

My name is Karyn ReNae Anderson and I am a member of the Colorado Cross Disability Coalition. I share with you, the story of my son, Noah Anderson and the struggles we have had with community mental health centers. Living in Eagle county, we are limited in health care, especially behavioral health.

My son began struggling with a substance use disorder at age 15. In seeking help, after having been charged with MIP (minor in possession), we were referred to Mind Springs, where my son had previously received minimal treatment for TBI (traumatic brain injury). The local director stated that our son was a tough one, could possibly have these struggles from his TBI, yet did not recommend any kind of treatment. Further evaluation was never addressed and Noah's mental health worsened.

In September 2018, my son overdosed on Extra Strength Tylenol , Benadryl, his ADHD prescription, alcohol and crystal meth . Thankfully, I found him in time and he was rushed to Vail Valley Medical Center. After 48 hours of not knowing if he would regain consciousness, Noah awakened and was placed on an M1 hold. Immediately following, he was sent to West Springs mental health facility in Grand Junction. After a five day stay, he was released. However, while Noah was in both VVMC and West Springs, his probation officer claimed he had violated probation and placed a warrant for his arrest. That night, Noah turned himself in, with the understanding that he would receive continued counseling through Eagle county jail, from Mind Springs Health. This never occurred and although he had just been released from West Springs, after attempting suicide, he never received any therapy.

After a 30 day stay, Noah was released and was required to attend daily therapy with Mind Springs, which they were not able to accommodate. Mind Springs did not have the staff or appointments open for daily counseling. Therefore, he did not receive this treatment. Upon sentencing a few weeks later, he was sent to youth corrections for 18 months. This is where he finally received treatment for his substance use disorder, including focusing on his struggles with TBI.

The system failed Noah, but most of all, Mind Springs failed him. Having Medicaid, there was no other option for his behavioral health. He did not receive the counseling, peer support or any treatment for his disorder or even for his TBI. There were no other options for behavioral health and his plea for help was ignored.

For the health of our youth, as well as families within our community, we must provide vouchers, as our current system DOES NOT serve us. If we do not get the mental health centers out of protected status nothing will change and others like my son will suffer.

I support the bill with amendments presented by sponsors and want safety nets to serve all people. They must have accountability, unlike the current system that has failed so many.



COLORADO

Lieutenant Governor Dianne Primavera

March 25, 2022

Good morning/afternoon Madam Chair and Committee members. Due to Health and Human Services Secretary Xavier Becerra's visit, I am unable to join you in person, but thank the committee for allowing my testimony to be read into the record. From Day One, our Administration has been committed to addressing behavioral health disparities in Colorado, and transforming the state's behavioral health system.

Governor Polis and I are committed to our vision of A Colorado for All. To make that vision a reality, to be a place where **everyone** has the opportunity to thrive, we have worked to ensure that all Coloradans have access to affordable, high quality, and equitable healthcare, including behavioral healthcare. From talk therapy, to outpatient therapy, inpatient care, substance use disorder treatment, and competency restoration, people all across the state rely on these important services. Systemic inequities, geography, cost, co-occurring disabilities and age, among other factors, have too often presented insurmountable barriers to care. That should not be the case, and we are making every effort to shift that paradigm.

Reform is not easy. Breaking down existing barriers, reorganizing state oversight of behavioral health, creating grievance processes, and streamlining funding are all challenging topics. However, I know together, the Executive and Legislative branches, can address these needs and remove the barriers that Coloradoans face when trying to access behavioral health services in our state.

Last year, HB21-1097 got the Behavioral Health Administration started. Today, you are taking the next step to codify the functions of the BHA by passing HB22-1278. Our Administration is committed to reforming behavioral health, as you will hear from BHA Commissioner Dr. Morgan Medlock, HCPF Executive Director Kim Bimstefer, and CDHS Executive Director Michelle Barnes. We have listened to Coloradoans from around the state, including behavioral health clients, family members, advocates, and providers. We know much of what is broken, now is the time to start fixing it. I have spent decades working in the field since the beginning of my career as a vocational rehabilitation counselor, and know the critical and immediate nature of this work. I look forward to our continued efforts to reform the behavioral health system in Colorado. Thank you.

We encourage you to vote yes in favor of HB22-1278.

Sincerely,

Dianne Primavera
Lieutenant Governor
State of Colorado



Dear Committee Members:

My name is Candie Burnham. I am the Executive Director of Atlantis Community, Inc, a Center for Independent Living serving the Denver metro area. I am also the mother of an adult son with schizophrenia.

I am providing this testimony from my perspective as a parent and advocate for individuals and families. My son is one of many our mental health system has harmed and continues to harm. I can share heartbreaking stories of him being restrained and forcibly medicated, abused by hospital staff, terrifying interactions with law enforcement, and the numerous times we have felt abandoned by the Community Mental Health Center (CMHC). But our experiences are not unique. This is happening to hundreds of Coloradans every day.

My son is currently hospitalized at Fort Logan, where he's been for eight months. He is there because the system failed him time and time again. My son started receiving mental health services when he was 14. As his symptoms of schizophrenia worsened, so did his services. My son began struggling with substance use in early 2019. When he tried to get help, the community mental health center's walk-in clinic refused to help him because of his substance use, and the substance use provider refused to help him because of his diagnosis. Instead, they sent him home. Had someone provided him with the support he was asking for, the rest of this story could have been avoided. Eventually, he stopped using, but he also stopped other treatments that helped manage his symptoms of schizophrenia. As his symptoms escalated, the already meager supports available slowly vanished. It's unconscionable that fewer services are available when someone's needs are the greatest. Unfortunately, nobody provided the services he needed - not the CMHC, not the emergency departments where he ended up on eight occasions, and not the six different hospitals. And there wasn't a single entity willing to hold any of these providers responsible for their negligent practices.

Two weeks after one of his several hospitalizations, my son was found in a catatonic state on South Broadway. He was unable to walk and could speak only a few words. He was hospitalized again, and it took eight days for him to begin responding to treatment. They discharged him on the tenth day. He was hospitalized again a week later. And then again. Meanwhile, his symptoms continued to worsen.

In June 2021, he was hospitalized after exhibiting dangerous behaviors that are symptoms of his schizophrenia. He was discharged after 14 days despite not being stabilized because of a rule prohibiting Medicaid payment after 15 days (Colorado has opted not to apply for a waiver that removes the 15-day limit). After being discharged, my son had nowhere to go, so they put him in a cab and sent him to a shelter. The hospital attempted to connect with the CMHC before discharge, but they were unresponsive. As a result, he left without follow-up appointments, medications, or a place to sleep. And, he was exhibiting the same dangerous behaviors as when he was admitted.

He went missing for nearly two weeks before the police found him in a park, barely able to speak, covered in feces.

After nearly three years of neglect, he ended up at Fort Logan. Some say this is a good thing and that I should feel “lucky.” But he shouldn’t be there. The current mental health “system” creates a devastating cycle of harm that results in life and death situations. We are lucky that my son survived, but mere survival shouldn’t be our measure of success. Behavioral health providers face zero accountability. CMHCs face little to no scrutiny when someone’s needs go unmet for years. The hospitals aren’t accountable to Medicaid despite accepting payment for poor and abusive services. Regional Accountable Entities aren’t held responsible as they continue to contract with and pay hospitals for poor and abusive services. The state mental health ombuds program is severely broken. It’s defeating when you reach out hoping someone will finally help, only to be told they are too short-staffed to do anything. Individuals and families are left isolated and scared.

Please don’t read this thinking I stood by passively as all of this happened. I’ve been my son’s sole support system for nine years. I’ve made hundreds of phone calls, sent thousands of emails, I drove around for two weeks looking for my son at all hours of the night. I even sat in the lobby of the CMHC refusing to move until they agreed to help my son. Families across the state are being ripped apart as they try to fill the gaps. We’ve experienced financial ruin, significant rates of divorce, struggles with our own mental wellness because we’re exhausted, and in some indescribably sad cases, we’ve lost loved ones who could no longer cope with the pain and stress.

The creation of the BHA gives hope that there will be one entity with primary responsibility for mending this shattered system. But it can only do so much if accountability is lacking, grievance processes are non-existent, or if the finite resources are allocated toward provider interests and programs where data doesn’t support the investment, rather than putting money directly into the provision of services for those most in need. There must also be accountability for the BHA and other state agencies, including CDHS and HCPF, which allow millions of dollars to support providers’ harmful practices.

As legislators, you are in a position to require providers to offer treatment based on need rather than the number of days of payment. The cost of multiple hospitalizations and a long-term stay at Fort Logan alone has far exceeded what it would have cost to extend a hospital stay beyond 15 days or for proper discharge planning.

I hope the creation of the BHA does not make a broken and complex system worse by adding more layers of bureaucracy. Please take this opportunity to make TRUE transformational change by holding providers accountable and prioritizing the needs of people desperately searching for help.

Thank you.

Testimony

Behavioral Health Administration Bill (HB 22-1278) Testimony

Thank you for this opportunity to provide written testimony on HB 22-1278. I am not testifying in favor of or in opposition of this Bill; rather, I am here to talk about the County of Pueblo's relationship with Health Solutions.

Health Solutions has been serving Pueblo County for 60 years and as our Community Mental Health Center, the County of Pueblo views them as a trusted community partner delivering critical behavioral health and crisis services 24/7 to meet the needs of our community.

We find Health Solutions to be a highly collaborative partner that works well with our County departments to include our Sheriff's Department, Department of Human Services, Department of Public Health and Environment and others. Additionally, Health Solutions has work well with the County on projects outside County departments – for example, at the request of the County, Health Solutions created a unique partnership with local Farmers to provide seasonal Migrant Housing under the Agriculture Workforce Management Association Program – H2A. This has made a significant impact on our agriculture industry that Pueblo relies on for economic development.

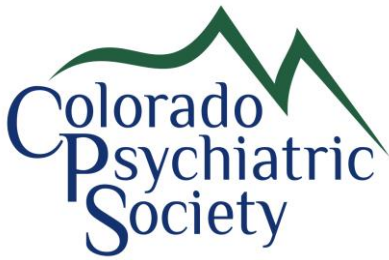
Our hope is that you take careful consideration of what is included in this Bill and take the necessary steps to minimize any interruption to a system that we know works well for Pueblo.

On a personal note, it was not very long ago that I needed mental health services for a family member who was in crisis. If not for the services offered by Health Solutions I worry that there would have been a different outcome. The ability to get crisis mental health care from Health Solutions saved my family member. I hope whatever changes are made, that crisis mental treatment is always easy to find, that it is not interrupted, and it is not delayed for any reason for the families that need it.

Thank you again for this opportunity.

Chris Wiseman

Pueblo County Commissioner



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March 24, 2022

House Public & Behavioral Health & Human Services Committee Members
200 E Colfax Ave
Denver, Colorado 80203

Re: HB22-1278 Behavioral Health Administration

Dear Honorable Chair Michaelson Jenet and Public & Behavioral Health & Human Services Committee Members:

The Colorado Psychiatric Society (CPS) is thrilled about the introduction of [HB22-1278](#), and the establishment of a Behavioral Health Authority. As you are aware, the lack of access to adequate mental and behavioral health care in Colorado has reached crisis levels, and psychiatrists play a vital role in treating some of the most acute mental and behavioral health patients. Accountability and transparency will be crucial to the success of the Behavioral Health Administration and the Advisory Council is an important part of those goals. While we support many parts of the bill, CPS respectfully requests your consideration to alter the makeup of the Advisory Council created pursuant to section 27-50-701.

The best outcomes and solutions are derived from groups with a variety of experience who are able to explore issues and challenges from all sides. CPS believes it is critical to have Advisory Council members who represent individuals with lived behavioral health experience and families of individuals with lived behavioral health experience. We also believe the council would benefit greatly from adding voices of members who have experience providing care. A wide array of perspectives will enrich the discussion as well as result in better recommendations on the development and administration of the BHA.

Although the current Behavioral Health Commissioner is a psychiatrist, that may not always be the case. Since psychiatrists play a key role in any state's behavioral healthcare system, we believe a psychiatrist would provide invaluable insights and should be represented on this body. Discussions with a broad array of stakeholders with diverse personal and professional experiences will result in innovative, effective solutions that will benefit the Coloradans who will be most affected by these policies. Examples of groups with a wide variety of backgrounds include the Behavioral Health Transformation Task Force and the Executive Clemency Advisory Board, among others.

Therefore, CPS recommends re-examining the makeup of similar past boards and commissions, and expanding the membership requirements for the Advisory Council to make the BHA as successful as possible for the people of Colorado. There are many other stakeholder groups who could provide valuable perspectives and we urge you to consider ensuring the Advisory Council has the correct membership to make the BHA as successful as possible for the people of Colorado.

Thank you for your consideration of our concerns.

E. Lowdermilk, MD

Elizabeth Lowdermilk, MD
Legislative Chair, Colorado Psychiatric Society

A handwritten signature in black ink, appearing to read "Patricia Westmoreland".

Patricia Westmoreland, MD
Legislative Co- Chair, Colorado Psychiatric Society

House Public & Behavioral Health & Human Services
 03/25/2022 Upon Adjournment
 HB22-1278 Behavioral Health Administration
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Dori Babcock For Colorado Cross Disability Coalition</p>	<p>My family moved to Colorado in late 2018. My son went through horrible bullying experience at the high school. He tried to take his own life in April 2019. At the hospital there were all kinds of problems getting him into a center in the Denver region that could help him as there were no beds available. They would not allow us to have him see his therapist, they said he MUST go to a mental health center. 2 days later when a bed opened up in a facility and he was transported to it the nightmare began all over again. There was not any communication with us about what the treatment plan was for our son. They took him off medications and put him on medications without letting us know. We were not allowed to see or talk to him and when we were able, he talked about how not one medical professional considered the trauma that led to his suicide attempt. Not one professional offered him comfort. We had no way to reach him, our only course of action was to fill out "a grievance form" and wait for the facility to contact us. We were never contacted. This mental health center caused more damage and trauma when it was supposed to begin the healing of what he had already been through. There has been no accountability for the medical team that practices there or the facility. We need to include our own existing mental health providers included in the safety net. We need clear, transparent accountability from mental health facilities and their staff. I am in support of this bill because it will help do just that.</p>
<p>Virginia Gebhart For Colorado Foundation for Universal Health Care</p>	<p>The Colorado Foundation for Universal Health Care supports this bill because we believe that behavioral health services must be provided on par with other medical health services. This has been required by law for years, but health insurance corporations have not delivered and they never will.</p> <p>The creation and funding of the Behavioral Health Administration will be a step in the right direction if it can reduce the crushing burden of bureaucracy that is currently hurting both patients and health care professionals.</p> <p>Wouldn't it be great if the middleman health insurance corporations could be replaced by a simplified payment system that would save \$millions and free up more funds to actually pay providers a decent rate so they can afford to work and live in the communities they wish to serve? Wouldn't it be great if we had something like Medicaid for All? The administration of myriad programs would be so much simpler if there were no networks, no prior authorizations, no high deductibles, no copays, no need to "qualify" for coverage. Wouldn't it be great if we could save \$millions and cover everybody?</p>

	<p>Please vote yes to pass this bill. It is a step in the right direction until the day we have Medicare for All, which will eliminate the thousands of perverse incentives which throw up countless barriers to health care, including behavioral health services.</p>
<p>Donna Garnett Amend Montbello Organizing Committee</p>	<p>Members of the House Public & Behavioral Health & Human Services Committee,</p> <p>My name is Donna Garnett. I am the Executive Director of the Montbello Organizing Committee – located in Montbello - one of Denver’s largest neighborhoods. Montbello is a community comprised primarily of people of color and a community long deprived of mental health and other critical services.</p> <p>I am writing on behalf of my community, my organization, and my neighbors to ask that in your consideration of HB22-1278 that you please oppose any amendments that would strike Community Mental Health Centers (CMHCs) from Colorado statute.</p> <p>It is these centers which, for decades, have provided services to the uninsured, underinsured, and Medicaid populations. From my reading of this bill and the Fiscal Note, I cannot see evidence that local mental health experts – community-based providers – nor those who most desperately need locally-based, culturally-responsive, and accessible services were in any way consulted as to their needs and experiences to shape this bill. Certainly, if that had been the case, this bill would not have excised the very elements that make the difference in people’s lives. Most certainly there would not have been a fiscal note that created 13 -14 new state jobs, thus, once again, solidifying state bureaucracy over putting resources where they can do the most good – in our communities.</p> <p>Our community has long been disenfranchised and deprived of needed health and mental health services. The pandemic has exposed the fragility of our community and underscored the need for children, youth, and adults be able to access mental health supports immediately in the community that look like them and speaks their language. When a young person in our community commits suicide or is the victim of an act of violence, their peers, their families need support now – not sometime in the future when a laborious and bureaucratic system gets around to it. This can only happen when the care is available at the community level.</p> <p>I ask that as you keep your focus on improving the mental and behavioral health care system that you prioritize your efforts where they can make the most difference – at the community level. Ensure that Community Mental Health Centers are at the heart of those priorities.</p> <p>Thank you.</p>
<p>Rebecca McCay Amend Diversus Health</p>	<p>- Patients that are severely mentally ill and typically have judicial involvement and are experiencing homelessness are the lost soles in our community. The community Mental Health centers are and should be</p>

	<p>their support system as often the community gives up on this population and does not want to assure, they are provided quality care. Community Mental Health Centers are experts in taking care of people in the lower socially economic statuses that experience closed doors in with other community agencies.</p> <ul style="list-style-type: none">- We do believe there needs to be reform in the Colorado behavior health system, but the needs must assure that safety net specialty community provider systems are key in supporting our community's mental health needs.- People supporting people in their own communities understand the barriers and needs and without the local feeling there is high chances of dis engagement from the population especially in rural areas.
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MARK B. SIMON

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Public Policy Advocacy and Education Affecting Persons With Disabilities
Americans With Disabilities Act, Disability Rights Compliance and Customer Service Training

March 25, 2022

RE; HB 22-1278

Madam chair, members of the committee, thank you for having me here today.

My name is Mark Simon, and I represent Mark Simon.

I have a 35 yr career as advocate for PWDs, both individual and in the public policy arena, much of it on the hill, for which I should either get a commendation or commitment, and am not sure which ☺. In all that career, and doing individual advocacy for hundreds of PWD's, many of whom were people with BH, I only "lost" 2 BH clients.

Matt

18 yr old, 8-10yr history of BH and SU, self-medicating, 3 suicide attempts, 1 wk post discharge from 3rd attempt smashing car into Mtn at 60mph. MH Center took 9 wks to see Psyc who then decided he should see a therapist every 6 wks, psyc every 6 mo's. Psyc ordered meds one of which kid stated to the doc he has been treated in patient for addiction for that one 3 times and should not take it. Doc's response," you take what I prescribe or we won't see you". 1 mo later mom finds him in the driveway, shot himself.

CB

Some of you may remember her, young woman who was my intern for a couple years at the dome while I was still doing public policy there. She had severe BH and other physical issues, incl. Complex Pain Syndrome. 2 suicide attempts and received extensive BH care through her insurance. Lost insurance due to parents divorce and became Medicaid, no longer had access to her providers. Threatened to harm herself, taken to ER, kicked to MH Ctr, similar experience to previous client. Again, mom found her. Neither of these mothers, nor I, have ever gotten over it.

I can relate several others that did not have a terminal outcome, but were pretty bad! I have gone toe-to-toe with the MH Ctr, and they have no clue what "getting to yes" is, and don't care. This is the problem with a monopoly, with being protected and not having competition. In helping others the MH Ctr is an absolute last resort, to which I expect a poor outcome.

We need to give clients choice, control over their own selection of providers and their own care. We have done this for over 15 years in CDASS for home care, we allow them to select their own doctors, it's time we did the same in BH. Nothing about us without us, ever!

Thanks for your time and I am happy to answer any questions you may have.



March 25, 2022

House Public & Behavioral Health & Human Services Committee
200 E Colfax Avenue
Denver, Colorado 80203
Via Email: RE: House Bill 22-1278

Madam Chairwoman and Honorable Members of the House Public & Behavioral Health & Human Services Committee:

On behalf of its more than 100 member hospitals and health systems, Colorado Hospital Association (CHA) appreciates the opportunity to provide feedback on HB 22-1278, legislation to establish the Behavioral Health Administration (BHA). CHA is grateful to the sponsors their inspiring commitment to make transformative behavioral health reforms and investments. Given the size and scope of the legislation, CHA is currently at a monitor position, but remain confident that we can get to a supportive position in the coming days.

Colorado hospitals and health systems envisions a health care system where every Coloradan has equitable access to physical and behavioral health delivered seamlessly in their community. For far too long, Colorado's behavioral health continuum has been broken. The result has been that hospital emergency departments have served as the de-facto front door to the behavioral health care system, and far too often the only door. Individuals needing behavioral health care can end up languishing in acute care hospitals for days, weeks and months waiting for placements in the community. Colorado hospitals and health systems are hopeful that the transformative changes contemplated by HB 22-1278 could establish a system where our vision is realized and appreciates the commitment from the Colorado Departments of Human Services and Health Care Policy & Financing to continue the conversation on ways to further address historical problems in the behavioral health system.

To that end, below is a list of CHA's historical priorities in the space to provide context and framing for the association's approach to behavioral health:

- 1. Ensuring the Continuum Works as Intended** – addressing the ability for acute care hospitals to discharge patients safely into the community (i.e., barriers to safe discharge)
- 2. Supporting Emergency and Crisis Services** – ensuring mental health services are available in each community statewide
- 3. Providing Access to Outpatient and Inpatient Behavioral Health Services** – ensuring behavioral health parity
- 4. Building Strong Networks to Ensure Continuity of Care** – looking beyond the current models

CHA appreciates the commitment of the sponsors and Administration to continue to discuss potential language to strengthen two critical goals of the BHA:

- 1. Care Integration:** In situations where individuals in mental health crisis seek care in an emergency department, it can be incredibly difficult to maintain contact given the competing demands on the facility and health care workers. While some systems have ongoing contact

with patients once they leave the facility, that is not standard across the board due to the capability and capacity of different hospitals, as well as a lack of reimbursement for this service. CHA would recommend working with HCPF and leveraging funding streams to increase availability of safety planning and feasible follow-up opportunities. This should include greater RAE accountability.

a. CHA believes there is an opportunity in HB22-1278 to foster a meaningful conversation among state agencies to improve reimbursement for integrated physical and mental health services, ensuring the development of strategies, and serving as the coordinating entity for tracking strategies and improvements.

2. Discharge Concerns: Our members appreciate the recognition in the legislation that it can be incredibly difficult to find safe, appropriate placements and services for individuals following a discharge from acute care hospitals and inpatient psychiatric facilities.

a. CHA believes that these requirements can be strengthened further under 27-50-301 Behavioral Health Safety Net System Implementation, to ensure that behavioral health safety net providers cannot deny services for individuals following a hospitalization.

HB22-1278 is arguably one of the most significant and complex reform efforts ever contemplated in Colorado. The thoughtfulness with which the proponents and the sponsors are approaching this conversation is remarkable, and greatly appreciated. In addition to the potential amendments above, CHA looks forward to continuing the conversation on the questions below in order to resolve outstanding points of clarification, as well as areas of opportunity in this legislation, in order to move to a fully supportive position in the coming days.

Respectfully,

A handwritten signature in black ink, appearing to read 'J. Ewing', is written over a light gray rectangular background.

Joshua Ewing
Vice President of Legislative Affairs

Additional Questions/ Areas of Note:

- **Scope/ Definition of Behavioral Health Disorder (27-50-101, page 3)** How does the Department envision the new proposed BHA structure will improve care for individuals with integrated medical and behavioral health service needs? For example, how will the BHA approach individuals with dementia, traumatic brain injuries, and lingering substance use disorders that present as mental health concerns?
 - *Note:* an outstanding challenge in this area is the segmentation of funding and lack of recognition of whole-person care.
- **Capacity Tracking (27-60-104.5, page 123):** In what ways will the capacity tracking element align with the existing psychiatric bed tracking system? Are there opportunities to further automate this process?
- **Standards:** CHA appreciates that there are a number of new provider types currently being contemplated. To that end, we would request a graphic that demonstrates which providers will be held to which standards surrounding contracting, reporting, performance monitoring, etc.
- **Licensure (27-50-106, page 14-page 15)** CHA appreciated the opportunity to connect and clarify that acute care hospital and psychiatric hospital licensure would not be impacted by the proposed changes in the bill. CHA would like to reiterate that this is the ideal course.
- **Reporting (27-50-204, page 24):** CHA also appreciates the understanding that hospitals complete extensive reporting. We would like to continue to emphasize that regulatory burden is a significant concern for our members, and we request that the Department continue to prioritize reduction of duplicative reporting requirements, particularly for Medicaid providers.
- **Universal Contract (27-50-203, page 22-page 24):** In what ways will the universal contract differ from contracts already signed for behavioral health services? Specifically, we would appreciate seeing how these funding streams/ requirements will interact in the graphic.
- **Safety Net Provider (27-50-301 Behavioral health safety net system implementation, page 25-page 29):** How does the list of considerations include in-home services, peer support, family therapy, residential treatment, and respite care?
- **BHA Service Organization (BHASOs) (27-50-401-27-50-404, page 30-page 36):**
 - How does the Department plan to ensure that reimbursement for behavioral health services is integrated with physical health and that the new BHASO/ RAE structure does not repeat the mistakes of the past with regard to the Behavioral Health Organizations/ Regional Care Coordination Organizations and previous segmentation
 - How does the Department envision care coordination for individuals who go on and off Medicaid coverage? For example, will the RAE coordinate directly with the BHASO?
 - How does the Department intend to handle contract procurement for areas that are typically hard to service, particularly rural areas? What is the plan if organizations do not participate in the BHASO procurement process?
- **Prevention (Part 14- Community Prevention and Early Intervention Programs, page 61):** How will the Colorado Department of Public Health & Environment coordinate with HCPF and CDHS to ensure that there is a cross-agency focus on prevention, including reimbursement related to social determinants of health with a focus on care coordination?
 - *Note:* CHA sees this vehicle as an opportunity to leverage Medicaid funding to support primary prevention efforts, such as addressing social determinants of health.
- **Grievance Procedures (27-50-108, page 17):** Will the grievance process include the ability for providers/ facilities to file grievances against RAEs and as appropriate state agencies for failing to meet behavioral health standards?

- Additionally, what are the enforcement mechanism for grievances and the interaction with existing ombudsman programs? We request a graphic for this as well.



March 24, 2022

Public & Behavioral Health & Human Services Committee
Colorado House of Representatives

Dear Chair Michaelson Jenet and members of the Committee:

The Colorado Coalition Against Sexual Assault (CCASA) is a statewide membership organization representing over 100 sexual assault service providers and survivors throughout Colorado. CCASA and our members strongly believe that Colorado has a unique opportunity to ensure that as it reshapes its behavioral health system, it is grounded in trauma-informed and victim-centered practices. We urge you to amend House Bill 22-1278 to include the perspective of persons with expertise in victimization, trauma, or Adverse Childhood Experiences on the Behavioral Health Administration advisory council.

Sexual violence is a pervasive problem that is directly linked to mental health issues and substance use. According to the 2010 National Intimate Partner and Sexual Violence Survey, half of women and one in four men in Colorado have experienced sexual violence in their lifetime, 80% of which occurs prior to the age of 25. Research has found that childhood sexual abuse and other Adverse Childhood Experiences (ACEs) are linked to long-term, negative effects on an individual's health, well-being, education and job potential, including mental illness and substance misuse in adulthood. Additionally, with each ACE variable experienced in childhood, there is a significant increased occurrence of adult sexual violence.

The Centers for Disease Control and Prevention reports that experiencing sexual violence in adulthood increases risks of chronic physical and mental health problems, such as chronic pain, anxiety, attempted or completed suicide, eating disorders. Sexual violence is also linked to negative health behaviors, delinquency and criminal behaviors, diminished economic security, and being victimized again in the future. Post-traumatic stress disorder and depression are common among victims and results in victims using alcohol and other drugs to cope with the trauma. Women who have had PTSD are two and a half times more likely to abuse alcohol and rape victims are five times more likely to abuse prescription drugs and ten times more likely to use hard drugs. Further, substance use is also linked to a higher vulnerability to sexual violence. Perpetrators may use drugs or alcohol to facilitate sexual assault or may take advantage of people using drugs or alcohol.

Due to the prevalence of sexual violence and its connection to behavioral health issues, it is crucial that Colorado's behavioral health system is grounded in trauma-informed and victim-

centered practices to address and meet this critical need. Even though someone may not present as a victim, it is inevitable that all providers will come into contact with someone who is experiencing behavioral health needs either directly related to sexual violence or rooted in symptoms resulting from experiencing sexual violence. Please incorporate this perspective on the Behavioral Health Administration advisory council by amending House Bill 22-1278.

Sincerely,



Brie Franklin
Executive Director



March 25, 2022

Dear Chair Michaelson Jenet and members of the House Public & Behavioral Health & Human Services Committee:

My name is Alexis Alltop, and I am the research & policy coordinator for Healthier Colorado, a non-profit, non-partisan organization dedicated to raising the voices of Coloradans in the public policy process. I'm writing to support the amendments for HB22-1278 to establish the Behavioral Health Administration.

We would like to thank Representative Young and Representative Pelton for their leadership on this bipartisan bill that will streamline Coloradans' access to mental and behavioral health services. We would also like to thank CDHS for working with us to develop amendments.

Healthier Colorado supports the package of amendments introduced today. Requiring comprehensive safety net providers to prioritize services to priority populations through L.007 will ensure the members of our community who have been historically underserved by medical institutions are prioritized and can receive access to care. Expanding the definition of priority populations through amendment L.003 to include adults with serious mental illness, children and youth with serious emotional disturbances, and people experiencing or at risk of homelessness will guarantee populations at a higher risk of experiencing a mental health emergency will have access to support.

In addition, Healthier Colorado supports including provisions in L.007 to require essential safety net providers to deliver triage care when an individual's needs exceed the treatment capacity. This amendment will allow Coloradans access to interim care when they are experiencing a mental health crisis, even if they need to be referred to a more appropriate care setting. Finally, Healthier Colorado strongly supports L.005 to outline enforcement mechanisms to ensure behavioral health service organizations are meeting network adequacy standards, and there are measures in place to address conflicts of interest in BHASO boards.

Thank you for your consideration, and we encourage this committee to support the package of amendments introduced today.

Respectfully,

Alexis Alltop

Research & Policy Coordinator
Healthier Colorado
