

CANDIDATES RESPOND TO QUESTIONS ABOUT MENTAL HEALTH

MAY 8, 2020



A Candidates Forum on Mental Health was scheduled for Saturday, April 4th. Sponsored by the National Alliance of Mental Health (NAMI), Mental Health Partners, Boulder Community Health, the Interfaith Network of Mental Illness, the HOPE Coalition, the Boulder Rotary Club, and the Boulder Valley Rotary Club, its purpose was to give candidates an opportunity to share their perspectives on a number of issues as well as address questions from the audience.

Obviously, it was cancelled. Yet the topic of mental health is perhaps now more important than ever. We invited participation from all of the candidates we could find who will be in the June 30 primary for County Commissioner or the Colorado Legislature. Following are the verbatim answers from those candidates who responded.

COUNTY COMMISSIONERS CANDIDATES

Claire Levy, Marta Loachma
and Jonathan Singer

- **1. Please introduce yourself.**



Claire Levy-

I love to hike, cook, garden, and cross-country ski.

I am a lawyer by training. I started as a public defender. I became a land use lawyer, working for the Jefferson County for ten years. I then practiced on my own before running for HD13.

I have worked to preserve open space, protect our mountain backdrop from development and create affordable housing. I served on Boulder County's Parks and Open Space Advisory Committee, County Housing Authority, city Planning Board and now Boulder Housing Partners.

I was in the legislature from 2007 through 2013 and worked on renewable energy, criminal justice reform, transportation, elections, civil rights and more. In 2013 I became the ED of a nonprofit organization that advocates for policy changes on behalf of people in poverty.

I am running to create more affordable housing, address childhood poverty, fight climate change and create a more equitable and inclusive county.



Marta Loachamin-

"My name is Marta Loachamin, a Longmont Resident, and I am a first time candidate running for a local office to continue my public service work in community. My diverse career background is connected to the role of county commissioner work and consists of banking, finance, mortgage, real estate, teaching and community volunteering experience. I am a self employed single mother of two boys who have both graduated high school.

I am proud of the sometimes overlooked and underpaid parenting work that it takes to navigate systems from childcare, open enrollment schools and into university systems. That lived experience working with community over 28 years in and out of Boulder County is part of my unique qualifications to lead."



Jonathan Singer-

"I have served Boulder County and Colorado for my entire life. While working on the front lines as a volunteer, activist, and social worker, I saw that too many people were forgotten or left behind. I ran for office to start to tackle the issues that didn't have enough champions. I helped create a new affordable housing trust fund, achieve new climate action goals, and passed a statewide tax initiative that has added hundreds of millions of dollars to address our mental health and addiction crisis.

Local government has never been more important. Whether it was recovering from the 2013 historic floods or working with homeless families as a caseworker, I have been through more than a few crises. I would be honored to take my work from the front as a caseworker and lawmaker to make Boulder County a place where everyone can thrive."

- **2. How will you, as a candidate, reduce the stigma of mental illness?**



Claire Levy- "There should be complete parity between mental and physical health care regarding funding, availability of treatment and ease of access. The county's spending on health care should reflect

that goal so that treatment of mental illness is not subordinate to treatment of physical illness. Mental health screening and referrals should be integrated into programs such as the nurse-family partnership, early childhood care and education, community justice, child welfare, other family assistance programs, etc. People should not have to go to a location that itself may be stigmatizing in order to receive services or treatment.

Mental illness should not be seen as a personal moral failure. I believe the best way to reduce stigma is to communicate openly about mental illness and share our own experience with it – either directly or by family members. My step brother was schizophrenic and died of kidney failure from the anti-psychotic drugs. I have a daughter who has struggled with anxiety, panic attacks and an eating disorder. Close friends have been bi-polar and had debilitating depression. We need to talk about their experiences as openly as we talk about heart disease, flu or any other illness. That way more and more people will see that mental illness occurs strikes all communities. And, people who are suffering from a mental illness will know they are not alone and should not feel invisible.

People with mental illness have been stigmatized by erroneous assumptions that they are dangerous, should not have access to weapons and commit crimes at higher rates than the general population. While mental illness can cause behaviors that may alarm people, and may result in erratic or impulsive actions that access to a weapon could make lethal, policy-makers should be careful not to enact policies based on erroneous assumptions and broad generalizations.

These are just my thoughts based on what I know now. I would love to hear ideas from community members on this topic."



Martha Loachamin- "As a previous teacher specifically I had an opportunity to work with families and students who were dealing with different issues around mental health- from translating for administration for Spanish speaking family members whose student had attempted suicide, to being asked by school officials to be "1 of 3 building supports for a student in distress" to having candid conversations in classrooms with students sharing their coping mechanisms to watch their mental health. I take those and other experiences in community mental health with local non profits to ensure that mental health and illness is considered in the ways that we outreach and assist community members. I believe that local experts in that field must be included in any campaigns and outreach to reduce the stigma of mental illness countywide."



Jonathan Singer- "As someone who has worked in the mental health field, I have seen how changing the stigma involves a multi-faceted approach. Our LGBTQ+ population is disproportionately affected by mental health issues in many cases due to discrimination and bias. The CDC reports that older males (especially American Indian / Alaksa Natives) are more likely to die by suicide. Also suicide attempts were highest among people who identify as having a multiracial background.

We must talk about mental health as any other part of healthcare. And importantly, we must partner with different communities to create individualized solutions partially based on someone's background and experience.

Using existing resource centers like OUT Boulder County or investing in evidence based programs like Man Therapy are just two examples.

Most importantly, I have talked publicly about my own mental health and prioritized mental health as a topic of discussion for town halls and legislation. "

- **3. The Healthy Kids Colorado Survey reports that 27% of teens feel sad/hopeless for two weeks and 15% have seriously considered suicide. How will you expand mental health services for children, youths and their families?**



Claire Levy- "These are profoundly disturbing numbers!

Children are bombarded with messages that tell them they are not good enough, attractive enough, successful enough, cool enough, etc. Teens face tremendously competitive environments at school and among their friends. They are preparing for a world that is changing so rapidly that it is tough to know how they might fit into it or what prospects exist for them. Many are part of families that are straining financially, and have parents who are coping with mental and physical health issues or substance use disorders of their own. Add to that the fact that schools and the streets are awash in marijuana, and prescription and illicit drugs. These are terrible burdens for adolescents to bear at an otherwise confusing and vulnerable time in their lives.

Mental health services should be co-located with other services as much as possible. Screenings and referrals should be available where ever families interact with services that protect people's health and welfare. Law enforcement agencies should be able to immediately divert someone to mental health treatment if appropriate. Schools should have more resources for counseling and school resource officers should be trained to recognize when teenagers are experiencing emotional distress.

We cannot reduce these disturbing numbers without making a concerted effort to do so. These services require funding, which I would support vigorously. They also require enhanced training and cross-training in various county departments and county-funded programs. They may even require that service delivery models be redesigned. All of these possibilities are important and necessary."



Martha Loachamin- "I have been part of St Vrain Valley School District for many years- as a parent, a Spangler Accountability Committee member, St Vrain Valley Safe Schools member and Community Advocate of Leadership Team. I am also a member of the Longmont United Hospital Board of Directors and work with Centura Health's Community Engagement work in Boulder County. In all of those rooms and outreach to area non profits I have engaged mental health conversations that will continue using those relationships, experts in giving inputs to county work to ensure that mental health work continues. I recently met with one of the Family Leadership Training groups- Spanish speaking leadership groups both in Lafayette and Longmont (before COVID-19) and they are both working on relationship between marijuana, vaping and connections to affects on mental health. I will continue to connect Spanish speaking family voice in this work countywide."



Jonathan Singer- "We need a universal free mental health system for all youth. I helped pass a bill to allow teens to get mental healthcare without parental consent. We also need to invest wisely in programs that sound like they might not have anything to do with mental health. These would include before and afterschool programs that allow for extracurricular socialization and support.

This year I also helped pass a bill that creates a peer support program. A culturally competent peer support network for teens and adults can be a huge lynchpin to preventing suicidal ideation."

- **4. Too many people end up homeless or in the criminal justice system because of mental illness. How will you address this?**



Claire Levy- "1. Treatment must be more widely available regardless of income or source of insurance. More widespread treatment would prevent the behaviors that can lead to homelessness or involvement in the criminal justice system.

2. Many people with a mental illness become homeless because they lose a job and then cannot pay their rent or mortgage. With better early intervention and treatment opportunities, along with rental assistance, they could better maintain their employment.

3. Publicly funded housing policies must not treat people with mental illness as undesirable tenants. Under the ADA, they must accommodate those whose mental illness might otherwise lead to eviction because of their inability to adhere to general rules.

4. Adopting Housing First principles will help get people into housing where they can be stabilized and begin to address the issues that led to becoming unhoused. Housing for people experiencing homelessness should come with access to supportive services to help people with mental illness maintain their housing.

5. Community justice programs, the sheriff and the district attorney must have the resources to identify people who become ensnared in the criminal justice system because of mental illness and divert them to treatment. This includes the sheriff's current partnership with Mental Health Partners to have a mental health professional along on certain responses to calls, screening at the jail before people with mental illness are processed into the jail and diversion/referral to mental health providers where appropriate, access to treatment while in jail to prevent decompensation or worsening of the mental illness as a result of the inhospitable environment, and community-based probation services that include mental health treatment.

6. County social services providers and law enforcement agencies should be trained to recognize mental illness so that people receive treatment before problems escalate."



"Marta Loachamin- I agree with the data and have done reading that indicates folks are mistreated or misdiagnosed in a lot of areas around the country and the results are connected to people experiencing homelessness and ending up in criminal justice centers.

Locally I have had many conversations with our current DA and believe that the work they are doing to address mental health upfront, new processes, indicate success. Part of that work is going to require maintaining and supporting that work as our Colorado State budget gets depleted after COVID and the reduction in public services. I have met with a few of the organizations focusing on eliminating root causes of homelessness and I believe that we need to widen the access to wrap around support services so that it is not only people in crisis who can utilize those services. The data I worked on after the Flood of 2013 when working for the City of Longmont is connected to access to these same supports and needs to be included- building trust to local government and services."



Jonathan Singer- "I have been creating and implementing solutions to divert people from the criminal justice system at the legislature since being elected. In the era of Prison Overcrowding exacerbated by the dangers of COVID-19, allowing more inmates to leave jail and access treatment will solve a huge public health issue and simultaneously save the County tax dollars.

Currently we inadequately fund healthcare, mental healthcare and housing. As commissioners, we need to consider all of these as the same thing. Mental healthcare is Healthcare. Housing is Health care as well.

One program I helped create, allows for people with mental health disorders or substance use disorders to receive affordable housing and supportive services after they exit county jail. We need to continue to focus on these programs as they are allowing people to re-enter into the community and not end up back in jail as they so often do without these programs.

Additionally, we need to continue to impress upon our County District Attorneys that they can use mental health diversion programs like drug courts to keep people out of jail and get them into treatment. I helped create the first college campus drug court in 2001, and we saw a dramatic increase in student retention as well as student well being.

Moving upstream, we can continue the co-responder programs that I have helped fund to ensure that when police are called out to a mental health emergency, a licensed mental health professional is also dispatched.

And even before any of this happens, we need to ensure that a universal healthcare program including universal mental health happens. Boulder County can be a leader and should work to guarantee that every person within our County gets access to mental healthcare when they need it. Other counties across the nation are starting similar programs. Boulder should follow suit. "

- **5. "How will you help provide more access to hospitalization for youths and adults with acute mental illness for a long enough time for them to be stabilized and engage in treatment?"**



Claire Levy- "That's a very tough question. I don't readily have an answer. To my knowledge, the county does not have a way to encourage construction of additional hospital beds or act, other than through policy advocacy at the state and federal level, to reverse the trends that led to the shortage.

I do know that hospital beds are very expensive and psychiatric beds have been declining for decades because they were so expensive to maintain, insurance would not reimburse for hospitalization and Medicaid is prohibited from paying for in-patient treatment in most circumstances. Enforcement of parity laws so that insurance reimburses for hospitalization could, therefore, help address the shortage of beds. Changing Medicaid rules will help as well. Perhaps being able to receive intensive treatment or partial in-patient treatment in a facility that is not a fully equipped hospital could bring down the cost so that more beds could be available.

I understand that in some circumstances, hospitalization is necessary to stabilize a person and prevent them from harming themselves or others. But, I believe in-patient treatment should be limited as much as possible, and should be accompanied by robust assistance in transitioning back to families that can be supportive. I would prefer to see non-profit hospitals where ever possible so that hospitalization is not continued in order to fill beds. Ideally, hospitalization should be community-based so that the child's family can maintain communication where appropriate."



Martha Loachamin- "My interpretation of this question indicates that certain youth and adults are determined to require hospitalization based on mental health illness, with correct diagnosis and correct determination of in patient versus out patient treatment specific to the type of illness being treated. The diagnosis, addressing root causes, family history, cultural connections to illness are pieces that need to be

reviewed and evaluated for programming and I believe the county public health initiatives to address mental & physical health need to be continued to assist in determining which cases are acute versus non acute.

This question leads with an assumption that folks aren't getting enough time to be stabilized and requires review of data that evaluate the time, gap of service, cost determination of allowing longer treatment, disconnect between provider/insurance coverage and evaluation of the types of treatment in order to provide more access to hospitalization as needed."



Jonathan Singer- "I have spoken with the medical directors at many hospitals now. While I was disappointed the Longmont United Hospital decided to defund their inpatient teen center, there are options on the horizon. I have been helping decrease the number of people being waitlisted to be restored to competency in our criminal justice system by creating more outpatient options for them so we can reserve beds for youth and adults with mental illness. If we can continue to decrease the number of competency incarcerations, and focus on creating a dedicated mental health fund similar to the Caring for Denver initiative, we can create the preventative measures reduce the needs for beds and start to fund the beds that are necessary for both youth and adults. "

LEGISLATIVE CANDIDATES

Judy Amabile, Tracy Bennett, Amitai
Gross and Karen McCormick

- **1. Please introduce yourself.**



Judy Amabile-
Colorado House District 13

"I am a lifelong Democrat who has lived in Colorado for almost 50 years. In the last 25 years, I have raised three sons, co-founded and operated a successful manufacturing business (Polar Bottle), and advocated for the things I care about. I'm running to advance bold solutions. My three main areas of focus are fighting climate change, bringing greater economic justice to all Coloradans, and increasing the access to and improving the effectiveness of mental health resources in our state.

One of my sons has a serious mental illness that developed at age 18 and has gotten worse over time. Finding treatment has been overwhelmingly frustrating. I'm one of far too many parents who know the despair of trying to access mental health services in a system that seems designed for failure. The costs and consequences of a broken mental health care are devastating to people, families, and society at large."



Tracy Bennett-

Colorado House District 12

"My name is Tracey Bennett. I'm a mom, engineer, entrepreneur, world class runner, and a lifelong progressive Democrat. I have an engineering degree from Cornell U and a Harvard MBA.

My two biggest heroes are my parents. My dad, an engineer, insisted on honesty, integrity and the pursuit of excellence. My mom, a lifelong activist for environmental and social justice causes, instilled in my three brothers and me a passion for making the world a better place.

I've channeled these values into my guiding passions that I call the "Three Es": Environment, Education, and Equity. I've used these passions to guide my years of dedicated community service throughout Colorado, and now as the Democratic Party nominee to represent House District 12 in the 2020 General Election. "



Amitai Gross

Colorado House District 33

My parents bought their first house in District 33, when I was 12 years old. I received my BA and MA in Conflict Resolution. I have been a guest lecturer at colleges, community centers, and conferences on topics relating to creative conflict intervention and interfaith dialogue and coexistence. As a professional mediator, I have helped others to tackle difficult conversations in the US and Middle East. Now I'm helping to build a movement of working class voices who can stand up to corporate greed and take on Colorado's toughest issues. My campaign is looking to:

- Prioritize our homelessness crisis and reduce the cost of living
- Fight for universal healthcare, especially mental healthcare and eldercare
- Protect our environment from the fossil fuel industry, and make green energy affordable



Karen McCormick

Colorado House District 11

"I am Dr. Karen McCormick, a veterinarian, mom of three, small business owner and daughter of a career navy family. I am running to be the state representative for House District 11. Two years ago, I made the wild decision to run for Congress in the 4th Congressional District against Ken Buck. We were able to move this district a solid ten points on a platform of problem solving with compassion. I have been in service to my community my entire life, including many volunteer positions and am driven to continue to serve. I am a problem solver who understands how important it is to make sure all voices are heard, that compassion is brought to every policy decision and that we pay attention to data. My kids are the most important thing to me, and I am determined to make the world a better place for them."



Andrew O'Connor

Lafayette City Council

"Andrew O'Connor will bring a strong record of legal and legislative leadership to the Colorado Senate. Andrew led the fight to ban fracking, increase severance taxes, and hold the oil and gas industry accountable for the existential threat to public health. Andrew began his career as an assistant public defender and drug court attorney. His work there fueled a lifelong passion for justice – a cause he championed in civil rights cases and defending homeowners from foreclosure. He believes in the abolition of the death penalty, repeal of three strike laws; he supports the Innocence Project, banning private prisons and common sense gun laws.

Andrew believes in tuition-free college, cancelling student debt and increased funding for public schools and transportation. He also believes that those who are over 55 or low-income should have access to free public transportation. He will work to bring the light rail to Boulder County, stop the war on poverty, and ensure equal rights and affordable housing.

Andrew attended Vanderbilt University on an academic scholarship, earned a bachelors degree at Florida State University and a juris doctorate at Samford University."

- **2. How will you, as a candidate, reduce the stigma of mental illness?**



Judy Amabile- "First, I will continue to talk about mental illness. Stigma and shame will be reduced when mental illness is talked about as an illness rather than a character flaw. We have to come out from the shadows and tell our stories. I will advocate for public service messaging and community conversations throughout the state. How we talk about mental health conditions matters.

Second, we have to make sure that people with mental disorders have adequate employment and housing protections. People will not talk openly about their illness if they fear losing their job or housing. In theory, those with mental illness are protected by the Americans with Disabilities act, but in reality people with serious mental illnesses do risk being denied employment or being fired if they talk openly about their conditions. We need to legislate greater protections for these people.

Third, we have to get people with mental illness off the streets and out of the jails. This is not how we would treat patients with any other disease. Criminalizing mental illness perpetuates a false narrative that these individuals have character flaws rather than medical conditions. Those who have no experience with mental illness may believe everybody with mental illness is homeless or a dangerous criminal. Of course nothing could be further from the truth. Those with mental health and behavioral health problems are far more likely to be the victims of crime. Decriminalizing mental illness and offering treatment, including supportive housing, will reduce stigma. It also is morally and economically the right thing to do."



Tracy Bennett- "Education is one of the best ways I can reduce the stigma of mental illness as a candidate. My candidate campaign Facebook page has been utilized to share resources about COVID-19, as well as resources to assist with mental health coping mechanisms. Another way I can help to reduce the stigma as a candidate is by making sure people are not confused with the fact that mental and physical health are given equal weight

when talking about shortfalls in access to healthcare. Too often, people are more inclined to ignore the mental health aspects when speaking about healthcare on the campaign trail.

I think it's also important to not be afraid to share personal stories. Years ago, I had a miscarriage, my grandmother died, and my father suffered a scary life-altering stroke, all within a 3 month period of time. Not surprisingly, I became depressed, and as I still tell people today, "It's pretty hard to pull yourself up by your bootstraps when there aren't any bootstraps to pull." Fortunately, my health insurance paid for therapy, and my depression was resolved within 6 months without medication. That experience gave me insight into how even mild depression like what I had can influence so much of your daily life and how effective mental health therapy can be. I also have much more empathy for people experiencing severe mental health challenges."



Amitai Gross- "Ending the stigma begins by personalizing and bringing mental illness out into the light. I have lived with major depression, anxiety, and ADHD for my entire adult life. I am immensely grateful for the help provided by my medications (taken daily), my therapist (seen weekly), and my friends who fight their own battles with mental illness and are willing to support each other.

Mental illness needs to be taken more seriously, while also becoming more normalized in regular conversation. All public schools must be provided with the materials and the professionals who can best educate and normalize this subject. I have experienced firsthand how poorly schools, universities, workplaces, and our greater health system understand and support people living with chronic mental illness. No one should feel pressured to reveal their mental health status, but those who are willing to must loudly demand better support systems in every sector of our society."



Dr. Karen McCormick- "The most important thing we can do to reduce the stigma of mental illness is to talk about it routinely and with as many people as possible. I do this now as a citizen and as a mom and as a person with a medical degree. To me mental health is just as important, if not more so sometimes, as heart health, bone health, kidney health or the health of any other body system. The more we talk about it in everyday life the more this stigma will fade. As a state representative I believe I will have the opportunity to amplify that message and normalize talking about it."



Andrew O'Connor- "I would reduce the stigma of mental illness by normalizing it by talking about it and by educating people about mental illness. We do not shame people for medical conditions and we should not shame people for mental illness conditions. I would tell people that I received and receive behavior health care through MHP and that it has helped me. MHP should be state-wide and funded by the State of Colorado and Federal government. I would explain that there is an inordinate amount of stress in our capitalistic society that puts profits before people and causes many people to suffer from mental health stresses. We must recognize that behavior health services is necessary, just like medical care, and that everyone is entitled to mental health care regardless of socio-economic status. One of the first bills that I will introduce at the legislature, is a bill for universal health care that covers both mental health and medical care. Behavior health services and medical care must not be dependent on your job and must be publicly financed not employer or privately financed. Coloradans should not have to go without needed mental health treatment or medical care or go bankrupt to pay medical bills or choose between food or rent or paying for prescriptions.

- **3. The Healthy Kids Colorado Survey reports that 27% of teens feel sad/hopeless for two weeks and 15% have seriously considered suicide. How will you expand mental health services for children, youths and their families?**



Judy Amabile- "Suicide was the second leading cause of death among young Americans age 15 to 24 in 2017. The rate of suicide is increasing. Clearly we are not doing enough to stem this public health crisis.

We have to approach mental wellness throughout our lifecycle. Every wellness visit to a doctor should include a mental health component. Infants can develop depression. This should be checked regularly by pediatricians. Elementary school children are given eye and hearing exams, mental health screenings should also be given. Middle school and high school students should be given mental health screenings at school or by their doctor. Once a mental health issue has been identified, there must be continuous follow-up and appropriate treatment by mental health professionals. Too often, problems are identified and treatment is given for only that episode.

Continuous follow-up is needed just as you would if a heart problem was detected in an infant or a preteen developed diabetes. This regular screening would help reduce stigma and improve outcomes. It helps put mental health on parity with physical health. I will support legislation that puts mental illness assessment and intervention on parity with physical illness throughout a person's life.

In 2019 the State Assembly passed SB-19-010. This bill expands the "School Health Professionals Grant Program" and adds an additional \$3 million to increase the number of school health professionals. This is a good piece of legislation, but needs greater funding.

In 2020, House Bill 1086 would require insurance plans regulated by the state of Colorado to cover a visit of up to 60 minutes with a clinical social worker, addictions counselor or other mental health provider. The bill was on its way to the finance committee when the legislative session was suspended.

Another bill pending in 2020 would expand behavioral health training for K-12 educators. This is another important tool for understanding mental illness and hopefully getting help for students in need. Hopefully this bill will pass in the 2020 session."



Tracy Bernett- "I do believe there is a mental health crisis facing the youth of Colorado. Suicide rates, attempted suicide rates, and frequency of prolonged depression for children in Colorado is staggering and needs to be addressed. Some sources of depression can be the amount of stress in their daily environment, such as high stakes academics, how to pay for the high cost of college, and social pressures to be perfect. A staggering number of families in Boulder County and Colorado were under financial stress and at risk for homelessness even prior to COVID-19. This particularly worries me. More children are going to be in stressful situations as parents and guardians will continue to be negatively impacted by COVID-19. Relieving them of these stressors by passing progressive social safety net support systems will be needed to address the mental health crisis facing youth in Colorado. I will advocate for more school funding to increase the number of mental health counselors, especially in districts experiencing high socioeconomic stresses. I am also on the Fair Tax Colorado/Vision 2020 team, which plans to put a progressive tax on the Colorado ballot to increase funding for teachers and support staff, including counselors."

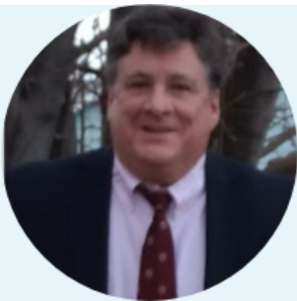


Amitai Gross- "Colorado's rankings regarding mental health are embarrassing. We brag about being the "healthiest" state, and yet we're top 10 in suicide rate and bottom 10 in public access to mental healthcare. What's more, suicide is our #1 killer of young people. We need to be directing state funds towards 1) increasing the number of public mental healthcare facilities across the entire state (including rural areas), 2) providing all public schools with full-time mental health staff (social workers, psychiatrists, etc.), and 3) providing regularly updated mental health awareness curricula, especially to be mainstreamed into elementary schools so that children learn from a young age to support each other and seek out help from a trained professional when needed. These all must be included as part of the greater effort to provide universal healthcare to all Coloradans, so that everyone can access mental healthcare, regardless of means."



Dr. Karen McCormick- "I would like to see Colorado as a state have programs that incentivize the careers for mental health providers to enter the arena. We could make schooling more affordable for mental health providers with grants or low interest loans. If we can grow the pipeline of providers, then we can open new points of access. There should be a trained mental health

provider in every middle school, high school and elementary school if possible, at least on a weekly basis. Schools should have open conversations about mental health access with all students and have mental health as a part of the curriculum at every grade level. If students learn about mental health and have a safe place to hear about it, in school, they are more likely to grow up without the stigma around mental health discussions. When this happens, then kids are more likely to reach out for help sooner when they are in need. I also would like to see more mental health walk-in clinics like we have for physical health. If walk-in clinics were more accessible, we would be able to reach more people without them ending up in the emergency room or criminal justice system, and from there funnel them to the best follow-up resource."



Andrew O'Connor- "There must be behavior health services available every day, in every public school, just like an RN, financed by State of Colorado or preferably by universal care.

Additionally, Mental Health Partners (MHP) must be accessible for children and families outside of school regardless of socio-economic income financed by State of Colorado or universal health care."

- **4. There are Colorado laws in existence stating that insurance companies must reimburse behavioral health services the same as they reimburse comparable medical services. How do you suggest we enforce these parity laws?**



Judy Amabile- "There are parity laws on the books at both the Federal and the State level, including a bill passed last year to put some additional teeth into enforcing the parity laws. And yet, parity still does not exist. There are no standards of care for many behavioral health issues. The insurance companies have broad

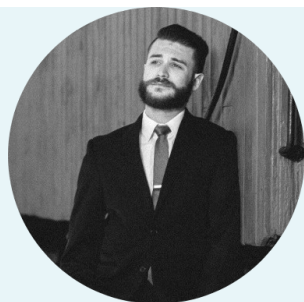
authority to determine when a patient no longer qualifies for vital care. There are so many stories of children needing long term hospital treatment and being denied by their insurance companies. Only those who can pay out of pocket while fighting the insurance companies can get the care they need. Adults with serious mental health challenges often lack the ability to advocate for the services they need. We need serious oversight from the Department of Insurance and the Office of Behavioral Health including fines and penalties for failure to comply. We also need to facilitate filing of complaints with the ombudsperson for behaviour health.

Insurance companies are required to reimburse mental health care providers at the same rates as other providers in order to ensure network sufficiency. There is a huge shortage of mental health care practitioners, in part because the reimbursements are 30% below physical health practitioners. This year, practitioners had their reimbursements cut rather than raised. This lack of providers and particularly in-network providers causes patients to go without care even if the care is approved. It is possible that the 2019 Behavioral Health Care Coverage Modernization Act will end the most egregious violations by the insurance companies. The law mandated that insurance companies report to the Colorado Division of Insurance. The division can then act if it sees irregularities in insurance company practices. This might make a difference. Fines and other punitive measures would better persuade insurance companies to comply.

Judy Amabile, continued- "Parity is a more complicated problem than just bad actors. Insurance companies are not set up to provide the kind of wrap-around services that people with serious mental illnesses require. Patients might need providers to come to their homes and check on them. They might not have housing and they can't get better without housing. Many patients need help setting up appointments, applying for health insurance, and fighting for services from their insurance companies. Clearly our fee-for-service, insurance-for-some model does not work for people with serious mental illness. We need to remove profit from our mental health care system. We must move to a public model that includes longer term hospitalizations, supportive housing and wrap-around services. Funding sources must be bundled together and administered locally on a capitated basis. The funds we already have could be spent more effectively and efficiently to deliver the kind of services people really need. Cycling people in and out of short term hospital stays, the jails, and the streets are the most costly and least effective ways to treat mental health. "



Tracy Bennett- "I am unfamiliar with the current enforcement mechanisms in place but I do see a role for DORA to enforce these parity laws. Giving them more "teeth" for enforcement would help ensure parity. I would like to work with organizations like NAMI and other mental healthcare advocates to make sure that DORA has the tools it needs to enforce parity, as well as legislation that increases access and affordability of mental health services."



Amitai Gross- "First: Coloradans need to know that they have this right, so it has to be written and communicated in simple terms with clarification and examples of what that means. The best and easiest way to communicate this is to 1) require all insurance companies operating in Colorado to provide that information in large, clear letters, to their customers, and 2) to provide all certified behavioral health professionals in Colorado with that same information, to be clearly displayed in their place of business (much like a bar, restaurant, or liquor store is required to visibly display their liquor license)."

Second, and this is most important: we must pass universal healthcare that includes universal mental healthcare in order to circumvent this issue entirely.



Dr. Karen McCormick- "As a legislator I would want to know what powers our Division of Insurance have in this matter and how we could specifically set better enforcement measures in place. If oversight needs to be strengthened or modified, then I would want to help in that effort. If we don't have a board of mental health professionals that help guide the review boards for mental health claims, then we should work to have a system in place that all providers in Colorado must follow, based on standards of medical care in mental health. We must find the gaps and loopholes in the reimbursement system and address them adequately to make sure parity exists."



Andrew O'Connor- "I am an attorney and I know that the way to enforce parity is for the State of Colorado to take funding away and/or fine and/or sue insurance companies that refuse to reimburse behavioral health services the same as medical services. The present insurance companies' for profit model is inherently broken and corrupt and steals money from taxpayers. The system is broken and one of the first bills that I will introduce at the legislature, is a bill for universal health care that covers both mental health and medical care."

- **5. How will you help provide more access to hospitalization for youths and adults with acute mental illness for a long enough time for them to be stabilized and engage in treatment?**

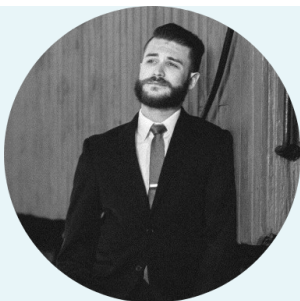


Judy Amabile- "So many people in our state are suffering from a lack of access to hospital beds. If we are to continue with our private insurance model, we must insist that medical professionals and not insurance companies determine what each patient needs and insurance must pay for that care at

private hospitals. For those not covered by private insurance, we must have more civil hospital beds. Currently our state hospitals are almost completely filled with competency restoration patients. We must create community mental health resources so that non-violent persons can get competency restoration locally. We also need statewide diversion programs so that mentally ill patients are referred for services before ever entering the judicial system. Much has been done with co-responders and diversion at different counties around the state, but to free up more beds at our two state hospitals, we have to push these policies across the state. If there are more open beds, then more patients will be sent to these hospitals for the care they need. In addition, we have to address our mental health hold (M1 Hold) laws. Every patient brought to an emergency room for evaluation for an M1 Hold must be seen by a mental health professional. That person should determine a minimal treatment plan based on how the patient presents when they are admitted. Even if the person seems better some hours later, they should receive treatment based on their original assessment. M1 Holds almost never result in longer term admissions. We need data to understand why that is. This can't be based on ability to pay or type of insurance. It must be based on assessing the patient and determining what they need."



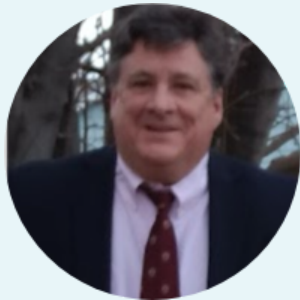
Tracy Bennett- "For many, the roadblock to receiving hospitalization care is the cost. These facilities can cost \$1,000 a night and even more for those without insurance. In fact, according to the November 2019 study by DORA and HCPF, hospital costs in Colorado are some of the highest in the nation. Bringing down the cost of these facilities will require reducing the number of uninsured across the state by lowering premiums. That's why I support the public option bill, HB20-1349, that, according to the November 2019 study, is expected to reduce both premiums and hospital costs. However, I believe this bill is just the start on reducing healthcare costs, so I am willing to work with NAMI and other healthcare advocates on other legislative ideas."



Amitai Gross- "I have personally experienced how difficult it is to receive this kind of support. A few years ago, I was turned away from an in-patient mental health facility because my insurance would not cover the program unless I was actively attempting suicide. This meant that an in-patient facility would not take me unless it was essentially too late. I eventually found an out-patient program that I could be a part of for a very brief period of time. That was three years ago and I am STILL in debt because of it. Along with the stigma, the biggest deterrent for any sort of mental health hospitalization is cost. The only way to ensure that these hospitalizations are affordable and available to the working class is to pass universal mental healthcare as part of a greater universal healthcare bill. I will be fighting for this measure and galvanizing allies all over the state for as long as I am in office, until we finally have healthcare justice in Colorado."



Dr. Karen McCormick- "According to some in the mental health field, often insurers are using the wrong criteria for what makes something medically necessary. It is less straightforward with mental illness to determine a treatment protocol than it is when a surgery or physical health treatment is needed. The insurers may pay enough only to stabilize a patient's condition but not enough to improve their underlying illness. I believe that we need more mental health professionals involved on the boards for all insurance providers here in Colorado and for the medical profession to come up with standards of care that must be followed by the insurance companies when paying claims. Only stabilizing a patient is insufficient. It would be like splinting a broken leg but then not following it up with surgery and then not following that with physical therapy to get that patient back on track. Stabilization and follow up treatment must be considered together. Hospitalization must be followed by a treatment plan that is covered. The insurers must take the guidance of what is medically necessary from the mental health professionals and not from their stockholders."



Andrew O'Connor- "This is a matter of priorities and inadequate funding. We have a severe shortage of hospital beds for children and adults with acute mental illness especially in rural areas. Furthermore, we need long-term follow up treatment and medicine treatment after they get out of the hospital. Again, the system is broken and one of the first bills that I will introduce at the legislature, is a bill for universal health care that covers both mental health and medical care."