

## LARIMER COUNTY INTERAGENCY OVERSIGHT GROUP

**Date:** May 14, 2020  
**Time:** 11:30 AM – 1:00 PM  
**Location:** Meeting held virtually via Zoom platform  
**Contact:** Deb Bowen, [dbowen@larimer.org](mailto:dbowen@larimer.org)

### Minutes

**Date:** May 14, 2020

**Location:** Virtual Meeting held via Zoom

**Members Present via Zoom Platform:** Averil Strand, Linda Ott, Chris Gastelle, Michele Christensen, Mark Burke, Charlie Carter, Matthew Zehe, Cyndi Dodds, Thad Paul, Bob Percifield, Michelle Brinegar, Mark Brosal – proxy for Maria Campos, Heather Dolan – proxy for Daniel Darting, Andrew Boesenecker, Michael Ruttenberg, David Blake, Debbie Lapp

**Members Participating by Phone:** all virtual participation

**Members Absent:** Josie McCauley, Ruben Chacon, Meg Taylor

**Other Non-Voting Members Present:** Sue Statz, Ali Wright, Anthony Silverman, Greg Otte, Heather O'Hayre, Jan James

**Guests Present:** Shannon Reiff, Devon Lehman

**Recorder:** Deb Bowen

- I. Call to Order by Averil Strand at 11:35 AM
- II. Welcome, Introductions and Updates by Agencies
  - Introductions were made between participants.
  - No updates.
- III. Review and Approval of Minutes from April 9, 2020
  - *A motion for approval was made by Cyndi Dodds and seconded by Heather Dolan. Motion approved and passed.*
- IV. Memorandum of Understanding (MOU) Discussion
  - Ali Wright reported that the first draft of the MOU was sent to the State and we are now making edits based on their review. The final document with signatures is due June 30. Deb Bowen will send out signature pages for your signatures. Please return them promptly so we meet our deadline.
- V. Family First Prevention Services Act (FFPSA) Update
  - Thad reported in Judy Rodriguez's absence. The State has slowed down the process and has not submitted the plan yet. The plan is on hold and this is a good decision due to the COVID crisis.
  - The State does not have Qualified Residential Treatment Programs (QTRP)s so they cannot offer those services. QTRPs may be Institution for Mental Disease (IMD) qualified. There is a federal prohibition on using Medicaid funds for services provided in an IMD. The problem created by potentially losing medical funding for services because QTRPs will be more than 16 beds. This is a fiscal impact to the State budget. There is too much unknown with

uncertainties to submit the plan. This has most likely slowed down FFPSA for many states to submit their plans to the Fed. The work continues for FFPSA with Colorado counties even though the plan has not been submitted. The State wants to be ready before we move forward. There are a lot of questions especially around QTRPs and IMD. This is national issue, not just Colorado. States that have been approved are still dealing with this issue as it came about after these few states were approved. No response from Feds, a law may need to be adjusted. Not sure if QTRPs in these states are being funded by Medicaid. It would be a significant impact for Colorado if we were unable to draw down federal funds. We have no state QTRPs, but current residential facilities have been IMD. It is a challenge. The State has completed an analysis through the State as we try to ramp up prevention services as an offset to losses for children in facilities.

VI. Community Collaboration Grant – Thad Paul & Anthony Silverman

- Thad and Anthony reported on the grant. We are now 6 months into the grant. We have submitted our plan and we believe we will continue to be allocated in the future.
- In the context of the virtual world we have had one world café with the Grandparents Coalition. Anthony is involved in many groups in the community and our three navigators are working with agencies to connect everyone to resources in the community. There is a weekly standing meeting for navigators across the community with a lot of agencies.
- We are in the process of shaping our logic model as an implementation plan, then we will be able to launch services in the community. The Community Collaboration Team (CCT) is working with business models on how to roll out our protective factor surveys. It will be a well-being measure of our community.
- Anthony shared some themes he is aware of:
  - Technology struggles and exploring how to address these issues for families that have limited access to technology.
  - Trying to connect all resource documents across the community.
  - Using a slack channel for resources.
  - Exploring what different agencies do to provide protective factors.
- The CCT is hoping to host more world cafes to work with communities for building protective factors.
- A growing challenge in the community is the need for case management and identifying gaps and finding the root causes for the communities.
- Newsletters may be an option to find out what we are missing or roll into things that are happening.

VII. Review of and Discussion of Placement Data (attached) – Sue Statz

- The review of this data is to look for trends. The Family Settings section seems to show the biggest variances. Significant swings but everything is staying the same. Even with the COVID Crisis for March and April this year it seems consistent.
- The Congregate Care numbers from a year ago to the current data varies 1 – 2 a month. It was a slow move and now back to a lower number. Hoping to keep that number the same. Psych Hospital is now lower, staying consistent overall.
- The Colorado Youth Detention Continuum (CYDC) section has a month's lag in numbers so no current numbers. David reported that the Average Daily

Population (ADP) does affect our detention beds especially now with the COVID Crisis. Some youth that were residential are now at Platte Valley Youth Services Center.

- In the Medicaid section there has been a dramatic shift in psychiatric from 27 – 12.

VIII. Budget Review (attached) – Sue Statz

- Sue reviewed the budget with expenditures year to date and the Department of Human Services (DHS) coverage/payback. If we continue to spend like we are we will be under budget. Agencies have decreased billables during the COVID Crisis.
- Thad shared that if we are under budget, we will get to carry over Collaborative Management Program (CMP/LCIOG) funding. Fiscal impacts are coming with the loss of tax bases with the COVID Crisis. There may be a \$3 Billion statewide budget shortfall and there is talk that Collaborative Management Program (CMP/LCIOG) incentives will be dropped. It is a possibility that next year the State could face an overall 20% cut for the child welfare budget.
- The LCIOG Budget Committee (Thad, Sue, Chris, David, and Robert) will plan for a meeting to come up with recommendations for the LCIOG budget since the new allocation will be less next fiscal year. Deb will coordinate a meeting time and place.

IX. Subcommittee to Review Out of Home Placements for Youth Involved with DHS and Courts Update – Cyndi Dodds

- Cyndi discussed a three-pronged approach at what this committee is working on.
  1. Review children we struggled with in Family Assessment Planning Team (FAPT)
  2. Find training and support for current provider community.
  3. How to be better prepared for autistic children.
- Additional resources for court involved youth are needed. Cyndi is asking Michael Rутtenberg, of Larimer County Community Corrections, to present the Bridges Program to their group.
- The committee is looking at evidence-based programs for youth for respite care.
- The committee met earlier this month, will meet early in June, and will bring in other agencies.
- Multisystemic Therapy (MST) may be available soon. Savio House, in the Denver metro area is now a provider.
- Creative thinking is needed to bring back the Detention Alternative Support Homes (DASH) program and how to fund it.

X. Old Business

- None

XI. New Business

- Devon Lehman, Larimer County Dept. of Human Services, joined today to share the Core Services Family Preservation Report which lists the Core Services we provide. The statewide core evaluation is done annually. The report was reviewed by LCIOG and overall, we have the capacity and availability to provide these Core Services. Some programs were not viewed this year due to the COVID Crisis. The barriers are listed.

- We continue our collaboration with Medicaid and the Regional Accountable Entity (RAE) working on some bilingual issues, transportation, limited capacity for in-home services and payment issues.
- FFPSA participation. There is some commitment and barriers.
- Delivery of Core Services in our community. With the loss of a community leader we lost day treatment and the National Youth Project Using Minibikes (NYPUM) programs.
- Intellectual and Development Disabilities (IDD) youth are being served at Foothills Gateway with Children's Habilitation Residential Program (CHRP) waivers. A barrier that prevents us from placing in community. Respite an issue – email Tiffany for a discussion. Case mgmt. services are lacking due to capacity – could be added in a gap. Life skills and family education is a gap.
- This report's signature page will be sent to Michelle and Avie for digital signatures.

XII. Adjourn

- *Motion to Adjourn was made by Thad Paul and seconded by Cyndi Dodds. Motion accepted and approved.*
- Adjourned 12:30 PM

**Next Meeting:**

June 11, 2020

11:30 AM – 1:00 PM

Location TBD

## EXPENDITURES THRU APR. 2020

LCIOG BUDGET / EXPENDITURES FY19	HB1451	1451 EXP	DHS COVERED	TOTAL
	BUDGET	YEAR TO DATE	YEAR TO DATE	PROJECTED EXPENDITURES
<b>PROGRAM / SERVICE - FAPT</b>				
COACHES - FAPT	162,750	14,017	92,148	159,248
20% COORDINATOR SALARY - FAPT	21,390	12,804		21,390
FAMILY ADVOCATE - FAPT	95,697	54,261	25,500	95,697
HOME BASED - (FFT/MST/FCC/SAFY/IFT)	93,000	160	63,246	95,109
SPECIALIZED SERVICES (DD, TRUMPET, MOSAIC)	29,760	6,231		9,346
DAY TREATMENT	13,950	1,725	2,120	5,768
HARD SERVICES FUNDING (RENT, GAS, TRANS, FOOD)	46,500	14,516	2,730	25,869
<b>SUB TOTAL FAPT</b>	<b>463,047</b>	<b>103,715</b>	<b>185,744</b>	<b>412,427</b>
<b>PROGRAM -</b>				
PLATTE VALLEY THERAPIST	5,436	2,718		5,436
TRAUMA INFORMED CARE	-	-		
LCIRC (OFFENSE SPECIFIC PROGRAM)	74,033	34,725		52,087
PREVENTION PLUS PATHWAYS	158,798	83,912		158,798
SCHOOL TRUANCY PROGRAMS	39,163	40,485		39,163
<b>SUB TOTAL PROGRAM</b>	<b>277,429</b>	<b>161,840</b>	<b>-</b>	<b>255,484</b>
<b>TOTAL</b>	<b>740,476</b>	<b>265,555</b>	<b>185,744</b>	<b>667,911</b>

Larimer County ADP\* by Placement Type

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20
<b>Family Setting</b>													
Trial Home Visit	9	12	9	5	8	6	8	6	6	6	3	5	9
**Kinship Care	220	211	207	210	212	208	200	198	191	194	196	187	184
***Kin Foster Care	30	33	33	32	34	34	34	32	35	35	36	32	31
County Foster Care	89	89	90	89	86	88	87	89	90	89	83	86	87
Private Foster Care	28	28	27	26	29	29	30	28	27	27	28	28	26
<b>Sub Total</b>	<b>376</b>	<b>373</b>	<b>366</b>	<b>362</b>	<b>369</b>	<b>365</b>	<b>359</b>	<b>353</b>	<b>349</b>	<b>351</b>	<b>346</b>	<b>338</b>	<b>337</b>
<b>Congregate Care</b>													
Group Home	3	3	4	4	5	5	6	6	5	3	2	4	3
Group Center	0	0	1	1	1	2	2	1	1	1	1	2	2
Residential	9	8	6	6	8	8	12	14	15	14	13	11	9
Psych Residential	1	0	0	0	0	0	0	0	0	0	0	0	0
Psych Hospital	4	4	4	4	1	2	3	4	4	4	2	2	2
<b>Sub Total</b>	<b>17</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>17</b>	<b>23</b>	<b>25</b>	<b>25</b>	<b>22</b>	<b>18</b>	<b>19</b>	<b>16</b>
<b>Other</b>													
Independent Living	1	1	2	2	2	1	3	3	2	2	2	2	2
Run Away	1	2	3	2	3	3	3	4	3	3	3	1	2
<b>DHS Total</b>	<b>395</b>	<b>391</b>	<b>386</b>	<b>381</b>	<b>389</b>	<b>386</b>	<b>388</b>	<b>385</b>	<b>379</b>	<b>378</b>	<b>369</b>	<b>360</b>	<b>357</b>
<b>CYDC (Colorado Youth Detention Continuum)</b>													
Detention (ADP)	10	11	8	13	15	12	11	13	16	12	11	13	
New Detent. Admissions	31	19	22	28	21	18	25	28	23	30	21	15	
Commitment (ADP)	21	21	20	19	19	19	19	19	19	18	21	16	
New Commitments	0	1	0	1	1	1	0	1	1	1	0	1	
<b>Medicaid</b>													
Residential	2	0	0	0	0	0	3	3	0	4	2	3	1
Psychiatric	27	21	14	10	18	21	17	17	23	7	23	8	12

Key

\*ADP = Average Daily Population

\*\*Kinship Care = Child in the home of Kin and not in Custody of DHS

Updated 5/10/2020

\*\*\* Kinship Foster Care = Child in home of Kin and in Custody of DHS

## Definitions for Placement Type

### Family Setting:

**Trial Home Visit:** A child in DHS custody, living away from their parent, is transitioning home. Prior to the trial home visit, criteria and expectations for the visit are defined and submitted to the court.

**Kinship Care:** A child is **not** in the custody of the Department and is in the care of relatives or friends of the family.

**Kinship Foster Care:** A child is in DHS custody and is placed with a relative or family member that has been certified, or is in the process of being certified, by the Department.

**County Foster Care:** The child is in DHS custody and is placed in a Larimer County licensed foster home. The caregivers are not related to the child.

**Private Foster Care:** The child is placed in a foster home that is licensed by a Child Placement Agency (CPA). That CPA provides oversight and monitoring of the home.

### Congregate Care:

**Group Home:** home-like setting, in which a number of unrelated children live for varying periods of time with a single set of house parents,

**Group Center:** placement where a number of unrelated children live for varying periods of time with a rotating staff of trained caregivers.

**Residential Child Care Facility (RCCF):** facility that provides 24-hour care, with rotating staff coverage.

**Psychiatric Residential Treatment Facility (PRTF):** non-hospital facility offering intensive inpatient services

**Psychiatric Hospital:** Hospitalization services for youth that are displaying mental health concerns, threatening to self-harm or may pose a risk to the safety of others.

### Other:

**Independent Living:** Adolescent who is in DHS custody and is being assisted to become independent. They may be living in their own apartment or sharing housing with another individual or family.

**Run Away:** A child or adolescent that is in DHS custody and has left the home of their caregiver, without consent, and their whereabouts is unknown.