

Mr. Chair and Members of the House Judiciary Committee,

My name is Kelly McCullough, and I am Co-Legal Director for Disability Law Colorado, Colorado's designated protection and advocacy organization. I am submitting this testimony on behalf of Disability Law Colorado to Senate Bill 149. While we appreciate the amendments that have been made and the ongoing discussions about future amendments, we have serious concerns about expanding involuntary treatment when Colorado's voluntary treatment system remains tragically insufficient.

In 2025, Mental Health America ranked Colorado 41st in overall mental health and wellness and 48th in adult mental health and wellness. Colorado's DD waiver waitlist exceeds ten years. These access barriers will only worsen as Colorado reduces Medicaid funding.

Under the United States Constitution, involuntary inpatient treatment must be limited to those for whom no other options exist. As long as barriers to voluntary treatment persist — or voluntary treatment is simply unavailable — we risk imposing involuntary treatment on people who do not need it. Expanding an already legally deficient involuntary treatment system will expose Colorado to further litigation, much like the competency litigation that placed Colorado under a consent decree it continues to violate daily, incurring ongoing fines and returning to court for those violations. DLC has initiated the process to bring Colorado back to court for contempt and material breach of the consent decree. Passing this bill without also investing in more options for treatment and capacity for care to a system that cannot meet its legal obligations as is will only cause the state to fall further out of compliance with the consent decree.

Shortages of resources disproportionately benefit those with more resources. In practice, the individuals occupying these beds will likely be those with the most support — people who would have been strong candidates for voluntary treatment had that system been adequately funded. An under-resourced involuntary inpatient system will also produce lower-quality care, slowing or preventing recovery. And when individuals do exit the system, negative associations with treatment make it less likely they will engage voluntarily in the future.

Involuntary inpatient treatment is by far the most expensive form of care available. We recognize that some individuals genuinely require this level of intervention, but expanding the involuntary system without investing in voluntary alternatives means we will misidentify who truly needs involuntary care — and spend far more than necessary on their treatment.

While long-term fiscal planning is difficult within the state budget process, research is clear: the most financially sound approach is to invest first in voluntary community-based treatment, then voluntary inpatient treatment, and only lastly in involuntary inpatient treatment. This ensures that the most intensive and costly interventions are reserved for those who truly need them, while also respecting the constitutional rights of all individuals.

Finally, we are concerned about the creation of a parallel track for individuals with criminal charges within the involuntary treatment process. This provision risks unintended consequences, and we therefore strongly support the lookback period and a sunset provision.

We hope to work with the legislature in the future to build a robust voluntary community and inpatient mental health system that serves all Coloradans.

Sincerely,

Kelly McCullough

Co-Legal, Disability Law Colorado