Issue: The placement continuum lacks the right number and composition of beds to be fully responsive to the needs of Colorado's children and youth, resulting in high numbers of kids getting "stuck" at certain points of the continuum and failing to receive responsive care. Approximately 4,000 children or youth involved in the child welfare system are currently in out-of-home care at any given time, and a reasonable estimate of "stuck" children/youth is anywhere between 50-150 annually. "Stuck" children/youth can be in hospitals waiting for referrals for placement, in detention, at home, or in residential care.

Populations to be served: Medicaid, Child Welfare, Juvenile Justice-involved youth

Problem Statement #1: There is a lack of highly specialized providers in Colorado who can accept and serve youth with a high level of acuity that exceeds the current ability of Colorado's congregate care facilities, including Residential Child Care Facilities (RCCFs) and Psychiatric Residential Treatment Facilities (PRTFs).

Action #1: CDHS is running two requests for proposals (RFPs) designed to use American Rescue Plan Act (ARPA) funding to fully fund 15-20 beds that are reserved for Colorado's highest acuity-youth who currently have needs that exceed the service capacity of existing providers. Providers will be fully compensated with ARPA funding at a daily rate between $600/day and $850/day, and CDHS will manage all admissions/discharges.

Timeline: Beds are expected to come online in November 2021.

Outcome: The RFP will create a specialized setting in the placement continuum to serve approximately 15-20 children/youth who are presently "stuck" in either a hospital setting or other level of care that cannot meet their needs.

Action #2: The Adolescent Behavioral Treatment Unit (ABTU) at the Colorado Mental Health Institute at Pueblo (CMHIP) currently has a capacity of ten and will increase to 20 within the next three-to-six months. These beds are designed to serve kids who require inpatient hospitalization and must meet the criteria for an acute hospitalization related to psychiatric need. The unit is licensed the same as other psychiatric hospitals in the state and must follow similar admissions criteria.

Timeline: At least three months due to current staff shortages.

Outcome: Expanded capacity at CMHIP allows for short-term assessment and stabilization when needed, so that youth can more effectively be stepped down to QRTP/PRTF level of care. This further expands availability of state hospital beds for children/youth who require inpatient hospitalization while stabilizing.

Action #3: HCPF is working to recruit out-of-state providers who have expertise in specialized programming for specific populations to open similar facilities/programs in Colorado. There are some ARPA funds designated to facilitate this as well.

Timeline: HCPF is currently recruiting providers, but ARPA monies are not available until they are approved by the Legislature.

Outcome: This recruitment will result in additional providers in Colorado that have programming specially designed to meet the needs of certain subpopulations that are currently difficult to place. In addition, this may reduce the number of kids who need to be sent out-of-state to have their needs met.

Problem Statement #2: Colorado's PRTFs do not admit or serve Colorado children/youth adequately and often turn down appropriate referrals due to low rates.

Action #1: CDHS raised the PRTF daily rate beginning July 1, 2021 to $750/day after an internal review found that PRTFs were taking kids with similar profiles to Colorado kids but at a higher daily rate of around $600/day.

Timeline: Effective July 1, 2021, with bed capacity expected to increase over time with churn out of current PRTF residents.

Outcome: Colorado's Medicaid-supported daily rates for PRTFs are now competitive to out-of-state rates, incentivizing providers to admit and care for Colorado youth instead of out-of-state youth.

Problem Statement #3: Colorado's existing PRTFs do not have enough beds to serve all the children/youth who require that level of care.

Action #1: Provider Services Unit in CDHS has identified three providers who can transition from an RCCF to PRTF. A request for applications (RFA) makes available Family First transition funds to support RCCFs making this transition.

Timeline: Additional PRTF beds are expected in November 2021.

Outcome: Colorado expects to have an additional 70 PRTF beds available to serve Colorado children and youth (115 total if current PRTFs start accepting in-state kids). While this does not result in a net increase in overall congregate care beds, it does increase the availability of beds for higher-acuity youth.

Problem Statement #4: Conversations around how to place high-acuity youth happen on an ad hoc basis and do not include all relevant partners. Existing processes (e.g. Creative Solutions) have limited effectiveness, resulting in duplication of efforts without outcomes. This results in a

high meeting burden that can default to a reliance on relationships in order to acquire a placement for a youth.

Action #1: Children's Hospital Colorado, in partnership with Adams County Dept. of Human Services, has created a process (known as the "Transfer Center") to assess the placement needs of youth who are in emergency rooms or have had lengthy stays in the hospital.

Timeline: This process is already underway with stakeholders meeting weekly to discuss individual youth cases.

Outcome: This group will work to find placements for high-acuity children and youth. Youth are added to the agenda if their length of stay meets certain thresholds, providing routine and structure to what has been a chaotic, ad hoc system for staffing youth.

Action #2: The Division of Child Welfare (DCW) is establishing a centralized CDHS placement staffing process to support counties if additional help is needed.

Timeline: DCW staff will present our new and current process at the September child welfare sub-Policy Advisory Committee meeting to develop a shared understanding of what should be expected and to elicit feedback.

Outcome: Counties will have increased awareness of a referral process to DCW for support for children/youth in "stuck" situations. The "placement staffing" process for children in county custody experiencing complications and special needs in placement will be more rigidly defined and understood by all partners (counties, HCPF, RAEs, placement providers, division staff, senior executive team).

Action #3: The HCPF, RAE, CDHS, and County (HRCC) forum has created a workgroup to review Creative Solutions, the Transfer Center pilot, and the DCW centralized staffing process to identify ways to align these processes and make recommendations for potentially folding them into one process given the overlap in population, participants, and meeting objectives.

Timeline: The HRCC's work is expected to be complete in approximately three months.

Outcome: State agencies and counties will have clear expectations for when to request a meeting. Discussion at these meetings will include realistic but outside-the-box ideas for blending and braiding resources to serve youth effectively in the least restrictive environment. There may be multiple meeting types mapped out in the process to reflect different participants, needs, or other variations; having this established process will reduce the number of duplicative meetings.

Problem Statement #5: There are limited family-like levels of care that can serve children/youth with behavioral health needs.

Action #1: Since its creation, treatment foster care has been underutilized across the state. Stakeholders met in the late spring and early summer of 2021 and identified that the primary barrier for greater program utilization was the rate, which was too low to adequately fund the program. The group restructured the rate and the new rate was published on June 27, 2021.

Timeline: County departments and child placement agencies are expected to increase recruitment efforts over the next year.

Outcome: Rates that cover or exceed the cost of building treatment foster care programming are likely to impact recruitment efforts positively and increase the number of treatment foster care homes available in the coming year.

Action #2: Rules creating and regulating therapeutic foster care were published in April 2021. CDHS finalized the rate, which was published June 27, 2021. CDHS is working to provide broad education to county departments and child placement agencies about rates, rules and standards, and the process for becoming approved for therapeutic foster care programming, in order to support recruitment efforts.

Timeline: CDHS plans to host three educational webinars with Q&A to be scheduled before the end of 2021; additionally, CDHS has added relevant information on its public-facing website and will continue to add content as processes for approval are finalized and FAQs are identified.

Outcome: Recruitment of therapeutic foster care homes is expected to continue throughout the year, with additional homes expected to be approved by April 1, 2022.

Action #3: County departments and child placement agencies reported that respite options for foster care homes are limited, which is a barrier for retention of foster homes. CDHS has been partnering with stakeholders to analyze the respite rate and the respite continuum. New respite rates were published on June 27, 2021, and a new type of licensing category for “respite child care center(s)” was created in SB 21 269 in June 2021. CDHS also plans to explore certifying foster homes for respite care only, possibly with reduced expectations for training hours and other requirements.

Timeline: Rules for respite child care centers are expected to be published by early 2022, and rate setting will commence as rules are drafted.

Outcome: More options for respite care will have a high impact on retention rates of all levels of foster care.

Action #4: CDHS changed rules to allow foster parents to access more natural supports including their own supports to care for their foster children/youth.

Timeline: This rule change occurred in June of 2021.

Outcome: This will allow foster parents to use natural supports versus having to provide a respite provider everytime that they need to have someone assist with caring for foster children, ie, neighbors, grandparents, family members.

Problem Statement #6: Providers cannot recruit the necessary qualified staff to support sustainable placement settings that can serve youth with a high level of acuity.

Action #1: SB 21-137 provided funding for workforce development and education. The Office of Behavioral Health (OBH) will be working with the Colorado Department of Higher Education to increase the behavioral healthcare workforce's ability to serve youth with a high level of acuity.

Timeline: This is a multi-year effort.

Outcome: Funds will be used to expand availability of qualified staff to serve children and youth.

Action #2: CDHS is developing rule revisions to change the qualifications for direct care staff in residential child care facilities.

Timeline: Rule expected in February 2022.

Outcome: Providers are expected to have a more expanded hiring pool.

Action #3: CDHS is working to compile centralized resources for providers to better support them with incorporating trauma informed care practices into their individual milieus.

Timeline: These resources will be made available to providers by January 1, 2022.

Outcome: Increased resources made available to providers to implement trauma informed care practices into their individual milieus will relieve some training and/or hiring burden for providers that otherwise may struggle to recruit qualified staff.

Problem Statement #7: Is it difficult to track, at any given time, how many kids across the Medicaid, behavioral health, and child welfare systems are placed out-of-state in Residential Child Care Facilities.

Action #1: DCW staff will lead a cross-sector group to develop a process and reporting mechanism to better track out-of-state placements across systems.

Timeline: A report on out-of-state placements is already available in DCW for children in Trails. DCW will determine whether a report of children/youth in other systems (RAE/Medicaid, private pay) is possible and/or appropriate.

Outcome: Increased reporting will allow the Department to better track out-of-state placements across systems.

Problem Statement #8: The State does not have a good understanding of the outcomes of children/youth who are placed in congregate care following a creative solutions meeting or other collaborative brainstorming and placement process.

Action #1: DCW staff will continue to assess the need for an after-action review process and method to track intervention. We should first determine the potential cost and value of engaging in this process.

Timeline: DCW will present their process to support county departments on "stuck" cases at the September child welfare sub-Policy Advisory Committee (child welfare subPAC). A recommendation for an after-action review process will be made no later than 9/30.

Outcome: A successful process will include "plan, act, check, adjust" as part of a continuous quality improvement process.

Problem Statement #9: There is limited availability of beds or providers who can offer short-term crisis services when a child/youth needs to cool down/stabilize but does not require hospitalization. The services are needed when foster parents are struggling to maintain children and youth in their homes.

Action #1: The Department will explore licensing options for this type of facility as well as ways to fund the services.

Timeline: Recommendations to the Office of Children, Youth and Families leadership and the child welfare subPAC will be provided by November 30. Rules and regulations might need to be addressed, but no new licensing type is anticipated.

Outcome: Existence of an adolescent crisis system will reduce hospitalizations and ensure that children/youth are linked with appropriate services prior to returning home or to a lower level of placement.

Action #2: Via SB 20-137, OBH has $5 million to invest in the Colorado Crisis Services specifically aimed at addressing behavioral health crises for children, youth, and families.

Timeline: OBH's timeline for investment of these resources is to be determined.

Outcome: Increasing the capacity of Colorado Crisis Services to meet the crisis needs of children, youth, and families will limit the number of hospitalizations and increase responsiveness to caregiver needs.

Action #3: OBH will review and address contractual limitations and obligations for current crisis beds to ensure that this level of care is meeting the needs of the community.

Timeline: The review and next steps will be developed by January 2022.

Outcome: Ensuring that the current crisis beds in Colorado are being used in accordance within the contract and meeting the needs of the community will increase the Department's ability to address crises without hospitalization and increase the likelihood of the child returning to the community.

Problem Statement #10: There is no placement matching that provides guidance for counties or families around how to locate a placement based on the needs of the child/youth.

Action #1: The DCW lead in support for children/youth in this situation will be presented at the September child welfare subPAC. We will review current processes, inform partners of ways to make a referral, and accept feedback to improve the process.

Timeline: Continuous Quality Improvement processes for the DCW support for counties will be developed by 9/30 and be presented to the child welfare subPAC as appropriate. Child welfare subPAC will make recommendations for the need to put such processes in Volume 7 rule and/or memo by the end of 2021.

Outcome: Counties will have increased awareness of a referral process to DCW for support for children/youth in "stuck" situations. The process will be more rigidly defined and understood by all partners (counties, HCPF, RAEs, placement providers, Division staff, SET).

Action #2: DCW will explore placement matching tools and share with both county and providers for feedback on how these tools might support better placement matching.

Timeline: Recommendations will be provided to leadership by November 30.

Outcome: Fewer youth placed in crisis and instead placed according to how well they match with a provider.

Action #3: OBH has completed an RFP for a vendor to build a "bed tracking" database for in-patient facilities. It will start with substance use disorder (SUD) providers, but there is an ask to include child- and youth-serving facilities as soon as possible. This will be public-facing so anyone can see who has open beds and for what populations. The following type of providers will participate in the bed tracker: facilities that provide evaluation and treatment to those held under an emergency, civil, and involuntary commitment, inpatient treatment facilities (i.e., State psychiatric, VA Medical Center, other hospitals), residential treatment facilities (i.e., SUD residential treatment centers (ASAM 3.1, 3.3, 3.5 &3.7), acute treatment center, crisis stabilization unit, crisis respite), withdrawal management facilities (ASAM 3.2WM & ASAM 3.7WM), Opioid treatment programs that are licensed to compound, administer, or dispense a

controlled substance (pursuant to section 27-80-204). Additional information on the bed tracker can be found here.

Timeline: The initial operational product will be functional by Spring 2022.

Outcome: All child-serving systems can use this tool to find beds in real time. This will be a phased build-out that can include additional levels of detail (to include exclusionary criteria, age, condition, gender, etc.)

Problem Statement #11: County departments of human services may receive little notice of when a child/youth is being discharged from a hospital, creating unnecessary urgency around finding available beds.

Action #1: The HRCC is developing a Hospital Discharge Best Practice guide to ensure coordination between providers as a child/youth transitions to a lower level of care.

Timeline: This is in draft form currently and will be finalized in the next few months, with hospital engagement to identify an appropriate lead entity for each component.

Outcome: Hospitals and counties will have a clear standard for how to participate in discharging youth successfully from a hospital ED/inpatient setting to remove finger-pointing or conflict in the process.

Problem Statement #12: Current RCCF providers that will become Qualified Residential Treatment Programs (QRTPs) report that the current daily rate of $304 per day per youth placed is not sufficient for them to afford the staff to youth ratios needed to safely serve high-acuity youth.

Action #1: SB21-276 required the Department to contract with an actuary to update QRTP rates.

Timeline: The actuary will complete this work for CDHS's review by September 1, 2021. This report will then be submitted to the Joint Budget Committee of the Colorado General Assembly.

Outcome: The actuary will help propose QRTP rates with consideration of appropriate child-to-youth ratios for QRTPs to serve high-acuity youth.

Problem Statement #13: There are no current temporary shelter or staff secure options for youth who are screened out of detention and cannot return home.

Action #1: Senate Bill 19-108 requires kin, relatives, or other suitable adults be identified as possible placement options for youth who need out of home placement.

Timeline: The Relative Information Form was released in January 2021 but each judicial district continues to work to fully implement the use of the form and identify kin. CDHS expects by the

end of 2021 more jurisdictions will fully implement the use of the form to release youth to kin, relatives, or other suitable adults instead of placing the youth.

Outcome: The completion of the form and the use of the information on the form could help identify other out-of home placement options if a youth is screened out of detention and is not able to return home.

Action #2: The Division of Youth Services' Colorado Youth Detention Continuum coordinator is gathering data to better understand the scope of this population and the specific youth needs that should drive policy decisions/new placement types.

Timeline: Initial data collected based on overrides of the screening tool in FY20-21 was aggregated in August 2021. Additional data will be collected as part of SB21-71's mandate to examine the detention continuum and understand how to best meet the needs of Colorado justice-involved youth.

Outcome: Additional data will help inform additional placement continuum modifications to best address the needs of juvenile justice-involved youth.

Problem Statement #14: The existing state-contracted intellectual and developmental disability (IDD) RCCF facility (10 beds) is serving 12-15 children/youth annually and is chronically on a waitlist

Action #1: SB 21-276 expanded bed capacity and funding options for children/youth with intellectual and developmental disabilities (IDD) who are in need of residential treatment.

Timeline: CDHS expects to contract with a second facility for another 10 beds for children/youth with IDD by December 31, 2021.

Outcome: The new facility is expected to serve 12-15 children/youth annually by 2023.