

## CBHC BOARD POSITION STATEMENT

### *Addressing the Behavioral Health Needs of Children and Families*

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#### Position Statement

Colorado's children and families must have access to a robust, community based, high quality service array regardless of their coverage. Policies must promote flexible, value-based payment models, parity enforcement, and strengthen the behavioral health workforce to adequately address the needs of children and families.

#### Background

Behavioral health system transformation must address the unique needs of Colorado's children and families. According to the [Roadmap for Colorado's Behavioral Health System for Children, Youth and Families](#), Colorado ranked 48th in the country when analyzing several indicators including the prevalence of mental illness and access to care for children and youth. As reported in the [2020 Colorado Behavioral Health Needs Assessment](#), among children ages three to 17 years, 22.6 percent have a mental, emotional, developmental, or behavioral problem in Colorado.

COVID-19 and the subsequent economic recession have contributed to increased behavioral health concerns and stressors for children and families. The severity of need has also increased. According to [the CDC](#), the proportion of mental health-related visits to the emergency department for children aged 5–11 and 12–17 years increased in 2020 approximately 24% and 31%, respectively. Children's Hospital Colorado reports a 10% increase in pediatric patients presenting with concerns for suicide or actual attempts in 2020.

CMHCs serve a critical role in the behavioral health safety net for children and families. In 2020, CBHC members served 61,440 clients under the age of 18. CMHCs are the primary providers of lower cost, high impact services covered under Colorado's 1915(b)(3) waiver and are the largest provider of services for indigent/uninsured and underinsured populations. Many CMHCs offer early childhood services, school-based prevention and treatment services, evidence-based practices for children and families, early intervention and home-based treatment and family support programs.

A myriad of policy and payment related issues present opportunities for fully meeting the behavioral health needs of children and families in Colorado. The State of Colorado is undertaking a multi-year process to transform behavioral healthcare. As we look towards the development of a Behavioral Health Administration, it is timely that we consider the unique and nuanced needs of children and families. A comprehensive array of services that are appropriate and tailored to children must be developed through sustainable, flexible payment models.

#### Policy Priorities

- ❖ CBHC supports policies that create a more cohesive, aligned administrative structure at the state level with oversight of behavioral health services for children and families.
  - Create a shared vision across state agencies of behavioral health prevention and services for children and families
  - Ensure child and family focused leadership and expertise within the emerging Behavioral Health Administration
  - Recognize the pivotal role of community mental health centers in meeting the behavioral health needs of children and families, including prevention, service provision, and care coordination
  
- ❖ CBHC supports policies and legislation that ensure a full continuum of care for children and families, including health promotion, prevention, treatment, and recovery.
  - Increase the availability of comprehensive screening, early intervention and prevention services in early childhood/day care centers, schools, primary care, community behavioral health and other child-serving settings
  - Implement youth and adolescent suicide prevention strategies within community settings that teach coping, problem-solving and stress management skills; promote social connectdeness; create protective environments; and address individual and family needs
  - Expand acute care, residential and in-patient treatment for mental health, substance use disorders, and co-occurring disorders
  - Conduct a gap analysis to understand the availability of mental health and SUD services for children so as to guide investments
  
- ❖ CBHC supports the development of specialty services to meet the needs of at-risk child populations, including children with multiple system involvement such as the child welfare and/or criminal or juvenile justice system, transition-age youth, and children from communities of color.
  - Expand respite care programs and therapeutic foster homes
  - Ensure availability of behavioral health screening and therapeutic services for youth in detention facilities
  - Address licensing issues that may be limiting the availability of overnight services
  - Engage community behavioral health providers in family welfare determinations
  - Expand targeted programs for transition-age youth as they move between pediatric and adult focused services
  - Increase access to and financial support for wrap-around services, evidence based treatments for first-psychosis and other evidence-based practices
    - Ensure rural and frontier communities have the flexibility to adapt models in response to local capacity and needs

- ❖ CBHC supports flexible, value-based payment models that cover the full cost of care, allow a reasonable reinvestment margin, and support a full continuum of mental health and SUD services for children and families.
  - Increase investment in prevention and services that address the social determinants of health
  - Leverage MSO 202 funds and/or capitalize on increased SUD block grant funds to expand SUD services for children and adolescents
  - Utilize payment methodologies tied to value rather than volume that incentivize high quality, appropriate levels of care with strong outcomes
  - Enable behavioral health providers to provide services that follow best practices in addressing two-generation family needs without having to open a separate clinical record for the family members
- ❖ CBHC supports policies and legislation that encourage bi-directional, whole-person care for children and families.
  - Expand services to address the social determinants of health and support family well-being, including robust care coordination, for all children and families regardless of payer source
  - Promote community partnerships and outreach strategies to engage families through natural supports
  - Eliminate requirements that targeted case management be formally written into the treatment plan
  - Align incentives and facilitate whole person care in both primary care and specialty behavioral health settings
- ❖ CBHC supports enforcement of parity laws and expanded access to care for children and families with private insurance.
  - Align covered services under private insurance with the more robust continuum available through Medicaid.
  - Ensure services are available based on clinical need rather than being tied to a limited range of diagnoses.
  - Enforce and enhance federal and state parity laws
    - Coverage of children’s behavioral health services must be equally accessible as physical health and not be more stringent in requirements around covered diagnoses, prior authorizations, or other non-quantitative treatment limitations.
- ❖ CBHC supports policies and legislation that help expand and support the behavioral healthcare workforce for children and families.
  - Make training in child and family systems available so a broader swath of behavioral health providers may gain the needed expertise to work with these populations

- Address policy barriers that reduce workforce capacity such as adding LPCs and LMFTs to the list of allowable providers within private insurance and expanding the role of non-licensed clinical staff such as child-serving peers, BA level navigators and care managers
- Allowing broader supervision and oversight of child trained clinicians e.g. licensing
- Minimize the regulatory and administrative burden associated with providing behavioral healthcare and ensure parity in administrative requirements with pediatric physical healthcare
- Pursue opportunities that enhance community based behavioral health providers' ability to compete with private provider systems, primary care and hospital systems in attracting and retaining a high-quality workforce skilled in working with children and families.

**Effective Period:**

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 08/19/2021. It is reviewed as required by the Public Policy Advisory Committee.

**Expiration:**

08/19/2023