times. Regarding ECT, 539 episodes of treatment are noted for 179 individuals. Lastly, 34 court orders for imposition of legal disability or deprivation of a right were reported being issued to 30 individuals in FY2010.

Despite the limitations, FY2010 marks an important step toward the improved collection of complete, informative data about involuntary processes and rights-restricted procedures for mental health consumers in the State of Colorado. Such data is vital to having comprehensive, reliable information about the services that are being provided to individuals of mental health services in Colorado.

APPENDIX A

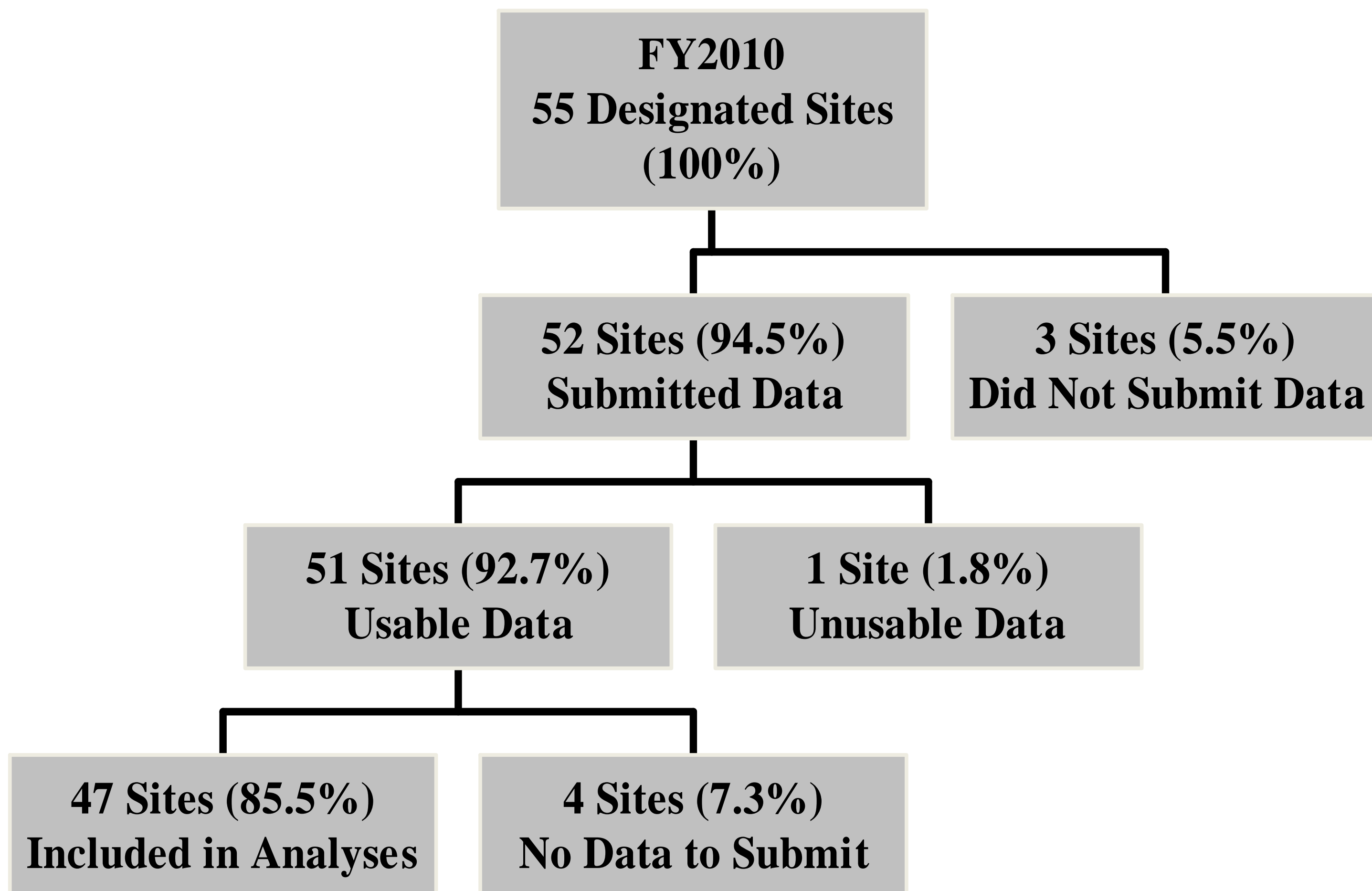
LEVELS OF PARTICIPATION BY 27-65 DESIGNATED FACILITY IN FY 2010 DATA COLLECTION[1]

[1] Data submitted includes facilities that informed DBH that they had no data to submit, meaning that they did not perform any 27-65 procedures in FY 2010. Data not submitted includes one facility that went out of business.

Facility	Data Submitted and Included in Analysis	Data Submitted but Not Included in Analysis	Did Not Submit Data
Adolescent and Family Institute of Colorado, Inc	X		
Arapahoe/Douglas Mental Health Network	X		
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	X		
Aurora Comprehensive Community Mental Health Center	X		
Axis Health System (formerly Southwest Colorado Mental Health Center)	X		
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health Network)	X		
Boulder Community Hospital	X		
Cedar Springs Behavioral Health System	X		
Centennial Mental Health Center	X		
Centennial Peaks Hospital or Flatirons Behavioral Health Corp	X		
Children's Hospital	X		
Colorado Boys Ranch/CBR Youthconnect	X		
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	X		
Colorado Mental Health Institute-Pueblo	X		
Colorado West Psychiatric Hospital (formerly West Slope Mental Health Stabilization Center)	X		
Colorado West Regional Mental Health Center	X		
Community Reach Center	X		
Crossroads ATU	X		
Denver Health Medical Center/Division of Psychiatric Services	X		
Devereux Cleo Wallace Center			X
Exempla Saint Joseph Hospital	X		
Exempla West Pines	X		
Haven Behavioral Services North	X		
Haven Behavioral War Heroes (formerly Haven Behavioral Services of Pueblo)	X		
HealthONE, Presbyterian Saint Luke's Medical Center	X		
Highlands Behavioral Health System			X
Jefferson Center for Mental Health	X		
Jefferson Hills – Aurora	X		
Jefferson Hills – Lakewood	X		
Larimer Center for Mental Health	X		
Lighthouse ATU	X		
Longmont United Hospital	X		
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	X		
Mental Health Center of Boulder and Broomfield Counties	X		
Mental Health Center of Denver	X		
Midwestern Colorado Mental Health Center	X		
Northern Colorado Medical Center Behavioral Health	X		
North Range ATU	X		
North Range Behavioral Health	X		
Parkview Medical Center	X		
Peak View Behavioral Health, LLC	X		
Penrose-St. Francis Health Services		X	
Porter Adventist Hospital	X		
PVHS/Mountain Crest	X		
Saint Anthony Central Hospital Systems	X		
Saint Mary-Corwin Medical Center	X		
San Luis Valley Comprehensive Community Mental Health Center	X		
Savio House	X		
Southeast Mental Health Services	X		
Spanish Peaks ATU	X		
Spanish Peaks Mental Health Center	X		
University of Colorado Hospital – Emergency Dept.	X		
VA Medical Center (Denver)			X
VA Medical Center (Grand Junction)	X		
West Central Mental Health Center	X		

APPENDIX B

SUMMARY OF PARTICIPATION OF DESIGNATED FACILITIES IN FY2010 27-65 DATA SUBMISSION



APPENDIX C
DEFINITIONS RELATED TO 27-65 PROCEDURES

The following definitions relevant to 27-65 procedures are taken from the Procedure Manual and *Minimum Standards for the Care and Treatment of Persons with Mental Illness* (2 CCR 502-1).

Court means the district court in the county in which the person resides or was physically present immediately prior to being taken into custody. In the City and County of Denver, the court means the probate court.

Deprivation of Legal Right or Imposition of Legal Disability

1. If a person has a mental illness and is a danger to himself or others, or is gravely disabled or insane as defined in Section 16-8-101, C.R.S., and is not subject to a 72-hour hold or short-term certification, any interested person may petition the court in the county where the person lives (Form M-23) to request that:
    a. A specific legal right be deprived, or
    b. A specific legal disability be imposed.
2. The court or jury must find both that the person has a mental illness and is a danger to self or others or is gravely disabled; and that the loss of a right is both necessary and desirable.
3. The burden of proof is on the person seeking to have an imposition placed on another person to meet the above requirements by clear and convincing evidence.
4. The deprivation of a right or imposition of a legal disability lasts six (6) months and can be reaffirmed for another six (6) months if that is justified.

Designated Facility means a facility approved by the Colorado Department of Human Services pursuant to the provisions of the Care and Treatment of the Mentally Ill Act, C.R.S. 27-10-101, et seq.

Facility means a public hospital or a licensed private hospital, clinic, community mental health center or clinic, institution, sanitarium or residential child care facility (RCCF) that provides treatment for persons with mental illness.

Gravely Disabled means a condition in which a person, as a result of mental illness, is in danger of serious physical harm due to his/her inability or failure to provide him/herself the essential human needs of food, clothing, shelter, and medical care; or lacks judgment in the management of his/her resources, and in the conduct of his/her social relations, to the extent that his/her health or safety is significantly endangered and lacks the capacity to understand that this is so. Please refer to C.R.S. 27-10-102 for the complete statutory definition. This term shall not include persons with mental retardation by reason of their retardation alone.

Involuntary Medication means psychiatric medication administered without a person's consent.

Mechanical Restraint means a physical device used to involuntarily restrict the movement of an individual or the movement or normal function of a portion of his or her body. Types of mechanical restraints include, but are not limited to: restraint sheets, camisoles, belts attached to cuffs, leather armlets, restraint chairs, and shackles.

Physical restraint means the use of bodily, physical force to involuntarily limit an individual's freedom of movement, except that "physical restraint" does not include the holding of a child by one adult for the purpose of calming or comforting the child.

Seclusion means the confinement of a person alone in a room from which egress is prevented. Seclusion does not include the placement of patients, who are assigned to an intake unit in a secure treatment facility in locked rooms during sleeping hours pursuant to Section 19.312 of these regulations.

Therapy or treatments using special procedures means a therapy that requires an additional, specific consent, including electro-therapy treatment (electro-convulsive therapy), and behavior modifications using physically painful, aversive, or noxious stimuli.

Voluntary is any person who makes a voluntary application at any time to any public or private facility or mental health professional for mental health services, either by direct application in person or by referral from any other public or private facility or professional person. “A ward may be admitted to a hospital or institutional care and treatment for mental illness by consent of the guardian for so long as the ward agrees to such care and treatment. Within ten days of any such admission of the ward for such hospital or institutional care and treatment, the guardian shall notify in writing the court which appointed the guardian of the admission.”

APPENDIX C
FREQUENCY OF CERTIFICATION and HOLDS DATA BY FACILITY

Table 1. Legal Status of Hold or Certification

	Legal Status						
Facility	**Involuntary 72 Hour Hold**	**Voluntary**	**Short-Term Certification**	**Extended Short-Term Certification**	**Long-Term Certification**	**Extended Long-Term Certification**	**Total Reported**
Arapahoe/Douglas Mental Health Network	51	22	37	0	11	0	**121**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	732	0	2	0	0	0	**734**
Aurora Comprehensive Community Mental Health Center	37	0	14	0	40	0	**91**
Axis Health System (formerly Southwest Colorado Mental Health Center)	90	0	6	0	2	0	**98**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA[2]	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Boulder Community Hospital	634	60	19	0	3	1	**717**
Cedar Springs Behavioral Health System	652	0	0	0	0	0	**652**
Centennial Mental Health Center	147	27	6	0	2	0	**182**
Centennial Peaks Hospital or Flatirons Behavioral Health Corp	1,425	815	2	0	0	0	**2,242**
Children's Hospital	180	0	20	0	0	0	**200**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	605	0	492	1	48	139	**1,285**
Colorado Mental Health Institute-Pueblo	660	0	462	59	24	56	**1,261**
Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	992	175	7	0	0	0	**1,174**
Community Reach Center	0	0	37	0	36	0	**73**
Crossroads ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Denver Health Medical Center/Division of Psychiatric Services	972	95	28	15	393	1	**1,504**
Exempla Saint Joseph Hospital	522	0	3	0	3	0	**528**
Exempla West Pines	1,229	2,112	399	0	34	0	**3,774**
Haven Behavioral Health Services North	66	0	53	0	0	0	**119**

[2] IWOA = Included With Other Agency.
This means this agency had data that was submitted in combination with another agency's data. Bridge House ATU's data was submitted with Arapahoe Douglas's data submission, Crossroads ATU's was with Axis Health System's, Lighthouse ATU's was with AspenPointe's, NorthRange ATU's was with NorthRange Behavioral Health's, Jefferson Hills – Lakewood's was with Jefferson Hills – Aurora's, and Colorado West Psychiatric Hospital's was submitted with Colorado West Mental Health Center's data.

HealthONE, Presbyterian Saint Luke's Medical Center	2,856	0	0	0	0	0	**2,856**
Jefferson Center for Mental Health	436	17	40	29	9	13	**544**
Larimer Center for Mental Health	0	0	18	6	1	0	**25**
Lighthouse ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Longmont United Hospital	422	0	74	0	0	0	**496**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	276	0	1	0	1	0	**278**
Mental Health Center of Boulder and Broomfield Counties	0	0	92	0	80	0	**172**
Mental Health Center of Denver	0	0	129	99	79	302	**609**
Midwestern Colorado Mental Health Center	165	31	2	0	0	0	**198**
Northern Colorado Medical Center Behavioral Health	809	0	9	0	1	0	**819**
North Range ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
North Range Behavioral Health	151	0	56	0	11	0	**218**
Parkview Medical Center	531	0	0	0	0	0	**531**
Peak View Behavioral Health, LLC	101	0	2	0	0	0	**103**
Porter Adventist Hospital	2,655	23	23	0	2	0	**2,703**
Saint Anthony Central Hospital Systems	735	0	3	0	3	0	**741**
Saint Mary-Corwin Medical Center	159	0	2	0	0	0	**161**
Southeast Mental Health Services	22	0	0	1	0	2	**25**
Spanish Peaks Mental Health Center	205	0	72	0	121	0	**398**
University of Colorado Hospital – Emergency Dept.	97	0	493	0	2	0	**592**
VA Medical Center (Grand Junction)	30	0	6	0	0	0	**44**
West Central Mental Health Center	44	0	0	0	0	0	**44**
TOTAL	**18,688**	**3,377**	**2,609**	**210**	**906**	**514**	**26,304**

Table 2. Parties Responsible For Initiating Hold or Certification

	Party Responsible			
Facility	**Facility Based Personnel**	**Police**	**Court**	**Total Reported**
Arapahoe/Douglas Mental Health Network	121	0	0	**121**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	728	6	0	**734**
Aurora Comprehensive Community Mental Health Center	92	0	3	**95**
Axis Health System (formerly Southwest Colorado Mental Health Center)	98	0	0	**98**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA	IWOA	IWOA	**IWOA**
Boulder Community Hospital	415	215	20	**650**
Centennial Mental Health Center	91	18	45	**154**
Centennial Peaks Hospital or Flatirons Behavioral Health Corp	1,375	43	8	**1,426**
Children's Hospital	174	26	0	**200**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	475	112	18	**605**
Colorado Mental Health Institute-Pueblo	572	42	46	**660**

Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	991	4	0	**995**
Community Reach Center	0	0	73	**73**
Crossroads ATU	IWOA	IWOA	IWOA	**IWOA**
Denver Health Medical Center/Division of Psychiatric Services	678	414	0	**1,092**
Exempla Saint Joseph Hospital	419	105	3	**527**
Exempla West Pines	1,807	449	33	**2,289**
Haven Behavioral Health Services North	65	1	0	**66**
HealthONE, Presbyterian Saint Luke's Medical Center	1,953	788	0	**2,741**
Jefferson Center for Mental Health	338	189	0	**527**
Larimer Center for Mental Health	25	0	0	**25**
Lighthouse ATU	IWOA	IWOA	IWOA	**IWOA**
Longmont United Hospital	365	131	0	**496**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	264	12	2	**278**
Mental Health Center of Boulder and Broomfield Counties	152	20	0	**172**
Midwestern Colorado Mental Health Center	171	0	0	**171**
Northern Colorado Medical Center Behavioral Health	670	145	5	**820**
North Range ATU	IWOA	IWOA	IWOA	**IWOA**
North Range Behavioral Health	213	4	1	**218**
Parkview Medical Center	525	6	0	**531**
Peak View Behavioral Health, LLC	100	2	1	**103**
Porter Adventist Hospital	2,179	507	18	**2,704**
PVHS/Mountain Crest	763	119	5	**887**
Saint Anthony Central Hospital Systems	338	402	1	**741**
Saint Mary-Corwin Medical Center	161	0	0	**161**
Southeast Mental Health Services	16	9	0	**25**
Spanish Peaks Mental Health Center	267	2	0	**269**
University of Colorado Hospital – Emergency Dept.	258	307	21	**586**
VA Medical Center (Grand Junction)	36	0	0	**36**
West Central Mental Health Center	40	4	0	**44**
TOTAL	**4,082**	**303**	**16,935**	**21,320**

Table 3. Reason For Hold or Certification

	Reason							
Facility	**Dangerous To Self**	**Dangerous to Other**	**Gravely Disabled**	**Dangerous To Self and Other**	**Dangerous To Self and Gravely Disabled**	**Dangerous To Other and Gravely Disabled**	**Dangerous To Self, Other, and Gravely Disabled**	**Total Reported**
Arapahoe/Douglas Mental Health Network	30	7	38	7	17	11	11	**121**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	493	36	132	49	11	7	6	**734**
Aurora Comprehensive Community Mental Health Center	19	7	47	4	12	3	3	**95**
Axis Health System (formerly Southwest Colorado Mental Health Center)	45	0	45	5	1	0	2	**98**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Boulder Community Hospital	412	18	155	33	20	8	4	**650**
Centennial Mental Health Center	98	9	39	0	0	0	0	**146**
Centennial Peaks Hospital or Flatirons	1,173	88	166	0	0	0	0	**1,427**

Behavioral Health Corp							
Children's Hospital	114	25	10	41	2	2	6	**200**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	397	85	293	172	104	150	75	**1,276**
Colorado Mental Health Institute-Pueblo	324	113	413	120	81	108	90	**1,249**
Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	764	26	122	65	5	5	8	**995**
Community Reach Center	5	2	55	1	4	2	4	**73**
Crossroads ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Denver Health Medical Center/Division of Psychiatric Services	843	76	188	180	5	41	0	**1,333**
Exempla Saint Joseph Hospital	343	32	97	25	12	14	2	**525**
Exempla West Pines	1,683	43	426	45	35	0	1	**2,233**
Haven Behavioral Health Services North	18	15	25	10	10	29	11	**118**
HealthONE, Presbyterian Saint Luke's Medical Center	2,263	88	258	199	12	29	0	**2,849**
Jefferson Center for Mental Health	287	29	111	51	22	24	3	**527**
Larimer Center for Mental Health	0	0	23	0	1	1	0	**25**
Lighthouse ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Longmont United Hospital	387	5	80	9	9	3	3	**496**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	64	94	94	2	13	5	6	**278**
Mental Health Center of Boulder and Broomfield Counties	6	1	99	9	23	13	21	**172**
Midwestern Colorado Mental Health Center	119	2	31	0	0	0	0	**152**
Northern Colorado Medical Center Behavioral Health	792	17	9	0	0	0	0	**818**
North Range ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA		**IWOA**
North Range Behavioral Health	145	0	70	0	0	0	1	**216**
Parkview Medical Center	314	38	80	59	18	14	8	**531**
Peak View Behavioral Health, LLC	56	4	43	0	0	0	0	**103**
Porter Adventist Hospital	1,989	49	374	113	156	5	14	**2,700**
PVHS/Mountain Crest	591	9	144	101	29	6	6	**886**
Saint Anthony Central Hospital Systems	522	40	107	50	13	8	0	**740**
Saint Mary-Corwin Medical Center	126	4	21	6	2	0	2	**161**

Southeast Mental Health Services	12	0	7	2	1	1	2	**25**
Spanish Peaks Mental Health Center	121	18	160	26	13	13	8	**359**
University of Colorado Hospital – Emergency Dept.	114	3	1	452	0	0	0	**570**
VA Medical Center (Grand Junction)	25	2	5	4	0	0	0	**36**
West Central Mental Health Center	24	4	11	4	0	0	1	**44**
TOTAL	**14,718**	**989**	**3,979**	**1,844**	**631**	**502**	298	**22,961**

Table 4. Outcome of Hold or Certification

	Outcome						
Facility	**Voluntary**	**Dropped**	**Certified**	**Transferred**	**Continued**	**Court-Ordered Dropped**	**Total Reported**
Arapahoe/Douglas Mental Health Network	12	31	6	45	27	0	**121**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	193	364	128	48	0	0	**737**
Aurora Comprehensive Community Mental Health Center	0	16	1	33	45	0	**95**
Axis Health System (formerly Southwest Colorado Mental Health Center)	20	34	29	14	2	0	**98**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Boulder Community Hospital	155	298	172	26	4	0	**655**
Centennial Mental Health Center	3	0	1	0	0	0	**4**
Centennial Peaks Hospital or Flatirons Behavioral Health Corp	222	983	218	0	0	0	**1,423**
Children's Hospital	135	26	19	14	0	0	**194**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	165	749	0	258	113	0	**1,285**
Colorado Mental Health Institute-Pueblo	285	485	294	105	92	0	**1,261**
Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	51	485	294	105	92	1	**996**
Community Reach Center	0	47	8	0	17	1	**763**
Crossroads ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Denver Health Medical Center/Division of Psychiatric Services	278	831	2	171	28	1	**1,311**
Exempla Saint Joseph Hospital	0	159	0	366	3	0	**528**
Exempla West Pines	995	759	329	8	0	0	**2,091**
Haven Behavioral Health Services North	9	57	52	0	0	0	**118**
HealthONE,	933	474	0	1,421	1	0	**2,829**

Presbyterian Saint Luke's Medical Center							
Jefferson Center for Mental Health	265	159	28	50	42	0	**544**
Larimer Center for Mental Health	0	10	0	0	15	0	**25**
Lighthouse ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
Longmont United Hospital	140	210	65	68	13	0	**496**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	2	32	243	1	0	0	**278**
Mental Health Center of Boulder and Broomfield Counties	0	51	42	2	77	0	**172**
Midwestern Colorado Mental Health Center	67	77	18	1	0	0	**163**
Northern Colorado Medical Center Behavioral Health	426	322	7	51	0	0	**806**
North Range ATU	IWOA	IWOA	IWOA	IWOA	IWOA	IWOA	**IWOA**
North Range Behavioral Health	37	60	17	12	0	0	**126**
Parkview Medical Center	338	132	58	3	0	0	**531**
Peak View Behavioral Health, LLC	44	49	9	0	0	0	**102**
Porter Adventist Hospital	516	1,224	308	587	64	0	**2,699**
PVHS/Mountain Crest	359	343	1	34	0	0	**737**
Saint Anthony Central Hospital Systems	2	422	2	310	5	0	**741**
Saint Mary-Corwin Medical Center	0	20	0	138	2	0	**160**
Southeast Mental Health Services	21	1	0	0	3	0	**25**
Spanish Peaks Mental Health Center	0	29	1	11	79	0	**120**
VA Medical Center (Grand Junction)	4	17	7	2	0	6	**36**
West Central Mental Health Center	28	2	14	0	0	0	**44**
TOTAL	**5,705**	**8,945**	**2,254**	**4,075**	**632**	**9**	**21,620**

Table 5. Type – Seclusion and Restraint

Facility	**Seclusion**	**Restraint**	**Seclusion and Restraint**	**Total Reported**
Arapahoe/Douglas Mental Health Network	0	0	1	**1**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	4	2	5	**11**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA	IWOA	IWOA	**IWOA**
Boulder Community Hospital	39	0	4	**43**
Cedar Springs Behavioral Health System	25	70	204	**299**
Children's Hospital	469	182	2	**653**
Colorado Boys Ranch/CBR Youthconnect	0	37	0	**37**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	524	292	28	**844**
Colorado Mental Health Institute-Pueblo	1,473	245	666	**2,384**
Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	20	58	21	**99**
Denver Health Medical Center/Division of Psychiatric Services	91	254	0	**345**
Exempla West Pines	77	1	21	**99**

HealthONE, Presbyterian Saint Luke's Medical Center	353	131	5	**489**
Jefferson Hills – Aurora	70	0	0	**70**
Jefferson Hills – Lakewood	IWOA	IWOA	IWOA	**IWOA**
Longmont United Hospital	6	2	0	**8**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	2	0	0	**2**
Northern Colorado Medical Center Behavioral Health	5	8	0	**13**
North Range ATU	IWOA	IWOA	IWOA	**IWOA**
North Range Behavioral Health	9	0	1	**10**
Parkview Medical Center	2	0	18	**20**
Porter Adventist Hospital	27	119	45	**191**
PVHS/Mountain Crest	4	6	0	**10**
Saint Anthony Central Hospital Systems	1	149	80	**230**
VA Medical Center (Grand Junction)	0	0	1	**1**
TOTAL	**3,201**	**1,556**	**1,102**	**5,859**

Table 6. Type – Involuntary Medication

Facility	**Emergency**	**Court-Ordered**	**Total Reported**
Arapahoe/Douglas Mental Health Network	0	2	**2**
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	5	0	**5**
Axis Health System (formerly Southwest Colorado Mental Health Center)	5	1	**6**
Bridge House ATU (affiliated with Arapahoe/Douglas Mental Health)	IWOA	IWOA	**IWOA**
Boulder Community Hospital	118	76	**194**
Centennial Peaks Hospital or Flatirons Behavioral Health Corp	37	1	**38**
Children's Hospital	5	0	**5**
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	805	85	**890**
Colorado Mental Health Institute-Pueblo	72	215	**287**
Colorado West Psychiatric Hospital (formerly West Slope Stabilization Center)	IWOA	IWOA	**IWOA**
Colorado West Regional Mental Health Center	63	1	**64**
Community Reach Center	0	38	**38**
Crossroads ATU	IWOA	IWOA	**IWOA**
Denver Health Medical Center/Division of Psychiatric Services	318	5	**323**
Exempla West Pines	36	6	**42**
Haven Behavioral Health Services North	9	0	**9**
HealthONE, Presbyterian Saint Luke's Medical Center	246	1	**247**
Jefferson Center for Mental Health	0	8	**8**
Larimer Center for Mental Health	0	5	**5**
Longmont United Hospital	9	3	**12**
Medical Center of Aurora TMCA (Gero-Psychiatric Unit) HealthOne	119	121	**240**
Mental Health Center of Boulder and Broomfield Counties	0	85	**85**
Northern Colorado Medical Center Behavioral Health	9	0	**9**
Parkview Medical Center	21	0	**21**
Peak View Behavioral Health, LLC	3	0	**3**
Porter Adventist Hospital	260	4	**264**
PVHS/Mountain Crest	3	0	**3**
Southeast Mental Health Services	0	3	**3**
Spanish Peaks Mental Health Center	0	17	**17**
VA Medical Center (Grand Junction)	0	1	**1**
TOTAL	**2,143**	**678**	**2,821**

Table 7. Instances and Individuals – Electroconvulsive Therapy

Facility	Instances of Therapy	Number of Individuals
Colorado Mental Health Institute-Fort Logan (including Mt. Star)	183	13
Colorado Mental Health Institute-Pueblo	201	11
Exempla West Pines	6	6
Porter Adventist Hospital	149	149
TOTAL	**539**	**179**

Table 8. Type - Court Ordered Imposition of Disability or Deprivation of Right

Facility	Imposition of Disability	Deprivation of Right
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	0	10
HealthONE, Presbyterian Saint Luke's Medical Center	0	21
Northern Colorado Medical Center Behavioral Health	0	2
VA Medical Center (Grand Junction)	1	0
TOTAL	**1**	**33**

Table 9. Instances and Individuals - Court Ordered Imposition of Disability or Deprivation of Right

Facility	Instances of Therapy	Number of Individuals
AspenPointe Health Services (formerly Pikes Peak Mental Health Center)	10	7
HealthONE, Presbyterian Saint Luke's Medical Center	21	21
Northern Colorado Medical Center Behavioral Health	2	1
VA Medical Center (Grand Junction)	1	1
TOTAL	**34**	**30**