

**SB19-010: PROFESSIONAL BEHAVIORAL HEALTH SERVICES FOR SCHOOLS**

Concerning professional behavioral health services for schools.

**Details**

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<b>Bill Sponsors:</b>	House – <i>McLachlan (D) and Valdez, D. (D)</i> Senate – <i>Fields (D)</i>
<b>Committee:</b>	Senate Health & Human Services Senate Appropriations
<b>Bill History:</b>	1/4/2019- Introduced 1/17/2019- Referred by Senate Health & Human Services, as amended, to Appropriations Committee
<b>Next Action:</b>	TBD- Hearing in Senate Health & Human Services
<b>Fiscal Note:</b>	<u>1/15/2019 Version</u>

**Bill Summary**

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The bill allows grant money to be used by recipient schools for providing behavioral health services or funding contracts with community partners. The bill requires the Colorado Department of Education to prioritize grant applications based on certain provisions. The bill also allows community partners to commit money to schools.

**Issue Summary**

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**Child and Youth Behavioral Health in Schools**

The American Psychological Association asserts that mental health interacts with a child’s physical health and affects a child’s success in school, future in the workplace, and ability to thrive in society. In the United States, 21 percent of children were reported having one or more emotional, behavioral, or developmental condition in 2015-6.<sup>1</sup> The National Alliance on Mental Illness (NAMI) states that 37 percent of students with a mental health condition that are 14 or older drop out of school, which is the highest dropout rate of any disability group.<sup>2</sup> School-based health centers have been found to produce significant improvements during follow-up care by mental health professions in regards to the issue the youth presented with at the first appointment.<sup>3</sup> One study found that nearly half of school-age children with an emotional or behavioral difficulty received neither medication nor psychosocial services.<sup>4</sup>

**Colorado**

More Colorado youth are reporting symptoms of depression. In 2015, 29.5 percent of students reported that they had felt sad or hopeless every day for two weeks or more in the last year, compared to 24.3 percent in

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<sup>1</sup> The Annie E. Casey Foundation Kids Count Data Center (n.d.) *Children who have one or more emotional, behavioral, or developmental conditions*. Retrieved from <https://datacenter.kidscount.org/data/tables/9699-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=1#detailed/1/any/false/1539/any/18942,18943>

<sup>2</sup> National Alliance on Mental Illness (2016). *Mental Health Facts: Children & Teens*. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

<sup>3</sup> Soleimanpour S., Geierstanger S.P., Kaller S., McCarter V., & Brindis C.D. (Sept. 2010). The role of school health centers in health care access and client outcomes. *American Journal of Public Health*, 100(9):1597–1603. DOI: 10.2105/AJPH.2009.186833

<sup>4</sup> Simon, A. E., Pastor, P. N., Reuben, C. A., Huang, L. N., & Goldstrom, I. D. (2015). Use of Mental Health Services by Children Ages Six to 11 With Emotional or Behavioral Difficulties. *Psychiatric services (Washington, D.C.)*, 66(9), 930-7.

2013.<sup>5</sup> The same measure in the whole of the United States remained constant at 29.9 percent between those same years. Approximately 18 percent of Colorado children, ages 2-17, were reported having one or more emotional, behavioral, or developmental condition in 2015-6.<sup>6,7</sup>

### Larimer County

The Mental Health and Substance Use Alliance of Larimer County found that a key service gap in Larimer County is funding for early identification and early intervention services.<sup>8</sup> The report also found that there is a lack of resources for youth and families at-risk for or experiencing mental illness and/or substance use disorders. Furthermore, it asserts that there is a need to increase access to child and adolescent psychological and psychiatric services. Community focus groups comprised of individuals that work in youth health or mental health and youth mental health professionals have found that perceived barriers to mental health care for children and youth ages 0 to 24 include a lack of: child psychiatrists, therapists that work with children and adolescents, and services for children and adolescents that are not in “crisis” or “in the system.”<sup>9</sup> Members of these focus groups also noted that there are a lot of “hoops” in navigating the child and youth system. The 2014 Larimer County Child Health Survey found that 1 in 7 parents said their child had difficulty with emotions, concentration, behavior, and/or getting along with others.<sup>10</sup>

### Current Grant Program

The bill is altering the current School Health Professional Grant Program, which was created in 2014 by SB14-215, which tackled the disposition of legal marijuana related revenue.<sup>11</sup> This grant program works to provide schools with funds to enhance the presence of school health professionals (currently defined as school nurses, school psychologists, school social workers, and school counselors) in both elementary and secondary schools. The Poudre School District is a grantee for three years, 2017 through 2020, and the schools that are recipients of the funds are: Fort Collins High School, Poudre High School, Rocky Mountain High School, Irish Elementary, Johnson Elementary, and Laurel Elementary.<sup>12</sup>

### This Legislation

The bill defines behavioral health care as services that prevent, identify, and treat substance use disorders, substance misuse, and mental health disorders as well as services that support social-emotional health. Licensed mental health professionals, such as licensed professional counselors and licensed marriage and family therapists, are added to the definition of school health professionals.

The bill amends the current purposes of the grant program by altering the language to remove “substance abuse” from statute and replacing it with “behavioral health” or “substance use or misuse.” The bill creates an additional purpose for the grant program: to provide behavioral health care services at recipient schools

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<sup>5</sup> Colorado Health Institute (May 1, 2018). *Making the Wise Investment: Statewide Needs Assessment of Primary Prevention for Substance Abuse (SNAPS) Final Report*. Retrieved from <https://www.coloradohealthinstitute.org/Research/Snaps>

<sup>6</sup> The Annie E. Casey Foundation Kids Count Data Center (n.d.) *Children who have one or more emotional, behavioral, or developmental conditions*. Retrieved from <https://datacenter.kidscount.org/data/tables/9699-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=7&loct=2#detailed/2/7/false/1539/any/18942,18943>

<sup>7</sup> This number includes children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.

<sup>8</sup> Mental Health and Substance Use Alliance of Larimer County (April 2018). *What Will it Take?: Solutions to Mental Health Service Gaps in Larimer County*. Retrieved from <https://www.healthdistrict.org/what-will-it-take-solutions-mental-health-service-gaps-larimer-county>

<sup>9</sup> Information from the Child, Adolescent, and Young Adult Connections (CAYAC) program evaluation for Grant Year 2 (August 2017-July 2018).

<sup>10</sup> Health District of Northern Larimer County (2014). *2014 Child Health Survey*. Retrieved from <https://www.healthdistrict.org/2014-child-health-survey>

<sup>11</sup> Colorado Department of Education (n.d.) *School Health Professional Grant Program (SHPG)*. Retrieved from <https://www.cde.state.co.us/healthandwellness/schoolhealthprofessionalgrantprogram>

<sup>12</sup> Colorado Department of Education (n.d.) *School Health Professional Grant Program: 2017-2020 Grant Recipients*. Retrieved from <https://www.cde.state.co.us/healthandwellness/2017-2020schoolhealthprofessionalgrantees>

which may include: screenings, counseling, therapy, referrals to community organizations, and training for students and staff on behavioral health issues.

The bill allows grant recipients to use the funds to contract with a community partner for behavioral health care services (including hiring private health care professionals, training, screening, and preventive supports) or provide direct services or consultation by a school health professional through telehealth.

The bill amends the application requirements for education providers. First, it amends the language to remove “substance abuse” from statute and replacing it with “behavioral health.” Second, a current requirement for those applying to the program is to address “the extent to which the education provider has seen increased incidence of disciplinary actions for drug use or selling drugs”; the bill proposes to amend this to the extent they have seen “an increase in suicide attempts, deaths by suicide, bullying, adverse childhood experiences, or other factors that affect student’s mental well-being.”

The bill dictates that the Department of Education shall prioritize schools that have a need demonstrated by student alcohol or drug use, need for greater access to a behavioral health care provider, or other data showing the need. This is an alteration from the current need demonstrated by marijuana and the number of marijuana establishments within a school district. Another change to the prioritization criteria is not only the amount of matching money that the education provider has offered but also the amount a community partner can commit to the program and the likelihood that either of these entities would continue to fund the increased level of school health professionals after the grant ends. The bill adds in a new prioritization factor; the extent that the education provider will prioritize the use of the grant funds for staff training related to behavioral health.

The bill includes an additional appropriation of \$3 million for the grant program.

### Reasons to Support

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The ability of schools to utilize existing grant funds in a more diverse manner will allow them to better address the needs of their students. Furthermore, by allowing the education providers to contract with community partners or use telehealth it allows for the schools to utilize professionals to implement best practices in addressing child behavioral health. The bill’s proposal to change the application requirements to determine the need for behavioral health services through an increase in actions, events, and factors that actually measure student’s well-being and mental health needs is an improvement over the current measure. An increase in drug use or the distribution of drugs does not fully demonstrate the need of students to access behavioral health care. Furthermore, amending the prioritization process by the Department of Education with more realistic measures of need for these grants will ensure the grant funding will go to schools that have a greater need for behavioral health services. Altering the language of the grant program to remove “substance abuse” and replace it with behavioral health or substance use/misuse follows the trend to utilize language that is less stigmatizing. The bill provides additional funds, which will bolster the program to carry out its goals.

### Supporters

- Mental Health Colorado

### Reasons to Oppose

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The grant program was originally established in 2014 to utilize money from recreational marijuana, the prioritization factors of the program will no reflect the intention of the program to counteract the normalization of marijuana for Colorado’s youth. Additionally, the intent of the grant program has expanded

and it is unknown if there will be an increased appropriation in funds to adequately meet the intention of providing behavioral health services in schools.

**Opponents**

- Any opposition has not been made public at this time

**Other Considerations**

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A key gap in behavioral health care that has a major impact on students and the school system is the absence of psychological testing and psychiatric evaluation, in cases where it is critical to accurately determine a student's condition and plan interventions and treatment accordingly. Both services are difficult, if not impossible, to either secure, or to secure on a timely basis, in the community and cannot be provided by school health professionals. Without them, students, parents, and the school system can experience years of misdirected and ineffective interventions that are detrimental to all.

Further, while this program significantly expands behavioral health services in schools, it does not have a mechanism for ongoing funding. Given that the need for behavioral health early identification and early intervention services for students is extreme and unlikely to disappear after the end of a particular grant period, the development of ongoing funding to address behavioral health needs is an important consideration for the future. However, part of the grant program criteria is for the recipients to demonstrate a plan for sustainability, which could aid in these programs being able to continue after the end of the three year grant cycle.

**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 summary 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).