

Coalition *chatter*

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Colorado Child & Adolescent Mental Health Coalition (CCAMHC) C/O CGT 3615 S. Huron #206 Englewood, CO 80110

Note from the President

It is with great pleasure that I introduce the 1st Edition of the *Coalition Chatter* from the Colorado Child and Adolescent Mental Health Coalition! Our purpose is to “bring systems together to discuss common concerns and to devise ways to serve emotionally disturbed and mentally ill children more effectively, regardless of where they are, through collaboration, networking, and joint programming.” To date, CCAMHC has focused its attention on providing a high-quality experience of networking and education through an annual conference. The Board of Directors of CCAMHC would like to widen its focus and scope of involvement with members throughout the year. Therefore, we have implemented a means of communication with our members to foster the broadening of knowledge on issues pertinent to children and adolescents and their families. Given that this is our first edition, we anticipate many changes as mem-



bers become more involved and vocal about their professional and personal needs in relation to CCAMHC’s overall purpose. We invite you to write and submit comments and suggestions on how to improve the *Coalition Chatter*. In the future, we intend to send out quarterly communication in Nov., Feb., May and August!

To kick-start our effort, we’ve brought information authored or gathered by other organizations. We envision also soliciting articles and information from our membership base. If you are interested in contributing to *Coalition Chatter*, please send your topic ideas to ashleytunstall@gmail.com. Thanks!

Ashley Tunstall

CCAMHC Events

The next board meeting is Friday, Nov. 17, 2006 at Fort Logan, Room A237, 2:30-4:30 p.m.

Current Committee Openings and Updates

At the most recent CCAMHC conference planning committee meeting, participants chose this year’s conference theme as “Evidence-based Practice vs. Practice-based Evidence: Implications for Innovation and Implementation”. We’d like to have keynotes for this conference to present both sides of this debate. Please send CGT, cgtjoe@qwest.net and Ashley, ashleytunstall@gmail.com any suggestions you might have for a strong keynote presenter based in one of these orientations. Please remember keynote speakers must be engaging enough to hold the attention of an audience from 100-150 people for 1 1/2 hours!

Do You Have Story Ideas or News for the *Chatter*?

The Coalition is looking for stories for its newsletter and website. If you want to get your story in the *Chatter* on on www.ccamhc.org, contact ashleytunstall@gmail.com.

Interesting Links

- [Action Alliance for Children](#) - Publisher of the Children’s Advocate news magazine covering trends and policy issues affecting children and their families.
- [Child Labor Coalition](#) - Provides a forum and a unified voice on protecting working minors and ending child labor exploitation.

For more links, click on ‘Links’ on the CCAMHC website!

www.ccamhc.org

Legislation

2006 Legislative Update from
Colorado Kids

*Reprinted from: 2006 Legislative Wrap-Up,
League of Women Voters, Legislative Action
Committee*

*Juvenile Justice/Children and
Families*

Carla Bennett

Roberta Long-Twyman

We followed a number of juvenile justice bills this session. Three of the bills we supported have already been signed by the governor. **SB 108** (Sen. Hagedorn; Rep. Hefley) allows the Juvenile Parole Board to discharge a juvenile from parole before the completion of the mandatory 6 months parole if the juvenile has met specified conditions of special achievement. **HB 1112** (Rep. Marshall; Sen. Veiga) brings our state law into compliance with federal law regarding the housing of juveniles in adult jails or lockup facilities. **HB 1123** (Rep. Harvey; Sen. Wiens) requires law enforcement to take a child into temporary custody when the child's parent, legal guardian or legal custodian reports that the child has run away from home. We opposed the bill as it was originally written because it made being a runaway a crime. However, we changed our position to a support when the bill was amended so that it no longer criminalized the runaway behavior.

The juvenile justice bill that we supported most actively this session was **HB 1315**, by Rep. Hefley and Sen. Gordon. It directs the court to sentence a juvenile convicted of a class 1 felony to life in prison with the possibility of parole after 40 years. As originally written, it was retroactive and would have allowed the 45 inmates who had

already been sentenced while juveniles to life in prison without the possibility of parole to apply for parole after serving 40 years. The DA's and the families of the victims were adamantly opposed to this, as was the Governor; so Rep. Hefley agreed to remove the retroactivity provisions. Sen. Gordon considered offering an amendment in the Senate to reduce the 40 years to 30 years but decided against it when the DA's said they would oppose the bill again if the years were reduced. We would have preferred that the bill pass with the retroactivity provisions intact and a shorter time frame. Nevertheless, we believe that this bill is a step forward on the path to reforming how we treat juveniles who have committed very serious crimes. Some good news for children and youth came with the passage of three more bills that we supported. These bills provide more money for certain programs and services. The money comes from surcharges paid by persons convicted of specified crimes.

HB 1058 (Rep. Pommer; Sen. Williams) creates the Child Abuse Investigation Surcharge Fund to support training and enhanced services at Child Advocacy Centers. These centers are child-friendly settings where trained staff interview abused children and provide services to them and their families. **HB 1363** (Rep. Benefield; Sen. Shaffer) creates the Colorado Student Delinquency Prevention Program within the Tony Grampsas Youth Services Program to provide grant funding for before- and after-school programs for youth in grades K-8. **SB 122** (Sen. Traylor; Rep. Weissmann) creates the Adolescent Substance Abuse Prevention and Treatment

Fund. It will provide funds for programs that offer prevention and treatment services to adolescents.

Three bills having improving the situation of children in the dependency and neglect (D&N) and foster care system were supported by the League. All passed, and two have been signed by the Governor. **HB 1071** concerns the adjudication process when a D&N case is filed. Cases can be heard before a magistrate or a jury. An attempt was made to remove the right to jury trial, but that was ultimately retained.

HB 1271 is a creative solution to a long-standing problem for the placement of children deemed neglected or abused in the D&N system. Often the state of Colorado has no options for severely disabled (either mentally or physically) children in the Colorado placement system. These children are sent out of state for available placements at considerable expense. Now, the minimum number of children for designating a facility a group home will be lowered from five to three. This change will increase the number of group home spots so that some of the kids out of state could be served within the state of Colorado and closer to their families. Both HB 1071 and HB 1271 have been signed into law.

SB 45 requires background checks (CBI, FBI and child abuse registry) on child care homes exempt from complete licensing procedure (primarily the homes of relatives or those providing care for the children of one family). Only those homes that receive reimbursement from the state of Colorado for providing care for children fall under this bill, which still awaits the Governor's action.

Colorado's Residential Program

Pam Neu, RTC Program Administrator, Division of Child Welfare

Changes in the Residential Treatment Center Program July 1, 2006

The Center for Medicare and Medicaid Services (CMS) notified the State last fall that services provided by Residential Treatment Centers would no longer be eligible for Medicaid reimbursement. The state was charged with redesigning the residential program in Colorado and was given a deadline of July 1, 2006. The Division of Child Welfare worked with Health Care Policy and Financing, residential treatment providers, county departments, the Division of Youth Corrections, the Division of Mental Health, Child Care Licensing, the Office of State Planning and Budget and other stakeholders to redesign the residential program.

As of July 1, 2006, RTC's in Colorado were replaced with Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Residential Child Care Facilities (TRCCF). The same providers that delivered residential treatment prior to July 1, continue to operate as either a PRTF or TRCCF, or both. Children continue to receive the needed mental health and behavioral health services in residential care in the new models. Providers, counties and state staff worked closely to address the many changes that were made to the billing systems for providers and counties, to the Trails system, to the licensing requirements for mental health providers and to rules for the new programs. In addition, with total support from the Joint Budget Committee, new legislation was introduced for the new programs.

The New Models

Psychiatric Residential Treatment Facility is the highest level of care that exists in Colorado's out-of-home placement continuum. PRTF's must:

1. Be accredited.
2. Attest to CMS that they meet the requirements for Medicaid reimbursable residential care.
3. Be deemed by the Department of Public Health and Environment.
4. Be licensed as both a residential child care facility (RCCF) and a PRTF by Child Care Licensing.

PRTFs will meet more restrictive requirements with regard to how treatment is planned and delivered as well as how seclusion and restraint of children/youth may occur.

Criteria for placement into a PRTF are that the child must score level "C" on the Colorado Client Assessment Record (CCAR), must have a Global Assessment Functioning Score of 40 or less, must be determined by the physician of the facility to require that level of care and cannot be maintained at a less restrictive level of care and must be evaluated every 30 days by the Interdisciplinary Team to determine that the child/youth continues to meet the criteria.

(more on next page)

Funding for PRTF occurs on a per diem basis. Counties do not make separate maintenance payments as occurred in RTCs (under room and board). The rate for PRTF was determined by an actuary and there is one rate statewide.

Trails data entry of children or youth being placed in a PRTF will be required.

Therapeutic Residential Child Care Facility is the next highest level in Colorado's continuum of out-of-home placement. TRCCFs are:

1. Licensed as RCCFs by the Division of Child Care.
2. Certified to provide therapy by Division of Mental Health.
3. The billing entity for fee for service Medicaid funded therapy that is provided by licensed therapists or provisionally licensed therapists per Colorado's law.

All children or youth in the program have a DSM IV Diagnosis, meet Medical Necessity criteria in Volume 8 regulation, and have a CCAR completed in the Trails system prior to or at the time of the placement of the child or youth.

Funding for the RCCF portion (as the "T" in TRCCF is Medicaid funded therapy) of the program is a per diem basis and all therapy provided is billed fee-for-service. Counties or providers may not include any individual, group, or family therapy in the RCCF rate portion of the program as this will not be funded by the state. Individual base anchor rates are set for provider and counties may choose to use the rate in the Trails system or negotiate another rate as long as the county's negotiation methodology has been accepted by the state.

Training on the new model was provided by child welfare staff to over 700 individuals from county departments, judicial districts, and other agencies throughout the state to introduce the changes. The program has been in place since July 1 and the transition was made with minimal difficulty. Child Welfare, the county departments, and providers continue to refine and address any needed changes that occur in this transition.

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