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 2018

July 1, 2017–June 30, 2018

Submitted December 2018

PREPARED BY
Colorado Department of Human Services, Office of Behavioral Health

Acknowledgements

This report was submitted due to the work of several individuals at the Office of Behavioral Health, who are recognized below:

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Executive Summary

The Colorado Department of Human Services, Office of Behavioral Health produces an annual report summarizing the procedures involving the restriction of an individual's rights under Colorado Revised Statute, Title 27 Article 65, Sections 101 et seq., otherwise known as "Care and Treatment of Persons with Mental Health Disorders" (referred throughout this report as "27-65"). This statute declares and creates law to secure mental health care and treatment for those individuals with mental health disorders. The current report focuses on reporting services rendered which involve depriving a person of their liberty for purposes of care or treatment only when less restrictive alternatives are unavailable and only when a person's own safety or the safety of others is endangered. Data in the current report:

- Focus on demographic and treatment data from Fiscal Year 2017-2018 ("FY2018")
- Include a total of 65,484 involuntary procedures reported from designated facilities across the State of Colorado
    - A 27-65 facility (referred to as "designated facilities" throughout this report) is a facility approved by OBH pursuant to the provisions of 27-65. Designated facilities include Hospitals, Acute Treatment Units (ATU), Crisis Stabilization Units (CSU) with Colorado Crisis Services, Residential Child Care Facilities (RCCF) and Community Mental Health Centers (CMHC).
- Presents similar demographics as previous years: most people served were white with an even gender distribution between men and women; average age was 33 years old
- Include the following involuntary procedures: 72-hour holds, certifications, court-ordered evaluations, seclusion, restraint, involuntary medications, electroconvulsive therapy, and court-ordered imposition of disability and deprivation of right
- Are collected from designated facilities in order to ensure client safety and maintain standard of care
- Provide valuable information to government officials and media outlets that request 27-65 data on a regular basis

Senate Bill 17-207 recently added 27-65-105(7) which, as of May 1, 2018, requires emergency medical facilities to maintain data systems sufficient to annually report 72-hour mental health hold data to OBH. According to OBH regulations, this data will cover calendar year reporting periods and be reported to OBH six months after the conclusion of the reporting period. Therefore, emergency medical facilities will be required to send data for the reporting period of May 1, 2018 thru December 31, 2018 to OBH on or before July 1, 2019, and subsequently report data for Calendar Year 2019 on or before July 1, 2020. Accordingly, the next 27-65 Report will provide details on statewide services for only 6 months of reporting and will be produced after data is collected in July of 2019.

Introduction

The Care and Treatment of Persons with Mental Health Disorders was originally adopted in 1977 and remained unchanged in statute until 2010, when language was ratified to include person-centered language and the location was changed in statute from CRS § 27-10-101 et seq. to CRS § 27-65-101 et seq. Under 27-65 legislation, the Office of Behavioral Health is responsible for the creation of rules and regulations in order to administer, oversee, and provide guidance to implementing mental health services throughout the state, including voluntary and involuntary services. In addition, OBH regularly:

- Monitors service providers in relation to compliance with statutes and regulations
- Provides training and technical assistance on related statutes and regulations
- Collects and evaluates data
- Investigates complaints with regard to service delivery

OBH Rule and Designation Process

A designated facility is a facility approved by OBH pursuant to the provisions of 27-65 legislation. OBH is charged with ensuring that the procedures set forth in both statute and OBH rule are carried out in a manner that is in accordance with the law, and that all persons treated under this law in relation to a designation are afforded the rights given them by law. If those rights are restricted, all laws and procedures are followed in order to uphold the civil rights of those individuals.

A procedure manual was developed and designed by OBH to assist designated facilities in meeting the requirements outlined in statute. The manual is a complementary guide to be used in conjunction with the behavioral health regulations. The manual provides practical guidance to facilities in establishing and carrying out procedures when providing care and treatment to persons with mental health disorders.

In order for a facility to become a 27-65 designated facility, a formal application to include the facility's policies and procedures must be submitted to OBH. Designated facilities must undergo a review of the application and the policies and procedures, then have an initial on-site visit to include a review of individual client charts, a tour of the facility and any needed technical assistance. Once a full designation is awarded to a facility, they must reapply every two years for re-designation and continue to participate in annual on-site reviews by OBH. During the review period, facilities who are out of compliance with any or all of the rules will engage in an established regulatory process which will allow the facility to address the issues and become compliant with the rules cited. If at any point during a review period it is determined that a facility is out of compliance with any statute or rule governing 27-65 facilities and is unable to come into compliance, they may be put on a provisional

designation, probationary status or may be denied designation. Please see Colorado Code of Regulations Volume 2 CCR 502-1 for more information.

Voluntary vs. Involuntary Services Provsion

Any person can make a voluntary request at any time via application for mental health services to any public or private facility or mental health professional, by direct admission in-person or by referral either from any other public or private facility or from a professional person. Involuntary services are rendered under the following conditions: emergency procedures, non-emergency procedures, certification for short-term or long-term treatment, termination of short-term or long-term treatment, deprivation of right, or imposition of legal disability. For a complete list of definitions for the above terms and statutory references, see Appendix I.

Data Submission Procedures

The data in the current report include 27-65 procedures that occurred during State Fiscal Year 2018 (July 1, 2017 – June 30, 2018) in 51 designated facilities. Because some agencies are not required to be 27-65 designated facilities (e.g. emergency departments), agencies may opt to remove their 27-65 designation. During FY2018, no agencies added or removed 27-65 designation.

The standardized data collection tool was updated and distributed to all 27-65 designated facilities in June of 2017 to collect data over the course of FY2018 (See Appendix III). This data collection tool is under further OBH revision to align with aforementioned statutory and regulatory changes. See Appendix IV for the specific data requirements. This data will be available in the Annual 27-65 Report for calendar year 2019.

Fiscal year data are required to be submitted annually by designated facilities via file encryption or secure email on or before July 31. As mentioned above, this date will shift in 2019 as rule requires calendar year reporting instead of fiscal year reporting. Please see Appendix II for a complete list of the facilities who reported data to OBH. Defined designated facilities include the following:

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

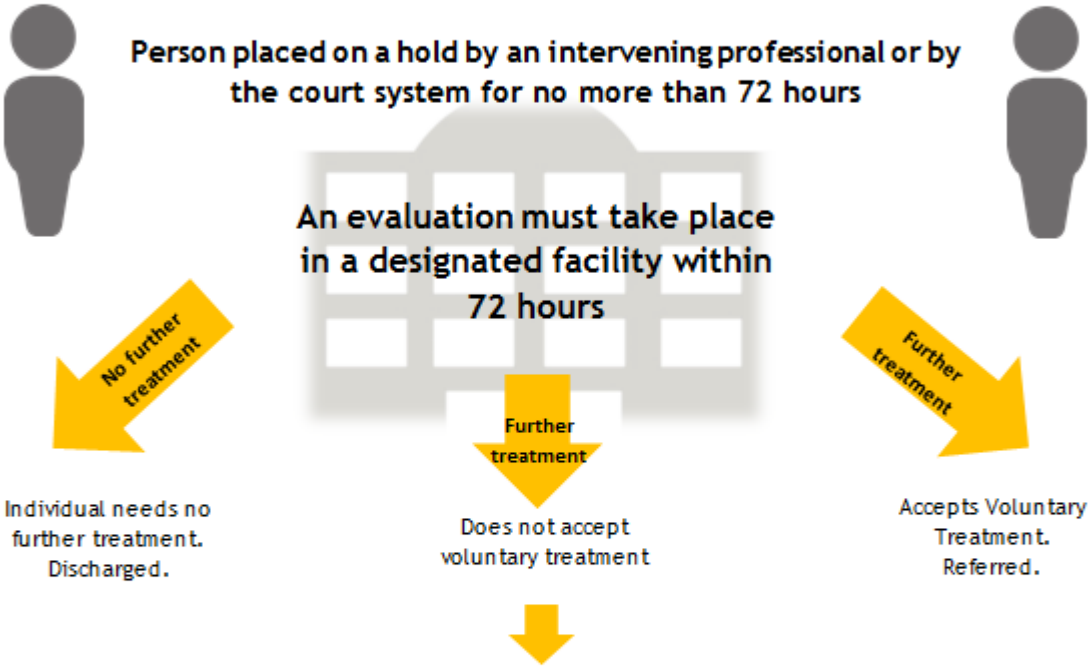
INVOLUNTARY MENTAL HEALTH TREATMENT PROCESS

(CRS 27-65-105 through 109)

Updated 01/15/2018

MENTAL HEALTH HOLDS:

When any person appears to have a mental health disorder and appears to be an imminent danger to others or to himself or herself, or appears to be gravely disabled this person may be detained for 72-hour evaluation and treatment.



CERTIFICATION FOR SHORT TERM TREATMENT*

A person is placed on short term certification for no more than three months in order to receive treatment in a designated facility.

EXTENDED Short Term*

Cannot last more than additional three months after the initial short term certification.

LONG TERM CARE AND TREATMENT*

(not to exceed six months)

EXTENDED Long Term*

Cannot last more than additional six months after long-term certification but can be reauthorized for an additional six months if approved by the court.

*At any point during this process, the person can accept voluntary treatment or be released.

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Results: Frequencies and Demographics

1. 72-Hour Holds

Any person who appears to have a mental illness and, as a result of such mental illness, appears to be an imminent danger to self or others or to be gravely disabled may be placed on a 72-hour hold if the person is unwilling to go to treatment voluntarily. Several professionals may detain an individual with the appropriate credentials such as a peace officer, a Licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Marriage and Family Therapist, a Registered Professional Nurse or Licensed Addiction Counselor who by reason of post graduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing, or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders. The court may also order a person be taken into custody and placed on a 72-hour hold on an affidavit sworn or affirmed by a judge, which relates sufficient facts to establish the appearance of mental illness and imminent danger to self or others, or grave disability.

There were 33,303 72-hour holds during FY2018; this number includes 28,473 (86%) unique clients. This is a decrease from FY2017, where there were 40,234 involuntary 72-hour holds, but the percentage of unique clients, 86% (34,682 in FY2017) was the same.

For race and age breakouts, see Figures 1 and 2 below. Among all 72-hour holds, “Dangerous to Self” (60%) was the primary reason for the hold, followed by “Gravely Disabled” (20%) and “Dangerous to Self and Others” (7%). The majority of holds were initiated by facility-based personnel (Figure 4) and the outcome of most holds was “Voluntary” (Figure 5).

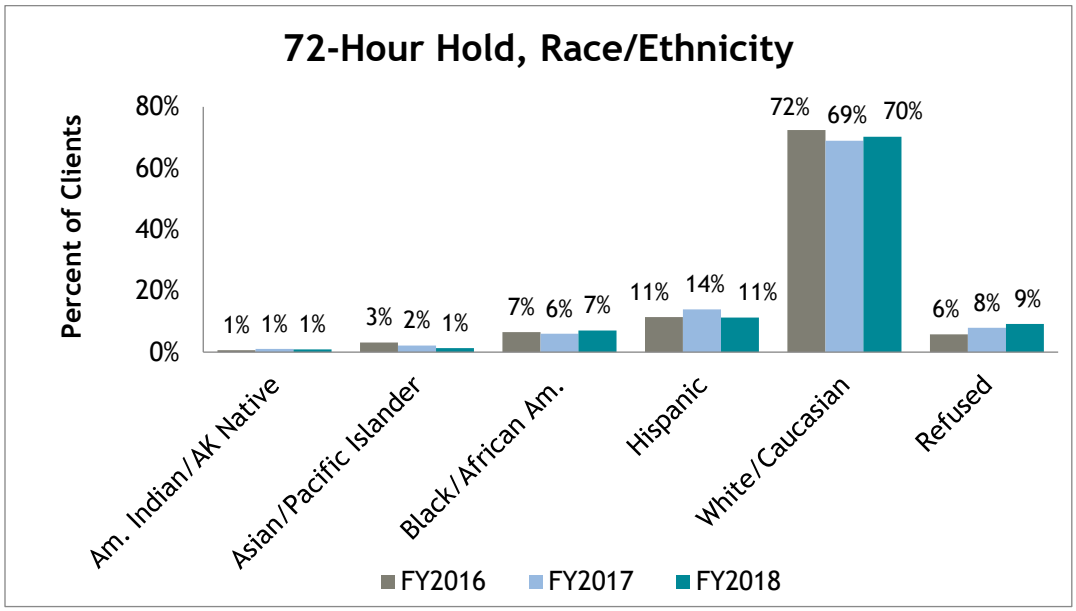


***Figure 1*. Race/Ethnicity[1] of unduplicated clients requiring a 72-hour hold, FY2016/FY2017/FY2018.**

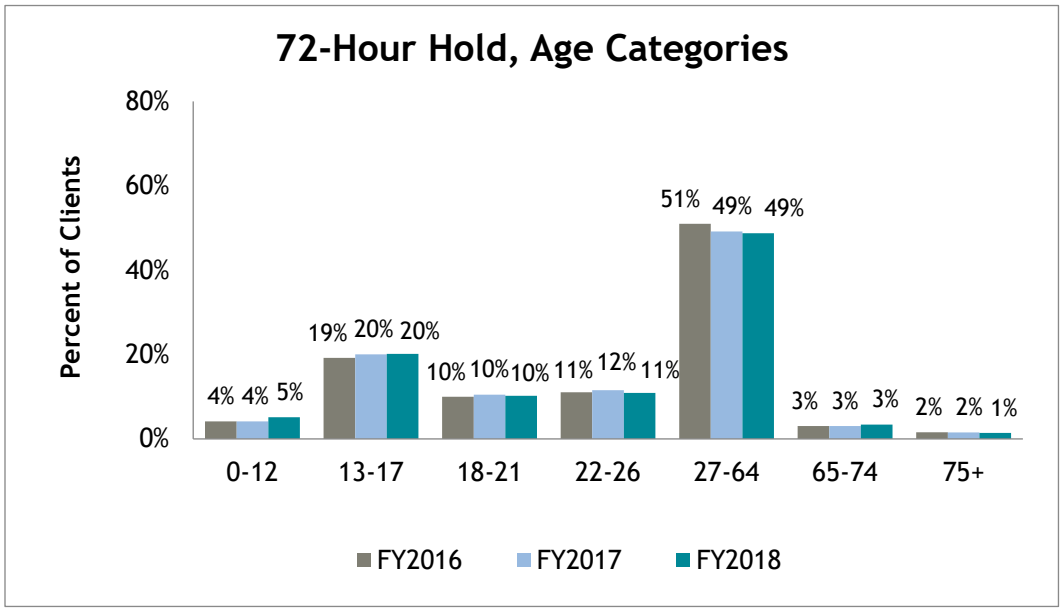


***Figure 2*. Age of unduplicated clients requiring a 72-hour hold, FY2016/FY2017/FY2018.**

[1] Race and Ethnicity are not mutually exclusive; therefore, percentages will not add to 100%.

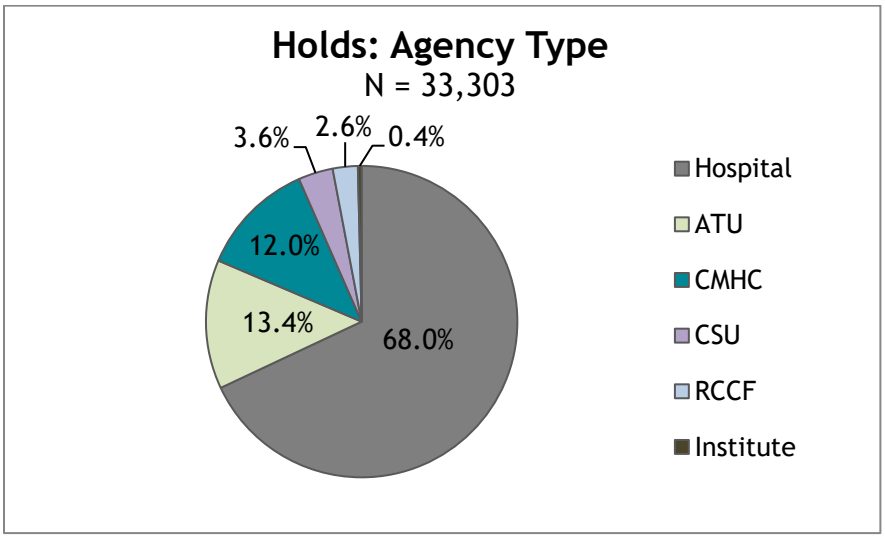


***Figure 3*. Holds by Agency Type, FY2018.**

Some facilities with multiple agency types (ex. both CMHC and CSU) submitted combined data sets; some submitted separate data sets. Due to this inconsistency in separation of data by agency type, the above graph should be interpreted with caution.

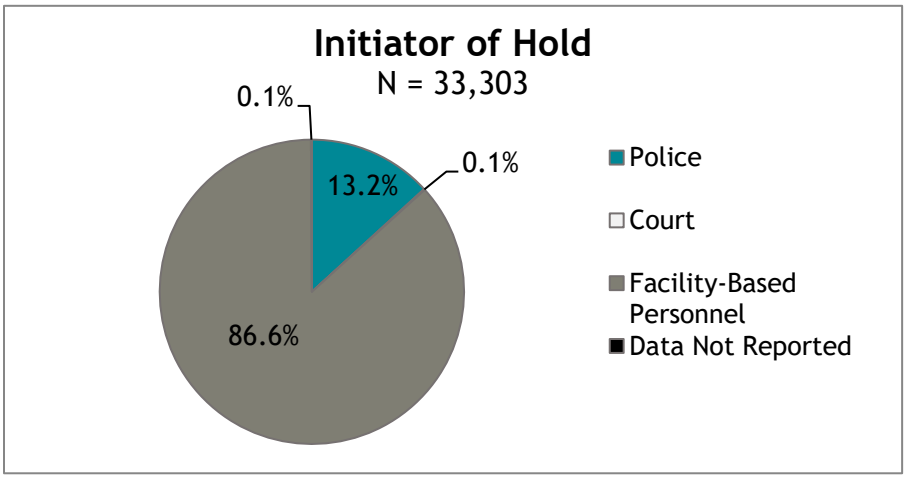


***Figure 4*. Type of Individual who initiated 72-hour hold[2], FY2018.**

[2] In Figure 4 above, and throughout the current report, "Data Not Reported" refers to incomplete data submissions.

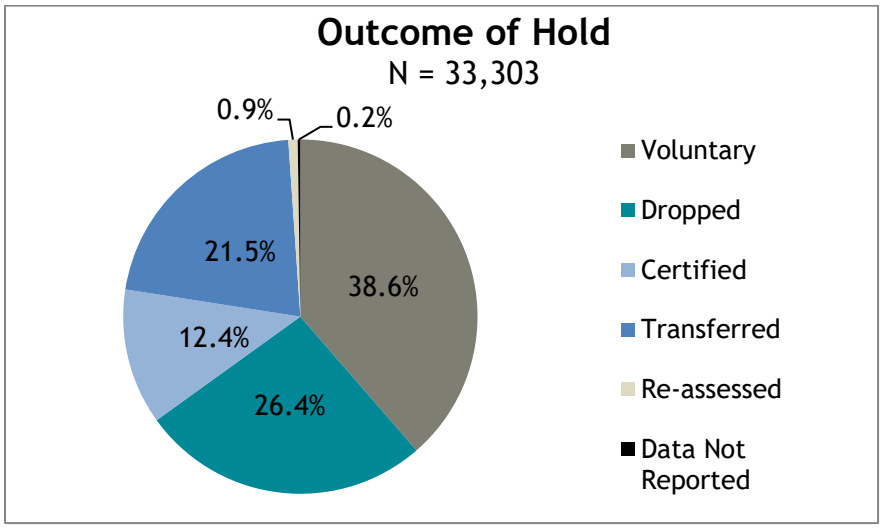


***Figure 5*. Outcome of 72-hour hold, FY2018.**

Definitions of Outcome Categories

- Voluntary - when an individual has completed a 72-hour hold and voluntarily continues treatment (is no longer receiving treatment involuntarily)
- Dropped - when, in the opinion of a professional person, an individual no longer meets the standards of a 72-hour hold and is appropriately discharged from the facility
- Certified – when upon the expiration of a 72-hour hold a licensed psychologist or psychiatrist deems that individual continues to present as a danger to self or others, or is gravely disabled, and requires further involuntary treatment (short-term, extended short-term, long-term or extended long-term certification)
- Transferred - when an individual on a 72-hour hold is transferred to another facility to better meet the individual's needs
- Re-assessed – when a 72-hour hold is completed or dropped, and another full assessment for disposition is completed to determine treatment
- Data Not Reported – In some circumstances, as in a change of status from involuntary to voluntary, agencies are not required to report some pieces of data (e.g. "hold/certification initiated by" and "outcome of hold/certification." This results in data not being reported.

Table 1: *Number of 72-hour Holds reported by County of Residence of Individual, FY2018*

County of Residence	Number of Holds Reported	Percent of Total Holds
Adams	2,108	6.3%
Arapahoe	3,520	10.6%
Boulder	1,476	4.4%
Broomfield	241	0.7%
Delta	188	0.6%
Denver	5,806	17.4%
Douglas	1,078	3.2%
Eagle	179	0.5%
El Paso	7,315	22.0%
Garfield	372	1.1%
Jefferson	2,214	6.6%
La Plata	225	0.7%
Larimer	2,617	7.9%
Mesa	1,013	3.0%
Moffat	184	0.6%
Montrose	208	0.6%
Pueblo	583	1.8%
Routt	117	0.4%
Summit	125	0.4%
Teller	110	0.3%
Weld	1,842	5.5%
Other Colorado Counties[3] (39 counties with <100 holds)	1,265	3.8%
Outside Colorado	390	1.2%
Missing[4]	127	0.4%
Total	33,303	100.0%

[3] Counties with less than 100 holds were collapsed into a single category, "Other Colorado Counties" for the current report.
[4] Because the "county" variable is not mandatory for reporting and is a write-in field, the amount of missing data is higher than for other data elements, such as date of birth.

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

After a person is placed on a 72-hour hold, they may be certified for short-term treatment if a professional person identifies the need for further involuntary treatment. The number of total certifications is inflated because in order to be put on an extended short-term hold, the individual must have already been on a short-term hold (all certifications). After an extended short-term hold, an individual may be placed on a long-term hold, then an extended long-term hold. Statutorily defined limits of time for each of the four certification types are listed in Table 2 below.

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

Table 3: ***Number of Certifications reported by Certification Type, FY2018***

Certification Type	Number of Certifications Reported
Short-term	5,529
Extended short-term	307
Long-term	245
Extended long-term	434

There were 6,515 certifications in FY2018, and 5,457 (84%) unique individuals represented. In FY2017, there were 5,922 certifications, 4,889 (83%) represented unique individuals.
In FY2018, 45% of individuals placed on a certification were female and 55% were male. Demographic information is consistent with certification demographic data from past years: most individuals (74%) were white, 75% were between the ages of 18 and 59 (Mean = 40). Twenty-one percent of individuals were between the ages of 18 and 26 (8.3% 18-21, 12.9% 22-26). The reason for most certifications (43%) was “Gravely Disabled,” and the outcome of most certifications (68%) was “Dropped” (Figure 6). Most certifications are take place in hospitals; see Figure 7 below for a breakdown of certifications by agency type.

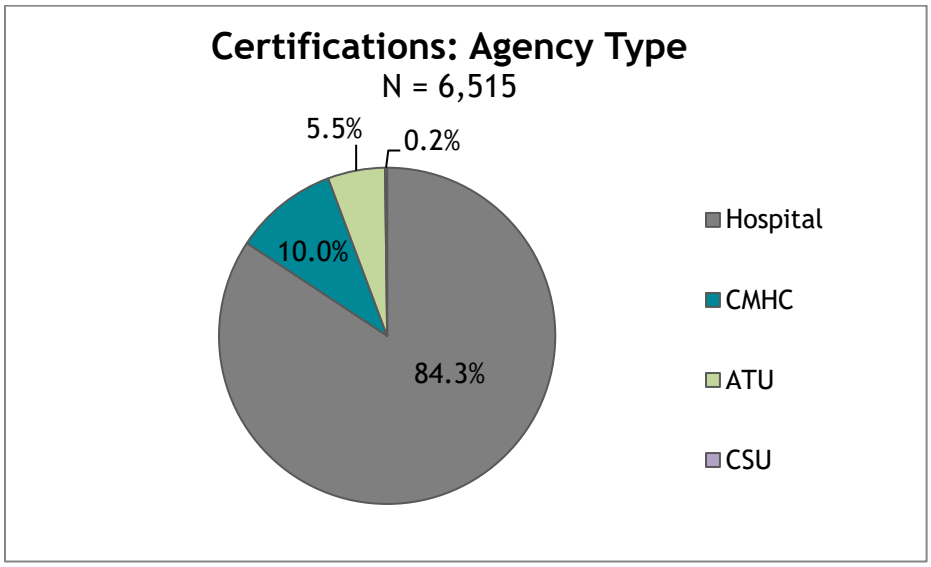


***Figure 6*. Holds by Agency Type, FY2018**

Some facilities with multiple agency types (ex. both CMHC and CSU) submitted combined data sets; some submitted separate data sets. Due to this inconsistency in separation of data by agency type, the above graph should be interpreted with caution. In the above graph, the two mental health institutes (Ft. Logan and Pueblo) are included in the Hospital category.

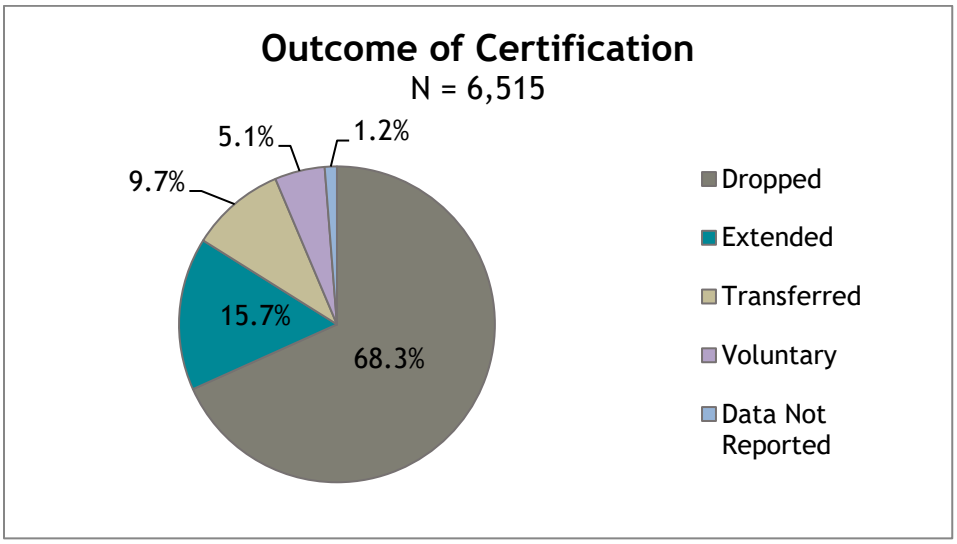


***Figure 7*. Outcome of Certification, FY2018**

Table 12: Number of Certifications reported by County of Residence of Individual, FY2018

County of Residence	Number of Certifications Reported
Adams	405
Arapahoe	716
Boulder	364
Denver	1,373
Douglas	135
El Paso	1,125
Jefferson	569
Larimer	409
Mesa	327
Pueblo	261
Weld	204
Other Colorado Counties (44 counties with <100 certifications)	369
Outside Colorado	64
Missing[5]	194
Total[6]	6,515

[5] Because the "county" variable is not mandatory for reporting and is a write-in field, the amount of missing and erroneous data is higher than for other data elements, such as date of birth.
[6] Counties with less than 100 certifications were collapsed into a single category, "Other Colorado Counties" for this report.

3. Voluntary Admissions

Any person may make voluntary application at any time to any public or private facility or mental health professional for mental health services, by direct application in person or by referral from any other either public or private facility or professional person. A person may be discharged from voluntary treatment when, in the opinion of the professional person in charge of the treatment, they have received sufficient benefit from such treatment for them to leave.

During FY2018, there were 5,926 voluntary admissions; this number includes 5,504 (93%) unique clients who received one or more voluntary admissions. In FY2017, there were 6,429 voluntary admissions with 5,719 (89%) unique clients who received one or more voluntary admissions. In FY2018, the majority was white (84%). Gender was almost evenly split, 54% female and 46% male. Sixty-six percent were between the ages of 18 and 59 (Mean=32). Twenty-one percent of individuals were between the ages of 18 and 26.

4. Court-Ordered Evaluations

Any individual who has personal knowledge of the person with mental illness may contact the County Attorney to request that an evaluation of a person's condition be made. The respondent shall receive a copy of the petition and a Notification of Screening. A petition may be filed in the district court of the county in which the mentally ill person resides. On receipt of a petition, the court may designate an evaluation and treatment facility, or a professional person to provide screening of the person to determine whether there is probable cause to believe the allegations.

There were 76 instances of court-ordered evaluations during FY2018 and 43 instances in FY2017. Due to the small number of individuals served, comprehensive demographic information is not included in the current report for FY2018. This population was parallel with other rights-restricted procedures: predominantly white individuals were served, with a slightly larger number of males compared to females. Forty-six percent of court-ordered evaluations occurred at community mental health centers, 36% occurred at one of the two Colorado Mental Health Institutes, and 17% occurred at another designated hospital. Less than 5% of these evaluations were completed at an ATU.

5. Seclusion

Statute defines seclusion as the placement of an individual alone in a room or area from which egress is involuntarily prevented, except during normal sleeping hours. The number of seclusions reported for FY2018 was 2,360 with 569 (24%) unique clients represented. This total is a slight decrease from FY2017 (N=2,821). The majority of unique clients were male (65%) and white (64%). Fifty-seven percent were between the ages of 18 and 59 (Mean=29). Only 15% of individuals were between the ages of 18 and 26.

Extended Seclusion

In recent years, greater emphasis has been placed on shortening the amount of time an individual is subjected to seclusion or restraint. OBH completed analysis on long-term or extended seclusions and restraints, as well as extended seclusion with restraint to give providers and stakeholders information on these types of procedures in Colorado. It is considered best practice for an incident of seclusion to last no longer than 24 hours, and a seclusion lasting longer than 24 hours is termed "extended seclusion." There were 17 instances of extended seclusion in FY2018 and 15 unique individuals received extended seclusion. The total number of extended seclusion instances decreased significantly since FY2017 (N=71).

6. Restraint

Statute defines restraint as any method or device used to involuntarily limit freedom of movement, including bodily physical force or mechanical devices. Physical restraint means the use of bodily 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. Mechanical restraint means a physical device is used to involuntarily restrict the movement of an individual or the movement of a portion of his or her body. There are also goals to decrease the number of restraints through additional trainings and the use of other techniques.

The number of restraints reported during FY2018 was 3,458. Of those, 1,386 (40%) were unique clients. This was similar to the number of restraints (N=3,590) and unique individuals (n=1,533) reported in FY2017. The majority of persons who received restraint were male (60%) and white (65%). Fifty-eight percent were between the ages of 18 and 59 (Mean=30). Twenty percent of persons were between the ages of 18 and 26.

Extended Restraint

It is considered best practice for an incident of restraint to last no longer than four hours. There were 2,028 instances of extended restraint in FY2018 and 160 unique individuals received extended restraint. This was a decrease in the total number of extended restraints from FY2017 (N=2,701).

7. Seclusion and Restraint

Seclusion and restraint, when both procedures are used concurrently, refer to safety procedures in which a person is isolated from others (seclusion) and physically held (restraint) in response to serious problem behavior or mental illness, that places the person or others at risk of injury or harm. During FY2018, 2,916 instances of seclusion and restraint were reported for 498 (17%) unique individuals. This is a decrease from FY2017, where 3,773 instances of seclusion and restraint were reported for 563 (15%) unique individuals. In FY2018, the majority of individuals receiving seclusion and restraint were male (65%) and white (67%).

Most individuals (49%) were between the ages of 12 and 17; 28% were between the ages of 18 and 59 (Mean=21). Only 9% of individuals were between the ages of 18 and 26.

Extended Seclusion and Restraint

Out of 1,681 reported instances of extended seclusion with restraint, 71 unique individuals received extended seclusion with restraint. The total number of reported instances of extended seclusion with restraint increased significantly since FY2017 (N=29), mostly due to reporting from one agency with a small number of clients receiving a large number of seclusion with restraint procedures. Follow up will be completed with this reporting agency. Demographic trends for extended seclusion, extended restraint, and extended seclusion with restraint remained similar to the overall seclusion and restraint population.

8. Involuntary Medications

Psychiatric involuntary medications may be ordered by a physician under emergency conditions for up to 10 consecutive days without a court order. In non-emergency situations in which a person who is detained does not consent but would benefit from the administration of a psychiatric medication, the facility may petition the court for permission to administer such medication. No psychiatric medications shall be administered without the person's consent until a court order authorizing involuntary use is in place, except under emergency conditions.

There were 4,111 involuntary medication orders during FY2018, administered to 1,842 unique individuals (45%). This is an increase from FY2017, where there were 3,020 involuntary medication orders, administered to 1,752 unique individuals (58%). In FY2018, 68% of all involuntary medications were administered on emergency order versus 32% ordered by the court. Most people (66%) were white, and 60% were male. The mean age was 39.

9. Electroconvulsive Therapy (ECT)

Therapies using stimuli such as electroconvulsive therapy (ECT) require special procedures for consent. During FY2018, ECT was performed in 6,812 instances on 661 individuals (10%). This is a slight increase from FY2017, where 6,684 ECT procedures were performed on 629 (9%) individuals. Of the unique individuals who received ECT in FY2018, the majority were female (65%) and white (71%). The majority (70%) was between 18 and 59 years of age, and the mean age at the time of the ECT procedure was 48.

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

If a person has a mental illness and is a danger to self or others, or is gravely disabled or "insane" as defined in CRS § 16-8-101, and does not meet criteria for a 72-hour hold, any interested person may petition the court in the county where the person lives to request that:

A. A specific legal disability be imposed, or
B. A specific legal right be deprived.

The court or jury must find both that the person has a mental illness and is a danger to self or others or is gravely disabled, and that the loss of a right or imposition of legal disability is both necessary and desirable. The deprivation of a right or imposition of a legal disability lasts six months and may be reaffirmed for another six months if justified.

In FY2018, four facilities reported on court orders for imposition of legal disability (ILD) or deprivation of a right (DOR). Less than 30 instances of these court orders were reported to OBH, from Community Mental Health Centers and a hospital. In FY2017, less than 30 of these court orders were reported, from Community Mental Health Centers and hospitals.

Conclusions

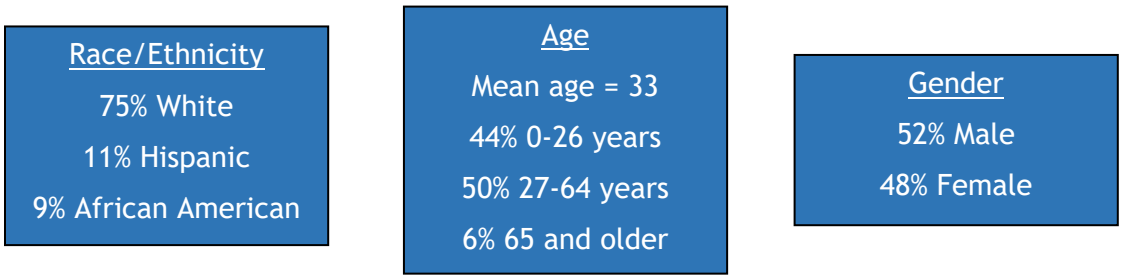
During FY2018, a total of 65,477 27-65 procedures were reported by 27-65 designated facilities across the State of Colorado. This represents a slight (10%) decrease from FY2017 (N=72,700). The number of designated facilities remained the same as in FY2017, so this seems to represent an actual decrease – though a small one – in number of 27-65 procedures used in designated facilities. Figure 13 below provides a summary of procedures and individuals involved in 27-65 procedures in FY2018.

Figure 13. Number of Procedures by 27-65 Procedure Type, FY2018.

27-65 Type of Procedure	Number of Procedures	Unique Individuals
1. 72- Hour Holds	33,303	28,473 (85%)
2. Certifications (Short-term, long-term, extended short-term, extended long-term)	6,515	5,457 (84%)
3. Voluntary Admissions	5,926	5,504 (93%)
4. Court-Ordered Evaluations	76	73 (96%)
5. Seclusion	2,360	569 (24%)
6. Restraint	3,458	1,386 (40%)
7. Seclusion and Restraint	2,916	498 (17%)
8. Involuntary Medications	4,111	1,842(45%)
9. Electroconvulsive Therapy (ECT)	6,812	661 (10%)
10. Court-Ordered Imposition of Disability and Deprivation of Right (DOR)	< 30	< 30 (71%)
TOTAL	**65,477**	------- [7]

[7] Because an individual may have received more than one type of procedure during the reporting period (or may have been seen at a separate facility for a separate procedure with a different client identifier) the total number of individuals who received any 27-65 procedures cannot be calculated with certainty from existing data.

Figure 14. Population Profile of All 27-65 Procedures, FY2018



Client demographics across the 27-65 procedure types were similar to previous reporting years. Individuals were mostly white[8], 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. Clients receiving ECT procedures were more often female (65%), and slightly older than the overall 27-65 population (ECT mean age = 48). For seclusion/restraint, male clients were represented more than females (63% and 37% 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=76) and ILD/DOR, which was so sparse (N < 30) that demographic information was not reviewed.

The data presented in this report are important for several reasons. OBH regulation 2 CCR 502-1 Rule Section 21.280.23 specifically requires that certain data be collected (i.e., number of procedures on involuntary clients, client demographic information, etc.) and therefore reported. Data reporting provides important information as OBH's regulatory staff work to ensure client safety and monitor standards of care across all 27-65 designated facilities. Lastly, Federal and State government and media outlets make requests for 27-65 data on a regular basis and this report helps to provide more readily available responses.

Next Steps

The Office of Behavioral Health is currently working on initiatives that will have a direct correlation to the Care and Treatment of Persons with Mental Health Disorders (27-65-105, C.R.S.).

Senate Bill 17-207

On May 18, 2017, Governor John Hickenlooper signed Senate Bill 17-207 into law. With the passage of Senate Bill 17-207, the use of jails for persons in a mental health crisis who have not been charged with or convicted of a crime has been outlawed, effective May 1, 2018.

[8] Race and Ethnicity are not mutually exclusive; therefore, percentages will not add to 100%.

In order to eliminate the use of jails for persons not convicted of a crime, SB17-207 increased funding for the Colorado Behavioral Health Crisis Response System to accept higher acuity individuals, required regional partnerships, established a transportation pilot program and funded co-responder programs.

In addition, SB17-207 makes changes to the Emergency Procedure for the Care and Treatment of Persons with Mental Health Disorders (CRS § 27-65-105), effective May 1, 2018 including:

- Ending the use of jails for someone on a hold not charged with or convicted of a crime
- Allowing emergency medical services facilities to provide care for someone on a hold without being an Office of Behavioral Health designated facility
- Creating a new involuntary transportation hold
- Allowing a licensed and registered advance practice nurse to resolve a 72-hour hold

As of July 1, 2019, emergency medical services facilities will be required to report their 72-hour hold data to OBH. With this new requirement, all facilities that provide care for individuals on a 72-hour hold will now be required to submit data to OBH, and subsequent annual reports will be able to better describe how often rights-restricting interventions are being used to assist individuals in accessing needed mental health services.

Mental Health Advisory Board of Service Standards and Regulations

The Mental Health Advisory Board of Service Standards and Regulations is currently working with OBH to discern how to better inform and train professionals, individuals, families and providers on the care and treatment of persons with mental health disorders. The goal is to provide best-practice guidelines so all individuals know about and have access to effective mental health services throughout Colorado. Best-practice guidelines from OBH are scheduled to be released in the spring of 2018.

Appendices

Appendix I. Definition of Terms

1. **72 Hour Hold -** Any person who appears to have a mental illness and, as a result of such mental illness, appears to be an imminent danger to self or others or to be gravely disabled may be placed on a 72-hour hold if the person is unwilling to go to treatment voluntarily.
2. **Certifications -** (i.e. short- or long-term involuntary treatment)- Any person who is being detained for 72-hour evaluation and treatment under the emergency procedure or by court order may be certified for short-term treatment. A person may be certified for not more than three months for short-term treatment, but may be extended once for a period not to exceed an additional three months prior to the expiration of the short-term certification.
    a. Certification for Short-Term Treatment (C. R. S. 27-65-107), not to exceed 90 days, can include extended short-term treatment (C.R.S. 27-65-108), which means that treatment under the short-term certification can be extended for no more than an additional 90 days.
    b. Long-Term Care and Treatment of persons with mental health disorders (C.R.S. 27-65-109), with the original order not to exceed six months, an extension of an order can take place but not to exceed six months.
3. **Court-Ordered Evaluations -** Any individual who has personal knowledge of the person with mental illness may contact the County Attorney to request that an evaluation of a person's condition be made.
4. **Court-Ordered Imposition of Disability (ILD) and Deprivation of Right (DOR)-** If a person has a mental illness and is a danger to him/her 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 to request that:
    a. A specific legal right be deprived, or
    b. A specific legal disability be imposed.
5. **Electroconvulsive Therapy (ECT) -** Therapies using stimuli such as electroconvulsive therapy (ECT) require special procedures for consent. A consent form adopted by the Department shall is used and procedures set forth.
6. **Emergency procedures -** (C.R.S. 27-65-105) also referred to as 72-hour involuntary detention and evaluation or the hold-and-treat process, which is no more than 72-hours.
7. **Extended Seclusion and 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.
8. **Imposition of Legal Right or Imposition of Legal Disability -** (C.R.S. 27-65-127) is a process established for when a person wishes to deprive a legal right of another person

who has a mental health disorder and who is a danger to himself or herself or others, is gravely disabled or is insane under C.R.S. 16-8-101. The person is then subject to a 72-hour hold or short-term certification.

9. **Involuntary Medications -** Psychiatric involuntary medications may be ordered by a physician under emergency conditions for up to 10 consecutive days without a court order.
10. **Non-Emergency Procedure -** for 72-hour Involuntary detention for evaluation(C.R.S. 27-65-106), also referred to as Court Ordered Evaluation for Persons with Mental Health Disorders
11. **Psychiatric medications -** for any individuals (voluntary or involuntary). OBH only collects data on involuntary medications. Involuntary psychiatric medications include medications administered for psychiatric emergency conditions and non- emergency conditions. See below:
    a. Emergency Conditions (C.R.S. 27-65-105, 106, 107, 108,109)- when someone is in imminent danger of harming him or herself or someone else and refuses acceptance of a psychiatric medication. This is only allowed under involuntary services. Please see 2 CCR 502-1.
    b. Non-Emergency Involuntary Medications (C.R.S. 27-65-105, 106, 107, 108, 109) when an individual who is detained under the involuntary statutes would benefit from the administration of a psychiatric medication but the individual does not consent, the facility petitions the court to obtain permission to administer such medication. Please see 2 CCR 502-1.
12. **Restraint -** Statute defines restraint as any method or device used to involuntarily limit freedom of movement, including bodily physical force, mechanical devices, or chemicals.
13. **Seclusion and Restraint -** Individuals being detained under C.R.S. 27-65-105-109 may be secluded or restrained over their objection under the conditions covered in 2 CCR 502-1, otherwise there must be a signed consent for such an intervention.
14. **Seclusion -** Statute defines seclusion as the placement of an individual alone in a room or area from which egress is involuntarily prevented, except during normal sleeping hours.
15. **Therapy or Treatment Using Special Procedures -**Therapies using stimuli such as electroconvulsive therapy (ECT) require special procedures for consent and shall be governed by 2 CCR 502-1. These therapies can only be administered to individuals 16 years of age and older. If the individual undergoing treatment using special procedures is a child age 16-18 years old, the clinical record shall reflect informed consent by both the child and the legal guardian(s).
16. **Voluntary Admissions -** Any person may make voluntary application at any time to any public or private facility or mental health professional for mental health services, by direct application in person or by referral from any other either public or private facility or professional person.

Appendix II. Table of 51 Designated 27-65 Facilities by Type

27-65 Reporting Facility	Facility Type: Hospital, Acute Treatment Unit (ATU), Crisis Stabilization Unit (CSU), Residential Child Care Facility (RCCF), Community Mental Health Center (CMHC)
All Health Network	CMHC
All Health Network Bridge House	ATU
All Health Network Santa Fe	CSU
AspenPointe Behavioral Health Services	CMHC
AspenPointe Lighthouse	ATU
Aurora Mental Health Center	CMHC
Axis Health System	CMHC
Axis Health ATU	ATU
Fitzsimons Crisis Services Center	CSU
Boulder Community Hospital	Hospital
Cedar Springs Behavioral Health System	Hospital & RCCF
Centennial Mental Health Center, Inc.	CMHC
Centennial Peaks Hospital	Hospital
Children's Hospital Colorado	Hospital
Clear View Behavioral Health	Hospital
Colorado Mental Health Institute-Ft. Logan	Hospital
Colorado Mental Health Institute-Pueblo	Hospital
Community Reach Center	CMHC
Community Reach Center CSU	CSU
Denver Health Medical Center	Hospital
Devereux Advanced Behavioral Health-Colorado	RCCF
Eating Recovery Center	Hospital
Health Solutions	CMHC
Health Solutions ATU	ATU
Highlands Behavioral Health System	Hospital

Jefferson Center for Mental Health	CMHC
Jefferson Hills Lakewood (New Vistas)	RCCF
Jefferson Hills CSU	CSU
Lutheran Medical Center Senior Behavioral Health Unit	Hospital
Medical Center of Aurora Behavioral Health Services	Hospital
Mental Health Center of Denver	CMHC
Mental Health Partners	CMHC
Mind Springs	CMHC
Mountain Crest	Hospital
North Range Behavioral Health	ATU
North Range Behavioral Health	CMHC
Parkview Medical Center	Hospital
Peak View Behavioral Health	Hospital
Porter Adventist Hospital	Hospital
San Luis Valley Behavioral Health Group	CMHC
Sol Vista	CMHC
Southeast Mental Health Services	CMHC
SummitStone Health Partners	CMHC
SummitStone Health Partners CSU	CSU
The Center for Mental Health	CMHC
Transitions at West Springs	CSU
Veteran Affairs Medical Center - Denver	Hospital
Veteran Affairs Medical Center - Grand Junction	Hospital
West Pines Behavioral Health	Hospital
West Springs Hospital	Hospital

Appendix III. Colorado Code of Regulations 2 CCR 502-1 Section 21.280.23 Facility Designated Pursuant to Title 27, Article 65, C.R.S., Care and Treatment of Persons with Mental Illness Data Requirements

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. For each designated facility, the annual report shall include the name, county, and address of the facility, as well as facility type as defined in 27-65-102(7), C.R.S.

C. 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 sufficient to report the following aggregate numbers to the Department annually by July 1, for the most recent, complete calendar year covering January 1 through December 31:
   a. The total number of unduplicated individuals, as defined in Section 21.280.1, who were on a seventy-two hour hold status, as well as:
      1) Total number of unduplicated individuals by gender;
      2) Total number of unduplicated individuals by race and ethnicity;
      3) Total number of unduplicated individuals by age; and,
      4) Total number of unduplicated individuals by county of residence.
   B. The total number of seventy-two hour holds, as well as, the total number of seventy-two hour holds grouped by:
      1) Who initiated the seventy-two hour hold (each hold can only meet the requirements of one category listed below):
         a) Certified peace officer;
         b) Court; or,
         C) Facility or community based personnel as defined in section 21.280.1.
      2) The reason(s) for the seventy-two hour hold (each hold can meet the requirements of multiple categories listed below):
         a) Dangerous to self;
         b) Dangerous to others; or,
         c) Gravely disabled.
      3) Disposition of the seventy-two hour hold (each hold can only meet the requirements of one category listed below):
         A) Released without need for further mental health services;
         B) Referred for further mental health care and treatment on a voluntary basis;
         C) Certified for treatment pursuant to 27-65-107, C.R.S.; or,
         D) Transferred to another designated facility while still on the seventy-two hour hold.

C. The total number of involuntary transportation holds, as defined in Section 21.281.1, received by the facility, as well as total numbers by outcome of the required screening, including at least:
1) Total number of involuntary transportation hold screenings resulting in the placement of a seventy-two hour hold;
2) Total number of involuntary transportation hold screenings resulting in a referral for further mental health care and treatment on a voluntary basis: and,
3) Total number of involuntary transportation hold screenings resulting in a release without need for further mental health services.

2. Short and Long-Term Certifications
The facility is required to maintain a data set sufficient to report the following aggregate numbers to the Department annually by July 1, for the most recent, complete calendar year covering January 1 through December 31:
a. The total number of unduplicated individuals, as defined in Section 21.280.1, who were on a certification, as well as:
1) Total number of unduplicated individuals by gender;
2) Total number of unduplicated individuals by race and ethnicity;
3) Total number of unduplicated individuals by age; and,
4) Total number of unduplicated individuals by county of residence.
B. The total number of certifications, as well as, the total number of certifications grouped by:
1) Type of certification (each certification can only meet the requirements of one category listed below):
a) Short-term;
b) Extended short-term;
c) Long-term; or,
d) Extended long-term.
2) Reason for the certification (each certification can meet the requirements of multiple categories listed below):
a) Dangerous to self;
b) Dangerous to others; or,
c) Gravely disabled.
3) Outcome of the certification (each certification can only meet the requirements of one category listed below):
A) Released without need for further mental health services;
B) Referred for further mental health care and treatment on a voluntary basis; or,
c) Certification extended; or,
d) Certification transferred.

3. Voluntary Individuals

The facility is required to maintain a data set sufficient to report the following aggregate numbers to the Department annually by July 1 for the most recent, complete calendar year covering January 1 through December 31, the total number of unduplicated individuals, as defined in Section 21.280.1, who accessed mental health treatment voluntarily pursuant to 27-65-103, C.R.S., as well as:

A. Total number of unduplicated individuals by gender;
B. Total number of unduplicated individuals by race and ethnicity;
C. Total number of unduplicated individuals by age; and,
D. Total number of unduplicated individuals by county of residence.

4. Additional Reporting Requirements

The facility is required to maintain data sets sufficient to report the following aggregate numbers to the Department annually by July 1 for the most recent, complete calendar year covering January 1 through December 31.

a. Involuntary Medications

Total number of involuntary psychiatric medication procedures, including type of order:

1) Emergency; or,
2) Court-ordered.

b. Involuntary Treatments

1) Total numbers of restraint and/or seclusion episodes.
2) Total number by type of restraint.
3) Length of seclusion and/or restraint episode per individual.

c. Total number of electroconvulsive therapy procedures.

d. Imposition of Legal Disability or Deprivation of a Right

Total Numbers of court orders for:

1) Imposition of Legal Disability; and,
2) Deprivation of a Right.

D. Pursuant to § 27-65-121, C.R.S., and HIPAA, as defined in Section 21.100, the facility must maintain confidentiality over the data sets. The reports generated from these data sets are also confidential; but the Department may release aggregated information contained in the reports so long as the total number of individuals in any aggregate data group (including county or facility name) is greater than thirty (30). If the total number in such a data group is less than or equal to thirty (30), the Department may release this information by redacting such number.

Appendix IV. Colorado Code of Regulations 2 CCR 502-1 Section 21.282 Emergency Medical Services Facility Data Reporting Requirements [Effective May 1, 2018]

A. An emergency medical services facility, as defined in 27-65-102(5.5), C.R.S., providing care to an individual pursuant to Title 27, Article 65, C.R.S. is required to maintain a data set sufficient to report the following aggregate numbers to the Department annually pursuant to 27-65-105(7), C.R.S., in the format and timeframe required by the Department.

B. For each facility, the annual report shall include:
   1. The name, county, and address of each facility site where the service was provided.
   2. The total number of unduplicated individuals, as defined in Section 21.280.1, who had a seventy-two hour hold resolved (this includes release without need for further mental health services, or referral for voluntary treatment) at the facility, as well as:
      a. Total number of unduplicated individuals by gender;
      B. Total number of unduplicated individuals by race and ethnicity;
      c. Total number of unduplicated individuals by age; and,
      D. Total number of unduplicated individuals by county of residence.
   3. The total number of seventy-two hour holds transferred to a designated facility for continued involuntary services.
   4. The total number of involuntary transportation holds, as defined in Section 21.281.1, received by the facility, as well as total numbers by outcome of the required screening, including at least:
      A. Total number of involuntary transportation hold screenings resulting in the placement of a seventy-two hour hold;
      B. Total number of involuntary transportation hold screenings resulting in a referral for further mental health care and treatment on a voluntary basis: and,
      C. Total number of involuntary transportation hold screenings resulting in a release without need for further mental health services.
   5. The total number of seventy-two hour holds where the involuntary status was resolved at the facility, as well as, the total number of seventy-two hour holds where the involuntary status was resolved at the facility grouped by:
      A. Who initiated the seventy-two hour hold (each hold can only meet the requirements of one category listed below):
         1) Certified peace officer;
         2) Court; or,
         3) Facility or community based personnel as defined in Section 21.280.1.
      B. The reason for the seventy-two hour hold (each hold can meet the requirements of multiple categories listed below):
         1) Dangerous to self;
         2) Dangerous to others; or,
         3) Gravely disabled.

C. Disposition of the seventy-two hour hold (each hold can only meet the requirements of one category listed below):
   1) Released without need for further mental health services; or,
   2) Referred for further mental health care and treatment on a voluntary basis.

C. Process of data reporting

1. Facilities must submit their annual data report to the Department by July 1 of each year covering the most recent, complete calendar year covering January 1 through December 31. The report must meet the requirements in section 24-1-136(9), C.R.S.
2. The Department will annually request from the Department of Public Health and Environment a list of licensed facilities that may provide emergency services pursuant to Title 27, Article 65, C.R.S. the facility list shall include, but is not limited to: general hospitals; hospital units; psychiatric hospitals; and, community clinics.
3. If a facility on the list provided by the Department of Public Health and Environment does not report to the Department, the Department will contact the facility to confirm that the facility did not provide involuntary care to an individual pursuant to Title 27, Article 65, C.R.S. during the reporting cycle. If a facility is found to have provided involuntary care to an individual pursuant to Title 27, Article 65, C.R.S. and did not submit an annual report, an annual report will be requested. If a facility refuses to provide the statutorily required report, the Department may submit a complaint to the Office of the Ombudsperson for Behavioral Health Access to Care.

D. Pursuant to § 27-65-121, C.R.S. and HIPAA, as defined in Section 21.100, the facility must maintain confidentiality over the data sets. The reports generated from these data sets are also confidential; but the Department may release aggregated information contained in the reports so long as the total number of individuals in any aggregate data group (including county or facility name) is greater than thirty (30). If the total number in such a data group is less than or equal to thirty (30), the Department may release this information by redacting such number.