

Behavioral Health Administration's Children and Youth Mental Health Treatment Act Annual Report



COLORADO

**Behavioral Health
Administration**

July 1, 2021 - June 30, 2022

Published on December 30, 2022



Executive Summary	2
Behavioral Health Administration	3
Introduction	5
Key Definitions	6
History	6
The Children and Youth Mental Health Treatment Act Eligibility and Impact	7
The Children and Youth Mental Health Treatment Act Funding Process	8
Services and Expenditures	9
Residential Treatment Services	10
Community-Based Treatment Services	11
Assessment Services	11
The Children and Youth Mental Health Treatment Act Appeals and Medicaid	
Third-Party Clinical Reviews	11
Data Analytics	11
State Fiscal Year 2022 Demographic Data	12
State Fiscal Year 2022 Discharge Data	12
Future Program Evaluation	13



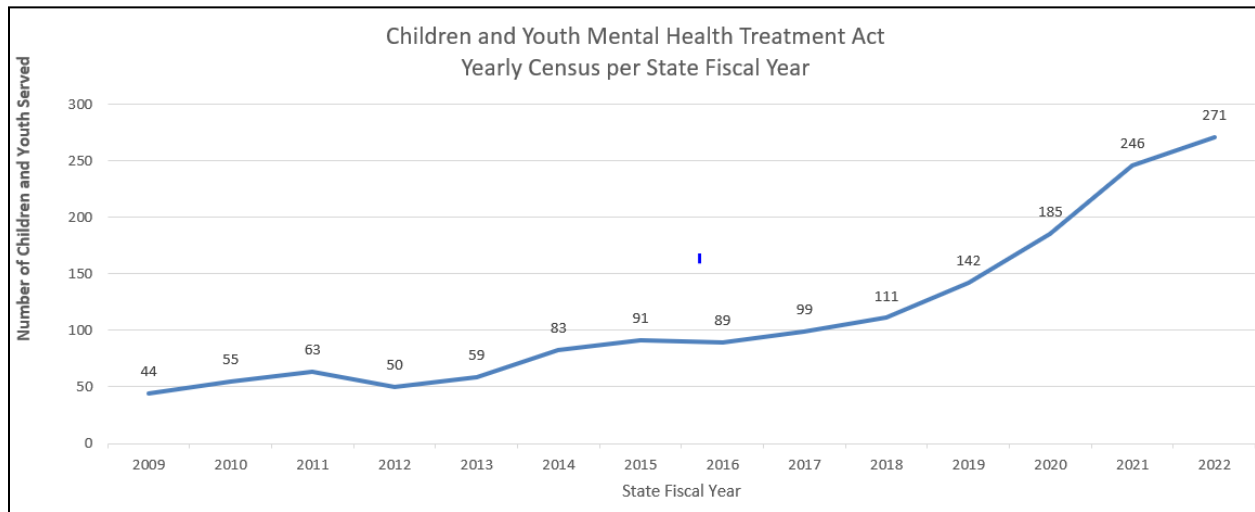
Executive Summary

The following report provides an overview of the Children and Youth Mental Health Treatment Act (C.R.S. 27-67); its revenue sources, services offered, program changes, and data available for State Fiscal Year 2022 (July 1, 2021 through June 30, 2022).

Highlights from this report include:

- [House Bill 22-1278](#) passed in May 2022 which moved CYMHTA (C.R.S. 27-67) authority to the Behavioral Health Administration and Commissioner of Behavioral Health. This includes: The Child and Youth Mental Health Services Standards Advisory Board to advise the Behavioral Health Commissioner and gives the Behavioral Health Administration the authority to administer the Children and Youth Mental Health Treatment Act (C.R.S. 27-50-105(1)(t)). These legislative changes became effective July 1st, 2022.
- The Children and Youth Mental Health Treatment Act executed a second contract for an individual who meets the criteria for “Professional Person” under C.R.S. 27-67. This licensed practitioner will conduct State Level Appeals and Medicaid Residential Objective Third-Party Clinical Reviews.
- The Child and Youth Mental Health Services Standards Advisory Board (C.R.S. 27-67-109) which is responsible for recommending standards and rules relevant to the provision of mental health services under Article 67 submitted formal recommendations in the Spring of 2022 to the Commissioner. The intent of these recommendations was to further align CYMHTA with other programs with similar processes ensuring equity across multiple systems and programs. These rule recommendations will be adopted by July 1st, 2023 as part of the larger Behavioral Health Rule Revision.
- The Children and Youth Mental Health Treatment Act received an additional \$3,962,380 from Mental Health Block Grant funds, Mental Health Block Grant Stimulus funds, Mental Health Block Grants House Resolution 1319 funds, and Crisis Children Youth and Family American Rescue Plan Act (ARPA) Senate Bill 21-137 funds to ensure there was not a waitlist for children and youth who were at risk of out of home placement to begin receiving services; bringing total funding for the state fiscal year to \$6,869,536.
- The number of children and youth who received treatment under Children and Youth Mental Health Treatment Act grew by 10% from State Fiscal Year 2020-21 (SFY21) to state fiscal year 2021-22 (SFY22) and had the highest number of children and youth served in a state fiscal year to date with 271. Ninety-seven

of these children were new to CYMHTA in SFY22, while 174 began services in prior fiscal years. Eighty-three percent of youth discharged in SFY22 had a reduced risk of involvement with Child Welfare and/or Division of Youth Services. More detailed information about caseload trends over time can be found in the graph below.



Behavioral Health Administration: Summary and Program Alignment

Created through the enactment of [House Bill 22-1278](#), the Behavioral Health Administration (BHA) is Colorado's single entity driving collaboration and coordination cross programs to meet behavioral health needs across the State. To reflect its unique role, the BHA created a vision, mission, and values in collaboration with Coloradans.

Purpose: All people in Colorado deserve to experience whole person health.

Vision: Behavioral health services in Colorado are accessible, meaningful, and trusted.




Mission: Co-create a people-first behavioral health system that meets the needs of all people in Colorado.




Values:

- **Truth:** Being transparent and accurate when addressing the people of Colorado
- **Equity:** Naming root causes of injustices and allocating the necessary resources to support desired outcomes
- **Collaboration:** Working in partnership to realize a holistic behavioral health vision

- **Community-Informed Practice:** Integrating evidence-based guidance with lived expertise
- **Generational Impact:** Engaging in meaningful and thoughtful action to create a new legacy

[The Behavioral Health Task Force](#) identified almost 150 recommendations to reform the state’s system, including the creation of the Behavioral Health Administration. These recommendations fell into six pillars that represent the foundation for a strong behavioral health system, all of which The Children and Youth Mental Health Treatment Act (CYMHTA) addresses for Colorado’s youth population.

Pillar	Definition	CYMHTA
	Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.	CYMHTA provides funding for treatment to ensure all children and youth have access to a continuum of behavioral health services and works to connect children and youth to these treatment services when identified through a CYMHTA Assessment.
	Financially accessible care for all people in Colorado made possible by administrative efficiencies across Colorado’s behavioral health industry and payment models that incentivize and drive improved outcomes.	CYMHTA funding keeps behavioral health treatment affordable when families don’t have access to treatment through private/commercial insurance, when otherwise they would have to pay out of pocket or access unnecessarily child welfare involvement to pay for needs.
	A culturally responsive and diverse behavioral health workforce that delivers high- quality health care access to all people in Colorado	CYMHTA uses master's level clinicians to provide ongoing Clinical Care Coordination who, if not licensed, are supervised by the licensed provider. Clinical Care Coordinators receive training in CYMHTA rule and program structure, certification in the

		<p>Child and Adolescent Needs and Strengths Tool (CANS), and the Colorado Cross-Systems Training Institute offers an array of free training on trauma informed care, working with dually diagnosed populations, and motivational interviewing.</p>
	<p>Collaboration across stakeholders to ensure that all people in Colorado are receiving the quality care that they need.</p>	<p>CYMHTA is accessed through the Administrative Services Organizations, which work with the family on identifying treatment needs through an assessment and provide Clinical Care Coordination to assist the family in navigating the system, increasing efficiency for timely access to behavioral health needs. CYMHTA is held accountable to public data reporting requirements on reducing the risk of out of home placement and other data elements as required in C.R.S.27-67</p>
	<p>Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.</p>	<p>The Administrative Services Organizations are able to contract and engage with small, local behavioral health treatment providers that understand their community needs.</p>
	<p>Coloradans are best served and have the best chances for improved health when their physical and behavioral health care is integrated and when their social determinants of health are adequately addressed.</p>	<p>CYMHTA Clinical Care Coordinators help identify other needs that may not be treatment needs, but support addressing social determinants of health which directly impacts families.</p>

Introduction

The Children and Youth Mental Health Treatment Act (CYMHTA) annual report for state fiscal year 2021-22 (SFY22) is designed to provide a high-level overview of CYMHTA, disseminate data regarding the implementation of the Act, meet statutory reporting requirements, and outline the program's effectiveness.

Key Definitions

The following definitions for CYMHTA are outlined in Title 27, Article 67, Section 106 of Colorado Revised Statutes.

“Mental Health Agency” means a behavioral health services contractor through the State Department of Human Services serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of 2 Code of Colorado Regulations (CCR) 502-1, Section 21.200.4 and C.R.S. 27-67-101.

“Professional Person” means a person licensed to practice medicine in this State, a psychologist certified to practice in this State, or a person licensed and in good standing to practice medicine in another state or a psychologist certified to practice and in good standing in another state who is providing medical or clinical services at a treatment facility in this State that is operated by the Armed Forces of the United States, the United States Public Health Service, or the United States Department of Veterans Affairs.

“Family Systems Navigator” means an individual who:

- (a) Has been trained in a system-of-care approach to assist families in accessing and receiving services and supports;
- (b) Has the skills, experience, and knowledge to work with children and youth with mental health or co-occurring disorders; and
- (c) Has worked with multiple agencies and providers, including mental health, physical health, substance abuse, juvenile justice, developmental disabilities, education, and other state and local service systems.

Program History

The Child Mental Health Treatment Act (CMHTA) was enacted through House Bill 99-1116 to address the statewide issue of families struggling to access mental health services for their children. Before the Act, the families of children or youth who

required intensive mental health treatment, which was either not covered by commercial insurance or the child lacked commercial insurance, may have found that child welfare was the only funding option. Occasionally, this would lead to the relinquishment of parental rights and, at times, adverse employment repercussions due to an open Dependency and Neglect Action. CMHTA began by funding residential treatment and, with Senate Bill 07-230, was expanded to fund community-based and transitional services. The Child Mental Health Treatment Act was changed to the Children and Youth Mental Health Treatment Act (CYMHTA) through [House Bill 18-1094](#), which expanded service eligibility to youth up to age 21.

CYMHTA also provides an avenue for children and youth who have Medicaid and are denied residential treatment. The parent or guardian of a Medicaid child or youth who is at risk of out-of-home placement may request, within five days after all first-level Medicaid appeals processes for a residential treatment denial are exhausted, an objective third-party at the Colorado Department of Human Services who is a Professional Person to review the service request made to Medicaid. This does not obligate the funding of services; however the Administrative Law Judge (ALJ) considering the Medicaid appeal shall take into consideration this clinical review.

The Behavioral Health Administration contracts with four Mental Health Agencies, called Administrative Services Organizations (ASOs) to operationalize CYMHTA: Signal Behavioral Health Network, Rocky Mountain Health Partners, Beacon Health Options and Beacon Health Options on behalf of Health Colorado, Inc.

The Children and Youth Mental Health Treatment Act Eligibility and Impact

CYMHTA funds a wide variety of services for eligible children and their families to reduce the risk of out-of-home placement. Eligible children meet all of the following criteria:

- The child or youth has been diagnosed as having a mental health disorder, as defined in C.R.S. 27-65-102 (11.5);
- The child or youth requires a level of care that is provided in a residential child care facility pursuant to C.R.S. 25.5-5-306, or that is provided through community-based programs, and who, without such care, is at risk of unwarranted child welfare involvement or other system involvement, in order to receive funding for treatment;
- If the child or youth is determined to be in need of placement in a residential child care facility, he or she shall apply for Supplemental Security Income, but

any determination for Supplemental Security Income must not be a criterion for a child or youth to receive services;

- The child or youth is a person for whom there is no pending or current action in dependency or neglect pursuant to C.R.S. Title 19 Children's Code, Article 3;
- The child or youth is younger than eighteen years of age, but they may continue to remain eligible for services until their twenty-first birthday.

Data and program structure only tell part of the CYMHTA story. The words of parents capture the program's true impact. In November 2022, the Colorado Collective and reporter Jenny McCoy [published](#) an article that shared, "Without the financial support afforded by the CYMHTA program, "I know in my heart and my gut that I could have kept fighting, but she wouldn't be here," said Melissa. "What I could get on insurance wasn't going to save her."

The Children and Youth Mental Health Treatment Act Funding Process

CYMHTA's programmatic appropriations support residential and community-based treatment for children and youth who are not categorically eligible for Medicaid, have no insurance, or lack adequate private/commercial insurance coverage.

Community-based treatment includes but is not limited to the following services: individual therapy, family therapy, intensive in-home services, equine therapy, day treatment, applied behavioral analysis, High-Fidelity Wraparound, and respite.

Families of children who enter residential services through CYMHTA must apply for Supplemental Security Income (SSI). The Behavioral Health Administration funds a full-time Family Systems Navigator who can provide the family assistance in applying for SSI. If a child is awarded SSI, they could also qualify for Medicaid. While in residential treatment, the SSI and any subsequent Medicaid are used to offset the CYMHTA funding for some of the room and board costs as well as the behavioral health treatment costs.

Families are also responsible for funding a portion of the CYMHTA-funded treatment. The parental fee is outlined in 2 CCR 502-1 21.200.4 at the rate of 7% of the total cost of all CYMHTA funded services, excluding assessment and care coordination costs. CYMHTA does not cap family income for eligibility, meaning that any family of a child or youth not categorically eligible for Medicaid can request CYMHTA funding. Once the parental fee is determined by the Mental Health Agency, the fee is paid directly to the treatment provider.

The family and the Mental Health Agency must demonstrate that CYMHTA is the most appropriate funding stream for the services. If the child has commercial insurance, the Mental Health Agency works with the family and the commercial insurance provider to obtain documentation regarding the commercial insurance not being an option for the services. The parental fee, SSI, and any Medicaid resources are utilized to reduce the total funding that CYMHTA provides. CYMHTA works alongside other funding streams, such as victim compensation, grant funded treatment, etc. as needed to reduce the cost to the program and ensure appropriate funding streams are utilized. There are times when more than one clinical service is recommended, and in some cases, commercial insurance will cover one or more of the services, but not all.

Once a child and family are approved for CYMHTA funding, the Mental Health Agencies' CYMHTA Liaison helps the parents choose an appropriate service provider. The CYMHTA Liaison notifies the family, verbally and in writing, of the clinical recommendations and potential providers for CYMHTA funding. The Behavioral Health Administration contracts with Mental Health Agencies across Colorado to ensure access to CYMHTA in all communities. The Mental Health Agencies subcontract therapeutic services to other providers. Residential treatment providers need to be licensed as Residential Child Care Facilities (RCCFs), Qualified Residential Treatment Programs (QRTPs) or Psychiatric Residential Treatment Facilities (PRTFs) through the Division of Child Welfare and designated for mental health treatment by the Behavioral Health Administration. Child Placement Agencies also need to be licensed through the Division of Child Welfare.

Services and Expenditures

The total appropriation for CYMHTA in FY22 was \$3,035,634. CYMHTA received an additional \$3,962,380 from Mental Health Block Grant funds, Mental Health Block Grant Stimulus funds, Mental Health Block Grants House Resolution 1319 funds, and Crisis Children Youth and Family ARPA funds made available through Senate Bill 21-137. With the increase in funding, the Act served more children and youth in Colorado than in any other fiscal year, with an SFY22 annual census of 271 unique clients. This is a 10% increase from 246 clients who received services in FY21.

The total spent on the provision of Mental Health Treatment Services, as outlined in 27-65-105(1)(a), for SFY22 was \$5,456,341 and the median length of stay under CYMHTA funding was seven months. A client must have been discharged from CYMHTA funding in SFY22 to have factored into the length of stay calculation. The calculation includes both community-based services and residential treatment, and some youth

received both. A detailed breakdown of fund sources and spending is provided in the table below.

The Children and Youth Mental Health Treatment Act Expenditures SFY22	
State General Fund	2,483,798.73
Marijuana Tax Dollars	423,357.00
Mental Health Block Grant	683,114.00
Mental Health Block Grant - stimulus	2,083,590.96
Crisis CYF ARPA 137	627,000.00
Mental Health Block Grant HR 1319	568,675.00
Medicaid Original Appropriation	128,478.00
Medicaid Transfer to CDHS CYMHTA General Fund	(56,274.00)
Unobligated Medicaid Fund* - CYMHTA SFY22 Total Reversions	(72,204.00)
Total CYMHTA SFY22 Funding	6,869,535.69
Residential Treatment Services	1,543,490.44
Community-Based Treatment Services	3,781,451.26
Assessments	131,400.00
Clinical Care Coordination	778,200.00
Administrative Service Organization Fee	541,512.26
Supplemental Security Income Payments	(13,306.00)
CYMHTA Appeals & Medicaid 3rd Party Clinical Reviews and Training	37,353.25
Family Advocate & Systems Navigator	69,434.48
Total CYMHTA SFY22 Expenditures	6,869,535.69
<i>*Medicaid Line Item supplements funding to HCPF for CYMHTA clients</i>	

In SFY22, \$5,456,341 was spent on the provision of Mental Health Treatment Services, as outlined in C.R.S. 27-65-105(1)(a) for CYMHTA. Supplemental Security Income (SSI) for eligible families offset CYMHTA funding by \$13,306 in SFY22. Additionally, \$56,274 in re-appropriated Medicaid funds were utilized in SFY22. These funds are accessed through The Department of Health Care Policy and Financing's (HCPF). The Behavioral Health Administration is actively working with HCPF to identify CYMHTA-funded children in residential treatment who have Medicaid due to their SSI eligibility. The Behavioral Health Administration works to increase communication and engagement with HCPF this will assist in drawing down Medicaid line item funds for eligible CYMHTA families.

Residential Treatment Services

A total of \$1,543,490 was spent on the 43 children and youth who received residential treatment under CYMHTA in SFY22. The median length of stay for residential services was five months.

Community-Based Treatment Services

In SFY22, a total of \$3,781,451 was spent on providing community-based services to 237 children and youth. Of the 237 children and youth who received community-based services, 31 were children and youth receiving these services as a transition from residential treatment back into the community. The median length of stay in community-based services was eight months.

Assessment Services

There were 236 CYMHTA Assessments completed in SFY22 with a total cost of \$131,400. Of those assessed, 139 children or youth did not receive CYMHTA funding for services. Programmatic data does not include the reason for service denial, but anecdotal explanations as to why the child or youth did not receive CYMHTA funding for ongoing services include the services being covered by commercial insurance, youth ended up qualifying for Medicaid, open Dependency and Neglect action through child welfare, family moved out of state, or the family declining the recommended services. Of those assessed in SFY22, 97 children received CYMHTA funding for services. Data regarding the number of children and youth for whom an assessment was requested but not performed was suppressed for privacy. From SFY21 to SFY22, there was just under a 32% decrease in assessments that were requested but not performed.

The Children and Youth Mental Health Treatment Act Appeals and Medicaid Third-Party Clinical Reviews

A total of \$37,353 was spent on CYMHTA appeals and Medicaid third-party clinical reviews. This amount includes training to the additional (second) contractor to ensure statewide consistency in the scope of work. Data on third party reviews for children who are not categorically eligible for Medicaid cannot be provided due to suppression requirements. For Medicaid third-party clinical reviews, 91% of the time the Professional Person agreed that the child or youth did not meet criteria for residential treatment, agreeing with the Medicaid finding. For CYMHTA funding appeals, the Professional Person overturned the Mental Health Agencies' clinical recommendations of the CYMHTA assessment 100% of the time.

Data Analytics

Data and reporting requirements for CYMHTA are outlined in statute. Given the nature of the data, it should be noted that any data on county child abuse and neglect referrals must be suppressed. Additionally, if there are fewer than 31 unique

individuals in a particular category, that data must also be suppressed. This section provides an analysis of the CYMHTA data that is available for SFY22.

State Fiscal Year 2022 Demographic Data

The total number of unique children and youth who received CYMHTA funding for treatment in SFY22 was 271. A majority of these children, 80%, were not adopted. Of those adopted, a majority, 55% were adopted between birth and one year of age.

The following table provides demographic information related to age and gender identity for CYMHTA participants. A majority of the program participants start receiving treatment between the ages of 11 and 15 years old, and a majority of the program participants are male. The table below provides a breakdown of additional program demographics.

SFY22 CYMHTA Demographics					
Age in Years	Percent of Youth Served	Gender	Percent of Youth Served	Ethnicity	Percent of Youth Served
5-10	18.5%	Female	37.0%	Caucasian/White	72.0%
11-15	54.6%	Male	57.0%	Hispanic/Latino	13.3%
16+	26.9%	Other, Transgender, Gender Fluid	6.0%	American Indian/Alaska Native, Black/African American, or Asian	12.5%
				Other/Chose not to identify	2.2%

Broken out by the [Administrative Services Organizations](#) and their respective regions, from most to least in terms of number of individuals who received CYMHTA funding: Signal Behavioral Health Network (Region 3), Beacon Health Options (Region 2), Signal Behavioral Health Network (Region 6), Signal Behavioral Health Network (Region 5), Rocky Mountain Health Partners (Region 1), Beacon Health Options (Region 7), Beacon Health Options on behalf of Health Colorado, Inc. (Region 4).

State Fiscal Year 2022 Discharge Data

Discharge data includes 102 children and youth who had a discharge date in SFY22. In SFY22, 41 of children and youth discharged received community-based services

outside of CYMHTA funding. The number of children and youth engaged in residential treatment services at discharge required suppression. There was a 75% decrease in child and youth engaged in residential treatment in SFY22 compared to SFY21. The number of individuals involved with county child welfare or Division of Youth Services at the time of discharge was also suppressed. There was a 45% decrease in the number of children and youth involved with county child welfare or the Division of Youth Services (DYS) in SFY22 compared to SFY21.

Of the 102 youth who were discharged from CYMHTA funding, 83% of them had a reduced risk of out-of-home placement through the county child welfare and/or Division of Youth Services. At the time of discharge from CYMHTA-funded treatment, 82% completed the majority of their identified goals.

Future Program Accountability

The BHA is also working on creating a data-sharing agreement with the Colorado Department of Human Services Office of Children, Youth and Families (OCYF). This data sharing agreement would allow the BHA and OCYF to match clients who are both receiving, or have received, services funded by CYMHTA and have been involved in the child welfare system. CYMHTA is to assist in reducing the risk of out-of-home placement through the risk of unwarranted child welfare involvement or other system involvement. Future data sharing agreements would allow for further CYMHTA program evaluation.

The BHA continues to enhance their partnerships and collaborations with other state agencies under [House Bill 22-1278](#), which includes the Department of Regulatory Agencies Division of Insurance (DOI). CYMHTA provides gap funding for individuals who have private insurance. Strengthening the partnership between the BHA and DOI will assist in aligning efforts for a strategic approach to meeting the needs of children and youth in Colorado.