



**The Timothy Montoya Task Force To Prevent Children From
Running Away From Out-Of-Home Placement | Meeting 17**

May 1, 2024

Intervention Subcommittee

Members: See Appendix A

<p>Intervention Subcommittee</p>	<ul style="list-style-type: none"> • Doris Tolliver welcomed the subcommittee and the panelists. She asked the panelists to provide their thoughts on temporary placements and introduce themselves. • Lynette Overmeyer said that her facility is a temporary placement; finding a placement for even 24 hours can be a struggle. She said that caseworkers have to supervise children as a temporary placement when they lack the training of residential program staff. They cannot give them their medication which creates a liability. Hotel rooms are also not a great solution since a child can damage the facility as well as a hotel not being a best suited environment. There are some funds to help supervise the children or have a facility to keep a child a little longer. In the past, there were shelters to give enough time to find appropriate placements; the federal government eliminated the shelters. Doris asked if there are any providers she often turns to. Lynette said there are a couple but they are not typically residential programs. • Michelle Bradley said that temporary placement is a challenge; the county rallies around the worker who has a child in their office. They try to use kin placements. Their term is 'safe enough' for the next 24-48 hours. This can be a teacher, a coach, a neighbor, a grandparent, or some other trusted adult. They have a family resource plan that offers respite beds with Shiloh. It requires a lot of documentation which is not always available at the time temporary placement is needed. There are also emergency placement homes; a small number takes teenagers. The county has paid for hotel rooms for children and parents rather than having staff sleep in the office or hotel rooms with children. There was a COVID shelter. Some children stay at the hospital after a run. • Beth McNalley said that her team faces similar challenges; there is an agreement with Urban Peak to serve as a temporary placement. This agreement helps children maintain their medication plan. They will never turn a child away but they have a restriction of 21 days. If her team is working with a child then they will work with the parents to get their consent to stay at Urban Peak as a temporary placement. DHS caseworkers struggle with where to house children overnight so there is a mixed use building; forensic interviews also happen here so this is not the best situation since it can trigger children from when they were removed from their home. When youth are labeled as high risk and frequent runners, emergency foster homes tend to not house them. The kin placements can also cause harm when children get placed with a partner who has been abusive. Some temporary placements become long term due to not being able to find a placement or a child indicating that they want to stay there. Sometimes children want to stay in placements that are not safe like with an abusive partner or with a parent who
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is unsafe. It creates a need for a balance between preventing runs and ensuring children are in a safe situation. Doris asked for questions from subcommittee members.

- Kevin Lash asked why the federal government shut down shelters. Lynette said that the Child Welfare Laws eliminated the use of shelter placements. Kevin said that the shelter his son was at was unsafe. Doris said that the Family First Prevention Services Act attempted to address these concerns and eliminate emergency shelters since children were not receiving programming. She asked for further questions.
- Laurie Burnie said that there are licensed homeless youth shelters in the metro. There are also host homes throughout the state. A program called Safe Families serves homeless youth in rural areas. There are non-child welfare youth. There are also respite rules that have been approved; no one is licensed yet but they are working on partners with licensed facilities to have these available. The respite services would be available to the county. Colorado statute 2669 903 includes definitions for respite. Doris thanked her and asked about if respite could be available for youth who run away. Laurie said yes. There are also foster homes in the rural areas. Doris thanked her and asked if homeless shelters would be available for children with DHS and Laurie said no; if a child is not in DHS custody and runs away from a shelter, the shelter has to call the county department to let them know that the child is in placement. This is for the metro area rather than rural areas; rural areas have safe family homes. This setup is to ensure that children can stay out of the child welfare system more.
- Lynette said there is a homeless youth shelter in Mesa County; they youth like it there and then they stay there. Doris thanked her and asked if there is programming. Lynette said there is some programming; it's not just a place to stay.
- Norma Augilar Dave asked if the shelters that people have access to are helpful and if children benefit from them. She said this could be an opportunity to create something different. It's important to use time with children wisely. Lynette said that there are services that support children and families to prevent them from coming into a department's custody or prevent a department getting involved. Norma asked about the outcome for those children. Lynette said that in the data that they have, it showed a reduction in recidivism and coming into department custody. Norma asked if it would be fair to say that the data indicates that this set up works for children who are not already in the system and could reduce the number of children in the child welfare system. Lynette said yes. Beth asked who does the safety plan. Lynette said it is usually caseworkers. It is also a support plan. Beth said that unification with family is typically the goal with Urban Peak; the services are voluntary so there is no mandated check in time. She said that she thinks there should be a built out plan rather than just a bed and optional programming. Lynette said she agrees; she also said that it's important to think about an engagement plan. Norma said that she sees programming as more than just meals and a bed. She reiterated that it is important to use time wisely when engaging with children. Doris thanked them and restated



Norma's point about using temporary placement as an opportunity as a prevention.

- Laurie said that a homeless youth shelter is not a place where children sleep and get meals. She encourages people to read the regulations since there are specific programming requirements in 7.715 and 7.721. The gap is with the county departments who house youth until they find placements. All counties struggle with this. The shelters are a safe place to avoid sex trafficking. The purpose is to reunite with their family; if they cannot be reunited.
- Michelle said that the shelters are great for a certain kind of child. Her team has authority to place rather than custody over a particular child that suffered from serious substance abuse and mental illness. The shelter would contact the team to come see this child when he arrived. She also mentioned 13 year olds arriving at Urban Peak with high concern for trafficking. It can be hard to provide programming when the time at the facility is unclear. She said that Norma is right; there should be structure around this.
- Norma said when a child comes in, it's important to do a good assessment to understand better about how long a child will be there. She also said that she thinks that treatment does not belong in a shelter bed. Assessment belongs in a shelter bed and programming that allows them to understand more about a child also can belong in a shelter. She also asked Laurie about getting medication in detention. Laurie said that she has heard the same thing; she does not work with locked facilities so she is not sure. Norma said this could be something the task force should consider; if children in detention don't get their medication, then that is a huge problem. Kevin said that this happened with his son; he did not get his medication after his prescription ran out.
- Lynette said that David Lee could help with this question. She also said that there used to be placement that was a step down from psychiatric treatment and a hybrid with a shelter. She said that this type of facility would greatly benefit some regions as a temporary placement. Her concern is that the need is really high. Doris asked about runaway youth there. Lynette said she was unsure but she will find out.
- Beth said that her office has partnered with Urban Peak. Her team gets referrals from Urban Peak when a youth wants to receive services so children with high risk for human trafficking are getting services.
- Doris asked about Laurie's chat. Laurie clarified that a PRTF has not been implemented the way they should be and they are currently working on. She added this as a consideration in the continuum of care.
- Kevin said about security. Michelle said that it is usually safety planning that includes constant supervision, alarms, and similar tools that foster care uses. Michelle said that they use social media to keep eyes on them too.
- Lynette said that the legislature will decide what temporary placement looks like. Doris asked for more necessary components of temporary placements.
- Michelle said that they struggle with trying to find a placement in general since there are many disqualifications like IQ, number of runs, and justice system involvement. She suggested having different disqualifiers for temporary placements. Doris asked for a list of these things; IQ, charges/convictions, history of running, lack of progress in prior treatment, and misbehavior. Lynette suggested that facilities can fill their beds with children who are lower



maintenance and still remain full. Doris suggested a 'no reject, no eject' model. Lynette said that they tried that but the counties refused since they are private organizations. Norma said that, as a provider, the subcommittee should be cautious about those things; providers know what their services look like so she suggests being thoughtful and purposeful with placement. She also suggested having specialized facilities to allow for thoughtfulness on where a child is placed. Focusing providers to take children might not make a big difference.

- Doris asked for some of the considerations about assessments done by providers by temporary placements. Michelle said it would be important to share past evaluations.
- Byan Kelley said that the task force recommended post run assessments so the temporary placement can be included in the post run assessment. He said that he and Jordan will work these components together in a meaningful way.
- Lynette suggested stabilization and planning out next steps. A temporary placement is not the best time to have a new therapist work with a child. Due to FFPSA, they could conduct an assessment to admit into the QRTP at the same time. Everything could be housed in one area. Doris thanked her and highlighted Laurie's chats about safety plans and de-escalation techniques. She also asked Beth about effective practices in a post run setting.
- Beth said that she would reiterate the safety planning component. Some children will always run so it's important to understand where they will outreach on the run. These plans are done in the long term with rapport and trust.
- Kevin said that he is interested in her comment that children will run; the system was too reactionary and acted only after the bad things happened even when he knew his son was prone to run. Beth said that she agrees; once a child is on their radar and has service providers, there are so many barriers like insurance. Kevin said that he often heard, after a treatment did not work the first time, that they would not try that treatment again. But, sometimes children need to grow developmentally before a treatment will work. He said this is frustrating. Beth said that her team's approach is to always continue to show up; there are so few substance use services for children. She also agreed with Kevin that sometimes children are not ready to take on a treatment. Doris said that some of this comes back to the point about supply and demand imbalance; providers can decide who they take in and the children that are harder get left behind. She asked about incentivizing providers to take on harder children. She asked Brian Cotter for a law enforcement perspective.
- Brian said that they are in a different spot since, usually, with runaways the officers take children back to the parents. When children run from a placement facility, the facility will call law enforcement and close out the child's bed so when the child is recovered they don't have a bed to go back to. Then, they have to engage with human services, sometimes from other counties. His concern is an ability to put children in safe places quickly and overcoming the barriers to that. He would like to make sure that the system's response process includes having a place that is open. Doris brought up holding a bed for a child for a period of time while the child is on the run.



Lynette said that they pay for the bed for 7 days while the child is on the run but if the facility closes their bed since they no longer can meet their need, then they will not pay for the bed.

- Michelle echoed Lynette's comments. Doris said that providers are not supposed to relinquish the bed the same day as the run. Kevin said that his experience was that his son would be gone for weeks at a time.
- Norma said that providers are supposed to give a 30 day notice but that doesn't always happen. Sometimes providers will not take a child back, give a 30 notice, or hold a bed for 7 days. There are a number of reasons for these decisions. There is a need for planning next steps when a child is recovered. Caseworkers are busy with high caseloads; they have to focus on the other children. There needs to be a systemic change about this issue, the protocols and communication when a child runs between all entities. One of the questions is how to prepare a facility to take a child back. The issue is larger than where the child goes.
- Beth said that she would require a facility to have a few free beds available at all times as a temporary placement. Doris asked her what placement type this would be. Beth said it could look like the carve out from the last meeting that stipulated the beds that are only up to 21 days; it would be bridging the gap speciality. Doris asked the average length of a run in Colorado. Lynette said that there are barriers to collecting this data. Doris said that this could be a consideration for Bryan; the policy recommendations about these components could be arbitrary without this data. This data could be helpful for drafting recommendations. Doris asked for any other considerations.
- Kevin said that a temporary placement should have capacity available as well as having higher security rather than less. The Arizona facility lacked staffing who could do interventions. Doris asked about staffing considerations. Lynette said that staff pay is a large component. She also said that there is a lack of permanency planning; anecdotally, she notices that children run since they want to avoid swirling in the system for forever. She suggested independent living for teenagers prior to age 18 to give them something to work towards. She also called out Norma's electronic chat about the available bed requirement not impacting staffing expectations or rates. Norma continued that, instead of doing 8 hour shifts, facilities could do scheduling that allows for an opportunity to go off campus with a child. Staff need an opportunity to get away from the children during the day. This is a consideration along with paying staff enough. She said they are trying this on a small level. Doris thanked her and shared her thoughts about having a carve out for a breakout time with a child. She asked for other thoughts.
- Brian said that he wants to address staff secure and secure facilities. When there is an out of state runaway child recovered, that child is secured. Doris asked if the question is if the subcommittee is in favor of this. Lynette said that the barrier is that recent juvenile justice laws reduce the number of beds available for detention. There used to be medium secure facilities which could work for juvenile justice children but not child welfare children. It's no longer legal to put a child in detention just because they need mental health care. Kevin said that's unfortunate since he just wants his child to be safe. Lynette said she agrees.



- Norma said that there is a place for everything; at a small level, there could be a place for this. The system would need to make sure it is not putting every child in a staff secure facility since not every child needs that. The system is also not set up to do this well. There might not be a benefit to that either. There is a lot of work to do before a system is ready for something like that.
- Kevin said that it could be valuable for the subcommittee to say that it should be done, even if it can't be done, especially if the subcommittee agrees. He thinks a facility should be over secure than under secure. Lynette said that maybe the state should look at staff secure or medium secure detention for these youth; there are legislative barrier to this so it might not be realistic. Kevin said he was thinking about a demand signal. Norma said that on a small level and well utilized, some children could benefit from this. It would just have to be well monitored with clear protocols on how to use the beds. She also asked if children would have access to their medicine in these scenarios. Laurie said that these are children who have rights and living in a free county; in order to have someone's rights taken away, they need to have committed a crime. She suggested that there are other methods to keep children safe rather than locking them up. She said that she created a team to implement trauma informed practices like a safety plan prior to a child coming into placements. She also suggested observing a child getting ready to run to prevent them from running; it won't stop every run but staff are educated on how to work with children. She is also working on a staff training academy to provide them the tools and resources to wrap services around youth and prevent runs. She said that it's important to think outside the box and solve other options to combat this issue; this is a national issue and the research is out there. Children today are very different from children in decades past; there is a mental health crisis for youth and adults. She said that FFPSA is the federal government's attempt to overhaul all child welfare systems under a finance bill. She encourages the subcommittee to read it to understand what everyone has had to endure in a context of a mental health crisis. She encouraged the group to think about options beyond locks and restraints to be implemented. She also said that there has been a lot of work to raise staff wage rates; but it's not enough. She finally said that she has not heard of providing more money to impoverished communities which could have a domino effect as well as the EDI component in this field. Many children who are arrested or come into care experience discrimination. This is another issue that the department is looking at; she brings this up to avoid disproportionately locking up certain children. Doris thanked her and also suggested that staff secure might not mean locked but rather more supervision over children.
- Doris turned the subcommittee to a break.
- Doris brought the subcommittee back to the conversation. Bryan provided a reminder of the topics the task force has covered to this point as well as an overview of the prevention subcommittee's conversations, like hardware. The connections are great to consider in the topic of temporary placements since many of the topics overlap.
- Kevin said that he agrees with Laurie but many of the rights of children are usurped by a parent. If a parent wants a child in a facility, then the child



should stay in the facility. Children do not have a right to run away if they are placed in a facility. Doris thanked him and brought up staff to secure temporary placements if the facility is not locked. She also brought up the prevention subcommittee discussing hardware to keep children in facilities. Many topics are both an intervention and a prevention.

- Brian said that he agrees with Laurie and children should be given an opportunity to grow up. He also agrees with Kevin and the distress of having children on the run. He also highlighted Doris's comments about overlap; when a child is on the run, police can use standard reasonable force. When a child is in placement, the standards change; he encourages the subcommittee to not just look at the law but also what is best. He is not advocating for handcuffing children but suggesting that there should be a thought for staff secure for children who are at high risk to run. He doesn't have the answers. Doris thanked him and brought up not having the current law be a barrier since the goal is to have recommendations that could include law changes. She suggested moving beyond Title 4E funding to highlight not being held back by current funding. She finally brought up equitable intervention considerations like, for example, which children get brought to which temporary placement as well as cultural competency.
- Lynette said she agrees, it is a temporary placement as a short term intervention to provide stabilization to meet the child where they are at and make a plan for their next steps. The question is how to do this well in all situations even in the middle of the night. There is also a way to respect children's rights as well as the court mandating orders. The subcommittee is on the right track. Doris asked providers about ad hoc interventions as a temporary placement.
- Lynette said that 24 hour placements do not work; it places children in limbo and encourages them to run. Doris brought up the conversation about 21 days; a facility might not need that amount of time.
- Norma said that a need for a speciality is really important; she wants the temporary bed done intentionally. The beds will get filled quickly but if they are filled with children with the appropriate needs, then after 21 days, the beds will be available again. Doris asked about the characteristics of children with appropriate needs.
- Lynette said substance abuse and being a victim of sexual abuse. She also brought up a disqualifying characteristic of low IQ and specific mental health needs.
- Beth said, talking with different courts, substance abuse and gang affiliation should be determined in an intake assessment as to avoid future problems. It would ensure that there is still a place for these children rather than just denying them. She also brought up youth voice; this might not always line up with a placement but at least having them heard is important. She also brought up transparency to provide children with knowledge of what is coming next rather than a constant limbo. Michelle said that it can be discouraging to work with a child who is being denied access to a facility; it's really hard.
- Doris asked about statewide recommendations for this framework rather than ad hoc, county by county. She asked if subcommittee members are thinking about this recommendation in this way. There were no comments. Doris said



	that staffing and funding cannot be solved at the county level; a statewide approach would be critical.
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Appendix A:

- Michelle Bradley
- Beth McNalley
- Brian Cotter
- Laurie Burney
- Kevin Lash
- Lynette Overmeyer
- Norma Augilar Dave
- Bryan Kelley
- Doris Tolliver