Children's Mental Health in Colorado:
Policy Challenges & Opportunities

Colorado Children's Campaign

Children's Hospital Colorado

CCHAP

Why Children's Mental Health?

- Mental health is a cornerstone of child well-being and there is a strong link between a child's mental health and his or her school readiness, academic success and long term health and life outcomes

- Nationally less than half of children's social-emotional, developmental or mental health problems experienced are detected before they enter school

- Without early identification and intervention, children will continue to arrive at school only to struggle

Why Children's Mental Health?

- Minority communities specifically are more likely to have unmet mental health needs and are overrepresented among vulnerable populations that experience higher rates of mental illness

- There are 1.2 million children in Colorado with a rapidly increasing minority population

- Our growing and changing child population requires consideration of new strategies that take into account economic and cultural factors that influence if, how, where and when families access and use mental health services

Why Children's Mental Health?

- 27% of Colorado's parents have concerns about the emotions, concentration, or behavior of their children
  - 46% of these parents describe these concerns as moderate or severe
  - **But only 37% of these parents accessed mental health care of any kind**

- 20% of middle school students and 15 percent of high school students in Colorado in 2013 reported they had seriously considered attempting suicide (2nd leading cause of death for youth 10 to 24)

- 20% of children under 18 have been exposed to 2 or more ACES

- Screenings that flag concerns result in only half of families being referred for in-depth evaluation and **less than 11% of children who fail an initial screening actually receive mental health services**

Key Questions We Sought to Address

1. Where are the policy gaps in supporting the healthy development of all children and families?

2. How can redefining our approach to the mental health of children in our state close some of these gaps?

Guiding Principles for Positive Change

1. Recognize the need for whole family care

2. Emphasize health promotion, prevention, early identification and intervention

3. Employ evidence-based approaches to mitigate the effects of adverse experiences and environments that impact the well-being of children, including toxic stress

4. Capitalize on opportunities to strengthen and maximize the impact of community resources, specifically those in child care and school settings

5. Establish appropriate metrics for the care of children that take into account long-term benefits of prevention and early intervention

Obstacles and Opportunities

- **Access and Delivery Methods**

  - Stigma makes it more difficult for families to access mental health services
  - An individual-focused, disease treatment approach to health care delivery does not work for children
  - Existing infrastructure is inadequate to support robust screening and diagnosis

  - Coordination of care across primary care providers and mental health providers is not adequately supported
  - Additional resources are needed to help children in crisis or with severe mental health needs

Obstacles and Opportunities

- **Financing**
  - Fee-for-service health care financing models pay health care providers for rendering specific services for diagnosed conditions
  - This system does not work well for providing preventive services to children who may have not yet have a diagnosable condition

- **Workforce and System Capacity**
  - Workforce and system capacity is currently inadequate to provide needed services
  - Practice change and workforce development are difficult, requiring incentives or supports
  - Mental health professionals working in primary care settings need specific training and education to be successful in these medical settings

Policy Options and Recommendations

Advance integration of mental health services and supports in health care and educational settings through delivery system changes, payment reform and practice transformation

- Capitalize on immediate integration opportunities including Race to the Top, SIM, the ACC and Project *LAUNCH* and *LAUNCH* Together

- Engage in dialogue regarding the Medicaid mental health funding carve-out

- Embed healthy development components into child care licensing and quality rating systems

- Include social-emotional development in school readiness assessments and plans

Policy Options and Recommendations

Develop and fund infrastructure to support a statewide screening, referral and care coordination model

- Develop and fund standards and implementation of screening tools for children, mothers and families

- Support screening for psychosocial risk factors and ACES

- Develop a comprehensive screening, referral and follow-up system

- Support data sharing within the bounds of data privacy requirements

- Make reimbursement available for care coordination services

Policy Options and Recommendations

Invest in workforce capacity development to 1) increase the number of qualified mental health professionals and 2) expand professional development and training opportunities

- Emphasize children's mental health and social-emotional development in professional development and training for health care, child care and K-12 education staff

- Increase the number of mental health professionals trained in children's mental health and ensure health and child care providers have access to them

- Support training and differentiated reimbursement for the IMH Endorsement

- Increase the number of child psychiatrists or expand their capacity through telehealth systems

Policy Options and Recommendations

Develop a comprehensive statewide navigation system to connect caregivers, families and children to referral and mental health resources, including supports for crisis situations

- Develop an adequate referral and follow-up network for children's mental health issues

- Support telehealth to enhance services in rural communities

- Support resources for families in crisis

- Support tools to navigate children's mental health services

- Support care coordination and referral for children with severe mental health needs

Policy Options and Recommendations

Support innovative practices, programs and approaches, scaling those that are making a demonstrable difference, and find ways to embed them into the core work of public agencies serving children

- Increase support and funding for home visitation and community support programs

- Explore ways to use Medicaid and other current funding to address children's mental health needs

- Develop data systems to track suspension and expulsion rates in child care and preschool settings

- Invest in and expand early childhood mental health consultation models

- Support Head Start and Early Head Start programs

Next Steps

- August: Release of collaborative Children's Mental Health white paper

- August – October: Community outreach meetings

- November 13: Fall convening for children's mental health stakeholders at Clayton Early Learning

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