

Dear Members of the Behavioral Health Transformational Task Force,

Colorado has an opportunity to use the federal ARPA behavioral health funds to immediately address the current pediatric mental health state of emergency as well as make long-term investments to transform the behavioral health system for children, youth, and expectant and new parents. We are writing to urge your support by committing to spending **one-third** of the ARPA behavioral health funding to specifically meet the needs of children, youth, and families across **three key domains**:

1. **Strengthen workforce and caregiver supports** so the supply of providers meets the needs of children and reflects the populations they serve
2. **Expand the care continuum** so that children have culturally competent settings in which to receive care tailored to their acuity, geography, and other factors
3. **Build a cohesive system that unifies programs to function as a whole** so that families served by multiple programs experience seamless coordination

Strengthen Workforce and Caregiver Supports

Our system is in crisis and the workforce and caregivers are burning out. A significant investment must be made to support and recruit a mental health workforce that is specifically capable of treating children, youth, and expectant and new parents with evidence-based interventions. We must also equip parents and guardians with the necessary resources to best support children and youth. We recommend the following investments:

Statewide Behavioral Health Consultation Program

- Develop a statewide behavioral health consultation program, available regardless of insurance status, to support primary care providers with assessment and treatment of behavioral health conditions of children, youth, and expectant and new parents and to address statewide shortages of child and maternal psychiatrists.

Behavioral Health Workforce Development

- Fund development opportunities for the behavioral health workforce that serves children, youth, and expectant and new parents, focusing on populations most impacted by the COVID-19 pandemic, such as BIPOC and LGBTQ+ individuals, and reimburse for clinical hours lost while training.

Colorado Health Service Corps/Workforce Loan Forgiveness

- Ensure that loan forgiveness awards adequately cover the cost of internships and supervised hours required for licensure, incentivize at least five years of rural and frontier service, and expand the scope of the program to meet the growing need for services and support a more diverse field of behavioral health professionals to serve children, youth, and expectant and new parents.

Therapist Fellowship Training Program

- Support organizations and therapists to supervise new graduates getting clinical hours and provide stipends for the trainees. The program could also offer loan forgiveness for free supervision of new graduates.

Peer Training

- Fund scholarships to cover training for peers statewide, including youth peers and peers who experience perinatal mood and anxiety disorders, especially in partnership with community programs that serve specific populations (LGBTQ+, Tribal communities, etc.) and specific conditions (SUD, IDD, ASD, etc.).

Comprehensive Suicide Prevention Efforts

- Fund requirements from [HB 21-1106](#) and [HB 21-1119](#), ensuring that child and youth specific information is developed, including educational materials for health clinicians to provide to their patients.
- Increase funding and FTE for the Crisis and Suicide Prevention Training Grant Program in the Office of Suicide Prevention, which provides funding for schools and districts to implement comprehensive crisis and suicide prevention strategies.

Group Prenatal Care

- Establish a program to provide funding for clinics to implement group prenatal care, an evidence-based best practice to support positive birth outcomes for expectant parents from overburdened and under-resourced communities, including the purchase of devices and connectivity to allow virtual prenatal care groups to meet, which will expand access to individuals in rural areas of the state.

Expand the Care Continuum

We should invest in the expansion and existing roll-out of the care continuum for children, youth, and expectant and new parents to ensure that more children and parents can be served before reaching the point of crisis, and that those who do hit a crisis point can be progressively transitioned down into less restrictive settings. We recommend the following investments:

Child and Adolescent In-Home Crisis Response/Assessment Teams and Crisis Stabilization Unit (CSU) Access for Children and Youth

- Provide additional funding under SB [19-222](#) for follow-up with families (including siblings) to provide training and support for de-escalating future crises and respite support.
- Fund additional CSUs that accept children and youth beyond the single CSU that currently exists.

QRTP/Residential Treatment Continuum

- Continue funding to support the transition of RCCFs to QRTPs and PRTFs to improve network adequacy and ensure that children and youth are being served in safe, appropriate settings, including expansion of the SB 21-137 residential bed capacity program based on the number of children who need placements and are currently being sent out of state to access care.

In-Home and Family-Based Services Expansion

- Allocate funding to support and expedite alignment with the Family First Transition and Support Act, including recruitment and training of therapeutic and treatment foster families and the provision of intensive in-home services and support.

Family-Based Substance Use Recovery

- Fund family-based substance use recovery services for children, pregnant and parenting people, including family-based recovery housing and co-located child care services.

Psychiatric Emergency Department (ED) Reimbursements and Funding for Capital Expansion and Staff Training

- Fund staff training for improved care in psychiatric ED facilities and the expansion of existing ED facilities to provide emergency psychiatric services.

Flexible Education Options for Children and Youth in Crisis

- Fund continued district-specific online schooling to allow children and youth on Individualized Education Programs (IEPs) with anxiety and depression to stay on track even when they can't be in school.
- Fund expansion of school-based treatment programs for high acuity children and youth.

Support School-Based Services

- Increase funding for the School Health Professional grant program in the Colorado Department of Education, which increases the presence of health professionals in schools across the state.
- Fund the development of a tool to measure school climate that includes student engagement, school safety, presence of social-emotional learning, culturally responsive education, and the role of school leadership as metrics for positive school climate.
- Increase funding for school-based health centers, including the integration of behavioral health in school-based clinics.

Build a cohesive system that unifies programs to function as a whole

Behavioral Health Administration (BHA) Implementation

- Fund the creation and implementation of the BHA through support of IT projects, data tracking, and other one-time costs.

Care Coordination

- Fund the full implementation of a statewide care coordination structure as set forth in SB [21-137](#).

Mental Health Transfer Center

- Increase funding for a statewide Mental Health Transfer Center and supporting centralized call center as set forth in HB [19-1287](#) to provide up-to-date information on available bed capacity at various levels of care, place children and youth appropriately when needed, and identify gaps in capacity.

Implementation of SB 19-195

- Fund the one-time costs of implementing SB [19-195](#) over the next two years, including the creation of a single-entry point to provide access to screening, referral to standardized assessment, navigation across multiple systems based on need and eligibility, warm handoffs to providers, follow-up with families for three months, and associated training for primary care providers.

Behavioral Health Care Ombudsperson

- Adequately fund the work of the Office of Ombudsman for Behavioral Health Access to Care created in HB [18-1357](#).

Collaborative Management Programs (CMP)

- Adequately fund CMPs statewide as established in HB [04-1451](#) to improve outcomes for children, youth, and families with multi-agency involvement by bringing together agencies to reduce duplication, eliminate fragmentation, and increase quality, appropriateness, and effectiveness of services.

Thank you for your consideration and support of children, youth, and expectant and new parents.

Sincerely,

ACTivation Psychology
American Academy of Pediatrics, Colorado Chapter
American Federation of Teachers, Colorado
Autism Society of Colorado
Brace Gibson, JD, Advocate
Caring for Colorado Foundation
Children's Hospital Colorado
Colorado Association for School-Based Health Care
Colorado Children's Campaign
Colorado Children's Healthcare Access Program
Colorado Faith Communities United to End Gun Violence
Colorado Organization for Latina Opportunity and
Reproductive Rights (COLOR)
Colorado Youth Congress
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CC: Behavioral Health Transformational Task Force
Sub-panel Members