

House Health & Insurance
 02/28/2023 Upon Adjournment
 HB23-1070 Mental Health Professionals Practice Requirements
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Michelle Muething Against Aspen Hope Center</p>	<p>As a director of a mental health crisis agency for thirteen years, a licensed LPC in the state of CO, and a 24-year veteran of mobile crisis work, the value on learning and receiving supervision is something I confidently believe is not to be taken casually. Mental health care requires skill and expertise, it is not just “talk therapy”. To obtain the proficiencies required to keep integrity in our field, direct service hours are vital, and supervision should possibly have more stringent reigns rather than less. Many across the state already take supervision lightly and it only hurts the supervisee and the individual seeking care.</p> <p>While it may be the thought, that decreasing the hours required for a license will fill our workforce holes faster, these individuals will not be capable of good care. And why strive for ‘good’ when we are speaking in terms of individuals relationships, self-care, family discord, career paths, or life and death thoughts; we should aim for stellar care.</p> <p>Additionally, a licensed practitioner has the ability to initiate a mental health hold and, in that, has the power and authority to remove someone’s civil rights and detain them against their will. This happens far too often every year. With less training and tutelage, by decreasing supervision hours required, an individual will effectively have less time to learn the appropriate, lawful role a licensed person holds in the continuum of mental health treatment.</p> <p>Finally, the BHA has expanded its acceptable “professional” definition to include not only licensure candidates, but also interns. This will aid in filling the workforce shortage if that is indeed the goal. But, to decrease the time required for skill acquisition and the simultaneous mentorship to finesse techniques will surely decrease quality of care, increase poor perceptions of behavioral health providers when they are not “helpful”, and quite frankly minimize the achievement and knowledge gained for those who otherwise work the current time allotment for a license.</p>
<p>Andrew Rose Against COMBINE</p>	<p>Dear Chair Daugherty and Committee,</p> <p>COMBINE represents the Medicaid mental healthcare workforce contracted with RAEs. Our workforce includes peer support, early career therapists, licensed counselors and social workers, addiction professionals, and psychologists.</p> <p>We oppose 1070 which will shorten the duration of supervised practice before full licensure. Our opposition is based on the lived experience of</p>

	<p>training early career therapists which requires 1500 hours of supervised counseling.</p> <p>In our experience, to accomplish this amount of work, an early career therapist would need to maintain an unsustainable number of cases on their caseload and meet with over 30 clients a week.</p> <p>We do not believe this caseload is ethical for early career therapists who are just learning their own limits and self-care requirements. We don't support this recipe for burn-out.</p> <p>In regards, Andrew Rose Chair, Legislative Committee COMBINE Director, Boulder Emotional Wellness</p>
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