



Re: Beds bill HB-1303 Lisa Cutter to Nidhi Contessa 03/28/2022 10:47 AM
Cc "amanda.king@state.co.us"

Dear Ms. Contessa;

I'm so sorry for your tragic situation, and agree we need to do better. I'm looking forward to hearing this bill in committee. I'm copying here Ms. King, who can enter your testimony into a folder the committee can access. It will become part of the public record.

Warm regards,

Lisa A. Cutter
State Representative
Colorado House of Representatives, District 25
Majority Caucus Co-Chair
Democratic Women's Caucus Co-Chair
Member, Public & Behavioral Health & Human Services Committee
Member, Energy & Environment Committee
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From: Nidhi Contessa <heeheenothing@gmail.com>
Date: Monday, March 28, 2022 at 8:47 AM
To: lisa.cutter.house@state.co.us <lisa.cutter.house@state.co.us>
Subject: Fwd: Beds bill HB-1303

Hello Ms. Cutter,

Thank you for your work.

I would like to give testimony in support of this beds bill—HB-1303. I was given your address to send this testimony to as I may not be able to do the testimony via zoom. I hope it's not too long but if you speed read maybe you can get through in five minutes.

We've lived in Colorado since 1989. My daughter grew up here since she was five.

I do believe my daughters life would've been extraordinarily Different if Colorado had the number of beds that it actually needs to help the people with severe mental illness. If she had had extended long-term care and also step down care from the psych wards that she was sent to She would've cost the state far less in medical emergency and police expenses.

I was told by several psych ward nurses and psych techs that the insurance companies pressure the psych wards to release patients after a certain time. Often it was three days.
 Not to mention the fact that there are
 NOT enough beds to go around.

I heard last week that the statistics on schizophrenia in Colorado are about 57,000 people suffering from this disease. As you may know right now there are about 350 beds available at the Pueblo State Hospital and no extra beds available at Fort Logan unless this bed bill passes.

Many times my daughter languished in the ER holding tank located at Boulder Community Hospital on Arapaho.

If you're not already paranoid and psychotic I can't imagine you would be sane of mind after leaving that space. But that's another story.

Years ago a social worker unlike many of the others seem to have a little more resolve and dedication. She kept my daughter for three weeks while a psychiatrist visiting from North Carolina tried three different meds on her. It is a pretty horrific process of putting someone on the meds ...watching how the patient responds...weaning them off... giving them a break and then starting another medication.

When I went to visit she was like a mouse wounded from experiments and said "mom can you please make them stop testing me." At the end of all that they decided she was resistant to these strong antipsychotic drugs. This same social worker tried to get her into Fort Logan because she could see how serious ...how gravely ill my daughter was ...that she needed long-term treatment.

She came back to me saying that Fort Logan was full AND there was a long list of people waiting to get in there

AND

it was mostly full of people who would never leave! (not enough beds then as now)

By the way the visiting psychiatrist from North Carolina took me aside ...said "your daughter is gravely gravely ill. Please be her advocate." He's the only psychiatric Doctor Who spoke so plainly.

This was back in 2010... about 12 years ago. So 12 years ago one attempt was made to bring my daughter to long-term care. Since then she has been living with me in some shape or form ...she has been as we say 'three sheets to the wind' ...In and out of psych wards ...in and out of hospitals and no real help.

I,like so many other parents, am very weary as is she.

Just as an aside can you imagine if our nursing homes for the elderly were run the same way as these mental health hospitals?

Can you imagine hearing "well... no, we don't have openings for those with acute and persistent dementia and there aren't any more hospitals in the state so your parent will just have to live with you or be homeless.

Oh ...your parent can't be home alone because of the dementia? Well then I guess you'll have to hire someone full-time or quit your job and stay home with your parent. I'm so sorry but our system is broken."

This is the line that I have heard over the last many many years.

Our system is broken.

It's unconscionable.)

(back to the story)

Another doctor came in and said that the only recourse he thought would be electroconvulsive therapy. My daughter wasn't willing to do that. She's already paranoid and that sounded like a death sentence even though she's been trying to commit suicide for several years. (She was seeing the patients come back to the psych ward after their ECT therapy ... they looked like zombies.)

There are some studies showing that ECT can be helpful for some people even though there's memory loss. But because of the HIPAA laws a person has to agree to have it.)

My daughter's been cycling in and out of the healthcare system since 2008... worse still..since Covid she's been in and out of jail. She is at Pueblo right now waiting to be brought to competency. She has been in jail almost a year which for someone with schizoaffective disorder —meaning psychotic and paranoid is not the best place for recovery or any kind of healing if you will.

If you have seen the movie called A BEAUTIFUL MIND based on the true life documentary then I don't need to tell you much more about my daughters extreme states of mind. Well if you haven't seen it I'll have to give you some details. My daughter is now 38 and suffering from schizoaffective disorder since 2002.

At 12 she skipped a grade, was an A student showing Artistic and writing promise. She was with a modeling agency in Canada and IS despite her illness highly intelligent, artistic, and high functioning. When the brain illness struck full force her life became as if a living nightmare. I refer again to the movie

A Beautiful Mind.

In this movie it appears that the reason this man survived was that his wife let him stay in the house and she left. Somehow he eventually made it through. He did have a place to be.

In my daughters case there are so many times she doesn't believe that I am even her mother and her medication is not sufficient to keep her paranoia at bay so it is like living on a psych ward 24/7 never knowing what's going to happen. She is not dangerous to others —only to herself. However if there was a bed for her in a psych ward this would be more sane for the parent living with someone under these circumstances.

Because you never get a break. On a psych ward there is revolving staff. I'm WORN out.

She believes a serial killer is after her among other delusions. How Does a parent Keep their livelihood going not to mention their sanity with this kind Overwhelming stress?

Another reason I hope this bill will pass.

Years ago After slitting her arms and spending a month in a Psyche ward(her first of many in our revolving door psyche wards) she was put on the highest dose of meds and did everything her therapist and psychiatrist told her to do. She tried to work (she's always been a responsible person before this struck her down)but she repeatedly was let go because the paranoia broke through the medication even though the side effects rendered her awake barely 6 hours a day. I was told over and over by several psychiatrists that she needed LONGTERM CARE to have any chance of some kind of recovery... Some kind of life.

I would never have believed the inhumanity of our healthcare system for people with brain illness if this hadn't befallen her.

For several years she tried and failed to commit suicide.

Here are some examples:

The phone rings. I answer. Hi...this is Steve I think Claire might harm her self I can't get the car keys from her.

Next day hospital nurse:

Hello...is this the mother of Claire—?We have an ROI to let you know your daughter, while still recovering from self-inflicted wounds on her arms from two days ago, is lucky to be just banged up but OK after driving off a cliff. We've changed her bandages on her arms but you need to know that we must release her as she has been found to be pregnant and we can't give her antipsychotics when she's pregnant.

(should someone with severe psychosis and paranoia be allowed to drive a car? In this case she hit the corner of a house as she came off the cliff. The owner came out and was justifiably upset and scared. What if he had been outside there at that moment?)

(should someone with severe mental illness be released from the hospital after 2 days (with no step down services... No longterm counseling, nothing ? with bandages on their arms from self-inflicted wounds ? Just released to the street?
What if she was violent?)

You could say 'it's protecting her freedom.'

She doesn't believe she's mentally ill ...she's delusional. So we're giving her the right to do whatever she likes.

It's called 'letting them die with their rights on'.)

This is why we Desperately need beds.

Severe mental illness is being so paranoid and fearful of others that you refuse to leave the house to buy groceries, go to doctors appointments, carry a phone (you could be tracked) and keep appointments with your probation officer.

This last resulted in my daughter being taken to jail because she 'failed to appear'to see her probation officer. The judge told her to call her probation officer every other day and to see her probation officer in person once a week. My daughter is too paranoid to carry a phone. How can the justice system ever deal with this? But they are trying. (I have to say I am impressed with the Boulder police. They have been to our ...house countless times and they are and have been wonderful. But it is not a solution... It's just like the game Wack a mole.

And the emergency room staff are at their wits end. I've seen that in person ...It isn't their job to take on severe mental illness on a regular basis. Therefore they give them a strong benzodiazepine medication and toss them back out ...back to the police...!

Severe mental illness is being so paranoid that you don't believe your parent IS your parent . My daughter trespassed into a motel twice so she wouldn't be homeless. The result of this—she was taken to jail for trespassing charges. How does this make sense that the jails (in Boulder) are 75% full of people with disabling mental illness while crime spree's are happening with no consequences because there isn't room in our jails?

I hope that more and more beds and fairly paid staff to help people with severe mental illness happens because we are in The situation of having the need for at least 5000 MORE beds in Colorado. You may also know that there was a time that Pueblo mental hospital had 6000 beds for the mentally ill. Instead of siphoning all that acreage off to the prison system they could've upgraded their mental health system. Now we have the mentally ill people stuck in prisons and jails for months and months.

Insane isn't it?

I've heard this from public defenders and I've heard this from district attorneys,nurses, psych techs, emergency doctors, the police, and social workers—That the mental health care system is broken.

Since 2009 I just can't imagine the hundreds and thousands of dollars that have been racked up with my daughter spending time in psych ward after psych ward hospital after hospital. An ineffectual waste of money.She's been in an ICU three times —once for one month. I don't think I need to tell you how incredibly expensive that is. All this could be averted if there was an Adequate number of beds available for the population we have.

Thank you so much for listening.

I value your time and I hope this leads to the beds bill being passed .

I'm sorry for the length but I hope you get the drift about how urgent the need is.

Sincerely,

Heather Contessa

(One of many many 'mothers in the trenches' who love their adult children)

House Public & Behavioral Health & Human Services
 03/29/2022 01:30 PM
 HB22-1303 Increase Residential Behavioral Health Beds
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Virginia Gebhart For Colorado Foundation for Universal Health Care	<p>The Colorado Foundation for Universal Health Care supports this bill because we support the provision of behavioral health services on par with the provision of medical health services. It's the law, but health insurance corporations have never provided coverage for behavioral services on par with medical health services, and they never will. This bill will at least provide desperately needed additional behavioral health beds in our state.</p> <p>We have all heard or lived countless heartbreaking stories about individuals experiencing a mental health crisis who have suffered or even died due to the lack of behavioral health beds in Colorado. I'm thankful that these one time Federal funds are available to address this lack of behavioral health beds. I'm thankful that this bill will make this issue a priority.</p> <p>Please vote yes to pass this bill. It will enable better access to help to individuals and families who are often facing the worst experience of their lives.</p>
Julie Reiskin For Colorado Cross-Disability Coalition	<p>Madame Chair and Members of the Committee</p> <p>The Colorado Cross-Disability Coalition is in support of HB 1303. This is necessary to address a system that is in crisis and is causing us to use precious resources on fines, and more importantly, because we are violating the rights of people in great distress. Overall, we need to be treating people in the community and we hope that the new BHA will get us to a place where that happens regularly. But right now, we have decades of damage from people not being able to secure treatment and an overwhelming need for longer term residential treatment, with nowhere for people to go.</p> <p>I think most of you know that we feel very strongly against institutions of any sort so our support of this is after a lot of thought and seeing the needs of the community ignored for too long. Please support HB1303 and hopefully a decade from now your predecessors can close it because our BHA is working so well this is no longer needed.</p>

Letter of support for bill HB22-1303

BACKGROUND

1. We adopted Daniel through Boulder HS, in 2008, when he was three years old. He had suffered severe neglect and had a high level of PTSD and RAD, in part caused by two failed attempts of being adopted.
2. For several years we have been requesting appropriate services for Daniel, trying to prevent what later happened - suicidal attempts, substance abuse, homicidal thoughts, police involvement, etc.
3. As parents, we are frustrated and disappointed with the lack of adequate resources. In particular, it is extremely difficult to access a psychiatrist for adolescents and even when one becomes available, they are absolutely overwhelmed by an absurd number of patients.
4. Since Mid-April 2021, Daniel has been hospitalized 7 (seven) times at mental health institutions, spending more than two months as an in-patient, 9 days in a PHP and many more at EDs and Crisis centers waiting for a bed to open at the psychiatric institutions.
5. After more than two years requesting a higher level of care, we finally obtained a place at the Third Way residential center of Denver, where he was admitted with a dual diagnosis of substance abuse and mental health disorders. He started on December 6, 2021 but was discharged on March 6, 2022. The institution acknowledges that Daniel requires a high level of care that, in particular, can prevent him from running away as it happened 7 times at Third Way. He has been for two weeks in a ED waiting for a bed to open in an institution that can provide the level of care he requires.

Remarks

1. Although everybody is aware of the mental health epidemic among adolescents, the only time that the mental health system is able to (laboriously) react is when the adolescents enter an acute situation such that attempting on themselves or others. Even in such cases, the lack of beds forces the patients to stay in emergency departments for many days or even weeks.
2. Once adolescents are finally moved to inpatient hospitalizations, they can only stay there while in an acute state just to be discharged back to their homes due to the inexistence of intermediate transitional facilities that can monitor and make sure the patients comply with their psychiatric medications. Hospitals and Mental Health institutions resort to unsafe/inadequate discharges which include lack of adequate follow-up services or long delays in securing them. They also avoid to provide

recommendations regarding the adequate level of care/treatment. As parents, our last resort is to refuse to pick up our kid from the facility - only to trigger being exposed to lies/harassment/threats and to witness serious deviations from a basic standard of care. We know by experience that after being back home he still cannot control his impulses and he repeats (or escalates) unsafe behaviors, putting himself and others at risk.

3. The reactive approach (adequate care is, temporarily, secured by the time you think of/try to kill yourself or others) with no adequate transitional services that can prevent future crisis only leads to a perverse cycle of crisis/hospitalization/discharge/temporary recovery that is used to argue that more intense services are not necessary/new crisis/repeat. Besides the detrimental impact on the patient it has a huge emotional/psychological impact on the rest of the family.

We want to help Daniel to integrate into society and become a productive member; prevent him ending up as a criminal, addict or to kill himself or others. We are convinced that this is impossible without changes in the way the system currently works.

TESTIMONY FOR HB 22-1303 INCREASE RESIDENTIAL BEHAVIORAL HEALTH BEDS
March 29, 2022 1:30PM
HOUSE PUBLIC AND BEHAVIORAL HEALTH & HUMAN SERVICES COMMITTEE
Rep Dafna Michaelson Jenet, Chair; Rep Emily Sirota, Vice Chair

Good Afternoon and thank you Madame Chair and Committee for the opportunity to speak.

My name is Leslie Kalechman, and I am a retired Licensed Clinical Social Worker and the Chair of the AARP Colorado Advocacy Volunteers. AARP stands in Strong Support for this bill, to increase Residential Behavioral Health Beds.

AARP is a non-profit and non-partisan organization that represents over 38 Million Americans nationally and over 670,000 here in CO. We advocate for people 50 + regarding having choices about life as we age. Access to effective and timely Behavioral health care through the lifespan is critical to healthy living and aging, and a fundamental component of overall health. AARP supports the funding of community-based strategies to address Behavioral Health needs.

People 50+ have many of the same health and behavioral health issues as the rest of the population. A WHO 2017 report states that approximately 20% of adults 60+ suffer from a mental or neurological disorder. KFF in 2021 reports that during the Pandemic many people have experienced poor mental health, with over 30% of adults reporting anxiety and/or depression, up from 11% of adults prior to the Pandemic. Suicide, a leading Cause of Death in the US-even prior to the Pandemic- is a serious Public Health Concern. In 2019 Colorado's age-adjusted suicide rate was higher than the national level: US 13.9/100,000 completed suicides; CO 22.1/100,000 completed suicide. 8 more people per 100,000 in CO than the national state average. ¹

"The State of Colorado has failed for almost a decade to provide timely evaluations to determine mental competency to thousands of people in jail who are awaiting trial and presumed innocent."² It is inhumane to warehouse people in jails across the state, without services.

Additionally, we desperately need more residential beds so that those that need an intermediate level of care can stabilize and get the treatment and skills necessary for community functioning. Residential Community care is a necessary resource for a comprehensive Behavioral Care System.

¹Kaiser Family Foundation, "Mental Health and Substance Use Fact Sheets, 12/13/21.

²Rocky Mountain PBS, 1/31/2020



March 29, 2022

Re: Support for HB22-1303

Chairperson Jenet and the members of the House Public & Behavioral Health & Human Services Committee:

The Treatment Advocacy Center supports HB22-1303 and respectfully asks that this committee approve it for passage of the House. The Treatment Advocacy Center is a nationwide nonprofit dedicated to eliminating barriers to the treatment of severe mental illness (SMI). The relative lack of inpatient psychiatric beds in Colorado is a barrier to treatment and HB22-1303 would provide better access to care.

Colorado, like most states, has a bed shortage for both civil and forensic patients. Our research indicates that 40-60 beds per 100,000 population is the optimal number for access to treatment, and 30 beds per 100,000 population is the absolute minimum. Colorado's 10 state hospital beds per 100,000 people fails to meet this minimum standard. For comparison, a psychiatric bed supply range of 25-30 is considered a mild shortage, 15-25 as a moderate shortage, and less than 15 per 100,000 population as a severe shortage of psychiatric beds. In addition to a bed shortage, Treatment Advocacy Center also reports underutilization of Colorado's involuntary commitment laws, which prevents access to beds and early intervention for people with SMI.

When people experience a psychiatric emergency, publicly supported state psychiatric beds are where they are most often admitted for treatment. Without access to hospital care, acutely ill individuals deteriorate, emergency rooms fill with acutely ill, and police find themselves increasingly diverted to mental health calls. This causes a bottle neck effect where almost no one accesses the treatment they need in a timely manner.

The pandemic made this bottle neck effect even more deadly for the most vulnerable citizens in Colorado. Individuals with a diagnosis of schizophrenia are at a substantially elevated risk of dying from COVID-19. Schizophrenia is second only to age as the largest risk factor in COVID-19 mortality. People with major psychiatric disorders are more likely to have comorbidities associated with worse outcomes of COVID-19.

Psychiatric bed shortages affect everyone, including family members of people with SMI. Families navigated barriers to treatment for their loved ones long before COVID-19, but insufficient bed numbers driven even lower by the pandemic exacerbated their plight. Lacking sufficient inpatient treatment options, family members watch their loved ones suffer untreated crises, homelessness, and criminalization. HB 22-1303 delivers the hope and promise of treatment to at least 49,605 Coloradans with a diagnosis of schizophrenia and 103,720 with a diagnosis of bipolar disorder.

Further Recommendations

- Stop eliminating public psychiatric beds
- Continue to restore enough beds to create access to inpatient care for qualifying individuals in crisis so that the recommended 60 beds per 100,000 citizens is met
- Identify and reform public policies that incentivize bed shortages



- Make active use of the state's civil commitment laws to provide more timely treatment to individuals in need of treatment psychiatric crisis services.
- Amend Colorado's Sec. 1115 Medicaid waiver to include the institutions for mental diseases (IMD) exclusion for people with SMI. Colorado already has a waiver for the IMD exclusion relative to substance use disorder but not for SMI.

Thank you for considering this testimony.