



April 2024

To: House Health & Human Services Committee

Re: AAUW Letter in Support of SB24-001—Continue Youth Mental Health Services Program

Dear Committee Members:

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy. More than 700 community leaders are members of AAUW branches around Colorado.

AAUW supports a strong system of public education that promotes gender fairness, equity, diversity and inclusivity, and to address the barriers and implicit biases that hinder the advancement of women and girls. School-age girls are especially vulnerable to the adverse effects of social media, compounded by the mental health toll from the COVID pandemic.

SB001 will continue the *I Matter* program that is providing much needed mental health services to students in grades 6 through 12. With so many of these youth in crisis, we must continue this critical program.

AAUW of Colorado strongly supports this bill and requests your YES vote in committee and throughout the process of becoming a law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive style and is enclosed in a light blue rectangular border.

**Su Ryden**

**AAUW of Colorado Public Policy Co-Director**

16699 E. Kentucky Ave.

Aurora, CO 80017

303.898.5797

[suryden25@gmail.com](mailto:suryden25@gmail.com)

*American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.*

# EARLY ALERTS, BRIGHTER FUTURES: THE CASE FOR COMPREHENSIVE YOUTH MENTAL HEALTH SCREENING IN COLORADO

NOVEMBER 2023



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# ABSTRACT

**Understanding the crisis:** The progress being made regarding youth mental health screening in Colorado delves deeply into the issue by scrutinizing current intervention strategies. By referencing empirical data and gaining insight from sectors such as law enforcement and health care, this paper underscores the limitations of the prevailing reactive approaches that provide only transient insight into an individual's mental health status. The central focus of this

exploration is an emphasis on the pressing need for a more progressive, sustained methodology to evaluate mental health among Colorado's youth, aiming for a holistic understanding that can truly address their diverse challenges.

*Keywords: Youth Mental Health, Comprehensive Screening, Continuous Monitoring, Early Intervention, Colorado, Personalized Care*



# INTRODUCTION



## OPENING CASE: A NIGHT IN SMALL-TOWN AMERICA

On a small-town weekday evening, law enforcement officers respond to a frantic call about a domestic dispute. They arrive to find a 14-year-old in a violent altercation with family members, resorting to self-harm and lashing out aggressively toward the officers.

Such distressing incidents are not isolated; they are symptomatic of a broader issue plaguing our society: the reactive stance on youth mental health.

In the aftermath of this incident and likely many to follow, the 14-year-old faces not only involuntary youth mental health holds (a common phrase among first responders indicating the referenced individual will be taken for a psychiatric evaluation) but multiple juvenile arrests. It's a familiar path, leading straight into a justice system ill-equipped to address the underlying mental health concerns of America's youth. The juvenile is transferred to a health care facility for what is supposed to be a mental health evaluation and possible intervention. But what happens next further highlights the systemic shortcomings of our approach to youth mental wellness.

Upon arrival at the health care facility, the juvenile undergoes a brief observation period, lasting only a few hours. Because of resource constraints and overcrowding, involuntary mental health holds only serve as a temporary stopgap. Without a comprehensive diagnosis, therapy, or treatment plan, the health care provider is legally obligated to release the youth back into the same environment they were removed from. This release can sometimes even occur on the same day, based on the youth's verbal assurance that they pose no current danger to themselves or others.

In this unsettling landscape, the family's experience once the youth returns home adds another layer of complexity. As family members clean up the physical and emotional debris from earlier events, the child unexpectedly walks back through the door. The swiftness of the youth's release from what was supposed to be a mental health intervention leaves the family desperate and pondering the extreme action of giving up custody of their child to unlock state-aided services that seem perpetually out of reach. This grim scenario is a stark testament to the convoluted bureaucratic challenges families face when securing mental health care for their children.



# ECHOES OF A CRISIS: DECIPHERING COLORADO'S YOUTH MENTAL HEALTH MAZE

Like much of the United States, Colorado finds itself at the epicenter of an escalating youth mental health crisis. This multifaceted issue intertwines the limitations of traditional systems, including law enforcement, health care, and grassroots community initiatives. While law enforcement is frequently the first – and many times the only – responder during mental health crises, they often find themselves navigating terrain they're not necessarily suited for because of a lack of training or awareness of available mental health programs.

This poor match between need and assistance can lead to situations where youth face punitive actions rather than receiving therapeutic interventions. Moreover, in its current reactive form, the state's health care model is not typically engaged until a crisis reaches its peak. This delayed response misses pivotal early-intervention opportunities and places undue pressure on already-stretched medical facilities and professionals. Meanwhile, community-led programs in Colorado grapple with myriad issues, from limited funding to inadequate awareness and expertise, creating gaps in needed services.

The compounded effect of these challenges paints a clear picture: the pressing need for Colorado to adopt a proactive, coordinated, and comprehensive methodology targeting youth mental health. The methodology should emphasize early detection, timely intervention, and a holistic care model that

integrates the strengths of all involved sectors, making sure every young individual receives the support they need.

- **Anxiety and depression rates doubled during the COVID-19 pandemic.**
- **44% of U.S. teens feel persistently sad or hopeless.**
- **Suicide is a leading cause of death for ages 10-24 in Colorado.**
- **One in 6 adolescents faces a mental health condition.**
- **In the past year, one in 12 high schoolers attempted suicide.**
- **Only 50% of diagnosed youth receive treatment.<sup>1</sup>**

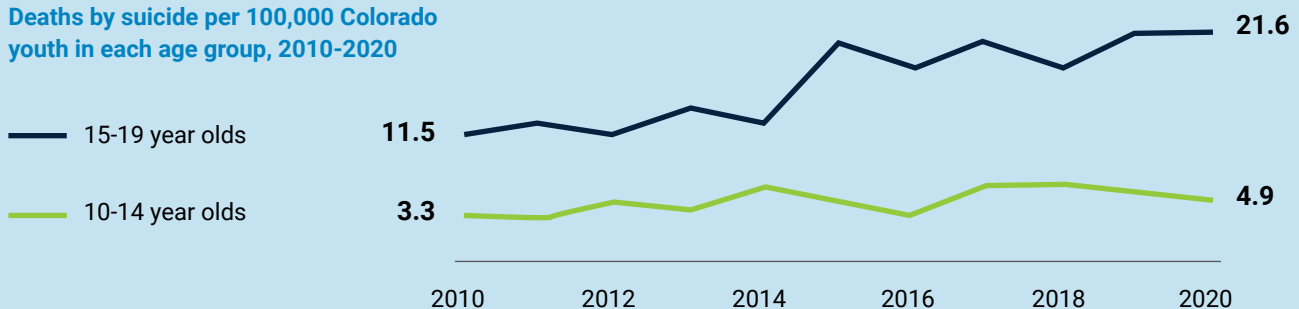
## MAPPING THE CRISIS: KEY METRICS ON COLORADO'S YOUTH MENTAL HEALTH CONCERNS

Even before the pandemic, Colorado grappled with significant youth mental health issues, reflecting a larger national crisis. The state witnessed a surge in anxiety and depression rates among its young population, aligning with a broader national trend where many American teens reported consistent sadness or hopelessness.

Disturbingly, suicide ranks as a top cause of death for those between the ages of 10 and 24 in Colorado.<sup>2</sup> The situation is

**Suicide rates among Colorado's kids were rising long before the pandemic brought on additional stressors. In 2020, more than 100 Colorado kids lost their lives to suicide, double the number of deaths seen in 2010.<sup>3</sup>**

Deaths by suicide per 100,000 Colorado youth in each age group, 2010-2020



Source: Colorado Department of Public Health and Environment, Vital Statistics Program



further exacerbated as a significant number of adolescents in the state face mental health challenges, with a notable fraction attempting self-harm. Yet half of these young individuals lack access to essential treatment.

### BEYOND THE SURFACE: THE EXTENDED IMPACT

In Colorado, the lack of systematic, proactive youth mental health screening is a ticking time bomb, setting off a chain reaction of challenges for individuals as well as for the broader community. Delayed intervention not only leads to poorer mental health outcomes but also has a domino effect, contributing significantly to the state's unsettling youth suicide rates. Schools, often on the front lines in noticing behavioral discrepancies, are embroiled in academic and disciplinary quagmires with no clear framework for redress.

This absence of early detection inadvertently opens a Pandora's box of substance misuse, a concern amplified by Colorado's

unique stance on marijuana. Moreover, the juvenile justice system morphs into an unintended receptacle for many youths, who are often taken there as an only resort. This trajectory burdens families, overwhelms health care infrastructure, escalates community safety concerns, and indirectly perpetuates the enduring stigma surrounding mental health.

The economic fallout is equally disconcerting. Untreated mental health issues can create a fiscal black hole, sucking in enormous direct and indirect costs reverberating through Colorado's socioeconomic fabric. Numerous studies underscore the unintended financial burden on taxpayers. "The Polis-Primavera Administration and the legislature continue to invest in Medicaid's behavioral health budget, with a funding increase of more than \$400 million since 2018, and a behavioral health budget over \$1 billion for the 2022-23 fiscal year."<sup>1</sup>

The costs span a broad spectrum, from negatively impacting a family's financials — oftentimes causing families to seek



burdensome private mental health support — to inflated health care expenses, strained law enforcement resources, and the loss of productivity and contributions these youths could make to society. This fiscal strain is exacerbated by the hefty price tag attached to the correctional system, which ironically becomes a default holding space for individuals needing mental health intervention rather than penal containment.

The reverberations of this crisis extend beyond just moral imperatives; they echo through the chambers of fiscal prudence and community welfare. Hence, addressing the issue is not only about crafting a compassionate society but also about intelligent economics.

### **INITIAL ONLINE SURVEYS: A FIRST STEP TOWARD ADDRESSING YOUTH MENTAL HEALTH IN COLORADO**

The initial deployment of online surveys and screenings has laid the groundwork for highlighting mental health concerns among Colorado's youth. While commendable in intent, these current reactive intervention strategies often need to be revised in execution.

The iMatter survey, established via Colorado House Bill 21-1258, has catalyzed discussions and illuminated primary areas of concern but remains a passive receiver, waiting for information to be fed to it. The dynamic and ever-changing landscape of youth mental health demands a more proactive approach. Colorado's youth deserve an intervention that not only responds but also actively reaches out and engages in real time, adapting to the fluidity of an individual's mental health journey.

Data points to a worrying trend, with increased levels of anxiety, depression and, alarmingly, suicide among Colorado's youth. The present infrastructure lacks proactive and holistic solutions, leading to disturbing outcomes for affected youth and their families. The economic costs, as highlighted by the state's increasing behavioral health budget and systemic challenges, underscore the issue's urgency. With every missed intervention, the community bears the burden through safety concerns, economic repercussions, and the exacerbating stigma around mental health.

### **BREAKING THE CYCLE: THE NEED FOR PROACTIVE MEASURES**

These recurring crises underscore a pressing need for a paradigm shift in the approach to youth mental health. The collective efforts of supportive organizations (e.g., health care, schools, community groups, law enforcement) should not be exclusively reactive, leaving stakeholders scrambling in moments of crisis. What's required is a proactive strategy that focuses on the need for collaborative coordination, early detection, timely intervention, and holistic care to address the youth mental health crisis in our communities.

The state and its stakeholders are primed for innovative solutions. By engaging in proactive measures, Edera is pioneering comprehensive screening processes that can genuinely foster brighter futures for Colorado's youth. We're working toward a solution that actively seeks to understand and support their mental well-being, bridging the gap between awareness and effective intervention.

#### **Appendix: References**

<sup>1</sup>*Help Address Colorado's Youth Mental Health Crisis. Youth Mental Health Crisis | Children's Hospital Colorado. (2023).*

<https://www.childrenscolorado.org/community/youth-mental-health-crisis/>

<sup>2</sup><https://www.coloradokids.org/youth-success/suicide-prevention>

<sup>3</sup><https://www.childrenscolorado.org/community/youth-mental-health-crisis/>



**Testimony as Submitted in Support of SB24-001: Continue Youth Mental Health Services Program by Hunter Nelson and Madeleine Ashour at the Colorado Children’s Campaign**

**House Health & Human Services Committee**

**April 2, 2024, Upon Adjournment**

**HCR 0112**

Dear Madam Chair and Members of the Health & Human Services Committee,

Our names are Hunter Nelson and Madeleine Ashour, and we are members of the Policy Team at the Colorado Children’s Campaign. Together with our partner organizations and communities across the state, we advocate for the development and implementation of data-driven public policy that improves child and family well-being. We fight for a world in which, without exception, public policies and investments remove barriers for most impacted children and families and improve well-being for every child and every family. **The Children’s Campaign is in strong support of SB24-001: Continue Youth Mental Health Services Program.**

For more than a decade, Colorado kids and teens have increasingly reported struggling with mental health:

- According to the 2021 Colorado Health Access Survey, the share of Coloradans aged 18 and under who reported eight or more days of poor mental health in the past 30 days more than doubled in just six years.<sup>1</sup>
- Between 2013 and 2021, the share of Colorado high school students reporting persistent sadness or hopelessness that interfered with their usual activities increased from 24% to 40%, with higher rates seen amongst American Indian or Alaskan Native, Multiracial and Hispanic or Latinx youth.<sup>2</sup>

Rates of suicidal ideation and suicide among Colorado youth have also been on the rise:

- One in six Colorado high schoolers reporting in 2021 that they had seriously considered attempting suicide in the past year.<sup>3</sup>
- In 2022, 56 Coloradan teens and 17 Colorado children lost their lives to suicide.<sup>4</sup>
- Among Colorado youth ages 10 to 19, Black youth had the highest rate of suicide, at 20.8 suicide deaths per 100,000 youth.<sup>5</sup>

Substance use also continues to be a prevalent problem among Colorado youth:

- For 15- to 24-year-olds in Colorado, the number of deaths due to unintentional or accidental drug overdoses more than doubled between 2019 and 2020. The number continued to climb in 2021, reaching 169 deaths among this age group.<sup>6</sup>

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<sup>1</sup> <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>

<sup>2</sup> <https://www.coloradokids.org/wp-content/uploads/2023/08/2023-KC-Book-proof-8.23.23a.pdf>

<sup>3</sup> Ibid.

<sup>4</sup> Colorado Department of Public Health & Environment, Vital Statistics Program.

<sup>5</sup> Ibid.

<sup>6</sup> [2023-KC-Book-proof-8.23.23a.pdf \(coloradokids.org\)](https://www.coloradokids.org/wp-content/uploads/2023/08/2023-KC-Book-proof-8.23.23a.pdf)

- Substance use during childhood and adolescence can create problems with learning, exacerbate physical and mental health problems and can potentially lead to addiction.

The inadequacy of mental health care and substance use treatment options for kids and teens in Colorado drew media attention throughout the pandemic, with stories of young people having to travel out of state for care or spend days or weeks “boarding” in an emergency room that was ill-equipped to meet their mental health needs:

- In April 2022, 70% of U.S. public schools reported more students seeking mental health services at school since the beginning of the COVID-19 pandemic.<sup>7</sup>
- At the start of the 2022-23 school year, Colorado school districts reported about 278 vacant positions for school psychologists, social workers and counselors. By the end of the school year, 60% of these positions remained unfilled.<sup>8</sup>
- Statewide, the ratio of PK-12 public school students to licensed school psychologists in the 2022-23 school year was 928:1 – nearly double the 500:1 ratio recommended by the National Association of School Psychologists.
- In 113 of Colorado’s 178 school districts, including many within counties with youth suicide rates among the highest in the state, there were no licensed school psychologists employed by the district.

Since its implementation, the I Matter program has been providing youth access to mental health support and substance use disorder services.<sup>9</sup> By providing up to six free in-person or virtual therapy sessions per youth, this eliminates some barriers to accessing mental health and substance use services, especially for youth of low incomes and youth living in rural areas. Participating providers are also reimbursed for providing care.

As of May 2023, I Matter has scheduled nearly 36,000 appointments and served nearly 8,000 youth across the state, highlighting the growing popularity and need for this program. Making the I Matter Program permanent would allow more Colorado youth for years to come to access the mental health and substance use services they want or need, without the added burden of cost or lack of easy access to a clinic.

The Children’s Campaign believes that every child in Colorado should have access to the mental health and substance use services they need, and making the I Matter Program permanent helps makes this a possibility for all Colorado kids for years to come. **Please vote yes on SB24-001.**

Thank you,

Hunter Nelson  
Senior Policy Analyst  
[Hunter@coloradokids.org](mailto:Hunter@coloradokids.org)

Madeleine Ashour  
Director of Youth Success  
[Madeleine@coloradokids.org](mailto:Madeleine@coloradokids.org)

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<sup>7</sup> Institute of Education Sciences, U.S. Department of Education, School Pulse Panel, April 2022.

<sup>8</sup> Analysis of data from the Colorado Department of Education. Student to Licensed Psychologist Ratios.

<sup>9</sup> [I Matter. \(imattercolorado.org\)](http://imattercolorado.org)

House Health & Human Services

04/02/2024 Upon Adjournment

SB24-001 Continue Youth Mental Health Services Program

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Anne Frank</p> <p>For</p> <p>American Academy of Pediatrics, Colorado Chapter</p>	<p>Anne Frank, MD, FAAP</p> <p>4/2/24</p> <p>Testimony in Support of SB24-001: Continue Youth Mental Health Services Program</p> <p>Madame Chair and Members of the Committee</p> <p>Thank you for the opportunity to offer my strong support for SB-24-001 Continue Mental Health Services Program. As a primary care pediatrician, I see the toll of our current pediatric mental health crisis in my patients on a routine basis. I have felt fortunate in the last several years to have support from creative policies to help improve access and quality of care for children with behavioral health needs across the state, especially I matter.</p> <p>We know that children in this country and our state have stress, worry, mental illness, suicidality. Mental health conditions in youth are common, with 1 in 5 children and adolescents experiencing a mental health condition annually and 50% of mental illnesses beginning before age 14.</p> <p>In my practice in Denver, we have an incredible integrated behavioral health team who can see children and youth 0 to 18, many of our patients attend public school and some have access to behavioral health resources through school. Some of our patients use community based mental health care services. Despite these resources, many patients will fall through the cracks, won't qualify for services, are uninsured or underinsured, or can't access the available resources. This is where I Matter comes in - not as a last resort, always utilized in the menu of options - but I see it's value most in catching kids who otherwise would fall through the cracks.</p> <p>I take care of a teenager whose parent works a lot and the teen gets ready for school, rides the bus, attends school, goes to his job, fixes dinner,</p>

	<p>completes his day pretty independently. This teen had depression and was seeking treatment that would fit with his life and that he could access in a way that felt comfortable to him. Imatter was easy, he put it in his phone that day, and on follow up had accessed therapy and was feeling better. I have a family of a kindergartener with anxiety whose geographic location and lack of reliable transportation made seeking mental healthcare really challenging. Imatter was a great option for this family.</p> <p>As a pediatrician and on behalf of the over 800 pediatricians in the American Academy of Pediatrics, Colorado Chapter, we urge you to continue what you are doing to support pediatric mental health, we are seeing progress, and support SB24-001.</p>
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