

Now that Ben's time with Rocky Mountain Human Services is coming to a close, I wanted to express my gratitude for the invaluable help that the Transition Specialist Program has provided for Ben and for me during a most difficult year for our family.

Ben was diagnosed with developmental delays and Tourette Syndrome as a child. In 2008 he was diagnosed with Schizoaffective/Depressive type. In March of 2020, his medications became less effective and he became very ill. From March through October, he was hospitalized six times; twice in Durango, twice in Grand Junction and twice in Boulder. His diagnosis was changed to Schizoaffective/Bipolar type, Tourette Syndrome and Autism. His medications were completely reworked and Ben was finally able move back to Durango to move into a coveted government subsidized apartment he had finally been approved for.

RMHS began working with Ben and me last summer. Jamie and Megan really helped by providing support by phone for Ben while he was still hospitalized in Boulder and for me as I was very stressed and exasperated in my efforts to set up services and secure housing for Ben. Ben was also accepted for ACT team services during this time. Even though there are services in Durango, they can be hard to access in a timely manner. Axis Health has increased their patient load greatly since Ben started with them in 2014. Megan helped to access a variety of help through her Service Coordination efforts when I was at an impasse and could not reach a variety of mental health providers for time sensitive tasks. Megan listened patiently to my challenges and contacted these providers and the process began to move forward due to her efforts. By the time Ben returned to Durango, Megan and RMHS were ready to help with Ben's first move ever to independent living in his own apartment.

Because Ben gets a very limited amount of money to live on from SSI for his disability and I was unemployed due to the pandemic, we basically had no money to set up his apartment with basic items and furniture. RMHS and Megan set up his entire apartment with furniture, bedding, towels, pictures, etc. They also paid his rent for several months which really smoothed Ben's transition into independent living and made the move as positive experience for him. He absolutely loves his apartment! To top it all off, RMHS bought him some software and electronic equipment to expand his home recording computer for his favorite artistic endeavor of making music.

I was also given a peer support person through RMHS. Kristine was also incredibly helpful as I was feeling exhausted and traumatized from this difficult year. She provided compassionate listening and support, yoga equipment and yoga instruction through the internet. Which has really helped to reduce my stress level.

I honestly don't know how we would have made it through this difficult year without RMHS. Their incredible staff have been a positive force for Ben and me throughout this year and words cannot express our family's gratitude for their help.

Sincerely,  
Maggie Austin  
Mother and Caregiver



## HB21-1130 CONCERNING EXPANDING THE COMMUNITY TRANSITION SPECIALIST PROGRAM

Madame Chair and members of the committee,

In 1999, the U.S. Supreme Court announced in *Olmstead v. L.C.* that people with disabilities had a right to community integration and to be placed and treated in the least restrictive, most integrated setting appropriate to meet that person's needs.<sup>1</sup> In order to fulfill this mandate, Colorado has created its own Community Living Plan. The right for people with disabilities to live in the community and to engage in community-based services wherever possible is now central to disability advocacy across the country.

My name is Meghan Baker, and I am a staff attorney at Disability Law Colorado. As the Protection and Advocacy agency for the state of Colorado, Disability Law Colorado (DLC) consistently and zealously advocates for people with disabilities to enjoy these rights.<sup>2</sup> Much of our agency's work falls within the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI). In this work, I have had the honor of working with and advocating alongside many people who live with mental illness, and I have seen first-hand the deleterious effects of institutionalization on this population. These include employment instability, instability of personal and family relationships, a loss of skills around life skills, an overreliance on systems to make decisions for the individual, a lack of sustainable ties to the community and many more. In addition to being a staff attorney at DLC, I also serve as a council member on the

DLC supports HB21-1130 for a number of reasons. First, this bill would expand eligibility for "high-risk individuals" by allowing people to access transition services when they are engaged in voluntary treatment, rather than waiting until they have been subjected to involuntary treatment before offering transition services. Early intervention is key to supporting people with mental illness. Efforts to allow individuals to access services while preserving ties to the community increases their long-term success because factors like employment, housing stability, relationships, and community supports serve as protective factors that maximize someone's resilience and ability to recover from and live with mental illness.

Next, this bill would expand access to youth in some circumstances. As a former guardian ad litem and juvenile public defender, I have also seen the ways in which youth with mental illness struggle to find appropriate services to meet their needs. This often leads to these youth being funneled into the juvenile justice and child welfare systems, where youth with disabilities like mental illness are overrepresented in our detention centers and other congregate care facilities. As a state, we have made a conscious effort to move away from congregate care for youth because we know that it can be detrimental to youth and their development. Provision of these transition services in the least restrictive setting possible is key to meeting the goal of reducing our reliance on congregate care. These efforts are also consistent with the goals of the Families First

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<sup>1</sup> *Olmstead v. L.C.*, 527 U.S. 581 (1999).

<sup>2</sup> See <https://disabilitylawco.org/about-us/history> for more information about Disability Law Colorado and its history as the state's Protection and Advocacy agency

Prevention Services Act which will soon be implemented in Colorado and will rely on prevention and early intervention services for our youth.

Finally, DLC supports the expansion that this bill creates around which agencies and facilities can refer people for transition services. These now include resources like crisis stabilization service facilities, emergency departments, hospitals and acute treatment service facilities. By casting a wide net and interpreting eligibility in the broadest way possible, Colorado can maximize identification of individuals in need of these important services and deliver them in a timely manner, proactively rather than just reactively.

For all of these reasons, DLC supports HB21-1130 and asks each of you to vote “yes” on this important legislation to better the lives of people with mental illness in Colorado.

Respectfully submitted,



Meghan Baker, JD, MSW  
Facilities Team Leader  
Disability Law Colorado  
(303)722-0300  
mbaker@disabilitylawcolorado.org

