SB 19-195 Developing a Pilot Program

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Agenda

1. Legislative requirements
2. Our approach to the work
3. Examples from other states
4. Discussion questions
5. Next steps

Legislative Declaration: The general assembly finds and declares that, in 2017, suicide was the leading cause of death for children and youth 10 to 24 years of age in the state of Colorado. Childhood and adolescence are critical periods of risk for the onset of a behavioral health disorder. Nationally, half of all lifetime cases of mental illness begin by 14 years of age, and three-quarters begin by 24 years of age. Children and youth may be exposed to trauma, maltreatment, and other adverse childhood experiences that may be risk factors for behavioral health diagnoses in adolescence and adulthood, and there is a need to strengthen the protective factors for child and youth health and safety because children and youth have unique physical and behavioral health needs. Additionally, many children and youth are left undiagnosed and untreated because they have not been exposed to adverse childhood experiences or do not show outward signs that would identify the child or youth as at risk.

Section 25.2-5-804. Integrated Funding Pilot

- The Department, with CDHS, other relevant departments shall design and recommend a child and youth behavioral health delivery system pilot program that addresses the challenges of fragmentation and duplication of behavioral health services.
- The pilot program shall integrate funding for behavioral health intervention and treatment services across the state to serve children and youth with behavioral health disorders.
- To implement, the Department shall collaborate with CDHS, other relevant stakeholders, including counties, managed care entities, and families.

Our Approach

Developing Options

- **Literature Review**
  - Colorado reports
  - Other state models and national reports
- **Conversations with CO Stakeholders**
  - RAEs
  - Counties
  - Family Groups
  - State experts
- **Conversations with other state and national experts**
- **Implementation Options Plan (fewer than 5)**
  - Consideration from State leaders

Coming to Consensus

- **Convening of child and youth serving agencies and county leaders**
- **Develop shared strategy from convening and Implementation Options plan**
  - 2 public comment meetings
  - Survey or similar data collection strategy
- **Final meeting of child and youth serving agencies and county leaders**
- **Final Report**

But first…some definitions*

Braiding

Coordinating funding and financing from several sources to support a single initiative or portfolio of interventions (usually at the community level). Braiding keeps funding/financing streams in distinguishable strands, so each funder can track resources.

Blending

Combining different streams into one pool, under a single set of reporting and other requirements, which makes streams indistinguishable from one another as they are combined to meet needs on the ground that are unexpected or unmet by other sources.

* Trust for America's Health. (2018) Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples

What services are we targeting?

Intensive Family Therapy

Multi-Systemic Therapy (MST)

MST is an intensive family- and community-based treatment targeting chronic, violent or substance abusing juvenile offenders at high risk of out-of-home placement and their families. MST strives to promote behavior change in the youth's natural environment, using the strengths of the systems with which the youth is involved (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. Within a context of support and skill building, the mental health provider (MHP) places developmentally appropriate demands on the adolescent and family for responsible behavior. A home-based model of service delivery aids in overcoming barriers to service access, increasing family retention in treatment, allowing for the provision of intensive services (i.e., MHPs have low caseloads), and enhancing the maintenance of treatment gains. The primary goals of MST are to reduce anti-social behavior, reduce out-of-home placement, and empower families to resolve future difficulties.[1]

Functional Family Therapy (FFT)

FFT is an evidence-based intervention for youth and families designed for 11-to-18-year-old youth who are at risk or have been referred for behavioral or emotional problems. This high-quality, strength-focused family counseling model is designed primarily for at-risk youth who have been referred by the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole systems, and mental health facilities.[2]

High Fidelity Wraparound

High-fidelity wraparound is an individualized approach to helping children, youth, and families with complex needs. Service providers, natural supports and the youth and family work together to help achieve the family vision. The team honors the strengths, voice, and culture of the family to build confidence and experience success at home, in school, and in the community.[3]

Other intensive home and community-based services

Respite

Respite Care Services are temporary or short-term care of a child, adolescent or adult provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers with whom the Member normally resides, designed to give the usual caregivers some time away from the Member to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges.[1]

Day Treatment

BH Day Treatment is a non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and neurobiological/ Substance Use (SA) problems and may be at high-risk for out-of- home placement. Day Treatment services include psychotherapy (family, group, individual); parent-member education; skill and socialization training focused on improving functional and behavioral deficits, and intensive coordination with schools and/or other child service agencies.[1]

[1]HCPF & OBH Uniform Service Coding Standards Manual; [2]Functional Family Therapy - https://www.fftllc.com/fft ; [3]COACT Colorado - https://coactcolorado.org/wraparound

What are other states doing?

28 states with unique financing strategies responded to 2006 survey

- 85% report financing for community-based health services and supports for children and families in their own homes that might prevent more restrictive placement
- 65% implemented at local level on a statewide basis; 13% only in certain areas
- Target populations vary:
  - 10 states – child welfare
  - 10 states – children in custody
  - 11 states – children with MH needs (child welfare, kids with SED at risk of immediate placement out of home
  - 5 – parents, caregivers, other family members
- Agencies involved: child welfare (89%), mental health (83%), Medicaid (65%), juvenile justice (61%)
- 94% used some federal funds, most used state funds too

A case study: Virginia's Children's Services Act

- Legislatively mandated in 1994 for **statewide** implementation
- **Population**: at-risk youth (not just those in child welfare or juvenile justice)
- **Financial Structure**:
    - Blends $$ from social services, juvenile justice, education and BH (pooled funds)
    - Local contributions to state pool
    - Braids in federal dollars
- **Governance structure**:
    - Cross-agency State Executive Council
    - Local Community Policy and Management Teams (CPMT) (appointed by local governing body) which authorizes funds to pay for services
    - Family Assessment and Planning Teams
        - Ensure single care coordinator, develop individual plans
        - Services can be paid for by pool funds, federal dollars
- Broader array of **services** than our pilot

Lessons from VA

- Clearly identify responsible entity and roles and duties (articulated in legislation in VA)
- Take time to collect stakeholder input
- Identify goals and measure progress
- Build and fund state-level administrative structure with one entity in charge
- Consider terms of funding sources
- Bring decision-makers to the table
- Tailor system to each state

Colorado

- COACT Colorado

  A system of care for children and youth with behavioral health challenges and their families. High-fidelity wraparound is an individualized approach, bringing together providers, natural supports and the youth and family to create effective and efficient solutions for families who have complex needs and are involved in multiple systems.

  - Communities of Excellence in green

- Momentum

  The Rocky Mountain Human Services (RMHS) Momentum Program,, with funding and administrative support from OBH, helps with the transition of children and adults from inpatient mental health institutes, hospitals, home and other care settings to community living. Our care team assesses the needs and goals of individuals and families, collaborates to create plans and build support systems to support successful transitions, and helps to identify community resources.

Discussion

1. What examples of integrated funding for youth behavioral health have you seen or been part of? What were keys to success and what were challenges?
2. When you think about Colorado and our systems, what do you see as barriers or successes to implementing a pilot that would integrate funding?
3. Should we consider implementing a regional roll-out? That is, start with a few communities first?
4. If you could wave your magic wand, what would you do? Why?

Next steps

- Do you want us to come back?
- Or, we could set up a separate time for a smaller focused workgroup?
- Who is most important for us to speak with here in CO and in other states?

Thank you!

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