

Generation Better:

Actionable Policy Solutions on Mental
Health for the Next Generation

A White Paper By Healthier Colorado



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Contribution Acknowledgment

Healthier Colorado appreciates the feedback and contributions of all stakeholders who helped in the development and review of this report.

We would like to thank members of Children’s Hospital Colorado, Colorado Association of School-Based Health Care, Colorado Children’s Campaign, Colorado Home Visiting Coalition, Invest in Kids, and Mental Health Colorado for lending their time to provide invaluable feedback on drafts of this report. We would also like to thank Etsub Kebede, Paloma Oteiza, Ray Dow, and Samantha Lapres for providing their insightful commentary and personal stories regarding youth mental health.

We acknowledge that their review does not constitute an endorsement of any specific policies or priorities. This paper and the research behind it would not have been possible without Amy Downs, president of Results Count Consulting. Healthier Colorado appreciates the innumerable ways that our partners and mental health advocates have supported the development of this paper.

Who We Are

Healthier Colorado is a nonpartisan, nonprofit organization dedicated to raising the voices of Coloradans in the public policy process to improve the health of our state’s residents. We believe that every Coloradan should have a fair chance at living a healthy life. The people of Colorado are our constituency, and Healthier Colorado aims to make meaningful improvements throughout our state’s diverse communities. To improve the health and wellbeing of all Coloradans we work in three interconnected areas—physical health, mental health, and social health.

Just like corporate interests have lobbyists advocating on their behalf, Healthier Colorado lobbies and advocates on behalf of the people of Colorado. From shaping policy at Colorado’s capitol to supporting state and local candidates who advocate for our priorities to organizing voters to support pivotal issues and candidates, our work is guided by the principle that all Coloradans should have the opportunity to thrive.

Letter from the CEO

Dear Reader,

Congratulations, you're already fighting for a "generation better",

So many of today's problems seem intractable, leaving us as individuals feeling powerless to contribute to their solutions. I promise you, this problem isn't one of those. As you'll see in these pages, there are concrete policy steps we can take to improve youth mental health in Colorado, and all of us can take action to make it more likely that these policies are implemented. If you've made it this far, with your nose in dense text about scopes of practice and the state budget, I know you're going to be part of the solution.

As humans, mental health impacts all of us. Moreover, while demographic disparities can be seen in the troubling trends concerning youth mental health, they are also notably inclusive across categories. This isn't somebody else's problem. You likely know people in your community or in your family who have had difficulty in dealing with youth mental health challenges.

We don't have to accept this downward trajectory for our children. Suicide, for example, does not have to be leading cause of death of our teenagers in Colorado. We can make it better, especially when we can leverage the scale of public policy to reach all of the families across Colorado who need help.

We're not waiting, and it looks like you aren't either. Here you are, scooping up content that can be used to save lives. I deeply appreciate your interest and participation, and more importantly, so does every kid in Colorado.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jake Williams', with a stylized, cursive script.

Jake Williams

Our Unwavering Commitment to Colorado's Children

While the children and youth of Colorado deserve a bright future, too many of them are hurting and in crisis. Untreated mental health conditions can tear families apart, leaving them feeling forlorn and hopeless. In the past decade, the proportion of our children and youth struggling with mental health issues has increased significantly. While this mental health crisis has been building for years, the COVID-19 pandemic and surge in mental health issues have underscored the sense of urgency to re-envision a system that is prepared to serve every child who needs support. At Healthier Colorado, it is clear that we must intensify our commitment and take action to support the mental well-being of Colorado's children and youth. Due to ongoing brain development of individuals through their mid-20s, we include all individuals ages 26 and under within our priority population.

Too often, our political system focuses on problems and falls short of solutions. However, Healthier Colorado's following mental health policy agenda, which is based on sound evidence and analysis, summarizes our specific and actionable strategies to meaningfully improve the mental health of children and youth in our state. It includes important context to explain the challenges our system currently faces, but also optimism about what we can do together.

We must be bold.

We must be creative.

We must be empathetic.

We must ensure the bright future that Colorado's children and youth deserve.

We invite you to join us and learn more about our focused and actionable strategy to significantly improve the mental health system for children and youth in Colorado.

Our National Crisis

We are in the midst of a national mental health crisis. Among US adolescents ages 12 – 17 years old, one-fifth have experienced a major depressive episode. In 2021, 44% reported that they persistently felt sad or hopeless in the past year.¹ Among high school students, in 2019, 19% seriously considered attempting suicide in the last year, a 36% rate increase over ten years.^{2 3}

Sadly, youth mental health has been deteriorating over the past decade with some specialists speculating the causes to be lifestyle changes and cultural trends such as social media, electronic communication, and lack of sleep.⁴ In addition, COVID-19's abrupt lockdowns, social isolation and limited access to health care, social services, food, and housing have exacerbated these already alarming trends.

Unfortunately, this has led to an increase in the proportion of pediatric emergency department visits associated with mental health conditions. According to the Centers for Disease Control and Prevention (CDC), emergency department visits for mental health conditions among children and adolescents accounted for a larger proportion of all pediatric visits during 2020, 2021 and January 2022 compared to 2019. In particular, weekly emergency department visits among female adolescents increased for eating disorders, depression, anxiety, and trauma.⁵

While some members of Congress recognize the importance of mental health issues, they have historically been slow to reach a consensus to act. However, in June 2022, Congress passed the Bipartisan Safer Communities Act, which includes federal resources aimed at addressing the mental health needs of children and youth.

Some examples from the Bipartisan Safer Communities Act include funding to:

- Train school personnel and other adults who interact with children and youth to identify and respond to mental health issues;
- Increase the number of qualified mental health service providers in schools; and
- Expand the provision of mental health services funded by the Community Mental Health Block Grant Program.⁶

We applaud these efforts in Congress and look forward to opportunities for Colorado to capitalize on new federal resources to support our children and youth.

Our Crisis at Home

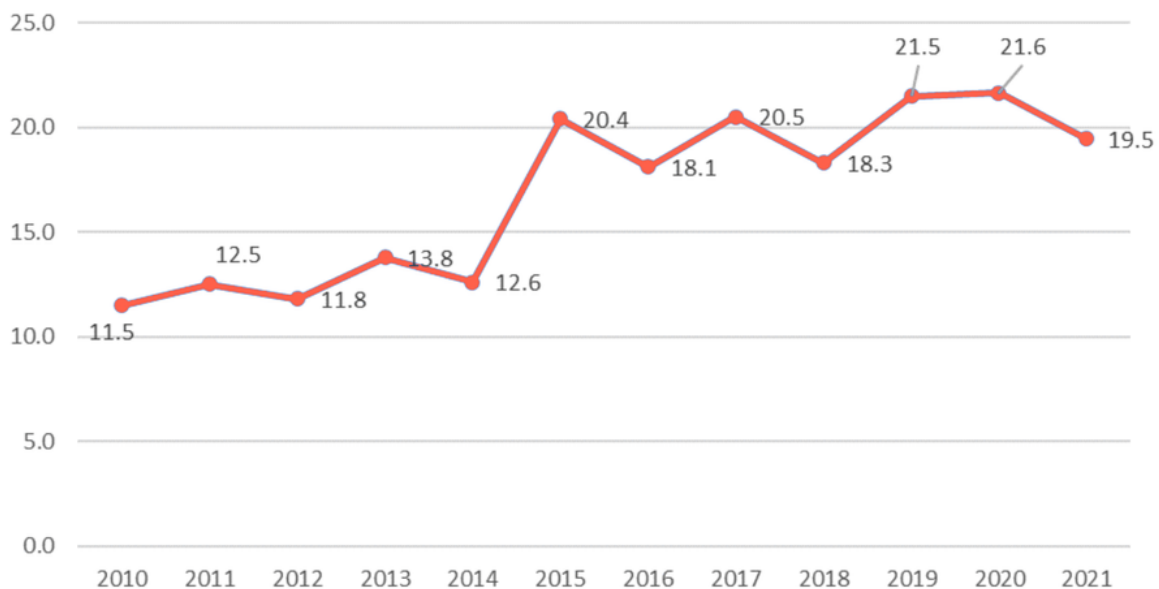
Our goal is that regardless of geography, income, race and ethnicity, disability, gender identity and sexual orientation, all of our young people can lead healthy lives and grow into thriving adults. Sadly, risk factors over which children and youth have no control, such as exposure to violence, pollution, and food insecurity, adversely impact their mental health.⁷ Many common mental health issues are associated with social inequalities such as family income, education, housing instability, and employment. These disadvantages often begin before birth, accumulate across the lifespan and lead to toxic stress throughout an individual's life.^{8 9}

Tragically, between 2010 and 2021, the rate of suicide among Colorado adolescents ages 15-19 nearly doubled from 11.5 to 19.5 suicide deaths per 100,000 adolescents in this age group.

"Talking to youth about mental issues has always been challenging, but that doesn't mean we shouldn't be doing it. Too many kids feel like they are alone. They need to know that if they are experiencing feelings of depression or thoughts of suicide, that there are people, peers, and loved ones who can help them."

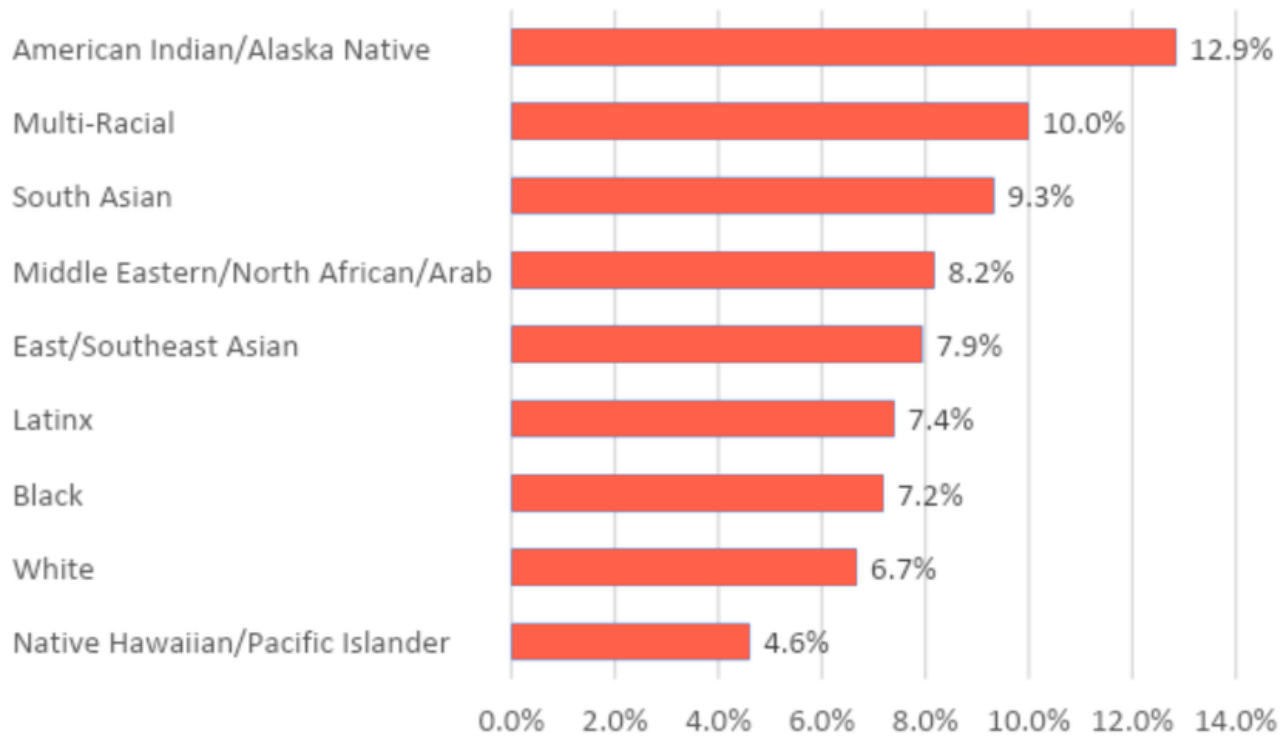
- Ray Dow, Parent, Parker CO

Graph 1. Rate of Suicide Deaths Per 100,000 Population, Colorado Youth, Ages 15- 19, 2010 - 2021¹⁰



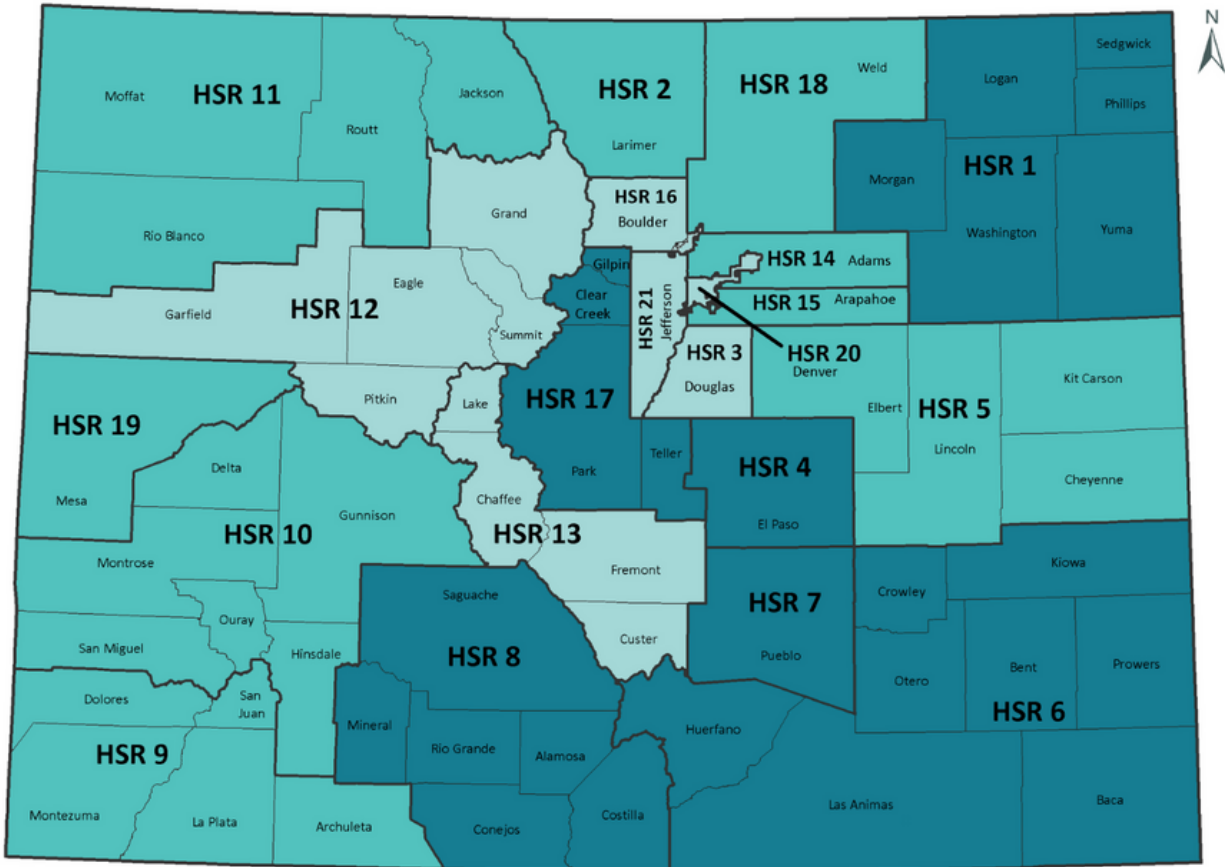
Younger children are impacted as well. Between 2015 and 2019 suicide was the leading cause of death among youth 10-18 years of age.¹¹ While no racial or ethnic group in Colorado is immune to suicide, they are impacted to different degrees. For example, as shown in Graph 2, Colorado's young people from communities of color are more likely to attempt suicide. Colorado youth who are American Indian/Alaska Native are nearly twice as likely to attempt suicide compared to white youth.

Graph 2. Proportion of Colorado Students, Grades 6-12, Who Attempted to Commit Suicide at Least Once in Last 12 months, 2021.¹²

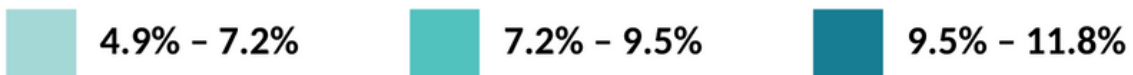


Disparities also extend to our geographic communities. As shown on Map 1, the proportion of youth who attempted suicide was highest in Health Statistics Region (HSR) 7 which includes Pueblo County (11.7%), nearly 2.5 times the lowest rate in HSR 16 which includes Boulder and Broomfield Counties (4.9%).

Map 1. Proportion of Colorado Students, Grades 6-12, Who Attempted to Commit Suicide at Least Once in Last 12 Months, by Colorado Health Statistics Regions, 2019.¹³



Source: CDPHE



Colorado children ages 11-18 were twice as likely to report poor mental health in 2021 as they were in 2017.¹⁴ The state has also experienced a rise in youth experiencing substance use disorder. Between 2019 and 2021, the rate of youths ages 15-24 who died from an accidental or unintentional overdose increased from 9.4 deaths per 100,000 to 20.4 deaths per 100,000 youths ages 15-24.¹⁵

Disparities in Colorado are alarmingly high based on gender identity and sexual orientation. In 2021, 70% of bisexual youth, 74% of transgender youth, and 61% of gay/lesbian youth felt so sad or hopeless almost every day for at least two weeks that they stopped doing usual activities. This compares to 32% of their heterosexual peers.¹⁶ Clearly, we have a lot of work to do to ensure that all of our children and youth have the opportunity to thrive regardless of where they live; their race and ethnicity; and their gender and sexual orientation. Our children and youth are our future. They deserve more.

In the last several years, the Colorado General Assembly has passed important legislation, summarized in the appendix, to improve Colorado's mental and behavioral health system for children and youth. From providing additional resources for residential beds for youth in crisis to increasing the capacity of mental health services, the state is investing more resources in areas of need. We will continue to monitor these results and hold our elected officials accountable to ensure that these gains are maintained.

In addition, in the spring of 2019, Governor Polis announced the creation of the Colorado Behavioral Health Task Force and charged it with making recommendations to ensure that Colorado's behavioral health system is integrated, accessible, accountable, efficient, and of high quality. The task force, which published a series of recommendations in September 2020, advocated that one of the first steps to reforming the system should be the creation of the Behavioral Health Administration (BHA). According to the task force, a BHA could coordinate all of the state's behavioral health priorities and promote a high quality, integrated and consumer-centric system. Moreover, the task force envisioned that the BHA could ensure that the recommendations from the task force are implemented.

In response, in 2022, the General Assembly passed HB22-1278, which created the BHA — one of the first offices of its kind in the United States. The BHA, which is located in the Colorado Department of Human Services, is intended to play an important role in coordinating behavioral health programs across state agencies. However, its authority primarily spans programs that were already housed in the Department of Human Services. The legislation leaves other behavioral health programs, including Medicaid, which is administered by the Department of Health Care Policy and Financing, in their current state agencies. While skeptics fear that the BHA will be yet another administrative layer in an already complex system, proponents argue that the creation of a single entity to coordinate behavioral health programs across the state will lead to a more accessible, coordinated, and people-centered system.

Healthier Colorado actively advocated with our partners to ensure that the legislation to create the BHA included specific references to children and youth and included requirements for strong cross-agency collaboration and transparency. As a result of the advocates' amendments, the legislation that ultimately passed included criteria that safety net services will be provided statewide to children and youth and established youth-specific performance standards for behavioral health treatment.

More information regarding HB22-1278 and the responsibilities of the BHA can be found in the appendix.

Principles to Guide Our Vision for Youth Mental Health

Healthier Colorado envisions a mental health system that our children and their families deserve. It is a high-quality system that includes all of our communities and is underpinned by the following principles.

A Seamless and Navigable System: Too often the needs of our children and youth are not being met because Colorado's mental health system is confusing, fragmented, and siloed. When scarce mental health services cannot be identified or parents feel lost in the system, they often find themselves with no other choice than going to the hospital emergency room with their child. Sadly, we see this phenomenon in emergency room data. To shift this trend, Colorado needs a streamlined mental health system in which all pathways lead to appropriate services. Regardless of where parents and guardians seek to obtain mental health services for their children, there should be "no wrong door" — they should get the appropriate resources they need for their child.

Equity and Inclusion: While our current system is not supporting many of our families and young people to thrive, this is particularly true among those from historically marginalized populations. As we re-envision the system we want to create, we must take measures to ensure that all children and youth, regardless of their race and ethnicity, family income, geography, disability, insurance plan, gender identity and sexual orientation, have the opportunity to lead healthy and meaningful lives. This means regularly evaluating our mental health system and policy proposals through an equity lens to determine if we are truly serving all children and youth.

Accountability: We need to have a mental health system that is accountable to Colorado's children and their families. This means that our government agencies, providers, and insurance plans are all responsible for creating and maintaining a system that supports all children and youth. To do this, we support creating and regularly publicizing actionable measures to evaluate the entities accountable for ensuring the child and youth access, utilization, unmet needs, and outcomes are met (i.e. state agencies, hospitals, private insurance). This data must also be disaggregated by race and ethnicity whenever possible. When such measures show that our system is failing, we must follow up with targeted actions.

Prevention: Many mental health issues that our children and youth face are preventable and heightened by the conditions and environments in which they live. Unless our system is focused on the upstream causes of mental health issues, we will never win this battle. Colorado needs a holistic system that addresses the social determinants of mental health such as poverty, education, food security, housing, and social connectedness.

Policy Priorities to Support Our Children and Youth

Healthier Colorado is announcing a strengthened and focused strategy to truly move the needle on child and youth mental health in our state. Based on the collaborative work we have done with our mental health policy partners, and on our internal research and analysis, we have identified three policy focus areas where we are deeply committed to working with our colleagues in order to achieve a significant impact in Colorado. We believe that these focus areas, which are supported by our guiding principles of system navigability, equity, accountability, and prevention, will provide a strong foundation for a mental health system that Colorado's children and youth deserve. We need to build a supportive system that meets our children and youth where they are at — whether they are in a clinician's office, school, a gym, a place of worship, or at home. We believe our focus areas, which are based on strong evidence, do just that. They include:

1. Expand Colorado's mental health workforce;
2. Increase social and emotional learning and mental health support for students in schools; and
3. Advocate for two-generational policies and programs to support both parents and children to address mental health issues.

Policy Focus Area #1: The Building Blocks: Colorado's Mental Health Workforce

Across the continuum of mental health services, Colorado suffers from a workforce shortage. According to the US Department of Health and Human Services, Colorado's psychiatric mental health workforce meets only 35% of the states' needs, and nearly 2.9 million Coloradans live in mental health care professional shortage areas.^{17 18} The issue is so acute that the Colorado Workforce Development Council identified behavioral health as one of the few critical industries where the workforce shortage must be addressed to ensure that Coloradans can maximally engage in the labor force. Unless addressed, the workforce shortage will impact the potential for economic growth in our state.¹⁹

As we strategize about how to increase our workforce capacity, we must do so through the guiding principles of equity and inclusion, as many historically marginalized populations are underrepresented in our mental health care workforce. Research shows that working alliances are stronger among individuals receiving treatment from a provider from an ethnically-matched group.²⁰ As mental health is one of the most personal topics an individual will discuss with a provider, maintaining a mental health workforce to whom children and youth can relate is a high priority.

“I think in general, Colorado schools are lacking specific mental health resources that can be there to support you even when something feels small. Counselors will prioritize students who are really struggling, but then for a kid who has had a really bad day and wants to talk to someone, sometimes counselors don’t have time for that.”

- Paloma, 18 year old, Denver CO

Not surprisingly, one of the most prevalent and frustrating concerns of Colorado parents is that they cannot find a mental health provider for their child. In fact, 47 out of Colorado’s 64 counties do not have one practicing child and adolescent psychiatrist.²¹ The workforce needs are so vast and the shortage is so great that we must think more creatively about how to increase the number of individuals providing services.

Accountability is one of our guiding principles. To that end, we must hold ourselves accountable to create a system that includes the capacity to meet the needs of children and youth and will advocate for regular tracking and reporting of mental health workforce capacity in each of the following three primary policy priorities.

Policy Priority: Expanding the Capacity of the Traditional Mental Health Workforce

We support efforts to increase the pipeline of traditional mental health providers in Colorado, such as psychiatrists; psychologists; clinical social workers; psychiatric and mental health nurse practitioners; therapists; and counselors. Policies to expand the workforce include increasing the capacity of our existing training programs, launching new training programs, and expanding loan repayment programs to encourage individuals to practice in underserved areas. Colorado should also support programs that establish career pathways for individuals in the health care professions to pursue specializations in mental health. In certain circumstances, we also advocate for expanding the scope of practice of certain mental health professionals. For example, we support the Colorado Psychological Association's proposal to grant prescriptive authority to licensed psychologists with advanced degrees and training in order for them to prescribe psychotropic medications.²²

The passage of SB 22-181 during the 2022 legislative session was a crucial first step toward addressing behavioral health workforce shortages in Colorado, by requiring that the BHA develop a plan to expand the workforce and improve retention of the current skilled workforce. At the time of this paper, the BHA will begin implementing its workforce expansion efforts.

There are a number of ways to make it easier for individuals to enter the mental health workforce. For example, as new professionals enter the field, they often require supervision by an existing mental health professional, who can be difficult to find. We support ideas detailed in the workforce plan such as monetary incentives for established providers to be responsible for supervision of newly-educated mental health professionals and to provide peer support. We also support providing stipends to newly-educated professionals during training.²³ We look forward to partnering with the BHA in support of the implementation of the workforce plan to recruit and retain a skilled behavioral health workforce.

Because demand for mental health services is so high, when mental health providers are available, they frequently do not accept Medicaid or private insurance due to low reimbursement rates and the administrative complexities of enrolling with insurers. Instead, many mental health professionals require families to pay out of pocket for their children to receive services. Rationing care in this way is not equitable for families.

To ensure that insurance actually results in receiving services, we advocate for policies to increase reimbursement rates for children's mental health services, especially rates for Medicaid. For example, Medicaid managed care rules allow states to set minimum or benchmark rates that managed care entities must reimburse providers. In addition, we must simplify and standardize mental health credentialing guidelines across payer systems and departments. As we reduce the administrative burden of providers becoming licensed and working with insurance, mental health professionals will be more likely to enroll in private and public insurance networks. When parents do not have to worry about whether they can find a mental health provider and whether that provider will accept their insurance, we will get closer to our

goal of creating a much more seamless and navigable system in which all children and youth have access to needed mental health services.

Policy Priority: Leaning in on Primary Care Providers

We applaud Colorado's efforts to integrate primary and mental health care in physician practices so that Coloradans' physical and mental health needs can be coordinated and addressed simultaneously. To that end, we support programs and policies that increase the capacity of primary care providers to provide mental health services to children with lower acuity conditions. This will free up the time of our more specialized providers to support children with higher acuity conditions.

For example, as more primary care physicians treat children with attention deficit hyperactivity disorder (ADHD), one of the most common neurodevelopmental disorders in childhood, psychiatrists have greater capacity to treat children with major depressive disorder, many of whom are not receiving services now. In 2022, the Colorado General Assembly passed SB 22-147 to provide one-time funding to support primary care providers in identifying and treating mild to moderate behavioral health conditions. It is our priority to advocate for funding to continue these programs on an ongoing basis.

Additionally, primary care and pediatric providers must be trained, supported, and compensated appropriately to encourage the use of developmental and social-emotional screening tools in these settings. By integrating an early childhood development or mental health specialist within pediatric settings, we would provide opportunities for comfortable and seamless hand-offs when these screening tools identify children with additional needs. This makes it more likely that families will get connected with the appropriate care providers who can give the child and parents extra support. This will also provide better opportunities for dyadic treatment, when applicable, which is when a parent or caregiver and infant receive mental health treatment together. A lot has been learned through past projects in Colorado such as the Colorado State Innovation Model and Project LAUNCH that can be leveraged to best integrate behavioral and developmental specialists within primary care settings.^{24 25} Healthier Colorado is committed to promoting more systems-integration efforts and increasing sustainable funding to support the implementation of behavioral health integration efforts. For example, continued funding for HB 22-1302, which created a grant program for primary care clinics for implementation of evidence-based clinical integration care models, is an important priority.

Policy Priority: Community-Based Prevention and Intervention

While Healthier Colorado supports expanding the traditional mental health workforce and increasing primary care practitioners' role in providing mental health services, we also know that these efforts will not be enough to meet the vast needs of children and youth. We are compelled to think more creatively

about training other individuals in the community to provide mental health support for our children and youth in need. As one of our guiding principles is prevention, we need to leverage more preventive resources to support our children and youth. We need to support children in ways that reflect the diversity of our communities and include the lived experiences of individuals from various walks of life.

In addition to relying on licensed mental health professionals, programs like Mental Health First Aid for Youth train members of the community and individuals who frequently interact with children and youth. The training includes how to provide immediate support and assistance when they are experiencing a mental health or addiction challenge or crisis. For example, individuals who regularly interact with adolescents - parents, caregiver, teachers, school staff, peers, neighbors, and other community members - can receive training on a five-step action plan to help adolescents in both crisis and non-crisis situations. Studies of Mental Health First Aid for Youth show that individuals who receive training are better equipped with knowledge to support kids experiencing mental health challenges and crises.²⁶

Similarly, the Harvard Medical School and Well Being Trust developed a national plan to scale up community-initiated care to address mental health workforce shortages.²⁷ The model builds from previous research on “task sharing” in which community members are trained in low-intensity and evidenced-based mental health interventions so that they have the skills and feel empowered to deliver prevention and early intervention services. They also learn when it is most appropriate to connect individuals with a specialized professional. In 2022, the model will be piloted in several communities with a subsequent evaluation to learn more about what aspects of the model are most effective. By building this lower intensity capacity in the community, more specialized mental health care can be directed to individuals with highly complex needs.

By investing and developing capacity throughout our communities, our children and youth can receive support in the different settings in which they live, play, and learn.

Policy Focus Area #2: Increasing Social and Emotional Support and Mental Health Services in Schools.

We believe that by reforming our health and education systems with a prevention lens, we will better support the healthy development of children and give them the skills they need to lead healthy lives. By increasing social and emotional learning supports inside and outside the classroom, we will help children develop the skills and understanding to manage their emotions; foster empathy; establish supportive and healthy relationships; and make responsible and caring decisions.²⁸ To do this, we are strong proponents of programs that nurture social and emotional skills that are critical for protecting children and youth from risky health behaviors and mental health disorders. We must also ensure that our schools are supportive and safe environments for kids throughout Colorado, and are excited by efforts like HB 22-1376 to create safer and more positive and inclusive school environments.

Due to some of the challenging and unstable circumstances in which many of our children and youth live, prevention is not always successful, and mental health interventions will be necessary. To make these services more easily accessible and readily available to children and families, we support the provision of more mental health programming within our schools. We also believe our mental health programming should emphasize equity and inclusion. We must acknowledge many of the troubling factors over which many children and youth have almost no control and can impede their social and emotional growth. For example, equitable policies to ensure that children have access to many determinants of health, such as food and housing, are crucial for their emotional well-being.

Policy Priority: Social and Emotional Training For School Personnel

Much of a child's social and emotional experiences and learning occur at school. Feelings of being cared for, supported, and belonging at school, also called "school connectedness," are important for every child's social and emotional development. In fact, recent data from the CDC show that adolescents who feel connected to adults and peers at school are significantly less likely to feel sad or hopeless compared to those who don't feel connected (35% compared to 53%). In addition, they are less likely to seriously consider attempting suicide (14% compared to 26%). However, less than half of youth reported feeling connected to school during the pandemic.²⁹

In 2020, the Colorado legislature passed HB 22-1312, which mandated behavioral health training requirements for teacher preparatory programs and educators renewing their license.³⁰ This policy was an important step in helping educators better recognize mental health needs in children and provide additional support. Healthier Colorado believes we should take a more universal approach by expanding access to evidence-based social and emotional programs to the children in school by training all school staff to promote collaborative social and emotional development and learning in school. Studies show that

students who participate in social and emotional learning programs conducted by school personnel demonstrated improved social and emotional skills, attitudes, behavior, and academic performance.³¹

Recognizing this connection, the Biden administration announced the National Partnership for Student Success in July of this year. It is a three-year initiative to train and support an additional 250,000 adults to provide targeted social emotional supports within the school setting. We urge Colorado school districts and the Colorado Department of Education to take advantage of these opportunities to expand and establish social and emotional learning programs, especially in the school environment where children spend so much of their time.³²

We know that these programs can work. For example, LifeSkills Training is a middle school program that includes 15 sessions delivered by teachers. This program helps educate middle school students on social and emotional learning and self-management skills that include the ability to resist peer and social pressure to smoke, drink and use drugs. Randomized controlled trials found that the program was associated with a 10-30% reduction in the rate of smoking, drinking, and marijuana use by 12th grade.³³ The LifeSkills High School Program is designed to promote mental health and develop social and emotional skills to prevent risky behaviors.

Policy Priority: Building Peer Support Programs

Frequently, students are more successful than parents and other adults at creating trust with their fellow students who are struggling with social and emotional issues. Peer support and mentoring programs seek to create more nurturing school environments and promote students' social and emotional learning and needs. They leverage student peers as sources of support for other students experiencing difficulties. Student peer counselors, many of whom previously struggled with anxiety or depression themselves, typically undergo training in empathy, active listening, and social and emotional skills.

For example, Sources of Strength is a model that promotes critical protective factors, which reduce the negative impacts associated with risk factors. It includes social and emotional learning content for the classroom and trains students as peer leaders to help their fellow students develop coping skills and reduce harmful behavior. Peer leaders are mentored by adult advisors in schools who are also trained in social and emotional learning in the school setting. The peer support model has been so successful that the Substance Abuse and Mental Health Services Administration (SAMHSA) has included it on its Evidence-Based Practices Resource Center. We aim to secure additional resources to support the implementation of successful peer support models.

Policy Priority: Increasing Capacity of Mental Health Providers and Services in Schools

Schools and school districts often employ school health staff members such as school psychologists, social workers, and counselors. Because students spend a significant amount of time at school, these professionals are uniquely positioned to identify mental health problems, provide mental health services and recommend children and youth receive more specialized services when appropriate. They can collaborate with teachers to ensure that the classroom supports the unique needs of students with mental health conditions. While the National Association of School Psychologists recommends a ratio of one school psychologist for every 500 students, Colorado's ratio was 948 students for each school psychologist during the 2020-21 school year, a reduction of 5.3% from the previous year.³⁴ Because schools and school districts directly fund school health staff members, they often have to choose between using their limited resources to hire teachers or health staff. In order to avoid this tradeoff, we strongly support policy efforts to increase resources for schools and districts to increase the number of employed mental health professionals in schools to meet students' mental health needs.

School-based health centers (SBHCs) are staffed with medical professionals who provide important primary care services directly on school campuses or inside schools. Since services are provided on-site for students, and the ability to pay or having insurance are not barriers to care, accessing services is relatively seamless and streamlined, both of which are important for accessibility. They are particularly effective at providing services to low-income and rural students who frequently lack access and transportation to providers.

Primary care providers at SBHCs are often the crucial link in identifying students who need mental health services. They conduct screenings for mental health conditions, such as depression and anxiety, and then use those results to ensure that students with identified concerns receive appropriate mental health services at school or refer students to mental health providers within the community. Not surprisingly, research shows that SBHCs play an important role in reducing depressive episodes and suicide risk among adolescents.³⁵ In fact, mental health counseling has been identified as the leading reason that students visit SBHCs.³⁶ Unfortunately, there are only 70 SBHCs in Colorado, and most are concentrated in the Denver-metropolitan area, leaving most of Colorado's counties without a SBHC.

We commend the Colorado General Assembly's passage of SB22-147, which provides \$1.5 million of one-time funding from the American Rescue Plan Act to support behavioral health care in school-based health centers and \$5 million to support school health staff such as school psychologists. This funding will enable schools and SBHCs to make important investments to increase capacity of mental health services. While this is much-needed funding, we must also recognize the limits of one-time resources that cannot be used for ongoing expenses. To that end, our agenda includes prioritizing long-term and sustainable funding to increase the capacity of school psychologists and other mental health professionals. We also strongly advocate for increased and ongoing funding for SBHCs to provide comprehensive primary care that often leads to the identification of mental health conditions and subsequent referral for mental health services.

Policy Focus Area #3: Two-Generational Policies: Preventive Services to Support Parents and Children

When children and youth grow up in stable environments and have nurturing relationships with parents and caregivers, they learn empathy, impulse control, anger management, and problem solving – all skills important for their own mental health.³⁷ Research shows that positive experiences of children and youth at home have lasting impacts on childrens' healthy emotional growth. Since the well-being and success of children and parents are inextricably linked, we know that we can effectively prevent poor mental health among both caregivers and their children by promoting the needs of children and parents together.

Conversely, we know that parents and caregivers who are struggling with their own mental health issues face challenges in supporting their children's healthy development and mental health. Analysis conducted by the Colorado Health Institute shows that children who have a parent with depression are more than twice as likely to experience overall poor mental health, need mental health care and receive a mental health diagnosis.³⁸

Some of this can be attributable to adverse childhood events (ACEs), which are early and traumatic events in children's lives. They can include events such as:

- Experiencing physical, verbal and sexual abuse;
- Experiencing physical or emotional neglect;
- Living with a family member who is depressed or diagnosed with another mental illness; and
- Residing with a family member who has alcohol or substance use disorder;

In fact, many of the leading causes of physical and mental illness across the country are linked to children who experience ACEs and do not receive positive interventions for conditions such as substance use disorder, depression, eating disorders, heart disease, cancer, and other chronic diseases.³⁹

Two-generational policies and programs simultaneously help parents provide a nurturing environment for their children and support children's healthy development. These policies, which can help break intergenerational cycles of poverty and trauma, support the mental health of both parents and children. In order to hold ourselves and our system accountable, we should continue to monitor the prevalence of poor mental health outcomes among multiple generations. Ongoing and actionable analyses can help us identify which communities and populations are in the greatest need of mental health services.

“I really like the idea of generational support... it’s targeting where youth tend to go for support in general, their communities or their families, without forcing them to go somewhere new, like a school-based counseling service, which they might be hesitant to go to”

- Paloma, 18 year old, Denver CO

Policy Priority: Home Visitation Programs Supporting Parent and Child

Pregnancy and early childhood are the ideal times to promote positive health and developmental habits for parents and children. Home visiting programs eliminate barriers to accessing support by meeting families “where they are,” such as their home. These programs utilize voluntary, evidence-based, family-strengthening programs that connect families with trained educators, often a nurse, social worker, or peer, to provide screening, case management, family support, caregiver skills training, and connect families to local resources. Communities benefit when a continuum of home visiting program options can be offered to families based on the needs of the family, the age of the child, and the family’s desired goals.⁴⁰ However, in 56 of Colorado’s 64 counties, less than 10% of families who could benefit are actually served by home visiting programs. And in 15 counties across the state, less than 2% of families that could benefit are served.⁴¹ We aim to improve access to the array of services home visiting programs provide by advocating for increased funding and other resources for the field.

Nurse-Family Partnership (NFP) is a two-generational model supported by evidence that demonstrates positive impacts for both parents and children. As part of the program, highly-trained registered nurses regularly visit first-time, low-income pregnant people beginning early in pregnancy and continue through the child’s second birthday. Nurses provide new mothers with advice ranging from providing information on child development to the dangers of parental substance use to the steps necessary to provide a stable and secure future for their family. More than four decades of research has consistently proven that NFP improves pregnancy outcomes, promotes child health and development, and encourages economic self-sufficiency for families. In fact, children whose mothers participated in the program are 48% less likely to suffer from child abuse and neglect, 67% less likely to experience behavioral and intellectual problems at age 6, and 59% less likely to be arrested by age 15.^{42 43 44}

SafeCare Colorado is another evidence-based home visiting program that partners with families with children five and younger who could use additional support. SafeCare parent support providers work closely with caregivers to improve home safety, child health, and positive-parenting practices. Studies have shown that the program significantly reduces child maltreatment, recidivism, parental depression and increases parent skills, leading to improved child behavior and development.⁴⁵

Policy Priority: Two-Generational Early Childhood Programs

Two-generation – or multi-generation – approaches aim to address the needs of parents and caregivers and their children at the same time. Many early childhood programs are naturally two-generational, as these programs provide young children with the early childhood experiences they need for healthy development, while providing support and skill-building opportunities to parents so that they can thrive in work, school, and life.

Early Head Start (EHS) is an evidence-based program serving infants and toddlers under the age of 3 and pregnant women living in low-income households through an intensive comprehensive child development and family support service framework. These programs support the whole-child and whole-family, and support the mental health and social and emotional well-being of children by supporting parents in their roles as caregivers. Research has shown that EHS children have improved social and emotional development scores when compared to their non-EHS peers, and that parents show improved parenting skills, economic security, and overall well-being.⁴⁶

As Colorado works to roll out its universal preschool program for 4-year-olds in fall of 2023, we must ensure that families with children 0-3 are also able to find access to affordable, high-quality child care. By expanding access to Early Head Start through state funding, Colorado could dramatically increase the number of high-quality slots for infants and toddlers, particularly in under-resourced communities and child care deserts across the state. Colorado could also improve the quality of additional child care settings by expanding upon the successful federal Early Head Start-Child Care Partnership program, providing funding to expand comprehensive services to children under 3 from low-income households in child care. Lower quality care is associated with poorer outcomes for young children, and so often, lower-income, children of color, and children with special needs are cared for in lower quality early learning environments.⁴⁷ Many families spend their time piecing together child care arrangements, which can be stressful and time-consuming. Recent data has also shown that a major barrier for parents seeking mental health support and treatment was a lack of access to child care.⁴⁸

Policy Priority: Comprehensive Services

Colorado's mental health system is often fragmented and particularly difficult to navigate for families with complex needs. To create a more seamless and navigable system, one of our guiding principles, we support High-Fidelity Wraparound, an evidenced-based program that involves multiple generations of the family to support children and adolescents with serious emotional and behavioral challenges to stay in their homes, schools, and communities. It is a strengths-based care coordination and service planning program which focuses on the specific needs of the family. The program brings together individuals in the adolescent's life to co-develop treatment plans, engage system partners, and transition youth to community services in a culturally-sensitive, family-tailored approach. Research on outcomes associated

with High-Fidelity Wraparound have found that it has positive impacts for youth including school functioning and mental health symptoms and reduced costs compared to treatment as usual. Preliminary research suggests that it is particularly effective in serving youth and families of color.⁴⁹ After a pause during the pandemic due to budget issues, Colorado is now implementing parts of SB19-195 which increases funding for the Wraparound program. Healthier Colorado aims to monitor the progress of its implementation and sustainability.

Infant and Early Childhood Mental Health Consultation (IECMHC) pairs a mental health professional with early childhood educators to ensure that activities and experiences in the early childhood setting promote healthy social and emotional development. They work with educators to prevent or intervene in challenging child behaviors. IECMHC supports the adults and caregivers in a child's life so that social and emotional well-being can be encouraged and mental health issues are prevented. This consultation model has also been associated with a reduction of suspensions and expulsions in schools and child care programs and improved caregiver well-being. Most often we see IECMHC programs in child care and early learning settings, but there is a large unmet need for additional consultants in other settings across Colorado. Other programs and services could also benefit from the program, such as primary health care, child welfare programs, and domestic violence and homeless shelters.⁵⁰ We strongly support programs like High-Fidelity Wraparound and Infant and Early Childhood Mental Health Consultation, both centered on the family unit and focus upstream on prevention and early intervention services.

"Diversity is important as well. If it was, truly speaking to those white women at my school instead of my counselor, I wouldn't have felt comfortable telling them some of the things I struggled with because they gave me some of their own personal experience too, and I learned from their own personal experience."

- Etsub, 18 year old, Denver CO

Where Do We Go From Here?

Healthier Colorado is committed to creating and sustaining a mental health system that Colorado's children and youth deserve. To make these changes, we organize thousands of everyday Coloradans by engaging them in face-to-face and online conversations, lifting up their voices, and deploying their power to ensure that their interests are represented with policymakers. Over the last two years, we have invested over \$1 million to support pro-health campaigns and candidates, and our members have generated over 80,000 actions, which include testimony, letters to the editors, and voicing support for pro-health legislation.

We will direct significant financial resources and our membership to support candidates, campaigns, and legislation that will advance youth mental health. We will also continue to collaborate, lobby, and advocate with our partners at the state capitol and in city council and county commission meetings. Every year, in the Healthier Colorado Legislative Scorecard, we publish ratings of the state's elected officials based on their commitments to a number of Healthier Colorado's policy priority areas. We rate elected officials not by their words, but by their specific legislative actions. In 2023, we will add mental and behavioral health as a policy priority area to our Legislative Scorecard so that voters will have this information when they go to the ballot box.

Healthier Colorado also provides financial support to state and local candidates throughout Colorado. We will evaluate policymakers' records on supporting child and youth mental health as we determine those financial commitments. We pledge to support those candidates who don't just talk about child and youth mental health but promote substantive action.

We want policymakers to know what is most important to Coloradans, our constituents. To do that, we conduct annual polling of Coloradans and share that information with lawmakers. We will continue to provide this analysis to lawmakers and include specific information about your concerns and aspirations for the child and youth mental health system in Colorado.

It is imperative that we turn our youth mental health priorities into actionable policies and programs. Through these actions, we are committed to do just that.

How Can You Help Create Change?

If you share our passion for supporting child and youth mental health in Colorado, we are here to partner with you and help you get engaged at whatever level you desire.

- **We can help you** contact your elected officials – state legislators, city council members, and county commissioners – to tell them about the importance of programs and resources for children and youth.
- **We can help you** formulate questions for policymakers about where they stand on these policy priorities and what they will commit to do. We can help you understand what they ultimately do, not just what they say.
- **We can help you** create a grassroots campaign or get engaged in ballot initiatives and advocacy campaigns to support youth mental health in Colorado.
- **We can help you** stay informed about this pivotal topic. Please review Healthier Colorado's Legislative Scorecard and use it to hold policymakers accountable at the ballot box.

Please join us. Together, we can ensure that all children in Colorado have the opportunity to thrive and lead healthy lives. For additional information and to get involved, please contact Christina Walker, Healthier Colorado's Senior Director of Policy, at cwalker@healthiercolorado.org.

Be a part of the solution and help us make children and youth mental health better for all, now.

Appendix

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Reforming and Improving Mental and Behavioral Health for Children and Youth: Recent Legislation

In the past several years, the Colorado General Assembly has passed significant legislation to improve the mental and behavioral health care system in Colorado. This appendix provides a high-level overview of some of this important legislation. While some of these bills are not specifically targeted at children and youth, we include them here because the intended outcomes of the legislation will impact the children and youth in Colorado.

Administration and Coordination:

HB 22-1278: Behavioral Health Administration. This bill created Colorado's Behavioral Health Administration (BHA) and directed it to create a more coordinated and cohesive behavioral health care system in Colorado. State agencies that administer behavioral health programs are required to collaborate with the BHA. In addition, the BHA is charged with creating a grievance process; launching a performance monitoring system; setting minimum performance standards for treatment; and developing universal contracting provisions. The bill includes performance standards for treatment, including youth-specific standards and wraparound services for at-risk youth. At least one member of the BHA advisory council and each regional committee must have experience with the behavioral health care needs of children and youth. Healthier Colorado actively and successfully collaborated with partners to lobby for various amendments, including language specific to children and youth.

SB 22-177: Investments in Care Coordination Infrastructure. SB 22-177 requires the BHA to implement a care coordination infrastructure that includes a website and mobile app that serves as a centralized gateway for information for patients and providers and a cloud-based platform for those providers who do not use electronic health records. This bill requires the BHA to train new and existing navigators on behavioral health safety net services, behavioral health service delivery procedures, and social determinants of health resources. The BHA is required to ensure that the care coordination infrastructure can direct individuals where to seek in-person or virtual navigation support and that the administrative burden associated with provider enrollment and credentialing for navigators and care coordination providers is minimal. In addition, the BHA must include a summary of outcomes for individuals who access the care coordination infrastructure in its annual report.

Mental and Behavioral Health Care Workforce:

HB 21-1021: Peer Support Professionals Behavioral Health. This legislation expanded the reach of peer-recovery support service programs by requiring the Colorado Department of Human Services to develop procedures to approve recovery support service organizations that meet certain qualifications. In addition, the bill specifies that peer support professional services provided through an approved recovery service organization can be reimbursed under Medicaid.

SB22-181: Behavioral Health-Care Workforce. SB 22-181 implemented some of the behavioral health workforce recommendations made by the Behavioral Health Transformation Task Force. The bill required the BHA to create and implement a behavioral health care provider workforce plan on or before Sept. 1, 2022. This bill mandated the BHA to release plans to expand recruitment methods to increase and diversify the behavioral health care workforce; require a partnership between the Colorado Department of Higher Education and BHA, including strategies to improve educational opportunities to better prepare and strengthen the future and current workforce; and expand the peer support professional workforce. In addition, this bill requires the Department of Regulatory Agencies to make recommendations to expand the portability of existing credentialing requirements and behavioral health care delivered through telehealth. In addition, this bill requires the Department of Regulatory Agencies to make recommendations to expand the portability of existing credentialing requirements and behavioral health care delivered through telehealth. *Note: The initial plan released in August 2022 outlines how the BHA will promote mental health professions, create opportunities for professional growth within the field, expand the peer support workforce, pilot a behavioral health aide program, strengthen the existing workforce pipeline through grants and funding for apprenticeship programs, and increase retention rates of behavioral health employers. The BHA's workforce plan is still being developed at the time of this paper's release and may evolve as stakeholding continues.*

HB 20-1312: Behavioral Health Training Requirements Educator License. This legislation increased behavioral health training requirements for educator licensure programs and professional development training to renew a teacher's license. This bill requires a graduation requirement of at least one semester or quarter-long course in culturally-responsive, trauma-informed behavioral health training to obtain an initial teaching license. In addition, HB-1312 requires teachers receive at least 10-hours of culturally-responsive, trauma- and evidence-informed behavioral health training as part of the 90-hours of professional development training required to renew a teacher's license. At least one hour of professional development training must be for behavioral health, and one-hour must be related to educating students with disabilities.

HB 21-1273: Colorado Department Of Education Report Concerning School Psychologists. HB-1273 required the department of education to release an annual report available to the public, including data on students enrolled in public schools statewide, and the number of school-psychologists employed full-time by a school district, school board of cooperative services, or charter school. The report must include data for the state as a whole and data disaggregated by school district, cooperative board, and charter school.

“Peer counseling is really important, it’s just a friendship. No one realizes what a friend can do.”

- Etsub, 18 year old, Denver CO

Services and Treatment:

HB 22-1376: Supportive Learning Environments for K-12 Students. This bill aimed to create a more positive, safe, and inclusive environment for children in K-12 schools throughout Colorado. To achieve this goal, the bill mandates data collection, transparency and accountability on student experiences and availability of school health professionals; assessments of school climate by educators; creating a model for hiring, training, and evaluating School Resource Officers; and limiting the use of restraint unless absolutely necessary to ensure a safe school.

SB 22-147: Behavioral Health-care Services for Children. SB 22-147 created the Colorado pediatric psychiatry consultation and access program. The program will support providers in identifying and treating mild to moderate behavioral health conditions in children through primary care practices or school-based health centers; provide assistance to primary care providers in integrating behavioral health screenings into their practices; and deliver peer-to-peer consultations to providers and integrated behavioral health clinicians. In addition, the program will include evidence-based resources and care coordination tools to improve diagnosis, treatment, and referrals for children with behavioral health and substance use disorder needs, and will create educational opportunities and digital resources focused on pediatric behavioral health conditions.

HB 22-1283: Youth and Family Behavioral Health Care. HB 22-1283 implemented the recommendation of the state's Behavioral Health Transformation Task Force concerning youth and family residential care. This includes resources for in-home and residential respite care for children, youth, and families throughout the state; provides funding for the operational support for psychiatric residential treatment facilities and qualified residential treatment programs for youth; and includes funding to build and staff a neuropsychiatry facility at the mental health institute in Fort Logan.

HB 22-1302: Health-care Practice Transformation. HB 22-1302 implements the recommendations of the Behavioral Health Transformation Task Force to provide financing for grants to primary care clinics for the implementation of evidence-based clinical integration care models. Grants can be used to develop outpatient behavioral health infrastructure; increase access to behavioral health care; invest in early interventions for children, youth, and adults to reduce escalation of behavioral health conditions; expand the behavioral health workforce; and create alternative payment models. This bill also requires the state to develop a universal contract for behavioral health services.

HB 21-1258: Rapid Mental Health Response for Colorado Youth. This legislation established the Temporary Youth Mental Health Services Program and required the Office of Behavioral Health to create a web-based portal to conduct youth mental health screenings; connect youth to mental health providers; and allow youth to schedule mental health appointments. The program reimburses providers for up to three in-person or virtual mental health sessions for youth screened through the program. HB 22-1243 extended the funding for the resulting web-based program, "I Matter," through June 2024. *Note: As of January 2022, "I Matter," had provided more than 1,300 therapy sessions, with over 3,000 scheduled mental health appointments.*

Two-Generational Programming

SB 21-137: Behavioral Health Recovery Act. SB 21-137 included \$114.1 million in state and federal stimulus funding for existing behavioral health programs and new programs to help address the mental health crisis exacerbated by the COVID-19 pandemic. This bill required the Colorado Department of Human Services to develop programming for youth in need of emergency behavioral health care by providing licensed providers resources to lower barriers to treatment and services for youth in need of residential-level care. It also provided funding to expand residential capacity to serve youth and children. This legislation established the requirement that the caregiver of a child enrolled in Medicaid be screened for perinatal mood and anxiety disorders, regardless of whether the parent is also enrolled in Medicaid. SB21-137 also created additional rules for children and youth in out-of-home placements to improve outcomes for the entire family.

SB 22-1295: Department Early Childhood and Universal Preschool Program. Following the creation of the new Department of Early Childhood in 2021, the bill established the duties and programs that fall under the auspices of the new department. It also codified the recommendations of the Early Childhood Leadership Commission to ensure an effective governance structure, universal access to high-quality preschool options, and a family-centered approach to the provision of early childhood services in Colorado.

SB 19-195: Child And Youth Behavioral Health System Enhancements. This act aimed to increase access to wraparound behavioral health services for children and youth at risk of out-of-home placement or in an out-of-home placement, and streamline the behavioral health care delivery system to support interagency coordination and eliminate duplication of behavioral health services. This bill required the Colorado Department of Human Services to develop culturally competent standardized screening tools for primary care providers, and work with HCPF and CDPHE to develop a single statewide referral and entry point for children and youth. *Note: When this bill was passed in 2019, it included appropriations to CDHS and HCPF to support the development and implementation of the programs and tools established by this policy. Due to budget impacts of the COVID pandemic in 2020, funding for implementation of this bill was reallocated. In the 2020-21 fiscal year, Colorado's joint budget committee voted to start implementation of this bill and re-establish funding for implementation.*



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