

Supplemental Written Testimony: SB22-147

Committee: Senate Health & Human Services
Date Time: 03/23/2022 01:30 PM
Bill: SB22-147
Position on Bill: **For**

Dear Committee Members and Committee Chairs:

Thank you for this opportunity to testify in favor of SB22-147. I am Sandra Fritsch, a child and adolescent psychiatrist, a faculty member with the University of Colorado, the Medical Director of the Pediatric Mental Health Institute at Children's Hospital Colorado, and the Medical/Project Director of CoPPCAP, the Colorado Pediatric Psychiatry Consultation & Access Program. With my role in CoPPCAP, I bring my own personal experience and bias to this testimony.

CoPPCAP is a Pediatric Mental Health Care Access Program (PMHCA) as noted by HRSA (Health Resources Services Administration). The original funding to develop and deliver CoPPCAP has come through a HRSA grant defined in the 21st Century Cures Act, and Upper Payment Limit Funding administered through the University of Colorado. PMHCAs are developed to support the identification, assessment of, and treatment of mild to moderate behavioral health concerns presenting in pediatric primary care settings including school-based health programs. These programs are essential as there are huge workforce challenges and not enough child and adolescent psychiatrists. In Colorado, 49/64 counties have no practicing child and adolescent psychiatrists, Colorado is deemed a state with "severe shortage", and even in the greater Denver area there is a "high shortage". In addition, pediatricians, family medicine physicians, pediatric nurse practitioners, and pediatric/primary care physician assistants have little to no training in assessing children for behavioral health concerns. PMHCAs (aka child psychiatry access programs) are designed to support the pediatric primary care provider by providing peer-to-peer consultation, helping to identify resources (therapists/services/etc) that are evidence based and accept the patient's insurance, and offering formal education opportunities along with digital resources.

CoPPCAP enrolled its first practice in September 2019. Since 2019 we have enrolled 54 practices (front range, western slope, urban and rural), covering over 365,000 lives, supporting roughly 400 pediatric providers, and have provided over 1300 peer-to-peer consultations. Each peer-to-peer consultation is an educational opportunity and leads to a cascade effect of knowledge gained from the peer-to-peer consultation when applied to other patients the provider treats. We provide formal education through lunch and learns, ECHO (Extension of Community Health Outcomes) series covering core and beyond core essentials of pediatric psychiatry in primary care, an annual learning collaborative, and ad hoc trainings. The Covid-19 pandemic has created opportunities for enhanced use of digital technology to support the pediatric primary care providers in addressing the pediatric mental health pandemic. In response to what we observed of the front-line pediatric providers' moral distress and considerations of leaving their practices, coinciding with the great increased mental health care needs of their patients, we have incorporated self-care principles into our formal learning sessions. We have also developed a wonderful website (yes, I am biased), www.coppcap.org that provides extensive resources and tools for pediatric primary care providers. We are happy to provide any data the committee may want.

Some questions the committee may have:

- *Does CoPPCAP serve rural/frontier practices in Colorado?* Yes, we have had ~ 1/3 of our participants in our formal educational series come from rural/frontier counties.
- *Does a provider have to come from an enrolled practice to call for a peer-to-peer consultation or participate in the educational opportunities?* No, we are open to all, but enrolled practice providers have first notifications of educational opportunities.

- *Do programs like CoPPCAP make a difference? Effect outcomes?* A letter to the editor of the Journal of the American Academy of Child & Adolescent Psychiatry in 2019 revealed that youth in states with a child psychiatry access program were more likely to receive mental health care.
- *How will the monies associated with this bill be utilized?* The money attached to the bill will allow for continuation of the program as HRSA funding ends in 2023 while establishing an enduring state funding model. The money attached to the bill will also allow continued expansion throughout the state, help to support a regional hub component, and continue the highly valued educational offerings.
- *What ages does CoPPCAP support?* CoPPCAP supports calls and education for 0 – 25-year-olds and caregivers in the perinatal period.
- *Where are the possible areas of return on investment?* Earlier identification and treatment of disruptive behaviors in younger children leads to less comorbidity, greater potential school success and matriculation, and less involvement of the correctional system. Primary care providers conducting a suicide screen for each visit for youth ages 10 and above identifies risk, allows for assessment and intervention, and saves lives. Identification and treatment of anxiety disorders in younger age children should offset development of comorbidity of worsening mental health conditions. Primary care providers with the knowledge, attitudes, and skills to assess and treat mild to moderate behavioral health conditions in primary care should support retention of their roles.
- *How have you been able to accomplish so much since 2019?* CoPPCAP has had wonderful partners with CDPHE, our Advisory Committee, American Academy of Pediatrics-Colorado Chapter, Children's Hospital Colorado, ECHO Colorado, and my own personal experience with child psychiatry access programs in Massachusetts and Maine. We have been able to create this program with few bureaucratic barriers.

Many thanks and gratitude for your consideration of this bill. I am happy to answer any questions or provide any supplemental materials. Please vote yes on SB22-147. Thank you.

Sincerely,

Sandra L. Fritsch, MD
 Medical Director and Project Director, CoPPCAP
 Professor, Department of Psychiatry, University of Colorado School of Medicine
 Medical Director, Pediatric Mental Health Institute, Children's Hospital Colorado

Resources:

[Utilizing Teleconsultation Models to Address Mental/Behavioral Health Care \(aap.org\)](#)

[CoPPCAP](#)

[HRSA Information](#)