Solutions to Strengthen Colorado's Youth Mental Health Ecosystem

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Recommendations From the Field


COLORADO HEALTH INSTITUTE
Informing Strategy. Advancing Health.

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CONTENTS

Acknowledgments

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GARY COMMUNITY VENTURES

PHOTOS BY BRIAN CLARK/CHI

Executive Summary

Colorado can thrive only when every child and youth can grow, flourish, and learn in environments that have access to programs, policies, and services that support their mental health and wellness. But currently, youth across the nation and in Colorado are experiencing a mental health crisis. The impacts of the COVID-19 pandemic have exacerbated mental health needs while shining a light on the long-standing mental health challenges faced by children and youth.

As a health policy community, we need to better understand what it takes to comprehensively support youth mental health in Colorado. We must create a strong, enduring, and highly adaptable ecosystem of youth mental wellness and support.

With funding support from Gary Community Ventures, the Colorado Health Institute (CHI) engaged with high school-aged youth, parents and caregivers, and community-based organizations, including service providers, advocates, and other community partners, to identify solutions and changes needed to achieve this vision.

CHI's research included a literature scan, interviews, focus groups, and a synthesis of qualitative and quantitative findings. Our research questions were broad: What does a strong youth mental health ecosystem look like? What are the key challenges — in schools, communities, and the health care system — defining Colorado's ecosystem? What missing infrastructure, programs, strategies, and approaches are needed most urgently? What policies must change? Who must act today?

This report summarizes our findings and suggests ways forward. It provides a philanthropic and advocacy-focused approach to strengthen the whole youth mental health system — not just parts and pieces. The report offers solutions that can help youth attain and maintain positive mental health — an essential key to avoiding complex behavioral health issues like substance use disorders.

CHI identified five pillars of a strong and equitable mental health ecosystem that supports all youth:

- **Prevention and Early Intervention.** Emphasis on and investments in upstream approaches — promoting resilience, supporting early detection and intervention, and addressing social determinants of health.
- **Workforce.** High-capacity, diverse licensed and unlicensed service providers who are integrated into where youth live and learn.
- **Culturally Responsive Approaches.** Affordable, evidence-based, and culturally responsive programming — such as programs built by and for youth of color.
- **Recovery-Oriented Mental Health Crisis Response.** Comprehensive, youth-specific mental health crisis responses — and treatment approaches — that keep recovery top of mind to appropriately serve youth and their families experiencing a mental health crisis.
- **Infrastructure and Coordination.** Seamlessly integrated data-sharing infrastructure and care coordination between schools, providers, and families.

Under each of these pillars, CHI — in partnership with youth mental health leaders — identified and confirmed the most urgent solutions needed to support these pillars and create a sustained, equitable impact on our community's youth mental health ecosystem. But this work must not be done in silos. Philanthropic leaders, policymakers, and advocates must work in close partnerships with the strong community of youth mental health leaders in Colorado to create longstanding, equitable impacts.

Introduction

Colorado is better when every child and youth can attain and maintain mental wellness. But currently, youth across the nation and in Colorado are experiencing a mental health crisis.

Colorado adolescents ages 11 to 18 have seen their rate of poor mental health double since 2017, from 8.8% to 18.5% in 2021.[1] Children who identify as people of color or as LGBTQ+ are at risk for worse mental health, which is exacerbated by systemic racism and discrimination that continue to pervade society, including the mental health system. In 2021, 12.9% of American Indian and Alaska Native youth in Colorado reported at least one suicide attempt in the past year (compared with 6.7% of youth who are white).[2] Further, 41.9% of Colorado students who identify as bisexual and 36.6% of students who identify as gay or lesbian seriously considered attempting suicide during the past year (compared with 10.9% of students who identify as heterosexual).

Given the unprecedented mental health challenges faced by Colorado's youth, the Colorado Health Institute (CHI), with funding support from Gary Community Ventures (GCV), sought to identify opportunities to address the most urgent gaps within the youth mental health system. CHI engaged with high school-aged youth, parents and caregivers, and community-based organizations, including school representatives, service providers, advocates, and other community partners, to generate solutions to strengthen Colorado's ecosystem of youth mental wellness and support.

Creating This Report

CHI conducted a literature review and data scan to clarify what a strong and sustainable youth mental health ecosystem looks like. We identified five essential pillars:

- **Prevention and Early Intervention.** Emphasis on and investments in upstream approaches — promoting resilience, supporting early detection and intervention, and addressing social determinants of health.
- **Workforce.** High-capacity, diverse licensed and unlicensed service providers who are integrated into where youth live and learn.
- **Culturally Responsive Approaches.** Affordable, evidence-based, and culturally responsive programming — such as programs built by and for youth of color.
- **Recovery-Oriented Mental Health Crisis Response.** Comprehensive, youth-specific mental health crisis responses — and treatment approaches — that keep recovery top of mind to appropriately serve youth and their families experiencing a mental health crisis.
- **Infrastructure and Coordination.** Seamlessly integrated data-sharing infrastructure and care coordination between schools, providers, and families.

Next, CHI engaged with local families and stakeholders living within or serving GCV's catchment area — Adams, Arapahoe, Denver, and Jefferson counties — to further explore these pillars in Colorado, analyze the gaps in each pillar, and identify solutions for strengthening them. CHI hosted three focus groups in late November and early December 2022 with high school-aged youth, parents and caregivers of youth, and community-based organizations serving youth.

To recruit for the focus groups, CHI developed outreach materials and distributed them to over 40 organizations that serve youth and families, including advocacy organizations, student groups, health care providers, nonprofits, government agencies, and other community-based partners. CHI ensured organizations represent and serve a

BRIAN CLARK/CHI

range of demographic groups within age, race/ethnicity, those experiencing homelessness, those affected by trauma, those with low incomes, and those who identify as LGBTQ+ to increase diversity within the focus groups. CHI recruited 11 participants for the high school-aged youth and parents and caregivers of youth focus groups (see Appendix for demographics of these participants). Note that due to barriers and limitations in recruitment, all participants identified as female. Six organizations participated in the community-based organization focus group. CHI also completed five key informant interviews, primarily with individuals representing schools, advocacy groups, and mental health care providers and held a feedback session with an existing coalition of youth mental health-focused policy advocacy groups. See Appendix for a list of participating organizations.

This report synthesizes CHI's work. It is organized by the five essential pillars of a strong and sustainable youth mental health ecosystem. Each section provides CHI's findings on how Colorado's current youth mental health ecosystem is falling short and the identified solutions to fill those gaps. Solutions are categorized by setting — schools, communities, or systems — and type — policy, program, or initiative (see definition of solution types in Figure 1). CHI included solutions based on the following criteria: equitable, evidence-informed, sustainable, and timely (see Figure 2). CHI described how each solution meets these criteria and included spotlight examples of the solution in practice, and, where applicable, opportunities for future research and insight.

Figure 1. Definitions of Solution Types

Policies

Procedures or mandates within local or state government, or institutions and organizations, that facilitate access to sources of mental health wellness and support.

Programs

Services or programming that increase access to mental health care and support for specific group(s) of youth.

Initiatives

A set of actions to develop, promote, or increase access to sources of mental health wellness at a population level.

Figure 2. Guiding Criteria for Solutions

◆ Equitable

Programs, policies, and initiatives that are culturally responsive, available in multiple languages, administered or designed by historically excluded populations, and/or targeted at eliminating racial, ethnic, and other inequities in youth mental health outcomes, including for those who identify as LGBTQ+.

■ Evidence-Informed

Programs and initiatives with emerging, promising, or established evidence. (Pilot programs without any prior implementation are not included.)

● Sustainable

Solutions that will remain in place and positively impact historically excluded youth for years to come.

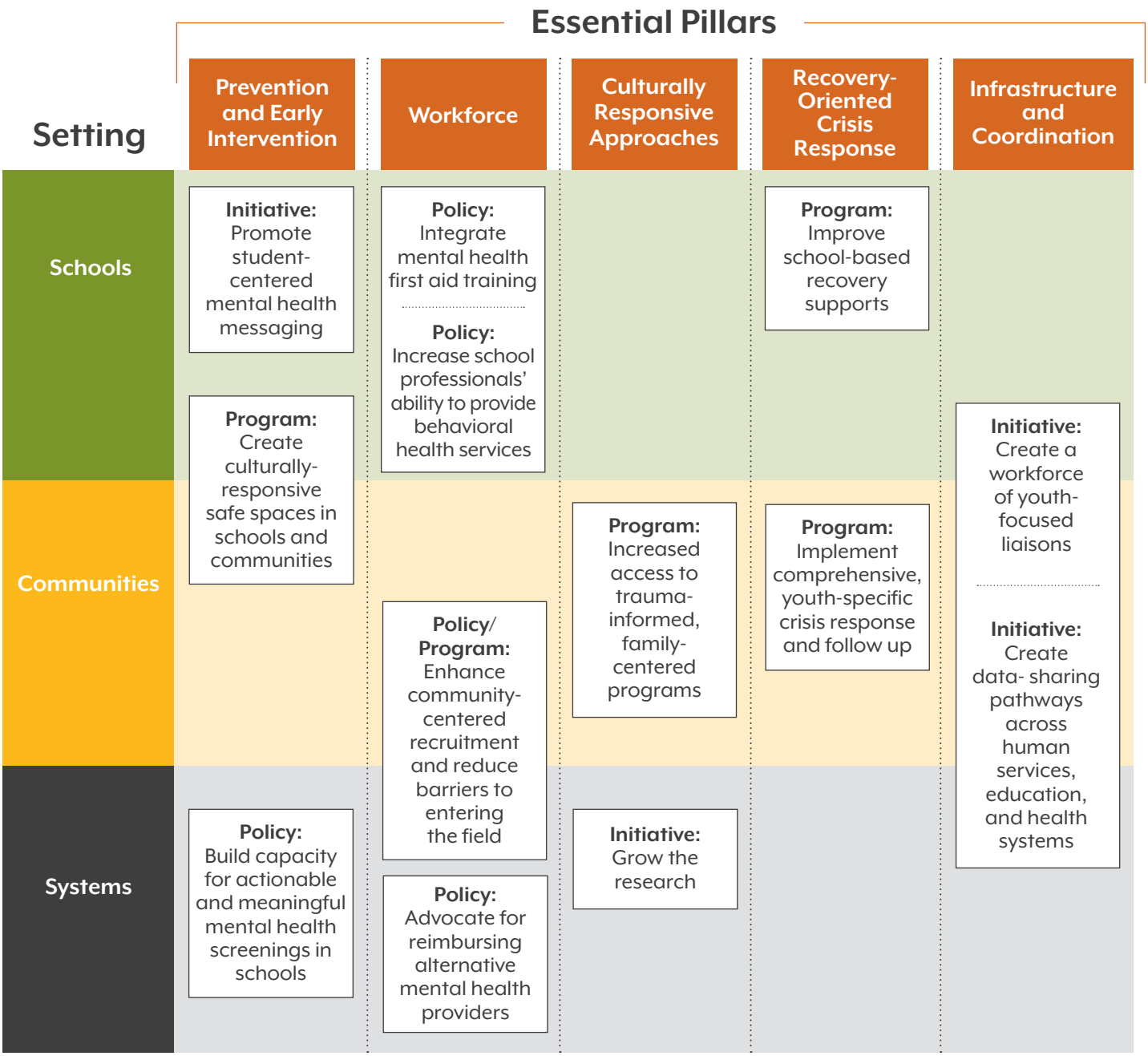
▲ Timely

Investments that are implementable in the next two to four years with a high potential for impact.

Five Essential Pillars of a Strong and Sustainable Youth Mental Health System — and Actions Needed to Strengthen Them

Figure 3 lays out the five essential pillars of a strong youth mental health system, as well as the identified solutions needed to strengthen those pillars in Colorado. This diagram organizes each investment opportunity included in this report by pillar and by the continuum of settings in which philanthropic leaders, policymakers, and advocates must act in close partnership with the communities they serve.

Figure 3. Pillars of a Strong Youth Mental Health System



PILLAR 1

Prevention and Early Intervention

Importance and Key Findings

Colorado's mental health policy and philanthropic leaders must invest in upstream approaches — specifically in prevention and early intervention — to realize better health outcomes. Current gaps in the metro Denver region's schools and communities include needed investments in supports, such as creating a comprehensive school-based behavioral health care system for all students, building family resilience, and addressing social determinants of health.

Prevention and early intervention are especially important because youth are disproportionately affected by mental health issues. Half of all mental health challenges emerge during or before adolescence, and three-quarters emerge before age 25.[3] Yet the average delay between when a mental health symptom first appears and intervention is about 11 years.[4] Schools are especially positioned to close this gap because they are where most youth spend a majority of their time. While some schools have taken strides to build comprehensive behavioral health care systems, most students are not being supported and do not have equitable access to needed information. National studies estimate that about one in five students will experience a significant mental health problem during their school years, yet 70% of those who need treatment do not receive appropriate services.[5]

Quality mental health for children and youth also begins with the resilience and protective factors available to their caregivers and families. Building resilience can protect people from developing some mental health conditions and improve the coping ability of those with an existing condition.[6] However, in Colorado, 12.5% of Black, non-Hispanic parents scored low on measures for family resilience that asked whether they talk together about what to do, work together to solve problems, draw on strengths, or stay hopeful during difficult times. This is compared with just 3.4% of white, non-Hispanic parents. Other parents of color fare similarly, with 8.2% of Asian and 6.2% of Hispanic parents also reporting one or none of these components of resilience during difficult times.[7]

Finally, addressing the social determinants of health is foundational to promoting and sustaining the mental health of youth and their families, especially for youth and families/caregivers of color. A lack of safe housing and economic stability can be both a cause of poor mental health and an impediment to healing. One focus group participant said, "They'll listen when I'm homeless, but the prevention to keep a healthy family from getting there is nonexistent."

Identified Solutions

Colorado must invest upstream — in schools, community settings, and at the systems level — to destigmatize mental health conditions and ensure students and families have opportunities to build resilience and access services when needed.

Schools and Communities

Initiative: Promote student-centered mental health messaging. Introducing the concept of mental health, even in early education settings, can lead to better health outcomes because it reduces stigma and normalizes mental health for students. School leaders should provide messaging in middle and high schools that feature real students who discuss mental health and speak candidly about the impacts of mental health and why getting help matters. Messaging should also inform students of actions and steps that will occur if they choose to disclose a mental health concern or need based on who they disclose to and where. Ideal settings can include class discussions with adequate time for reflection or another space where students feel comfortable to share.

- **Key Criteria:**
  ■ Evidence-Informed ● Sustainable ▲Timely
- **Spotlight:** The screening, brief intervention, and referral to treatment (SBIRT) initiative in New Jersey engaged youth of color to share on video their experiences with mental health while also offering ideas for services and supports their schools need.
- **Future research needed:** Investigate existing transformations happening in Colorado school districts. For example, in partnership with the Colorado Education Initiative, dozens of Colorado schools and school districts are identifying and testing their own programs and initiatives through social-emotional development learning collaboratives such as Youth Connections, Social-Emotional Redesign Network, and the Thriving Schools/ Resilience in School Environments (RISE) Initiative.

"These should be actual discussions with real people and not just a cheesy video. It's about not making it cheesy but honest and real and showing how people are impacted by those disorders and how extreme it can be." High school-aged focus group participant

"The district implements social-emotional learnings [through] whole-group settings, which feels disingenuous. If you have students who are actually suffering, they're not going to share that in a classroom setting and address how they're feeling. [Students are asked to do this repeatedly,] in the first five minutes of every class." Parent and caregiver focus group participant

Program: Create culturally responsive safe spaces in schools and communities. Youth and families need access to spaces that foster a culture of community, mental wellness, resilience, and holistic family engagement. School administrators and counselors should dedicate physical spaces in schools that destigmatize mental health issues and promote early intervention by connecting youth to care that can include social-emotional support, conflict resolution, and coping skills. Philanthropic leaders can also support expanding culturally responsive community spaces that provide peer support programs, mentorship, and community-based programming. This includes spaces to share stories and experiences, explore leadership and identity, and create belonging. Access to cultural practices and traditions helps maintain and protect youth mental health and wellness. Programs that increase protective factors, such as cultural connectedness, exposure to positive social norms, and self-awareness, are limited in communities and schools. Philanthropic partners can support these efforts through provision of additional funding and collaboration.

- **Key Criteria:**
  ◆ Equitable ■ Evidence-Informed
  ● Sustainable ▲Timely
- **Spotlight:**

  In Schools — Yosemite Middle School in Fresno, Calif., opened a safe space for students to normalize discussions about mental health and access services when they need them.

  In Communities — At Denver Indian Health and Family Services, the Native Connections program offers cultural and traditional activities for youth such as beading, hand drum making, and ribbon skirt making — all shown to improve the mental health of their youth population.

- **Future research needed:** Consider what resources schools will need — and what resources are available outside of the school's space — to ensure students have a place for authentic connections and discussions. This includes identifying community leaders who may already be promoting protective factors and resiliency among youth — but may need additional funding and support to ensure services are aligned with best practices in behavioral health promotion and prevention. This also includes identifying existing programs with a focus on culture and traditions as protective factors, and to further understand the specific needs and background of all groups.

"What I have learned is that the Asian community just wants space. They want a space to share stories and interact with each other. Also, to discuss intersectionality such as Asian and LGBTQ+ [identities]... A study found that 40% of [Asian American or Pacific Islander] youth who are LGBTQ+ had contemplated suicide, and that through support and guidance of community, we can lower that percentage. It is important to have these supports in the community. [Youth] find more belonging in these spaces"

Community-based organization focus group participant

"Immigrant households and people who speak English as a second language don't have access to accurate information. That's something my community can do to fix this — [we can] talk about experiences and let people who struggle with things talk about it."

High school-aged focus group participant

"We need to address stigma. Sometimes you need to hear about the awful experiences people have to understand the depth of the situation. We need to talk about real life experiences and have safe spaces. You feel isolated, alone, and like you're the only one going through this, but that's not true. Everyone's just hiding it and claiming they're doing ok."

High school-aged focus group participant

Systems

Policy: Build capacity for implementing actionable and meaningful mental health screenings in schools. Universal school-based mental health screenings for all K-12 students bring us one step closer to a comprehensive school-based mental health framework. Screenings can measure behavioral functioning and social and emotional skills, which can support early identification of mental health needs and intervention while also providing schools with data on their student populations to inform needed interventions and programming. Enabling schools to implement actionable and meaningful screenings, from the screening process itself to providing follow-up and referral care, will allow them to build a multi-tiered system of supports for all students, including those with more intensive needs.

- **Key Criteria:**
  - ◆ Equitable
  - ■ Evidence-Informed
  - ● Sustainable
  - ▲ Timely
- **Spotlight:**

  Some Colorado schools have already begun this, including Cañon City School District implementing a 34-question screening in its schools. The results have helped school leaders quickly respond to student needs and implement tailored, data-informed interventions to prevent poor mental health outcomes.

  Colorado's House Bill (HB) 1003 introduced into session this year would allow schools to administer a yearly mental health assessment in 6th through 12th grades with the option for parents and caregivers to opt out.

  Boston Public School's Comprehensive Behavioral Health Model is in its 10th year with 76 schools participating. Each school has begun to implement a multi-tiered system of supports, including universal social-emotional learning curriculum and a behavioral health screening tool to help the school better understand and respond to each student's needs.
- **Future research needed:** Identify how to best support schools in obtaining more funding, capacity, and workforce to effectively implement a universal screening program. New Jersey bill A970 appropriated $1 million to a grant program that supports implementation of mental health screening in schools.

PILLAR 2

Workforce

Importance and Key Findings

Workforce shortfalls disproportionately hurt youth and families who are people of color, immigrants, and who do not speak English as a first language. Families enrolled in Medicaid, who have lower incomes, or who lack insurance are more likely to access care from community mental health centers, which are short-staffed statewide.[8]

Youth participants in this project shared concerns about school counselors coming off as judgmental, while people from community-based organizations worried that providers would not be able to handle caseloads if screening is increased in schools.

With only one in five providers identifying as non-white, Colorado must recruit and retain behavioral health professionals who can provide culturally sensitive and responsive care.[9] Timely access to culturally competent providers is also needed to improve quality of care and adequate continuity of care and follow-up. Access to culturally responsive providers helps families avoid being retraumatized by the system and ensures that programs and services are delivered and conveyed in ways that make sense and are meaningful to youth and families.

Identified Solutions

The behavioral health workforce serving youth is insufficient in capacity and diversity. School leaders should integrate mental health first aid training for all educational staff. Community leaders and policymakers must enhance opportunities for community-centered recruitment.

Schools

Policy: Integrate mental health first aid training. Every school staff member, and other professionals involved in the school ecosystem, must become part of Colorado's youth mental health workforce. School leaders should integrate mental health first aid as part of all school and supporting staff's yearly trainings across all middle and high schools. This should include all in-school staff as well as support and service professionals such as bus drivers. Youth mental health first aid training has been shown to increase teachers' knowledge and ability to address the mental health needs of their students, alongside an increased understanding of their own mental health.[10]

- **Key Criteria:**
  - ■ Evidence-Informed
  - ● Sustainable ▲ Timely
- **Spotlight:**

  Legislation such as Senate Bill (SB) 20-001 in Colorado would have expanded behavioral health training for K-12 educators. However, it failed, likely due to COVID-related time limitations during the shortened 2020 legislative session and lack of funds during that year.

  Expanded training along the lines of what Pioneer Ridge Elementary School in Johnstown has done to train teachers and other school staff can help support addressing mental health emergencies.
- **Future research needed:** Investigate how to best carve out time for educators to be trained and identify ways to make trainings more interactive, applicable to real-life scenarios, and culturally responsive.

> ***"At school [students] can go to a counselor, but a teacher can't talk about [mental health] because their focus is on academics. And [teachers] are not emotionally prepared to talk about it. High school counselors could use more training to be more preventive, [but] we need more resources and training [to be] available."***
>
> Parent and caregiver focus group participant

> ***"Teachers don't understand mental health — this is a huge part of solving the problem. They just expect you to do your work on time."***
>
> High school-aged focus group participant

Policy: Increase school mental health professionals' ability to provide behavioral health services. Build capacity for schools to support school counselors, social workers, and psychologists in recognizing and responding to specific mental health disorders, generational trauma, and other needs with a youth-focused lens — rather than primarily as disciplinarians, college counselors, or homeroom teachers.

- **Key Criteria:**
  ◆ Equitable ● Sustainable ▲Timely
- **Spotlight:** The Oklahoma Comprehensive School Counseling Framework recommends school counselors devote 80% of their time providing services to students and encourages them to deliver mental health month activities, promote mental health awareness, and teach cultural competency to students. The framework also positions school counselors as vital members of the student crisis response team.
- **Future research needed:** Consider what legislative changes or processes are needed to support schools in transforming how they use their behavioral health staff.

> ***"I love the school counselors, social workers, and psychologists, but [within] every district I work in, their primary job is delivering curriculum in classrooms and helping principals address behaviors and handle paperwork. They probably spend no more than 5% of their time delivering treatment to a group let alone individuals."***
>
> Parent and caregiver focus group participant

Communities/Systems

Program: Enhance community-centered recruitment and reduce barriers to entering the field. Philanthropic and state leaders should support community-based organizations and providers, in the form of grants or stipends, to recruit and retain a culturally and linguistically competent behavioral health workforce. Community-based efforts should include creating early career exploration programs, job shadows, and internships for youth as early as middle school. Funders can also look at providing scholarships or stipends for people in entry-level positions, such as certified nursing assistants, medical assistants, or paraprofessionals, to reduce administrative and financial burdens and support those entering advanced degree programs in mental health. Stipends for multicultural and multilingual providers can also support diversification of the workforce.

- **Key Criteria:**
  ◆ Equitable ● Sustainable ▲Timely
- **Spotlight:**

  The Center for African American Health's Workforce Readiness Program supports youth ages 14-24 with work experience and skills, including opportunities to explore careers in health care and health-related areas, to increase care and advocacy that is representative of the community.

  As part of its 2020-23 unified state plan, Hawaii's adult and youth workforce development services reach Native Hawaiians through intentional outreach at their own community events, rather than events held by the workforce development agency. These services include guidance with individual assessments and employment plans, and financial assistance for tuition and books, leading to employment that includes careers in mental health.

  New Mexico's Expanding Opportunities Project provides reimbursements, stipends (up to $300 for licensing), and loan repayments for students obtaining a degree that leads to licensure as a school-based behavioral health provider. Students must commit to working in the state and serve at a "high-need" school for at least 24 months after graduation.

SB 5092 in Washington appropriated $250,000 to develop "a language access plan that addresses equity and access for immigrant, multilingual providers, caregivers, and families across the educational sector." This includes a scan of best practices relevant to multilingual workforce development. Recommendations include "funding new or expanded programs that provide support for multicultural or multilingual beginning educators."

- **Future research needed:** Engage and align with efforts led by workforce development centers; the Colorado Department of Labor and Employment's Office of the Future of Work, including Apprenticeship Colorado; the Behavioral Health Administration; and other leaders considering workforce development initiatives. This includes determining equitable reimbursement from payers. Further investigate and address the common barriers — financial and otherwise — that multicultural and multilingual students face when pursuing mental health careers.

> ***"[Pursuing a career in mental health] needs to be a viable option for [students]. Starting from elementary school, we can promote this as an avenue. Middle and high school students should have these career opportunities and internships promoted to them. But this also relates back to whether these are even well-paying jobs."***
>
> Community-based organization focus group participant

Policy: Advocate for alternative mental health workers to be billable by Medicaid. Community health workers such as promotoras, trusted community gatekeepers, and peer support specialists are the most attuned to the needs of their own communities. This group can improve health by facilitating coordination of mental health care, enhancing access to community-based services around mental health, and informing solutions to address the social determinants of health needs in the community.

- **Key Criteria:**
  - ◆ Equitable
  - ■ Evidence-Informed
  - ● Sustainable
  - ▲ Timely
- **Spotlight:** Currently, 22 states reimburse community health workers through their Medicaid programs.[11] SB 58 in New Mexico allowed for certification of community health workers through the state's Medicaid system and implemented protocols to get them certified. If adopted, Colorado's SB23-002 would authorize Colorado to seek federal authorization to reimburse community health workers through Medicaid.
- **Future research needed:** Engage with communities to identify and scale up culturally and linguistically responsive alternative mental health workforces, such as peer supports. For example, the Youth Era program in Oregon provides one-on-one, drop-in peer support programing. It trains Youth Peer Support Specialists who have lived experience in youth-serving systems, such as mental health, foster care, and juvenile justice, to support youth and young adults ages 14 to 25.

> ***"We should look at creating and supporting multiple pathways to joining the community behavioral health workforce. Not just for behavioral health specialists and providers, but people who can support families navigating the system. There could be a whole cadre of community and peer workforce we're not tapping into."*** Key informant interviewee

> ***"We need more understanding therapy that guides [students] through struggles. This would be beneficial and would allow someone to open up more and to feel like they matter. It's hard for people to think that therapists care because at the end of the day they're getting paid to do it. That's kind of how it feels sometimes."***
>
> High school-aged focus group participant

PILLAR 3

Culturally Responsive Approaches

Importance and Key Findings

Affordable, evidence-based, and culturally responsive programming is essential but in short supply. Colorado's leaders must invest in new programs that are built by and for the state's diverse communities and adapt existing programs to ensure all communities can access them in culturally responsive ways.

Though we know what works when it comes to youth behavioral health programs, few approaches have been built by and for youth of color. Existing programs and services are not culturally responsive to communities of unique racial, gender, class, and immigration backgrounds. For example, the Blueprint for Healthy Youth Development registry, one of the nation's leading inventories of what works in promoting youth behavioral health, includes very few programs specifically for youth and families of color when compared to white youth and families. This is due to decades of historical, systemic discrimination, mistreatment, and exclusion that continues to pervade our health care and research systems. For example, studies have found that Black scientists propose community or population-level research, health disparities research, and patient-focused interventions with greater frequency compared with white researchers, but these proposals garner among the lowest grant award rates. This is despite data showing an alarming increase in the suicide rate among Black youth over the past few years.[12]

Addressing mental health stigma within communities of color (especially within communities with non-western views of mental health) is needed for families to begin to explore and understand their own mental health.

Identified Solutions

Colorado's leaders must invest in programs that promote leadership and build resilience within families, as well as programs that value culture as a protective factor for youth of color.

Communities

Program: Increase access to trauma-informed, family-centered programs. Trauma-informed approaches are essential. Multigenerational approaches that begin with family leaders can address generational trauma, build resilience, increase mental health wellness, and promote healing within the family system. Philanthropic leaders should invest in programming that is tailored and implemented at the community level to promote resilience, generational healing, and mental health first aid for families.

- **Key Criteria:**
  - ◆ Equitable
  - ■ Evidence-Informed
  - ● Sustainable
  - ▲ Timely
- **Spotlight:** The Center for African American Health's Strengthening Families program is an evidence-based family skills training program that aims to strengthen parenting skills, improve children's behaviors, improve social skills, and enhance family functioning.
- **Future research needed:** Tailor approaches so that they are designed for and implemented by trusted facilitators within immigrant, refugee, and other communities of color.

"We're surrounded by adults who are not taking care of their mental health and so we learn not to take care of our mental health. Seeing our families deal with this without getting mental health help makes youth think they can get away with dealing with stuff without mental health help." High school-aged focus group participant

"What's tricky is that although we can learn a lot, it will probably differ at the local community level. Whatever program is designed, we need to do community-specific work and not make assumptions. This looks like a lot of empathy interviews, a lot of work, but you need to talk to communities — more research and more funding."

Community-based organization focus group participant

"The best thing [parents] can do for their child is to have a good relationship...Are there healthy relationships present with siblings, parents, etc.?"

Parent and caregiver focus group participant

Systems

Initiative: Grow the research. Study and/or scale different adaptations of high-demand evidence-based programs such as Multi-Systemic Therapy and Functional Family Therapy — or bring to market new therapies — to allow communities with fewer available clinicians and financial resources to implement the programs to fidelity. Invest in new research and scaling opportunities for tailored, evidence-based mental health interventions built for and by communities of color.

- **Key Criteria:**
  - ◆ Equitable
  - ■ Evidence-Informed
  - ● Sustainable
- **Spotlight:** Programs in Colorado are already using pillars of evidence-based practices to reach specific groups of Coloradans in need of behavioral health supports. The Alma Program and You:Flourish provide two examples.
- **Future research needed:** Learn what populations of Coloradans are not accessing evidence-based behavioral health practices due to cultural and resource barriers and consider building and adapting programs for these groups.

"Growing the research is a long-game strategy. There is a tremendous amount of disrespect for traditional, people-of-color-led ways of healing — especially when getting white-led institutions to value this. This feels important, and the impact would be great if it were to happen."

Youth Mental Health Policy Advocacy Coalition participant

"I haven't personally reached out to mental health professionals or have done therapy, but people in my family people have, and I don't think [the providers] did a good job. I think they did more harm than good and did not understand our culture."

High school-aged focus group participant

PILLAR 4

Recovery-Oriented Mental Health Crisis Response

Importance and Key Findings

Colorado's crisis system does not meet the needs of youth during and beyond a crisis. Parents and caregivers often may be dealing with situations involving complex issues such as substance use disorder or a mental health crisis alone and with few accountable, trusted resources or supports. This leaves parents and caregivers unequipped to handle the situation and puts the entire family at increased risk for long-lasting, negative mental health impacts.

Further, despite studies showing that timely follow-up with a provider after a mental health care crisis or hospitalization is critical to long-term recovery, follow-up care after an event is often non-existent or is not person- or family-centered. For example, families may be referred to unfamiliar providers, may not understand their post-discharge follow up and care, or may receive inadequate medication management and follow up. A recent study found that less than a third of children and youth receive an outpatient mental health care visit within seven days of being discharged from the emergency room, and about 55% receive a follow-up within 30 days. The study also finds that, without adequate follow-up, more than 25% of children are readmitted for additional mental health care within six months of their initial visit. The study points out that Black children are 10% less likely to have a timely follow-up compared to white children.[13] At the same time, families' lack of recourse for providing feedback on the efficacy of care contributes to these issues remaining unaddressed within the health care system.

Identified Solutions

We need mental health crisis responses and treatment approaches that keep recovery top of mind. For example, we should integrate recovery supports for students beyond the clinic walls into homes and schools through community partnerships to provide ongoing follow-up and supports after a mental health crisis or overdose.

Schools

Program: Improve school-based recovery supports. Recovery supports for students — both during and after a behavioral health crisis — must cover the broad spectrum of mental health challenges faced by children and youth and ensure that children and youth have the best chance for a successful recovery as they reenter the places and spaces that may have contributed to their behavioral health crisis.

- **Key Criteria:**
  ◆ Equitable ● Sustainable ▲Timely
- **Spotlight:** 5280 High School's Summit Program in Denver supports teenagers in recovery from addiction, eating disorders, and other behavioral health challenges as they reenter school.
- **Future research needed:** Tailor supports to ensure they are meeting the needs of communities in which they are being implemented.

"With substance use disorder among teens — schools don't want to be responsible for it, so they put it in the hands of the parents, and it leaves long-lasting mental health impacts."

High school-aged focus group participant

"We need more access to immediate care that doesn't come from school counselors or even the Colorado Crisis Line...It needs to be more trusted."

High school-aged focus group participant

Communities

Program: Implement comprehensive, youth-specific crisis response and follow-up. Youth experiencing a mental health crisis are often evaluated in emergency rooms or adult psychiatry settings. These settings often are neither safe nor therapeutic for youth and lack child and adolescent psychiatric clinicians and specialists.[14] Safe and comfortable environments that provide high-quality, specialized care for youth and families experiencing a mental health emergency are needed. So is appropriate follow-up care after discharge that allows health systems, schools, and community-based providers to collaborate and further support youth on their path to recovery.

- **Key Criteria:**
  - ◆ Equitable
  - ■ Evidence-Informed
  - ● Sustainable
  - ▲ Timely
- **Spotlight:**

  The Follow-Up Project model, a collaboration among the Colorado Department of Public Health & Environment, Rocky Mountain Crisis Partners, and the Behavioral Health Administration, uses hospital staff to screen and conduct warm hand-offs to suicide hotline clinicians specifically for people who are transitioning out of hospital care. Hotline staff, who are available 24/7, provide regular follow-up supports, including safety assessments, harm reduction, resources, and collaborative goal setting.

  New York's Bellevue Hospital Center's Comprehensive Psychiatric Emergency Program establishes a single entry point for brief and full emergency visits that are Medicaid reimbursable and provide triage and screening, stabilization and referral, or diversion to an appropriate program for children and their families.

- **Future research needed:** Establish connections with health care systems, schools, and community-based providers to identify starting places with potential for high impact. Consider scaling up Colorado's Pediatric Psychiatry Consultation & Access Program. Investigate what additional resources or scaling might be necessary to ensure the program can facilitate the growing needs for community-based follow-up and referrals across the Denver metro region.

> ***"There was no follow-up [after a mental health crisis]. I really feel like an easy one [would be to do] medication management. It's difficult to get in with a qualified psychiatrist; they kind of dump you, but when you start medication it's a tumultuous period — [providers] should continue to follow-up for at least 60 days."***
>
> Parent and caregiver focus group participant

> ***"We have a crisis system designed by the state for adults, not for youth."*** Key informant interviewee

PILLAR 5

Infrastructure and Coordination

Importance and Key Findings

School and clinical leaders need flexible funding to build infrastructure to comprehensively coordinate care and share data across clinical and school environments.

Flexible Funding. Increasing access to behavioral health services for youth means providing those services in settings that are least stigmatized and most trusted. But Colorado's funding for behavioral health services often is structured in a way that does not lend itself to delivery in the most accessible places, such as schools and other community-based settings. For example, prevention programs and social-emotional curriculum are rarely funded as clinical interventions through Medicaid or other payers, leading to schools delivering them only when they have adequate staff and resources.

Care coordination. Effective care coordination can support individuals and families who are seeking behavioral health services, including addressing social determinants of health and ensuring that people are supported through transitions in care. Strong care coordination infrastructure is essential for schools since they can be the ideal setting for providing behavioral health services in a trusted environment with low barriers to access. But systems are not working together. These missing lines of communication may be due to a lack of capacity or coordinators not knowing who else is working with a family. Limited school-based behavioral health clinicians, plus a lack of infrastructure for data sharing, referrals, and collaboration with students' specialists outside of school, makes coordination challenging.[15] Limited mental health data in schools make it difficult to identify students who need support and to gauge whether and how schools are meeting the mental health needs of their students.

Data sharing. Problems with data sharing are a common barrier to effective care coordination. Concerns about privacy, different electronic medical records and platforms, and confusion about regulations are key barriers. For example, the Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records — but it also may be a barrier to seamless referrals and access to services for students when needed.

Identified Solutions

Without infrastructure and coordination — especially when it comes to schools and referrals — children and youth fall through the cracks. We can address this issue by using liaisons within health care and school environments and harnessing technological tools and community relationships to provide whole-person and whole-family care.

Schools/Communities/Systems

Initiative: Create a workforce of youth-focused liaisons. When students experience a behavioral health crisis at home or in their community, educators are not always equipped to provide wraparound support for the student back at school. Hospitals and school districts should consider building a workforce of "school liaisons," or case managers based in clinical environments, to help support families during and after a crisis. Those liaisons would communicate status reports (with student consent) to the school's therapists and teachers, visit the families at home if needed to address any barriers to care, and ensure a plan for follow-up care is in place to promote seamless integration for the student back into school.

- **Key Criteria:**
  ● Sustainable ▲Timely
- **Spotlight:** Tennessee has school-based behavioral health liaisons who provide training and education to teachers and serve as the link between families and schools. Colorado's Salida School District has adopted a similar model to support students. In conjunction with the Chafee County Department of Human Services, a social worker provides liaison services to students and families who need additional resources in the community.

- **Future research needed:** Consider what other non-workforce solutions might be needed in low-resource communities to ensure coordinated support for students. For example, Colorado's Fountain-Fort Carson School District 8 has adopted Care Solace to ensure students get the right help at the right time, either in school or in their community.

> ***"If students are connected with a school-based health center [after a mental health event], it's easier to communicate with the emergency department and make sure the school is aware of it. But this takes multiple steps to address. Even having someone in the emergency department to coordinate these processes would be helpful."***
>
> Community-based organization focus group participant

Initiative: Create data-sharing pathways across human services, education, and health systems. Leaders across social systems must advocate for integrated systems of data while continuing to protect student data privacy. This access includes health records, social service history, and multisystem involvement with county and state human services. Focus group participants recommended starting data integration efforts with students involved in the foster system due to their multisystem involvement and many transitions. To promote this integration, philanthropic leaders should consider building school capacity for holding student educational records separately from medical records to ensure schools meet FERPA requirements while eliminating consent-related barriers to care for students.

- **Key Criteria:**
  - ● Sustainable ▲Timely

- **Spotlight:** A data-sharing agreement between public schools, the Department of Health, and the Department of Health Care Finance in Washington, D.C., allowed for data sharing across agencies to improve identification of students on Medicaid with high unmet needs and students who were not receiving annual well-child or dental visits.

- **Future research needed:** Consider what ongoing efforts in Colorado would be best for schools and youth policy leaders to build on and integrate with. For example, metro Denver policy leaders are building social-health information exchange infrastructure. The project, led by the Metro Denver Partnership for Health representing the area's public health and health care providers, harnesses technological tools and community relationships to connect whole-person and whole-family care. This infrastructure is essential to strengthening coordination among health, human, and community-based service providers — including schools.

Considerations and Next Steps for Implementation

While these solutions will strengthen the essential pillars of the youth mental health system, more research and outreach is needed. In addition to the research needs outlined under each solution, philanthropic leaders, policymakers, and advocates must continue engaging with the Colorado community to ensure that solutions are implemented appropriately and to increase youth voice. To continue this work, CHI recommends taking the following steps:

- **Deepen community engagement:**

  Engage with youth and families who were underrepresented in stakeholder engagement (see Appendix for participant demographics). This includes those who identify as American Indian or Alaska Native, Asian American or Pacific Islander, and African American or Black; those who speak English as a second language; those who identify with a gender other than female; and those who live outside of the GCV catchment area, including in rural areas of the state. Future community outreach efforts must allow time for adequate recruitment, engagement, and follow up with key leaders and stakeholders in the community and ensure that participants are compensated for their time.

- **Co-create with communities:**

  Continue to engage with communities and create opportunities that allow for youth and community-led solutions and authentic, continuous engagement throughout research and implementation. Leading with youth and community voice ensures solutions are culturally and linguistically responsive and meet the unique needs of the community being served.

- **Align with existing initiatives:**

  Build on existing efforts by developing partnerships with organizations working on the policies, initiatives, and programs tied to the solutions listed. Additionally, research on the opportunities or alignment with existing or future state-level policies and initiatives is needed. This requires additional outreach and engagement with state agencies and leaders.

Conclusion

Like youth across the nation, students and young people in Colorado are experiencing a mental health crisis. When it comes to Colorado's youth mental health ecosystem, this research reveals vast opportunities for investment, scaling, and transformation. Improving the ecosystem will require action at all levels — in schools, in communities, and in policy — to create environments in which young people can thrive.

Guadalupe Solís, lead author

Alex Caldwell, Kimberly Phu, and Sara Schmitt contributed to this report.

Appendix. Stakeholder Engagement Participants

Participant demographics for the high school-aged youth and parents and caregivers of youth focus groups are provided in Tables 1 and 2, respectively. Note that due to barriers and limitations in recruitment, all participants identified as female. A summary of the organizations that participated in the community-based organization focus group, key informant interviews, and CHI's feedback session with the existing coalition of youth mental health-focused policy advocacy groups is in Table 3.

Table 1. Youth Focus Group: Participant Demographics

Participant No.	Age	County	Gender Identity	Race/Ethnicity	Other Information
1	16	Jefferson	Female	White	Member of the LGBTQ+ community
2	15	Arapahoe	Female	African American or Black; and White	N/A
3	15	Denver	Female	African American or Black	N/A
4	18	Denver	Female	African American or Black	Member of the LGBTQ+ community; Person affected by trauma; Member of a tribal community
5	17	Arapahoe	Female	Asian	N/A
6	19	Denver	Female	Hispanic or Latino/a/x	N/A

Table 2. Parents and Caregivers of Youth Focus Group: Participant Demographics

Participant No.	Age of Child or Children	County	Gender Identity	Race/Ethnicity	Other Information
1	14	Boulder*	Female	White	Living without stable, reliable income; Person affected by trauma
2	17	Adams	Female	White	N/A
3	14 and 15	Arapahoe	Female	White; and American Indian or Alaska Native	N/A
4	8, 12, 15, and 18	Jefferson	Female	White	Person affected by trauma
5	14	Denver	Female	Hispanic or Latino/a/x	Person affected by trauma
6	19	Denver	Female	Hispanic or Latino/a/x	N/A

*While Boulder County is not within GCV's catchment area, this participant was included because they received services within the larger Denver metro area.

Table 3. Organizations Participating in Engagement Efforts

Organization Name	Region(s) Served	Organization Type
Asian Girls Ignite	Statewide	Community-based organization
Aurora Mental Health Center	Denver metro	Health care
Behavioral Health Administration	Statewide	Government
Children's Hospital Colorado*	Statewide	Health care
Colorado Children's Campaign	Statewide	Advocacy
Colorado Education Initiative	Statewide	Advocacy
Colorado Youth Congress	Statewide	Advocacy
Denver Health and Hospital Authority	Denver metro	Health care
Denver Health Foundation	Denver metro	Foundation
Denver Health School-Based Health Centers*	Denver metro	Health care
Denver Public Schools	Denver	Education
Healthier Colorado	Statewide	Advocacy
Jefferson County Communities That Care	Jefferson	Community-based organization
Kids First Health Care	Adams	Health care
Mental Health Colorado	Statewide	Advocacy
School District 27J	Adams, Broomfield, and Weld counties	Education
Wellpower	Denver	Health care
Youth Healthcare Alliance, formerly Colorado Association for School-Based Health Care	Statewide	Provider association

*Denotes that the organization participated in multiple stakeholder engagement opportunities for community-based organizations.

Endnotes

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coloradohealthinstitute.org