

# MEMORANDUM

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**TO:** Joint Budget Committee Members

**FROM:** Carolyn Kampman, JBC Staff

**SUBJECT:** Information in Response to Presentation by County Sheriffs Concerning the Availability of Psychiatric Beds for Mental Health Holds

**DATE:** March 2, 2016

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On January 12, 2016, the County Sheriffs' Association made a presentation to the Committee concerning the availability of psychiatric beds for individuals who have been placed on a 72-hour mental health hold. Chairman Hamner requested that I gather information to assist the Committee in determining what steps can be taken to address the concerning issues raised by the sheriffs. I asked the Department of Human Services to respond to several questions to: clarify some of the issues that were raised; provide available data about the current system capacity; and respond to the sheriffs' suggestion to create a new data system. I have attached the Department's responses to these questions, and summarized the information below.

## **What is an "M1 hold"?**

An "M-1" is a legal document that initiates an involuntary 72-hour mental health hold. When a qualified mental health professional determines that an individual "appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled", that person can be taken into custody and placed in a facility designated or approved by the Executive Director of the Department of Human Services for further evaluation and treatment for up to 72 hours<sup>1</sup>. The court can also order a mental health evaluation without an assessment by a qualified mental health professional. These are called "M-3" holds and usually happen in rural areas.

## **Why are these individuals being held in jails?**

An individual who is placed on a mental health hold may be held in a jail setting "if no other suitable place of confinement for treatment and evaluation is readily available"<sup>2</sup>. However, statute only allows an individual on a mental health hold to be held in a jail for up to 24 hours (excluding weekends and holidays). The Department has not received information that individuals are being released from M-1 or M-3 holds due to a lack of bed availability.

## **How many mental health hold beds are available and where are they located?**

A total of 3,388 beds have been designated to provide evaluation and treatment for individuals on a mental health hold. These beds are located around the state in hospitals, residential child care facilities (RCCF), psychiatric residential treatment facility (PRTF), crisis stabilization units (CSU), and acute treatment units (ATU). The new behavioral health crisis system includes a total of 123 designated beds, including 61 newly created beds in Grand Junction (11), Fort Collins (12), Aurora (23), Westminster (8) and Lakewood (7). A list of the 3,388 designated beds, by location and type, is attached to the Department's responses.

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<sup>1</sup> See Section 27-65-105, C.R.S.

<sup>2</sup> See Section 27-65-105 (2) (a), C.R.S.

The Department notes that some hospital emergency departments elect to not obtain “27-65-105 designation”. These hospitals may hold individuals placed on M-1 and M-3 holds, but they do not report this data to the Department, nor to any other regulatory or oversight body.

**How does the current system capacity compare to the need?**

The two mental health institutes have a total of 543 designated beds, including 20 that are for children and adolescents.

- The Institute at Fort Logan has 94 beds for adults, and it has run a little over 97 percent of capacity in each of the last two fiscal years.
- The Institute at Pueblo has a total of 429 beds for adults, but 72 of these beds are designated for "forensic" (rather than civil) admissions. There are also 20 beds for children and adolescents that are mixed for both civil and forensic use. The Institute ran at 88.7 percent capacity for all beds in FY 2013-14, and at 92.7 percent capacity in FY 2014-15.

The Department does not collect census data for designated mental health hold beds in private facilities.

**Can facilities with designated mental health hold beds refuse to accept an individual?**

Facilities with designated beds, including crisis stabilization units (CSU), are not expressly required to treat all individuals placed on a mental health hold. Sometimes these facilities must go on “divert status” when they are full. With respect to designated beds that are part of the behavioral health crisis system, the Department requires contractors to evaluate all individuals seeking crisis services with the following exceptions: those with medical needs that exceed the capabilities of the crisis facility, and those with behavioral aggression and violence that cannot be de-escalated through non-violent crisis intervention techniques. The Department requests that it be informed any time a client on an M-1 or M-3 hold is denied access to a CSU so that it can comprehensively track and address this issue.

**Would it be feasible to implement an active, real time, data system that would allow those entities that are involved in mental health holds to see the number and location of all available beds?**

The Department identified four possible options to consider, including one recently funded in North Carolina that is connected to providers' electronic health record systems (\$350,000 for one-time costs and \$134,000 for ongoing operations). The Department suggested considering the feasibility of using the crisis hotline to organize and disseminate information related to bed capacity and utilization within the crisis system. In order to move forward to design, develop, and implement a new system, the Department would need to engage providers and other stakeholders and further clarify the goals of the system and the available resources among the providers across Colorado. The Department would also need more time to develop an accurate cost assessment for each option.

The Department notes that a psychiatric bed registry would simply inform law enforcement and other professionals that an inpatient bed is available. There would still need to be a process of determining whether the facility with the available bed will admit a specific individual.



**Document:** OBH-26: Follow-up to Sheriffs' Presentation

**Due Dates:** To JBC: 02/26/2016

**Budget Contact:** Corey Hassey

**1. The sheriffs mentioned both "M1" and "M3" holds. Please briefly describe what these terms mean and the different legal or procedural requirements related to each category.**

The M-1 and the M-3 are the two legal documents that initiate a 72-hour detention for mental health evaluation, as identified in 27-65-105, C.R.S. (2015).

- An M-1 is completed when an initial assessment completed by a qualified mental health professional, determines that an individual is a danger to self or others or is gravely disabled and requires further evaluation and treatment for up to 72 hours on an involuntary basis.
- An M-3 is a court affidavit sworn to or affirmed before a judge which relates sufficient facts to establish the appearance of mental illness and imminent danger to self or others, or grave disability. With an M-3, the court may order the individual described in the affidavit to be taken into custody and placed in a facility for a 72-hour evaluation and related treatment.

Both of these processes are also known as a "72 hour hold." M-1 holds are used more frequently than M-3 holds. M-3 holds are generally used in more rural areas where there are limited qualified professionals readily available to perform an initial assessment.

**2. Please provide any available data that would indicate how the current system capacity compares to the need, such as:**

**a. The number of beds currently available in facilities designated or approved by the Department for 72-hour treatment and evaluation pursuant to Section 27-65-105, C.R.S. Please provide the number of beds by facility and county.**

Please refer to Exhibit A which illustrates the number of "27-65-105 designated" beds by facility, facility type, county, and bed type. The "27-65-105" designation is assigned and monitored by the Department of Human Services, Office of Behavioral Health. Types of facilities include hospitals, residential child care facilities (RCCF), crisis stabilization units (CSU), and acute treatment units (ATU). The bed count is then separated by the type of bed, including adult, child/adolescent, older adults, ATU, psychiatric residential treatment facility (PRTF), and RCCF beds. Totals are provided for each type of bed within each facility. Additionally, the total number of beds per county is calculated. The total number of "27-65-105 designated" beds in Colorado is 3,388.

**b. Any data that would explain how often these beds are occupied in each facility (with individuals on a mental health hold) and/or the number of individuals who are placed in these beds each year.**

With the exception of the bed information at the Mental Health Institutes, the Department does not collect private facility census data related to the average daily census of “27-65-105 designated” beds.

The Colorado Mental Health Institute at Fort Logan (CMHIFL) has 94 “27-65-105 designated” beds. All 94 beds are open to admissions related to M-1 or M-3 holds for adults (CMHIFL has no child and adolescent beds). In FY 2013-14, Fort Logan ran at 97.2% capacity for all adult beds. In FY 2014-15, Fort Logan ran at 97.1% capacity for all adult beds. The 2.8% – 2.9% vacancy rate reflects patient transfers among programs, transition time for bed turnover after discharge and admission considering variables related to transportation time, age, gender of referrals, and safety concerns.

The Colorado Mental Health Institute at Pueblo has a total of 429 “27-65-105 designated” beds for adult and older adults. Of these beds, 357 are open to admissions related to M-1 or M-3 holds. The remaining 72 are designated for forensic admissions. Additionally, there are 20 “27-65-105 designated” child and adolescent beds that are mixed for civil and forensic use.

In FY 2013-14, Pueblo ran at 88.7 % capacity for all beds. In FY 2014-15, Pueblo ran at 92.7% capacity for all beds. The 7.3% – 11.3% vacancy rate reflects patient transfers among programs, transition time for bed turnover after discharge and admission considering variables related to transportation time, age, gender of referrals, and safety concerns.

**c. The number of court orders for M1 and M3 mental health holds (and any other relevant categories of mental health holds -- is there an "M2"?) for the last couple of years to indicate overall demand and recent changes in that demand.**

Prior fiscal year data for court ordered 72-hour involuntary holds (M1 holds) and court ordered evaluations (M3 holds) are illustrated below:

FY 2012-13 Holds		FY 2013 - 14 Holds		FY 2014 - 15 Holds	
M-1	M-3	M-1	M-3	M-1	M-3
129	Not Collected	56	67	106	35
Total Holds: 129		Total Holds: 123		Total Holds: 141	

Note: This data does not reflect all M-1 and M-3 holds placed in Colorado. The Department is only able to collect this information from entities that have a “27-65-105 designation.” Some hospital emergency departments elect to not obtain “27-65-105 designation.” These hospitals may hold individuals placed on M-1 and M-3 holds, but they do not report this data to the Department, nor to any other regulatory or oversight body.

An M-2 category exists, but does not directly relate to a mental health hold initiation. The M-2 informs individuals of their rights when placed on a hold.

**d. The setting in which individuals are held at the point the court orders a mental health hold (e.g., jail, emergency room, etc.), and the number of hours/days that individuals are held in those settings (average and/or ranges?).**

The court orders evaluation related to M-3 holds only. Once an M-3 hold is initiated, the individual is typically transported to an emergency room and then transferred to a “27-65-105 designated” psychiatric hospital. The time frame for an individual to be admitted to a designated facility on either type of hold can range from a few hours to several days<sup>1</sup>, though typically individuals on an M-3 hold are quickly admitted to a “27-65-105 designated” psychiatric facility based on the judge’s order. There are several variables that affect this time frame, including the availability of a bed in a designated facility and any complicating factors of the individual, such as violent behavior or complex medical needs. Sometimes, an individual must be held in a jail setting if there is no designated hospital emergency department nearby. However, per 27-65-105 (2)(a), an individual on an M-1 or M-3 hold can only be held in a jail for up to 24 hours before transferring to a hospital emergency department, “27-65-105 designated” psychiatric hospital, crisis stabilization unit (CSU), or acute treatment unit (ATU).

With the implementation of the Department’s statewide behavioral health crisis response system, Colorado Crisis Services, the intent is for more of these individuals to be admitted to regionally-located CSUs to receive expert evaluation and treatment in a supportive setting and lessen the burden on hospital emergency departments. However, the Department frequently receives feedback from patients and providers that in smaller towns and more remote areas, individuals must still be held in jails because of the limited geographical access to a CSU and because the hospitals nearest to the remote settings have not sought “27-65-105 designation” to accept and evaluate individuals on M-1 or M-3 holds.

**e. The number of individuals who have been placed on a mental health hold who are released to the community due to the unavailability of a bed in a designated facility within the necessary time frame (24 hours?).**

The Department has not received information that individuals are being released from M-1 or M-3 holds due to a lack of bed availability.

**3. Please describe whether the creation of the behavioral health crisis system has affected the number of beds available for mental health holds (i.e., are any of the new beds designated for this purpose?).**

All crisis stabilization units (CSU), which are a part of Colorado Crisis Services behavioral health crisis system, are “27-65-105 designated” facilities and have up to a 16-bed capacity, resulting in an increased capacity of 56 beds, as seen in the table that follows. Some of these

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<sup>1</sup> Data based on feedback collected from patients and providers.

beds existed prior to the initiation of Colorado Crisis Services on December 1, 2014. The geographic locations of the CSU beds are as follows<sup>2</sup>:

<b>CSU Location</b>	<b># of Adult Beds</b>	<b># Child/Adolescent Beds</b>
Pueblo (Pueblo County)	14	0
Colorado Springs (El Paso County)	16	0
Grand Junction (Mesa)	11*	0
Ft. Collins (Larimer)	10*	2*
Greeley (Weld County)	16	0
Aurora (Adams County/Arapahoe County)	16*	7*
Littleton (Arapahoe County)	16	0
Westminster (Adams County)	8*	0
Lakewood (Jefferson County/Arapahoe County)	0	7*
<b>TOTAL NEW BEDS</b>	<b>45</b>	<b>16</b>
<b>TOTAL BEDS</b>	<b>107</b>	<b>16</b>

\*Represents new CSU beds

**4. The sheriffs indicated that there are times when facilities will refuse to accept a person who is on a mental health hold (including a crisis system facility). Please describe what legal or contractual discretion, if any, designated mental health hold facilities have to reject an individual who is on a mental health hold.**

Facilities designated under Title 27, Article 65-105, including crisis stabilization units (CSUs), are not expressly required to treat all individuals placed on a mental health hold. Additionally, at times, “27-65-105 designated” hospitals sometimes must go on “divert status” when they are full. Should that occur, the law enforcement official is referred to another “27-65-105 designated” facility.

The Department’s contractual language clarifies that crisis service contractors will evaluate all individuals seeking crisis services with the following exceptions: medical needs that exceed the capabilities of the crisis facility, and behavioral aggression and violence that cannot be de-escalated through non-violent crisis intervention techniques.

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<sup>2</sup> Data based on internal Department tracking of provider applications for “27-65-105” designation.

When the Department is alerted to situations where crisis contractors refuse or are unable to evaluate an individual in crisis that does not meet the two exceptions, follow-up information is requested and contractual obligations of the providers are reinforced. The Department requests that it be informed any time a client on an M-1 or M-3 hold is denied access to a CSU, so as to most comprehensively track and address this issue. As of February 1, 2016, the Department has not received any notifications of a client with an M-1 or M-3 hold unable to access a CSU.

**5. The sheriffs suggested that it would be helpful if the State could implement an active, real time, data system that would allow those entities that are involved in mental health holds to see the number and location of all available beds. Please provide any information the Department may have about the feasibility of creating such a system in Colorado, and what steps should be taken to gather information about the resources and statutory or other changes that would be required to develop and implement such a system.**

There are four possible options to consider in regard to the possibility of designing a real-time data system as described above. While the Department believes these are all possible solutions to implement a real-time, data system, it requests that before any option is pursued, it has time to partner with key stakeholders and providers in order to determine the best solution.

The first possible option is to have a real-time, web-based service that is connected from the provider's electronic health record (EHR) to a centralized database. This may be a preferable option to maximize real-time accuracy and minimize workload. This is an expensive option as it would require an interface to be built and maintained at each provider's location. In 2015, North Carolina's Appropriations Bill included an appropriation "to provide real-time information on the number of child, adolescent, and adult beds available at each licensed facility in the State." North Carolina's House Bill 97, released on 5/14/2015, appropriated \$350,000 one-time funds and an additional \$134,000 ongoing funds for the implementation and operation of their program.

The second possible option would be to build a web-based, central database application that would allow providers to securely log in and directly enter information. This option seems to be significantly more affordable but poses challenges of extra data entry requirements and potentially unreliable data, if data entry is not done timely and accurately with consistency.

The third possible option would require that each provider set up their own database application and law enforcement officials would then contact the provider directly for data. The cost would be anticipated to fall somewhere between the first and second options, however, a non-centralized database would not be user-friendly. Inconsistencies in implementation are a possibility amongst numerous providers and ongoing maintenance costs would likely be high.

Lastly, a fourth possible option would be to amend the contracts with the entities so that they must post their beds, capacity, utilization and/or availability on their websites and update them daily. This would give flexibility to the individual providers to choose how this gets accomplished. Some providers could opt to go with automatic updates, or link their website to an existing data system. Though this option would require sheriffs to look at individual provider websites, find a facility with capacity, and then contact the facility about possible admission, it would be the most cost efficient method to get up to date information to the sheriffs.

In order to move forward to design, develop, and implement a new system, the Department would need to engage providers and other stakeholders and further clarify the goals of the system and the available resources among the providers across Colorado. Additional research would be required in order to get an accurate cost assessment for each option outlined above. One issue that needs to be clarified involves the definition of real-time data. Specifically, does the data need to be updated on a minute, hourly, or daily basis? Additionally, the Department would need to explore options related to existing State infrastructure, such as the feasibility of using the crisis hotline to organize and disseminate information related to bed capacity and current State census within the crisis system. A comprehensive inventory detailing the technical capabilities of the providers would be essential. For example, does the provider have an EHR; does the provider use an umbrella data company; does the provider have an existing IT vendor that can assist in the integration of a new system?

It is important to note that a psychiatric bed registry would simply inform law enforcement and other professionals that an inpatient bed is available. Further stakeholder involvement and collaboration would be necessary in order to clarify the anticipated goals of a real-time data system, such as determining what information it will provide, as well as the process of requesting a facility with an available bed to accept the patient for admission.



**Exhibit A**  
**Number of Beds by Facility, County and Bed Type**  
**Covered Under Section 27-65-105, C.R. S. (2015)<sup>1</sup>**

Name of Facility	Type <sup>2</sup>	Adult Beds	Child-Adolescent Beds	Older Adult Beds <sup>3</sup>	ATU Beds	PRTF <sup>4</sup>	RCCF Beds	County	Total Beds
Arapahoe House StepWise	RCCF						20	Adams	20
Children's Hospital Colorado	Hospital		28					Adams	28
Devereux Cleo Wallace	RCCF					47	71	Adams	118
Fitzsimons Crisis Services Center, Colorado Crisis Connection	CSU	8						Adams	8
Haven Behavioral Senior Care of North Denver	Hospital	30						Adams	30
Shiloh Center for Youth	RCCF						28	Adams	28
Shiloh House - Adams Campus	RCCF						20	Adams	20
<b>Adams County Total</b>		<b>38</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>139</b>		<b>252</b>
Youthtrack, Inc. San Luis Valley	RCCF						20	Alamosa	20
<b>Alamosa County Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>		<b>20</b>
Arapahoe/Douglas Mental Health Network Sante Fe House CSU	CSU	16						Arapahoe	16
Arapahoe/Douglas Mental Health Network/Bridge House	ATU/CSU				16			Arapahoe	16
Excelsior Youth Center	RCCF						150	Arapahoe	150
Jefferson Hills - Aurora	RCCF						72	Arapahoe	72
Jefferson Hills Child/Youth CSU/WIC Aurora	CSU/RCCF		7					Arapahoe	7
The Medical Center of Aurora Behavioral Health Services	Hospital	40		20				Arapahoe	60
Third Way Center - Bannock	RCCF						14	Arapahoe	14
<b>Arapahoe County Total</b>		<b>56</b>	<b>7</b>	<b>20</b>	<b>16</b>	<b>0</b>	<b>236</b>		<b>335</b>
Centennial Peaks Hospital	Hospital	56	16					Boulder	72
<b>Boulder County Total</b>		<b>56</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>72</b>
Gateway Residential Program - Delta	RCCF						15	Delta	15
<b>Delta County Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>		<b>15</b>
Colorado Mental Health Institute - Ft. Logan	Hospital	94						Denver	94
Denver Children's Home	RCCF						35	Denver	35
Denver County Family Crisis Center	RCCF						36	Denver	36
Denver Health Medical Center	Hospital	41	16					Denver	57
Eating Recovery Center	Hospital	36						Denver	36
Mt. St. Vincent Home	RCCF						36	Denver	36
Porter Adventist Hospital	Hospital	35	14					Denver	49
Regents of the University of Colorado dba Synergy	RCCF						24	Denver	24
Savio House	RCCF						27	Denver	27
The Empowerment Program, Inc. Empowerment Program Specialty Clinic	RCCF						60	Denver	60
Third Way Center - Lincoln	RCCF						24	Denver	24
Third Way Center - Lowry	RCCF						32	Denver	32

**Exhibit A**  
**Number of Beds by Facility, County and Bed Type**  
**Covered Under Section 27-65-105, C.R. S. (2015)<sup>1</sup>**

Name of Facility	Type <sup>2</sup>	Adult Beds	Child-Adolescent Beds	Older Adult Beds <sup>3</sup>	ATU Beds	PRTF <sup>4</sup>	RCCF Beds	County	Total Beds
Third Way Center - Pontiac	RCCF						16	Denver	16
Third Way Center - York	RCCF						16	Denver	16
Veterans Affairs Medical Center - Denver	Hospital	36						Denver	36
Youthtrack, Inc. Youthtrack Work and Learn	RCCF	242					15	Denver	257
<b>Denver County Total</b>		<b>484</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>321</b>		<b>835</b>
Highlands Behavioral Health System	Hospital	54	32					Douglas	86
<b>Douglas County Total</b>		<b>54</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>86</b>
Cedar Springs Hospital, Inc. dba Cedar Springs Behavioral Health System	Hospital	64	12				34	El Paso	110
Griffith Centers for Children	RCCF						47	El Paso	47
Lighthouse ATU	ATU/CSU				16			El Paso	16
Peak View Behavioral Health	Hospital	40	32	20				El Paso	92
<b>El Paso County Total</b>		<b>104</b>	<b>44</b>	<b>20</b>	<b>16</b>	<b>0</b>	<b>81</b>		<b>265</b>
Southern Peaks Regional Treatment Center	RCCF						152	Fremont	152
<b>Fremont County Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>152</b>		<b>152</b>
Exempla Lutheran Medical Center Senior Behavioral Health Unit	Hospital			20				Jefferson	20
Exempla West Pines	Hospital	38						Jefferson	38
Jefferson Hills - Lakewood (New Vistas)	CSU/RCCF		7				70	Jefferson	77
Shiloh House - Estes	RCCF						8	Jefferson	8
Shiloh House - Portland	RCCF						16	Jefferson	16
Shiloh House - Yarrow	RCCF						8	Jefferson	8
<b>Jefferson County Total</b>		<b>38</b>	<b>7</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>102</b>		<b>167</b>
Southwest Colorado Mental Health Center, Inc. dba Axis Health System - ATU	ATU				45			La Plata	45
<b>La Plata County Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>0</b>		<b>45</b>
Clear View Behavioral Health	Hospital	92	24	68				Larimer	184
Poudre Valley Hospital Mountain Crest	Hospital	18	8					Larimer	26
Remington House	RCCF				5		15	Larimer	20
RFY, Inc. - Grismore	RCCF						12	Larimer	12
SummitStone Health Partners Community Clinic	CSU	10	2					Larimer	12
Turning Point Center for Youth (Girl's)	RCCF						15	Larimer	15
Turning Point Center for Youth (Boy's)	RCCF						20	Larimer	20
<b>Larimer County Total</b>		<b>120</b>	<b>34</b>	<b>68</b>	<b>5</b>	<b>0</b>	<b>62</b>		<b>289</b>
Colorado West Psychiatric Hospital, Inc.	Hospital	32						Mesa	32
Gateway Residential Program - Grand Junction	RCCF						10	Mesa	10

**Exhibit A**  
**Number of Beds by Facility, County and Bed Type**  
**Covered Under Section 27-65-105, C.R. S. (2015)<sup>1</sup>**

Name of Facility	Type <sup>2</sup>	Adult Beds	Child-Adolescent Beds	Older Adult Beds <sup>3</sup>	ATU Beds	PRTF <sup>4</sup>	RCCF Beds	County	Total Beds
Hand Up Homes for Youth-West	RCCF						12	Mesa	12
Residential Youth Services - Hilltop	RCCF						52	Mesa	52
Transitions at West Springs	CSU	11						Mesa	11
Veterans Affairs Medical Center - Grand Junction	Hospital	8						Mesa	8
<b>Mesa County Total</b>		<b>51</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>		<b>125</b>
Colorado Mental Health Institute - Pueblo	Hospital	389	20	40				Pueblo	449
El Pueblo Boys & Girls Ranch, Inc.	RCCF						162	Pueblo	162
Health Solutions - ATU	ATU/CSU				14			Pueblo	14
Parkview Medical Center	Hospital	17	10	10				Pueblo	37
<b>Pueblo County Total</b>		<b>406</b>	<b>30</b>	<b>50</b>	<b>14</b>	<b>0</b>	<b>162</b>		<b>662</b>
Alternative Homes for Youth	RCCF						26	Weld	26
North Range Behavioral Health - ATU	ATU/CSU				16			Weld	16
Shiloh House - Longmont Campus	RCCF						26	Weld	26
<b>Weld County Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>52</b>		<b>68</b>
<b>Grand Total:</b>	<b>-</b>	<b>1,407</b>	<b>228</b>	<b>178</b>	<b>112</b>	<b>47</b>	<b>1,416</b>		<b>3,388</b>

<sup>1</sup>This data was provided as of 02/23/2016 from the Department's Quality Assurance Team's internal tracking database of provider "27-65-105 designation" applications.

<sup>2</sup>Facility types include: hospitals, residential child care facilities (RCCF), crisis stabilization units (CSU), and acute treatment units (ATU).

<sup>3</sup>Older adult beds apply to hospitals only and are for individuals of 65 years of age or older.

<sup>4</sup>Psychiatric residential treatment facility.