

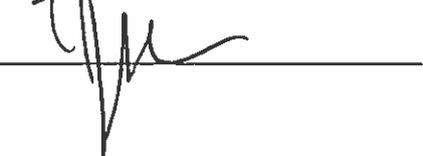
Schedule 13

Department of Human Services

Funding Request for The FY 2019-20 Budget Cycle

Request Title

R-03 Youth Services Capacity and Behavioral Health

Dept. Approval By:   
 OSPB Approval By: 

Supplemental FY 2018-19

Budget Amendment FY 2019-20

X

Change Request FY 2019-20

Summary Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$177,231,281	\$0	\$179,063,333	(\$718,399)	\$0
	FTE	1,109.6	0.0	1,111.3	(12.0)	(3.5)
Total of All Line Items Impacted by Change Request	GF	\$151,662,999	\$0	\$149,522,979	(\$718,399)	\$0
	CF	\$735,192	\$0	\$4,657,266	\$0	\$0
	RF	\$18,868,919	\$0	\$14,676,149	\$0	\$0
	FF	\$5,964,171	\$0	\$10,206,939	\$0	\$0

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$46,696,345	\$0	\$45,681,295	(\$87,198)	(\$23,781)
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Health, Life, And Dental	GF	\$33,413,551	\$0	\$29,357,601	(\$87,198)	(\$23,781)
	CF	\$144,915	\$0	\$2,930,144	\$0	\$0
	RF	\$10,356,168	\$0	\$7,685,079	\$0	\$0
	FF	\$2,781,711	\$0	\$5,708,471	\$0	\$0

	Total	\$472,856	\$0	\$469,396	(\$360)	\$1,094
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Short-Term Disability	GF	\$330,992	\$0	\$312,663	(\$360)	\$1,094
	CF	\$8,592	\$0	\$27,320	\$0	\$0
	RF	\$93,723	\$0	\$69,252	\$0	\$0
	FF	\$39,549	\$0	\$60,161	\$0	\$0

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$14,268,257</b>	<b>\$0</b>	<b>\$14,199,753</b>	<b>(\$7,185)</b>	<b>\$28,828</b>
01. Executive Director's Office, (A) General Administration, (1) General Administration - Amortization	FTE	0.0	0.0	0.0	0.0	0.0
Equalization Disbursement	GF	\$9,956,150	\$0	\$9,429,823	(\$7,185)	\$28,828
	CF	\$255,862	\$0	\$814,901	\$0	\$0
	RF	\$2,884,962	\$0	\$2,136,137	\$0	\$0
	FF	\$1,171,283	\$0	\$1,818,892	\$0	\$0
	<b>Total</b>	<b>\$14,268,257</b>	<b>\$0</b>	<b>\$14,199,753</b>	<b>(\$6,939)</b>	<b>\$28,828</b>
01. Executive Director's Office, (A) General Administration, (1) General Administration - S.B. 06-235	FTE	0.0	0.0	0.0	0.0	0.0
Supplemental Equalization Disbursement	GF	\$9,956,807	\$0	\$9,429,823	(\$6,939)	\$28,828
	CF	\$255,823	\$0	\$814,901	\$0	\$0
	RF	\$2,884,522	\$0	\$2,136,137	\$0	\$0
	FF	\$1,171,105	\$0	\$1,818,892	\$0	\$0
	<b>Total</b>	<b>\$56,491,930</b>	<b>\$0</b>	<b>\$59,195,425</b>	<b>(\$879,293)</b>	<b>(\$1,356,067)</b>
11. Division of Youth Services, (B) Institutional Programs, (1) Institutional Programs - Personal Services	FTE	995.5	0.0	995.5	(24.5)	(30.0)
	GF	\$56,491,930	\$0	\$59,195,425	(\$879,293)	(\$1,356,067)
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$4,190,501</b>	<b>\$0</b>	<b>\$4,133,101</b>	<b>(\$38,275)</b>	<b>(\$43,500)</b>
11. Division of Youth Services, (B) Institutional Programs, (1) Institutional Programs - Operating Expenses	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$2,780,085	\$0	\$2,722,685	(\$38,275)	(\$43,500)
	CF	\$70,000	\$0	\$70,000	\$0	\$0
	RF	\$1,340,200	\$0	\$1,340,200	\$0	\$0
	FF	\$216	\$0	\$216	\$0	\$0
	<b>Total</b>	<b>\$10,722,370</b>	<b>\$0</b>	<b>\$10,836,488</b>	<b>\$966,226</b>	<b>\$1,659,989</b>
11. Division of Youth Services, (B) Institutional Programs, (1) Institutional Programs - Medical Services	FTE	74.0	0.0	74.0	10.2	19.5
	GF	\$10,722,370	\$0	\$10,836,488	\$966,226	\$1,659,989
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$7,020,519</b>	<b>\$0</b>	<b>\$7,247,876</b>	<b>\$236,633</b>	<b>\$606,617</b>
	FTE	40.1	0.0	41.8	2.3	7.0
11. Division of Youth Services, (B)	GF	\$6,670,514	\$0	\$6,897,871	\$236,633	\$606,617
Institutional Programs, (1) Institutional Programs - Educational Programs	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$350,005	\$0	\$350,005	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$23,100,246</b>	<b>\$0</b>	<b>\$23,100,246</b>	<b>(\$902,008)</b>	<b>(\$902,008)</b>
	FTE	0.0	0.0	0.0	0.0	0.0
11. Division of Youth Services, (C)	GF	\$21,340,600	\$0	\$21,340,600	(\$902,008)	(\$902,008)
Community Programs, (1) Community Programs - Purchase of Contract Placements	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$959,339	\$0	\$959,339	\$0	\$0
	FF	\$800,307	\$0	\$800,307	\$0	\$0

Auxiliary Data			
Requires Legislation?	YES		
Type of Request?	Department of Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

*This page is intentionally left blank.*



***Cost and FTE***

- The Department requests a reduction of (\$718,399) total funds/General Fund, and (12.0) FTE in FY 2019-20 and \$0 total funds/General Fund, and a reduction of (3.5) FTE in FY 2020-21 and on-going in order to balance detention and commitment bed capacity and enhance Division of Youth Services treatment programming to meet recommendations made by Development Services Group (DSG) as part of an overall evaluation.

***Current Program***

- The Department's Division of Youth Services (DYS) is responsible for providing commitment and detention capacity for the State's 22 Judicial Districts and secure and non-secure treatment options for youth.
- The Department provides secure, residential services, in proportion to youth status as either detention or commitment.

***Problem or Opportunity***

- Over the past five years, detention bed use has fallen below each year's average daily maximum, resulting in unused capacity. Simultaneously, the Department has experienced an increasing need for secure beds for committed youth.
- Committed youth continue to demonstrate higher levels of need based upon treatment issues, increased person crimes and limited success in DYS contract programs.
- The Department has focused on working with contract providers on strategies to improve youth outcomes. These efforts have resulted in limited success.

***Consequences of Problem***

- Youth do not start placement/treatment in a timely manner. Youth are often placed far from their families who are a key component to a youth's successful rehabilitation. Youth are experiencing limited success in contract placements.
- Youth are experiencing gaps in types and quality of treatment services due to insufficient treatment staff.

***Proposed Solution***

- The Department requests a reduction of (\$718,399) total funds and (12.0) FTE in FY 2019-20 in order to re-purpose detention capacity to new commitment capacity, and improve State-operated treatment services.
- Implementation of DSG recommendations will create a system that is right sized, provide effective treatment services near a youth's home community, and reduce length of stay in residential care.

*This page is intentionally left blank.*



**COLORADO**  
Department of Human Services

John W. Hickenlooper  
Governor

Reggie Bicha  
Executive Director

FY 2019-20 Funding Request | November 1, 2018

**Department Priority: R-03**  
**Request Detail: Youth Services Capacity and Behavioral Health**

Summary of Incremental Funding Change for FY 2019-20	Total Funds	FTE	General Fund
DYS Capacity/Behavioral Health Alignment Decision Item	(\$718,399)	(12.0)	(\$718,399)
Summary of Incremental Funding Change for FY 2020-21	Total Funds	FTE	General Fund
DYS Capacity/Behavioral Health Alignment Decision Item	\$0	(3.5)	\$0

**Problem or Opportunity:**

The Department requests a reduction of (\$718,399) total funds/General Fund, and (12.0) FTE in FY 2019-20 and (\$0) total funds/General Fund, and a reduction of (3.5) FTE in FY 2020-21 and on-going in order to balance detention and commitment bed capacity, and enhance Division of Youth Services treatment programming to meet assessment and evaluation recommendations made by Development Services Group as part of an overall evaluation.

**Problem 1: Imbalance of Detention and Commitment Bed Capacity**

The Department’s Division of Youth Services’ State-operated youth centers (facilities) serve youth detained on a pretrial basis and youth committed to the custody of the Department of Human Services. The Division of Youth Services operates ten secure youth centers that function in one of three ways: (1) Detention-only, (2) Commitment-only, or (3) Multi-purpose (serving detained and commitment populations).

Statutory Detention Bed Cap and Decreasing Use

Senate Bill 03-286 placed a statutory cap on the State’s juvenile detention beds. Detention use declined gradually, thus in FY 2011-12 and again in FY 2012-13, the juvenile detention bed cap was further reduced from its original level. The State’s use of juvenile detention has continued to decline in the intervening five

years. The Department uses the measure “Average Daily Maximum” (ADM) as a mechanism to track bed usage. Viewed through a judicial district perspective, this measure represents the average of each district’s high bed usage during the course of the fiscal year. The Department used this method to identify the amount of the two prior cap reductions. Using ADM as the basis for identifying the target cap reduction ensures districts are able to accommodate those times when their detention census hovers closer to their bed allocation, while at the same time, eliminating excess unused capacity. Since the latest cap reduction in FY 2012-13, the Statewide ADM has decreased 9%. A weaker measure of actual detention-bed need, average daily population (ADP) has also decreased 10% during the same time period. ADP is considered a weaker measure of bed need based upon the inability of the measure to account for the fluctuating increases in census judicial districts naturally experience. The Department has used ADM to develop a proposed reduction in the cap. Table 1 below depicts the reduction in both the ADM and ADP from FY 2013-14 to March of FY 2017-18. Although the cap was legislatively reduced in FY 2012-13, the actual reduction occurred at the end of the fiscal year and no substantial impacts occurred until FY 2013-14.

**Table 1: Trends in Detention Use**

<b>Fiscal Year</b>	<b>Average Maximum</b>	<b>ADP</b>
FY 2013-14	292.9	290.6
FY 2014-15	287.0	281.8
FY 2015-16	277.3	275.0
FY 2016-17	260.7	257.1
FY 2017-18 (March)	267.4	262.4
Total Change	25.5	28.2
% Change	9%	10%

Table 2 shows the cap reductions over time.

**Table 2: Juvenile Detention Bed Cap 2003-Present**

<b>Fiscal Year of capacity change</b>	<b>Detention Bed Capacity</b>	<b>Change</b>	<b>% Capacity Change</b>	<b>Bill Number for reduction</b>
<b>FY 2003-04</b>	479	-57	-11.9%	SB 03-286
<b>FY 2011-12</b>	422	-40	- 9.5%	SB 11-217
<b>FY 2012-13</b>	382	n/a	n/a	n/a

State-Operated Secure Commitment Beds

State-operated commitment capacity serves multiple purposes. These include housing (1) Youth who are in the assessment period, (2) Youth awaiting their first placement, (3) Youth in long-term treatment, (3) Youth who have failed in contract placement (escape, termination), (4) Parolees pending a parole revocation hearing, and (5) Parolees who have had parole revoked. The Department does not control the number and timing of new commitments or the decisions of the Juvenile Parole Board. In addition, the Department makes placement decisions using all available information, assessment instrument results, family and other collateral information, and professional judgement. 37% of youth, between July 1, 2016 and February 1, 2018, still fail in contract programs, sometimes requiring a return to a secure setting. The

nature of the commitment process, the characteristics of committed youth and their progress in treatment, and the various factors outside the Department’s control drives the need for State-operated secure bed space.

The Department has identified an insufficiency in the Division of Youth Services’ State-secure commitment bed capacity. This gap in resources compromises the Department’s ability to rehabilitate a growing proportion of committed youth who demonstrate a need for a higher level of security. This proportional growth can be attributed to a combination of factors that include but are not limited to continuing increases in the complexity of youth committed to the Department’s custody, and the high percentages of youth unsuccessful in contract and State programs leading to increased demand for secure beds.

The identified need for more State secure beds in 2018 seems to be contradictory to the highly publicized reporting at the state and national level on the significant declines in the number of youth in the juvenile justice system and the commensurate diminishing population of Colorado youth in the commitment system. It cannot be over-emphasized that the identification of a gap in these resources is not based upon an increase in the number of youth committed to the Department, rather this gap is the result of overly ambitious capacity reductions in 2013, the trend of an increased proportion of committed youth requiring the highest level of security and treatment needs, and the high number of committed youth failing either in a contract placement or on parole.

*Prior Reductions in State-Operated Secure Commitment Capacity*

The Department’s DYS’ State-operated secure commitment beds have been “right-sized” twice in the past seven years, in addition to obtaining permission from the General Assembly to reduce operating capacity from 110% of design capacity to 100% during FY 2011-12. Contract residential beds have been adjusted each year through the supplemental budget process based on projected commitment needs. The end result of these actions was a 29.29% reduction in capacity. Table 3 illustrates the reductions in committed capacity since 2010.

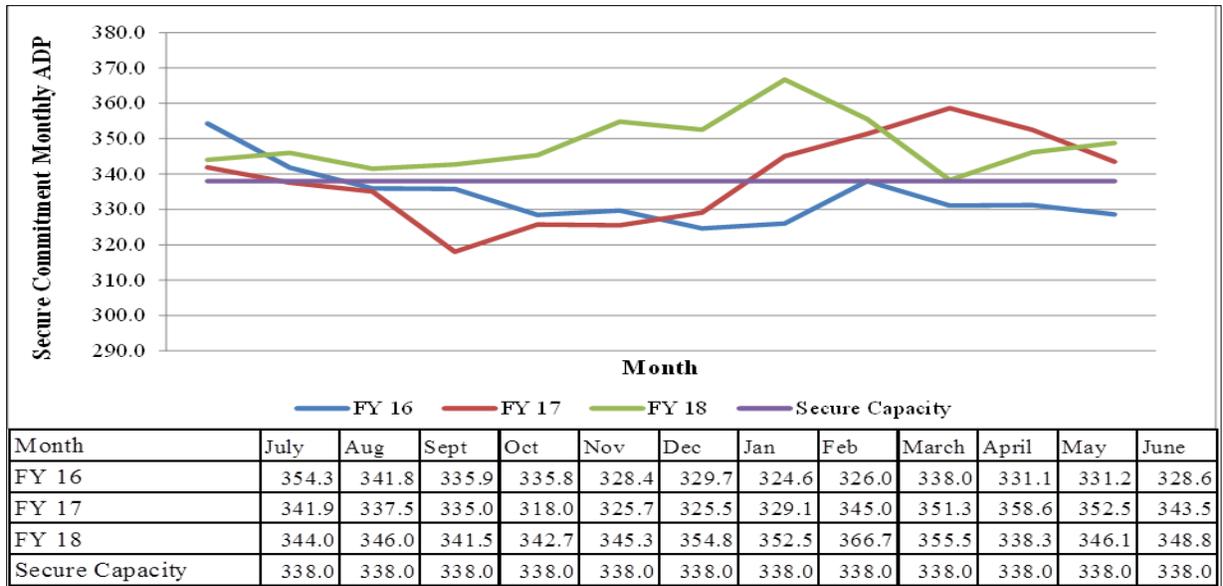
**Table 3: Actions that Impact Secure Capacity in DYS State-operated Programs**

<b>Fiscal Year</b>	<b>Action</b>	<b>Capacity Change</b>	<b>Commitment Capacity</b>	<b>% Capacity Change</b>
<b>FY 2009-10</b>	Operated at 110% of capacity	N/A	478	N/A
<b>FY 2010-11</b>	Closed Sol Vista	-20	458	-9.21%
	Closed Marvin Foote Program	-24	434	
<b>FY 2011-12</b>	Operate at 100% of capacity	-40	394	-9.22%
<b>FY 2012-13</b>	2 <sup>nd</sup> DYS Secure Realignment	-70	324	-17.77%
<b>FY 2013-14</b>	Added 14 beds for Assessment	+14	338	+4.32%
<b>Total Change</b>		-140		-29.29%

Chart 1 demonstrates the actual use of State-operated secure capacity from FY 2015-16 to FY 2017-18. It is clear that for a large portion of the past three fiscal years, use has remained at or near the 338 beds. The

chart shows that use remains somewhere between 318 and 365 beds. The message of primary importance is that the youth centers operated by the Department’s Division of Youth Services must manage a population size that is often near capacity or well over it.

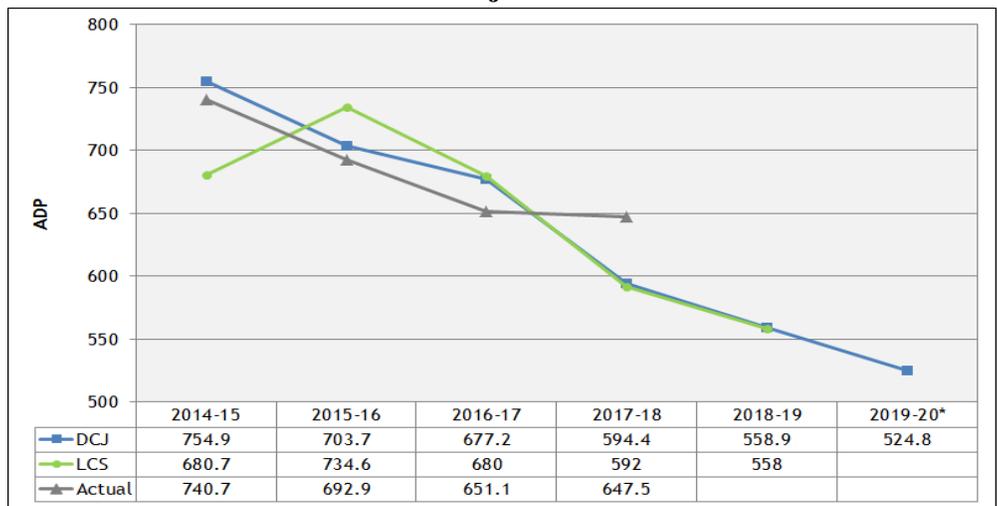
**Chart 1: DYS Secure Youth Center ADP for FY 2015-16 through FY 2017-18**



*Legislative Council Services (LCS) and Division of Criminal Justice (DCJ) Commitment Projections*

Chart 2 shows the Commitment ADP forecast developed by LCS and DCJ from FY 2014-15 through FY 2019-20. ADP has steadily declined during these years and those prior. Both LCS and DCJ forecasted commitment ADP for FY 2017-18 would be approximately 593. Instead, actual ADP for the year will end closer to 650. One fiscal year does not constitute a trend; however, it is important in setting the context for the Department’s request.

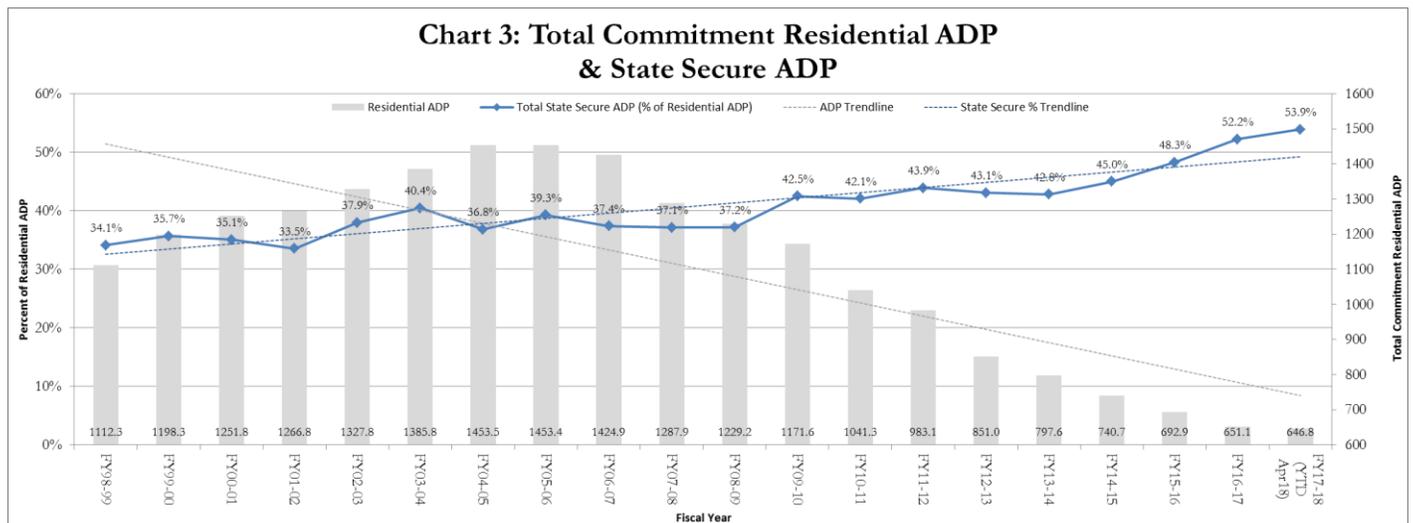
**Chart 2: LCS/DCJ Projections and Actual ADP**



Source: *Legislative Council Services DYS Population Projections*  
*Division of Criminal Justice DYS Population Projections*  
*Division of Youth Services Monthly Population Reports*

### *Increasing Proportion of Committed Youth Requiring State-operated Secure Placement*

The trend already discussed regarding the increasing percentage of committed youth requiring secure care is demonstrated by Chart 3. This chart shows actual ADP as it has declined beginning in FY 2006-07 to FY 2017-18 April YTD and its inverse relationship with State-secure ADP. In prior years as well as in this request, the Department has provided data that would indicate that as the number of youth committed to the Department’s custody declines, those who remain have greater and more complex treatment needs. In the section that follows, the ever increasing level of rehabilitative needs for committed youth is further outlined.



### *Characteristics of Youth Who are Newly Committed*

The Department associates the trend of increasing need for secure placement to the growing complexity in presenting treatment risk and needs and the amount of treatment unsuccessfully attempted in the community prior to commitment. The following are related to the increased need for State-secure commitment capacity.

- Increasing numbers of youth sentenced as “Special Offenders” – Aggravated, Violent, Repeat and Mandatory Offenders.
- Increasing percentage of youth committed on person felonies as well as the increased proportion of youth committed for any person offense.
- Growth in youth with co-occurring substance use and mental health disorders.
- Significant increases in the percentage of youth who require formal mental health intervention.
- Increases in the percentage of youth with trauma histories.
- Increases in the percentage of youth with aggressive behaviors who present a danger to others.
- The increased rate of recommitment reflects the number of youth who: are failing in contract placements and acquiring new charges for escape, assaultive behaviors, or crimes committed while

on escape status in the community, are acquiring new charges in State-secure programs for such crimes as assault or damage to property, are acquiring new charges while on commitment parole.

- Although not demonstrating a high growth rate, the measure of how many youth have been in prior child welfare placements (foster homes, group homes, residential child care facilities) reflects the lack of success youth have experienced prior to commitment as well as the challenges this presents to the Department in ensuring youth are appropriately placed.

Table 4 and Table 5 illustrate the changes in newly committed youth that are indicators of the need for secure placement.

**Table 4: Commitment Characteristics Change over Time\***

<b>Characteristics of Newly Committed Youth</b>	<b>FY 2012-13</b>	<b>FY2016-17</b>	<b>Increase</b>
<b>Aggravated Offenders as a Percentage of ADP<sup>1</sup></b>	1.02%	3.15%	2.13%
<b>Violent Juvenile Offenders<sup>2</sup></b>	0.0%	2.0%	2.0%
<b>Youth Committed on Person Felonies</b>	20.0%	25.0%	5.0%
<b>Youth Committed on Person Crimes (Felony or Misdemeanor)</b>	40.0%	49.0%	9.0%
<b>Rate of Reccommitment</b>	17.4%	31.9%	14.5%
<b>CJRA High Risk: Relationships Static<sup>3</sup></b>	45.9%	66.8%	20.9%
<b>CJRA High Risk: Relationships Dynamic<sup>4</sup></b>	79.5%	92.0%	12.5%
<b>CJRA High Risk: Alcohol &amp; Drugs</b>	69.8%	77.8%	8.0%
<b>Occasional to Continuous Aggressive Behavior Dangerous to Others (CCAR)<sup>5</sup></b>	48.3%	57.7%	9.40%
<b>Growth in Percentage of Co-occurring Disorders</b>	50.8%	55.1%	4.3%
<b>Youth with Run History</b>	73.6%	81.4%	7.8%
<b>Males Requiring Formal Mental Health Intervention</b>	55.6%	59.3%	6.6%
<b>Females Requiring Formal Mental Health Intervention</b>	75.8%	88.9%	17.2%
<b>Youth with One or More Prior Placements</b>	68.0%	70.5%	2.5%

<sup>1</sup>Aggravated Offenders most often receive longer sentences.

<sup>2</sup>Violent Juvenile Offenders receive minimum sentences out of the home.

<sup>3</sup>Relationships indicates a youth’s involvement with positive adults and association with negative peers, including gang association and membership. Static – refers to the youth’s history.

<sup>4</sup>Dynamic risk represents risk that is subject to change, i.e. can be decreased through treatment.

<sup>5</sup>Colorado Client Assessment Record – completed in Assessment.

\*Data for FY 2017-18 unavailable at time of submission

**Table 5: DYS Trauma Trends\***

	<b>FY 2012-13</b>	<b>FY 2016-17</b>
<b>New commits</b>	488	381
<b>History of Sexual Abuse</b>	20%	23%
<b>History of Neglect</b>	43%	56%
<b>History of Physical Abuse</b>	35%	44%
<b>History of Verbal Abuse</b>	28%	27%
<b>History of “Trauma”</b>	50%	78%
<b>History of a Suicide Attempt</b>	17%	26%

<b>History of Any Type of Trauma (per above)</b>	<b>71%</b>	<b>86%</b>
--	------------	------------

*\*Data for FY 2017-18 unavailable at time of submission*

*State-operated Secure Placement Need Model*

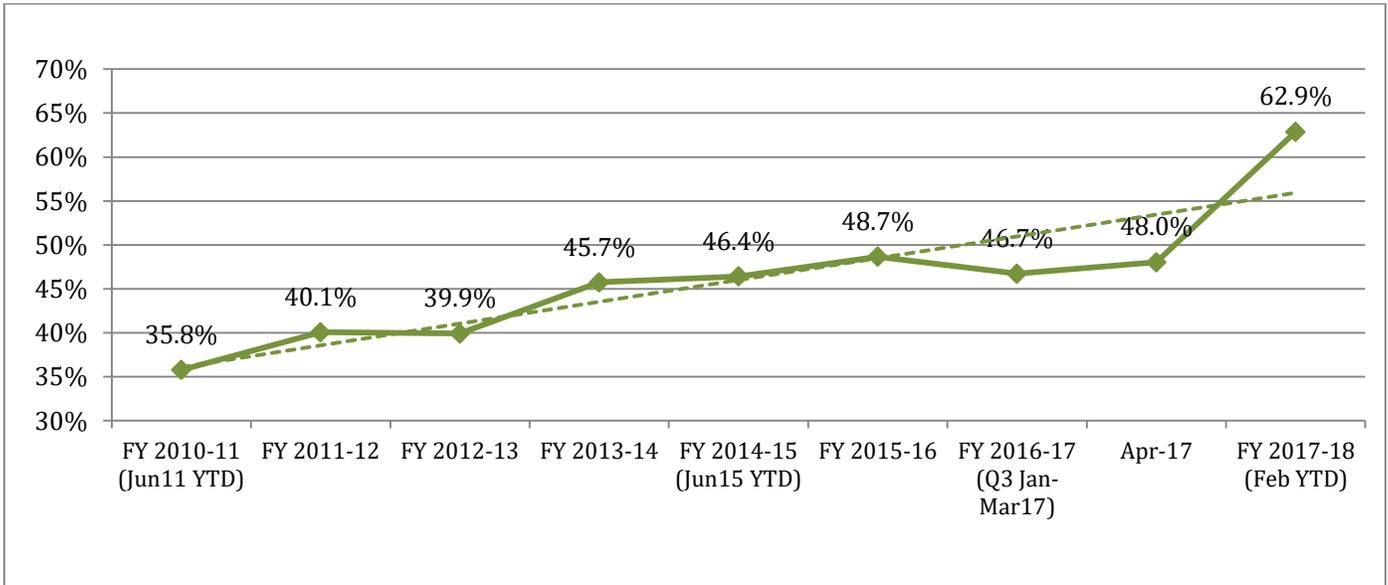
Since 2010, the Department has used a State-operated secure placement need model in an attempt to approximate the necessary amount of State-operated secure commitment capacity. As it is impossible to foresee who and how many youth may be committed to the Department, the current commitment population is used as a guide to forecast future commitments. Table 6 illustrates the criteria used in the model include five population groups:

**Table 6: Secure Placement Need Model**

<b>Group</b>	<b>Description</b>
<b>1</b>	A secure score on the DYS security level classification instrument, and
<b>2</b>	The ADP of youth in the 30-day assessment process, and
<b>3</b>	The ADP of youth who have completed assessment and are awaiting their first placement, and
<b>4</b>	The ADP of youth who meet all three of the following: (1) two or more prior out of home placements, (2) one or more escape from DYS custody and (3) one or more DYS recommitment, and
<b>5</b>	The ADP of youth who have failed in a contract program (escaped, program terminated youth, youth who acquire new criminal charges) or youth in custody pending parole revocation.
A 5% margin is added to this calculation to ensure there is adequate capacity to cover the vagaries in assessment, awaiting placement, and placement/parole failures populations.	

The model presents the Department with an overall trend of rising secure placement need. Chart 4 provides the results of the secure placement need analysis from FY 2010-11 to the present. Prior to FY 2017-18, the prior classification instrument did not take a number of important factors into account that were addressed through a “classification modification” consensus decision-making process. The secure need placement model only included the raw classification tool results thereby excluding a portion of the population of new commitments who were in actuality going to a secure bed, but not being counted in earlier iterations of the model. This was remedied in the current fiscal year.

**Chart 4: Secure Need Analysis**



The model shows that the Department needs its capacity to be comprised of 62.9% secure beds. Using the model’s 62.9% result combined with the current DYS ADP of 646.8 (FY 2017-18 April YTD) would indicate that the Department needs approximately 407 secure beds. This is an increase of 69 secure beds. The proposed solution found in the next section outlines a proposal that is far less than an increase of 69 beds.

#### *Diminishing Treatment Outcomes for Committed Youth*

Between July 1, 2016 and February 1, 2018 37% of youth escaped from their contract placement within the first 30 days of placement. The limited flexibility currently available to the Department with 338 State-secure beds results in fewer options for addressing the needs of youth. Examples include the ability to devote youth center space to creative ideas such as short-term (90-120 days) intensive programs designed to motivate youth for treatment, bring a level of stabilization to mental health and/or substance use disorder needs that would set a youth up for success in a contract program. The same type of programming may be effective for youth who have failed in a contract program based upon an escape or substance using behaviors, so that following a 90-day program in a secure setting the youth may be able to return to the community with an enhanced probability of success.

Table 7 illustrates the number of failures in a contracted program or while on parole. Youth who fail in a contract program whether a staff-supervised or community setting are returned to a DYS youth center where a multi-disciplinary team determines if the youth should return to the contract placement or be referred to a secure setting. Parolees may spend several days in a secure youth center, remain for revocation hearing, or be placed in a contract program.

Either of the previous scenarios results in an impact to the Department’s State-operated secure bed capacity and contributes to the consistently high census, as depicted in Chart 1.

**Table 7: Placement / Parole Failures FY 2017-18 Feb YTD**

Failure Type	Number of Failures	%
Contract Program <sup>1</sup>	97	67%
Parole	48	33%
<b>Total</b>	<b>145</b>	

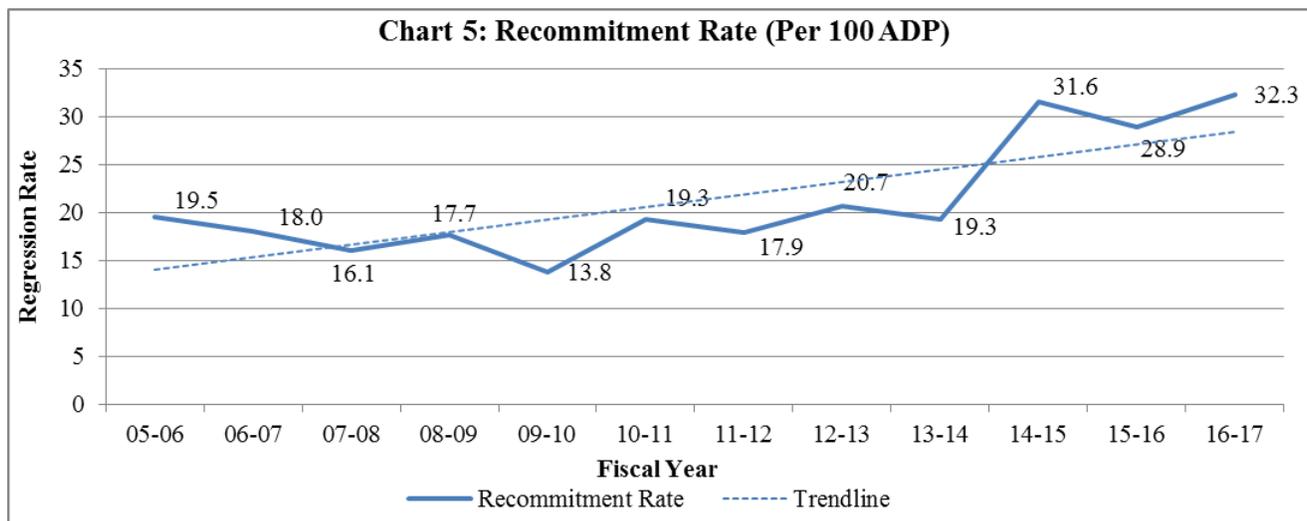
<sup>1</sup>Failure includes escape, new criminal charges, negative termination or any combination of the three.

### Recommitment Rates

Committed youth who acquire new criminal charges while in the custody of the Department and are adjudicated on those charges are deemed “recommitments”. This represents youth who are charged and adjudicated for:

- An escape from a contract program,
- An assault on another youth or staff,
- A criminal offense they receive while on pass, or
- A criminal offense they receive while on escape status.

Since FY 2011-12, the recommitment rate has been gradually increasing. The measurement in Chart 5 below shows the rate of recommitments for the total number of youth who discharged in a fiscal year. In other words, in FY 2016-17, 32.3% of all youth who discharged from the Department had been recommitment at least once.



### Summary

The information presented links a profile of increasingly difficult to treat committed youth, to include more youth with: (1) Person offenses and violent behaviors, (2) Mental health and substance use treatment needs, (3) Histories of prior placement failure, (4) Run behaviors, and (5) Histories of association with negative peers, including gang membership, with those indicators that represent increasing failure within the commitment continuum, i.e. contract placement failure and recommitments. This coincides with an increasing need for secure commitment capacity as demonstrated by the secure placement need model. An

insufficient amount of State-operated secure capacity results in youth centers operating at or near capacity for long stretches of the fiscal year, as shown in Chart 1. This dynamic impacts the entire system from waiting lists to decisions to place youth further from their families.

*The Negative Impacts of Inadequate State-operated Secure Capacity*

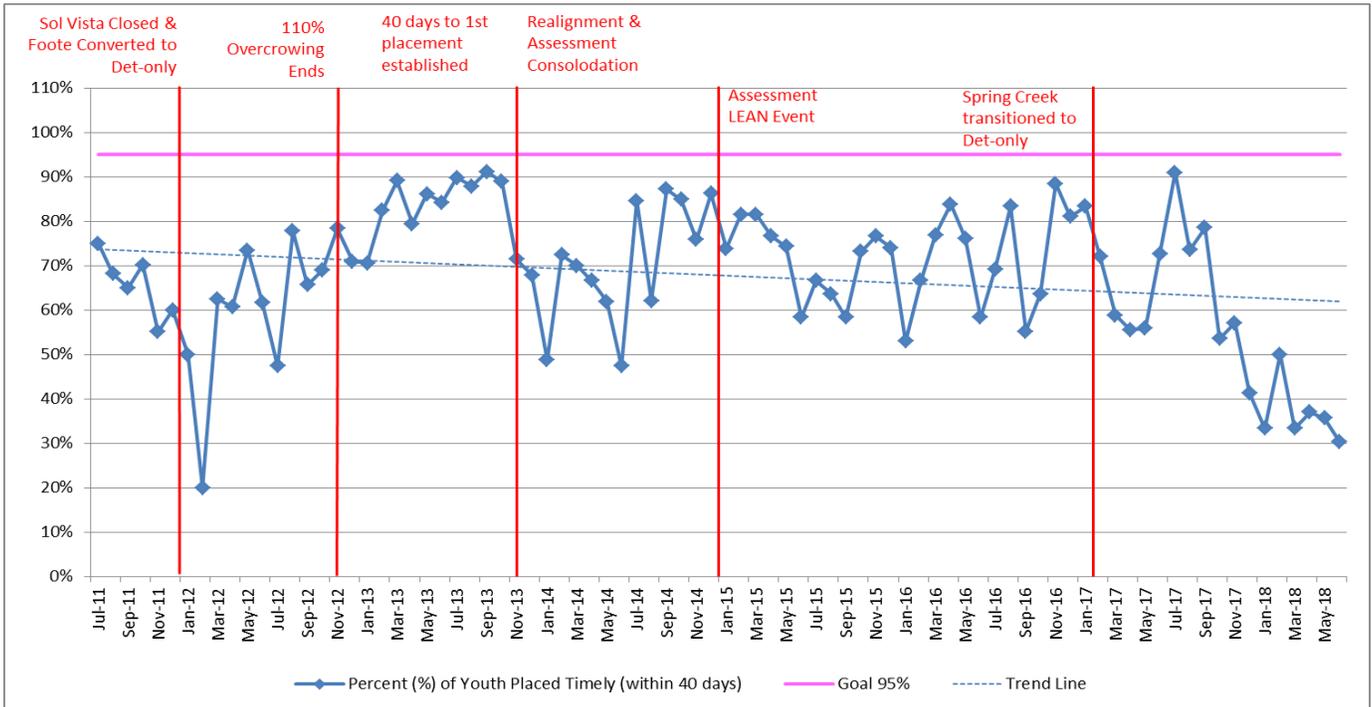
Insufficient State-operated secure treatment capacity has had a number of deleterious impacts upon youth, families, and the larger DYS system.

*Negative Impact 1: Family Engagement is compromised.* The lack of secure treatment capacity often results in youth being placed outside of their home communities, limiting a family's ability to participate fully in the treatment process as well as introducing unnecessary challenges to a successful transition. Treatment processes that do not actively involve the family do not have the same impact as those where parents or guardians are engaged in the therapeutic process. In the end, such distances can impact youth success as often, when youth are placed outside of their home communities, they do not have the opportunity to have gradual community re-entries, or the ability to connect with schools or find employment.

*Negative Impact 2: Potential for inaccurate classification.* Client managers have a professional investment in seeing newly committed youth reach their first treatment placement in as timely a manner as possible. Some pressure exists to move youth as quickly as possible, although difficult to track, there is a potential for client managers to inappropriately aggravate or not mitigate a youth's classification, in order to send them to a non-secure facility, thereby avoiding State-operated secure placement wait lists. The Department is not currently able to track whether or not wait lists influence classification in this manner; however, there is data that does reflect a relatively high rate of first time placement failure, as noted in Tables 4 and 5.

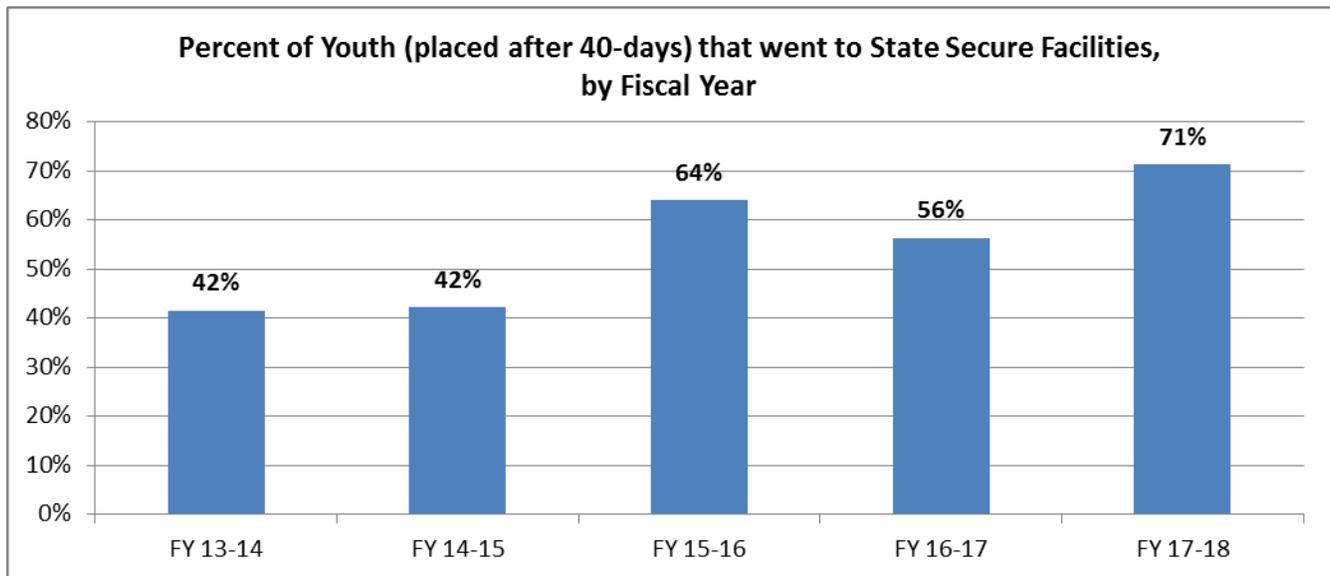
*Negative Impact 3: Youth wait longer to go to their first placement.* Inadequate secure treatment capacity has resulted in long wait lists for youth who have been classified as needing this highest security level. Chart 6 demonstrates the Department's performance on the timeliness to first placement C-Stat measure.

**Chart 6: C-Stat Timeliness from Commitment to First Placement**



A factor that plays the largest role in this performance measure’s decline is the unavailability of State-operated, secure treatment beds. In fact, trend data (Chart 7) show that FY 2017-18 represents a high as it relates to the percentage of youth not placed into their first treatment program timely (within 40 days of commitment), while awaiting placement into a State-operated, secure treatment bed. Seventy-one percent (71%) of youth not placed timely went to a State-operated secure bed. Historically, this average has ranged between 42% and 64%.

**Chart 7: Youth Placed After 40 Days and State-operated, Secure Programs**



***Negative Impact 4: Lack of flexibility in programming.*** As has been discussed previously, effectively meeting the risks and needs presented by youth entering today’s commitment system requires a great deal of flexibility on the part of DYS. This flexibility takes different forms, including an ability to structure programming to meet the needs of various profiles of youth, and the ability to serve youth of all genders. One advantage of this request is the ability to have the physical space and resources to offer non-traditional programming, e.g. the idea of 120 day programs.

**Problem 2: Gap in the Effective Delivery of Behavioral Health Treatment Services in State-Operated Facilities**

House Bill 17-1329 required the Department to contract with an independent third party to conduct an assessment of the Division of Youth Services’ safety protocols, use of seclusion, physical management practices, treatment services, and other areas. The Development Services Group (DSG) was awarded the contract and conducted the assessment from December 2017-April 2018.

Recommendations from the report include specifics related to the Department’s need to enhance and improve treatment services in DYS State-operated commitment facilities. The final report included findings that the DYS’s current level of funding for commitment behavioral health services is inadequate to meet treatment needs (providing direct services to youth and the ability to provide adequate supervision to clinicians). The report specifically points to a lack of staff to provide services to all youth, a lack of staff with credentials in substance use treatment as well as sex offense specific treatment. In addition, the evaluators point out that two necessary components of a good treatment program are inadequate, these include quality initial and ongoing training, and a strong capacity for supervisory observation and feedback.

In summary, the Department’s Division of Youth Services behavioral health resources are neither adequate in terms of numbers nor appropriately credentialed to provide the level of services youth require. To be effective in treatment, behavioral health staff need initial and ongoing training as well as supervisors who can observe them directly, provide timely feedback, and coaching.

### **Problem 3: The Negative Impacts of Centralized Assessment**

In FY 2013-14, the Department consolidated all assessment activities into two youth centers, the Mount View Youth Services Center and the Grand Mesa Youth Services Center. This centralization meant that youth committed in the Northeastern and Southeastern parts of the State were transported to the Denver Metro Area for their assessment, initial staffing and then to await their first placement. Although designed to achieve efficiencies in the use of assessment staff, there have been unintended consequences. Impacts to service delivery include:

Negative Impact #1:Families are negatively affected. Families have a decreased ability to visit their child, and take part in the assessment staffing. Transportation for many of the families served by DYS is often troublesome despite the availability of funds for gas or other types of transportation. Beyond the initial 30 day assessment, and the multidisciplinary team (MDT) assessment staffing, youth also await their first placement in Denver, compounding families inability to visit.

Negative Impact #2:Inefficiencies in the use of Department resources. Prior to 2013, client managers were able to make frequent visits with newly committed youth as they were placed in nearby DYS receiving centers for assessment. Under the current centralized assessment configuration, staff must drive relatively long distances to meet with newly committed youth, inhibiting the development of effective relationships and trading time spent on direct client contact with drive time.

Negative Impact #3:Ancillary services are necessary to address distances. This arrangement has also necessitated the development of a DYS transportation unit. Every newly committed youth in the Northeast and Central Region is transported by local sheriffs to the region's designated receiving center. Once this occurs, DYS staff must transport the youth from either Greeley or Colorado Springs to Metro Denver. This necessitates having staff available to respond on short notice to transportation needs.

Negative Impact #4:Creates unnecessary instability for youth. Centralized assessment forces youth to undergo one more placement move, one more transition between facilities. It decreases the opportunity for youth to stabilize in a program, and be more fully prepared for their first treatment placement. It also disrupts relationships youth are building with clinicians and direct-care staff, and creates both inconsistency in routine as well as a level of uncertainty for the youth and family.

The Department attempted to address these issues through allowing a small amount of overcrowding in the few State-operated youth centers that serve committed youth. Although not optimal, 6% overcrowding has been viewed as a temporary solution to long wait lists for State-operated secure beds, and has assisted in limiting the number of youth placed in contract community programs who would be better served in secure settings.

In collaboration with contract residential providers, the Department has attempted to reduce the number of youth returning to secure youth centers from contract placements by developing action plans to improve

youth outcomes, i.e. improve the rate of escapes from contract programs and decrease the number of youth failed in contract placements and were placed back into state secure placement. Efforts to reduce escapes and negative terminations have not proven successful. Contributing to this dynamic is growth in the proportion of the ADP with a runaway history. Since FY 2012-13 when assessment was centralized, and DYS downsized State-operated secure commitment beds, the percentage of ADP with a runaway history has increased from 73.6% to 81.4%.

***Proposed Solution:***

The Department requests a reduction of (\$718,399) total funds, including (\$718,399) General Fund and (12.0) FTE in FY 2019-20 and (\$0) total funds, including (\$0) General Fund and a reduction of (3.5) FTE in FY 2020-21 and on-going in order to in order to:

1. Repurpose 56 secure, State-operated detention beds for use as secure commitment capacity, including the retention of direct care staff.
2. Utilize savings from the closure of the commitment program at the Robert F. DeNier YSC in Durango Colorado.
3. Procure nine (9) staff secure detention beds at Robert E. DeNier or alternate location.
4. Increase State behavioral health care in DYS State-operated youth centers to provide treatment services to committed youth that is in alignment with evidence-based practices. The requested funding will be used to add 11.0 Behavioral Health Specialist FTE, 5.0 Behavioral Health Supervisors to increase the ratio of Behavioral Health Specialists to youth from current levels to 1:6, provide evidence-based treatment services, guide implementation teams, and increase the Department's ability to provide American Society of Addiction Medicine (ASAM) Level 3.5 treatment services to youth in all five commitment treatment programs.
5. Decentralize assessment by utilizing Spring Creek YSC and Platte Valley YSC in addition to Mount View YSC.
6. Spring Creek YSC becomes a commitment only facility, swapping populations with Zebulon Pike YSC which becomes a detained only facility. Additional detention population from Spring Creek is sent to Pueblo YSC. Mount View YSC will also become a commitment only facility, including assessment, and Mount View's detention population will be absorbed at Marvin Foote YSC. Create new treatment programming at the Spring Creek YSC and the Mount View YSC, necessitating State (6.0) FTE behavioral health care professionals. These FTE are included in the 11.0 Behavioral Health Specialists in item 2.

- Balance the increased cost of realignment and increased behavioral health care staff by utilizing DYS excess vacancy savings for \$209,136 ongoing. This brings the cost of the request to a net increase of \$0 for FY 2020-21 and beyond.

Table 8 provides a summary of the specific elements of the Department’s proposed solution:  
 Note: Chart currently shows more specificity in actions, but actions are largely intertwined.

**Table 8: Proposed Solution Quick Reference**

Elements of the Department’s Proposed Solution	PARTIAL YEAR			FULL YEAR		
	FY 2019-20			FY 2020-21		
	Requested FTE	Cost	Savings	Requested FTE	Cost	Savings
1. Reduce the statutory detention cap from 382 to 305.	-42.50		\$ (2,579,365)	-57.00	\$ -	\$ (3,468,568.00)
2. Close the Robert DeNier YSC in Durango.			\$ (1,472,758)			\$ (1,472,758.00)
3. Contract for nine-bed staff-secure detention at DeNier or alternate location		\$ 846,800			\$ 846,800.00	
4. Increase behavioral health staff for EBP and reduced caseloads as well as provide ASAM 3.5 services at all five DYS State-secure youth centers.	6.75	\$ 775,361		11.00	\$ 1,204,928.00	
5. Decentralize DYS front-range assessment to Spring Creek YSC and Platte Valley YSC.	10.88	\$ 712,258		10.50	\$ 705,951.00	\$ -
6. Move toward single purpose function/ increase commitment capacity. Includes moving Mount View YSC detention population to Marvin Foote YSC, Re-purposing Spring Creek YSC and Zebulon Pike YSC, swapping populations and using Pueblo YSC to address the overflow. Spring Creek YSC will add treatment capacity to account for closure of treatment program in 2016.	12.83	\$ 999,305		32.00	\$ 2,392,783.00	
<b>Total Costs</b>						
	\$ (12.04)	\$ 3,333,724	\$ (4,052,123)	(3.50)	\$ 5,150,462	\$ (4,941,326)
<b>NET REDUCTION</b>			\$ (718,399)			\$ 209,136
<b>Application of DYS Excess Vacancy Savings</b>						\$ (209,136)
<b>NET COST ( FY 2020-21 and ongoing)</b>						\$ -

The Department acknowledges the recent increases in staffing for direct care which was funded by the General Assembly. This enables the DYS to meet PREA compliance and best practices under the current facility capacities. In order to accomplish these objectives, the Department is requesting a reduction in direct line staffing in YSS I and YSS II classifications commensurate with the total reduction of youth served in State Facilities. This is a reduction of 30.0 staff for those two categories as shown in table 9. With the reduced capacity and reduced direct care staff, the DYS will still be PREA compliant. This is offset by FTE needed to serve a higher caseload of committed youth who require educational and treatment programming. The request to increase FTE for Teachers, Behavioral Health Specialists (SW III) and other Health Professional classifications totals 26.5 FTE. The total requested change in FTE nets out to a reduction of (3.5) as demonstrated in Table 9. These figures are for a full year.

**Table 9: FTE Request Quick Reference**

FTE Full Year	Class
(22.0)	Youth Services Specialist I ( CYSO I)
(8.0)	Youth Services Specialist II ( CYSO II)
(30.0)	Sub total Direct Care
1.0	Clinical Supervisor ( SW IV)
7.0	Teachers ( State Teacher III)
13.5	Social Worker Counselor III ( SW III)
4.0	Health Professional Trainers ( HP IV)
1.0	Assistant BHMS Director ( HP VI)
(3.5)	Total Net

**The elements of the proposed solution are explained in greater detail as follows:**

1. **Statutory Detention Cap** - Reduce the detention cap from 382 beds to 304 beds. The proposed decrease in detention beds follows from diminished use in individual judicial districts, calculated by using the “Average Daily Maximum” measure for each district, and applying a 5% cushion to account for population swings. The reduction of 78 detention beds is spread among the eight youth centers that provide secure detention services. These reductions do not provide an opportunity to close a youth center. Table 10 shows how the 78 bed reduction affects each youth center. In the 2013 cap reduction, the Department made the decision to close living units in youth centers. Over the intervening years, it has become clear that this strategy negatively impacts the youth centers by removing the ability to program youth in multiple environments. Since 2013, the Department has reopened living units at Platte Valley YSC, Mount View YSC and Spring Creek YSC in order to separate youth, take advantage of smaller living units, and to improve youth and staff safety.

**Table 10: Proposed Detention Bed Cap by Facility**

	Current	Proposed Detention Reductions	Proposed Detention Capacity
<b>Adams YSC</b>	30	-7	23
<b>Gilliam YSC</b>	64	-16	48
<b>Grand Mesa YSC</b>	30	-5	25
<b>Marvin Foote YSC</b>	61	-17	44
<b>Mount View YSC</b>	41	-11	30
<b>Platte Valley YSC</b>	64	-18	46
<b>Pueblo YSC</b>	28	-4	24
<b>Spring Creek YSC</b>	51	0	51
<b>Sage (Contract)</b>	4	0	4
<b>Denier/Alternate Site</b>	9	0	9
<b>Totals</b>	<b>382</b>	<b>-78</b>	<b>304</b>

2. **Utilize savings from the closure of the commitment program at the Robert DeNier Center in Durango.** The DeNier Center has been a State-owned, privately operated twenty-eight (28) bed program, split between nine (9) detention beds and nineteen (19) State-owned privately operated commitment beds. The DeNier Center has been significantly underutilized because the location does not support keeping youth close to their home region. In August 2018, the licensure granted to

Rite of Passage to operate the DeNier center was suspended, forcing the closure of the building and the removal of youth from that facility. The Department will be seeking to procure a vendor to operate nine (9) detention beds either at Denier or an alternate location.

3. **Increase in 11.0 FTE for State-operated youth center treatment Behavioral Health Staff (SW III), Centralized Oversight and Supporting Resources.** In order to adequately address the recommendations as outlined by DSG, it is critical that the Division of Youth Services has an adequate infrastructure to provide direct care, engage in the development and ongoing identification of best practices in treatment service delivery, attend to both supervision and coaching requirements, as well as apply effective implementation practices.

The Department is proposing the repurposing of 11.0 FTE to:

- Enhance the current behavioral health staff to youth ratio in commitment facilities from current levels (ranging from 1:6 to 1:13) to an average of 1:7.
- Operate an ASAM Level 3.5 substance use treatment program. The level of this program equates with current DYS residential contractors serving youth with lower security classifications.
- Support the provision of evidence-based treatment programming in such areas as criminogenic risk and need, behavioral health concerns, and family treatment.

Table 11 illustrates the increase of 11.0 Behavioral Health Staff by facility.

**Table 11: Current and Proposed Behavioral Health Staff**

Youth Center	Current Capacity	Current BH Staff	New Capacity	Proposed BH Staff	Requested BH Staff
<b>Grand Mesa YSC</b>	40	4.0	40	5.0	1.0
<b>Lookout Mountain YSC</b>	140	26.0	140	26.0	0
<b>Mount View YSC</b>	65	5.0	84	11.0	6.0
<b>Platte Valley YSC</b>	55	8.0	50	8.0	0
<b>Spring Creek YSC</b>	0	0	70	9.0	4.0
<b>Zebulon Pike YSC</b>	38	5.0	0	0	0
<b>Total</b>	<b>338</b>	<b>48.0</b>	<b>384</b>	<b>59.0</b>	<b>11.0</b>

In addition to the Behavioral Health Specialist FTE outlined above, the Department is proposing the following for the purposes of support, training, supervision and quality assurance:

A. Centralized Oversight, Support and Coaching, and Other Resources (1.0 FTE)

The organization of the centralized Behavioral Health & Medical Services Unit serves to oversee the implementation of an integrated care model within the Division of Youth Services. The integrated model includes assessment and behavioral health treatment services and physical

health services. This model ensures compliance with National Commission on Correctional Health Care (NCCHC) standards of care. The unit oversight needs have expanded, precipitating the need for an Assistant Director of Behavioral Health Services at the Health Professional VI (1.0 FTE) level. This position will partner with current positions that hold oversight of the State-operated youth centers to enhance treatment programming. This team will provide training and coaching, as well as conduct assessments to ensure fidelity to all evidence-based curriculum and treatment regimen. This position will be crucial in the Department's ability to successfully respond to feedback in the DSG report. Specifically, this includes feedback regarding all of the DYS State-operated secure treatment youth centers need to improve in the provision of evidence-based treatment programming and to have measures and processes in place to ensure fidelity. This position will be directly responsible for the oversight of treatment programming at the five DYS treatment programs.

**B. Training and Coaching (4.0 FTE)**

Investment in training and coaching will require additional FTE available to train as trainers in key modalities to support Behavioral Health staff in DYS, to include quarterly coaching and observation of clinical sessions. The required number of FTE is 4.0.

**C. Clinical Resources/Curricula Materials/Ongoing Assessment Instrumentation** - A standard budget is needed to ensure the 10 state-operated facilities have access to programming materials and curriculum manuals to ensure quality delivery of manualized curricula and other clinical instrumentation. The annual cost is estimated to be \$50,000. Other costs associated with increased services include Assessment tools, certifications and ongoing suicide risk assessments for an additional \$125,000 for a total expense of \$175,000.

**4. De-Centralize DYS Front-Range Assessment to Platte Valley YSC and Spring Creek YSC.** Remove the Southern Region and Northeast Region assessment functions from Mount View Youth Services Center and relocate to the two youth centers that serve as "Receiving Centers" which are Platte Valley Youth Services Center and Spring Creek Youth Services Center. This shift allows the Department to increase family engagement, decrease the stress on youth and families, decrease the number of placement transitions, decrease the inefficiencies in client manager time and discontinue the use of a front-range transportation unit for assessment. The following table demonstrates the current resources and those needed to accomplish decentralization.

**Table 12: Behavioral Health Assessment Staff (Behavioral Health)**

<b>Facility</b>	<b>De-centralized Assessment Capacity</b>	<b>Current Assessment Behavioral Health FTE</b>	<b>Proposed Assessment Behavioral Health FTE</b>	<b>Requested Assessment Behavioral Health FTE</b>
<b>Grand Mesa YSC</b>	8	0	2.0	2.0
<b>Mount View YSC</b>	20	6.5	5.0	(1.5)
<b>Platte Valley YSC</b>	15	0	1.0	1.0
<b>Spring Creek YSC</b>	12	0	1.0	1.0
<b>Total</b>	55	6.5	9.0	2.5

**5. Move toward single purpose facilities and increase commitment capacity.**

**A. Repurpose Spring Creek YSC and Zebulon Pike YSC**

**1. Spring Creek YSC and Zebulon Pike YSC trade function and populations.**

- Spring Creek YSC becomes a commitment-only program, increasing its census from 51 detained to a total of 70 committed by taking Zeb Pike census of 38, adding assessment of 12 plus new capacity of 20. Some of the 20 will likely be from the closure of the DeNier YSC.
- Zebulon Pike YSC becomes a detention only program increasing its census from 38 committed youth to 40 detained youth by taking 40 of the detention beds previously assigned to Spring Creek YSC.
- Pueblo YSC increases its detention capacity by taking the remaining 11 detention beds previously assigned to Spring Creek YSC. This necessitates opening the Pueblo YSC's one closed unit.

**2. Add Treatment Capacity to Spring Creek to Replace Lost Capacity from FY 2016-17**

- Add twelve (12) assessment beds from Mount View YSC, and twenty eight (28) new beds.

**B. Relocate the Mount View YSC Detention Population to Marvin Foote.**

**1. Add nineteen (19) commitment treatment beds to Mount View YSC to make up an eighty-four (84) commitment assessment and treatment program.**

- The Mount View YSC becomes a single-purpose youth center, and the Marvin Foote YSC retains its detention focus. Table 13 shows these changes and Table 14 shows the resulting final commitment configuration.

6. Balance the increased cost of realignment and increased behavioral health care staff by utilizing DYS excess vacancy savings for \$209,136 ongoing. This brings the cost of the request to a net increase of \$0 for FY 2020-21 and beyond.

**Table 13: Redistribution of Beds – Detention and Commitment**

Facility	Number of Beds Moving	Bed Type	To
Mount View YSC	30	Detention	Marvin Foote YSC
Robert E. Denier YSC	9	Detention	Robert Denier or alternate location
Spring Creek YSC	38	Detention	Zebulon Pike YSC
Spring Creek YSC	12	Detention	Pueblo YSC
Zebulon Pike YSC	38	Commitment	Spring Creek
Mount View YSC	12	Assessment	Spring Creek
Mount View YSC	15	Assessment	Platte Valley YSC

**Table 14: Final Bed Configuration**

	Current State-Operated Secure Commitment Beds	Revised State-operated Secure Commitment Beds	State-operated Secure Commitment Capacity Change	Current Detention Beds	Revised Detention Beds	Detention Capacity Change
<b>State-operated Secure:</b>						
Adams YSC	0	0	0	30	23	-7
Gilliam YSC	0	0	0	64	48	-16
Marvin Foote YSC	0	0	0	61	74	13
Grand Mesa YSC	40	40	0	30	25	-5
Lookout Mountain YSC	140	140	0	0	0	0
Mount View YSC	65	84	+19	41	0	-41
Platte Valley YSC	55	50	-5	64	46	-18
Spring Creek YSC	0	70	+70	51	0	-51
Pueblo YSC	0	0	0	28	35	7
Zebulon Pike YSC	38	0	-38	0	40	40
<b>Total State Operated</b>	<b>338</b>	<b>384</b>	<b>46</b>	<b>369</b>	<b>291</b>	<b>-78</b>
<b>Contract Secure:</b>						
Betty Marler YSC	40	40	0	0	0	0
Robert Denier YSC/Alternate	19	0	-19	9	9	0
Sage (Contract )	0	0	0	4	4	0
<b>Contract Totals</b>	<b>59</b>	<b>40</b>	<b>-19</b>	<b>13</b>	<b>13</b>	<b>0</b>
<b>State and Contract Total</b>	<b>397</b>	<b>424</b>	<b>+27</b>	<b>382</b>	<b>304</b>	<b>-78</b>
<b>Revised Secure Commitment Capacity Includes:</b>						
8 beds for Western Region Assessment at Grand Mesa						
20 beds for Central Region Assessment at Mount View						
15 beds for Northeast Region Assessment at Platte Valley						
12 beds for Southern Region Assessment at Spring Creek						

Table 15 shows the final combined impact of the changes to assessment, the shift in the configuration of the Mount View YSC, Marvin Foote YSC, Spring Creek YSC, Zebulon Pike YSC and Pueblo YSC. The table also includes the decrease in contract secure capacity with the closure of the Robert DeNier YSC. The total number of requested increased State-operated secure commitment beds is twenty-seven (27).

Combining the decrease in the statutory detention cap, the closure of commitment programming at Robert E. Denier, and the increased State-operated secure treatment capacity for commitment youth results in an overall reduction of fifty-one (51) State-operated secure detention and State-operated secure commitment beds as shown in Table 15.

**Table 15: Summary Bed Reductions/Additions**

<b>Action</b>	<b>Reduction</b>	<b>Increase</b>	<b>Net</b>
<b>Detention Cap Reduction</b>	-78	0	-78
<b>Robert DeNier YSC (Commitment)</b>	-19	0	-19
<b>Platte Valley YSC Commitment Decrease</b>	- 5	0	-5
<b>Zeb Pike YSC Commitment Decrease</b>	-38	0	-38
<b>Mount View YSC Commitment Increase</b>	0	19	19
<b>Spring Creek Commitment Increase</b>	0	70	70
Totals	-140	89	-51

The Department is proposing a phased approach to these substantial changes to the Division of Youth Services State-operated youth center configuration which is detailed under assumptions and calculations.

***Anticipated Outcomes:***

If the proposed plan is approved, the Department anticipates:

- Reductions in the time youth await placement.
- Enhanced family engagement through conducting the assessment process in closer proximity to a youth’s home community and family.
- Enhanced family engagement through the ability to use a living unit at Mount View for Two Generation approaches, including providing families with resources and developing more homelike visiting spaces.
- Improved State-operated program completions as measured by Trails data.
- Improved outcomes in contract residential placements, as measured by Trails data.
- Improved safety outcomes – fights/assaults, injuries, and physical managements through a more effective use of State-operated youth center spaces as measured by C-Stat performance.

***Assumptions and Calculations:***

Position Descriptions and primary responsibilities

- 1) Behavioral Health- Treatment Services
  - Assistant Behavioral Health Medical Services Director (HP VI) - This position will partner with current positions that hold oversight of the State-operated youth centers to enhance treatment

programming. This team will provide training and coaching and conduct assessments to ensure fidelity to all evidence-based curriculum and treatment regimen. Ensure DYS State-operated secure treatment youth centers improve in the provision of evidence-based treatment programming and to have measures and processes in place to ensure fidelity. This position will be directly responsible for the oversight of treatment programming at the five DYS treatment programs in committed facilities.

- Clinical Supervisor (Social Worker IV) - This position will be licensed and provide clinical supervision of behavioral health staff. In addition, this position will provide individual, group and family services.
- Social Worker III (SW III) - This position will be licensed, hold a caseload, and provide individual, group and family services.
- Health Professional IV (HP IV) - Investment in training and coaching will require additional FTE available to train as trainers in key modalities to support Behavioral Health staff in DYS, to include quarterly coaching and observation of clinical sessions.

## 2) Behavioral Health- Assessment Services

- Social Worker III (SW III) - This position will be licensed and will provide behavioral health assessments for youth while in assessment prior to placement.

## 3) Education

- Teacher (State Teacher III) - This position will provide highly qualified educational services to committed youth.

Table Calculations 1: Long Bill Line Items:

Table Calculations 1: Long Bill Appropriation and Requested Funding for FY 2019-20 Through FY 2021-22									
11) B ) Institutional Programs: Facilities Personal Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$56,491,930	\$56,491,930	\$0	\$0	\$0	\$0	\$0	\$0	995.5
Requested Funding (or Spending Authority)	(\$879,293)	\$ (879,293)	\$0	\$0	\$0	\$0	\$0	\$0	-24.5
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$55,612,637</b>	<b>\$55,612,637</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>971.0</b>
FY 2020-21 Annualization of Prior Year Funding	(\$476,774)	\$ (476,774)	\$0	\$0	\$0	\$0	\$0	\$0	-5.5
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$55,135,863</b>	<b>\$55,135,863</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>965.5</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$55,135,863</b>	<b>\$55,135,863</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>965.5</b>
11) B) Institutional Programs Operating Expense	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$4,190,501	\$2,780,085	\$70,000	\$1,340,200	\$216	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$38,275)	\$ (38,275)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$4,152,226</b>	<b>\$2,741,810</b>	<b>\$70,000</b>	<b>\$1,340,200</b>	<b>\$216</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	(\$5,225)	\$ (5,225)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$4,147,001</b>	<b>\$2,736,585</b>	<b>\$70,000</b>	<b>\$1,340,200</b>	<b>\$216</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$4,147,001</b>	<b>\$2,736,585</b>	<b>\$70,000</b>	<b>\$1,340,200</b>	<b>\$216</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

11)B) Institutional Programs Medical Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$10,722,370	\$10,722,370	\$0	\$0	\$0	\$0	\$0	\$0	74.0
Requested Funding (or Spending Authority)	\$966,226	\$ 966,226	\$0	\$0	\$0	\$0	\$0	\$0	10.2
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$11,688,596</b>	<b>\$11,688,596</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>84.2</b>
FY 2020-21 Annualization of Prior Year Funding	\$693,763	\$ 693,763	\$0	\$0	\$0	\$0	\$0	\$0	9.3
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$12,382,359</b>	<b>\$12,382,359</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>93.5</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$12,382,359</b>	<b>\$12,382,359</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>93.5</b>
11) B) Institutional Programs Educational Programs	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$7,020,519	\$6,670,514	\$0	\$350,005	\$0	\$0	\$0	\$0	40.1
Requested Funding (or Spending Authority)	\$236,633	\$ 236,633	\$0	\$0	\$0	\$0	\$0	\$0	2.3
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$7,257,152</b>	<b>\$6,907,147</b>	<b>\$0</b>	<b>\$350,005</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>42.4</b>
FY 2020-21 Annualization of Prior Year Funding	\$369,984	\$ 369,984	\$0	\$0	\$0	\$0	\$0	\$0	4.7
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$7,627,136</b>	<b>\$7,277,131</b>	<b>\$0</b>	<b>\$350,005</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>47.1</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$7,627,136</b>	<b>\$7,277,131</b>	<b>\$0</b>	<b>\$350,005</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>47.1</b>

<b>11) C) Community Programs</b>									
<b>Purchase of Contract Placements</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>Medicaid Total Funds</b>	<b>Medicaid General Fund</b>	<b>Medicaid Federal Funds</b>	<b>FTE</b>
FY 2018-19 Appropriation (HB 18-1322)	\$23,100,246	\$21,340,600	\$0	\$959,339	\$800,307	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$902,008)	\$ (902,008)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$22,198,238</b>	<b>\$20,438,592</b>	<b>\$0</b>	<b>\$959,339</b>	<b>\$800,307</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	\$0	\$ -	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$22,198,238</b>	<b>\$20,438,592</b>	<b>\$0</b>	<b>\$959,339</b>	<b>\$800,307</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$22,198,238</b>	<b>\$20,438,592</b>	<b>\$0</b>	<b>\$959,339</b>	<b>\$800,307</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>1) A) General Administration Health, Life, Dental</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>Medicaid Total Funds</b>	<b>Medicaid General Fund</b>	<b>Medicaid Federal Funds</b>	<b>FTE</b>
FY 2018-19 Appropriation (HB 18-1322)	\$46,704,272	\$33,413,551	\$144,915	\$10,364,095	\$2,781,711	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$87,198)	(\$87,198)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$46,617,074</b>	<b>\$33,326,353</b>	<b>\$144,915</b>	<b>\$10,364,095</b>	<b>\$2,781,711</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	\$63,417	\$63,417	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$46,680,491</b>	<b>\$33,389,770</b>	<b>\$144,915</b>	<b>\$10,364,095</b>	<b>\$2,781,711</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$46,680,491</b>	<b>\$33,389,770</b>	<b>\$144,915</b>	<b>\$10,364,095</b>	<b>\$2,781,711</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

Table Calculations 1: Long Bill Line Items continued

1) A) General Administration Short Term Disability	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$473,000	\$330,992	\$8,592	\$93,867	\$39,549	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$360)	(\$360)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$472,640</b>	<b>\$330,632</b>	<b>\$8,592</b>	<b>\$93,867</b>	<b>\$39,549</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	\$1,454	\$1,454	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$474,094</b>	<b>\$332,086</b>	<b>\$8,592</b>	<b>\$93,867</b>	<b>\$39,549</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$474,094</b>	<b>\$332,086</b>	<b>\$8,592</b>	<b>\$93,867</b>	<b>\$39,549</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
1) A) General Administration Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$14,272,038	\$9,956,150	\$255,862	\$2,888,743	\$1,171,283	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$7,185)	(\$7,185)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$14,264,853</b>	<b>\$9,948,965</b>	<b>\$255,862</b>	<b>\$2,888,743</b>	<b>\$1,171,283</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	\$36,013	\$36,013	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$14,300,866</b>	<b>\$9,984,978</b>	<b>\$255,862</b>	<b>\$2,888,743</b>	<b>\$1,171,283</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$14,300,866</b>	<b>\$9,984,978</b>	<b>\$255,862</b>	<b>\$2,888,743</b>	<b>\$1,171,283</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
1) A) General Administration Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE
FY 2018-19 Appropriation (HB 18-1322)	\$14,272,038	\$9,956,807	\$255,823	\$2,888,303	\$1,171,105	\$0	\$0	\$0	0.0
Requested Funding (or Spending Authority)	(\$6,939)	(\$6,939)	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2019-20 Total Requested Appropriation</b>	<b>\$14,265,099</b>	<b>\$9,949,868</b>	<b>\$255,823</b>	<b>\$2,888,303</b>	<b>\$1,171,105</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
FY 2020-21 Annualization of Prior Year Funding	\$35,767	\$35,767	\$0	\$0	\$0	\$0	\$0	\$0	0.0
<b>FY 2020-21 Total Requested Appropriation</b>	<b>\$14,300,866</b>	<b>\$9,985,635</b>	<b>\$255,823</b>	<b>\$2,888,303</b>	<b>\$1,171,105</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>
<b>FY 2021-2022 Total Requested Appropriation</b>	<b>\$14,300,866</b>	<b>\$9,985,635</b>	<b>\$255,823</b>	<b>\$2,888,303</b>	<b>\$1,171,105</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0</b>

**FTE CALCULATIONS** - Salaries for the following classifications have not been submitted at minimum, but at a salary that is 22% above minimum which reflects current hiring market.

Social Worker/ Counselor III ( \$1,000 above minimum)

Health Professional VI ( \$1,500 above minimum)

Health Professional IV ( \$1,000 above minimum)

Calculations for FTE for FY 19-20 can be found in Table: Calculations 3

## Table Calculations 2- Expenditure Detail by Classification

Expenditure Detail				FY 2019-20		FY 2020-21	
<b>Personal Services:</b>							
Position 1	Class Code	Monthly Salary	FTE		FTE		
CORR/YTH/CLIN SEC OFF I	A1D2	\$ 3,448	(19.4)	(802,694)	(22.0)	(910,272)	
PERA				(81,473)		(92,393)	
AED				(35,319)		(45,514)	
SAED				(34,115)		(45,514)	
Medicare				(11,639)		(13,199)	
STD				(1,766)		(1,730)	
Health-Life-Dental				(158,544)		(174,398)	
<b>Subtotal Position 1</b>			<b>(19.4)</b>	<b>\$ (1,125,550)</b>	<b>(22.0)</b>	<b>\$ (1,283,020)</b>	
Position 2	Class Code	Monthly Salary	FTE		FTE		
CORR/YTH/CLIN SEC OFF II	A1D3	\$ 3,800	(5.1)	(232,560)	(8.0)	(364,800)	
PERA				(23,605)		(37,027)	
AED				(10,233)		(18,240)	
SAED				(9,884)		(18,240)	
Medicare				(3,372)		(5,290)	
STD				(512)		(693)	
Health-Life-Dental				(47,563)		(63,418)	
<b>Subtotal Position 2</b>			<b>(5.1)</b>	<b>\$ (327,729)</b>	<b>(8.0)</b>	<b>\$ (507,708)</b>	
Position 3	Class Code	Monthly Salary	FTE		FTE		
SOCIAL WORK/COUNSELOR III	C4L3	\$ 5,378	6.30	406,338	13.5	871,236	
PERA				41,243		88,430	
AED				17,879		43,562	
SAED				17,269		43,562	
Medicare				5,892		12,633	
STD				894		1,655	
Health-Life-Dental				55,490		110,981	
<b>Subtotal Position 3</b>			<b>6.3</b>	<b>\$ 545,005</b>	<b>13.5</b>	<b>\$ 1,172,059</b>	

**Table Calculations 2- Expenditure Detail by Classification continued**

Expenditure Detail			FY 2019-20		FY 2020-21	
<b>Personal Services:</b>						
Position 4	Class Code	Monthly Salary	FTE		FTE	
state teacher III	H7A3	\$ 6,400	2.3	179,190	7.0	537,600
PERA				18,188		54,566
AED				7,884		26,880
SAED				7,616		26,880
Medicare				2,598		7,795
STD				394		1,021
Health-Life-Dental				23,782		55,490
<b>Subtotal Position 4</b>			<b>2.3</b>	<b>\$ 239,651</b>	<b>7.0</b>	<b>\$ 710,232</b>
Position 5	Class Code	Monthly Salary	FTE		FTE	
health professional VI	C7C6	\$ 8,370	0.8	75,330	1.0	100,440
PERA				7,646		10,195
AED				3,315		5,022
SAED				3,202		5,022
Medicare				1,092		1,456
STD				166		191
Health-Life-Dental				7,927		7,927
<b>Subtotal Position 5</b>			<b>0.8</b>	<b>\$ 98,678</b>	<b>1.0</b>	<b>\$ 130,253</b>
Position 6	Class Code	Monthly Salary	FTE		FTE	
health professional IV	C7C4	\$ 5,706	2.3	159,759	4.0	273,888
PERA				16,216		27,800
AED				7,029		13,694
SAED				6,790		13,694
Medicare				2,317		3,971
STD				351		520
Health-Life-Dental				23,782		31,709
<b>Subtotal Position 6</b>			<b>2.3</b>	<b>\$ 216,243</b>	<b>4.0</b>	<b>\$ 365,276</b>

**Table Calculations 2- Expenditure Detail by Classification continued**

Expenditure Detail			FY 2019-20		FY 2020-21	
<b>Personal Services:</b>						
Position 7	Class Code	Monthly Salary	FTE		FTE	
SOCIAL WORK/COUNSELOR IV	C4L4	\$ 5,706	0.8	51,354	1.0	68,472
PERA				5,212		6,950
AED				2,260		3,424
SAED				2,183		3,424
Medicare				745		993
STD				113		130
Health-Life-Dental				7,927		7,927
<b>Subtotal Position 7</b>			<b>0.8</b>	<b>\$ 69,794</b>	<b>1.0</b>	<b>\$ 91,320</b>
<b>Subtotal Personal Services</b>			<b>(12.0)</b>	<b>\$ (283,907)</b>	<b>(3.5)</b>	<b>\$ 678,412</b>
<b>Operating Expenses</b>						
<i>Operating Expenses</i>			26.5			
Regular FTE Operating Expenses		\$500	(12.0)	(6,019)	(3.5)	(1,750)
Telephone Expenses		\$450	(12.0)	(5,417)	(3.5)	(1,575)
PC, One-Time		\$1,230	26.5	32,595	-	-
Office Furniture, One-Time		\$3,473	26.5	92,035	-	-
Radio & Accessories		\$2,500	(6.0)	(15,000)	(6.0)	(15,000)
Training Expense	218		26.5	\$ 5,777		
* PC's and Radios are purchased at the rate of 1 for every 5 direct staff hires ( Non supervisory)						
* Radio replacement are same rate in all following years ( Ongoing expense)						
<b>Subtotal Operating Expenses</b>				<b>\$ 103,971</b>		<b>\$ (18,325)</b>
<b>TOTAL REQUEST</b>			<b>(12.0)</b>	<b>\$ (179,936)</b>	<b>(3.5)</b>	<b>\$ 660,088</b>

## FTE Calculations/ Timing

Table Calculations 3 indicates the change in FTE from July - February in order to reconcile to the FTE calculations above.

### Table Calculations 3: FTE Calculations by month of hire

FTE Equivalent Calculations											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb		FY 2019-20	FY 2020-21
<b>Direct Care FTE ( YSS I and II)</b>											
Detention ( YSS I and II)	-11.20	-11.20	-11.20	-11.20	-11.20	-1.00	0.00	0.00			-57.00
Decentralized Assessment ( YSS I and II)	4.40	4.40	4.40	4.40	-0.27	-4.67	-4.67	0.00			8.00
Single Purpose Facility/ Inc Tx Cap ( YSS I and II)	0.00	0.00	0.00	0.00	3.00	6.00	6.00	4.00			19.00
Sub Total YSS I and II	-6.80	-6.80	-6.80	-6.80	-8.47	0.33	1.33	4.00			
Monthly Factor for Hire Date	<u>0.92</u>	<u>0.83</u>	<u>0.75</u>	<u>0.67</u>	<u>0.58</u>	<u>0.50</u>	<u>0.42</u>	<u>0.33</u>			
<b>FTE Equivalent</b>	<b>-6.23</b>	<b>-5.67</b>	<b>-5.10</b>	<b>-4.53</b>	<b>-4.94</b>	<b>0.17</b>	<b>0.56</b>	<b>1.33</b>		<b>-24.42</b>	
Adjustment to match FTE template ( rounding)										<u>-0.08</u>	
<b>FTE Direct Care FTE (YSS I and II)</b>										<b>-24.50</b>	<b>-30.00</b>
<b>SW III summary:</b>											
Decentralized Assessment ( SW III)						2.00	0.00	0.50	0.00		2.50
Single Purpose ( SW III)								6.00			6.00
Treatment Ratios ( SW III)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>5.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>			<u>5.00</u>
Net SW III Positions	0.00	0.00	0.00	0.00	7.00	0.00	0.50	6.00			
Monthly Factor for Hire Date	<u>0.92</u>	<u>0.83</u>	<u>0.75</u>	<u>0.67</u>	<u>0.58</u>	<u>0.50</u>	<u>0.42</u>	<u>0.33</u>			
<b>FTE Equivalent SW III</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4.08</b>	<b>0.00</b>	<b>0.21</b>	<b>2.00</b>		<b>6.29</b>	<b>13.50</b>
<b>Other Staff</b>	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
State Teacher III								7.00			7.00
HP VI	1		1.00								1.00
SW IV	1		1.00								1.00
HP IV	4					4.00					4.00
Positions	6	0.00	0.00	2.00	0.00	4.00	0.00	0.00	7.00		
Monthly Factor for Hire Date	<u>0.92</u>	<u>0.83</u>	<u>0.75</u>	<u>0.67</u>	<u>0.58</u>	<u>0.50</u>	<u>0.42</u>	<u>0.33</u>			
<b>FTE Equivalent</b>	<b>0.00</b>	<b>0.00</b>	<b>1.50</b>	<b>0.00</b>	<b>2.33</b>	<b>0.00</b>	<b>0.00</b>	<b>2.33</b>		<b>6.17</b>	<b>13.00</b>
<b>Total FTE Equivalent</b>	<b>-6.23</b>	<b>-5.67</b>	<b>-3.60</b>	<b>-4.53</b>	<b>1.48</b>	<b>0.17</b>	<b>0.76</b>	<b>5.67</b>		<b>-12.04</b>	<b>-3.50</b>

Table Calculations 4 illustrates calculations for the savings for the closure of the Robert F. DeNier center. It is anticipated that the center would close completely at the end of January- but the alternative staff secure detention center would begin operations on January 1. Transportation costs are estimated for youth being transported to either Grand Mesa or the alternative Staff Secure Detention SSD facility. Maintenance costs associated with a closed building are to safeguard the investment while an alternative purpose can be found.

### Table Calculations 4: Costs for Closure of DeNier Center and new Staff Secure Detention

Full Year Savings	
Close Robert DeNier	\$ (1,748,808)
Less Transportation Costs	\$ 200,000
Less maintenance costs at \$5.00 square foot (15,2	\$ 76,050
	\$ (1,472,758)
Less Staff Secure Detention	\$ 846,800
	\$ (625,958)

Table Calculations 5 illustrates the various positions by action.

**Table Calculations 5: Staffing by action by year**

	Full Year FTE by Action and Category ( FY 2020-21)					Partial Year ( FY 2019-20) Year FTE by Action and Category				
	Detention	Assessment	TX Ratio	Single Purpose	Total	Detention	Assessment	TX Ratio	Single Purpose	Total
YSS I	-45.0	7.0		16.0	-22.0	-34.00	7.60		7.00	-19.4
YSS II	-12.0	1.0		3.0	-8.0	-8.50	1.90		1.50	-5.1
SW IV			1.0		1.0			0.75		0.8
SW III		2.5	5.0	6.0	13.5		1.38	2.92	2.00	6.3
HP VI			1.0		1.0			2.33		2.3
HP IV			4.0		4.0			0.75		0.8
State Teacher III				7.0	7.0				2.33	2.3
<b>TOTAL</b>	<b>-57.0</b>	<b>10.5</b>	<b>11.0</b>	<b>32.0</b>	<b>-3.5</b>	<b>-42.50</b>	<b>10.88</b>	<b>6.75</b>	<b>12.83</b>	<b>-12.0</b>

**Below is the suggested timeline for implementation**

**FY 2019-20 Budget Impact/ Timeline:**

July 2019

- Statutory reduction in the detention bed cap.
- Begin elimination of YSS I, II positions in Gilliam YSC, and Grand Mesa YSC.

September 2019

- Begin increasing treatment ratios for Grand Mesa YSC, Platte Valley YSC, Zebulon Pike YSC, and Mount View.
- Hire Assistant Director of Behavioral Health Services.
- Hire a Social Worker IV to support at Mount View YSC and Spring Creek YSC by providing increased clinical supervision, coaching, behavior management and treatment model oversight.

November 2019

- Continue hiring for treatment ratios and ASAM Level 3.5 in all five youth centers.
- Hire 5.0 FTE for ratio of treatment staff Grand Mesa YSC and Mount View YSC.
- Decentralize assessment for Northeast Region.
- Hire 3.0 BHMS assessment staff for Platte Valley YSC and Grand Mesa YSC.

January 2020

- Make population shift between Spring Creek YSC, Zebulon Pike YSC and Pueblo YSC.
- Open contract staff-secure detention in Grand Junction.
- Begin hires for decentralized assessment (in March 2020).
- Hire 1.0 BHMS assessment staff for Spring Creek YSC.
- Begin hiring behavioral health care staff for new programming at Spring Creek YSC and Mount View YSC (for opening in March).

February 2020

- Hire 6.0 SW III for new treatment beds at Mount View YSC and Spring Creek YSC.
- Hire 7.0 teachers for Spring Creek YSC and Mount View YSC.

March, 2020

- Shift the detention population at the Mount View YSC to the Marvin Foote YSC.
- Increase the treatment programming at Mount View YSC from sixty-five (65) to seventy-six (84).
- Increase the treatment programming at the Spring Creek Youth Services Center from fifty (50) to seventy-eight (70).
- Transfer teachers from Zeb Pike, hire additional teachers for Spring Creek