

STRONG START FOR ALL CHILDREN

Improve youth access to mental health care



Colorado must invest in early, prevention-focused solutions to protect and ensure a strong start and healthy future for all Colorado children.

COVID-19 has accelerated the decline in youth mental health and has exposed and exacerbated health disparities and inequities. 15 percent of Colorado youth report experiencing depression; suicide is a leading cause of death of 10-24-year-olds; Colorado ranks 46th in the nation for the prevalence of youth substance use disorder.



We are pursuing legislation to expand access to therapy services for children and youth in Medicaid by removing the prerequisite of a mental health diagnosis and broadening the qualifying criteria for medical necessity to include social determinants of health (i.e., houselessness, food insecurity, sexual violence, etc.).

ACCESS TO CARE, SUPPORTS, AND SERVICES

Eating disorder treatment and prevention



Eating disorders are the deadliest mental illness in teenagers and young adults, but most don't get treatment and relapse rates are high for those who do.

Eating disorders have a mortality rate that is 12 times higher than that of all other causes of death within this age group, and of the 8 million Americans that have an eating disorder, and less than 20% receive treatment.



We are advocating for legislation that would make eating disorder treatment more accessible and equitable, bring treatment protocols in line with modern medicine, and improve relapse rates. That includes:

- Removing the use of the antiquated BMI or ideal body weight as a determining factor in medical necessity criteria for private insurance carriers and Medicaid. BMI is currently used to determine need for treatment, but this outdated standard excludes those with conditions like bulimia nervosa and binge eating disorder that might not exhibit a low BMI.
- Adding protections in eating disorder facilities for the LGBTQ+ community, which has higher rates of eating disorders.
- Preventative measures like making diet pills and weight loss supplements illegal to sell to minors without a prescription.

END DISCRIMINATION AND CRIMINALIZATION

End discriminatory practices based on mental health and substance use



Discrimination plays a prominent role in why people do not seek care for mental health and substance use. Those who do seek care cite experiencing discriminatory practices in treatment programs. Discrimination can occur in a wide variety of contexts; thus, policies must be reviewed from legal practices to workplace conduct.



We are exploring policy solutions to help end discrimination against people based on their mental health and/or substance use.

Place guardrails on the use of restraints and involuntary medications for incarcerated individuals



The Colorado Department of Corrections (CDOC) has a pattern of restraining individuals for long periods of time, and there are few policies that govern this practice to prevent what amounts to torture. CDOC uses “clinical four-point restraints” -- cuffs and chains that restrain individuals to beds -- for extended periods of time. Some have remained in these highlight restrictive restraints for hours, days, weeks, and even months.



We are working with Disability Law Colorado to add guardrails on the harmful practice of placing people in four-point restraints in DOC and adding stronger due process protections for people placed on involuntary medications.

Stop further penalization of mental health and substance use conditions in Colorado's criminal justice system



We are strongly opposed to any piece of legislation that would enhance or create new penalties that criminalize people with an addiction or a person in a mental health crisis. We continue to advocate for harm reduction policies, access to treatment and crisis care, and further training for professionals who interact with people experiencing an addiction or mental health crisis.



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