



COLORADO

Office of Behavioral Health

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.)

Fiscal Year 2016

July 1, 2015–June 30, 2016

Submitted March 1, 2017

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Colorado Department of Human Services

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EXECUTIVE SUMMARY

Background

The Colorado Department of Human Services, Office of Behavioral Health (the Office) produces an annual 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 statutes to C.R.S. 27-65-101.

The Office is responsible for the creation of a procedural manual; data collection and evaluating compliance with the 27-65 statutes; rules and regulations; and investigating all 27-65 complaints. The data in this report are for procedures that occurred during State Fiscal Year 2016 (July 1, 2015 - June 30, 2016) in 63 designated facilities.

Procedures

A standardized data collection tool was distributed to all 27-65 designated facilities to collect the data over the course of FY2016. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Designated facilities can include the following:

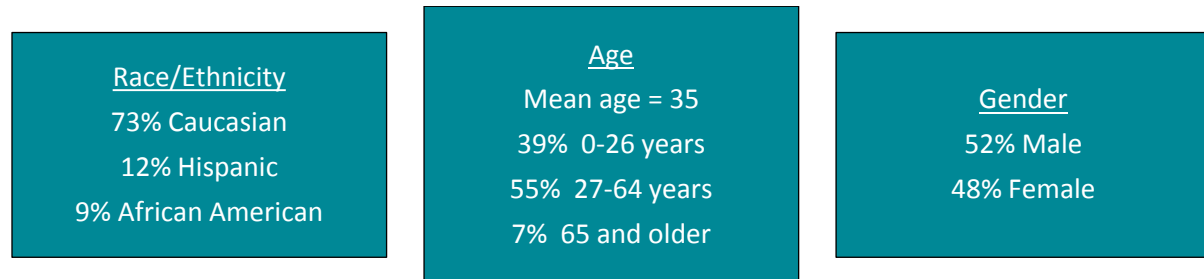
- Hospitals
- Acute Treatment Units (ATU)
- Crisis Stabilization Unit (CSU) with Colorado Crisis Services
- Residential Child Care Facility (RCCF)
- Community Mental Health Center (CMHC)

Data submission errors, including missing data, were due to information systems gaps in database capacity to collect data fields, technical issues and data entry errors. For FY2016 data collection, the Office aligned State race and ethnicity reporting with Federal reporting standards. This alignment added Hispanic ethnicity (labeled “Ethnicity”) to the data template, and the previous “Ethnicity” definition was revised to “Race.” “Refused” was a possible response, allowing for more accurate data collection (i.e., reducing missing data). Agencies reported this change caused some inaccurate data entry; however, the Office expects with additional training that race and ethnicity data will improve.

Results

During FY2016, 71,597 27-65 procedures were reported across the State of Colorado. This represents a 22% increase from FY2015 (N=58,626). Furthermore, the number of designated facilities decreased from 71 facilities in FY2015 to 63 in FY2016. Figure 1 below provides demographics of individuals involved in 27-65 procedures in FY2016. These analyses include all individuals, including those receiving more than one involuntary procedure during the fiscal year.

Figure 1. Population Profile of All 27-65 Procedures, FY2016.



The 27-65 procedures in Colorado included 72-hour holds (N=39,271), Certifications of all types (N=4,904), voluntary admissions (N=7,233) and court-ordered evaluations (N=25).

The client demographics across the 27-65 procedure types were similar to FY2015. Individuals were mostly Caucasians, there was an even distribution between men and women, and the average age was in the mid-thirties. “Dangerous to Self” and “Gravely Disabled” were the most frequently reported reasons for a 27-65 procedure. Electroconvulsive therapy (ECT) (N=8,624) and seclusion/restraint (N=8,104) were the next most frequently reported procedures. Clients utilizing ECT procedures were more often females (64%), and slightly older (mean age for ECT was 49). For seclusion/restraint, male clients were represented more than females (62% and 38% respectively) and the mean age of 30 years was lower than the mean ages for other 27-65 procedures. The least reported procedures were involuntary medications (N=3,248) and court-ordered imposition of legal disability (ILD)/deprivation of right (DOR). ILD/DOR reporting was so sparse (N=12) that demographic information was not reviewed.

Introduction

The Colorado Department of Human Services, Office of Behavioral Health's (the Office) produces an annual 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 statutes 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 (FY) 2016 (July 1, 2015 - June 30, 2016) in 63 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: 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 or in locked rooms during sleeping hours.

Restraint: 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 months and can be reaffirmed for another six months if that is justified.

Procedures

A standardized data collection tool was distributed to all 27-65 designated facilities (N=63) to collect their data over the course of FY2016. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Designated facilities can include the following:

- Hospitals
- Acute Treatment Units (ATU)
- Crisis Stabilization Unit (CSU) with Colorado Crisis Services
- Residential Child Care Facility (RCCF)
- Community Mental Health Center (CMHC)

Data submission errors, including missing data, were due to information systems technical issues, gaps in database capacity to collect State fields, and errors in data entry. The Office takes steps annually to improve the data provided by facilities.

RESULTS: FREQUENCIES AND DEMOGRAPHICS

Holds

There were 39,271 involuntary 72-hour holds during FY2016; this number includes 34,948 (89%) unique clients.

The majority of individuals subject to an involuntary hold were Caucasian (82%). Sixteen percent were Hispanic. Seven percent of clients refused to respond when asked for their ethnicity (Figure 1). “Dangerous to Self” (65%) was the primary reason for the hold, followed by “Gravely Disabled” (18%) and “Dangerous to Self and Others” (6%). Sixty-nine percent were between the ages of 18 and 59 (M=33) (Figure 2). In recent years, the Office focused on the procedures for transition aged youth (persons aged 17-26), as they represent a vulnerable population. Of individuals placed on 72-hour holds in FY2016, 19% were between the ages of 13 and 17, ten percent were between the ages of 18 and 21, and 11% were between the ages of 22 and 26 (Figure 3).

Figure 1. Race/Ethnicity¹ of unduplicated clients requiring a 72-hour hold, FY2015/FY2016.

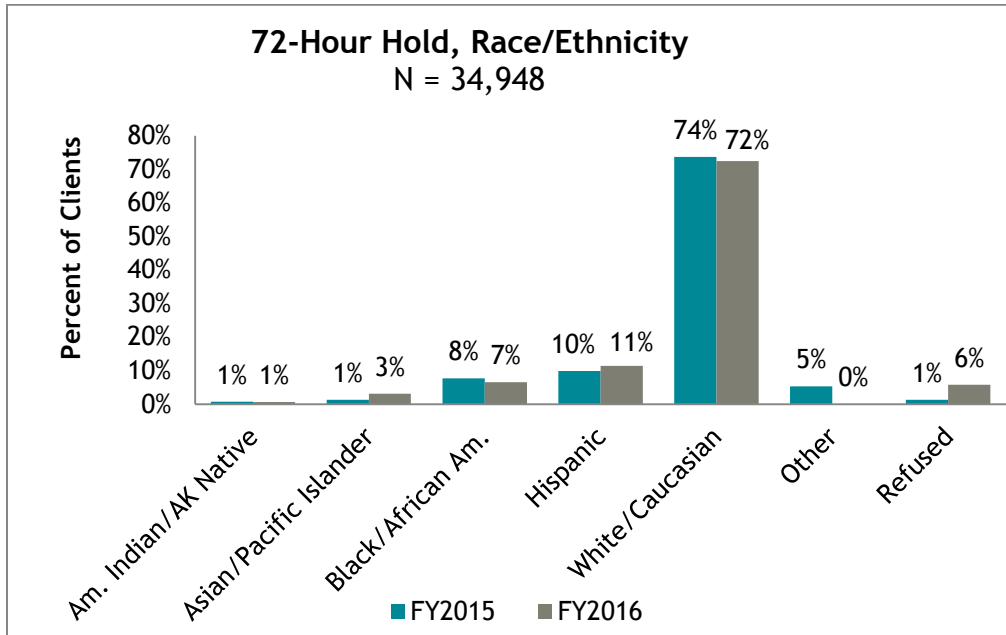
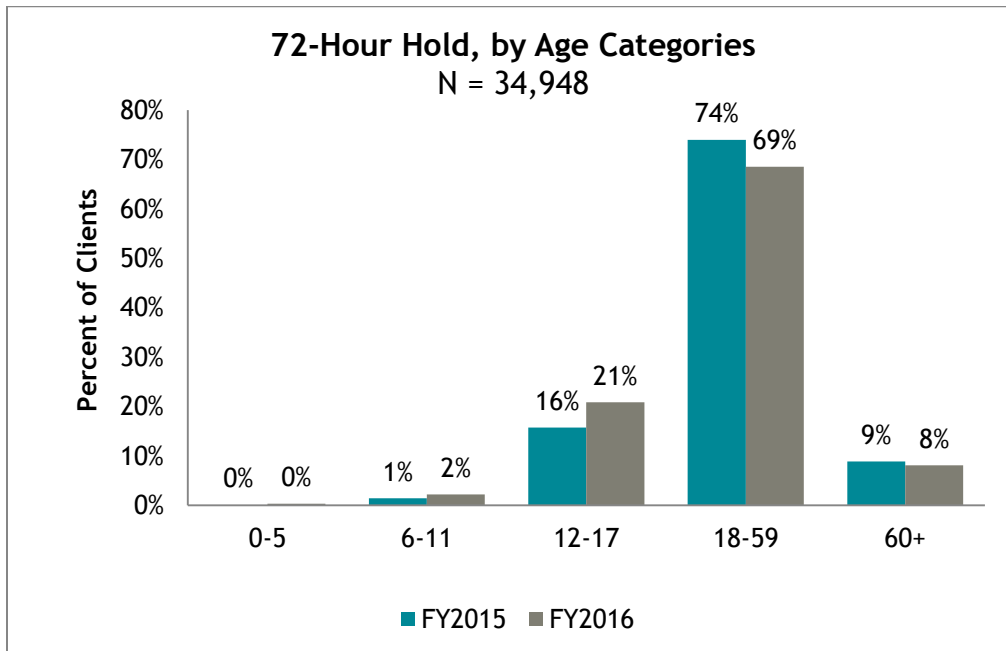
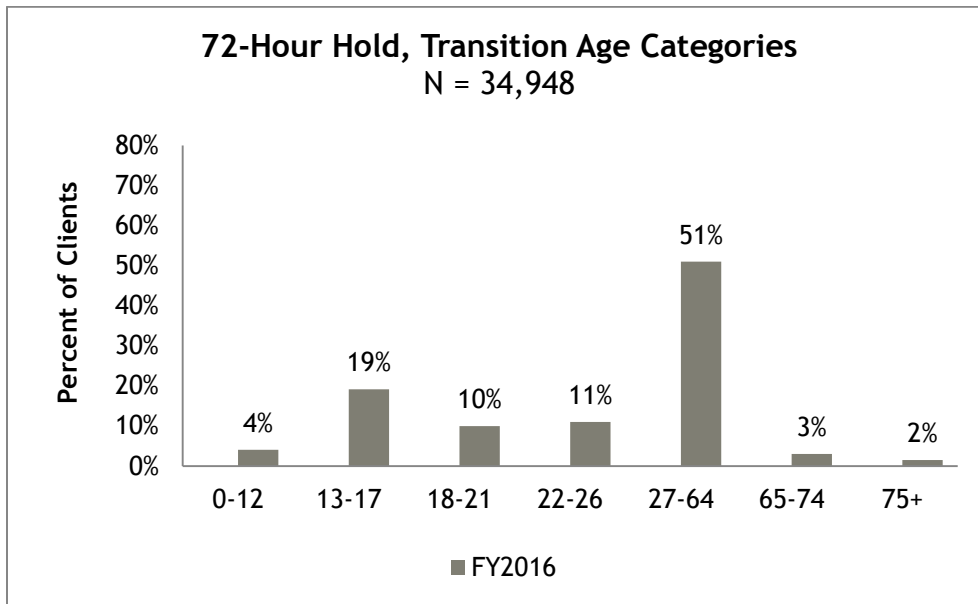


Figure 2. Age of unduplicated clients requiring a 72-hour hold, FY2015/FY2016.



¹ Race and Ethnicity are not mutually exclusive.

Figure 3. Transition Age of unduplicated clients requiring a 72-hour hold, FY2016.



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

There are four types of certification procedures (Table 1).

Table 1: Criteria for 27-65 Certifications

Short-term Certification	Cannot be more than three months
Extended short-term	Can last an additional three months after the initial short-term certification
Long-term	Cannot exceed six months after short-term and extended short-term certification
Extended long-term	Can last an additional six months after long-term certification

There were 4,904 certifications (Table 2).

Table 2: FY 16 Certifications reported by Certification Type

Certification Type	Number Certifications Reported
Short-term	3,412
Extended short-term	324
Long-term	622
Extended long-term	546

Of the 4,904 certifications, 4,011 (82%) represented unique individuals. Forty-two percent were female and 58% were male, and 79% were Caucasian (Figure 4).

Eighty-two percent were between the ages of 18 and 59 (M=41) (Figure 5). Twenty-two percent of individuals were between the ages of 18 and 26 (9.2% 18-21, 13.0% 22-26) (Figure 6).

Figure 4. Ethnic distribution of unduplicated clients requiring a certification, FY2015/FY2016.

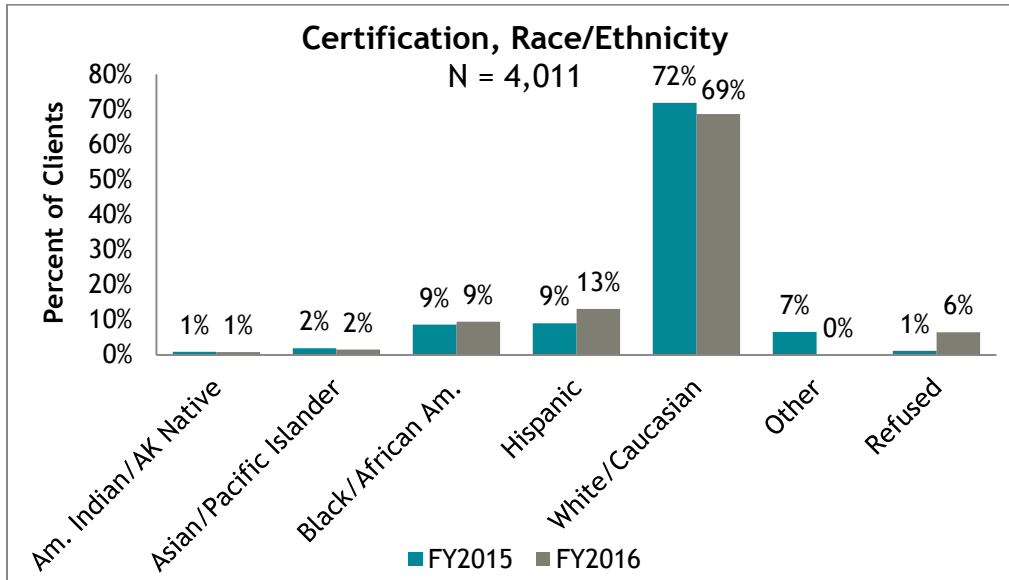


Figure 5. Age of unduplicated clients requiring certification, FY2015/FY2016.

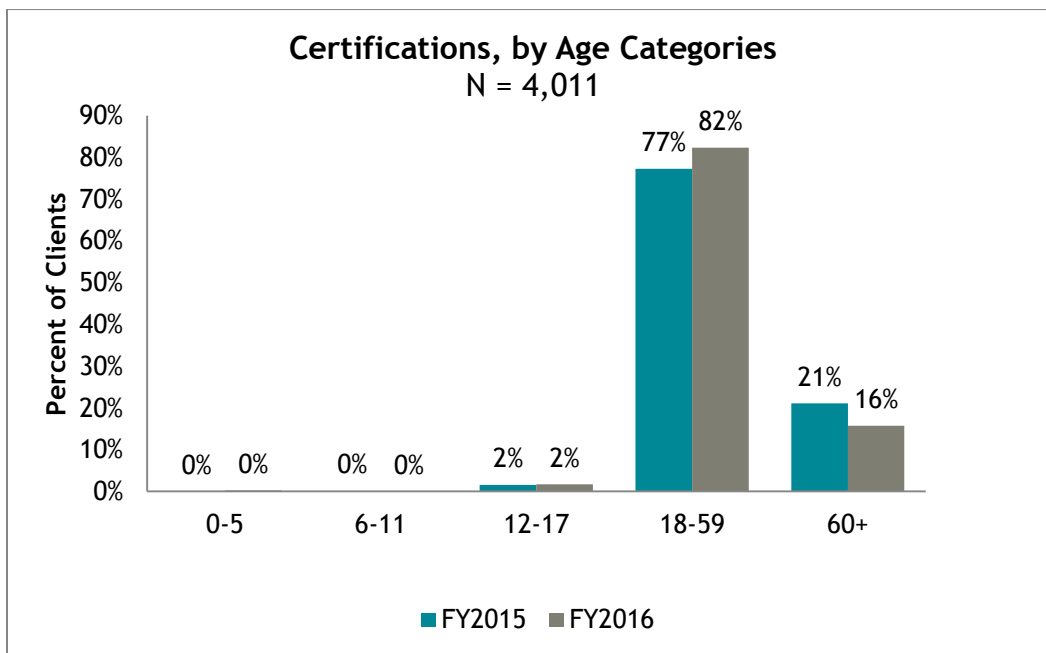
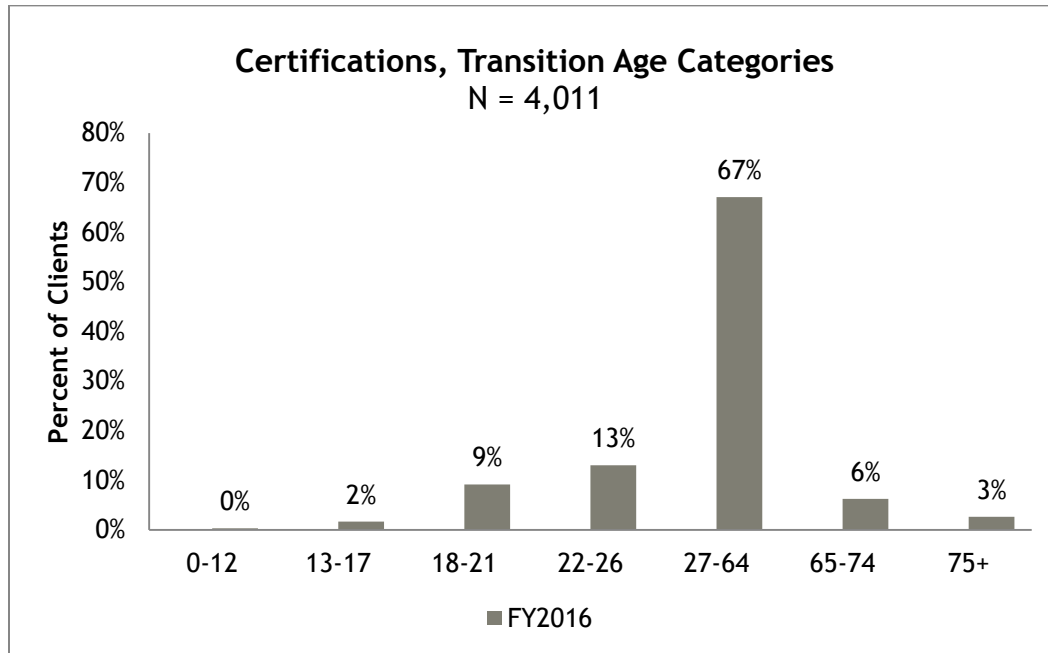


Figure 6. Transition Age of unduplicated clients requiring certification, FY2016.



Voluntary Admissions

During FY2016, there were 7,233 voluntary admissions; this number includes 6,352 (88%) unique clients who received one or more voluntary admissions.

The majority were Caucasian (88%) (Figure 7). Gender was evenly split: 50.5% female and 49.5% male. Sixty-five percent were between the ages of 18 and 59 (M=32) (Figure 8). Seventeen percent of individuals were between the ages of 18 and 26 (Figure 9).

Figure 7. Race/Ethnicity of unduplicated clients seeking voluntary treatment, FY2015/FY2016.

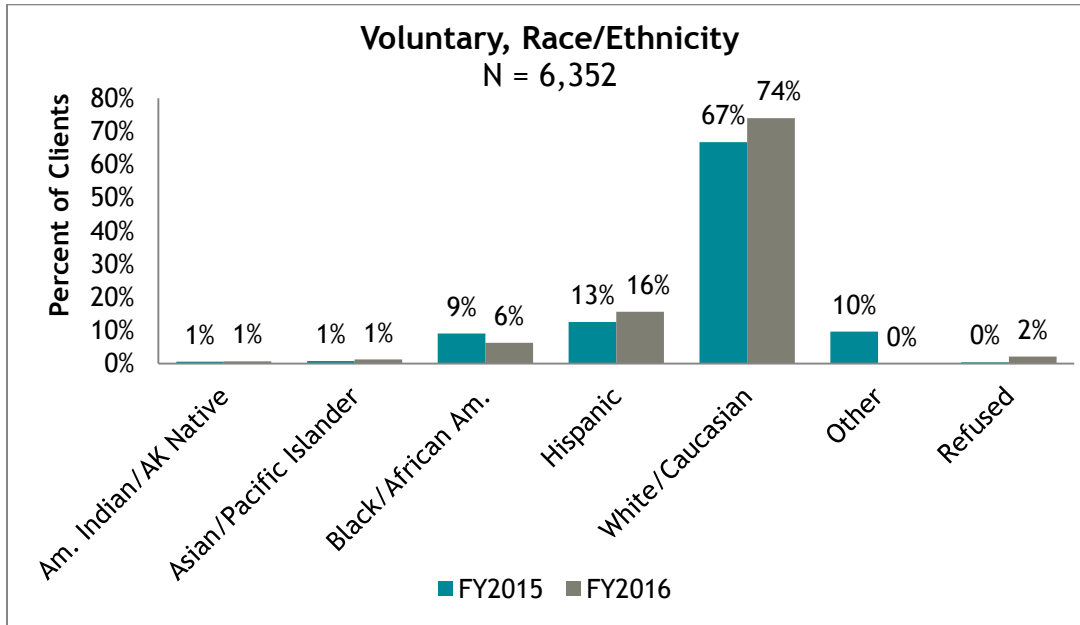


Figure 8. Age of unduplicated clients seeking voluntary treatment, FY2015/FY2016.

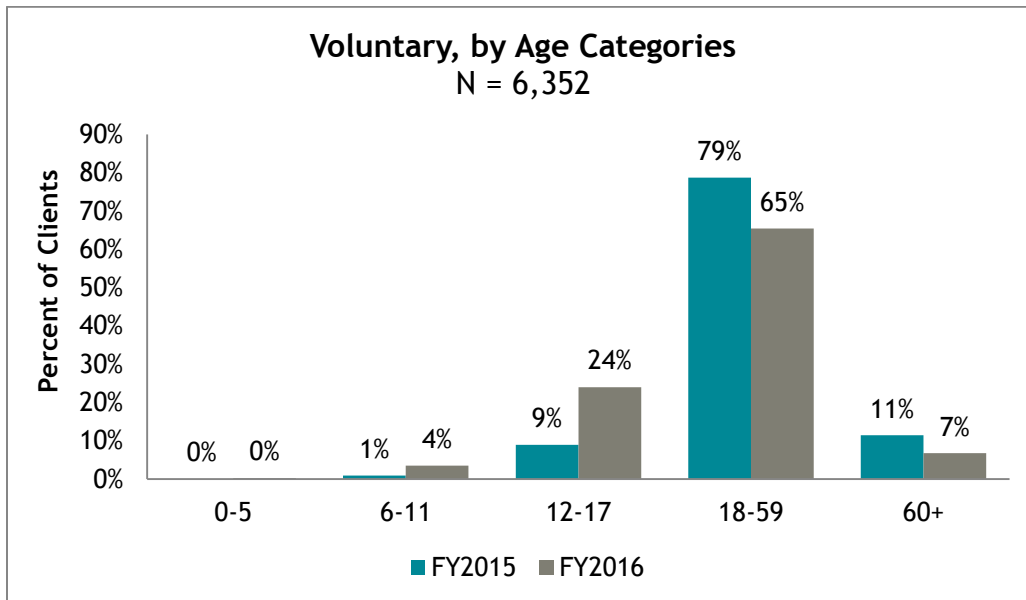
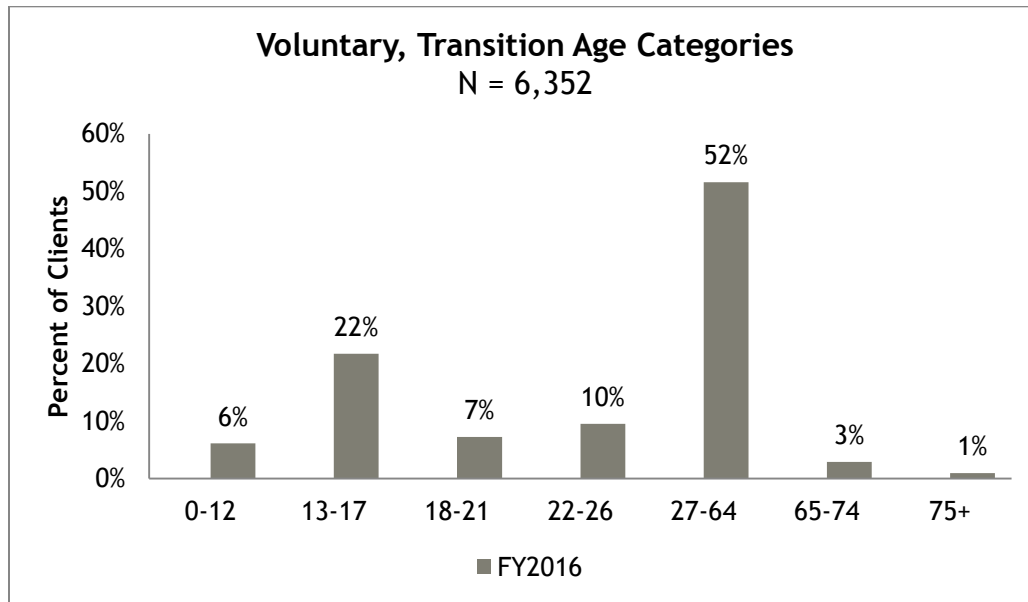


Figure 9. Transition Age of unduplicated clients seeking voluntary treatment, FY2016.



Court-Ordered Evaluations

There were 25 instances of court-ordered evaluations during FY2016. Due to the small number of individuals served, comprehensive demographic analyses were not reported. This population was parallel with other rights-restricted procedures with predominantly Caucasian individuals being served, two-thirds of which were males. Sixty percent of court-ordered evaluations occurred at one of the two Colorado Mental Health Institutes.

Seclusion

The number of seclusions reported for FY2016 was 1,809 with 464 unique clients represented. This total is similar to FY2015 (N=456), but represents a reduction from prior years: FY2014 (N=538) and FY2013 (N=690). This decrease in seclusion was anticipated given the recent focus in reducing use of seclusions.

The majority of unique clients were Caucasian (63%) (Figure 10) and male (63%). Sixty-five percent were between the ages of 18 and 59 (M=32) (Figure 11). Eighteen percent of individuals were between the ages of 18 and 26 (Figure 12).

Figure 10. Race/Ethnicity of unduplicated clients receiving seclusion, FY2015/FY2016.

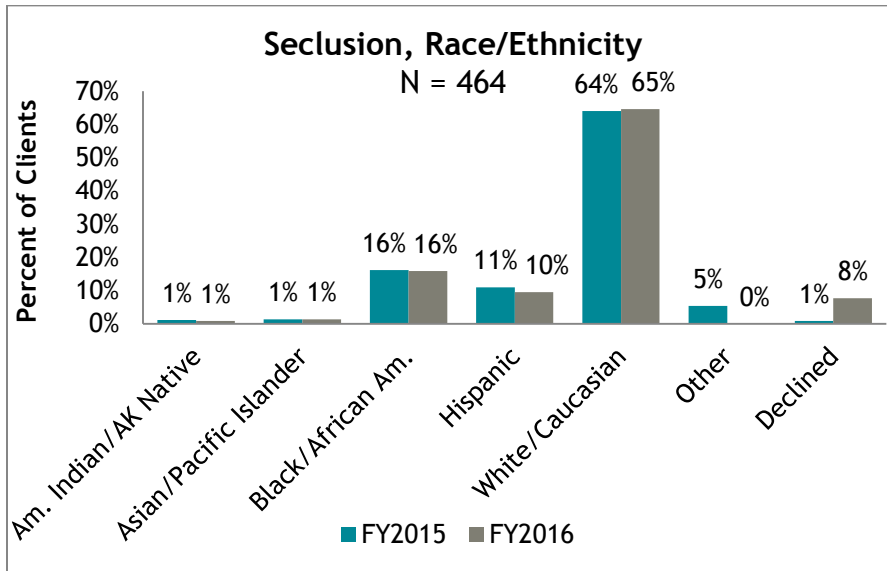


Figure 11. Age Categories of unduplicated clients receiving seclusion, FY2015/FY2016.

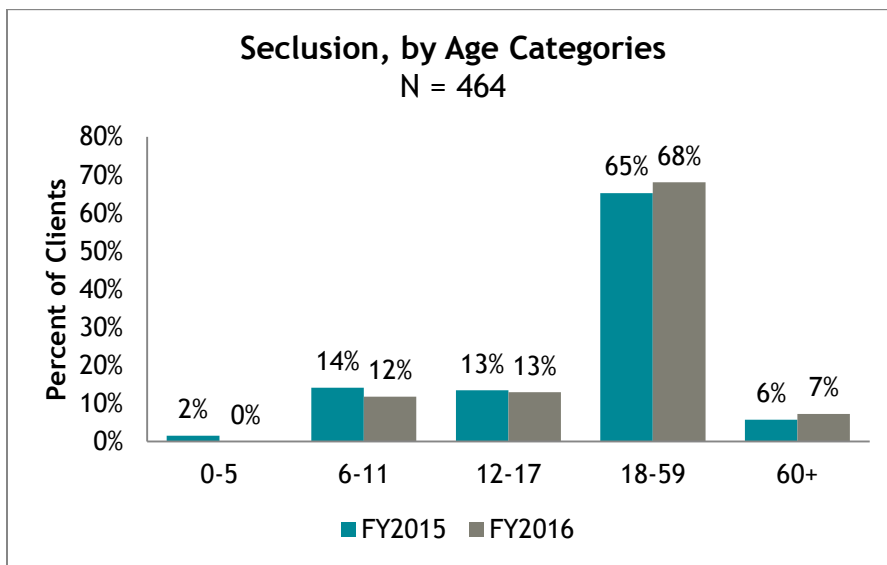
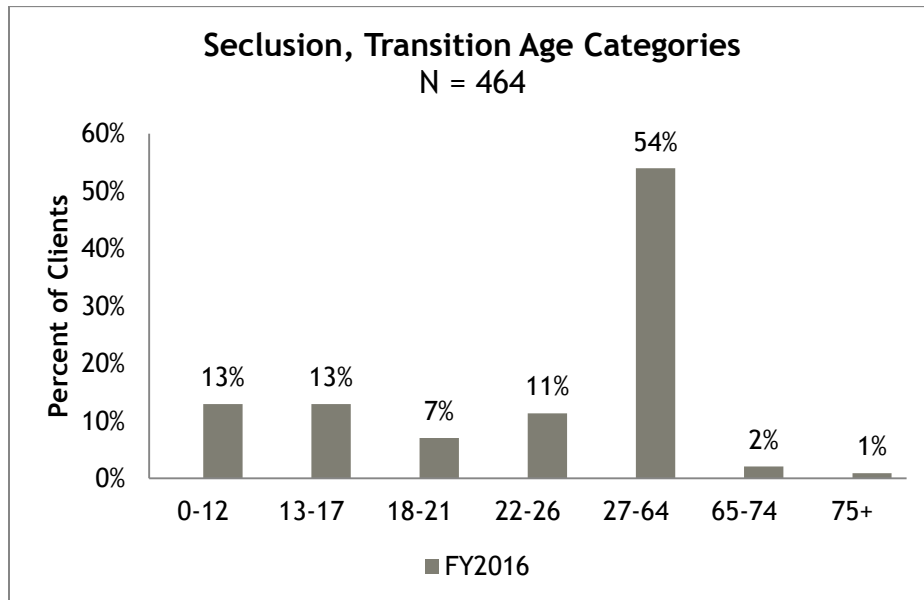


Figure 12. Transition Age Categories of unduplicated clients receiving seclusion, FY2016.



Restraint

The number of restraints reported during FY2016 was 4,590. Of those, 1,510 (33%) were unique clients. There was an eight percent decrease in unique clients receiving restraint from FY2015 to FY2016, and there a 19% increase in the total reported incidents of restraint. Fewer individuals were restrained; however, those who were restrained accounted for more incidents than last fiscal year.

The majority of restraint clients were male (61%) and Caucasian (59%) (Figure 13). Sixty-one percent were between the ages of 18 and 59 ($M=29$) (Figure 14). Twenty percent of individuals were between the ages of 18 and 26 (Figure 15).

Figure 13. Race/Ethnicity of unduplicated clients receiving restraint, FY2015/FY2016.

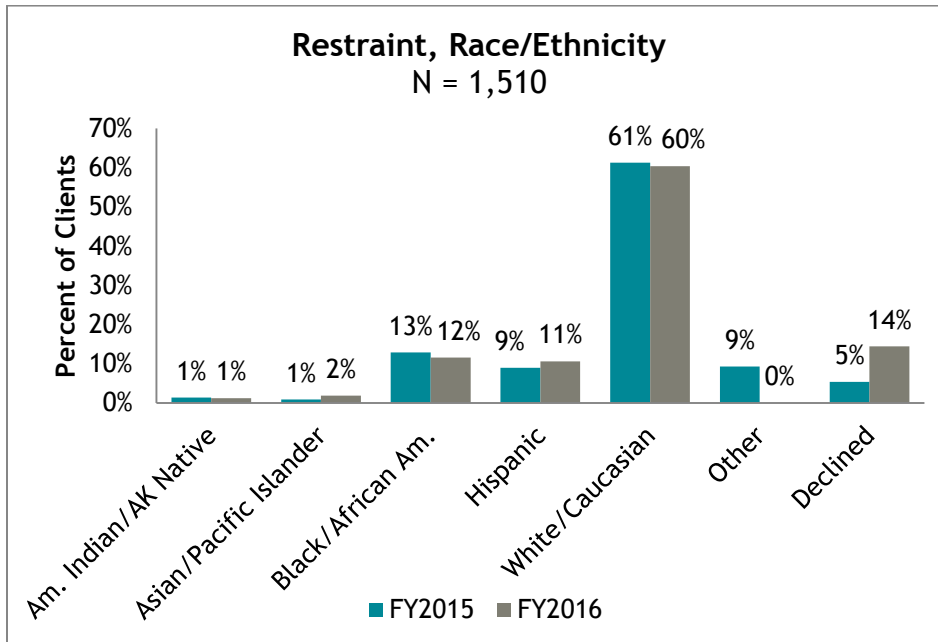


Figure 14. Age of unduplicated clients receiving restraint, FY2015/FY2016.

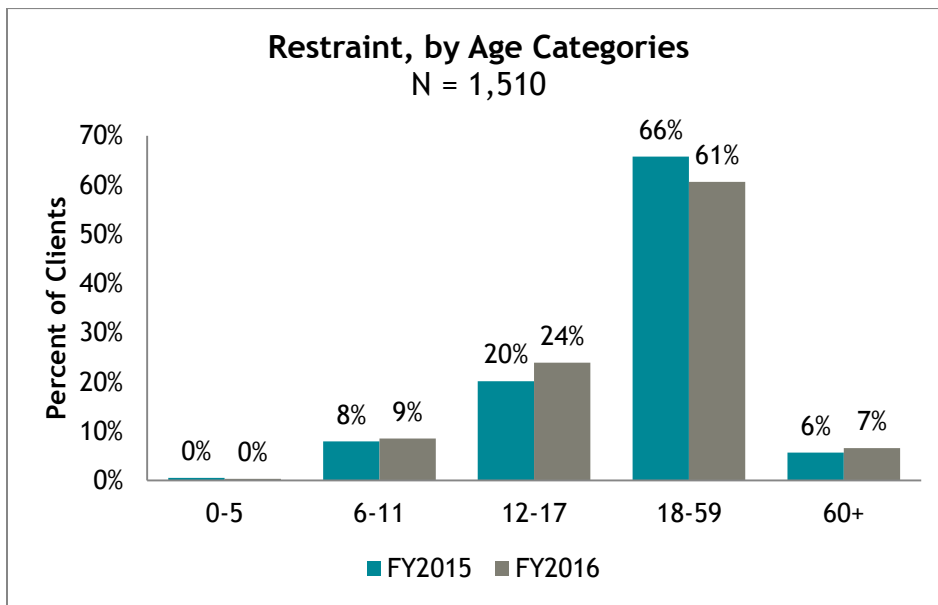
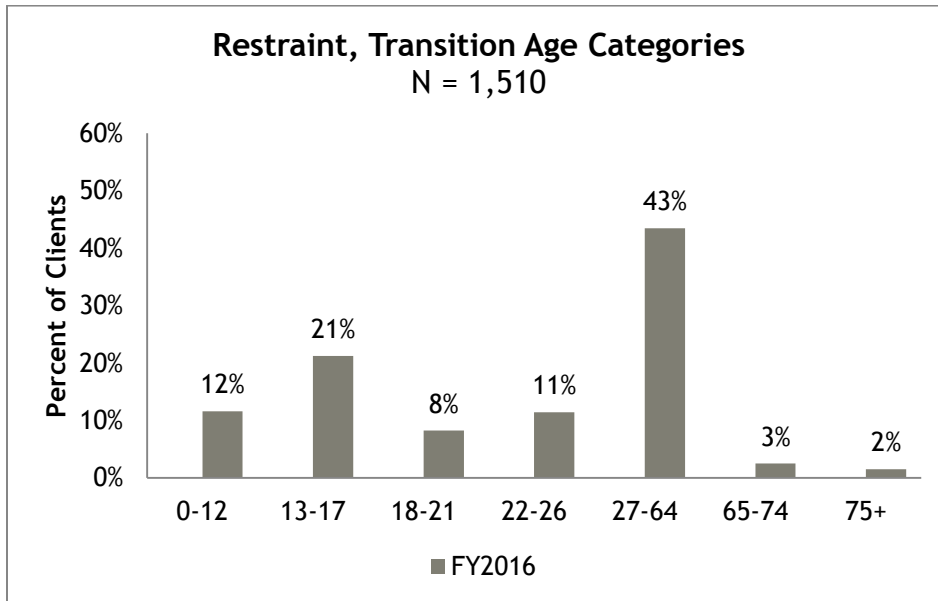


Figure 15. Transition Age Categories of unduplicated clients receiving restraint, FY2016.



Seclusion and Restraint

During FY2016, 1,667 instances of seclusion and restraint were reported for 317 unique individuals. The majority of individuals receiving seclusion and restraint were male (68%) and Caucasian (67%) (Figure 16). Sixty-two percent were between the ages of 18 and 59 (M=30) (Figure 17). Eighteen percent of individuals were between the ages of 18 and 26 (8.9% 18-21, 9.2% 22-26) (Figure 18).

Figure 16. Race/Ethnicity of unduplicated clients receiving seclusion and restraint, FY2015/FY2016.

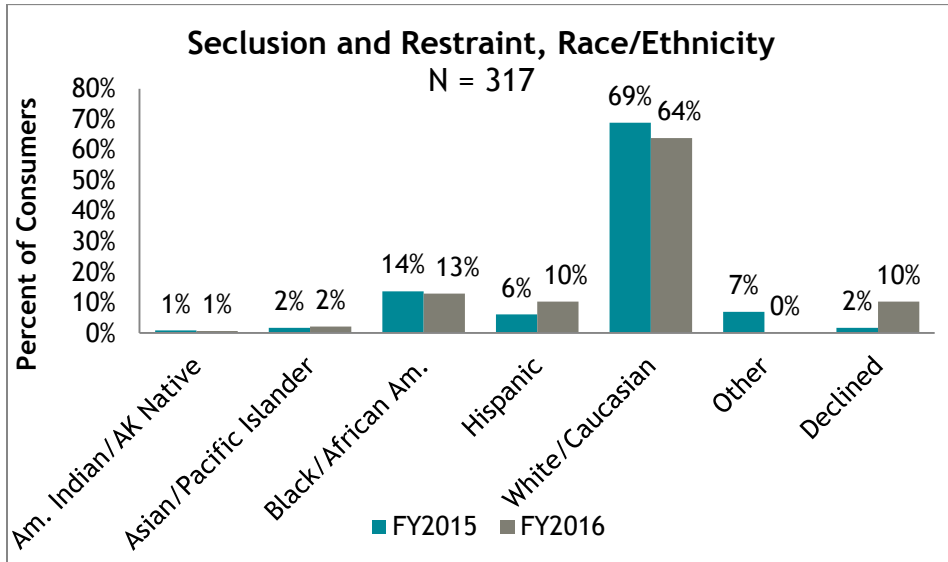


Figure 17. Age of unduplicated clients receiving seclusion and restraint, FY2015/FY2016.

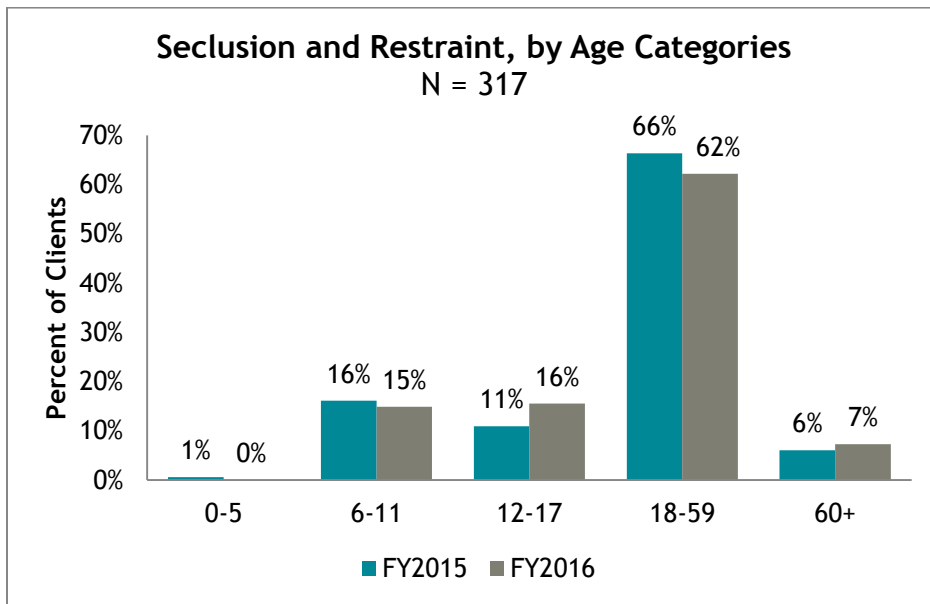
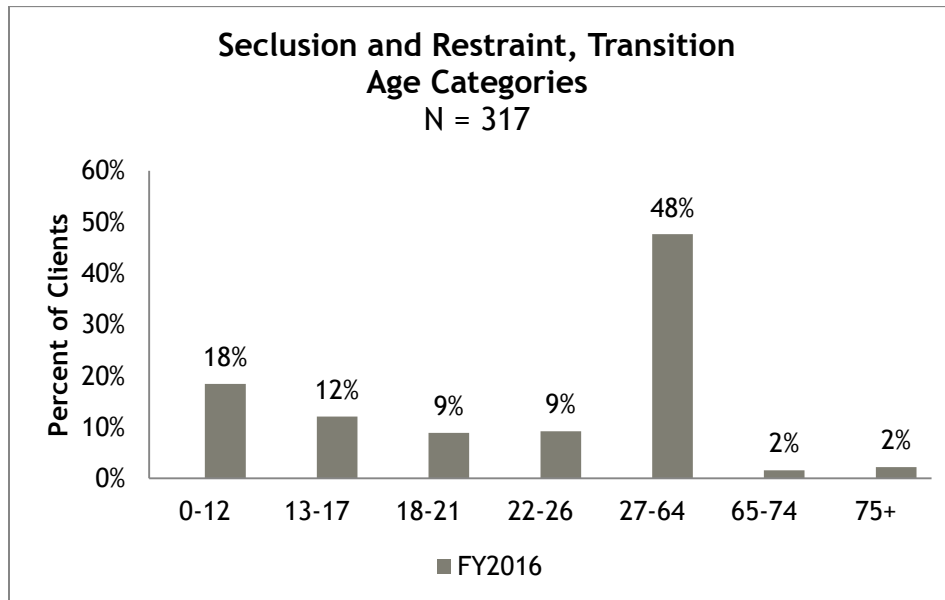


Figure 18. Transition Age Groups of unduplicated clients receiving seclusion and restraint, FY2016.



Extended Seclusion and Restraint

In recent years, greater emphasis has been placed on shortening the amount of time an individual is subjected to seclusion or restraint. Therefore, the Office completed analysis on long-term or extended seclusions and restraints to give providers and stakeholders information on these types of procedures in Colorado.

Before analysis, outliers with a standard deviation of ± 3 were removed. Twenty-seven unique instances of extended seclusion (lasting more than 24 hours) were reported. Extended seclusions increased 52% from FY2015 ($n=13$). In FY2016, 171 unique individuals were reported as having received an extended restraint (lasting more than 4 hours). There was a minimal increase in extended restraints from FY2015 ($n=167$). Demographic trends remained similar to the overall seclusion and restraint population for extended seclusion and extended restraint (Figure 19; Figure 20). More men experienced an extended seclusion and extended restraint (67% in both categories) compared to women.

Figure 19. Race/Ethnicity of unduplicated clients receiving seclusion lasting 24 or more hours, FY2015/FY2016.

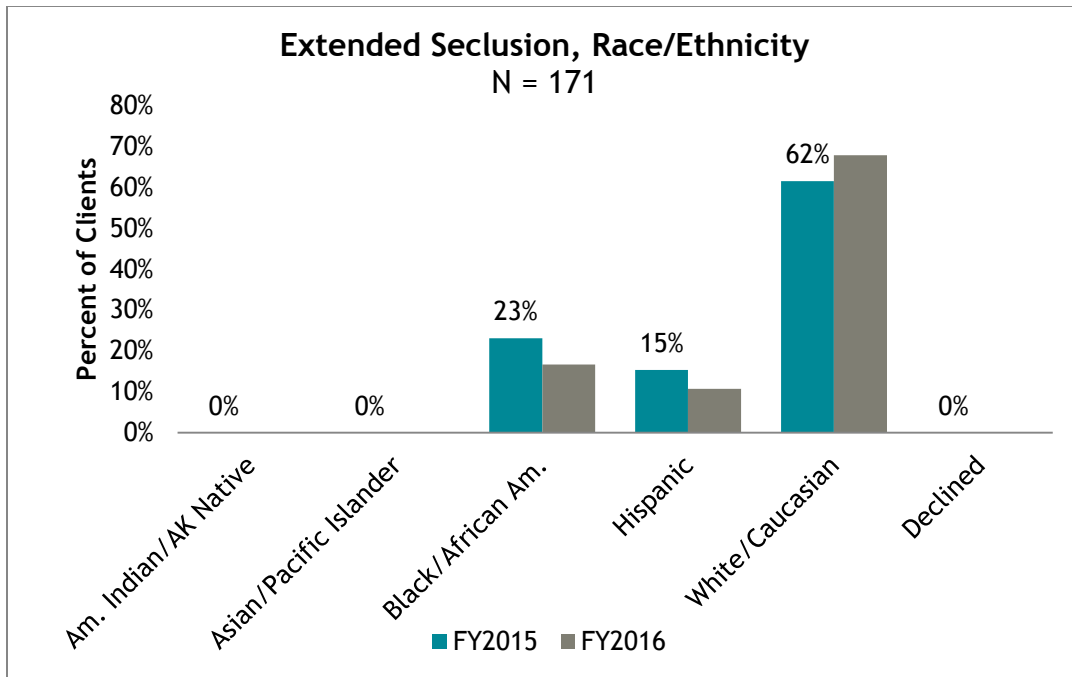
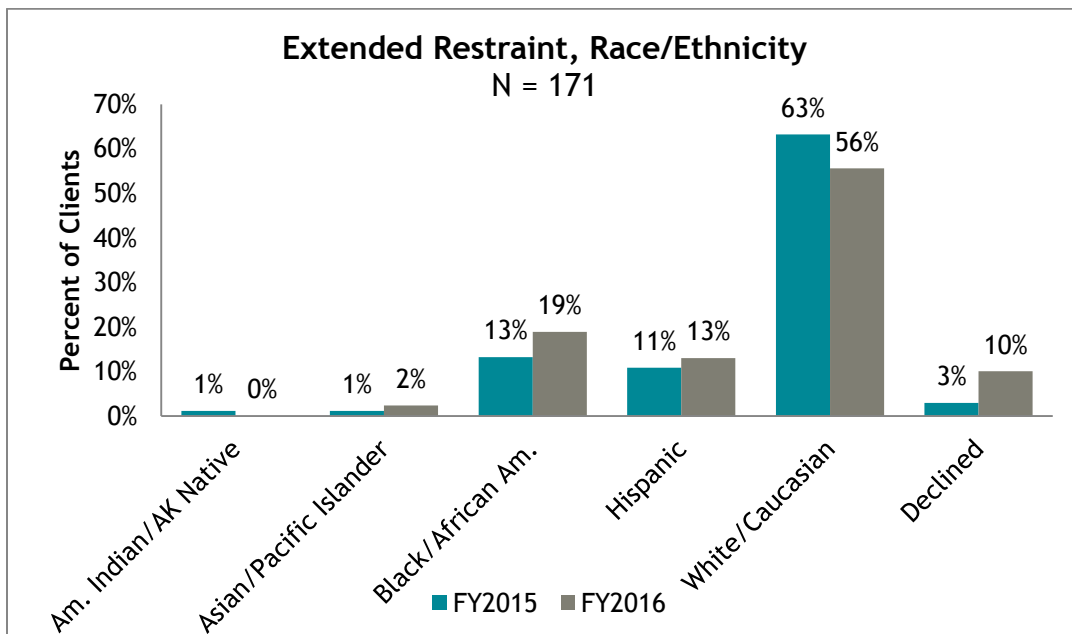


Figure 20. Race/Ethnicity of unduplicated clients receiving restraint lasting four or more hours, FY2015/FY2016.



Identifying outlying occurrences allows the Office to review cases and notes to provide assistance for reducing the length of these procedures and rectifying improper data entry. Furthermore, these data allows 27-65 designated agencies the opportunity to address the use of seclusion and restraint within their quality improvement initiatives.

Involuntary Medications

There were 3,248 involuntary medication orders during FY2016, with 69% of those administered on emergency order versus 31% ordered by the court.

2,122 unique individuals were administered involuntary medications. Sixty-seven percent were Caucasian, and sixty-percent were male (Figure 21). The mean age was 40 (Figure 22, Figure 23).

Figure 21. Race/Ethnicity of unduplicated clients receiving involuntary medication, FY2015/FY2016.

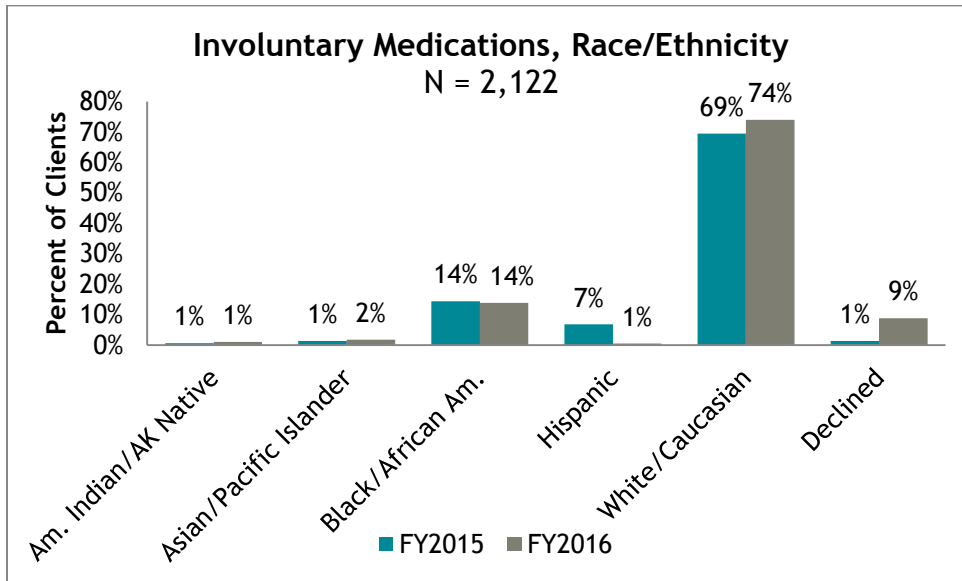


Figure 22. Age of unduplicated clients receiving involuntary medication, FY2015/FY2016.

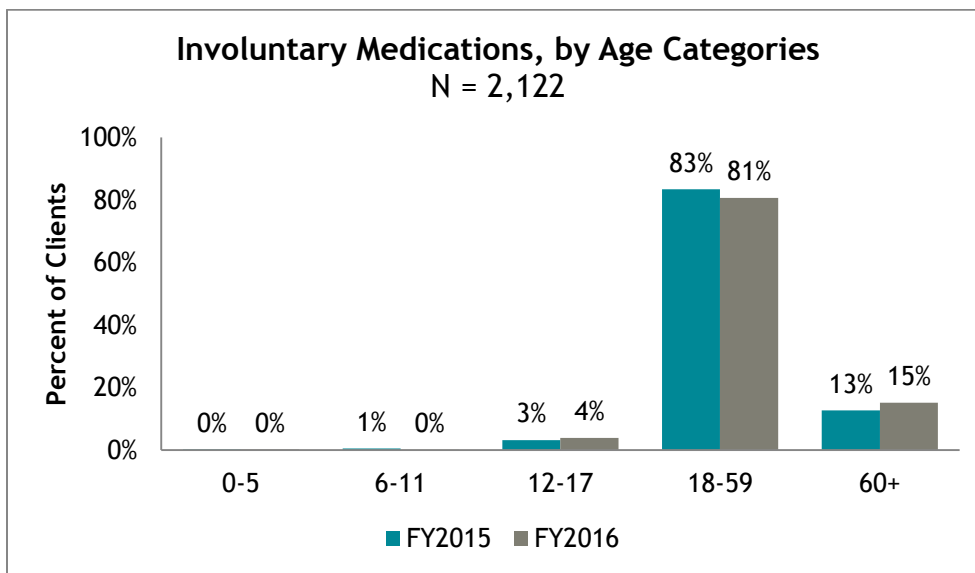
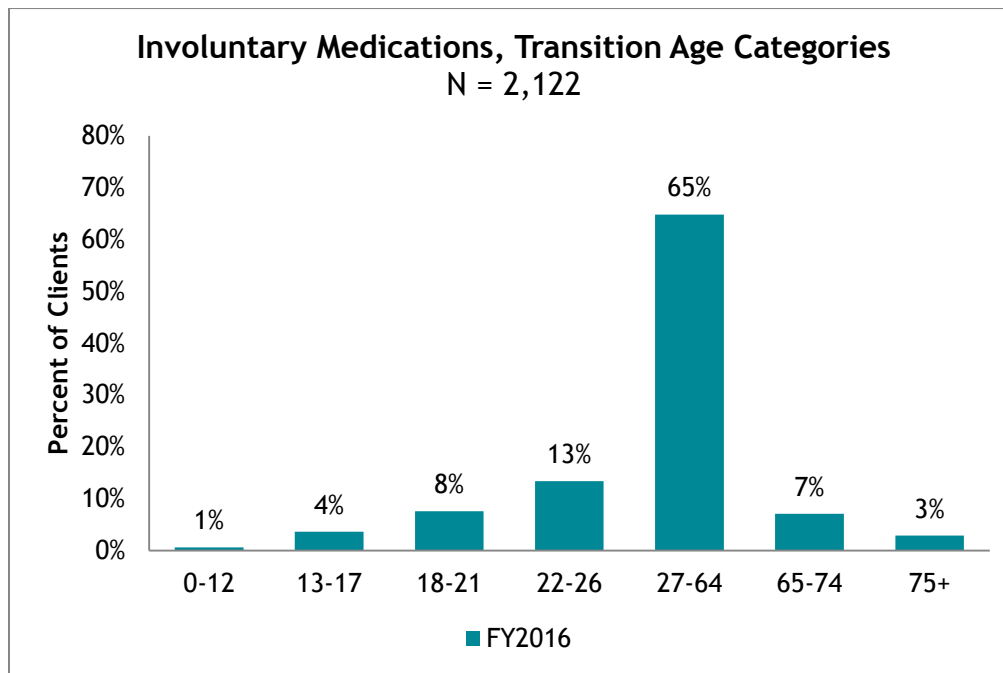


Figure 23. Transition Age Categories of unduplicated clients receiving involuntary medication, FY2016.



Electroconvulsive Therapy (ECT)

ECT was performed 8,624 instances on 694 individuals during FY2016. Of the 694 unique individuals served, the majority were female (64%) and Caucasian (46%). Race information was not reported for 49% of individuals. The mean age of an ECT client was 49. Seventy-one percent were between 27 and 64, and 20% were 65 and older at the time of the ECT procedure. Graphs were not created for this procedure type as ECT data contained episodic information unlike other procedure categories and were missing data.

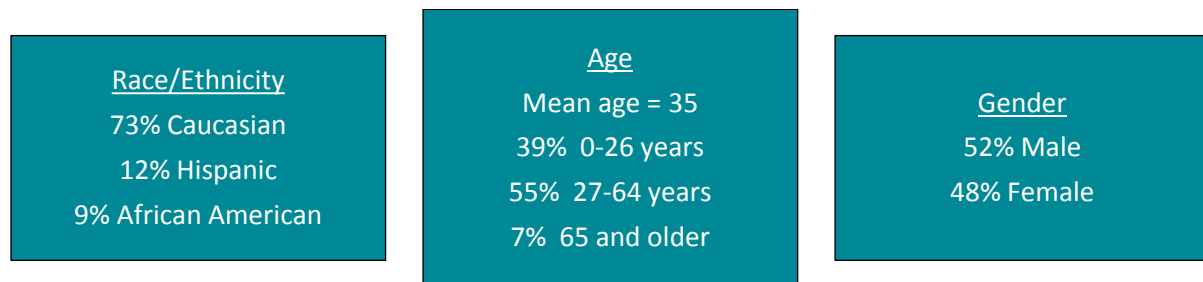
Court-Ordered Imposition of Disability (ILD) and Deprivation of Right (DOR)

Data were provided from five facilities on court orders for imposition of legal disability (ILD) or deprivation of a right (DOR). Eleven instances of these court orders were reported to the Office for FY2016, eight from Community Mental Health Centers and three from a hospital.

SUMMARY

During FY2016, 71,597 27-65 procedures were reported across the State of Colorado. This represents a 22% increase from FY2015 (N=58,626). Furthermore, the number of designated facilities decreased from 71 facilities in FY2015 to 63 in FY2016. Figure 1 below provides demographics of individuals involved in 27-65 procedures in FY2016. These analyses include all individuals, including those receiving more than one involuntary procedure during the fiscal year.

Figure 24. Population Profile of All 27-65 Procedures, FY2016.



The 27-65 procedures in Colorado included 72-hour holds (N=39,271), Certifications of all types (N=4,904), voluntary admissions (N=7,233) and court-ordered evaluations (N=25).

Figure 25. Number of Procedures by 27-65 Procedure Type, FY2016.

Type of 27-65 Procedure	Number of Procedures ²
Hold	39,271
Certification	4,904
Voluntary Admission	7,233
Court-ordered Evaluation	25
Involuntary Medication	3,248
Seclusion and Restraint	8,104
Electroconvulsive Therapy	8,624
Imposition of Legal Disability	12

² Number of Procedure totals do not sum to overall FY2016 procedure total due to cases being removed with missing information necessary to analyze. (e.g. Date of 27-65 Procedure).

The client demographics across the 27-65 procedure types were similar to FY2015. Individuals were mostly Caucasians, there was an even distribution between men and women, and the average age was in the mid-thirties. “Dangerous to Self” and “Gravely Disabled” were the most frequently reported reasons for a 27-65 procedure. Electroconvulsive therapy (ECT) (N=8,624) and seclusion/restraint (N=8,104) were the next most frequently reported procedures. Clients utilizing ECT procedures were more often females (64%), and slightly older (mean age for ECT was 49). For seclusion/restraint, male clients were represented more than females (62% and 38% respectively) and the mean age of 30 years was lower than the mean ages for other 27-65 procedures. The least reported procedures were involuntary medications (N=3,248) and court-ordered imposition of legal disability (ILD)/deprivation of right (DOR). ILD/DOR reporting was so sparse (N=12) that demographic information was not reviewed.

APPENDIX A

FY2016 LIST OF DESIGNATED FACILITIES (N=63)

Facility Name
Arapahoe/Douglas Mental Health Network
Arapahoe/Douglas Mental Health Network/Bridge House
Arapahoe/Douglas Mental Health Network Crisis Stabilization Unit (CSU)
AspenPointe Behavioral Health Services
Aurora Mental Health Center
Axis Health System
Axis Health ATU
Boulder Community Health
Castle Rock Adventist Hospital
Cedar Springs Hospital
Centennial Medical Plaza
Centennial Mental Health Center, Inc.
Centennial Peaks Hospital
The Center for Mental Health
Children's Hospital Colorado
Clear View Behavioral Health
Colorado Mental Health Institute - Ft. Logan
Colorado Mental Health Institute - Pueblo
Colorado West Psychiatric Hospital, Inc.
Colorado Crisis Services - Aurora
Colorado Crisis Services - St. Anthony's - Adams County
Community Reach Center
Denver Health Medical Center
Devereux Cleo Wallace
Eating Recovery Center
Haven Behavioral Hospital
Highlands Behavioral Health System
Jefferson Center for Mental Health
Jefferson Hills - Aurora CSU
Jefferson Hills - Lakewood CSU
Jefferson Hills - New Vistas
Lighthouse ATU
Longmont United Hospital

Facility Name
Lutheran Medical Center - Senior Behavioral Health
The Medical Center of Aurora
Mental Health Partners
Mental Health Center of Denver
Mind Springs, Inc.
North Colorado Medical Center ED
Northeast ED
Northwest ED
North Range Behavioral Health
North Range Behavioral Health - ATU
North Suburban Medical Center
North Suburban Medical Center ED
Parker Adventist Hospital
Parkview Medical Center
Peak View Behavioral Health
Penrose-St. Francis Health Services
Porter Adventist Hospital
Poudre Valley Hospital Mountain Crest
Presbyterian/St. Luke's Medical Center
Rocky Mountain Hospital for Children
Rose Medical Center
Saddle Rock Emergency Department
San Luis Valley Behavioral Health Group
Sky Ridge Medical Center
Sky Ridge Medical Center ED
Solvista Health
Southeast Mental Health Services
Spanish Peaks Behavioral Health
Spanish Peaks Behavioral Health ATU
St. Anthony's Hospital
St. Francis Medical Center
St. Joseph's Hospital
St. Mary-Corwin Medical Center
St. Thomas More Hospital
SummitStone Health Partners
Swedish Medical Center
Swedish Medical Center ED
Transitions at West Springs CSU
University of Colorado Hospital ED
Veterans Affairs Medical Center - Denver
Veterans Affairs Medical Center - Grand Junction

Facility Name

West Pines Behavioral Health

West Springs Hospital