



Madame Chair and Members of the Committee,

My name is Jillian Fabricius, Director of Strategic Initiatives with Illuminate Colorado, a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. I am writing **in support of SB21-137 Behavioral Health Recovery Act.**

Simply put, children do well when their parents and caregivers do well, and treating parental behavioral health is crucial to supporting child development and parenting. Through additional behavioral health treatment and support, parents can build both their own resilience and social connections—both of which are research-based protective factors that lower the risk of child abuse and neglect.¹

These behavioral health resources and supports were needed before, and are especially needed now, considering the social isolation and increased financial stressors so many families are experiencing due to the pandemic.

That's why we are so excited to see SB21-137 include a number of sections and amendments which specifically do good for families:

- We enthusiastically support additional investments in services and capacity building for specialized and integrated behavioral health care for pregnant and parenting people and for whole families to ensure we can meet the existing, expanded need for specialized services
 - **Sections 17 & 19** (maternal child health pilot)
 - **Amendment L043**, which restores investments to the High Risk Families Cash Fund using federal stimulus dollars, would do just that by bringing more resources to local partners actively serving and supporting parents and families. With last year's budget cuts, the fund no longer receives reversions to support one time treatment capacity building so this is a key opportunity to leverage federal stimulus funding for much needed specialized treatment capacity building.
- Safe storage and disposal of substances is especially important for child safety—which anyone who has been around a determined and curious toddler likely knows. That's why we're glad to see **Section 18** continue the program to increase public awareness concerning the safe use, storage, and disposal of opioids.
- We echo what was shared by others around the importance of **Section 9** to align Medicaid reimbursement for screening for perinatal mood and anxiety disorders in accordance with the HRSA guidelines. Again, parental behavioral health is crucial to supporting child development and parenting.
- Lastly, we echo the importance of **Section 14** around the perinatal substance use data linkage project, which is a key tool to inform state and local strategies to better support pregnant and postpartum people with substance use disorders and their infants.

In closing, parenting is hard, and parenting in a pandemic is even harder. SB21-137 would ensure that families have what they need to support their behavioral health and to be safe, healthy, and thriving.

Sincerely,
Jillian Adams Fabricius
Director of Strategic Initiatives
jfabricius@illuminatecolorado.org

¹ Center for the Study of Social Policy. *Protective Factor Framework*. <https://cssp.org/our-work/projects/protective-factors-framework/>

Testimony of:

Ryan Presley

Owner and Operator

Presley Recovery Services LLC DBA Eudaimonia Recovery Homes

Before the:

Colorado House of Representatives

Public and Behavioral Health & Human Services Committee

Pertaining to:

SB21-137 – Behavioral Health Recovery Act

May 30th, 2021

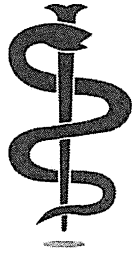
Good day Members of the House Public and Behavioral Health and Human Service Committee,

My Name is Ryan Presley and I own and operate Presley Recovery Services LLC DBA Eudaimonia Recovery Homes of Colorado Springs, CO. I am writing to voice strong support for the Behavioral Health Recovery Act. The passing of HB19-1009 marked an important turning point for substance abuse recovery in Colorado. I believe that regulation of recovery residences is vital to the protection of the vulnerable population that we serve. Creating a governing body to set guidelines and enforce standards was and is critical in keeping bad actors out of an industry that was born to help others find recovery.

Unfortunately, it can be very difficult to make even a modest living while offering fair prices and operating businesses such as recovery residences, which require a great deal of time and energy to support our clients. I, myself have been told by CARR that I am likely the largest provider of sober living homes in Southern Colorado with four locations. I have hired no employees in more than 5 years of business, outside of some kindhearted volunteers as I cannot afford them. I work a full-time contract job for another company to supplement my income in addition to my work at my homes. I mention this because of the financial burden that regulatory fees put on recovery residence owners such as myself. Last year, I was required to pay \$2,800 dollars to become certified and stay in compliance with state standards. This amount was about 10% of my total profit for the year or more than twice what the Colorado State Income tax rate is. Luckily, I have been able to stay afloat as I have grown into a medium sized operation by our industries standard. I cannot imagine the impact that the regulatory fees have on providers smaller than myself. I ask that you please consider my testimony in support of the Behavioral Health Recovery Act to help keep our section of the behavioral health field in tact and growing while maintaining strong regulation to ensure the safety of the at risk population that we serve.

Best,

Ryan Presley



Colorado Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

The Honorable Dafna Michaelson Jenet
Chair, Public & Behavioral Health & Human Services
200 East Colfax Avenue Room 307
Denver, CO, 80203

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Re: Support for SB21-137

Dear Chair Jenet and members of the House Committee on Public & Behavioral Health & 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. 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.

First, this bill would extend funding for a variety of critical public health programs in the state. One provision would fund pilot program established in Colorado Revised Statute 23-21-80 indefinitely. 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 with substance use disorders.

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 Lisa Cutter
The Honorable Iman Jodeh
The Honorable Rod Pelton
The Honorable Mary Young
The Honorable Emily Sirota
The Honorable Serena Gonzales-Gutierrez
The Honorable Colin Larson
The Honorable Naquetta Ricks
The Honorable Mary Bradfield
The Honorable Richard Holtorf
The Honorable David Ortiz
The Honorable Dan Woog

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