



## 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 Speakers

##### National Speaker

Dr. Janice Cooper, *National Center for Children in Poverty, Mailman School of Public Health, Columbia University*

Dr. Janice L. Cooper is a leading health services researcher who specializes in children’s mental health, especially quality of care for children and youth, cultural and linguistic competence, and mental health financing. Since 2005, she has led the work of *Unclaimed Children Revisited*, a series of policy and impact analyses of mental health services and supports for children, youth and their families.

*Unclaimed Children Revisited* is a multi-pronged initiative to generate new knowledge about policies across the country that promote or inhibit the delivery of high-quality mental health services and supports to children, youth, and families in need. Dr Cooper shared detailed information from the national survey of state child mental health directors. *Unclaimed Children Revisited* can be accessed at <http://www.nccp.org/projects/unclaimedchildren.html>

##### Opening Remarks

Mrs. Jeannie Ritter, *First Lady of Colorado*

##### Keynote

Judge KJ Moore, *1<sup>st</sup> Judicial District*

##### Key Colorado Leaders Panel

John Suthers, *Colorado State Attorney General*

Representative Jerry Frangas, *Colorado State Legislature*

Joan Henneberry, *Colorado Department of Health Care Policy and Financing*

Janet Wood, *Division of Behavioral Health*

Lloyd Malone, *Division of Child Welfare*

Ed Steinberg, *Colorado Department of Education*

Leslie Herod, *Office of the Governor of Colorado*

##### Colorado Speakers

Don Quick, *Adams-Broomfield District Attorney*

Tami Ouellette, *Family Member*

Barb Bieber, *Exceptional Student Leadership Unit, Colorado Department of Education*

## Organizations and Perspectives Represented at the Meeting (114 attendees)

- Adams Broomfield District Attorney
- Aurora Mental Health
- Boulder County IMPACT
- Center for Systems Integration (5)
- Civic Canopy
- CO Access
- CO Association of Alcohol & Drug Service Providers
- CO Community Health Network
- CO Criminal Justice Reform Coalition
- CO Department of Education (2)
- CO Dep't of Health Care Policy & Finance (3)
- CO Department of Human Services, CO Works
- CO Department of Human Services, Division of Behavioral Health (12)
- CO Department of Human Services, Division of Child Welfare (4)
- CO Department of Human Services, Division of Vocational Rehabilitation (2)
- CO Department of Human Services, Division of Youth Corrections
- CO Department of Human Services, Supportive Housing & Homeless Programs
- CO Department of Law, Colorado Attorney General
- CO Department of Public Health and Environment, Family Planning Expansion Coordinator
- CO Dep't of Public Health and Environment, Health Care Program for Children with Special Needs (2)
- CO Department of Public Health and Environment, Prevention Services Division
- CO Department of Public Health and Environment, School-Based Health Center Initiative
- CO Department of Public Health and Environment, Sexual Assault Prevention Program
- CO Department of Public Health and Environment, Tony Grampas Youth Services Program
- Colorado House of Representatives
- Colorado Judicial Department
- CO Judicial Dep't, Denver Juvenile Probation
- CO Judicial Department, 1<sup>st</sup> Judicial District
- Colorado Legal Services
- CO WIN Partner / University of Colorado Denver
- UC Denver Center for Family & Infant Interaction (2)
- Denver Children's Hospital, Kempe Center
- Denver Health (2)
- Denver Kids, Inc./Denver Public Schools
- Denver Metro Community Parent Resource Center
- Denver Public Schools (2)
- Director, Denver Collaborative Partnership
- Family Members (4)
- Family Tree
- Colorado Federation of Families (4)
- First Lady of Colorado
- Foothills Behavioral Health
- Gilliam Youth Services Center
- Good Shepherd Fund
- Health District of Northern Larimer County, Mental Health and Substance Abuse Partnership (2)
- Healthy Schools Initiative
- House Bill 1451
- Idea Marketing
- Invest in Kids
- Jefferson Center for Mental Health (3)
- JeffCo Department of Health and Environment
- Mental Health Center, Boulder & Broomfield (2)
- Mental Health Center of Denver
- National Center for Children in Poverty, Mailman School of Public Health, Columbia
- Northeast Behavioral Health
- Office of Adult and Juvenile Justice Assistance
- Office of Lieutenant Governor Barbara O'Brien
- Office of the Governor
- OMNI Institute, Regional Prevention Consultant
- San Luis Valley Comprehensive Community Mental Health Center
- School Social Worker
- Senate Bill 94 Program
- Sheridan School District (2)
- Sheridan Health Services (2)
- The Colorado Health Foundation
- The Colorado Trust
- The Second Wind Fund
- Tri-County Health Department
- Youth Partnership for Health

## 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.

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### **Fiscal Coordination**

*Summary:* 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?

*Challenges to Fiscal Integration.* Integration between behavioral health, schools, child welfare, juvenile justice, and other systems can be challenging due to:

- Confusion about liability for payment of services when mental health needs are identified in Individual Education Plans;
- Challenges in sustaining services when funding streams end, particularly more flexible ones;
- Lack of funding for specific types of services, such as substance abuse;
- Lack of flexibility and narrow eligibility requirements in education and behavioral health funding streams;
- Year-by-year budget process at the state level that makes funding amounts variable and unpredictable;
- Emphasis on expensive, hard to replicate evidence-based programs that are only appropriate for a limited population;
- Difficulty in evaluating and demonstrating effectiveness, particularly of prevention and early intervention; and
- Difference in funding availability prior to 18 and after 18.

*Family and Youth Leadership.* Family and youth leadership is a core component of systems transformation, but it is currently hindered by:

- Uncertainty about how to pay for family and youth consultation on boards, including stipends, travel, and child care;
- Tendency of professional development opportunities to go exclusively to systems staff, not family and youth advocates;
- Need for Medicaid and other funding streams to pay for family and youth advocates, perhaps in a fee-for-service model similar to other specialties; and
- Lack of statewide infrastructure to support families and youth participating in systems activities.

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## **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?

*Strategies.* To prepare staff for integration of schools and behavioral health, we need to:

- Train them to be aware of mental health needs and services available, including psychologists, counselors, social workers, administrators, and school resource officers;
- Provide trainings in the summer right before kids come back from vacation;
- Provide trainings on mental health at existing training venues, such as conferences, listserves, and other meetings; and
- Recognize that teachers are already overwhelmed by CSAPs.

*Mental Health Barriers.* Identification and response to mental health needs is inconsistent in Colorado due to:

- Lack of standards, requirements for minimum requirements for schools, and common screening tools;
- Huge variation in implementation of initiatives like Positive Behavior Supports and Response to Intervention;
- Variation in levels of parent and family engagement;
- Different levels of expertise in pulling down Medicaid dollars;
- Variation in the punitive versus restorative approaches used by individual schools and school districts;
- Limited interest in providing access to mental health treatment through schools;
- Variation in pre-school and early childhood social emotional wellness supports within communities;
- Variation in consistency and quality of communication between schools and mental health centers;
- Lack of dissemination statewide of models that are working; and
- Lack of integration of services paid for by community funding streams into school settings.

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## **Family and Youth Involvement**

*Summary:* 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?

*Broad Approach.* Although we are doing better at engaging families and youth, we need to broader our approach because:

- The families we bring to the table usually only speak to the highest level of need, which doesn't help in thinking about prevention/early intervention needs;
- We do not have many families from diverse backgrounds;
- We keep tapping the same families, in the same systems, instead of identifying a network of families with different system experiences;
- We aren't engaging youth as leaders throughout our systems;
- We are creating "family training" silos between systems, and we aren't always making training accessible; and
- We aren't training boards, instead we depend on families to be able to deal with unfriendly board cultures.

*Barriers to Family and Youth Involvement.* When participating on boards, families experience barriers such as:

- Lack of access to the information professionals receive;
- Lack of support, as the token family member;
- Barriers to accessing the boards and becoming formal members;
- Resistance from board members to seeing families and youth as resources, not as problems;
- Lack of board strategies for actively engaging new families in conversations that have been going on for a long time; and
- Lack of flexibility in board meeting times and locations.

*Strategies.* Some strategies to overcome these limitations include:

- Requiring participation on boards of those who are served by the systems;
- Creating a certification process for families to legitimize their participation in the system;
- Engaging families and youth where they are at, such as schools, support groups, etc.;
- Providing a directory of opportunities to be involved and advocates to recruit for boards; and
- Evaluating the outcomes of family and youth participation.

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## Other Systems Integration Challenges

*Summary.* 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?

*Integration Challenges.* Despite all the planning around integration, it is still not successful in many parts of Colorado because:

- We are struggling to make the transition from "talking" to "sustaining";
- We don't do well at disseminating successful models statewide;
- Funding streams continue to create barriers to integration;
- Too much happens from top down; we need ideas to come from bottom up, and be supported by mandates from top down;
- We lack universal assessment tools;
- Each system continues to resist collaboration when it moves from talk to action;
- We are trying to tackle too much - we need to narrow our focus to something achievable;
- We are creating collaboration "silos" by having so many collaborative efforts; and
- Our leadership needs to allow greater transparency in their integration efforts.

*Meeting the Need.* Our array of services is not able to meet consumer and family needs because:

- We don't honor individual needs in the context of culture, including rural culture and religious cultures;
- We don't have full-time translators with expertise in behavioral health;
- We don't have services for undocumented immigrants;
- We aren't addressing stigma issues, particularly as relates to the location of services;
- We have too much staff turnover, which limits communication between programs and quality within programs;
- We aren't sharing information and we don't use data to drive services;
- Our agencies, such as BHOs and MHCs, aren't communicating with our communities; and
- We don't engage enough of our private and non-profit partners who are in our communities.

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## What's Working

Participants at the meeting mentioned many communities, programs, and initiatives that are working in Colorado and could be models for others to replicate, including:

- ✓ Boulder County Schools. *School interventionists, though more crisis than prevention, and spread thin.*
- ✓ Boulder Impact. *Collaboration team looking at community based services to help their youth. (2)*
- ✓ Bridging the Gap.
- ✓ Building Bridges. *Mesa County is the pilot county, and it includes Probation.*
- ✓ Children's Hospital Grassroots Advocacy Network. *Free training, creative legislative advocacy, website.*
- ✓ Colorado Prevention Partners. *CPP is a statewide coalition.*
- ✓ Colorado State Youth Leadership Team.
- ✓ Community Reach. *North-metro Denver.*
- ✓ Cortez. *Twelve groups per week in schools.*
- ✓ Denver Collaborative Program. *Intended to focus on safety net and prevention, funded by Senate bill.*
- ✓ Denver Public Schools. *South High School MH collaboration; drug counseling modified to life skills.*
- ✓ Developmental Disabilities. *Developmental Disability community and the Colorado Interagency Coordinating Council (CICC), and the Developmental Disabilities Resource Center (DDRC).*
- ✓ Division of Behavioral Health. *Prevention funding for coalitions. Mandated inclusion of youth & families.*
- ✓ Douglas County Youth Initiative.
- ✓ Educational Impact (EI).
- ✓ Emerson Street School.
- ✓ Family Leadership Training Institute.
- ✓ Federation of Families for Children's mental Health ~ Colorado Chapter. *The Federation has 4 system advocates representing public health, Foothills & parole.*
- ✓ Greater Littleton Youth Initiatives.
- ✓ HB1451. *JeffCo had a surplus of \$709,000 from 1451 (3). Denver, Weld, other 1451 communities.*
- ✓ Jefferson County (JeffCo). *JeffCo Dual Diagnosis Strategic Approach is working. JeffCo Head Start early childhood consultation. JeffCo Parent Partners. JeffCo Department of Human Services. An educational advocate is employed by JeffCo DHS and JeffCo Public Schools.*
- ✓ Larimer County Hampden Model. *Their services are built around the family.*
- ✓ LINKS. *LINKS has family involvement.*
- ✓ Mental Health Center of Denver. *MHCD has programs to prepare for employment.*
- ✓ Mental Health Center / School District Partnerships. *Denver, Jefferson, and Aurora have good mental health center and school district partnership.*
- ✓ Mental Health Courts.
- ✓ Mental Health Planning and Advisory Council. *MHPAC has a family and youth involvement subcommittee. Over half of the MHPAC is required to be family members.*
- ✓ National Youth Leadership Network. *This group focuses on youth leadership training.*
- ✓ Northern Larimer County Mental Health & Substance Abuse Partnership. *Collaboration of 34 agencies.*
- ✓ Prevention Coalitions. *There are prevention coalitions all over the state.*
- ✓ Probation day reporting.
- ✓ Project ATTEND.
- ✓ Promote Safe and Stable Families (PSSF).
- ✓ Response to Intervention (RTI) / Positive Behavior Supports (PBS) Pyramid.

- ✓ School to Work Allies Program (SWAP) (2). *Vocational Rehabilitation program focused on the drop-out rate, especially in Denver.*
  - ✓ Sheridan Interagency Support Team. *This is an example of family and youth involvement.*
  - ✓ Sheridan Truancy Court.
  - ✓ State Youth Council.
  - ✓ Tele-Psychology. *The tribal model of "tele-psychology" as a safety net for rural areas.*
  - ✓ The Robert Wood Johnson Foundation (RWJF). *RWJF has school program evaluations.*
  - ✓ Vocational rehabilitation. *Need work experience; any disability; works with school transition teams.*
  - ✓ Wraparound. *There are wraparound and family support efforts in about 5-6 counties in Colorado.*
  - ✓ Yes Academy. *Model with Colorado Department of Human Services.*
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### **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.