

Welcome to DH Learning Collaborative

- *As you join you will be promoted to presenter.*
- *You will be muted.*
- *Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.*
- *You may also put your questions and comments in the Chat box.*
- *We encourage active participation!*

Monthly Webinars

- **Virtual CO MAT Learning Forum**

1st Thursday 12:30pm-1:30pm

[REGISTER](#)

- **Induction Basics: Tips from the Trenches***

2nd Tuesday 7:30am-8:30am

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* *same topic each month*

- **Denver Health Learning Collaborative**

3rd Wednesday 12:15pm-1:15pm

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Denver Health Addiction Journal Club

Scheduled dates for 2020

- *Every fourth Tuesday January-October*
- *November 10th*
- *December 8th*

Time; noon to 1 pm

To join; email ITMATTTRs2@UCDENVER.EDU

- See our website for previous presentations & resources as well as upcoming topics
 - <https://www.practiceinnovationco.org/itmatttrs2/mat-forum/>

Substance Involuntary Commitment Process

The Involuntary Commitment Process
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A Quick Word on Statutes and Behavioral Health

- Civil Commitment Statutes vary in scope, definitions, and implementation state by state.
- Statutes are rarely updated.
- The substance treatment field and the ways we think/approach substance use disorders have evolved immensely over the last 44 years, the statutes however, have remained roughly the same.
- Statute is intentionally vague, as it falls to the department (OBH) to provide rules to give context to the statutes.

Civil vs Criminal

- Substance use and the court systems have a complicated relationship with one another.
- Stigma and programs vary across jurisdictions
- The civil process is not meant to be punitive but can feel punitive if the system/structure is not in place and maintained
- The role of the addiction professional is paramount to any legal system
- Criminal Justice Programs are evolving and improving

Who should be placed on an Involuntary Commitment?

- Clinically, this should be considered as an absolute last option.
- By statute, there needs to be clear evidence that voluntary treatment has not been successful AND that the individual is incapacitated as a direct result of their use or likely to inflict harm on themselves if not placed under an involuntary order.
- This process is complicated by the nature of its own construction. Often family members (not professionals) are seeking this path, which can be problematic if quality documentation and/or assessment does not accompany the process.
- Self-Autonomy is instrumental for recovery/treatment, so it needs to be clear that the individual is incapacitated due to their use.

Differences between Mental Health and SUD Civil Commitment Statutes

Mental Health 27-65	Alcohol and Substance
Process: somewhat understand by most within the field	Process: Small group of people understand and can navigate the process
Active assessment procedure	Passive assessment procedure
Decentralized Process through hospitals	Centralized processed, cases must go through the state gatekeeper(OBH)
Commitment period can be indefinite, if necessary on up to 90 day certifications	Commitment has a firm 210 day limit (initial 30 day order, two 90 day recommitments) and if a case is too difficult, proceeding can be dismissed. (Stigma?)
Court ordered medications can be done if appropriate (IMeds)	Court ordered medications cannot be sought, as under this proceeding, the respondent is presumed competent to proceed in court once substances are not in their system. (Current understanding of severe, chronic addiction might challenge this notion)
Thousands of mental health commitments are evaluated for or supported a year.	About 120 SUD commitments are filed a year. This is more reflective of how this process is implemented rather than the actual needs of Coloradoans.

Two Substance Statutes

- C.R.S. 27-81-112

- An “alcoholic” means a person who habitually lacks self-control as to the use of alcoholic beverages or uses alcoholic beverages to the extent that his/her health is substantially impaired or endangered or his social or economic function is substantially disrupted.

- C.R.S. 27-82-108

- A “drug abuser” means a person who habitually uses drugs or who uses drugs to the extent that his/her health is substantially impaired or endangered or his/her social or economic function is substantially disrupted.

How is the process initiated?

- Family member or care provider identifies an individual whom they fear is likely going to die as a result of their addiction.
- Initial Challenges:
 - First hand knowledges of the situation- Often the identified individual is far into their addiction and has severed ties to family/supports.
 - Finding resources/people knowledgeable of the process in a given area of the state to guide case.
 - Getting the application for emergency commitment placed.

What is an Emergency Commitment?

- An Application for an Emergency Commitment or “EC” is a temporary hold that can be initiated for an individual who is deemed to be an imminent risk to him/herself or others due to the substance use and likely to inflict harm on themselves or others.
- Any responsible party over the age of 18 may provide criteria to a provider to have an EC assessed for and may apply for this application of the EC with a withdrawal management.
- Most EC’s are initiated after an individual is hospitalized for something directly related to their misuse of alcohol or substances.
- Hospitals must coordinate with detox/withdrawal management centers in order for an EC to be placed.

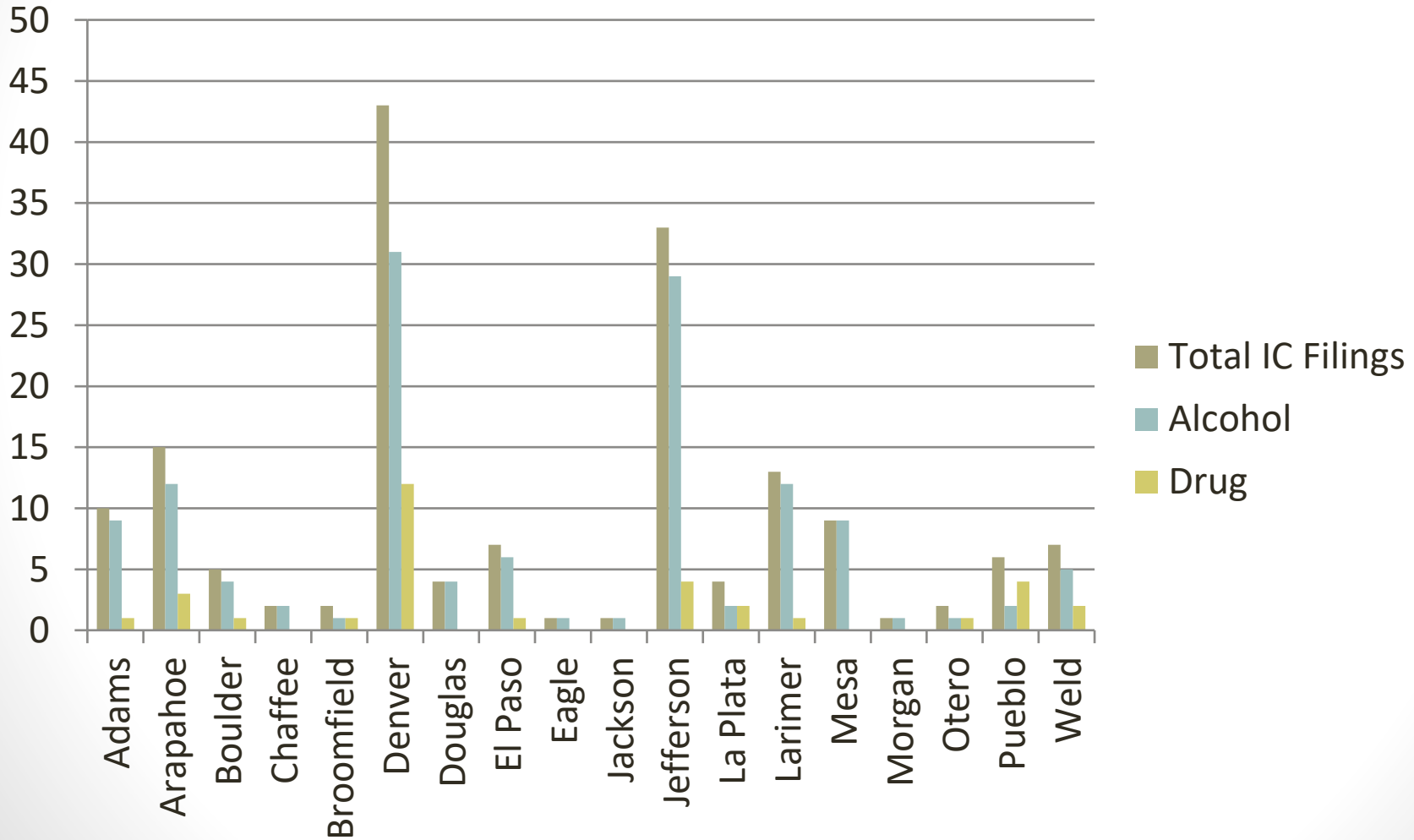
Duration of an EC

- Often incorrectly referred to as a “5-day hold”, the EC is actually an up to 5 day holding procedure. The individual may be released prior if grounds no longer exist for incapacitation or imminent risk to self or others.
- The “Administrator or Designee” at detox assesses and determines when the individual no longer meets grounds for the EC.
- EC’s can have three possible results:
 - Individual no longer meets criteria and is able to be appropriately discharged/referred to treatment.
 - Family or interested party filed for an Involuntary Commitment. (More on that later)
 - Individual continues to meet criteria and the hold expires after 5 calendar days.

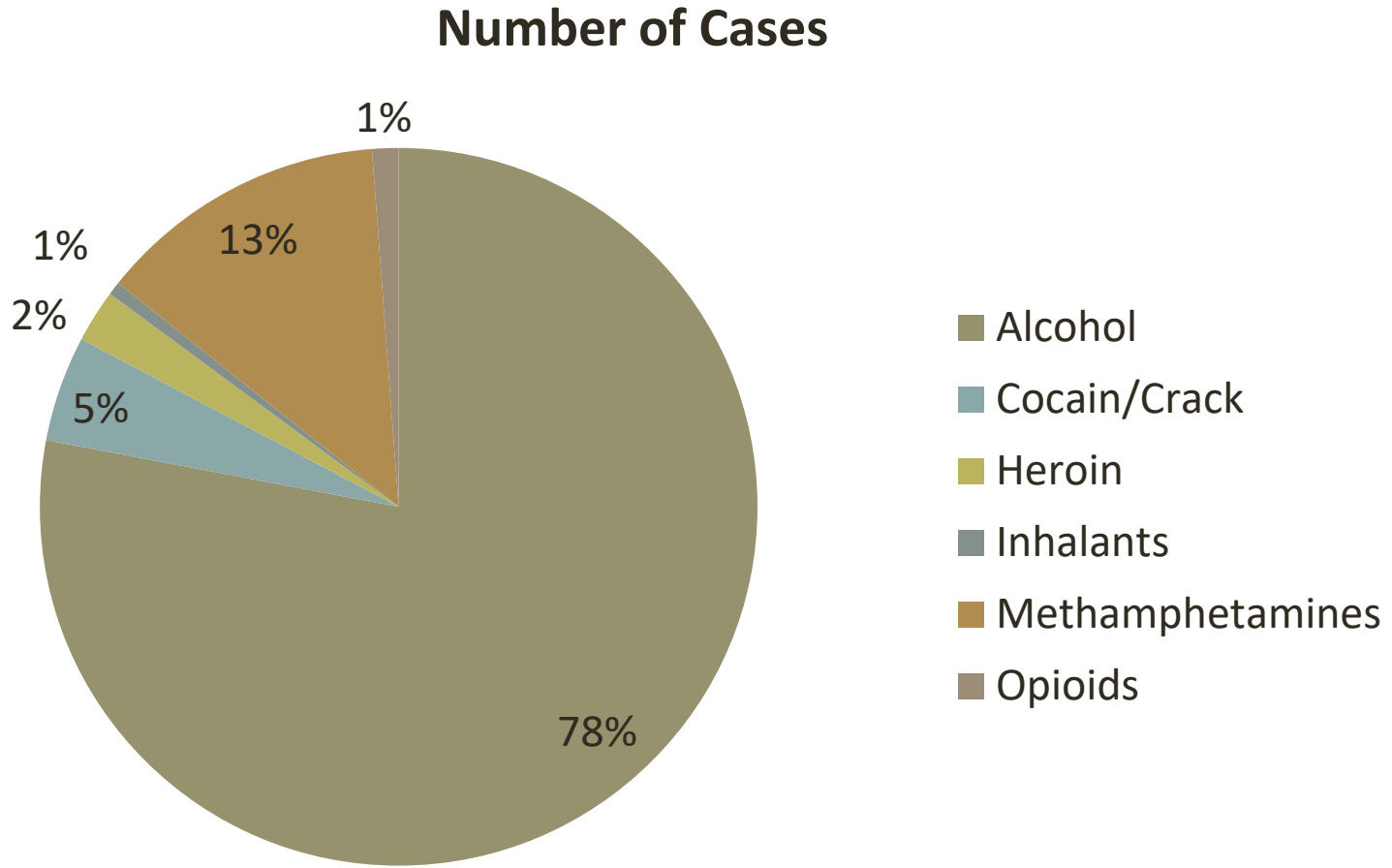
Vignette #1

- Mike is a 49 year old male who lives by himself in an apartment that is subsidized through a non-profit organization. Mike does not work and has no income outside of SSDI. Mike's non-profit case manager is the identified petitioner who is pursuing an involuntary commitment for Mike. The petition states that Mike is drinking a handle of vodka a day, as evidenced by the 25+ vodka bottles found in his apartment. Notes that Mike's apartment is completely trashed and often finds Mike passed out in the apartment, which occasionally results in hospitalizations for alcohol related detoxification. Mike is at risk of losing his housing voucher as a result of these struggles. Mike reports attending residential substance treatment "a while back" but is not a great historian. Mike's chart notes the following: Alcoholic varices, seizures, cirrhosis, and withdrawal state with delirium.
- When you interview Mike, he is on day three of his emergency commitment hold. Mike is visibly jaundiced and disheveled . He reports that this whole situation is overblown and that his case manager is just "getting back at him." Mike states that he only drinks occasionally, and that he doesn't need to go to "rehab" because he's already done that before and it didn't work for him. Mike states that he doesn't feel like he is harming anyone and just wants to be left alone in his apartment. Mike reports an estrangement to most members of his family, but that his sister will occasionally give him money.

IC Filings by County (over a 20 month span)

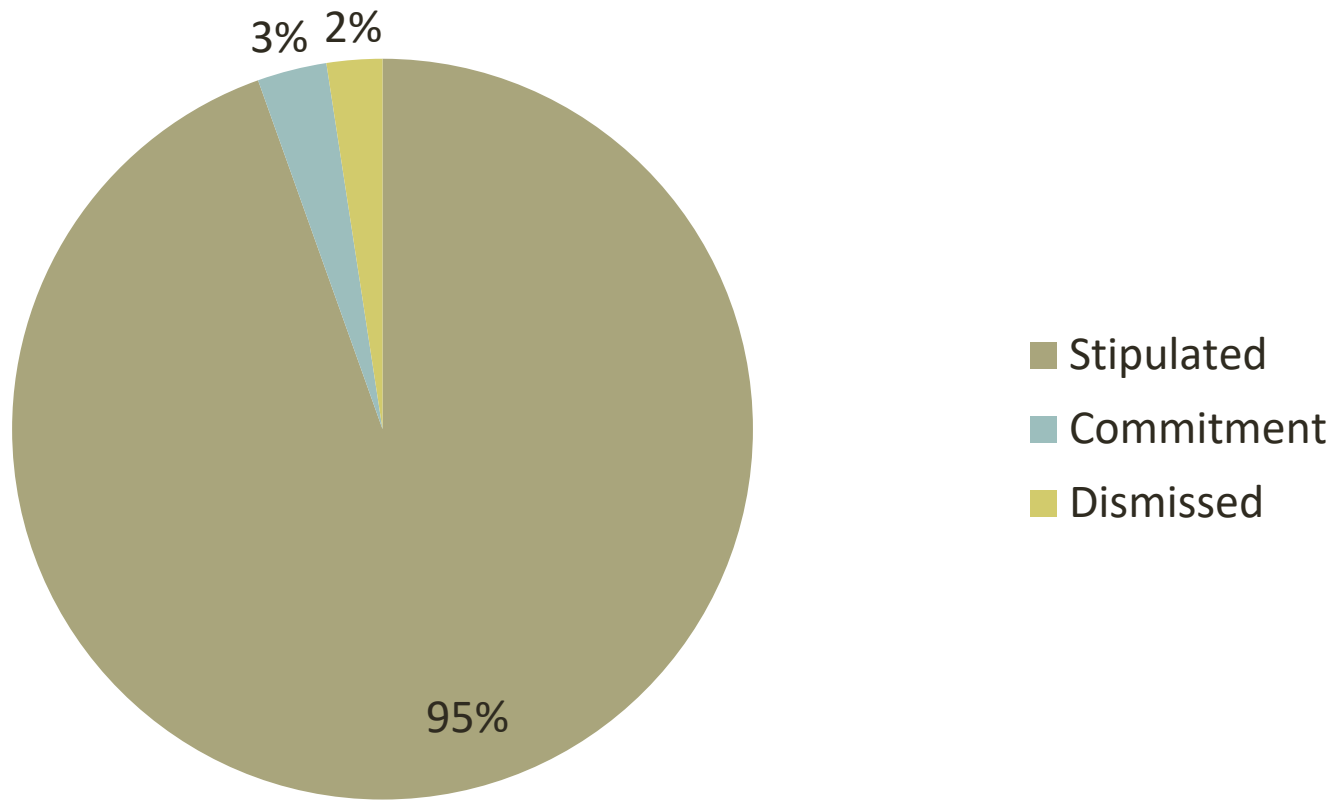


Primary Substances Use



Outcome of IC filings

Number of Cases



Vignette #2

- Joe is a 44 year old male who presently works occasionally as a day labor and lives with his elderly mother. Per the documentation, Joe has a .455 blood alcohol content upon admission to the hospital, where he was treated for a few days before being transferred to a withdrawal management on an Emergency Commitment. Per detox staff reports, on day 2, Joe had to be placed in the individual observation room at intake due to a recent outburst in the male dorm at the withdrawal management. During this episode, Joe climbed up and was messing with the sprinkler system in the observation room and was cited with a destruction of property. Also concerning is that on day 4 at detox, staff confiscated a very intricately woven noose that Joe had made out of braided paper scrubs. This prompted a M-1 evaluation by detox, but Joe stated that he was just bored and really enjoyed knots.
- Joe's petitioner is his elderly 82 year old mother, who is currently receiving medical care at a nearby hospital. Her petition notes that Joe has been isolating in the last year and has been drinking "a lot". Her statement is vague in many areas, but does note that he has had 5 significant hospitalizations in the metro area over the last 2 months. Joe's mother states that Joe will often call her directly and express suicidal thoughts of "jumping off the bridge on Speer ave". Joe's mother does state in the note that she can tell that he is under the influence by his slurred speech when he calls. Joe's mom has several documented attempts to try to get Joe into treatment, with no success. Records also indicated that the last two detox admissions were above .400 Blood Alcohol Content.
- When you interview Joe on day 5, he is very pleasant and willing to answer questions about his case. Joe states he is not suicidal now but does acknowledge that he says "stupid things" when he is drinking. Joe states that his drinking has increased ever since he lost his dog about a year ago. Joe does endorse drinking "a liter" of whiskey a day for the last year. Joe states that he had no intention to cause trouble when he was braiding the noose and appeared to have no insight into that incident. Additionally, Joe is incredulous about the sprinkler incident and states he does not remember that at all.

IC Filing Process Time Line

1. Inquiry
2. Individual is placed on EC in Detox/WM/Hospital
3. OBH Screens case and speaks with petitioner
4. Petitioner provides statement to OBH (OBH must approve statement)
5. OBH sends statement to Detox/WM and asks for a physician certification to be done.
6. If doctor is in support, OBH sends paperwork to the District/County/City Attorney for filing. Petitioner signs the petition and pays to have the individual served paperwork at Detox/WM. A filing must occur before the EC expires or becomes invalid.
7. IC Petition Court
8. Ordered Treatment
9. Dismissal/Contempt

1. Inquiries

- Karen Chappelow is the OBH Program Manager and Sara Fellers is the Program Assistant.
- OBH utilizes a dedicated Involuntary Commitment Message Line (303) 866-7502 for families that are inquiring about the process.
- This line is the best first option to give to families. The inquiry line is very helpful as it can provide families with preliminary information on this process.
- OBH may provide alternate referrals for getting their loved ones help. Referrals are often made to the following:
 - Mental Health Centers
 - Information on pursuing guardianship
 - Information on treatment for TBI individuals
 - Information on accessing voluntary treatment for individuals
 - Crisis Center information

3. OBH Screening

- OBH reviews many aspects of a case in determining whether we can support or not.
- Most critically is the statement that is being provided by the petitioner.
- Additionally, the individual must be medically stable to remain in detox/go to treatment programs.
- Is there a question about competency?
- Is the individual involved in the criminal justice system*?
- Is the individual likely to benefit from SUD treatment?



4. Petitioner Statement

- Statements must outline:
 - Attempts in the past to get the individual into treatment and why those attempts have not been successful.
 - Provide first hand knowledge that the individual has inflicted harm on themselves or others due to substances OR provide first hand knowledge that the individual is likely to inflict harm on themselves or others without intervention.
 - Per 27-81-112 The petition shall allege that the person is an alcoholic and that the person has threatened or attempted to inflict or inflicted physical harm on himself or herself or on another and that unless committed the person is likely to inflict physical harm on himself or herself or on another or that the person is incapacitated by alcohol
 - Incapacitated definition per statute: as a result of the use of alcohol is the individual is displaying one or more of the following:
 - Unconscious
 - Has his or her judgment otherwise so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment
 - Is unable to take care of his or her basic personal needs or safety
 - Lack sufficient understanding or capacity to make or communicate rational decisions about himself or herself
- Criteria for being a petitioner?
 - 18 years of age or older
 - Not abusing drugs or alcohol themselves
 - No outstanding legal issues
 - Possesses first hand knowledge of how the individual's use is putting them at risk to themselves or others

5. Physician Certification

- If OBH receives a statement that can be supported, the detox will be notified and be provided the statement for the physician to review.
- The certification must be done by a medical doctor with a license to practice in Colorado. The doctor will examine the individual and review the statement along with any other relevant information that is available.
- If the doctor does not find evidence to support, the petition will not be filed.
- OBH provides a set fee for reimbursing physician certifications.

5. Physician's Role in the IC process

- Evaluating the need for court ordered treatment based on the facts of the case.
 - Does the individual meet statutory definition of an “Alcoholic”/”Drug Abuser” means a person who habitually lacks self-control as to the use of Alcohol Beverages/Drugs to the extent that his/her health is substantially impaired or endangered or his social or economic function is substantially disrupted. As shown by the following facts:
 - You must be able to attest that the following, “I have found that this individual, as diagnosed above, has threatened or attempted to inflict physical harm on themselves or on another and that unless committed, is likely to inflict physical harm on themselves or another OR that they are incapacitated by Alcohol/Drugs as shown by the following facts:
- Potentially testifying to that opinion in court by phone or in person.

6. Court Filing

- If Doctor is in support, OBH sends paperwork to the District/County/City Attorney for filing.
- Petitioner signs the petition and pays to have the individual served paperwork at Detox/WM.
- A filing must occur before the EC expires or becomes invalid.
- The client (Referred to as the Respondent in Court) is served with paperwork at Detox by police, or by a detox worker if a waiver is signed.
- The client receives the following:
 - Statements that the petitioner(s) wrote.
 - Copy of the criteria for the certification by the doctor.
 - Notice of hearing for the IC petition court date

7. IC Hearing

- Stipulated Order: The individual decides to not oppose petition and agree to treatment recommendations.
- OBH determines recommendations based on assessments and information gathered from professionals at Detox/WM.
- Stipulated orders can be for up to 210 days and typically decrease in level of intensity over that period of time.
- Committed Order: The individual decides to fight the petition. If the individual loses, they are committed to an initial 30 order for treatment per statute.
- OBH acts as the petitioner in all recommitments following the initial 30 day order.
- Two recommitments can be pursued (90 days per recommitment).

8. Ordered treatment

- A residential treatment program is typically where the individual starts out.
- Programming is designed to act as a step-down to ensure continuity of care.
- Programming aims to keep individuals close to their communities where possible.
- OBH monitors progress of individuals and sends reports to the courts when appropriate.
- Limitations in ordered treatment:
 - Can't order families to participate.
 - Can't order medications to assist in treatment.
 - No locked facilities.
 - Not many options for dual-diagnosed individuals.
 - Internal vs. External Pressures to Change.

9. Dismissal and contempt

- OBH monitors progress of individuals completing their ordered treatment.
- OBH dismisses cases at the conclusion of their stipulated order.
- OBH may also recommend the dismissal of a case if it is evident that treatment is unlikely to be beneficial going forward.
- Contempt can be sought in a case, if an individual is willfully non-compliant with the IC. This is a legal determination based on the attorney in the county where the IC is filed. Judge must order it.
- The individual's treatment providers can request an early dismissal of the order if clinically appropriate.

IC Treatment Considerations

- Limitations of Treatment:
 - “Likely to benefit from treatment” per statute.
 - Co-occurring treatment is often hard to find.
 - No locked treatment facilities exist.
 - No guarantees that this process will work for this client.
 - Families are sometimes reluctant to be included in the treatment.

What Works?

- Relationships, Supports, Connections
- Meaning or sense of purpose
- Community Approach
- Sober time
- MAT
- Someone can only recover if they are alive.



Questions?

- Future Topics???