COLORADO
Department of Human Services

A Profile 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.)

FY2014

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EXECUTIVE SUMMARY

Background

This is the Colorado Department of Human Services, Office of Behavioral Health's (the Office) report of the rights-restricted procedures involving individuals with mental illness as outlined in C.R.S. 27-65-101 et seq. (Care and Treatment of Persons with Mental Illness) legislation (hereinafter 27-65). The 27-65 legislation provides rules and regulations regarding limiting the rights of individuals with mental illness in the State of Colorado. This legislation was originally adopted in 1977; however, in the 2010 legislative session, SB 10-175 (Concerning the Relocation of Provisions Relating to Behavioral Health) changed the location of these statues to C.R.S. 27-65-101.

The Office is responsible for creation of a procedural manual, collecting data about and evaluating compliance with the 27-65 statutes, rules, and regulations. In addition, the Office is also responsible for investigating all 27-65 complaints. The data in this report are for procedures that took place during State Fiscal Year 2014 (July 1, 2013 – June 30, 2014) in 66 designated facilities.

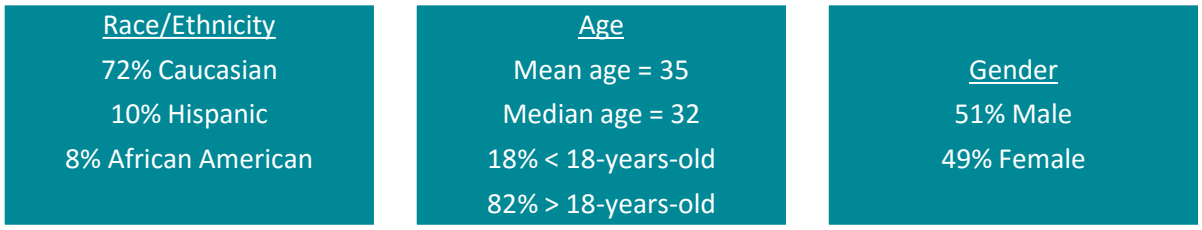
Procedures

A standardized data collection tool was distributed to all 27-65 designated facilities (N=66) to collect data over the course of FY2014. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Some data submissions included missing elements, typically due to technical or documentation issues (e.g., facility databases not collecting certain data points or a facility's inability to transfer data from their database to the data collection tool) and confusion regarding data definitions (e.g., deprivation of right versus rights restriction). Overall, the Office is taking steps to improve the data provided by facilities each year.

Results

During FY2014 the Office collected 65,662 reported instances of 27-65 procedures that occurred across the State of Colorado, which represents an 11% increase over FY2013 (N=58,502). There were 66 designated facilities in FY2014 compared to 54 facilities in FY2013, which may explain the increase in the number of 27-65 procedures reported to the Office (See Appendix A for a list of reporting facilities). Figure 1, found below, provides demographics of individuals involved in 27-65 procedures in FY2014. Please note these data include all individuals, including those receiving more than one involuntary procedure during the fiscal year.

Figure 1. Population Profile of All 27-65 Procedures, FY2014



The 27-65 procedures in Colorado included 72-hour holds (N=39,384), Certifications of all types (N=4,847), and voluntary admissions (N=3,535). The client characteristics across these procedures were similar to FY2013: individuals were mostly Caucasians, there was an even distribution between men and women, and the average age was mid-thirties to early forties. The most frequently reported reasons for individuals requiring a rights-restriction procedure were "Dangerous to Self" and "Gravely Disabled."

Involuntary medications (N=5,577) and electroconvulsive therapy (ECT) (N=5,863) were the next most frequently reported procedures. Clients utilizing ECT were more often females (64%), and slightly older (the average age for ECT was 49).

The least reported rights-restriction procedures were seclusion/restraint (N=6,301) and court-ordered imposition of legal disability (ILD)/deprivation of right (DOR) (N=13). During FY2014, seclusion and restraint were the only procedures where a shift in client characteristics, specifically age, was observed as compared to FY2013. The majority of clients were Caucasian, male, and the average age was late twenties and early thirties. ILD/DOR actions were so few (N=13) that demographic information was not reviewed.

Recommendations

To improve the data management process and improve the integrity of 27-65 data in the future, the following is recommended:

1. Continue to increase collaboration and communication with facilities in order to assist in understanding data variables. It is the Office's goal that such collaboration will encourage continued facility feedback to improve the data collection process.
    a. Feedback from facilities about the data collection template will continue to improve the tool and data collection. The Office's goal is to maintain a template that is easy to use by both facility personnel and data analysts.
2. Continue to work toward developing clear data reporting guidelines. The Office reviews data to ensure it meets the Office's need and if edits are required, assists facilities in making those edits. The Office's goal is to continue to provide clear, specific, and timely feedback to facilities to improve data submissions in future years.

Summary

The CDHS Office of Behavioral Health is responsible for collecting data about and evaluating compliance with the 27-65 statutes, rules and regulations, and procedural manual, and has the responsibility of investigating all 27-65 complaints.

This report reflects a number of successes, challenges, and areas for growth. Data management, including collection, analysis and reporting has continued to improve year-to-year with the help of facility feedback and collaboration. Training webinars help facilities understand the data reporting process and allow for enhanced communication and collaboration between 27-65 designated facilities and the Office.

The Office hopes to continue to improve the level of data quality from facilities and provide the technical support facilities need to do so. Next year will feature a further refined data collection tool to improve data quality, training webinars to assist with the process at designated facilities, and continued technical support for any issues with the data reporting process.

Introduction

This is the Colorado Department of Human Services, Office of Behavioral Health's (the Office) report of the rights-restricted procedures involving individuals with mental illness as outlined in C.R.S. 27-65-101 et seq. (Care and Treatment of Persons with Mental Illness) legislation (referred to throughout as 27-65). The 27-65 legislation provides rules and regulations regarding limiting the rights of individuals with mental illness in the State of Colorado. This legislation was originally adopted in 1977; however, in the 2010 legislative session, SB 10-175 (Concerning the Relocation of Provisions Relating to Behavioral Health) changed the location of these statues to C.R.S. 27-65-101.

The CDHS Office of Behavioral Health is responsible for collecting data about and evaluating compliance with the 27-65 statutes, rules and regulations, and procedural manual, and has the responsibility of investigating all 27-65 complaints.

The data in this report are for procedures that took place during State Fiscal Year 2014 (July 1, 2013 – June 30, 2014) in 66 designated facilities. Data reporting on 27-65 procedures is important for several reasons:

1. Legislation specifically requires that certain data be collected (i.e., number of procedures on involuntary clients, client demographic information).
2. The federal government makes requests for 27-65 data on a regular basis.
3. Data reporting provides important information as the Office's regulatory staff work to ensure client safety and treatment quality, which is especially important given the sensitive nature of these procedures.
4. The Office desires to understand the use of rights-restriction procedures in Colorado, as well as an overall picture of the people receiving those services.

To be qualified to perform 27-65 rights-restrictions, facilities must apply for licensure to the Colorado Department of Public Health and Environment (CDPHE) and subsequently obtain approval and designation through the Colorado Department of Human Services (CDHS). Facilities submit a formal application to CDHS via the Office. Approved facilities must reapply every two years for designation and participate in an annual on-site review for compliance.

The 27-65 rights-restrictions procedures addressed in this report include the following:

- 27-65-105 Emergency Procedures: Facilities that are designated to 'hold' a client for 72 hours if they pose an "imminent danger" to themselves or others or are gravely disabled.

- 27-65-107,108 and 109 Short- and Long-term Treatment: Short-term treatment (three months); Extension of Short term treatment (an additional three months after original three months); Long-term treatment (six months, after original Short-term and Extension of Short-term); Extension of Long-term (an additional six months). A court-ordered certification allows a designated facility to hold and treat persons with mental illness on an involuntary basis.

- 27-65-103 Voluntary Application for Mental Health Services: Any person can make a voluntary request at any time to any public or private facility or mental health professional for mental health services, either by direct admission in person or by referral from any other public or private facility or professional person.

- 21.280.33 Involuntary psychiatric medications: Designated facilities are authorized to administer psychiatric medication without a person's consent on an emergency or court-ordered basis if the individual meets specified criteria.

- 21.280.4 Seclusion: Individuals being detained under section 27-65-105 through 109 C.R.S may be secluded or restrained over their objection under this section.

    Seclusion definition: 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.

    Restraint definition: There are two types of restraint- mechanical and physical. 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.

- 21.280.51 Therapy or Treatment Using Special Procedures: Electroconvulsive Therapy - Electroshock Therapy (ECT/EST) is the passage of electrical current through a patient's head in a voltage sufficient to induce a seizure.

- 27-65-127 C.R.S. Imposition of legal disability or deprivation of rights: 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 specific legal right be deprived, or a specific legal disability be imposed. A 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. 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. 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.

Procedures

A standardized data collection tool was distributed to all 27-65 designated facilities (N=66) to collect data over the course of FY2014. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Some data submissions included missing elements, typically due to technical or documentation issues (e.g., facility databases not collecting certain data points or a facility's inability to transfer data from their database to the data collection tool) and confusion regarding data definitions (e.g., deprivation of right versus rights restriction). Overall, the Office is taking steps to improve the data provided by facilities each year.

Results: Frequencies and Demographics

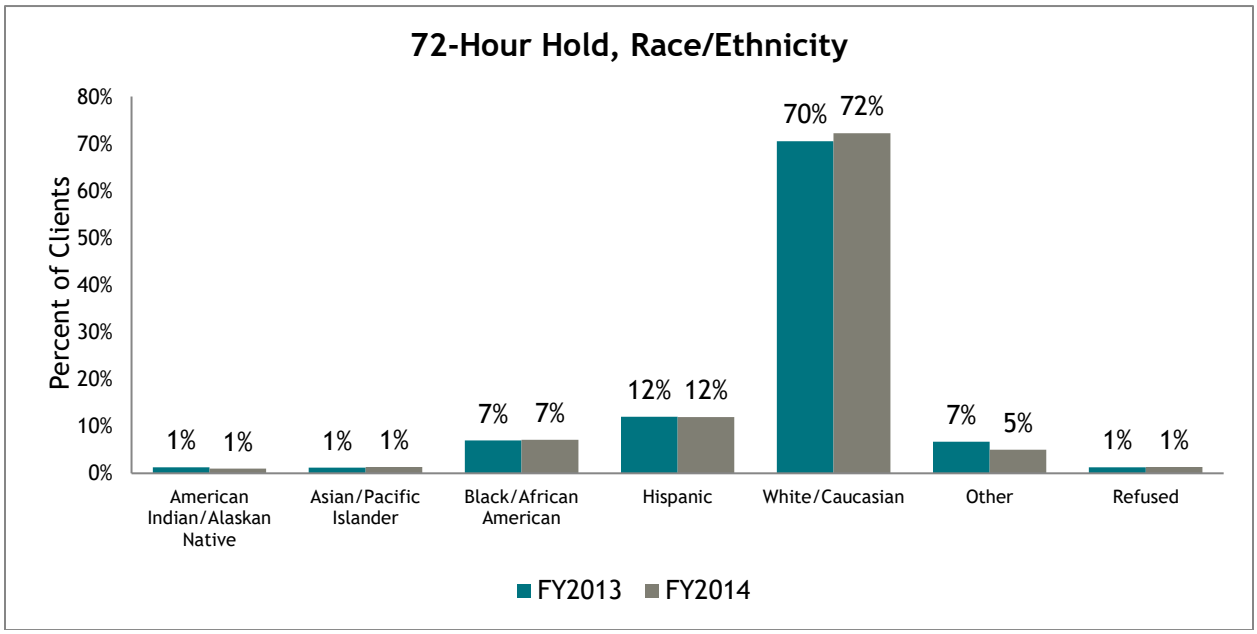
Holds

There were 39,384 involuntary, 72-hour holds during FY2014; this number includes 35,292(89.6%) unique individuals who received one or more holds in the fiscal year. For unique holds, "Dangerous to Self" (66%) was the primary reason for the hold, followed by "Gravely Disabled" (14%) and "Dangerous to Self and Others" (8%). Of unique individuals placed on a 72-hour hold, the majority were Caucasian (71%), between the ages of 18 and 59 (71%) with a mean age of 34.

Figure 2 depicts the racial and ethnic distribution of unduplicated hold clients for FY2013 and FY2014[1].

The majority of individuals subject to an involuntary hold were Caucasian (72%), followed by Hispanic (12%). One percent of clients refused to respond when asked for their ethnicity. This was the third year that "Refused" was a possible response, allowing for more accurate data collection (i.e., reducing missing data). For FY2016, the Office will begin separating race and ethnicity to align with Federal reporting guidelines.

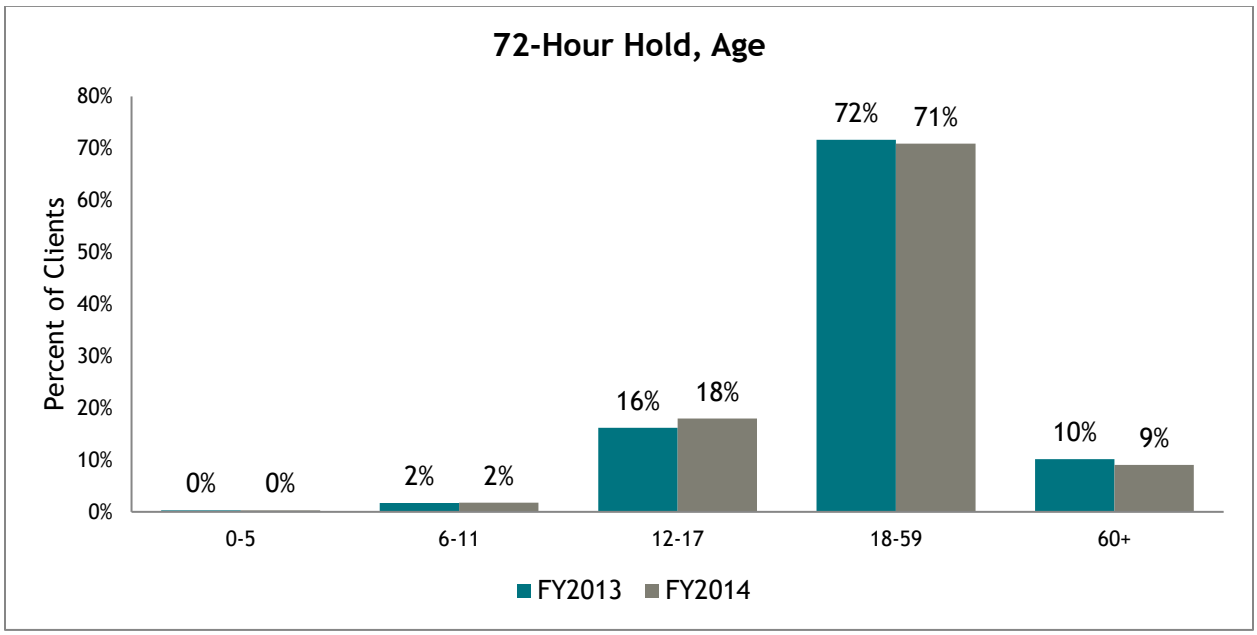
Figure 2. Ethnic distribution of unduplicated clients requiring a 72-hour hold, FY2013/FY2014.



[1] Please note the data collection tool does not capture multiple racial/ethnic selections.

Figure 3 shows the age distribution of unduplicated clients who received an involuntary hold during FY2013 and FY2014. For FY2014, the majority of individuals were between the ages of 18 and 59 (71%) with a mean age of 34.

Figure 3. Age of unduplicated clients requiring a 72-hour hold, FY2013/FY2014.



Certifications (i.e., short- or long-term treatment)

There were 4,847 certifications, including short- (n=2,483), extended short- (n=339), long- (n=1,460), and extended long-term (n=565). The types of certifications are as follows:

- Short-term certification – cannot be more than three months
- Extended short-term certification – can last an additional three months after the initial short-term certification
- Long-term certification – cannot exceed six months after short-term and extended short-term certifications
- Extended long-term certification – can last an additional six months after long-term certification

Of the 4,847 certifications, 3,888 (80.2%) represented unique individuals. Forty-four percent were female and 56% were male, and 73% were Caucasian. The majority were between the ages of 18 and 59 (79%) with an average age of 42. Refer to Figures 4 and 5 for more detailed ethnicity and age data.

Figure 4. Ethnic distribution of unduplicated clients requiring a certification, FY2013/FY2014.

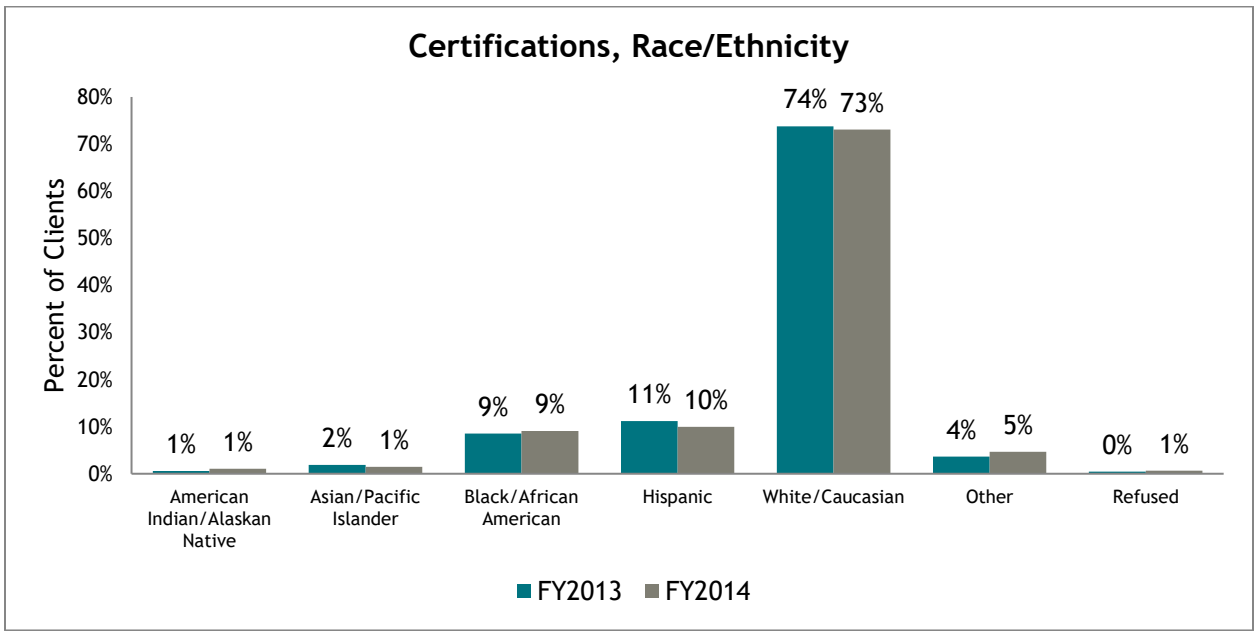
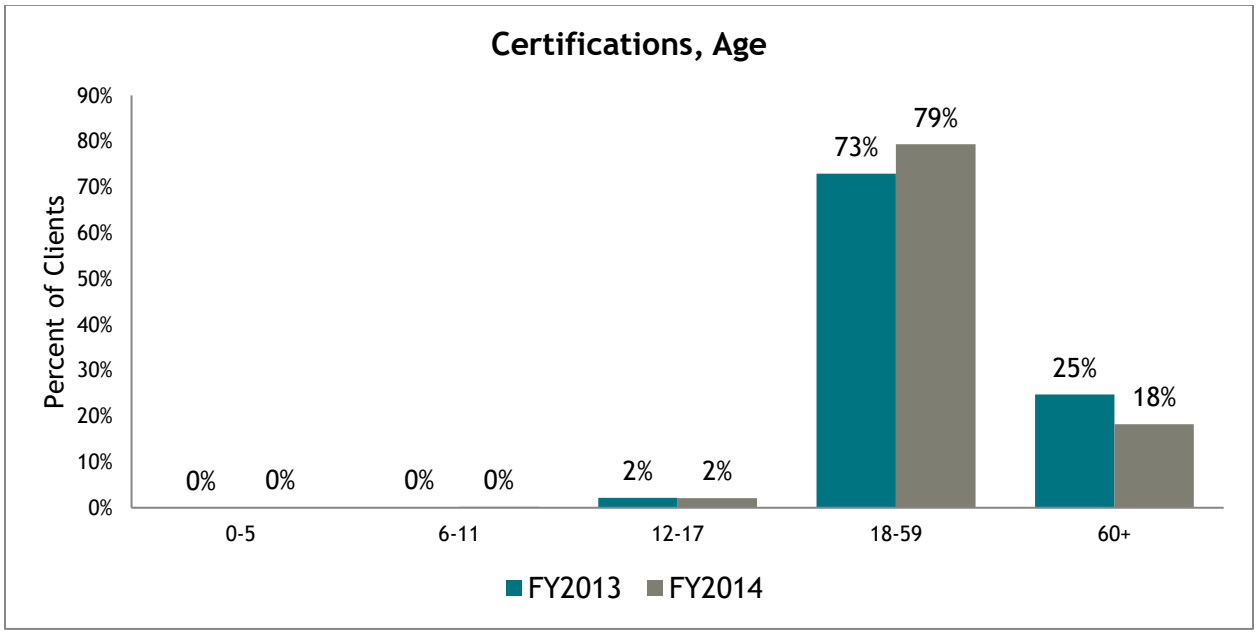


Figure 5. Age of unduplicated clients requiring certification, FY2013/FY2014.



Voluntary Treatment

During FY2014, there were 3,535 voluntary treatment episodes; this number includes 3,155 (89.3%) unique clients who received one or more voluntary treatments in the fiscal year. The majority of voluntary commitment clients were Caucasian (72%) and male (53%). Eighty percent were between the ages of 18 and 59 with an average age

of 38. Refer to Figures 6 and 7 for further ethnicity and age data.

Figure 6. Ethnic distribution of unduplicated clients seeking voluntary treatment, FY2013/FY2014.

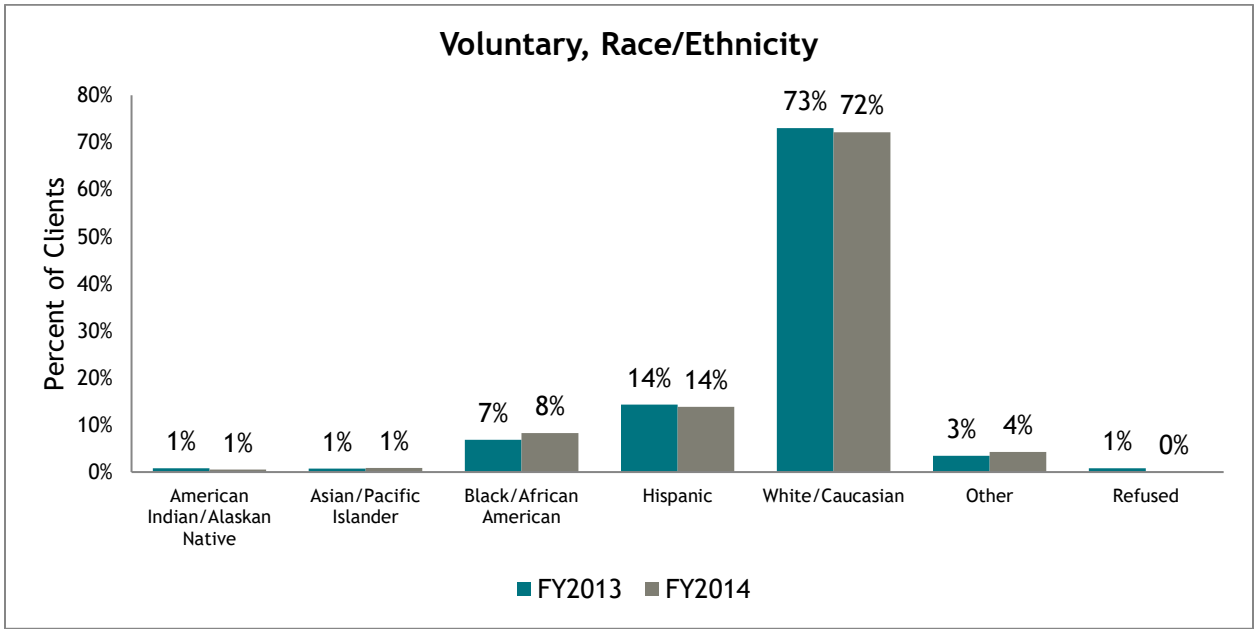
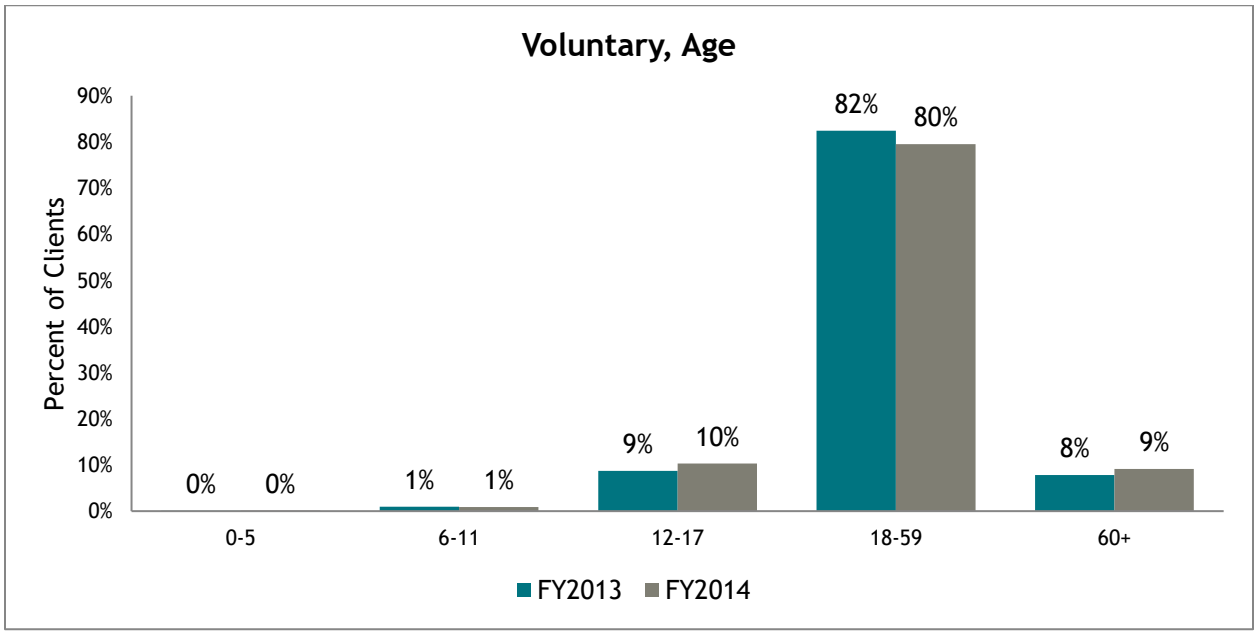


Figure 7. Age of unduplicated clients seeking voluntary treatment, FY2013/FY2014.



Seclusion

The number of seclusions reported for FY2014 was 1,136 with 538 unique clients. This represents a reduction from prior years with FY2013 having 690 unique clients and FY2012 having 783. Given the focus in reducing the use of seclusion across Colorado in recent years, this trend is anticipated. The majority of unduplicated clients were Caucasian (65%), male (63%) and between the ages of 18 and 59 (59%) with a mean age of 29. Ethnicity and age data are shown below in Figures 8 and 9 respectively.

Figure 8. Ethnic distribution of unduplicated clients receiving seclusion, FY2013/FY2014.

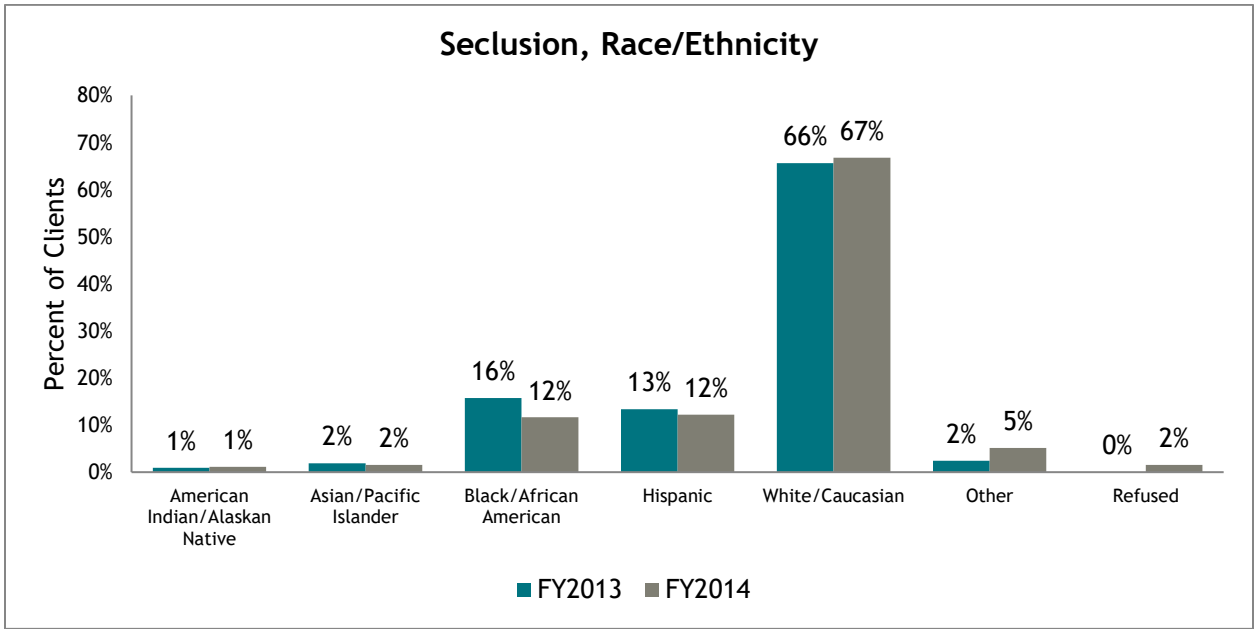
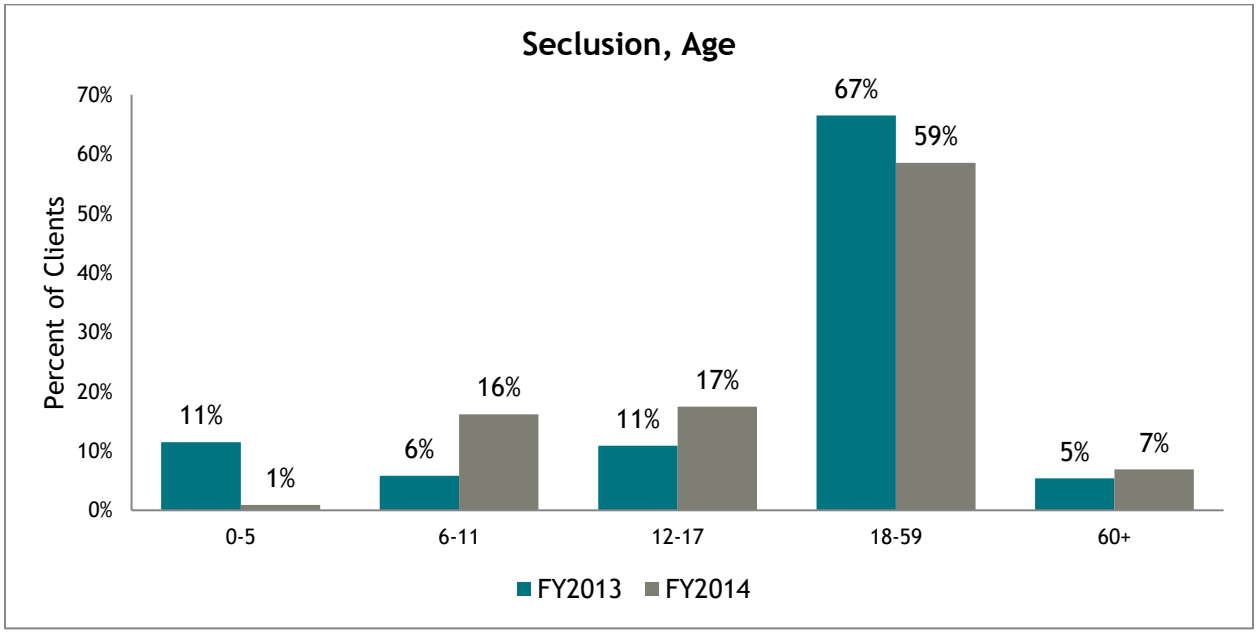


Figure 9. Age of unduplicated clients receiving seclusion, FY2013/FY2014.



Restraint

The number of individuals experiencing restraint reported during FY2014 was 4,273, a 25% increase over FY2013 (N=3,185). This increase is potentially due to an increase in 27-65 designated facilities compared to prior years. Approximately 40% of the total population represented unique clients (*n*=1,716). The majority of unduplicated clients were male (60%), Caucasian (68%), and between the ages of 18 and 59 (67%). The mean age for unduplicated clients receiving restraint was 30. Refer to Figures 10 and 11 for more detailed ethnicity and age data.

Figure 10. Ethnic distribution of unduplicated clients receiving restraint, FY2013/FY2014.

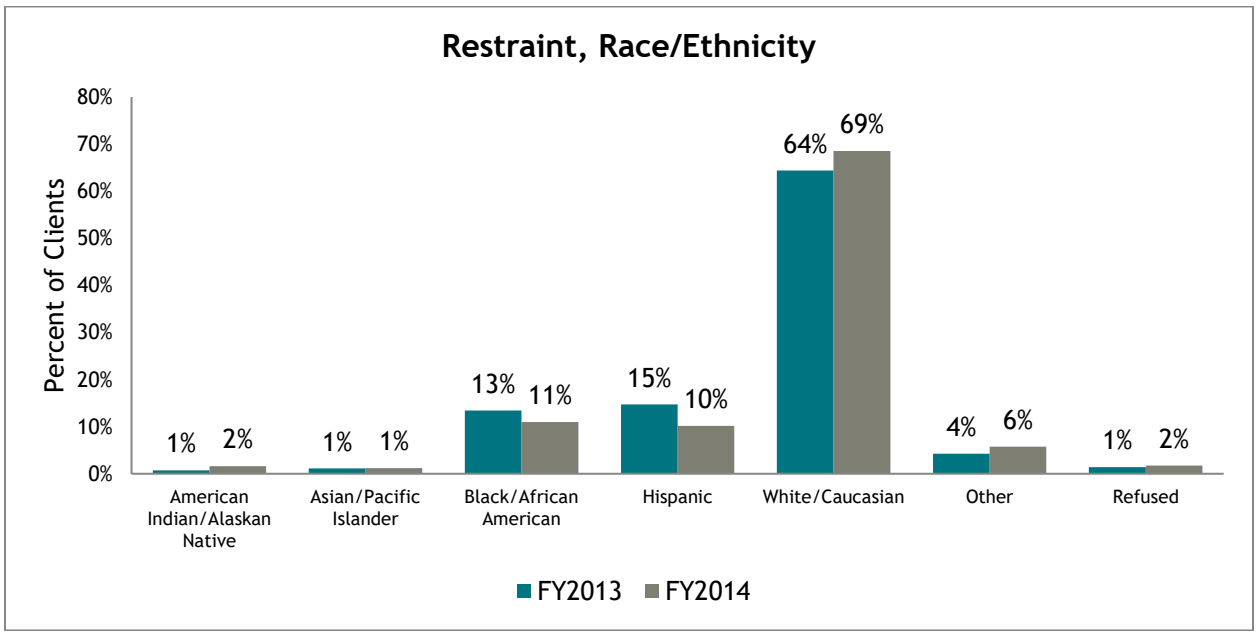
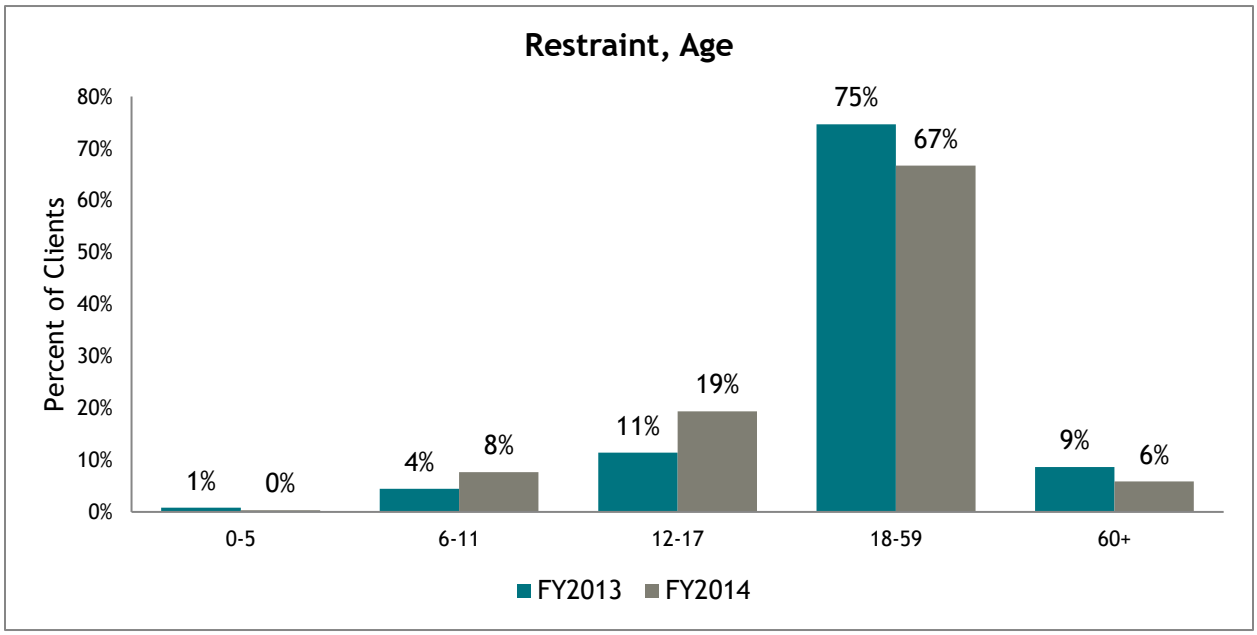


Figure 11. Age of unduplicated clients receiving restraint, FY2013/FY2014.



Seclusion and Restraint

During FY2014, 901 instances of seclusion and restraint were reported on 370 individuals. The majority of individuals receiving seclusion and restraint were male (67%), 59% of individuals were Caucasian, and 64% were between the ages of 18 and 59 with a mean age of 28. Refer to Figures 12 and 13 for further demographic data.

Figure 12. Ethnic distribution of unduplicated clients receiving seclusion and restraint, FY2013/FY2014.

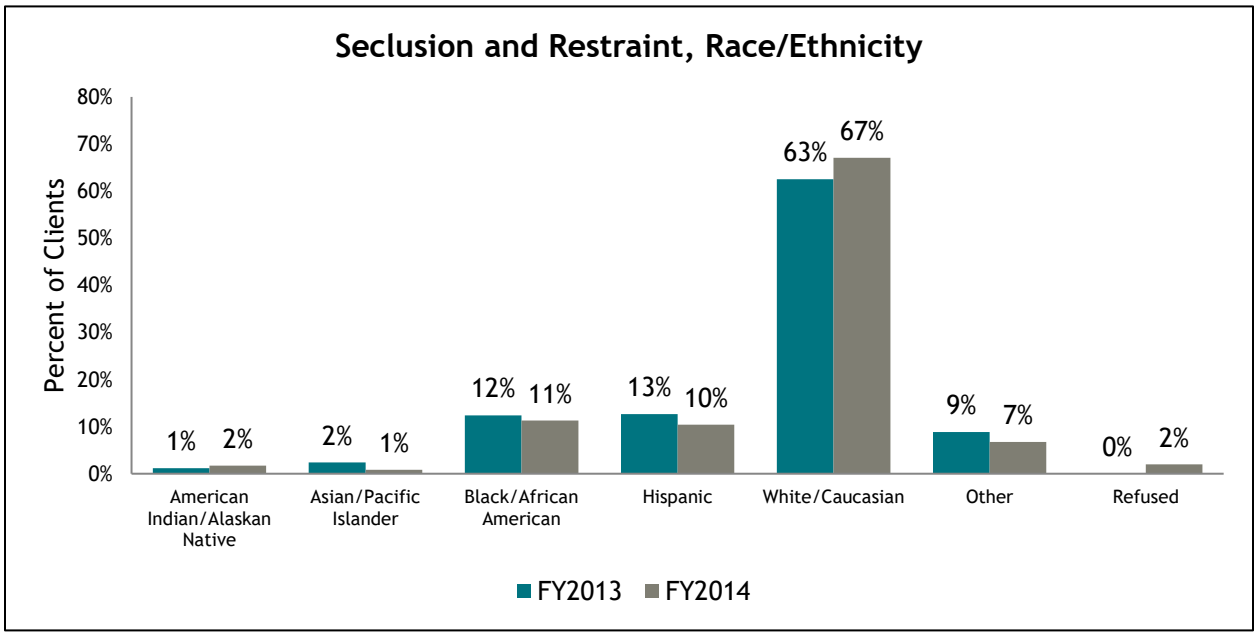
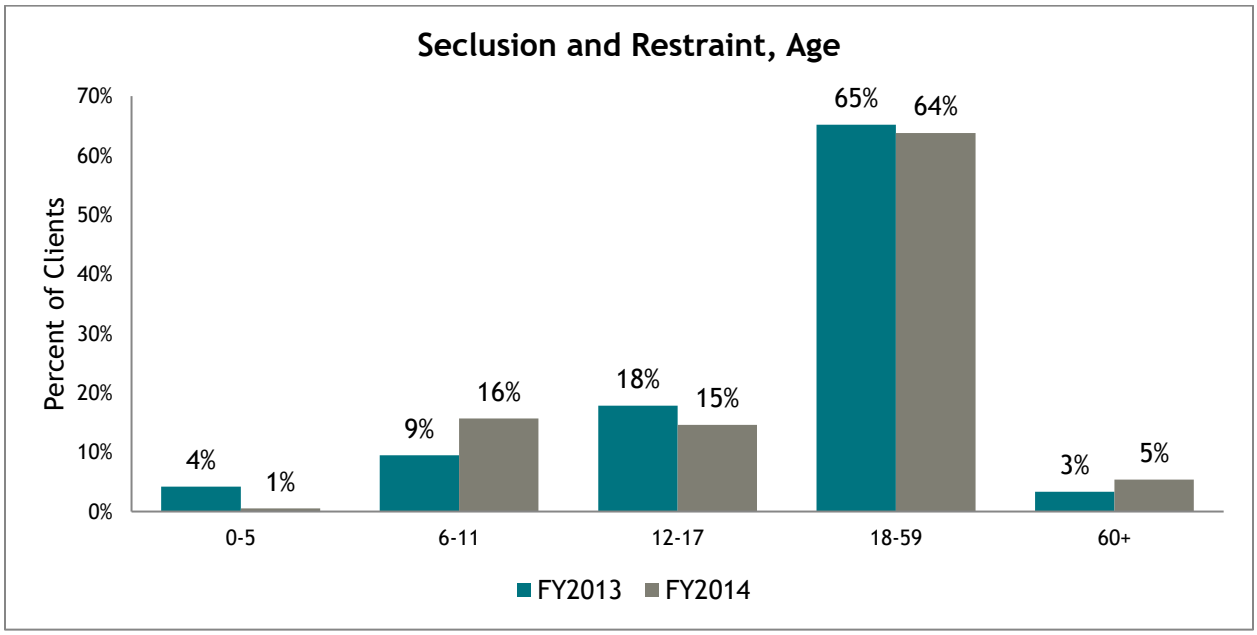


Figure 13. Age of unduplicated clients receiving seclusion and restraint, FY2013/FY2014.



Extended Seclusion and Restraint

Given the emphasis in recent years on shortening the amount of time an individual is subjected to seclusion or restraint, the Office performed analysis of longer-term or extended-term seclusion and restraint to give providers and stakeholders information on these types of procedures in Colorado.

Before analysis, outliers within a standard deviation of ±3 were removed from the data set. There were 24 unduplicated instances of extended seclusion, defined as lasting 24 hours or more. This represents a 133% decrease from FY2013 (n=56). For restraints, which were defined as lasting more than 4 hours, 186 were reported for FY2014, a slight increase over FY2013 (n=170).

When looking at unduplicated instances of extended seclusion and restraint, demographic trends remained similar to the overall population, with more men experiencing an extended seclusion (*n*=14) or extended restraint (*n*=112), compared to women. Race and ethnicity data are in Figures 14 and 15.

Figure 14. Ethnic distribution of unduplicated clients receiving seclusion lasting 24 or more hours, FY2013/FY2014.

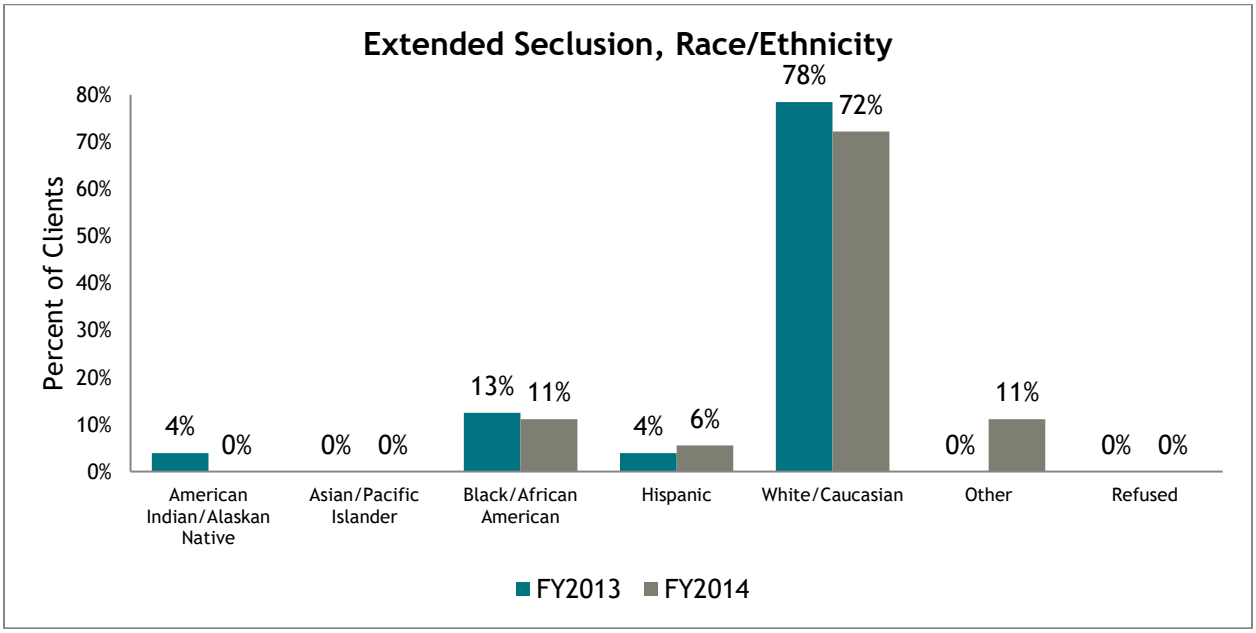
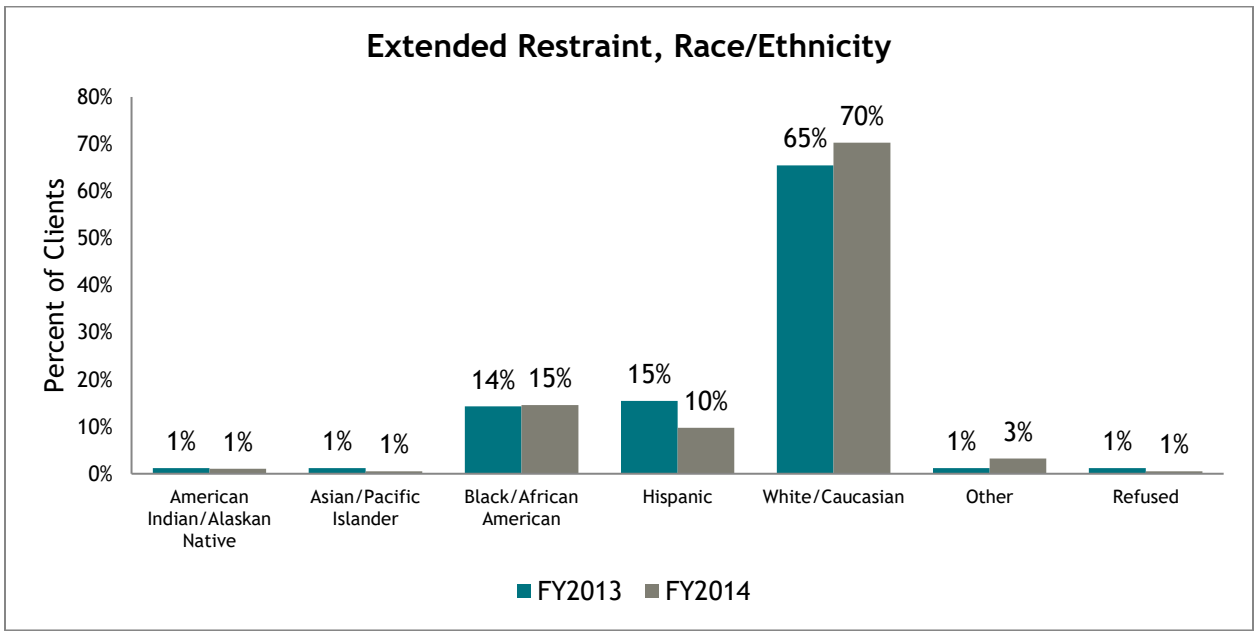


Figure 15. Ethnic distribution of unduplicated clients receiving restraint lasting four or more hours, FY2013/FY2014.



These data provide an opportunity for continued improvement in providers' handling of these sensitive procedures. Identifying such occurrences allows the Office to review client charts and provide guidance for reducing the length of these procedures or rectifying what might be improper data entry. Reporting these data also allows 27-65 designated agencies the opportunity to address the use of seclusion and restraint within their quality improvement initiatives.

Involuntary Medication

There were 5,577 instances of involuntary medication orders during FY2014, with 62% of those administered on emergency order basis. Of the unduplicated number of individuals administered involuntary medication (46%), the majority was Caucasian (70%) and male (57%). The mean age for clients receiving involuntary medications was 40. Please refer to Figures 16 and 17 for more detailed data on ethnicity and age.

Figure 16. Ethnicity of unduplicated clients receiving involuntary medication, FY2013/FY2014.

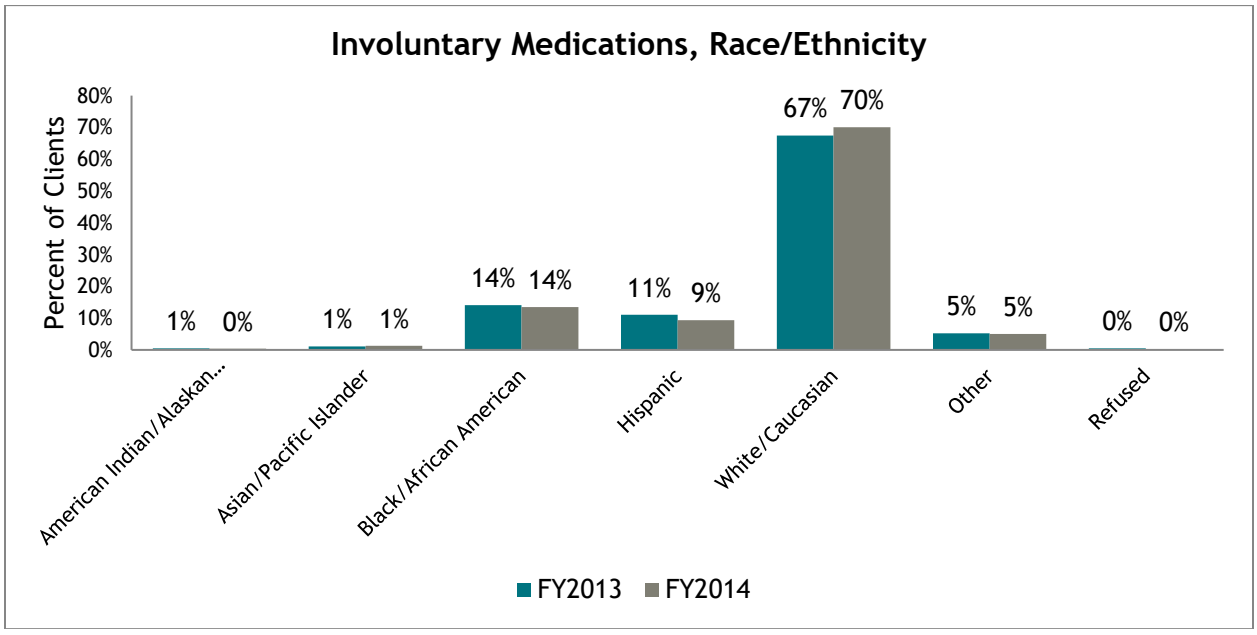
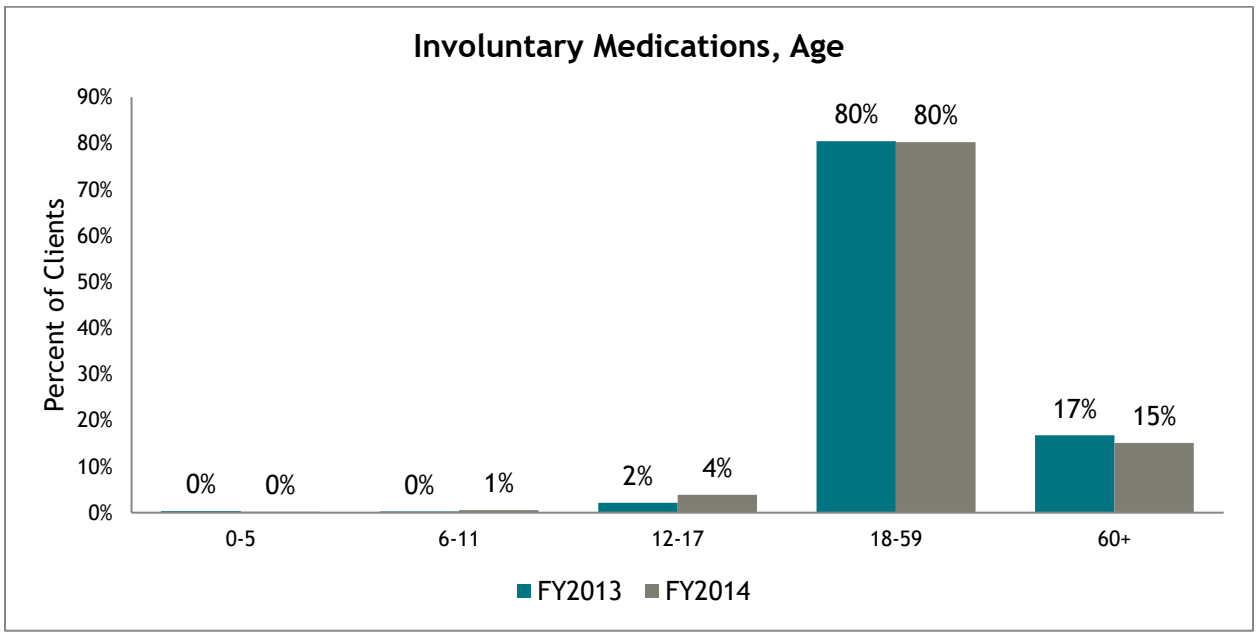


Figure 17. Age of unduplicated clients receiving involuntary medication, FY2013/FY2014.



Electroconvulsive Therapy (ECT)

There were 5,863 instances of ECT performed on 543 individuals during FY2014. Of the 543 unique individuals served, the majority were female (64%) and Caucasian (91%). The mean age of an ECT client was 49. Seventy-three percent were between

18 and 59, and 27% were 60 and older at the time of the ECT procedure. Individuals ages 16 or under do not receive ECT. Individuals 16 and older receive an average course of treatment of 6-12 treatments.

Court-Ordered Imposition of Disability (ILD) and Deprivation of Right (DOR)
Data were provided from four facilities on court orders for imposition of legal disability (ILD) or deprivation of a right (DOR). Overall, 13 instances of these court orders were reported to the Office for FY2014. ILDs and DORs reporting included: denial to return home (*n*=9), right to refuse Medicaid (*n*=3), or right to possess a firearm (*n*=1).

RECOMMENDATIONS

Below are three recommendations that aim to improve the data management process and improve the integrity of rights-restriction data in the future. The recommendations are as follows

1. Continue to increase collaboration and communication with facilities in order to assist in understanding data variables. It is the Office's goal that such collaboration will encourage continued facility feedback to improve the data collection process.
2. Obtain feedback from facilities about the data collection template to improve the tool and data collection. The Office's goal is to maintain a template that is easy to use by both facility personnel and data analysts.
3. Continue to work toward developing clear criteria for including or not including data from facilities to make this process transparent. The Office is also reviewing submitted data to ensure it meets the Office's need. If edits to these data are required, the Office assists facilities in making those edits. The Office's goal is to continue to provide clear, specific, and timely feedback needed by facilities to improve data submissions in future years.

SUMMARY

This report reflects a number of successes, challenges and areas for growth. Data reporting continues to improve year over year, much to the credit of participating facilities. Training webinars have also been successful in helping facilities understand the data reporting process and allow for enhanced communication and collaboration between 27-65 designated facilities and the Office of Behavioral Health. Recommendations for improvement include the following:

1. Continue to increase collaboration and communication with facilities in order to assist in understanding data variables. It is the Office's goal that such collaboration will encourage continued facility feedback to improve the data collection process.
2. Obtain feedback from facilities about the data collection template to improve the tool and data collection. The Office's goal is to maintain a template that is easy to use by both facility personnel and data analysts.
3. Continue to work toward developing clear criteria for including or not including data from facilities to make this process transparent. The Office is

also reviewing submitted data to ensure it meets the Office's need. If edits to these data are required, the Office assists facilities in making those edits. The Office's goal is to continue to provide clear, specific, and timely feedback needed by facilities to improve data submissions in future years.

APPENDIX A

DATA SUBMISSION BY FACILITY FOR FY2014 (N=66)

Agency	Data Submitted and Included in Analysis	Did Not Submit Data
Arapahoe/Douglas Mental Health Network	X	
Arapahoe/Douglas Mental Health Network/Bridge House	X	
AspenPointe Behavioral Health Services	X	
Aurora Mental Health Center	X	
Boulder Community Hospital	X	
Castle Rock Adventist Hospital	X	
Cedar Springs Hospital, Inc. dba Cedar Springs Behavioral Health System	X	
Centennial Medical Plaza	X	
Centennial Mental Health Center, Inc.	X	
Centennial Peaks Hospital	X	
Children's Hospital Colorado	X	
Colorado Mental Health Institute - Ft. Logan	X	
Colorado Mental Health Institute - Pueblo	X	
Colorado West Psychiatric Hospital, Inc.	X	
Mind Springs, Inc.	X	
Community Reach Center	X	
Denver Health Medical Center	X	
Devereux Cleo Wallace	X	
Eating Recovery Center	X	
Exempla Lutheran Medical Center Senior Behavioral Health Unit	X	
Exempla St. Joseph's Hospital	X	
Exempla West Pines	X	
Haven Behavioral Senior Care of North Denver	X	
Haven Behavioral War Heroes Hospital	X	
HealthONE North Suburban Medical Center	X	
HealthONE Presbyterian/St. Luke's Medical Center	X	
HealthONE Rose Medical Center	X	
HealthONE Swedish Medical Center	X	
Agency	Data Submitted	Did Not Submit

	and Included in Analysis	Data
HealthONE Swedish Southwest Emergency Department	X	
Highlands Behavioral Health System	X	
Jefferson Center for Mental Health	X	
Jefferson Hills - Lakewood (New Vistas)	X	
Lighthouse ATU	X	
Littleton Adventist Hospital	X	
Longmont United Hospital	X	
Mental Health Center of Boulder County, Inc., dba Mental Health Partners	X	
Mental Health Center of Denver	X	
Midwestern Colorado Mental Health Center	X	
North Range Behavioral Health	X	
North Range Behavioral Health - ATU	X	
Northeast Emergency Department	X	
Parker Adventist Hospital	X	
Parkview Medical Center	X	
Peak View Behavioral Health	X	
Penrose-St. Francis Health Services	X	
Porter Adventist Hospital	X	
Poudre Valley Hospital Mountain Crest	X	
Saddle Rock ER	X	
San Luis Valley Behavioral Health Group	X	
Sky Ridge Medical Center	X	
Southeast Mental Health Services	X	
Southwest Colorado Mental Health Center, Inc. dba Axis Health System	X	
Southwest Colorado Mental Health Center, Inc. dba Axis Health System - ATU	X	
Spanish Peaks Behavioral Health Centers	X	
Spanish Peaks Behavioral Health Centers - ATU	X	
St Francis Medical Center	X	
St Thomas More Hospital		X[2]
St. Anthony Hospital	X	
St. Mary-Corwin Medical Center	X	
The Medical Center of Aurora	X	

[2] St. Thomas More Hospital had only a provisional designation for FY2014. Their data were not collected.

Agency	Data Submitted and Included in Analysis	Did Not Submit Data
The Medical Center of Aurora Behavioral Health Services	X	
Touchstone Health Partners	X	
University of Colorado Hospital	X	
Veterans Affairs Medical Center - Denver	X	
Veterans Affairs Medical Center - Grand Junction	X	
West Central Mental Health Center	X	