



*Colorado Coalition
of Adoptive Families*

February 13, 2018

TO: Colorado House of Representatives
Public Health Care and Human Services Committee

SUBJECT: Testimony in Favor of Children And Youth Mental Health Treatment Act,
HB 18-1094

My name is Deborah Cave, and I am the Executive Director of the Colorado Coalition of Adoptive Families (COCAF: www.cocaf.org). COCAF is a statewide, non-profit, advocacy organization for Colorado's pre- and post-adoptive, and kinship families. I'm also an adoptive parent of two children from Colorado's foster care system. Our children come into our homes having been exposed to significant trauma – neglect, physical, emotional, and sexual abuse. Additionally, many also have a genetic history of mental illness. Adoptive and kinship parents spend substantial time and monies in accessing in-home services, therapists, psychiatrists, socialization groups, and alternative programs to help support our children's emotional and mental health; as an example, for several years, about 1/3 of our income was spent on costs for our daughter's treatments, and I had to drop from fulltime to half time in my job as a geologist. But sometimes, despite the time and monies, the combination of adverse childhood experiences, loss, and mental illness can result in the need for out-of-home care for our children. Unfortunately, a loving, stable home does not necessarily translate to a stable child.

It's important to emphasize that adoptive and kinship families do not take out-of-home placement lightly – we have taken our children into our homes to provide a secure, loving and safe family for them. But sometimes, children with a history of trauma and mental illness need a higher level of care that just cannot be provided by a family home – we are not residential care facilities.

Children who were adopted from foster care and receive adoption assistance are categorically eligible for Medicaid. When a child with Medicaid potentially needs out-of-home care, the process begins by requesting an evaluation for out-of-home placement through our BHOs, Behavioral Health Organizations. The process for determining eligibility for out-of-home placement must be efficient and timely, and in those cases where the BHO denies eligibility, the appeals process must also be timely and efficient.

Thankfully, our families have access to an expedited appeals process as provided under CMHTA (the Child Mental Health Treatment Act). If the BHO denies treatment and the family appeals this decision within 5 business days, the BHO must review and make a final decision on the appeal within two business days. If the final BHO decision maintains the original denial for treatment, the family has the option, within five business days, to request a clinical review by an independent professional (objective third party



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independent of the BHO), who must make a decision on the BHO's action within three business days; the entire appeals process is generally less than 2 weeks, compared to weeks or months for Medicaid appeals not covered under CMHTA.

And the independent, clinical review is critical for our families. *Approximately 80% of BHO denials of out-of-home placements for CMHTA children are overturned by the independent reviewer!* If a child is in crisis, the family is in crisis; CMHTA provides the oversight needed to ensure that a child receives the level of care she/he needs in the event that the BHO decision is not appropriate.

I am currently supporting a mom who adopted a sibling group of three. She had requested an evaluation for out-of-home placement for one of her children, was denied, appealed the decision, was denied again by the BHO, and requested an independent clinical review; the independent reviewer found that the child was eligible for residential care, countering the BHO decision. Within one day of being informed of the reviewer's decision, the mom was contacted by the BHO agreeing that the child was eligible for residential care.

Our adoptive and kinship families who are parenting children with special needs require the protection and oversight provided by CMHTA. I am requesting your support for HB18-1094. Thank you.

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