

2024 Legislative Session: *Areas of Focus*

Behavioral Health First Aid (SB 24-007)

The bill authorizes the Office of Suicide Prevention in the Department of Public Health and Environment to create the Behavioral Health First Aid Training Program and seeks an annual appropriation of \$500K to expand existing training capacity. The Program is intended to promote adult, teen, and youth behavioral health and wellbeing and to improve overall community climate. The training offered by the Program will provide tools and skills for participants to create peer-to-peer response and referrals when behavioral health challenges arise.

Expanding Access to Supervision for Addictions Professional Candidates (HB 24-1045)

An important tool for addressing the shortage of addictions treatment professionals and improving access to substance use treatment is making it easier for addictions treatment candidates to get the supervised hours required to qualify for their certification. To that end, CBHC included language in HB 24-1045 (treatment of opioid and other substance use disorders) allowing licensed clinical social workers (LCSWs) and licensed professional counselors (LPCs) to supervise candidates for certified addiction counselor and certified addiction specialist credentials if those LCSWs and LPCs have education or experience working with addictions disorders. Such treatment is already within the scope of practice of LCSWs and LPCs. CBHC will also seek to add licensed marriage and family therapists (LMFTs) and Licensed Psychologists (LPs) to the bill and defend against amendments from the addictions professional community that would require licensed professionals with relevant clinical experience providing such supervision to undergo extensive additional training and supervision of their own—an approach that would defeat the entire purpose of the proposal.

Family Input and Patient Privacy

As part of a negotiated agreement with Rep. Naquetta Ricks on HB 23-1200, CBHC worked over the interim with families of adult children with serious mental illness (SMI) who wish to require providers to accept information from those families. CBHC has sought to create a foundational understanding among all stakeholders of federal privacy laws and to find a middle path that respects families' desire to share information, patient rights, and providers' ability to exercise their professional judgment without fear of liability. Rep. Judy Amabile is developing legislation this year; CBHC has been working with her and Mental Health Colorado to shape that bill to achieve the balance outlined above.

Paying for Behavioral Health Reform and CCBHC

CBHC remains concerned about the sustainability of the new safety net system that takes effect this year, and the impact on patients if it does not succeed. The system is designed to expand safety net services and bring in more providers, yet there is no new funding and the approach to funding non-Medicaid wraparound services such as 24-hour crisis, co-response, assertive community treatment and others remains unclear. CBHC will continue to support HCPF and the BHA in laying the groundwork for a proposal to the federal government for a Certified Community Behavioral Health Clinic (CCBHC) demonstration grant in 2025 (the next grant cycle). Those grants provide 4 years of enhanced federal Medicaid match for safety net behavioral health services; a successful grant proposal is essential for financing Colorado's safety net. For that reason, we are also talking with Joint Budget Committee members about the importance of this as a budget tool.

Protect and Strengthen the Safety Net for Individuals with SMI

Many of the problems we face today in our country's mental health system stem from the unintended consequences of de-institutionalization. Given the historic closure of long-term treatment facilities for individuals living with SMI and the current lack of availability of civil beds at the state's inpatient psychiatric institutes, the emergency and involuntary mental health intervention process is one of the few remaining mechanisms to address the needs of Coloradans with SMI who pose an imminent threat to themselves and our communities. Yet behavioral health reforms have not prioritized this population. While we do not have a specific policy ask at this time, CBHC is making the case to legislators about what a functional and effective safety net for those with SMI would look like, including policies that support assertive outpatient treatment, supportive housing and residential treatment capacity, access to civil beds, and alignment among providers, law enforcement, and courts.