



Please Support SB 21-137 – Behavioral Health Recovery Act

Counties are committed to expanding much needed behavioral health and substance use disorder services for their constituents. The goal of county leadership is to help people easily access behavioral care when they need it in a way that works for them. Consumers - our residents - real people are struggling with lack of access, with lack of choice, with lack of culturally appropriate care, with and crisis. This situation has only been worsened by COVID and calls for an “all hands-on deck” approach that embraces a diversity of providers and strategies.

SB 21-137 provides funding for a wide range of initiatives that strengthen Colorado’s behavioral health care system. This enables the state to continue to partner with counties to bolster and expand systems of care that are woefully underfunded.

Support County grant Amendment

CCAT supports a sponsor-initiated amendment to allow counties direct access to a portion of the American Recovery Plan Act funds for a county grant program. This will enable counties to partner and support community providers that are on the ground doing the hard work.

Counties are in the perfect position to get this one-time funding out in the most efficient way possible and toward appropriate community need. Some examples of this work with a diverse array of local, community-based providers:

Eagle County

- Following passage of the county Marijuana tax for behavioral health services, Vail Health created the ***Eagle Valley Behavioral Health Initiative*** and pledged 60 million dollars over the next 10 years to mental health efforts. This has resulted in the following programs which are examples of leveraging seed funding/capital funds to bring partners together and create a greater impact.
 - A mobile resource center was created with a donated RV now called ***Mobile Intercultural Resource Alliance***. Eagle is a large geographic county there is need for additional mobile resource centers.
 - Work is with underway with Vail Health establish a ***regional crisis center/inpatient treatment unit*** as there are no crisis beds in the Eagle County region. This program will benefit the surrounding counties.

Larimer County

- The ***Larimer County Behavioral Health Services Impact Fund*** is using local tax dollars to create a 64-bed behavioral health facility that will offer six levels of service, including behavioral health triage, 23-hour observation, thorough assessments by professionals experienced in mental illness, and substance disorder diagnosis. Other services will include; a crisis stabilization unit and short-term intensive residential treatment withdrawal management services, social detox, medically monitored levels of detox, and ambulatory medication-assisted treatment.

- Funded the **Center for Family Outreach** to collaborate with the Larimer County Hub, Larimer District Attorney's Office, School Resource Officers, and Thompson School District to ensure substance use and behavioral health programs are more accessible for students and families while expanding their reach into the Loveland community. Support was also given to their programs affected by the pandemic.
- Funded and are collaborating with organizations such as **La Cocina** that provides mental health services to folks from the Latinx communities.

Routt County

- Partnering with **Reaching Everyone Preventing Suicide (REPS)**, a local nonprofit focused on suicide prevention and intervention services. This includes counseling, financial support for families following a suicide, training for community members in suicide prevention, etc. This type of crisis response has been incredibly important during the pandemic.
- Collaborating with a **The Northwest Colorado Community Health Partnership** to provide community wide training in Mental Health First Aid training through a local nonprofit.
- Absent local tax funding for mental health, the county is looking to work through the **Routt County Public Health Department** to get services into the community. They can leverage the current contracting/grant program with CDPHE for many different types of initiatives and are best positioned to evaluate and address the broad spectrum of community needs and expand access broadly in partnership with local agencies.
- Partner with **Routt County Crisis Support**, a local nonprofit that provides support for first responders (including human services and public health staff), runs a peer support program, and has a community crisis response team. Just this summer, we had a local volunteer firefighter complete suicide, and this important community group was able to spring into action immediately to provide much-needed support for his peers.

San Miguel

- In response to inconsistent and unreliable funding streams and the success of other Colorado counties in raising funds for mental health services through tax increases, San Miguel leaders initiated and passed a 2018 **county ballot measure to fund community-based behavioral health services** via a 0.75 mill property tax.
- With these funds stood up the **San Miguel Behavioral Health Collaborative**, comprised of stakeholders from mental health, school districts, medical providers, law enforcement, social services, non-profits, and community members. Goals include reducing silos among providers, increasing collaboration among providers, and identifying ways to increase the overall funding for behavioral health services in the County.
- This has enabled support for services work with a broad array of community providers including the **Center for Mental Health, Telluride R-1 and Norwood R-2 school districts, the Telluride Regional Medical Center** and **Uncompahgre Medical Center**.

Summit

- **Summit Community Care Clinic**, the local Federally Qualified Health Center works with the county to coordinate access to care and provides SUD services including the entire School Based Mental Health program, MAT, outpatient therapy, psychiatry, adolescent intensive outpatient, school aged day treatment,
- **Family and Intercultural Resource Center** - peer support (Spanish speaking) and mental health navigation
- An emerging concept called **The "HUB"** that is in lieu of a more traditional Acute Treatment Unit. This provides a peer-based approach to stabilization.
- **Building Hope** (essentially a local behavioral health authority) - Coordinating entity for all local funding and services. Works to identify gaps in access, programming and to reduce stigma around accessing services. Compiles the mental health strategic plan for the community. Funds many different programs including a County wide "voucher" program to provide 12 sessions of therapy for residents who cannot access it via insurance. This is available for a consumer to work most private providers.

Submitted March 31, 2021

Ruth Aponte, 303-908-1980, raponte@aponte-busam.com ~ Thomas Davidson, 970-333-9817, tdavidson@aponte-busam.com

CCAT MEMBERSHIP

Governing Board

Chair Hilary Cooper, San Miguel
Chair Randy Wheelock, Clear Creek
Vice-Chair Rich Cimino, Grand
Vice-Chair Emma Pinter, Adams
Matt Jones, Boulder
Deven Shaff, Broomfield
Jeanne McQuenney, Eagle
Andy Kerr, Jefferson
Ben Tisdell, Ouray
Kelly McNicholas Kury, Pitkin
Beth Melton, Routt
Tamara Pogue, Summit

Members

Lynn Baca, Adams
Steve O'Dorisio, Adams
Eva Henry, Adams
Chaz Tedesco, Adams
Nancy Jackson, Arapahoe*
Bill Holen, Arapahoe*
Carrie Warren-Gully, Arapahoe*
Marta Loachamin, Boulder
Claire Levy, Boulder

Patrick Quinn- Broomfield
Guyleen Castriotta, Broomfield
Kimberly Groom, Broomfield
Stan Jezierski, Broomfield
Elizabeth Law-Evans, Broomfield
Sharon Tessier, Broomfield
William Linstedt, Broomfield
Jean Lim, Broomfield
Laurie Anderson, Broomfield
Heidi Henkel, Broomfield
Keith Baker, Chaffee*
George Marlin, Clear Creek
Sean Wood, Clear Creek
Robin Kniech, Denver*
Kathy Chandler Henry, Eagle
Matt Scherr, Eagle
Linda Isenhardt, Gilpin
Web Sill, Gilpin
Sandy Hollingsworth, Gilpin
Kristen Manguso, Grand
Merritt Linke, Grand
Elizabeth Smith, Gunnison
Jonathan Houck, Gunnison
Roland Mason, Gunnison
Tracey Kraft-Tharp, Jefferson

Lesley Dahlkemper, Jefferson
Marsha Porter-Norton, La Plata
Matt Salka, La Plata
Clyde Church, La Plata
Sarah Mudge, Lake
Jeff Fiedler, Lake
Kayla Marcella, Lake
John Kefalas, Larimer
Jody Shadduck-McNally, Larimer
Kristin Stephens, Larimer
Jake Niece, Ouray
Lynn Padgett, Ouray
Steve Child, Pitkin
Patti Clapper, Pitkin
Francie Jacober, Pitkin
Greg Poschman, Pitkin
Chris Wiseman, Pueblo*
Tim Redmond, Routt
Tim Corrigan, Routt
Lance Waring, San Miguel
Kris Holstrom, San Miguel
Elisabeth Lawrence, Summit
Josh Blanchard, Summit

* Denotes individual Commissioners



Colorado Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President

Joshua Blum, MD, FASAM

Immediate Past President

Charles Shuman, MD, FASAM

Treasurer

Martin Krsak, MD, MSc, FASAM

Public Policy Liaison

Stephanie Stewart, MD

March 23, 2021

The Honorable Rhonda Fields
Chair, Senate Committee on Health and Human Services
200 East Colfax Avenue Room 357
Denver, CO, 80203

Re: Support for SB21-137

Dear Chair Fields and members of the Senate Committee on Health and Human Services,

On behalf of the Colorado Society of Addiction Medicine (COSAM), the medical specialty society representing physicians and clinicians in Colorado who specialize in the prevention and treatment of addiction, we would like to take this opportunity to provide our support SB21-137, which takes important steps to strengthen addiction prevention, treatment, and recovery efforts in Colorado. Additionally, this bill would place requirements on managed care organizations (MCOs) which would reduce barriers to treatment. With opioid-involved deaths surging in Colorado, likely due to the COVID-19 pandemic,ⁱ now more than ever, it is vital that Coloradans have access to robust addiction prevention, treatment, and recovery services.

This bill would extend funding for a variety of critical public health programs in the state. One provision would extend the duration of the pilot program established in Colorado Revised Statutes 23-21-804 through fiscal year 2023. This program significantly improved access to addiction treatment in two underserved counties.ⁱⁱ Another key provision reappropriates funding for an initiative by the center for research into substance use disorder prevention, treatment, and recovery support strategies to provide continuing education and training to clinicians and law enforcement on a variety of issues including addiction treatment and the use of opioid antagonists for opioid overdoses. Additionally, this legislation would make permanent the substance use disorder treatment capacity in underserved communities grant program. Extending the duration of these programs will improve health outcomes and save lives.

Furthermore, this legislation would make significant progress towards removing barriers to care by changing insurance policy. By requiring that MCOs respond to authorization requests within 24 hours, and that they provide a specific justification for each denial of continued authorization for all six dimensions of the *the ASAM Criteria*, this bill would bring much needed efficiency and transparency to the authorization process. Additionally, by establishing a minimum number of days for which an MCO can authorize intensive residential treatment and transitional residential treatment, this bill would make progress in ensuring that patients are not authorized for insufficient durations of stay when seeking those levels of care. Finally, by requiring that an MCO authorize services in accordance with the clinician's recommendations even if those recommendations conflict with the MCO's determination, this bill would save lives by preventing fatal lapses or changes to the treatment of those suffering from the chronic, deadly disease of addiction.

COSAM applauds the introduction of this legislation, and believes that it will improve the public health by extending funding for prevention, treatment, and recovery programs in the state, as well as by combating burdensome insurance practices. Please do not hesitate to contact Dr. Joshua Blum at Joshua.Blum@dhha.org, if COSAM can be of any service to you. We look forward to working with you.

Sincerely,



Joshua Blum, MD, FASAM
President, the Colorado Society of Addiction Medicine

CC:

The Honorable Joann Ginal
The Honorable Janet Buckner
The Honorable Sonya Jaquez Lewis
The Honorable Barb Kirkmeyer
The Honorable Cleave Simpson
The Honorable Jim Smallwood

ⁱ American Medical Association. (2020). "Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during COVID pandemic." Available at: <https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

ⁱⁱ Expand Medication-assisted Treatment Pilot Program of 2019, S.B. 19-001, 77nd Cong. §1 (2019). Available at: http://leg.colorado.gov/sites/default/files/documents/2019A/bills/2019a_001_01.pdf



POLICY STATEMENT

LGBTQ+ individuals in Colorado experience significant mental health and substance use disparities. SB 21-137 allocates money for research on prevention, treatment, and recovery interventions and increases funding for recovery support services and harm reduction in local communities. The bill will bolster treatment, recovery, and research to provide LGBTQ+ folks with more proportionate access to behavioral health services. Envision:You strongly support SB 21-137.

SB 21-137 Concerning the “Behavioral Health Recovery Act of 2021”, and, in Connection Therewith, Making an Appropriation

Colorado Senate Bill 21-137 allocates funds to the department of public health and environment to address behavioral health, mental health, and substance use with prevention and intervention strategies. Through research on prevention, treatment, and recovery interventions for substance use prevention, harm reduction, and criminal justice response, this bill aims to meet the behavioral health needs of Coloradan communities. The bill shortens the authorization period for a person to receive care, advocates for medicaid patients to receive screening for anxiety disorders, and connects non-profit organizations with the behavioral health needs of rural communities in Colorado. This bill also creates a recovery support services grant program for people with substance use disorders, continues the harm reduction grant program, and appropriates money across state departments for programs relating to behavioral health care and recovery.

Why it Matters

A 2019 survey by the One Colorado Education Fund reveals that LGBTQ+ Coloradans are three times more likely than the general public to experience anxiety disorders, depressive disorders, and suicidal ideation. Nearly half of LGBTQ+ folks who participated in the survey reported feeling down, depressed, or isolated. LGBTQ+ individuals in Colorado face unique challenges such as stigma, discrimination, and rejection that can worsen behavioral health outcomes and discourage them from accessing needed health services. This is especially true for Transgender identifying individuals, who have an even harder time accessing behavioral health services and recovery treatments.

Senate Bill 21-137 will allow LGBTQ+ Coloradans to be better connected to behavioral health and recovery services, reducing behavioral health disparities in communities across Colorado. LGBTQ+ folks on medicaid will be able to attain screening for anxiety disorders with efficiency due to the bill shortening the waiting period for authorization. The bill will also improve research on the prevention of behavioral health issues within the LGBTQ+ community in rural areas, where there is a greater need for services.

Envision:You strongly supports Senate Bill 21-137 to allocate necessary funding towards meeting the behavioral health needs of the marginalized LGBTQ+ community and all Coloradans.

Envision:You

The Envision:You mission is to support, educate and empower Colorado's LGBTQ+ (lesbian, gay, bisexual, transgender and queer/questioning) community living with a mental health or substance use disorder. Furthermore, we work to inform the public—including elected officials and policymakers—about the disparities in care facing LGBTQ+ people. Finally, we support partners and allies to enhance training, research, education, and resources to assist LGBTQ+ people. To learn more please visit: www.envision-you.org.

Testimony in support of bill SB21-137

I, Cheryl Wilson, have testimony to support the passing of this bill. I am currently in a 4 hour time difference from Colorado so would like this written statement be considered by the committee instead of me trying to link in via remote testifying.

My daughter a nationally ranked track and field athlete in high school in has struggled with opioid addiction since her foot injuries from her sport needed to be treated with surgery. She was put on oxycontin by the surgeon. I worried about this action as I knew my daughter's bipolar condition left her highly susceptible for addiction. The surgeon assured me she needed it for the pain and he would not over prescribe. As we now have more information about oxycontin my suspicions were well founded. We tried everything to get her off the drugs but her mental health and the addiction were too strong. We ended up at Hazelden in MN which is now part of the Betty Ford Center for addictions. Even a stay there could not help her.

She was lucky in the sense that our family could afford different treatments to help when so many families can't. Mental health and addiction go hand in hand. You can't treat one and expect the other to clear up. The state has to help get this under control so those affected can get the help and start leading a productive life.

I know by experience that rural areas of this state are desperately in need of funding for this. In my daughter's case she felt living in the mountains would help. We have all heard the studies how nature is a wonderful healer. In her case it was but nature alone couldn't do it. She needed medical help as well. Finding a psychiatrist in Eagle County proved difficult but tele health was eventually instituted. Then there was the availability of the methadone she needed. The only 2 places offering methadone within driving distance were the Denver Metro area or Grand Junction. We all know driving Vail Pass is no guarantee in the winter so 6 days a week I would leave Eagle County at 4 am in order to get her to the clinic in Grand Junction. (This also could be treacherous in Glenwood and DeBeque Canyons on adverse weather days).

There needs to be adequate funding to support proper treatment for our citizens who have mental and addiction health issues. Please pass this bill. In the long run it could help the state save money by helping people be able to get back to work which would mean they could then make money which would enable them to get off Medicaid.

Thank you