

**SB22-147: BEHAVIORAL HEALTH-CARE SERVICES FOR CHILDREN**  
Concerning behavioral health-care integration services for children.

**Details**

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<b>Bill Sponsors:</b>	House – <i>Young (D) &amp; Pelton (R)</i> Amabile (D), Bradfield (R), Gonzales-Gutierrez (D), Michaelson Jenet (D), Van Beber (R) Senate – <i>Kolker (D) &amp; Sonnenberg (R)</i> ,
<b>Committee:</b>	Senate Health & Human Services
<b>Bill History:</b>	3/7/2022- Introduced in Senate
<b>Next Action:</b>	3/23/2022- Hearing in Senate Health & Human Services Committee

**Bill Summary**

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The bill creates the Colorado pediatric psychiatry consultation and access program (CoPPCAP) to support primary care providers in identifying and treating mild to moderate behavioral health conditions in children in primary care practices or school-based health centers. There is \$4.6 million to appropriated to CoPPCAP. Additionally, \$5 million is appropriated to the behavioral health care professional matching grant program to expand access to behavioral health-care services for children and families; and \$1.5 million to the school-based health center grant program.

**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 to suicide.<sup>3</sup> According to the Robert Wood Johnson Foundation, delayed treatment is associated with incomplete and prolonged recovery.<sup>4</sup> Increasingly, experts are recognizing the importance of identifying behavioral health concerns among youth as early as possible. The consequences of inadequate or delayed treatment are far-reaching. According to the US Department of Education, only 40 percent of students with emotional, behavioral, and mental health disorders graduate from high school, compared to the national

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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>

<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> Robert Wood Johnson Foundation (April 1, 2012). *Early Intervention in Psychosis*. Retrieved from <https://www.rwjf.org/en/library/research/2012/04/early-intervention-in-psychosis.html>

average of 76 percent.<sup>5</sup> Lack of treatment can also be fatal: suicide was the 2nd leading cause of death for youth ages 10-24 in 2017.<sup>6</sup> The rate of teen suicide has nearly doubled since 2010 in Colorado (2010: 11.5 per 100,000; 2019: 21 per 100,000).<sup>7</sup> From 2013 to 2017, there were 320 suicide deaths of Colorado youth ages 10 to 18.<sup>8</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>9</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>10</sup>

The CDC reports that the COVID-19 pandemic has exacerbated youth mental health conditions. Public health policies over the past two years 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. In the transition of youth to virtual services and education in the effort to minimize the spread of COVID-19, some children have been put at heightened mental health risk.

### 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 behavioral health 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

<sup>5</sup> U.S. Department of Education. (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Retrieved from <https://www2.ed.gov/about/reports/annual/osep/2001/index.html>

<sup>6</sup> Heron, M. (June 24, 2019). Deaths: Leading Causes for 2017. *National Vital Statistics Reports*. (68)6. CDC: Division of Vital Statistics. Retrieved from [https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_06-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf)

<sup>7</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>8</sup> Mintz, S., Heilmann, L., Hoagland, K., & Jamison, E. (n.d.) *Suicide Among Youth in Colorado, 2013-2017: Ages 10-18*. Colorado Department of Public Health & Environment. Retrieved from <https://drive.google.com/file/d/1fPpGOpI3Rcje0hFHVz1m7lkRrvu1pt3a/view>

<sup>9</sup> CDC, "Data and Statistics on Children's Mental Health. March 22, 2021. <https://www.cdc.gov/childrensmentalhealth/data.html>

<sup>10</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>

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.

However, due to funding cuts in 2018, our local school district was unable to maintain the in-house behavioral health navigator position. Although CAYAC assigned a staffperson to work directly with the schools, it was impossible for it to be as effective as having an internal school district person working directly with CAYAC. Referrals for needs assessments from schools dropped, and it has taken far more staff time to reach the appropriate school contacts and coordinate care.. It is also much harder to understand which youth to prioritize for in-depth 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**

#### **Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP)**

The program is established within the University of Colorado. The CoPPCAP has seven specific aims outlined in the legislation:

- Support primary care providers to identify and treat mild to moderate pediatric behavioral health conditions in primary care practices or school-based health centers;
- Provide support and assistance to primary care providers with the integration of pediatric behavioral health screening and treatment into primary care practices;
- Provide peer-to-peer consultations with primary care providers and integrated behavioral health clinicians;
- Identify evidence-based resources and care coordination to support diagnosis, treatment, and referrals for children with behavioral health and substance use needs;
- Support all patients seen in Colorado primary care practices regardless of payer or ability to pay;
- Create ongoing educational opportunities focused on pediatric behavioral health conditions; and
- Create digital resources focused on pediatric behavioral health conditions.

The program is explicitly given the ability to enter into agreements with the Colorado Department of Public Health and Environment (CDPHE) regarding the provision of programs from the federal Health Resources and Services Administration (HRSA). CoPPCAP may collaborate with state agencies, school-based health centers, primary care providers, integrated behavioral health clinics, and community-based social service or behavioral health providers to provide assessments and treatment to children and families. The program is allowed to seek, accept, and expend gifts, grants, and donations from both private and public sources for implementation.

For state fiscal year 2022-23, \$4.6 million is appropriated to the Board of Regents of the University of Colorado to fund the program. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. The Board of Regents and the program must comply with all requirements specified by the Office of State Planning and Budgeting (OSPB).

#### **Behavioral Health Care Professional Matching Grant Program**

For the 2022-23 budget year, \$5 million is appropriated to the Department of Education (CDE) to fund the program for the benefit of increasing the presence of school health professionals in schools to respond to the pandemic and its negative public health impacts. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. CDE and the grantees must comply with all requirements specified by the OSPB.

### School-Based Health Center Grant Program

For the 2022-23 budget year, \$1.5 million is appropriated to CDPHE to fund the grant program for the benefit of school-based health centers to respond to the pandemic and its negative public health impacts. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. CDPHE and the grantees must comply with all requirements specified by the OSPB.

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

### Reasons to Support

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This bill is a strong strategy 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, and though this is one-time funding, existing critical needs could be addressed during the grant period, and may give organizations like schools the time to build funding for services into their budgets.

The Behavioral Health Care Professional Matching Grant Program could encourage funding for school-based behavioral health professionals, such as the previous behavioral health navigator, in the Poudre School District to work with the CAYAC team after funding was lost in 2018.

### Supporters

- Colorado Association for School-Based Health Care
- Colorado Behavioral Healthcare Council
- Colorado Children's Campaign
- Colorado Hospital Association
- Colorado Psychiatric Society
- Denver Health & Hospital Authority

### Reasons to Oppose

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Grantees awarded money shall spend or obligate any money by December 31, 2024 and must be expended by December 31, 2026. Therefore, sustainability of the programs established with this one-time funding may be difficult.

### Opponents

- No opposition has not been made public at this time.

### 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 Lisa Ward, Policy Coordinator, at (970) 224-5209, or e-mail at [lward@healthdistrict.org](mailto:lward@healthdistrict.org)