



BOARD OF DIRECTORS SPECIAL MEETING

Health District of Northern Larimer County

120 Bristlecone Drive, Fort Collins

Hybrid

(see registration details on the back of the agenda)

Tuesday, February 14, 2023

5:00 p.m.



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

February 14, 2023

5:00 pm

- 5:00 p.m.** Call to Order; Introductions; Approval of Agenda..... Molly Gutilla
- 5:05 p.m.** **DISCUSSION & ACTIONS**
- Legislative Policy Lisa Ward/Alyson Williams
- 5:30 p.m.** **PUBLIC COMMENT**
- Note: If you choose to comment, please follow the “Guidelines for Public Comment” on the back of the agenda.
- ANNOUNCEMENTS**
- February 28, 5:00 pm – Board of Directors Regular Meeting
 - March 14, 5:00 pm – Board of Directors Special Meeting
 - March 28, 5:00 pm - Board of Directors Regular Meeting
- 5:35 p.m.** **EXECUTIVE SESSION**
- Executive Session to determine positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e) regarding the appointment of a new Executive Director.
- 6:00 p.m.** **ADJOURN OUT OF EXECUTIVE SESSION AND SPECIAL MEETING**

Register in advance for this webinar:

https://healthdistrict.zoom.us/webinar/register/WN_W7dLTPtvTI6t-pInXwIzSA

After registering, you will receive a confirmation email containing information about joining the webinar.

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as ‘Public Comment.’** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

■ MISSION ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- District residents will live long and well.
- Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- Systematically assess the health of our community, noting areas of highest priority for improvement,
- Facilitate community-wide planning and implementation of comprehensive programs,
- Educate the community and individuals about health issues,
- Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- Promote health policy and system improvements at the local, state and national level,
- Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- Dignity and respect for all people
- Emphasis on innovation, prevention and education
- Shared responsibility and focused collaborative action to improve health
- Information-driven and evidence-based decision making
- Fiscal responsibility/stewardship
- An informed community makes better decisions concerning health

Memo

To: Board of Directors, Health District of Northern Larimer County

From: Alyson Williams, Policy Advisor

Date: February 9, 2023

Re: Analysis for SB23-091: Access to Behavioral Health Services

The Health District staff want to inform the Board of Directors about the formatting of the policy analysis for *SB23-091: Access to Behavioral Health Services*. The bill was introduced on January 30th, 2023 and was intended to be heard on February 7th, 2023. However, the sponsors and proponents of the bill were unable to get amendments ready in time. Therefore, the language in the analysis that has strikethroughs (text deletions) and is in italics (text additions) represents the proposed amendments by the sponsors and proponents of the bill. Staff believed it was important to see the proposed changes to the introduced version of the bill before the Board considered taking any position.

SB23-091: ACCESS TO BEHAVIORAL SERVICES

Concerning access to behavioral health services for ~~certain~~ Medicaid recipients under 21 years of age ~~who experience risk factors that influence health.~~

Details

| | |
|-----------------------|---|
| Bill Sponsors: | House – None Senate – Kolker (D) and Gardner (R) |
| Committee: | Senate Health & Human Services |
| Bill History: | 1/30/2023- Introduced in Senate |
| Next Action: | 2/16/2023- Hearing in Senate Health & Human Services Committee |
| Fiscal Note: | <u>February 6, 2023</u> |

Bill Summary

The bill requires therapy, prevention and education services, case management, and evaluation and treatment planning services to be covered for Medicaid members under 21 who do not have an official diagnosis.

Issue Summary

Youth Mental Health Overview

Mental health is a crucial component of a child's overall health and shapes both physical and social well-being.¹ The Centers for Disease Control and Prevention (CDC) categorizes mentally healthy children as youth who learn appropriate social skills and coping mechanisms to approach difficulties, as well as those who attain emotional and developmental milestones.² Children who are mentally healthy have a favorable quality of life and function well at home, in school, and in their communities.²

Many children experience anxiety or display disruptive behaviors.² However, if these symptoms are persistent, severe or disrupt play, academic or home activities, the youth may be diagnosed with a mental disorder.² Up to 1 out of 5 children experience a mental health disorder each year, incurring an estimated \$247 billion per year in costs to individuals, families and communities.² Half of all mental health conditions begin by age 14 and, if left untreated, can be detrimental to quality of life into adulthood and possibly lead to suicide.³ According to the Robert Wood Johnson Foundation, delayed treatment is associated with incomplete and prolonged recovery.⁴ Increasingly, experts are recognizing the importance of identifying behavioral health concerns among youth as early as possible. Lack of treatment can also be fatal: suicide was the 2nd leading cause of death for youth ages 10-24 in 2019, account for 19.7% of youth deaths during that year.⁵ The rate of teen suicide has nearly doubled since 2011 in Colorado (2011: 12.3 per 100,000; 2020:

¹ American Psychological Association (APA) (May 2022). *Children's Mental Health*. Retrieved from <https://www.apa.org/pi/families/children-mental-health>

² Centers for Disease Control and Prevention (CDC), (June 3, 2022) *Children's Mental Health*. Retrieved from <https://www.cdc.gov/childrensmentalhealth/basics.html>

³ The World Health Organization (WHO) (2022) *Improving the mental and brain health of children and adolescents*. Retrieved from <https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>

⁴ Robert Wood Johnson Foundation (April 1, 2012). *Early Intervention in Psychosis*. Retrieved from <https://www.rwjf.org/en/library/research/2012/04/early-intervention-in-psychosis.html>

⁵ Heron, M. (July 26, 2021). *Deaths: Leading Causes for 2019*. *National Vital Statistics Reports*. (70)9. CDC: Division of Vital Statistics. Retrieved from <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>

21.6 per 100,000).⁶ From 2013 to 2017, there were 320 suicide deaths of Colorado youth ages 10 to 18.⁷ In 2021, 7.4% of high schoolers in Larimer County had attempted suicide one or more times in the previous 12 months.⁸ Nearly double that (14.4%) reported making a plan about how they would attempt suicide in the previous 12 months. Rates vary widely between demographics, with 9% of males, 16% of females and 40% of gender queer/nonbinary students reporting making such plans.

Mental disorders commonly diagnosed in youth are anxiety, depression, post-traumatic stress disorder (PTSD) attention-deficit/hyperactivity disorder (ADHD), and behavior disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), Tourette syndrome, and obsessive-compulsive disorder (OCD).² Some children with a mental disorder may never be diagnosed, while others can be diagnosed at in early childhood or later in the teenage years.² In fact, 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.⁹ The symptoms of mental disorders fluctuate as the child grows; consequently, early diagnosis and engagement of applicable services is key to maximizing treatment benefit for youth and their families.² Treatment rates vary among different mental disorders for youth. For children aged 3-17 with depression, 78.1% received treatment; however, for children with anxiety only 59.3% received treatment and 53.5% with behavior disorders received treatment.⁹

Impact of the COVID-19 Pandemic on Youth Mental Health¹⁰

The COVID-19 pandemic has exacerbated youth mental health conditions. Public health policies over the course of the public health emergency have required social distance to minimize spread of the virus. However, social distancing and other requirements to minimize community spread frequently prevented social contact outside of the home. Schools closed and required children to learn from virtual classes and childcare centers closed. Children were thus largely disconnected from social support systems and networks outside of their home and missed typical milestones – birthday parties, graduations, proms, etc., while also not being able to visit with family and loved ones. This social isolation and disruption caused youth significant emotional distress. Parents also faced a variety of challenges including being transitioned to work from home, subjected to higher risk of catching the virus as an essential worker, or lost their jobs due to the ensuing economic down-turn. The resulting caregiver stress, paired in some cases with the added loss of economic security and change in routine, compounded in some youth their anxiety, depression, and mental distress. Additionally, some youth may have been more exposed to child abuse and neglect, sexual violence and intimate partner violence at home. In fact, more than half (55%) of high school students in the United States reported in a 2021 survey that they had experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student. And 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.

Medicaid & Behavioral Health

Every Medicaid member, excluding those partially covered by Medicare, is assigned to a regional organization, also known as a Regional Accountable Entity (RAE) responsible for providing or arranging medically necessary behavioral health services. HCPF pays each regional organization a preset monthly capitation payment for each eligible Medicaid member. Members do not need a referral to see behavioral

⁶ Kids Count Data Center, "Teen Suicides" 2021. <https://datacenter.kidscount.org/data/tables/9851-teen-suicides-rate-per-100000?loc=7&loct=2#detailed/2/any/false/1729,37,871,870,573,869,36,868,867,133/any/19168,19169>

⁷ Mintz, S., Heilmann, L., Hoagland, K., & Jamison, E. (n.d.) *Suicide Among Youth in Colorado, 2013-2017: Ages 10-18*. Colorado Department of Public Health & Environment. Retrieved from <https://drive.google.com/file/d/1fPpGOpl3Rcje0hFHVz1m7lkRrvu1pt3a/view>

⁸ Colorado Department of Health & Environment [CDPHE] (2022). Healthy Kids Colorado Survey Dashboard. Retrieved from <https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard>

⁹ CDC (June 3, 2022). *Data and Statistics on Children's Mental Health*. Retrieved from <https://www.cdc.gov/childrensmentalhealth/data.html>

¹⁰ CDC (March 31, 2022). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic*. Retrieved from <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

health providers.¹¹ However, members must have a behavioral health diagnosis that is covered by the program to receive covered services.¹² Benefits and services available through a member's RAE include:¹²

- Assertive Community Treatment
- Case management services
- Clubhouse/drop-in centers
- Drug screening and monitoring
- Emergency services
- Individual and group therapy
- Inpatient hospital psychiatric care
- Medication management
- Outpatient hospital psychiatric services
- Prevention/early intervention activities
- Psychiatrist services
- Recovery services
- Residential and inpatient substance use disorder services
- Residential mental health services
- Respite services
- School-based and day treatment services for children/youth
- Social detoxification services
- Vocational services

Some of these services may require preauthorization from the RAE before accessing the service, including (but not limited to) behavioral health assessment, medication-assisted treatment (MAT), inpatient psychiatric hospital services, outpatient day treatment, psychotherapy, and school-based mental health services.¹⁰

Health District CAYAC Program

The Child, Adolescent, and Young Adult Connections (CAYAC) Team was developed by the Health District of Northern Larimer County after an extensive planning process with parents/caregivers, the local school district, primary care providers, and health and human service organizations. CAYAC offers assessment and connection to the behavioral health treatment in the community best able to meet the particular needs of the child or youth. In 2022, the CAYAC program served 1,915 clients under the age of 20, of those, 825 were enrolled in Medicaid.

This Legislation

By July 1, 2024, the Department of Health Care Policy and Financing (HCPF) must create a 'limited risk factors that influence health' benefit for Medicaid recipients under the age of 21 who experience at least one qualifying risk factor that influences health, regardless of the recipient having a behavioral health diagnosis provide recipients who are under 21 years of age with access to a limited set of services without requiring a diagnosis. The benefit limited set of services must include access to but not be limited to:

- Family therapy
- Group therapy
- Individual therapy
- Services related to prevention, promotion, education, or outreach
- Evaluation, intake, case management, and treatment planning
- Any other service determined necessary by HCPF, based on feedback from stakeholders

A qualifying risk factor that influences health includes, but is not limited to, the following experiences/risk factors:

- Hospitalization in neonatal or pediatric intensive care unit
- Separation from a parent, legal guardian, or caregiver as a result of legal action or military duty
- Death of a parent, legal guardian, caregiver, or sibling
- Adoption, foster care, or kinship placement
- Food insecurity
- Housing insecurity

¹¹ Health First Colorado (Jan. 2023). *Member Handbook*. Retrieved from <https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf>

¹² HCPF (n.d.). *Behavioral Health Services*. Retrieved from <https://hcpf.colorado.gov/behavioral-health-services>

- ~~Under or unemployment~~
- ~~Involvement or risk of involvement in the child welfare system~~
- ~~Exposure to domestic violence, sexual violence, or other traumatic events~~
- ~~Maltreatment, child abuse or neglect~~
- ~~Adolescent parenthood~~
- ~~Environmental displacement~~
- ~~Severe and persistent bullying~~
- ~~Diagnosis of a chronic condition that lasts for at least one year and requires ongoing medical care or limits the ability to take part in daily life activities~~
- ~~Incidents of discrimination, including on the basis of race, ethnicity, gender, expression, sexual orientation, religion, or learning disabilities~~

A qualifying risk factor that influences health also includes one or more of the following factors related to the youth's custodial parent, legal guardian, or caregiver:

- ~~Serious illness or disability~~
- ~~History of incarceration~~
- ~~Diagnosed behavioral health condition~~
- ~~Diagnosed substance use disorder~~
- ~~Unemployment that lasted more than 6 months~~
- ~~Domestic or sexual violence~~
- ~~Adolescent parenthood~~

~~In collaboration with the Behavioral Health Administration (BHA), HCPF must explore opportunities to integrate these risk factors into existing behavioral health screening tools and develop a menu of social screening tools that can be used by behavioral health and primary care providers to identify such a risk factor. The Medical Services Board is to promulgate rules to implement the benefit, which must address how Medicaid recipients under the age of 21 access the benefit. This includes how providers may use behavioral health and adverse childhood experiences screening tools to determine eligibility. HCPF must solicit stakeholder feedback in the rulemaking process.~~

~~In implementing the benefit set of services, HCPF must notify patients, providers, human services departments, counties, law enforcement agencies, schools, and any other entity that may be impact by the benefit set of services. HCPF must explore opportunities for enacting a similar benefit for adults who experience such risk factors, including, but not limited to, housing instability.~~

Effective Date

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90-day period after the final adjournment of the General Assembly.

Fiscal Note

The fiscal note dated February 6th, 2023, represents the bill as introduced. All of the required activities by HCPF in the bill can be accomplished within the Department's existing resources.

Reasons to Support

By offering additional early behavioral health services before official diagnosis, behavioral health providers will be able to aid in changing the trajectory for these children and families. By addressing behavioral health issues at an earlier stage in life, children may be less likely to interact with the juvenile justice system. This bill could address a barrier that some children face when accessing the services they need to lead healthy lives.

Supporters

- American Academy of Pediatrics
- Children’s Hospital Colorado
- Colorado Counseling Association
- Denver Health & Hospital Authority
- Healthier Colorado
- Inseparable
- Invest in Kids
- Mental Health Colorado

Reasons to Oppose

This bill does not go far enough in opening services for youth without a diagnosis. Since it is hard to definitively diagnose mood disorders accurately in children and adolescents until they are in their late teens to early twenties, requiring a diagnosis imposes a limitation for the services that youth can access. Children and adolescents are moving targets as there are various genetic and environmental factors that could lead to misdiagnosis, as such the needs to be monitored on a longitudinal basis for accuracy. Additionally, there are currently other behavioral health services that are not covered by Medicaid, it would be beneficial to work to ensure that services that help provide diagnosis and treatment are not excluded from the Medicaid benefit package. Although this bill could increase access to needed services, there is a limited behavioral health workforce ready to provide those services in a timely manner. Finally, this bill does not address access to behavioral health services for youth participating in the Child Health Plan Plus (CHP+).

Opponents

- Any opposition has not been made public at this time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed.