



The Child Mental Health Treatment Act

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Legislative Declaration (1999)

...many parents in Colorado have experienced challenging circumstances because their children have significant mental health needs...frequently in these situations an action in dependency or neglect ... is neither appropriate nor warranted.

... there remains a population of children in need of mental health services who are not categorically eligible for Medicaid...it is appropriate to adopt a program...to which a continuum of services would be provided to these children.

A National Perspective

- Child welfare officials in 19 states and county juvenile justice officials in 30 counties estimated that parents in their jurisdictions placed over 12,700 children in order to receive mental health services (GAO, 2003).
- A survey of 966 families indicated that 25% responded that it had been suggested that they give up custody as a means to access appropriate, and often costly, mental health services for their child (Maryland Coalition of Families for Children's Mental Health, 2002)
- 500 children – or 20% of the children in Missouri's special foster care and RTC facilities – were in its custody solely because families could not otherwise access the appropriate level of mental health care (Maryland Coalition of Families for Children's Mental Health, 2002).

What is the Child Mental Health Treatment Act?

- Also known as HB 1116 and SB 230.
- It is a treatment resource for Colorado children and families.
- It is an alternative to a Dependency or Neglect determination, when there is no abuse or neglect.
- A family preservation and reunification program.
- It provides access to residential, community-based and transitional care services for children and adolescents.
- It is funded in part by Medicaid and Tobacco dollars.

Who is eligible?

- “Children at risk of out-of-home placement”
- Medicaid eligible children with a BHO-covered diagnosis.

There are important exclusions to note:
developmental disabilities; substance use disorders;
traumatic brain injuries and other organic brain disorders;
autism spectrum disorders.

What does CMHTA provide?

Non-Medicaid

- A timely assessment and decision
- An appeal process
- Funding for mental health services

Medicaid

- A timely assessment and decision
- An appeal process in addition to the Medicaid appeal process

An important clarification

- Medicaid-eligible children are treated the same as non-Medicaid children because both must be assessed within required time frames and have the same appeal rights.
- The only difference is that services for non-Medicaid children may be supported through funding allocated by the General Assembly.

Points of Access

- Each Community Mental Health Center and each BHO has a designated CMHTA liaison that can help families navigate the assessment, decision and appeal processes.
- Only parents or other legal guardians can request an assessment.

Assessment and notification timeframes

- Emergent—within 6 hours
- Urgent—within 24 hours
- Routine—within 3 days*

*Notification may be extended up to 14 days if the parent/guardian is in agreement.

The assessment process

- Face to face assessment:
 - Thorough mental health evaluation, including:
 - Presenting problem/chief complaint
 - History of the problem, treatment, and medication
 - Functioning in all settings, strengths family/social history
 - Current family situation
 - Mental status and diagnostic impressions

Assessment process (continued)

- Record review
 - Pertinent record review is critical, especially school records (testing results if applicable) and all previous treatment/hospitalization records.
- Phone consultation with other providers, teachers, family can be very helpful.
- Potential for referral to additional assessment.
 - May recommend referral for psychiatric assessment or psychological evaluation.



Decision



Approved for services

- Liaison informs the parent/guardian of the decision and works with family to identify an appropriate treatment facility and arrange admission.
- Liaison informs the BHO, who also approves the recommended care (Medicaid only). The BHO authorizes the care and pays the treatment costs.
- Liaison informs the state CMHTA program staff (non-Medicaid) and CDHS pays treatment costs.



Services are denied



- For Medicaid clients, the BHO must communicate a denial decision (Notice of Action) in addition to the notification provided by the mental health center.
- For non-Medicaid, the mental health center provides the notification to the family.
- Communicated verbally and in writing within timeline for completing assessment
- Written decision must contain:
 - Applicable residential criteria
 - Factual basis for any denial
 - Alternative services being offered
 - CMHTA grievance procedures
 - Place for parent to sign indicating agreement, or disagreement and intent to appeal.

Mental Health Center Appeal Process

- Family may appeal denial either verbally or in writing.
- Agency has 2 working days to complete appeal process and communicate the decision to the parent/guardian.
- If family is in agreement, the mental health center may take up to 5 days to complete the appeal process and communicate the decision.
- For Medicaid clients, the BHO's appeal review process also may be used to meet the MHC's review obligation.

State level appeal processes

- There are separate State-level appeal processes for Medicaid and non-Medicaid clients.
- For non-Medicaid clients, the State-level appeal process is managed by the Colorado Department of Human Services.
- For Medicaid clients, the responsible person also can appeal to Health Care Policy and Financing, the BHO and the Administrative Law Judge (ALJ).

Mental Health Center County DHS referrals



Referring Agency	Reason	Action
Community Mental Health Center (CMHC)	<ul style="list-style-type: none">• Suspected Abuse or Neglect.	<ul style="list-style-type: none">• DHS investigates• Meets with family and CMHC within 10 days.
County Department of Human Services (DHS)	<ul style="list-style-type: none">• Family issues may be attributed to child's MH status rather than abuse and neglect.• CMHTA services may be more appropriate.	<ul style="list-style-type: none">• Parents must still request an evaluation, if desired.• DHS meets with family and CMHC within 10 days.

Interagency dispute resolution

- If dispute cannot be resolved locally either agency may request State-level mediation.
- Request must be in writing and submitted within 5 calendar days of either agency recognizing that a dispute exists.
- Within 10 calendar days of receiving the request, CDHS will convene a representative committee in order for each side to present their position.
- Each side will have an opportunity to present its position to the committee. Interested parties will be allowed to present written or oral testimony at the discretion of the committee.
- Committee has 5 working days to issue its determination in writing.

CMHTA Monitoring

- 27-67-105 (1) On or before September 1, 2009, and by September 1 of each year thereafter, each community mental health center shall report to the state department the following information, and each *behavioral health organization, for those children eligible to receive Medicaid benefits whose parent or legal guardian requested residential treatment*, shall report to the department of health care policy and financing the following information:

CMHTA monitoring (continued)

(a) The number of children, both those children who are categorically eligible for Medicaid under the capitated mental health system described in section 25.5-5-411, C.R.S., and those children who are at risk of out-of-home placement, to whom the following services are provided

- (I) An assessment pursuant to section 27-67-104 (1) (a);
- (II) In-home family mental health treatment;
- (III) Community-based treatment, including but not limited to therapeutic foster care services;
- (IV) Family preservation services;
- (V) Residential treatment; and
- (VI) Post-residential follow-up services;

CMHTA monitoring (continued)

(b) The number of children, both those children who are categorically eligible for Medicaid under the capitated mental health system described in section 25.5-5-411, C.R.S., and those children who are at risk of out-of-home placement, referred to the county department for a dependency or neglect investigation pursuant to section 27-67-104 (2), and the reasons therefore;

(c) The number of children for whom either:

- (I) An assessment was requested but not performed, and the reasons that the assessment was not performed; or
- (II) An assessment was performed but the mental health agency did not provide services under this article, and the reasons that services were not provided, including whether the family refused the services offered;

CMHTA monitoring (continued)

- (d) The costs associated with the provision of the mental health treatment services;
- (e) The profiles of the children and families served;
- (f) The outcomes of treatment for the children serviced, as determined by the state department in consultation with mental health agencies, service providers, and families;
- (g) If residential services were provided, the length of stay; and
- (h) The aggregate number of complaints submitted pursuant to the dispute resolution process described in section 27-67-107, the nature of the complaints, and the general disposition of the cases.

CMHTA monitoring (continued)

(2) On or before October 1, 2009, and on or before October 1 of each year thereafter, the Department of Health Care Policy and Financing shall provide to the state department the information received from the behavioral health organizations pursuant to subsection (1) of this section.

Resources

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Resources

- <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581518087>
- Forms, CMHTA brochure, CMHTA contact lists



Questions?

Thank You

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