

**BHDCJS Hearing on June 15th**  
Crisis System Subcommittee  
Chairs: Kevin Bishop & Bonnie Wright

**Legislative Concept One:**

Remove jail as alternative placement for commitment through §27-81-111 and include language specifically prohibiting jail as an alternative placement for commitment through §27-81-111

**Problem:** Current statutory language creates incongruencies between mental health commitments and substance use disorder (SUD) commitments, despite both being behavioral health problems. While §27-81-111 acknowledges and requires that no crime has occurred or may be recorded, persons are being held in law enforcement custody in a detention setting rather than receiving behavioral health services. Jail commitment for SUD reduces the safety and security of the facility; uses up law enforcement staff, beds, and taxpayer resources; and most importantly does not provide Coloradans with specific treatment for their behavioral health needs.

**Solution/Concept:** Statutory fix to remove jail as an alternative placement for commitment through §27-81-111 and include language specifically prohibiting jail as an alternative placement for commitment through §27-81-111.

**Data or evidence:** Jail facilities currently do not, nor are they equipped to offer supportive and adequate services for individuals with SUD. Coloradans experiencing an SUD crisis require more intensive treatment services, which include SUD treatment, counseling, or withdrawal management/detoxification services and therefore a jail setting does not serve their needs.

## **Legislative Concept Two:**

Compelling Behavioral Health Crisis Response System to fund and support the provision of withdrawal management services for persons experiencing substance use disorder (SUD) crises through Crisis Walk-in Centers.

**Problem:** There is a statewide dearth of withdrawal management for Coloradans, burdening emergency departments and law enforcement detention facilities. When individuals needing withdrawal management services do not have access to adequate and appropriate care they are placed at higher risk of continued use and further involvement in the criminal legal system.

Research has shown that increasing access to treatment for substance use disorders can be a cost-effective way to reduce crime rates. Many individuals who cycle through the criminal legal system have serious behavioral health needs, which includes substance use disorders. Treatment for these problems is not only compassionate but also an effective way to address the root causes of criminogenic behavior while simultaneously supporting long-term recovery.

Currently, there are little to no resources available for individuals with SUD where they can access services to address all of their behavioral health needs under one roof.

**Solution/Concept:** Adding withdrawal management services and the funding thereof to the behavioral health crisis response system's walk-in crisis centers created pursuant to C.R.S. §27-60-103. Currently, the behavioral health crisis response system Administrative Services Organizations (ASO) subcontract for crisis services across the 7 regional catchment areas so that individuals experiencing crises of either mental health (MH) or SUD or both can receive necessary services under one roof. This pilot would essentially create one place where people with behavioral health crises can be served. This pilot program would allow the state to assess the professional staffing needs and service provision overlap across crisis walk-in and withdrawal management services. The goal of this program is to create a behavioral health crisis system that includes withdrawal management services, which can provide individuals with services they need without stigmatizing them or attributing their crisis to substance use or mental

health. These programs would allow the behavioral health system to serve individuals regardless of their behavioral health needs, thus bringing us closer to a true person-centered, whole person continuum of care and therefore, meeting the needs of the person themselves.

**Data or evidence:** Many staff at the crisis walk-in centers are already staffed with the appropriate professionals to provide services that include withdrawal management. When Coloradans have access to those services under one roof they will be more likely to engage in and receive the services that they need.

### **Legislative Concept Three:**

Provide continued funding and accountability measures for the 911 Resource Center to continue their mission to facilitate access to training, resources, and support for public safety answering points (PSAPs) across the state.

**Problem:** The 911 resource center was grant funded through an initial settlement. The initial settlement was for two million dollars and that funding has run out. The 911 Resource Center was able to make this initial funding last for nearly 20 years by operating at a part-time basis with minimal staff. Following this current fiscal year, this settlement funding has been fully distributed to the resource center. Without the Resource Center there will be no centralized place for PSAPs to access information and training.

**Solution/Concept:** During the 2023 Legislative session the BHDCJS supported SB23-018 which sought to provide ongoing funding for the Resource Center. This bill timed out in the House Appropriations Committee after receiving unanimous support at all other stages. The main concerns expressed were the lack of accountability associated with the proposed funding mechanism and the sustainability of the funding from year to year. Allocating and providing \$250,000 annually to the 911 resource center, along with implementing accountability measures, enables them to continue their crucial and valuable efforts in serving the community.

**Data or evidence:** The 911 Resource Center was created in 2006 to provide a centralized source of guidance and assistance to the decentralized PSAPs throughout the state. This not-for-profit entity provides information for PSAPs on current issues, training resources, and access to sample policies and procedures.

The individuals who work in these call centers provide connection, gather necessary information for law enforcement and fire/EMS, and often engage in critical de-escalation prior to the arrival of other first responders. Continuing to support these professionals through access to the Resource Center will help the citizens of Colorado receive the best possible service when calling 9-1-1.