LARIMER COUNTY | Larimer County Interagency Oversight Group

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LARIMER COUNTY INTERAGENCY OVERSIGHT GROUP

Date: September 9th, 2021 Time: 11:30 AM – 1:00 PM

Location: Meeting held virtually via Zoom platform

Contact: Marci Pilon, mpilon@larimer.org

Minutes

Date: September 9th, 2021

Location: Virtual Meeting held via Zoom

Members Present via Zoom Platform: Thad Paul, Averil Strand, Jody Shadduck-McNally, Robert

Axmacher, Mel Jensen, Cyndi Dodds, Maria Campos, Michael Ruttenberg, Pat Carney, Mark Burke, Sarah

Olsen, Gregg Otte, Nicole Feltz, Pat Carney, Michelle Brinegar **Members Participating by Phone:** all virtual participation.

Members Absent: Linda Ott, Michele Christensen, Andrea Clement-Johnson, Rachel Blanton, Charlie

Carter, Ruben Chacon, Heather O'Hayre, Laura Walker, Meg Taylor, Pam Jones

Other Non-Voting Members Present: Sue Statz, Matthew Zehe, Troy Bowman, Deb DuLuca-Forzley

Guests Present: Violet Willett, Heather Akins, Stephanie Madsen-Pixler

Recorder: Marci Pilon

- I. Call to Order by Averil Strand at 11:35 a.m.
- II. Introductions: Agency Updates Announcements
 - Division of Youth Services requiring vaccinations now
 - Matthews House Youth Awareness week is this week, taking time to recognize the importance of youth
 - SHP New Opioid Center funded by SAMSHA Grant
- III. Review and Approval of Minutes from August 12th, 2021
 - A motion for approval was made by Mel Jensen and Cyndi Dodds, Motion approved and passed.
- IV. Discussion from last month's presentation from the youth panel with The Matthews House
 - Continue the ongoing dialogue with the Youth Advisory Board and have them attend regular meetings. We would like to have more opportunities to have youth join us.
 - Kids felt welcomed. The timing of attending LCIOG is a bit hard because of the conflict with school.
 - Ideas were taken back to the CYF Admin team who is looking at ways to expand and bring the youth voice in.
 - The kids who spoke raved about the experience. They felt heard, empowered, and were honored that each member was listening to them.

- Housing situation is very difficult. Deb DeLuca-Forzely shared an example of a person in subsidized housing who has had a difficult time highlighting how we need to support people in our community like this.
- V. Spotlight: Zero Suicide Project: Cyndi Dodds and Stephanie Madsen-Pixler
 - Using this program since 2016. Initiative Systems level approach. Zero is the only acceptable goal.
 - Seven areas of focus: Lead, Train, Identify, Engage, Treat, Transition, Improve
 - Pathway: identify people so they don't fall through the cracks, and provide a care management plan
 - Training all staff: QPR, C-SSRS, CALM, CAMS, Safety Plan Training. 1500 individuals trained so far.
 - Utilize Peer Specialists that show that someone is thinking about them.
 - September is suicide prevention month
 - Mark Burke affirms this mission, sharing recent loss of a transgender youth.
 - SHP is seeing a spike with LGBTQ youth and suicide. Something we all need to be aware of.
 - Is there a need for resiliency strategies? When SHP loses a client to death by suicide, they do a review? The weight is heavy on clinicians. Look and extrapolate information on how to change but be non-blaming. How do we carry the load together? Build in screenings to try and catch as much as possible.
 - QPR is very important, as it won't always be the clinicians that become aware
 - PowerPoint will be sent out
- VI. High level overview of FFPSA and Juvenile Justice Reform initiatives to set the stage for October discussion. How do they intersect? What is the impact on agencies and the community? (Thad, Magistrate Zehe and Judge Brinegar)
 - Oct. 1 our state will be in the FFPSA Act. What Family First does is shift to support work in- home. Our state will send a plan from the feds. They will only pay for services that are evidenced based programs. What is different - money will go into a trust account and people can apply, but no direct draw down.
 - We no longer can place kids in residential without doing an independent assessment. If kids stay in this level of care, and not recommended by independent assessment, it won't be called residential (QRTP = new residential). There may be more county cost.
 - QRTP is the only level of congregate care now for us.
 - Bed capacity will be significantly reduced. More competitive to get this level of care.
 - In the pilot with the independent assessment process, 35% of kids deemed not appropriate for QRTP, and these were already kids in residential treatment.
 - Judge Brinegar: We are losing beds at Platte, can't keep kids in jail.
 Kids committing serious crimes in our community, dangerous to self and others with significant issues.
 - Cannot detain on running, trafficking, or lack of parent's ability to manage youth in home.

- For kids in Juvenile Justice system, congregate care has been an alternative to detention. With Family First Act, whatever the problems are, they are going to be addressed at home or with Kin placement.
- Aren't any obvious solutions, so we'll need to be creative.
- We have systems/services that give youth as many opportunities as possible. In Juvenile Justice, stakeholders are working hard to be prepared, coming up with ideas to address these concerns.
- Dash Homes: provide a period of respite for youth that are high risk and are not safe to send home. Risk assessments are performed at the Hub, showing scores of low, medium, high. Kids who score low or medium would screen into the Dash program. Sometimes kids who screen high could also benefit from the dash program.
- We need to have good ideas as to what the motivators are that will get kids and families to buy into resources. We no longer have detention. Where does this motivation come from?
- The closer kids stay to families the more the likelihood of successful outcomes for the youth. Keep kids/families as connected and active as we can.
- Bridges program court liaison navigator.
- Obstacle to engagement is the complexity of the system. Try to remove this barrier.
- Diversity and Inclusion racial and ethical disparities committees working to generate ideas. Diversity issues in court with the language barrier. This is also an area that needs attention.
- Significant needs in our community, need to have continued discussions.
- We'll bring this back to our meeting next month paired with our budget committee.
- Bring any ideas to next meeting.
- VII. Finance Committee meeting update Sue Statz
 - Have met once and will meet again before the next LCIOG meeting.
 - We'll be looking at resources available more to come following the next meeting.
- VIII. Budget Review Sue Statz
 - Still working on getting an accurate report for next month.
- IX. Review of Placement Data Sue Statz (see attachment)
- X. Old Business
 - None
- XI. New Business
 - None
- XII. Adjourn

- Motion to Adjourn was made by Cyndi Dodds, Motion accepted and approved.
- Adjourned 1:01 PM

Next Meeting:

October 14th, 2021 11:30 AM – 1:00 PM Zoom Meeting

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Private Foster Care	78	28	26	26	26	24	23	23	70	23								27				
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*ADP = Average Daily Population	ition																					
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*** Kinship Foster Care = Child in home of Kin and in Custody of [ild in hom	of Kin ar	nd in Cust	ody of [
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# of Referrals	Sep. 19 662	Sep'20 419	Oct.'19 660	Oct.'20 517	Nov. 19 584	Nov.'20 491	Dec.'19 596	351	Jan. '20 Ja 553	Jan. '21 442	Feb.'20 Fel 601	Feb. '21 Mai	Mar.'20 Mar.'21 420 524	<u>ar. '21</u> Apr.'20 524 306	20 Apr. '21 36 576	21 May'20 5 293	May'21 517	June'20 313	June'21 460	347 July'20	1 uly'21 436	Aug'20 362
	9	121(29%)	170(26%) 1	(%	<u>@</u>	<u> </u>	163(27%)		(%	141(32%)	%) 12	29(26%) 117	7(28%) 142(30 10	%) 149(28.8	%) 124(39.6	%125(27.2%	138(39.8%13		122(33.7%) 132(24.2%
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Definitions for Placement Type

Family Setting:

<u>Trial Home Visit</u>: 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.

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

<u>Kinship Foster Care:</u> 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.

<u>County Foster Care</u>: 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:

Other:

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

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

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

<u>Psychiatric Residential Treatment Facility (PRTF):</u> non-hospital facility offering intensive <u>inpatient services</u>

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

<u>Independent Living</u>: 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 whereabout is unknown.