



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 2017
July 1, 2016–June 30, 2017
Submitted July 25, 2017

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Executive Summary

- Draft executive summary last with a statement from each section.

Introduction

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) 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.

OBH 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 2017 (July 1, 2016 – June 30, 2017) in 51 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 OBH's regulatory staff work to ensure client safety and monitor standards of care across all designated agencies.
4. OBH is designated to ensure that rights-restriction procedures in Colorado are carried out in a manner that upholds the civil rights of clients.

Facilities submit a formal application to CDHS via the Office of Behavioral Health. 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 armllets, 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 51 27-65 designated facilities to collect the data over the course of FY2017 (See Appendix II). Collecting 27-65 related data is based on 2 CCR 502-1 Rule Section 21.280.23. Senate Bill 17-207 recently added 27-65-105 (7) which will require non-designated facilities to report Mental Health Hold Data to OBH starting July 1, 2019 (See Appendix III). This data will be available in the January 2020, 27-65 report.

FY2017 completed data were submitted to OBH on an annual basis by the facilities via file encryption or secure email. Defined designated facilities 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). FY2017 data reporting showed improvement from FY2016 reporting. A small number of agencies reported that this change caused some inaccurate data entry; however, OBH expects that race and ethnicity data will continue to improve with additional training.

Results: Frequencies and Demographics

Hold

There were 52,661 involuntary 72-hour holds during FY2017; this number includes 37,771 (72%) unique clients.

The majority of individuals subject to an involuntary hold were Caucasian (70%). Fifteen percent were Hispanic. Nine percent of clients refused to respond when asked for their race or ethnicity (Figure 3). Sixty-seven percent were between the ages of 18 and 59 (M=32) (Figure 4). In recent years, OBH 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 FY2017, 21% were between the ages of 13 and 17, 11% were between the ages of 18 and 21, and 11% were between the ages of 22 and 26 (Figure 5). Among all 72-hour holds, “Dangerous to Self” (66%) was the primary reason for the hold, followed by “Gravely Disabled” (16%) and “Dangerous to Self and Others” (7%). The majority of holds were initiated by facility-based personnel (86%) (Figure 1) and the outcome of most holds was “Voluntary” (Figure 2).

Figure 1. Type of Individual who Initiated 72-hour hold, FY2017

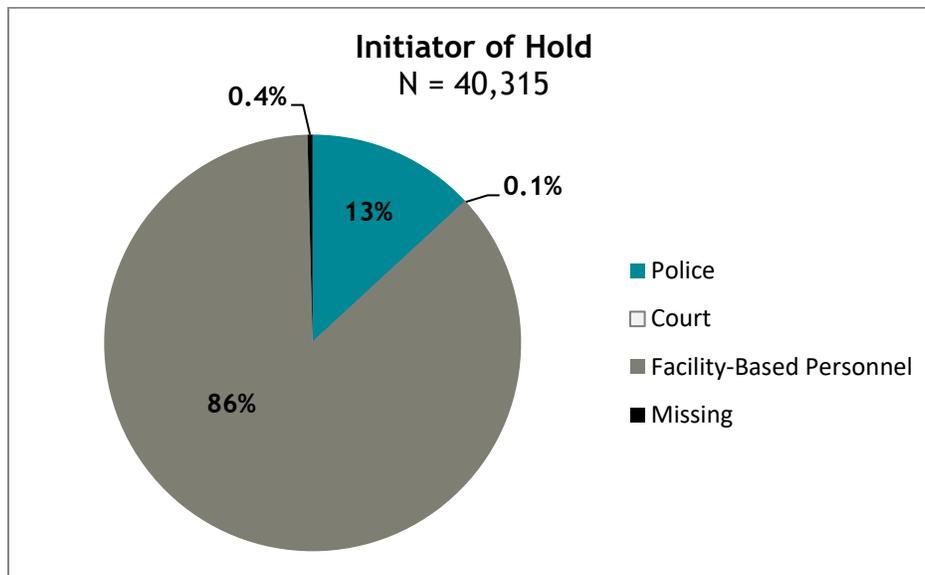


Figure 2. Outcome of 72-hour hold, FY2017

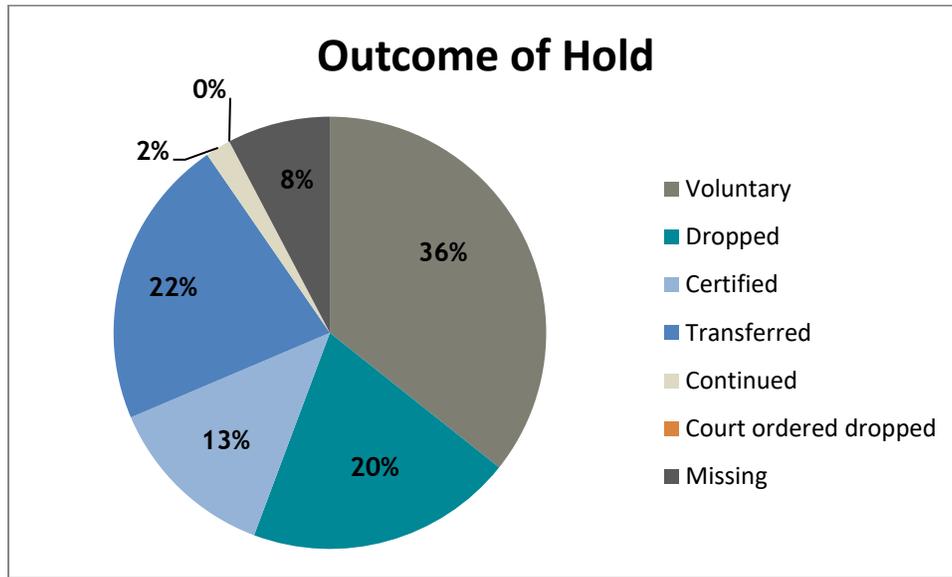
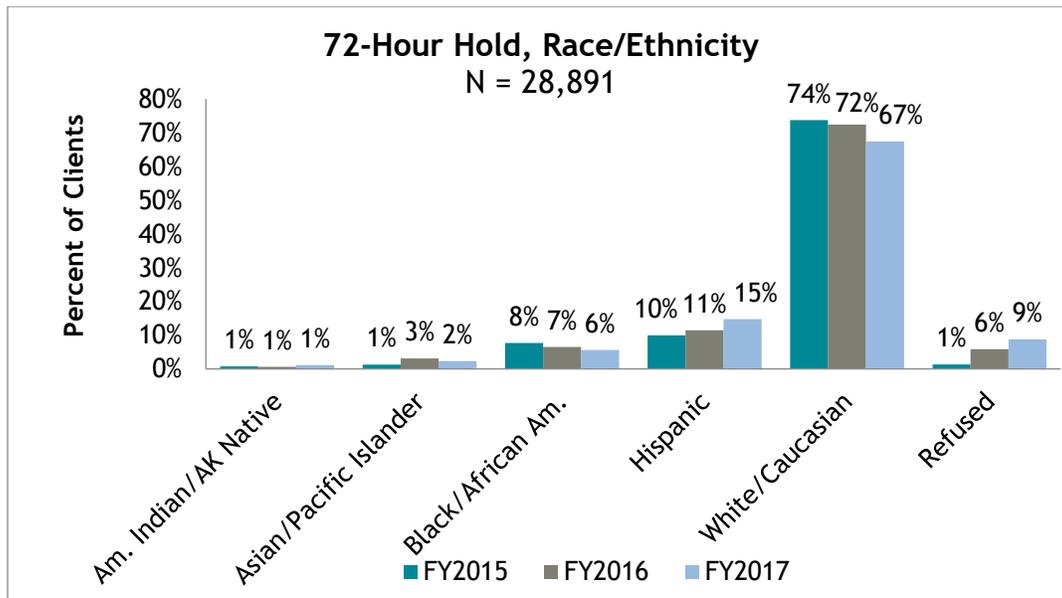


Figure 3. Race/Ethnicity¹ of unduplicated clients requiring a 72-hour hold, FY2015/FY2016/FY2017



¹ Race and Ethnicity are not mutually exclusive.

Figure 4. Age of unduplicated clients requiring a 72-hour hold, FY2015/FY2016/FY2017

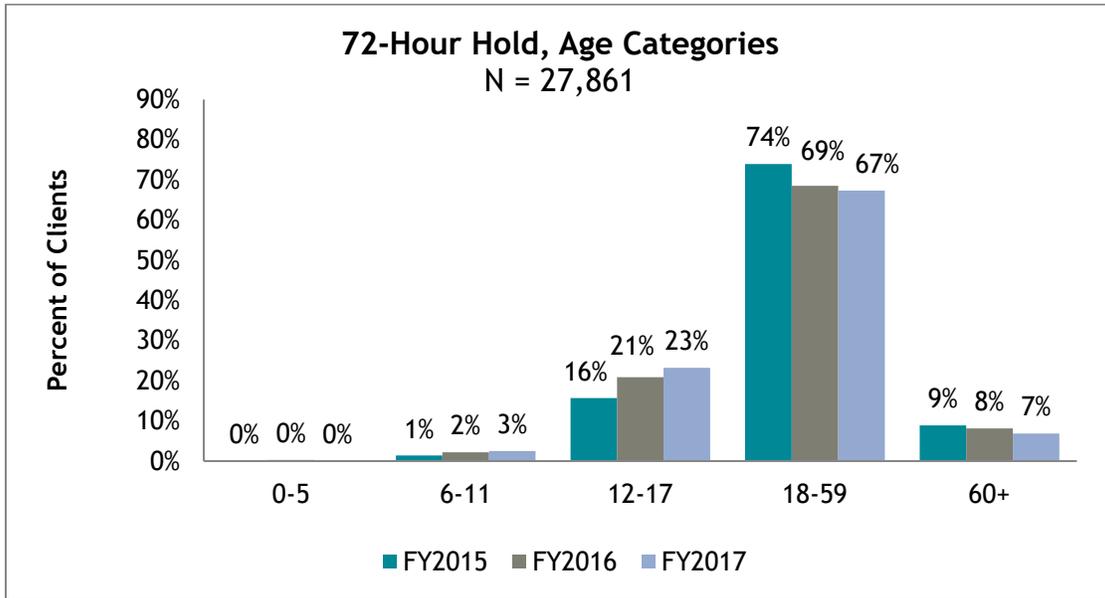
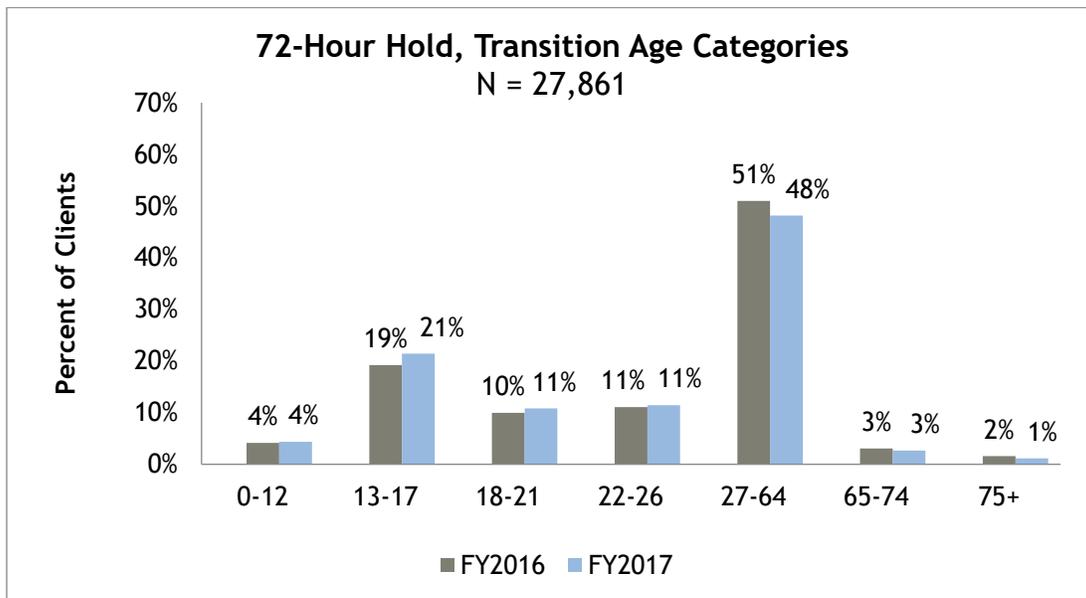


Figure 5. Transition Age of unduplicated clients requiring a 72-hour hold, FY2016/FY2017.



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Table 1. Number of 72-hour Holds reported by County of Residence of Individual, FY2017.

County of Residence	Number of Holds Reported
Adams	2,516
Alamosa	73
Arapahoe	3,786
Baca	20
Bent	38
Boulder	2,742
Broomfield	217
Chaffee	24
Clear Creek	39
Conejos	17
Costilla	17
Delta	147
Denver	5,485
Douglas	1,493
Eagle	201
Elbert	59
El Paso	7,788
Fremont	127
Garfield	412
Gilpin	22
Grand	73
Gunnison	62
Jefferson	3,560
Kit Carson	17
Lake	23
La Plata	177
Larimer	2,833
Las Animas	26
Logan	83
Mesa	1,890
Moffat	114
Montezuma	21
Montrose	290
Morgan	50
Otero	92
Ouray	15

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Park	60
Pitkin	63
Pueblo	721
Prowers	32
Rio Blanco	42
Rio Grande	43
Routt	100
Saguache	15
San Miguel	18
Summit	166
Teller	72
Weld	2,592
Other Colorado counties	106
Outside Colorado	325
[Missing county information]	1,535
Total	40,439

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

There are four types of certification procedures (Table 2).

Table 2. Criteria for 27-65 Certifications

Certification Type	Time Limits (must not be exceeded)
Short-term	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 5,837 certifications (Table 3).

Table 3: Number of Certifications reported by Certification Type, FY2017.

Certification Type	Number of Certifications Reported
Short-term	4831
Extended short-term	333
Long-term	295
Extended long-term	378

Of the 5,837 certifications, 4,853 (83%) represented unique individuals. Forty-six percent were female, 54% were male, and 71% were Caucasian (Figure 8). Seventy-five percent were between the ages of 18 and 59 (M=40) (Figure 9). Twenty-one percent of individuals were between the ages of 18 and 26 (8.0% 18-21, 13.3% 22-26) (Figure 10). The majority of certifications were initiated by facility-based personnel (86%) (Figure 6) and the outcome of most certifications was “Dropped” (61%) (Figure 7).

Figure 6. Type of Individual who Initiated Certification, FY2017.

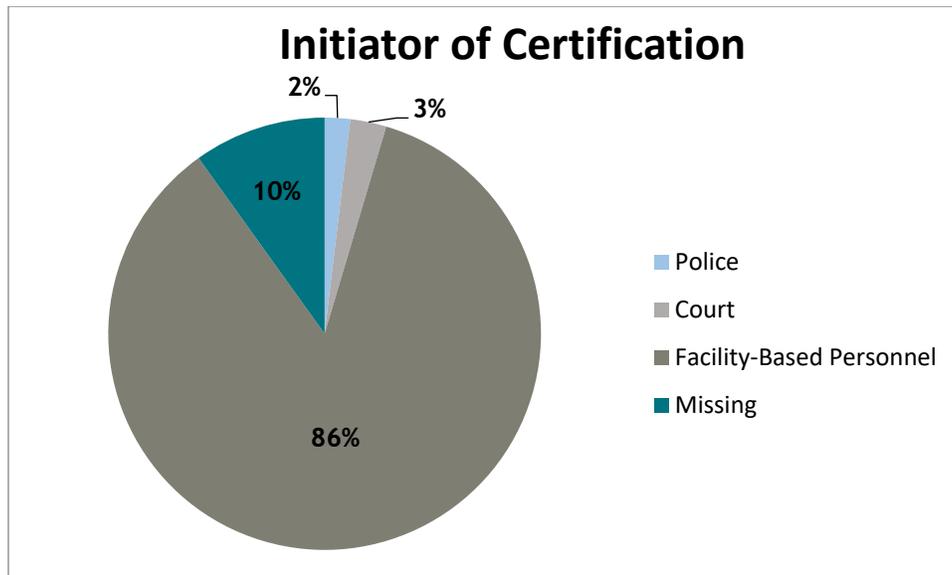


Figure 7. Outcome of Certification, FY2017.

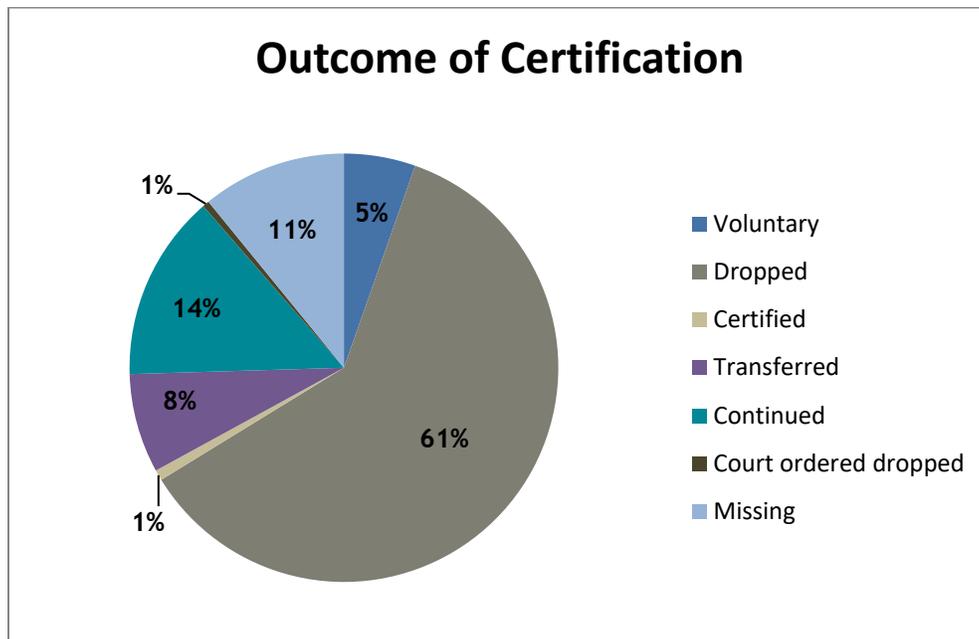


Figure 8. Race/Ethnicity² of unduplicated clients requiring a certification, FY2015/FY2016/FY2017.

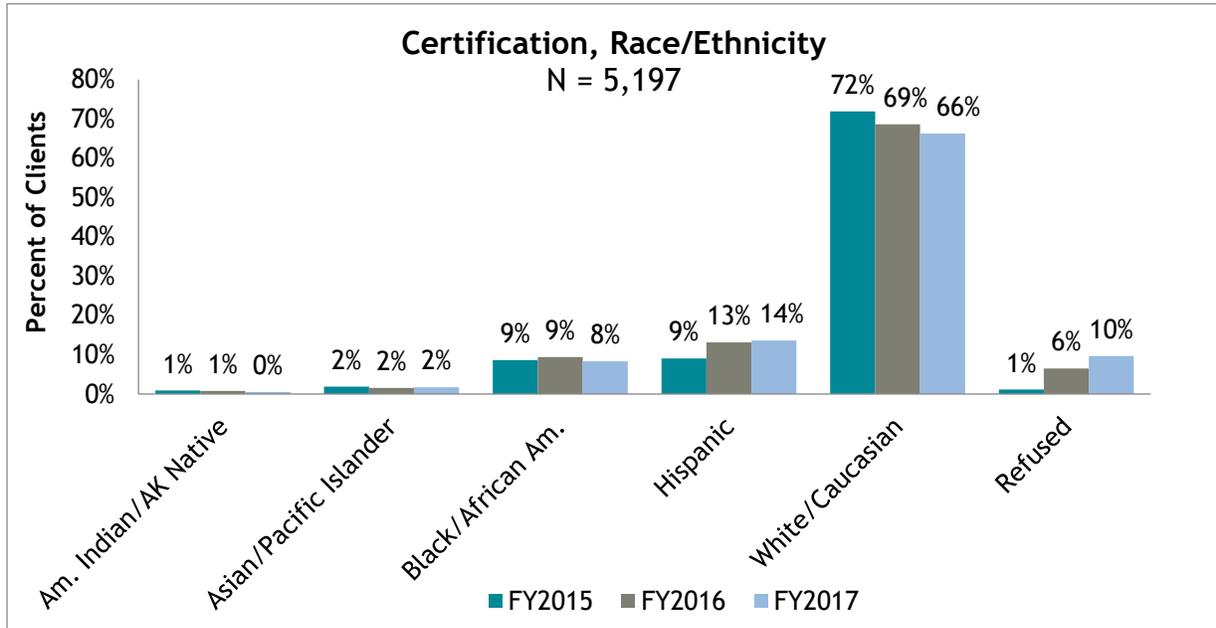
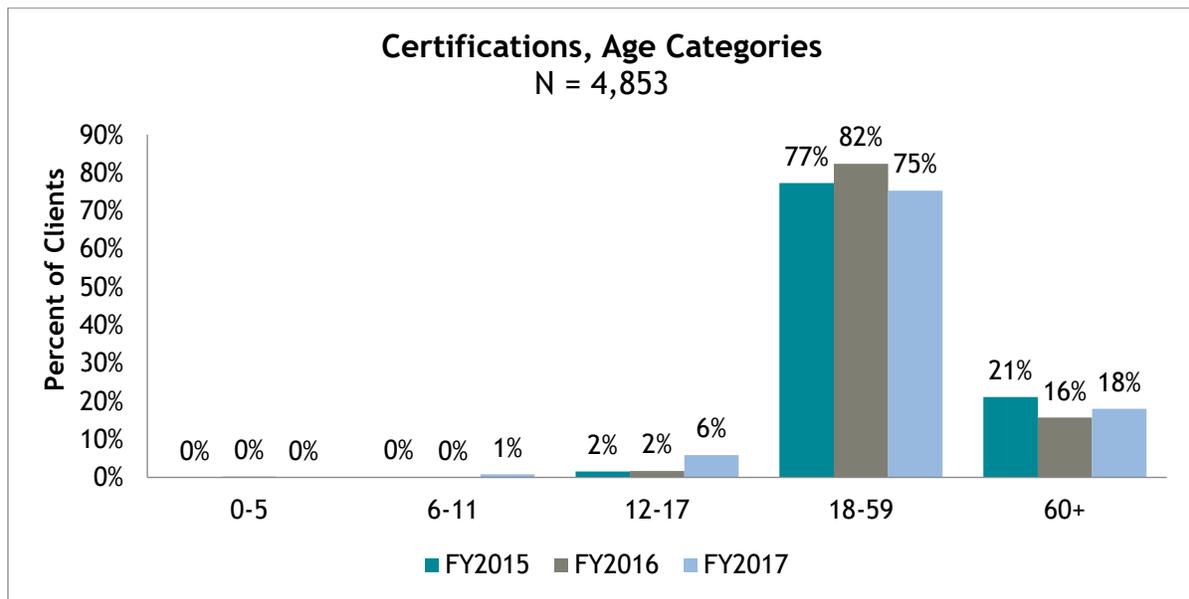


Figure 9. Age of unduplicated clients requiring certification, FY2015/FY2016/FY2017.



² Race and Ethnicity are not mutually exclusive.

Figure 10. Transition Age of unduplicated clients requiring certification, FY2016/FY2017.

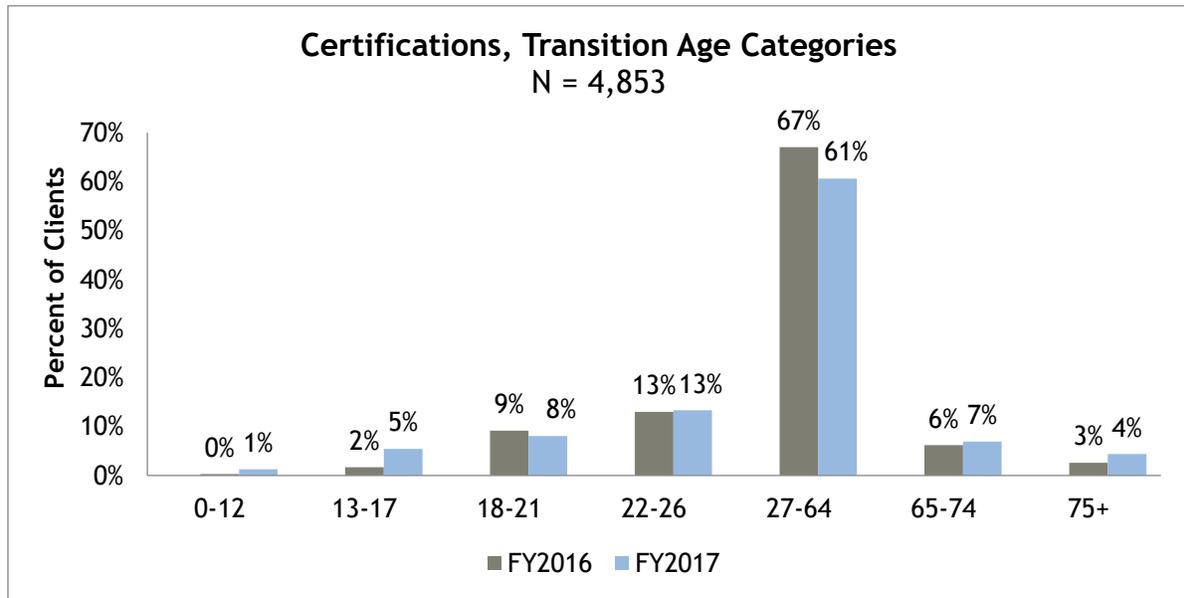


Table 4: FY17 Number of Certifications reported by County of residence of individual, FY2017.

County of Residence	Number of Certifications Reported
Adams	307
Arapahoe	521
Boulder	437
Broomfield	36
Delta	12
Denver	1,259
Douglas	109
El Paso	1,264
Fremont	41
Garfield	21
Jefferson	605
La Plata	16
Las Animas	13
Larimer	323
Mesa	338

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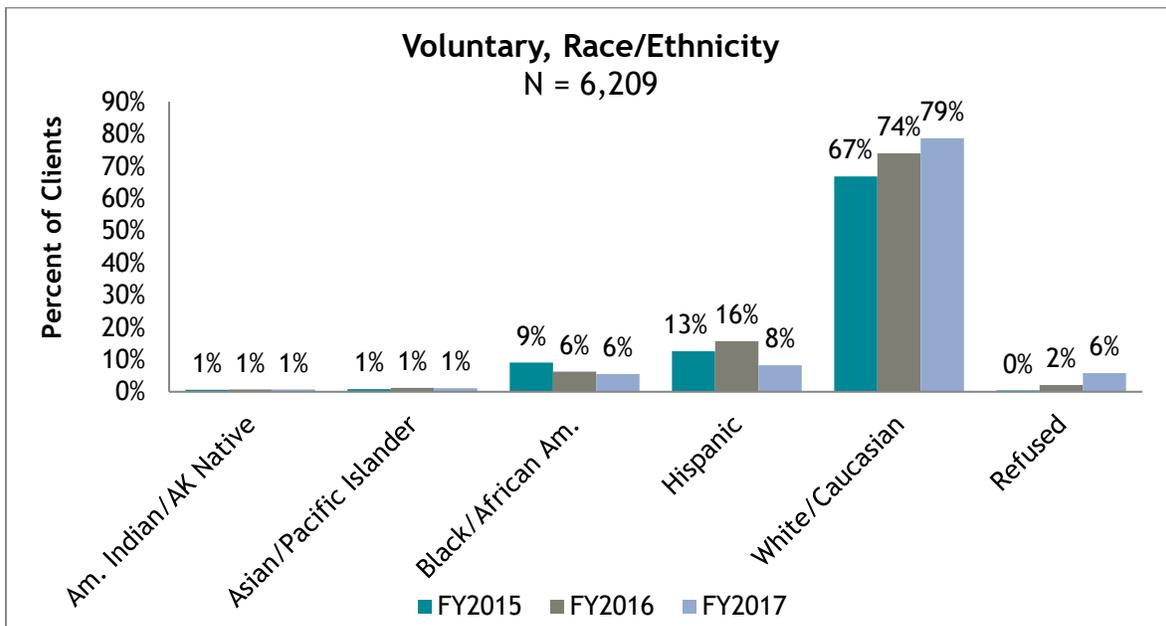
Montrose	25
Otero	17
Pueblo	273
Teller	26
Weld	157
Other Colorado counties	152
Outside Colorado	40
[Missing county information]	14
Total	6,006

Voluntary Admissions

During FY2017, there were 6,434 voluntary admissions; this number includes 5,722 (89%) unique clients who received one or more voluntary admissions.

The majority were Caucasian (82%) (Figure 11). Gender was fairly evenly split: 53% female and 47% male. Sixty-six percent were between the ages of 18 and 59 (M=33) (Figure 12). Nineteen percent of individuals were between the ages of 18 and 26 (Figure 13).

Figure 11. Race/Ethnicity³ of unduplicated clients seeking voluntary treatment, FY2015/FY2016/FY2017.



³ Race and Ethnicity are not mutually exclusive.

Figure 12. Age of unduplicated clients seeking voluntary treatment, FY2015/FY2016/FY2017.

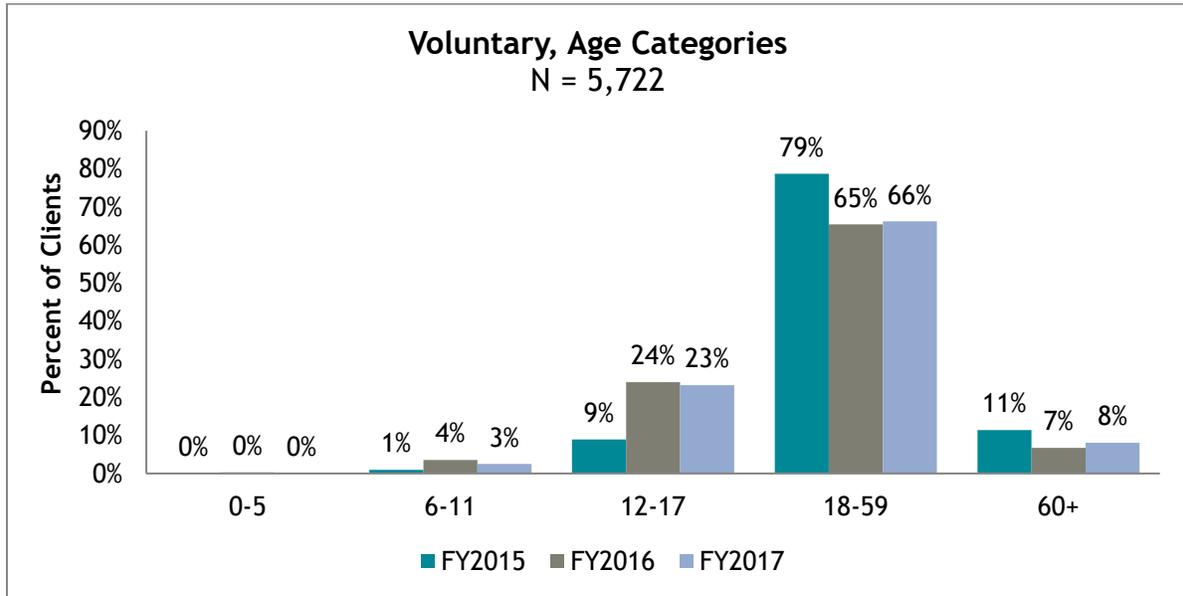
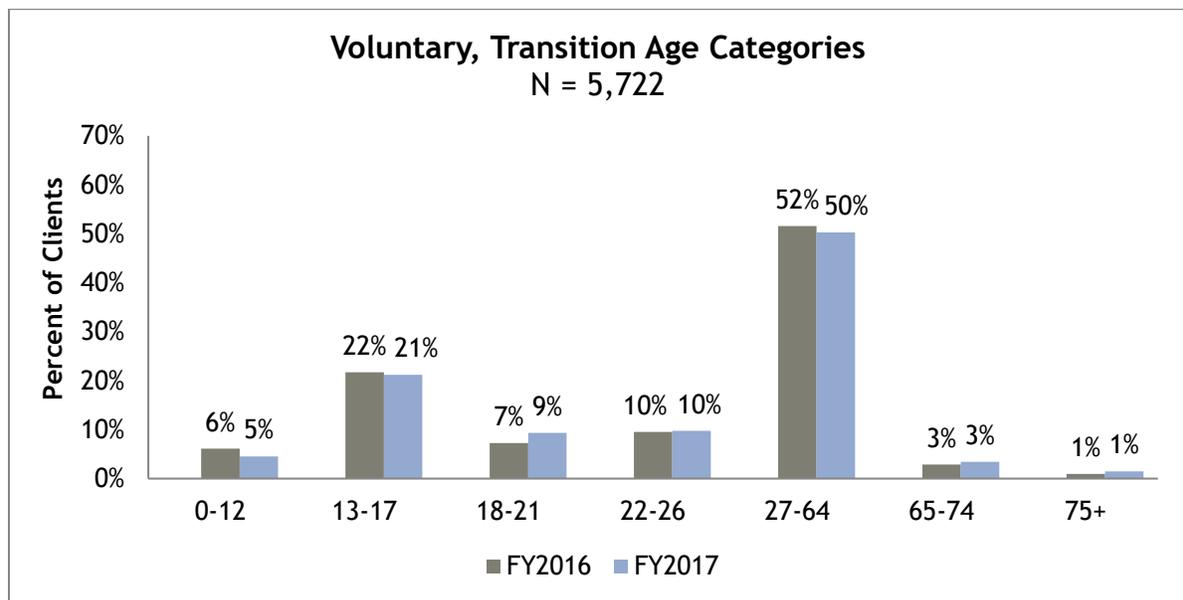


Figure 13. Transition Age of unduplicated clients seeking voluntary treatment, FY2016/FY2017.



Court Ordered Evaluations

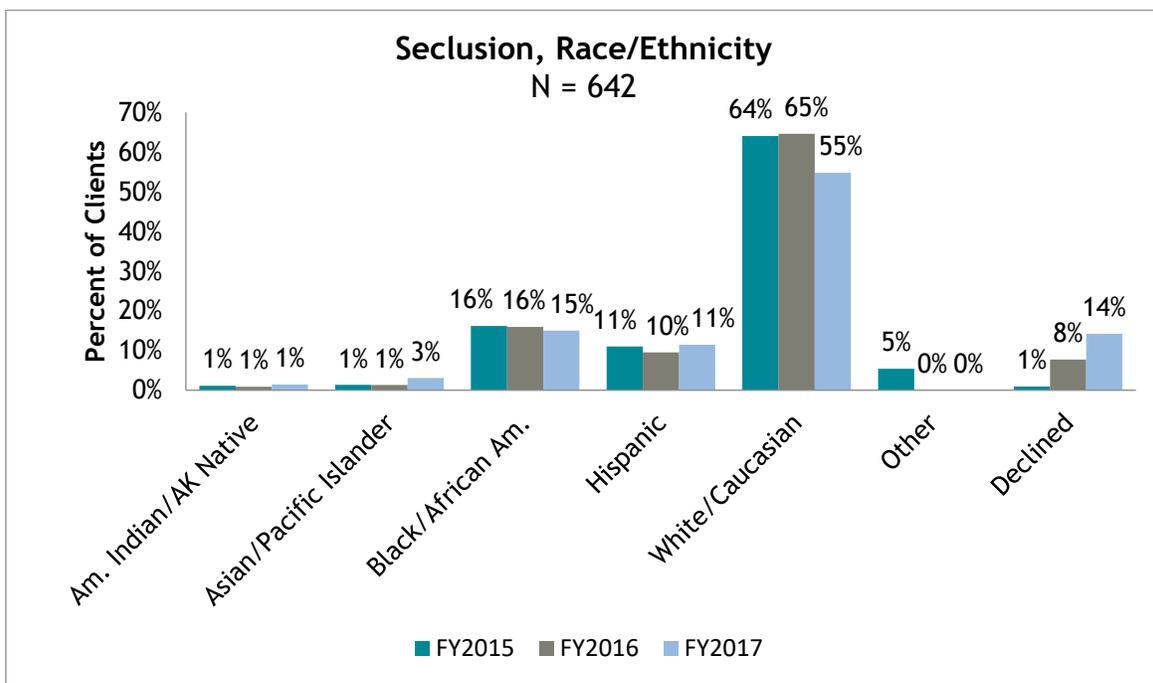
There were 42 instances of court-ordered evaluations during FY2017. Due to the small number of individuals served, comprehensive demographic information is not included in the current report. This population was parallel with other rights-restricted procedures: predominantly Caucasian individuals were served, with a similar number of males compared to females. Forty-nine percent of court-ordered evaluations occurred at one of the two Colorado Mental Health Institutes, 38% occurred at another designated hospital, and 12% occurred at community mental health centers.

Seclusion

The number of seclusions reported for FY2017 was 2,821 with 571 (20%) unique clients represented. This total is an increase from FY2016 (N=464), FY2015 (N = 456) and FY2014 (N=538) but represents a lower number of seclusions from the past: FY2013 (N=690). Decrease in seclusion is anticipated given the recent focus in reducing use of seclusions.

The majority of unique clients were male (60%) and Caucasian (59%) (Figure 14). Fifty-four percent were between the ages of 18 and 59 (M=27) (Figure 15). Nineteen percent of individuals were between the ages of 18 and 26 (Figure 16).

Figure 14. Race/Ethnicity⁴ of unduplicated clients receiving seclusion, FY2015/FY2016/FY2017.



⁴ Race and Ethnicity are not mutually exclusive.

Figure 15. Age Categories of unduplicated clients receiving seclusion, FY2015/FY2016/FY2017.

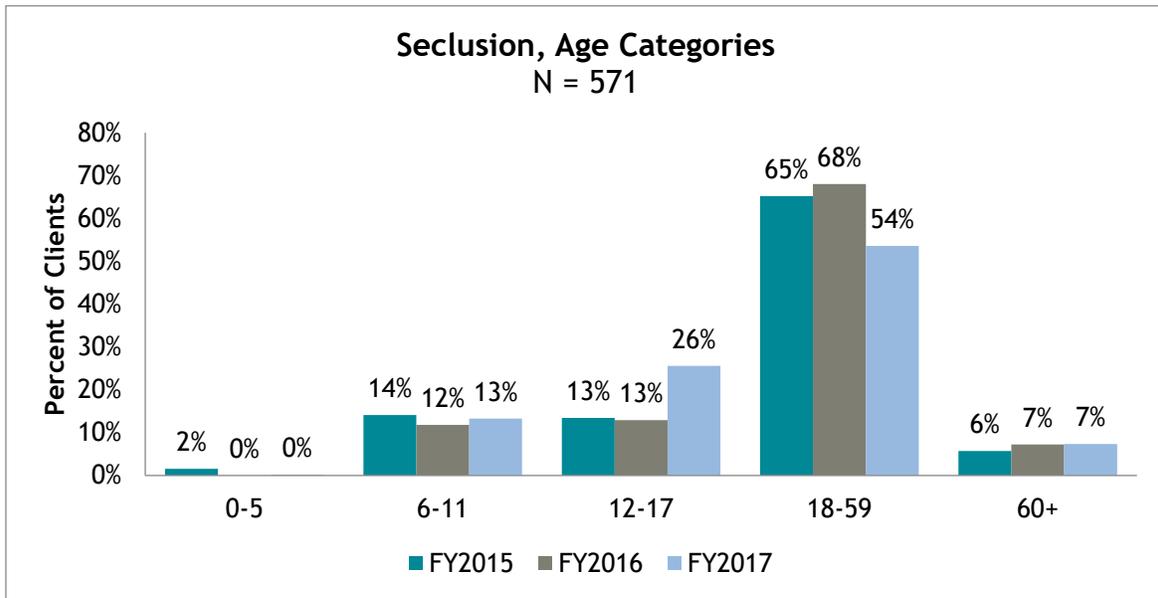
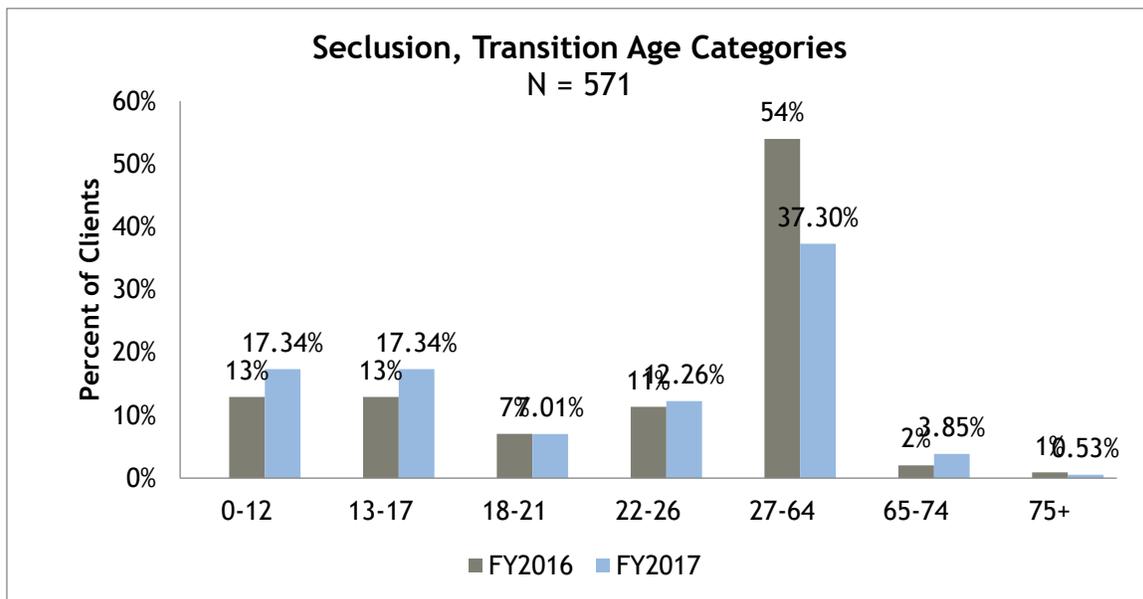


Figure 16. Transition Age Categories of unduplicated clients receiving seclusion, FY2016/FY2017.

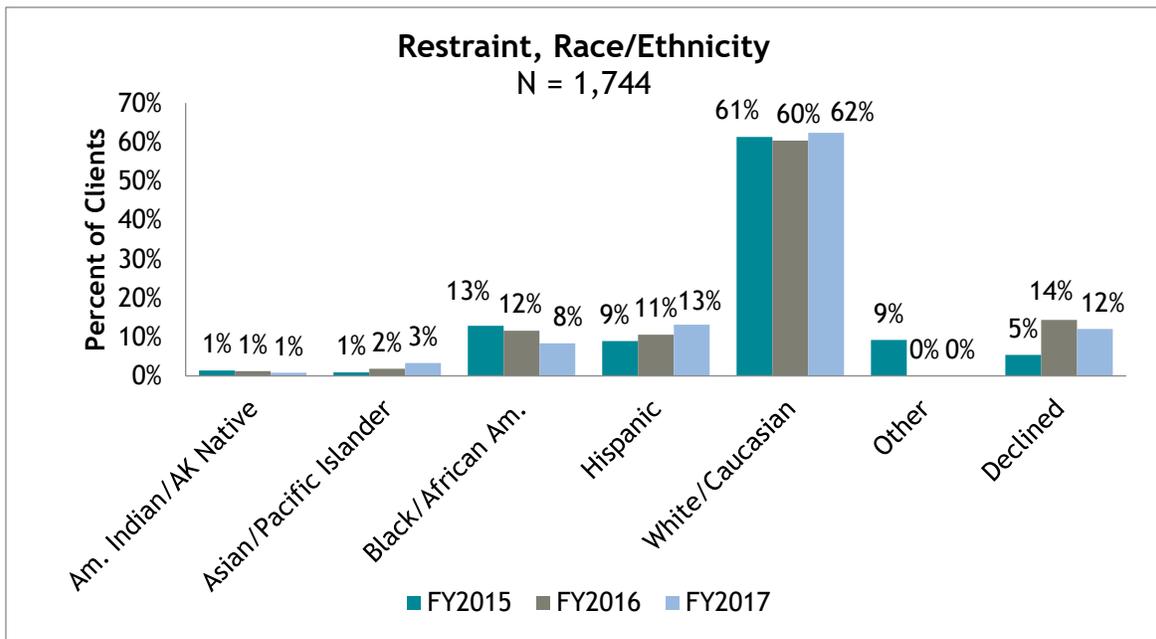


Restraint

The number of restraints reported during FY2017 was 3,590. Of those, 1,533 (43%) were unique clients. There was a 22% decrease in the total reported incidents of restraint from FY2016 to FY2017, and no change (1.5% increase) in the number of unique clients receiving restraint. In effect, while the same number of individuals received restraint, fewer restraints occurred than the previous fiscal year.

The majority of restraint clients were male (60%) and Caucasian (65%) (Figure 17). Fifty-eight percent were between the ages of 18 and 59 (M=30) (Figure 18). Twenty percent of individuals were between the ages of 18 and 26 (Figure 19).

Figure 17. Race/Ethnicity⁵ of unduplicated clients receiving restraint, FY2015/FY2016/FY2017.



⁵ Race and Ethnicity are not mutually exclusive.

Figure 18. Age of unduplicated clients receiving restraint, FY2015/FY2016/FY2017.

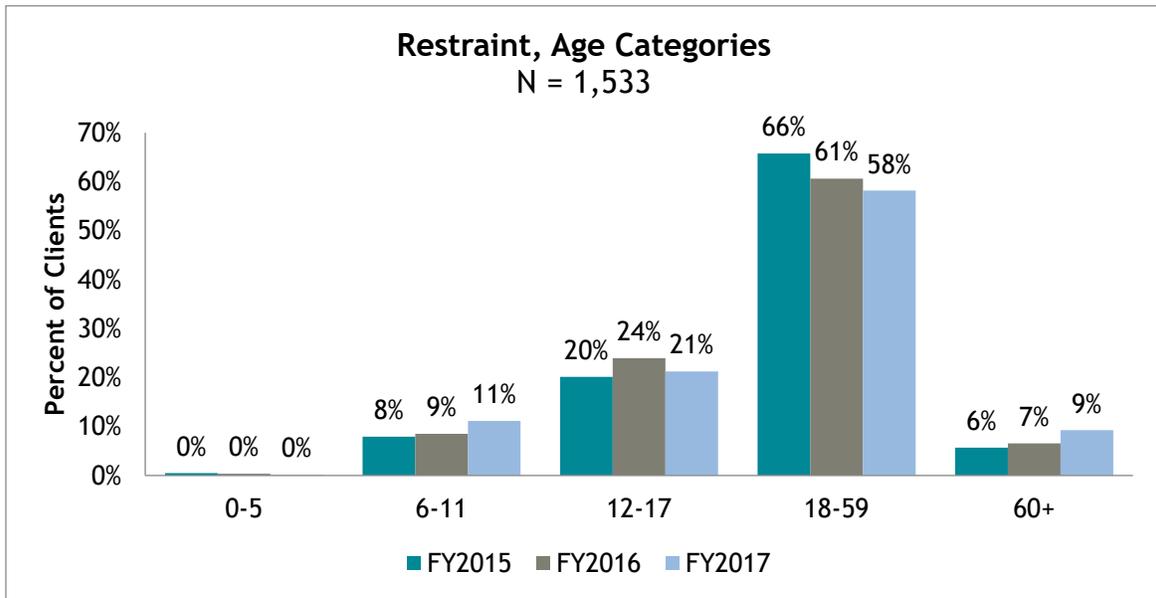
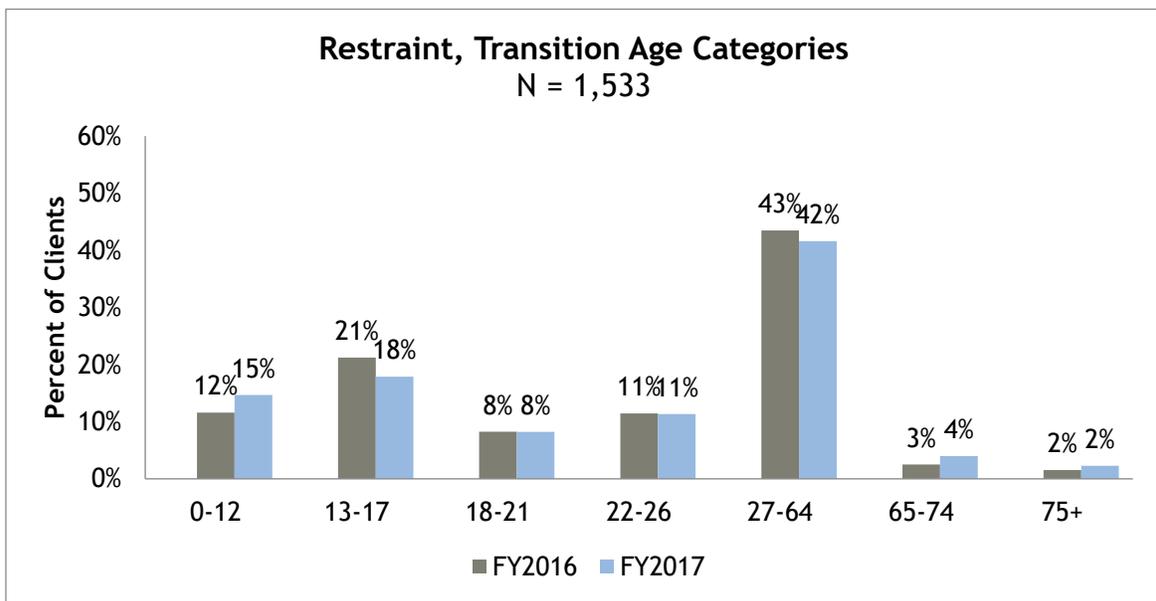


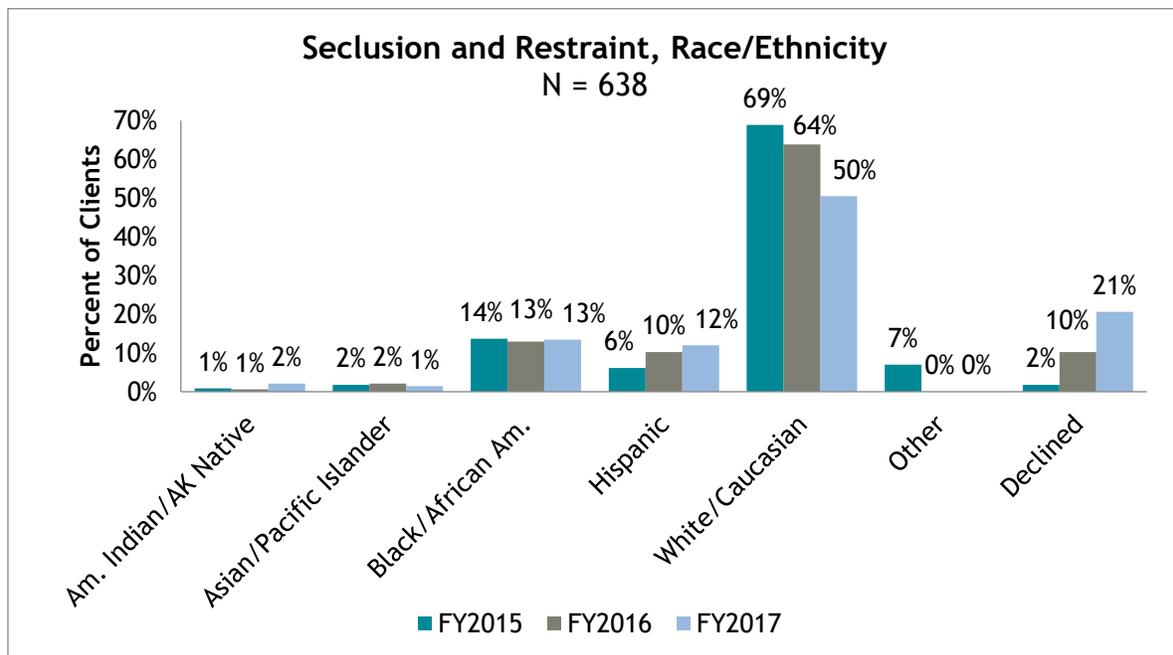
Figure 19. Transition Age Categories of unduplicated clients receiving restraint, FY2016/FY2017.



Seclusion and Restraint

During FY2017, 3,773 instances of seclusion and restraint were reported for 563 unique individuals. The majority of individuals receiving seclusion and restraint were male (62%) and Caucasian (56%); twenty-two percent of individuals declined to report their race/ethnicity (Figure 20). Thirty-seven percent were between the ages of 18 and 59 (M=23) (Figure 21). Fourteen percent of individuals were between the ages of 18 and 26 (5.2% 18-21, 8.3% 22-26) (Figure 22).

Figure 20. Race/Ethnicity⁶ of unduplicated clients receiving seclusion and restraint, FY2015/FY2016/FY2017.



⁶ Race and Ethnicity are not mutually exclusive.

Figure 21. Age of unduplicated clients receiving seclusion and restraint, FY2015/FY2016/FY2017.

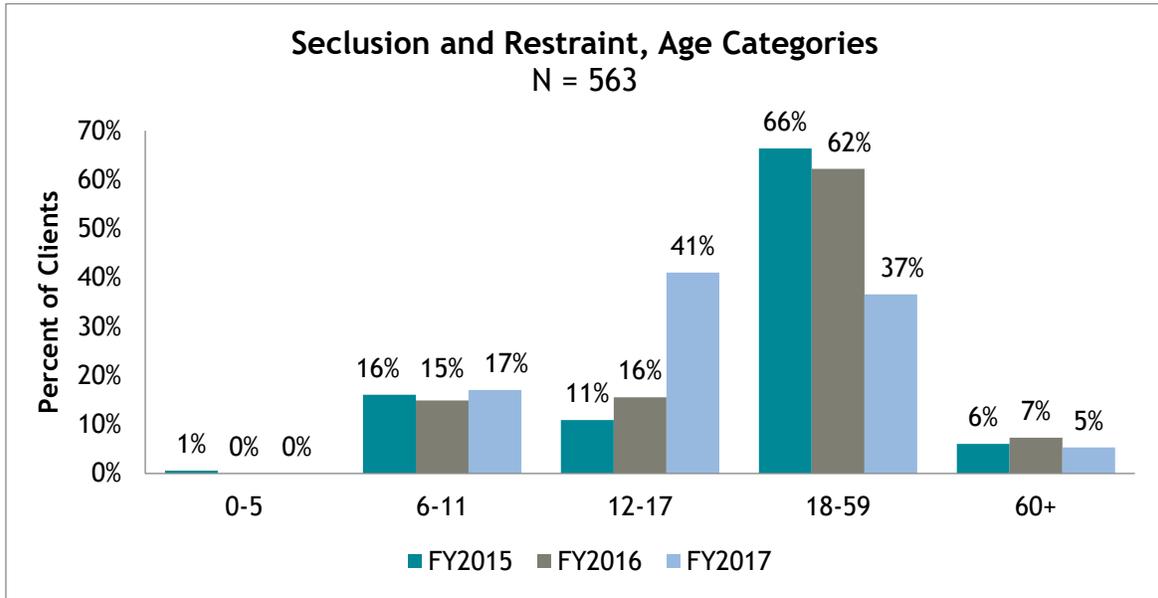
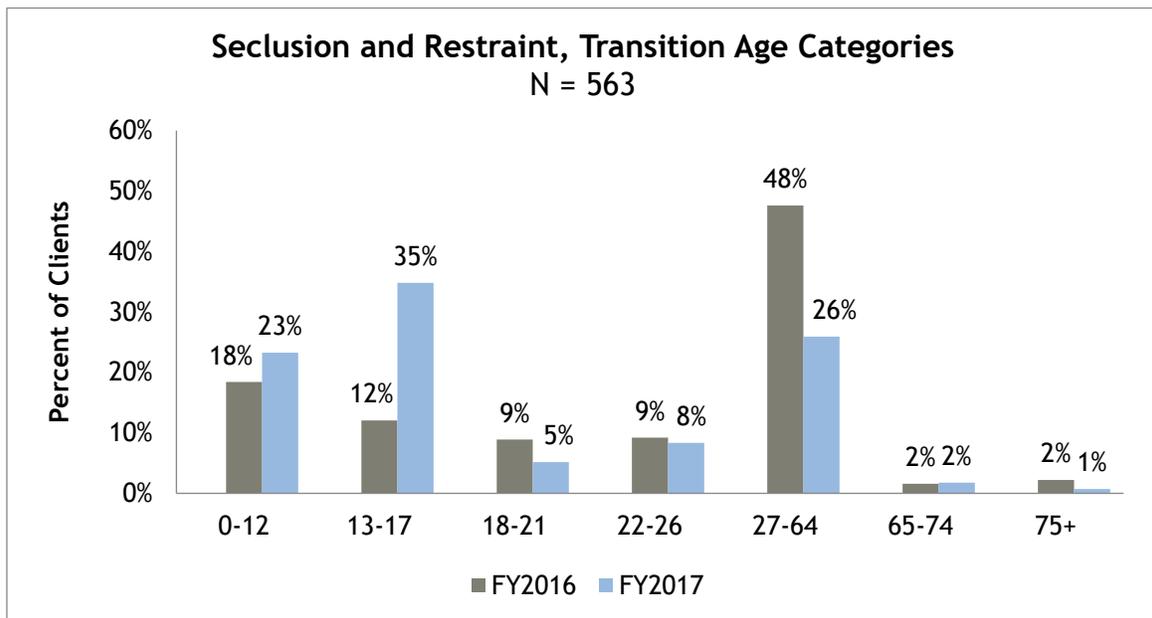


Figure 22. Transition Age Groups of unduplicated clients receiving seclusion and restraint, FY2016/FY2017.

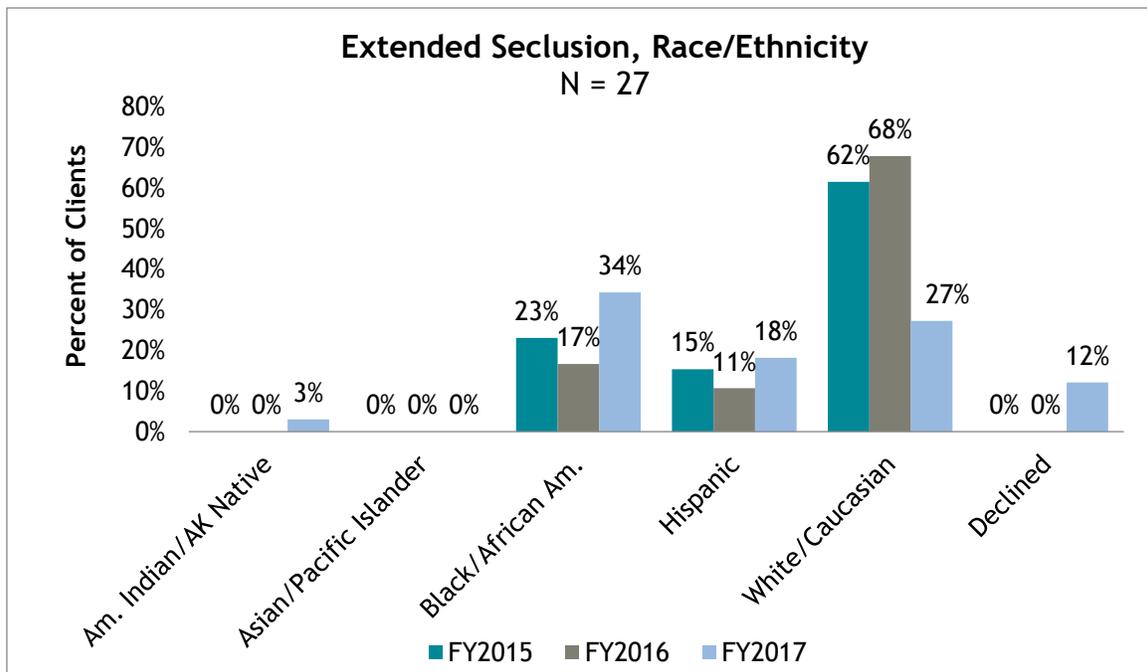


Extended Seclusion and Restraint

In recent years, greater emphasis has been placed on shortening the amount of time an individual is subjected to seclusion or restraint. It is considered best practice for an incidence of restraint to last no longer than four hours, and an incidence of seclusion to last no longer than 24 hours. Therefore, OBH completed analysis on long-term or extended seclusions and restraints to give providers and stakeholders information on these types of procedures in Colorado.

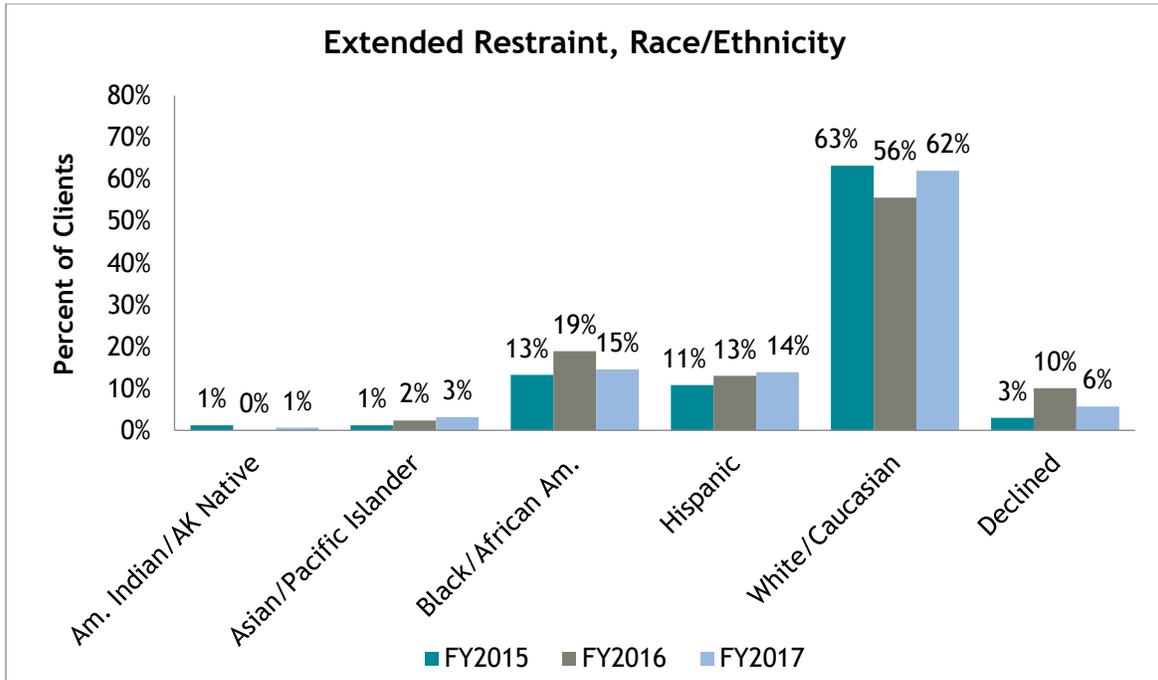
Twenty-nine unique individuals received extended seclusion (lasting more than 24 hours). This number is similar to that of FY2016 ($n=27$). In FY2017, 164 unique instances of extended restraint (lasting more than 4 hours) were reported. This was a minimal decrease in extended restraints from FY2016 ($n=171$). Demographic trends for extended seclusion and extended restraint remained similar to the overall seclusion and restraint population (Figure 23; Figure 24). More men experienced an extended seclusion and extended restraint (72% of extended seclusions, 68% of extended restraints) compared to women.

Figure 23. Race/Ethnicity⁷ of unduplicated clients receiving seclusion lasting 24 or more hours, FY2015/FY2016/FY2017.



⁷ Race and Ethnicity are not mutually exclusive.

Figure 24. Race/Ethnicity⁸ of unduplicated clients receiving restraint lasting four or more hours, FY2015/FY2016/FY2017.



Identifying outlying occurrences allows OBH 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.

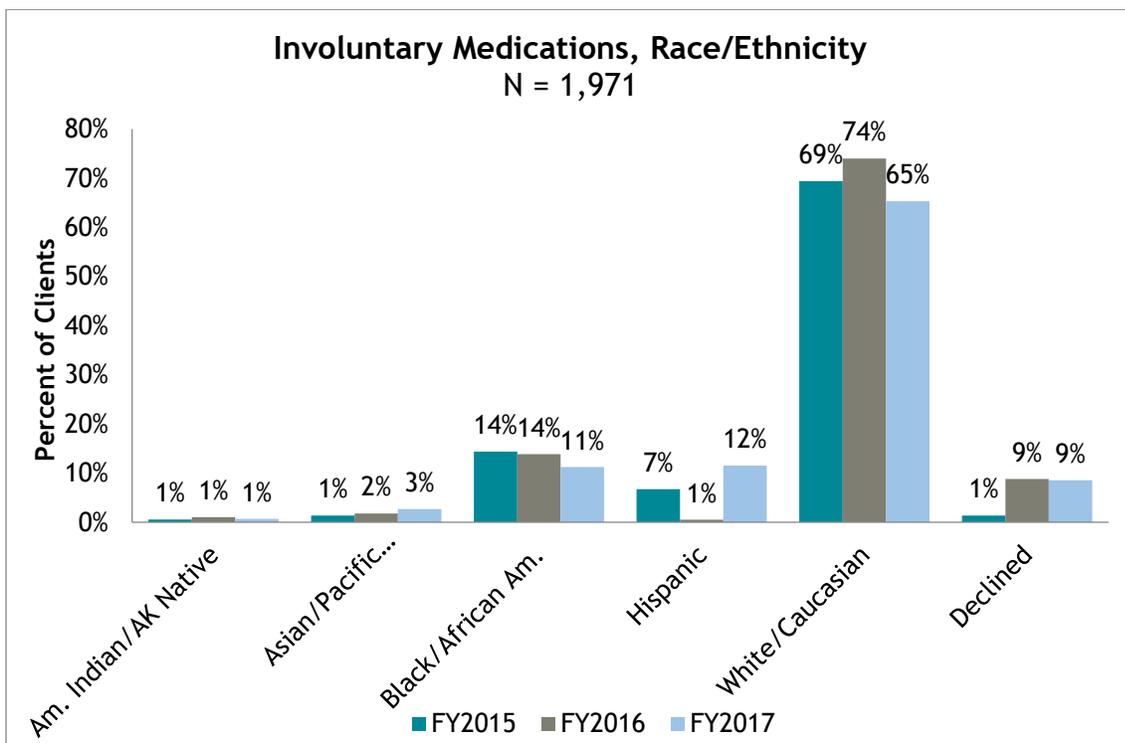
⁸ Race and Ethnicity are not mutually exclusive.

Involuntary Medications

There were 3,020 involuntary medication orders during FY2017, with 66% of those administered on emergency order versus 34% ordered by the court.

Involuntary medications were administered to 1,752 unique individuals. Seventy-one percent were Caucasian, and 58% were male (Figure 25). The mean age was 40 (Figure 26, Figure 27).

Figure 25. Race/Ethnicity⁹ of unduplicated clients receiving involuntary medication, FY2015/FY2016/FY2017.



⁹ Race and Ethnicity are not mutually exclusive.

Figure 26. Age of unduplicated clients receiving involuntary medication, FY2015/FY2016/FY2017.

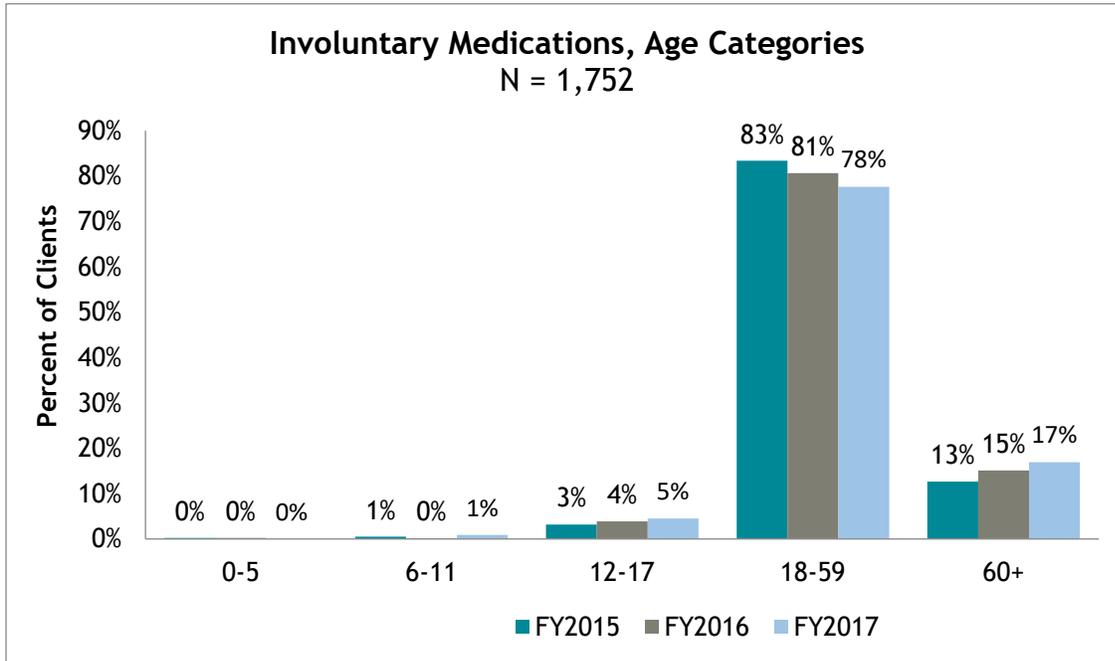
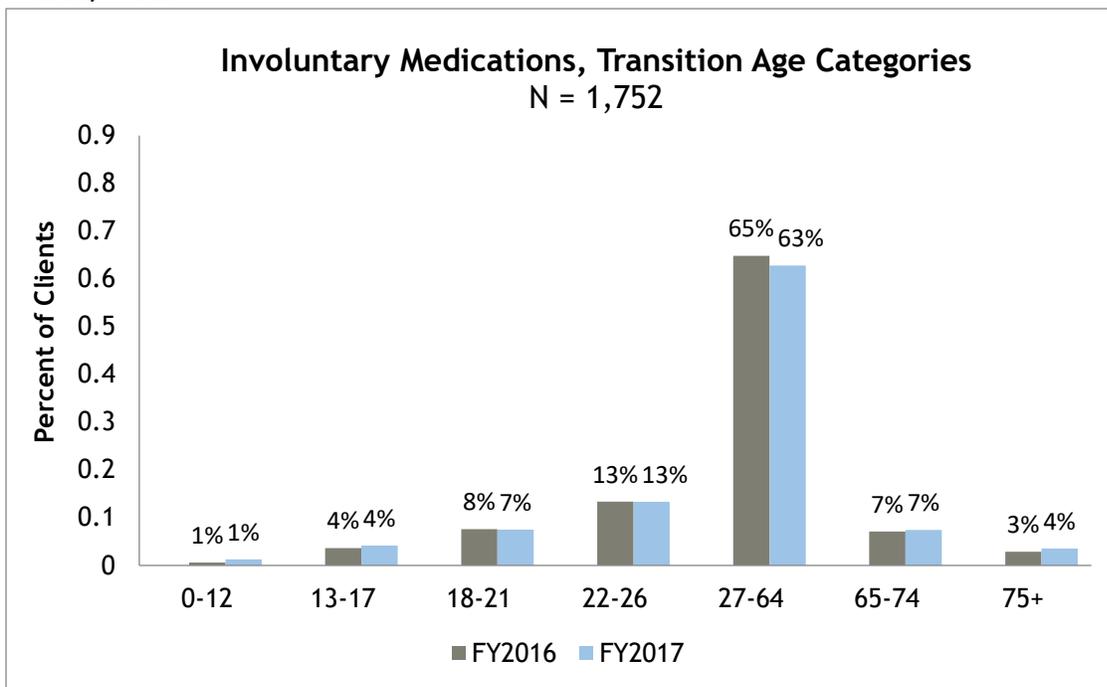


Figure 27. Transition Age Categories of unduplicated clients receiving involuntary medication, FY2016/FY2017.



Electroconvulsive Therapy (ECT)

ECT was performed in 6,684 instances on 629 individuals during FY2017. Of the 629 unique individuals who received ECT, the majority were female (59%) and Caucasian (77%). The mean age of an ECT client was 48. Seventy-two percent were between 27 and 64, and 17% 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.

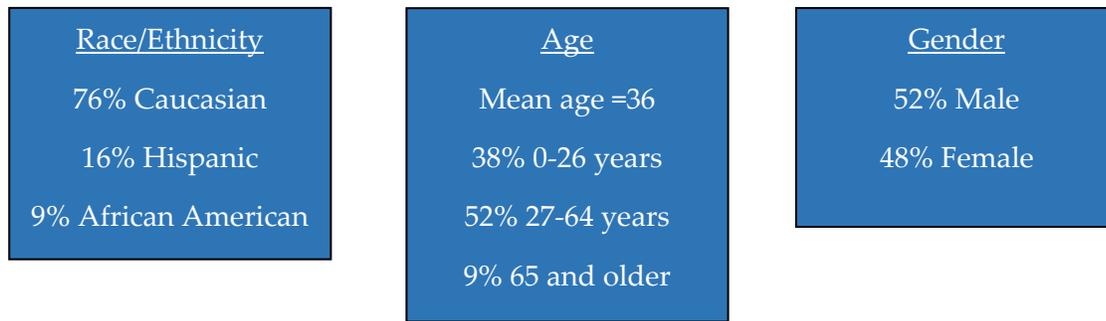
Court-Ordered Imposition of Disability (ILD) and Deprivation of Right (DOR)

Data were provided from six facilities on court orders for imposition of legal disability (ILD) or deprivation of a right (DOR). Twenty instances of these court orders were reported to OBH for FY2017, six instances from Community Mental Health Centers and 14 instances from a hospital.

Conclusions

During FY2017, 72,927 27-65 procedures were reported across the State of Colorado. This represents a minor (2%) increase from FY2016 (N=71,597). Furthermore, the number of designated facilities decreased from 63 facilities in FY2016 to 51 in FY2017. Figure 28 below provides demographics of individuals involved in 27-65 procedures in FY2017. These analyses include all individuals, including those receiving more than one involuntary procedure during the fiscal year.

Figure 28. Population Profile of All 27-65 Procedures, FY2017.



The 27-65 procedures in Colorado included 72-hour holds (N=52,661), Certifications of all types (N=5,837), voluntary admissions (N=6,434), involuntary medications (N=3,020) and court-ordered evaluations (N=42).

Table 5. Number of Procedures by 27-65 Procedure Type, FY2017.

Type of 27-65 Procedure	Number of Procedures ¹⁰
72-Hour Hold	52,661
Certification (Short-term, long-term, extended short-term, extended long-term)	5,837
Voluntary Admission	6,434
Court-ordered Evaluation	42
Involuntary Medication	3,020
Seclusion	2,821
Restraint	3,590
Combined Seclusion and Restraint	3,773
Electroconvulsive Therapy	6,684
Imposition of Legal Disability	20

Client demographics across the 27-65 procedure types were similar to FY2016. 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 72-Hour Hold procedure. All types of Seclusion and Restraint (N=10,184) and Electroconvulsive therapy (ECT) (N=6,684) were the next most frequently reported procedures. Clients utilizing ECT procedures were more often females (59%), and slightly older than the overall 27-65 population (mean age for ECT was 48). For seclusion/restraint, male clients were represented more than females (69% and 31% respectively) and the mean age of 27 years was lower than the mean ages for other 27-65 procedures. The least reported procedures were Court-ordered Evaluations (N=42) and Court-ordered Imposition of Legal Disability/Deprivation of Right (ILD/DOR). ILD/DOR reporting was so sparse (N=20) that demographic information was not reviewed.

¹⁰ Number of Procedure totals do not sum to overall FY2017 procedure total due to cases being removed with missing information necessary to analyze. (e.g. Date of 27-65 Procedure).

Appendix

- I. **Table that lists the current designated facilities**
- II. **Facility Designated Pursuant to Title 27, Article 65, C.R.S., Care and Treatment of Persons with Mental Illness Data Requirements [Eff. 5/1/16]**
 - A. Each facility designated by the Department, pursuant to Title 27, Article 65 C.R.S, shall file an annual report with the Department. The report shall be submitted in the format and timeframe required by the Department. This data shall include individuals being treated in placement agencies under the auspices of the designated facility.
 - B. The data report requirements shall include the following types of information as listed in 1 through 4:
 1. **Seventy-Two (72) Hour Treatment and Evaluation (Mental Health Holds)**
The facility is required to maintain a data set including the following for each period of July 1 through June 30:
 - a. Number of individuals on seventy-two hour holds, their gender and ethnicity.
 - b. Who initiated the hold, i.e., police, court, facility-based personnel and number of each type.
 - c. Reason for hold, i.e., dangerous to self, dangerous to others, gravely disabled, and number of each type.
 - d. Outcome of the hold, i.e., dropped, voluntary, certified, transferred and number of each type.
 - e. Counties in which the holds were initiated and numbers per county.
 - f. Number of holds per individuals eighteen (18) years of age and over.
 - g. Number of holds per individuals seventeen (17) years of age and younger.
 2. **Short and Long-Term Certifications**
The facility is required to maintain a data set including the following for each period of July 1 through June 30:
 - a. Number of individuals on certifications, including gender and ethnicity of the individual.
 - b. Type of certification, i.e., short-term, extended short-term, long-term, extended long-term and number of each type.

- c. Reason for certification, i.e., dangerous to self, dangerous to others, gravely disabled, and number of each type.
 - d. Outcome of the certification, i.e., dropped, voluntary, continued, transferred, court ordered dropped and number of each type.
 - e. Counties in which certifications are or were held and number of each type.
 - f. Number of certifications per individuals eighteen (18) years of age and over.
 - g. Number of certifications per individuals seventeen (17) years of age and younger.
3. Voluntary Individuals
The facility is required to maintain a data set of the number of individuals who are receiving mental health treatment voluntarily by age groups as listed above.
4. Every designated facility shall maintain the following data sets to be available for review and/or reporting to the Department. These data shall be incorporated into the quality improvement processes and systems of the facility.
- a. Involuntary Medications
 - 1) Numbers of individuals receiving involuntary (court-ordered or emergency) psychiatric medications.
 - 2) Type of order (Emergency or Court-Ordered).
 - b. Involuntary Treatments
 - 1) Numbers of individuals receiving restraint and/or seclusion.
 - 2) Type of restraint.
 - 3) Length of restraint episode per individual.
 - 4) Length of seclusion episode per individual.
 - 5) Number of individuals receiving electroconvulsive therapies.
 - c. Imposition of Legal Disability or Deprivation of a Right
Numbers of individuals treated who are under a court order for imposition of legal disability or the deprivation of a right.

III. 27-65-105, C.R.S. [Effective May 1, 2018]

(7) (a) on or before July 1, 2019, and each July 1 thereafter, each emergency medical services facility that has treated a person pursuant to this section shall provide an annual report to the department that includes only aggregate and nonidentifying information concerning persons who were treated at an emergency medical services facility pursuant to this section. The report must comply with the provisions of section 24-1-136 (9) and is exempt from the provisions of section 24-1-136 (1)(a)(i). The report must contain the following:

- I. The names and counties of the facilities;
- II. The total number of persons treated pursuant to this section, including a summary of demographic information;
- III. A summary regarding the different reasons for which persons were treated pursuant to this section; and
- IV. A summary of the disposition of persons transferred to a designated facility.
 - (b) (I) any information aggregated and provided to the department pursuant to this subsection (7) is privileged and confidential. Such information must not be made available to the public except in an aggregate format that cannot be used to identify an individual facility. The information is not subject to civil subpoena and is not discoverable or admissible in any civil, criminal, or administrative proceeding against an emergency medical services facility or health care professional. The information must be used only to assess statewide behavioral health services needs and to plan for sufficient levels of statewide behavioral health services. In the collection of data to accomplish the requirements of this subsection (7), the department shall protect the confidentiality of patient records, in accordance with state and federal laws, and shall not disclose any public identifying or proprietary information of any hospital, hospital administrator, health care professional, or employee of a health care facility.
 - (II) subsection (7)(b)(I) of this section does not apply to information that is otherwise available from a source outside of the data collection activities required pursuant to subsection (7)(a) of this section.