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SUMMARY  
October 12, 2023

**2023COA95**

**No. 23CA1100, *People in the Interest of Ramsey* — Health and Welfare — Care and Treatment of Persons with Mental Health Disorders — Involuntary Administration of Medication — Certification for Short-term Treatment — Hearing Procedures**

Recognizing the lack of authority to guide lower courts in evaluating continuance motions in expedited involuntary mental health treatment cases, a division of the court of appeals approves of the probate court weighing a respondent's counsel's ability to prepare for a hearing against the apparent severity of the respondent's present need for treatment. Concluding that the probate court's denial of the continuance correctly addressed these considerations, the division affirms the court's order.

Court of Appeals No. 23CA1100  
City and County of Denver Probate Court No. 23MH551  
Honorable Elizabeth D. Leith, Judge

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The People of the State of Colorado,  
  
Petitioner-Appellee,  
  
In the Interest of Melody Anne Ramsey,  
  
Respondent-Appellant.

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ORDER AFFIRMED

Division II  
Opinion by JUDGE FURMAN  
Tow and Johnson, JJ., concur

Prior Opinion Announced August 24, 2023, WITHDRAWN

OPINION PREVIOUSLY ANNOUNCED AS “NOT PUBLISHED PURSUANT TO  
C.A.R. 35(e)” ON AUGUST 24, 2023, IS NOW DESIGNATED FOR PUBLICATION

Announced October 12, 2023

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Kerry Tipper, City Attorney, Daniel Horwitz, Assistant City Attorney, Denver,  
Colorado, for Petitioner-Appellee

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Respondent-Appellant

¶ 1 Respondent, Melody Anne Ramsey, appeals the probate court’s order certifying her for short-term involuntary treatment and authorizing the involuntary administration of antipsychotic, mood stabilizing, and side-effect treating medications. She contends that the court violated her rights and that the evidence was insufficient to uphold the court’s order. We disagree and affirm the order.

I. A Mental-Health Hold and the Hearing

¶ 2 In May 2023, Ramsey was living without a home and was arrested for trespassing at an encampment. She spent one night in the Denver County Jail. When the police released her, she refused to leave and insisted that they file a report on her allegations that her court-appointed guardian was abusing her. The jail’s psychiatric team suspected that she was suffering from significant paranoia and delusions, so they placed her on a mental-health hold. She was transported to Denver Health Medical Center (DHMC) on May 20, 2023, where the staff in the emergency room found her to be paranoid, delusional, irritable, and unstable. DHMC admitted Ramsey into an adult inpatient unit, and her treating psychiatrist diagnosed her with delusional disorder.

¶ 3 DHMC filed its first notice of certification and certification for short-term treatment and a motion for involuntary medication administration authority in the Denver Probate Court on May 24, 2023, and the court appointed counsel for Ramsey. On Ramsey's counsel's motion, the probate court dismissed that case on June 2, 2023, due to a procedural defect. Later that day, DHMC filed a substantively identical second petition that cured the procedural defect. The probate court reappointed Ramsey's previous counsel on June 2, 2023, and scheduled a hearing on the second petition for June 6, 2023.

¶ 4 Ramsey's counsel filed a motion to dismiss on statutory grounds and a motion to continue and for discovery, arguing that more time was required to obtain and review Ramsey's medical records and for her to undergo a complete medical examination. At the June 6 hearing, the probate court denied both motions and the hearing proceeded as scheduled.

¶ 5 Ramsey and her treating psychiatrist testified at the hearing. The treating psychiatrist was endorsed without objection as an expert in psychiatry, and she testified about diagnosing Ramsey with delusional disorder and what the diagnosis meant. The

treating psychiatrist then opined that Ramsey’s delusional disorder caused her to be unable to control her behavior and resulted in a substantial disorder of her cognitive abilities, her ability to recognize reality, and her emotional processes. Because of this disorder, the treating psychiatrist concluded that Ramsey was gravely disabled.

¶ 6 At the end of the hearing, the probate court found, by clear and convincing evidence, that Ramsey “is a person with a mental illness” that grossly impairs her “capacities to control her behaviors and to recognize reality.” And due to her mental illness, Ramsey “is gravely disabled,” “incapable of providing for or making informed decisions about her essential needs without significant assistance and supervision,” “at risk of substantial bodily harm from failure to attend her own needs, [and] at risk of significant psychiatric deterioration.” Accordingly, the probate court upheld the certification for short-term treatment, made findings on the four required elements in *People v. Medina*, 705 P.2d 961 (Colo. 1985), and granted the People’s motion for involuntary medication administration authority. Shortly thereafter, the court issued a written order consistent with its oral ruling.

¶ 7 Ramsey appeals the probate court’s order, contending that the court violated her due process rights by denying her continuance motion. In the alternative, Ramsey contends that the evidence was insufficient to support, by clear and convincing evidence, the court’s findings (1) that she was mentally ill or gravely disabled and (2) that all four *Medina* elements were met. We disagree with her contentions.

## II. Denial of Continuance

¶ 8 Ramsey contends that the probate court violated her due process rights by denying her continuance motion because her counsel was appointed late in the afternoon on Friday, June 2, and the hearing was held the following Tuesday, June 6. She argues that one full business day was insufficient time for counsel to obtain and review the medical records and documents necessary to prepare for the hearing, so the court was obligated to reschedule the hearing to a later date within the ten-day statutory period. *See* § 27-65-113(5)(a), C.R.S. 2023 (“Upon the filing of such a petition, the court shall appoint an attorney . . . to represent the respondent or person and hear the matter within ten days.”). We are unpersuaded.

¶ 9 While Ramsey’s contention is framed as a violation of her due process rights, her appeal also challenges the propriety of the court’s denial of her continuance. So we consider each aspect of her claim in turn.

A. Procedural Due Process

¶ 10 “[C]ommitment of a patient to a mental institution in the first instance constitutes a severe infringement on the basic interest of that individual to be free from governmental restraint and thus requires protection under the Due Process Clauses of the United States and Colorado Constitutions.” *Medina*, 705 P.2d at 967.

¶ 11 “When the administration of involuntary antipsychotic medication is at issue, . . . a court must conduct a ‘full and fair adversary hearing’ on the matter with certain ‘procedural protections.’” *People in the Interest of Strodtman*, 293 P.3d 123, 128 (Colo. App. 2011) (citations omitted). The respondent “has the right to counsel, to cross-examine adverse witnesses, and to present evidence to support . . . her refusal” to accept treatment. *Id.* And short-term treatment hearings under section 27-65-113 “shall be conducted in the same manner as other civil proceedings before the

court.” *Strodtman*, 293 P.3d at 128 (quoting § 27-65-111(1), C.R.S. 2011); *see* § 27-65-113(1).

¶ 12 Not all alleged procedural errors violate a respondent’s due process rights. *Strodtman*, 293 P.3d at 128. We review alleged violations “for their impact on the fairness of the hearing “by (1) evaluating the gravity of the deviation from statutory provisions, including a consideration of due process concerns, and (2) determining any prejudice to the respondent caused by the deviation.” *Id.* (quoting *Gilford v. People*, 2 P.3d 120, 126 (Colo. 2000)).

#### B. Standard of Review

¶ 13 “We review procedural due process claims de novo.” *People in Interest of B.H.*, 2021 CO 39, ¶ 49 (quoting *People in Interest of C.J.*, 2017 COA 157, ¶ 25). And we review the probate court’s denial of a continuance for an abuse of discretion. *People in Interest of E.B.*, 2022 CO 55, ¶ 14 (citing *C.S. v. People*, 83 P.3d 627, 638 (Colo. 2004)). A court abuses its discretion when its decision is manifestly arbitrary, unreasonable, or unfair, or when it misapplies or misconstrues the law. *Id.* (citing *Fisher v. People*, 2020 CO 70, ¶ 13).



C. Ramsey's Rights Were Not Violated and the Court Did Not Abuse Its Discretion

¶ 14 We conclude that the probate court did not err by denying Ramsey a continuance for two reasons.

¶ 15 First, when the probate court receives a petition for a short-term involuntary treatment certification and authorization to involuntarily administer medication, “the court [must] appoint an attorney, if one has not been appointed, to represent the respondent or person and hear the matter within ten days.” *See* § 27-65-113(5)(a). The record shows that the probate court adhered to these statutory procedures, so no statutory deviation prejudiced Ramsey's procedural due process rights. *See Strodtman*, 293 P.3d at 128. And the record also shows that Ramsey was both afforded the opportunity to meet with her counsel and offered access to the medical records in DHMC's possession. Ramsey argues that the court should have granted her more time because her counsel had only one business day to prepare for the hearing; but under a statutory scheme that requires the court to hold the hearing within ten days, it is unclear why the number of business days, rather than the total number of days, before the hearing would be a

dispositive factor in determining whether Ramsey’s counsel was provided adequate time to prepare the case.

¶ 16 And while Ramsey contends that records and documents have a “heightened importance” in this case, she does not explain why this is so, or what prevented her counsel from requesting and reviewing the records that were offered. So in the absence of a specific and justifiable impediment to her preparation, we conclude that Ramsey received a full and fair hearing and the court did not violate her procedural due process rights by denying the continuance. *See id.*; *see also People in Interest of Uwayezuk*, 2023 COA 69, ¶ 14 (concluding respondent failed to show prejudice where counsel was appointed one full day before the hearing and counsel did not have access to respondent).

¶ 17 Second, we conclude that the probate court did not abuse its discretion by denying Ramsey’s motion to continue. In denying the motion, the court found that

[Ramsey’s counsel] is extremely experienced in this area, handles dozens of these cases a year and has done it for many, many years. There’s no reason he can’t effectively cross-examine the doctor, as much as he cares to at this point. So the request to continue to obtain discovery is denied as certainly . . . [Ramsey’s

counsel] has had the ability . . . to get the records.

¶ 18 In so ruling, the court also noted its concern that Ramsey was refusing medication and displaying troubling behavior, and the court then found “it’s apparent that she’s a danger to others in the facility at this point.” Our review of the record supports the court’s ruling.

¶ 19 Before the hearing, Ramsey’s counsel inquired about obtaining Ramsey’s medical records, and the treating psychiatrist replied within minutes to let him know DHMC was willing to provide them. But it appears that no such request was made. Despite not having the records, Ramsey’s counsel cross-examined the treating psychiatrist at length, including about Ramsey’s previous conflicting diagnoses. The probate court’s ruling on the continuance was also supported by the physician’s letters accompanying the People’s petitions, as these letters stated that Ramsey was refusing medication, exhibiting volatile behavior, and acting in a threatening manner to those around her.

¶ 20 Ultimately, whether to grant a continuance is a discretionary call for the court. *See E.B.*, ¶ 14. We have looked to criminal cases

where analogous interests are at play. *See, e.g., People v. Ahuero*, 2017 CO 90, ¶¶ 16-18 (approving of trial court balancing defendant’s reason for continuance request against court’s docket, nature of the case, victim’s interests, and other repercussions of continuance). And we have looked to dependency and neglect cases where somewhat different interests must be balanced. *See, e.g., C.S.*, 83 P.3d at 638 (“The Children’s Code is a careful balancing of rights and interests: those of the parents whose parental rights are at issue, and those of the child . . .”). But no appellate authority has yet weighed in on how a probate court should balance the competing interests in a statutorily expedited case of this nature. Although *Uwayezuk*, ¶ 14, dealt with a contention that the probate court erred by denying the respondent’s request for a continuance, that argument focused on whether the denial led to counsel being ineffective due to the short time in which counsel had to prepare.

¶ 21 We conclude that the probate court in this case appropriately weighed Ramsey’s counsel’s ability to prepare, his experience, and his familiarity with these cases against the severity of Ramsey’s apparent present need for treatment. After considering the totality of the relevant circumstances, we conclude that the probate court

did not abuse its discretion by denying Ramsey’s continuance motion. *See E.B.*, ¶ 14.

### III. Sufficiency of the Evidence

¶ 22 Ramsey also challenges the sufficiency of the evidence supporting the probate court’s order. Based on our review of the record, we affirm the court’s order.

#### A. Standard of Review

¶ 23 We review the record de novo to determine whether the evidence, when viewed as a whole and in the light most favorable to the People, is sufficient to support the probate court’s order. *See Clark v. People*, 232 P.3d 1287, 1291 (Colo. 2010); *People v. Fuentes*, 258 P.3d 320, 326 (Colo. App. 2011). We review de novo the court’s conclusions of law and defer to the court’s findings of fact if sufficient evidence in the record supports them. *See Strodtman*, 293 P.3d at 131. The resolution of conflicts in testimony and determinations of the credibility of the witnesses are solely within the province of the fact finder. *Fuentes*, 258 P.3d at 326. Where there is “ample evidence in the record to support the [probate] court’s findings and conclusion[s], based on clear and convincing evidence,” we may not “substitute[] [our] judgment for

that of the [probate] court.” *People in Interest of A.J.L.*, 243 P.3d 244, 255 (Colo. 2010).

## B. Short-Term Treatment

¶ 24 Ramsey contends that the evidence was insufficient to support the probate court’s conclusion that she has a mental health disorder that causes her to be gravely disabled. She argues that the evidence presented on these issues was conflicting, so the court’s findings are clearly erroneous. We disagree.

### 1. Standard for Certification

¶ 25 As applicable here, to authorize short-term treatment, the probate court must find, by clear and convincing evidence, that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to herself or others or is gravely disabled. § 27-65-109, C.R.S. 2023; § 27-65-113(1); *see People v. Stevens*, 761 P.2d 768, 774 (Colo. 1988).

Proof by “clear and convincing evidence” is proof which persuades the trier of fact that the truth of the contention is “highly probable.” It is evidence which is stronger than a “preponderance of the evidence.” The clear and convincing standard thus minimizes the risk of error. It is also less rigorous in the degree of probability it demands than proof “beyond a reasonable doubt,” and so it creates

no “unreasonable barrier to needed medical treatment.”

*People v. Taylor*, 618 P.2d 1127, 1136 (Colo. 1980) (citations omitted).

## 2. Person With a Mental Health Disorder

¶ 26 “‘Mental health disorder’ includes one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impairs judgment or capacity to recognize reality or to control behavior.” § 27-65-102(22), C.R.S. 2023.

¶ 27 At the hearing, the probate court found that the treating psychologist testified credibly and Ramsey did not testify credibly. The court then found, based on clear and convincing evidence, the following:

- The treating psychologist diagnosed Ramsey with delusional disorder, which is a mental health disorder.
- This disorder causes Ramsey to have “substantial disorders of her cognitive, volitional, and emotional processes that grossly impair her judgment, her ability to recognize reality and to control her behavior.”

- Ramsey’s thinking is delusional, “[h]er actions are based in these delusions,” and her “judgment is impaired.”

¶ 28 Ramsey contends that these findings are contradicted by the evidence that she voted while at DHMC, has used “the legal system in a pro se manner,” and lived unhoused because of her rational decision “not to be controlled by her [court-appointed] guardian.” We disagree.

¶ 29 The treating psychiatrist testified that Ramsey was placed on a temporary mental-health hold by psychiatrists at the Denver County Jail because she showed paranoia and delusional thinking. She was transported to DHMC, where she was “also found to be paranoid, delusional, irritable, [and] labile.” Ramsey “is so paranoid and so delusional that she screams at everybody who attempts to approach her.” And she attempted to slam a door on the treating psychiatrist’s hand. The treating psychiatrist opined that Ramsey’s delusional disorder is a substantial disorder of her cognitive abilities, it impairs her judgment, and it causes her to be “so profoundly paranoid” that “she’s not able to recognize reality.” The treating psychiatrist testified that Ramsey’s delusional disorder causes a substantial disorder to her emotional processes, as shown



by her displaying only emotions of anger, frustration, and suspicion.

¶ 30 The probate court credited the treating psychiatrist’s testimony and not Ramsey’s testimony, and we must defer to the court’s credibility determinations and its weighing of conflicting evidence. *Fuentes*, 258 P.3d at 326; *A.J.L.*, 243 P.3d at 255; *Strodtman*, 293 P.3d at 131.

### 3. Gravely Disabled

¶ 31 At the hearing, the probate court found, by clear and convincing evidence, that Ramsey is “gravely disabled and is incapable of making informed decisions about providing for her essential needs without significant supervision and assistance from other people.” The court based this conclusion on its findings that, because of her delusions, Ramsey was (1) living in homeless shelters and encampments despite having the available financial assets to live in a home; (2) unable to understand her medical needs; (3) refusing to cooperate with medical providers; (4) “in the midst of significant psychiatric deterioration”; and (5) mismanaging her essential needs to a degree that could result in substantial

bodily harm. The court found, by clear and convincing evidence, that this was “all because she’s mentally ill and delusional.”

¶ 32 Ramsey challenges these findings as unsupported by the record. We disagree.

“Gravely disabled” means a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for the person’s essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person’s essential needs that could result in substantial bodily harm.

§ 27-65-102(17).

¶ 33 In *Taylor*, the supreme court defined “gravely disabled” as “unable to take care of basic personal needs.” 618 P.2d at 1134. And “basic personal needs” means “those fundamental necessities of human existence, such as food, shelter, clothing, and medical care, which an individual must obtain and maintain in order to live safely.” *Id.*

¶ 34 We conclude that the evidence supports the probate court’s findings. *See Strodtman*, 293 P.3d at 131.

¶ 35 At the hearing, the treating psychiatrist testified that Ramsey was living in an assisted living facility until she stopped taking her medication and decompensated, resulting in her being “either kicked out due to her behaviors or leav[ing] due to her paranoia.” After Ramsey left the assisted living facility, she was without a home and living in an encampment until she was arrested for trespassing. The treating psychiatrist also testified that Ramsey’s paranoia and delusions interfered with her ability to get her needs met and prevented her from communicating her medical concerns. The treating psychiatrist testified that Ramsey has no insight into her own mental illness, has not acknowledged her diagnosis in any way, and is currently experiencing — and at risk of suffering further — significant psychiatric deterioration. And the probate court took judicial notice of Ramsey’s ongoing probate case, in which the conservator reported that Ramsey had adequate financial resources “in mostly liquid funds” to meet her housing requirements and basis needs.

¶ 36 We are not persuaded otherwise by Ramsey’s argument that the probate court’s findings are clearly erroneous because certain other evidence — such as her testimony that she “chooses to be homeless” and has been taking care of her personal needs unassisted, and without incident, for the two previous years — contradicts the probate court’s findings.

¶ 37 A finding that a respondent is gravely disabled may be shown by expert medical opinion, and other clear and convincing evidence, and must be based on the respondent’s *present* condition. See *People in Interest of Vivekanathan*, 2013 COA 143M, ¶ 14 (“Whether Vivekanathan is gravely disabled is a fact-specific determination, and it depends on his condition at the time the finding is made.”); *Stevens*, 761 P.2d at 774 (finding that danger to the respondent’s self or others may be shown by expert medical opinion and based on respondent’s present condition). So the evidence of Ramsey’s condition in the years before the examination and short-term certification does not refute the probate court’s findings at the hearing. See *Stevens*, 761 P.2d at 774; *Vivekanathan*, ¶ 14.

¶ 38 The probate court credited the treating psychiatrist’s testimony and did not credit Ramsey’s testimony. And we defer to

the probate court's weight and credibility determinations. *Fuentes*, 258 P.3d at 326; *A.J.L.*, 243 P.3d at 255; *Strodtman*, 293 P.3d at 131.

### C. Involuntary Administration of Medication

¶ 39 An order for involuntary administration of medications must be supported by clear and convincing evidence

(1) that the patient is incompetent to effectively participate in the treatment decision; (2) that treatment by antipsychotic medication is necessary to prevent a significant and likely long-term deterioration in the patient's mental condition or to prevent the likelihood of the patient's causing serious harm to himself or others in the institution; (3) that a less intrusive treatment alternative is not available; and (4) that the patient's need for treatment by antipsychotic medication is sufficiently compelling to override any bona fide and legitimate interest of the patient in refusing treatment.

*Medina*, 705 P.2d at 973.

¶ 40 The *Medina* elements involve findings of fact by the probate court. *Id.* at 975. When the court's order is challenged on appeal, we defer to that court's findings of fact if sufficient evidence in the record supports them. *See People v. Pflugbeil*, 834 P.2d 843, 847 (Colo. App. 1992).

¶ 41 Ramsey contends that insufficient evidence supports the probate court’s findings concerning each of the four *Medina* elements. We address and reject each contention in turn.

1. Incompetence to Effectively Participate

¶ 42 Regarding the first *Medina* element, Ramsey contends that “[t]here is no indication that [her] judgment is so impaired making her incapable of participating in decisions affecting her health.” We conclude that the record supports the court’s finding that Ramsey is incompetent to effectively participate in the treatment decision. *See Medina*, 705 P.2d at 973; *Pflugbeil*, 834 P.2d at 847.

¶ 43 At the hearing, the probate court found, by clear and convincing evidence, as follows:

[Ramsey] is incompetent to effectively participate in any treatment decisions. The Doctor . . . testified that when she attempts to discuss [treatment] with [Ramsey], [Ramsey] yells at her, is agitated, and the Court finds that based on [Ramsey’s] own testimony today, she’s tangential, she rambles, she’s unable to stay on topic or focus on the questions that are being asked of her.

¶ 44 Ramsey’s treating psychiatrist testified at the hearing that she diagnosed Ramsey with “delusional disorder,” which is “a type of psychotic disorder characterized by severe and pervasive delusions

in the absence of other symptoms.” The treating psychiatrist explained that Ramsey “has demonstrated severe and pervasive delusions, primarily paranoid and persecutory in nature for the last several years that [treatment providers] have documented.” The treating psychiatrist then testified as follows: “[Ramsey] has told me personally that she believes there’s a conspiracy involving her guardian, medical staff, and [the judge], to frame her as being mentally ill and force her to take medication. That is not true.”

¶ 45 The treating psychiatrist testified that Ramsey has a mental illness, that Ramsey has no insight into her mental illness, and that Ramsey has not acknowledged her diagnosis in any way. The treating psychiatrist explained that she has not been able to discuss the medications with Ramsey because, when she attempts this, Ramsey “just yells at me. Anytime I try to go into any specifics, like, which one would you prefer and why or why don’t you want them, she’s unable to participate in that conversation due to her agitation.”

¶ 46 The treating psychiatrist ultimately testified that she believes Ramsey is currently incompetent to effectively participate in her treatment decisions.

## 2. Long-Term Deterioration and Harm to Others

¶ 47 Regarding the second *Medina* element, Ramsey contends that “[t]here is no indication [she] has been deteriorating over these last two years” and “she has not been dangerous.” We conclude that the record supports the probate court’s findings that the medications are necessary to prevent a significant and likely long-term deterioration in Ramsey’s mental condition and to prevent the likelihood of Ramsey causing serious harm to others. *See Medina*, 705 P.2d at 973; *Pflugbeil*, 834 P.2d at 847.

¶ 48 The probate court found, by clear and convincing evidence, as follows:

[T]he medications that are requested are necessary to prevent a significant and likely long-term deterioration in [Ramsey’s] mental condition. The Doctor has testified that the nature and gravity of the illness is chronic and severe and is incurable. That the medications are essential to effective treatment.

. . . .

[T]he medications at this point are necessary to prevent the likelihood of [Ramsey] causing serious harm to others while she’s at [DHMC] due to her agitation and her extreme action by yelling at people and trying to slam the door on the doctor’s hand.



¶ 49 The treating psychiatrist testified that Ramsey is at risk of a significant psychiatric deterioration and, “[i]n fact, she’s in the midst of it.” The treating psychiatrist explained that the nature of Ramsey’s mental illness is “chronic, permanent, and . . . we don’t have a cure for it, and the gravity is that it’s severe.” The treating psychiatrist then said that “[m]edication has proven helpful in the past, and so I believe it is essential for the treatment of her illness.”

¶ 50 The treating psychiatrist also testified that Ramsey is at risk of a significant and likely long-term deterioration of her mental condition without the requested medications.

¶ 51 The treating psychiatrist also testified that Ramsey “ha[d] done very poorly” at DHMC:

[Ramsey] essentially is so paranoid and so delusional that she screams at everybody who attempts to approach her to the point that it interferes with her getting her needs met. You know, she . . . requested a medical work-up, but she is so angry at me and screams at me so much that she’s never been able to even communicate what medical concerns she has. And she is also really paranoid. She has not been overtly aggressive, although, I will note that when I did serve her with all of the paperwork for this . . . certification on June 2nd, I was holding the certification through an open door and trying to give it to her. She was screaming that I had no right to serve her, that

I had to serve her attorney. She then tried to slam the door and my hand was in the door and I was able to pull it away. So it wasn't like super dangerous, but that's definitely aggressive. And I told her, don't slam the door on my hand; she did it anyway.

### 3. Less Intrusive Treatment Alternative

¶ 52 Regarding the third *Medina* element, Ramsey contends that a “[l]ess intrusive treatment is available as [she] has functioned without medication most of the time.” We conclude that the record supports the court’s finding that a less intrusive treatment alternative is not available. *See Medina*, 705 P.2d at 973; *Pflugbeil*, 834 P.2d at 847.

¶ 53 The People’s counsel asked the treating psychiatrist, “At this time, are there any viable less invasive treatment alternatives available?” The treating psychiatrist responded, “No.”

### 4. Need Overrides Interest

¶ 54 Regarding the fourth *Medina* element, Ramsey contends that “[t]here is not sufficient evidence to show medication has been so beneficial as to outweigh [her] legitimate reason for refusal” — her desire to avoid the “side effects [she experienced] previously to psychotropic medication.” We conclude that the record supports

the court's finding that Ramsey's need for the medications is sufficiently compelling to override her bona fide and legitimate interest in refusing the medications. *See Medina*, 705 P.2d at 973; *Pflugbeil*, 834 P.2d at 847.

¶ 55 The probate court found, by clear and convincing evidence, that the prognosis for Ramsey's mental illness "without treatment is poor, and the failure to medicate would be more harmful to [Ramsey] than any risk that might be posed by the medications."

¶ 56 The court then found as follows:

Ramsey's need for treatment is sufficiently compelling to override any bonafide and legitimate interest she might have in refusing such treatment. [Ramsey] did testify that she developed tardive dyskinesia when she was receiving medications . . . about three years ago, but has been unable to discuss that matter with [the treating psychiatrist]. The Court finds [Ramsey] talks about it now because [her previous psychiatrist] isn't on the scene, and that was three years ago and he's at a different facility. [Ramsey] refuses to talk to the people who are here today and who are trying to help her, and that is all part of her delusional disorder.

¶ 57 This finding was supported by the following record evidence.

*See Pflugbeil*, 834 P.2d at 847. The treating psychiatrist testified that it was an "essential need" for Ramsey to take medication to

treat her mental illness. The treating psychiatrist described each requested medication and its potential side effects. She then testified that failing to treat Ramsey with the medications would be more harmful than the potential side effects of the medications.

¶ 58 The People’s counsel later asked the treating psychiatrist, “[H]as [Ramsey] articulated any specific objections to these medications you’re requesting?” The treating psychiatrist responded: “No. As far as I’m aware, the objection is that she’s not sick. She doesn’t need the medication.” The People’s counsel then asked, “[D]o you believe that her need for these medications outweighs that objection or any general objections that she doesn’t need these medications?” The treating psychiatrist responded, “Yes. Her need outweighs those objections.”

¶ 59 And although Ramsey testified at the hearing that she had had “an outrageous, immediate reaction” and “also got tardive dyskinesia” when she had previously been treated with psychotropic medications under the direction of a previous psychiatrist, the probate court did not credit this testimony and, instead, credited the treating psychiatrist’s testimony that Ramsey’s need for the medications is sufficiently compelling to override

Ramsey's bona fide and legitimate interest in refusing the medications. We defer to the court's determination. *See People in Interest of S.M.A.M.A.*, 172 P.3d 958, 962 (Colo. App. 2007).

#### IV. Conclusion

¶ 60 The order is affirmed.

JUDGE TOW and JUDGE JOHNSON concur.