

Good afternoon, madam chair and members of the committee. My name is Aubrey Hill, I am the Executive Director at Colorado Association for School-Based Health Care, commonly referred to as CASBHC. We are in support of Senate Bill 147 and I appreciate the opportunity to share my comments today. We appreciate the work of the Behavioral Health Transformational Task Force and the commitment to include the recommendations from the subpanels, especially the \$1.5 million ask for school-based health centers.

CASBHC is the statewide membership organization for 69+ school-based health centers, known as SBHCs, around the state. These clinics are located on school property and have been proven to be effective in reaching high-needs populations and providing them with comprehensive, high-quality, and integrated health care so students can be ready to learn. In fact, research has shown an association between the presence of a SBHC and a 4.1 percentage point increase in overall graduation rates at the school where they are located.

As comes to no surprise to you, our SBHCs have reported that the last few years have been challenging with the increased mental health needs for patients. Recently, one specific example in Adams County was with a patient who came into the clinic for a well child exam. With every exam, they fill out a screening tool and with this one patient, the screening revealed a suicide attempt in the fall. The nurse practitioner was then able to connect the patient to resources and collaborate with the school care team on meeting the needs of this patient. Another SBHC in Basalt reported that a high school student was considering quitting school due to stress over family issues, feeling discouraged because of failing classes, severe depression and anxiety. They were not on a path to graduate high school. But because the medical provider made a referral to behavioral health, the student saw a change in their motivation level so much so that at the end of the year, they passed their subjects and are on their way to graduating.

While these stories demonstrate the need SBHCs can meet, we don't have nearly enough SBHCs in Colorado. Large swaths of the state do not have a SBHC, yet data show us that they could benefit from having one. The San Luis Valley and Eastern Colorado do not have any for miles and the data show poor health outcomes and high poverty rates. SBHCs would be transformational if scaled up to reach even more communities.

We believe that SBHCs play an important role in children's mental health by providing integrated care – and we appreciate that this bill also includes funding for the child psychiatry consultation program, as that is another important piece of the landscape for youth mental health.

We want to invest more upfront in prevention and early intervention, so our young people receive adequate supports long before the crisis occurs – this is where SBHCs come in. They screen regularly for depression, anxiety, suicidal ideation, and substance use and make warm hand-offs to therapeutic services as needed. This is a model that has been proven to work time and time again.

We appreciate the inclusion of \$1.5 million as one-time investment to support planning for and building of new SBHCs in the highest needs communities in Colorado. We believe this is a reasonable ask for substantial impact on those communities. Not only would we see impact for young people who receive services at the SBHC, but we also see great impact for the parents of those kids, the teachers, the whole school community.

Thank you again for the opportunity to share comments today. I am available via email or phone if you have questions.

**House Public & Behavioral Health & Human Services**  
**04/26/2022 01:30 PM**  
**SB22-147 Behavioral Health-care Services For Children**  
**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Jessica Guenther For Mile High Psychiatry	<p>In recent years, we have repeatedly heard that Colorado has a shortage of resources for kids' behavioral health treatment often hearing that there are 6 month wait lists to see a psychiatrist. The primary care provider for these individuals do not feel comfortable prescribing the needed medication, therefore, patients go without what they truly need.</p> <p>In May 2021, Children's Hospital Colorado declared a state of emergency for kids' mental health.</p> <p>Mile High Psychiatry is a psychiatric outpatient medication management and therapy group, happy to serve clients virtually all over the state of Colorado. Our wide provider group provides services to all ages and all psychiatric diagnoses, and accept most major insurances including Medicaid and Medicare.</p> <p>Access to care is one of our core values and we are extremely passionate about trying to bring services to adolescents to meet them where they are.</p> <p>We, here at Mile High, would love an opportunity to support this process in order to better serve our youth!</p> <p>Please let me know if there is anything that we can do to assist in carrying this bill into life.</p> <p>Thank you in advance for your work on this important initiative.</p>

Testimony: SB22-147

Public & Behavioral Health & Human Services

Date Time: 04/26/2022 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 SB-147.

I am Dr. John Peterson, a child and adolescent psychiatrist, working with Colorado youth and families with mental health problems for the last 32 years. Since 1990, I have been providing direct care, consultation, and teaching (med students, pediatric residents, psychiatry residents, child psychiatry fellows) in the following situations:

- Outpatient primary care clinics
- Hospital child and adolescent psychiatric units
- As child psychiatrist in the pediatric emergency department (ED)
- In public schools, as child psychiatrist providing consultation to public schools
- With telephone consultations for primary care providers (pediatricians, family practitioners, NPs, PAs)

I am currently working in a pediatric ED and also with CoPPCAP, and I bring my personal experience and potential bias to this testimony. As you have heard, the CoPPCAP program allows primary care providers (PCPs) the rapid access to consultation with a child psychiatrist. In addition to peer to peer consultation, the program helps identify resources located closer to families and also offers educational opportunities for PCPs.

This program enables pediatricians and PCPs to help provide mental health care when it is needed and this often takes place with children and families in **rural Colorado**. This usually results in children and family continuing to receive services from their familiar primary care provider.

In the state of Colorado, 49/64 counties have no practicing child and adolescent psychiatrist, and Colorado has been labeled a state with a “severe shortage.” This issue is highlighted by the fact that **in Colorado, suicide is the leading cause of death for youth, ages 10-18.**

There has been a shift within Colorado and nationally, so that more schools and primary care settings are encountering children and adolescents with mental health problems. In the past, in my experience, PCPs would have to tell families that they need to seek help elsewhere, with a private practitioner or at a busy mental health center where there might be a long wait to be seen for an initial appointment. With programs like CoPPCAP, PCPs are more likely to initiate mental health treatment and oversee care, knowing that rapid consultation is available

I want to express my gratitude for this opportunity and your consideration of this bill. I am happy to answer any questions and I hope that you will please vote yes on SB-147. Thank you.

John Peterson, MD

ED Psychiatry Attending, CHCO

Senior Instructor, University of Colorado School of Medicine

Supplemental Written Testimony: SB22-147

Public & Behavioral Health & Human Services  
Date Time: 04/26/2022 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 to this testimony. We have a pediatric behavioral health crisis/pandemic, and this pediatric behavioral health needs increased dramatically since 2009. I imagine everyone present has had some personal connection to a youth experiencing mental health concerns. Part of the contributor to the pediatric mental health crisis is workforce shortage challenges for all child mental health providers, both nationally and notably in Colorado. In Colorado, 49/64 counties have no practicing child and adolescent psychiatrist, 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.

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 21<sup>st</sup> 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. 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 56 practices (front range, western slope, urban and rural), covering over 380,000 lives, supporting roughly 420 pediatric providers, and have provided over 1380 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.coppccap.org](http://www.coppccap.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 legislators 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](#)