

Senate Health & Human Services

HB21-1166 Behavioral Hlth Crisis Response Training

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>moe keller</p> <p>For</p> <p>mental health colorado</p>	<p>Testimony for HB21-1166</p> <p>CONCERNING TRAINING PROVIDERS ACROSS THE STATE IN 102 CROSS-SYSTEM BEHAVIORAL HEALTH CRISIS RESPONSE AS IT 103 RELATES TO PERSONS WITH INTELLECTUAL AND 104 DEVELOPMENTAL DISABILITIES.</p> <p>My name is Moe Keller and I am Director of Advocacy for Mental Health Colorado, a non- profit advocacy organization that works to promote healthier minds and mental wellness across the life span. WE are in support of HB 1166 and ask for your yes vote.</p> <p>Individuals with Intellectual and Developmental Disabilities have long been a neglected group of citizens when in need of mental health services. They were usually shut out of receiving such mental health services.</p> <p>In 2015 the legislature established a pilot program to set up a cross-system response for behavioral health crises to provide crisis intervention, stabilization, and follow-up services to individuals who have both an intellectual or developmental disability and a mental health or behavioral disorder. This pilot also required the provision of services not available through an existing home- or community-based services waiver or not covered under the Colorado behavioral health care system.</p> <p>The results of this pilot program were positive and encouraging. It is exciting to finally build on the results of this pilot by addressing the need for mental health providers to better understand this population and to learn best practices in meeting the emotional/mental health needs of IDD persons.</p> <p>the IDD population is a unique and specialized one, and services need to be delivered in a unique and specialized way. By passing HB 1166 we will enable more providers to be informed about how best to serve individuals with IDD and thus increase access to behavioral health services to this deserving and often neglected population of citizens.</p> <p>We are grateful to the bill sponsors Rep. Young, Rep. Will and Sen. Ginal and to the Department of Health Care Policy and Financing for bringing this bill forward.</p>

	<p>Sincerely,</p> <p>Moe Keller Director of Advocacy Mental Health Colorado</p>
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To: Members of the Senate Health & Human Services Committee
From: Ellen Jensby, Senior Director of Public Policy & Operations, Alliance
Date: May 18, 2021
Re: Please **Support HB21-1166**, Behavioral Health Crisis Response Training

Dear Committee Members,

Alliance is a statewide, non-profit association of Community Centered Boards and Program Approved Service Agencies providing services to Coloradans with intellectual and developmental disabilities (IDD). A number of the individuals our members serve are dually diagnosed with a mental health diagnosis in addition to their disabilities. Due to systemic barriers, people with IDD who are dually diagnosed experience significant barriers to accessing mental health services to meet their needs. For years, we have heard from our members about the frustration they experience when trying to access behavioral crisis services for the people they serve. HB21-1166 will enhance Colorado's service system to overcome these barriers.

This bill will provide access to behavioral crisis response training for IDD case management agencies and providers, as well as mental health centers. This training is critical to ensuring that these service systems can coordinate together to assist people experiencing behavioral health crises. The result will be better use of state resources to support this population, as this upstream investment will help avoid costly downstream investments in the criminal justice system for individuals who cannot get the support they need. Even more importantly, this training and cross-system coordination will have substantial and lasting positive impacts on the lives of people with IDD and their families.

This bill builds on years of collaborative work among Colorado's IDD community, behavioral health community, and state departments. It also leverages the experience gained through a pilot program funded by the General Assembly and utilizes a nationally recognized model centered in IDD cultural competence. For these reasons, Alliance asks for your **support on HB21-1166!**

Sincerely,

A handwritten signature in black ink that reads "Ellen M. Jensby".

Senior Director of Public Policy & Operations
Alliance

Alliance is a statewide association of Community Centered Boards (CCBs) and Program Approved Service Agencies (PASAs) that provide services and supports to individuals with intellectual and developmental disabilities.

Alliance members serve over 10,000 individuals with IDD and employ 3,200 DSPs and case managers throughout Colorado.
www.AllianceColorado.org



HB 21-1166

Carol Meredith, Executive Director, The Arc Arapahoe & Douglas, carol@arc-ad.org

Eight years ago, I and two other parents were at a conference and learned about the model that this bill will help implement here in Colorado. All three of us had been struggling for years to keep our families safe because we had sons or daughters with an intellectual/developmental disability and mental health challenges that resulted in behaviors that were beyond our ability to manage without support. One Mom has a doctoral degree, another is a Master of Social Work and I had been working in advocacy for people with IDD and their families for 20 years. We knew how to access supports, but a comprehensive coordinated approach just wasn't available. We all had talked with many other families who had the same problems that we had. We were exhausted, burned-out and frustrated, but we knew this model could help us and so many other families lead reasonable lives.

That day, we made a vow to bring this model to Colorado and we set about gathering a coalition. JFK Partners and The Arc joined our efforts and have been invaluable partners over the past eight years.

We have done gaps analysis, pilots, and hundreds of public meetings. We know this model is used all over our country, is evidence based and that it can help this population survive and begin to thrive.

Over these eight years the problem has gotten worse as our population increases. Val and Harriet and I still talk, and we still talk to other families who are desperately trying every day to keep themselves safe, the other children in the home safe and help their son or daughter to become as functional as possible in their home, school and community. The passage of this bill will bring us a little closer to having a coherent system of support for these families in Colorado. Please vote for the passage of 1166.

Testimony on HB21-1166

Behavioral Health Crisis Response Training

Senate Health and Human Services Committee

May 19, 2021

Ray Merenstein, Executive Director

NAMI Colorado

executivedirector@namicolorado.org

Thank you Chair and Members of the Committee. My name is Ray Merenstein and I serve as Executive Director of NAMI Colorado and ask for your support of HB-1166

I sit here also as the parent of a child born with hearing loss, and as one who had the honor of serving two years as chair of the Colorado Special Education Advisory Committee. These three roles: ED, Dad and Statewide Special Ed Committee Chair have shown me the challenges, front and center, of intellectual and developmental disabilities. But I have also seen the difference that access to care can have. During COVID, we all have learned the power of telehealth. You don't have to imagine the impact, you actually see it.

Think for a minute about the power of a robust training program designed to reach every corner of this state. Let yourself absorb how this bill will lend itself to strengthening the potency of a professional workforce.

NAMI Affiliates in Southeast Colorado, Western Slope, San Miguel as well as Chaffee, Larimer, Summit and Weld Counties serve individuals and families struggling with mental illness every day, including those who are dually diagnosed with both intellectual and/or developmental disabilities. This bill trains individuals to better serve communities through care coordination, and creates a deeper bench of collaborators with a vital link to continuity of care often lagging in rural areas.

Not only does this lessen the barriers to crisis response services for this population, but it can lead to early intervention and prevention of other co-occurring disorders. People with serious mental illness have an increased risk for chronic diseases including diabetes and cancer. Rates of cardiometabolic disease are twice as high in adults with serious mental illness. Care coordination is essential. The benefits are documented.

Colorado and its Western spirit are about exploration, innovation and grit. Our passion for our sports teams, our sunshine, and our purple mountains majesty is only surpassed by the spirit of the individual ready to overcome any odds or obstacles. This certainly is true of the intellectual and developmental disability community. So, let's give them an even better opportunity to succeed, to achieve whatever dream is in front of them. HB 1166 will do this by adding experts who can deliver care across the state.

An intellectual or developmental disability alongside mental illness requires expertise in choosing a therapeutic agent, and knowledge of the evidence to ensure wise clinical decisions. HB 1166 has robust requirements for who would take the training, and that makes the bill even stronger.

Let me conclude by asking you "How do you define wellness?" A healthy diet? Exercise? A strong social circle? In the context of the very people HB 1166 will serve, wellness will increase exponentially, the evidence shows this, with better access to providers. It has impact on the individual, the family and the community: Social, spiritual, financial, and most of all, physical and intellectual wellness. Thank you for your time, and for what I hope is your support of HB1166.

To: Members of the Legislature

From: Sharon S. Jacksi, Ph.D.

Re: Testimony for House Bill 21-1166
Concerning Training Providers in Cross-System Behavioral Health Crisis Response

Date: May 17, 2021

I write in support of HB 21-1166. I am the previous CEO of the Western Slope agency that contracted with Rocky Mountain Health Plans to implement the Cross-System Response for Behavioral Health Crisis Pilot from 2016-2019.

The fragmented system of care in Colorado for I/DD becomes especially apparent when behavioral health crises occur for our citizens with I/DD. It places not only the individual but their family, staff, and responding community agencies in crisis. This bill will begin to address a coordinated and evidenced based system by training staff throughout the state in the components of care that have been shown to improve the stability of individuals. The pilot project noted above demonstrated that individuals enrolled for at least a year went from interventions twice per week to interventions twice per month and decreased hospitalizations from 31% of individuals enrolled to 17% of individuals enrolled in just one year of service. There was also a Medicaid savings of \$65,228 and a decrease in claims from 63 to 46.

The bill addresses vendor qualifications that were demonstrated in the staff training START provided to the pilot staff (Systematic Therapeutic, Assessment, Resources, and Treatment---our national consulting and certification group). This system linkage and care coordination model was critical to the success of our care coordinators in supporting individuals and families. I appreciate these conditions of vendor selection are included in the bill.

This bill also supports development of capacity in underserved areas of Colorado, those primarily in the rural parts of the state. This is crucial for developing a state-wide system of care. While the pilot results showed less numbers of individuals in the rural counties that required pilot care, the intensive need of the individuals was greater, because there had not been staff capacity to develop proactive interventions nor address impending behavioral health crises for the individual. Developing staff that bring together teams and community agency staff and focus on behavioral health needs is critical for our system.

The pilot program began to address many of the gaps in the system of crisis response for our individuals with I/DD. But the successes seen in this project were for only a few counties in the state. It is important these "learnings" be expanded systematically to the rest of the state. Some may say that the legislature should wait until the Medicaid waiver rewrites and the Behavioral Health Task Force address training along with other components of behavioral health care for individuals with I/DD. I submit that system change occurs both from conceptual development and "on the ground" progress and that this bill is important for continuing the community progress we saw from the pilot. It is clear the information gained from the pilot will ultimately be used in the governmental programs, so please be proactive in helping staff become more proficient in addressing crises that impact our individuals and families now.

