



Please Support:

SB24-059, Children’s Behavioral Health Statewide System of Care

Senators Kirkmeyer, Michaelson-Jenet and Representatives Duran, Pugliese

Problem: Colorado’s children and youth are facing a behavioral health crisis unlike any we’ve seen before. Colorado’s behavioral health system is fragmented and lacks the full continuum of care that is necessary to meet the needs of all children and youth with behavioral and mental health care needs, substance use challenges, and/or intellectual or developmental disabilities. Colorado has a moral imperative to transform the system on behalf of our youngest residents.

Solution: A Statewide System of Care that serves children, youth, and young adults under the age of twenty-one with the following core-elements:

- Standardized screening and assessment earlier on to define treatment needs, direct families where to go, and inform treatment planning
- Expanded crisis response and stabilization services
- Tiered care coordination for moderate and intensive level of need with high-fidelity wraparound
- Individualized, culturally responsive, trauma-informed and evidenced-based services and supports (in-home, community based, and out-of-home)
- Parent and Youth Peer Support
- Respite Care
- Individualized, youth-guided, family-driven care planning

While Colorado’s system has some of these elements in some areas and for some populations, a single office needs to direct the entire system to uphold these core-elements in a coordinated network, so all of our families can access intensive behavioral health care support seamlessly.

States that have built a comprehensive children’s system of care have realized a variety of positive outcomes and cost savings, including: Decreased behavioral/emotional problems, suicide rates, substance use, and juvenile justice involvement; reduced use of inpatient psychiatric hospitalization, emergency rooms, residential treatment, group care, and detention; reductions in children going out of state to access care; increased school attendance and grades; fewer school failures; and improved family functioning and stability in living situation¹.

Bill Summary: SB59 creates the infrastructure to develop (pg. 7, line 17) Colorado’s System of Care, by creating an office within the Behavioral Health Administration (BHA) with the

For more information, please contact: Katie First | 614-774-6261 | kfirst@ccionline.org

¹Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). Return on investment in systems of care for children with behavioral health challenges. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

responsibility of creating an implementation plan due January 15, 2026. The plan will be built upon elements of the recent [G.A. et al v. Bimestefer settlement agreement](#) and be informed by a Capacity Assessment and Cost-Utilization Analysis.

Why this Solution: Various past efforts to implement components of a System of Care have been delayed, piecemeal and continue to lack momentum and synchronization between state and local governance and funding structures. Currently, the Behavioral Health Administration (BHA) and Health Care Policy & Financing (HCPF) are working *simultaneously, but separately* to make improvements to the behavioral health system through efforts such as the Behavioral Health Administrative Services Organizations (BHASOs), the Accountable Care Collaborative (ACC) Phase III changes, and the Children and Youth Behavioral Health Implementation Plan. While many of the same concepts and language are used in these efforts, they remain fragmented for one population over another, one agency, or only one funding source such as medicaid-only.

This bill explicitly directs the Behavioral Health Administration to bring together state agencies with counties and other stakeholders to determine, by 2026, how a statewide System of Care could be implemented, with certain fundamental changes required sooner in order to lay the groundwork for the expanded system.

SB24-059, Children's Behavioral Health Statewide System of Care Bill Details (as amended)

Background:

A Children's System of Care (SOC) is a continuum of home and community-based services and supports for children, youth, and their families, that is organized into a comprehensive, coordinated network. New Jersey's System of Care is often used as the north star, where families experience seamless access to the trauma-informed services and supports they need, regardless of insurance or payor-type. However, there are also several other states that have built a system of care and there's a lot of research and evidence for why this is so impactful.

The core components of Colorado's System of Care would include:

- Standardized screening
- Standardized assessment
- Tiered care coordination with Individualized, youth-guided, family-driven care planning
- Mobile crisis response, crisis stabilization, and crisis resolution team services
- Services, both in home and community based, that are individualized, culturally responsive, trauma-informed and evidenced-based
- Out-of-home treatment services
- Parent peer supports
- Youth peer supports, and
- Respite.

It's important to note - Colorado has many of these pieces in place, but our current system is not coordinated in a way that equitably meets the identified behavioral health needs of children.

Overview:

SB59 states that the Behavioral Health Administration, in partnership with other state agencies, "shall develop" (pg. 7, line 17) a System of Care with the following vision:

"Upon full implementation of the System of Care, the System of Care must serve as the single point of access to address the behavioral health needs of children and youth in Colorado less than twenty-one years of age" [page 7, line 18-21]

"The System of Care shall serve children and youth less than twenty-one years of age who have mental health disorders, substance use disorders, co-occurring behavioral health disorders, or intellectual and developmental disabilities" [page 8, line 2-6]

To develop the System of Care, the following will occur:

- Creation of an "Office of Children's Behavioral Health Statewide System of Care" in the Behavioral Health Administration with a Leadership Team & Advisory Council
- Creation of an "Implementation Team" who will create the "Implementation Plan" due January 15, 2026 with the plan and timeline to develop the full System of Care
 - Informed by Capacity Assessment & Cost and Utilization Analysis
- Various requirements for contracts with Managed Care Entities (MCE's) & Behavioral Health Administrative Services Organizations (BHASO's)
- Workforce Development
- Data Collection & Quality Monitoring
- Public Education & Outreach

Bill Outline:

- Require the BHA, in partnership with other state agencies, to develop a comprehensive children's behavioral health statewide system of care. Lay out vision and minimum requirements of the system, which include:
 - Statewide standardized screening
 - Statewide standardized assessment
 - Trauma Informed Crisis Services
 - Tiered care coordination for moderate & intensive levels of need
 - Parent & youth peer support
 - Intensive in-home and community-based services
 - Out of Home Treatment services
 - Respite Services
- Governance - create an "Office of Children's Behavioral Health Statewide System of Care" within the BHA with two initial staff positions.
 - Responsible for convening a leadership team with state department involvement (CDHS, HCPF, CDPHE, CDE, CDEC, DOI), county commissioners, director of county department of human services, families with lived experience, and representatives of consumer advocacy organizations
 - Responsibilities:
 - Determine whether HCPF or BHA should pursue a single statewide managed care entity
 - Determine expansion to private insurance
 - Evaluate the performance & effectiveness of the office
 - Oversee & advise the strategic direction of the office
 - Provide fiscal oversight of the office
 - Create & convene an implementation team (more on that below)
 - Create & convene an advisory council - to receive routine briefings from the state and may provide feedback and action items to ensure accountability and transparency.
 - Implementation Team
 - Includes: BHA, CDHS, HCPF, CDPHE, DOI, CDE, CDEC, county commissioners, county human services directors, families with lived experience
 - Provide an implementation plan by January 15, 2026
 - Implementation Plan - quite a few requirements & action items to determine, all in line with the vision for a System of Care - everything from a communications plan to expansion of services
 - Capacity Building Center
 - Grievance Policy - develop a process to monitor, report and resolve grievances.
 - Data Collection - to inform the implementation plan
 - Capacity Assessment to determine the availability of each type of service offered under the System of Care
 - Cost & Utilization Analysis of populations who will be included in the system of care
 - Requirements for contracting with Managed Care Entities (MCE's) & Behavioral Health Administrative Services Organizations (BHASOs)
 - Data & Quality team to identify key indicators of quality & progress (and more)
 - Workforce Development through a Capacity Building Center to train and certify providers in the array of System of Care Services.
 - Public Education & Outreach - public facing website & awareness campaign

SB24-059, Children's Behavioral Health Statewide System of Care

Frequently Asked Questions

Why does Colorado need SB24-059?

- Colorado's Children's Hospital declared a state of emergency for pediatric mental health in 2021 ([learn more](#))
- In the summer of 2023, 9News ran a series of stories about children with high-acute (intensive, complex behavioral health) needs and the state's inability to serve them
 - "Dad abandons son with autism at Longmont hospital and human services workers refuse to take custody", July 10, 2023 ([view here](#))
 - "Grandfather of boy abandoned at Colorado hospital pleads for help as lawmakers consider overhaul of child welfare and behavioral health systems", July 19, 2023 ([view here](#))
 - "Colorado child welfare leaders call on Gov. Jared Polis and lawmakers to help kids with severe behavioral health needs", July 25, 2023 ([view here](#))
 - "State of Colorado is sitting on land, money and buildings that could help kids with severe mental illness or adults who live on the street", July 26, 2023 ([view here](#))
- In April of 2024, Health Care Policy & Financing released a settlement agreement regarding Medicaid coverage for children in need of intensive behavioral health services ([learn more](#))
 - SB59 intends to build upon this settlement agreement, while creating an infrastructure to serve the entire children & youth population in the future
- Colorado has successfully identified individual components of a System of Care, however, our system is not coordinated nor sustainable.

Why 'task' building the System of Care with the Behavioral Health Administration?

- We want to work towards a system that serves ALL kids, regardless of payor
- The BHA was charged with "creating a coordinated, cohesive, and effective behavioral health system in Colorado" – a system of care is a coordinated & cohesive system
- In 2027 the bill requires the Leadership Team to make a recommendation as to whether the BHA remains the "right" home

Why does the bill prescribe the creation of an Office of Children's Behavioral Health Statewide System of Care?

- Insulated from the department to solely focus on the System of Care
- Symbolic of the "no wrong door" / single point of entry approach for the System of Care

What is the current fiscal note for SB24-059 & how will it be funded?

During the Child Welfare Interim Committee process, the initial fiscal note was estimated to be approximately \$1 billion.

However, after further analysis & amendments, the bill will cost \$2.6M in FY24-25 – this money has already been “set aside” during the Long Bill process.

For future/out-years, per the amended SB59, the implementation is subject to available appropriations [page 34, line 19-21]. This will allow the Implementation Team to incorporate into their implementation plan budget recommendations, including the pursuit of Medicaid waivers [page 22, line 8-9].

In addition, other states with a System of Care have had significant returns on investment in the long run, due to the following:

- decreases in behavioral and emotional problems, suicide rates, substance use, juvenile justice involvement;
- reductions in use of inpatient psychiatric hospitalization, emergency room visits, residential treatment and group care;
- reductions in children/youth going out of state to access treatment;
- increases in school attendance and grades;
- fewer school failures; and
- improvements in family functioning and stability in living situations.

How much have other states invested in their System of Care?

New Jersey's entire system of care costs \$813 million dollars annually and of that only \$483 million are state funds. For reference, New Jersey has more than a million more children and youth in their state than Colorado does.

Differences with BHA's Children & Youth Implementation plan

- By and large, the vision for the System of Care is very closely aligned with components included in the BHA's Children & Youth Implementation plan. While there are many shared values between the two, the BHA Implementation Plan does not commit to *building* a comprehensive system of care and in many places does not include funding to achieve its action items. SB59 actually requires the BHA to develop the System of Care, with requirements for timelines, reporting, transparency and accountability.

Differences with HB24-1038, High Acuity Crisis for Children & Youth bill

- HB1038 is needed in the short-term to address the immediate problems with our high acuity crisis and is complementary to the larger vision in SB59.
- The High Acuity bill does include a “System of Care” but it is only for children/youth on Medicaid, with high acute (complex) needs. To truly address the problem in the long run, we need a System of Care that serves kids before they reach the most acute, crisis phase of treatment.
- The high-acuity bill is valuable to ensure Colorado has the infrastructure and workforce to meet the treatment needs of children and youth with the most complex and acute behaviors, but it will not be enough on its own to reduce the number of children presenting with the highest unmet needs over time. To do that we need to look at and focus on a coordinated system and prevention in the long-run.



May 2, 2024

To the members of the House Health and Human Services Committee:

I am writing in strong support of Senate Bill 59, Children's Behavioral Health Statewide System of Care.

In choosing to run for office as a county commissioner, I was inspired by my work for the San Miguel County Public Health Department, for which I worked during the time our community reviewed results of the 2021 Healthy Kids Colorado survey. I was shocked when I read through the findings, which indicated that teens across Colorado and particularly on the east end of my county are in distress.

- 40% of Colorado high school students and 32% of middle school students said they suffer from depression at least sometimes.
- 17% of Colorado high school students and 24% of middle school students said they'd experienced thoughts of suicide in the past year.

Many teens are turning to substances for solace, often modeled by the adults around them, especially in resort mountain towns.

- In our county seat of Telluride, 38% of high school students said they had binge drunk in the past 30 days, consuming 5+ drinks within a couple hours. (A reminder that high school students are as young as 14-years-old.)
- 35% said they had used marijuana in the past 30 days, nearly three times the state level.
- Cigarette use in our high school is also three times the state level.

These children need help, and that help is not easy to come by in Colorado, especially in rural areas.

When my older son was 19 years old, my husband and I were called to his college campus because he had been committed to an acute care psychiatric facility. We had noticed odd behavior the past month, but had not recognized it as the beginning of a severe manic episode and psychotic break. He was removed from campus by law enforcement and emergency medical services, committed to the psychiatric facility by court order. Released after four days, and by no means recovered, our son returned with us to our home in rural southwest Colorado. The nearest psychiatric care facility was 120 miles away. The nearest psychiatrist was over 30 miles away, a visiting doctor who came to our county every two or three weeks. We were all terrified.

Our son required a dual diagnosis in-patient facility appropriate for a young adult, and no facility in the State of Colorado was suitable. We leveraged contacts nationwide to find the right place, and eventually took him to Memphis, Tennessee. Our family paid nearly \$30,000 out-of-pocket for one month of treatment.

We were the lucky ones. We had the time, the connections and the resources to find and pay for private care halfway across the country. Our son is now healthy and is thriving.

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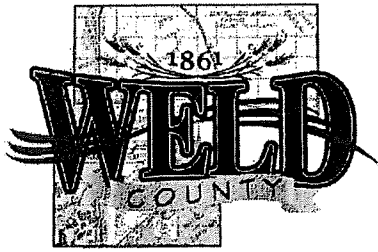
But none of us has fully recovered from the fear and anxiety we experienced during the time of his episode, stress due to lack of behavioral health care for children and young adults in Colorado. The data and our own experiences tell us that our children are suffering and need our help. It is time that the state steps up and provides a comprehensive system of care to support our youth during this vulnerable and formative time of life.

I ask you to please support and advance SB24-059.

With thanks,

Anne Brown
San Miguel County Commissioner
anneb@sanmiguelcountyco.gov
(970) 729-2491

(continued)



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April 30, 2024

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Representative Mary Young, Vice Chair
Representative Mary Bradfield
Representative Brandi Bradley
Representative Kyle Brown
Representative Regina English
Representative Eliza Hamrick

Representative Tim Hernandez
Representative Richard Holtorf
Representative Sheila Lieder
Representative Karen McCormick
Representative David Ortiz
Representative Ron Weinberg

Re: SB059 Children's Behavioral Health Statewide System of Care

Dear Chair Daugherty, members of the Health and Human Services Committee and our Weld County delegation,

I am writing to express support for SB-059, Children's Behavioral Health Statewide System of Care. Today in Colorado many children and youth are struggling with unmet behavioral health needs. The behavioral health system has not kept pace with the need for increased access to services. This leaves many children and youth falling through the cracks. The goal of this bill is to build and sustain a statewide System of Care to serve children and youth at the right time with the right service.

The bill's intent is not to duplicate already existing services or current plans for expanding services through ACC 3.0 and the BHA Behavioral Health Plan or to conflict with the HCPF Settlement Agreement, but to complement and expand these efforts and provide a mechanism to bring alignment to the many agencies working on behavioral health system change.

We have had multiple meetings with the BHA, HCPF and the Governor's office discussing this bill and identifying areas of alignment and differences. A concern that has been expressed is that the System of Care bill will cause silos within the BHA structure, potentially impacting how behavioral health services are delivered. Rather than viewing this as siloing behavioral health services, we should look at it as providing the proper level of attention to this traditionally underserved population. Children and youth behavioral health needs are vastly different than those of adults and it is important that there is an increased focus on improving access for this vulnerable population.

While there is general agreement with the need to improve the behavioral health system, there is disagreement on how we get to that end goal. The bill lays out a thorough plan with realistic timeframes for a cost and utilization analysis and a capacity study, which are necessary to inform the creation of the detailed implementation plan.

While it will take time before the system is fully implemented, it is important that we start the process now so that our most vulnerable populations do not have to continue to navigate a broken system while trying to get the services they need.

I respectfully request you vote yes on this bill.

Sincerely,

Jamie Ulrich, Director

Thursday, May 2, 2024

Members of the House Health & Human Services Committee:

During my four years as a county commissioner and member of Colorado Counties Inc. (CCI), the best unifier amongst a group of 200+ county commissioners from Breckenridge to Sterling, from Grand Junction to Durango, from Alamosa to Aspen, has been the imperative nature of improving our behavioral health system.

I am grateful for my colleague, Weld County Commissioner Scott James for bringing this idea to CCI. And for him and many of my other colleagues for sharing their personal stories. The stories are heartbreaking though. We are losing kids across the state from every geography and walk of life. That cannot continue and so we are here asking for change.

We know that the kids in OUR communities are struggling. And they are waiting for care, and while they wait, their needs elevate. Their needs are becoming more acute and more complicated. **They have to wait, to be in crisis, to get the care that they need.** Parents have to surrender their children to us, to emergency rooms, to get the care that they need. They are being sent out of state. They are languishing in settings that do not serve them. They are dying.

These kids are waiting for care because our state has not ensured it's available to them. And it truly is ALL our kids. Regardless of ability to pay or type of insurance. And I appreciate that the sponsors were thoughtful to ensure that they can still be considered in the future by the implementation team.

A fundamental problem with our system today, is that "commercial kids" get treated differently than "Medicaid kids". At the end of the day, they're all kids. Putting them in silo's does nothing to help them.

A fully implemented system of care lifts those silo's and care isn't delayed because of the payor source. Care comes first & the payment comes later.

We cannot let another generation grow up and enter adulthood without addressing their behavioral health needs. If this were any other illness this problem would have been solved already. If we are not willing to put the investment into our young people - what investment is worth it?

So with that, I humbly request that you to support Senate Bill 59.

Tamara Pogue
Summit County Commissioner

My name is Tiffany Pelham Webb and I am the Child and Family Advocacy Coordinating Attorney at the Harris Law Firm. I am providing this testimony on behalf of myself in support of SB-24-059. I was a Law Guardian in New Jersey from 2008-2016 where I represented children in abuse and neglect cases. Children who were removed from home and who needed mental health supports were screened and assessed through a single point of entry to the behavioral health system called Perform Care. A level of care was determined, and the child would be referred to that level of care with a preference for keeping the child close to home, but children would have equal access to whatever behavioral health services they needed throughout the state. In my 8 years in this role and the hundreds of cases to which I was assigned, I never once had a case where I felt a child was not able to access behavioral health services. There were obviously issues in these hundreds of cases but access to mental health services or substance abuse treatment for a child was never one of these issues.

My family relocated to Colorado and I was a guardian ad litem (GAL) in delinquency and crossover dependency and neglect cases from 2018-2023. I was surprised to find that children's access to services was a primary issue in nearly every single one of my cases. There was delay upon delay in children accessing services and no uniform way to determine level of care. There was a frequent issue in delinquency cases of who would pay for assessments, and then there was the issue of "local contracts" where a youth in one county would not have access to a behavioral health service that a youth in a different county would. A youth on my Colorado caseload died of a substance abuse overdose because there is no inpatient substance abuse treatment for youth on Medicaid in Colorado, and because of all the red tape getting in the way of trying to navigate an option for him quickly.

As an individual who worked as a child advocate in both the New Jersey system and the Colorado system, the lack of a cohesive system in Colorado and the myriad issues accessing the system has harmed children in our state. I am in strong support of this bill and I respectfully request that the Committee vote in favor of this bill tomorrow and fix this crisis for Colorado children.

Respectfully,
Tiffany Pelham Webb

Chair Daugherty, Representatives Brown and McCormick, and All Members of the Health and Human Services Committee.

Boulder County and CCAT (Counties and Commissioners Acting Together) support SB 59 Children's Behavioral Health Statewide System of Care. There are many reasons proponents are supportive of SB 59, and I will focus my comments on the impact this bill will have in improving the lives of children in my own county.

Within the past year, a young person in Boulder County with significant behavioral health needs, trauma history, and other diagnosis was hospitalized on a M1 hold. As happens often in Colorado, the hospital was unable to secure in-patient behavioral health treatment. Even involvement of multiple county and state partners did not resolve the issue of the lack of treatment for this young person.

If a statewide system of behavioral health care had been available, this young person would have had access to much needed behavioral health services at the time when it could have done the most good, much earlier than at this time of crisis. Instead, this young person languished and his crisis grew more acute over time.

Unfortunately, this outcome is not isolated, and many children and youth, especially those served by our child welfare system, have to wait too long to access services. Behavioral health treatment for young people can make a world of difference for children facing the trauma of abuse.

We also know that due to systemic and interpersonal bias and racism, Colorado's Healthy Kids Colorado Survey has reported that Colorado youth who identify as LGBTQ+ and who identify as multi-racial face disparities in mental health in our state. SB59 requires that the state collect data on access to services by race, ethnicity and other demographic factors and track our progress in addressing disparities in access to care.

Boulder County also supports SB 59 for its ability to prevent involvement in systems such as the juvenile justice system, where children and youth of color are disproportionately involved. Too often we hear from parents that they have searched endlessly for mental and behavioral health services before their child commits a crime, but were unsuccessful in finding treatment. SB 59 takes a bold step forward in ensuring all children in our state have access to care.

We know that SB 59 will take years to implement, and that success will not be guaranteed. What we and other proponents are asking for today is your willingness and commitment to step forward as a state to develop this system and to ensure that the people who are most disparately impacted are included as part of the development of that system. I appreciate the work of Majority Leader Duran and Minority Leader Pugliese in bringing this bill forward during the Child Welfare System Interim Committee, and your consideration of our input and testimony on this bill. We respectfully urge a yes vote today.

– Claire Levy, Boulder County Commissioner

Brittney Becerra

From: Brittney Becerra
Sent: Thursday, May 2, 2024 9:05 AM
To: Brittney Becerra
Subject: FW: CBHC supports SB 059 - in HHS tomorrow

Sent: Wednesday, May 1, 2024 5:11 PM

To: Lindsey.Daugherty.house@coleg.gov; mary.young.house@coleg.gov; Mary.Bradfield.house@coleg.gov; brandi.bradley.house@coleg.gov; kyle.brown.house@coleg.gov; regina.english.house@coleg.gov; Rep. Hamrick <eliza.hamrick.house@coleg.gov>; tim.hernandez.house@coleg.gov; richard.holtorf.house@coleg.gov; sheila.lieder.house@coleg.gov; Karen.McCormick.house@coleg.gov; David.Ortiz.house@coleg.gov; ron.weinberg.house@coleg.gov
Cc: monica.duran.house@coleg.gov; rose.pugliese.house@coleg.gov; Katie First <kfirst@ccionline.org>; Karen Wick <karen@swift-strategies.com>
Subject: CBHC supports SB 059 - in HHS tomorrow

Members of the House HHS Committee –

In the interest of slimming down your witness list for committee, I wanted to instead reach out virtually to express the Colorado Behavioral Healthcare Council’s support for SB 059 – children’s behavioral health system of care – which you’ll hear tomorrow.

We all know the mental health crisis confronting our youth. And despite numerous efforts to shore up our state’s behavioral health and child welfare systems, more work remains to be done. All of Colorado’s children deserve a system with robust outpatient, inpatient and residential services working in concert with each other, the child welfare system and our county departments of human services.

CBHC stands ready to partner with counties, BHA and HCPF to flesh out and implement the vision embodied in SB 059.

Eddie Sonn

Eddie Sonn, MPP

Senior Director, External Affairs

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CBHC

Colorado Behavioral
Healthcare Council

Supporting community resilience, guiding behavioral health innovation,
and partnering to enhance individual wellbeing throughout Colorado.



Counties & Commissioners Acting Together

Esteemed Members of the House Health & Human Services Committee,

On behalf of Counties & Commissioners Acting Together (CCAT) I am writing to express our enthusiastic support for the proposed legislation SB24-059 to establish the Office of the Children's Behavioral Health Statewide System of Care. We commend the foresight and commitment demonstrated by sponsors and all those involved in championing this critical initiative.

The establishment of a comprehensive children's behavioral health system of care, as outlined in the bill, is a monumental step forward in addressing the complex needs of our youth population. It is imperative that children and youth, have access to a seamless continuum of behavioral health services. By providing a single point of access to care, we can ensure that vulnerable individuals receive the support they need in a timely and efficient manner.

Across our state a significant number of children and youth experience mental health challenges, yet access to appropriate care remains limited. Far too often, families are confronted with fragmented services and long wait times, exacerbating the already daunting task of navigating the behavioral health system.

The bill's emphasis on required services, including a statewide behavioral health standardized screening and assessment tool, trauma-informed mobile crisis response, care coordination, peer support, and various community-based services, reflects a holistic approach to addressing the multifaceted needs of children and youth. These services are not only essential for early intervention and prevention but also for promoting long-term resilience and well-being.

Furthermore, the outlined implementation timeline demonstrates a commitment to accountability and transparency. By establishing clear tasks and deadlines, the bill ensures that progress towards the development and implementation of the system of care remains on track. The involvement of key stakeholders, such as the creation of a leadership team, advisory council, and utilization analysis, underscores a collaborative effort to design a system that is responsive to the unique needs of our communities.

As county commissioners, our members witness firsthand the impact of inadequate behavioral health services on their constituents. The strain on families, schools, and communities is palpable, highlighting the urgent need for comprehensive reform. By investing in the mental health and well-being of our children and youth today, we are investing in the future prosperity and resilience of our state.

In conclusion, CCAT wholeheartedly supports the passage of this crucial legislation to establish the Children's Behavioral Health Statewide System of Care. We urge the committee to support this legislation thereby demonstrating the state's collective commitment to the well-being of our most vulnerable population.

Sincerely,

Respectfully,

Thomas Davidson
CCAT Executive Director



illuminate
Building Brighter Childhoods

Members of the House Health and Human Services Committee,

My name is Lex Loutzenhiser and I am a Policy Manager with Illuminate Colorado, a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. I am submitting written testimony **to ask you for a 'yes' vote on SB24-059 Children's Behavioral Health Statewide System of Care.**

I want to highlight two main reasons Illuminate supports SB24-059:

1. **Establishing a children's behavioral health statewide system of care would promote protective factors that prevent child maltreatment.** Social and emotional competence of children and parental resilience are two of five research-informed protective factors for preventing child maltreatment.¹ When a child is experiencing a mental health challenge, children and caregivers may not be equipped with the knowledge and tools needed to respond to these challenges. Behavioral healthcare, such as counseling, case management, and peer support, provide youth with understanding and tools to develop positive mental health and provide caregivers with the knowledge and tools needed to respond to their children's needs. SB24-059 would promote protective factors by establishing a statewide system of care that would ensure caregivers and youth have access to the care needed to navigate mental health challenges and thrive.
2. **Bolstering a streamlined continuum of care would promote healthy outcomes for youth and families across Colorado.** Mental health challenges are rising among Colorado youth and Colorado lacks the infrastructure to effectively respond. According to Kids Count, one in six high school students seriously considered suicide in 2021 and, for children under the age of 18, mental health-related visits at emergency departments steadily rose between 2011 and 2021.² Other states that have established comprehensive statewide systems of behavioral health care have seen positive outcomes, including decreased suicide rates and mental health-related emergency visits.³ Accessible and affordable behavioral health care is integral to ensuring mental health challenges are addressed early and life threatening crises are prevented. SB24-059 is an important step toward ensuring all youth, from infancy to young adulthood and in every corner of the state, have access to the support they need.

When youth and caregivers have access to a comprehensive, children's system of care, we strengthen the foundation for families to thrive. **We urge you to support establishing a Children's Behavioral Health Statewide System of Care by voting 'yes' on SB24-059.**

Sincerely,
Lex Loutzenhiser, Policy Manager
lloutzenhiser@illuminatecolorado.org

¹ Center for the Study of Social Policy. (n.d.) About Strengthening Families and the protective factors framework. Retrieved From: <https://cssp.org/our-work/projects/protective-factors-framework/>

² Colorado Children's Campaign (2023). KIDS COUNT in Colorado! Retrieved From: <https://www.coloradokids.org/wp-content/uploads/2023/08/2023-KC-Book-proof-8.23.23a.pdf>

³ Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). Return on investment in systems of care for children with behavioral health challenges. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

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May 2, 2024

Madame Chair and Members of the Committee,

Each day, our team of dedicated professionals in Adams County Human Services pursue their deep belief in the potential and resiliency of the children and families they support. They have spent years in education and training and have produced miracles.

This team was unfortunately put in an unimaginable situation from October to December of 2023. Due to the lack of appropriate behavioral health services and placements for youth in Colorado, the only place for three youth to live was our County Human Services building. They did not have privacy, slept on inflatable beds, and lacked a routine. One child expressed that he felt left behind and no one wanted him, not even the hospital where he was treated, in his words, to "make his brain work better and think nicer thoughts."

Our Adams County Human Services team was amazing and had the full support of this board. They went above and beyond the job requirement of any human services professional. Staff worked 24-hours a day to make sure that these youth were cared for to the best of our ability. The trauma thrust upon our workforce is still being healed and may have changed them as professionals forever. The trauma thrust upon these children was avoidable. Our staff felt like they were failing although the real failure is an underdeveloped behavioral health system.

One of our affected case workers said, "It shouldn't be this difficult. Why can't all children get the care they need? It feels weird that I was the only one advocating for this child and why did I have to advocate so much? This didn't have to impact him so deeply. It didn't have to be so traumatic for him. I know this now because now that he has a good placement with the right therapeutic care, he is doing great."

Another staff noted the support of the entire department, we had an entire organization mobilize and come together," she said, "however, for me there was nothing to celebrate. There was no happy ending There was no ending where he got what he needed. I am forever changed by the outcome for my kid. He is now in detention. Had he had the right care, I believe in my heart he would be ok."

For the third youth who had to be placed out of state, our case worker said it was the most heart broken she has ever been in her career. She went on to say, "I had to tell his mom that we had no available care in Colorado for her child. It was the day before his birthday. She is a great mom. It was the first time in 17 years that they could not share his birthday together. Can you imagine this? My heart hurts for this mom. She wants her child to be well but also wants to see him."

In Adams County during 2023, 15 youth experienced a day or more in our building, 20 children stayed in the hospital longer than they should have, and 27 children stayed in detention longer than they should have. We must do better for all Colorado kids and we must do it now. We must create a system that

addresses the entire spectrum of the youth behavioral health problem and implement upstream solutions that prevent children from ending up in county buildings with inappropriate care. This is not sustainable. This is about equity and long-term fiscal responsibility. Our county human services departments cannot shoulder this evolving youth behavioral health crisis. We must invest in a system that supports our youth before this point is reached. We urge you to vote yes for SB-059 to prevent this experience from happening to more children, families, and workforce.

Sincerely,



Emma Pinter, Chair
Board of County Commissioners

Good afternoon and thank you to the committee for the opportunity to testify in favor of Senate Bill 24-059. My name is Dana Flores and I am the CO Campaign Coordinator for the Youth Justice Team at the National Center for Youth Law. The National Center for Youth Law is an advocacy organization that empowers young people to use their lived experience to transform systems for the better. The National Center for Youth Law endorsed this bill because the System of Care model is good public policy.

The System of Care model will save lives and it will save money. As the committee is well aware, we are experiencing a behavioral health crisis in Colorado. Children are sitting in detention as a result. Families are burying children who have overdosed as a result. We're literally shipping kids to other states to get the care they need. That makes no sense.

When we try to address behavioral health needs through the child welfare system or through the juvenile justice system, we place too heavy a burden on those systems. We also often inadvertently start off on the wrong foot with youth and families. When we offer behavioral health support in the context of a child welfare or juvenile delinquency investigation, we are essentially asking young people "what is wrong with you?" in our very first interaction. The System of Care model isn't just an efficient method to connect people to behavioral health services— it's a better way to establish a relationship with youth and families. It's a model that is empowering rather than antagonistic.

This bill proposes an infrastructure and a funding process to access behavioral health services that would reduce reliance on the juvenile justice and child welfare systems to both pay for and provide those services. Simply put, the System of Care model is a worthwhile investment in public health and this is the right time to make that investment. I appreciate the opportunity to testify in support of this bill and I ask you to vote in favor of SB 24-059.

Hello, my name is Ashley Chase and I am a staff attorney and legislative liaison at the Office of the Child's Representative. OCR is the state agency that oversees attorneys across the state who represent children and youth or their best interests in every dependency and neglect case, at the discretion of the Judge in Juvenile Delinquency cases, and in approximately 10 other case types. OCR participated in the Child Welfare Interim Study Committee and was pleased to see this bill come forward for introduction this session. The lack of placement options for children and youth with the highest needs continues to be a frequent frustration raised by contract attorneys in case staffings, on the OCR listserv, and in surveys. Searching the term "placement" in the OCR listserv archive comes up with 1,946 results. It is not uncommon for youth with very high needs to be kept in detention, a hospital setting, or some other temporary situation (like a room at DHS). Often there are beds available in certain facilities, but they will not accept a particular youth because the youth does not meet the programming requirements. Guardians *ad Litem* and Counsel for Youth have very little recourse when this happens and it is painful to see a youth in such an untenable situation. There is not one solution to this problem as it will require many solutions across the spectrum of needs and placement issues. This bill is one of those important pieces and OCR hopes you will join us in support of HB24-1038.