

Prevention Subcommittee -December 13, 2023

Topic: Pre-Admission and Recovery Screening Tools

Opportunities				
Name	How could Colorado benefit from the implementation of pre-admission and recovery screening tools?	What are three key elements that must be present for success in Colorado?	Based on the models provided to the group from other states, what tools and methods would be effective in Colorado and why? (Be specific)	What has to be true for pre-admission and recovery screening tools to be effective in Colorado (consider things like funding, rural vs. urban, etc.)?
Brandon	more information, more informed decisions for interventions and treatment plans	past explosive events and context What happens when the youth acts out Discharge motive or goal	assessment on effective interventions, and discharge goals and motives, interests and likes	consistency and comprehensiveness
Stephanie	Screening tools would provide consistency in how the system evaluates the risk for running and the actual protocols to be implemented when a child returns. While not a crystal ball-the tools would ensure that professionals are all considering the multitude of elements that impact a youth's decision to run. *Note:Each tool addresses a different process. Different building processes. (Screening/Assessment)	To be successful there would need to be: (1) Education/Training on How and Why the Tool Should be used; (2) Corresponding state regulations/laws that mandate such a tool is to be used; (3) Fiscal impact—the cost of securing a tool, ensuring it is valid and they the costs of initial training and ongoing training.	The Illinois Risk Assessment tool appears to be the most thorough. It contains protocols for Pre-Run; Assessment during the Run and Recovery Planning. I like the vignettes that give practitioners a guide as to how to rate risk. The other tool from LA County is less extensive. I also think the Returning CHild De-Brief was short but thorough. While Colorado/Federal law require debriefing-Colorado has not concretely implemented the process in a consistent way.	<ol style="list-style-type: none"> (1) Law/Regulatory Change would be required (2) Funding/Ongoing money for tools and training (3) Outreach: Training should be available to all-Foster Parents. QRTP Staff, DHS, LE etc. (4) Evaluation Process of the Tools Effectiveness (5) Collaboration with other entities to understand the tool and its purpose and implementation (LE,DHS, QRTP's etc) (6) Data system: a place to store what we learn about a youth so it is accessible to other professionals use and knowledge. This would reduce trauma to youth to have to re-tell their situation.
Jenna	Providing common language for facilities which helps if a child moves from one facility to another the facilities can	Runaway screening to be conducted on any youth with history of run-creating a specific safety	Georgia and NV's tools really get at the why behind a youth's running-they also implement this	A standardized tool so common language is utilized Laws regulating how and when screening tools are used.

	see and interpret the screening tools that came with the youth	<p>plan upon arrival</p> <p>24 hour assessment post runaway/return</p> <p>Mandated training for facilities to conduct and interpret runaway screening tools- this is also a financial piece that has to be considered</p>	<p>tool within 24 hours of a return which is imperative to capture the true feelings behind why the child ran</p> <p>(If conducted with a trusted professional the youth will provide accurate information)</p>	
Jana	<p>Better understand needs and placement but what is the screening process??</p> <p>That will be the most important piece.</p>	<p>Better placements.</p> <p>Focus on needs of youth.</p> <p>Focus on reunification.</p> <p>Back to basics, we should not be taking kids away from families without strong reasons and evidence.</p>	<p>Every state is unique and should focus on our particular needs, not a cookie cutter of other states.</p>	<p>Coordination with other entities like law enforcement, homes and facilities, schools, health care.</p> <p>Listen to the kids. Provide opportunities and goals for the kids. They feel hopeless. Mental health care. All involved to understand kids are not adults.</p>
Renee	<p>Learning about youth factors that can help prevent future running, with individualized/tailored plans.</p>	<p>Information sources - youth PLUS other collateral. Esp for youth with high MH challenges, input from treatment providers is crucial, as running behavior may be more due to dysregulation rather than goal-directed.</p>	<p>Needs to address both screening and assessment, depending on the application.</p>	<p>Supports such as training may be needed for the placements (whether foster family or treatment center) in order for the screening/assessment info to translate into meaningful impact. Need to evaluate effectiveness of any tools implemented.</p>
Kevin	<p>By getting the youth in the best placement as it applies to the potential of running and beyond..</p>	<ol style="list-style-type: none"> 1. That we get the law right so running can be addressed (i.e., Running is some degree of an emergency placements have some protection for reasonable actions, etc) 2. Better screening 3. Facilities that can handle kids that could run again (would include training) 		<p>We often hear Colorado needs more "beds." We need to be mindful that we need beds that can handle kids at a higher risk to run.</p>
Dennis	<p>Jana's comments about environment are correct. A screening tool would help</p>	<p>1.Providers and referring entities would need training on how to</p>		<p>1. The tool must be versatile enough to work for different populations of children and youth.</p>

	with making quality placements.	complete and interpret the tool. 2.The tool would have to be added to rule to ensure consistent use. 3. Colorado would need to evaluate the cost in terms of provider time and the referring entities time in utilizing the tool.		2.The tool will need to be required in all referrals in order to be effective. 3.The tool should be detailed enough to help providers with treatment planning.
Ashley	Consistency and ability to compare state wide (vs. facility by facility). If it is done well, a better understanding of the youth and what is going on. Remove some of the subjectivity/unintentional bias. Ability to identify patterns and needs to better guide the work.	1. Being child centered with youth consulted in creation. 2. Must be trauma informed and evidence based (which requires high quality training). 3. Must be consistently used and applied with good data entry and ability to use that data.	I liked Georgia and Nevada the most, and also Wisconsin. I didn't think Illinois was as helpful.	Must be a quality assessment that is normed for various communities and not have a disparate impact. It must be used statewide by staff who have good training and understanding. Staff must have the time to spend on doing it correctly, spending time with the youth, and entering the data which is a staffing need. Data must be stored and accessible to look at in the aggregate in order to use it for future planning and analysis. There must be some quality control to ensure fidelity.

Challenges			
Name	What are the downsides in considering the implementation of pre-admission and recovery screening tools in Colorado?	Based on the models seen in other states, what would not work in Colorado given local context?	Additional considerations
Stephanie	(1) Downside I see is if we do not follow best practices on developing tools (such as trauma informed practice; securing lived experience; statistical measurement/evaluation). These are lots of barriers but all can be overcome by contracting with the appropriate research institutions and implementing carefully (pilot	I don't have enough knowledge to know about other state practices. I do know that Colorado has always formed its own approach to solving problems and this is a good thing. There are many policy projects that are created in this manner.	(1) We need to create a database for anything that is created and the information that we collect and learn from. . Our biggest policy problems come for the lack of a

	<p>projects/evaluations etc)</p> <p>(2) Creating education and training experiences that are sensitive to the various populations who need to utilize the tools (Facilities/Foster Care)</p> <p>(3) Money—but this should not be a reason for not doing something. The state invests in what it feels is worthwhile and ultimately that is a decision for the legislature.</p>		<p>“look back” at our work and whether we accomplished what we intended. This has recently happened in the Foster Youth space in tuition for higher ed.</p>
<p>Jenna</p>	<p>The time it takes for staff to conduct training for the different assessment and tools and then the actual high quality implementation of the assessment with youth- can take up to 1.5 hours to interview a youth if there is a good relationship</p> <p>There are staffing shortages- we have to be realistic with time</p> <p>In Foster Care you cannot restrain youth, lock them in the home or put in seclusion rooms</p> <p>Financial costs of tools, actual securing of buildings and or getting them up to state standards. The could be unique things to implement in foster homes such as high quality alarm systems- would need to look at financial support for foster families.</p> <p>Training for staff- time, money and ensuring best practice and trauma informed- youth centered</p> <p>Foster care specifically- cannot use any type of restraints or seclusions</p>		
<p>Jana</p>	<p>Its subjective. Often wrong. I don't think funding should be a consideration as we develop best practices. I have worked at the state and congressional legislative levels and the biggest problem is to stop or hold back ideas and proposals because of funding. Of course</p>		<p>Asking the kids is the key to changing our response. It doesn't do any good for us to guess.</p>

	that is a consideration but at a later point.		
Renee	Time and effort, which would be fairly minimal. Recognizing the limitations of the information available. Having the tools to impact the risk factors and contributing factors - such as a good fit for placement. Accessibility of the information to those who need it.		Need to ensure the information is put to use once gathered. Need some form of evaluation of its implementation and outcomes. Different populations may need different focus of the post-recovery assessment.
Kevin	A good screening tool is required regardless. However, there are factors that work against a tool. As mentioned, kids might not know why they ran till years later. Thus, difficult to determine reason in the assessment. So assessment might be subjective, and not as useful as the child's history for instance. Also, process needs to be simple enough that it is manageable.		<ol style="list-style-type: none"> 1. I am a parent. My son can still not tell us why he ran, other than he was being oppositional 2. Staff turnover might work against our efforts (part of funding issue)
Michelle	Who fills it out Do you have to complete this each placement, each run, attempted run Where is this kept More documentation A check list doesn't capture the entire child or incident of running More time to get kids into placement CO is sending more kids out of state due to denials- what is the impact of adding a screening tool to find a placement. Would we share this with out of state? Deny more kids Where is the kids voice How does this guide treatment Lots of turnover, information may not be accurate More stuff for the CW to have to complete, often feels like we are duplicating work in referral packets, QRTP referrals, etc		
Dennis- From the perspective	Without proper training and a trauma informed approach, the tool could lead to denials for admission from providers.	Some models such as the Illinois model would require change in	

<p>of overseeing the provider continuum for CDHS and as possibly being responsible to implement the tool.</p>		<p>Colorado statute. All of the models would need to be cross referenced with Colorado rules and statues. Colorado would need a quality assurance process and monitoring to ensure fidelity to the tool.</p>	
<p>Ashley</p>	<p>Costs will be a potential challenge as well as finding the right tool. If the tool isn't good quality it may do more harm than good. Similarly, the best tool won't be effective if it isn't used correctly by trained staff. And data collection and sharing is key, it would be a waste to have a tool and not then use the data to inform future work.</p>	<p>Data collection and information sharing always seems difficult in our state/county system. It is also more difficult to have quality control/assurance. Counties are in very different positions from a staffing and resources perspective which impacts implementation (vs. a state-wide system where one entity does it all). Adding or making changes to TRAILS seems difficult in its current state.</p>	