

## HB21-1258: RAPID MENTAL HEALTH RESPONSE FOR COLORADO YOUTH

Concerning establishing a temporary program to facilitate youth mental health services in response to identified needs, and, in connection therewith, making an appropriation.

### Details

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<b>Bill Sponsors:</b>	House – Michaelson Jenet (D) & Van Winkle (R) Senate – Buckner (D) & Woodward (R)
<b>Committee:</b>	House Public & Behavioral Health & Human Services House Appropriations Senate Health & Human Services
<b>Bill History:</b>	4/6/2021- Introduced in House 4/20/2021- House Public & Behavioral Health & Human Services Refer Amended to Appropriations 4/28/2021- House Appropriations Refer Unamended to House Committee of the Whole 4/28/2021- House Second Reading Passed with Amendments 4/29/2021- House Third Reading Passed-No Amendments 4/30/2021- Introduced in Senate
<b>Next Action:</b>	5/17/2021- Hearing in Senate Health & Human Services Committee

### Bill Summary

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The bill establishes a temporary Youth Mental Health Services Program within the Office of Behavioral Health to facilitate access to mental health services for youth to respond to identified mental health needs, including those resulting from the COVID-19 pandemic. The program reimburses providers for up to 3 mental health sessions. By July 1, 2021, a vendor has to be contracted with to create or use an existing website or application as a portal for both youth and providers to facilitate the program. The program is repealed June 30, 2022.

### Issue Summary

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#### Youth Mental Health Overview

Mental health is a crucial component of a child's overall health and shapes both physical and social well-being.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) categorizes mentally healthy children as youth who learn appropriate social skills and coping mechanisms to approach difficulties, as well as those who attain emotional and developmental milestones.<sup>2</sup> Children who are mentally healthy have a favorable quality of life and function well at home, in school, and in their communities.<sup>2</sup>

Many children experience anxiety or display disruptive behaviors.<sup>2</sup> However, if these symptoms are persistent, severe or disrupt play, academic or home activities, the youth may be diagnosed with a mental disorder.<sup>2</sup> Up to 1 out of 5 children experience a mental health disorder each year, incurring an estimated \$247 billion per year in costs to individuals, families and communities.<sup>2</sup> Half of all mental health conditions begin by age 14 and, if left untreated, can be detrimental to quality of life into adulthood and possibly lead

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<sup>1</sup> American Psychological Association, "Children's Mental Health" 2009. <https://www.apa.org/pi/families/children-mental-health>

<sup>2</sup> Centers for Disease Control and Prevention (CDC), "Children's Mental Health", March 22, 2021. <https://www.cdc.gov/childrensmentalhealth/basics.html>

to suicide.<sup>3</sup> While less common, the rate of teen suicide has nearly doubled since 2010 in Colorado (2010: 11.5 per 100,000; 2019: 21 per 100,000).<sup>4</sup>

Mental disorders commonly diagnosed in youth are anxiety, depression, post-traumatic stress disorder (PTSD) attention-deficit/hyperactivity disorder (ADHD), and behavior disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), Tourette syndrome, and obsessive-compulsive disorder (OCD).<sup>2</sup> Some children with a mental disorder may never be diagnosed, while others can be diagnosed at in early childhood or later in the teenage years.<sup>2</sup> In fact, 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.<sup>5</sup> The symptoms of mental disorders fluctuate as the child grows; consequently, early diagnosis and engagement of applicable services is key to maximizing treatment benefit for youth and their families.<sup>2</sup> Treatment rates vary among different mental disorders for youth. For children aged 3-17 with depression, 78.1% received treatment; however, for children with anxiety only 59.3% received treatment and 53.5% with behavior disorders received treatment.<sup>5</sup>

### **Impact of the COVID-19 Pandemic on Youth Mental Health<sup>6</sup>**

The COVID-19 pandemic has exacerbated youth mental health conditions. Public health policies over the past year have required social distance to minimize spread of the virus. However, social distancing and other requirements to minimize community spread have also largely prevented social contact outside of the home. Schools closed and required children to learn from virtual classes and child care centers closed. Children were thus largely disconnected from social support systems and networks outside of their home and missed typical milestones – birthday parties, graduations, proms, etc., while also not being able to visit with family and loved ones. This social isolation and disruption caused youth significant emotional distress. Parents also faced a variety of challenges including being transitioned to work from home, subjected to higher risk of catching the virus as an essential worker, or lost their jobs due to the ensuing economic down-turn. The resulting caregiver stress, paired in some cases with the added loss of economic security and change in routine, compounded in some youth their anxiety, depression, and mental distress. Additionally, some youth may have been more exposed to child abuse and neglect, sexual violence and intimate partner violence at home. The transition of youth to virtual services and education in the effort to minimizing the spread of COVID-19, some children have been put at heightened risk.

### **State & Local Actions in Response to COVID-19**

At the beginning of the pandemic, New Mexico Governor Michelle Lujan Grisham called on the state's Department of Children and Families to work with the Department of Human Services to continue provision of mental health services for children and youth.<sup>7</sup> Similarly, Michigan Governor Gretchen Whitmer required the schools in her state to continue mental health services for students.<sup>8</sup> State education agencies also took action to meet demand for student mental health care. The New Jersey State Board of Education modified its state administrative code to allow schools to provide counseling, among other typical student services via

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<sup>3</sup> The World Health Organization, "Improving the mental and brain health of children and adolescents" 2021.

<https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>

<sup>4</sup> Kids Count Data Center, "Teen Suicides" 2020. <https://datacenter.kidscount.org/data/tables/9851-teen-suicides-rate-per-100000?loc=7&loct=2#detailed/2/any/false/1729,37,871,870,573,869,36,868,867,133/any/19168,19169>

<sup>5</sup> CDC, "Data and Statistics on Children's Mental Health. March 22, 2021. <https://www.cdc.gov/childrensmentalhealth/data.html>

<sup>6</sup> CDC "COVID-19 Parental Resources Kit – Childhood", December 28, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/childhood.html>

<sup>7</sup> Office of the Governor Michelle Lujan Grisham, "Press Release: Governor: K-12 school closings must continue to prevent potential spread of COVID-19", Mar 27, 2020. <https://www.governor.state.nm.us/2020/03/27/governor-k-12-school-closings-must-continue-to-prevent-potential-spread-of-covid-19/>

<sup>8</sup> Office of Governor Gretchen Whitmer, "Governor Whitmer Signs Executive Order Suspending Face-to-Face Learning at K-12 Schools for Remainder of School Year", April 2, 2020. [https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90640-524028--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-524028--,00.html)

telehealth<sup>9</sup>; likewise, the Texas Education Administration required remote provision of student services and counseling.<sup>10</sup>

More recently, states and specific school districts are actively responding to the increased demand for mental health services. Iowa Governor Kim Reynolds and the Iowa Department of Education allocated up to \$8.67 million in competitive grants to (1) support youth mental health first aid training and implementation, (2) help pre-K-12 school districts coordinate and deliver mental health services and wraparound support to students, and (3) strengthen suicide prevention services and programming.<sup>11</sup> Additionally, Tennessee Governor Bill Lee re-introduced the Mental Health Trust Fund to assist K-12 families who are facing significant mental health issues in the wake of COVID-19. The proposed fund allocates \$250 million to support direct clinical services in schools, mental health awareness and promotion, trauma-informed programs and practices, suicide prevention and postvention strategies, and mental health supports.<sup>12</sup> Arizona is also investing \$21 million to hire 140 social workers and school counselors into the Arizona public school system, supplementing the School Safety Grant Program that integrated over 260 social and emotional support professionals into the school system. Additionally, the Arizona Department of Education will also utilize some of its federal recovery money to fully fund 69 school social worker and 71 school counselor positions across 10 counties for two years.<sup>13</sup>

Onondaga County, New York is investing \$5 million to hire 100 more counselors for its schools and require each school to have an onsite mental health clinic.<sup>14</sup> Similarly, Atlanta Public Schools will invest a \$1.95 million grant from the School-Based Healthcare Solutions Network to ensure licensed mental health providers are available in each of the district's schools starting next year.<sup>15</sup>

### Health District CAYAC Program

The Child, Adolescent, and Young Adult Connections (CAYAC) Team was developed by the Health District of Northern Larimer County after an extensive planning process with parents/caregivers, our local school district, primary care providers, and health and human service organizations. CAYAC offers assessment and connection to the behavioral health treatment in the community best able to meet the particular needs of the child or youth. For a few years the CAYAC program was directly connected to a designated Poudre School District navigator. Working in partnership with a dedicated school behavioral health navigator, the team was able to identify the mental health needs of students early and prioritize those that needed immediate access to needs assessments and behavioral health screenings. Having the ability to provide assessments within the school increased student access to the right services in the community quickly and played a critical role in closing the communication loop between parents/caregivers, behavioral health providers, and teachers to best support student's needs. Due to funding cuts in 2018, our local school district was unable to maintain the in-house behavioral health navigator position and the team absorbed those duties. Referrals for needs

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<sup>9</sup> State of New Jersey, Department of Education, "Notice of Rule Waiver/Modification/Suspension", March 9, 2020.

<https://www.nj.gov/education/sboe/meetings/agenda/2020/April/public/5d%20Item%20D%20Special%20Education%20revised.pdf>

<sup>10</sup> National Conference of State Legislatures (NCSL), "Bridging the Gap to Youth Mental Health during COVID-19", April 17, 2020.

<https://www.ncsl.org/blog/2020/04/17/bridging-the-gap-to-youth-mental-health-during-covid-19.aspx>

<sup>11</sup> KWQC TV6, "Gov. Reynolds announces \$11.5M in mental health support for pre-K-12 schools. April 15, 2021.

<https://www.kwqc.com/2021/04/15/gov-reynolds-announces-115m-in-mental-health-support-for-pre-k-12-schools/>

<sup>12</sup> Office of the Governor of Tennessee, Governor Lee Renews Proposal for Mental Health Trust Fund", March 29, 2021.

<https://www.tn.gov/governor/news/2021/3/29/governor-lee-renews-proposal-for-mental-health-trust-fund.html>

<sup>13</sup> Azfamily.com, "Arizona Supt. of Education announces \$21M for mental health resources in schools", April 19, 2021.

[https://www.azfamily.com/news/arizona\\_schools/arizona-supt-of-education-announces-21m-for-mental-health-resources-in-schools/article\\_355f8234-a14e-11eb-9b7b-a729cb8eb3ea.html](https://www.azfamily.com/news/arizona_schools/arizona-supt-of-education-announces-21m-for-mental-health-resources-in-schools/article_355f8234-a14e-11eb-9b7b-a729cb8eb3ea.html)

<sup>14</sup> WRVO Public Radio. Onondaga County to spend \$5 million on mental health services in schools. March 29, 2021.

<https://www.wrvo.org/post/onondaga-county-spend-5-million-mental-health-services-schools#stream/0>

<sup>15</sup> The Atlanta Journal-Constitution, "Atlanta Public Schools wins \$1.95 million mental health services grant", April 8, 2021.

<https://www.ajc.com/news/atlanta-news/atlanta-public-schools-wins-195-million-mental-health-services-grant/XEMYZMTCARBQL2KOI5WALLCBU/>

assessments from schools dropped and it has taken more time from staff to outreach to schools and prioritize youth. It is much harder to prioritize youth for assessments and to bridge the information necessary to provide timely access to services. Additionally, the communication loop is harder to close between parents, providers, teachers, and school resource/support staff putting more students at risk of falling through the cracks.

## This Legislation

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### Temporary Youth Mental Health Services Program

**Portal.** The website or web-based application that facilitates the program.

**Program.** The temporary youth mental health services program.

**Provider.** Licensed psychiatrist; licensed psychologist or psychologist candidate; licensed social worker, licensed clinical social worker or clinical social worker candidate; licensed marriage and family therapist or marriage and family therapist candidate; licensed professional counselor or licensed professional counselor candidate; or licensed addiction counselor or addiction counselor candidate.

**Telehealth.** Mode of delivery of health care services through HIPAA-compliant telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.<sup>16</sup>

**Youth.** A person under the age of 18 or a person who is 21 or younger who is receiving special education services.

The program is established within the Office of Behavioral Health (OBH) to facilitate access to mental health services, including substance use disorder services, for youth to respond to mental health needs that are identified in an initial mental health screening through the portal, including needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to three mental health sessions with a youth, either in-person or by telehealth. If there is available funds, providers may be reimbursed for additional sessions. To be eligible for reimbursement, the provider must be available to provide the three sessions to each youth accepted as a client by the provider. Providers are required to maintain client confidentiality pursuant to state or federal law.

OBH must develop a process for providers to apply for and demonstrate eligibility to receive reimbursement from the program. Additionally, OBH must determine a reasonable rate of reimbursement for each session, which must be the same regardless if the session is in-person or through telehealth. Finally, OBH must implement a statewide public awareness and outreach campaign about the program. OBH is encouraged to involve schools, neighborhood youth organizations, health care providers, faith-based organizations, and any other community-based organizations that interact with youth on the local level in disseminating information about the program.

The Department of Human Services (DHS) may promulgate rules to implement the program, including rules to protect the privacy of youth who receive services. By July 1, 2021, DHS must enter into an agreement with a vendor to create (or use an existing) website or application as a portal available to both youth and providers to facilitate the program. The selection of the vendor is exempt from the requirements of the state procurement code. The portal must:

- Serve as platform for initial age-appropriate mental health screenings to determine if a youth may benefit from mental health support
- Allow providers to register and share in-person or telehealth appointment availability

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<sup>16</sup> C.R.S. § 10-16-123

- When possible, connect youth with providers who accept the youth's insurance or payment source that may cover the costs of ongoing mental health treatment, if the youth has such a third-party payer
- And allow a youth, regardless of coverage, to schedule telehealth appointments with a provider, an in-person appointment may be provided if and when available

By January 1, 2022, and by June 30, 2022, DHS shall report to the House Public and Behavioral Health and Human Services Committee and the Senate Health & Human Services Committee regarding the number of youth who received services under the program, excluding any personally identifiable information, information in aggregate about the services provided to youth under the program, and other relevant information regarding the program. The program is repealed June 30, 2022.

\$9,000,000 is appropriated to DHS, for use by OBH to implement the program.

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

### Reasons to Support

This bill is a key to addressing the huge mental health need across the youth of our state. Data from the CDC regarding youth treatment demonstrates that not all children are receiving help and schools can play a critical role in helping youth to care. Reports indicate there is a greater mental health need due to the pandemic. This bill would provide a preliminary screening and would assist in directing the

### Supporters

- Adams County Regional Economic Partnership
- Aurora Mental Health Center
- Children's Hospital Colorado
- Colorado Alliance of Boys and Girls Clubs
- Colorado Behavioral Healthcare Council
- Colorado Children's Campaign
- Colorado Department of Human Services, Office of Behavioral Health
- Colorado Education Association
- Colorado League of Charter Schools
- Colorado Providers Association
- Colorado Psychiatric Society
- Colorado Psychological Association
- Colorado Rural Health Center
- Douglas County School District Parents of Students with Disabilities
- Education Reform Now Advocacy
- Envision:Youth
- Gazette Charities and Anschutz Foundation
- Jefferson Center for Mental Health
- Kempe Foundation for the Prevention and Treatment of Child Abuse
- Mental Health Colorado
- National Alliance on Mental Illness Colorado
- National Association of Social Workers, Colorado Chapter
- Stand for Children

### Reasons to Oppose

This bill has a lot of unknowns, including how many kids need care out of a total of 883,199 total kids in the Colorado preschool through 12<sup>th</sup> grade system. Some assert that the timeline that is outlined in this bill is impossible to meet. Even if a youth is connected with a mental health professional that is within network, it does not ensure that they can have ongoing treatment as there may be coverage limitations, prior authorization requirements, or cost-sharing requirements that establish barriers to care. The bill does not clarify program accountability or reporting structures to see its effectiveness. Some believe that the funding allocated for this bill is not enough to execute the program that this bill outlines. School districts and

students may be better served by investing in the mental health workforce for longer term sustainability and accessibility for the youth. Youth dealing with significant issues that have been exacerbated by the pandemic may require more sessions as the first three sessions would likely be further evaluation and skill building, not really true therapy.

**Opponents**

- Community Reach Center

**Other Considerations**

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- How will the program reach the kids who are English-second language learners, immigrant children, etc. in a culturally competent way?
- How will telehealth appointments be private if the children do not have a computer or internet access at home?
- Are there sufficient youth-focused providers to be able to provide access to all the youth that need care?
- Providers knowing if they have an option to expand from 3 to more sessions (based on available appropriations) will be critical for the therapeutic relationship and determining what the focus of the three therapy session is (i.e. does the provider just need to focus on skill building and stress management or can you focus on the increased depression and trauma that the child experienced?)

**Organizations Amending**

- Colorado Cross-Disability Coalition
- Colorado Hospital Association

**About this Analysis**

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This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).