MENTAL HEALTH COLORADO

PUBLIC POLICY REPORT

2016

For more than six decades, Mental Health Colorado has led the fight to prevent and treat mental health and substance use disorders. In 2016, we took that cause to the State Capitol — and the November ballot.

COURTING THE CAPITOL

Mental Health Colorado tracked 40 bills in this year's legislative session. We supported 17 bills, all but four of which passed; and opposed four bills, all of which were defeated. We monitored the remaining 19.

One of our top priorities: protecting our legislative gains from attack or repeal. In 2016, we helped defeat bills that would have:

- reversed the expansion of Medicaid and blocked Coloradans from enrolling in private insurance plans through the state health exchange (HB 16-1015);
- stripped 15- to 17-year-olds of the right to seek mental health counseling without their parents' permission (HB 16-1110).

We opposed legislation that would have curtailed Coloradans' right to bring complaints against mental health professionals (HB 16-1062). We also opposed a bill that would have lowered the threshold required to impose the death penalty (SB 16-064).

Mental Health Colorado supported legislation expanding access to care, including proposals to:

- streamline the licensure process for mental health professionals (HB 16-1103);
- provide veterans with another form of therapy — training service dogs (HB 16-1112);
- give Medicaid clients more time to correct or appeal administrative errors (HB 16-1277);
- expand the treatment of substance use disorders among probationers (HB 16-1278) as well as adolescents, pregnant women, and new mothers (SB 16-202);

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- remove the threat of prosecution or arrest for Coloradans who report drug or alcohol overdoses (HB 16-1390);
- reduce the wait times for competency evaluations (HB 16-1410);
- allow Medicaid clients to receive medication by mail (SB 16-027);
- engage mental health professionals in local social service partnerships (SB 16-039);
- create a statewide suicide prevention plan (SB 16-147 — *see box below*);
- supply Colorado's schools, Boys and Girls Clubs, and 4H programs with information and training on Safe2Tell, a phone and text system for reporting risks of harm (SB 16-193).

Some of the proposals we supported fell short, including a ban on so-called "gay conversion" therapy (HB 16-1210); an expansion of home health-care services for Coloradans with mental illness (HB 16-1380); a plan to cover PTSD treatment for first responders (HB 16-1399); and an enterprise allowing the state to keep revenue from hospital provider fees (HB 16-1420).

ZERO SUICIDE

In 2014, a record 1,058 Coloradans died by suicide. How do we reduce that rate?

That's the aim of Senate Bill 16-147, a proposal backed by Mental Health Colorado. This new law creates a statewide plan to enhance the quality and coordination of services for Coloradans at risk of suicide. Under the plan, health-care providers and criminal justice personnel would be trained to identify and address "indicators of suicidal thoughts and behavior."

Such training seems to work. The Henry Ford Health System, which developed the national "zero suicide" model, achieved an 80 percent reduction in suicide among patients treated for a mental health or substance use disorder.

Unfortunately, SB 16-147 funds neither training nor treatment. Those remain priorities for Mental Health Colorado.

Mental Health Colorado seeks to improve conditions in the juvenile and criminal justice system and to promote alternatives. One of the new laws we supported this year (HB 16-1328) limits the use of seclusion and restraint to actual emergencies, instead of allowing those practices to be employed as forms of punishment or treatment. Another bill addressed the use of emergency holds (SB 16-169 — *see box below*).

BEHIND BARS

One of the most contentious legislative debates this year involved emergency holds. Existing law allows an individual experiencing a mental health crisis to be taken into custody in a therapeutic facility (for up to 72 hours) or a jail (for up to 24 hours).

The problem: A shortage of therapeutic facilities, especially in rural communities, leaves many such individuals in jail — in some cases for even longer than the law allows. The approach under **Senate Bill 16-169**: If a therapeutic facility is unavailable, use an emergency medical facility or add an extra 24 hours in jail.

Mental Health Colorado rejected those choices. We pressed lawmakers to address the underlying problem — the therapeutic shortage – and to craft a long-term solution.

The governor agreed. He vetoed SB 16-169 and, as we had proposed, created a taskforce to "assess the current need for and barriers to providing inpatient psychiatric care in all regions of the state." The taskforce's recommendations are due on Jan. 1, 2017.

BOOSTING THE BUDGET

Since our founding in 1953, our organization has fought to improve funding for mental health care. This year we succeeded in avoiding cuts, despite a $150 million loss in Medicaid revenue.

Several mental health programs saw modest gains. We supported the legislature's decision to:

- increase the number of county child welfare workers ($6 million);
- expand early intervention direct services and case management ($3.8 million);
- add 17 early childhood mental health specialists ($1.7 million);
- boost competency evaluation and restoration programs at the Arapahoe County Detention Center ($1.3 million);
- improve inpatient psychiatric care on the Western Slope ($500,000);
- strengthen the state's behavioral health crisis response system ($161,000).

REFORMING THE RULES

Mental Health Colorado has consistently championed measures to improve private insurance coverage. We seek to reduce the amount of time Coloradans have to wait and the distance they have to travel to see a mental health provider.

In 2016, we advised the Colorado Division of Insurance on new rules governing mental health parity and network adequacy:

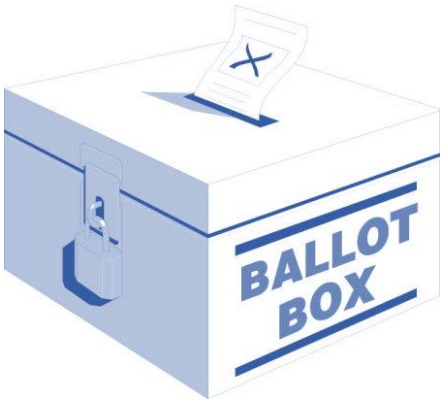
ADEQUACY. To save money, private insurers often reduce the number of providers in their networks — leaving many policyholders without adequate access to care. We helped draft rules capping wait times, distances, and ratios between policyholders and providers.

ACCESS. What sort of specialists must a network cover? We made sure that mental health and substance use providers were on the list.

ACCURACY. Not all provider directories are equal — or even accurate. One study showed that more than a third of the psychiatrists listed in a directory were not accepted by the insurer or were no longer taking new patients. We lobbied successfully for a new rule requiring insurers to update their provider directories on a monthly basis.

CONTINUITY (*rule pending*). Without proper safeguards, care for episodic conditions — including mental health and substance use disorders — can lapse. We're working with the Division of Insurance to prevent that from happening.

VYING FOR VOTES



Mental Health Colorado is spearheading a landmark effort to improve care for children and adolescents. Our plan would dedicate $34 million to the prevention, screening, and treatment of mental health and substance use disorders.

The proposal forms part of a **tobacco tax initiative** slated for the November 2016 ballot. The initiative would also finance medical research; tobacco cessation and prevention; community clinics; workforce development; and veterans' programs, including behavioral health services.