



The “High Acuity” Treatment Continuum

August 22, 2023



COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

CDHS

Payor and case management vis-a-vis county departments for child welfare-involved youth

HCPF

Payor for Medicaid-covered treatment services through several benefit programs

BHA

Payor for placement and treatment services for youth who are not fully covered through Medicaid or child welfare

Treatment Settings

| Family-like settings | Specialized group settings | Short-term stabilization | Treatment focused settings |
|---|---|---|---|
| <ul style="list-style-type: none">• Kinship placements (certified or non-certified)• Family foster homes• Professional foster parents• Therapeutic foster homes• Treatment foster homes | <ul style="list-style-type: none">• Supervised independent living settings• Residential care and support services to survivors or those at risk of sex trafficking• Settings providing prenatal, postpartum or parenting supports | <ul style="list-style-type: none">• Assessment and stabilization• Respite, foster• Respite, transitioning from facility | <ul style="list-style-type: none">• Qualified Residential Treatment Programs (QRTPs)• Psychiatric Residential Treatment Facilities (PRTFs)• Division of Youth Services Facilities |

Defining the Problem

Children and youth considered “high acuity” require more intensive services, treatment, and staffing than has historically been available in Colorado.

As a result of these complex needs, they largely are unable to be successfully served by the majority of existing residential and community-based programs in the state.



High Acuity Needs

- Children/youth with complex medical and behavioral health needs
- Children aged 7-10 with acute psychiatric needs
- Youth with sex offenses

- Children/youth with intellectual or developmental disabilities with aggressive behaviors
- Youth with weapons charges
- Youth with a history of running from placements

Challenges



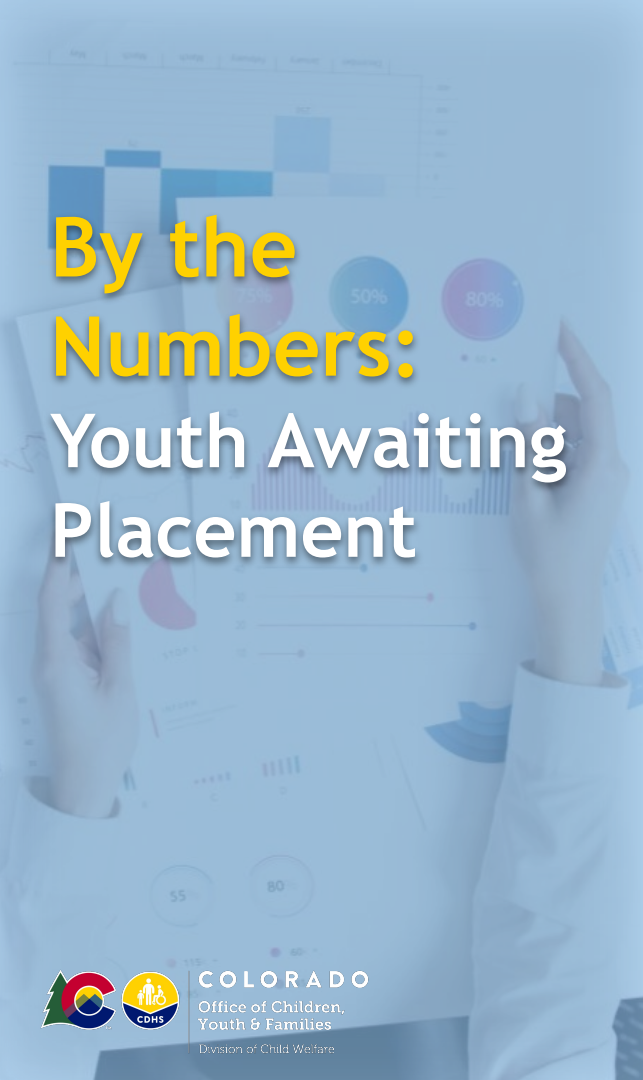
ED/Inpatient/County Offices

Assaultive Behaviors
Arson History
Inappropriate Sexual Behaviors
Medical Complexities
Weapons Charges
Young Children

Challenges



Treatment



By the Numbers: Youth Awaiting Placement

68 children and youth who were in an out-of-state placement in a residential setting last year

36 youth eligible to be placed in lieu of continued detention as of July

7 children and youth staying in county offices or hotels as a stopgap setting as of July

41 children and youth in hospital settings while staff work to locate placement in the last six months

Root Causes

The lack of availability of specialized treatment beds is a result of several factors:

Workforce Shortages

Insufficient Provider Rates

Lack of Clinical Training & Oversight

Payor Silos

Solutions: What's Working



Incentive Payments



State-controlled
admissions and discharges



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Solutions: What Needs to Happen Next

Supporting Treatment Providers

- Actuarial analyses to review provider rates
- Explore options to continue incentivizing providers to accept young people
- Shore up room and board funding

Improving Quality of Care

- Establish a quality assurance function
- Strengthen oversight of clinical care
- Create a pipeline for a highly trained workforce

Increasing Access to Responsive Treatment

- Design a broader assessment system that can be available to all young people
- Explore intensive case management
- Examine CHRP eligibility

Solutions: Key components to system of care

Standardized Assessment

Standardized assessment (CANS) to uniformly determine a child's needs and service type.

Crisis Resolution Teams

Intensive short-term in-home services and ongoing supports for those in crisis system or EDs.

Intensive Care Coordination

Hands-on care coordination with high-fidelity wraparound services and progress monitoring.

Support Services

Long-term in-home services to meet the support needs of children via Waiver.

Specialty Placements

1. Treatment Foster Care.
2. CRRP residential for long term supportive placements.





THANK YOU.
Questions?



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Appendix: Youth Profile

Mikayla's Story

Mikayla is an 11-year-old girl who has been in out-of-home care for seven years and is diagnosed with an intellectual and developmental disability, posttraumatic stress disorder, depression, and anxiety. She was recently brought to the hospital as a result of self-harming behaviors and has remained there for the last fifty-five days, at times under the use of physical or medical restraints due to repeated attacks on staff. Her kinship caregiver is unwilling to continue care due to safety concerns, and she has been placed on the waitlist for the state-contracted specialized residential unit at Southern Peaks. Southern Peaks is currently the only facility in Colorado with the capability to treat and prevent the serious behaviors of a child so young. There is no current timeline for admission due to all beds being full. In the interim, Mikayla remains in the hospital at risk of continued escalations, without a place to go, isolated from her peers, and without the family and pro-social connections that are so critical for a child her age.