

# Placement Continuum Learning Collaboratives

## **THEMES AND NEXT STEPS**



**COLORADO**

Department of Human Services



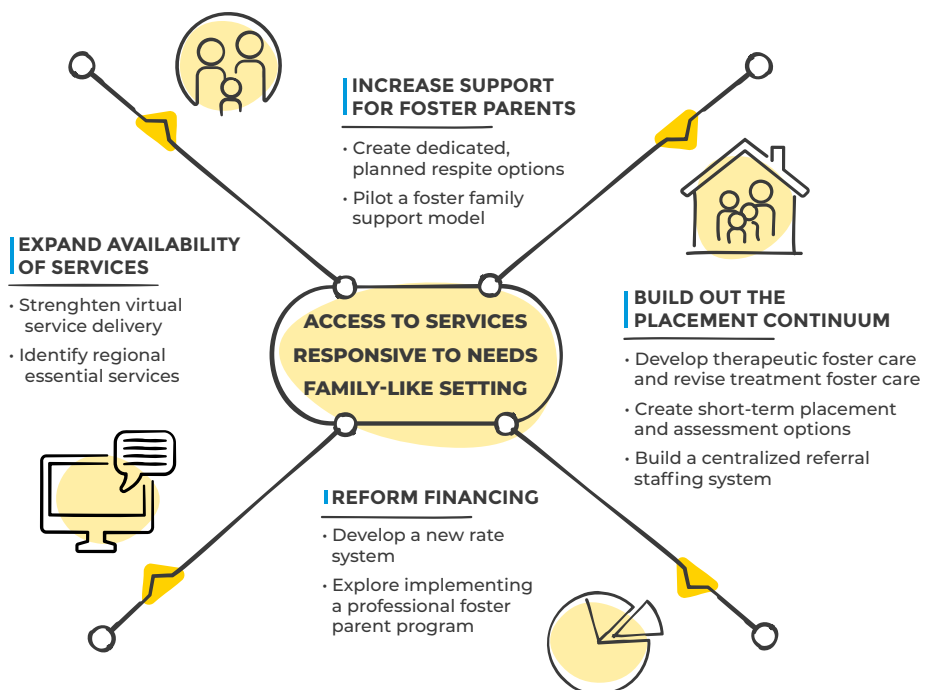
## Background

In January 2021, the Colorado Department of Human Services (CDHS) convened four placement continuum learning collaboratives with the following goals:

- Rightsize our placement continuum to be more responsive to the needs of children and youth in care;
- Ensure that every child and youth is in a family-like setting or a small, high-quality treatment facility; and
- Ensure that all families have access to appropriate, responsive and effective services at every level of the continuum.

More than 150 stakeholders attended each of these collaboratives, representing a variety of state and county agencies, nonprofit organizations, and members of the provider community. Each collaborative included small-group, human-centered design processes focused on identifying innovative approaches to meeting the primary needs of six unique youth “use cases.”

The learning collaboratives focused on certain levels of out-of-home placement, including traditional foster care, therapeutic and treatment foster care, Qualified Residential Treatment Programs, and options for youth involved in juvenile justice. We acknowledge that the full continuum of care is much broader and more diverse. Work in other areas, including prevention services and kinship support, continues to be a high priority.



# KEY THEMES FROM THE LEARNING COLLABORATIVES AND SHORT-TERM ACTION ITEMS CDHS WILL PURSUE



## Increase support for foster parents

### ACTION ITEM 1: CREATE DEDICATED, PLANNED RESPITE

- ▶ **Description:** Colorado foster families need **dedicated and planned respite** opportunities to allow them to recharge at critical times, in turn supporting their ability to provide the highest quality care possible to the children and youth in their care. Respite on a regular basis will be especially critical for foster parents taking in youth stepping down from congregate care.
- ▶ **Next Steps:** CDHS will establish a time-limited workgroup to create a menu of flexible respite options and strengthen recruitment of respite providers. The group will address current barriers to respite in practice, Trails, rule and statute.
- ▶ **Lead:** Amy Hixon, [amy.hixon@state.co.us](mailto:amy.hixon@state.co.us)

### ACTION ITEM 2: PILOT A FOSTER FAMILY SUPPORT MODEL

- ▶ **Description:** Families with access to resources and support networks are best equipped to provide a stable and loving environment for children and youth. CDHS will explore a service delivery model that creates a sense of extended family and community, in which foster families are paired or grouped together to increase support.
- ▶ **Next Steps:** CDHS will explore promising foster family support models, including the [Mockingbird](#) program out of Washington State, and determine how such a program can be piloted and evaluated in Colorado.
- ▶ **Lead:** Mary Griffin, [mary.griffin@state.co.us](mailto:mary.griffin@state.co.us)





## Build out the placement continuum

### **ACTION ITEM 1: DEVELOP THERAPEUTIC FOSTER CARE PROGRAMS AND REVISE TREATMENT FOSTER CARE PROGRAMMING**

- ▶ **Description:** Colorado needs foster families that can effectively serve higher acuity children and youth, who historically have been placed in congregate care settings. While therapeutic foster care will be a new level of care in Colorado, treatment foster care has existed in the state at a very limited capacity and barriers to the utilization of this programming need to be addressed.
- ▶ **Next Steps:** Discussions are underway around creating a recruitment strategy for therapeutic foster homes, and examining the historical barriers and implementing solutions to the lack of treatment foster care homes in Colorado. These discussions are taking place in the existing Foster Care Placement Continuum Task Group coordinated by CDHS and Fostering Colorado.
- ▶ **Lead:** Dennis Desparrois, [dennis.desparrois@state.co.us](mailto:dennis.desparrois@state.co.us)

### **ACTION ITEM 2: IDENTIFY SHORT-TERM PLACEMENT AND ASSESSMENT OPTIONS FOR CHILDREN AND YOUTH, INCLUDING YOUTH WHO ARE SCREENED OUT OR RELEASABLE FROM DETENTION SETTINGS**

- ▶ **Description:** In order to reduce reliance on detention centers for youth who can be safely served in the community, Colorado's placement continuum needs **short-term placement and assessment options** to serve youth who are in detention but releasable as well as those who have screened out of detention.
- ▶ **Next Steps:** CDHS will release a Request for Information to accumulate suggestions from providers on what these placement options might look like, including a "no reject, no eject" clause and possibilities to serve these youth in family-like settings.
- ▶ **Lead:** Amy Hixson, [amy.hixson@state.co.us](mailto:amy.hixson@state.co.us)

### **ACTION ITEM 3: DEVELOP A CENTRALIZED "MATCHING MODEL" TO ASSIST COUNTIES FINDING APPROPRIATE SETTINGS THAT ARE RESPONSIVE TO THE SPECIFIC TREATMENT NEEDS OF DIFFICULT-TO-PLACE CHILDREN AND YOUTH**

- ▶ **Description:** County caseworkers need additional, centralized support when trying to rapidly find placements for children and youth who have specialized treatment needs. It is often difficult to find placements for youth with a high level of acuity, and the current process may involve sending requests to multiple providers over a lengthy period of time.
- ▶ **Next Steps:** In partnership with county departments of human/social services, CDHS will create a **centralized referral staffing system** that can help match each individual child or youth with a placement provider best suited to the young person's needs by using criteria such as treatment options, geographic location, and more. The staffings would include a multidisciplinary panel including providers, county staff, state staff and staff with clinical expertise. CDHS will also explore possible technological solutions to automate some of the process.
- ▶ **Lead:** Kristin Melton, [kristin.melton@state.co.us](mailto:kristin.melton@state.co.us)

### **Qualified Residential Treatment Facilities (QRTPs)**

The creation of a short-term, high-quality, treatment-centered level of care, QRTPs, is one of the cornerstones of Family First. CDHS is taking the following steps to ensure that Colorado has adequate capacity within QRTPs:

Using current assessment data (from the Child and Adolescent Needs and Strengths tool) to better estimate the number of children and youth likely to require a Q RTP level of care in the future

Providing one-on-one coaching, transition planning and technical assistance to facilities that are applying to become a Q RTP and/or need to adapt their business model

Seeking additional clarity from Medicaid partners and providing clear guidance to providers about the IMD issue. Visit [co4kids.org/IMD](http://co4kids.org/IMD) for background on IMDs.



## Reform financing

### **ACTION ITEM 1: DEVELOP A RATE SYSTEM THAT SUPPORTS BOTH THE PROVIDER AND THE INDIVIDUAL NEEDS OF THE CHILD/YOUTH**

▶ **Description:** Rates based on placement type can inhibit providers from serving youth with intensive and/or costly treatment needs. CDHS will develop a new rate system that aligns with Family First and can reimburse providers at higher rates for children and youth who require a higher level of care. This will rightsize incentive structures and better ensure all children and youth are in a setting responsive to their needs.

▶ **Next Steps:** Discussions around a new rate structure are already underway in the existing Foster Care Placement Continuum Task Group coordinated by CDHS and Fostering Colorado.

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### **ACTION ITEM 2: EXPLORE IMPLEMENTING A PROFESSIONAL FOSTER PARENT PROGRAM**

▶ **Description:** There is a need to develop a program that supports both specialized and “**professional**” foster parents. CDHS will explore ways to incentivize at least one foster parent per household to foster full-time in the home to meet the multiple and complex needs of children/youth with higher levels of acuity.

▶ **Next Steps:** CDHS will begin discussions on this program, as well as what appropriate reimbursement would be.

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#### **Family First Transition Act Funds**

As part of the Family First Transition Act, passed in December 2019, Colorado received \$7.7 million to support and accelerate Family First implementation efforts. Colorado has identified three priority funding areas for transition funds, including building a placement continuum that includes small, high-quality QRTPs as well as lower levels of family-based care that are responsive to the needs of children and youth. The Transition Act provides Colorado with one-time funding to support the key strategies identified by the learning collaboratives.





## Expand availability of services to rural/underserved regions of Colorado

### ACTION ITEM 1: EXPLORE OPPORTUNITIES TO STRENGTHEN VIRTUAL SERVICE DELIVERY

▶ **Description:** Placement options presently may be tied to availability of critical services and supports. To ensure that all kids and families have access to relevant services, regardless of location, Colorado needs to explore and invest in expanded virtual service delivery options.

▶ **Next Steps:** In partnership with the Office of Behavioral Health, identify critical services and supports that are suitable to a virtual service delivery model. Identify what is currently being provided effectively and consider how to expand existing services.

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### ACTION ITEM 2: IDENTIFY REGIONAL ESSENTIAL SERVICES

▶ **Description:** Placement options are often tied to the availability and accessibility of critical **behavioral health service** providers. Identifying essential services that should be available in all regions of the state, and expanding accessibility by leveraging a regional model will allow sustainable support services for all Colorado children, youth and families.

▶ **Next Steps:** In partnership with providers, the Office of Behavioral Health, and county departments of human/social services, CDHS will lead discussions to identify a set of essential services and explore options for regional service delivery models.

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