

**DEPARTMENT OF HUMAN SERVICES
(Division of Child Welfare, Division of Child Care,
Division of Youth Corrections)
FY 2010-11 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Wednesday, December 23, 2009
9:00 pm – 12:00 noon**

9:00-9:30 INTRODUCTIONS AND OPENING COMMENTS

List of DHS Presenters:

Karen L. Beye – CDHS Executive Director
George Kennedy - Deputy Executive Director – Children, Youth & Families
Jenise May – Deputy Executive Director – Employment & Regulatory Affairs
Will Kugel – CDHS Budget Director

Consolidation of Human Services, Public Health, and Health Care Policy and Financing

1a. Would it be possible to consolidate the Departments of Human Services, Public Health and Environment, and Health Care Policy and Financing? Would there be savings if the three were combined?

Response:

HB 93-1317 created the Department of Human Services, Department of Health Care Policy and Financing, and Department of Public Health and Environment effective on July 1, 1994. These departments were created from the dissolution of the Department of Institutions, Department of Social Services, and the Department of Health.

While a consolidation of HCPF, Human Services and CDPHE could be possible, the Executive Branch does not, at this time, think it would be desirable. The Executive Branch has not considered consolidating the three departments, and as such has not done an analysis to determine if cost savings would result from a consolidation such as this. The development of such an analysis would take a significant amount of time and resources. The results of such an analysis might indicate that consolidating the departments would be beneficial, however there are several issues surrounding consolidation that would need to be addressed.

The Executive Branch strongly believes that there is benefit to having the departments separated. First, having one organization that consolidates these three departments would create the largest department in Colorado's state government serving very diverse functions that are under different federal oversight agencies. Administering an agency with this broad array of

services, a \$6.6 billion annual budget and 6,800 FTE would be very difficult to administer effectively. Two of the three departments already perform a wide range of functions (environmental quality and regulation, disease control, disease prevention, developmental disabilities, mental health, food stamps, child welfare, etc) and increasing the diversity of functions in one department would make it very difficult to determine priorities of the department for strategic direction.

The departments do not operate in silos. For example, members of HCPF program staff serve on committees to develop programs for DHS programs regarding developmental disabilities, mental health, and drug abuse treatment, as well as DPHE programs such as family planning, nurse home visitor for new mothers and infants up to two years of age, enhanced prenatal care, and long term care review.

In addition, there are inherent conflicts of interest in consolidating the departments. For example, HCPF sets Medicaid policy and determines reimbursement rates for Medicaid Providers. DHS on the other hand acts as a Medicaid provider and receives reimbursement from HCPF. If the departments were combined, they would be "paying themselves" for services provided.

Another example of an inherent conflict is that DHS provides inpatient and long term health care services for patients. The CDPHE is responsible for inspecting and licensing health facilities to ensure proper patient care and safety. If the departments were combined, they would be inspecting their own facilities.

Furthermore, the consolidation of these three departments could logically lead to the CDPHE sections being separated, as it might not be ideal to have one large "Health and Human Services and Environment" department with environmental protection and regulation work being included with all of the services for people. The separation of the public health functions and the environmental protection functions into different departments could be detrimental. Currently, the environmental protection specialists in the CDPHE consult and collaborate with the public health specialists to ensure that recommended changes to environmental laws and regulations are protective of the public health. Conversely, public health specialists consult with the environmental specialists to ensure that their recommendations are protective of the environmental quality as well as human health.

Smaller, specialized agencies are able to adapt more quickly to changing circumstances and environments and provide greater transparency and accessibility to the public.

In summary, there are no analyses from which to conclude if there would be a savings or a cost to consolidation. While the consolidation may be possible, for these three departments in particular, the Executive Branch agrees that consolidation is not desirable.

9:30-10:30 DIVISION OF YOUTH CORRECTIONS

Continuum of Care, Base Reduction #2 (Delay Additional Continuum of Care Investments), and Youth Corrections Population Trends

Continuum of Care

1. Provide an update on the continuum of care initiative. Where was it headed and where is it headed now? What are the implications of taking some of the money back/delaying program expansion?

Response:

Current Status of Continuum of Care Initiative – Over the past three years, the Division has implemented a series of significant shifts in philosophy and practice that have made up the elements of the Continuum of Care. Some of the changes include:

- **Implementation of the new Colorado Juvenile Risk Assessment (CJRA) instrument**
- **Establishment of Clinical Teams in each State-operated commitment facility**
- **Enhanced the availability of community based transition and parole services**
- **Developed and Implemented the Division’s Five Key Strategies**
- **Trained all Client Managers in Motivational Interviewing to enhance skills**

Progress of the Initiative – There have been some very positive outcomes that have resulted directly from the above changes in philosophy and practice. Some examples include:

- **Using the CJRA as a measurement, the Division has successfully reduced the overall criminogenic risk factors (e.g., attitudes/behaviors, aggression, mental health, school, relationships, alcohol/drugs) of committed youth for the last two years. The Division has also enhanced protective factors of these youth, which places them in a better position for success when they return to the community.**
- **The Division has dramatically reduced recommitments of committed youth in both residential placements and on parole for the past two years. For example, during the period July 1, 2008- November 1, 2008,**

97 youth received a recommitment to the Department. In the current fiscal year (July 1, 2009-November 1, 2009) 49 youth have been recommitted. This represents a 49% decrease over the same time period.

- Despite an increase in the acuity of committed youth, the Division has successfully maintained stable pre- and post-discharge recidivism rates over the last two years.

Impact of Delay and the Future of the Continuum of Care Initiative –The reductions recommended by the Department needed to balance the State budget have delayed the Department’s plans to provide funding for local 1451 collaboratives, reestablish the Community Accountability Program and attend to ongoing capital improvements in facilities. The Division will continue program improvements driven by its Continuum of Care Initiative. For example the Division has recently worked toward integrating all of the above initiatives into a well-defined, cohesive strategy for system improvement. To that end, the Division has enlisted the assistance of its private provider community as well as staff throughout the Division to develop and implement a Multi-Disciplinary Team Decision Making process to enhance decisions on behalf of youth from the point of commitment through the point of discharge from parole. This evidence-based approach will ensure that all disciplines have a voice in the treatment planning process, and will allow for more meaningful involvement by families in this process.

Drivers for Population Trends

2. What does the Department see as the major drivers behind recent trends in the commitment population? Why is the parole population declining?

Response:

The two major drivers behind recent trends in the commitment population are the decrease in the number of new commitments to the Division and the decrease in recommitments. The Department believes that improvements in local and State collaborative efforts through SB 91-94 and HB 04-1451 have been successful in reducing the number of new commitments. Additionally, as described in the response to question #1, the Division has achieved a 49% reduction in recommitments in the current year. Both of the above have helped to reduce or hold steady the commitment ADP. The decline in parole population is a result of the lower population in residential commitment. As new commitments have declined over the past five years, so have both commitment and parole average daily population (ADP). The decline in parole population is lagging behind the trends in new commitments and residential commitment ADP because youth typically spend about more than 18 months in residential treatment programs before transitioning to parole.

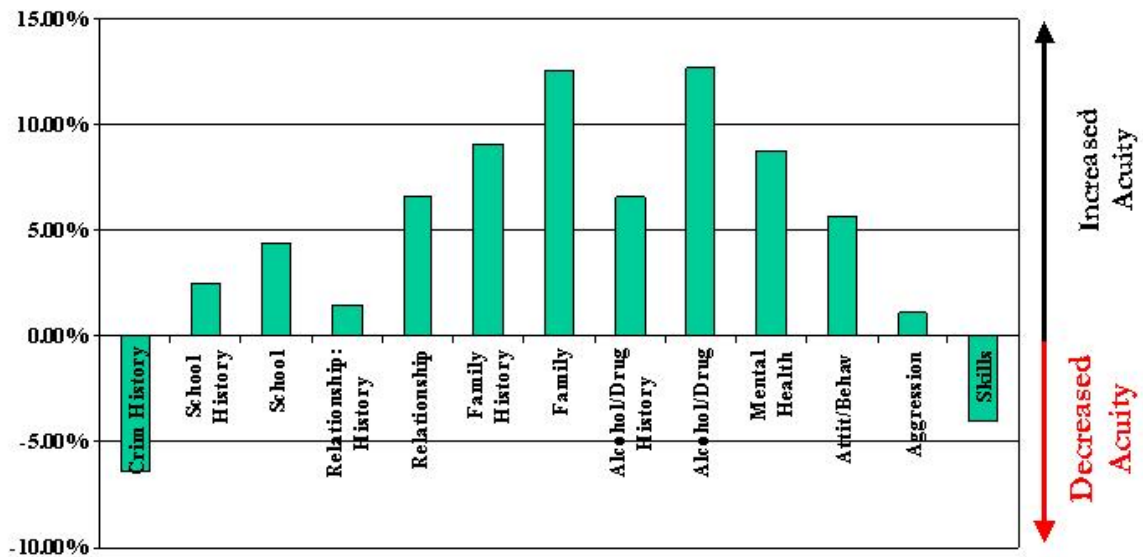
Recidivism

3. As fewer youth enter the youth corrections system, has the average acuity of those who remain in the system increased? If so, is the lack of *increase* in post-discharge recidivism an indicator of success?

Response:

According to a fiscal year comparison of newly committed youth and their initial CJRA risk scores (FY 2006-07 vs. FY 2008-09), the average acuity of youth committed to NYC appears to be increasing in multiple areas. As illustrated in the graph shown below, 11 of 13 risk domains show an increase in acuity over this three-year period; thus, achieving stability in post-discharge recidivism rates would be an indicator of success as youth acuity has increased.

Change in Youth Acuity
CJRA Domain Score Comparison
FY06-07 to FY08-09



4. What violations are most prevalent in post-discharge recidivism? In particular: (1) to what extent are violations “technical” versus new crimes? What are the most common categories of new crimes? (2) To what extent are youth who are not legal residents of the United States considered to have “recidivated” because they had no legal means for earning funds to provide restitution?

Response:

(1a): All incidents of post-discharge recidivism tracked by the Division are a result of a new crime. The Division does not include “technical violations” in its measure of recidivism. The definition of pre- and post-discharge recidivism adopted by NYC is as follows:

Pre-Discharge Recidivism: A filing for a new felony or misdemeanor offense that occurred prior to discharge from the Division of Youth Corrections.

Post-Discharge Recidivism: A filing for a new felony or misdemeanor offense that occurred within one year following discharge from the Division of Youth Corrections.

(1b): The most common categories of new criminal offenses measured in the latest recidivism study conducted by DYC (youth discharged in FY 2007-08) are detailed in the chart that follows:

Most Serious Filing (Felony Offense Type)

Offense	Pre-Discharge Recidivism		Post-Discharge Recidivism	
	Number	Percent of Total Filings	Number	Percent of Total Filings
Person Felony	57	16.8%	86	23.3%
Property Felony	58	17.1%	89	24.1%
Drug Felony	22	6.5%	24	6.5%
Weapon Felony	1	0.3%	10	2.7%
Escape Felony	63	18.5%	3	0.8%
Identity Felony	9	2.6%	17	4.6%
Sex Registration Felony	6	1.8%	7	1.9%
Other ¹ Felony	7	2.1%	16	4.3%
Total Felony Filings	223	65.6%	252	68.3%

Most Serious Filing (Misdemeanor Offense Type)

Offense	Pre-Discharge Recidivism		Post-Discharge Recidivism	
	Number	Percent of Total Filings	Number	Percent of Total Filings
Person Misdemeanor	43	12.6%	39	10.6%
Property Misdemeanor	20	5.9%	21	5.7%
Drug Misdemeanor	3	0.9%	5	1.4%
Weapon Misdemeanor	7	2.1%	5	1.4%
Escape Misdemeanor	6	1.8%	0	0.0%
Identity Misdemeanor	3	0.9%	2	0.5%
Sex Registration Misdemeanor	2	0.6%	5	1.4%
DWI/DUI Misdemeanor	11	3.2%	7	1.9%
Obstruction Misdemeanor	7	2.1%	3	0.8%
Protection Order Misdemeanor	2	0.6%	7	1.9%
Other ¹ Misdemeanor	13	3.8%	23	6.2%
Total Misdemeanor Filings	117	34.4%	117	31.7%

(2): The Division’s data would indicate that youth who are not legal residents of the United States are not considered to have “recidivated” if they have no legal means to earn funds for restitution.

¹ Other offenses include misdemeanor traffic offenses, and other miscellaneous offenses.

5. How does recidivism in Colorado compare with recidivism nationally, to the extent this can be determined? Are there any common national definitions for recidivism for the youth corrections system and/or the adult corrections system?

Response:

There is no nationally recognized definition of recidivism. Lacking comparative data, it is virtually impossible to conduct state comparisons on the measure of recidivism.

Going to Above-capacity in State Facilities

6. What is the status of state facility capacity since August? Is it at 120 percent?

Response:

The Division reached an average daily population of 121% for the three-month period of September through November 2009. The population in August, the month prior to the full ramp up in population, was at 107 percent of capacity, or 464 youth. In comparison, the average daily population for the three-month period since August, increased by 62 to an average of 526 youth.

7. How do you achieve 120 percent capacity in state facilities? Is the extra population comprised of lower risk youth who would typically be in less secure contract facilities? Do you double-bunk?

Response:

To achieve the 120 percent capacity in state facilities, the Division is placing more youth qualifying for secure level of care into State-secure facilities and fewer into staff secure contract residential placements.

State-secure facilities housing committed youth double-bunk rooms to accommodate population above the 100 percent capacity of 435 youth. To attain 120 percent of design capacity, the Division is overcrowding to 521, or 86 additional youth. In order to ensure youth safety, a roommate vulnerability assessment is completed on all youth being considered for a roommate. The Department recognizes it is not optimal to double bunk youth in spaces designed for single occupancy. It also recognizes given the need to accommodate 120 percent, more youth who would normally not be considered for double bunking are placed with roommates.

8. Does taking a youth facility to over-capacity present less of a risk than over-capacity at an adult facility? How much over-capacity is acceptable in a youth facility before the risk becomes too great?

Response:

The Department does not have any experience operating or contracting with facilities serving adult offenders and therefore is unable to comment on comparative risk when overcrowding occurs. It is the Department's belief that no level of overcrowding is a good choice; however, in difficult budget times, the Department believes the 120% level can be safely maintained for a limited period of time.

9. Does it end up costing more when you go to over-capacity at state facilities because recidivism increases as a result?

Response:

There are minimal nominal cost implications when the Division goes over capacity up to a level; however, to the extent that overcrowding results in a higher rate of pre-discharge recidivism, overall costs to the State could increase. The Department believes that it can safely manage youth for a limited period of time at the current 120% over – capacity. Any potential increase in population over 120% would result in a much less safe environment for youth and staff.

Detention: Use of Capped Secure Detention Beds and Community Detention Placements

10. Clarify how the current secure detention beds are used, including the extent to which the beds are used for youth sentenced to detention versus pre-adjudicated youth.

Response:

The following breakdown is an illustration of how detention beds are utilized by the 22 Judicial Districts:

Warrants for Failure to Appear	10%
Pre-adjudicated Youth	40%
Probationers – technical violators/new charges	35%
Sentences	13%
Other	2%

State secure detention beds are utilized primarily for youth who are on probation or youth who have been arrested for a new offense. The percent of youth who are admitted on a detention sentence is low at 13%. Youth are sentenced to detention for different reasons. These include sentences for probation technical violations, sentences imposed as a condition of being

granted probation and sentences for violation of a Valid Court Order including truancy.

11. How many of the kids that violate court orders actually get 45 days of detention? What are the alternatives to using detention for these violators of court orders?

Response:

The average daily population for youth admitted to detention based upon a sentence for a violation of a Valid Court Order (VCO) is 4.5% of total ADP or 18 youth. Of this, 3.2 ADP served the entire 45-day detention sentence. The average length of stay for this subpopulation is 12.77 days. Youth sentenced to detention on a violation of a Valid Court Order, on average do not serve a full 45 days.

There are currently few alternatives to detention sentences across the State's 22 Judicial Districts. The few available programs are primarily focused upon youth sentenced for probation violations or as a condition of probation and do not address truancy sentences.

12. Wasn't some of the money we took back when we put the cap in place supposed to be use for community placements and services? How much has the department done this? Is it a better option?

Response:

Dollars were not shifted from residential to the community when the detention cap was created. The statutory cap on juvenile detention beds enacted through Senate Bill 03-286 resulted in a reduction in the General Fund appropriation to the Department in the amount of \$1.7 million. At the same time, the Senate Bill 94 appropriation was also reduced by over 35% from \$12,255,883 in State fiscal year 2002-3003 to \$8,000,000. Thus, both detention beds and funding for community services were reduced during this period.

Senate Bill 94 funding is dedicated to creating community based detention services in lieu of detention placements. Increases in the Senate Bill 94 appropriation began in State Fiscal Year 2006-2007 and this has resulted in an increase in the availability of evidence-based programs and services in the State's 22 Judicial Districts. At any given time, approximately 83% of all youth in the detention continuum are served in the community, 16% are in secure detention and 1% are in a staff secure setting.

13. Do the caps result in bad decisions with regard to who to release because of the limited number of beds? How often does this happen? How is it resolved?

Response:

The Division has worked closely with the State's 22 Judicial Districts to ensure that they have the necessary tools and resources to make appropriate and informed decisions regarding management of the detention bed cap, including the decisions specific to emergency release. The Division has equipped districts with the Colorado Juvenile Risk Assessment Pre-screen in large part to inform emergency release decisions.

Senate Bill 03-286 required districts to develop plans to manage its bed allocations and to develop an "emergency release plan". Each Judicial District develops a list of youth eligible for emergency release based upon locally defined criteria. Lower risk youth are released first. Emergency release is mitigated through the provision in Senate Bill 03-286 that created the "bed loaning" process, allowing districts to borrow detention beds from other districts as needed and as available.

In addition, youth who are emergency released are often placed on Senate Bill 94 community based services for supervision or treatment. The Senate Bill 94 program continues to experience very high success rates, with 88.3% of youth with no new charges, and 95.5% with no failures to appear. Low rates of recidivism and failure to appear underscores Senate Bill 94 success with youth that often includes those emergency released as a result of the detention cap.

14. Who does the screening to determine a youth's security risk for purposes of determining an appropriate placement prior to adjudication?

Response:

The Senate Bill 94 program in each judicial district completes the initial screening of youth referred to detention. Section 19-1-103 (94.5) C.R.S., defines screening teams as "the person or persons designated, pursuant to rule 3.7 of the Colorado rules of juvenile procedure, by the chief judge in each judicial district...to make recommendations to the juvenile court concerning whether a juvenile taken into temporary custody should be released or admitted to a detention or shelter facility pursuant to section 19-2-508."

Parole Board

15. How do the states that do not have a youth parole board determine which youth will be paroled and when? Would this be a better system for Colorado? What does the department think of this option?

Response:

States (and the District of Columbia) have varied decision-making processes for determining when and under what circumstances adjudicated youth are returned to the community. The chart below summarizes the diverse processes.

Processes by which adjudicated youth are returned to the Community
There are nine states including Colorado that utilize a review board; the discretion of the Board ranges from independent authority to making a recommendation to the executive or judicial agency that has the decision-making authority. These boards consist of community representatives, victim representatives, professionals representing state and local government entities in the fields of Human Services, Corrections, Education, and/or clinical staff. Seven states have identified the review board as a Juvenile Parole Board, including Colorado.
In seventeen states, Judges, in the Judicial Branch, makes parole decisions with six states allowing the Department or a Board to make a recommendation to the court.
In seventeen states, the state’s Health and Human Services Department makes parole decisions. In six states the decision lies with a Department office that is akin to the CDHS Office of Children Youth and Families. In eleven states the decision lies with the position that is akin to the Director of the Division of Youth Services. Often these states utilize a decision making team in the parole decision-making process.
In four states, facilities, as agents of the state’s Health and Human Services Department, make parole decisions.
Two states have juvenile justice occur under the state’s Department of Corrections. In one state, a unit within the Department’s Juvenile Corrections Office makes parole decisions; in the second state, parole decisions can be made by the position that is akin to Director of the Division of Youth Corrections or the court.
One state utilizes a “State Youth Training Center” to determine re-entry to the community.
One state has parole decisions (as well as the commitment) occur under the Department of Law & Public Safety Office of Juvenile Parole & Transition.

There is not a clear indication that any of these approaches would create a “better system” for Colorado. Colorado’s Juvenile Parole Board, interdisciplinary model with representatives from Education, Human Services, Labor & Employment, Public Safety and community representatives, is viewed as a potential model for other states and the Department has responded to many requests for information and technical assistance.

The Department believes the existing structure is working well and that it is reflective of the State and Department commitment to ensuring the Division of Youth Corrections has met its statutory charge, the juvenile receives due process, crime victims are able to exercise their constitutional rights, and communities have input in juvenile release decisions.

16. If we get rid of the parole board and the Division does the evaluation for parole, would there be any savings?

Response:

There is not an actual “Division” devoted to juvenile parole; rather staff serving as the client manager transition to serve as the juvenile’s parole officer. Duties related to coordination with the youth’s multi-disciplinary team related to parole, development of the parole plan, review of the parole plan with the decision-maker, and oversight and transition services would all continue even if the entity responsible for the parole decision were modified.

If the General Assembly assigned oversight of parole decision-making to another entity, it is possible that minimal savings could be realized. Total funding for staffing and all Juvenile Parole Board functions is \$252,582. Of this \$206,814 funds a 2.2 FTE and reimburses the Board members for expenses and covers a per diem for community members. The portion of the budget that is utilized for payment of the daily per diem (\$150) for citizen board members would be eliminated if there were a different structure. The remaining \$45,768 is from a Victim Assistance and Law Enforcement (VALE) grant for a victim services coordinator (required by Constitution and statute) related to parole decisions and activities occurring while the juvenile is on parole.

- (a) Would the department need increased appropriations to cover parole assessments/other administrative costs?

Response:

Given the caseload, statutory and constitutional noticing requirements and due process rights, the need for staff to prepare and manage the parole decision-making process, would continue. The need to convene a hearing or have a similar opportunity to be heard to satisfy the juvenile due process rights, particularly in parole revocation hearings, would continue. The need

to convene a hearing or have a similar opportunity to be heard to satisfy the victim's right to be heard would continue.

The need for additional appropriations is dependent upon the form of the alternative decision-making entity would created. The Department would need to fully evaluate the need for additional funding after an alternative process is developed. Until this effort is completed, the Department is unable to estimate any budgetary need.

(b) Would there be savings related to youth who might be paroled earlier?

Response:

The Division of Youth Corrections has discretion to bring juveniles forward for parole, prior to commitment end date. The Division determines if the youth is ready to return to the community and weighs such issues as: the severity of the committing offense, the juvenile's behavior and progress in treatment, a safe and appropriate parole placement, the youth's adjustment in the community on home passes, and assessment tool risk scores determined by the treatment team.

How often does the parole board reject a Division recommendation to a parole a youth early? If the Division's recommendations were accepted, what would be the projected savings due to reduced average daily population?

Response:

In FY 2008-09, the Juvenile Parole Board conducted hearings for 1,013 youth. Of this total 450 were discretionary hearings. Parole was denied in less than 5% (21 youth total) of the discretionary parole cases. Of the 21 youth, 2 were subsequently revoked due while on Parole Status. The board utilizes specific criteria in order to determine if a juvenile will be paroled, and what conditions must be met for the juvenile while on parole, in order to address any safety concerns. This criteria includes the severity of the committing offense, the juvenile's behavior and progress in treatment, a safe and appropriate parole placement, the youth's adjustment in the community on home passes, and assessment tool risk scores determined by the treatment team. In those cases where a restorative justice process has occurred, this information is presented and may be addressed as part of the hearing.

Modification of a parole plan is far more common than a denial of "discretionary" parole. A sample of FY 2008-09 cases indicates that in approximately 25% of cases the Board requested a modification to the parole plan. This occurred most frequently in the areas of: education plans, treatment, home rules and victim's input.

Data from the Division of Youth Corrections reflects that the Average Daily Population (ADP) for the 2009 fiscal year was 1,229. The 21 discretionary youth denied parole represent a very small portion of the population. On average, denied youth served 4.3 additional months. In FY 2008-09 the cost per day per youth in a committed bed was \$ 231.68 and in a private residential state facility was \$ 161.23. It is possible that a savings could have accrued, if these youth had been paroled early. However, in the balance between; the best interest of the youth, the safety of the community and, the input of victim of the juvenile crime the Board determined the youth was not yet ready to safely return to the community.

17. Do we have data that shows recidivism data in Colorado versus other states that do not have parole boards?

Response:

The limited amount of information found does not speak directly to the absence or presence of a Juvenile Parole Board. Data related to recidivism is generally tied to other factors. State have varying requirements related juvenile parole and some states (such as Washington state) mandate parole for youth who are perceived to pose a greater risk such as those with sex offenses or a pattern of recidivism.

18. Could a youth corps, such as that used in the 4th Judicial District, provide savings for the Division/more of the state? Could such a youth corps serve as an alternative to the parole board?

Response:

The Department reviewed the information available related to the Youth Corps in the 4th Judicial District as well as the “Colorado Youth Corps Association” at www.cyca.com. The Youth Corps “is a crew-based employment and training program for young adults ages 16-24 “ that provides transition services” similar to other entities utilized by the Division for parole transition services. This entity’s function is not similar to that of the Juvenile Parole Board.

Other Options

19. What options does the Department believe should be considered for addressing a higher-than-projected ADP for FY 2009-10?

Response:

The Department is in the process of reviewing Legislative Council projections. Should budget action be necessary, the Department will submit a late supplemental request as outlined in the OSPB budget calendar.

Mental Health

20. Discuss mental illness in the youth corrections system. (a) What share of the youth corrections population is mentally ill? (b) How well is the Division able to meet the needs of youth with mental illness? (c) How well is the Sol Vista facility on the Pueblo campus working to meet these needs? (d) Are youth being served in the youth corrections system because their mental health needs are not sufficiently well met outside the system?

Response:

20. (a) The DYC population trends for FY 2008-09 showed that of the 1,229 average daily population, 393 youth were determined to be mentally ill at the high moderate to severe range based on the Colorado Client Assessment Record (CCAR). This represents 32% of the average daily population. Youth with serious mental health issues typically also have a diagnosable substance abuse issue. FY 2007-08 data show that, on average, 84% of committed youth have diagnosable DSM IV-TR substance abuse needs, adding to the complexity and acuity of the population. The Division is currently working on pairing the CCAR with the CJRA domains specific to mental health and substance abuse. The Division believes this approach will provide the most accurate assessment of the mental health needs and population trends for newly committed youth.

20. (b) The Division continues to be challenged to meet the needs of youth with mental illness. The complexity and acuity of mental health problems in committed youth have increased over the last three years. In response to the mental health needs of committed youth, over the last four years the Division developed clinical teams within each State-operated commitment facility to provide individual and group treatment for mental health, substance abuse and sex offense specific treatment needs. The Division also refers certain youth to privately operated Therapeutic Residential Child Care Facilities (TRCCF) that have the capacity to provide specialized treatment services. Additionally, the Division understands and uses psychotropic medications as necessary, as well as employs evidence-based treatment modalities when youth return to the community (e.g., Multi-systemic Therapy; Functional Family Therapy).

20. (c) Sol Vista Youth Services Center is doing commendable work in meeting the needs of the Division's high risk, violent and mentally ill youth. Sol Vista has maintained almost 100% capacity since its opening in 2006. Appropriate referral and assessment procedures assure the selective admitting of Sol Vista's target population, namely youth with imminent mental health needs at a high risk for violence. Treatment services are

individualized, delivered by a multidisciplinary team, and include psychiatric, clinical, educational and medical services.

20. (d) The Department is not in a position to determine if youth were committed as a result of not having sufficient resources to address their mental health needs outside of the NYC system. Court filings and adjudications are based on the decisions of the District Attorneys and the Courts. However, for youth with severe mental health needs, commitment is more likely to be ordered by the court when the offense is a misdemeanor compared to youth who have committed a misdemeanor and have low or no mental health needs. This finding is based on an analysis completed by NYC on the CCAR Severity scores of 2,531 youth committed to the Department in FY 2008-09 and then again found to be significant in the analysis of CCAR Severity scores of 1,975 new commitments FY 2009-10 year-to-date.

System Structure

21. Specify the total FTE and the ratio of FTE to youth in each of the major NYC program areas: state-operated parole, detention, and commitment. What ADP (average daily population) do these FTE serve in each category?

Response:

The Institutional Programs Personal Services line item contains an appropriation of 794.3 FTE. The vast majority of these personnel are assigned to the Division's eleven (11) State-operated facilities serving both detained and committed youth. Of the 11 State-operated facilities, five are multi-purpose facilities, which house both detained and committed youth, so a separation of FTE in support of a given category is not possible.

Staffing for the Division's State-operated facilities is based largely upon a critical post model providing coverage and supervision 24 hours/day, 7 days/week, requiring 5.2 FTE for each critical post to cover three daily shifts as well as annual leave, sick leave and training time. This ratio of youth to staff for critical posts averages 1:11.6 (or one staff member for every 11.6 youth). When population levels reach 120%, this ratio rises to 1:12.2. In the past, American Correctional Association Standards for Juvenile Detention Facilities used to mandate a staff to youth ratio of 1:10, and The National Juvenile Detention Association endorses a 1:8 staff to youth ratio. The Department is aware that many states are struggling with staffing issues in these difficult economic times.

In addition to direct care coverage, the Division also maintains personnel with specific expertise in treatment programming to provide services for committed youth. This includes Youth Services Counselors, Social Workers and a very limited number of Psychologists. Finally, the Division also

employs Teachers and Medical staff to provide education services and on-site routine medical care.

The positions funded in the Community Programs section of the budget include all staff within the Division's four Regional Offices, including Client Managers and staff who manage, monitor and support all contract programs across the State. In terms of Client Manager caseloads, the Division has recently adopted a differentiated caseload ratio of 1:25 for committed youth within residential programs, and 1:18 for youth who are on parole status.

The average daily population for detained youth within state facilities is just over 400, while the ADP of committed youth within state facilities is currently 526, for a total of 975 ADP. The ADP of paroled youth was at 434.9 for FY 2008-09.

22. Please clarify what share of commitment beds are contract beds. How does the Division use contract beds to manage its population? Are the contract beds secure beds? Are they less expensive than the state beds? Who are the vendors? Do the same vendors provide both youth and adult corrections contract bed?

Response:

In FY 2008-09, 63% of the Division's commitment capacity was purchased under contract with various private organizations. The use of contract programs enables the Division to offer a continuum of residential services from secure (mainly State-operated) to non-secure community-based placements (contract programs).

Two facilities, which are State-owned but privately operated are considered secure programs: the Robert E. DeNier facility in Durango and the Betty K. Marler facility located on the grounds of the Mount View Youth Services Center in Denver. The remainder of the contract programs offer programming at classifications below the secure level.

When comparing average daily rates of State-operated versus private placements, there are several significant factors to consider. For example, a youth in a State-operated facility receives all medical care and educational programming directly through the Division's appropriations, including all Division overhead/administrative expenses. However, the average daily rates the Division pays directly to private programs do not include education costs, special education costs, or off-site specialty medical care costs. When assumed average costs for these areas is added to the daily rates that the Division pays for contract placements, the rates for State-operated and private placements are very comparable. The following chart shows this comparison.

	State Facility	Adjusted Contract Placement
Average Daily Rate per Youth	\$231.68	\$171.06(1)
State expense outside the Division		
Dept of Ed- Per Pupil		\$26.38
Dept of Ed- Excess funds Spec Ed		\$16.91
Medicaid- Medical treatment		\$8.86
School lunch funding		\$4.20(2)
Total Comparable State Expense	\$231.68	\$227.42
(1) Contract Placement Average Daily Rate was used without Ridge View as the State pays for Ridge View medical costs and the facility		
(2) School lunch funding is actually a federal expense- but as it is part of the rate shown for the state facility, it has been included here for a more accurate comparison		

A list of vendors is provided below for FY 2009-2010. In FY 2008-09, Mesa County Community Corrections provided both youth and adult contract beds. The youth placed into this program were above the age of 18 and were participating in community based transition programming.

Vendor Name: Alphabetical
Alternative Homes for Youth
Ariel Clinical Services
Ariel CPA+
PSI/Cedar Springs Behavioral Health
Children's Ark
Griffith Centers for Youth - CHINS UP
Devereau Cleo Wallace
Mesa County - Community Corrections and Work Release
Cornell Corrections of California at Southern Peaks
Court House, Inc.
Dale House Project
Denver Area Youth Services, Inc - DAYS.
El Pueblo Boys and Girls Ranch
Commonworks - Gateway Delta CPA
Commonworks/dba Gateway Residential Delta Program
Commonworks/ Gateway Residential Girls-Grand Junction
Griffith Group Home
Griffith Intensive CPA

Vendor Name: Alphabetical
Griffith Centers Residential. And Foster Care - Emily Griffith
Hand Up Homes for Youth
Hilltop Health Services Residential Youth Services
Hilltop SSD
Jefferson Hills - Aurora
Jefferson Hills - Lakewood
Kidz Ark, Inc.
Kidz Ark Developmental Disabilities
Lost and Found, Inc. - Arvada
Lost and Found, Inc. - Morrison
Maple Star
CO Dept. Human Services - Mountain Star Center
Reflections for Youth
Midway Youth Services, Inc. - Remington House
Hilltop Health Services Corp. - Robert Brown Center
Hilltop Health Services Corp. - Robert Brown SSD
Rite of Passage, Inc. - Marler
Rite of Passage, Inc. -DeNier
Rite of Passage, Inc. -Ridgeview
Summit
Summit - Sex Offender Program
University of Colorado Health Sciences Center - Synergy
Third Way Center, Inc.
Third Way Center, Inc.- Staff Secure
Turning Point Center For Youth – Newton/Matthews
Youthtrack, Inc. – Jefferson County
Youthtrack, Inc. – Work and Learn
Youthtrack, Inc.- San Luis Valley
Youth Ventures

23. How much does the State spend in Medicaid costs for youth in the youth corrections system, including medical care? To the extent the youth corrections population declines/increases, how much does the State save/expend in Medicaid costs?

Response:

There are two categories under which Medicaid covers costs for youth in the DYC system. The first category is for treatment services on a fee for service basis within Therapeutic Residential Child Care Facilities (TRCCF) and the second category is for off-site specialty medical care costs for committed youth who are placed in non-secure community-based contract residential

programs. The Department of Health Care Policy and Financing’s response to this question is shown below.

HCPF Response:

Under the appropriation for Medicaid payments to the NYC program, HCPF transfers payment to DHS to pay for administration of the Medicaid program and to pay for mental health services for NYC clients who need the mental health services. Not all NYC clients need mental health services.

DHS Division of Youth Corrections Medicaid Expenses Transferred by HCPF			
	FY 2006-07	FY 2007-08	FY 2008-09
Medicaid Program Administration by NYC	\$0	\$41,148	\$56,521
Mental Health Services for NYC Clients	\$2,710,942	\$1,943,074	\$1,431,177
Totals	\$2,710,942	\$1,984,222	\$1,487,698

Medicaid regulations prohibit Medicaid payments for services rendered to people in detention situations. However, some NYC clients are housed in community placements rather than in detention locations. NYC clients in community placements do qualify for Medicaid physical health services by outside providers such as private physicians, local hospitals, and community health clinics. However, due to client confidentiality regulations, HCPF is not able track Medicaid expenditures directly related to NYC clients. Instead, the NYC clients’ expenditures for physical health services are blended with expenditures for other children also served by Medicaid.

August Base Reduction #21: Reclassify Ridge View YSC Licensing Category

24. Clarify the rules related to Medicaid eligibility for youth in a secure facility. For what kinds of youth corrections placements will Medicaid cover medical costs? Are all secure facilities excluded?

Response:

There are two different populations of youth served by the Division in state secure facilities, detained and committed youth. For the detained population the Department does not have legal custody. These youth are able to retain Medicaid eligibility while placed in a secure facility. In the event off site specialty care is required Medicaid benefits are still accessible. All routine care and /or first aid services delivered within the secure facility are not eligible for Medicaid reimbursement.

When youth are adjudicated and committed to the Division and placed in a state operated facility the Department has legal custody. These youth are no longer eligible to either apply for or access Medicaid coverage. For these youth 100 % of medical and pharmacy costs provided inside the facility or off site by specialty care providers are funded using General Fund dollars.

Are all secure facilities excluded?

All medical care provided at the secure facility is excluded from Medicaid reimbursement. However for detained youth in state secure facilities Medicaid eligibility is maintained for off-site specialty care.

For what kinds of youth corrections placements will Medicaid cover medical costs?

When a youth is placed in a privately owned and operated contract residential facility they are deemed eligible for Medicaid as a family of one. This is consistent with youth in the foster care system.

25. Clarify the relationship between the state and the contractor with respect to the Ridge View Youth Services Center. If the State owns the land and facilities on which the contractor operates, does the contractor pay the State to lease the facility?

Response:

The State owns both the land and the physical plant of the Ridge View Youth Services Center. This facility was constructed using a design-build-operate RFP process with a contract that was renewable for up to 10 years with the winning bidder, the Rite of Passage organization. This RFP expires June 30, 2011 and will be re-bid early in 2011. The Ridge View contractor does not pay the State to lease this facility. The initial bidding process did not include any lease payment, since there would be no benefit to the State to charge the contractor rent, which would subsequently be added back into the daily rate paid per youth.

The daily rate the State pays for a youth in placement at Ridge View for FY 2009-10 is \$129.52/youth. This rate reflects the 2% provider rate reduction that was part of the Governor's budget reduction plan. The average daily rate for all other contract placements is estimated at \$171.06 per day – also adjusted for the rate reduction. The difference in the lower rate paid to Rite of Passage is largely a result of the absence of significant physical plant expenses, since the State owns the facility. Additionally, there is not a TRCCF fee for services component in the Ridge View Rate.

August Base Reduction #23: Client Management Positions

26. What is the national recommendation for the ratio of client managers to youth in youth corrections placements?

Response:

There are no national standards for over-arching client management (case management from the point of commitment to discharge from parole).

10:30-10:45 BREAK

10:45-11:45 CHILD WELFARE

Change in Federal Position on Medicaid Bundled Rates for Residential Placement

27. It appears the federal government may have changed its position on bundled rates for residential treatment and may again allow states to pursue this option. Can you tell us more about this? Do you expect the Departments of Human Services and Health Care Policy and Financing will pursue this option? What would be the time frames? [Background: Colorado was required by federal authorities to abandon its former “residential treatment center” Medicaid waiver program in FY 2006-07. This program enabled the State to fund a portion of some child welfare and youth corrections out-of-home placements through a bundled Medicaid rate.]

Response:

At this time, the Department do not believe there is CMS support to bundle rates in residential treatment other than within the Psychiatric Residential Treatment Facility setting, which is already operational in Colorado. Should that change, the Department would be open to reconsidering rate approaches that meet federal criteria and support the clinical programs providing services to these youth. Given the current guidance from CMS, this is not an option.

Overview of FY 2010-11 Child Welfare Request

Trends in the Child Welfare Population

28. How does the percentage of the Colorado population that is involved in the child welfare system compare to the percentage in other states?

Response:

Information obtained through the Federal Adoption and Foster Care Automated Reporting System about children in out-of-home placement indicates that 24 states have a greater percentage of children in out-of-home placement than Colorado. Twenty-four states have a lower percentage of children in out-of-home placement and Connecticut has the same percentage

as Colorado. Colorado's percentage is 0.66%, and the United State's percentage is 0.62%. The lowest percentage is Utah with 0.31% and the highest is District of Columbia at 1.98%.

29. Is there any correlation between Colorado's increase in child poverty and the use of child welfare?

Response:

Based on national studies and historical data, there is a complex and multivariate relationship between poverty and the delivery of child welfare services. The Department does not believe that there is a direct linear relationship (as poverty goes up, the use of child welfare services does not go up equally).

Since 2005, child poverty levels in Colorado have fluctuated somewhat but the current rate, which is 13.8%, is the same as it was in FFY 05. Caseloads in child welfare (open involvements) have gone up 3% during the same time period. The incidence of child neglect (lack of supervision; poor living conditions) may have a more direct relationship with poverty than other kinds of child abuse.

Is there an explanation for why the number of open cases in Child Welfare has fallen at the same time child poverty has increased?

Response:

The number of open cases in child welfare has not dropped over the last 5 years. Most counties have been developing family-centered and community based services to deal with poverty-related child maltreatment allegations (neglect, lack of supervision, poor living conditions, etc.) with cross-agency strategies. This includes an increased use of TANF, Child Care-funded, and community agency partnership approaches that keep families out of the child welfare system.

30. Does the trend in the number of open Child Welfare cases suggest fewer kids are being served in active Child Welfare services because there is less need? Because the state/counties are doing a better job? Are kids safer?

Response:

From SFY 2005 through SFY 2009 open child welfare cases have seen a small increase of 3% in the number of children being served in county child welfare caseloads. During this same time frame, reports of child maltreatment (referrals) have gone up 21% and child investigations (assessments) have gone up 27%. This suggests that county agencies are taking more calls and investigating more allegations, but are finding alternative methods to serve families and/or they are serving a smaller

percentage of referrals. Counties may also be screening out more referrals that are not subsequently investigated.

The incidence of child abuse rates statewide (the number of confirmed cases in the population) has been relatively consistent from FFY 2005 through 2008 (0.86% of the child population has confirmed maltreatment reports). Safety can be a measure of a positive intervention without a recurrence of abuse or neglect within 6 months of the intervention. Children identified as needing on-going services are showing positive outcomes and are not coming back into the system due to abuse or neglect. This lack of re-abuse/neglect rates in Colorado during the CFSR on-site review was rated as a strength by the Children's Bureau. The National incidence rate for child maltreatment is 1.06%, as compared to Colorado, which is 0.86% of the population.

Management of Child Welfare Costs by Counties

31. How can some counties manage within their child welfare allocations with no deficit and no TANF transfer?

Response:

Throughout the year, various factors contribute to how counties manage spending the allotted allocation, such as stepping down children from higher-costing placements to lower-costing placements or vacancy savings created from the time it takes to hire a new employee when one leaves the county. In a smaller county a surplus is created when a family moves from the county, lessening the impact on the Child Welfare allocation. Counties keep close tabs on expenditures throughout the year, and make adjustments as needed.

Why doesn't Pueblo have a high deficit, given that they have double the child poverty of most of the largest counties? Is Pueblo really good at managing child welfare costs? Conversely, why does Boulder have such a big deficit, given their intensive efforts to keep kids in their own homes and out of more expensive out-of-home placement?

Response:

The Department has not done a management review in Pueblo or Boulder counties. At this time, it is not possible to fully analyze their program and budgetary practices without such a review. Data analysis indicates that Pueblo has been able to manage within its allocation by keeping down program administrative costs, minimizing the use of long-term out-of-home care, and keeping the length of out of placements lower than average. Boulder County has historically contributed a greater share of county funds to its child welfare programs.

32. How does the Department expect counties will modify child welfare services to accommodate reductions in county block allocations?

Response:

While it is not possible to predict which actions counties will take, the following is a list of possible actions the counties might take to accommodate reductions to the county block allocation:

Referrals would be more closely scrutinized before cases are open

- Staff layoffs or furloughs may occur in activities that do not carry cases such as utilization review or quality assurance
- The casework staff that a supervisor has responsibility for could increase, negatively impacting workers receiving needed guidance on cases
- Travel may be restricted
- Cases may be scrutinized more closely to reduce lengths of stay in high close placements
- Funding directed to services to families that have voluntarily approached social services for assistance may be reduced or eliminated

What are the options for counties to become more efficient?

Response:

The Department works with counties to assure that they have information regarding best practices and promising practices utilized both in Colorado and nationally. Several of the options that the Child Welfare Division consults with counties to utilize to be more efficient include: Expanding the use of Collaborative Management across child serving agencies within the counties, which can reduce fragmentation and duplication, increase cost sharing amongst agencies, and increase quality and appropriateness of services.

- Within the Collaborative Management arrangement, counties could engage schools more effectively to provide services to identified high risk children thereby diverting families from the child welfare system.
- Implementing more principles of a system of care such as exploring blended and braided funding options with community partners, developing a single family service plan across all agencies, increasing the array of flexible services and supports to children and families; and integrating formal and natural support and linkages to community resources.
- Implementing such practices as differential response which provides an alternate method of addressing child safety concerns using a family-centered approach that capitalizes on the families' ability to address their own needs.
- Increasing the number of children served safely in home using a variety of community based family centered services and therapies such as multi-

systemic therapy, functional family therapy and nurse-family partnerships.

- **Taking advantage of peer consultation, sharing from county to county and attending state sponsored training.**

Will reductions to child welfare services drive a request for more funding next year from guardians ad litem (GALs)? [Background: in 2009, the Judicial Department requested additional funding for GALs because a shortage of caseworkers, and frequent caseworker turnover, was causing delays in processing dependency and neglect cases.]

Response:

The Department is not able to anticipate whether reductions to child welfare services will impact GAL funding needs. The Department will forward this to the Judicial Department to respond.

33. Are any of the recommendations from the Child Welfare Action Committee cost-savers?

Response:

Several of the recommendations from the Child Welfare Action Committee have the potential of achieving cost avoidance. Implementing a Differential Response approach, providing feedback to mandated reporters of child abuse and neglect, and the use of Corrective Actions could improve efficiencies. It is too early to calculate the cost avoidance that could occur.

State Child Welfare Administration

34. The Division appears to be spending moneys in a fashion other than was approved. Please explain your actions. [Background: funding provided in FY 2008-09 for a level of care study was not completed. According to the Division, the funds were “held within the appropriation and used for other purposes”. The Division also added an additional General Professional VII as part of an increase in staff, although only one GP VII was requested and approved. The Division indicated it would pay for this “within the current appropriation”.]

Response:

The Department should had pursued the contractor for the Level of Care Assessment more aggressively beginning July 1, 2008. The hiring freeze effective October 2008, which included contractual services was delayed, thus leaving the dollars unspent. As a result, this funding was allocated at close-out to the Child Welfare Block which is standard practice.

The development of the budget request and the recommendations from PSI, Inc. occurred simultaneously. The Department submitted a budget request prior to the final report from PSI regarding the staffing needs. In

anticipation of the recommendations, the Department kept the initial request for staff conservative. However, once the full recommendations were taken into consideration, the Departments need to fund one of the appropriated positions at a higher level class than anticipated, in order for the Division to adequately perform its mandated functions.

Miscellaneous

35. Do costs charged to county child welfare allocations include the costs of kinship care?

Response:

Certified kinship foster care costs are included in the charges to the county child welfare allocation.

Are costs for kinship care ever charged to other parts of the budget (e.g., Colorado Works/TANF)?

Response:

Costs for non-certified kinship foster care can be assessed through TANF.

Federal Title IV-E Revenue Trends

36. Please review how “random moment sampling” of county activities is used to determine Title IV-E reimbursements for Colorado.

Response:

Social Services Random Moment Sampling (SSRMS) statistics for IV-E are used to allocate the county indirect costs recorded in the Colorado Financial Management System (CFMS) RMS cost pools for Colorado. Costs in the CFMS RMS cost pools are allocated based on the percentage weighting of the SSMRS statistics for each federal or state program in that cost pool. For example, if a SSRMS IV-E statistic has a percentage of 10% in a cost pool, then 10% of costs in that pool would go to the IV-E program for federal cost reimbursements.

What are the benefits/weaknesses of this system? Is there an alternative to this system?

Response:

The benefits of the RMS process is that it is an approved, efficient, and a reliable methodology for allocating the costs of administrative activities. The weaknesses of this process are that it is only a sampling approximation of the actual work effort and depends on the accuracy of responses by the sampled employees. From the cost and benefit analysis viewpoint, the RMS process is cost effective and gives sufficient accuracy for cost allocation. An alternative to this RMS process would be a time study of employee efforts during a

specific timeframe and then determine a fixed reimbursable rate for benefiting programs during the approved time period.

As set forth in the Federal OMB Circular A-87, there are only three accepted methods for distributing allowable expenditures for governments administering Public Assistance programs: 1) 100% Direct Charging to a Program, 2) 100% Time Reporting, 3) 100% Charging to Cost Pool(s) which allocate costs using the results of Random Moment Sampling.

The Direct charging method is used for 100% dedication to a single federal or state program and cannot be used for allocating county administrative costs to benefiting many programs. 100% time reporting is a time consuming and labor intensive method to keep track of the work effort by administrative employees (e.g. clerks, accounting staff, IT staff, supervisors, directors, etc). The benefits of the RMS process is that it is an approved, efficient, and a reliable methodology for allocating the costs of administrative activities.

What happens if sampling occurs on a county furlough day?

Response:

A work schedule for all county employees has been identified that does not include furlough days.

37. To what extent do you believe declines in Title IV-E revenue reflect insufficient county efforts to identify children as Title IV eligible, or other administrative issues, as opposed to trends in the eligible population that are beyond administrative control (*i.e.*, the Title IV-E income cut off)?

Response:

The Department believes that the decline in Title IV-E revenue is reflective of a combination of issues – administrative claiming and a dwindling eligible population due to the federal requirement to use the 1996 Aid to Families with Dependent Children (AFDC) look back which comprises a very low need standard. This is compounded by Colorado’s minimum wage levels which have increased each year since 2007.

Colorado’s Minimum Wage History:

**September 1, 1997 – December 31, 2006 \$5.15 per hour
Calendar Year 2007 \$6.85 per hour
Calendar Year 2008 \$7.02 per hour**

Child Welfare Expenditures and Outcomes by County

County Outcomes

38. What factors do counties that perform well on Child and Family Services Review (CFSR) data indicators and other performance measures have in common? If county management decisions drive different outcomes, can you identify what county policies or practices drive better outcomes?

Response:

The key factors that counties who perform well on CFSR outcomes have in common are:

- **Consistent, quality supervision of casework staff**
- **Routine monitoring of performance through county quality assurance processes**
- **Use of findings from Administrative Review Division in-home and out-of-home reviews in the county's quality assurance process**
- **Engaging families in the development of their case plans**
- **Engaging community partners through Collaborative Management partnerships to address child and family outcomes**

Does the Department have sufficient data from counties to determine what factors drive good/poor performance on outcomes?

Response:

The Department does not have sufficient data from counties at this time to determine the factors driving performance on outcomes. One of the key features of the reorganization of the Division of Child Welfare Services is to enhance and improve the focus on data, research, and program analysis and quality assurance.

39. Are children placed out-of-home more likely to be placed in a very low income home if they live in a high-poverty county than if they live in a low-poverty county?

Response:

Income of the out-of-home placement provider is typically not a consideration when placing a child out of the home. Placements are typically made based on the needs of the child and the ability of the provider to meet the child's needs. Licensed and certified providers are required to meet licensing requirements that include financial stability.

Do you believe this affects child welfare outcomes in different counties?

Response:

The Department does not believe that a child being placed in a high poverty county impacts child welfare outcomes.

Cross-system interactions

40. The Department has reported that 70.7 percent of youth who were newly committed to the Division of Youth Corrections in FY 2008-09 had passed through the Child Welfare system in the prior three years. Is this indicative of poor performance by the Child Welfare system?

Response:

The Department does not believe that this is indicative of poor performance by the Child Welfare system.

What percentage of children in the Child Welfare system end up in Youth Corrections?

Response:

In FY 2008-2009, there were 41,918 children served in open cases in Child Welfare. Also in FY 2008-2009, 759 youth (less than 1% of children served in Child Welfare) were committed to Youth Corrections.

Federal Child and Family Services Review 2009

41. How does the federal government determine a passing score on the Child and Family Services Review, *i.e.*, what is the “curve” on this test?

Response:

A passing score during the Child and Family Services Review of cases was 95% on all factors.

Given the nature of the federal scoring and the performance of other states, how negatively should Colorado’s performance be viewed?

Response:

Irrespective of other states’ performance, the CFSR pointed out that Colorado needs to make significant improvement in serving it’s most vulnerable children and families. In the Department’s view, it was negative that the review found instances where children were not assessed appropriately and subsequently left in unsafe situations. The review also uncovered instances where a child remained in foster care longer than needed because parental rights were not terminated timely and adoption could not be achieved more quickly.

Colorado demonstrated significant strengths during the CFSR in 2009:

- **High performance in the area of repeat maltreatment**
- **Foster care re-entry rates**

- **Timeliness and permanency of reunification**
- **Timeliness of adoptions**

Colorado's children deserve to live in safe and stable permanent living situations where their needs are met so that they are given the opportunity to become productive citizens. To that end, Colorado should be held to high standards irrespective of how other states perform.

Are there particular results that cause more concern than others?

Response:

While all results are important, the results that were more concerning were:

- **lack of family engagement in case planning by the county worker**
- **lack of consistent use of safety assessments and protocols**
- **issues hindering timely permanency for children**
- **lack of standardized quality assurance processes within counties**
- **lack of timely and complete data entry in the Department's automated case management system, Trails**
- **lack of consistency in case practice and access to services**
- **insufficient array of basic child welfare services across the State**

Base Reduction #4: Provider Rate Cut

42. Please clarify what rate reductions were applied in FY 2009-10, given the proposed additional rate cuts for FY 2010-11.

Response:

In FY 2009-10, a provider rate reductions was not taken, however an overall reduction was taken to the Block. For FY 2010-11, provider rate cuts of 2% will be taken for all providers in DHS.

August Base Reduction #4: Functional Family Therapy

43. Did you start these proposed pilots and then halt them, or were they simply never started in FY 2009-10?

Response:

The proposed pilots were never started in FY 2009-10.

11:45-12:00 DIVISION OF CHILD CARE

The Division of Child Care and the Colorado Child Care Assistance Program

44. The size of the Colorado Child Care Assistance Program has see-sawed since the program's inception, driven by changes in county policies and county decisions related to transfer of TANF dollars for child care. How can the program be stabilized?

Response:

Local County Departments of Human/Social Services have the authority to determine the criteria for eligibility and provider rates for their local community. Over the past several years, there have been cycles of increase and decrease in number of CCCAP cases served based on allocations and the local policy decisions. With caseload consideration as a factor a well, this is a fluid program.

Statewide standardization of eligibility criteria and a more regionalized structure of the provider rate based on the market rate study are possible solutions for stabilization.

Child Care Licensing Fees

45. Is the Department going to increase child care licensing fees? If so, what is the planned proposal? How much will the fees increase under the proposal?

Response:

In FY 2007-08, the Department increased childcare licensing fees by 10%, with an additional 3% cost of living-based increase levied in FY 2008-09. Due to the economic downturn and the concern about adding to the financial burden of the already struggling child care industry, the Department will not recommend to the State Board any increase to existing rates in FY 2009-10. Instead, efforts were put towards a comprehensive analysis of actual costs incurred annually by the Department to initially license, as well as providing ongoing review and support, for each licensing classification. This study is currently at the center of discussion for any potential fee increase considered for FY 2010-11.

August Base Reduction #5: Child Care Licensing Staff

46. Was any assessment done to determine if there would be increased risk to kids if the number of child care licensing staff was decreased and caseloads increased? If so, what was the conclusion?

Response:

In Colorado, the Division of Child Care licensing staff caseload is 270, which far exceeds the National Standard of 50 cases per worker. When caseloads are extremely high, it is not possible to adequately monitor and review facilities to insure the health and safety of children. The Division will continue to cope with this caseload burden and the reductions based on the economic conditions.