Behavioral Health Transformation Task Force Draft Recommendations for Children, Youth, and Families

This recommendation set focuses on the following recommendations:

- Bed-based care
  (see other presentation)

1. Child Welfare, Juvenile Justice and Community-based Supports
2. Prevention
3. Consultation

Below is a figure that summarizes the potential system of care for children, youth, and families.

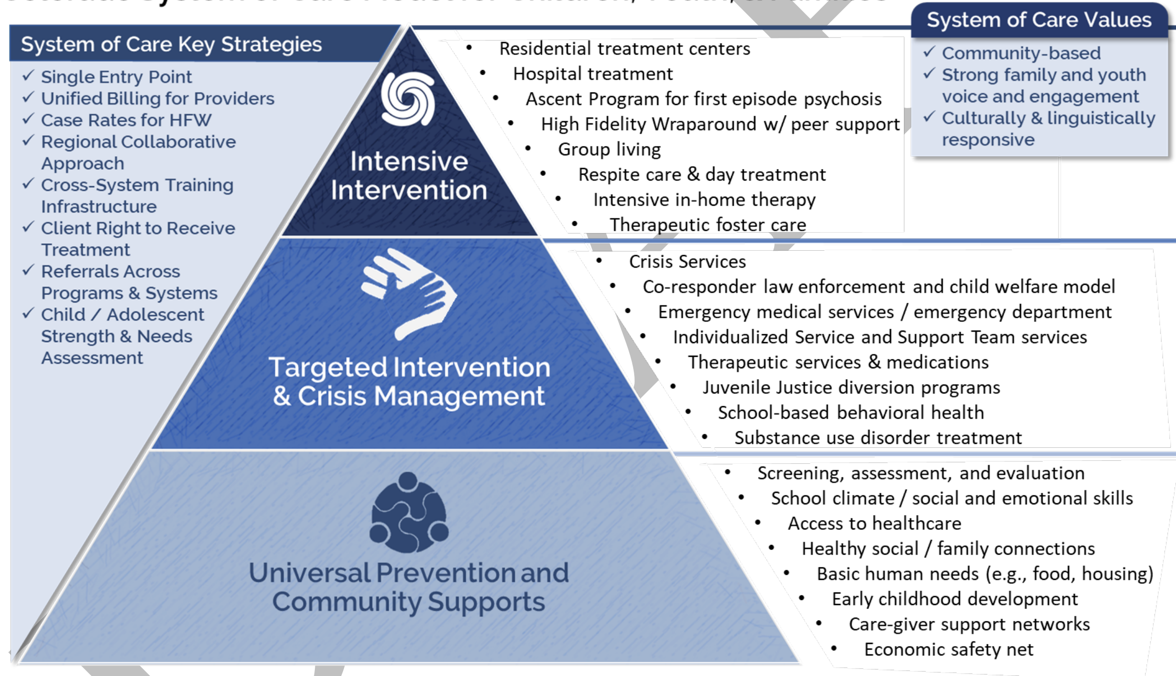

Figure 1. Colorado System of Care Model for Children Youth, and Families (Wellstone Collaborative Strategies)

1. Child Welfare, Juvenile Justice, and Community-Based Services

This recommendation supports the goal to keep children at home when it is safe and in school when possible in order to provide the best opportunity for young people to reach their potential. In addition, the aim is to make it easier for families that are multi system involved or at risk for multi system involvement to get the services they need. This means providing proven services in the community when possible. This will help recover children and youth who have been involved in the system and prevent others from needing to enter one or more systems in the first place. This means that investments in interventions that support not only youth and children is necessary, but also those that support families. When a young person is placed into a facility, it should be due the fact that they need that level of care and the timing should not be longer than necessary, with clear "hot handoffs" to community-based

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services, thus building out the hub and spoke model associated with the beds recommendations. When a kinship placement is not possible, investments in the therapeutic foster care system are also necessary. Such a strategy will also ensure that beds for young people are reserved for those who really need it when they need it.

Funding Recommendations

A. **Regional walk-in centers:** Ensure there is a youth and family oriented walk-in center within a two-hour drive of every community by investing in eight to ten additional centers. These would support children, youth and families in crisis. Base services include:
   1) Connection to at least six flexible beds associated with other recommendations and efforts underway,
   2) Youth mobile response to support schools,
   3) Withdrawal management,
   4) Crisis stabilization, and
   5) SDOH supports, which in part ensure families can participate in treatment.

   May be tied to existing infrastructure (i.e., FQHCs, CMHCs, Family Resource Centers).

   Such centers are necessary in many areas in the state because youth service, including the missing middle, are absent in many parts of the state. These centers are envisioned to build out the hub and spoke model beyond beds.

   Recommended Funding: *$40m*

B. **Youth mobile school response:** Provide youth mobile response, connected to regional walk-in centers, to contract with schools to provide crisis response and supplement counseling and social work services as needed. May be associated more broadly with the community.

   According to a 2020 report by the Center for Law and Social Policy, "Youth mobile crisis services across the nation have led to several positive outcomes. These include decreased emergency room (ER) visits,… decreases in school arrest, improved school attendance, and a decline in police calls." Both Connecticut and Oklahoma have statewide youth mobile response systems and Oregon has a community-based model in Eugene and Springfield.

   Youth mobile response could be tied to the co-responder and mobile response programs described in the criminal justice recommendations. These funds are meant to pay for start-up costs, with mobile response services paid for through Medicaid and other payer fees.

   Recommended Funding: *$10m*

C. **Reciprocity to expand the workforce:** Expand reciprocity to domestic and international licensures and encourage providers to move to Colorado. This will help expand the ability to provide cultural competency. At the same time, continue to invest in Colorado's telehealth infrastructure to reach clinicians / providers nationwide with specialty care. Provide one-time moving stipend for specialty providers for children in partnership with providers in high need areas. Funding is associated with incentivizing 100 specialty children, youth, and family providers to come to Colorado and to work in partnership with those practices that are seeking a workforce need in this area.

   Recommended Funding: *$800K*

D. **Expand caregiver interventions:** Further develop and support an infrastructure and standards for intensive psychoeducation, coaching, and support for caregivers of children and youth with behavioral health challenges, including for therapeutic foster and adoptive homes retention and training.

   Recommended Funding: *$300K*

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E. **Cross training:** Support all CMHCs & FQHCs by 2026 to be 1) culturally and linguistically competent and 2) serve a set of complex youth needs, including mental health, IDD, autism, SUD, and co-occurring conditions. Incentivize w/ rating system and consider higher Medicaid rates for certain cases.

Recommended Funding: $3 to 5M

F. **High Fidelity Wraparound:** Invest in training high fidelity wraparound coaches and facilitators as well as start-up costs and necessary systems. Pair with examination of policies to ease ability to hire facilitators and coaches. Support this work and workforce by consolidating OBH and other agency behavioral health training, coaching, credentialing, and technical assistance services into a Cross-Systems Training Institute and a Learning Management System.

HFW is an accepted evidence-based practice by Medicaid, Child Welfare, and Juvenile Justice systems. It is often closely associated with Collaborative Management Programs as a key part of the model is to work across systems. Investing in HFW will lead to better outcomes to keep young people with their families, in school, and reducing the amount of time young people spend in congregate settings by 75%, thus saving the system money.

Recommended Funding: $10M

Policy Recommendations

A. **Unified billing system reform:** Develop a billing structure that is simplified for providers and integrate payment mechanisms across payors, ultimately leading to a reduction of provider burden.
B. **Remove Medicaid treatment barriers:** Remove requirement for MH diagnosis as prerequisite for treatment in Medicaid and allow for up to 10 visits as opposed to six. For instance, unlock treatment if there is a parental diagnosis.
C. **SUD treatment:** OBH regulatory change to ensure that crisis centers are allowed to manage SUD withdrawal and treatment.
D. **Safetynet, provider, and school liability:** Develop liability similar FTCA liability coverage provided to FQHC employees. This would be for school counselors, school social workers, and others working in safety net healthcare space who do not get to choose which people they see.
E. **School to prison pipeline:** Increase training hours for SRO's, train teachers, require BH/Med assessment prior to expulsion/suspension, training for judicial and school health professionals.

2. Prevention

A. **Universal screening:** A one-time investment to train professionals who work with children and youth to incorporate Screening, Brief Intervention, Referral to Treatment (SBIRT) into their practices. This funding will allow for the promotion of an integrated SBIRT & Suicide Prevention training to enhance providers capacity in pediatric health practices and other youth facing settings. Components will include a comprehensive survey obtaining feedback from youth and practitioners, training, and evaluation.

This investment would Ensure Universal screening and assessment for children and youth related to substance use and suicide risk.

Funds would support the following:

1. Design and disseminate a comprehensive survey of Colorado providers on current practices in Adolescent SBIRT to identify implementation barriers and facilitators.
2. Obtain feedback from focus groups with youth, parents and caregivers, and pediatric providers to strengthen and refine adolescent SBIRT strategies and services.

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3. Increase capacity of pediatric providers and other youth serving agencies to embrace youth substance use screening, brief intervention, and referral to treatment (SBIRT Training – two hours; and technical assistance as needed).
4. Build upon the efforts that are underway in Colorado to integrate SBIRT and Suicide Prevention training. The trainings jointly address substance use and suicide risk; complementing skills learned from each training.
5. Evaluate the impact of the training on key learning outcomes including knowledge, attitudes, self-efficacy (confidence, readiness), behavioral intentions, competence, and skills needed to address patient substance use and suicide risk.

Recommended Funding: *$4m ($1m per year for four years)*

B. **School Based Health Centers:** Support five new Funding to Operations grant contracts, managed by the Colorado Department of Public Health & Environment. These sites will be targeted to the highest need schools/school communities.

SBHCs provide a critical access point to services that ease the resource burden on higher acuity care facilities. SBHCs not only provide behavioral health services, but also provide critical physical healthcare that have been shown to improve educational outcomes. SBHCs can transform a community by meeting healthcare needs, social supports, and care coordination that ultimately create a healthier and more productive generation.

Recommended Funding: *$1.5m*

C. **School health professionals grant program:** Allocate additional funding to the School Health Professional Grant Program to address the unmet need in the program.

During the 2021-21 school year, 27 school districts, charter schools, or BOCES in Colorado applied for a grant from the School Health Professional Grant Program (SHPGP) and were denied due to insufficient funding. Additional funding allocated to the SHPGP would allow more schools and districts to access critical funding to provide behavioral health supports for their students.

This funding should be coupled with other efforts to increase the workforce capacity of health professionals in school and community settings.

Recommended Funding: *$5m*

3. Consultation

A. **The Colorado Pediatric Psychiatry Consultation and Access Program** Expansion. CoPPCAP was developed to assist Colorado pediatric primary care providers assess and provide treatment for pediatric behavioral/mental health conditions presenting in the primary care setting. CoPPCAP should be funded to grow to cover the entire state in order to support children throughout Colorado by a standard, well established model after the conclusion of their current funding through HRSAs Pediatric Mental Health Consultation Access program in 2023.

With this funding primary care practices will be able to take behavioral health problems of children and youth in the primary care setting, allowing our limited supply of child psychiatrists to focus on children with higher acuity and complexity. Over time, this should lead to a more "upstream" approach, where child and adolescent mental health problems are addressed early, before they have grown into crisis. Early identification and treatment of behavioral health concerns of the preschooler and school-age child prevents significant future comorbidity, improves school performance and lessens the risk for suicide. Early identification and treatment also gives the youth the greatest chance for success academically and matriculation into adulthood.

Recommended Funding: *$2.6m*

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