

Cross Agency Data Analysis Barriers

27-80-121. Perinatal substance use data linkage project – center for research into substance use disorder prevention, treatment, and recovery support strategies - report. (1) THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN SECTION 27-80-118, REFERRED TO IN THIS SECTION AS THE "CENTER", IN PARTNERSHIP WITH AN INSTITUTION OF HIGHER EDUCATION AND THE STATE SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE ESTABLISHED IN SECTION 18-18.5-103, MAY CONDUCT A STATEWIDE PERINATAL SUBSTANCE USE DATA LINKAGE PROJECT THAT USES ONGOING COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC HEALTH ACTIONS TO IMPROVE OUTCOMES FOR FAMILIES IMPACTED BY SUBSTANCE USE DURING PREGNANCY. THE DATA PAGE 8-SENATE BILL 19-228 LINKAGE PROJECT MAY CONSIDER STATE-ADMINISTERED DATA SOURCES THAT INCLUDE:

- (a) HEALTH CARE UTILIZATION BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;
- (b) HUMAN SERVICE AND PUBLIC HEALTH PROGRAM UTILIZATION BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;
- (c) HEALTH CARE, HUMAN SERVICE, AND PUBLIC HEALTH PROGRAM OUTCOMES AMONG PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS; AND
- (d) COSTS ASSOCIATED WITH HEALTH CARE, HUMAN SERVICE, AND PUBLIC HEALTH PROGRAM PROVISIONS FOR PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS.

(2) THE DATA LINKAGE PROJECT SHALL USE VITAL RECORDS TO ESTABLISH MATERNAL AND INFANT DYADS BEGINNING AT THE BIRTH HOSPITALIZATION AND RETROSPECTIVELY LINK THE PRENATAL PERIOD AND PROSPECTIVELY LINK THE FIRST YEAR POSTPARTUM.

(3) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY WILL OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON BEHALF OF THE STATE.

(4) ON OR BEFORE JANUARY 1, 2021, THE CENTER SHALL REPORT PROGRESS ON THE DATA LINKAGE PROJECT AND THE RESULTS, IF AVAILABLE, TO THE HEALTH AND INSURANCE COMMITTEE AND THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE OR THEIR SUCCESSOR COMMITTEES.

27-65-105 Emergency Procedure.

(3) Such WHEN A PERSON IS TAKEN INTO EMERGENCY CUSTODY BY AN INTERVENING PROFESSIONAL PURSUANT TO SUBSECTION (1) OF THIS SECTION AND PRESENTS TO AN EMERGENCY MEDICAL SERVICES FACILITY OR IS ADMITTED TO A DESIGNATED FACILITY, THE facility shall require an application in writing, stating the circumstances under which the person's condition was called to the attention of the intervening professional and further stating sufficient facts, obtained from the personal observations of the intervening professional or obtained from others whom he or she reasonably believes to be reliable,

to establish that the person has a mental illness and, as a result of the mental illness, is an imminent danger to others or to himself or herself or is gravely disabled. The application shall MUST indicate when the person was taken into EMERGENCY custody and who brought the person's condition to the attention of the intervening professional. A copy of the application shall be furnished to the person being evaluated, and the application shall be retained in accordance with the provisions of section 27-65-121 (4).

27-65-121. Records

(1) Except as provided in subsection (2) of this section, all information obtained and records prepared in the course of providing any services pursuant to this article 65 to individuals pursuant to any provision of this article 65 are confidential and privileged matter. The information and records may be disclosed only:

(a) In communications between qualified professional personnel in the provision of services or appropriate referrals;

(b) When the recipient of services designates persons to whom information or records may be released; but, if a recipient of services is a ward or conservatee and his or her guardian or conservator designates, in writing, persons to whom records or information may be disclosed, the designation shall be valid in lieu of the designation by the recipient; except that nothing in this section shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional personnel to reveal information that has been given to him or her in confidence by members of a patient's family or other informants;

(c) To the extent necessary to make claims on behalf of a recipient of aid, insurance, or medical assistance to which he or she may be entitled;

(d) If the department has promulgated rules for the conduct of research. Such rules shall include, but not be limited to, the requirement that all researchers must sign an oath of confidentiality. All identifying information concerning individual patients, including names, addresses, telephone numbers, and social security numbers, shall not be disclosed for research purposes.

(e) To the courts, as necessary to the administration of the provisions of this article;

(f) To persons authorized by an order of court after notice and opportunity for hearing to the person to whom the record or information pertains and the custodian of the record or information pursuant to the Colorado rules of civil procedure;

(g) To adult family members upon admission of a person with a mental health disorder for inpatient or residential care and treatment. The only information that may be released pursuant to this subsection (1)(g) is the location and fact of admission of the person with a mental health disorder who is receiving care and treatment. The disclosure of location is governed by the procedures in section 27-65-122 and is subject to review pursuant to section 27-65-122.

(h) To adult family members actively participating in the care and treatment of a person with a mental health disorder regardless of the length of the participation. The information released pursuant to this subsection (1)(h) is limited to one or more of the following: The diagnosis, the prognosis, the need for hospitalization and anticipated length of stay, the discharge plan, the medication administered and side effects of the medication, and the short-term and long-term treatment goals. The disclosure is governed by the procedures in section 27-65-122 (2) and is subject to review pursuant to section 27-65-122.

(i) In accordance with state and federal law to the agency designated pursuant to the federal "Protection and Advocacy for Individuals with Mental Illness Act", 42 U.S.C. sec. 10801 et seq., as the governor's protection and advocacy system for Colorado.

(2) Nothing in paragraph (g) or (h) of subsection (1) of this section shall be deemed to preclude the release of information to a parent concerning his or her minor child.

(3)

(a) Nothing in this article shall be construed as rendering privileged or confidential any information, except written medical records and information that is privileged under section 13-90-107, C.R.S., concerning observed behavior that constitutes a criminal offense committed upon the premises of any facility providing services under this article or any criminal offense committed against any person while performing or receiving services under this article.

(b) The provisions of subsection (1) of this section shall not apply to physicians or psychologists eligible to testify concerning a criminal defendant's mental condition pursuant to section 16-8-103.6, C.R.S.

(4)

(a) All facilities shall maintain and retain permanent records, including all applications as required pursuant to section 27-65-105 (3).

(b) Outpatient or ambulatory care facilities shall retain all records for a minimum of seven years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-five years of age for persons who were under eighteen years of age when admitted to the facility.

(c) Inpatient or hospital care facilities shall retain all records for a minimum of ten years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-eight years of age for persons who were under eighteen years of age when admitted to the facility.

(5) Nothing in this section shall be construed to prohibit or limit the sharing of information by a state institution of higher education police department to authorized university administrators pursuant to section 23-5-141, C.R.S.

Proposed Changes:

Legislative declaration. The General Assembly finds that Colorado has one of the highest suicide rates in the nation. Further, individuals with mental illnesses are overrepresented in the criminal justice system and despite current efforts to address competency evaluation and restoration backlogs, the state has not been able to come into compliance with the consent decree. It is hereby recognized that cross-agency data analysis and research is necessary to identify contributing factors and evaluate and inform policies and interventions to address these problems.

Recommended Changes:

- 1) MAKE IDENTIFIED VITAL RECORDS DATA AVAILABLE FOR RESEARCH THAT:
 - a. MEETS FEDERAL RESEARCH REQUIREMENTS AS DEMONSTRATED BY IRB APPROVAL OR WAIVER,
 - b. MEETS CDPHE STANDARDS FOR DATA SECURITY AS DEMONSTRATED BY CDPHE APPROVAL
- 2) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY WILL ESTABLISH PROCEDURES TO OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON BEHALF OF THE STATE.
- 3) Change 27-65-105 (4) (d) to say “(d) If the department has promulgated rules for the conduct of research. Such rules shall include, but not be limited to, the requirement that all researchers must sign an oath of confidentiality. All identifying information concerning individual patients, including names, addresses, telephone numbers, and social security numbers, shall ~~not be~~ ONLY BE USED FOR SECURE LINKAGE OF DATA SETS ACROSS SYSTEMS AND THEN ANONYMIZED FOR RESEARCH THAT COMPLIES WITH FEDERAL REQUIREMENTS.