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Children's Hospital Colorado

## Children's Mental Health Policy Summit: Overview of Proceedings and Next Steps

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### Overview

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### Overview

On November 13th, 2015, All Kids Covered, together with Clayton Early Learning and Children's Hospital Colorado, hosted a Children's Mental Health Policy Summit (Summit). We brought together key partners working in the area of children's mental, behavioral, and social-emotional health in both early childhood and health settings. Attendees heard presentations and a panel discussion from leaders of the following related initiatives in Colorado (learn more about each of these initiatives below):

- Colorado Opportunity Project (led by the Colorado Department of Health Care Policy and Financing)
- Early Childhood Colorado Partnership
- The Colorado Office of Early Childhood's new Early Childhood Mental Health Strategic Plan
- The State Innovation Model (SIM) initiative out of the Governor's Office
- Project *LAUNCH* (led by the Colorado Department of Human Services and Adams County) and *LAUNCH Together* (being managed by Early Milestones Colorado)
- Essentials for Childhood (led by the Colorado Department of Public Health and Environment)

Following the presentation and panel discussion, attendees actively participated in a discussion to identify the policy challenges and barriers that exist in Colorado to advancing policy change around children's mental health. Attendees then identified potential policy solutions and action steps to advance a shared policy agenda.

### Presenting State Initiatives

The Colorado Office of Early Childhood's new [Early Childhood Mental Health Strategic Plan](#)

The 2015 Early Childhood Mental Health Strategic Plan (ECMH SP) was developed with a goal of serving as the guiding and strategic vision for early childhood mental health efforts in Colorado. The intention of this overarching plan was to be broad enough to reflect all other work in Colorado focused on social emotional development and early childhood mental health. The ECMH SP is aligned with the 2015 Colorado Early Childhood Framework and focuses attention within the health and well-being domain.

Built on important work that had been accomplished previously in the state, the ECMH SP identifies three priority areas: a sustainable financing approach system, coordination and alignment across system and sectors, and a competent workforce that's well-trained and well-supported. Each of these priorities lists specific goals that target improvements at the family, provider and systems level. The Early Childhood Mental Health Director in the Office of Early Childhood will continue to focus energy, effort and resources of on the achievement of the ECMH strategic vision.

### [Colorado Opportunity Project](#)

The goal of the Colorado Opportunity Project is to deliver proven interventions and programs through a system that integrates health, social and educational well-being and aligns our many effective, yet disparate, efforts to provide whole-person, whole-community care for all Coloradans.

The Project creates a shared understanding of what opportunity looks like in Colorado, and aims to coordinate the efforts of government, private, non-profit and community partners through a life stage, or indicator-based, framework.

### [Project LAUNCH](#) and [LAUNCH Together](#)

**Colorado Project LAUNCH** (COPL) is supported by federal Project LAUNCH funding (via SAMHSA) and is a partnership between the Colorado Department of Human Services (lead agency), the Colorado Department of Public Health and Environment, the University of Colorado Denver/JFK Partners and the Early Childhood Partnership of Adams County (ECPAC). This five-year award supports work at the state-level in addition to South Adams County, with an increased emphasis on children and families with less-equitable health outcomes. The purpose of Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is to promote the wellness of young children and families prenatal to age 8 by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed. Project LAUNCH seeks to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families. **LAUNCH Together** is a privately-funded initiative designed to replicate and expand the system and program model successes of prior and current Project LAUNCH efforts in Colorado and across the country. Colorado is the only state to mobilize private partners and resources in this way to focus on early childhood social-emotional development. Through partnership and collaboration, the two efforts aim to achieve meaningful change throughout the state and to sustain LAUNCH's family-centered strategies.

### [The State Innovation Model \(SIM\) Initiative](#)

Colorado SIM's overarching goal is to improve the health of all Coloradans, including children, by providing access to integrated physical and behavioral health care services in coordinated community systems, with value-based payment structures, for 80 percent of state residents by 2019. SIM aims to transform Colorado's

health care system by restructuring care delivery systems to provide truly integrated care; improving and leveraging public health and community programs to extend health care beyond the walls of the clinic; reforming payment structures to support and sustain new models of care; and using data to effectively support innovation.

Within these broad program objectives, SIM includes several initiatives focused on early childhood mental health: 1) Pediatric practices will constitute 15 percent of the first cohort that will be participating in SIM's practice transformation activities; 2) SIM's basic clinical quality measure set includes six pediatric measures; 3) SIM will be tracking child development metrics at the population health level; 4) SIM funds support a Children and Families Behavioral Health Integration Specialist, based out of the Colorado Department of Public Health and Environment, tasked with developing and coordinating various population health initiatives for prevention and early intervention of mental health issues in children across SIM and other state agencies; and 5) SIM funds also support the dissemination of provider education to promote screening and referral for pregnancy-related depression.

Colorado SIM is committed to working with other agencies and organizations in the state to develop a unified policy agenda to promote children's physical and behavioral health. Success will be a health care system in which children and their families have access to integrated, "whole person" and "whole family care" to meet their physical and behavioral health needs, within a coordinated community system that fosters health promotion and disease prevention, supported by payment reimbursement structures that increase quality and value while lowering costs.

### [Early Childhood Colorado Partnership](#)

The Early Childhood Colorado Partnership (Partnership) is a network of more than 500 cross-sector partners from state and local agencies, nonprofits, early childhood councils, foundations and universities committed to advancing the vision of the Early Childhood Colorado Framework statewide. The Partnership provides the space and conditions for diverse partners across the comprehensive early childhood system— encompassing physical, mental and behavioral health, family support and early learning—to come together, identify common results, share best practices, implement strategies and track progress towards indicators of child and family wellbeing and systems performance improvement.

Partners across Colorado have been considering how to develop messages specific to their target audience based on the increased attention to the impact of toxic stress and adversity on young children. Under the umbrella of the Early Childhood Colorado Partnership, stakeholders including Children's Hospital Colorado and Project LAUNCH Weld County pooled public and private resources and energy to work collectively. This collaborative effort will develop and support the use of shared messages that can be adopted by early childhood stakeholders across the state in order to speak from one collective voice, engage more audiences and mobilize action to address early adversity and toxic stress in young children.

Working through the lens of early adversity and buffering the impact of toxic stress, the Partnership will: understand research-based frames around early adversity and stress; develop core messages that ring true for Colorado audience and ensure alignment with national frames; finalize a shared message bank that includes messages for target audiences and is accessible for partners; develop talking points to use with identified target audiences; and create a road map to support diverse stakeholders to use the shared message bank—

including development of collateral materials, training and technical assistance that support best practices in message use.

### Essentials for Childhood

Safe, stable nurturing relationships and environments are essential to prevent child maltreatment and to assure children reach their full potential. The Essentials for Childhood Collective Impact Team identified social and emotional wellness of parents, caregivers and children as a priority for this project in Colorado while acknowledging that access to mental health services and social norms around help seeking are some of the barriers families face in our society. Essentials for Childhood has identified strategies at a community and societal level that are in line with many of the goals of existing projects such as SIM and Project LAUNCH. These strategies address healthcare transformation, policy reform, and social norms around social/emotional wellness.

### Obstacles and Policy Challenges

Summit attendees identified the following policy barriers and challenges related to children's mental health.

Need Statement: The pediatric population needs integrated mental and physical child and family health care.

Driving policy issues:

- Payment mechanism for two-generation approach to care
- Greater parent (and general public) education and understanding of mental health
- Payment and reimbursement system to support mental health, especially for providers already not receiving adequate reimbursement for care
- Training existing workforce and those coming into the workforce
- Short, budget cycle timelines lead to funding focus on gaps rather than prevention
- System capacity to address needs from initial screening
- Reimbursement codes don't exist for prevention-focused approaches
- No universal definition for "integrated care" including standards and measures

Need statement: Children and families need mental health supports in early learning and home settings.

Driving policy issues:

- Overall agency buy-in to a good model and adequate/effective training
- Disjointed and disconnected funding streams and difficulty in working with some funding streams

Need statement: Individuals caring for young children (child care providers, preschool teachers, home visitors, etc.) need support to understand how their own mental health impacts their caregiving and have access to any needed services.

Driving policy issues:

- Access to mental health professionals including early childhood mental health consultants
- Minimum access to supportive mental health services and resources for wellness
- High caseloads for those providing care on very complex issues

Need statement: Caregivers and providers need a process to help navigate the system in a seamless fashion, moving from concerns to referrals and supports in an understandable, streamlined manner (connection, coordination, navigation).

Driving policy issues:

- No single system currently exists for referral tracking
- Fragmented funding doesn't allow for holistic child and family approach
- The absence of tools to support child-centered approaches, which differ from adult-centered practice

Other needs identified

- Broad, diverse participation in public forums, including Phase II of Accountable Care Collaborative (ACC), the state's Medicaid delivery system
- Creative approach to advocacy for home visiting programs (marketing, exchange of resources, etc.)
- Growing public awareness of mental health issues, lessening the stigma and normalizing mental health services

## Themes of Policy Solutions

Summit attendees also identified possible policy solutions that address existing barriers and challenges. The following themes emerged out of the recommendations:

Financing/Payment Reform

- Structure payments based upon outcomes and value
- Allow reimbursement for preventive services
- Allow reimbursement for care coordination
- Focus on payment for whole family care, including screenings, in pediatric settings
- Blend and coordinate funding sources and systems

Integration and Coordination/Access and Navigation

- Integrate physical and behavioral health care into one setting
- Integrate nonmedical services and community based organizations into the system of care
- Create a statewide resource network and directory for all providers
- Develop a universal release form so information can be shared among providers
- Require coordination among state agencies and entities
- Create a centralized data infrastructure for screening and services

Increasing Public Awareness

- Launch a public awareness campaign
- Increase parent and family awareness and engagement
- Raise awareness of the importance of the mental health of caregivers
- Educate policy and decision makers
- Develop common and user-friendly messages and communication frames

## Workforce/Caregiver Training and Support

- Increase training opportunities related to children's healthy development
- Add children's mental health training to requirements for health care providers
- Assess current children's mental health workforce capacity
- Expand eligibility criteria to allow more professionals to be reimbursed for children's mental health services
- Increase incentives for mental health professionals to serve in early childhood settings, rural communities, and underserved areas

## Next Steps

Colorado's state budget is constrained by constitutional requirements, despite the fact that Colorado's economy is one of the fastest growing economies in the country. As a result, the state is forced to make cuts at a time when investments in public services are badly needed. Efforts are underway to develop strategies that adjust these budget requirements in ways that will allow the state to continue investing in needed infrastructure and services for Coloradans.

In light of our current state fiscal situation, policy proposals that require investments of new state dollars are highly unlikely to be successful in 2016. In addition, proposed cuts to primary care provider reimbursement rates for Medicaid providers in Colorado may slow the progress of integrating care in our state. These proposed cuts also make it difficult to advocate for additional screenings and care coordination to occur in primary care settings. Advocates should be poised to drive significant policy changes around children's mental health in 2017 and beyond, so that as more state funds become available, we can make a compelling case for early childhood mental health as a funding priority for Colorado.

## Immediate Opportunities

Immediate opportunities exist to advocate for children's mental health in the context of innovative efforts to transform the health care system in our state, including SIM and Phase II of the ACC

Pediatric advocates can and should communicate pediatric priorities for SIM and Phase II of the ACC, focusing on integrated care, including non-medical services in the system of care, and early childhood mental health, including ensuring that preventive services can be accessed without a covered diagnosis and connecting screening results through referral to service delivery. It is also important to maintain the current policy of allowing for postpartum depression screening under a child's Medicaid coverage. The Department of Health Care Policy and Financing is using the currently scheduled [ACC Program Improvement and Advisory Committee \(PIAC\) and Subcommittees](#) to solicit feedback from stakeholders on Phase II of the ACC. These meetings are open to the public and offer a call-in option for participation. Stakeholders can also [sign up for the ACC Phase II Stakeholder Updates list](#). The Department will use this list and its website, [Colorado.gov/HCPF/ACCPhase2](http://Colorado.gov/HCPF/ACCPhase2), to announce stakeholder feedback opportunities and ACC Phase II developments.

## Long Term Opportunities

Summit attendees also identified policy solutions connected to two key policy opportunities to advance children's mental health once Colorado has achieved some budget flexibility and state funds are available to invest in new programs:

- *Creating a centralized data infrastructure for screening and services.* Data currently available about the effectiveness of screening, referral, evaluation, and treatment policies and systems around children's mental health in Colorado are limited. Currently, no central system exists for reporting on the type of screenings completed, the outcomes of screening, the tracking of referrals, or follow-up back to the referral source.
- *Creating a statewide resource network and directory for all providers, caregivers and families.* Caregivers, families and providers need a statewide navigation system to connect to referral and mental health resources. Currently, no centralized navigation system exists in Colorado.

In the meantime, advocates can and should begin to develop policy proposals to address these gaps in our children's mental health system.