



April 13, 2022

Dear Members of the Senate Health and Human Services Committee,

Thank you for your consideration of SB22-181. On behalf of Children's Hospital Colorado, we are pleased to share our support and urge you to vote YES on this important bill. We are thankful for the work of the Behavioral Health Transformational Task Force in developing this bill as well as the bill sponsors, Sen. Bridges and Sen. Simpson, and stakeholders who have accepted our suggested amendments to strengthen the bill and ensure that funding is deployed immediately to help support Colorado's behavioral health workforce now.

In May 2021, Children's Hospital Colorado declared a state of emergency for pediatric behavioral health, and unfortunately the challenges continue. Even before the COVID-19 pandemic, Colorado lacked sufficient services and supports across the care continuum to provide necessary services for children and youth. During the legislative session, this committee has considered and will continue to consider many important bills to expand the care continuum and create a behavioral health system that is transparent, accountable, and coordinated. However, without a sufficient workforce, these efforts will be difficult to implement and may not meet their intended transformational goals.

Healthcare workers have been at the forefront of the pandemic for over two years, and given the current behavioral health crisis among children and youth, the system is stretched. The behavioral healthcare workforce in Colorado has never been sufficient to meet the need, and it cannot keep up as the demand continues to grow. For example, not a single county in Colorado has enough practicing child and adolescent psychiatrists to serve their population and 49 out of 64 counties have no practicing child and adolescent psychiatrists.

SB22-181 ensures that resources are deployed across the state to support and diversify the workforce immediately through programs such as loan repayment, scholarships, and additional training. The bill also expands the workforce through paid job shadowing and internships, and by funding peer support professionals and behavioral health aides. The bill also lays the foundation for long-term workforce recruitment efforts by requiring the Behavioral Health Administration to work with other departments to reduce administrative burden and align career pathways to be more responsive to the needs of the state.

Thank you for your commitment to the behavioral health workforce that serves Colorado's children and youth. Please do not hesitate to contact me if you have any questions or need further information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Zach Zaslow", is positioned below the "Sincerely," text.

Zach Zaslow, Director of Government Affairs  
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Dear Madam Chair and Members of the Committee,

My name is Allyson Drayton, and I am the Clinical Trainer for Jefferson Center. I am a Licensed Professional Counselor, and I am writing today in support of SB22-181.

I have been in the field of mental health for nearly a decade, and with Jefferson Center since 2015, where I started as a clinical intern. I eventually moved on as a full time Transition Services Clinician, providing brief interventions to high-risk consumers. I also maintained a caseload of outpatient consumers, while developing my professional identity through various activities.

As I continued to take on new clients, I soon began receiving referrals for consumers who requested that their provider share their racial identity, and I identify and experience the world as Black. We know from research that consumer outcomes improve when there is a shared racial identity between the consumer and therapist. We also know that consumers stay in care longer, and the effectiveness of clinical interventions is increased when a consumer receives care from a provider who shares their racial identity.

My passion and focus is multicultural counseling, and it is important to me to be able to provide excellent mental health services to consumers who may already struggle with cultural barriers related to mental health. However, as I began my new role in 2020, I was faced with a difficult process-terminating with my Black consumers who I knew would be left with the decision to stop therapy all together, or to start over with a therapist who was not Black when it was important to them to work with a Black clinician.

I kept the few clients I knew would drop out of therapy all together if they had to make that choice, and still see them today. Luckily, I had an amazing team and supervisor who was able to support me during this time, as it was also difficult emotionally to get to a place where I felt I was not abandoning my client because I was the only Black clinician on the team, and I was leaving. Currently, there is still a struggle to meet this need. Research supports this, showing us that the demographic makeup of our workforce does not match up with that of those in need.

I believe that this is a dilemma of equity-all consumers, regardless of race/ethnicity, should be allowed the opportunity to access (and receive) the most effective care in the manner they choose. When there are barriers to that, such as a lack of racial and/or cultural diversity in the workforce, I believe that we must do all that we can identify solutions.

This is one of the reasons why I support SB22-181 and its plan to expand recruitment and retention in the field of behavioral health. It is my hope that this bill provides for opportunities to develop, implement, and sustain policies and practices that address gaps that prevent the advancement of a diverse applicant pool. To this end, I believe that innovating and expanding recruitment strategies by partnering with higher

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education institutions would allow BHA to address inequity in higher education that exacerbate this lack of diversity, such as the shortage of qualified BIPOC clinicians.

When I consider what allowed me to pursue a graduate degree, I realize that it was due to the privilege I do hold that allowed me to take an unpaid internship as there were times that I did not work at all. I also came into this field with experience in social services, giving me a leg up and allowing me to land a paying job shortly after graduation. Allowing for paid internships, undergraduate internships and other behavioral health experiences provide a more equitable way for individuals interested in behavioral health to gain experience and not have that experience create a financial burden.

I think often that I could have never finished my own program had I had to work full time. The referrals that would have went unfulfilled. I strongly believe that we must continue to invest in our workforce-for the sake of the ones who want to serve, and most importantly, for those served.

I urge you to vote yes on SB22-181 to support the entire behavioral health workforce.

Sincerely,

*Allyson N. Drayton, NCC, LPC*

Clinical Trainer

Jefferson Center