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**Testimony by Sabah Muhammad, Legislative and Policy Counsel
Treatment Advocacy Center
Submitted to the Judiciary Committee - Bill Hearing, March 12, 2020
Regarding HB1271
POSITION: SUPPORT**

My name is Sabah Muhammad and I serve as Legislative and Policy Counsel with the Treatment Advocacy Center based in Arlington, Virginia. The Treatment Advocacy Center is a national non-profit, dedicated to removing the legal and policy barriers to the timely and effective treatment of severe mental illness. The Treatment Advocacy Center never accepts funding from companies or entities involved in the sale, marketing or distribution of pharmaceutical products.

Emergency Psychiatric Evaluation

The Treatment Advocacy Center's policy recommendations for effective treatment laws for severe mental illness (SMI) envision many aspect of the law working together to create a path to recovery, whether as an inpatient or an outpatient. For the sickest Americans, those who lack the insight to recognize their illness or too ill to seek care on their own, the path to recovery often begins with a call to law enforcement and an emergency psychiatric evaluation.

The estimated prevalence of severe mental illness among Colorado's adult population is 4.3 million; 48,000 individuals with schizophrenia and 96,000 individuals with severe bipolar disorder.

At any given time about half of these individuals are untreated, most commonly because they lack insight into their condition. When untreated, these individuals are at high risk for a number of negative circumstances that profoundly impact them and those around them.

- Homelessness: 30% of the chronically homeless population is estimated to have SMI.
- Incarceration: An estimated 5,433 of Colorado's jail and prison inmates have SMI.
- Victimization: 25% of individuals with mental illness are victimized in some way each year.
- Suicidality: Up to 50% of those with schizophrenia or bipolar disorder attempt suicide, and far more kill themselves than people without these disorders.
- Familial violence: 29% of family homicides are committed by someone with SMI.
- Danger to others: 7% of all homicides, 20% of all law enforcement officer fatalities and up to 50% of mass homicides are associated with SMI

Support of HB1271

We support changing the emergency psychiatric evaluation standard from “imminent harm” to “extreme risk” because;

- An “imminent harm” standard means individuals with SMI go untreated until it’s too late, “extreme risk” will allow treatment before tragedy.
- Communities, families and law enforcement will experience a reduction in preventable tragedies that could be addressed through early intervention.
- An “imminent harm” standard serves as a barrier to treatment for Colorado citizens too sick to seek help on their own.”
- Under an “imminent harm” standard an individual with SMI is more likely to experience criminalization and go to jail instead of the hospital.
- An “imminent harm” standard carries the unintended consequence of requiring individuals too sick to help themselves to *go and suffer more* while their caregivers watch and wait in fear of whatever “imminent harm” develops and by then it may be too late.

We respect the efforts of the legislature and offer our support for HB1271 as it pertains to changing Colorado’s “imminent harm” standard to “extreme risk”.

Only Good Things,



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