



County Presentation for Colorado's Child Welfare System Interim Study Committee

June 27, 2023



CHSDA
Colorado Human Services Directors Association

Introduction

Commissioner Warren-Gully, Arapahoe



Colorado Human Services Directors Association

Child Welfare 2023

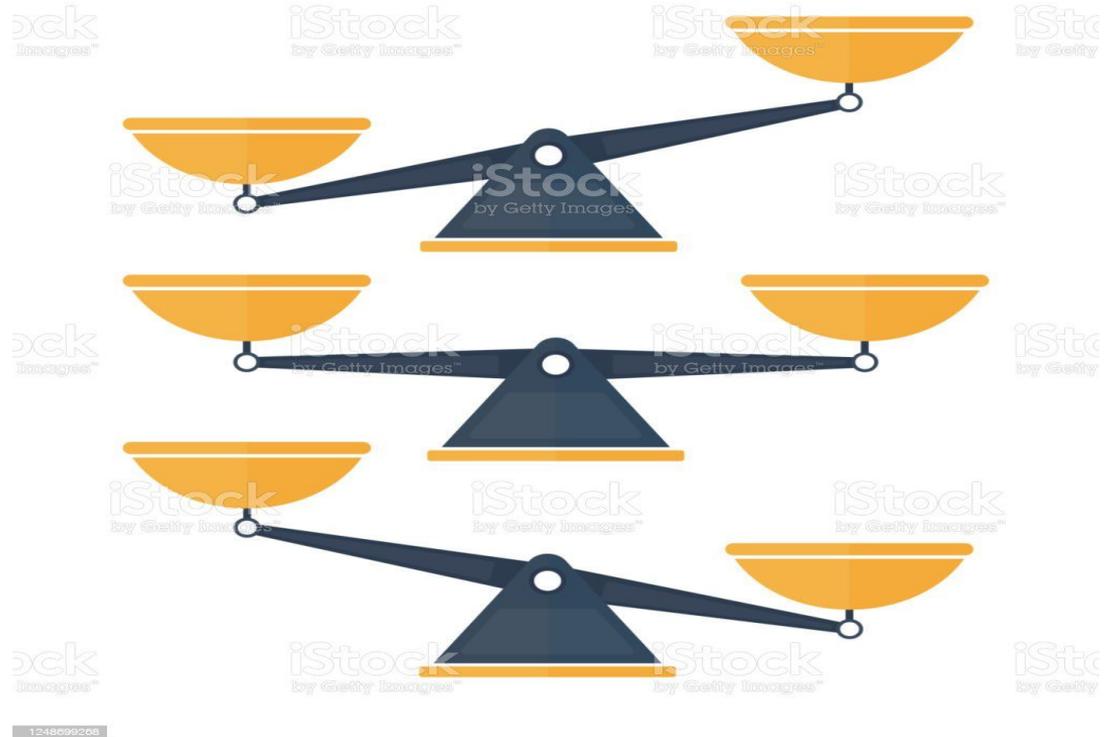
Mary Berg, Executive Director
Jefferson County Department of Human Services
CHSDA President



Colorado Human Services Directors Association

19-3-308

The immediate concern of any assessment or investigation shall be the protection of the child, and, where possible, the preservation of the family unit.



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Eagle County Family Testimonial



Positive Trends-Practice Changes that Have Made a Difference

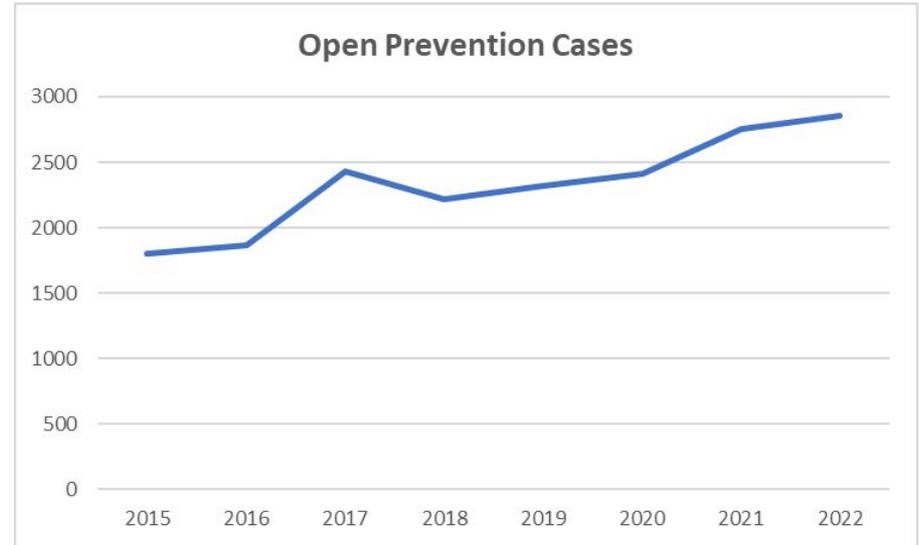
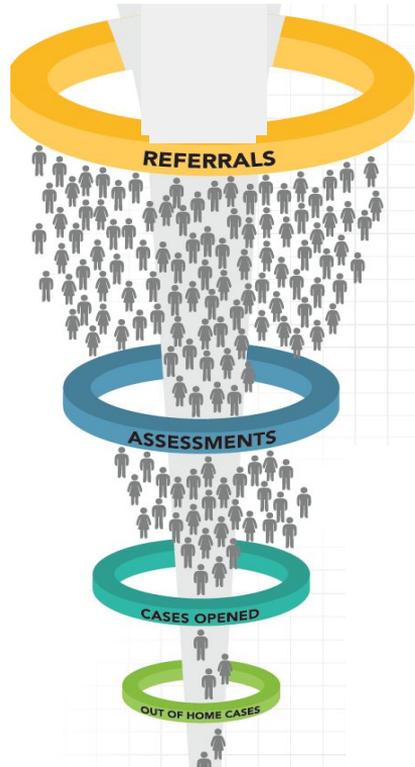
Carol Friedrich, Director
Ouray/San Miguel

Mollie Warren, Director of Family & Children Services
Boulder County



Colorado Human Services Directors Association

Prevention: Keeping Children and Families Out of the Child Welfare System



Prevention



Federal Financing Changes

Family First Prevention Services Act (FFPSA)

Prevention: Allows states for the first time ever to claim a 50% federal reimbursement on state and local funds spent on a narrow set of evidence-based prevention services delivered prior to removal

- Reimbursement is narrow: Open child welfare cases at risk of removal, only a few services

Placement Out of the Home: Prior to Family First, states could only access federal reimbursement in the event that a child or youth was placed outside the home.

- **Utilize the least-restrictive placement** (Kinship care, Foster care, respite support)
- **Residential Care:** Family First now restricts the use of federal funding to certain residential treatment settings (QRTPs) only when a child/youth meets specific criteria and a court approves of the recommendation from an independent, licensed clinician.

Family First Evidence Based Services

- Evidence-Based Services approved by the clearinghouse, delivered in Colorado, and in our approved prevention plan:
 - Child First
 - Multisystemic Therapy
 - Functional Family Therapy
 - Healthy Families America
 - Fostering Healthy Futures- Preteen
 - Nurse-Family Partnership
 - Parents as Teachers
 - Parent-Child Interaction Therapy
 - SafeCare
 - Colorado Kinnected Kinship Navigator Program

Collaborative Management Programs (CMPs)

Partners in local Collaborative Management Programs include:

- county departments of human/social services,
- local judicial districts,
- health departments,
- school districts,
- community mental health centers, behavioral health organizations or regional accountable entities,
- probation,
- division of youth services,
- domestic violence service providers,
- managed service organizations for the treatment of drugs and alcohol

Must establish a collaborative process that addresses risk sharing, resource pooling, performance expectation, outcome monitoring, and staff training

Implement Individualized Services and Support Teams (ISST) through which integrated services are delivered to children and families who would benefit from integrated multi-agency services

Ouray/San Miguel Example

Services available through county child welfare:

- Assessments for maltreatment and/or need for services
- Access Core Service funding through PA3 prevention case
- Court & Non-court involved PA 4 & 5 (Youth in Conflict and Child Protection)
- **Placement in Foster Care**
- **Referral to Administrative Service Organization for Independent Assessment when out of home placement may be appropriate**
- **QRTP placement for males requires placement on the Front Range 6+ hours from community, for females placement 3-4 hours away from community**

Services available in the community *outside of* child welfare:

- Collaborative Management Program
- Juvenile Services
- Crossover Youth Staffing
- High Fidelity Wraparound
- Outpatient in-person and telehealth therapy
- **Multisystemic Therapy (MST) - agency located outside Ouray/San Miguel but will provide services locally**
- **Mental Health Mobile Crisis - provided by outside agency, transportation not available**
- **MH Crisis Walk In Center - in Montrose 12 years and older**
- **Nurse Family Partnership**
- Parents as Teachers
- Mentoring Programs
- School-based BH Clinician

Changes in Approach and Values

Safety-Focused

Constructive
Engagement:
Partnership with
Families

Collaborative
Engagement:
Collaboration with
Communities

Family &
Community
Inclusion

Assessment of
Risk and
Protective
Capacity

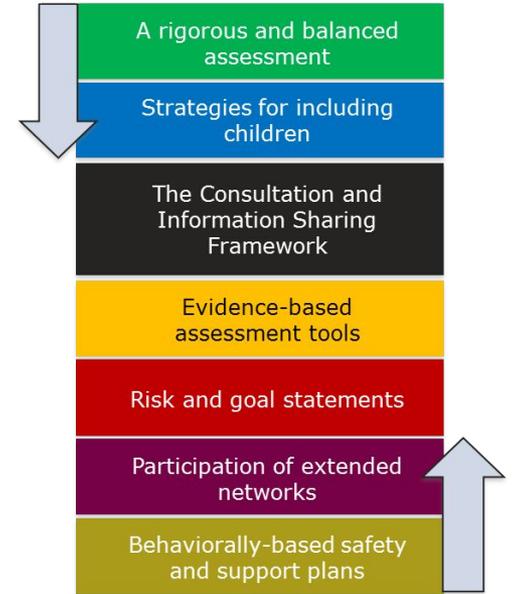
Transparency

Differential Response

Organizational Processes



Social Work Practices



Consultation and Information Sharing Framework [®]

RED Teams

Review, Evaluate and Direct

Reason for Referral

- Detail re: incident(s) Bringing the family to the attention of the agency. Impact on child(ren).
- Pattern/history

Risk Statement(s)

- Risk to child(ren)
- Context of risk

Complicating Factors

- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

GENOGRAM/ECOMAP

(Gray Area)

Incomplete/speculative information

Next Steps

Current Ranking

1
2
3
4
5
6
7
8
9
10

(Immediate Progress)
Safety/Protection
Required

- Development of next steps relevant to risk context
- What
- Who
- When
- Etc.

Enough safety to close

Safety/Belonging

- Strengths demonstrated as protection/connection over time
- Pattern/history of exceptions

Strengths/Protective Factors

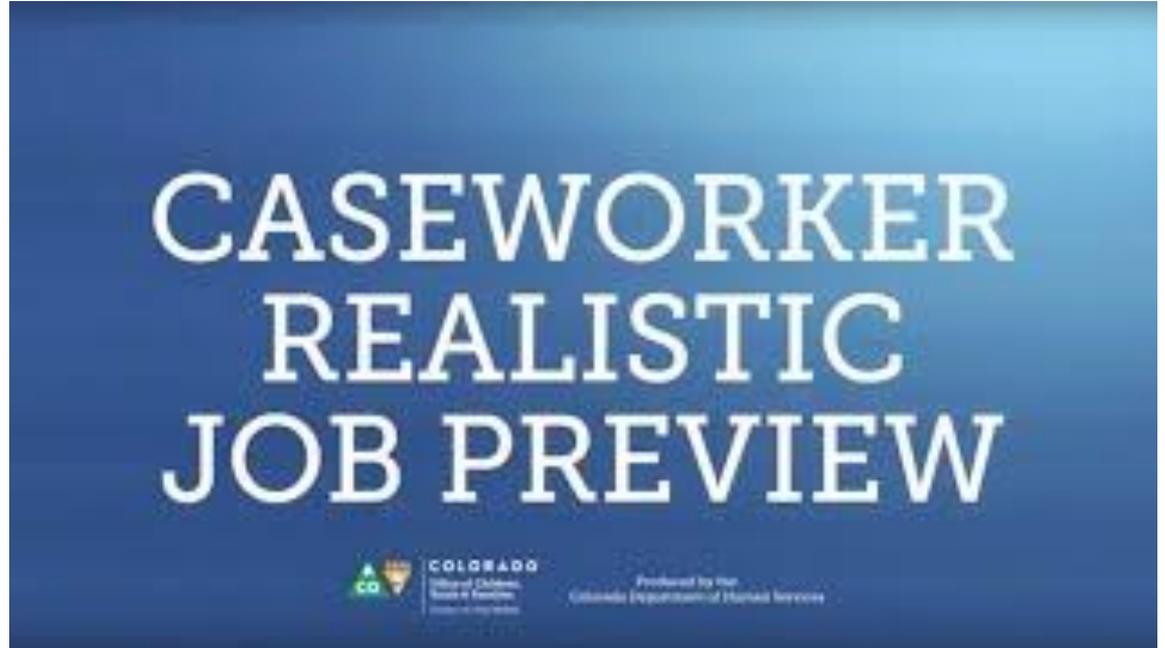
- Assets, resources, capacities within family, individual/community
- Presence of research based protective factors

Purpose/Focus of Consultation/Meeting

- What is the worker/team looking for in this consult?
Purpose of meeting?

This video includes the voice of child welfare caseworkers and supervisors and families and youth who were formerly served by Colorado's child welfare system:

Watch CO's Realistic Caseworker Job Preview



Caseworker Stories: Staff on the Ground

Andrea Woods- Arapahoe
Christine Johnson- Morgan
Chase Hagen- Mesa



Colorado Human Services Directors Association

Douglas County Family Testimonial

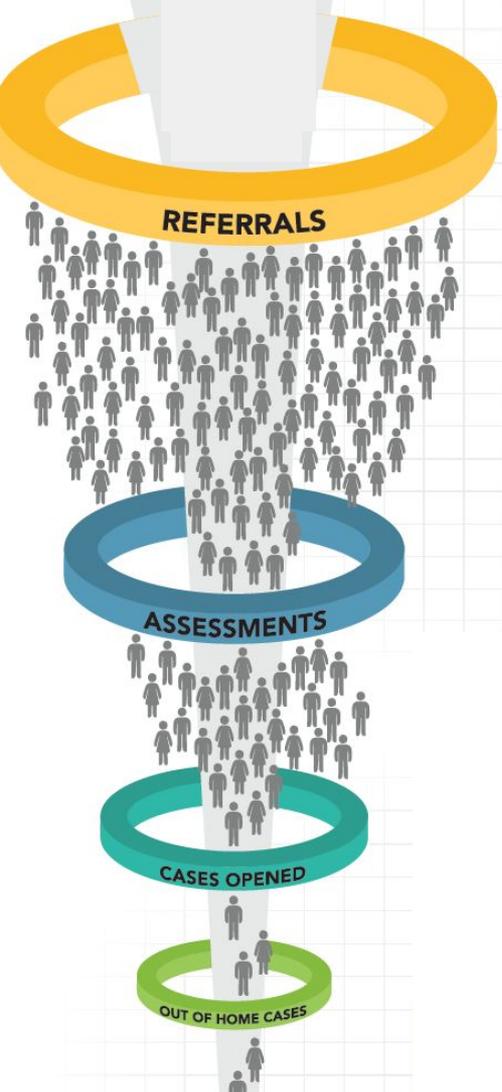


Increasing Complexity

Dan Makelky, Director
Douglas County Department of Human Services



Colorado Human Services Directors Association



State Fiscal Year	Total Referrals	Assessments	% Screened In
2022	113,415	33,972	30%

30% of all referrals were screened in (SFY22)

The total # of **out of home cases opened** each SFY has decreased 38% from SFY 2010-2022.

The # of children/youth in **congregate care** has decreased 85% from 2008-2022.

**That leaves
Child Welfare
Agencies across
Colorado
intervening in
the most
complex
situations, with
the highest level
of safety
concerns.**

Factors:

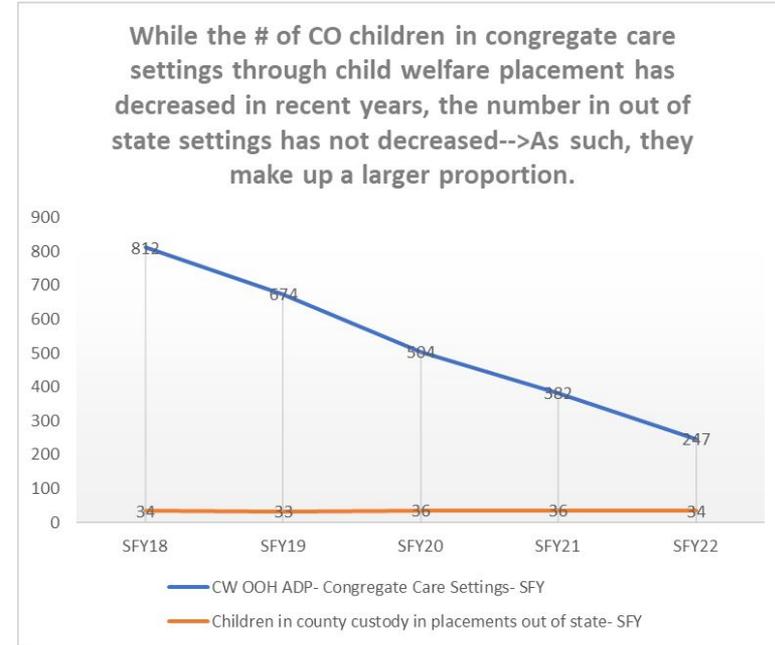
- Parental and child substance abuse
- Domestic violence
- Devastating injuries
- Parent or child chronic mental illness and debilitating behavioral health needs.
- Adult and youth criminal behavior

The Intersection of Child Welfare and Juvenile Justice

- Statutorily and by rules in Colorado, the child welfare system is required to serve youth beyond the control of their parents and youth in conflict, unless they meet criteria for referrals requiring no further action (CCR 7.103.5).
- If the youth is not known to the department of human services, the delinquency court can order the department to do a placement and services evaluation. For the department, these JJ cases drive the majority of our highest acuity placements.
- Child welfare is tasked with placing kids who are on probation with the highest treatment needs.
- Child welfare cannot place for containment reasons only.

Colorado's Out of Home Continuum Crisis

- **Children have to leave Colorado to access residential treatment:**
 - HCPF: In SFY 2021 there were **56** individuals under 18 that were sent out of state for residential or inpatient mental health services. *SFY22 data is not yet available.* Of those in SFY 2021, **36** included children/youth in county custody that were in out of state residential settings. (SFY22= 34)
- In March 2023 alone:
 - **15** children/youth were stuck overnight in county offices or hotels as a stopgap setting.
 - **13** additional children/youth in county custody were stuck in hospital settings and
 - **16** children/youth in county custody remained in detention because no placement was located. A high level of complexity such as serious charges and highly aggressive behaviors are a major factor in provider denials.
- There are also many children/youth that are not in county custody that are also stuck in hospital and detention settings every month.



Continuum Crisis Across the Country

The placement crisis for high-needs kids (Opinion) Child Welfare Monitor - October 26, 2022

Michigan has nowhere to send vulnerable kids as placement crisis builds;
Detroit Free Press- October 6, 2022

WISCONSIN: MENTAL HEALTH EPIDEMIC CREATES EMERGENCY DEPARTMENT BACKLOG AT CHILDREN'S HOSPITAL- NOVEMBER 14, 2022

Crash program slashes Virginia numbers of displaced foster kids; Richmond Times-Dispatch- October 21, 2022

MN Foster care children are stuck in hospitals across the state: Do we have a solution?
MPR News- October 26, 2022

New Mexico: Youth crisis shelters aren't set up to deal with foster youth who need intensive mental health treatment. When teens try to harm themselves or others, staff resort to calling 911. Las Cruces Sun News- November 4, 2022

Kids housed in casino hotels? It's a workaround as U.S. sees decline in foster homes- NPR June 14, 2023

DOJ Investigations

Nevada DOJ Finding-

Oct 2022

FOR IMMEDIATE RELEASE

Tuesday, October 4, 2022

Justice Department Finds Nevada Unnecessarily Segregates Children with Behavioral Health Disabilities in Institutions

The Department of Justice announced today that it has concluded an investigation into whether the State of Nevada subjects children with behavioral health disabilities to unnecessary institutionalization in violation of Title II of the Americans with Disabilities Act (ADA).

The Justice Department determined that Nevada violates the ADA by failing to provide adequate community-based services to children with behavioral health disabilities, relying instead on segregated, institutional settings like hospitals and residential treatment facilities. Hundreds of children are isolated in residential treatment facilities each year though they could remain with their families if provided necessary, community-based services. Over a quarter of these children stay over a year, and some of them are placed outside of Nevada, far from their homes. Nevada also fails to connect children who have been placed in institutions with services to allow them to successfully return to the community.

“Children with disabilities should receive the services they need to remain with their families and in their communities,” said Assistant Attorney General Kristen Clarke of the Justice Department’s Civil Rights Division. “The Civil Rights Division looks

Alaska DOJ Finding-

Dec 2022

Alaska News

Department of Justice investigation finds Alaska unnecessarily institutionalizes children, violating federal law

By Michelle Theriault Boots

Updated: December 16, 2022

Published: December 16, 2022



Behavioral Health Needs & The Path Forward

Jamie Ulrich, Director
Weld County Department of Human Services



Colorado Human Services Directors Association

A Story of One Youth's Inability to Access Appropriate Behavioral Health Services

- Weld County was court ordered to take custody of a youth who had injured her mother in a physical altercation
- During her time in DHS custody, the youth exhibited a pattern of ongoing suicidal ideation, attempts and other self-harming behaviors
- From December 2020 to May 2021, the youth was hospitalized ten times
- Her medications were adjusted multiple times while hospitalized
- In April 2021, a meeting was held with the RAE and the hospital. Even though she had self-harmed the night before requiring medical care, the RAE reported she no longer met medical necessity and payment for services would be denied
- A pattern emerged for this youth where she was not able to remain stable post-discharge and continued to cycle in and out of hospitals
- This led to placement disruptions and eventually no placement options for her in the State

The Rest of Her Story

- The youth was placed out of state in a treatment facility
- Prior to her placement out of state, the youth had a home visit with her father which ended early due to her attempting suicide and being hospitalized
- During her stay in treatment, she re-engaged with her father with the support of her caseworker and therapist
- After successfully completing treatment, the youth moved to placement with her father who took custody of her
- Despite having some hospitalizations, the youth remained with her father until she aged out of the system
- She moved out on her own but recently checked herself into a facility feeling she could not live on her own at this time

Youth Entering Child Welfare to Access Services/ Placement

- CHSDA collected 75 Examples Statewide
- Categorized into Eight Dominant Themes
 - Inability to navigate access or access unavailable
 - Caregiver feels unsafe bringing child home
 - Lack of placement options for high acuity youth
 - Court ordered DHS involvement/Youth will not engage voluntarily
 - Hospitals default to DHS
 - Lack of lower-level services and bilingual services
 - No longer medically necessary
 - Medicaid or private insurance denial

Defining Child Welfare Through a Race Equity Lens

- In addition to children and families struggling to access necessary behavioral health services, data continues to show racial disparities and disproportionality within the Child Welfare system
- Colorado Human Services Directors Association (CHSDA) members worked for several months crafting the vision statement and the values to advance race equity in Child Welfare
- **CHSDA Vision Statement (desired future state):**
 - Colorado families have equal opportunity to access services, resources and supports to ensure they are thriving and safe within their communities
 - A family's cultural beliefs, traditions or customs are strengths
 - The child welfare system will support those families in need of child welfare intervention
 - Race, ethnicity and poverty have no adverse impact on any family becoming engaged with, nor their experience within, the child welfare system.

Defining Child Welfare Through a Race Equity Lens

CHSDA Values to Advance Race Equity in Child Welfare:

- Courage
- Relationships
- Commitment
- Inclusion
- Service
- Accountability
- Resources
- Families

We believe children and families should be served in their communities when possible and Child Welfare should remain a place to serve children/youth facing abuse and neglect.

The Path Forward

- Comprehensive system of behavioral health care for youth and families available in all communities
 - New Jersey successful model of system of care
- Fully fund community-based prevention and early intervention services. Early connection to behavioral and mental health services, truancy prevention, life skills, programs that deepen cultural and community ties, mentoring, trauma and crisis intervention.
- Juvenile Justice involved youth and their families need behavioral health services to avoid entering Child Welfare to access services
- Services for youth with the most complex needs
 - Resources to support residential provider workforce and clinicians
 - Funding to continue incentivizing providers to serve youth with most complex needs
 - Funding to continue building out and refining the continuum of care
- Fully fund the new child welfare funding model (which includes the workload study)- support staff development and retention
- County ideas related to HB23-1160
- Greater investments in child welfare caseworker training
- Trails needs to be fixed!

Thank you!

June 27, 2023