

Behavioral Health Children, Youth & Families Pillar

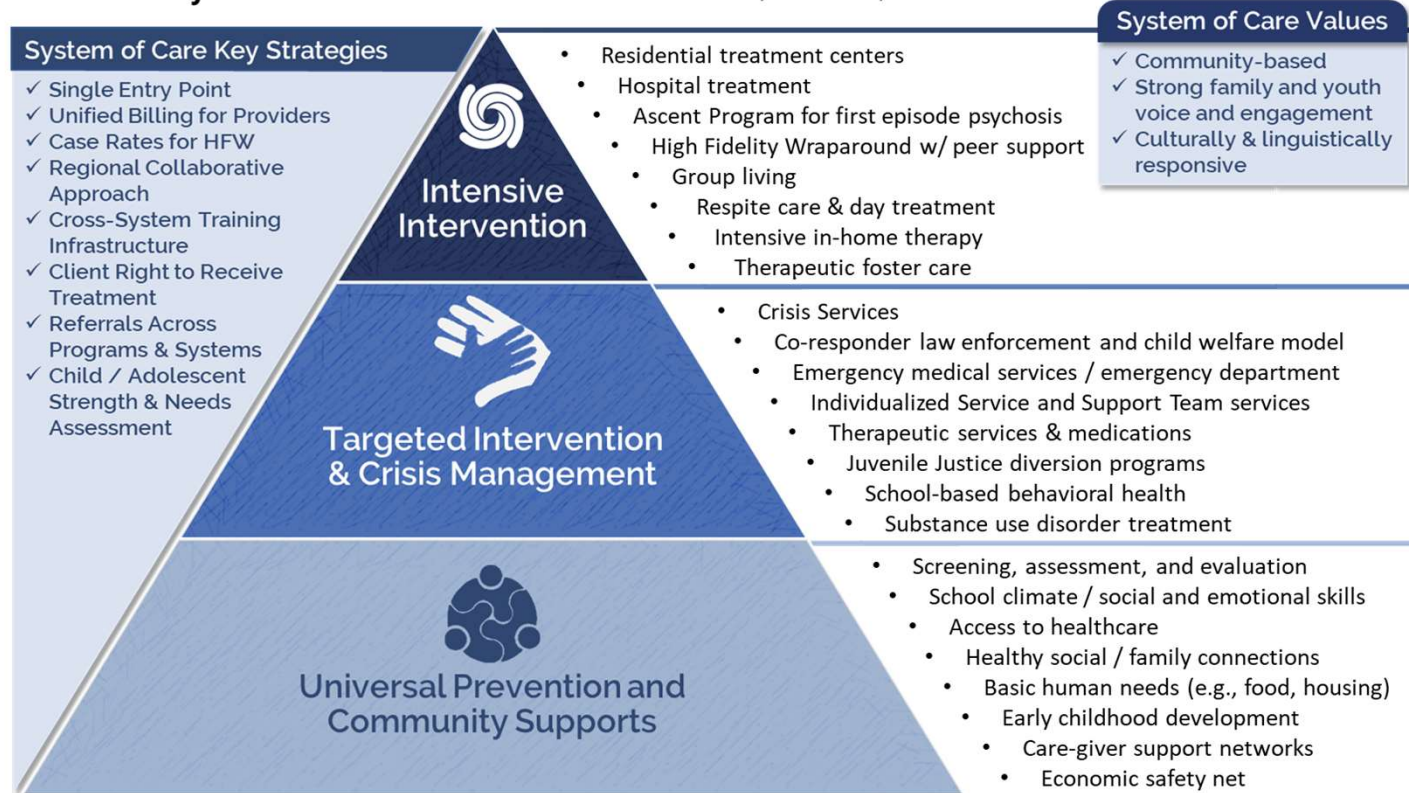
Preliminary Draft Recommendations

November 9, 2021

The recommendations focus on the areas:

- Bed-based care
(see other presentation)
- 1. Child Welfare, Juvenile Justice and Community-based Supports
- 2. Prevention
- 3. Consultation

Colorado System of Care Model for Children, Youth, & Families



1. Child Welfare, Juvenile Justice & Community-based Supports *(Funding)*

- 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). (\$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. (\$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. (\$800K)

For Discussion Purposes Only

1. Child Welfare, Juvenile Justice & Community-based Supports *(Funding)*



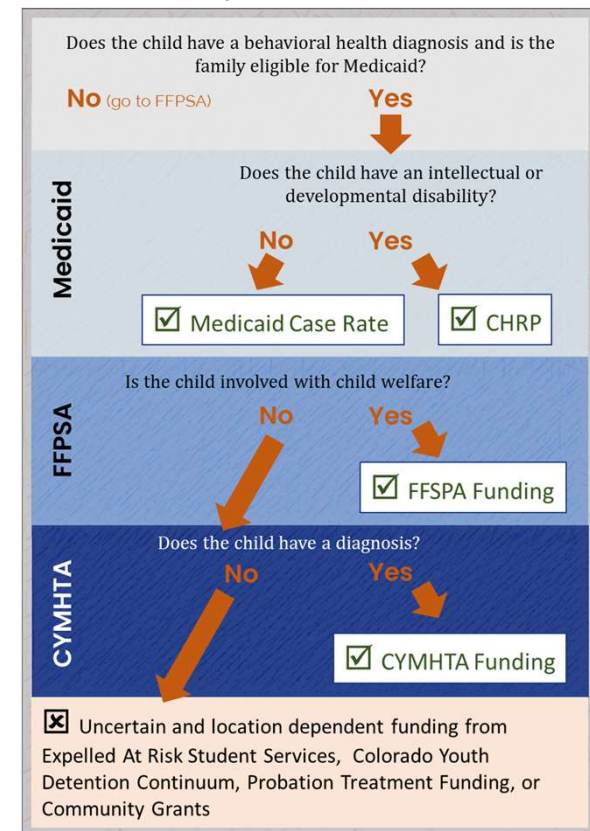
D. Expand caregiver interventions: Further develop and support an infrastructure and standards for intensive psychoeducation, coaching, and support for caregivers of children and youth with behavioral health challenges, including for therapeutic foster and adoptive homes retention and training. (\$300k)

- 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. (\$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. (\$10m)

1. Child Welfare, Juvenile Justice & Community-based Supports (*Policies*)

- 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 and school liability:** Develop liability similar FTCA liability coverage provided to FQHC employees or peace officers. This would be for school counselors, school social workers, and others working in safety net healthcare space.
- 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

High Fidelity Wraparound Payer Example



For Discussion Purposes Only

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. (\$4m)
- 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. (\$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. (\$5m)



For Discussion Purposes Only

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 HRSA's Pediatric Mental Health Consultation Access program in 2023. (\$2.6m)

