



Colorado LINKS for Mental Health: BIG Meeting IV Proceedings

What we know about “Sustaining Integration”

Background on LINKS and the BIG Meetings

Colorado LINKS for Mental Health is in its fourth year of weaving together the many different collaboration efforts happening at the state level to improve outcomes for children and youth with behavioral health needs. The diversity of collaborative and policymaking efforts risks creating “integration silos” and efforts like LINKS are an opportunity to ensure systems reform is effective, efficient, and can be sustained. LINKS has many mechanisms for supporting integration, including tools and technical assistance as well as activities that connect stakeholders across systems.

The yearly BIG Meetings each engage over 100 state, local, non-profit, private, and family and youth stakeholders in a full-day conversation that includes learning about state policy, sharing insights on specific integrative challenges, and brainstorming together on solutions that can be implemented through LINKS and other initiatives. This year, the BIG Meeting focused on *Sustaining Integration*. Speakers included Dr. Janice Cooper from the National Center on Children in Poverty, representatives of the Colorado Judicial, Executive, and Legislative branches, local leaders, and family advocates.

BIG Meeting IV Outcomes and Questions

Participants at this year’s Big Meeting mentioned many successful models of integration throughout the state, including Colorado Prevention Partners; the Colorado State Youth Leadership Team; the State Youth Council; the Colorado Department of Human Services Yes Academy; and the developmental disability community’s work with the Colorado Interagency Coordinating Council and the Developmental Disabilities Resource Center. Local models were mentioned as innovative as well, including many school and local government efforts throughout Colorado, such as the Larimer County Hampden model, the Collaborative Management Programs in multiple counties and at the statewide level, and Boulder Impact.

Fiscal Coordination

Participants recognized that integration across systems faces significant fiscal barriers, such as inflexible funding streams that narrowly define services and eligibility for services and an emphasis on evidence-based models that is not always appropriate, given their inflexibility, expense, and limited population focus. Overall, they wanted more information about funding streams in Colorado, such as how use Medicaid to pay for school-based services and family advocacy, how to address gaps in funding when a youth transitions to adulthood, how to pay for family and youth leadership in policymaking, and how to sustain programs when funding levels vary from year to year. *Specific questions included:*

- How can HCPF fund mental health providers who are in schools?
- How do you integrate and de-silo funding?
- Do we know where all our money is going? If so, how can we understand its affect on child and family outcomes?

Schools and Behavioral Health

Challenges to integrating schools with behavioral health systems identified by participants included the need for more mental health awareness training with all types of school staff, failure to disseminate statewide the models that are working well, and the lack of standards, minimum requirements, and standardized screening tools. Participants reported that variation between school districts in behavioral health prevention, identification, and treatment creates inequities. The variation may be driven in part by differing expertise with funding, consistency and quality of communication between schools and providers, levels of family engagement, early childhood programming, and punitive versus restorative approaches. *Specific questions included:*

- What behavioral health assessment tools are used in schools?
- What are the mental health standards in schools in Colorado?

- What are we doing with suspended kids and what are alternatives to suspension?
 - What is the partnership between the judicial system and schools?
 - How are we disseminating models of what is working statewide to all schools?
 - What are strategies for pulling kids from class for services without stigmatizing them?
 - What are the evidence-based social-emotional learning curriculums?
 - Is there a proven model for training teachers to recognize mental health issues?
-

Family and Youth Involvement

Participants noted that although we are doing better at engaging families and youth, we need to broaden our approach because we are bringing the same families to the table again and again, and those families are often not diverse, able to speak to lower levels of need, or able to access training opportunities. We also don't have as many youth involved as families. Training for family members is becoming siloed across our systems and is not being matched with training for board members and policymakers. Participants suggested creating a certification process to legitimize family and youth involvement, providing a directory of opportunities and advocates, evaluating the outcomes of participation, and engaging families and youth where they are, such as schools, support groups, etc. *Specific questions include:*

- How do you overcome stigma issue in developing advocacy?
 - How can we use technology to access family and youth?
 - How do you get the community, not just families, involved?
 - Why don't more boards require youth involvement?
 - What Medicaid dollars will pay for family advocates?
 - Can we develop a statewide list of training opportunities for families / youth who are interested in being on a board, committee, etc?
-

Other Systems Integration Challenges

Participants noted that despite the planning for integration, it is not successful and sustainable in many parts of Colorado because leadership in Colorado is not allowing sufficient transparency in their integration efforts. Colorado is also struggling to make the transition from planning to action, and implementation to sustaining, in part because the models that work are not disseminated statewide, the funding streams continue to create barriers, too much occurs from the top down instead of ideas bubbling up from the local level, and we lack universal approaches to such things as assessment, information sharing, and family engagement. Service continuums are still lacking; and in particular, we are unable to provide an array that is culturally competent, accessible to Coloradans including undocumented immigrants, able to address stigma issues, able to retain quality staff, and actively engaging non-profit and private community partners. *Specific questions included:*

- How do you address the turnover among staff who work with people who have mental health needs?
- How can Medicaid better support community care options instead of residential treatment?
- Why do you need to commit a crime to get help?
- Who are the mental health providers in rural areas?

What Comes Next

Colorado LINKS for Mental Health is currently working on several activities and tools to interweave state level collaboration efforts. The Family and Youth Involvement Workbook will provide policy and governance boards with concrete skills to improve their partnership abilities with families and youth. A white paper and worksheets on fiscal coordination bring together recommendations from many policy boards and task forces, providing concrete action steps and options for policymaking boards and local communities. The LINKS Repository for Systems Transformation website will provide easy access to a wide array of technical assistance tools to support local level efforts to integrate systems serving child and youth with behavioral health needs, their families, and their communities. As LINKS continues to move forward with these important efforts, the project will seek continuation funding to implement the tools with partners at the state and local level. As all our budgets become tighter and money for systems reform becomes scarcer, it becomes all the more important that the systems reform efforts currently underway are effective, efficient, and can be sustained.