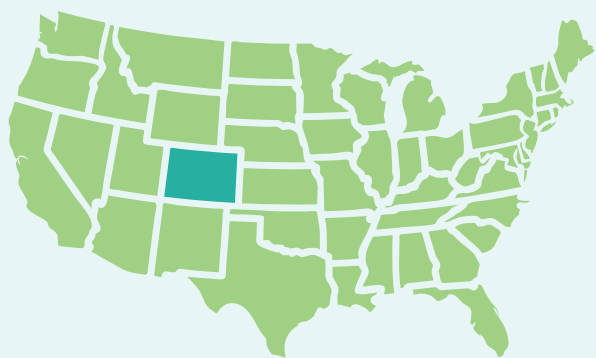


Executive Summary

ROADMAP FOR CHILDREN'S BEHAVIORAL HEALTH: FOUR-YEAR STRATEGIC PLAN



Colorado is in the midst of a children's behavioral health crisis.



National rankings for children and youth:¹

48th Colorado's overall ranking for children's mental health

47th prevalence of major depression

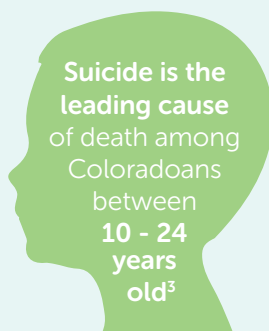
Last alcohol dependence and illicit drug use

A low overall ranking indicates higher prevalence of mental illness and lower rates of access to care.



1 in 3 Colorado high school students

reported experiencing sadness or hopelessness that impacted their usual activities for at least two weeks²



The Emergency Department at Children's Hospital Colorado has seen

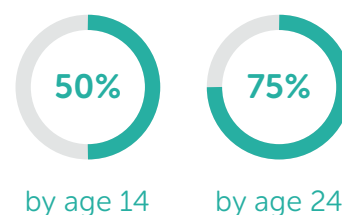


6X increase
in admissions because of a suicide attempt

Children are not small adults.

It is not widely recognized that childhood and adolescence are critical periods of risk for the onset of mental health challenges. In fact, 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.⁴ Despite these statistics, there is too little attention on early identification and intervention — which could improve outcomes for children and youth before these conditions become far more serious, costly, and difficult to treat. Sadly, data show an average delay of 8 to 10 years between the onset of symptoms and intervention; these are critical developmental years in the life of a child.⁵ In most behavioral health systems treatment models are designed for adults and the importance of children's behavioral health needs are an afterthought. This has to change. Neglecting the critical needs of children with mental health challenges is a failure that not only leads to suffering for the individuals, but also has a devastating impact on family functioning. Not surprisingly, the longer-term impact comes at a great cost to society through loss of productivity, greater burden on our social services and justice system, and loss of life. This is both tragic and preventable.

LIFETIME CASES OF MENTAL ILLNESS BEGIN



Social determinants of health.

Significant health disparities in access to behavioral healthcare contribute to these stark statistics. Many children in Colorado experience the cumulative burden of numerous social risk factors, including poverty, trauma, low resourced or unsafe neighborhoods, and housing insecurity. This burden is more than any child can be expected to overcome without significant support, yet support is often difficult to access. Children with these risk factors are much more likely to experience mental health challenges, and are overrepresented in 'deep end' services including child welfare, juvenile justice and corrections, and more intensive and restrictive treatment settings such as residential care.⁶ A fragmented and underfunded behavioral healthcare system has let these families down. This must be changed.

What can we do to address this crisis?

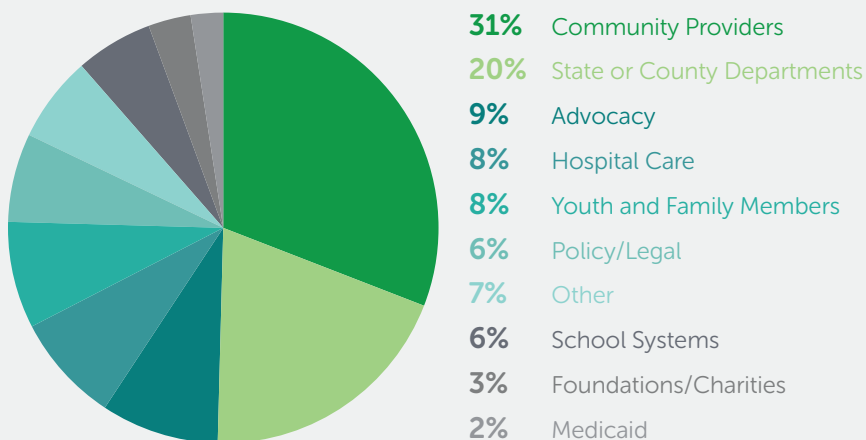
We recognize that these challenges are not simple, but are complex and require alignment across many state and local entities. But because of the passion and commitment of a broad array of community stakeholders, we have hope for meaningful change. Other states across the U.S. have faced similar challenges and serve as models for making this journey. As a first step in Colorado's journey, Partners for Children's Mental Health (PCMH) facilitated a strategic planning process between June and September, 2018, for the State of Colorado. PCMH reached out to more than 600 community stakeholders (representing more than 260 organizations) to invite their participation in the Roadmap workgroups. Workgroup topics reflected the System of Care^{7,8} framework, an evidence-based model for the development of an effective children's behavioral health delivery system. Overarching goals were to:

- Establish a State entity with primary responsibility for overseeing the children's behavioral health system
- Ensure that behavioral health care is of the highest quality possible
- Strengthen the behavioral health workforce, so that if a family needs care, they can find it quickly
- Reduce the barriers to accessing care for families, particularly those in rural communities
- Determine funding based on the treatment needed, rather than offering treatment based on the funding available
- Help families navigate the complexities of the behavioral health system

"We need a behavioral healthcare system that makes the families' needs its top priority"

During the goal development process, workgroups were asked to evaluate any recommendations put forth with a critical eye before finalizing any goal. Considerations included the type of change proposed, who would be impacted, who would drive the change, what the expected benefits were, and what resources would be needed to accomplish the goal. Workgroups identified 30 specific goals (see back page) to prioritize for the 4-year strategic plan.

117 AGENCY WORKGROUP PARTICIPANTS



How can you get involved?

If you are interested in reading the complete Strategic Plan or learning more about our efforts to move this plan into action, please contact us at: PCMH@childrenscolorado.org. If you are passionate about contributing to the solutions, there are many ways to get involved. Reach out and join the Child Health Champions, a grassroots advocacy network of people who care about kids' health and wellbeing and want to make a difference. Visit cqcengage.com/childrenscolorado/childhealthchampions.

Moving forward

Our work has just begun. The next phase is a review of all 30 goals with key stakeholders, who will draw up a phased implementation strategy in partnership with advocates and organizations across the state. This effort will include identifying agencies who are well positioned to drive roadmap priorities, build a coalition of support from children, youth, and families, develop policies, and seek funds for major initiatives. If you would like to make a financial contribution to support this work, please go to childrenscoloradofoundation.org/ways-to-give/pmhi.

References

- ¹ Mental Health America, *The State of Mental Health in America 2018*; (2018).
- ² Colorado Department of Public Health and Environment, *Healthy Kids Colorado Survey: Executive Summary*. (2015).
- ³ Brummet, Fine, Hindman, & Myers; *Office of Suicide Prevention in Colorado, Annual Report FY 2016-2017* (2017).
- ⁴ National Institute of Mental Health; (Brief) *Mental Illness Exacts a Heavy Toll Beginning in Youth*. (2005).
- ⁵ Mental Health America, *The State of Mental Health in America 2018*; (2018).
- ⁶ Nagel, N.J. and Fox, D, *Colorado's High Intensity Mental Health Service Utilizers: Overlap with Child Welfare, Juvenile Justice, Substance Abuse, and Developmental and Intellectual Disability Services: A Supplementary Report*; Colorado Department of Human Services, Office of Behavioral Health (2015).
- ⁷ Pires, S, *Building Systems of Care: A Primer* (2nd Edition, 2010).
- ⁸ Stroul, B. Issue Brief – *Systems of Care: A Framework for System Reform in Children's Mental Health* (2002).

Goals

Governance

- Establish a centralized governing body with authority, clarity, capacity, and credibility to govern the Colorado children's behavioral health system.
- Identify, formalize, and fund a systems management entity to serve as locus of management accountability for target populations within Colorado's children's behavioral health system.

Finance

- Create a financial map for the children's behavioral health system to understand the system in relation to prevalence, need, utilization, and cost.
- Execute a pilot project that blends and braids funds of relevant child serving systems into a joint funding venture.
- Develop a communication and engagement package to facilitate buy-in of stakeholders – inclusive of state and local entities and families – for blending and braiding of funds.
- Collaborate with Colorado Division of Insurance to define essential health benefits for children's behavioral health.
- Establish legislation that a) directs HCPF to exercise the optional scope of work in the Regional Accountability Entities' contracts to support Wraparound and Family Support Partners during the current contracting cycle, and b) establishes support for Wraparound and Family Support Partners in future contracts.
- Refine value-based contracting models that directly link financial incentives to improvements in process measures and outcomes with consistent metrics across systems.
- Establish standardized utilization management guidelines for determining the optimal dose and duration of behavioral health treatment.

Quality Improvement

- Reach consensus among Colorado child serving agencies on core set of indicators and outcomes to be assessed as children/families enter or exit any child serving system.
- Develop and Implement a comprehensive set of strategies to support evidence-based practices and core competencies.
- Implement PracticeWise in a select set of communities with sufficient funding to allow for time to implement and evaluate outcomes with the expectation that, in the case of effective results, communities will commit to scaling and sustaining PracticeWise for a set number of years.
- Form quality taskforce to design and build system-wide support for a secure data infrastructure that will store and control access to quantitative data and qualitative data such as integrated care/case/treatment plans and crisis plans, as appropriate.
- Develop a set of metrics, which will assess and monitor whether providers meet eligibility criteria for value-based contracting. Metrics will center on patient/family satisfaction and measured outcomes such as family functioning, school attendance, and clinical improvement.
- Develop and utilize a CQI process with an integrated data system that, in addition to assessing child and family outcomes, monitors and provides feedback on fidelity, acceptability and feasibility of care, at the child and family, practice and system levels.

Care Coordination

- Develop statewide, tiered care coordination model that relies on data to determine the needed intensity of care coordination and defines the model of care coordination for each tier.
- Establish regulations and funding to support within the governing body for children's behavioral health for development of statewide, locally-operated care management entities to administer care coordination to children, youth, and families.
- Allow care coordination teams to define medical necessity by developing a service package for each tier of care coordination, which is informed by other state models and Colorado state data.

Service Array

- Improve the data metrics for measuring and reporting Colorado's network adequacy.
- RAE's, state agencies and private managed care companies to conduct a uniform service array assessment on a reoccurring basis that includes a portion where families and youth report on their experience of the service array. RAE's, state agencies, and privately managed care companies to report out on the service array assessment results.
- Develop an agreed-upon set of core service strategies (i.e., a range including services, resources, coordination, and supports) to be made available across the state.
- The children's behavioral health governing body will form a taskforce, representative of child serving system stakeholders, charged with establishing agreed-upon standards for culturally and linguistically responsive engagement/outreach, assessment, and services.
- Identify a set of strategies that support the recruitment and retention of clinical staff in order to address the Colorado workforce shortage.
- Establish a taskforce charged with developing a set of core competencies for all providers of behavioral health services.
- Fund and implement a centralized resource hub to train, coach, and credential care coordinators and family and youth peer support specialists statewide.

Access, Screening, and Assessment

- Establish a universal screening procedure for developmentally appropriate childhood/youth behavioral health risks and symptoms; establish statewide utilization of the tool by Colorado's child-serving agencies following training and implementation support.
- Establish a standardized approach to child/youth behavioral health assessment that also assesses youth and their families for the social determinants of health.
- Establish a "hybrid" model of system entry with 'no wrong door' access points as well as a centralized 'wellness' help-line.
- Develop, staff, and sustain the centralized access point for children and families with 'family navigators' and 'support partners' to answer calls and follow the family through linkage and engagement of services.
- Design and deliver a 'whole-person wellness' curriculum (adapted from SAMHSA's "Eight Dimensions of Wellness") for children and families that will address how different system stakeholders can support whole family, whole child/youth wellness.