

# 2024 CBHC Day at the Capitol

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*Areas of Focus & Advocacy 101*





# Agenda for Today

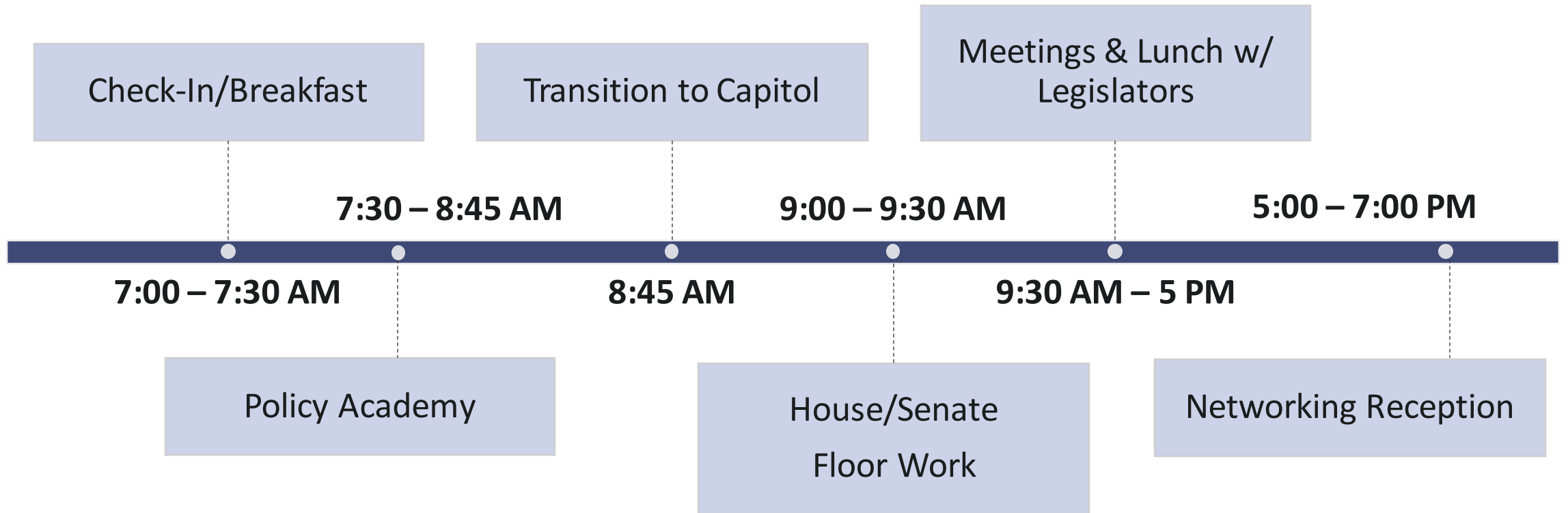
- Schedule of Events
- Orientation to CBHC Day at the Capitol
- Areas of Focus
- Advocacy 101
- Resources



# *Schedule of Events*

# CBHC Day at the Capitol – Agenda

## *January 23, 2024*



# Logistics

- Registered participants will receive nametags for both events and advocacy handouts during the academy
- If you haven't done so already, start setting up meetings and making plans with your legislators
- If you have any **questions or need assistance**, please contact:

**Frank Cornelia**

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*Orientation  
to Day at the  
Capitol*

# Why is this Important?

The **purpose** of this day is to:

- Build relationships
- Position CBHC and members as a trusted source
- Demonstrate commitment to client care and community responsiveness
- Develop support among legislators for behavioral health issues
- Educate legislators and reduce stigma
- Protect and increase behavioral health resources so providers can deliver more effective services and serve more people

# Why Should I Advocate?

- YOU are the expert
- YOU are the constituent (i.e., the connection to their district)
- Every constituent “voice” matters
- More voices = more influence
- Stories are powerful – legislators need to hear how what you do helps Coloradans every day!
- **It’s fun!!**





# *Areas of Focus*

# Area of Focus: *Behavioral Health First Aid* (*SB 24-007*)

**Goal: To improve the wellbeing of Coloradans by expanding access to adult and teen mental health first aid training**

## **Objective:**

- **Educate** legislators about Mental Health First Aid and how Teen Mental Health First Aid differs from/complements other statutorily-enabled programs (I Matter, Safe2Tell, - etc.) as a unique peer-to-peer training
- **Remind** legislators of the teen mental health and suicide crisis and help them understand that MHFA is an evidence-based tool to address those problems
- **Share** local success stories collected from MHFA classes and experiences
- **Describe** local MHFA and Teen MHFA efforts

# Area of Focus: *Behavioral Health First Aid* (*SB 24-007*)

## Action:

- **Vote** “yes” on Senate Bill 007 (SB24-007) and support the \$500K appropriation request
- **Share** the fact sheet



# ***Area of Focus: Supervision of Addiction Professionals Candidates (HB 24-1045)***

**Goal: To expand access to SUD treatment by enabling other qualified professionals to supervise candidates for addiction treatment credentials**

## **Objective:**

- **Explain** the bottlenecks that are created by current requirement that only other licensed addictions professionals may supervise candidates
- **Point out** that the language in the bill requires that supervising professionals have addictions training or treatment experience

# ***Area of Focus: Supervision of Addictions Professionals Candidates (HB 24-1045)***

## **Action:**

- **Request** their support for the concept and for expanding the list of appropriate supervisory professionals in the bill from only LPCs and LCSWs to LMFTs and Licensed Psychologists
- **Explain** that proposed amendments to require additional hours of supervised training run counter to the intent of the proposal and will not open the pipeline and expand access
- **Ask** them to reach out to you or CBHC if they have questions about amendments

# Area of Focus:

## *Family Input Forms*

**Goal: Ensure that legislation being developed provides clarity w/o problematic requirements for providers to accept information about clients from family members and friends and respects the privacy of patients.**

### **Objective:**

- **Explain** why providers may be reluctant to accept written information from families
- **Clarify** stricter requirements associated with 42 CFR Part 2
- **Demonstrate** empathy with clients' right to privacy
- **Reinforce** the constructive approach of CBHC and members to finding solutions



# Area of Focus:

## *Family Input Forms*

### Action:

- **Request** that legislators bear in mind the need to balance the desires of a client's family and friends, the provider's professional judgment, and the client's right to privacy—even if those clients have SMI—when considering whatever legislation is ultimately introduced.
- **Offer** to be a resource if they have questions about the bill or potential amendments.

# Area of Focus:

## *Paying for BH Reform*

**Goal: To help legislators understand how the lack of a plan to pay for the new BH system jeopardizes the existing safety net, especially services for those with SMI, and that pursuing the CCBHC state demonstration is a necessary strategy**

### **Objective:**

- **Illustrate** the math: more providers and more benefits, but no new funding
- **Explain** how the mission of safety net providers has traditionally been funded, and how that financing is changing – **Connect the dots** to CCBHC as a key funding source
- **Differentiate** between BHA as an entity and the reforms they are tasked with implementing

# Area of Focus:

## *Paying for BH Reform*

### Action:

- **Request** that legislators:
  - **Endorse** CCBHC as a key strategy for funding BH reform
  - **Ask** the administration to definitively commit to applying in the 2025 funding round
  - **Offer** to run legislation directing the state to do so
  - **Encourage** members of the JBC to prioritize stability, while developing a plan to pay for the new safety net components in future years



# Area of Focus:

## *Protect and Strengthen the Safety Net for Individuals with Serious Mental Illness (SMI)*

**Goal:** To increase understanding of the components needed for a functional safety net for individuals with SMI and to develop support for taking action to improve it

### **Objective:**

- **Describe** the components needed for a functional and effective safety net, including comprehensive community-based services; supportive housing and residential capacity; access to civil beds; and alignment between the courts, law enforcement, hospitals, and providers
- **Describe** the support that safety net providers need from their community to ensure treatment that leads to recovery

# Area of Focus:

## *Protect and Strengthen the Safety Net for Individuals with Serious Mental Illness (SMI)*

### Action:

- **Explain** how recent BH reform falls short/doesn't address critical functions of the safety net
- **Describe** system elements needed to manage population living with SMI (response to pick up orders, involuntary treatment and medications, access to civil beds, housing, etc.)
- **Ask** elected officials to hold community conversations and consider future legislation as solutions are identified
- **Encourage** members of the [BHDCJS Legislative Oversight Committee](#) to make these issues a priority (Amabile, Rodriguez, Bradfield, English, Fields, & Pelton)

# Be Prepared to Respond

## *Behavioral Health Administration*

What you might hear: "What do you think about the BHA?"

- **Points to cover in your response:**
- We supported the creation of the BHA and CBHC has been working closely with BHA staff as they begin implementing their new structure
- Our concern is not with the BHA but with the statutory and regulatory structure that has been created in recent years:
  - Expands the number of safety net providers and benefits without adding new funding – that jeopardizes providers' ability to serve the populations for which the safety net was originally intended (SMI adults & SED children)
  - Adds complexity and regulatory burden



# Be Prepared to Respond

## *Bills to protect health care workers from violence*

What you might hear: "We've seen one bill on this topic—HB 1066, focused on preventing it—and hearing about another that will criminalize it. Where is CBHC on these?"

- **Points to cover in your response:**
  - (We'll share our official position on HB 1066 after discussion w/ PPAC 1/18)
  - Our staff and clinicians unfortunately have experience with credible threats of violence and assaults (share examples)
  - As providers and patient advocates, we strongly oppose efforts that will perpetuate stigma and criminalize mental illness
  - BHA rules require violence prevention policies and training for behavioral health entities; it's better to keep such requirements there—it's more flexible for adapting to changing needs
  - We don't believe either of these approaches addresses the root problem: The interventions that would help keep our people safe are assurances that law enforcement and first responders will support emergency and involuntary commitment when called upon, a full continuum of high-intensity services, and courts will enforce involuntary medication orders

# Be Prepared to Respond

## *Access to care/wait times*

- What you might hear: “I saw the latest data showing that Coloradans still struggle to get appointments for mental health care” or a personal/constituent anecdote about wait times/wait lists.
- **Points to cover in your response:**
  - Factors that affect wait times: different types of services/providers (e.g., therapy with a clinician v. a visit with a psychiatrist), staffing, evidence-based protocols for specialty programs, regulatory requirements for lengthy assessments, patient preferences, etc.
  - How your center handles same-day appointments and crisis services
  - Your protocols for referring clients who want services more quickly

# Be Prepared to Respond

## *General negativity*

- What you might hear: "You might not like the system that's been created, but it came about because CMHCs weren't taking care of their communities."
- **Points to cover in your response:**
  - Don't get defensive
  - CMHCs serve the most vulnerable that other providers don't; our work is a calling
  - Our work is barely financed by the state, and many of our services lose money; these problems will only be exacerbated in the new system with more providers, expanded benefits and eligible populations, and increased regulation – but no new funding
  - Educate them about how you are experiencing both an increase in demand and an increase in severity/acuity
  - Share innovations and promising efforts to address community need
  - Offer to follow up on any specific issues they identify

# Be Prepared to Respond

## *Specific legislation*

- What you might hear: "What do you think about (X bill)?"
- **Points to cover in your response:**
  - Refer to CBHC position document (we'll share with you that morning)
  - Talk about how the bill would affect your patients/clinicians
  - Ask the legislator how they view it and offer to be a resource throughout the session
  - Offer to have CBHC lobby team follow up



# Key Behavioral Health Bills (introduced so far)

- ***HB24-1066 Prevent Workplace Violence in Healthcare Settings***
- ***HB24-1079 Persons Detained in Jail on Emergency Commitment***
- ***SB24-001 Continue Youth Mental Health Services Program (I Matter)***
- ***SB24-015 LPCs in Communities***



# *Advocacy 101*

# What To Do

## *Before* Day at the Capitol:

- Set up meetings with your legislators
- Invite them to the evening reception, and another engagement if planned

## *During* Day at the Capitol:

- Be succinct, honest, and respectful
- Tell your personal story
- Use data, maps, & images
- Bring water and breath mints
- Turn off your cell phone!

# What Not To Do

- Show up late
- Chew gum
- Talk incessantly
- Be political
- Be combative, sarcastic, aggressive or threatening
- Answer a question that you can't – “I don't know, but I'll get back to you” will suffice



# Before Contacting Your Legislators

***Do your homework*** – learn these things about the elected officials you will be meeting:

- Background
- Committee assignments/Leadership position
- Key issues/interests
- Previous work on behavioral health
- Have they served on your board in the past

***Contact the CBHC policy team for help!***

# Meeting with Staff

**Staff are a key part of the process!**

- Don't decline a meeting with staff in lieu of meeting with the legislator
- Legislators make decisions on a wide variety of issues and often rely on their staff to be the subject-matter experts

# During Your Meetings

- Address the legislator by their title (Representative or Senator)
- Be well informed – know what issues you would like to talk about beforehand
- Be concise and respectful of their time
- Leave behind written information about your issues and organization
- **Follow up!**

# Follow Up

## Why?

- You and our issues will stand out
- Builds relationships that help secure resources and funding in the future

## How?

- Say 'thank you' – send a note or email
- Keep them informed
- Site visits – show them what you do
- Town hall meetings – see what they're doing

# Resources

## CBHC Lobby Team

- Gil Romero, Capitol Success Group
  - 303-921-8630, [gil@capitolsuccess.com](mailto:gil@capitolsuccess.com)
- Karen Wick, Swift Strategies
  - 720-435-3885, [karen@swift-strategies.com](mailto:karen@swift-strategies.com)

CBHC Website: [www.cbhc.org](http://www.cbhc.org)

Colorado General Assembly: [www.leg.colorado.gov](http://www.leg.colorado.gov)



*Thank you  
for participating!*

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We'll see you January 23rd!

