



*For a diverse, competent, and sustainable
Medicaid mental healthcare workforce*

March 6, 2021

Dear Dr. Rob Bremer,

We, the undersigned stakeholders, counselors, and clinic directors serving Colorado Access members, are writing to request a change to Colorado Access' current policy of prohibiting pre-licensure counseling without OBH facility licensure. We believe this change is vital for growing a diverse and competent counseling workforce.

As part of our commitment to Colorado Access and quality care for the members, we believe allowing care by supervised university interns and supervised postgraduate candidate licensees will effectively further the mission of Colorado Access in important ways.

Colorado Access has defined its mission clearly. Colorado Access is to "partner with communities and empower people with access to quality, affordable care."

Our current Colorado workforce is lacking in capacity and diversity. Behavioral health workforce development involves a long pipeline through graduate school, including supervised clinical practice, and then supervised work for several years before licensure. Early career professionals deserve diverse opportunities in their training, including both large Centers, smaller clinics and group practices, and still smaller individual supervisors.

Colorado Access' mission lists a number of commitments that support this change, including elimination of barriers to care, continuity of care, improvement of the safety-net, and exceeding expectations. Colorado Access also places a high value on diversity and cultural competency:

"We are committed to maintaining an environment that respects the perspectives, beliefs, and differences of our Providers, members, and staff members. To this end, we promote cultural diversity and competency to increase access to care and quality of service."

Essentially early career therapists with an interest in serving a diverse population will look to Denver and Aurora for opportunity. There, they should find culturally diverse supervisors who can facilitate their growth in internships and pre-licensure work.

The current requirement that internships and candidate supervision require Community Mental Health Clinic licensure is a significant **barrier** to increasing the cultural diversity of the workforce that treats Colorado Access members. OBH licensure follows DORA licensure, and now DORA supervisor qualifications, Health Care Policy and Financing 'validation', RAE

credentialing, Medicaid compliant record keeping and standards of care, and compliance with RAE billing and utilization expectations, including audits and authorizations.

A licensed, Medicaid contracted supervisor has experience with several layers of regulation, oversight, and compliance. Besides production of an extensive policies and procedures manual, the OBH licensure requires many considerations unnecessary for outpatient counseling. For instance, OBH directs therapists to ask new clients if they have 'perpetrated sexual or physical assault', which is understandable in a residential context, but will impact rapport building in an outpatient counseling setting.

Continuity of care is impacted by this policy in unintended ways. Because of attribution by location of their medical care provider, HealthFirst switches a member from CCHA, or another RAE, to Colorado Access simply by visiting a clinic. If the child was receiving behavioral healthcare treatment from a pre-licensure clinician, that treatment is interrupted while the parent searches for an available Colorado Access placement.

Allowing for more diversity in supervision opportunities for early career clinicians to grow into the workforce supports the **safety net**. And creating opportunities for members to access psychological care through a greater diversity of providers **exceeds expectations**.

We also understand the current contractual network adequacy requirements are not supportive of expanding the workforce, and are not an appropriate metric for member access or satisfaction. Achieving the mandated 1:1800 ratio does not exceed expectations.

It's important to note that pre-licensure counseling without OBH licensure is routine for all other parts of Colorado. CCHA, Beacon, and Rocky Mountain Health Plan all allow for pre-licensure, supervised counseling by licensed, contracted supervisors without OBH licensure.

This policy difference contributes to a dramatic difference in provider/member ratios between Colorado Access areas and elsewhere. Provider/member ratios are three to four times higher in Jefferson County and Boulder County than for Adams, Arapahoe, and Denver. We believe some of this difference is accounted for by the prelicensure policy.

We hope that our vision for Colorado Access members to access a culturally competent and diverse workforce aligns with yours, and that Colorado Access can create opportunities for supervisors and early career therapists to contribute.

In regards,

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