

EXECUTIVE SUMMARY

# SPEAK OUR MINDS

ENDING THE YOUTH  
MENTAL HEALTH CRISIS

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**YOUTH MENTAL HEALTH**

Community Input Results





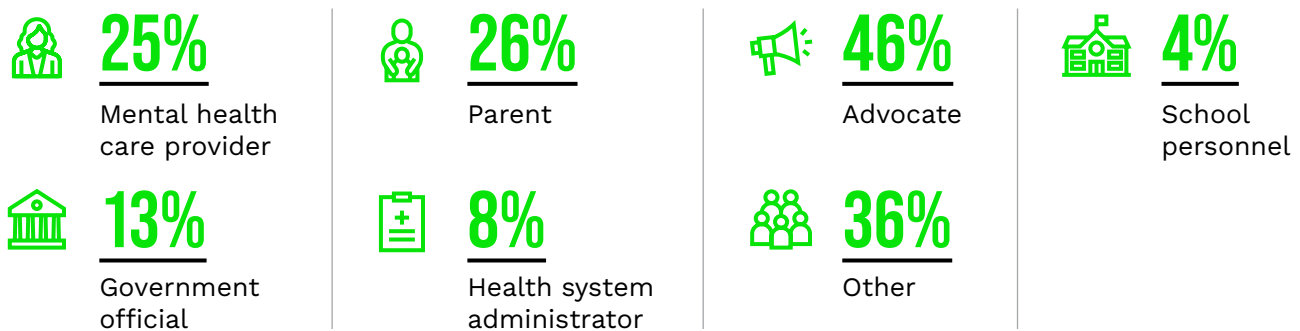
**In February 2024, the State of Colorado announced a settlement in a groundbreaking class-action lawsuit brought by Medicaid-eligible youth who were unable to access needed mental health care.**

The settlement gave the state one year to develop a comprehensive plan to address the crisis in youth mental health, and five years to fully implement the plan. The state's Health Care Policy and Finance (HCPF) division is responsible for developing the plan, and Speak Our Minds, a nonprofit advocacy organization, elected to gather extensive community and stakeholder input to inform that plan. The state's history of failing to listen and respond to the needs of our youth and their families has created a fragmented, ineffective youth mental health care system at a time when mental health challenges are escalating. It is imperative that HCPF understand the concerns of its constituents and incorporate their ideas and input into its forthcoming plan. Speak Our Minds seeks to partner with the state to ensure that those who will be most impacted by the rollout of the new youth mental health system of care are heard. We offer the recommendations in this report in the spirit of collaboration, but also intend to hold the state accountable for developing a responsive and inclusive plan.

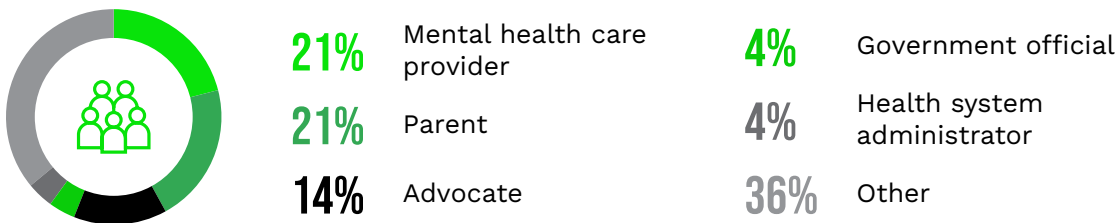
# METHODOLOGY

The recommendations included in this report were developed entirely through stakeholder engagement. Over a four-week period in June 2024, Speak Our Minds conducted 13 focus groups for mental health providers, school leaders, county officials, parents and other concerned leaders. The focus groups were conducted online, allowing participants from across the state to be part of the conversation. In addition, we conducted an online survey with similar questions to those posed in the focus groups. The focus group discussion guide is included as Appendix A and survey questions are found in Appendix B.

Community response to the call for input was tremendous. There were 229 individuals who registered to attend the focus groups. Participants were asked what connection they have to the issue of youth mental health, and responded as follows. (Note: participants could select more than one option.)



**28 individuals responded to the survey. The affiliations of those respondents included:**



Prior to soliciting participant input, focus group facilitators provided some background information on the lawsuit and the requirements of the settlement. They explained that the following elements must be part of the plan being developed by the state:

**A definition of those who will be eligible for benefits**

**Prevention services**

**Individual care plans**

**Tiered care coordination**

**In-home and community-based services**

**Mobile crisis response**

**Provider outreach**

**Data and monitoring**



The focus group discussions, as well as the survey, were designed to seek input on each of these topics. The recommendations offered in this report reflect the thinking of this broad group of concerned constituents.

# RECOMMENDATIONS

## DEFINE ELIGIBILITY BROADLY

Based on the feedback, the following recommendations are proposed:

- 1 Define eligibility broadly:** Ensure the definition includes multiple ways that youth might exhibit mental health challenges.
- 2 Presume eligibility based on demonstrated need:** Avoid requiring a diagnosis to determine eligibility.
- 3 Implement age-appropriate identification methods:** Develop ways to identify young children who need services, particularly those who have had adverse experiences.
- 4 Include caregivers in treatment plans:** Recognize the interconnectedness of youth and family mental health and include caregivers in the care plans.
- 5 Adopt culturally responsive approaches:** Consider cultural differences in determining eligibility and support youth in diverse settings, including at home.

## FOCUS ON PREVENTION

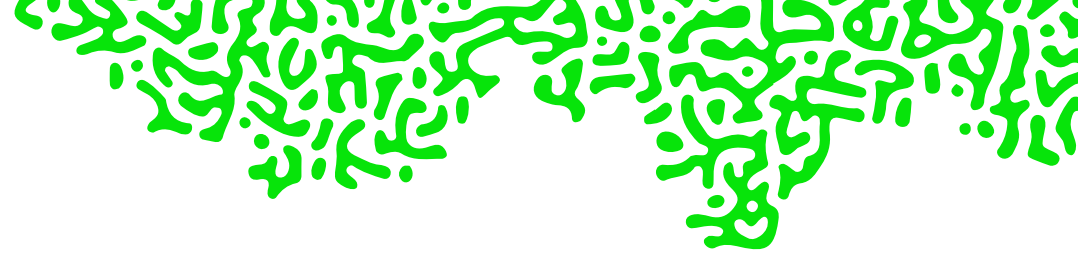
- 1 Offer universal prevention services to all Medicaid-eligible youth:** Services should be offered in multiple settings and led by a variety of providers.
- 2 Include parents and caregivers in prevention services:** Dyadic care is essential for youth, and parent education can improve early detection and treatment of mental health challenges.
- 3 Encourage integrated mental and physical care:** Integrated care increases access to, and reduces stigma about, mental health care.
- 4 Support home visitation.** Home based preventive services can improve parent education, support dyadic care, and improve early detection and intervention.
- 5 Offer screening in multiple settings.** Screening should be offered in pediatric, educational and community settings, should be reimbursed, and should be followed up with appropriate referrals and case management.
- 6 Include a broad range of activities in prevention.** Activities that help youth feel connected and engaged, including arts and athletic programs, are shown to improve youth mental health.

## ALLOW FLEXIBILITY IN CARE COORDINATION

- 1** Allow flexibility with care coordination based on individual needs. The most appropriate setting for care coordination will vary by patient and by location and should be determined by individual circumstances.
- 2** Leverage the rebid of the RAE's to improve care coordination. The state has an opportunity to increase the impact of the RAE's by expanding care coordination capacity and increasing RAE accountability for this service.
- 3** Make care coordination a reimbursable service. High quality case management is time intensive and impactful and should be resourced appropriately.
- 4** Hold those providing care coordination accountable. As with any other reimbursable service, Medicaid should hold care coordinators accountable for ensuring patient access to services.

## EXPAND CAPACITY FOR HOME AND COMMUNITY-BASED SERVICES

- 1** Increase reimbursement rates. Colorado Medicaid should reach parity with private insurers for youth mental health which will expand the pool of participating providers.
- 2** Reduce bureaucratic barriers. Making it easier for providers to accept Medicaid and to submit for reimbursement will also increase the number of participants.
- 3** Reimburse for a range of providers. Including different levels of providers, including those who are not licensed, will also increase access to services.
- 4** Include alternative therapy. Providing reimbursement for therapies such as art, movement or music can both improve outcomes and increase access.
- 5** Provide culturally responsive care. Providers should be reimbursed for translation services and incentives should be offered for providers with experience in serving patients from diverse cultures.
- 6** Address workforce shortages. Medicaid should reimburse for appropriate professional development and should provide incentives for new providers to accept Medicaid patients.
- 7** Provide solutions for rural communities. Rural providers and patients should be reimbursed for travel expenses and telemedicine should be utilized when appropriate.



## EXPAND CRISIS INTERVENTION AND STABILIZATION SERVICES

- 1** Leverage existing crisis response teams. The state should build on existing teams and ensure that they are adequately trained in youth mental health and that they offer round the clock care.
- 2** Expand the capacity of the Crisis Resolution. These teams could be expanded to offer crisis intervention in addition to follow up care. They should also have sufficient resources to manage referrals and care coordination.
- 3** Replicate proven models. The STAR program was consistently named as an impactful program that the state could replicate in other areas.
- 4** Improve police training. While the state should not rely on the police for crisis intervention it should recognize the role they play and improve training for responding to youth experiencing mental health challenges.
- 5** Improve referrals after a crisis intervention. Youth should be Immediately connected to case managers and should receive referrals for follow up care.

## COLLECT AND ACT ON DATA TO CONTINUOUSLY IMPROVE IMPLEMENTATION

- 1** Agree on simple and meaningful indicators of success. The state should select a limited number of indicators, such as wait times, referral follow throughs, and treatment completion, to evaluate implementation of its plan. Data systems should be built to facilitate collecting and analyzing this data.
- 2** Include patient and caregiver voice. Satisfaction surveys, in person interviews and focus groups, and mechanisms for reporting challenges and are all important ways to gather end user input.
- 3** Data should be public. Sharing data will increase the state's accountability and will allow third parties to assess implementation of the state's plan.
- 4** Use current public health data to assess overall impact. The state does not need to create new public health surveillance systems but should use data to assess the impact of the new plan.



# SHARE THE PLAN WITH DIVERSE AUDIENCES IN ACCESSIBLE FORMATS

- 1 Communicate with many constituents. Providers, patients, caregivers, schools and community groups should all be targeted for outreach.
- 2 Communicate in simple language. The state should clearly communicate what it plans to do to address the requirements of the lawsuit without relying on jargon or legalese.
- 3 Communicate through multiple channels. Constituents receive their information from a wide range of sources and the state should leverage all those sources to share the plan.



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