

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 1: Thursday, December 12, 2024

9:00-9:15 Introductions and Opening Comments

Presenter: Michelle Barnes, Executive Director

9:15-9:25 Administration & Finance

Main Presenters:

- Christina Beisel, Deputy Executive Director, Financial Services

Topics:

- R-08 Increase oversight and preventing waste: Page 1, Question 1 in the packet, Slide 11
- R-12 Manage Appeals of Child Abuse and Neglect Findings: Page 2, Question 2 in the packet, Slides 12-14

9:25-9:40 Equity, Diversity and Inclusion

Main Presenters:

- Dr. Sandy Ho, Chief Equity, Diversity, and Inclusion (EDI) Officer
- Tricia Leakey, Interim Interim Director to the Commission, Communication Access Services Manager
- Dr. Katie Cue, Interim Director to the Commission, Outreach and Consultative Services Manager

Topics:

- R-10, Commission for the Deaf, Hard of Hearing, and DeafBlind: Slides 16-19

9:40-11:40 Office of Children, Youth and Families

Main Presenters:

- Debbie Oldenettel, Office Director

Topics:

- Child Welfare Funding Model: Page 2, Question 3 in the packet, Slide 27
- Budget Reductions and Recent Programs: Page 3, Question 4 in the packet, Slide 28; Pages 29-43, Questions 27-30, 32-35, Slides 56-62

- Adoption and Relative Guardianship Assistance: Page 3-4, Questions 5-6 in the packet, Slide 29
- Detention Continuum: Page 4-19, Questions 7, 9-16, Page 24, Question 21 in the packet, Slides 34, 38-40, 43-44, 46
- Division of Youth Services Caseload: Page 6-9, Question 8 in the packet, Slide 38
- IMPACT Program: Pages 20-24, Questions 17-20 in the packet, Slide 45

11:40-12:00 Office of Adults, Aging, and Disability Services

Main Presenters:

- Erin Wester, Office Director, Office of Adults, Aging, and Disability Services
- Perry May, Deputy Executive Director of Health Facilities

Topics:

- Adult Protective Services: Page 44, Question 36 in the packet, Slide 71
- Budget Reductions: Page 44, Question 37 in the packet, Slide 75
- Veteran Community Living Centers: Page 45-48, Questions 38-40 in the packet, Slides 79-81

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 1: Thursday, December 12, 2024

ADMINISTRATION & FINANCE

1. **R8 Increase Oversight & Reduce Waste** – *Rep. Taggart*: Why is the requested increase not offset by expected revenue savings from catching instances of fraud? What savings does the Department anticipate from decreased fraud under the request? **(slide 11)**

Catching instances of fraud are unlikely to result in a savings to the State/Colorado Department of Human Services (CDHS, Department) that would cover the cost of the request. In most cases, preventing/decreasing fraud will either result in more people/the right people receiving their benefits, or recovery of a portion of funds by counties.

Preventing or stopping fraud results in less waste of existing funding but does not always result in a recovery. For fraud recoveries in the Federal TANF and SNAP programs, the counties receive an incentive of up to 40 percent of the share of those collections, which they can use to support those efforts. The state must return the remaining federal share of the recovered funds to the federal government.

The intent of this request is to ensure CDHS is a good steward of the funds it oversees and that public assistance benefits reach those who are eligible and need them most versus being stolen by fraudulent activities. CDHS will provide support to counties to investigate and address concerns of public assistance fraud reported to the CDHS Audit Division. This will also allow CDHS to begin monitoring the outcomes of fraud concerns it refers to counties. By analyzing this data, CDHS can gain insights into how fraud occurs within public assistance programs and develop better fraud prevention strategies.

Anytime fraud occurs in Federal or State assistance programs it is considered a loss. The Department does not anticipate any quantifiable savings by decreasing fraud, however reducing losses benefits individuals needing public assistance and counties.

2. ***R12 Child Abuse and Neglect Appeals Staff*** – Sen. Kirkmeyer: The Department of Early Childhood was created over two years ago. How has the Department covered the cost of the requested General Fund for 2.0 FTE in that time? **(slide 14)**

One-time ARPA funding allowed the Department to cover the overexpenditure of that line in FY 2023-24. The Department is investigating solutions for this line item for the current year (FY 2024-25), as historically this line item has expended all funding every year. Additionally, since it is in its own line item without transfer authority, there are few ways to cover costs with any savings in other line items.

Without the additional funding for FY 2025-26, the Department will need to reduce the CAMDRS staff, and would likely see an increase in billing from the Department of Law. A reduction of the CAMDRS staff reduces the number of appeals that could be timely resolved by settlement and thereby increases the appeals that must be scheduled for a hearing. When appeals are scheduled for hearing, it necessarily involves an increase in the legal services billing (Department of Law) and has a negative impact on appellants. If CAMDRS staff is reduced, the anticipated delay is 141 days per appeal and the anticipated increase in legal billing is \$1,274,376 per fiscal year.

OFFICE OF CHILDREN, YOUTH AND FAMILIES

3. ***Child Welfare Funding Model*** – Sen. Kirkmeyer: Please describe the implementation status of the funding model from S.B. 21-277 (Child Welfare Services Allocation Formula). How will the Department implement the model without additional funding? **(slide 27)**

Senate Bill 21-277 required the state to use the model (Public Consulting Group (PCG) Funding Model), by turning it into an allocation, for use in FY 2024-25 and the next two following, for a total of three years, before another third party created a new model. The bill gave the Colorado Child Welfare Allocation Committee (CWAC) the ability to make recommendations for the interpretation of the model to the allocation methodology. The bill also allowed the state department, after input from CWAC, to create a capped and targeted allocation based on the total amount identified in the funding model. While the model as an allocation methodology was previously required by S.B. 21-277, H.B. 24-1408 (Expenditures for Care Assistance Programs) changed the language to use the model to inform the allocation. The model is intended to be a tool to inform the decisions of the amount needed to fund Child Welfare, but it is flexible enough to implement in part or in whole, using a phased in approach if needed. The CWAC is able

to make recommendations on the model to inform the allocation if the appropriation differs from the model result. This could include choosing not to fund the outcomes/performance pools, which are new pieces to the model that have not been funded thus far, or allocating remaining funds proportionally by the model recommendations.

CWAC voted on recommendations from the PCG funding model for FY 2024-25 which include Cost of Living (COL), Children in Poverty, Case Counts, Staffing Costs, Reduction Limiter: 0 percent reduction limiter in model year 1, Limits reductions to 1 percent year 2 & 3, Limits growth to 1 percent reductions year 2 & 3.

4. **Budget Reductions and Recent Programs, H.B. 24-1038 (High Acuity Youth) – Sen. Kirkmeyer:** Is H.B. 24-1038 partially funded by revenue from the Black Colorado license plate? If not the high acuity bill, was revenue from the Black Colorado license plate discussed as a funding source for another child welfare or Human Services bill? **(slide 28)**

No, H.B. 24-1038 is not funded by revenue from the Black Colorado license plates. The Black Colorado License plates were not used as a funding source for another child welfare or Human Service bill in any 2024 legislation.

5. **Adoption and Relative Guardianship Assistance – Sen. Bridges:** Why does the November request not include a General Fund increase for Adoption and Relative Guardianship Assistance if the program was known to be under-allocated in FY 2023-24? **(slide 29)**

Historically, Adoption assistance and RGAP have under-expended its General Fund appropriation until FY 2022-23. The Department has seen a fluctuation to these caseloads and we are working with the Governor's Office to address our processes to better predict the expected expenditures surrounding increased costs associated with the implementation of the Adoption Assistance tool as well as increased caseload. The Department will closely monitor this for future year requests.

6. **Adoption and Relative Guardianship Assistance** – Rep. Gilchrist: What amount of expenditures for FY 2023-24 are associated with Adoption Assistance compared to Relative Guardianship? Please provide any caseload data available to the Department. (slide 29)

In FY 2023-24 the breakdown of expenditures and caseload data associated with Adoption Assistance compared to Relative Guardianship is as follows:

- Relative Guardianship had 485 open cases, with a total of \$4,052,986
- Adoption Assistance had 9,333 open cases, with a total of \$60,931,820

7. **Detention Continuum** – Rep. Sirota: Please provide data on the number and percentage of detention screens affirmed and overridden in detention hearings for higher or lower placements by Judicial District. (slide 34)

Detention screens are overridden at the time of screening, not at a detention hearing. At the statewide level in FY 2023-24:

- 78.4 percent of screening levels matched actual placement;
- 3.5 percent were overridden to a more secure placement; and
- 18.1 percent were overridden to a less secure placement.

The following tables provide an aggregate statewide summary, as well as data by Judicial District.

Table 1: Statewide - Agreement Between Juvenile Detention Screening and Assessment Guide Screening Level and Actual Initial Placement

Actual Placement Level	Number	Percent
More Secure	141	3.5%
Placement Matched	3,174	78.4%
Less Secure	734	18.1%
Total	4,049	100.0%

Table 2: Judicial District - Agreement Between the Juvenile Detention Screening and Assessment Guide's (JDSAG) Screening Level and Initial Placement

JD	# More Secure	% More Secure	# Placement Matched	% Placement Matched	# Less Secure	% Less Secure	# Total	% Total
1	36	8.8%	313	76.7%	59	14.5%	408	100.0%
2	10	1.8%	461	84.4%	75	13.7%	546	100.0%
3	0	0.0%	6	26.1%	17	73.9%	23	100.0%
4	12	1.6%	437	57.0%	317	41.4%	766	100.0%
5	3	15.0%	16	80.0%	1	5.0%	20	100.0%
6	0	0.0%	37	88.1%	5	11.9%	42	100.0%
7	1	4.3%	20	87.0%	2	8.7%	23	100.0%
8	7	3.6%	174	90.6%	11	5.7%	192	100.0%
9	2	7.4%	16	59.3%	9	33.3%	27	100.0%
10	2	1.4%	139	95.2%	5	3.4%	146	100.0%
11	1	2.2%	26	56.5%	19	41.3%	46	100.0%
12	2	7.1%	20	71.4%	6	21.4%	28	100.0%
13	1	3.0%	31	93.9%	1	3.0%	33	100.0%
14	0	0.0%	10	76.9%	3	23.1%	13	100.0%
15	1	5.0%	16	80.0%	3	15.0%	20	100.0%
16	1	7.1%	13	92.9%	0	0.0%	14	100.0%
17	15	4.4%	299	88.5%	24	7.1%	338	100.0%
18	13	2.6%	480	94.3%	16	3.1%	509	100.0%
19	28	5.9%	408	86.4%	36	7.6%	472	100.0%

JD	# More Secure	% More Secure	# Placement Matched	% Placement Matched	# Less Secure	% Less Secure	# Total	% Total
20	2	1.3%	55	36.9%	92	61.7%	149	100.0%
21	4	1.9%	172	83.5%	30	14.6%	206	100.0%
22	0	0.0%	25	89.3%	3	10.7%	28	100.0%
Total	141	3.5%	3,174	78.4%	734	18.1%	4,049	100.0%

8. **Division of Youth Services Caseload – Rep. Amabile:** Please describe strains on the juvenile competency process. Where do youth receive competency services? What are the average and maximum length of stay associated with youth competency restoration? How many youth are unable to be restored? How many youth who have been restored later return to detention? Has recent legislation improved services or outcomes for juvenile competency restoration? *[this question can be posed to OCFMH if better]* **(slide 38)**

From OCYF:

To date, the Division of Youth Services (DYS, Division) has experienced significant variability with regard to youth in detention requiring competency and/or restoration, ranging from as high as 14 youth to as low as 0 in a month. Competency and/or restoration inpatient orders are provided to Office of Civil and Forensic Mental Health (OCFMH) and, if those youth do not have a mental health diagnosis or do not meet hospital admission criteria, they remain with DYS and receive competency and/or restoration services by OCFMH personnel. If the youth is able to be released from detention, the competency and/or restoration services can be completed in the community only if the original order was for outpatient competency evaluation or restoration services. Given this current protocol, DYS has a higher number of youth remaining in the DYS setting when the order is for inpatient competency evaluation or restoration services.

From OCFMH:

Q: What are the strains on the juvenile competency process?

There are no current problems in the juvenile competency process with youth remaining in detention longer than is necessary to complete the evaluation and restoration process given the court has established an ongoing legal reason to hold the youth. This is a reason why the juvenile competency system is not part of the current Consent Decree.

The primary strains on the juvenile competency system include limited qualified evaluators with specialization in juvenile competency to proceed, limited location options to conduct evaluations and receive restoration, and misalignments between court-ordered and clinically-informed placements that result in less effective treatment or inefficient utilization of available resources.

The Department currently employs four qualified evaluators who have received the appropriate clinical training and obtained the relevant work experience allowing them to focus on juvenile competency to stand trial evaluations. However, some of these evaluators must also contribute to meeting the needs of the adult population because the demand and caseload for adult evaluations is much larger. These evaluators may also be tasked with completing other specialized forensic evaluations, such as sanity evaluations, on behalf of the Department if they are appropriately credentialed and other qualified evaluators are not available to complete them.

If a downward trend continues, decreases in the number of orders may reduce strain in the juvenile competency system. The total number of juvenile competency evaluation orders per fiscal year has generally decreased since FY 2020-21. In FY 2023-24, the number of evaluation orders increased from the prior fiscal year; however, this was still lower than in FY 2020-21 and FY 2021-22. Such decreases may be related to expanded juvenile diversion programs, and increased funding for these programs from the General Assembly. The table below shows the number of competency evaluation orders and restoration orders by fiscal year.

Table 3: Juvenile Competency Orders: FY 2020-21 to FY 2023-24

Fiscal Year	Competency Evaluation Orders	Restoration Orders	Total Orders
FY 2020-21	334	284	618

Fiscal Year	Competency Evaluation Orders	Restoration Orders	Total Orders
FY 2021-22	322	244	566
FY 2022-23	303	225	528
FY 2023-24	316	246	562

Q: Where do youth receive competency services?

Competency services are offered in three location settings: the Colorado Mental Health Hospital in Pueblo, all DYS facilities, and in the community through outpatient providers. DYS facility-based restoration was implemented in March 2024, CMHHIP and Outpatient Restoration services have been offered for many years.

Q: How many youth are unable to be restored?

Since 2023, there have been a total of 14 youth opined unlikely to restore in the foreseeable future. In cases like these, the court may rule that the juvenile is permanently incompetent to proceed. Individual cases vary but efforts take place to ensure there is a plan in place to serve the juvenile in the best system possible. This may include granting a developmental disability waiver or referral to another program specialized to the needs of the juvenile. Importantly, evaluators offer an opinion regarding restorability; however, the court may or may not rule the individual as unlikely to restore. Therefore, the decisions of the courts may not always align with the opinions of the evaluators. The data available to the Department is specific only to the evaluation opinions. In 2023, six youth were opined unlikely to restore in the foreseeable future, with an average of 339 days in services. In 2024, eight youth were opined unlikely to restore in the foreseeable future, with an average of 183 days in services.

Q: How many youth who have been restored later return to detention?

OCFMH defines recidivism as: Clients who had competency raised, were opined as restored, and then had competency raised again within the same year. The current recidivism rate is 16.4 percent.

Q: What are the average and maximum length of stay associated with youth competency restoration?

Juvenile competency restoration can occur in various locations, and the associated length of stay (LOS) can differ. This includes restoration at an inpatient facility, as well as restoration completed on an outpatient basis in the community. LOS is calculated from the time that the order for juvenile restoration treatment is received by CDHS to the closure of the order as a result of the Court's finding. In FY 2023-24, the average LOS for juvenile inpatient restoration was 261 days. In FY 2023-24, the average LOS for juvenile outpatient restoration was 208 days. The maximum length of stay in FY 2023-24 was 517 days for a youth being restored in an outpatient setting. As stated above youth are not held in detention longer than is necessary due to evaluation or restoration services not being available as we are currently experiencing in the adult system.

Q: Has recent legislation improved services or outcomes for juvenile competency restoration?

We have identified several positive impacts from recent legislation on juvenile competency. First, H.B. 23-1012 (Juvenile Competency To Proceed) enacted C.R.S. 19-2.5-703.5 which clarified waiver of privilege when a juvenile has been found incompetent to proceed and required sharing of procedural information and reports from physicians or psychologists who treated the individual. This change has facilitated OCFMH's ability to talk and coordinate with all parties involved in juvenile evaluation orders. This enables our teams to connect clients with services more quickly and keep the youth engaged throughout the competency process. Second, H.B. 23-1012 simplified the process of requesting evaluations when the treatment provider believes they are restored to competency, which is more streamlined than in previous years. Third, H.B. 23-1012 cleared up definitions for restorability, which includes clearly stating waiver of privilege, setting an age limit of 21, and establishing clear timeframes for restoration.

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9. **Detention Continuum – Sen. Amabile:** How does the Department measure outcomes for youth placed in secure detention? Please provide any information available about difference in outcomes for youth placed in secure detention compared to youth diverted from secure detention. Are youth placed in secure detention more likely to later be sentenced to commitment? More likely to be sentenced to the Youthful Offender System in the Department of Corrections? More likely to recidivate? **(slide 38)**

The State only measures detention outcomes for those youth who are released from secure detention to a CYDC program. The Department is unable to measure outcomes for those youth in secure detention who are released to a county department of human services for placement or home without services. Detention outcomes are currently measured through the independent evaluation that has been in place for over 30 years.

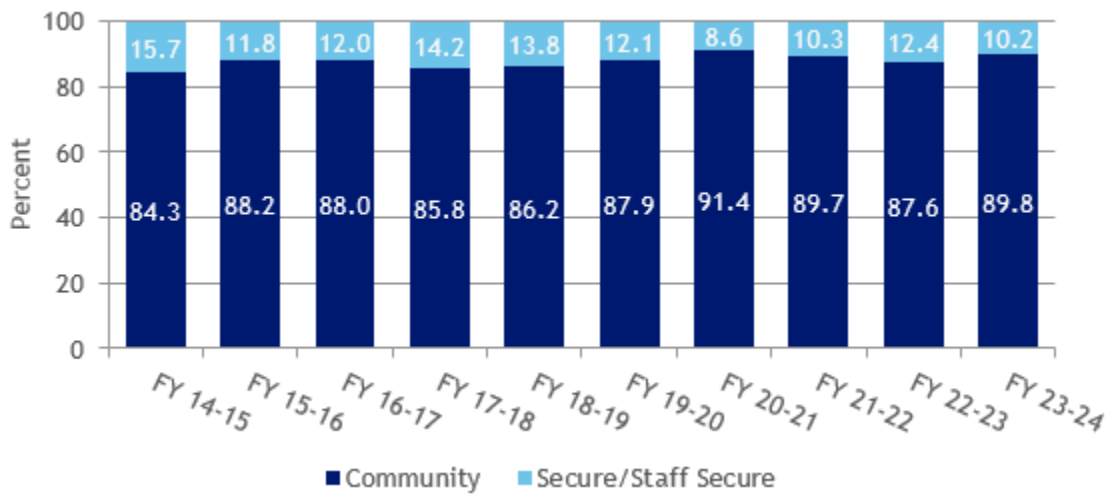
There are significant differences between youth who are referred to detention and those who do not go to detention. This is a law enforcement decision that is made at the point of arrest. There are strict criteria that govern what drives a detention admission. Primarily this decision is based on a youth being a “substantial risk of serious harm to others” or a “flight risk from prosecution.” Attempting to compare the two groups of youth would yield little benefit. Youth who screen into detention have more significant charges and/or delinquent history, pose a safety risk to the community and/or pose a flight risk from prosecution that can not currently be mitigated in contrast to youth who do not screen into detention. In addition, a high percentage of youth are released with supervision and services following the initial detention hearing. The time between arrest, admission, and the hearing provides an opportunity for CYDC staff and the family to develop a release plan that ensures the youth will be safely supervised and will receive the services they need to remain in the community.

For context, there are on any given day, over 1,600 youth being supervised in the community by CYDC, while the daily population of secure detention is approximately 185-200 youth. In FY 2023-24, on an average day, 89.8 percent of youth were provided with community-based supervision, while only 10.2 percent were securely detained. The CYDC system works exceedingly well in providing the court with the information it needs to make good decisions about releasing youth and providing the services that result in nine times the number of youth served in local communities versus those in secure detention.

Regarding whether or not detention leads to commitment, that would require a longer term study focused specifically on the Colorado system. In general, we know that youth

committed directly out of detention usually have been found guilty of serious crimes against persons (murder, attempted murder, assault with serious bodily injury) or are pending probation revocation after multiple adjudications. Most youth who are eventually sentenced on pending charges are given a period of juvenile probation. Many intervening factors may lead to a commitment after a youth begins probation, including failed treatment, failure to comply with terms and conditions, and acquiring new charges. Comparing lower risk and higher risk populations would not be appropriate. When youth are sentenced to the Youthful Offender System (YOS) it is usually based on a serious criminal offense (an offense against persons) and not after failure in the community/recidivating.

Table 4: Percent of ADP Served in the Community and Secure Detention



10. **Detention Continuum – Rep. Sirota:** Was the vote that lead to the CYDC recommendation to increase the secure detention bed cap unanimous? Please identify any dissenting votes, and provide any letters or written documentation available regarding the vote. **(slide 39)**

The CYDC Advisory Board, made up of representatives from various agencies that work in the juvenile justice system throughout the state, voted to raise the statewide detention bed cap with one member voting no. The CYDC Advisory Board has not held a meeting since the vote was taken in October, so the meeting minutes are not yet available as they have not been approved. The no vote was by the Office of the Child’s Representative.

11. ***Detention Continuum*** – *Rep. Taggart*: Please describe the process for accessing temporary emergency beds and the procedural challenges for accessing the beds. **(slide 40)**

The criteria for accessing emergency beds are located in Section 19-2.5-1407.3, C.R.S., and include:

1. The youth in question meets the criteria to be screened into secure detention.
2. The catchment area (made up of multiple judicial districts) has no beds available. This means that all detention centers in the catchment are at capacity.
3. There can be no beds available within a 50-mile radius. This further complicates the situation for metro area judicial districts (Central Region) as one detention center in the Northeast Region is located within this 50-mile radius. Therefore they have limited opportunity to utilize an emergency bed based on geographic placement.
4. Services are not available for any juvenile in detention that would mitigate the substantial risk of serious harm or flight risk from prosecution.
5. Other forms of community supervision for the incoming juvenile are not sufficient to mitigate the substantial risk of serious harm to others or flight risk from prosecution.

When these criteria are met, the District Attorney or County Attorney must file a petition with the court to access the emergency bed no later than the next business day after the youth is detained. After receipt of the petition, the court must issue an order permitting the judicial district to exceed the number of detention beds allocated to the catchment area.

At any point after the initial determination, if the catchment area has an available bed due to detention releases, the youth moves from an emergency bed to a “regular” detention bed. If the youth remains in an emergency bed five days after the initial determination, the court must hold a hearing to determine if the order to use the emergency bed should continue. At each five-day mark, a new hearing must be held to determine if continued use of the emergency detention bed is authorized.

12. **Detention Continuum – Sen. Amabile:** Is the intention of the Department’s R3 request to increase the secure detention bed cap and eliminate flex and temporary emergency beds? Or does the Department intend to maintain flex and emergency beds in addition to the increased cap? **(slide 40)**

If the General Assembly converts the emergency beds to standard detention beds as requested, the Department will not be seeking to add additional emergency beds. If the decision item request is approved the current plan is to not continue with flex beds in FY 2026-27.

13. **Detention Continuum – Rep. Sirota:** Please provide the Department’s estimate for where beds would be distributed by facility and region if the R3 request to increase the secure detention bed cap were approved. **(slide 40)**

Ideally, the Department would like to improve the State’s ability to manage statewide detention populations by removing the restrictions on emergency beds while retaining the ability to allocate those beds by catchment area and the flexibility that accompanies this approach.

Under the current statute, the 22 detention beds would be added to the allocation model and would be generally distributed as follows: The Northeast Catchment Area receives 11 beds, the Southern Catchment Area receives 8 beds, the Western Catchment Area receives three beds and the Central Catchment Area does not receive any beds.

While emergency beds have posed many challenges, as outlined above, one important and positive element is the flexibility they have afforded individual districts and the system in general. By statute, the twenty-two emergency beds can be allocated by catchment area and not by judicial district. This has several advantages. It allows each catchment area to have a “pool” of beds available to all districts in the catchment area as needed. Such flexibility has been an effective method for managing populations. In addition, it has allowed the CYDC Advisory Board to make adjustments to where the twenty-two beds are allocated and thus respond to population shifts across catchment areas.

Retaining the ability to allocate the 22 beds by catchment area would require statutory changes that could be included in any legislation drafted to shift the 22 beds from emergency to normal detention beds.

14. **Detention Continuum** – Rep. Bird: Describe utilization of temporary emergency beds. How often and how many beds are typically in use? Please provide any information available by Judicial District and/or facility. **(slide 43)**

The Division tracks the percentage of total emergency beds used by catchment area as well as the overall use of emergency beds by judicial district. From late October 2023 through June 2024, ten judicial districts accessed emergency beds 131 times. Thus far, in Fiscal Year 2025, nine judicial districts have used 78 emergency beds. At this rate, Fiscal Year 2024 emergency bed usage is projected to outpace Fiscal Year 2024 usage. Emergency beds have been utilized in all four catchment areas.

This chart demonstrates the usage of emergency beds in the four catchment areas and within 14 of the State’s 22 Judicial Districts between October 2023 and November 25, 2024.

Table 5: Emergency Bed Access by Catchment Area

12.9%	Western Region			
	6 th	14 th	21 st	22 nd
17.1%	Northeast Region			
	13 th	17 th	8 th	19 th
67.6%	Southern Region			
	4 th	10 th	12 th	15 th 16 th
2.4%	Central Region			
	18 th			

(209 emergency beds accessed)

Table 6: Emergency Bed Access by Judicial District

Judicial District	# of Emergency Beds Utilized
4th	86
6th JD	6
10th	44
12th	6
13th	1
14th	7
15th	2
16th	4
17th	1
8th	1
18th	5
19th	33
21st	4
22nd	9
Total	209

15. **Detention Continuum** – Rep. Sirota: Please provide data on the utilization of flex and temporary emergency beds by Judicial District. How does secure detention caseload strain vary by region? **(slide 43)**

The Division tracks the percentage of total emergency beds used by catchment area as well as the overall use of emergency beds by judicial district. From late October 2023 through June 2024, ten judicial districts used 131 emergency beds. Thus far, in Fiscal Year 2025, nine judicial districts have used 78 emergency beds. At this rate, Fiscal Year 2024 emergency bed usage is projected to outpace Fiscal Year 2024 usage. Emergency beds have been utilized in all four catchment areas.

This chart demonstrates the usage of emergency beds in the four catchment areas and within 14 of the State’s 22 Judicial Districts between October 2023 and November 25, 2024.

Table 7: Emergency Beds Use Percentage by Judicial Districts

12.9%	Western Region				
	6 th	14 th	21 st	22 nd	
17.1%	Northeast Region				
	13 th	17 th	8 th	19 th	
67.6%	Southern Region				
	4 th	10 th	12 th	15 th	16 th
2.4%	Central Region				
	18 th				

(209 emergency beds accessed)

Table 8: Emergency Bed Access by Judicial District

Judicial District	# of Emergency Beds Utilized
4th	86
6th JD	6
10th	44
12th	6
13th	1
14th	7
15th	2
16th	4
17th	1
8th	1
18th	5
19th	33
21st	4
22nd	9
Total	209

The two tables provided show the breakdown of the 209 emergency beds that have been accessed.

Flex beds are tracked by judicial district but can only be utilized when the detention bed cap is under the statewide 215 bed capacity. The two charts below demonstrate in FY 2023-24, 415 flex beds were accessed by 10 judicial districts. In FY 2024-25 to date, 117 flex beds were accessed by 11 judicial districts.

Table 9: FY 2023-24 Flex Beds Accessed by Judicial Districts

Judicial District	Total Flex
2nd	7
4th	169
8th	5
10th	16
12th	6
13th	3
17th	6
18th	163
19th	39
21st	1
Total	415

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Table 10: FY 2024-25 To Date Flex Beds Accessed by Judicial Districts

Judicial District	Total Flex
4th	58
6th	2
8th	2
9th	1
10th	1
13th	1
17th	2
18th	35
19th	8
21st	5
22nd	2
Total	117

A good indication of where the strain on detention beds exists is the use of Emergency Beds. All four DYS regions (statutorily identified as catchment areas) use emergency beds. The primary use of these beds does occur in the Southern Region. The Southern Region has two detention centers fed by seven judicial districts. Strain cycles through all four regions/catchment areas. The region is unique in the combination of the State’s second largest judicial district with the most number of small districts that only have two-bed allocations. This poses unique challenges for the catchment area. There are specific geographical and structural issues that either ease or restrict each catchment area’s ability to manage its beds.

In FY 2024 all 8 detention centers have days at or above their bed allocation. Detention beds are allocated by a formula established in Section 19-2.5-1404, C.R.S. The challenge of managing detention beds is multi-faceted. Larger districts face a different set of challenges than small districts. Large districts struggle with a fairly constant stream of admissions. They must work to borrow beds from other districts, often moving youth between detention centers. When borrowing options are exhausted, they turn to emergency beds. Following court, some youth are referred for assessment by local County Departments of Human Services. If placement is warranted, county departments then face trying to find available placements and at times, placements that will accept youth who have histories of failure in residential settings or who have violent/aggressive histories and/or charges. Youth pending reverse-transfer hearings on direct filing or

transfer hearings to the adult court may sit in detention for a year or more, effectively taking beds offline. Youth receiving services to restore competency also take beds offline for several months. These three factors, youth awaiting placement, youth awaiting the results of adult proceedings and youth in the competency process can impact a larger district's access to beds.

Smaller districts face similar challenges but to a greater extent. Up to 11 of the 22 districts have an allocation through the model of just 2 beds. When a youth is pending a reverse transfer or transfer hearing in a small district it can take one of their two beds off line for a year or more. At times, a small district has had two youth in these circumstances effectively forcing them to borrow beds from larger districts for any new admissions over a year-long period.

16. **Detention Continuum** – *Sen. Amabile*: Reported CYDC allocations include the categories of “treatment, direct support, supervision, and restorative services.” Please describe the services that may be funded by each category. Are restorative services related to competency restoration? **(slide 44)**

The restorative services line references restorative justice services provided by a judicial district. It is unrelated to restoration services designed to restore youth to competency. Restorative justice services are one form of treatment; however, the bulk of treatment is captured under the column labeled “Treatment” and represents approximately \$1.0 million of the appropriation.

CYDC expenditures fall under several categories. These include:

- Client Screening/Assessment - staff and contracts to screen youth for detention admission; assessment of youth for court and for the development of release plans, mental health screening, psychiatric evaluations and substance use assessment.
- Treatment - contracts with community providers for treatment services; flexible funds to access treatment services as needed for youth and families. This may include Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), substance use treatment and mental health treatment.
- Direct Support - case management services, operating funds to support case management activities; mentoring, family support partners, respite for families, transportation for families and youth, prosocial engagement, gang intervention, employment skills, and basic support such as food and clothing.

- Supervision - FTE to provide supervision services for youth in the community, equipment such as GPS and Electronic Home Monitoring units.
- Restorative services - restorative justice services that may include community service, work programs, and individual restorative work, such as victim impact work. Restorative justice programs involve trained professionals working with a youth to take responsibility for their actions; acknowledging the effects of those actions; expressing remorse; and working to repair the harm, as appropriate.
- Local Plan Administration - funds that support the fiscal operation of each judicial district.

17. **IMPACT Program** – *Rep. Sirota*: Has the Department evaluated outcomes or conducted a cost benefit analysis of the IMPACT program? If so, what were the results of that analysis or current status of the analysis if incomplete. **(slide 45)**

In the February 2021 figure setting hearing for the FY 2021-22 budget, JBC staff discussed the program’s long-term status as a pilot program and requested evaluation data to determine effectiveness of the program. The Department entered into a contract in January 2023 with the Social Work Research Center (SWRC) at Colorado State University (CSU) to evaluate the effectiveness of the IMPACT Partnership. The CSU evaluation team has developed an outcome evaluation design plan to compare child welfare, juvenile justice, health/mental health, education, and well-being outcomes (outcome domains dependent on data availability) between youth served under the IMPACT Partnership in Boulder County and youth who receive services as usual (SAU) in other Colorado counties. The contract will conclude with a full evaluation report submitted to CDHS and presented to the IMPACT Executive Committee and CDHS stakeholders by June 25, 2025.

18. **IMPACT Program** – *Sen. Amabile*: How many youth from Boulder would be going to detention, commitment, or child welfare in absence of the IMPACT program? Why would the State end a successful and cost saving program rather than replicating it? Does the Department anticipate that distributing funding through CYDC will reduce the number of youth in secure detention statewide more than the number of youth currently diverted through IMPACT? **(slide 45)**

On average, Boulder has lower detention and commitment rates, as compared to the statewide rates. However, several other judicial districts have even lower rates than Boulder. Rates, by design, control for population size. Nearly half (ten) of the state’s 22 judicial districts have average daily population detention rates that are equal to or lower

than Boulder's rate. The 1st, 3rd, 5th, 7th, 8th, 9th, 11th, 13th, 14th, and 17th have the same or lower rates than the 20th (Boulder). The 1st Judicial District's detention rate (2.2) is lower than Boulder's (2.4). The 17th JD's rate (2.4) is equal to Boulder's.

Seven Judicial Districts (3rd, 5th, 6th, 9th, 11th, 13th, and 14th) have commitment rates that are the same or lower than Boulder's new commitment rate (1.4).

The number of youth referred to detention is a function of arrests and court decisions to issue warrants for youth that pose a substantial risk of serious harm to others and not a function of the Boulder IMPACT program. Boulder County will continue to receive funding for CYDC which is responsible for screening youth for detention, ensuring youth meet statutory criteria for detention admission, and providing services to allow youth to be supervised in the community. The existence of the contract with Boulder IMPACT designed to serve committed youth would not change the current systems in place that ensure that youth referred to detention who are appropriate for community supervision receive detention alternative services. The Department has no data on how many or if Boulder IMPACT is "diverting" youth from secure detention. It is the function of Boulder's CYDC program to screen youth to the appropriate level of detention and not Boulder IMPACT.

The Department cannot project whether or not commitments in Boulder County would increase as a result of the elimination of the contract to serve committed youth. A small to moderate increase in the number of commitments from Boulder County would be absorbed by the Division of Youth Services at no extra cost to the State.

The data below compares CYDC outcomes across judicial districts in three areas: youth completing services without failing to appear for court, acquiring new charges, or with a positive or neutral leave reason.

Pre-Adjudicated Youth

Failure to Appear: 11 Judicial Districts exceed or are close to the 20th.

New Charges: 6 Judicial Districts exceed the 20th's outcomes.

Positive/Neutral Leave Reasons: 7 Judicial Districts exceed or are close to the 20th.

Table 11: CYDC Outcomes Across Judicial Districts

JD	Youth Completing Without Failing to Appear at Court Hearings				Youth Completing Without New Charges				Youth with Positive or Neutral Leave Reasons			
	Pre-Adjudicated		Sentenced		Pre-Adjudicated		Sentenced		Pre-Adjudicated		Sentenced	
	Obj	Result	Obj	Result	Obj	Result	Obj	Result	Obj	Result	Obj	Result
1	90	97.2	90	93.3	90	92.4	90	93.3	90	93.6	90	82.7
2	90	94.4	90	89.5	90	99.7	90	66.7	90	93.5	90	96.7
3	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0	90	62.5
4	90	96.2	90	100.0	90	88.1	90	98.0	90	94.8	90	97.0
5	90	95.8	90	100.0	90	87.5	90	78.1	90	100.0	90	100.0
6	90	97.4	90	100.0	90	89.5	90	100.0	90	92.1	90	100.0
7	90	100.0	90	100.0	90	89.5	90	100.0	90	100.0	90	100.0
8	90	98.9	90	100.0	90	92.1	90	100.0	90	94.7	90	80.0
9	90	96.2	90	100.0	90	96.2	90	93.3	90	92.3	90	93.3
10	90	97.6	90	100.0	90	96.4	90	100.0	90	74.7	90	100.0
11	90	100.0	90	88.9	90	84.4	90	100.0	90	87.5	90	100.0
12	90	100.0	90	100.0	90	100.0	90	100.0	90	92.9	90	100.0
13	90	96.2	90	100.0	90	73.1	90	100.0	90	96.2	90	100.0
14	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0
15	90	---	90	100.0	90	---	90	71.4	90	---	90	85.7
16	90	100.0	90	100.0	90	88.9	90	100.0	90	88.9	90	100.0
17	90	91.7	90	92.7	90	91.4	90	87.8	90	96.2	90	70.7
18	90	91.2	90	97.6	90	83.9	90	96.8	90	78.2	90	94.4
19	90	98.8	90	100.0	90	93.6	90	100.0	90	91.2	90	75.8
20	90	97.3	90	99.3	90	95.3	90	94.4	90	96.6	90	93.7
21	90	93.5	90	95.0	90	91.6	90	88.3	90	94.8	90	86.7
22	90	97.0	90	100.0	90	78.8	90	100.0	90	97.0	90	87.5
State		95.5		96.8		91.1		90.6		91.1		91.3

*Obj = Objective

CYDC and the juvenile justice system is diverting a substantial number of youth away from detention at the point of detention hearings. This occurs as youth are detained based on their risk, and it often takes several days to present a plan to the juvenile court that ensures services and supervision will be adequate to ensure community safety. CYDC programs supervise over 1,600 youth per day in the community, while secure detention average daily population hovers between 185-200 youth per day. Ninety percent of the youth served through the detention continuum are served in the community, while the remaining ten percent are served in secure detention. Increased funding for CYDC would allow judicial districts a greater ability to provide

community-centered treatment services and right-size staffing ensuring youth are adequately served in the community when appropriate.

19. **IMPACT Program** – *Sen. Kirkmeyer*: Please provide other pilot programs like IMPACT that were not continued. Why is the Boulder County program the only remaining pilot? **(slide 45)**

DYS is not aware of other pilot programs like IMPACT that were continued. Given the length of time from when the bill was enacted in 1997, and the initial pilot dates, the Department cannot speak to why the pilot continued on past the initial years. However, in recent years, the General Assembly has opted to continue the program.

20. **IMPACT Program** – *Sen. Kirkmeyer*: Please describe the contract terms the IMPACT program has with the State compared to the requirements placed on CMP programs to receive State funding. Are the requirements for CMP programs more restrictive? Are there lessons learned for how to improve CMP requirements from the IMPACT program? **(slide 45)**

The Department's contract with Boulder IMPACT is only focused on the provision of services to committed (not detained) youth from Boulder County. In contrast, Collaborative Management Programs agreement with the State for funding is much broader and in part, determined by each county.

The Statement of Work in the DYS Boulder IMPACT contract include the following provisions:

- Boulder IMPACT is to provide 1.0 FTE client manager and supervisor combination (0.75 client manager/parole officer; 0.25 supervisor) to serve committed youth from Boulder County. This includes attending meetings for youth at risk of being sentenced to the Department's custody.
- Boulder is responsible for overseeing the delivery of statutorily mandated services for all Boulder County youth committed to the custody of the Department.
- Boulder County is to utilize State funds to provide services for committed youth or to purchase services from third party providers from the time of commitment to the time of release from parole status.
- Boulder County Client Manager/Parole Officer is to participate in the DYS Assessment process for newly committed youth.
- Required Case Management activities:

- Develop case plans
- Develop transition plans
- Comply with statutory requirements concerning committed youth, parole board policies, client management standards, DYS Parole standards.
- Enter case information into Trails database.
- Provide an evaluation of Boulder County IMPACT’s project that addresses performance standards

The State is obligated to provide Boulder with:

- Secure residential treatment services at State-Operating youth centers.
- Secure residential detention services at State-operated detention centers.
- Provide two beds at the Rite of Passage Mount Evans Qualifying House placement.

Collaborative Management Program requirements are purposefully minimal to allow counties the flexibility to adapt and accommodate the varying needs of their diverse communities. In order to receive CMP funds, a county must have a signed CMP Memorandum of Understanding (MOU) accepted by CDHS on or before June 30th of the current fiscal year. The MOU must include signatures from 10 mandated partners to create an Interagency Oversight Group (IOG). For Boulder County, the IOG is the Boulder County IMPACT Executive Board. The amount of funds counties receive from CMP is determined by a funding formula. In 2024, a new needs-based CMP funding formula was developed through stakeholdering, a task group, and feedback from Sub-Policy Advisory Committees, and the Policy Advisory Committee. The final formula was approved by the State Board of Human Services on August 9, 2024.

21. ***Detention Continuum*** – *Rep. Bird*: Please describe the service limitations for youth who are releasable with services remaining in detention after their releasable date. What are the needed services, and what can the General Assembly do to improve access to services? **(slide 46)**

The term “releasable” means that a court has ordered that a youth shall be released when the services that will mitigate the substantial risk of serious harm to others or flight risk from prosecution are available. These services are often a residential placement through a county department of human services or a Medicaid placement through the local Regional Accountability Entity (RAE). The lack of community residential placement alternatives and the difficulties presented by youth with run histories and

histories of violence and aggression have been, and continue to be, barriers to moving youth out of detention.

Importantly, the CYDC Advisory Board voted in October to stop using the term 'releasable' to describe these youth because it is very misleading and instead refer to them as 'youth awaiting mitigating services'. Many times youth who are 'releasable' are only given that status because the court wants to ensure if a placement is found, the team of professionals can move forward with the placement upon agreement and NOT have to set a court date and return at a later time. This does not necessarily mean the youth can actually be released at any point in time because their charges or behaviors as described above are far too significant for any provider in Colorado, or sometimes the county, to take them into their placements without more significant interventions.

Barriers to timely placement include:

Reduction in the number of out-of-home placements: In recent years, there has been a significant reduction in the number of available community residential placements in the State.

Characteristics of youth in detention: Many of the youth in detention awaiting these services have histories of running away from placements or have a history of violent and aggressive behavior, including violent criminal offenses. As a result, community residential providers are reluctant to take these youth. At the same time, the overall demand for placement resources is high, allowing providers to accept youth they deem most appropriate for their programs. In addition, youth entering detention have demonstrated increased complexity in treatment needs, including, but not limited to, serious substance use histories, complex trauma, violent and aggressive behavior, and family dysfunction.

Lack of inpatient substance use treatment: Another barrier to timely placement is the Statewide lack of inpatient substance treatment services for youth.

There are other reasons a youth may wait in detention after a court has deemed the youth appropriate for release with mitigating services, including a parent who is unwilling to pick up the youth. Colorado Youth Detention Continuum (CYDC) staff, county child welfare staff, and others work with the family to encourage them to pick the youth up and attempt to problem-solve barriers underlying this reluctance.

The FY 2022-23 [Senate Bill 21-071 report](#)¹ (submitted to the General Assembly on July 1, 2024, contains more information on the barriers to releasing youth.

The services that would mitigate risk and expedite release from detention include the development of more residential placement options, placements equipped to address youth with complex treatment needs, and more inpatient substance use treatment options.

The [Limit the Detention of Juveniles](#)² legislative report describes these challenges in detail. In brief, youth who are “stuck” in detention frequently have concerning delinquency charges or behaviors in their recent past that make it very high risk to place them. Many also have considerable mental health conditions and or developmental delays/disabilities exacerbating the situation. Examples include offense-specific charges, assaults using weapons, histories of frequent running from placement, developmental delays/disabilities, and/or considerable mental health challenges that have led the youth to assaulting others or causing harm to themselves. While H.B. 23-1307 funds exist to assist with removing barriers and providing incentives to providers, it does not compel providers to accept certain youth with very serious charges or histories even when they are eligible for a bond or could be released upon agreement of professionals to an accepting placement. Oftentimes, and even with considerable incentives, providers will not accept the youth.

22. ***Detention Continuum*** – Rep. Sirota: Describe changes to the staff to youth ratio in secure facilities in recent years. What is driving the high number of FTE requested in R3 compared to the number of beds? **(slide 49)**

The Division follows the mandated staff to youth ratios for direct care staff outlined in federal statute under the Prison Rape Elimination Act. That ratio is 1:8 during waking hours and 1:16 during sleeping hours. The Division received an increase in direct care staff in FY 2014-15 to meet this statutory federal mandate. The Division has not had a change in their staffing ratios since that time.

The staffing request in R3 is specific to two areas. The request is to increase the medical and behavioral health staff across all youth detention centers in FY 2025-26 to appropriately care for an increasingly complex population. Secondly, in FY 2026-27 the

¹ https://drive.google.com/file/d/1XycOGD7VTXMIhVI_Hv1O1CIUZD1E_Btt/view?usp=sharing

² https://drive.google.com/file/d/1hGMXY7IXcGmbYA63W_HlwXevXubWhuLi/view?usp=drive_link

request increases direct care staff and medical services to effectively manage the additional 39 detention beds that will require placement in new housing units.

23. **Detention Continuum** – *Rep. Sirota*: What is the average daily cost per youth in secure detention, commitment, and parole? **(slide 49)**

The Department does not calculate or use a 'daily bed rate' per youth because it is highly dependent on facility footprint, housing units/number of pods per facility, and the number of available beds which are used to drive staffing ratios and all of these factors differ by youth center. For example, 12 youth in a housing unit requires 10.4 staff to operate seven days a week and 24 hours a day and is staffed the same as a housing unit with 10 youth in order to meet federally mandated staffing ratios. Ultimately, calculating an across the board daily cost, while appearing to be an easy methodology, could impact budget need projections disproportionately (either too low or too high) when assessing potential increases or decreases to the population.

24. **Division of Youth Services Caseload** – *Sen. Amabile*: Please describe the factors contributing to decreased utilization of contract placements. Are there not enough placements because we are not paying providers sufficiently? How does the purchase of contracts line item relate, or not relate, to capacity for State secure detention beds? **(slide 50)**

Contract placements are related to commitment and not detention, and therefore, do not impact the capacity for State secure detention beds, as they apply to separate populations of youth. DYS has traditionally used contract residential placements in two ways:

1. First placement for youth who have risk levels that allow them to be in non-secure settings.
2. Step down from a secure setting when a youth's risk has been sufficiently mitigated and the placement will assist the youth in transitioning back to the community.

Several factors have impacted the use of community placements. These include, but are not limited, to:

1. The overall reduction in the number of committed youth in the system results in a lower demand for the contracted residential placements.

2. The increased risk profiles of the committed youth population result in youth requiring secure placements.
3. National shifts in the use of residential placement settings, along with a low bed day rate, and a greater emphasis on the use of community interventions have led many residential providers to close due to reduced demand.

25. **Detention Continuum – Sen. Amabile:** Please respond to the Child Protection Ombudsman’s report regarding audio surveillance at secure DYS facilities. What is the Department doing to address the CPO’s concerns? What is the current estimated cost of implementing audio surveillance at DYS facilities? Are proposed belt-loop cameras sufficient to address the concerns identified by the CPO? **(slide 51)**

DYS values the partnership with the Child Protection Ombudsman’s (CPO) office. In addition, the Division appreciates that the CPO supports the Division’s stance that body worn cameras/audio can be a beneficial tool. Both organizations work diligently to ensure the youth’s safety while in the care of the Division.

Body worn cameras can provide safety and comfort for both youth and staff. It also provides a significant benefit aiding in investigations, training, and maintaining a professional environment.

The Division, prior to the CPO report, started exploring the use of body worn cameras/audio equipment by first reaching out to other entities that have implemented them to understand the benefits and any potential challenges. The Division researched costs and companies, which ended with a full presentation, cost estimate, and clear direction from a major reputable company.

The Division is not funded to move forward at this time. A current grant application is in process, which if approved, would only cover up to 50 percent of the cost and not ongoing. In order for a full implementation of this system, the Division has estimated roughly \$2.0 million a year, each year, to maintain the contract and the FTE.

The belt loop camera is an option but does not provide the best video coverage. The Division has learned that there is equipment that can be appropriately placed on the staff’s shirt and does not present like law enforcement and support the integrity of our trauma-responsive, relationship-based approach we employ at the Division.

26. **Division of Youth Services Caseload** – *Sen. Amabile*: Please describe services provided as part of parole programs. Are youth held in commitment because there are not sufficient resources for supervision? Does the Department anticipate that reversions will continue for this line item? **(slide 52)**

DYS does not hold youth in commitment programs based on a lack of available reentry resources. The Division has sufficient resources to ensure all youth have the services they need to successfully transition from the commitment setting to the community, including supervision and treatment services.

With regard to parole, DYS presents youth to the Juvenile Parole Board each month. A referral to the Parole Board is predicated on the mitigation of risk as measured by the standardized risk assessment. Approximately 10-15 youth per month begin their mandatory six-month parole period. On average, the Division supervises approximately 100 youth per day on parole.

Parole Program Services are provided to all committed youth after approval by the juvenile parole board. Services are used to support youth during the period of reentry or transition from a secure or contract placement setting onto parole. This support can take many forms such as increased frequency of parole officer contacts and monitoring, mentoring, therapeutic services for mental health, substance use treatment services or family therapy, tutoring, vocational training, employment readiness, direct support such as transportation, clothing, rent assistance, supplies to set up apartments, and other needs a youth might present when moving to independence. Supportive services continue for a portion or the entirety of parole.

The Department does not anticipate a reversion in the current fiscal year due to the parole population trending upward.

27. **Budget Reductions and Recent Programs** – *Rep. Sirota*: What would be the expected impact of decreasing or eliminating General Fund appropriations for Collaborative Management Program incentives? **(slide 56)**

A reduction or elimination of funds would impact the 51 counties with CMP programs across the state that provide services to over 16,000 children and youth annually through CMP Individual Service and Support Teams (ISSTs) and CMP Prevention Programs.

In FY 2023-24, CMP sites were allocated \$5,326,672.58, with spending averaging \$328.75 per youth served. CMP includes 48 coordinators, 131 ISSTs and 121 prevention programs. Decreasing or eliminating the General Fund appropriation could reduce the number of youth served as counties would have fewer funds available for CMP services. Additionally, some counties may elect not to participate in CMP if funds are reduced.

CMP helps families overcome community barriers with regards to accessing services, transportation, and basic needs. CMP partners with parents and children in the process of addressing a problem(s) to avoid a youth from delving farther into the more expensive systems of juvenile justice and/or child welfare. CMP is a welcomed process that not just encourages collaboration, but requires it through memorandums of understanding (MOUs) in which ten mandated partners are accountable to each other for making services more accessible, equitable, and not duplicative in their communities.

The Colorado State University Social Work Research Center administers the CMP statewide evaluation. The latest evaluation reviewed multiple performance measures to assess the intermediate outcomes of children and youth served by CMP. The table below outlines client outcomes one year after services began.

Table 12: Client Outcomes One Year After Services

Child Welfare Performance Goal	Outcome
Increase the safety of children and youth	95 percent of clients having no subsequent founded assessments after CMP intervention
Decrease the number you children and youth involved with child welfare	96 percent of clients not involved with child welfare
Increase the number of children and youth who remained home	92 percent of clients remained home
Increase placement stability	89 percent of clients with stable placement
Juvenile Justice Performance Goal	Outcome
Decrease commitment to DYS	98 percent of clients not committed to DYS

Child Welfare Performance Goal	Outcome
Decrease secure detention admissions	84 percent of clients not in secure detention

28. **Budget Reductions and Recent Programs** – *Rep. Bird*: Please provide any data or information available about the current implementation status and impact of programs created by the following bills. Information should include the number of youth served annually when possible. **(slides 57-62)**

- HB 21-1094 (Foster Youth Transition Program) **(slide 60)**

In 2021, H.B. 21-1094 established two programs that work in complementary ways that were intended to build a meaningful continuum of care for youth transitioning from foster care to adulthood.

- 1) The Foster Youth in Transition Program (FYIT) was a significant reform of extended foster care in Colorado that made participation in Colorado’s child welfare system voluntary for youth, clarified the process for how a youth opts into the program, and created the opportunity for youth to continue in or re-enter care until they reach the age of 21.
- 2) The Foster Youth Successful Transition to Adulthood State Grant program (State Grant program) added much needed funding to supplement the decreasing federal Chafee program which also provides services to support foster youth transitioning into adulthood (e.g., housing, education, employment services, etc.). This program has provided the Department of Child Welfare (DCW) the opportunity to work with non-profit providers to establish programs that were traditionally funded by Chafee funds that are no longer available. The bill provided \$1,134,609 in grant funding per year to do this work. This State Grant program also laid the foundation for the housing vouchers program established by S.B. 23-082.

Foster Youth in Transition Program

Since its establishment in July 2021, the FYIT program has served **756 youth with 426 youth currently participating.**

The FYIT program has allowed flexibility for youth where they reside and how services can be provided, based upon individual needs. Case management services are provided in addition to assistance with:

- enrolling in Medicaid;
- securing appropriate housing and case management services;
- obtaining employment;
- budgeting;
- obtaining critical documents and records; and
- other services moving towards independence and successful adulthood.

The Foster Youth Successful Transition to Adulthood State Grant program

The State Grant program from H.B. 21-1094 provided \$1,134,609 in funding to existing Chafee programs (\$648,359) as well as expanded supportive services in an additional 16 counties (\$486,250). These funds have been particularly critical in offsetting decreasing federal Chafee awards and expanding services in counties with fewer community resources (San Luis Valley, Colorado's Western Slope, and various rural communities). Even with the additional funding, almost all programs are running waitlists for services demonstrating the ongoing need.

In FFY 2024, the Chafee and the State Grant program jointly served 822 youth in the form of case management, housing navigation, employment readiness and search, educational support, health and wellness support, and connecting with permanent connections.

- HB 23-1307 (Juvenile Detention Services and Funding) specific to community provider incentive funds only (**slide 58**)

H.B. 23-1307 provided \$1,780,137 to incentivize and remove barriers for licensed 24/7 child care placement and treatment providers to serve youth who may be placed in community residential facilities or family-like settings in lieu of detention.

The following provides a breakdown of how the incentive funds of \$1,780,137 were used in FY 2023-24:

- DCW expended \$1,489,996 for the cost of placements for 126 youth who were able to move from detention to a 24/7 child care provider in the community.
- \$290,141 of the funding was used to support a short-term residential pilot program that accepts children and youth who are leaving detention or at risk of detention who are eligible to live with their families and/or kin.
- The following provides a breakdown of how the incentive funds of \$1,780,137 are being utilized to date in FY 2024-25:
 - Continued payment to 24/7 child care providers for placements into FY 2024-25 for 11 previously placed eligible youth whose treatment needs necessitated a longer term prior to step down (placements previously approved in FY 2023-24) for \$309,630.
 - Six new eligible youth have been moved from detention and placed in 24/7 child care provider placements for to date cost of \$125,220.
- HB 23-1249 (Reduce Justice-involvement for Young Children) specific to CMP incentives (**slide 62**)

Specific to CMP incentives, as a result of H.B. 23-1249, CDHS no longer awards incentive funds to CMP sites based on performance. In order to receive CMP funds, a county must have a signed CMP MOU accepted by CDHS on or before June 30th of the current fiscal year. In 2024, a new needs-based CMP funding formula was developed through stakeholdering, a task group, and feedback from Sub-Policy Advisory Committees, and the Policy Advisory Committee. The final formula was approved by the State Board of Human Services on August 9, 2024. The new formula is made up of the following components:

- Base amount (\$59,000) determined by the average total personnel costs of all CMP sites;
- Population of CMP eligible children and youth (0-21) in the county;
- Poverty Index of the county;
- Cost of Living Index of the county;
- Underserved Populations in the county;

- There is a reduction limit of five percent, so that no CMP site will receive less than 95 percent of their previous three year average allocation and a total allocation percentage cap so that no CMP site will receive more than 4.5 percent of the total allocation.

H.B. 23-1249 allocated an additional \$2,000,000 for new CMP sites joining in SFY 2023-24. Rio Blanco was the only county to establish a new site during SFY 2023-24. Rio Blanco was allocated \$73,551 and served ten youth in the first year. The remaining funds from H.B. 23-1249 were rolled into the CMP cash fund to be allocated to all participating counties in future fiscal years. In SFY 2024-25, Summit County joined CMP and was allocated \$90,216.

- **HB 23-082 (Fostering Success Voucher Program) (slide 61)**

S.B. 23-082 provides two supports for eligible youth exiting foster care in Colorado:

- It first provides up to 100 state housing vouchers to provide safe and stable housing for youth where the youth pays up to 30 percent of their income towards their rent and the voucher pays the outstanding balance. As of November 25, 60 vouchers have been issued to youth and the program is on track to have a waitlist by January, 2025. It was estimated that each voucher would fund approximately \$1,000 per month, but due to increased housing costs each voucher has needed to cover more than that amount and the current average is \$1,600.
- It also provides \$1.4 million on an annual basis for local Chafee services and other contractors to provide case management and flexible funding to youth who have received the Colorado Fostering Success voucher.

Taken together, Colorado Fostering Success Voucher Program and the Colorado Foster Youth Successful Transition to Adulthood State Grant Program (through H.B. 21-1094) have enabled youth to receive funding and resources that can be used to support very vulnerable youth involved in Colorado's child welfare system as they journey into adulthood. These programs have also enabled our system to compensate for consistent federal reductions in funding for this population.

- **HB 24-1038 (High Acuity Youth) (slide 57)**

OCYF's "high acuity beds" come from contracts between DCW and 24/7 facilities and agencies. These 35 beds are available to children or youth in the legal custody of County Departments of Human Services and/or Colorado Medicaid Members when all other referrals to placement and treatment providers have failed, usually because of a highly acute clinical and/or behavioral health need that a youth is presenting with.

To access this program, which has served over 70 youth since its inception, referring entities including County Departments of Human Services and Regional Accountable Entities must demonstrate that all other placement options and any opportunities to support a return home or placement in the community are exhausted. Each child admitted to the program may be, or is at imminent risk to be, in a county office, detention facility, hospital, and/or out-of-state placement without access to appropriate placement. Keeping kids in Colorado is one of the major driving goals of these programs. In addition to every placement admitted into these programs being the last possible option in-state, these programs have also returned six children into Colorado from out-of-state placements during the last year.

H.B. 24-1038 also requires the establishment of a provider staff training academy and several other programs that will improve the quality of treatment and care provided in residential, out-of-home, placement settings. Currently the Performance Management Outcomes (PMO) team has created, vetted, and has begun piloting the 40-hour Colorado Provider Training Academy internally. The Performance Management Outcomes team is also working to bring clinical-based training and support to providers across the out-of-home placement continuum to include improving individual child/youth plans for treatment, improving aftercare plans from Qualified Residential Treatment Programs (QRTP), and improving discharge summaries and planning.

H.B. 24-1038 came out of last year's child welfare interim committee and was a priority for the department. It was intended to address significant gaps in the system to meet the needs of the most highly acute youth in the state.

- **SB 24-008 (Kinship Foster Care) (slide 59)**

The two primary components of S.B. 24-008 are to provide much needed financial assistance to support non-certified kinship caregivers who care for their relative

children that are at risk of future maltreatment and to reduce barriers throughout the process of kinship foster care certification without compromising safety to a child.

DCW has fully implemented mechanisms to allow for non-certified kinship care reimbursement. Non-certified kin began receiving payments for reimbursement in October 2024 for placements beginning September 1, 2024. Through mid-November, 958 non-certified kinship providers have received a payment on behalf of 1,412 children. Also, to date, \$1.1 million in payments have been issued to non-certified kin providers. For FY 2024-25 & 2025-26, this reimbursement is 30 percent of Colorado's foster care rate. Beginning FY 2026-27, the rate will be increased to 50 percent.

Currently, system partners are working to allow relatives and kin to become certified under new kinship foster care certification standards which will reduce barriers to certification for relatives and kin without compromising safety. New certification standards for kin are important because they ensure that more relatives and kin become certified and it will also allow federal funds to be claimed. This will also support permanency efforts as kinship foster families are eligible to receive Relative Guardianship Assistance and Adoption Assistance.

At this time, it is unknown how many children/youth and kinship families will be impacted in future years, but we have generally seen an increase in percentages of children who are placed with kin, from around 18 percent of all placements 15 years ago to over 40 percent currently. This is in spite of a 40 percent decrease in out-of-home placement, or foster care placement, during that same time period.

29. ***Budget Reductions and Recent Programs*** – *Sen. Bridges*: Please describe programs supported by the Residential Placements for Children with IDD line item, and why the line has reverted General Fund in recent years. Does the Department expect that reversions will continue in future years? **(slide 57)**

The Calabrese Youth Center (CYC) Laradon program (or “DCW IDD Program”) serves children and youth ages 11-18 years of age who have an Intellectual and Developmental Disability (IDD) and/or an Autism Spectrum Disorder (ASD) diagnosis and need treatment for behavior stabilization to be able to safely return to, or step down to, a community setting (i.e., return to family or a foster care placement). OCYF believes that the DCW IDD Program remains the best opportunity as a last option for children and youth with significant intellectual and developmental disabilities who are otherwise unable to access placement.

Since its inception in 2019, the DCW IDD Program has been contracted with one vendor and has expanded capacity since then. As a result of S.B. 21-276, clients for the program must be referred for Medicaid’s Children’s Habilitation Residential Program enrollment (CHRP). This provides access to Medicaid funds, thus allowing the Department to “stretch” this funding further. As a result, the program has been able to expand bed capacity and services for the eligible population while remaining under the appropriated budget and because of this, the department does not expect reversions in future years.

This increased bed capacity along with expanded access to beds for children and youth with unmet complex needs had reduced utilization in previous years. Additionally, efforts in expanding the placement continuum by Health Care Policy and Financing (HCPF), the Office of Children, Youth and Families’ Provider Services Unit, and community service providers have increased the number of available residential beds for children with intellectual and developmental disabilities by approximately 24 beds over the last calendar year. This has resulted in more available placements for children who can access less restrictive environments than the IDD Program. We do not expect to revert funding for this year because utilization trends have shifted from previous years. The Department is also able to support youth with significant Intellectual and Developmental needs outside of the CYC Laradon program who are eligible for this funding and its support.

Table 13: IDD Admissions at Laradon by Year

State Fiscal Year	Number of Youth with an IDD Admitted to the Calabrese Youth Center Program at Laradon
2020-21	17
2021-22	22
2022-23	11
2023-24	9
2024-25 (so far)	4
Total	63

30. **Budget Reductions and Recent Programs, H.B. 24-1038 (High Acuity Youth) – Rep. Taggart:** Please discuss the anticipated financial and service impact of H.B. 24-1038 (High Acuity Youth). Does the bill reduce costs associated with youth who otherwise could have been placed out of state? Are there any other cost savings associated with implementation? **(slide 57)**

With respect to costs, children and youth who are not able to find appropriate treatment might otherwise spend weeks or months in a hospital ER or inpatient setting, or could end up being “stuck” in a county office or detention bed. We have gradually reduced the average number of youth in residential care outside of Colorado, from around 20 two to three years ago to around 15 in recent years past, to less than ten today. It is difficult to calculate how much these placements would have cost in a similar out-of-state placement because we do not have any data on where the youth would have been placed without this program, what that out of home placement would cost, or what the case management costs incurred by the county for travel would be,, but, regardless of fiscal impact, keeping children and youth in their home state is incredibly important. Again, the youth served by these facilities are among the most clinically vulnerable and have the most acute treatment needs we have seen in Colorado.

House Bill 24-1038, also known as the High Acuity for Children and Youth Bill, passed into law late into the Assembly’s last session, required the Department to ensure:

- The creation of a residential child care provider training academy to create a pipeline of high-quality staff for residential child care providers;
- The expansion of the number of treatment beds available at our Colorado facilities for children and youth with significant behavioral or mental health needs;
- The establishment and monitoring of quality standards for residential child care providers.
- The development of a system to incentivize residential child care providers to implement quality standards above Colorado’s established minimum standards.
- The development of a directory on the department's website for each residential child care provider's quality assurance.
- An increase of the minimum reimbursement rates paid to qualified residential treatment programs for the purpose of aligning room and board payments across payer sources.
- Contracting with one or more third-party vendors to implement a pilot program to assess the needs of, and provide short-term residential services for, juvenile justice-involved youth who do not meet the criteria for detention.
- The creation of a clinical team focusing on in depth review of assessments, diagnoses, treatment history, responses to therapeutic modalities, and identification of appropriate ongoing treatment needs and supports for children

and youth with high acuity needs to facilitate timely matching with appropriate treatment settings.

- Expansion of overall licensed bed capacities across the out-of-home placement continuum, emphasizing an increase in specialized foster care bed capacity (treatment and therapeutic foster care).

Importantly, through existing CDHS programs that would have otherwise sunsetted with American Rescue Plan Act funding, we have been able to serve youth with significant behavioral health needs, severe Developmental and Intellectual Disabilities, or a myriad of psychosocial impairments. Our CDHS team, when other placement leads have fully exhausted, triage and assign treatment-level residential services on a daily basis to any one of Colorado counties and families in need, and H.B. 24-1038 is critical to avoid a gap in available services to families.

31. **Detention Continuum:** Rep. Sirota: Please provide additional information on how \$1.7 million for provider incentives from HB 23-1307 have been utilized. How did the Department determine the need and distribution of funds? **(slide 58)**

House Bill 23-1307 provided \$1,780,137 to incentivize and remove barriers for licensed 24/7 child care placement and treatment providers to serve youth who may be placed in community residential facilities or family-like settings in lieu of detention.

The following provides a breakdown of how the incentive funds of \$1,780,137 were used in FY 2023-24:

- The Division of Child Welfare (DCW) expended \$1,489,996 for the cost of placements for 126 youth who were able to move from detention to a 24/7 child care provider in the community.
- \$290,141 of the funding was used to support a short-term residential pilot program that accepts children and youth who are leaving detention or at risk of detention who are eligible to live with their families and/or kin.
- The following provides a breakdown of how the incentive funds of \$1,780,137 are being utilized to date in FY 2024-25:
 - Continued payment to 24/7 child care providers for placements into FY 2024-25 for 11 previously placed eligible youth whose treatment needs necessitated a longer term prior to step down (placements previously approved in FY 2023-24) for \$309,630.
 - Six new eligible youth have been moved from detention and placed in 24/7 child care provider placements for to date cost of \$125,220

32. Budget Reductions and Recent Programs, S.B. 23-082 (Fostering Success Voucher) –

Rep. Sirota: What is the implementation status of S.B. 23-082 (Fostering Success Voucher)? How many vouchers have been approved each fiscal year? How many youth have participated in the program? **(slide 61)**

As noted above, the housing voucher program through S.B. 23-082 has helped ensure youth have safe and stable housing and has supported multiple youth with small children to move from homelessness into safe and stable housing. Many more youth have been able to escape homelessness through the use of the vouchers that have been issued.

This program began issuing housing vouchers to youth in May 2024 and as of November 25, 2024, 60 vouchers have been issued. Due to the current cost of leases in Colorado we expect to be able to fund 80 vouchers and are on track to have a waitlist by January 2025. Additionally, case management funds provided through this program have been used to hire staff that support the youth and landlords in locating and maintaining their housing as well as ensure youth have access to the support needed to resolve the barriers that contributed to their experience of homelessness.

The corresponding case management funds (\$1.4 million) provided through S.B. 23-082 have been used by county departments of human/social services to hire on staff to assist youth in the housing vouchers. As of mid-November, four county departments have hired on staff to provide targeted support to voucher recipients to increase their success in the voucher program. All programs are utilizing their case management funding to provide temporary housing while youth apply for the voucher and continue to support youth in finding available safe housing. There are multiple programs throughout the state that do not have access to other federal housing vouchers (provided through the Department of Housing and Urban Development specifically for foster youth) so for some of the programs the Colorado Fostering Success vouchers are the only option that they have.

33. Budget Reductions and Recent Programs, S.B. 23-082 (Fostering Success Voucher) –

Sen. Kirkmeyer: Can funding from Proposition 123 be utilized to support programs from HB 21-1094 and SB 23-082? **(slide 61)**

Based on our understanding of Proposition 123 funding administration, no. [Proposition 123](#)³ sets aside money for the Colorado Department of Local Affairs (DOLA) to create a program serving persons experiencing homelessness. Within the Proposition 123 language and further legislation under [H.B. 23-1304](#)⁴, State Governments are not listed as eligible participants of grants or loans made available through the programs serving persons experiencing homelessness. Furthermore, we are not aware of all spending and funding available under Proposition 123, as those funds were created to be administered by the DOLA and Colorado Housing Finance Authority through the Colorado Office of Economic Development and International Trade (OEDIT). Based on funding allocations approaches, [DOLA was estimated to have a little over \\$56 million in FY2024-25](#)⁵ set aside for homelessness programs. DOLA does account for all those funds in their funding allocation plan. DOLA has put out an [affordable housing annual report for FY2023-24](#)⁶ and recently published a [proposition 123 implementation webpage](#)⁷, however, CDHS is not aware of all planned and projected spending for Proposition 123.

34. **Budget Reductions and Recent Programs – Sen. Bridges:** Of the programs listed above, which are the most impactful or successful? What would be the impact of eliminating these programs? (slide 62)

All programs have a tremendous beneficial impact on the youth and families who are receiving services and each addresses specific critical needs such as costs associated for placement with kin, treatment services, housing, as well as foundational transition services highlighted in H.B. 18-1319 [report](#)⁸.

House Bill 23-1307 (Juvenile Detention Services and Funding): The impact of ending the 1307 program could mean that a youth otherwise served by these dollars would be “stuck” in detention who could otherwise be in a placement and, just as importantly, a youth that is a danger to the community may be without a detention bed. These same youth, however, could be served through the county block funding system, which is able to be used to reduce barriers or provide incentives to providers. Additionally, this program was greatly underutilized in its first year despite large and small scale efforts by the Department due to continued difficulty in finding an appropriate placement despite

³ <https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2021-2022/108Final.pdf>

⁴ <https://leg.colorado.gov/bills/hb23-1304>

⁵ https://drive.google.com/file/d/1wMnjndCyZ7u7vzTq_PrmpUifP0wZSEij/view?usp=sharing

⁶ https://drive.google.com/file/d/1zESpjcp-QTGDe7sqkYgGWrnllk_luhr2/view?usp=sharing

⁷ <https://engagedola.org/prop-123>

⁸ https://drive.google.com/file/d/1E0sollCnfFpvGgzjRvo4CRW9SJ5Q2Lle/view?usp=drive_link

the availability of these funds and this program. Nothing would prevent a county from “negotiating” a bed rate, and it is not unusual for more difficult situations.

House Bill 24-1038 (High Acuity Youth): If this reduction is implemented, there would be a number of possible impacts. There are numerous stories of youth struggling with significant mental health issues that were waiting for vital residential treatment services in hospitals, detention, or even county offices. This bill was not only a Child Welfare Interim Committee bill designed to address significant service gaps, but also a department priority. Extending our High Acuity programming will prevent these types of stays and help avoid Colorado youth needing placement out of state. Even though referrals to this program are at an all-time high, because of this High Acuity beds program, we’ve slightly reduced our individual support needs from County Departments of Human Services regarding youth who are “stuck”, although we are, every day, working very hard to support counties, physicians, and parents with incredibly difficult situations.

Intellectual and Developmental Disability (IDD): The Department anticipates that reducing the IDD program by \$500,000, as proposed in the JBC staff briefing, would greatly reduce any chance of future reversions. A reduction here would reduce the bed count from 15 to 14, and this would not leave much of an impact as beds are not always full due to counties' ability to locate other less restrictive settings.

House Bill 23-082 (Fostering Success Voucher Program): Eliminating or reducing our homelessness voucher program will effectively be risking an increase in homelessness and housing instability for a group of youth throughout Colorado who were raised, at least in part, in the foster care system. These young people, who were once in the Department's care, are our responsibility and they are among the ones who have been most impacted by the rising cost of housing and living in Colorado. A proportional reduction of say, half, or \$500,000, would likely reduce the amount of vouchers for about 40-50 youth of the total 80 youth anticipated to be served when the program is full, who would then have to rely on other programming outside of the child welfare system for support.

House Bill 21-1094 (Foster Youth Transition Program): Eliminating or reducing the State Grant Program through H.B. 21-1094, will create an inequity in our access to services that assist youth in transitioning out of foster care because much of this relief is to supplement Chafee losses and bring these programs to rural Colorado. In FFY 2024, the Chafee and the State Grant program jointly served 822 youth in the form of case

management, housing navigation, employment readiness and search, educational support, health and wellness support, and connecting with permanent connections. Almost all of the programs are already running waitlists and losing this funding would cause counties to have to create a very narrow scope of the youth that they can serve along with the potential of laying off staff. Youth who emancipate from the child welfare system will have to seek support from community services or other resources, as needed, rather than having access to child welfare programs, case management, or associated funding. Additionally, youth over the age of 18 will no longer be able to access these resources on a voluntary basis. There are currently opportunities for young people who are working on graduating from high school, or entering college programs early, to enter into Supervised Independent Living Placements with the added support of a monetary stipend.

35. ***Budget Reductions and Recent Programs*** – *Sen. Kirkmeyer*: What is the estimated loss in federal funds of eliminating the programs listed above? **(slides 62)**

Senate Bill 23-082 (Fostering Success Voucher): The Department of Health Care Policy and Finance (HCPF) has partnered with the Division of Child Welfare (DCW) through their pending section 1115 Medicaid demonstration amendment waiver request to the Centers for Medicaid and Medicare (CMS) to maximize state funding and draw down as a source for federal match. Based on the draft cost estimate table using S.B. 23-082 (Fostering Success Voucher Program), DCW and HCPF have an estimated loss of \$761,549 in federal funds if we are not using voucher matching funds from S.B. 23-082. This funding can be used to expand the program and, once in place, the 1115 Waiver will allow us to almost double the number of youth we can serve through S.B. 23-082 via federal participation.

House Bill 24-1038 (High Acuity Youth): The Department is able to draw down Title IV-E federal dollars, with a general fund match, on eligible placements in a QRTP setting. Eliminating the program could impact the potential drawdown of these federal funds. The appropriated federal amount for this part of the bill is \$1,464,186.

Senate Bill 24-008 (Kinship Foster Care): The Department is able to draw down IV-E on certified, eligible Kinship placements, with general fund match. Eliminating the program could impact the potential drawdown of these federal funds. The appropriated federal amount for this bill is \$6,459,409.

OFFICE OF ADULTS, AGING, AND DISABILITY SERVICES

36. **Adult Protective Services** – *Sen. Kirkmeyer*: What is the department's plan for implementation of new federal rules for Adult Protective Services programs published by the federal Administration for Community Living? **(slide 71)**

First-time federal rules for Adult Protective Services (APS) were recently published by the U.S. Department of Health and Human Services, Administration for Community Living (ACL) and require State Adult Protective Services (APS) programs to meet a set of minimum national standards by May 2028. These standards include:

- Standardized definitions for terms foundational to APS practice, including maltreatment types requiring investigation,
- Required methods and timelines for acceptance and response to APS reports,
- Robust conflict of interest policies,
- APS state plan and annual performance data submissions.

The Department has begun working collaboratively with representatives from County Departments of Human Services to review the new federal rule requirements and is participating in ongoing training offered by ACL to ensure Colorado's compliance with the new requirements. This year, the Department will identify whether a budget request or statutory change is needed to ensure compliance with the new federal rules. This will allow for the introduction of any necessary proposed conforming legislation during the 2026 legislative session, followed by the proposal of new rules to the State Board of Human Services in FY 2026-27. The Department will develop and roll out policy changes and associated training to County Departments of Human Services APS programs in FY 2027-28, ensuring full implementation of the new federal rules no later than May 2028.

37. **Budget Reductions** – *Rep. Taggart*: With the transition to home and community based services for individuals served by the state Regional Centers, the former Grand Junction Regional Center campus is no longer used for residential services. However, the campus is owned by the State and requires maintenance and upkeep, adding operational costs for a facility that is unused. Given these operational costs, does the Department have a plan for either the use of the campus or the divestment/sale of the campus? Please discuss the options available to the State to reduce or eliminate the ongoing costs of this facility. **(slide 75)**

Per S.B. 16-178, the Grand Junction Regional Centers (GJRC) constructed two new, state of the art group homes to serve individuals who previously received services on the

GJRC campus. In May 2022, H.B. 22-1327, Native American Boarding Schools, required that prior to the sale or transfer of the property, the mapping and identification of any unmarked graves of Native American students potentially buried at the former federal Indian boarding school located on the property between 1866-1911 would need to take place. Additionally, the bill requires the Department to develop a plan for memorialization and acknowledgement of the abuse and victimization of students and families on the site in collaboration with tribal governments prior to the sale or transfer of the property.

In 2022, CDHS obtained a grant from History Colorado to conduct geophysical surveys of the campus to determine if the grounds contained any human remains. The complete analysis for this work is due to the Department for review by January 2025. A final consultation with tribal partners to review results of the analysis and to discuss any interest in a land transfer to the tribes will be held in March 2025 in accordance with H.B. 24-1444.

As of December 2023, all individuals previously served on the Grand Junction Regional Center campus were transitioned off the campus and now receive services and support in homes in the community. Since this time, the Department has reduced the utilities and ground maintenance on the campus to a minimum to maintain the fire suppression system. The cost of utilities has dropped by more than half and ground maintenance costs are minimal.

Per H.B. 19-1062 and H.B. 22-1327 the Department has several options for the divestment/sale of the property. The Department can transfer the property to an institution of higher education, a local government, a state agency, or one of the two federally recognized tribes in Colorado or the Department - in coordination with the Department of Personnel and Administration (DPA) - can attempt to sell the property. The Department is pursuing inquiries from interested parties to transfer the land and will partner with the appropriate state agencies to facilitate the transactions.

38. ***Veterans Community Living Centers*** – *Sen. Amabile*: Please describe how Medicaid daily rates have affected the financial status of the Veterans Community Living Centers. Are these daily rates paid directly to the State or through the individuals receiving care? (slide 79)

The VCLCs receive funding through four main sources; 1) Veterans Administration (VA) funds, 2) Medicaid, 3) Private Pay and 4) Medicare on a per diem basis. These funds are

billed by the facility to the payor sources and the payments are paid directly to each VCLC.

Medicare and VA per diem payments comprise 69 percent of total resident revenue. These are the highest reimbursed payor types, and are intended to be inclusive of all services provided to the resident. The VCLCs cannot bill other insurance sources for expenses that exceed the VA or Medicare per diem rate.

Medicaid comprises 22 percent of the total revenue and is paid on a per diem basis. In FY 2024-25, there was a significant increase in per diem via a new rate calculation structure. However, this rate does not reimburse for 100 percent of services resulting in a revenue shortfall relative to the cost of services. Secondary insurance can be applied where applicable.

Private Pay comprises the final nine percent of total resident revenue. Daily rates are established by the Division of Veterans Community Living Centers and based on market pricing.

39. ***Veterans Community Living Centers*** – *Sen. Bridges*: Please provide a robust discussion on the staffing challenges faced by the Veterans Community Living Centers, including the impact on state employees, individuals receiving care, and the day-to-day operations at the state owned Centers. What steps has the Department taken to mitigate the negative impacts of these staffing challenges? **(slide 80)**

The four Veterans Community Living Centers (VCLCs) operated by the Department currently have 472 staff who provide care to veterans, veteran spouses and Gold Star parents. In recent years, the VCLCs have experienced rising operating costs, a declining number of residents and decreased revenue. Because of these factors, expenditures for the VCLCs have exceeded revenue since FY 2019-20. Because staffing is by far the largest cost associated with operating the VCLCs, over the past several years the Department has continually assessed how best to meet residents' needs through staffing while balancing the need to be fiscally responsible and address this financial challenge.

The VCLCs, like many other nursing facilities across the country, experienced staffing shortages in recent years, making the use of high-cost temporary staffing agencies necessary. During and shortly after the COVID-19 pandemic, the VCLCs received American Rescue Plan Act (ARPA) funds to help offset these costs. However, once the ARPA funds were exhausted and a thorough financial analysis was conducted, it became

apparent that the use of higher cost staffing agencies without the revenue and occupancy to support these expenses was not sustainable. To address this issue, the VCLCs implemented new scheduling options for employees within the VCLCs, which resulted in a decreased reliance on staffing agencies and subsequent reduction in overall staffing costs. These scheduling changes did not impact the VCLCs ability to meet the needs of residents or compromise resident care.

Despite these efforts, staffing costs have remained a challenge at the VCLCs. The VCLCs do not have the flexibility to adjust staffing or reduce staff hours based on census or other business needs, a standard practice in non-state health care facilities, due to statutory state employee job protections. As a result, it was necessary for the Department to seek alternative ways to address the high cost of staffing the VCLCs relative to the decrease in revenue driven by lower census.

In August 2024, the Department hired an external consultant to conduct an analysis of staffing levels at the VCLCs. The consultant concluded that the staffing levels at the VCLCs were higher than state/national averages and there was an opportunity for cost savings that would not impact the quality of care for residents. The Department discussed staff reduction options with representatives from COWINs and evaluated potential solutions. The Department then determined that it needed to lower staffing level requirements to better align with current regulations to create financial stability for the VCLCs. In October 2024, the Department made the difficult decision to eliminate some positions that are not currently needed to ensure the effective operation of the VCLCs and provide the high quality of care that our veterans deserve. The Department has worked conscientiously over the past several months to communicate and execute plans for a reduction in force to staff at the VCLCs. As of December 6, 2024, the anticipated impact of this action is a potential decrease of up to 28 staff positions, down from an anticipated 49 positions, across the four VCLCs, primarily in nondirect care positions, effective January 25, 2025. The Department is working closely with each of the impacted staff members now to provide opportunities for them to transfer to other positions within CDHS or other state departments. Almost all of these staff members will be offered opportunities to transfer to another position. For the staff members who choose not to accept the opportunity to transfer to another position or for the few staff members for whom there are no transfer opportunities available, the employees will be paid a severance based on their years of service. Additionally, a hold was placed on filling current vacancies at the VCLCs which allowed for staffing at the homes to align with acuity and building specific needs. These staffing changes will not impact residents as they continue to receive high quality care.

40. **Veterans Community Living Centers** – *Rep. Bird*: Given the recent challenges with the census at the Veterans Community Living Centers, what are the Department's plans for addressing census growth? Please provide a detailed discussion of the challenges and opportunities facing the state owned Veterans Community Living Centers is addressing the recent declines in census. **(slide 81)**

The VCLCs have faced several challenges and opportunities as a result of a decline in census in recent years. Since 2014, the number of VA contracted nursing homes has grown exponentially from 14 to over 60. These private nursing homes are in direct competition with the VCLCs and allow veterans to reside closer to their families. Industry trends have also shifted to promote individuals aging in place rather than traditional nursing home settings. These services include adult day cares, assisted living, paid family caregivers and other home and community based services. Additionally, the long term care industry as a whole has continued to have lower occupancy rates after the COVID pandemic.

To address these challenges, in addition to the Department's plan to reduce expenses, the Department has put significant work into increasing occupancy through marketing efforts. New marketing materials and dedicated efforts increased the number of residents by five percent year over year starting in FY 2022-23. The Department also created facility-specific, targeted marketing plans to bring more referrals and admissions in the VCLCs. In addition, the Department created billboards and videos to increase awareness of our VCLCs unique offerings.

The Department will remain financially stable with a five percent census growth. We expect that our efforts will result in a financial loss of approximately \$2 million this year, down from \$7-8 million the past two years. If our census continues to grow at a five percent rate, the Department expects to return to a profitable enterprise. The Department will continue to monitor our efforts extremely closely for the effectiveness of these efforts.

Additionally, work has begun to contract with new insurance providers such as Medicare Advantage Plans. This change will allow the homes to access a growing market and population of individuals who joined these plans for the additional benefits provided above standard Medicare.



COLORADO
Department of Human Services

**We are the people
who help people**

Fiscal Year 2025 - 2026

Joint Budget Committee Hearing
December 12, 2024



Agenda

9:00-noon

- Department Overview
- Administration & Finance
- Equity, Diversity, and Inclusion
- Office of Children, Youth and Families
- Office of Adult, Aging and Disability Services



OUR MISSION

Together, we empower Coloradans to thrive



OUR VISION

To serve Coloradans through bold and innovative health and human services



OUR VALUES

- A people-first approach
- Collaboration helps us rise together
- We are ethical
- Transparency matters
- Balance creates quality of life
- We hold ourselves accountable

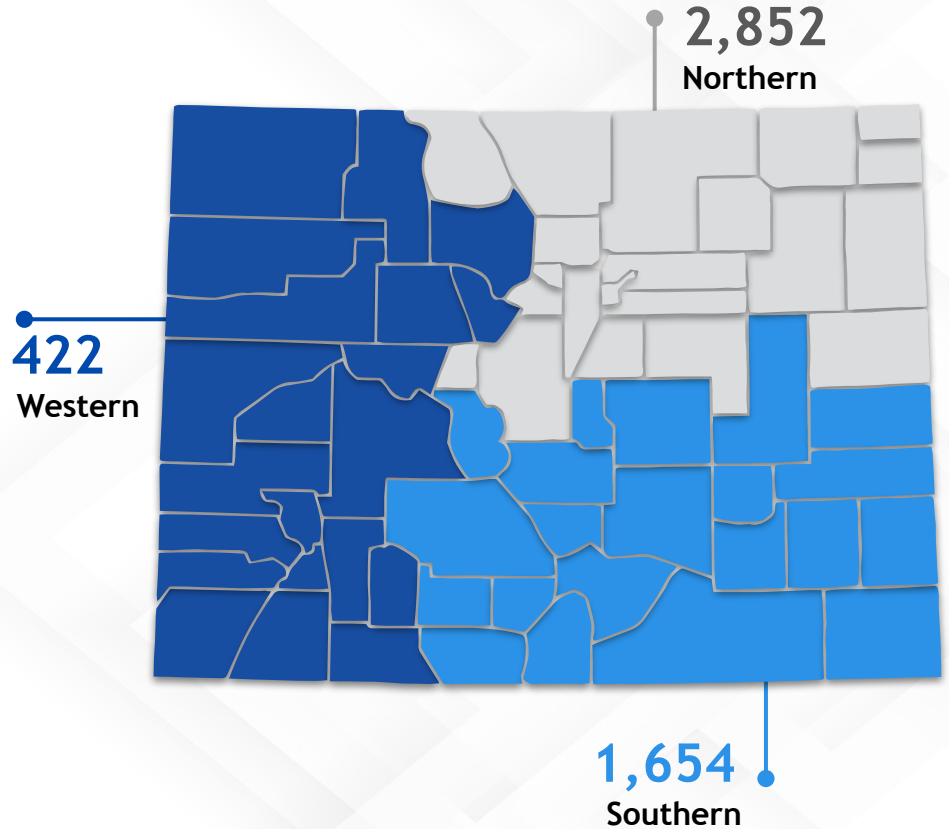
Our Team

4,928

employees across the state
75% work in our 24/7 facilities

3,680

in our 24/7 facilities



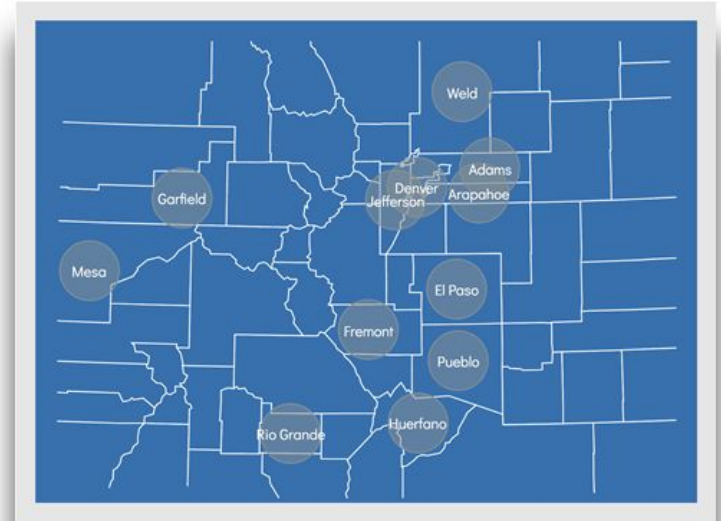
Our Care Centers

We provide almost 2,000 beds across the state to serve our clients.

317 buildings in 12 counties

- 3 Regional Centers
- 40 Group Homes
- 14 Youth Service Centers
- 2 Mental Health Hospital Campuses
- 5 Veterans Community Living Centers

These buildings are supported by 377 facilities management staff.



Results Driven Management System

RDMS is a commitment CDHS has made to strengthen how we run the organization in order to fulfill our vision.

Five Key Goals:

1. We support the well-being and safety of Coloradans.
2. We have a great place to work.
3. We strive for operational efficiency.
4. We are inclusive of everyone.
5. We challenge ourselves to innovate.

Senior Executive Team

Michelle Barnes, ED
Deputy ED
Administrative Solutions
Minna Castillo, Deputy ED
Community Partnerships

Perry May, Deputy ED
Health Facilities
Christina Biesel, Deputy ED
Financial Services
Kate Morrison, Deputy ED
Strategy

Our Mission

Together, we empower Coloradans to Thrive.

Our Vision

To serve Coloradans through bold and innovative health and human services.

Our Values

People-first approach. Balance. Accountability. Transparency. Ethical. Collaboration.

Governor's Wildly Important Goals (WIGs) 24-25:

1. SHAP Timeliness
2. Youth with High Acuity Needs
3. Inpatient Competency Services Waitlist

Operating Processes

Minna Castillo Deputy Director Office of Children, Youth, & Families		Perry May Deputy Director Office of Adult Aging and Disability Services		Minna Castillo Deputy Director Office of Economic Security		Perry May Deputy Director Office of Child & Program Services	
Johns Anderson Director of Risk Services <ol style="list-style-type: none"> 1. Maintaining license compliance with state 2. Managing youth licensing process 3. Planning process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Joseph Hovine Director of Child Welfare <ol style="list-style-type: none"> 1. Developing policies & procedures 2. Setting & monitoring compliance 3. Providing training & support 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Ellye Hagan Director of Community Engagement <ol style="list-style-type: none"> 1. Identify needs for services 2. Collaborate with community 3. Provide training & support 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Paula Bernick Director of Senior Services <ol style="list-style-type: none"> 1. Supporting individuals with disabilities 2. Managing process 3. Managing process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Thomas Hagan Director of Health Facilities <ol style="list-style-type: none"> 1. Supporting individuals with disabilities 2. Managing process 3. Managing process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Larry Hagan Director of Health Facilities <ol style="list-style-type: none"> 1. Supporting individuals with disabilities 2. Managing process 3. Managing process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Ellie Hagan Director of Health Facilities <ol style="list-style-type: none"> 1. Supporting individuals with disabilities 2. Managing process 3. Managing process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process 	Larry Hagan Director of Health Facilities <ol style="list-style-type: none"> 1. Supporting individuals with disabilities 2. Managing process 3. Managing process 4. Managing process 5. Managing process 6. Managing process 7. Managing process 8. Managing process 9. Managing process 10. Managing process

Supporting Processes

Christina Biesel Director of Financial Services	Minna Castillo Deputy Director Office of Economic Security	Christina Biesel Director of Financial Services	Christina Biesel Director of Financial Services	Christina Biesel Director of Financial Services	Christina Biesel Director of Financial Services	Christina Biesel Director of Financial Services	Christina Biesel Director of Financial Services
Recruiting, Retaining & Developing Staff <ol style="list-style-type: none"> 1. Recruiting 2. Retaining 3. Developing 4. Recruiting 5. Retaining 6. Developing 7. Recruiting 8. Retaining 9. Developing 10. Recruiting 	Managing Community Partnerships <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Managing Financial Services <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Managing Strategy <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Managing Risk <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Managing & Monitoring Technology <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Managing & Developing Public Affairs <ol style="list-style-type: none"> 1. Managing 2. Managing 3. Managing 4. Managing 5. Managing 6. Managing 7. Managing 8. Managing 9. Managing 10. Managing 	Ensuring High Quality Workforce for CDHS Cases <ol style="list-style-type: none"> 1. Ensuring 2. Ensuring 3. Ensuring 4. Ensuring 5. Ensuring 6. Ensuring 7. Ensuring 8. Ensuring 9. Ensuring 10. Ensuring

Results:

- Reduction of Reentry Due to Maltreatment
- Community Engagement
- Timeliness of Delivering Public Assistance
- Percent of Measures Improved
- Equitable Career Growth Opportunities
- Mental Health Waitlist
- Employee Engagement
- Spending to Plan

November 14, 2024

COLORADO
Department of Human Services

Our focus is on preserving the most critical services for our clients

As we move through current and future budget constraints, we will prioritize our core work, which is to serve the most vulnerable Coloradans.



Administration & Finance

Questions
related to
central
programs





R-08: Increasing Oversight and Preventing Waste

Identify how fraud occurs and use this information to stop it from happening in the future.



1.0 FTE Fraud Investigator (FY 2025-26)

Support, provide assistance, and assess county capabilities to identify, investigate and prevent fraud.



Contracted vendor evaluation (FY 2026-27)

Current State of Fraud Investigation



Increase in reported tips from 600 in FY 2022-23 to more than 2,100 in FY 2023-24

Current resource limitations prohibit CDHS from offering counties support to investigate.



- The State refers these tips to the counties, but 25 counties do not have fraud investigators on staff.
- It is critical for CDHS to take a more active role in supporting county investigations of fraud.

Recoveries on Fraud (Q1, pg.1)

The bulk of fraud tips are public-assistance related.

For these cases, the Department will not collect revenue as a result of catching instances of fraud.

Instead, prevention results in:

- More people (or the right people) receiving benefits
- Recovery of a portion of the funds (40%) by counties



Child and Adult Mistreatment Dispute Review Section (CAMDRS)



County Departments assess and make findings about child abuse/neglect or mistreatment of at-risk adults



When the County Department makes a substantiated finding, the person has a right to appeal



CAMDRS manages the appeal process for CDHS, balancing due process rights with validity of the finding



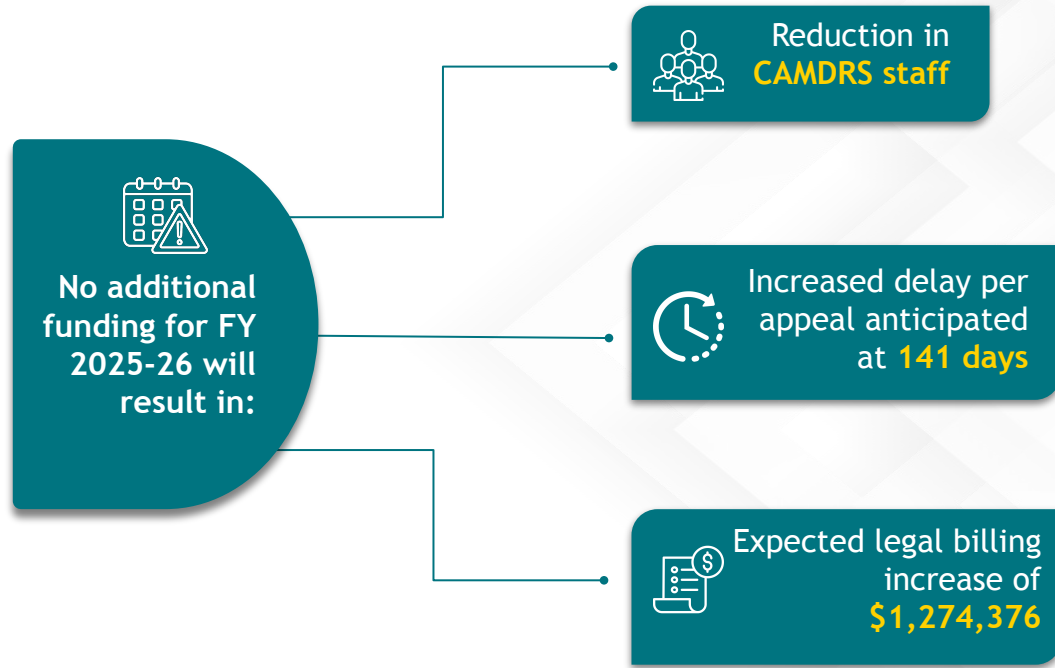


R-12: Manage Appeals of Child Abuse and Neglect Findings

- The creation of the Colorado Department of Early Childhood changed the funding mechanism for the CAMDRS team by creating a new General Fund appropriation.
- A miscalculation reduced the needed appropriation by \$143,863 total funds (\$89,993 General Fund).

CAMDRS Cost Coverage Since FY 2023-24 (Q2, pg.2)

The Department utilized one-time ARPA dollars to cover costs in FY 2023-24.



Thank you!
Questions?



COLORADO
Department of Human Services

Equity, Diversity and
Inclusion

Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB)



COLORADO
Department of Human Services

Demographics



Detailed breakdowns for each population are difficult to determine (especially for deafblind populations)



20.2% of Coloradans are deaf or hard of hearing (**1.17 million**)



~1% of that population are likely deafblind (**57,737**)



Numbers increase as a person ages



About CCDHHDB

Nine programs/services

- Legal Communication Access Services
- Rural Communication Access Services
- Communications Technology Program
- DeafBlind Community Intervener Program
- DeafBlind Services
- Outreach and Consultative Services
- Grants Program
- System Advocacy
- Colorado Early Hearing Detection and Intervention



Requests

Programmatic

- Continue with and slightly increase funding
- Ensure community needs are met
- Based on past years and anticipated needs

Enterprise Cash Fund

- Revenue from the Telephone Users with Disabilities Fund (TUDF)
- General fund relief



Thank you!
Questions?



COLORADO
Department of Human Services

Office of Children, Youth & Families



COLORADO
Department of Human Services

Office of Children, Youth & Families

Our vision is to ensure children, youth and families across Colorado are safe and thriving. OCYF programs include:



Child Welfare

More than **11,000**
open involvements



Youth Services

554 youth served
daily




Community Programs

Approx - 43,000
Coloradans served
annually

Other programs:

Implementation
Science Unit,
Legislative
Affairs,
Communications,
Trails, Medical
Team



Office of Children, Youth & Families FY 2025-26 Requests

R-02/Leg-01
Streamlining
Juvenile Justice
Services

R-03/Leg-02
Increase DYS
Detention Bed Cap

R-11 Nutrition for
Youth Care Settings

R-13 Career &
Technical Education
Technical
Adjustment

R-15 Purchase of
Contract
Placements for DYS

R-18 Child Welfare
Prevention Services
Reduction

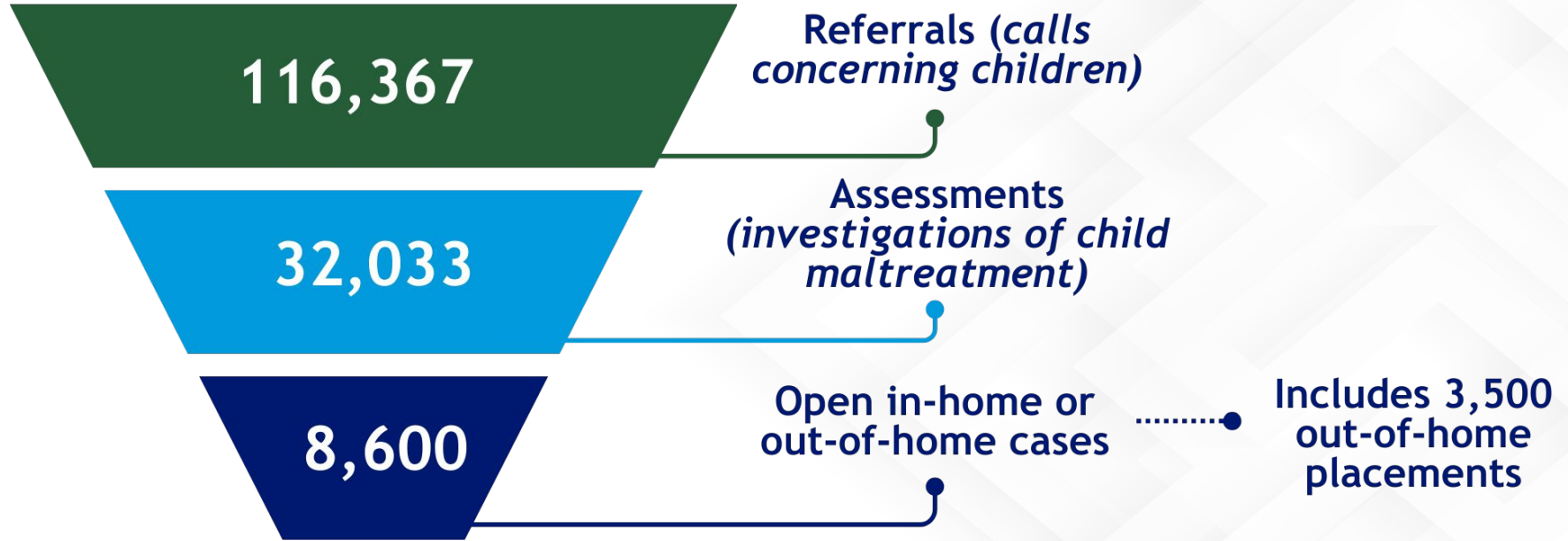
Office of Children,
Youth & Families

Division of Child Welfare

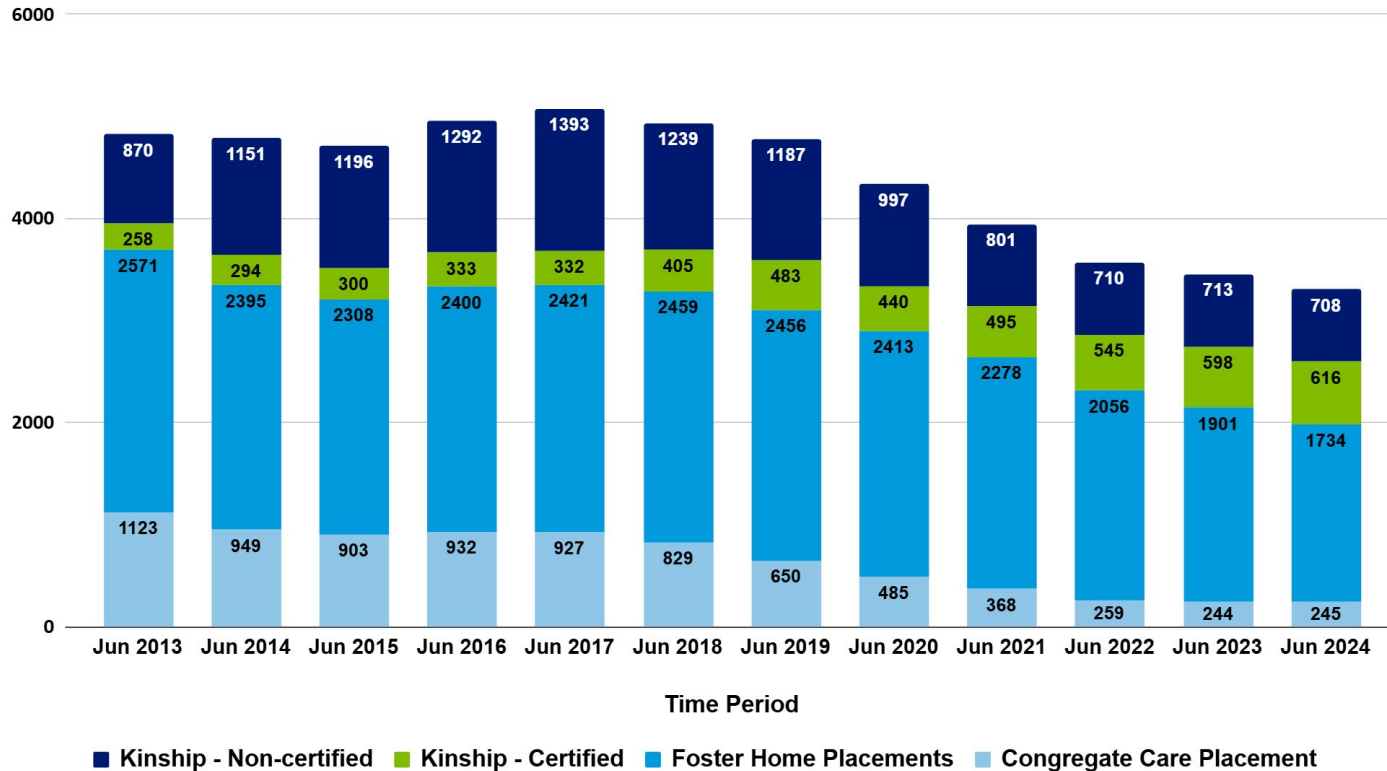


COLORADO
Department of Human Services

Child Welfare Services FY 2023-2024



Out-of-Home Placements



How We Resource Child Welfare Services (Q3, pg.2)

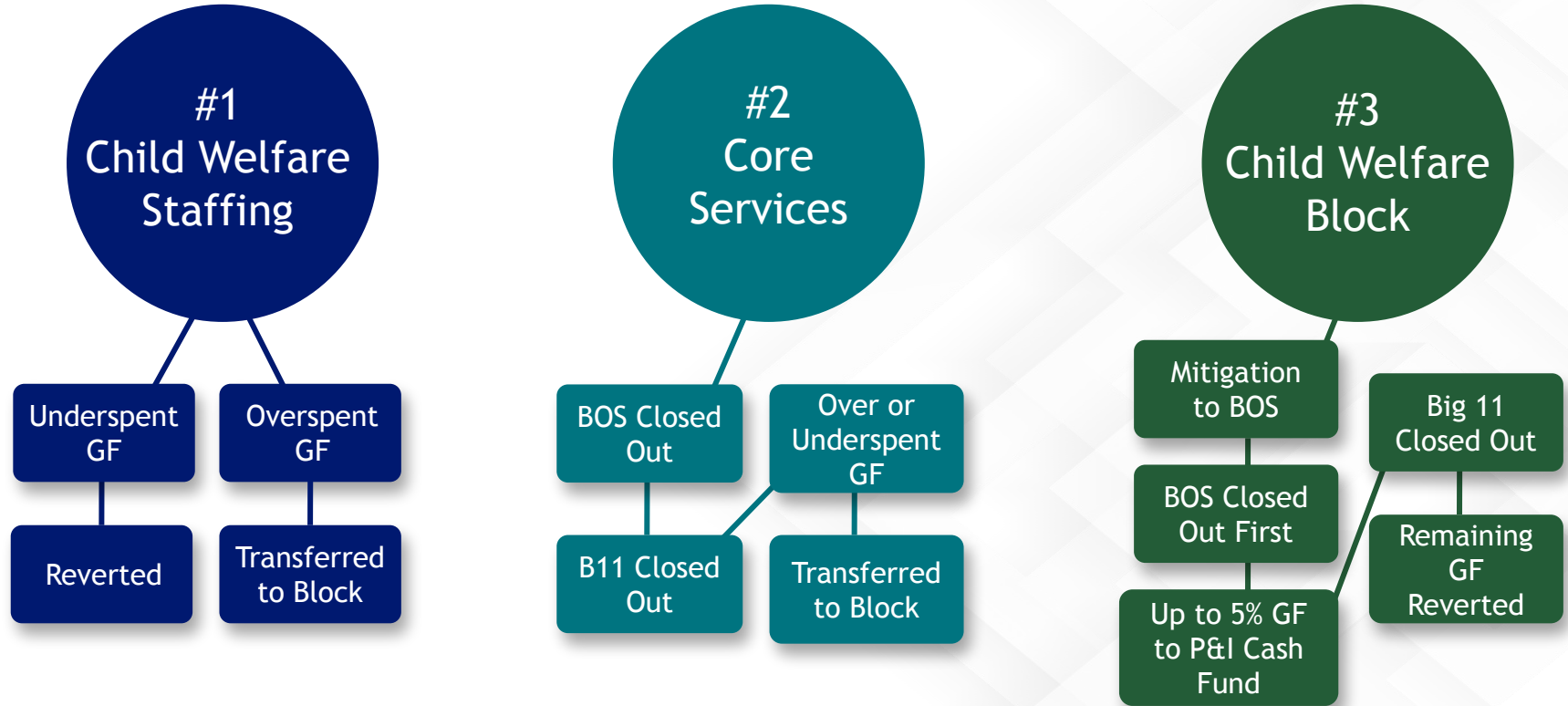
Child Welfare Services (Block)
\$413,457,960

Family and Children's Programs (Core)
\$60,743,979

Child Welfare Staffing (SB15 242)
\$38,133,279

Other sources:
Adoption/Relative Guardianship Assistance
Federal non-appropriated funds

County Closeout Process (Q4, pg.3)



Adoption & Relative Guardianship Assistance (Q5, pg.3) (Q6, pg.4)



\$49.5 million in a dedicated line item



90% General fund and a 10% county match



Provides cash subsidies to families



Adoption Subsidy Tool

R-18: Child Welfare Prevention Services Reduction

\$3,564,591
(\$3M GF)

- Total recommended decrease of \$3,564,591 (\$3M General Fund) in **Core Services**
- This reduction recognizes a tight budget year
- Core was chosen because it's slightly more limited in how it can be used to invest in families



Office of Children,
Youth & Families

Division of Youth Services (DYS)



Our Mission:

To protect, restore and improve public safety through a comprehensive continuum of care.

- Effective supervision and support for youth.
- Accountability to victims and communities.
- Positive youth development to empower young people.



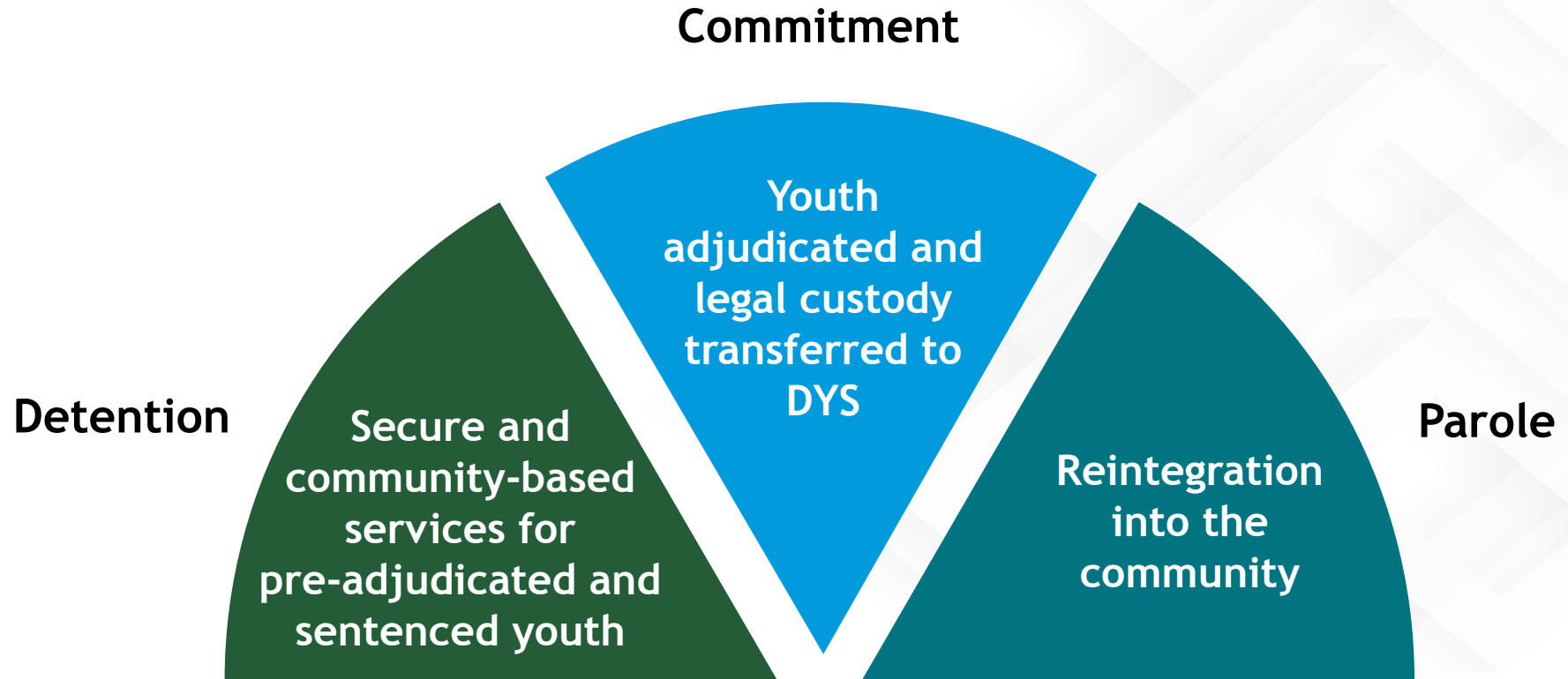
“

“I achieved things that I never thought I would have achieved. Although I put myself in a situation to fail, it was amazing to get lucky to have a great group of people around me who actually cared about my well being and success. I have to say for a fact, that without my team being so understanding, I wouldn't be where I am today. They never gave up on me and never spilled bad into my head no matter how dark it looked for me and always helped me see through to the other side. It's because of people like you guys that kids like me get another chance at life and I couldn't be more grateful that God brought people of your caliber into my life.”

~Jovanni

”

DYS Continuum of Services

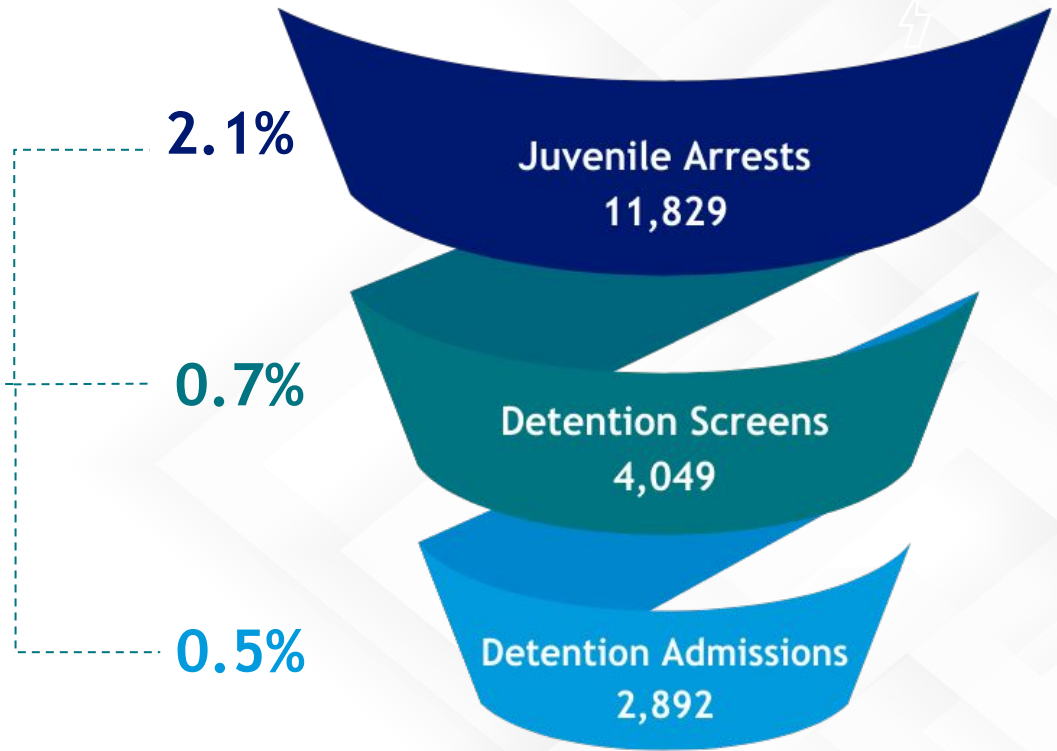


DYS Detention Continuum (Q7, pg.4)

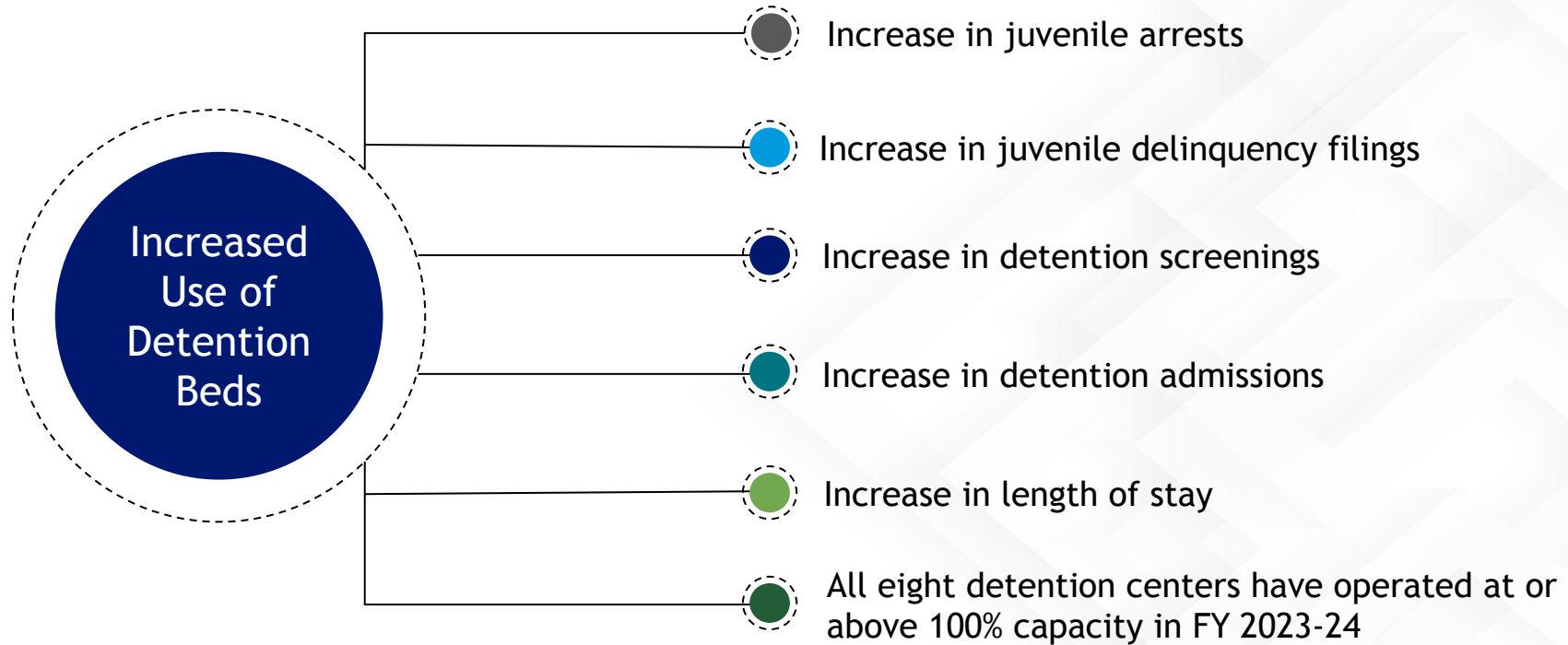


Juvenile Justice Detention Landscape FY 2023-24

**Total Youth
10-17
Population
Colorado:
575,227**

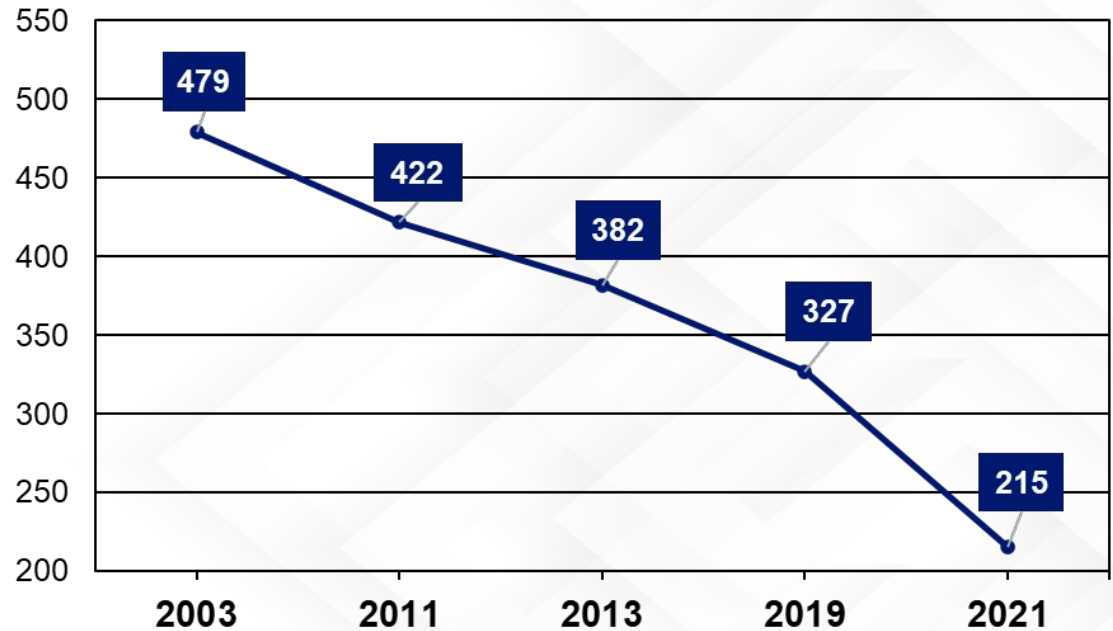


Detention Bed Use Increasing



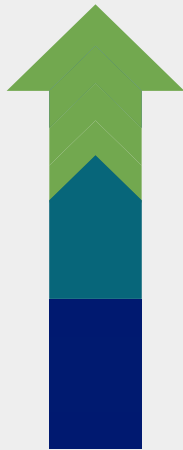
A Brief History of The Colorado Secure Detention Bed Capacity

Secure Detention Bed Capacity



*2023 - HB23-1307 Added 22
Temporary Emergency Detention Beds

Youth Detention Demographics (Q8, pg.6) (Q9, pg.10)



1,191

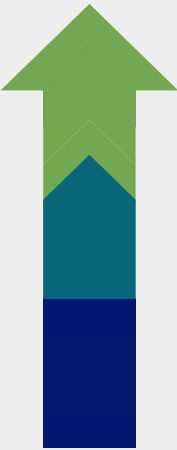
+49% Increase in new detention admissions with a violent charge since FY 2020-21

799

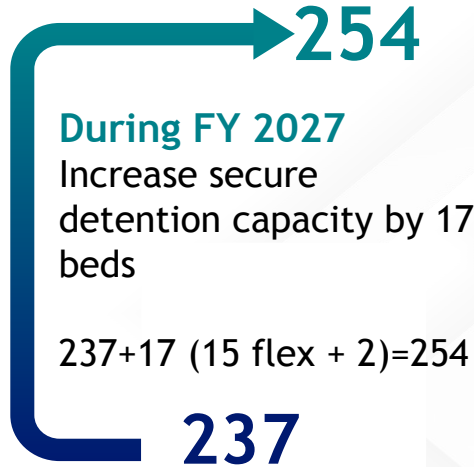
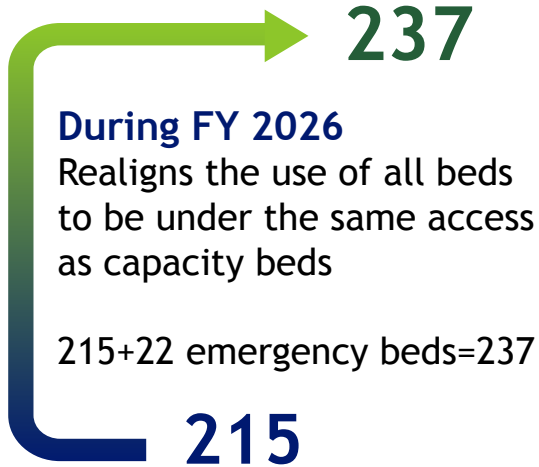
169

+80% Increase in new detention admissions DYS for homicide or manslaughter from FY 2020-21

94



R-03: Increase DYS Detention Bed Cap (Q10, pg.11)



Emergency Beds (Q11, pg.12) (Q12, pg.13) (Q13, pg.13)

HB 23-1307 created 22 'Emergency Beds' to be utilized across the State. These beds do not count towards the 215 detention bed cap.

- Petition filed by District Attorney or County DHS Attorney no later than the next business day
- Court shall issue an order to permit access of emergency beds up to the allocation to the catchment area if:

1.

Catchment
area is full

2.

No beds within 50
miles of another
center

3.

Services are not
available to
mitigate risk for
those detained

4.

Hearing held
every 5
business days

All Youth Centers Have a Flex Bed Allowance

Allows districts to maximize local detention utilization



Allows time to prepare a comprehensive release plan



Reduces transports further from home



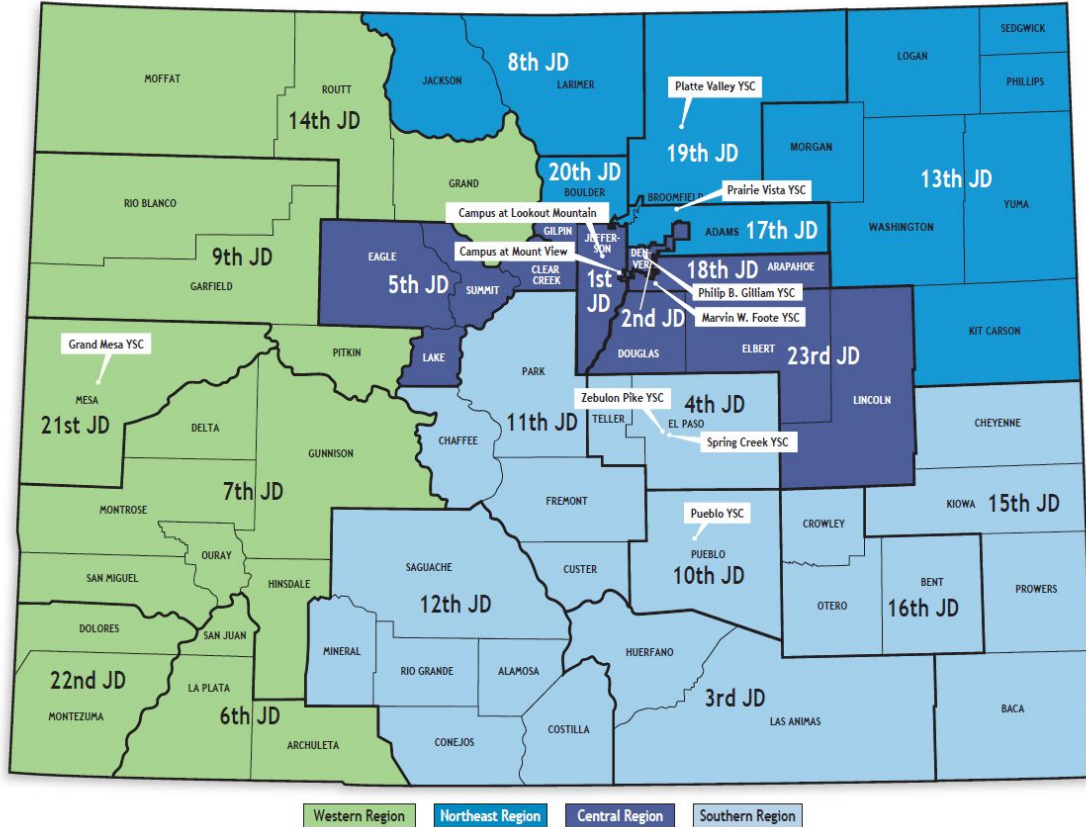
Allows facilities to flex up 2 beds over capacity for 48 hours provided that CYDC is under the state cap of 215

Flex Up

+2



Colorado Youth Detention Continuum (CYDC) Catchment Areas & Judicial Districts



Catchment Area	Cap	ADP
Central Region	93	82.3
Northeast Region	56	48.9
Southern Region	46	47.6
Western Region	20	14.3
Total	215	193.1

Emergency Bed Access by Catchment Area (Q14, pg.14) (Q15, pg.15)



12.9%	Western Region			
	6 th	14 th	21 st	22 nd

17.1%	Northeast Region			
	13 th	17 th	8 th	19 th

67.6%	Southern Region				
	4 th	10 th	12 th	15 th	16 th

2.4%	Central Region				
	18 th				

(209 emergency beds accessed)

R-02: Streamlining Juvenile Justice Services (Q16, pg.19)

Reinvests funds into CYDC programs where all judicial districts receive increased allocations to better support viable alternatives to placement in state-funded detention.

Reinvestment will offset increased costs incurred since 2022 in areas such as:

Length of stay in community programs

Hardware cost increases



Personnel Services

Treatment services

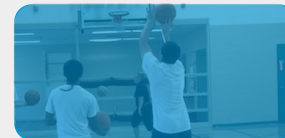


R-02 Boulder Impact Questions (Q17, pg.20) (Q18, pg.20) (Q19, pg.23) (Q20, pg.23)

What are the outcomes of the pilot project?



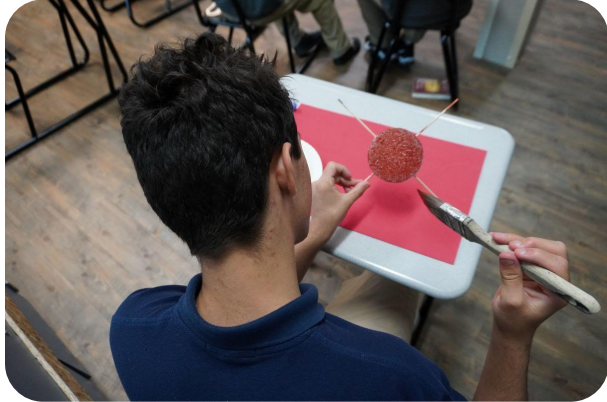
Why would we end Boulder Impact if it is a model program and so successful?



What is the difference between Boulder Impact and Collaborative Management Programs?

Youth Awaiting Mitigating Services (Q21, pg.24)

Youth in secure detention for whom the court has made a determination that services and/or placement can mitigate the substantial risk of serious harm to others or risk of flight from prosecution, if services and/or placement are available to mitigate the said risk.

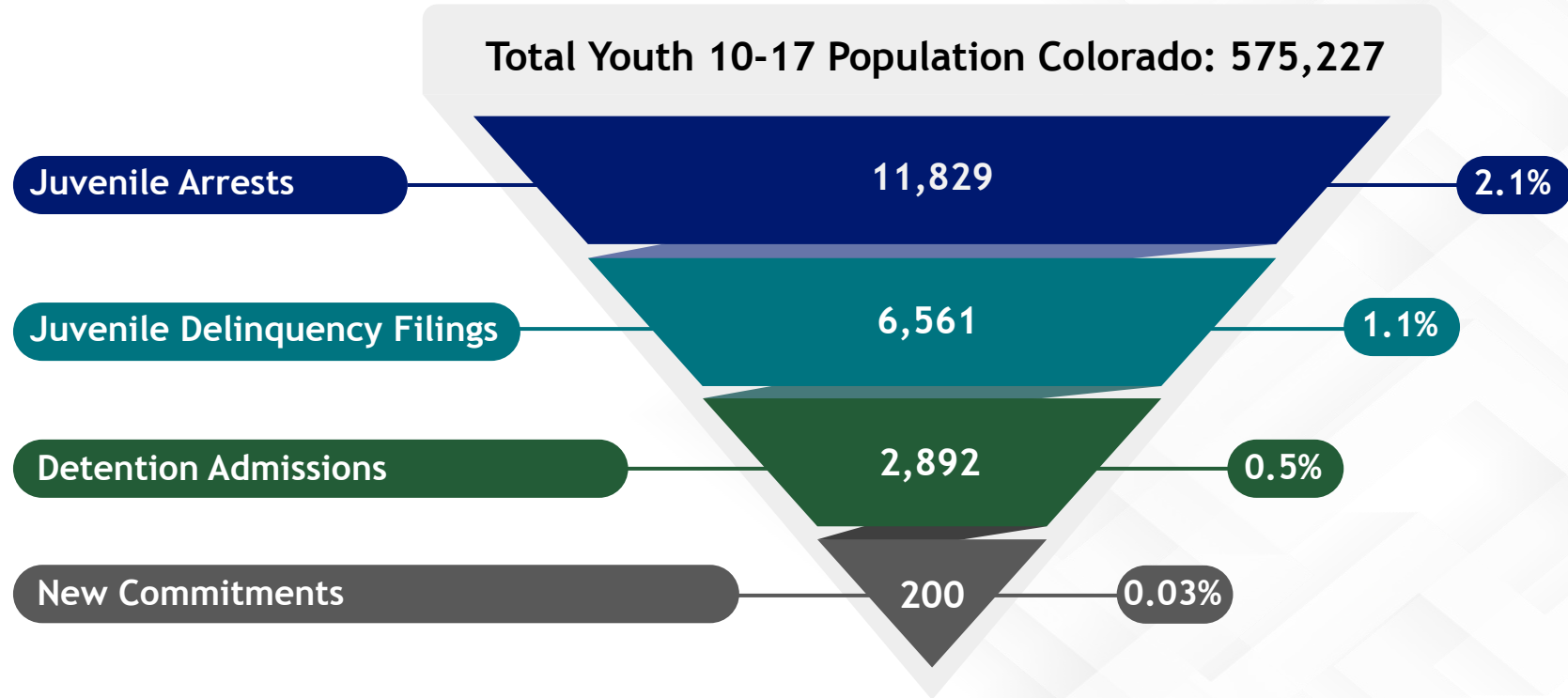


**State-operated
secure youth center
residential
placement**

Commitment

**Step-down
community-based
residential
placement**

Juvenile Justice Filtering Process to Commitment FY 2023-2024



Staffing and Bed Day Rate (Q22, pg.26) (Q23, pg.27)

Detention

Commitment

Staffing is highly dependent on the facility footprint:

- Housing units/number of pods per facility, and
- The number of available beds which are used to drive staffing ratios.

Mandated Federal/State/Local Staffing Ratios:

- 1:8 during waking hours
- 1:16 during sleeping hours



Commitment: R-15 Purchase of Contract Placements (Q24, pg.27)

Several factors have impacted the use of community placements. These include but are not limited to:

Reduction in the number of committed youth leads to less demand for service.

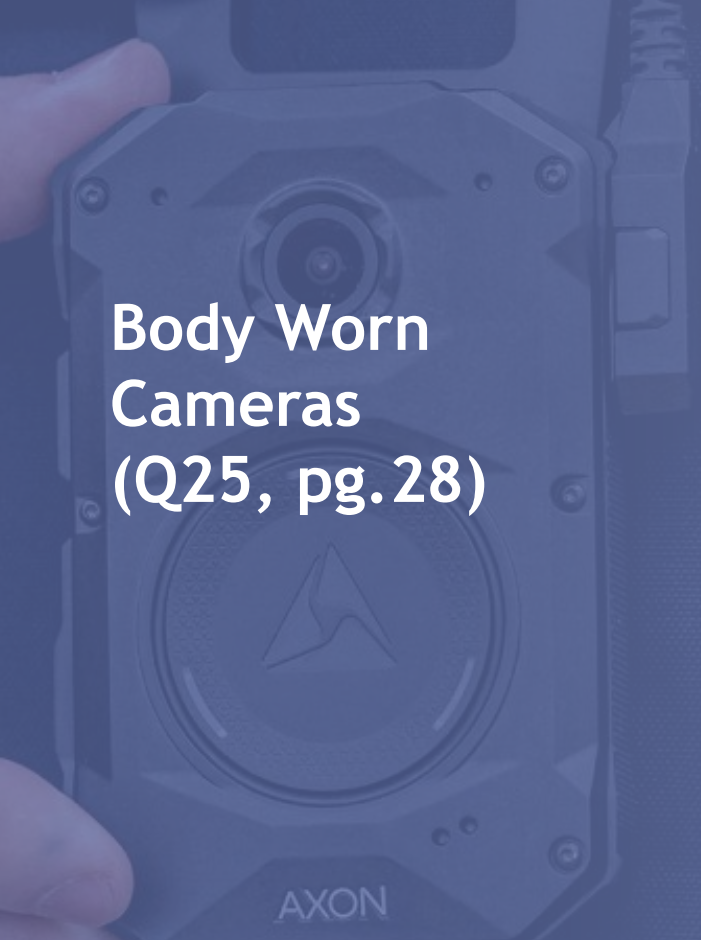


Increased risk profiles of the population result in youth requiring secure placements.



National shifts in use of residential placements and utilization of community interventions have led to residential providers closing doors.





Body Worn Cameras (Q25, pg.28)



Aids in investigation



Exceptional training tool

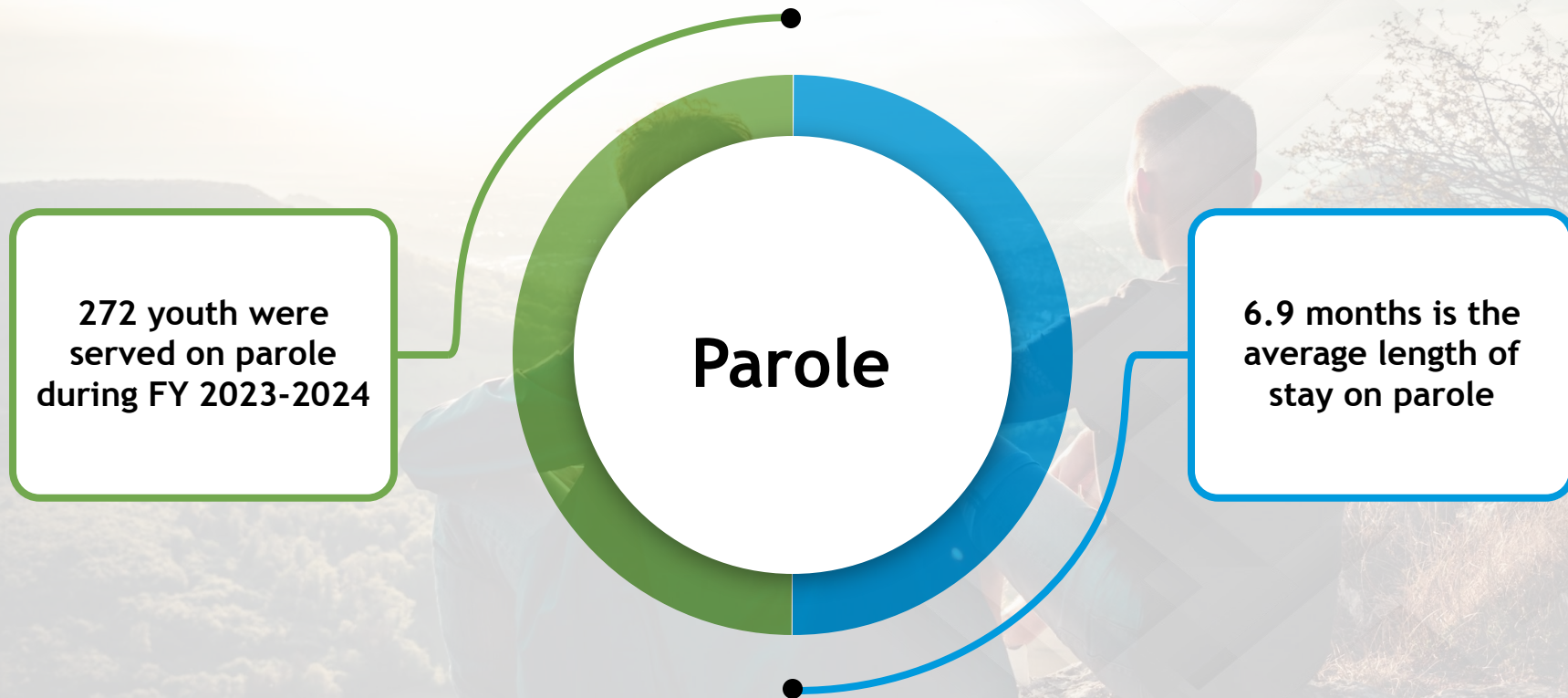


Protects both youth and staff



Benefits realized in other states

Parole Program (Q26, pg.29)



R-11: Nutrition for Youth Care Settings

Food inflation over four years has strained DYS nutrition programs, jeopardizing standards and caloric intake for youth.



32% increase in the cost of food



Costs have increased by \$371,695 annually

R-13: Career and Technical Education Technical Adjustment



This request transfers 2.0 FTE and \$153,868 to the appropriate budget line, where they are currently managed.

Office of Children,
Youth & Families

Division of Community Programs



COLORADO
Department of Human Services

Division of Community Programs

The Division of Community Programs (DCP) works to create and elevate a community of practice around the work of community facing units within OCYF.

DCP strives to implement, serve and nurture partnerships and family/youth engagement through community facing funding and programming.

Collaborative Management Program (CMP)

Domestic Violence Program (DVP)

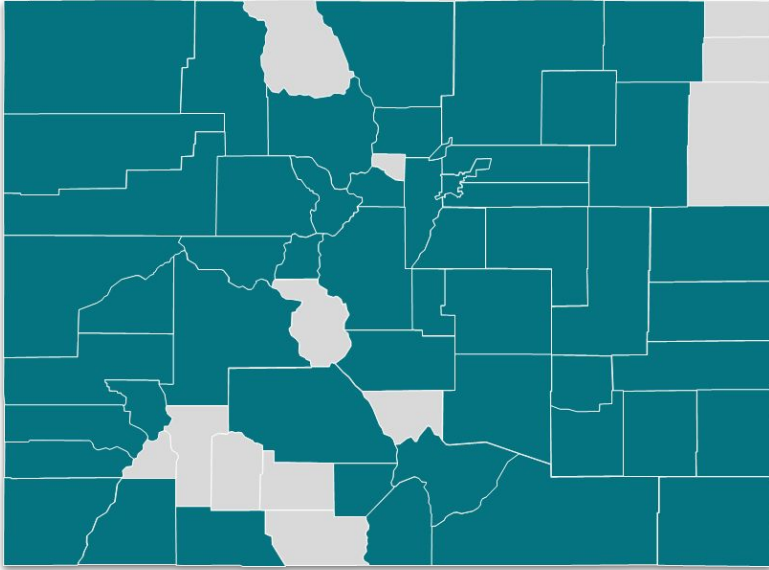
MINDSOURCE Brain Injury Network

Juvenile Parole Board (JPB)

Tony Grampas Youth Services Program (TGYS)

Colorado Sexual Health Initiative (CoSHI)

Collaborative Management Program (CMP) (Q27, pg.29)



CMP requires multi-system collaboration

51 participating counties

131 Individual Service and Support Teams (ISSTs) and;

121 prevention programs

16,000+ children/youth served annually

\$328.75 average cost per youth

DEFINING THE PROBLEM

Children and youth considered “**high acuity**” require more intensive services, treatment, & staffing.

HB 24-1038 High-Acuity Youth (Q28, pg.35) (Q29, pg.36) (Q30, pg.37)

Expand the number of beds available

Expand specialized foster care

Create a residential child care provider training academy

Creation of a clinical care team

HB 23-1307 Juvenile Detention Services & Funding (Q28, pg.32) (Q31, pg.39)

FY 2023-24 Incentive Funds Utilization

Funds were used to support approximately 155 youth exiting detention into out of home placements



SB 24-008 Kinship Foster Care Homes (Q28 , pg.35)



Reimbursement

Non-certified kin began receiving payments for reimbursement in October 2024 for placements beginning September 1, 2024.

Present

\$1.1 million in payments were made to 958 non-certified kinship providers on behalf of 1,412 children.

Future

DCW has seen an increase of children who are placed with kin, from around 18% of all placements 15 years ago to over 40% currently.

HB 21-1094 (Q28, pg.31)

Foster Youth in Transition (FYiT)

FYiT Reform of Extended Foster Care in Colorado

- Made participation in Colorado's child welfare system voluntary for youth
- Clarified the process for how a youth opts into the program
- Created the opportunity for youth to continue in or reenter care until they reach the age of 21

Clients Served Since July 2021

- 756 Youth
- 426 Youth Currently Participating

SB 23-082 (Q28, pg.34) (Q32, pg.40) (Q33, pg.40)

Fostering Success Voucher Program

Up to 100 state
housing vouchers

\$1.44 million annually
to provide case
management and
flexible funding to
youth

As of November 25,
60 vouchers have been
issued

HB 23-1249 Incentive Funds (Q28, pg.33) (Q34, pg.41) (Q35, pg. 43)

- \$2 million for new CMP sites
 - Rio Blanco established in FY 2023-24 and received \$73,551
 - Remaining incentive funds were rolled into the CMP cash fund
- As a result of HB 23-1249, CDHS no longer awards incentive funds based on performance
 - In 2024, a new needs-based funding formula was developed



Thank you!
Questions?



COLORADO
Department of Human Services

Office of Adult, Aging & Disability Services



COLORADO
Department of Human Services



**Division of
Aging and
Adult
Protective
Services**

**Division of
Regional
Centers**



**Division of
Veterans
Community
Living Centers**

**Division of
Disability
Determination
Services**



Office of Adult, Aging
and Disability Services

Division of Aging and Adult Protective Services



COLORADO
Department of Human Services

State Unit on Aging (SUA)



Supports older Coloradans to **age-in-place** in their communities.

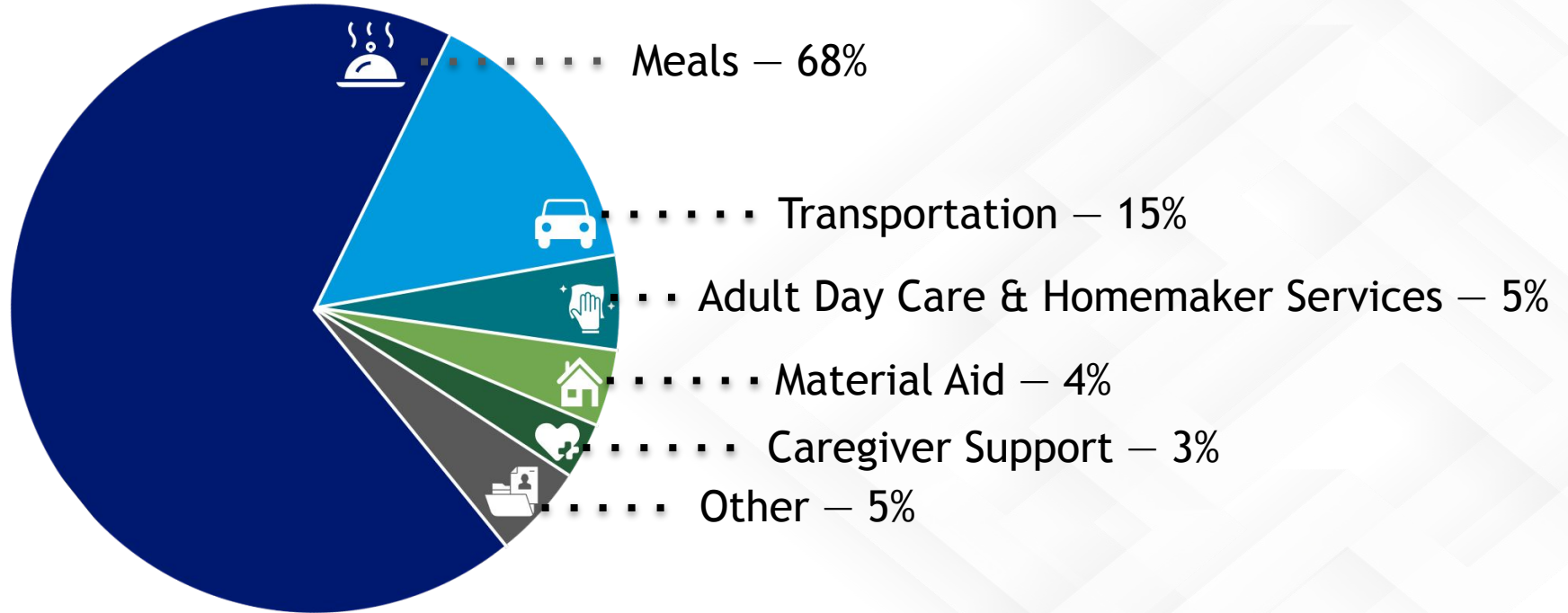


Delivers services to those 60+ and caregivers through **16 regional Area Agencies on Aging (AAAs)** and local provider agencies.



Served nearly **56,000** older Coloradans last year.

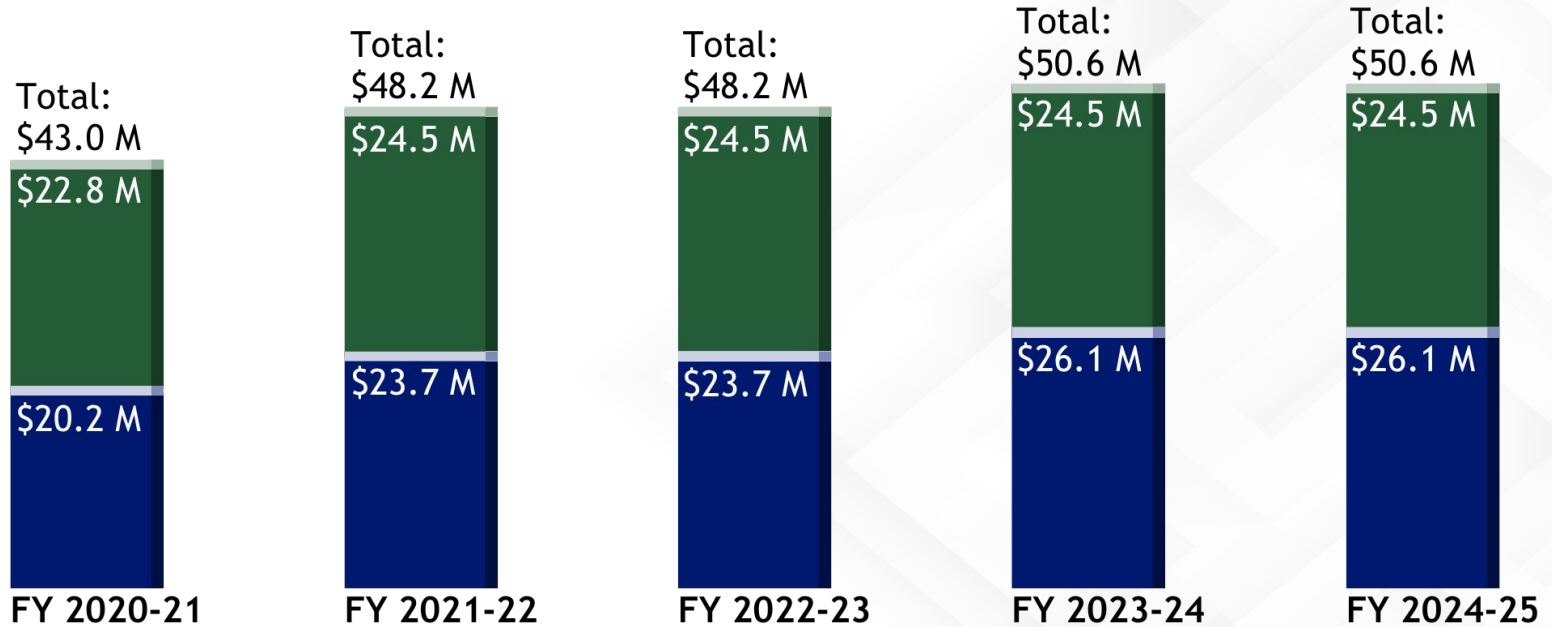
Area Agency on Aging Services by % of total FY 2023-24



Federal, State & Total Funding for Senior Services* by FY

● Older Americans Act (Federal) (OAA)

● State Funding for Senior Services (SFSS)



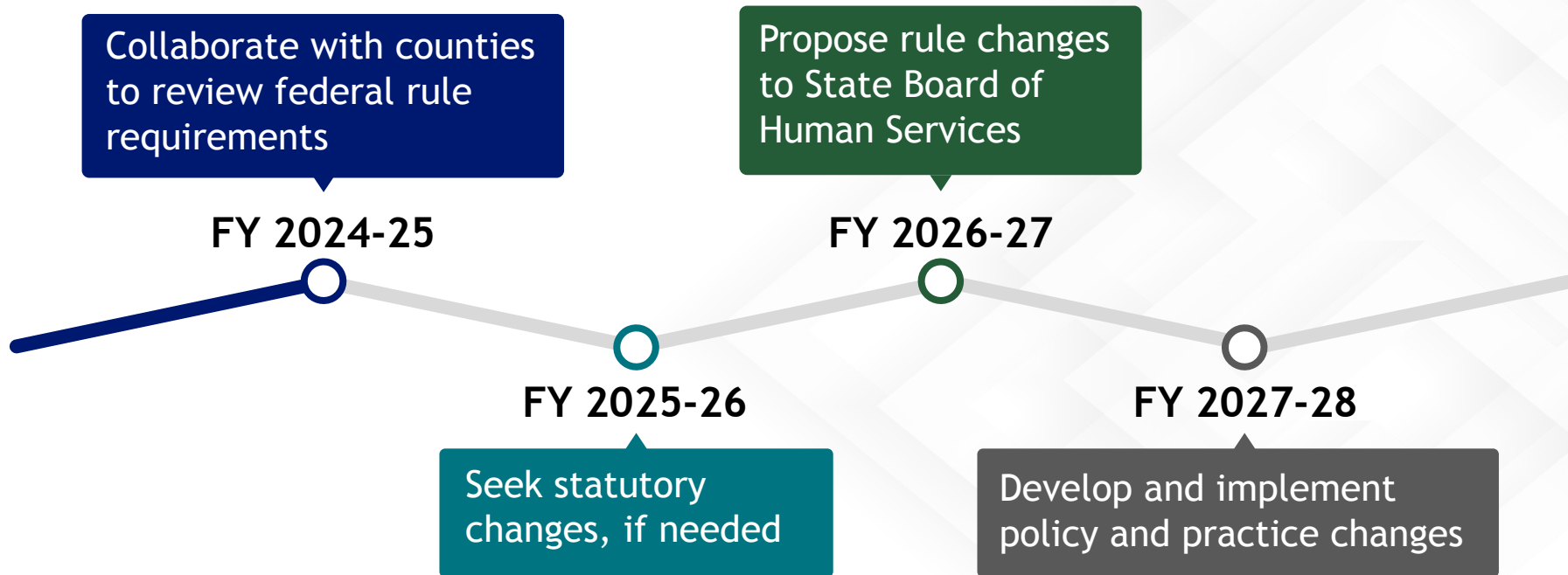
*Does not include one time funding from the American Rescue Plan Act (ARPA) or the Homestead Act

Adult Protective Services

APS is a state-supervised, county-administered program that investigates allegations of mistreatment and self-neglect involving at-risk adults and provides protective services to increase safety and reduce risk.



Implementation of New Federal Rules for APS Programs (Q36, pg.44)



Office of Adult, Aging
and Disability Services

Division of Regional Centers



COLORADO
Department of Human Services

Division of Regional Centers



Wheat Ridge Regional Center

- 19 homes
- 77 residents
- 270 staff

Grand Junction Regional Center

- 11 homes
- 52 residents
- 199 staff

Pueblo Regional Center

- 9 homes
- 36 residents
- 160 staff

Division of Regional Centers

Residential Services

- 24/7 residential and nursing staff
- Additional supportive services:
 - Behavioral
 - Community transition
 - Therapies and medical

Community Integration and Habilitation Services

- Employment First and Supported Employment
- Community integration activities
- Day programs



CDC visits GJRC on Sept. 17, 2024

Grand Junction Regional Center Campus (Q37, pg.44)



HB 19-1062/
HB 22-1327
Transition of
Property



December 2023
campus vacated



2022-2024
Assessment of
Land



Tribal
Consultation
tentatively
scheduled for
March 2025



Dept will make
recommendations
regarding campus

Office of Adult, Aging
and Disability Services

Veterans Community Living Centers



COLORADO
Department of Human Services

Colorado's Veterans Community Living Centers

1891



Colorado State Soldiers' and Sailors' Home

- First Colorado veterans home opened in 1891 in Homelake.
- Served aging and disabled Civil War era veterans.
- Continues to support honorably discharged veterans, spouses and Gold Star parents for over 133 years.

Veterans Community Living Centers

VCLC at Rifle

 59 residents
 89 staff

VCLC at Homelake

 79 residents
 72 staff



VCLC at Fitzsimons

 129 residents
 204 staff

Bruce McCandless VCLC at Florence

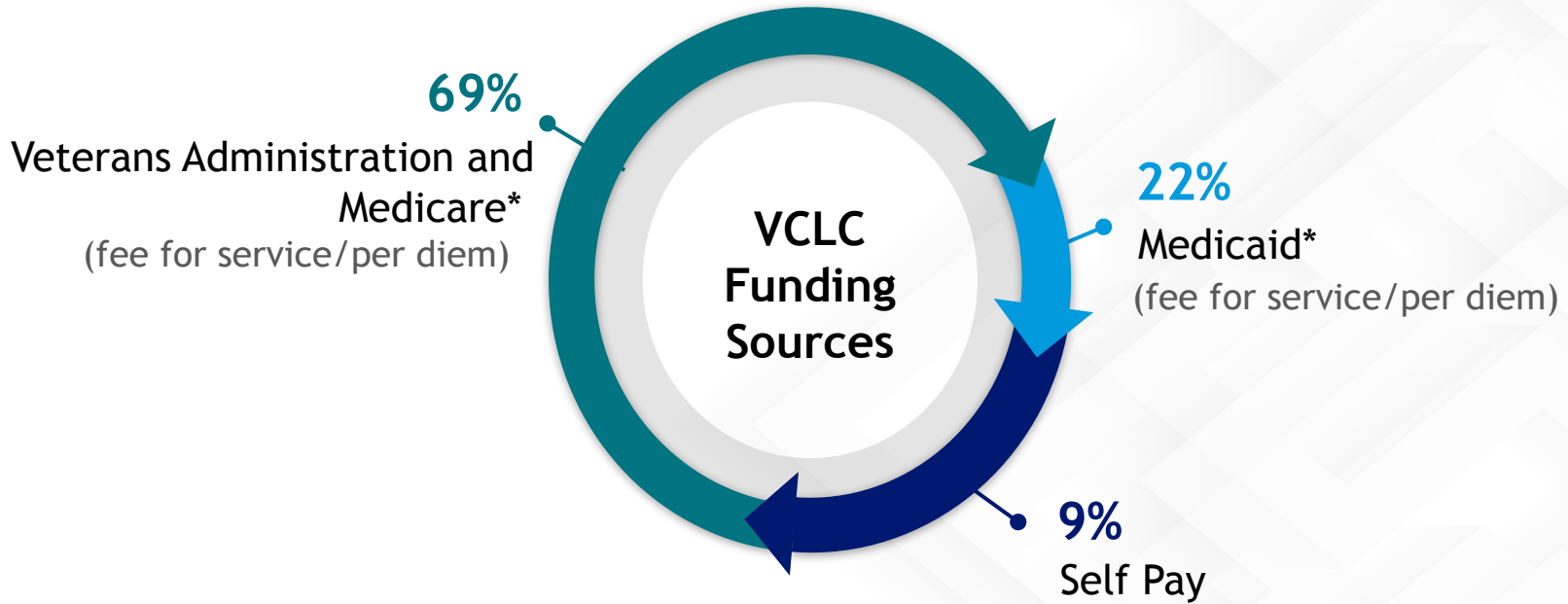
 55 residents
 97 staff

Spanish Peaks VCLC*

 74 residents

*Spanish Peaks is a public/private partnership.

VCLC Funding (Q38, pg.45)



*Rate increase in FY 2024-25. Improved, but does not cover full cost of comprehensive services.

VCLC Financial Trends/Staffing Challenges (Q39, pg.46)



**Expenses
increased**

since 2020 due
to contract
staffing.



**Revenue
decreased**

due to census
drop.



**Cash fund
reduced**

over last two
years due to
revenue drop.

Challenges and Opportunities-Census Growth (Q40, pg.48)



Challenges

- Aging in place preferences
- VA contracting with private nursing homes
- Slower census growth FY 2023-24



Opportunities

- Profitable at 5% census growth
- Reduce financial loss to \$2M from ~\$7M to \$8M
- Increase marketing efforts
- Contract with insurance plans
- Rightsize staffing while maintaining high level of care
- Partner with COWINS

Thank you!
Questions?



COLORADO
Department of Human Services