



**An Association of Substance Abuse Providers
Building Partnerships
Inspiring Change**

Dear Senate State Veterans and Military Affairs Committee Members,

The Colorado Providers Association (COPA) submits this testimony in support of HB20-1411. COPA's members include providers across the full spectrum of substance use disorder services, including prevention, early intervention, all types of treatment, and recovery service providers.

Our members have faced many struggles since the COVID-19 pandemic started, including:

- reduced revenue due to lower capacity from social distancing requirements
- the need to modify facilities, obtain PPE, and increase disinfecting protocols
- the implementation or expansion of telehealth services
- moving clinical and other staff to work remotely from home

At the same time, the public is facing illness of themselves or loved ones, isolation, loss of child care, job loss or changes, and temporary or complete business closures. These changes and stressors are increasing substance use and associated disorders, leading to a higher demand for services. All while state funding for substance use disorder services has declined.

HB1411 provides funding that is desperately needed and will be put to good use by providers around the state. COPA supports the bill in whole, but specifically supports:

- substance use disorder treatment and recovery providers, including for rural treatment
- screening, brief intervention, and referral to treatment services and supports
- crisis services, including the crisis hotline that handles both mental health and SUD issues
- housing assistance, including recovery residences

COPA strongly supports HB20-1411 and sincerely thanks the sponsors for working with us and other stakeholders to identify and address behavioral health needs related to COVID-19.

Sincerely,

Brad Sjostrom
President
Board of Directors



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Re: Written testimony in support of HB20-1411: COVID-19 Funds Allocation for Behavioral Health

Mr. Chair and Members of the Committee,

I am Doyle Forrestal, and as the CEO of the Colorado Behavioral Healthcare Council, I write today to request your **support** of HB 20-1411. Very little has been easy these last few months, and I greatly appreciate all you are doing to finish this legislative session with meaningful bills and funding that will truly make a difference in the lives of Coloradans. This is one such bill. In mid-March, when we all learned that we were safer at home, the statewide network of community mental health centers mobilized overnight to create virtual care options for both new and existing clients in need of mental health and substance use disorder supports.

They did this while keeping 24/7 facilities like crisis stabilization units and withdrawal management facilities safely open and operational. They never closed, and they never stopped seeing clients. They continued to fill prescriptions at their pharmacies when other providers went dark, and even designed innovative ways to deliver in-person care for the hardest to reach in our communities.

But the full continuum of services provided by a mental health center can't be fully appreciated until you realize the depth of their service to the community. For example, they sent clinical teams to COVID testing lines to talk to people about fear and anxiety, they created Facebook live classes and other web-based supports to help people manage challenges associated with isolation and financial uncertainty. Though hundreds of school-based clinicians and prevention specialists were cut off from their students and educators overnight, mental health centers continued to find ways to connect to families with the use of technology and other supports. In every corner of the state, they have delivered groceries to people who are home bound, delivered iPads to jails to help safely connect behavioral health services to people incarcerated, the list goes on and on.

As you can imagine, these actions carry a big price tag as mental health centers incurred unanticipated costs associated with new technology, new care delivery mechanisms, and infection control protocols. These costs continue today as infection control needs are even more necessary as they begin to phase in face to face outpatient services. We also anticipate that the second wave of this pandemic will focus on the dire need for behavioral health supports. Services will be needed for many who have never sought mental health or substance use treatment in the past and who are newly struggling with challenges associated with isolation and financial hardships.

This bill will help bridge some of the unanticipated funding needs for mental health centers to pay for infection control, purchase more tele-video systems to expand and sustain remote care, and to support the sustainability for certain programs that have had to limit their intakes to manage the public health threat that COVID-19 poses. It will support mental health first aid with prevention and wellness activities for the entire community, but especially for children and adolescents who experienced such an abrupt change in March.

I have attached a sample of the community supports provided by community mental health centers during this pandemic to this testimony. I hope you will take the time to review the efforts they are going to, to serve your communities. They need your support, and your community needs your support today.

Please help these organizations flatten the second curve by voting yes on HB20-1411. Thank you.

Respectfully,

Doyle Forrestal, CEO
Colorado Behavioral Healthcare Council
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Mental Health Center Community Support During COVID

AllHealth Network (serving Arapahoe & Douglas Counties):

- Facebook, LinkedIn and website information inviting people to call us for support and to reiterate that we remain open for all outpatient services (via telehealth and telephone)
- Distributed text messages to all current and former clients to let them know we remain open for business
- Mailed engagement letters to clients who have not been seen in 90 days to encourage them to re-engage in virtual care
- Distributed communication to community partners, payers, sister centers, and shelters to promote available crisis services 24/7
- Purchased pre-paid cell phones for vulnerable, high risk clients without a way to access care
- Offering screening for symptoms of clients, staff, and community at our Walk in Center and an outpatient location
- Offering curb side pick-up and home delivery for Pharmacy Services
- Picking up and delivering food from area food pantries and grocery stores to clients who have no other resources available to assist
- Weekly participation in Office of Emergency Management situation briefings to coordinate and communicate about services and needs
- Established remote service delivery (telehealth and telephone) for all outpatient clinical and medical services, including co-responder teams
- Participated in media interviews on the mental health response and impact of COVID-19
- Developing a weekly wellness blog with information on coping with COVID-19
- Partnered with Arapahoe Public Library system to provide behavioral health information and resources for their patrons
- Participating in Arapahoe and Douglas county virtual town hall to discuss behavioral health issues during a time of crisis, to hear community concerns and to educate the public on access opportunities for mental health and substance use services

AspenPointe (serving El Paso, Teller, & Park Counties):

- Developed paid social advertisements to engage clients with telehealth services
- Have participated in multiple media interviews to help assist community members with information relating to what they may be experiencing
- Outreached to Air Force Academy to lend behavioral health supports amid COVID-19 and completed suicide at AFA
- Providing centralized resources for community through website for all ages
- Homelessness Outreach: providing outreach, case management, assessments and therapy via televideo. Outreach is Monday-Friday 1-4, Therapy is Tuesday, Wednesday and Friday mornings (I think) from 8-12. Looking at how we could partner with Peak Vista (FQHC) to provide telepsychiatry there as well.
- Schools: School-based team is working on connecting with school staff to ensure that MH needs are identified and we offer opportunities to connect to our system. Continuing to outreach to school-based referrals
- Providing clients phones to receive telehealth services if they do not have the means to access the technology to receive care.
- Assisted Livings: have outreached to several Assisted Living Facilities that we have lots of clients at and set up contacts for scheduling telehealth services.
- Applied for a grant to help with additional outreach to nursing homes and assisted livings to offer outreach/support. Once we hear back on that, will begin this effort.

- NAMI – working on partnering with NAMI Colorado Springs to provide a subject matter expert to participate in some of their support groups which have transitioned to virtual delivery (i.e. early childhood specialist to talk about parenting issues during these stressful and isolating times).
- Partnering with NAMI to approach the Chamber of Commerce so that we together are the community's response to the current and emerging needs
- Case Management team has been outreaching to a variety of community resources to discuss options for supporting our clients (hours of operation for food banks, food delivery, etc).

Aurora MHC (serving the City of Aurora):

- Bringing up a chat line later this week to relieve pressure from the 1-800 statewide crisis line. This will shift much of the staff over to this service for 4 hour shifts to engage the community. Bringing up a new phone technology, Ring Central, to accommodate this service.
- Moving to online access so clients can complete standard mental health measures for their ongoing assessment and care.
- The Day Resource Program remains open in the mornings for homeless population
- Working with local hospital ED Departments to set up a telehealth access point for people coming into EDs with primarily a behavioral health need.

New practices/innovative solutions:

- Residential facility for adults with developmental disabilities who have to stay at home under the Governor's order are cooking more creative meals as a way to engage the residents
- Our Ascent team is doing a variety of things to engage their teenagers and young adults:
 - Zooming with clients via cell phone and while zooming, going on walks with them (staff walks in their neighborhood and client walks in their neighborhood)
 - Zooming with clients and starting healthy cooking/working out/yoga/etc. (using H2014 – skills development)
 - Facilitating "Multifamily Group" via Zoom
 - Job/Education Coach offering tutoring sessions via Zoom to help clients stay on track for GED prep/testing
- Colorado Refugee Wellness Center is running a social support group for refugees who are fearful and scared about COVID-19 and is also outreaching clients and other community members to provide them information, resources, and to help them connect so they don't feel isolated. They are also exploring the usage of Whats App as many refugees are already familiar with this app as they use it to communicate with family overseas
- Substance Abuse treatment:
 - Doing a massive call back and follow up with clients who either formally were active clients and graduated-to provide support and offer any additional services if needed, and calling clients who were referred to us, either self-referrals or by other agencies, who did not follow up on their assessment appointment or stop coming to treatment. We have found that clients who we've connected with were grateful and thankful that we reached out to them, a few were ready to start using again and the call prevented them from moving forward with their plans...
 - Allowing clients to participate in groups and one-on-one session by phone and video conferencing has been very successful, what we are finding, is that client who didn't participate a lot in group setting, didn't talk much, had difficulty sharing, were a bit shy, have opened up a lot more through this means of communication. We had one clinician tell us that she had a client who barely talked, now won't stop talking, has open up, and shares more. A big confidence push-
 - For our homeless clients, we have purchase prepaid phones that we will be distributing next week. With everything closing, and shelter becoming full, we wanted to have a way to make sure the homeless clients we served at our drop-in center have a way to keep in touch with us and we have the means to provide telehealth services to them. Additionally, we are also putting together plans to be able to distribute

hygiene products, protective equipment, hotel vouchers and we are looking into ways to make sure they are receiving their mail other needed items

- Youth mentoring program
 - E Mentoring is a best practice that OJJDP and Mentor National endorsed. This electronic approach allows Mentor ease working with youth, easier to match because it opens the pool of potentials.
 - Homework Help also operating virtually now has access to student support worldwide, again opening the pool of potential volunteers.
- South East Adult
 - Also, we realized last week that we can do (remote) in-house clutter coaching for people struggling with clutter. We are happy to do that with clients that may want this. In-house clutter coaching is something our clients have wanted for a long time but we did not want to do. Now we can do it!! J
 - “At my kids’ school, they are leaving the football field lights on for an hour a night to show the kids that they are still right there and that they are thinking of them. We wanted to do something like that for our clients who are struggling with feeling isolated and scared. We are having the Lights On- Coping with COVID group every weekday from 2-3. This is a therapy group for adults, all insurances welcome.”
- Establishing a community CHAT line to alleviate some of the pressure to the state crisis line. Beginning Friday, April 3rd, 2020 we will commence a new support – a community chat line. This CHAT line will be staffed daily (7 days a week) from 8am-8pm to take calls from our community. We hope to offer coping skills, support, problem-solving supports, and a supportive voice to all callers.
- Discussing with Signal if our beds may be needed for other uses/transition Detox and/or CSU beds to another location to allow for COVID19 overflow - tbd

Axis Health System (serving Archuleta, La Plata, Montezuma, Dolores, & San Juan Counties):

- Providing weekly Emotional Wellbeing sessions for all community members
- Social media and radio promotions of local resources for patient’s experiencing emotional stressors along with promoting crisis services and contact information
- Providing educators/students and families resource materials, emotional and skill development support by telephone, email and video conferencing
- Local Community Mobilizations to assist with social determinants of care; food delivery, resource information dissemination
- Community trainings and supports for parents and families
- Participate in all public health incident command initiatives over five counties
- Material expansion of tele-video and telephone services for outreach and therapy

Centennial Mental Health Center (serving Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, & Cheyenne Counties):

- Facebook and website information inviting any in regional communities that are needing support and/or resources to call the Center for support;
- Starting April 7th, we will be using these platforms to roll out our Community Support Line, which will connect people who are stressed with clinical staff, case managers, and/or prevention staff who can provide guidance to resources as well as supportive dialogue.
- At the same time, we will be rolling out this Support Line option specifically to our 1st Responders and staff from our local health departments, hospitals and medical clinics in the area.

Health Solutions (serving Pueblo, Huerfano, and Las Animas Counties):

- Services that remain open for face to face interactions include the ATU, Crisis Services, MAT, Medical Center, Lab, injections, and residential treatment services (these, along with the ATU are limiting one person per room).
- Providing expanded care coordination activities.
- Providing home delivery medications.
- Deploying technology hardware to clients and community partners (ACFs, Detox, rural health centers, etc.).
- Tele modalities are now the primary service delivery model.
- Daily Huddle meetings to problem solve, answer staff questions, and provide support.
- Daily attendance at the Pueblo County Disaster Response office.
- Joining food distribution lines to handout 'Boredom Buster Packages' for kids.
- Distributing adult coloring books, pens, puzzle game books, and more to SMI population.
- Producing thank you commercials for first responders (e.g., hospital workers, EMT, police, etc.).
- Sewing cloth masks from scratch for staff and community members, producing about 40 mask per day.

Mental Health Center of Denver (serving the City and County of Denver):

- Delivering food, and medications,
- Taking people devices to use for telehealth and helping people with connectivity
- Assisting people on medications by filling meds for 90 days
- Staffing COVID-19 testing lines

Mental Health Partners (serving Boulder & Broomfield counties):

- Distributing resource bags with information and items specific to population (i.e. coloring books for kids, watercolors for seniors, etc.) for community members with an emphasis on vulnerable populations, such as families with small children, seniors, and homeless.
- Continue to spread information about COVID-19 mental health resources through community partners and the media, including: Broomfield Chamber of Commerce podcast (<https://youtu.be/X94uXxTn4ko>), Broomfield Enterprise article (www.broomfieldenterprise.com/2020/04/14/broomfield-area-providers-remind-people-mental-health-care-key-and-available-during-coronavirus-pandemic) and Boulder Weekly (www.boulderweekly.com/content-archives/health/health-2/mental-health-resources).
- Working with the school district to provide family support services with our school interventionists, continuing to support child-welfare needs in both counties and added to our Parent/Child section of COVID-19 resource webpage: www.mhpcolorado.org/covid-parent-children-resources
- Moved Community Health Workers to a virtual platform to provide support, assistance navigating the healthcare system, and information about COVID-19 resources. They are available on Facebook and by phone Monday - Friday from 10am-6pm and Saturday 10am-1pm: www.facebook.com/groups/mhpcommunityhealthworkers | (303) 545-0852. Also updated CHW webpage: www.mhpcolorado.org/community-health-workers
- Launched "COVID Relief Fund for Clients." Contributions are being used to purchase phone cards, phones, gas cards to go to critical appointments and groceries for clients. Info here: www.mhpcolorado.org/donate-today
- Hosting free webinars/trainings, including Moving Beyond Trauma's "Collective Trauma and Resourcefulness During COVID-19" webinar (May 6); Trauma-Informed Yoga via Zoom (May 13); and QPR via Zoom (5/28).
- Joining community meetings twice weekly to offer resources to partner organizations' staff and clients
- Offering solutions for staffing and crisis work in a local "sick" shelter for the homeless
- Expanded our Early Childhood Warmline to support caregivers with children at home
Dedicated a staff member to work with community leaders regarding how to handle community traumatic stress and cumulative stress.

Mind Springs Health (serving Mesa, Garfield, Rio Blanco, Moffatt, Routt, Eagle, Pitkin, Summit, Grand, & Jackson Counties):

- Multiple times a week face book live self-care events with over 200 people joining the first one, and more watching the video on Facebook.
- Have set up a warm line for any person who feels like they need MH supports
- Have staff going to local sites where free school lunches can be picked up to offer support, to check in with families as they pick up food and offer supports and services.

North Range Behavioral Health (serving Weld County):

- TECHNOLOGY – Equipment
 - We have purchased additional technology to give peer counselors and therapists the ability to facilitate telehealth sessions with those without access to technology or quarantined in local nursing homes.
 - Staff are setting up Google Phone numbers so they can reach clients without blocking the number.
- TECHNOLOGY - Services
 - Staff has been very creative and receptive in using technology to connect with people
 - Crisis is now available to assist with groups (remotely), should a client become unstable, disruptive, or even voice suicidal thoughts.
- SOCIAL MEDIA
 - The week of April 13th, North Range began a regular FB live event called “coffee with a counselor”. Our clinical staff are signing up for time slots to be on our FB page live to provide encouraging and supportive messages to our community.
 - FB Coffee with a Counselor - Graduate Edition has been developed and will begin May 8 to provide supports to High School 2020 Seniors and their care givers
 - Communicating hope and good mental health tips via our FB page to connect families to resources.
 - We continue to explore ways to support our community through FB posts of encouragement and support for health care workers at nursing homes and the Weld County Department of Health.
 - 1300 yard signs have been ordered with the message “The only thing more contagious than a virus is hope”. This is a quote from William McRaven that we have been using internally. The signs will be placed in yards across the county with one side in English and the other in Spanish. A local bank is covering the cost of these signs.
 - Our clubhouse program is closed but is doing innovative zoom gatherings to keep the clubhouse members engaged. They are utilizing Facebook live streams and other technology to keep members connected.
- COMMUNITY SUPPORTS – Physical items
 - We are a collaborating partner with our local United Way in distributing diapers, formula and wipes.
 - Delivering 400 “COVID Survival Kits” which include: parenting activities to do with children birth to 8; self-care strategies; craft and game materials and a resource guide.
 - We have worked with local community volunteers to produce home-made masks, gowns and foot coverings to provide protection for our staff working in residential programs. While many have volunteered, the primary group of volunteers has produced 500 masks for staff in the last week. This group was interviewed by Channel 7 News recently.
 - Started reaching out to staff and the community to make masks and gowns and have become so adept at this that we are offering to help others in the community
- COMMUNITY SUPPORTS – Services
 - Will begin offering 3 no-cost therapy sessions to staff from the JBS meat packing plant, Fair Acres Nursing Home, and Centennial Nursing Home which has been hit especially hard by COVID.

- We will also offer this same service to staff from School District 6.
- We will need to monitor this closely to ascertain the volume of requests.
- Will begin a new “warm line” the week of 04/29/2020 which will be provided by our Crisis workers to speak with people who may not meet a crisis level of concern but want someone to talk to about all that is going on. This will be announced on the North Range FB page, website and via press release.
- Developing ways to offer support groups for families in the community
- Early childhood staff are reaching out to childcare systems, i.e. homes and centers and offering consultations to families and staff, developing training to support parents and staff of centers.
- Genoa pharmacy remains open at our central location.
- SUPPORTS PROVIDED TO COMMUNITY PARTNERS
 - Compassion fatigue sessions are being provided to staff from the Weld County Department of Health and the Northern Colorado Health Alliance. We have also offered this to our local hospital and nursing homes.
 - We are offering emotional support to childcare providers who have been impacted by COVID.
 - Disaster Response liaison is connected with the city and county disaster response teams

Solvista Health (serving Lake, Chaffee, Fremont, & Custer Counties):

- Launched a weekly video series of health and wellness tips available to all through our website and social media.
- Called every single enrolled client to offer support and plan for continuity of treatment over telehealth.
- Deployed iPads to hospitals, law enforcement and residential facilities for telebehavioral health
- Partnered with local school district to make tele-behavioral and tele-primary care available on devices provided to students for distance learning (K-12)
- Partnered with Chaffee, Custer, Fremont and Lake County Departments of Public Health and Offices of Emergency Management to develop and launch an ongoing community survey to establish a "pulse" of mental health and wellbeing throughout our communities as a result of COVID-19.
- Established standing drop-in virtual groups that occur 7 days a week and include evening groups as well. Facilitated by our crisis clinicians and peers with particular focus on coping and resilience, grief, loss and healing. Groups are open to enrolled clients, unenrolled clients and their family members with no referrals required.
- Providing case management and integrated primary care to “isolation shelter” for Fremont County homeless.
- Collaborating with local Departments of Human Services to increase enrollment capacity to get eligible individuals on Medicaid and other benefits.

Southeast Health Group (serving Crowley, Otero, Bent, Kiowa, Prowers, & Baca Counties):

- Trying to figure out a way to assist with Medicaid enrollment (working through ideas and spoke to HCPF)
- Trying to receive a day-care waiver license to assist with child-care needs for staff so they can continue to provide care even though the schools are closed.

SummitStone (serving Larimer County):

- We assisted the Larimer County Jail to expedite implementation of Sublocade/MAT to preserve nursing resources and allow for more appropriate transitions of care for releasing inmates
- Co-hosted/facilitated coordination amongst BH providers in Larimer County
- Provided technology support for clients
- Training for clients on how to use remote services
- Additional outreach, screening, and clinical support for high risk clients
- Outreach to assess additional case management needs as a result of COVID
- Home delivery of resources, curriculums, and materials for clients to participate in treatment

- Continuing face to face crisis services while adding telehealth options for Behavioral Health Urgent Care, Mobile Response, and Crisis Stabilization Unit services
- Expanding inpatient and emergency transitions of care with follow-up, outreach and care coordination services offered by peer specialists and care coordinators to aid clients through discharge and engagement to ongoing services.

The Center for Mental Health (serving San Miguel, Ouray, Hinsdale, Gunnison, Montrose, & Delta Counties):

- Participating in Emergency Operations Center (EOC) daily meetings for six different counties
- Implemented a “Warm Line” at the request of several EOCs to provide additional support to community members
- Providing support/debriefing at testing sites
- Delivered groceries to people who are home bound
- Participating on radio shows to provide guidance for dealing with stress, anxiety, and social isolation (not outside the norm but the requests are greatly increased)
- Staff are helping to support Region 10 (Agency on aging) to collect food and supplies to deliver to the elderly

June 5, 2020

Dear Senator Foote and Members of the Committee:

At this moment in Colorado, it is more critical than ever that we rally to our communities' needs. The disruption caused by the COVID-19 pandemic is unlike anything we have seen. The growing need for behavioral health supports by members of our community impacted by health challenges, job loss, family or personal trauma, or other trials cannot be overstated in this time.

This bill, HB1411, if passed, will bring much needed relief, as it is crafted to target the areas of the behavioral health system that are strained to the breaking point during this time. I would like to highlight just a few of the important elements of this bill.

The Colorado Crisis Hotline, which receives an average of 20,000 calls per month, has seen an average of 30% more calls. At the same time, the Hotline's team of tireless professionals are relocated to their homes to continue their work, where the intensity of calls, texts, and chats seem endless. We need to provide funding to expand the capacity of the Hotline and provide support to this front-line care team, intervening, supporting, and directing Coloradans to the care they need.

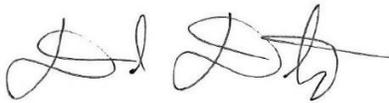
Further, crisis behavioral health mobile response teams, walk-in centers, crisis stabilization programs, and respite services have confronted the complexity of keeping services available, scaled, and safe. Community Mental Health Centers and other crisis providers offering these services, as they always do in times of challenge, have stepped up and ramped up delivery, creatively keeping services available. We need to ensure that they have the equipment, facility supports, staffing, training, and other resources that they need now. They go to work every day, and we need to be there to aid them in their effort to help Coloradans who are experiencing a behavioral health crisis right now.

This legislation also makes important considerations for rural supports. It is extremely important to ensure that no one is left out in this state. This legislation seeks to direct targeted funding to rural communities for behavioral health.

One final area to highlight in this bill is the commitment to substance use disorder and mental health services, seeking to ensure that recovery services and residential care, among other services, have the equipment, staff, support, wrap-around services, and other needs to meet the complexity of demand. Substance use providers and Community Mental Health Centers remain committed to bringing care to the people of their communities, and these focused funds intend to support providers with what they need. Additionally, there is a strategic emphasis to expanding and embedding screening and brief interventions services in more health practices to focus on reaching the maximum number of Coloradans at the earliest stage of need, to achieve the best possible long-term outcomes.

The sponsors of this legislation, Sen. Pettersen, Sen. Fields, Rep Kraft-Tharp, Rep Michaelson-Jenet, acted swiftly to create solutions to answer the behavioral health needs unique to Colorado right now. I hope this committee will similarly act and advance this legislation in this time of need.

Sincerely,



Daniel Darting

CEO, Signal Behavioral Health Network

Submitted in partnership with:

- The Colorado Providers Association (COPA)
- The Colorado Behavioral Healthcare Council (CBHC)

SUBMITTED WRITTEN TESTIMONY

Committee Senate State, Veterans, & Military Affairs
Meeting Date 06/10/2020 Upon Adjournment

Registered	Bill Number	First Name	Last Name	Position on Bill	Representing	Status	Testifying	Text of Testimony
6/10/2020 8:47	HB20-1411	Doyle	Forrestal	For	Colorado Behavioral Healthcare Council	Open	Uploaded file	
6/9/2020 22:23	HB20-1411	Jennifer	Miles	For	Colorado Providers Association (COPA)	Open	Uploaded file	